Family Survey 2021

Thematic Survey

Final Report　　　　December 2022

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Family Survey 2021

Final Report of
Thematic Survey
- Preventing and Resolving
Family Disputes

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Executive Summary

Background

1.   The Family Council ("the Council") is an advisory body set up by the Government of the Hong Kong Special Administrative Region ("the Government") in December 2007 to promote a culture of loving families in the community. The Council actively promotes the family core values of "Love and Care", "Respect and Responsibility", and "Communication and Harmony".

2.   With a view to collecting updated and empirically based information on families in Hong Kong, the Council has been engaging research organisations to conduct family surveys. The aims of the Family Survey are to track the changes in and the development of Hong Kong families under seven themes: the importance of family, parenthood, family functioning, satisfaction with family life, work-family balance, availability of social support networks, and awareness of and participation in family-related programmes[1].

3.   In 2020, the Council commissioned a research team to conduct a "Consolidation of Findings of Family Surveys Conducted since 2011" ("the Consolidation Exercise"). The objective of the Consolidation Exercise was to conduct a comprehensive and critical review on the results and data of the four Family Surveys conducted in 2011, 2013, 2015 and 2017 in order to provide clear and practical recommendations on how future Family Surveys should be positioned and conducted. With reference to the recommendations of the Consolidation Exercise, the Council decided to carry out a Family Survey in 2021 comprising both a general survey and a thematic survey, with the theme being "Preventing and Resolving Family Disputes". This Survey Report presents the findings of the Thematic Survey ("the Survey") of the Family Survey 2021 while the findings of the General Survey of the Family Survey 2021 will be presented in a separate report.

Objectives

4.   The primary purpose of the Thematic Survey was to collect more in-depth information related to family disputes among other conventional information collected, the impact of the COVID-19 pandemic, and the social support networks, with the following objectives:

(a)   to explore the attitude and behaviour of respondents on family in terms of (i) family disputes, (ii) the impact of the COVID-19 pandemic, and (iii) social support networks;

(b)   to ascertain the attitude of respondents on family in terms of (i) family structure and role, (ii) parenthood, (iii) family functioning; (iv) satisfaction with family life, and (v) health outcomes;

(c)   to compile the in-depth analyses on the themes (i.e. family structure and role, parenthood, family functioning, satisfaction with family life, and health outcomes) of the General Survey;

(d)   to explore the correlations among the three themes (i.e. family disputes, impact of the COVID-19 pandemic, and social support networks) of the Thematic Survey;

(e)   to provide observations on policy implications; and

(f)   to provide research contributions.

Methodology

5.   A mixed method including a Questionnaire Survey and Qualitative Study was adopted. The target respondents of the Survey were persons aged 15 or above residing in Hong Kong (excluding foreign domestic helpers) at the time of enumeration and able to speak Cantonese/Putonghua or read Chinese/English.

6.   The fieldwork of the Questionnaire Survey was conducted from 22 November 2021 to 1 May 2022. Before conducting the interviews, invitation letters with QR codes were sent to the sampled respondents. The respondents could either scan the QR code and self-administer the questionnaire through the survey platform or contact the hotline to arrange a telephone or face-to-face interview. For those respondents who did not respond by the deadline, arrangements were made for interviewers to visit them and invite them to participate in the Survey. Due to the COVID-19 pandemic, the household visits were suspended from 17 January 2022 to 1 May 2022. A total of 1,850 quarters was sampled, and after excluding 313 invalid cases, 1,537 cases were found to be valid. A total of 1,008 interviews were successfully enumerated, giving a response rate of 65.6%.

7.　　The Qualitative Study discussions were conducted from 13 July 2022 to 1 September 2022. Six focus group discussions with 50 participants were conducted. 10 stakeholder interviews with 16 participants were conducted.

Survey Results

8.　　After reviewing the results of the questionnaire survey and in-depth analyses, some phenomena are identified.

(a)　Prevailing situation on family disputes

Nearly one in two families had experienced disputes with their family members in the past two years. They had disputes with their spouse/partner, children, mother, and father most often.

Family conflicts were triggered by a variety of reasons and could be continued and escalated by a number of factors. The major cause of the disputes or conflicts varied, including financial issues, various parenting and childcare methods, different lifestyles, and the unequal division of household duties. Many participants mentioned specifically that the outbreak of the COVID-19 pandemic over the past two years had led to an increase in conflicts with their spouse/partner, children, and parents.

More than one-third who had experienced family disputes perceived their most serious dispute as being moderately serious to very serious, and at least one in ten expressed that they were dissatisfied with the relationships with their spouse/partner, children, and parents.

(b)　The perceived negative impact on family relationships due to the COVID-19 pandemic

Regarding the impact of changes in the work during the COVID-19 pandemic on their family relationships, about one-third of the respondents stated there had been a negative impact on their work situations, over one-quarter stated there had been a negative impact on the employment income, and one in six stated there had been a negative impact on work arrangements. In the focus group discussions, some participants who had been employed stated they encountered financial crises because of job loss or reductions in their employment income, resulting in disputes among family members.

Regarding the impact of the changes in the respondents' children's educational arrangements during the COVID-19 pandemic on their family relationships, over one-quarter of the respondents reported there had been a negative impact. In the focus group discussions, some parent participants were concerned about their children's development and growth.

In sum, the COVID-19 pandemic had a negative impact on the family relationships because of reductions in the employment income and

increased disputes among family members due to the increased time spent at home.

(c) Higher level of informal social support but inadequate awareness of family-related programmes

Regarding social support from family, friends, and significant others, the majority of the respondents reported that they had high to moderate levels of support. Respondents who were married or cohabiting reported higher levels of social support.

Less than half of the respondents indicated they were aware of family-related promotional activities or programmes organised by the government, NGOs or other organisations. Younger generations and those who had never been married reported lower levels of awareness.

Further, about two-thirds of the respondents believed it would not be easy to obtain access to the four types of social services related to family issues and disputes including mediation, personal or family counselling, consultation services, therapeutic groups, talks or workshops, and online support services provided by government departments, NGOs, schools, or other social support networks.

9. In-depth analyses of the three themes of the Thematic Survey were compiled with the themes of the General Survey. The results are highlighted as follows:

(a) Characteristics of the respondents who had experienced family disputes

Higher proportions of respondents in the following groups had experienced family disputes with their family members in the past two years: those who were living in relative households, those who had various types of disadvantaged family members, who were primary caregivers, who had experienced clinically significant stress with regard to parent-child interactions, who had scolded or yelled at their children, who had used corporal punishment to discipline their children, and who had moderate to severe depression. They had lower scores in family functioning, and lower scores for satisfaction with the relationships with their family members.

Further, they were more likely to perceive negative impacts of the changes in their work situation, employment income, work arrangements, and their children's educational arrangements on their family relationships. Regarding social support networks, they received lower levels of social support, and demonstrated a need for social services provided by government departments, NGOs, schools, or other social support networks.

(b) Characteristics of the respondents who had experienced negative impacts of the changes in their work situations, employment income and work arrangements during the COVID-19 pandemic on their family relationships

In general, higher proportions of respondents in the following groups experienced negative impacts of the changes in their work situations, employment income and work arrangements during the COVID-19 pandemic on their family relationships: those who had fair to poor physical health, who had moderate to severe depression, who had lower scores in family functioning, and who had lower scores for satisfaction with the relationships with their family members.

Regarding social support networks, they received lower levels of social support, and demonstrated a need for social services provided by government departments, NGOs, schools, or other social support networks.

(c)   Characteristics of the parent respondents who had experienced a negative impact of the changes in their children's educational arrangements during the COVID-19 pandemic on their family relationships

In general, higher proportions of parent respondents in the following groups experienced a negative impact of the changes in their children's educational arrangements during the COVID-19 pandemic on their family relationships: those who had various types of disadvantaged family members, who were primary caregivers, who had experienced clinically significant stress with regard to parent-child interactions, those who had fair to poor physical health, and who had moderate severe to severe depression.

They had lower scores in family functioning and lower scores for satisfaction with the relationships with their family members. Further, they demonstrated a need for social services provided by government departments, NGOs, schools, or other social support networks.

(d)   Characteristics of the respondents who received higher levels of social support

Higher proportions of respondents in the following groups received higher levels of social support from family, friends, and significant others: those who were living in nuclear family households or relative households, who had only experienced typical levels of stress with regard to parent-child interactions, who had good to excellent physical health, and who had mild to no/minimal depression.

Besides, they exhibited higher scores in family functioning and higher scores for satisfaction with the relationships with their family members.

(e)   Characteristics of the respondents who reported a need for social services

In general, higher proportions of respondents in the following groups reported a need for social services provided by government departments, NGOs, schools, or other social support networks: those who had various types of disadvantaged family members, who were primary caregivers, those who had fair to poor physical health, who had moderate to severe

depression, who had experienced clinically significant stress or higher levels of stress with regard to parent–child interactions, and who had used corporal punishment to discipline their children.

Besides, they exhibited lower scores in family functioning and lower scores for satisfaction with the relationships with their family members.

Recommendations

10.   During the COVID-19 pandemic, various relief measures had been implemented by government departments and NGOs to help both individuals and businesses overcome the hard times. Based on the identified phenomena, the following long-term recommendations are proposed:

    (a)   *Promote a family culture of respect* – to deliver messages to the public such as maintaining constant communication with family members, fostering two-way communication, adopting multiple modes of communication, understanding family members' expectations, enhancing family involvement, and using positive approaches for respecting the family relationships.

    (b)   *Raise public awareness of different family services* – to organise campaigns to raise public awareness of different family services, and provide information of the services to potential users in terms of service scope and location of service points, etc.

    (c)   *Break through the barriers in using social services* – to simplify the enrollment process, to organise campaigns to destigmatise the concept of service participation and encourage potential users to use social services.

    (d)   *Recommend to conduct thematic surveys in future family surveys* – to consider conducting another thematic survey to explore the difficulties encountered by carers in Hong Kong, to assess their physical and mental health, the pressure they experience, and to identify service gaps for carers.

背景

1.   家庭議會（下稱「議會」）是香港特別行政區政府（下稱「政府」）於 2007 年 12 月成立的諮詢委員會，目的是向市民宣揚仁愛家庭的文化。家庭議會積極推廣「愛與關懷」、「責任與尊重」及「溝通與和諧」三組家庭核心價值。

2.   為了收集有關香港家庭最新及具有實證基礎的資料，議會一直聘請研究機構進行家庭狀況統計調查。家庭狀況統計調查的目的是追蹤香港家庭的變化和發展，調查分為七個主題，分別為家庭的重要性、父母角色、家庭功能、家庭生活滿意度、工作和家庭的平衡、社會支援網絡的可用性，以及對家庭相關活動的認識和參與程度 [2]。

3.   議會於 2020 年委託一研究小組進行了「整合自 2011 年進行的家庭狀況統計調查的調查結果」（下稱「整合調查」）。整合調查的目的是就 2011年、2013 年、2015 年和 2017 年進行的四次家庭狀況統計調查的結果及資料進行全面和嚴格的檢討，以便為日後的家庭狀況調查的定位及進行方法提供明確和實用的建議。參照整合調查的建議，議會決定在 2021 年進行新一輪家庭狀況統計調查，其中包括一般統計調查和專題統計調查，而專題統計調查的主題為「預防和解決家庭糾紛」。本調查報告為 2021年家庭狀況統計調查中專題統計調查（下稱「調查」）的結果，而 2021年家庭狀況統計調查的一般統計調查結果將記錄於另一份報告中。

目標

4. 調查的主要目的是在收集一般家庭狀況資料的同時，亦搜集一些較深入的資料，包括與家庭糾紛、2019 冠狀病毒病(COVID-19)疫情的影響以及社會支援網絡有關的資料，其目標如下：

   (a) 探討受訪者在以下方面對家庭的態度和行為：(i) 家庭糾紛、(ii) 2019冠狀病毒病(COVID-19)疫情的影響以及(iii) 社會支援網絡；

   (b) 調查受訪者在以下方面對家庭的態度：(i) 家庭結構和角色、(ii) 父母角色、(iii) 家庭功能、(iv)家庭生活滿意度以及(v) 健康狀況；

   (c) 對一般統計調查的主題（即家庭結構和角色、父母角色、家庭功能、家庭生活滿意度和健康狀況）進行深入分析；

   (d) 探討專題統計調查中的三個主題（即家庭糾紛、2019冠狀病毒病(COVID-19)疫情的影響和社會支援網絡）之間的相互關係；

   (e) 提供對政策方面的意見；以及

   (f) 為研究作出貢獻。

調查方法

5. 是次調查採用了混合方式進行，包括問卷調查和質性研究部份。調查的目標對象是在統計期間居住在香港的 15 歲或以上（不包括外籍家庭傭工）並能以廣東話／普通話溝通或閱讀中文／英文的人士。

6. 問卷調查的調查工作於 2021 年 11 月 22 日至 2022 年 5 月 1 日進行。在進行訪問之前，我們向被選中的受訪者發出了附有二維碼的邀請信。受訪者可以透過掃描二維碼，在調查平台自行填寫網上問卷，或聯繫熱線電話以安排電話或面對面的訪談。對於那些在截止日期前未有回覆的受訪者，我們安排了訪問員到訪及邀請他們參與調查。由於受到 2019 冠狀病毒病 (COVID-19) 疫情的影響，調查在 2022 年 1 月 17 日至 2022 年 5 月 1 日期間暫停上門訪問。是次調查共抽選了 1,850 個屋宇單位，在排除 313 個無效個案後，共有 1,537 個有效個案。是次調查共成功訪問了 1,008 個個案，回應率為 65.6%。

7. 質性研究的小組討論及訪談於 2022 年 7 月 13 日至 2022 年 9 月 1 日進行。共進行了 6 次聚焦小組討論，共有 50 人參與。此外，亦進行了 10 次與持分者的深入訪談，共有 16 人參加。

調查結果

8. 在審視問卷調查和深入分析的結果後，發現了以下的現象：

(a) 家庭糾紛的普遍情況

近二分之一的家庭在過去兩年曾經有家庭成員之間的糾紛。他們最常與配偶／伴侶、子女、母親和父親發生糾紛。

引發家庭衝突的原因有很多，並且會受某些因素影響而持續和升級。家庭糾紛或衝突的主要成因各不相同，包括財務問題、各種教育和照顧孩子的方法、不同的生活方式以及不平等的家庭分工等。很多受訪者特別提到，2019冠狀病毒病(COVID-19)疫情在過去兩年導致他們與配偶／伴侶、孩子和父母的衝突增加。

超過三分之一經歷過家庭糾紛的受訪者認為他們發生糾紛的程度是一般到非常嚴重，以及至少有十分之一的受訪者表示他們不滿意與配偶／伴侶、子女和父母的關係。

(b) 2019冠狀病毒病(COVID-19)疫情對家庭關係造成負面的影響

被問及2019冠狀病毒病(COVID-19)疫情期間的工作變化對家庭關係的影響，約三分之一的受訪者表示疫情對他們的工作情況有負面影響；超過四分之一的受訪者表示疫情對工作收入有負面影響；六分之一的受訪者表示疫情對工作安排有負面影響。在聚焦小組的討論中，一些曾受僱的受訪者表示，由於失業或工作收入減少，他們遇到了財務危機，繼而與家庭成員發生糾紛。

關於受訪者子女在疫情期間的教育安排出現變化，而對其家庭關係的影響，有超過四分之一的受訪者表示有負面影響。在聚焦小組的討論中，一些家長受訪者對他們孩子的發展和成長表示關注。

總括而言，2019冠狀病毒病(COVID-19)疫情對家庭關係產生了負面影響，因為就業收入減少，以及受訪者在家中的時間增加而導致家庭成員之間的糾紛增加。

(c) 較多非正式社會支援但對家庭相關的社會服務認識不足

關於來自家庭、朋友和其他重要人士的社會支援，大多數受訪者表示得到了高到中等程度的支持。已婚或同居的受訪者表示他們有更高程度的社會支援。

不足一半的受訪者表示他們知道政府、非政府機構或其他組織舉辦的與家庭相關的推廣活動／項目。年輕一代和那些從未結婚的受訪者表示對這些活動／項目的認知較低。

此外，約三分之二的受訪者認為不會容易獲得由政府部門、非政府機構、學校或其他社會支援網絡提供，有關家庭問題和糾紛的四種社會服務，包括調解、個人或家庭輔導、諮詢服務、治療小組、講座或工作坊，以及線上支援服務。

9. 就專題統計調查中的三個主題，與一般統計調查中的主題進行了深入分析後，結果如下：

(a) 經歷過家庭糾紛的受訪者的特徵

以下組別的受訪者在過去兩年與家人發生家庭糾紛的比例較高：在親屬家中居住的受訪者、有各類弱勢家庭成員的受訪者、身為主要照顧者的受訪者、在親子互動方面有臨床程度壓力的受訪者、曾經責罵或對孩子吼叫的受訪者、曾經以體罰管教孩子的受訪者、及患有中度至嚴重程度抑鬱症的受訪者。這些組別的受訪者在家庭功能方面和與家庭成員關係滿意度的得分較低。

此外，這些受訪者更有可能認為他們在工作狀況、就業收入、工作安排和子女教育安排的變化會對他們的家庭關係產生了負面影響。在社會支援網絡方面，他們得到較低程度的社會支援，並顯示出需要政府部門、非政府機構、學校或其他社會支援網絡提供的社會服務。

(b) 在2019冠狀病毒病(COVID-19)疫情期間，因工作狀況、就業收入和工作安排改變而對其家庭關係產生負面影響的受訪者的特徵

整體而言，以下組別中有較高比例的受訪者在疫情期間經歷了工作情況、就業收入和工作安排的變化，而對其家庭關係造成負面影響：身體健康狀況一般或較差的受訪者、患有中度至嚴重程度抑鬱症的受訪者、家庭功能得分較低的受訪者、及家庭成員關係的滿意度得分較低的受訪者。

在社會支援網絡方面，這些受訪者得到較低程度的社會支援，並顯示出需要政府部門、非政府機構、學校或其他社會支援網絡提供的社會服務。

(c) 在2019冠狀病毒病(COVID-19)疫情期間，因子女教育安排的改變而對家庭關係產生負面影響的父母受訪者的特徵

整體而言，以下組別中有較高比例的父母受訪者在疫情期間經歷了子女教育安排的變化而對其家庭關係有負面影響：有各類弱勢家庭成員的受訪者、身為主要照顧者的受訪者、在親子互動方面有臨床程度壓力的受訪者、身體健康狀況一般或較差的受訪者、及患有中度至嚴重程度抑鬱症的受訪者。

這些組別的受訪者在家庭功能方面和與家庭成員關係滿意度的得分較低。此外，他們顯示出需要政府部門、非政府機構、學校或其他社會支援網絡提供的社會服務。

(d) 獲得較高程度社會支援的受訪者的特徵

以下組別中有較高比例的受訪者從家人、朋友和其他重要人士獲得了較高程度的社會支援：在核心家庭或親屬家庭居住的受訪者、在親子互動方面只經歷過一般程度壓力的受訪者、有良好或非常好生理健康的受訪者、及只有輕度到輕微／沒有抑鬱症的受訪者。

此外，這些組別的受訪者在家庭功能方面和與家庭成員關係滿意度的得分較高。

(e) 需要社會服務的受訪者的特點

一般來說，以下組別中有較高比例的受訪者表示需要政府部門、非政府機構、學校或其他社會支援網絡提供的社會服務：有各類弱勢家庭成員的受訪者、身為主要照顧者的受訪者、身體健康狀況一般或較差的受訪者、患有中度至嚴重程度抑鬱症的受訪者、在親子互動方面有臨床或較高程度壓力的受訪者、以及會使用體罰來管教孩子的受訪者。

此外，這些組別的受訪者在家庭功能方面和與家庭成員關係滿意度的得分較低。

建議

10. 在 2019 冠狀病毒病(COVID-19)疫情期間，政府部門和非政府機構已經實施了各項紓緩措施以協助個人和企業渡過難關。根據上述的現象，我們提出以下長期的建議：

(a) *推廣重視「尊重」的家庭文化*──向公眾傳遞例如與家庭成員保持經常溝通、促進雙向溝通、採用多種溝通方式、瞭解家庭成員的期望、加強家庭參與以及採用正面的方式尊重家庭關係等訊息。

(b) *提高公眾對不同家庭服務的認識*──透過舉辦宣傳運動，提高公眾對不同家庭服務的認識，並向潛在使用者介紹服務範圍和服務地點等方面的資訊。

(c) *消除對使用社會服務的障礙*──簡化社會服務的報名程序、組織活動以改善人們對使用社會服務的印象和鼓勵潛在使用者使用社會服務。

(d) *建議改進未來的專題調查*──考慮進行另一項專題統計調查，探討在香港的照顧者遇到的困難、評估他們的身心健康和所承受的壓力，並找出照顧者服務的不足之處。

Introduction

Section I

1. Background

1.1 The Family Council ("the Council") is an advisory body set up by the Government of the Hong Kong Special Administrative Region ("the Government") in December 2007 to promote a culture of loving families in the community. The work of the Council includes advocating cherishing the family and promoting family core values as a main driver for social harmony, advising Government bureaus and departments (B/Ds) on the application of family perspectives in the policy formulation process, and conducting studies and surveys to foster a better understanding of the issues relating to the family.

1.2 With a view to collecting updated and empirically based information on families in Hong Kong, the Council has been engaging research organisations to conduct family surveys. The aims of the Family Survey are to track the changes in and the development of Hong Kong families under seven themes: the importance of family, parenthood, family functioning, satisfaction with family life, work-family balance, availability of social support networks, and awareness of and participation in family-related programmes[3].

1.3   Details of the previous four Family Surveys are summarised below.

Objectives	To keep track of the changes in and the development of Hong Kong families
Data collection method	Personal interview household survey Started to adopt the computer-assisted personal interview (CAPI) method in 2017
Survey design	Cross-sectional survey
Target respondents	Individuals aged 15 or above
Sampling method	Two-stage stratified random sampling
Frequency	Biennial basis
Years	2011, 2013, 2015, 2017
Effective sample size	2,000 in 2011, 2013, and 2015; 3,000 in 2017
Response rate	From 66% (2011) to 57% (2017)

1.4   The findings of the Family Surveys have provided useful information to facilitate the tracking of changes in Hong Kong families, the challenges they face, and the support they require. The findings and recommendations of these surveys were shared with the relevant B/Ds to facilitate their formulation of policies and strategies to support and strengthen families.

1.5   In 2020, the Council commissioned a research team to conduct a "Consolidation of Findings of Family Surveys Conducted since 2011" ("the Consolidation Exercise"). The research team conducted a comprehensive and critical review of the results and data of the first four Family Surveys (2011, 2013, 2015, and 2017) to ascertain the attitudes of respondents on various aspects of the family over the years; presented more in-depth comparisons and analyses of the data collected from the Family Surveys; identified and articulated the trends, observations, findings, and recommendations; and provided clear and practical recommendations on how future Family Surveys should be positioned and conducted. The Consolidation Exercise was completed in March 2021[4].

1.6   The research team recommended the way forward for conducting future Family Surveys, including the research method, research design, survey design, data collection method, target respondents, sampling method, frequency of conducting the surveys, sample size, response rate, etc. Among other things, it was recommended that in each round of future Family Surveys, on top of a general survey to cover basic questions in order to collect up-to-date and empirically based information on the existing circumstances of families in Hong Kong, a thematic survey should be conducted separately to gather in-depth data on specific topics selected according to the social and economic situations at the time, where appropriate.

1.7   With reference to the recommendations of the Consolidation Exercise, the Council, decided to carry out a Family Survey in 2021 comprising both a general survey and a thematic survey, with the theme being "Preventing and Resolving Family Disputes".

1.8   The details of the Family Survey 2021 are summarised below.

	General Survey	Thematic Survey
Research method	Mixed method	Mixed method
Quantitative views		
Data collection method	Multimodal approach: ○ Face-to-face interviews with smartphone-assisted personal interviewing (SAPI) and/or tablet-assisted personal interviewing (TAPI) by interviewers ○ Self-completion with computer-assisted web interviewing (CAWI) by respondents	
Survey design	Population trend survey	Cross-sectional survey
Target respondents	Individuals aged 15 or above	
Sampling method	Two-stage stratified random sampling	
Year	2021	
Effective sample size	2,000 respondents	1,000 respondents
Response rate	Over 65%	Over 65%
Qualitative views		
Focus group discussions / In-depth interviews	○ 6–8 focus group discussions with participants from different backgrounds ○ 6–8 in-depth interviews with relevant stakeholders	

1.9   Given their different objectives, themes, and sample size, the survey reports of the General Survey and the Thematic Survey are presented by separate reports. This Survey Report presents the findings of the Thematic Survey ("the Survey") of the Family Survey 2021 while the findings of the General Survey of the Family Survey 2021 are presented in a separate report.

2. Objectives

2.1 The primary purpose of the Thematic Survey was to collect more in-depth information related to family disputes among other conventional information collected, the impact of the COVID-19 pandemic, and the social support networks, with the following objectives:

(a) to explore the attitude and behaviour of respondents on family in terms of:

(i) family disputes

(ii) the impact of the COVID-19 pandemic, and

(iii) social support networks;

(b) to ascertain the attitude of respondents on family in terms of:

(i) family structure and role,

(ii) parenthood,

(iii) family functioning,

(iv) satisfaction with family life, and

(v) health outcomes;

(c) to compile the in-depth analyses on the themes (i.e. family structure and role, parenthood, family functioning, satisfaction with family life, and health outcomes) of the General Survey;

(d) to explore the correlations among the three themes (i.e. family disputes, impact of the COVID-19 pandemic, and social support networks) of the Thematic Survey;

(e) to provide observations on policy implications; and

(f) to provide research contributions.

3.   Organisation of the Report

3.1   The Survey results are provided in the Final Report of Thematic Survey:

Section I   Introduction
provides background and objectives of the Survey

Section II   Methodology
details the methodology of the Survey including the sampling, procedures of data collection and data analysis of the Questionnaire Survey and Qualitative Study, the enumerations results and limitations

Section III   Survey Results
presents the key results of the Questionnaire Survey, views collected from in-depth discussions, in-depth analyses of the General Survey Themes and Thematic Survey Themes, and views collected from stakeholder interviews

Section IV   Conclusion and Recommendations
summarises the results and provides recommendations

4. Questionnaire Survey

Coverage and Target Respondents

4.1   The Survey covered the land-based non-institutional population[5] of Hong Kong. Inmates of institutions, people living on board vessels, and foreign domestic helpers were excluded from the Survey.

4.2   The target respondents of the Survey were persons aged 15 or above residing in Hong Kong at the time of enumeration (excluding foreign domestic helpers) and able to speak Cantonese/Putonghua or read Chinese/English.

Sampling Design

4.3   A sample list was obtained from the Census & Statistics Department (C&SD). The list is based on the frame of quarters maintained by the C&SD, which includes the Register of Quarters and the Register of Segments. This is the most up-to-date, complete, and authoritative sampling frame available in Hong Kong at the time when the Survey was conducted.

4.4   A two-stage stratified sample design was adopted for the Survey. In the first stage, a list of quarters was randomly sampled by geographical area, type of quarters, etc. In the second stage, a household member aged 15 or above (excluding foreign domestic helpers) in the households sampled was randomly selected for the interview by adopting the last birthday method. Where there were more than one household in the sampled quarter, one household was randomly sampled.

Procedures

4.5   Prior to the main survey, a pilot survey was conducted to field test the survey platform and the questionnaire design. Findings and feedback from the pilot survey were documented and fully considered in finalising the questionnaire and survey platform.

4.6   The figure below summarises the procedures of the Questionnaire Survey.

Preparation Works
- Formulate a Survey Plan
- Set an enquiry hotline for arranging appointments and enquiries from respondents
- Set up data collection team

Pilot Test
- Pilot-test the questionnaires and the procedures of the data collection method
- Conduct 30 Thematic Survey interviews
- Finalise the questionnaire for the Thematic Survey

Survey
- Conduct briefing sessions with interviewers to ensure that they understand the question items and the fieldwork procedures
- Send invitation letters with QR codes for the online questionnaire to the sampled households to explain the purposes of the Survey and reassure the respondents that the data collected would be kept strictly confidential
- Arrange self-completion of the questionnaires by the target respondents through the online survey platform
- Visit households that have not yet provided information after deadline (visits to be made by the trained interviewers), and conduct interviews with the sampled respondents
- Monitor the fieldwork progress and survey results through online real-time monitoring system
- Provide supervision and advice to the interviewers during the fieldwork period
- Make efforts to protect confidentiality of data collected
- Provide a coupon with a value of $50 for each respondent who completed the thematic survey as an incentive

Quality Assurance
- Provide on-site support to the interviewers
- Conduct independent quality checks
- Data cleaning and validation

**Provide quantitative views
on the family-related topics**

Questionnaire

4.7   The Thematic Survey questionnaire consisted of nine parts. The first two parts included 15 question items related to household and personal characteristics, and family structure and role. The other six parts included three thematic themes with 10 dimensions and a total of 36 question items, and five themes covered in the General Survey with seven dimensions and a total of 68 question items.

Thematic Theme 1	Family Disputes consisted of 12 question items to collect relevant information on family disputes, including the prevalence rates of family disputes in the past two years, the details of family disputes in the past two years (i.e. types, frequencies of occurrence, the major reason, and the perceived seriousness of the most serious dispute), the perceived impact of and satisfaction with relationships with family members after the most serious dispute, and the perceived effectiveness of coping tactics.
Thematic Theme 2	The Impact of the COVID-19 Pandemic consisted of four question items to examine the changes in work, employment income and work arrangements due to the COVID-19 pandemic and the perceived impact on family relationships, and the changes in children's educational arrangements due to the COVID-19 pandemic and the perceived impact on family relationships.
Thematic Theme 3	Social Support Networks consisted of 20 question items with one constructed index to assess respondents' level of perceived social support from family, friends, and others and their awareness of and participation in family-related programmes and these two dimensions were included in the General Survey, and to collect their views on social services.

4.8   The five themes were covered in the General Survey.

o   Family Structure and Role consisted of three question items to identify the household composition, family members with disadvantaged types, and housing caring role.

o   Parenthood consisted of 20 question items with one constructed index to assess parenting stress and parenting methods.

o   Family Functioning consisted of 34 question items with one constructed index to identify family functioning and relationships.

o   Satisfaction with Family Life consisted of one question item to assess the level of satisfaction with the relationships between family members.

- Health Outcomes consisted of 10 question items with one constructed index to evaluate respondents' physical health and mental health.

4.9 On the basis of the results of the trend and in-depth analyses, ongoing data collection in future Family Surveys could help to refine and finalise the framework, through which a better interpretation of findings and a more comprehensive understanding of trends can be attained.

Figure 4.1 Themes and dimensions of the Thematic Survey
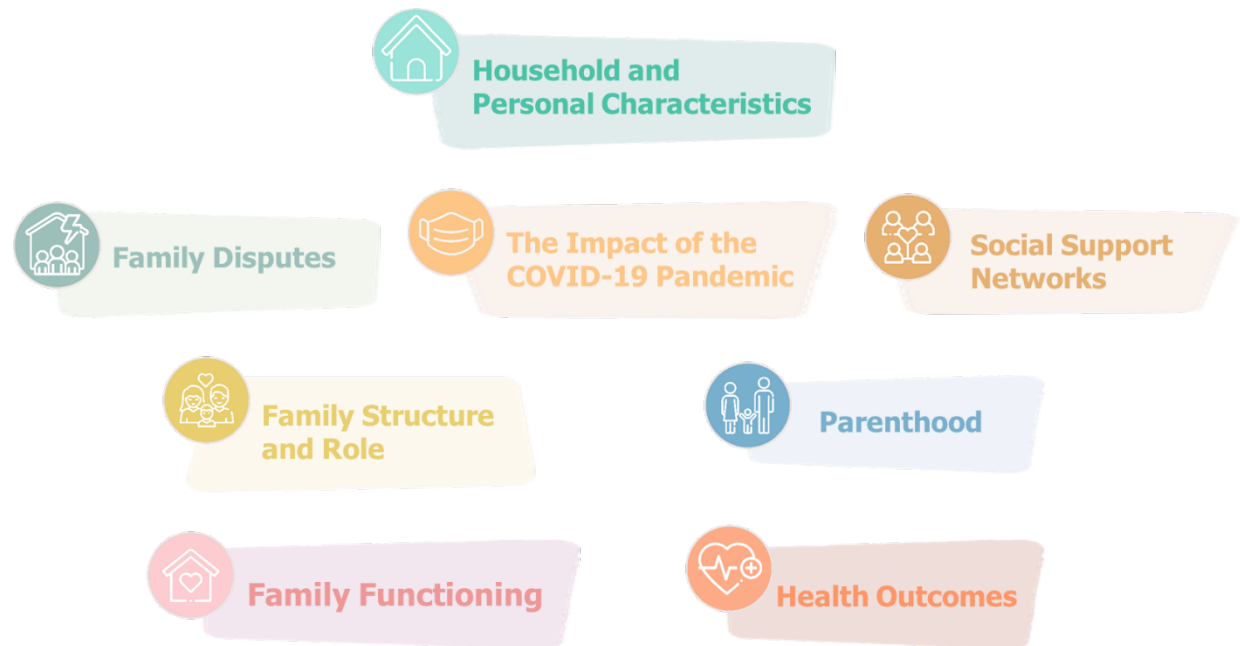
Quality Control

4.10 To ensure that the data collected from the Survey were credible, quality control measures were implemented. During the data collection, on-site supervision was provided to the interviewers. A quality-checking exercise of 15% of the completed cases (by means of random sampling), 15% of the invalid cases, and 3% of the non-contact cases was successfully conducted to countercheck the accuracy and quality of the data collected. After the data collection, the collected data were validated, and within-record inconsistency and other out-of-range errors were detected.

4.11 Questionnaires could only pass the quality check if they met the following criteria:

(a) Respondents confirmed that they had been interviewed by our interviewers in proper interview settings or had completed the online survey form by themselves.

(b) The answers of five question items, especially the demographic background items, were matched with the collected data.

Data Analysis

4.12   To ensure the representativeness of the findings, the survey results were weighted to infer the target population in Hong Kong. On the basis of the ratio between the survey data and the data of the 2021 Population Census released by the C&SD, the survey data were adjusted proportionally to account for the gender, age group, and residence location of the respondents. The resulting estimation of total population aged 15 or above (excluding foreign domestic helpers) was reconciled with the population in 2021 (i.e. 6,284,200 for those aged 15 and over). The weighted percentages and mean scores are presented in this report unless otherwise specified.

4.13   Descriptive statistics were used to summarise the findings of the Survey to provide a holistic picture of the attitudes and views among the target respondents. More specifically, the adopted data analysis procedure was as follows:

(a)   produce a summary for each question, expressed in terms of percentage distribution or mean scores,

(b)   produce cross-tabulations of the dimensions of each theme by demographics of respondents and other aspects, where appropriate, and

(c)   construct key indices for various family-related dimensions.

4.14   Attention is drawn to the fact that some figures may not add up to a total of 100% due to rounding. Likewise, summations of percentages may exceed 100% since the selection of more than one answer was allowed for some questions. In most cases, "agree" in the text included the "agree" and "strongly agree" responses presented in the tables and charts. By the same token, "disagree" included "disagree" and "strongly disagree" unless otherwise specified. The same applies to "satisfied" and "dissatisfied".

4.15   For the analyses, appropriate statistical tests were conducted depending on the nature of the variables. To conduct in-depth comparisons, different statistical methods, including chi-square tests, t-tests, and ANOVA tests, were used according to the data fields and the fulfilment of the assumptions.

4.16   For the constructed indices, Cronbach's alphas were compiled to assess the consistency of the results across question items. A satisfactory Cronbach's alpha would be one larger than 0.7 [6].

4.17   In these analyses, p-values were calculated in order to evaluate the statistical significance of the results; a p-value of less than .05 ($p < .05$) was statistically significant, or p-values of less than .05 ($ps < .05$) were statistically significant. Statistical analyses were conducted using SPSS version 26.0 (IBM SPSS Inc., Chicago, IL, USA).

5.   Qualitative Study

Target Participants

5.1   The target participants of the focus group discussions were persons aged 15 or above who were residing in Hong Kong at the time of enumeration (excluding foreign domestic helpers) and who had completed the Questionnaire Survey. In addition, 10 in-depth interviews with relevant stakeholders were conducted to collect qualitative views related to social services.

Sampling Design

5.2   For focus group discussions, it is desirable to ensure that the participants cover a sufficiently wide cross-section of views.   A total of six focus group discussions, including two with participants who had disputes or conflicts with spouse/partner, one with participants who had disputes or conflicts with parent/child, two with participants who encountered difficulties and changes due to the COVID-19 pandemic, and one with participants who had views and feedback on social services, were conducted.

	Groups	Number of groups
	Participants who had disputes or conflicts with spouse/partner ○ Both genders ○ Various age groups ○ Various economic activity status	2 groups
	Participants who had disputes or conflicts with parent/child ○ Both genders ○ Various age groups ○ Various economic activity status	1 group
	Participants who encountered difficulties and changes due to the COVID-19 pandemic ○ Both genders ○ Various age groups ○ Various economic activity status	2 groups
	Participants who had views and feedback on social services ○ Both genders ○ Various age groups ○ Various economic activity status	1 group

5.3   For the stakeholder interviews, 10 in-depth interviews including representatives of social welfare organisations, scholars, and representatives of parental or family support groups were conducted.

Procedures

5.4   Conducting focus group discussions or in-depth interviews is very different from administering questionnaire surveys. The aim of a discussion is not to seek definitive responses from individual participants following the sequence dictated by the interviewer based on a predesigned structured questionnaire; rather, the role of the moderator in a discussion is to encourage participants' responses to a topic and to elicit their thinking, attitudes, and ideas on the issue [7]. Each focus group discussion in the Qualitative Study was conducted in about one and a half hours while each stakeholder interview was conducted in about one hour. Supermarket coupons were provided to the participants of the focus group discussions as an incentive.   The figure below summarises the procedures of the Qualitative Study.

Preparation Works
- Review preliminary results of the Questionnaire Survey
- Design discussion guidelines
- Draw up a list of participants

Focus Group Discussions / Stakeholder Interviews
- Recruit participants from the Questionnaire Survey for the focus group discussions
- Invite relevant stakeholders to the interviews
- Proceed with a list of issues to be raised by moderators during the discussions
- Adopt Zoom conference mode
- Provide appropriate assistance to those who are not capable of setting up the device

Quality Assurance
- Recruit participants from different backgrounds
- Carefully draw up the guidelines for the in-depth interview discussions
- Use experienced moderators to host the discussions

**Provide qualitative views
on the family-related topics**

Discussion Topics

5.5   The topics of the focus group discussions and stakeholder interviews are listed below.

	Groups
	Participants who had disputes or conflicts with spouse/partner ○ Situation on disputes or conflicts (e.g. quarrels, disputes, physical conflicts, etc.) with spouse/partner ○ Parenting methods and any child abuse for parents where appropriate ○ Major cause of the disputes or conflicts and case sharing ○ Impact on the relationship after the disputes or conflicts ○ Any methods or approaches to prevent, mitigate and resolve the disputes or conflicts and the effectiveness ○ Any support or help from others (e.g. friends/ social workers or police) and the overall effectiveness ○ Perceived health situation (e.g. depression, anxiety, stress, etc.) and methods to improve health conditions ○ Awareness on social services / support and service needs
	Participants who had disputes or conflicts with parent/child ○ Situation on disputes or conflicts (e.g. quarrels, disputes, physical conflicts, etc.) with parent/child ○ Parenting methods and any child abuse for parents where appropriate ○ Major cause of the disputes or conflicts and case sharing ○ Impact on the relationship after the disputes or conflicts ○ Any methods or approaches to prevent, mitigate and resolve the disputes or conflicts and the effectiveness ○ Any support or help from others (e.g. friends/ social workers or police) and the overall effectiveness ○ Perceived health situation (e.g. depression, anxiety, stress, etc.) and methods to improve health conditions ○ Awareness on social services / support and service needs
	Participants who encountered difficulties and changes due to the COVID-19 pandemic ○ Changes in work situations / employment income / work arrangements / children's educational arrangement (if any) due to the COVID-19 pandemic ○ Impact on the family relationship due to the COVID-19 pandemic ○ Any methods or approaches to overcome the changes ○ Any support or help from others (e.g. friends/ social workers or police) and the overall effectiveness ○ Awareness on social services / support and service needs

	Groups
	Participants who had views and feedback on social services ○ Any support or help from others (e.g. friends/ social workers or police) and the overall effectiveness ○ Awareness on social services ○ Views on current modes of social services (including service needs, adequacy, accessibility and effectiveness) from Government departments, NGOs, schools or other social support networks
	Stakeholders ○ Family disputes (e.g. types, forms, and major causes) ○ The impact of the COVID-19 pandemic and the occurrence of family disputes ○ Social support during the COVID-19 pandemic ○ Views on current social services

Quality Assurance

5.6   A number of measures were put in place to ensure that the information gathered from the discussions was credible:

○   Attempts were made to recruit participants from different backgrounds and with diverse views on the themes.

○   The materials and guidelines used for the focus group discussions and in-depth interviews were carefully drawn up after reviewing the findings collected from the Questionnaire Survey.

○   The moderators of the discussions were experienced researchers who had ample experience of conducting qualitative interviews.

Data Analysis

5.7   A special team of indoor staff, who had many years of experience conducting research, were responsible for analysing the views collected from the focus group discussions and in-depth interviews. After the discussions were completed, the views collected were organised, coded, and connected with the findings of the Questionnaire Survey. Direct quotes or excerpts from the discussions were also presented to provide the basis for qualitative views.

6. Enumeration Results

Questionnaire Survey

6.1 The fieldwork of the Questionnaire Survey was conducted from 22 November 2021 to 1 May 2022. Before conducting the interviews, invitation letters with QR codes were sent to the sampled respondents. The respondents could either scan the QR code and self-administer the questionnaire through the survey platform or contact the hotline to arrange a telephone or face-to-face interview. For those respondents who did not respond by the deadline, arrangements were made for interviewers to visit them and invite them to participate in the Survey.

6.2 A total of 1,850 quarters was sampled, and after excluding 313 invalid cases, 1,537 cases were found to be valid. A total of 1,008 interviews were successfully enumerated, giving a response rate of 65.6%.

Table 6.1 Enumeration Results of the Questionnaire Survey

	Number	%
Quarters sampled	**1 850**	
Valid cases	1 537	
Successfully completed cases	**1 008**	**65.6%**
(i) Self-completed	458	
(ii) Telephone interviews	101	
(iii) Face-to-face interviews	449	
Cases not completed due to refusal by household concerned, household concerned could not be contacted, etc.	529	34.4%
Invalid cases	313	
Incomplete address	202	64.5%
Vacant	111	35.5%

6.3 With an effective sample size of 1,008, based on simple random sampling for the Survey, the precision level of the estimates was within the range of plus or minus 3.09 percentage points at the 95% confidence level.

6.4 Due to the COVID-19 pandemic, the household visits were suspended from 17 January 2022 to 1 May 2022. Comparisons were made between the profiles of the demographic characteristics of the respondents before and after the suspension, and no significant differences were observed.

Qualitative Study

6.5   The Qualitative Study discussions were conducted from 13 July 2022 to 1 September 2022. Of the 148 respondents who agreed to participate in the focus group discussions, 82 were selected and sent invitations to attend the discussions. Six focus group discussions with 50 participants were conducted. 10 stakeholder interviews with 16 participants were conducted.

Table 6.2 Enumeration Results of the Qualitative Study

	Number	Number of participants
Focus Group Discussions		
Participants who had disputes or conflicts with spouse/partner	2	15
Participants who had disputes or conflicts with parent/child	1	9
Participants who encountered difficulties and changes due to the COVID-19 pandemic	2	18
Participants who had views and feedback on social services	1	8
Stakeholder Interviews		
Representatives of social welfare organisations	4	7
Scholars and researchers	3	3
Representatives of parental or family support groups	3	6

7. Survey Limitations

7.1 Although the results of the Survey are believed to be as accurate as practically possible through the implementation of thorough data validation and processing procedures, there may still be sampling errors and non-sampling errors. Readers should bear in mind the limitations and the attempts to alleviate their impact.

- *Data accuracy*: A retrospective cross-sectional approach was adopted, and the results are considered to be exploratory ones. Retrospective study relies on the one's memories of experiences and feelings, which may vary in accuracy. To minimise the errors, the Survey adopted a detailed interview approach, and all the respondents were carefully informed of all the question items before providing their comments.

- *Could not measure attitudes and behavioural changes:* Changes in the respondents' attitudes and behaviours could not be measured in a cross-sectional questionnaire survey.

- *Qualitative views could not be generalised to represent the wider population*: Given the limited number of participants for the focus group discussions, the qualitative views could not be generalised to represent the wider population. Nevertheless, the qualitative views collected from the focus group discussions provided valuable insights to explore in-depth views and feedback from the general public.

Section III

8. Profiles of Respondents of the Questionnaire Survey

Household Characteristics

8.1   Information on household characteristics, including household size, type of housing, tenure accommodation, mortgage or rent as a proportion of average total monthly household income, saleable area of current accommodation, and household income, was collected.

Household Size

8.2   Small households predominated: 29.2% were two-person households, 30.5% were three-person households, and 21.1% were four-person households. 13.0% of the households were one-person households, and 6.2% were households with five or more persons.

Chart 8.1 Household size
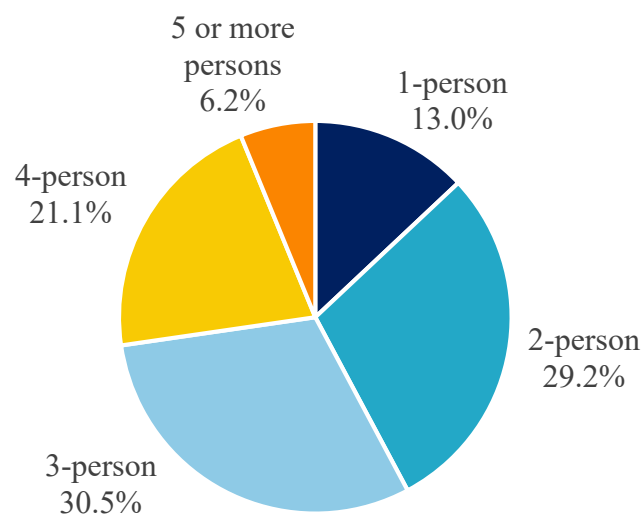
Type of Housing and Tenure of Accommodation

8.3   54.3% of the households were living in private residential housing (including 0.1% in Government or private quarters and 0.6% in cubicle apartments or roof or subdivided units), 36.3% in public housing and 9.4% in subsidised housing.

Chart 8.2 Type of housing
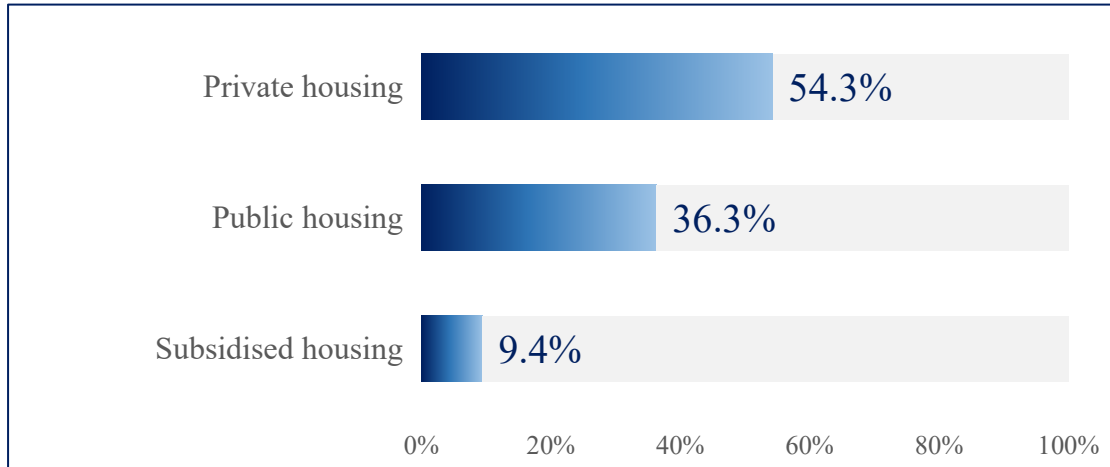
8.4   55.9% of the households were owner-occupiers, including 38.2% had already completed paying for their mortgage and 17.6% were currently repaying their mortgage.   42.1% of the households were sole tenants, and 2.0% of the households were living in rent-free flats.

Chart 8.3 Tenure of accommodation
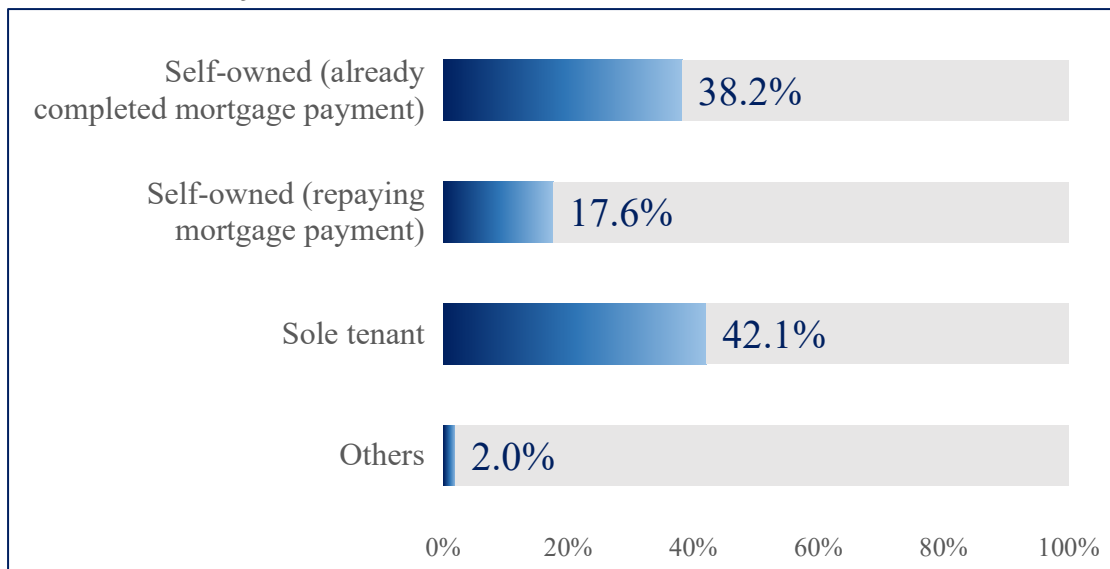
Mortgage or Rent as a Proportion of Average Total Monthly Household Income

8.5   For those 17.6% of households that were currently repaying their mortgage, mortgage payment as a proportion of average total monthly household income was estimated. Among these households, mortgage payment as a proportion of average total monthly household income was as follows: for 39.2%, it ranged from 20% to 29%; for 22.8%, the proportion ranged from 30% to 39%; for 16.5%, it was less than 20%; for 14.9%, it was 50% or more; and for 6.6%, it ranged from 40% to 49%. The median proportion was 25.0%, and the average proportion was 28.4%.

8.6   For those 42.1% of the households that were tenants, rent as a proportion of average total monthly household income was estimated. Among these households, rent as a proportion of average total monthly household income was as follows: for 52.3%, the proportion was less than 20%; for 23.8%, it ranged from 20% to 29%; for 12.0%, it ranged from 30% to 39%; for 8.5%, it was 50% or more; and for 3.4%, it ranged from 40% to 49%. The median proportion was 16.0%, and the average proportion was 19.7%.

Chart 8.4 Proportion of mortgage or rent to the average total monthly household income
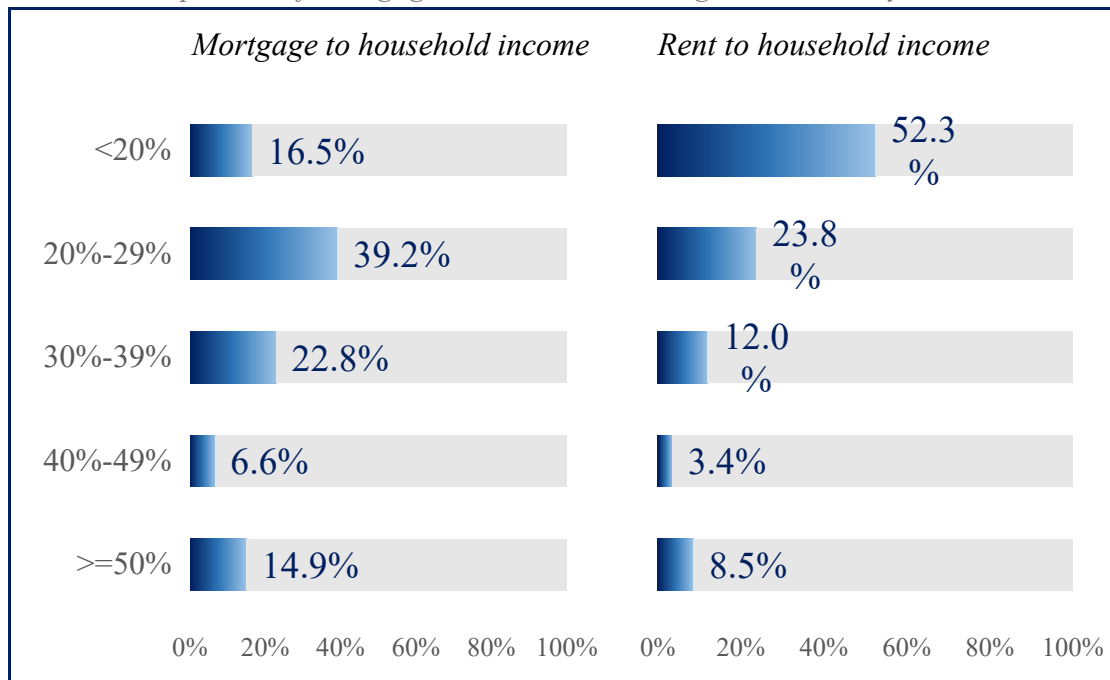
Saleable Area of Current Accommodation

8.7   Households were asked to provide details of the saleable area of their current accommodation. About one quarter (25.4%) of the households were living in an area of 300 to 399 square feet, 22.9% in 400 to 499 square feet, 13.1% in 500 to 599 square feet, 10.6% in 200 to 299 square feet, 7.8% in 600 to 699 square feet, and 4.3% in 100 to 199 square feet. About one in ten households were living in a saleable area of 700 square feet or above. About 4.8% were living in a saleable area of less than 100 square feet.

8.8   The median saleable area was about 450 square feet per household, and the median per capita saleable area was about 150 square feet.

Chart 8.5 Saleable area of the current accommodation

Below 100 square feet	4.8%
100-199 square feet	4.3%
200-299 square feet	10.6%
300-399 square feet	25.4%
400-499 square feet	22.9%
500-599 square feet	13.1%
600-699 square feet	7.8%
700 square feet or above	11.0%

0%   20%   40%   60%   80%   100%
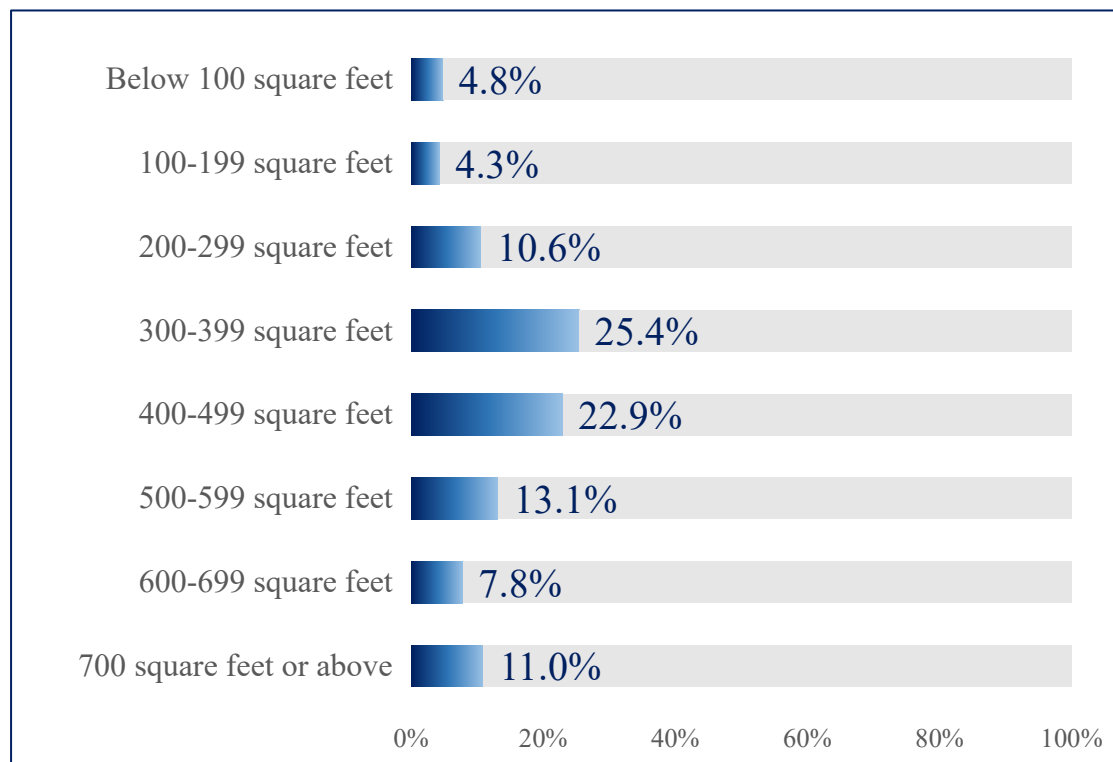
Household Composition

8.9   About three quarters (74.1%) of the respondents lived in nuclear family households, comprising various combinations of households, including households composed of a couple and unmarried children (i.e. a household comprised of a couple and their unmarried child(ren) without any other related persons) (42.9%), a lone parent and unmarried children (i.e. a household comprised of a father or mother and their unmarried child(ren) without any other related persons) (12.7%), and a couple (i.e. a household comprised of a married couple without any other related persons) (18.5%).

8.10   About 13.4% of the respondents were classified as other households, including one-person households (13.0%) and non-relative households (i.e. a household comprised of unrelated persons) (0.4%).

8.11   About 12.5% of the respondents were classified as living in relative households, including households comprised of a couple, at least one of their parents, and their unmarried children (i.e. a household comprising a couple, at least one of their parents (including the parent(s) of the wife and/or husband) and their unmarried children without any other related persons) (4.2%); households with other relationship combinations (i.e. a household comprising a group of related persons but not being classified in the above categories) (6.2%); and households comprised of a couple and at least one of their parents (i.e. a household comprising a couple and at least one of their parents (including the parent(s) of the wife and/or husband) without any other related persons) (2.1%).

Chart 8.6 Major categories of household composition

Relative households 12.5%

Other households 13.4%

Nucluear family households 74.1%
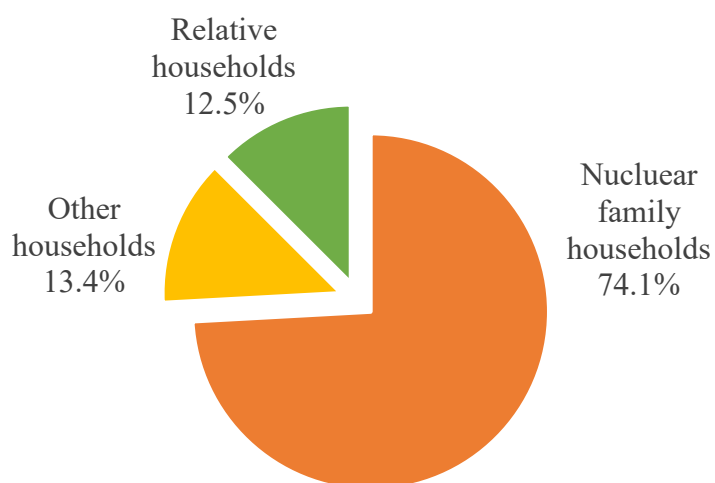
Table 8.7 Detailed breakdowns of household composition

	Major categories	%	Sub-total %
Nuclear family households	Composed of couple	18.5%	74.1%
	Composed of couple and unmarried children	42.9%	
	Composed of lone parent and unmarried children	12.7%	
Relative households	Composed of couple and at least one of their parents	2.1%	12.5%
	Composed of couple, at least one of their parents and their unmarried children	4.2%	
	Composed of other relationship combinations	6.2%	
Other households	One-person household	13.0%	13.4%
	Non-relative household	0.4%	

Family Members with Disadvantaged Types

8.12　Respondents were asked whether there were any disadvantaged family members including the respondents living in their household. About 21.2% of the respondents indicated that there were family members including the respondents with disadvantages living in their household.   Among these households, the disadvantaged types included those with chronic illness (71.9%), those with restriction in body movement (22.9%), who had hearing difficulty (15.6%), who had seeing difficulty (9.1%), with attention deficit/hyperactivity disorder (7.1%), who had mental disorder (5.9%), who had speech difficulty (4.4%), who had specific learning difficulties (3.3%), who were intellectual disability (3.2%), and with autism (1.9%).

Chart 8.8 The disadvantaged types of family members in 2021

No
78.8%

Family members (including the respondents) with disadvantaged types
21.2%

Chronic illness	71.9%
Restriction in body movement	22.9%
Hearing difficulty	15.6%
Seeing difficulty	9.1%
Attention deficit/hyperactivity disorder	7.1%
Mental disorder	5.9%
Speech difficulty	4.4%
Specific learning difficulties	3.3%
Intellectual disability	3.2%
Autism	1.9%

0%　20%　40%　60%　80%　100%
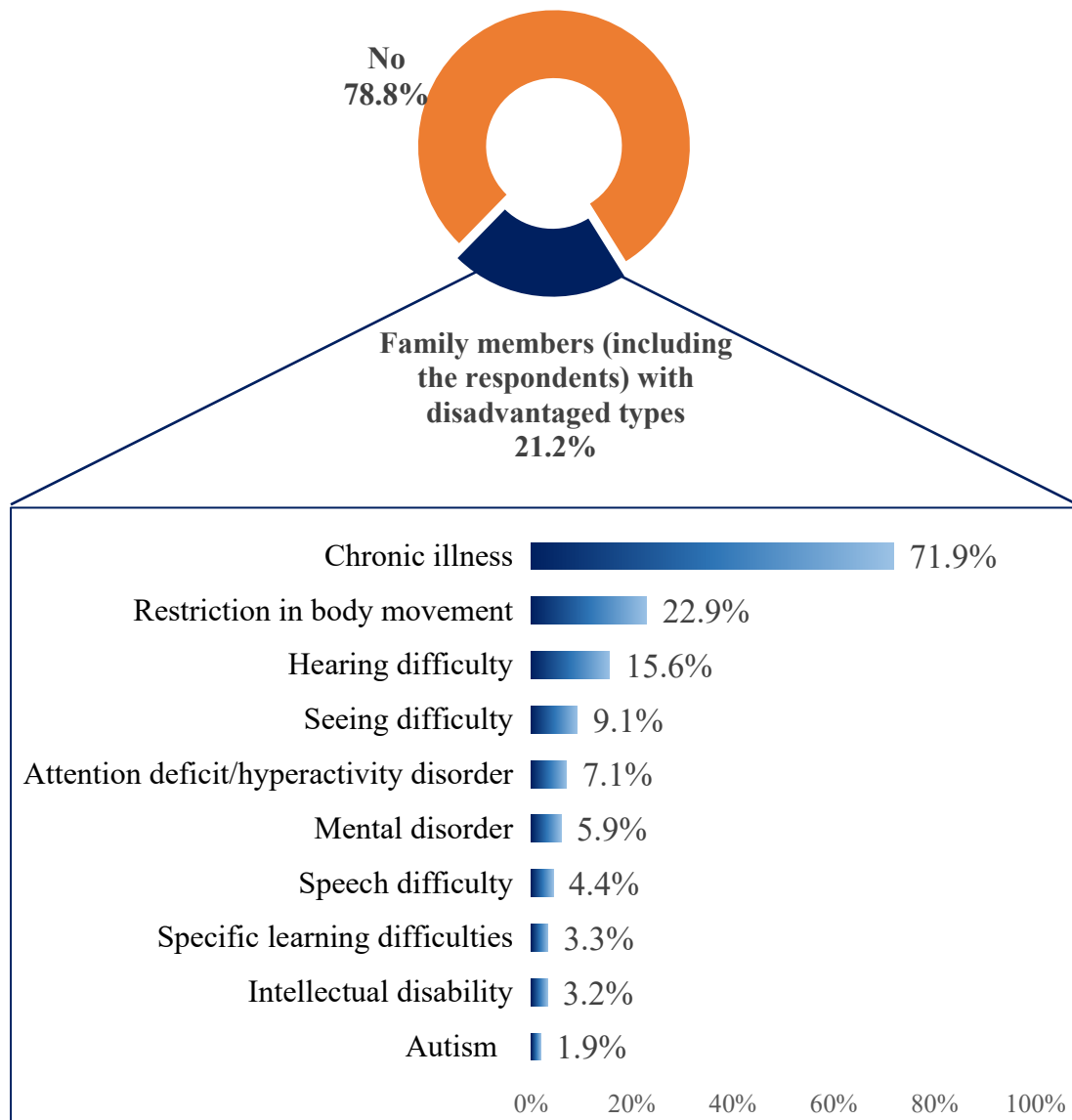
Monthly Household Income

8.13 Monthly household income refers to the total cash income (including earnings from all jobs and other cash incomes but not including Comprehensive Social Security Assistance (CSSA) or other assistance) received in the month before enumeration by all members of the household. According to the 2021 Population Census (C&SD), the median monthly domestic household income was HK$27,650.

8.14 Among the households, 27.6% had a monthly household income of $25,000 or below and 45.7% had a monthly household income of $25,000 or above. The survey results also indicated that 12.6% of the households had no income at all (e.g. the retired couples). The median monthly household income was $27,500.

8.15 It is worth noting that 13.9% of the respondents refused to provide household income information. In view of the refusal rate, care should be taken in interpreting the findings on income.

Chart 8.9 Monthly household income

Category	Percentage
No income	12.6%
Below $5,000	2.4%
$5,000 - $9,999	3.8%
$10,000 - $14,999	6.5%
$15,000 - $19,999	7.3%
$20,000 - $24,999	7.6%
$25,000 - $29,999	5.7%
$30,000 - $39,999	10.5%
$40,000 - $49,999	9.1%
$50,000 - $59,999	6.5%
$60,000 - $79,999	7.7%
$80,000 - $99,999	2.3%
$100,000 - $119,999	2.3%
$120,000 or above	1.6%
Refuse to answer	13.9%

44
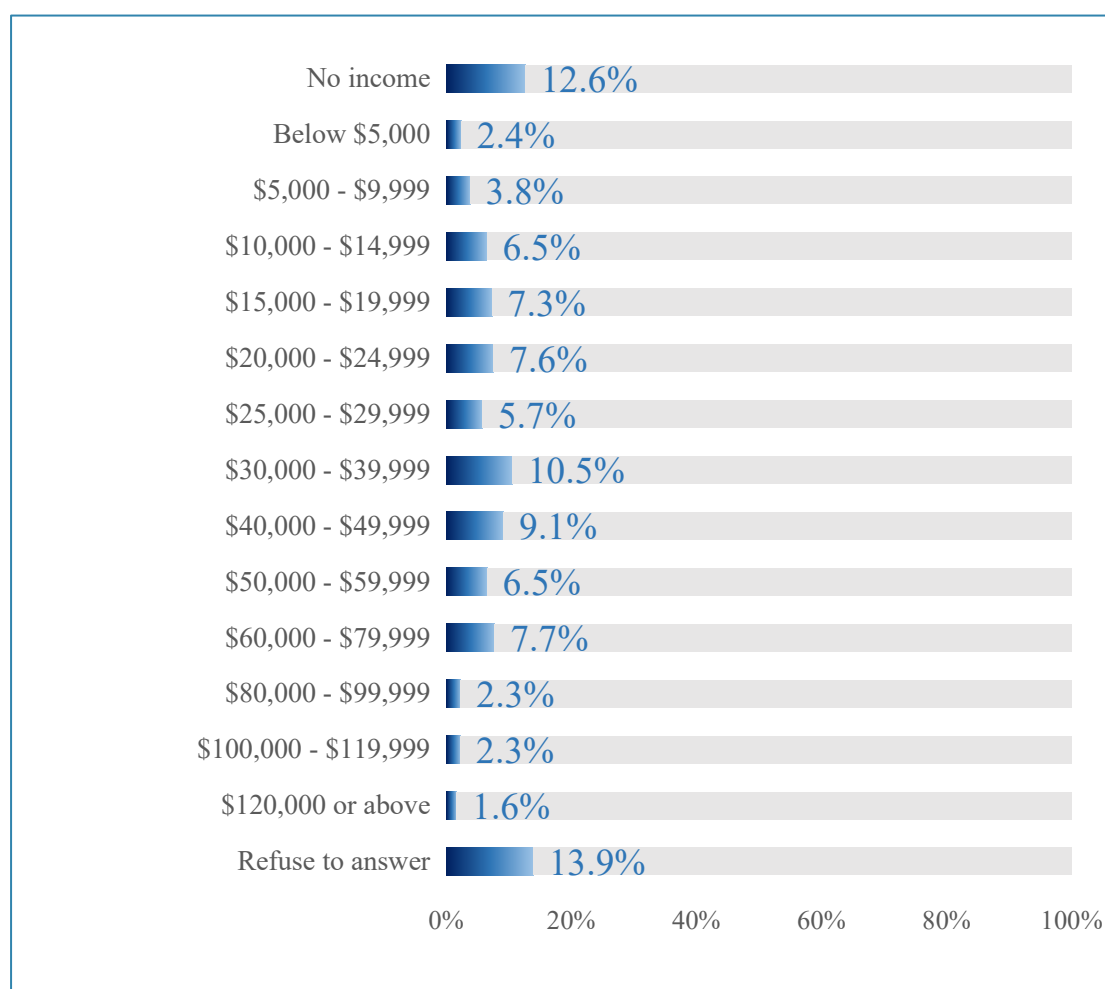
Demographic Characteristics

8.16   Information on the demographic characteristics of individual household members, including gender, age, marital status, educational attainment, length of residence in Hong Kong, economic activity status and working arrangements, average working hours per week, and monthly personal income, was collected. An analysis of their socio-economic characteristics is set out in the following paragraphs.

Gender and Age Group

8.17   52.8% of the respondents were female and 47.2% were male. 18.3% were aged between 15 and 34, 38.8% were aged between 35 and 54, and 42.9% were aged 55 or above.

Chart 8.10   Age group by gender
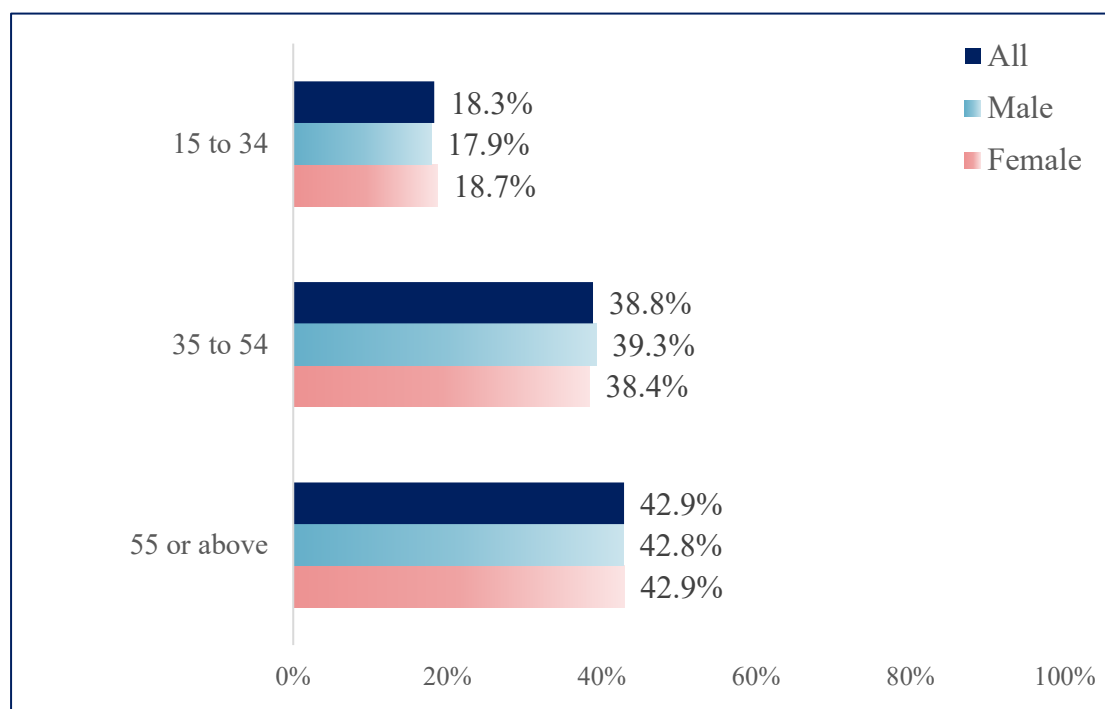
Educational Attainment

8.18   Over half (50.3%) of the respondents had attained a secondary level of education, a diploma, a certificate, or an associate degree. About one quarter (24.1%) had a university or above level of education (e.g. a bachelor's degree, a master's degree, or a post-doctoral degree). About one quarter (25.6%) had attained a primary level of education or below.

Chart 8.11   Educational attainment by gender
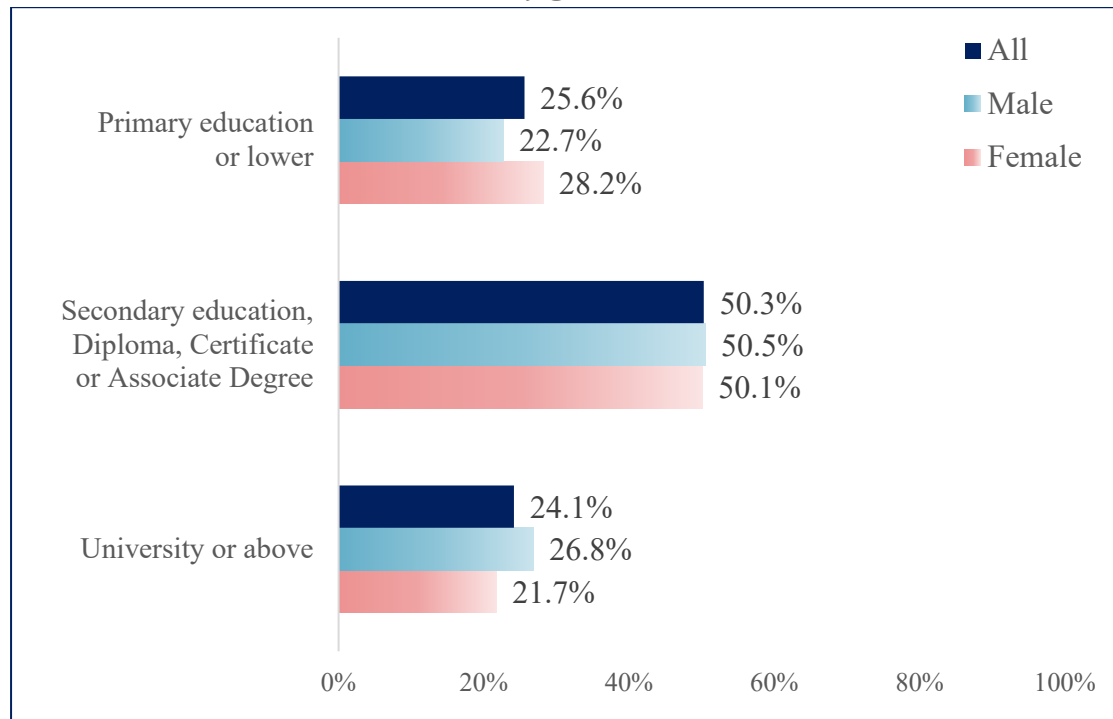
Marital Status

8.19   Over half (60.5%) of the respondents were either married or cohabiting. 27.0% were never married. The remaining 12.5% were either divorced (or separated) or widowed. It was noticeable that the number of divorced or widowed female respondents was over two times that of male respondents.

Chart 8.12   Marital status by gender
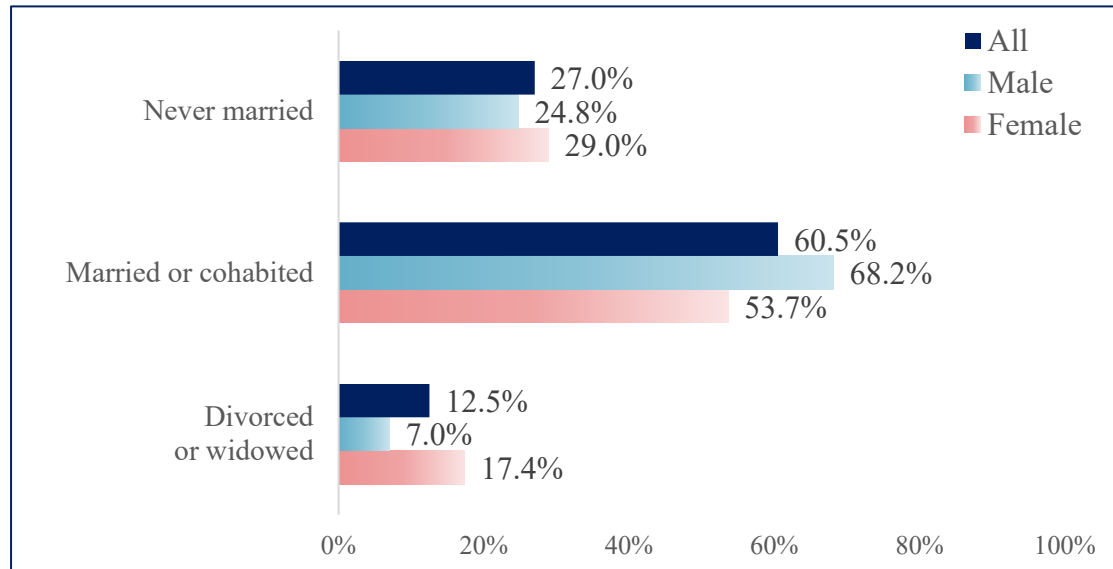
Length of Residence in Hong Kong

8.20   98.0% of the respondents had lived in Hong Kong for more than 7 years, and 2.0% of them were new arrivals who had lived in Hong Kong for less than 7 years.

Chart 8.13   Length of residence by gender
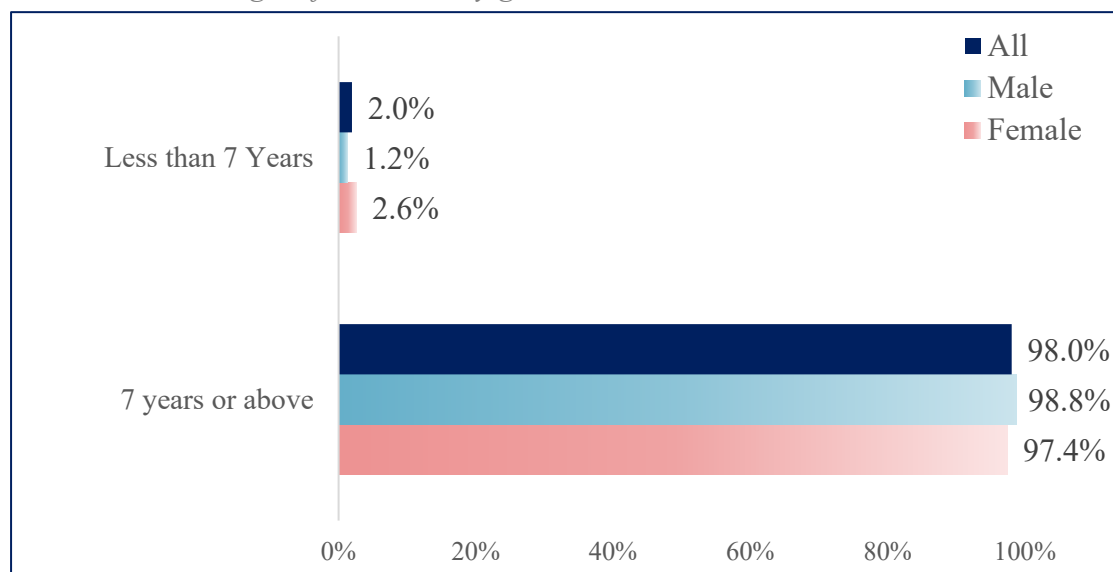
Economic Activity Status and Working Arrangements

8.21   Over half (55.0%) of the respondents were employed persons. About 37.2% were economically inactive (e.g. retirees, homemakers, or students), and another 7.8% were neither at work nor at school.

8.22   Among the male respondents, 62.8% were employed, 26.2% were retirees, 3.5% were students, and 7.4% were neither at work nor at school. Among the female respondents, 48.0% were employed, 21.4% were retirees, 18.2% were homemakers, 4.3% were students, and 8.2% were neither at work nor at school.

Chart 8.14   Economic activity status by gender
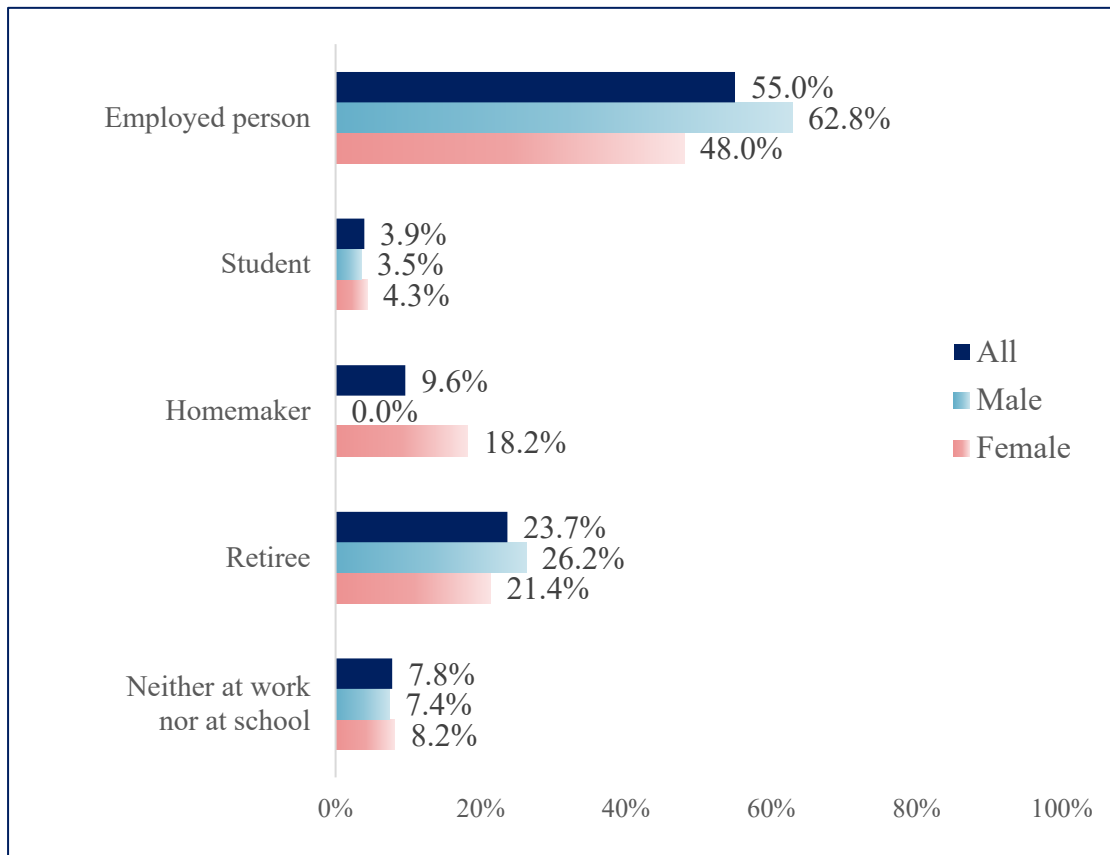
8.23   Of the 55.0% of respondents who were employed, over half (57.1%) worked 5 days per week, 28.4% worked 6 days or more per week, 8.7% worked 5.5 days per week, and 5.8% worked less than 5 days per week. The average number of working days per week was 5.3 (5.3 for male respondents and 5.2 for female respondents).

Chart 8.15   Working days per week by gender
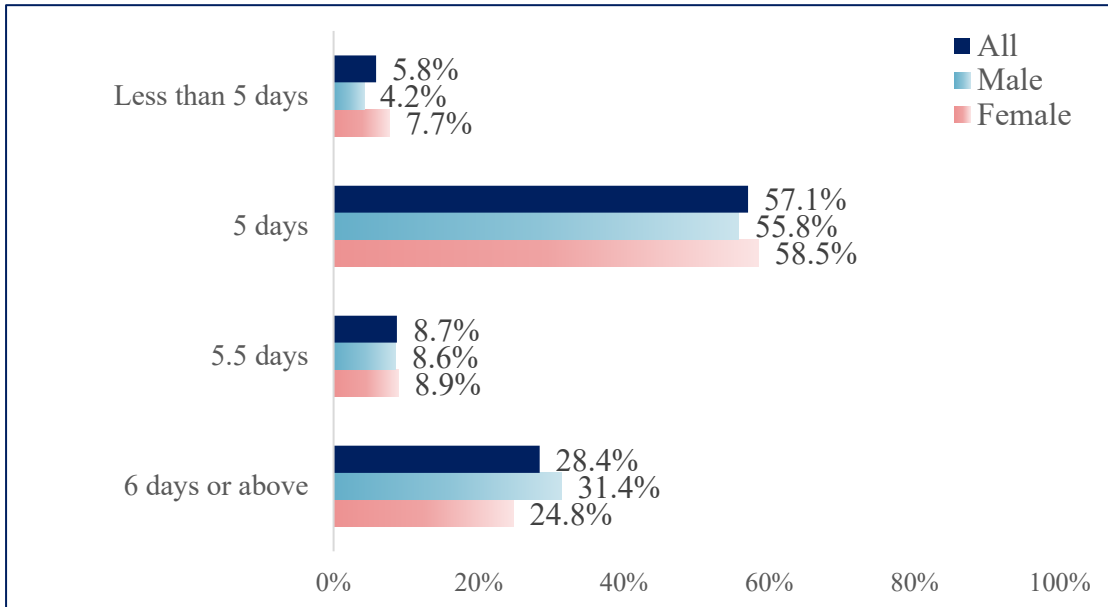
8.24   Of those 55.0% employed person, about half (50.1%) worked 44 hours or below per week, 36.5% worked from 45 to 54 hours per week, and 13.4% worked 55 hours or above per week. The average number of working hours per week was 44.6 hours (46.1 hours for male respondents and 42.8 hours for female respondents).

Chart 8.16   Working hours per week by gender
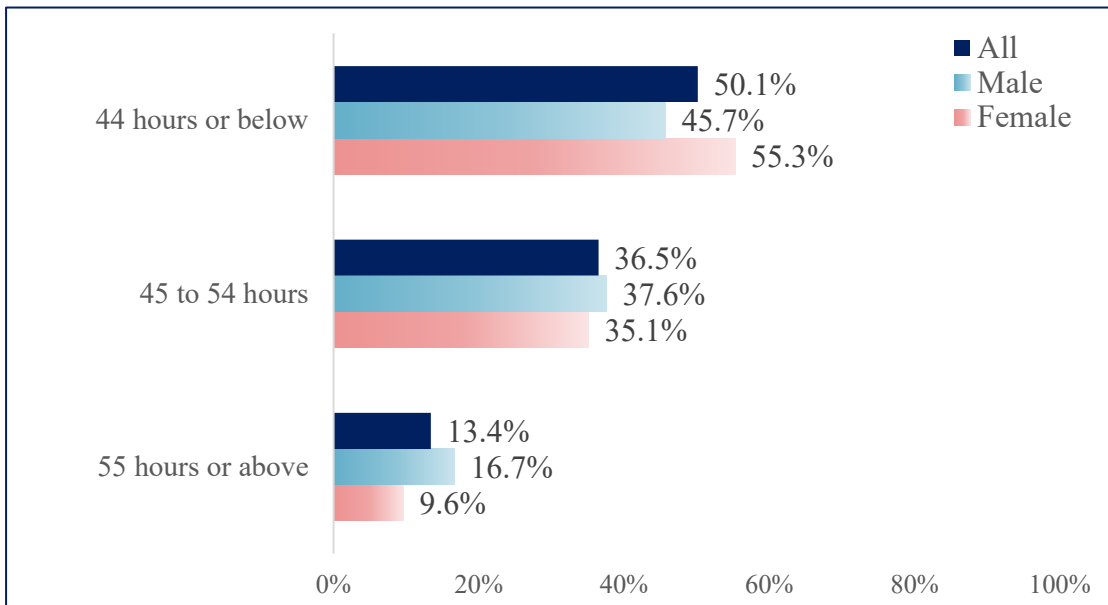
Disadvantaged Types

8.25   About 18.2% of the respondents indicated that they had one of the disadvantaged types. Among them, 74.1% had a chronic illness, 22.2% had restriction in body movement, 13.2% had seeing difficulty, 10.8% had hearing difficulty, 4.9% had mental disorder, 2.0% had autism, 1.5% had speech difficulty, 1.2% had specific leaning difficulties, 0.9% had attention deficit/hyperactivity disorder, and 0.7% were intellectual disability.

Chart 8.17   Disadvantaged types

No
81.8%

With disadvantaged types
18.2%

Chronic illness	74.1%
Restriction in body movement	22.2%
Seeing difficulty	13.2%
Hearing difficulty	10.8%
Mental disorder	4.9%
Autism	2.0%
Speech difficulty	1.5%
Specific learning difficulties	1.2%
Attention deficit/hyperactivity disorder	0.9%
Intellectual disability	0.7%

0%   20%   40%   60%   80%   100%
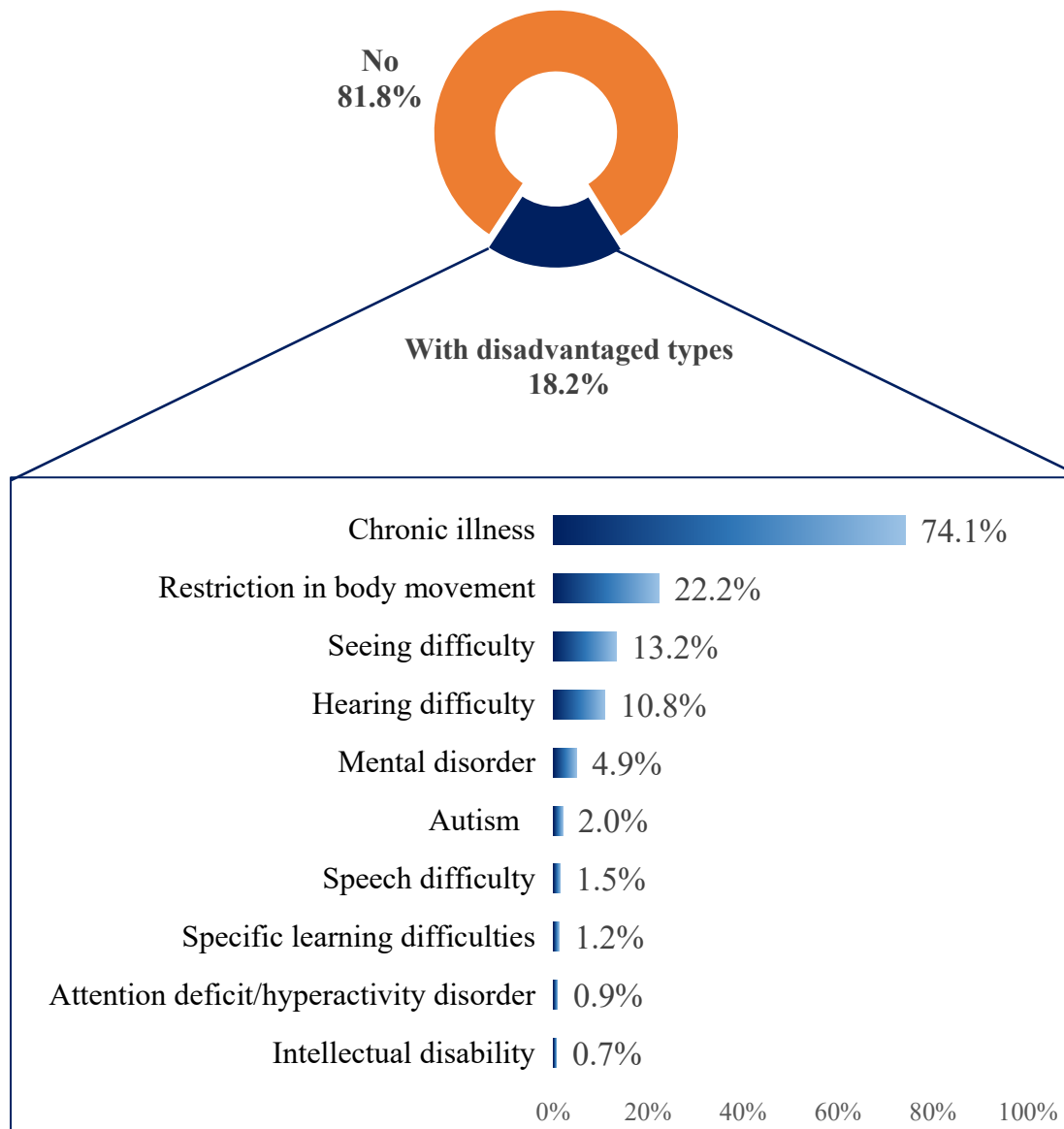
Family Role as a Carer

8.26   Among 21.2% of the respondents with disadvantaged family members, 15.0% of them were primary caregivers, and 83.5% were taking care of one family member with disadvantaged types and 16.5% were taking care of two family members with disadvantaged types. They were taking care of family members with a chronic illness (73.6%), with restriction in body movement (24.0%), who had hearing difficulty (15.3%) and seeing difficulty (9.9%), who had attention deficit/hyperactivity disorder (7.8%), who had speech difficulty (5.6%), who were intellectual disability (4.0%), who had specific learning difficulties (3.8%), who had mental disorder (3.5%), and who had autism (1.6%).

Chart 8.18   Family role as a carer
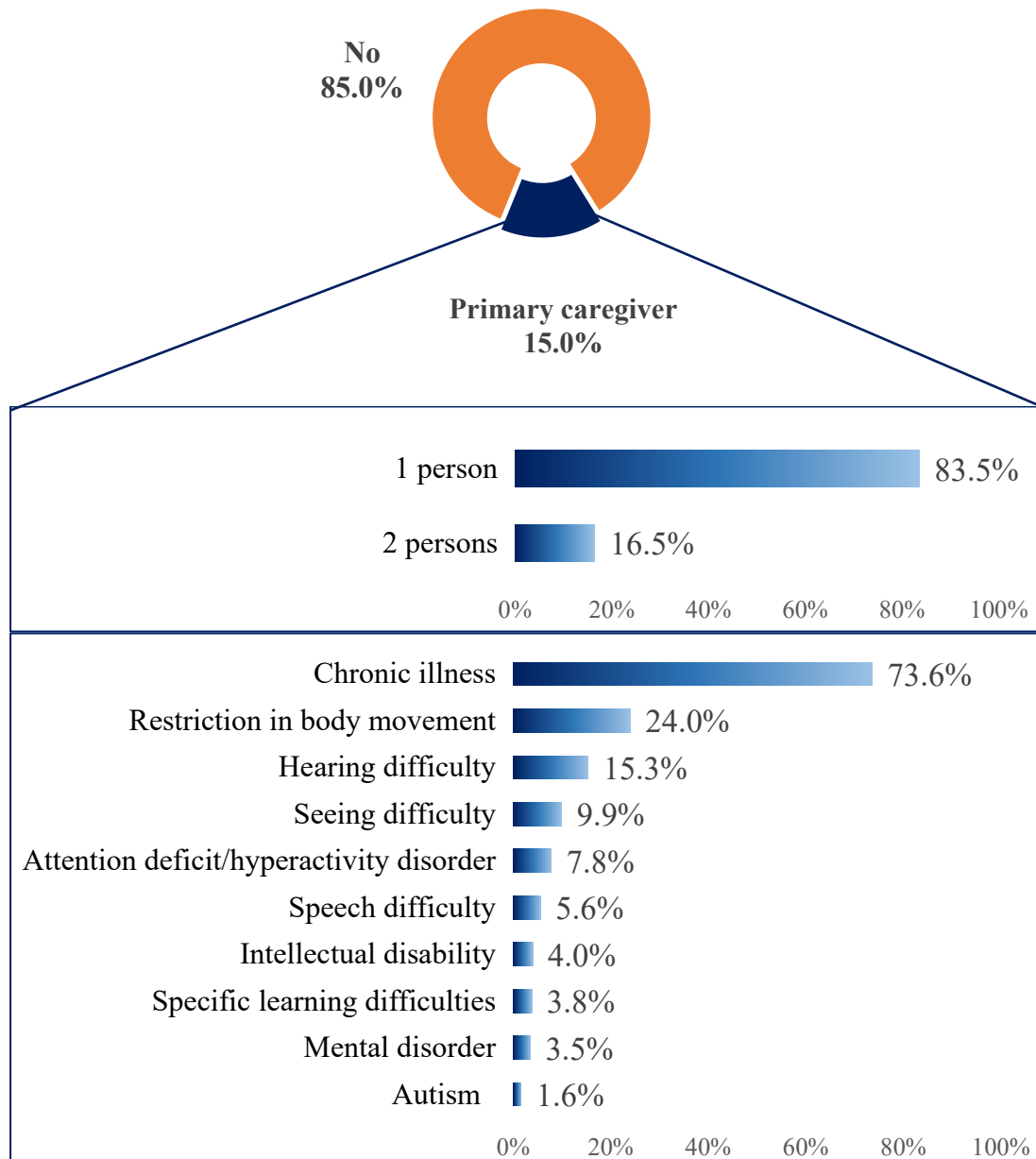
Monthly Personal Income

8.27   Monthly personal income refers to earnings from employment and other cash income, such as rent, dividends, cash gifts received, and other capital gains.

8.28   Over one quarter (26.7%) of the respondents had a monthly personal income of $20,000 or above, and 22.8% had a monthly personal income under $20,000. The survey results also indicated that 45.0% of the respondents had no income at all as they were economically inactive.

8.29   Among those who were economically active, the median monthly income was $17,500 ($22,500 for male respondents and $17,500 for female respondents).

Chart 8.19   Monthly personal income by gender
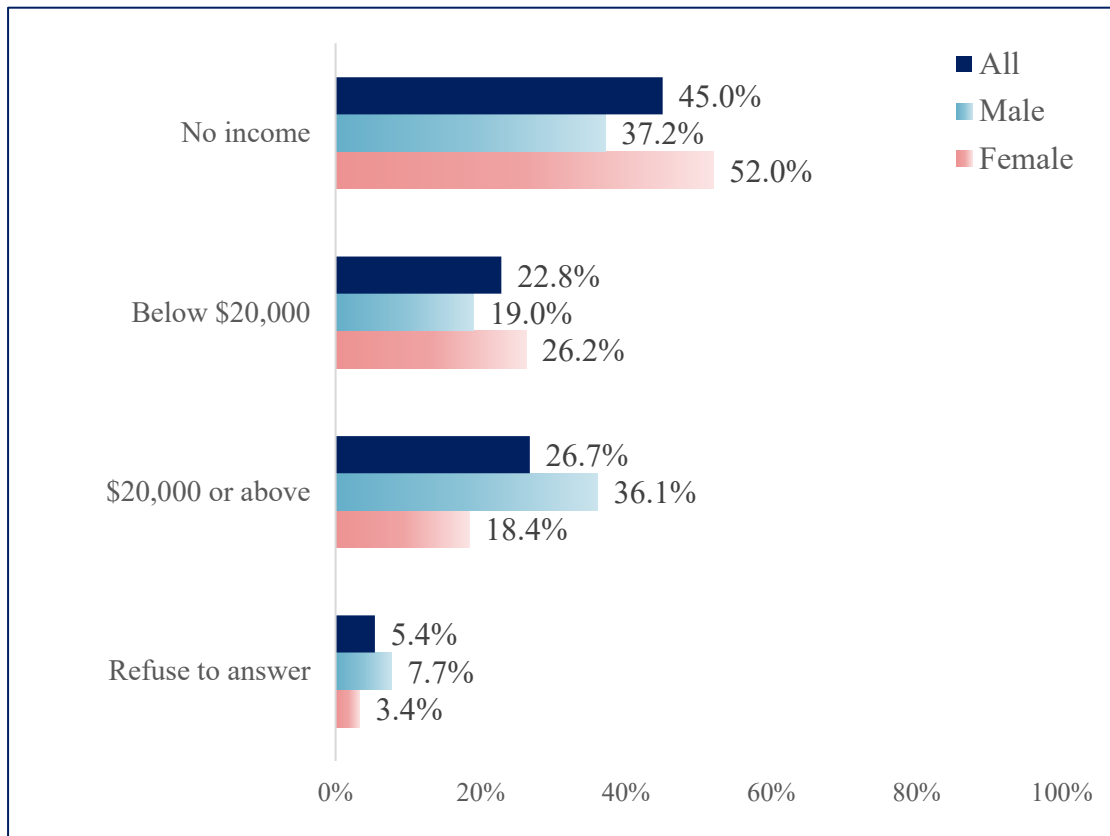
9. Profiles of Participants of the Qualitative Study

Participants who Had Disputes or Conflicts with Family Members

9.1   Two focus groups with the participants who had disputes or conflicts with spouse/partner were conducted. The participants in Group I included three men and four women aged between 25 and 48; the group consisted of five full-time employees, one unemployed person, and one homemaker; and regarding marital status, four participants were married, two participants were cohabiting, and one participant had never married. The participants in Group II included four men and four women aged between 28 and 65; the group consisted of four full-time employees, one self-employed person, one employer, and two homemakers; and regarding marital status, six participants were married, one participant was cohabiting, and one participant was separated. Table 9.1 presents the profiles of the participants.

Table 9.1 Profiles of the participants who had disputes or conflicts with spouse/partner

	Age	Gender	Economic Activity Status	Marital Status
Group I				
Participant 1	32	M	Full-time employee	Cohabit
Participant 2	40	M	Full-time employee	Never married
Participant 3	48	M	Full-time employee	Married
Participant 4	25	F	Homemaker	Cohabit
Participant 5	36	F	Full-time employee	Married
Participant 6	38	F	Full-time employee	Married
Participant 7	40	F	Unemployed person	Married
Group II				
Participant 8	31	M	Employer	Cohabit
Participant 9	38	M	Full-time employee	Married
Participant 10	58	M	Full-time employee	Married
Participant 11	65	M	Self-employed person	Married
Participant 12	28	F	Homemaker	Married
Participant 13	34	F	Homemaker	Married
Participant 14	45	F	Full-time employee	Separated
Participant 15	50	F	Full-time employee	Married

9.2   One focus group with the participants who had disputes or conflicts with parent/child was conducted. The participants in Group III included five men and four women aged between 25 and 50; the group consisted of six full-time employees, one employer, one self-employed person, and one homemaker. Regarding marital status, five participants had never married and four were married. Table 9.2 presents the profiles of the participants.

Table 9.2 Profiles of the participants who had disputes or conflicts with parent/child

	Age	Gender	Economic Activity Status	Marital Status
Group III				
Participant 16	30	M	Full-time employee	Never married
Participant 17	33	M	Full-time employee	Married
Participant 18	36	M	Employer	Never married
Participant 19	41	M	Homemaker	Married
Participant 20	42	M	Full-time employee	Married
Participant 21	25	F	Full-time employee	Never married
Participant 22	35	F	Full-time employee	Never married
Participant 23	37	F	Self-employed person	Married
Participant 24	50	F	Full-time employee	Never married

Participants who Encountered Difficulties and Changes due to the COVID-19 Pandemic

9.3   Two focus groups with the participants who encountered difficulties and changes due to the COVID-19 pandemic were conducted. The participants in Group IV included four men and five women aged between 27 and 40; the group consisted of six full-time employees, one employer, one self-employed person, and one homemaker; and regarding marital status, four participants were married, and five participants had never married. The participants in Group V included five men and four women aged between 19 and 42; the group consisted of seven full-time employees, one part-time employee, and one student; and regarding marital status, seven participants had never married, and two participants were married. Table 9.3 presents the profiles of the participants.

Table 9.3 Profiles of the participants who encountered difficulties and changes due to the COVID-19 pandemic

	Age	Gender	Economic Activity Status	Marital Status
Group IV				
Participant 25	28	M	Full-time employee	Married
Participant 26	30	M	Employer	Never married
Participant 27	33	M	Self-employed person	Never married
Participant 28	38	M	Full-time employee	Married
Participant 29	27	F	Homemaker	Married
Participant 30	28	F	Full-time employee	Never married
Participant 31	28	F	Full-time employee	Never married
Participant 32	31	F	Full-time employee	Never married
Participant 33	40	F	Full-time employee	Married
Group V				
Participant 34	19	M	Student	Never married
Participant 35	24	M	Full-time employee	Never married
Participant 36	30	M	Full-time employee	Never married
Participant 37	31	M	Full-time employee	Never married
Participant 38	35	M	Full-time employee	Never married
Participant 39	35	F	Full-time employee	Never married
Participant 40	35	F	Full-time employee	Married
Participant 41	36	F	Part-time employee	Never married
Participant 42	42	F	Full-time employee	Married

Participants who Had Views and Feedback on Social Services

9.4   One focus group with participants who had views and feedback on social services was conducted. The participants in Group VI included four men and four women aged between 23 and 57; the group consisted of seven full-time employees, and one unemployed person; and regarding marital status, seven participants were married, and one participant had never married. Table 9.4 presents the profiles of the participants.

Table 9.4 Profiles of the participants who had views and feedback on social services

	Age	Gender	Economic Activity Status	Marital Status
Group VI				
Participant 43	23	M	Full-time employee	Never married
Participant 44	30	M	Full-time employee	Married
Participant 45	31	M	Full-time employee	Married
Participant 46	46	M	Full-time employee	Married
Participant 47	33	F	Full-time employee	Married
Participant 48	38	F	Full-time employee	Married
Participant 49	40	F	Unemployed person	Married
Participant 50	57	F	Full-time employee	Married

Stakeholder Interviews

9.5   10 in-depth interviews were conducted with three groups of stakeholders, namely, representatives of social welfare organisations, scholars, and representatives of parental or family support groups. Specifically, four in-depth interviews with seven representatives of social welfare organisations, three in-depth interviews with three scholars, and three in-depth interviews with six representatives of parental or family support groups were conducted.

Table 9.5 List of stakeholders

	Sectors
Social welfare organisations	
Stakeholder 1	Representative of social welfare organisation A
Stakeholder 2	Representative of social welfare organisation A
Stakeholder 3	Representative of social welfare organisation A
Stakeholder 4	Representative of social welfare organisation B
Stakeholder 5	Representative of social welfare organisation B
Stakeholder 6	Representative of social welfare organisation C
Stakeholder 7	Representative of social welfare organisation D
Scholars	
Stakeholder 8	Representative of university E
Stakeholder 9	Representative of university F
Stakeholder 10	Representative of university G
Parental or family support groups	
Stakeholder 11	Representative of parental or family support groups H
Stakeholder 12	Representative of parental or family support groups H
Stakeholder 13	Representative of parental or family support groups H
Stakeholder 14	Representative of parental or family support groups H
Stakeholder 15	Representative of parental or family support groups I
Stakeholder 16	Representative of parental or family support groups J

10. Family Disputes

Overview

10.1　The emergence of family disputes usually accompanies a situation in which conflicts and arguments appear among family members over issues such as material goods (e.g., property ownership), decision-making rights, and social relations (e.g., marital relations)[8]. Common types of family disputes include: disagreements over financial matters, conflict over family events, intimate partner violence (IPV), arguments about childcare arrangements and parenting issues, conflict over the care of elderly parents, and in-law related conflict.

10.2　The prevalence rates of disputes with family members (e.g., spouse/partner, children, parents) have been examined over the past two years. Five question items, including types, frequency of occurrence, and the major reason for the disputes, have been designed to ascertain the details of family disputes among respondents and other family members in this study. The perceived impact of and satisfaction with relationships with family members after disputes occurred were collected. In addition, the coping tactics used and the outcomes of the coping tactics were explored.

10.3　Table 10.1 presents the dimensions and details of the situation regarding family disputes.

Table 10.1　Dimensions of Thematic Theme 1 – Family Disputes

Theme	Dimensions	No. of items	α	Index construct?	Single item?
1A	Prevalence rate of the family disputes in the past two years	1	-	-	☑
1B	Details of the family disputes	5	-	-	☑
1C	Perceived impact and satisfaction with relationships with family members	3	-	-	☑
1D	Coping tactics and the outcomes	3	-	-	☑

Prevalence Rates of Family Disputes in the Past Two Years

10.4   Respondents were asked about whether they had experienced disputes or conflicts (e.g., quarrels, disputes, physical conflict) with family members—including their spouse/partner, children, sons-in-law/daughters-in-law, grandchildren, siblings, father, mother, wife's father, wife's mother, husband's father, husband's mother, grandparents, spouse/partner's grandparents, or other relatives—in the past two years.

10.5   Slightly less than half (46.3%) of the respondents indicated they had experienced disputes with their family members over the past two years, whereas 53.7% of respondents had not. Among respondents who had experienced disputes with their family members, these disputes were most frequently with their spouse/partner, children, mother, or father. Less than 3% of the respondents indicated they had experienced disputes with their siblings in the past two years. Less than 1% had experienced disputes with their sons-in-law/daughters-in-law, grandchildren, wife's father, wife's mother, husband's father, husband's mother, grandparents, spouse/partner's grandparents, or other relatives.

Chart 10.2   Prevalence rate of the family disputes in the past two years

Did not have family disputes with family members in the past two years 53.7%

Had family disputes with family members in the past two years 46.3%
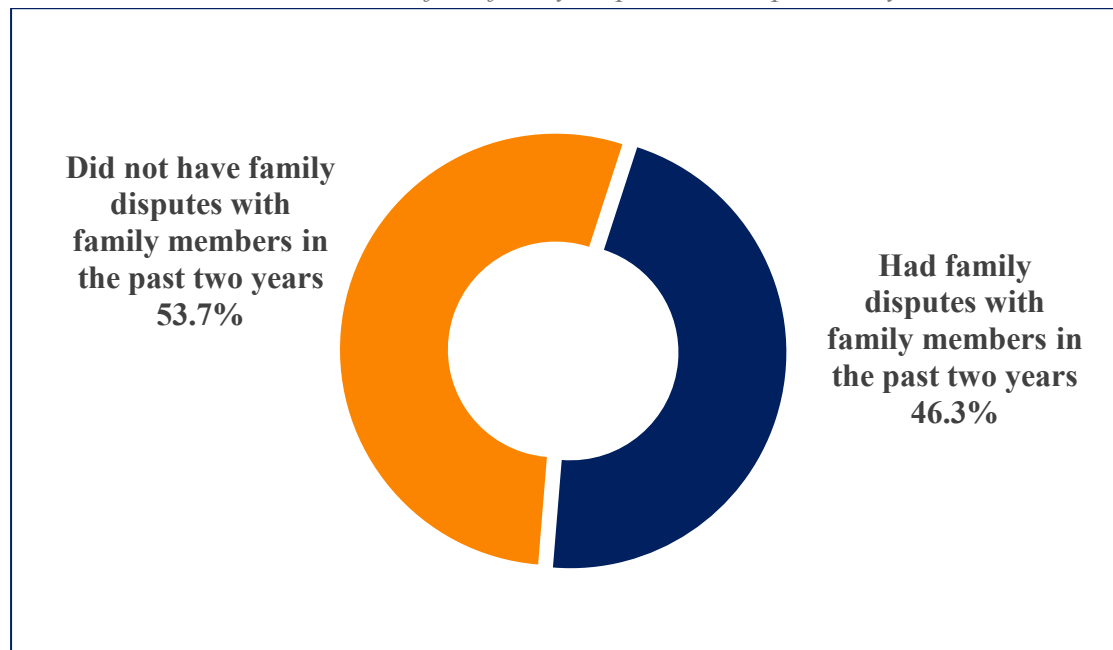
10.6   Among the respondents who were married/cohabiting, nearly one in two (48.8%) indicated they had experienced family disputes with their spouse/partner in the past year. Among the respondents who had children, 30.9% indicated they had experienced family disputes with their children in the past two years. Of the respondents who had contact with their father and/or mother, the prevalence rates of family disputes were 5.4% and 11.6%, respectively, in the past two years.

Chart 10.3   Prevalence rates of the family disputes with spouse/partner, children, father and mother in the past two years

Spouse/partner

48.8%

Children

30.9%

Father

5.4%

Mother

11.6%
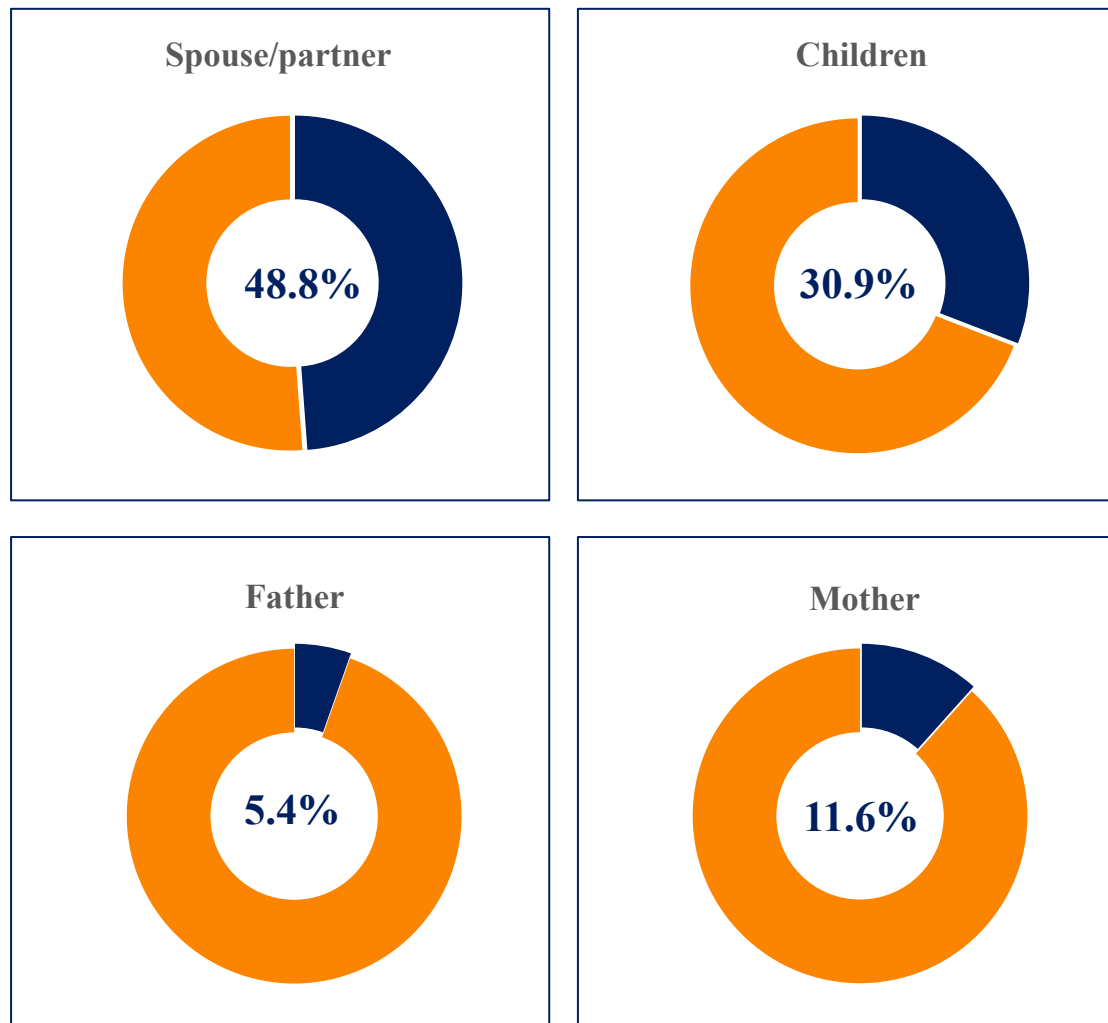
10.7   Details regarding the proportions of respondents who were married/cohabiting and had experienced family disputes with their spouse/partner were compiled by key demographics, including gender, age group, whether the respondents had children, and economic status.

10.8   A total of 48.8% of the respondents who were married/cohabiting had experienced family disputes with their spouse/partner. Compared with the other demographic groups, significantly higher proportions of the respondents who were aged 15 to 24 years (71.3%) reported disputes with their spouse/partner in the past two years ($p <$ .05). No statistically significant differences were found between gender, whether respondents had children, and economic status.

Chart 10.4   Prevalence rates of the family disputes with spouse/partner in the past two years by key demographics
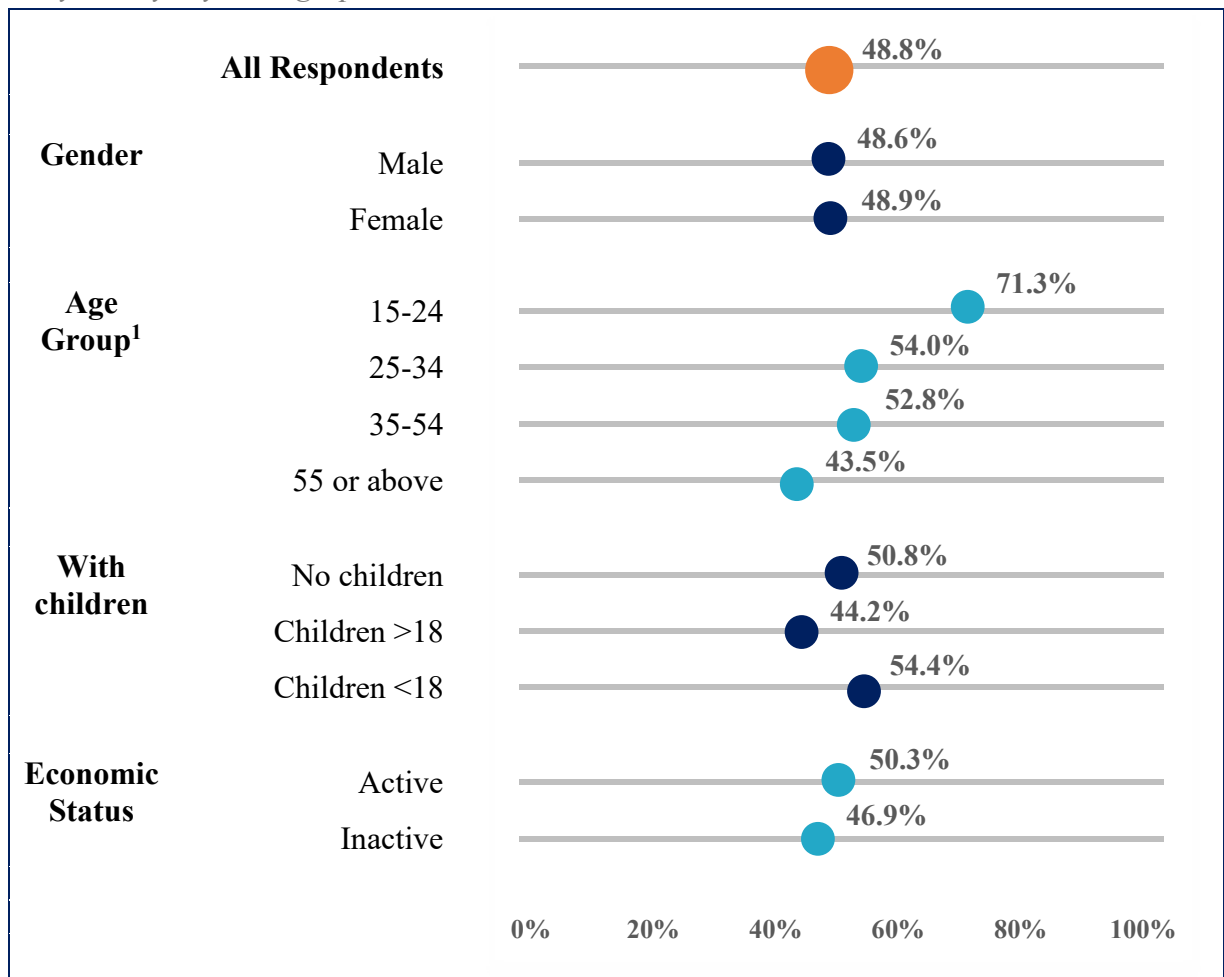
All Respondents		48.8%
Gender	Male	48.6%
	Female	48.9%
Age Group[1]	15-24	71.3%
	25-34	54.0%
	35-54	52.8%
	55 or above	43.5%
With children	No children	50.8%
	Children >18	44.2%
	Children <18	54.4%
Economic Status	Active	50.3%
	Inactive	46.9%

0%   20%   40%   60%   80%   100%

Note [1] Statistically significant differences between demographic groups

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10.9   Details of the proportions of parent respondents who had experienced family disputes with their children were compiled by key demographics, including gender, age group, whether the respondents had children under the age of 18 years, and economic status.

10.10   A total of 30.9% of the parent respondents had experienced family disputes with their children.   Compared with the other demographic groups, significantly higher proportions of respondents in the following groups had experienced family disputes with their children: those aged 25 to 34 years (39.8%), those aged 35 to 54 years (47.8%), those with children under the age of 18 years (54.4%), and economically active respondents (40.1%) ($ps < .05$). There was no significant gender difference.

Chart 10.5   Prevalence rates of the family disputes with children in the past two years by key demographics
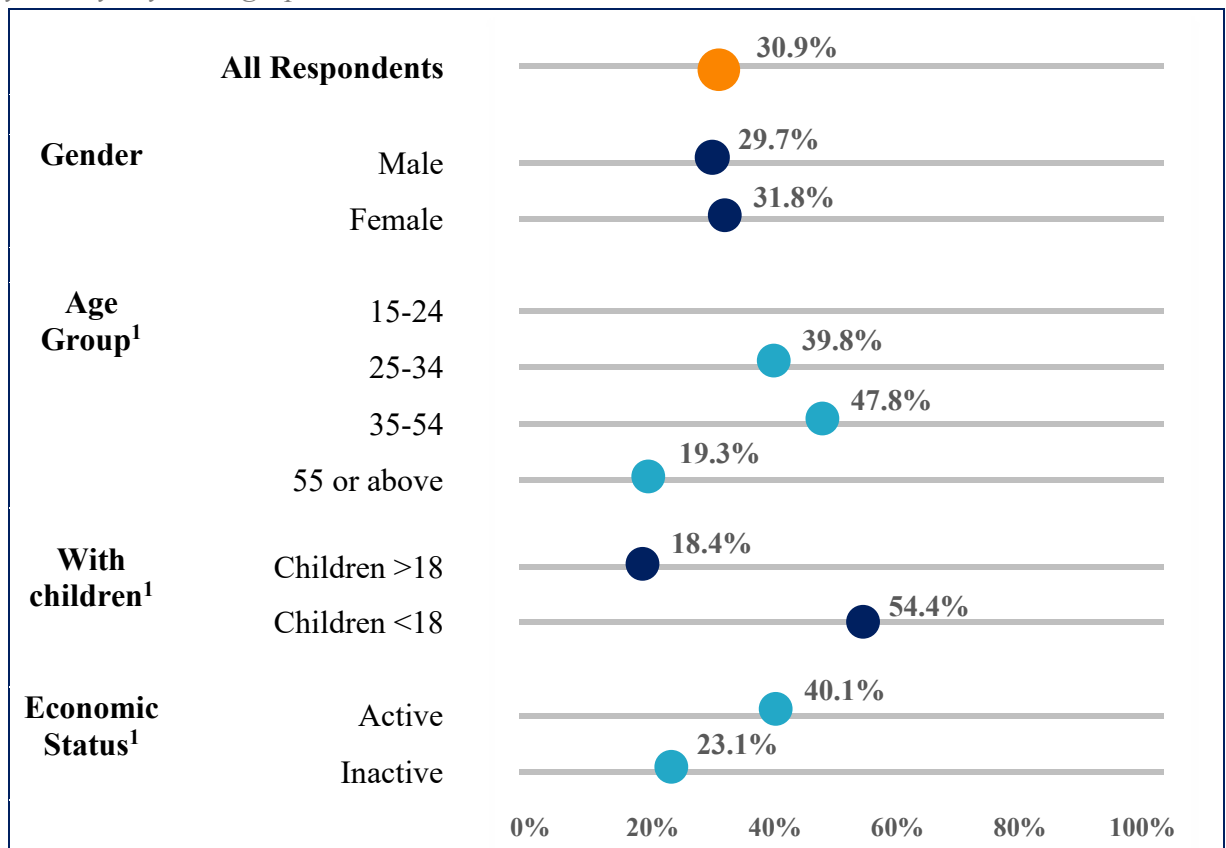
Note [1] Statistically significant differences between demographic groups

10.11　Details regarding the proportions of respondents who had contact with their parents and reported family disputes with their father were compiled by key demographics, including gender, age group, whether the respondents had children, and economic status.

10.12　A total of 5.4% of the respondents who had contact with their parents reported family disputes with their father. Compared with the other demographic groups, significantly higher proportions of respondents in the following groups had experienced family disputes with their father: those aged 15 to 24 years (14.8%), those aged 25 to 34 years (13.6%), and those without any children (9.6%) ($ps < .05$). No statistically significant differences were found between gender and economic status.

Chart 10.6　Prevalence rates of the family disputes with father in the past two years by key demographics
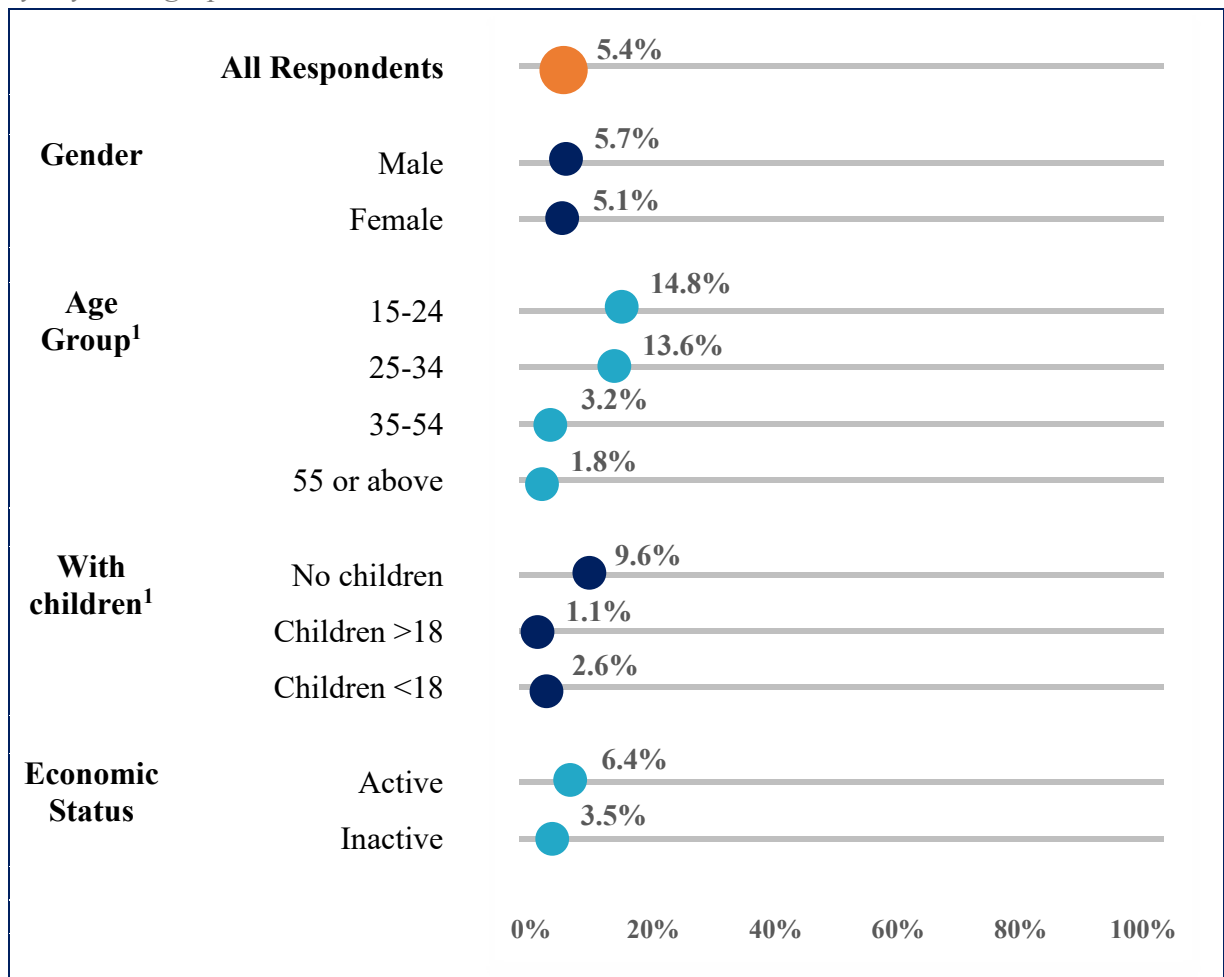
Note [1] Statistically significant differences between demographic groups

10.13   Details of the proportions of respondents who had contact with their parents and reported family disputes with their mother were compiled by key demographics, including gender, age group, whether the respondents had children, and economic status.

10.14   A total of 11.6% of the respondents who had contact with their parents reported family disputes with their mother. Compared with the other demographic groups, significantly higher proportions of respondents in the following groups had experienced family disputes with their mother: those aged 15 to 24 years (30.0%), those aged 25 to 34 years (18.4%), and those without any children (16.1%) ($ps < .05$). No statistically significant differences were found between gender and economic status.

Chart 10.7   Prevalence rates of the family disputes with mother in the past two years by key demographics
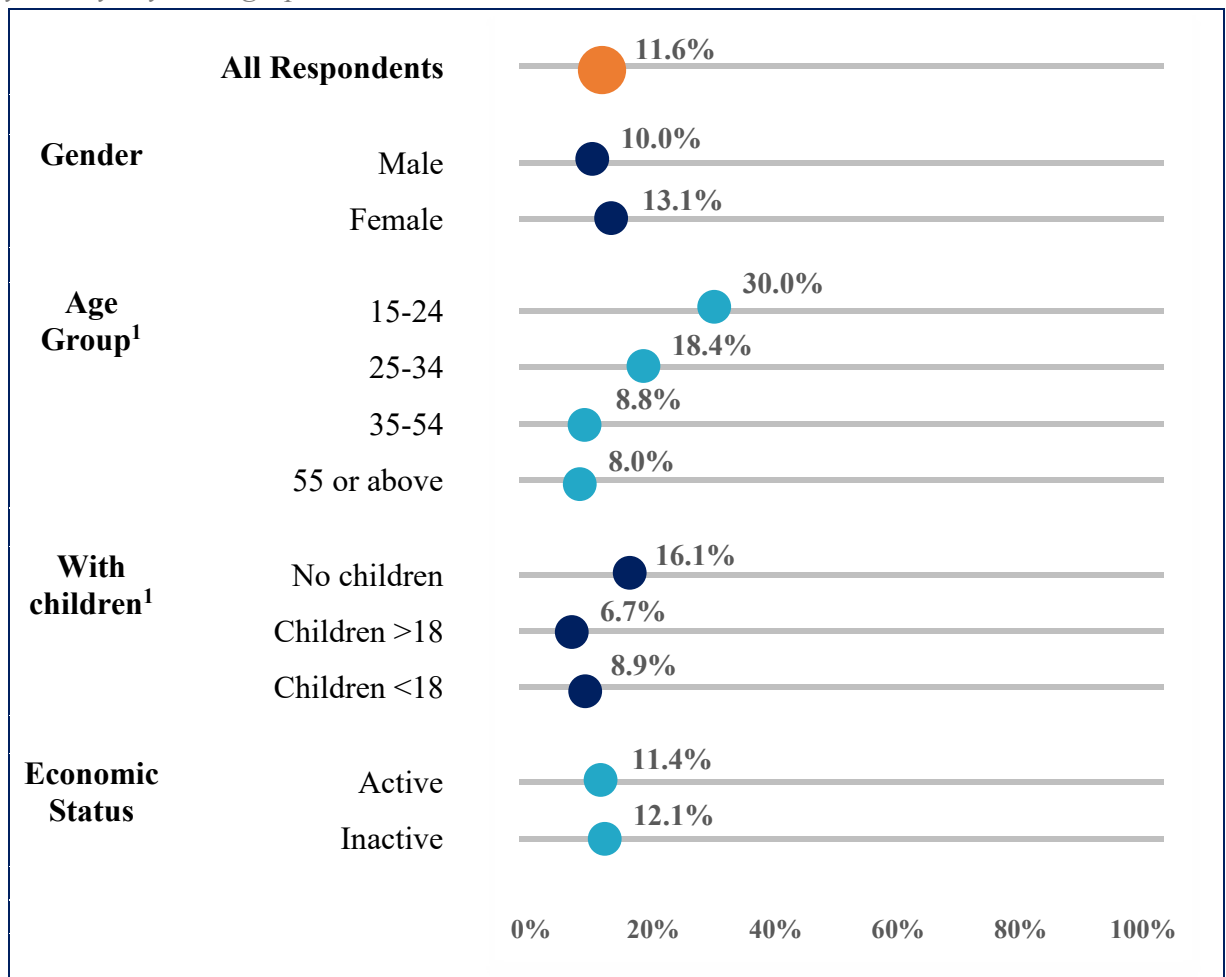
All Respondents	11.6%
Gender Male	10.0%
Female	13.1%
Age Group[1] 15-24	30.0%
25-34	18.4%
35-54	8.8%
55 or above	8.0%
With children[1] No children	16.1%
Children >18	6.7%
Children <18	8.9%
Economic Status Active	11.4%
Inactive	12.1%

Note [1] Statistically significant differences between demographic groups

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Details of Family Disputes in the Past Two Years

Prevalence Rates of Family Disputes that were Serious or Affected Respondents' Relationships with Their Spouse/Partner, Children, Father, and/or Mother

10.15   Respondents were asked to indicate the family member(s) with whom they had experienced their most serious dispute that had affected their relationship the most in the past two years (hereafter, "the most serious dispute"). At least one family member to at most three family members were reported.

10.16   Among the respondents who were married/cohabiting, about one quarter (23.6%) indicated they had experienced the most serious dispute with their spouse/partner in the past two years. Among the respondents who had children, 9.6% indicated they had experienced the most serious dispute with their children in the past two years. Of the respondents who had contact with their parents, the prevalence rates of the most serious disputes with their father and mother were 4.0% and 9.1%, respectively, in the past two years.

Chart 10.8   Prevalence rates of the family disputes that were serious or affected their relationship with spouse/partner, children, father and mother in the past two years
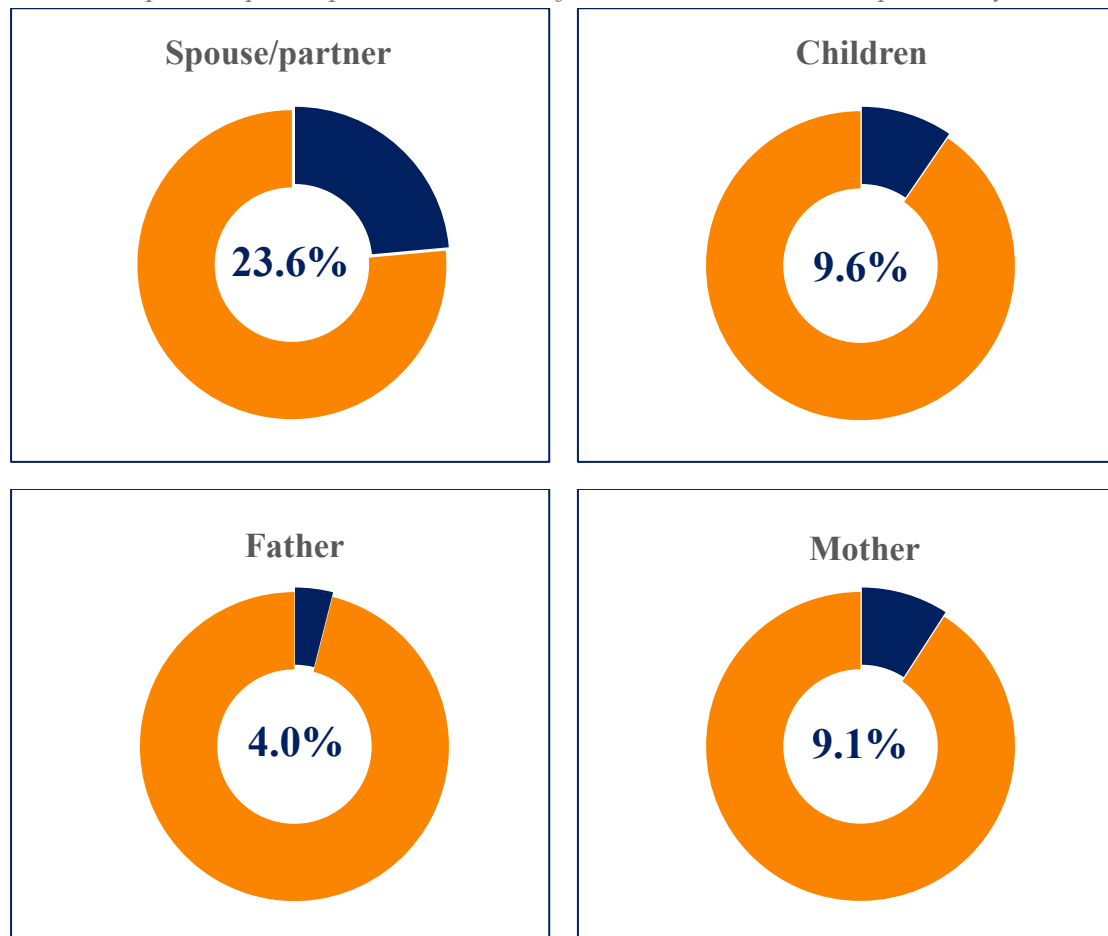
Living with the Family Members with whom Respondents had Experienced the Most Serious Dispute

10.17 Respondents were asked whether the family members with whom they had experienced their most serious dispute in the past two years were living in the same household.

10.18 The majority (94.8%) of the respondents who were married/cohabiting indicated they were living with their spouse/partner when the most serious dispute had occurred. Among the respondents who had children, 81.7% were living with their children when the most serious dispute had occurred. Of the respondents who had contact with their parents, 75.6% and 61.3%, respectively, indicated that they were living with their father or mother when the most serious dispute had occurred.

Chart 10.9   Living with family members who had the most serious dispute by gender
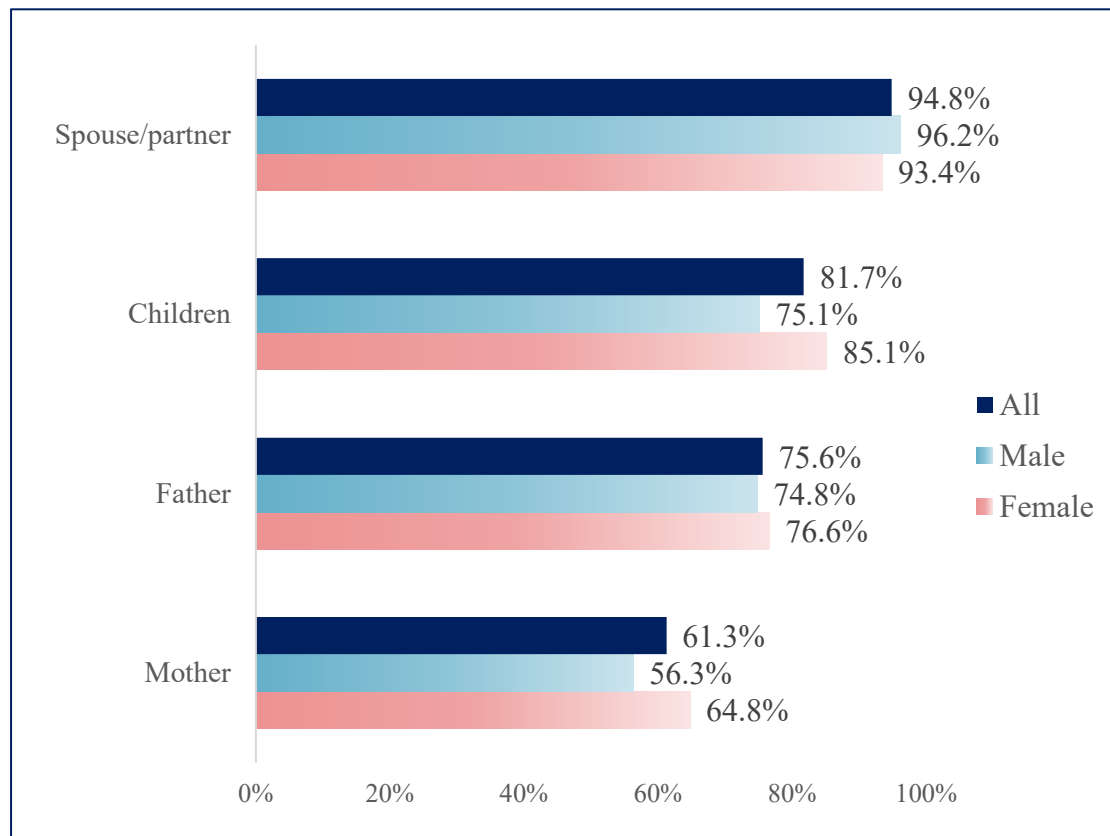
Types and Frequency of Occurrence of the Most Serious Dispute

10.19   Respondents were asked for the types (i.e., quarrels, psychological aggression, physical conflict (perpetrator), and physical conflict (victim)) and frequency of the occurrence of each type of dispute for the reported most serious dispute with their family members.

10.20   Among the respondents who were married/cohabiting, all indicated they had quarrels with their spouse/partner. Regarding the frequency of these quarrels, about half of respondents (49.2%) quarreled with their spouse/partner one to two times per year, more than one-third (36.8%) one to two times per month, 11.8% one to two times per week, and 2.1% almost every day. A total of 63.6% reported psychological aggression. Regarding frequency, over one-third of respondents (36.7%) experienced psychological aggression with their spouse/partner one to two times per year, 18.3% one to two times per month, 6.2% one to two times per week, and 2.4% almost every day. A total of 5.1% experienced physical conflict as a perpetrator: 4.1% of respondents perpetrated physical conflict one to two times per year, 0.5% one to two times per month, and 0.5% almost every day. A total of 4.6% experienced physical conflict as a victim: 2.8% of respondents were victims of physical conflict one to two times per year, 1.3% one to two times per month, and 0.5% almost every day.

10.21   Among the respondents who had children, all indicated they had quarrels with their children. A total of 45.1% of respondents quarreled with their children one to two times per year, 29.2% one to two times per month, 16.0% one to two times per week, and about one in ten (9.8%) almost every day. A total of 53.9% of respondents reported psychological aggression—29.1% one to two times per year, 13.6% one to two times per month, 3.8% one to two times per week, and 7.4% almost every day. A total of 8.5% had physical conflicts as a perpetrator. A total of 4.7% of respondents perpetrated physical conflict with their children one to two times per year, 1.9% one to two times per month, and 1.9% one to two times per week. A total of 8.5% had physical conflicts as a victim. A total of 4.7% of respondents were victims of physical conflict with their children one to two times per year, 1.9% one to two times per month, and 1.9% one to two times per week.

10.22   Of those respondents who had contact with their parents, all indicated they had quarrels with their father—44.2% one to two times per year, 46.9% one to two times per month, and 8.8% one to two times per week. Around two-thirds of respondents (66.9%) reported psychological aggression with their father. About half of respondents (49.2%) experienced physical aggression with their father one to two times per year, 8.9% one to two times per month, and 8.8% one to two times per week. A total of 3.5% experienced physical conflicts as a perpetrator one to two times per year and 3.5% experienced physical conflicts as a victim one to two times per year.

10.23 Of the respondents who had contact with their parents, all indicated they had quarrels with their mother—22.1% one to two times per year, over half (59.1%) one to two times per month, 11.6% one to two times per week, and 7.1% almost every day. A total of 60.5% of respondents reported psychological aggression—around half (47.0%) one to two times per year, 7.6% one to two times per month, 3.0% one to two times per week, and 2.8% almost every day. A total of 3.7% of respondents had physical conflicts as a perpetrator. Of these, 2.8% perpetrated physical conflict with their mother one to two times per month, and 0.9% one to two times per week. A total of 3.7% of respondents experienced physical conflicts as a victim one to two times per month.

Table 10.10   The types and frequency of occurrence of the most serious dispute with family members

%		Spouse/ partner	Child	Father	Mother
Quarrels	Never Happened	0.0	0.0	0.0	0.0
	1-2 times per year	49.2	45.1	44.2	22.1
	1-2 times per month	36.8	29.2	46.9	59.1
	1-2 times per week	11.8	16.0	8.8	11.6
	Almost every day	2.1	9.8	0.0	7.1
Psychological aggression	Never Happened	36.4	46.1	33.1	39.5
	1-2 times per year	36.7	29.1	49.2	47.0
	1-2 times per month	18.3	13.6	8.9	7.6
	1-2 times per week	6.2	3.8	8.8	3.0
	Almost every day	2.4	7.4	0.0	2.8
Physical conflicts (perpetrator)	Never Happened	94.9	91.5	96.5	96.3
	1-2 times per year	4.1	4.7	3.5	0.0
	1-2 times per month	0.5	1.9	0.0	2.8
	1-2 times per week	0.0	1.9	0.0	0.9
	Almost every day	0.5	0.0	0.0	0.0
Physical conflicts (victim)	Never Happened	95.4	91.5	96.5	96.3
	1-2 times per year	2.8	4.7	3.5	0.0
	1-2 times per month	1.3	1.9	0.0	3.7
	1-2 times per week	0.0	1.9	0.0	0.0
	Almost every day	0.5	0.0	0.0	0.0

The Major Reason for the Most Serious Dispute

10.24   Respondents were asked to indicate the major reason for the most serious dispute with their spouse/partner, children, father, or mother, and whether the reported reason was directly related to the COVID-19 pandemic.

10.25   Among the respondents who were married/cohabiting, the top three major reasons for the most serious dispute with their spouse/partner were: lifestyle (23.6%), daily housework (19.7%), and children's education/work (12.1%). It is worth noting that most of the major reasons were not directly related to the COVID-19 pandemic. The top three major reasons that were related to the COVID-19 pandemic were: children's education/work (3.5%), daily housework (2.2%), and lifestyle (2.0%).

Table 10.11   The major reason of the most serious disputes with spouse/partner

%	Spouse/ partner	Related to the COVID-19 pandemic	
		Directly	*Not directly*
Lifestyle	23.6	2.0	21.6
Daily housework	19.7	2.2	17.5
Children's education/work	12.1	3.5	8.6
Caring for children	8.5	0.8	7.6
Relationship issues between spouse/partner	7.3	0.0	7.3
Financial issues	6.8	1.4	5.4
Social incidents (e.g. political opinions)	5.3	1.3	4.0
Working issues	3.5	1.6	2.0
Household and personal hygiene	3.1	0.0	3.1
In-law relationship	2.9	1.6	1.3
Health issues (e.g. personal health, vaccination, etc.)	2.3	0.6	1.7
Caring responsibility (except children and elderly)	1.1	0.4	0.7
Caring for the elderly	0.9	0.4	0.5
Emigration or residence issues	0.5	0.5	0.0

10.26　Among the respondents who had children, the top three major reasons for the most serious dispute with their children were: children's education/work (26.0%), lifestyle (23.6%), and caring for children (10.7%). It is worth noting that most of the major reasons were not directly related to the COVID-19 pandemic. The top three major reasons that were related to the COVID-19 pandemic were: lifestyle (4.7%), children's education/work (4.1%), and caring for children (1.9%).

Table 10.12　The major reason of the most serious disputes with children

%	Children	Related to the COVID-19 pandemic	
		Directly	*Not directly*
Lifestyle	23.6	4.7	18.9
Daily housework	6.2	0.0	6.2
Children's education/work	26.0	4.1	21.9
Caring for children	10.7	1.9	8.8
Relationship issues between spouse/partner	0.0	0.0	0.0
Financial issues	5.5	0.0	5.5
Social incidents (e.g. political opinions)	7.2	0.0	7.2
Working issues	0.9	0.9	0.0
Household and personal hygiene	5.5	0.0	5.5
In-law relationship	0.0	0.0	0.0
Health issues (e.g. personal health, vaccination, etc.)	0.0	0.0	0.0
Caring responsibility (except children and elderly)	0.0	0.0	0.0
Caring for the elderly	2.3	0.0	2.3
Emigration or residence issues	0.0	0.0	0.0

10.27 Among the respondents who had contact with their parents, the major reason for the most serious dispute with their father was lifestyle (42.1%), followed by financial issues (12.0%) and caring for the elderly (11.6%). It is worth noting that most of the major reasons were not directly related to the COVID-19 pandemic. The major reasons that were related to the COVID-19 pandemic were: household and personal hygiene issues (3.6%) and social incidents (e.g., political opinions) (3.3%).

Table 10.13   The major reason of the most serious disputes with father

%	Father	Related to the COVID-19 pandemic	
		Directly	*Not directly*
Lifestyle	42.1	0.0	42.1
Daily housework	5.9	0.0	5.9
Children's education/work	5.4	0.0	5.4
Caring for children	3.0	0.0	3.0
Relationship issues between spouse/partner	0.0	0.0	0.0
Financial issues	12.0	0.0	12.0
Social incidents (e.g. political opinions)	6.2	3.3	2.9
Working issues	6.5	0.0	6.5
Household and personal hygiene	3.6	3.6	0.0
In-law relationship	0.0	0.0	0.0
Health issues (e.g. personal health, vaccination, etc.)	0.0	0.0	0.0
Caring responsibility (except children and elderly)	0.0	0.0	0.0
Caring for the elderly	11.6	0.0	11.6
Emigration or residence issues	0.0	0.0	0.0

10.28   Among the respondents who had contact with their parents, the major reason for the most serious dispute with their mother was lifestyle (44.5%), followed by daily housework (14.9%) and financial issues (12.8%). It is worth noting that most of the major reasons were not directly related to the COVID-19 pandemic. The major reasons that were related to the COVID-19 pandemic were: lifestyle (4.7%), work issues (2.8%), and social incidents (e.g., political opinions) (1.5%).

Table 10.14   The major reason of the most serious disputes with mother

%	Mother	Related to the COVID-19 pandemic	
		Directly	*Not directly*
Lifestyle	44.5	4.7	39.8
Daily housework	14.9	1.3	13.5
Children's education/work	1.3	0.0	1.3
Caring for children	8.3	0.0	8.3
Relationship issues between spouse/partner	1.7	0.0	1.7
Financial issues	12.8	0.0	12.8
Social incidents (e.g. political opinions)	7.1	1.5	5.6
Working issues	2.8	2.8	0.0
Household and personal hygiene	1.6	0.0	1.6
In-law relationship	0.0	0.0	0.0
Health issues (e.g. personal health, vaccination, etc.)	1.3	1.3	0.0
Caring responsibility (except children and elderly)	2.4	0.0	2.4
Caring for the elderly	1.3	1.3	0.0
Emigration or residence issues	0.0	0.0	0.0

Perceived Seriousness of the Most Serious Dispute

10.29   Respondents were asked to assess the seriousness of their most serious dispute with their spouse/partner, children, father, and/or mother using a five-point Likert scale (ranging from 1 = not serious at all to 5 = very serious).

10.30   Among the respondents who were married/cohabiting, although about half (52.8%) stated the most serious dispute with their spouse/partner had not been serious, 39.7% and 7.5% perceived the most serious dispute to be moderately serious and serious/very serious, respectively.

10.31   Among the respondents who had children, although over half (58.3%) stated the most serious dispute with their children had not been serious, 34.6% and 7.0% perceived the most serious dispute as being moderately serious and serious/very serious, respectively.

10.32   Of the respondents who had contact with their parents, although over half stated the most serious dispute with their father (54.8%) or mother (58.2%) had not been serious, 43.0% and 2.3% perceived the most serious dispute with their father to be moderately serious and serious/very serious, respectively, and 36.6% and 5.2% considered the most serious dispute with their mother to be moderately serious and serious/very serious, respectively.

Chart 10.15   Perceived seriousness of the most serious disputes with family members
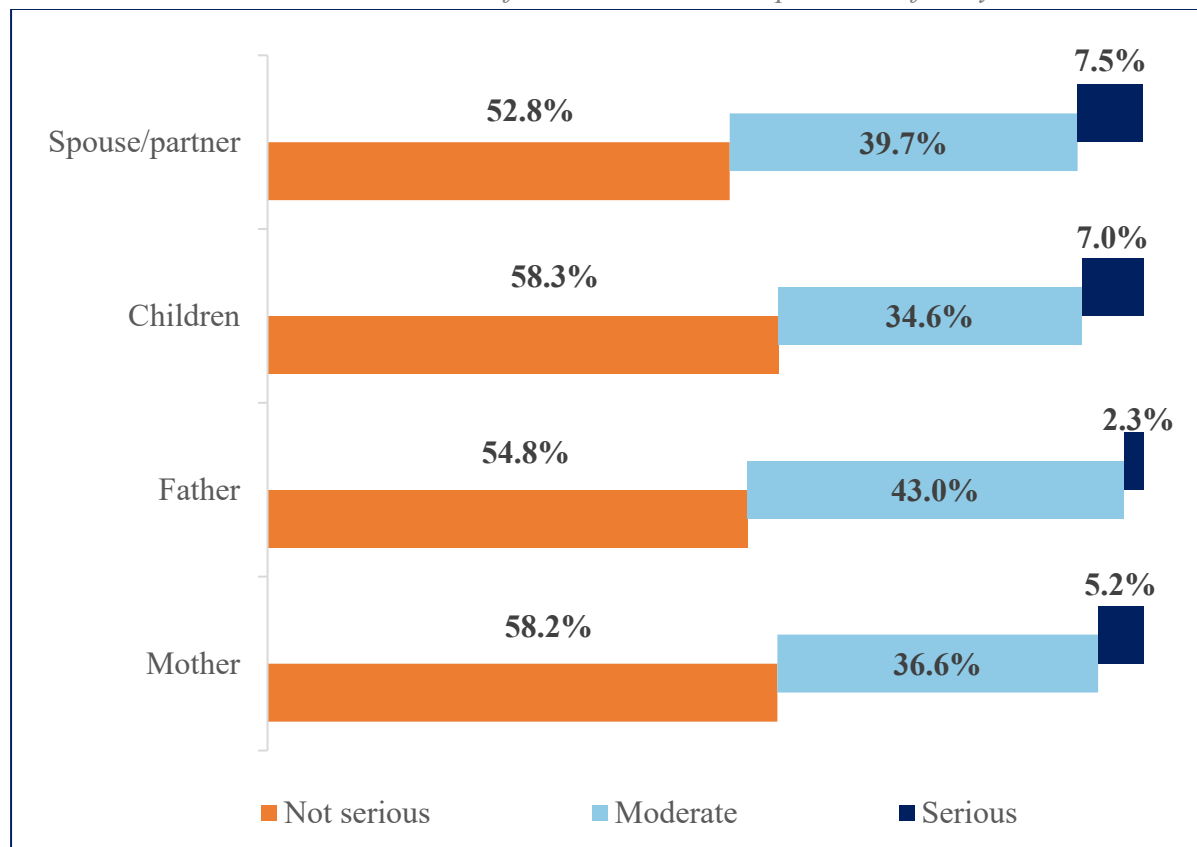
Perceived Impact of and Satisfaction with Relationships with Family Members After the Most Serious Dispute

Perceived Impact on Relationships with Family Members

10.33   Respondents were asked to evaluate the impact of the most serious dispute on their relationships with their spouse/partner, children, father, and/or mother using a five-point Likert scale (ranging from 1 = no impact at all to 5 = very large impact).

10.34   Among the respondents who were married/cohabiting, about one-quarter (24.2%) indicated there was no impact on their relationships with their spouse/partner. However, 34.9% reported a minor impact, 27.9% reported some impact, 8.2% reported a large impact, and 4.8% reported a very large impact. Among the respondents who had children, about one-third (32.4%) indicated there was no impact on their relationships with children. However, 31.0% reported a minor impact, 17.5% reported some impact, 17.3% reported a large impact, and 1.9% reported a very large impact. Of the respondents who had contact with their parents, only 10% reported there was no impact on their relationship with their father (9.4%) or mother (10.8%). However, nearly half reported a minor impact, about one-quarter reported some impact, and 10% reported a large impact.

Chart 10.16   *Perceived impact on the relationships with family members after the most serious dispute*

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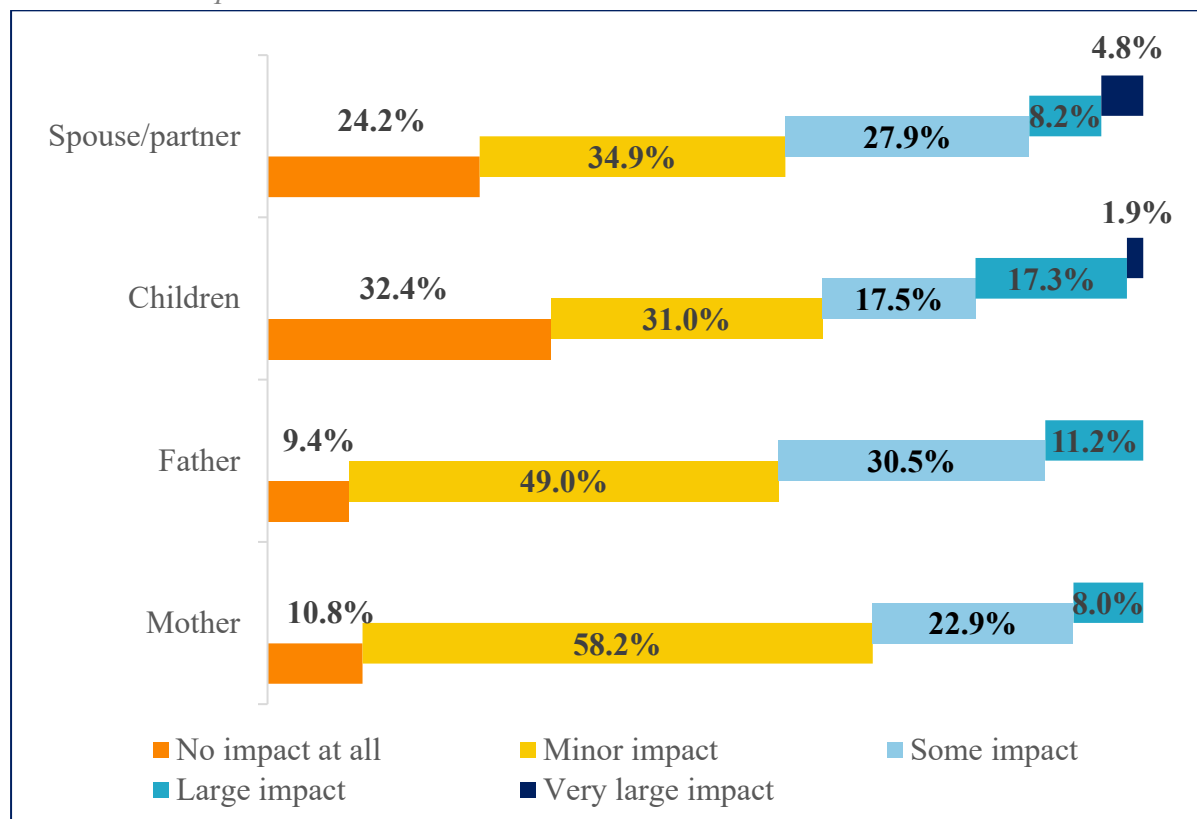
Satisfaction with Relationships with Family members

10.35 Respondents were asked to self-assess their level of satisfaction with their relationships with their spouse/partner, children, father, and/or mother using a five-point Likert scale (ranging from 1 = very dissatisfied to 5 = very satisfied).

10.36 Among the respondents who were married/cohabiting, about two-thirds (67.9%) stated they were satisfied with their relationships with their spouse/partner, whereas 14.8% were dissatisfied.

10.37 Among the respondents who had children, 60.0% stated they were satisfied with their relationships with their children, whereas 14.5% were dissatisfied.

10.38 Of the respondents who had contact with their parents, over one-third stated they were satisfied with their relationship with their father (36.8%) or mother (42.2%), whereas 15.1% and 11.0% were respectively dissatisfied with their relationship with their father or mother.

Chart 10.17   Satisfaction with relationships with family members after the most serious dispute

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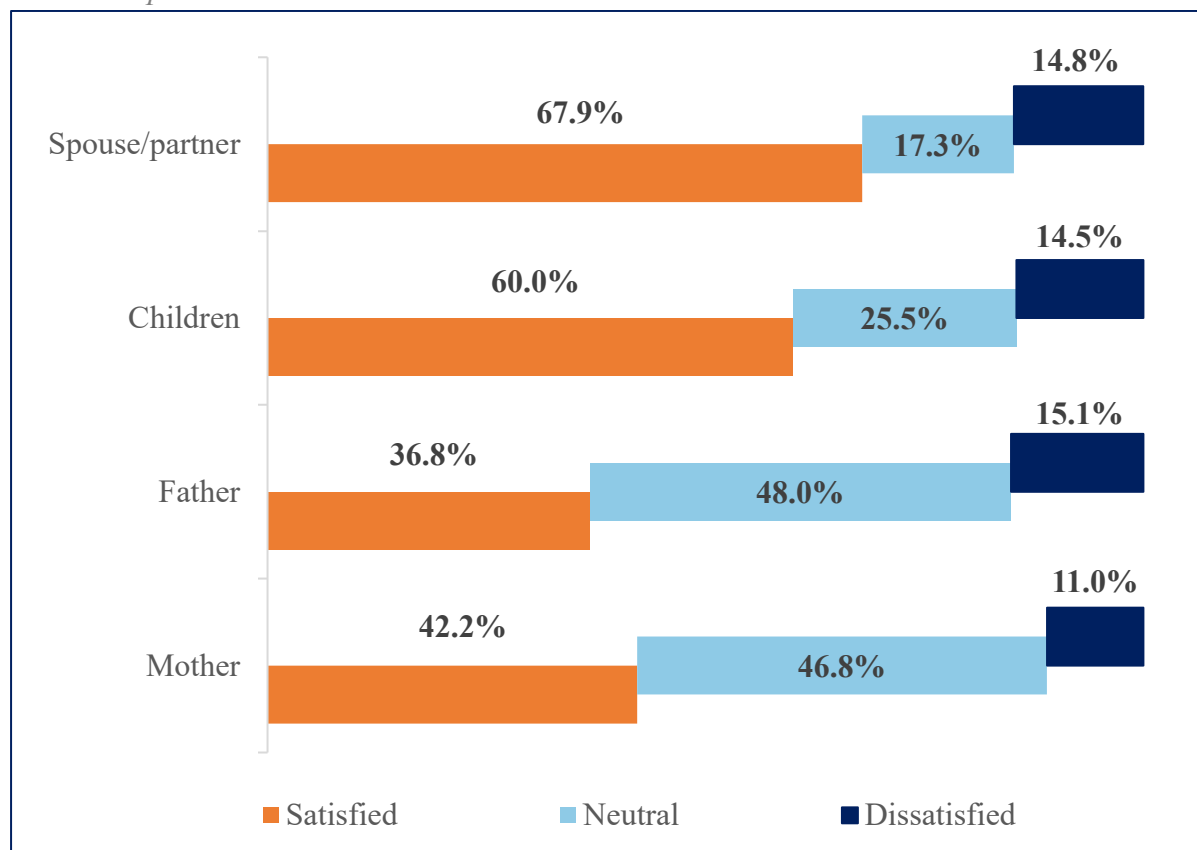
The Perceived Effectiveness of Coping Tactics

Coping Tactics

10.39 Respondents were asked about the coping tactics they used to deal with the most serious dispute with their spouse/partner, children, father, and/or mother.

10.40 Among the respondents who were married/cohabiting, slightly less than three-quarters (72.2%) indicated they had sought solutions to solve the most serious dispute with their spouse/partner, including: directly communicating with their spouse/partner (44.7%), avoiding contact with their spouse/partner or trying to make a clean break (15.5%), negotiating with their spouse/partner (10.7%), and seeking assistance from others (1.3%). Among the respondents who had children, about three-quarters (75.9%) indicated they had sought solutions to the most serious dispute with their children, including: directly communicating with their children (36.7%), negotiating with their children (20.2%), avoiding contact with their children or trying to make a clean break (13.6%), and seeking assistance from others (5.4%).

10.41 Of the respondents who had contact with their parents, over three-quarters indicated they had sought solutions to the most serious dispute with their father (81.1%) or mother (76.6%), including directly communicating with their parents (25.2% for fathers and 30.8% for mothers), avoiding contact with their parents or trying to make a clean break (25.1% for fathers and 16.0% for mothers), seeking assistance from others (25.0% for fathers and 27.9% for mothers), and negotiating with their parents (5.8% for fathers and 1.8% for mothers). Compared with the coping tactics used to deal with the most serious disputes with respondents' spouse/partner and children, higher proportions of the respondents shared that they would seek assistance from others to solve the most serious dispute with their parents.

Table 10.18   Coping tactics of the most serious dispute with family members

%	Spouse/ partner	Child	Father	Mother
Sought solutions to solve the most serious dispute	72.2%	75.9%	81.1%	76.6%
Solutions				
Communicate with him/ her directly	44.7%	36.7%	25.2%	30.8%
Avoid contacting him/ her or make a clean break	15.5%	13.6%	25.1%	16.0%
Negotiate with him/ her	10.7%	20.2%	5.8%	1.8%
Seek assistance from others	1.3%	5.4%	25.0%	27.9%
Did not seek any solutions to solve the most serious dispute	27.8%	24.1%	18.9%	23.4%

Help-Seeking Behavior

10.42   Respondents were asked about their help-seeking behavior when they had experienced the most serious dispute with their spouse/partner, children, father, and/or mother. The parties seeking assistance included family members of or important persons to the respondents (e.g., relatives, friends), institutions (e.g., hotlines, counselling services, shelters), professionals (e.g., lawyers, psychologists,), the community (e.g., District Council members, community organisations), government departments (e.g., the police, the Social Welfare Department), and netizens.

10.43   Among the respondents who were married/cohabiting, more than a quarter (28.0%) stated they had sought assistance from others to deal with the most serious dispute with their spouse/partner; the key parties included family members/important persons (23.4%), institutions (4.4%), and professionals (2.9%). Among the respondents who had children, more than one-third (37.1%) stated they had sought assistance from others to deal with the most serious dispute with their children; the key parties included family members/important persons (31.9%), professionals (3.9%), and netizens (1.3%).

10.44   Of the respondents who had contact with their parents, about one-third (32.3%) stated they had sought assistance from others to deal with the most serious dispute with their father; the key parties included family members/important persons (21.5%), the community (4.5%), and institutions (3.7%). A total of 60.9% stated they had sought assistance from others to deal with the most serious dispute with their mother; the key parties included family members/important persons (51.0%), professionals (4.8%), and netizens (3.9%). It is worth noting that the proportion of respondents seeking assistance from others was higher in regard to dealing with the most serious dispute with mothers than with fathers.

Table 10.19   Help-seeking behaviour of the most serious dispute with family members

%	Spouse/ partner	Child	Father	Mother
Sought assistance from others	28.0%	37.1%	32.3%	60.9%
Seek assistance from (multiple responses)				
Family members/important persons	23.4%	31.9%	21.5%	51.0%
Institutions	4.4%	0.0%	3.7%	3.1%
Professionals	2.9%	3.9%	2.6%	4.8%
Netizens	1.4%	1.3%	0.0%	3.9%
Community	0.7%	0.0%	4.5%	0.0%
The Government departments	0.7%	0.0%	0.0%	2.0%
Did not seek assistance from others	72.0%	62.9%	67.7%	39.1%

Perceived Effectiveness

10.45   The respondents were asked to evaluate the level of effectiveness of the way they had dealt with the most serious dispute with their spouse/partner, children, father, or mother, using a five-point Likert scale (ranging from 1 = completely ineffective to 5 = very effective).

10.46   Among the respondents who were married/cohabiting, 88.7% considered their coping tactics for the most serious dispute with their spouse/partner to be effective, whereas about 11.3% considered their coping tactics to be completely ineffective.

10.47   Among the respondents who had children, 91.2% considered their coping tactics for the most serious dispute with their children to be effective, whereas 8.8% considered their coping tactics to be completely ineffective.

10.48   Of the respondents who had contact with their parents, more than 85% of respondents considered their coping tactics for the most serious dispute with their father (85.3%) or mother (95.2%) to be effective, whereas 14.7% and 4.8%, respectively, considered the coping tactics used to deal with the most serious dispute with their father or mother to be completely ineffective.

Chart 10.20   Perceived effectiveness of the coping tactics on the most serious disputes with family members

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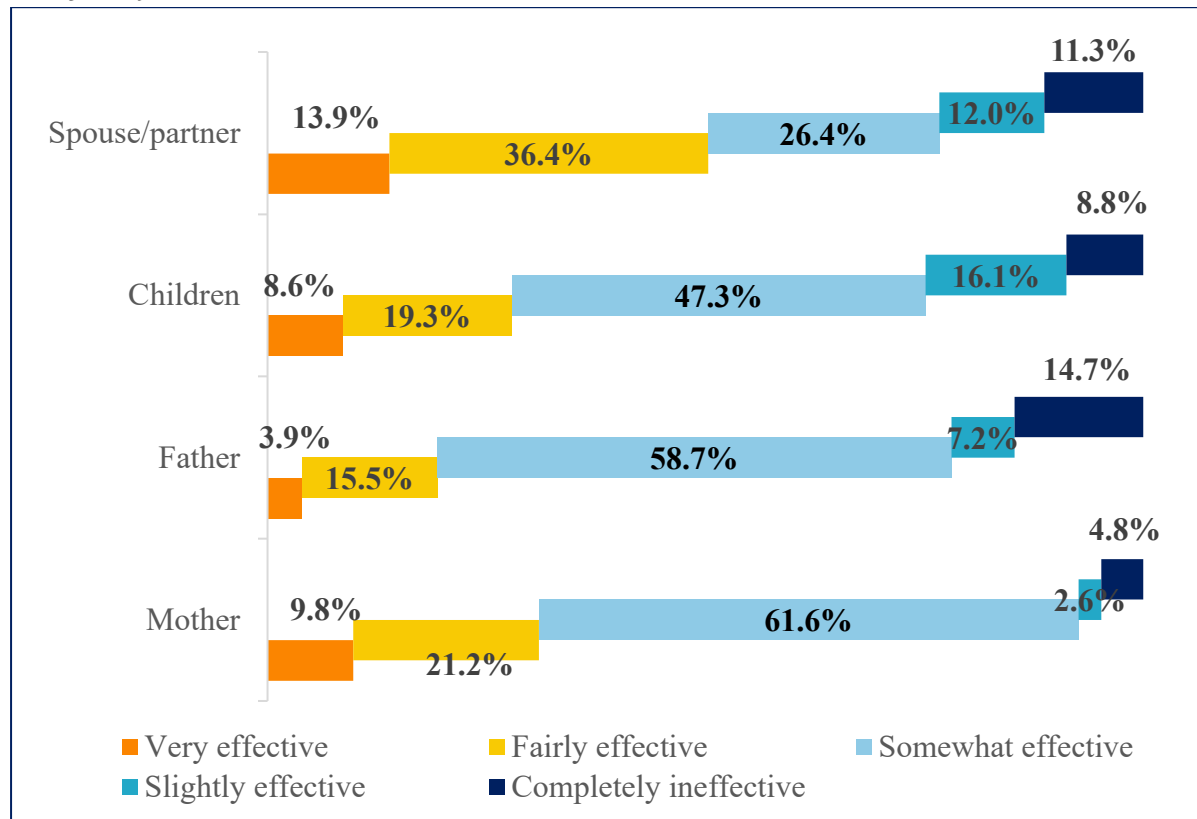
Views Collected from In-depth Discussions

Disputes or Conflicts with Respondents' Spouse/Partner or Parent/Children

10.49   Focus group discussions were conducted with 15 participants who had experienced disputes or conflicts with their spouse/partner and nine participants who had experienced disputes or conflicts with their parent/children, in order to understand through in-depth discussions the major cause of the disputes or conflicts, the impact of the disputes or conflicts on the respondents' physical and mental health, and the methods or approaches the respondents' used to maintain their relationships with their spouse/partner or parent/children.

Major Causes of Disputes or Conflicts with Spouses/Partners

10.50   Most of the participants who had experienced disputes or conflicts with their spouse/partner indicated that the most common type of dispute was quarrels. A few participants reported they had experienced minor physical conflicts with their spouse/partner, but there were no physical injuries.

10.51   The participants shared that the major cause of disputes or conflicts varied, including financial issues, various parenting and childcare methods, different lifestyles, and the unequal division of household duties. Many participants mentioned specifically that the outbreak of the COVID-19 pandemic over the past two years had led to an increase in conflicts with their spouse/partner.

10.52   In terms of financial issues, some male participants opined that the disputes occurred mainly because of their reduction in income during the COVID-19 pandemic. To adapt to their changing financial situation, they asked their spouse to reduce spending and share family expenses, and this had caused disagreements and arguments among them. A few participants also mentioned that expenses for newborns and education had increased the financial pressure they experienced, leading to disputes with their spouse/partner.

10.53   In terms of childcare, some female participants stated they had experienced disputes with their spouse/partner mainly due to the uneven division of labor in regard to childcare and parenting. For example, they were expected to take on all of the childcare duties, despite both parents being full-time employees, they had different childcare or parenting styles, or they experienced conflicts with their parents-in-law.

10.54   A few participants who were retired shared that they had spent more time together at home with their spouse/partner due to the COVID-19 pandemic, and so there had been an increase in conflicts because of their different lifestyles, such as different ways of handling housework and varied living standards. These seemed to be trifling matters at first but, when these small problems began to add up, they led to confrontations and fights.

10.55 In contrast, one participant stated that the time they spent with their spouse/partner was reduced due to the implementation of social distancing measures, which caused disputes.

> Due to the COVID-19 pandemic, our relationship has become worse. We argue a lot about our financial situation, as I am suffering from a reduction in income due to the pandemic. I am responsible for most of the family expenses, but I wish my spouse/partner could help share the responsibility now. Sometimes, when my spouse/partner asks for money—say $1,000 or $2,000—it triggers our fights.

Participant 2

> I do not experience physical conflict with my husband, but we argue occasionally. It is usually about taking care of our children; my husband has a lazy attitude and does not help. He expects me to handle all the childcare duties, as I normally work from home, but I also have to work and yet he asks me to take up all the responsibilities.

Participant 6

Impact on Relationships with Spouses/Partners

10.56 Some participants indicated that having disputes or conflicts with their spouse/partner affected their physical and mental health and caused a negative impact on their relationship with their spouse/partner. For example, they felt stressed, depressed, broke down in tears, or were not able to sleep well after arguments. A few participants also stated their spouse/partner often asked to break up after an argument, causing great harm to their relationship.

10.57 In contrast, some participants believed that disputes or conflicts with their spouse/partner had a positive impact on their relationship. Through arguing, they got to know each other better and learned to accept and live with each other. Some also considered having friction in a relationship to be good; it forced them to communicate in order to resolve conflicts and enabled them to gain a better understanding of each other, allowing them to eventually come up with a more suitable way to get along.

10.58 Meanwhile, two parent participants stated that, when they experienced disputes or conflicts with their spouse/partner, they tried to control their emotions because they did not want their children to notice they were arguing or influence their children in a negative way.

Methods or Approaches to Resolving Disputes or Conflicts with Spouses/Partners

10.59   Most of the participants understood that continuous quarrels or the use of violence would not solve anything; it would only worsen the situation. Therefore, participants would handle and resolve their disputes or conflicts in different ways.

10.60   For trivial matters, the majority of participants would choose to show affection and have an open conversation with their spouse/partner after calming down, in order to be honest with each other, accept their imperfections, and discuss how to avoid the same conflicts from happening again in the future.

10.61   A few participants stated they did not do anything to resolve the problems, only allowed them to pass by without mentioning them. Still, they believed that this approach would have a negative impact on their relationship.

It takes some time for both of us to get along well. After a fight, we tend to endure it, but there are times when we cannot bear it and release all our anger at each other. Sometimes, we choose to speak about it calmly and make changes after the arguments. When you see he is willing to change, you feel better.

Participant 4

There are positive impacts of our conflicts. Basically, our fights are all about the differences in our value judgments. After calming down, we share our differences to better understand ourselves. In this way, we can avoid this problem from happening again.

Participant 3

Help-Seeking Behaviors

10.62   Most of the participants indicated they would not seek help from professional institutions after disputes or conflicts with their spouse/partner. They believed the disputes were not severe; therefore, assistance from professionals was not required. They tended to talk to their family members or friends and seek their advice instead. Afterward, they might feel better.

10.63   Some participants who had experience of family support services provided by the government or NGOs suggested that assistance from them might not be very effective. They elaborated that social workers would only share shallow information or talk to them individually; they felt the content given was superficial and the inexperienced social workers were not qualified enough to fully understand their true needs. Additionally, each meeting was several months apart; they therefore thought they would not help much.

10.64   Some participants tried to seek advice from NGOs and pointed out they were unable to contact social workers for assistance when they experienced emotional distress during non-office hours.

I usually talk to friends about it. I guess outsiders see more than insiders. After hearing their thoughts, I feel the issue is trivial and not that serious, which resolves the problem.

Participant 1

I have tried to look for family social workers to seek professional advice; however, I don't think it would help much. First, it takes time to open a case. They will then assign a social worker to follow up, but every session takes place months apart. Even when you meet up with the social worker, he or she will only provide shallow opinions. That's why I think it is meaningless.

Participant 7

Ways to Maintain a Good Relationship with Spouses/Partners

10.65   Most of the participants shared several ways to maintain a healthy relationship with their spouse/partner, such as embracing their flaws and imperfections, being willing to spend time with and talk to each other, creating romantic surprises for each other, and learning to appreciate and complement each other. Some participants also indicated they would inform their spouse/partner of their values at the very beginning of the relationship, to make sure both of them were on the same page in regard to what they like and dislike, in order to prevent arguments.

10.66   Some participants suggested that having something in common with their spouse/partner was a great starting point for building a strong relationship. Although interests might change as time passes, it is important their spouse/partner is willing to accommodate this transformation and keep discovering common interests together. It was recommended that both spouses/partners could participate in different classes designed for couples or keep an open mind about trying something new occasionally, so they could create deeper bonds and make their relationship more fun.

10.67   In addition, a few participants suggested that their spouse/partner could participate in sharing groups offered by institutions. For example, men were usually unwilling to express themselves when they were stressed, so they might take their frustration or anger out on their spouse/partner. These sharing groups would allow them to talk to people who have similar experiences, find support, and relieve stress.

> To maintain a good relationship, spending time with him is important because you get what you pay for. If you aren't willing to spend time on your partner, the relationship is toxic and unhealthy. All in all, I believe communication is a must in building a good relationship with your spouse/partner.

Participant 14

> I think praising each other can do good for our relationship, especially acknowledging and complimenting small things your partner does, or giving encouraging words of affirmation after tough days at work. Most importantly, you have to really mean what you say, instead of simply fooling around.

Participant 9

Major Cause of Disputes or Conflicts with Parents/Children

10.68   Of the nine participants who had experienced disputes or conflicts with their parents/children, seven had experienced disputes or conflicts with their parents and two had experienced disputes or conflicts with their children. All of the participants indicated that the most common type of disputes or conflicts with their parent/children were quarrels. No respondents reported physical conflicts or injuries.

10.69   The participants shared that the major causes of their disputes or conflicts with their parents/children were varied. Most of the participants stated that they often quarreled with their parents over trivial matters. They would squabble over their different living habits and values, such as arguing over work and leisure time, bathing times, whether they had turned lights or other electrical appliances on or off, whether a certain object at home should be preserved or discarded, and who should be responsible for taking care of the household duties. Some participants were dissatisfied with their parents because they still tried to set strict limits on their behaviors, even though the participants were already adults. The parent participants considered the major causes of their disagreements with their children to be different lifestyles, poor academic performance, or their children's undisciplined behavior, especially when their children were teenagers.

Participant 22

> I am currently living with my mom and, occasionally, there is friction between us. For example, whenever we tidy up and clean our house, we argue over whether to throw away stuff. The elderly like to save bags and containers; whenever I ask to throw away these things, my mom refuses to do so. There are a lot of similar small disputes like this during our times together.

> I am living with my mom now and we have disputes from time to time. Both of us are quite dissatisfied with each other's living habits. We can easily start arguing over trivial matters, like things she wants me to do in her way.

Participant 24

Methods or Approaches to Resolving Disputes or Conflicts with Parents/Children

10.70　Some participants indicated that having disputes or conflicts with their parents did not have much of an impact on their relationship, because they were used to getting along with their parents in this way. Still, some participants regarded every dispute or conflict as causing a negative impact on their relationship and emotions, which could not be relieved in a short amount of time.

10.71　Most of the participants considered there to be no methods or approaches to resolving conflict with their parents, because it was difficult to change their deep-seated values. They could only choose to stay silent, accommodate, or try to embrace them, to avoid further confrontation or the intervention of other family members in the dispute.

10.72　Besides, all of the participants stated they did not seek help from professional institutions after the disputes or conflicts, because the disputes were not serious ones and no assistance was required. They would prefer to discuss the issue with other family members or friends.

> In fact, it affects quite a lot, when you think your relationship has got better, but then you argue again and your relationship deteriorates once more. What I can do is accommodate and accept it. I believe that forcing it is not the best way to resolve it.

Participant 17

> It can't be solved because you can't alter the temper or mindset of the elderly.　The only thing to do is accommodate it, or maybe just say a few words about it. Just remember not to take it seriously or personally. In fact, it doesn't affect our relationship much, as we will be fine again after the confrontation. The problem is that it is an infinite loop; when we forget, we will argue all over again.

Participant 22

Ways to Maintain Good Relationships with Parents/Children

10.73　More than half of the participants stated the best way to build a healthy relationship with their parents/children was to find common interests. Some respondents gave the examples of buying food or things they like or sending them presents on their birthday or on Father's/Mother's Day. Some participants indicated that they and their parents would go on staycations separately with their friends and temporarily leave the house, as they believed this could alleviate and improve their relationship by giving them some time apart to relax.

10.74　As for ways to maintain a good bond with their children, some participants suggested a family day out, such as going out to eat, going on a short trip, or taking their children to theme parks, so both the parents and children could better understand each other's habits and interests, enabling them to maintain good relationships.

We set up a family day each month to go on a day/short trip to relax, or else all of us feel trapped in the house. A short trip can allow us to learn and understand more about each other—for example, our eating habits and interests.

Participant 23

11. The Impact of the COVID-19 Pandemic

Overview

11.1   The COVID-19 pandemic has shaped the social and economic circumstances of different families to some extent, which are characterised by changes in people's economic status, work and study arrangements, and income. The economically active population comprises the employed population and the unemployed population. Three question items were designed to explore changes in the work situation, income from employment, and work arrangements due to the COVID-19 pandemic and the perceived impact of these changes on family relationships among the respondents who were economically active.

11.2   Parent respondents with children under the age of 18 years were asked about changes in their children's educational arrangements due to the COVID-19 pandemic and the perceived impact of these changes on their family relationships.

11.3   Table 11.1 presents the dimensions and details of the impact of the COVID-19 pandemic on the participants in this study.

Table 11.1   Dimensions of Thematic Theme 2 – The impact of the COVID-19 Pandemic

Theme	Dimensions	No. of items	α	Index construct?	Single item?
2A	Changes in the work situations, employment income and work arrangements due to the COVID-19 pandemic and the perceived impact on the family relationship	3	-	-	☑
2B	Changes in the children's educational arrangement due to the COVID-19 and the perceived impact on the family relationship	1	-	-	☑

Changes in Work and Perceived Impact on Family Relationships

11.4   Respondents who were economically active were asked about the changes in their work situations due to the COVID-19 pandemic and the perceived impact of these changes on their relationships with family members. They responded using a five-point Likert scale (ranging from 1 = had a large positive impact to 5 = had a large negative impact).

11.5   Of the respondents who were economically active, about one-quarter (26.3%) shared that their work situations had changed due to the COVID-19 pandemic. A total of 13.5% were unemployed and had been looking for a job during the pandemic. A total of 60.2% indicated their work situations had remained unchanged.

11.6   Regarding the impact of the changes in their work situations during the COVID-19 pandemic on their family relationships, about one-third (32.0%) of respondents stated there had been a negative impact, whereas 60.2% did not perceive any impact and 7.8% shared that there had been a positive impact.

Chart 11.2   Changes in the work situations and the impact on the family relationship

Changes in the Work Situation

Has changed
26.3%

Has remained
unchanged
60.2%

Unemployed
(looking for a job)
13.5%

Family Relationship

Had negative impact

Had positive
impact

No impact

7.8%

60.2%

32.0%
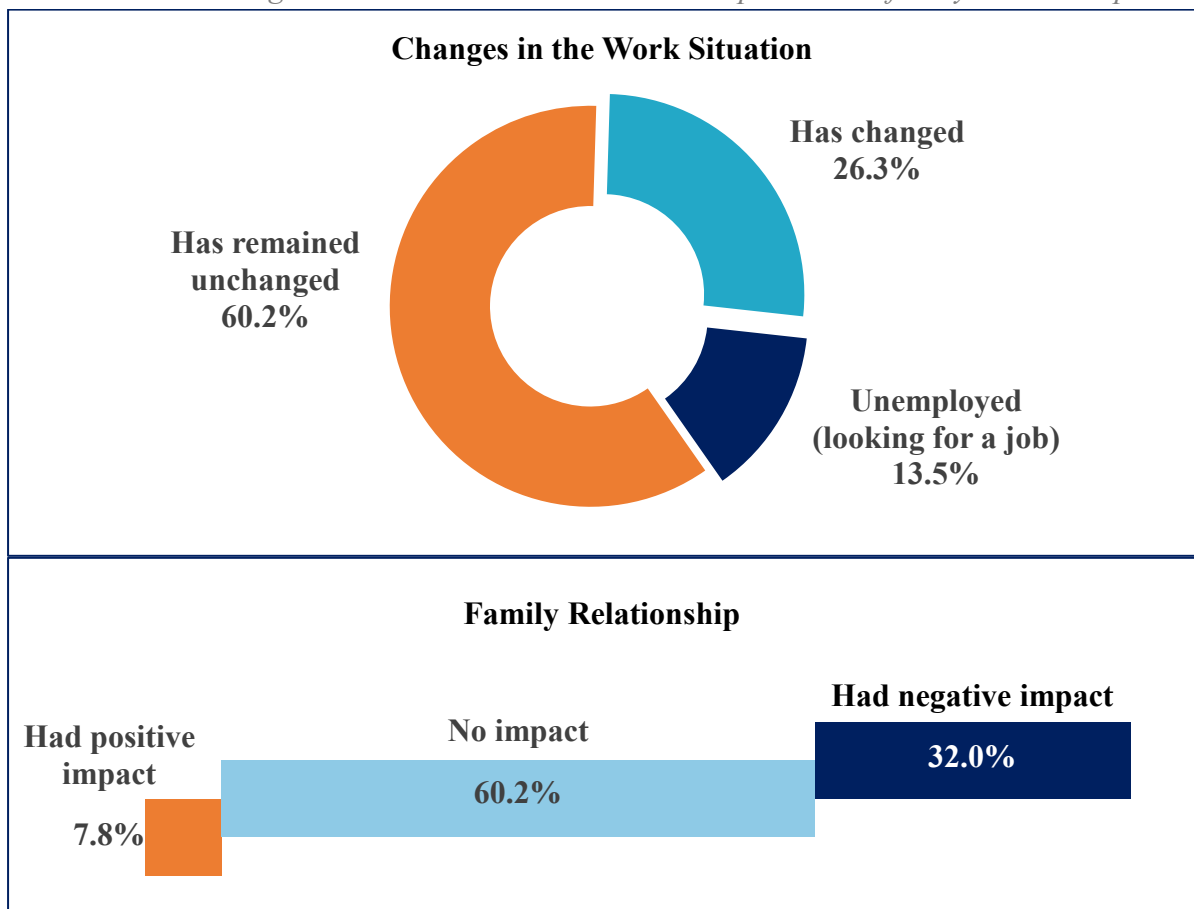
Changes in Income from Employment and Perceived Impact on Family Relationships

11.7   Respondents who were economically active were asked about the changes in their income from employment due to the COVID-19 pandemic and the perceived impact of these changes on their relationships with family members. They responded using a five-point Likert scale (ranging from 1 = had a large positive impact to 5 = had a large negative impact).

11.8   Of the respondents who were economically active, about one-third (32.8%) stated their income from employment had been greatly reduced, reduced by half, or slightly reduced during the COVID-19 pandemic. A total of 13.2% indicated they had been unemployed during the COVID-19 pandemic, and hence had no income during this period. About half (50.8%) indicated that their employment had not been affected. Only 3.2% stated their income from employment had increased. Regarding the impact of the changes in income from employment during the COVID-19 pandemic on their family relationships, over one-quarter (27.3%) of the respondents stated there had been a negative impact, whereas 67.6% had not experienced any impact and 5.1% shared there had been a positive impact.

Chart 11.3   Changes in the employment income and the impact on the family relationship

Changes in the Employment Income

No income (unemployed) 13.2%

Has not been affected 50.8%

Has been greatly reduced/ reduced by half/ slightly reduced 32.8%

Has been increased 3.2%

Family Relationship

Had positive impact 5.1%

No impact 67.6%

Had negative impact 27.3%
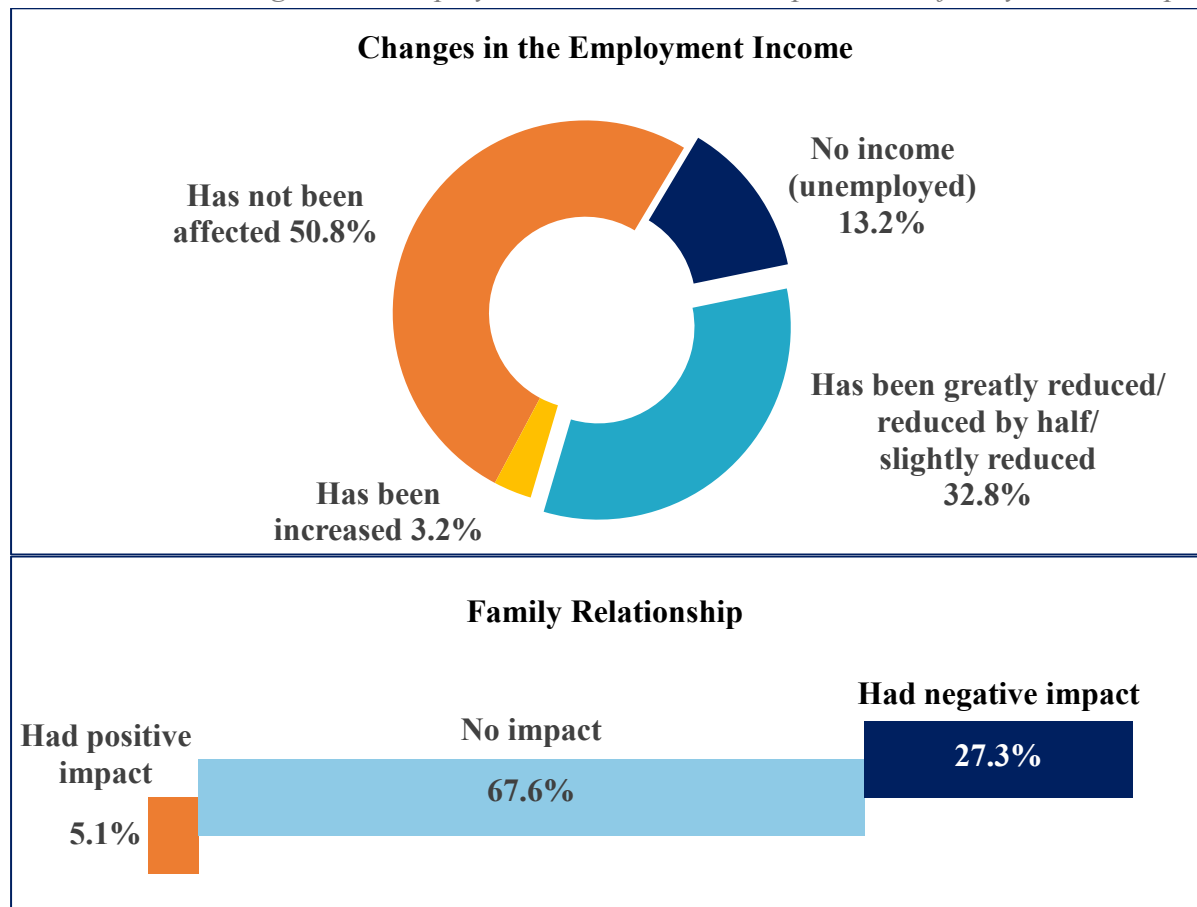
Changes in Work Arrangements and Perceived Impact on Family Relationships

11.9   Respondents who were economically active were asked about the changes in their work arrangements due to the COVID-19 pandemic and the perceived impact of these changes on their relationships with family members. They responded using a five-point Likert scale (ranging from 1 = had a large positive impact to 5 = had a large negative impact).

11.10   Of the respondents who were economically active, 40.3% indicated they were required to work from home all the time (8.1%) or sometimes (32.2%). A total of 59.7% were not required to work from home during the COVID-19 pandemic.

11.11   Regarding the impact of changes in the respondents' work arrangements during the COVID-19 pandemic on their family relationships, 17.1% of the respondents stated there had been a negative impact, whereas over three-quarters (77.3%) did not experience any impact, and 5.6% shared there had been a positive impact.

Chart 11.4   *Changes in the work arrangements and the impact on the family relationship*
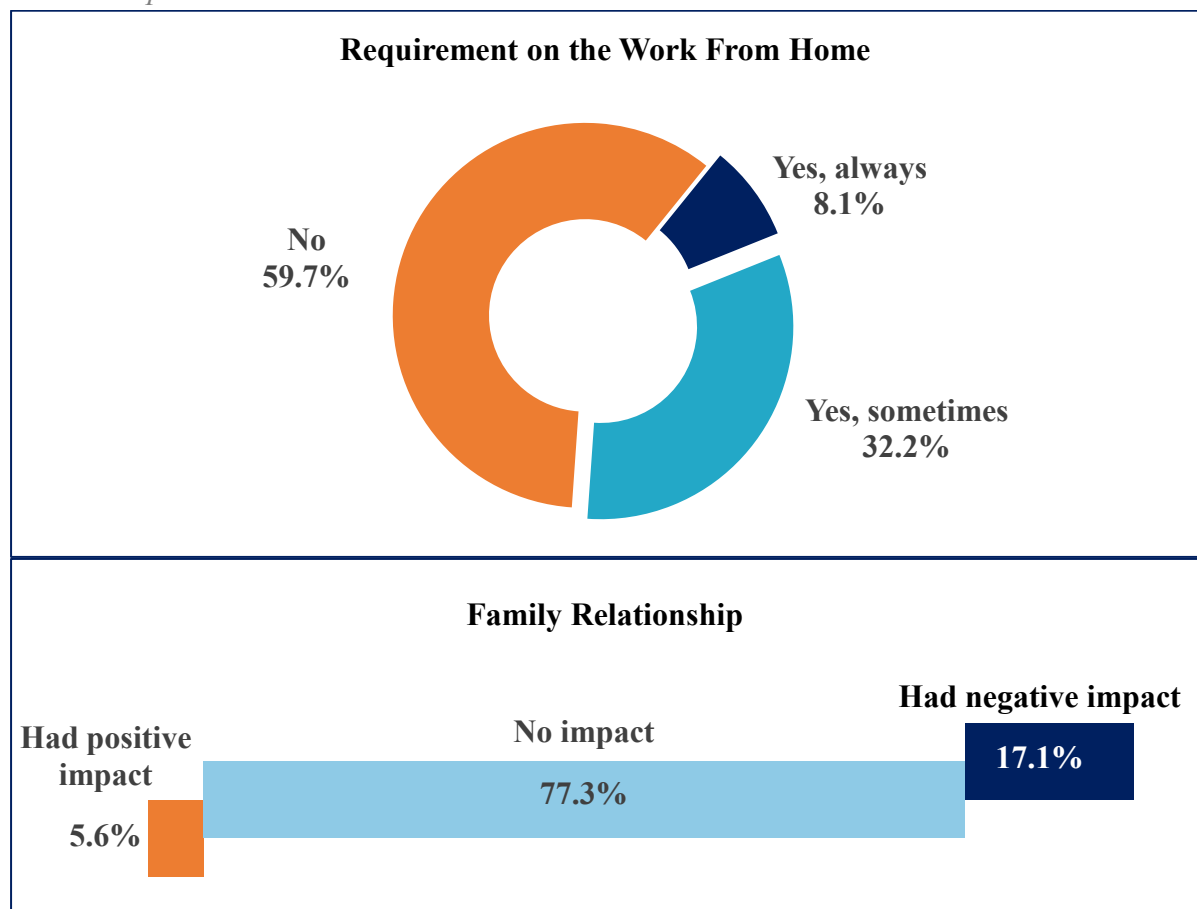
Requirement on the Work From Home

Yes, always
8.1%

No
59.7%

Yes, sometimes
32.2%

Family Relationship

Had positive impact

5.6%

No impact

77.3%

Had negative impact

17.1%

90

Changes in Children's Educational Arrangements and Perceived Impact on Family Relationships

11.12 Respondents who had children under the age of 18 years were asked about the changes in their children's educational arrangements due to the COVID-19 pandemic and the perceived impact of these changes on their relationships with family members. The participants responded using a five-point Likert scale (ranging from 1 = had a large positive impact to 5 = had a large negative impact).

11.13 Of the respondents who had children under the age of 18 years, over three-quarters (82.5%) indicated their children were required to study at home all the time (42.5%) or sometimes (40.0%) during the COVID-19 pandemic. A total of 17.5% of the respondents' children were not required to study at home during the COVID-19 pandemic.

11.14 Regarding the impact of the changes in the children's educational arrangements during the COVID-19 pandemic on their family relationships, 29.3% of the respondents stated there had been a negative impact, whereas 59.1% did not experience any impact and 11.7% shared that there had been a positive impact.

Chart 11.5 Changes in the children's educational arrangement and the impact on the family relationship

Requirement on Study at Home

No
17.5%

Yes, always
42.5%

Yes, sometimes
40.0%

Family Relationship

Had negative impact
29.3%

No impact
59.1%

Had positive impact
11.7%
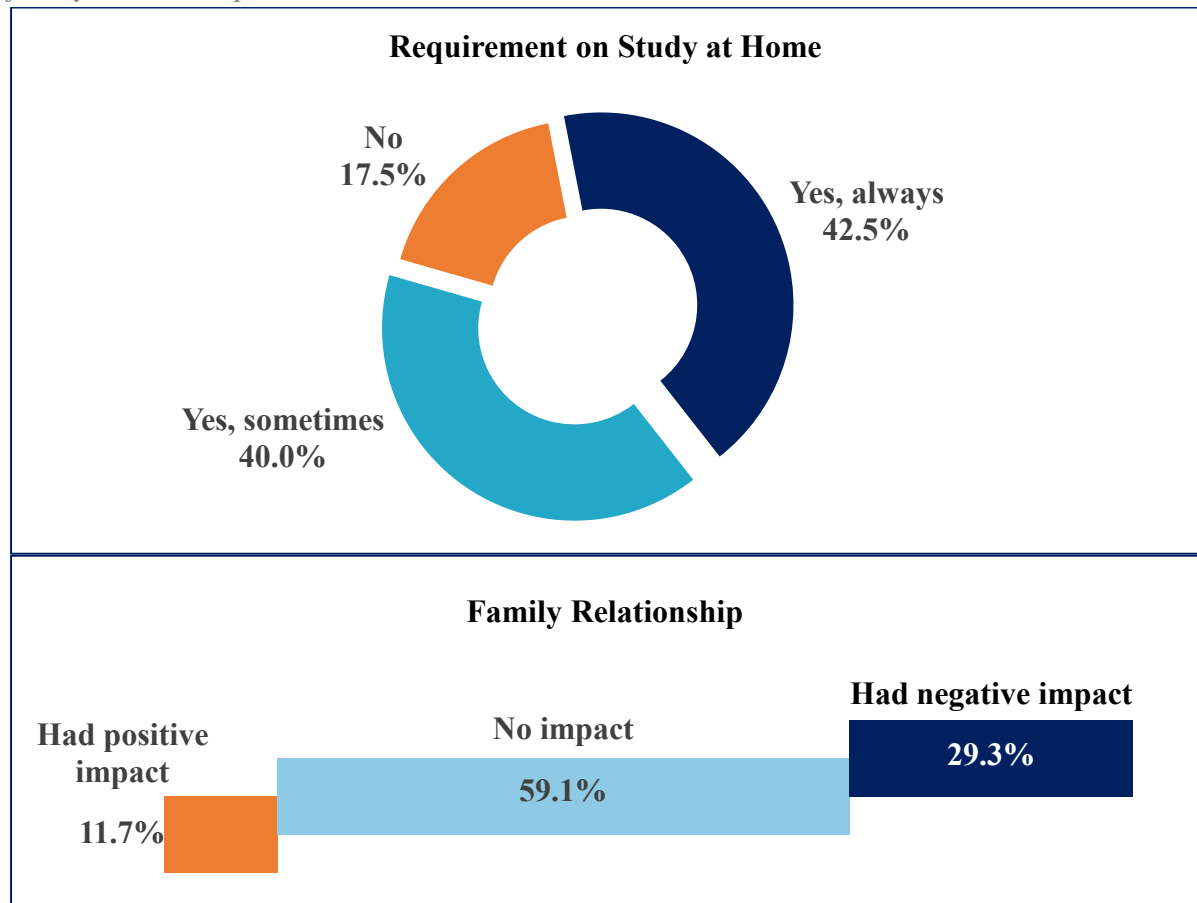
Views Collected from In-depth Discussions

11.15   Focus group discussions were conducted with 18 participants who had experienced changes due to the COVID-19 pandemic, in order to understand, through in-depth discussions, the impact of the COVID-19 pandemic on their studies, work, children's development, family relationships, physical and mental health, and their experiences and perceived effectiveness of assistance from organisations and other people during the COVID-19 pandemic.

11.16   These in-depth discussions also consolidated the views from other focus group discussions regarding the COVID-19 pandemic.

Impact of the COVID-19 Pandemic on Participants' Studies

11.17   In general, the participants who were students believed there had been negative impacts on their academic results arising from the COVID-19 pandemic. Students from all generations attended online lessons. The participants shared that the online learning methods (e.g., videos and Zoom sessions) required high levels of concentration and self-discipline. The teachers could not ensure the students understood the study materials. Some student participants further stated that they could not fully understand the topics covered by the curriculum until they returned to face-to-face lessons.

11.18   Some student participants also stated they had less frequent communication with classmates or teachers, which affected their personal relationships. Moreover, strict restrictions on inter-school and extracurricular activities hindered their outdoor experiences, opportunities for internships, meetings with friends, and chances to participate in physical exercise.

Youth 7

It affects my academic results, as online lessons require self-discipline and teachers are not able to look after the students. I am afraid to ask questions during online lessons. However, face-to-face lessons can be more flexible, and teachers can make sure the students are making progress. I have become lazy now as the teachers are currently broadcasting pre-recorded videos and I find it harder to study.

Impact of the COVID-19 Pandemic on Work

11.19　The impacts of the COVID-19 pandemic on participants' work included job searching, changes in career, unemployment, reduction in income from employment, changes in work environment, and family relationships.

11.20　Regarding job searching, two participants who were recent graduates indicated it was difficult to find a job, especially at the beginning of the COVID-19 pandemic. There were fewer types of jobs to choose from, as compared to before the pandemic, and salaries were lower. They were required to work from home just after they received job offers and their experiences were different from those of graduates in previous years.

11.21　Some participants indicated they had been fired, experienced reduced salaries, or changed their jobs due to the COVID-19 pandemic. In many cases, companies had to reduce the number of employees in order to cut costs. A few participants explained that their company's main source of business was from tourists from the mainland and Southeast Asia; this source declined sharply due to the pandemic. The participants further indicated that their company's large number of layoffs meant a reduced number of employees became responsible for heavier workloads. Hence, they felt their only option was to change jobs or careers. A few respondents also shared that some of their colleagues had been fired as they failed to follow the company's vaccination policy.

11.22　In terms of income from employment, a few participants indicated that their employers reduced their income significantly to overcome the hardship caused by the pandemic. One participant shared that he relied on commissions to make a living; due to the significantly reduced profits of the company, he made no money from commissions during the COVID-19 pandemic.

> My company was originally a retail company, and my business was mainly with tourists. There were no tourists during the pandemic, and so there was a significant drop in profits—nearly 90%. The company has laid off many employees. It is impossible to share the workload created as a result. Finally, I left the company and changed my career.

Participant 31

> I worked in finance and earned a living mainly through commissions. At the beginning of the fifth wave of the COVID-19 pandemic, it was obvious the business was failing, as no one was on the street. My colleagues and I did not have any commissions at all, and no income for a few months.

Participant 27

11.23   Some participants stated their employers arranged for them to work from home in response to the outbreak of the COVID-19 pandemic. The respondents generally welcomed this policy, as it reduced time spent commuting and minimised the risk of infection. However, the participants encountered problems with their families when other family members were also working from home. These issues concerned the mixed duties involved in working from home. Family disputes occurred as a result of the changes that took place during the pandemic.

11.24   Some participants agreed that their companies should continue to adopt a hybrid work model in the future, such as working from home for two consecutive days a week.

Impact of the COVID-19 Pandemic on Children's Learning

11.25   Most of the parent participants indicated there had been a great impact of the COVID-19 pandemic on their children's learning. Some stated their children were currently studying in kindergartens or primary schools, and they could not handle the online lessons at home. Hence, they had to accompany their children during classes and sometimes had to play the role of the teacher to ensure their children could understand the contents of textbooks, do their homework, and submit work on time. Sometimes, their children would not concentrate in on-line class and the parent participants would scold or yell at them. These disputes affected the parent–child relationship.

11.26   Some of the participants' children were required to attend tutorial classes after school in order to do their homework. Due to social distancing measures, the children attended these at home and the parent participants had to teach them in order to maintain their progress. Some parent participants who were working felt tired and under pressure because they had to spend so much time working at home with their children. The work–family balance deteriorated during the COVID-19 pandemic as a result.

11.27   Some parent participants stated they needed to work from home, and their children also needed to study at home. They attended online meetings and their children attended classes at the same time. Sometimes, they failed to coordinate these sessions, which caused disturbances for each other, as living space was limited. Some parent participants shared that, when they held online meetings, they needed other family members to keep quiet; however, their children were reluctant to cooperate. This situation led to quarrels among family members and affected the parent–child relationship.

11.28 One parent participant who had a child with special educational needs (SEN) stressed that the COVID-19 pandemic had a very negative impact on his child and their family. His child had ADHD and experienced language problems. Due to the COVID-19 pandemic, the child could not receive learning support from social workers or the school. As a parent, the respondent did not know how to deal with the child's emotional and learning needs, and it was difficult to communicate with his child. Feeling isolated and lacking support, this situation had a negative impact on the child's growth and development.

11.29 One participant was not a parent, but was working in a children's home and taking care of eight children. He had to guide them through their homework and arrange activities for them. During the COVID-19 pandemic, he experienced a great deal of pressure to help the eight children attend online classes at the same time, follow up with their learning progress, and handle their emotions. He had to organise activities that met the strict social distancing measures implemented by the government. He shared that this was the hardest time for the children and for himself that he had experienced.

11.30 Furthermore, some participants were concerned that the long duration of the period of learning at home hindered their children's social relationships, which had a long-term impact on their children's development and growth.

Participant 29

When technical issues happen that cause network disconnection issues or my children cannot find textbooks between lessons, it is me who has to deal with the issues, not the teachers. In the first half of the year, I had to sit beside my son and go through the lessons with him. The children are basically incapable of reading a textbook or doing homework while using the online conferencing app to participate in lessons at the same time. They need someone else to assist them with classes. In the past, the school had tutorial sessions, which would help my children to finish all their homework and help them revise. Now, I am basically a teacher and a parent.

Many classes are unavailable, like swimming classes, which have already been suspended. Both my children and my husband spend more time at home. When my husband is calling his clients, all of us must remain silent. The children may be able to keep quiet for five to 10 seconds but, after a while, they start talking again. Sometimes, we have arguments and my husband talks to the children angrily because of this.

Participant 33

> The ages of the children in the small group home I work at range from four to 18 years, and every employee has to take care of eight children. The environment in which eight children are having online lessons together is hard to control and very stressful. Different colleagues quit, but we were unable to hire new employees because the nature of our work does not allow us to work from home. Meanwhile, because of the pandemic, we cannot organise any activities that benefit the health and development of the children. I think, generally, the service quality is worse. I am also thinking about quitting.

Participant 30

> My child is a K2 student with SEN. When the pandemic began, his classes were suspended on and off. He has language problems and ADHD. As his parents, we found it difficult to help him properly because these issues require the learning assistance of teachers and social workers. I feel helpless in regard to dealing with his studies because I cannot communicate with him well all the while we have no access to support from the school. Our relationship has become much worse because of this.

Participant 40

Impact of the COVID-19 Pandemic on Family Relationships

11.31   The COVID-19 pandemic has had a negative impact on many people's family relationships. Some reasons for this impact include reductions in income from employment, and increased disputes among family members due to the increased time spent at home.

11.32   Some participants emphasised they could not make the same contributions to their family expenses as before the pandemic, because of the significant reduction in their income from employment during the COVID-19 pandemic. These employment problems led to financial issues. There were increasing numbers of quarrels and conflicts among family members.

11.33   Some participants indicated there were arguments among family members about preventive measures put in place to slow the spread of COVID-19. With the strict implementation of social distancing measures, family members could not gather as usual, which affected family relationships.

11.34   Some family members were required to work from home. They had to adapt their modes of work, and conflicts occurred when their family members could not accommodate these changes. For example, when one family member has an online meeting, other family members need to be quiet for a while, but this affects the way they live.

11.35   However, some participants shared that the communication between their family members had improved since they had to stay at home due to the COVID-19 pandemic. Family members worked together to comply with COVID-19 measures, which resulted in a positive impact on family relationships.

> There are more conflicts among family members due to the reduction in income from employment. We have encountered financial problems. Now, I cannot afford the things I took for granted previously. I could employ a foreign domestic helper before the pandemic; now, I cannot afford it. I have to do all the stuff by myself, and I am tired of it.

Participant 32

> If I need to work from home all the time, it may affect my family members' lives. I need a quiet environment to work but my family members may watch TV, do housework, or cook. This creates noise and causes disturbances for me. Conflicts occur when I stay at home all the time. Besides, my family members have accused me of increasing the family expenses, such as lunch for me, and electricity and air-conditioning fees.

Participant 31

11.36   Some participants pointed out that the COVID-19 pandemic had a significant impact on their physical and mental health. Regarding physical health, both indoor (e.g., fitness centers and sports centers) and outdoor (e.g., parks and beaches) facilities were closed for a long period of time. The disruption to their physical activities was a leading risk factor in regard to the negative impact on both their physical and mental health.

11.37   Regarding mental health, common adverse impacts include depression, loneliness, anxiety, and stress. The COVID-19 pandemic and the resulting economic recession have negatively affected many people's mental health. Some participants indicated they felt fatigued and emotionally drained over, for example, social distancing measures, the cancellation of plans and gatherings, and the fear of being infected. Some participants experienced job or income loss, which affected their mental health. Some parent participants stated that, with the transition to online classes for at least some of the time for their children, both children and parents were experiencing ongoing disruptions and changes in their daily routines, leading to symptoms of stress and anxiety. Further, a few participants indicated that, with the strict distancing measures enacted, they did not have any time for relaxation.

11.38   Two participants shared that their family members had been admitted to hospital due to chronic illness during the pandemic, but they could not visit them or there were numerous restrictions regarding visitation due to hospital policies. One participant shared that it was only possible to use online methods to communicate with his family member during the period of hospitalisation before his death; he felt guilty for failing to take care of him and show his support. Even after a long time had passed, he could not let it go and felt depressed.

11.39   Most of the participants stated that, even if they felt stressed or had emotional problems, they wanted to meet with friends to relieve stress during the pandemic; however, due to social distancing measures and considering the severity of the pandemic, they had reduced the number and frequency of gatherings with friends, which affected their social interactions, life satisfaction, and relationships. Some participants further indicated that they would often meet relatives or friends from overseas before the pandemic, but they did not see each other for over two years after the outbreak of COVID-19. Although they could communicate through social media, this was not the same as physically spending time together, and their relationships with relatives and friends had become more distant.

11.40   Some participants explained they had been staying in Hong Kong for a long time and could not travel abroad for relaxation. Even if they had annual leave, they could only stay in Hong Kong and their employers or colleagues would still contact them to handle work issues.

Participant 29

When the pandemic was particularly severe at the beginning, I felt like I would be infected whenever I went shopping or dined outdoors. Therefore, my family normally stayed at home, and I had to cook three meals a day, in addition to teaching my children to study and finish their homework. I am busy all day long and feel really stressed. At night, when the children finally go to bed, I won't sleep until three or four o'clock, as I find this is the only "me time" I can get all day. I still have to get up at six or seven in the morning. I acknowledge that this is a very unhealthy routine. In addition, I have to do all the pandemic-related precautions, such as sanitizing, which makes me more tense and stressed.

Before the pandemic, I would normally meet my friends once or twice a month to chat or have dinner to catch up. Since the outbreak of the pandemic, everyone has been worried about getting infected and we have met up a lot less. I feel like our relationships are falling apart, as in-person contact is getting less and less frequent. Even though the pandemic has been gradually subsiding, we still can't go abroad. People overseas still have to go through a lot of troublesome procedures when passing through customs and immigration and have to quarantine afterward. In fact, it is quite painful, as we haven't been able to meet or visit our relatives abroad in person for over two years. Obviously, we would like to meet each other, but circumstances won't allow us to do so. Our relationships are growing more distant as a result.

Participant 38

> **Participant 40**
>
> My mother-in-law has been suffering from cancer during COVID, but we can't visit her in hospital as the pandemic is a grave concern. We have to rely on Zoom, WhatsApp, or FaceTime to communicate with her. However, my child is only four years old—how can you expect them to communicate fluently using only FaceTime? The support we can give is limited; we can't give her a hug, a pat on the shoulder, all these gestures that can in fact provide a lot of encouragement to patients. We can only pay her a visit when her condition has deteriorated. It really hurts and has hit us hard. We cannot see her, even when she is on her deathbed. We feel so sad and sorry that we are not able to perform this duty as her children. We don't even know who to talk to, because we are not able to meet up with our friends in person. We have to keep all this frustration among ourselves; we don't know what to do at all. I think we really won't get over it, even when my mother-in-law passes away.

Help-Seeking Behaviors

11.41   Most of the participants shared they still talked to their family members or friends to relieve the pressure they felt when they encountered emotional problems during the COVID-19 pandemic.

11.42   A few participants had sought support and advice from school social workers, government departments, or social welfare organisations, but the services were not helpful. To comply with the strict safety and crowd control requirements, the social work profession, including government and social welfare organisations, was only able to provide essential, limited services. When social workers were required to work from home when the pandemic was at its peak, all day activity centers for those in need were temporarily closed and disadvantaged people and their caregivers suffered a great deal. Hence, the COVID-19 pandemic not only caused infections and physical health problems, but also increased the vulnerability of the socially and economically deprived.

Positive and Negative Impacts of the COVID-19 Pandemic

11.43   Negative impacts of the COVID-19 pandemic were summarised as follows:

On studies

○   Affected the studying performances as the students could not concentrate in on-line class.

- o Affected the students' social interactions as less frequent communication with classmates or teachers.

- o Reduced the extracurricular activities due to strict social distancing measures.

On work

- o Difficult to find a job for recent graduates.

- o Reductions in income from employment or job loss.

- o Increased disputes among family members due to the increased time spent at home.

On physical and mental health

- o Affected the physical health as both indoor and outdoor facilities were closed for a long period of time.

- o Affected the mental health (i.e. depression, loneliness, anxiety, and stress).

11.44 Apart from negative impacts of the COVID-19 pandemic, some participants mentioned positive impacts of the COVID-19 pandemic, as follows:

- o Reduced time commuting and minimised the risk of infection due to work from home measures.

- o Adopted a hybrid work model in the future.

- o The communication between their family members had improved since they had to stay at home and spent more time with family members.

12. Social Support Networks

Overview

12.1   A social support network is a social structure made up of individuals such as family members, friends and peers, or organisations. Respondents' perceptions of their social support were assessed using the Multidimensional Scale of Perceived Social Support (MSPSS), which is a 12-item scale with three subscales made up of four items each, used to measure the level of perceived social support individuals receive from family, friends, and others[9]. In addition, question items regarding respondents' awareness of and participation in family-related programmes provided by the government and/or non-governmental organisations (NGOs) or other organisations were included. The aforementioned question items were also included in the general survey. Further, six question items were designed to solicit respondents' views on the social services related to family issues and disputes provided by government departments, NGOs, schools, and other social support networks.

12.2   The alphas of the scale as a whole and the subscales of the MSPSS were all larger than 0.7, indicating satisfactory levels of reliability and internal consistency. Table 12.1 presents the dimensions and details regarding the respondents' social support networks.

Table 12.1   Dimensions of Thematic Theme 3 – Social Support Networks

Theme	Dimensions	No. of items	α	Index construct?	Single item?
3A	Multidimensional Scale of Perceived Social Support	12	> 0.7	☑	-
3B	Awareness of family-related programmes	1	-	-	☑
3C	Participation in family-related programmes	1	-	-	☑
3D	Views on social services	6	-	-	☑

The Multidimensional Scale of Perceived Social Support

12.3   Respondents' perceptions of social support were captured using the Multidimensional Scale of Perceived Social Support (MSPSS). Respondents rated the social support they received from family (four items), friends (four items), and significant others (four items) on a seven-point Likert scale (ranging from 1 = extremely disagree to 7 = extremely agree). A significant other is understood to be any person of great importance to an individual's well-being and self-evaluation and refers to an individual who is or has been deeply influential in one's life, including members of one's family-of-origin and people encountered outside of family relations[10]. A score is calculated by the mean scores of all question items. A score of less than 3 indicates a low level of social support, a score of between 3 and 5 indicates a moderate level of social support, and a score of more than 5 indicates a high level of social support.

12.4   Over half of the respondents reported receiving high levels of social support from significant others (57.4%) and family (56.3%). About two-fifths received moderate levels of support and less than 5% received low levels of support. A total of 45.5% of the respondents received high levels of social support from friends, 48.8% moderate levels of support, and only 5.7% low levels of support.

12.5   In regard to the total score (including family, friends, and significant others), over half (56.6%) of the respondents reported high levels of support, 39.5% moderate levels of support, and only 3.9% low levels of support.

Chart 12.2   Multidimensional Scale of Perceived Social Support (MSPSS)
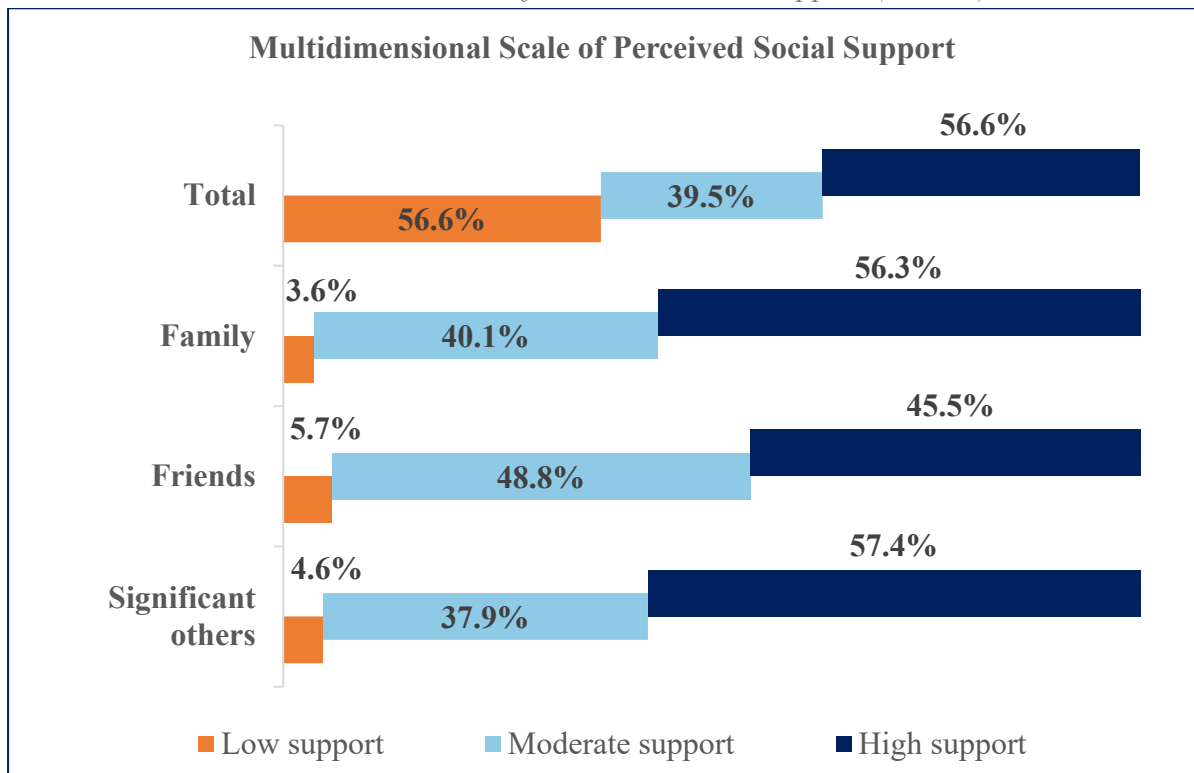
12.6   Higher scores for the MSPSS indicate higher levels of social support. The mean score for perceived social support from family, friends, and significant others was 5.13 out of 7. Compared with those who had never been married (4.80) and those who were divorced/widowed (4.77), respondents who were married/cohabiting (5.35) received higher levels of social support from family, friends, and significant others ($p < .05$). No statistically significant differences were found between gender, age, and economic status.

Chart 12.3   MSPSS – Total scale by key demographics

All Respondents		5.13
Gender	Male	5.09
	Female	5.17
Age Group	15-24	5.00
	25-34	5.26
	35-54	5.13
	55 or above	5.11
Marital Status[1]	Never married	4.80
	Married/cohabiting	5.35
	Divorced/widowed	4.77
Economic Status	Active	5.18
	Inactive	5.08

1   2   3   4   5   6   7
Extremely disagree   *Mean score*   **Extremely agree**
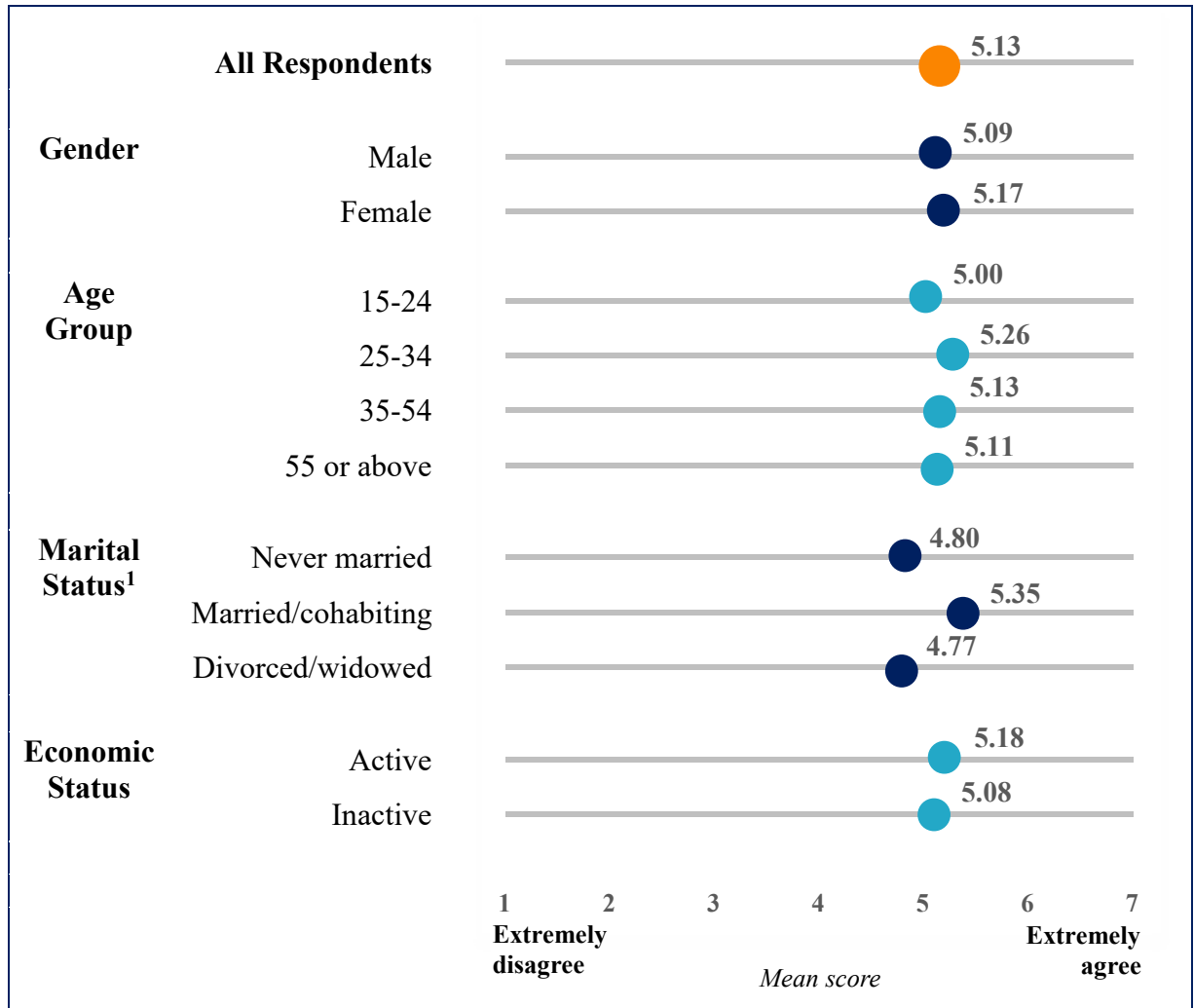
Note [1] Statistically significant differences between demographic groups

12.7 The mean score for perceived social support from family was 5.22 out of 7. Compared with those who had never been married (4.80) and those who were divorced/widowed (4.87), respondents who were married/cohabiting (5.48) received higher levels of social support from family ($p < .05$). No statistically significant differences were found between gender, age, and economic status.

Chart 12.4   MSPSS – Family subscale by key demographics
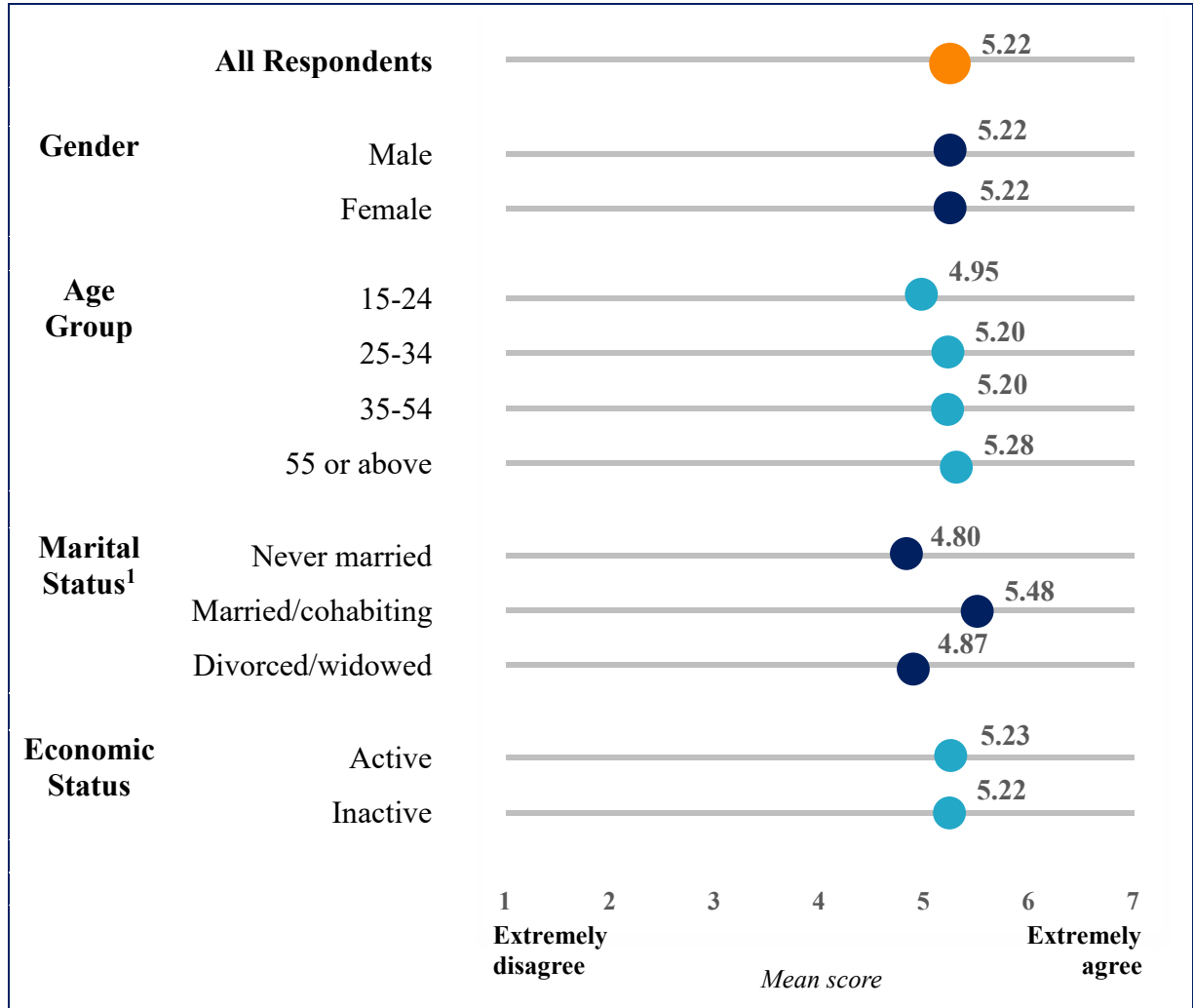
Note [1] Statistically significant differences between demographic groups

12.8   The mean score for perceived social support from friends was 4.94 out of 7. Compared with the other demographic groups, respondents in the following groups received a higher level of social support from friends: women (5.02), those aged 15 to 24 years (5.00), those aged 25 to 34 years (5.27), those who were married/cohabiting (5.07), and those who were economically active (5.06) ($ps < .05$).

Chart 12.5   MSPSS – Friends subscale by key demographics
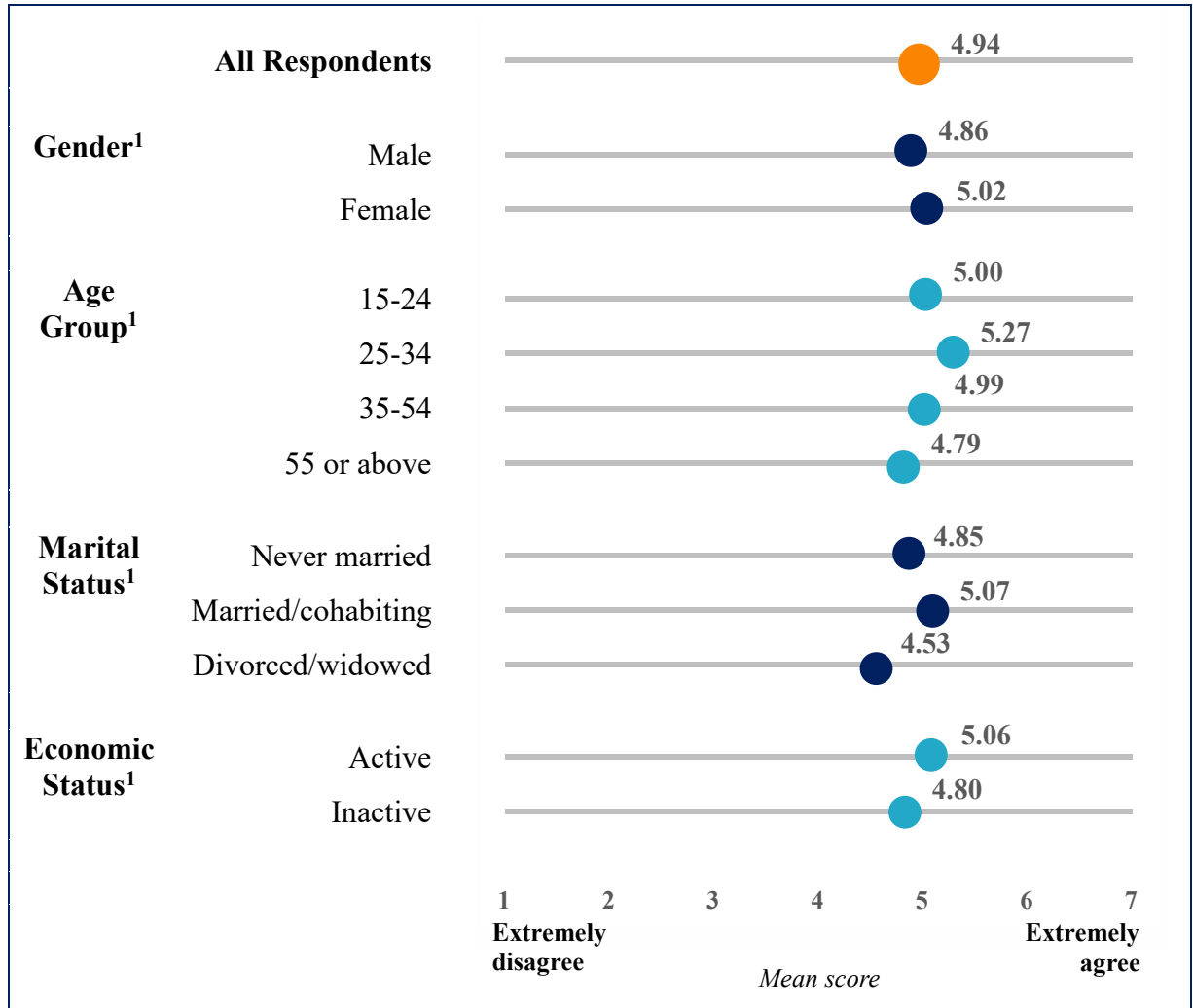
Note [1] Statistically significant differences between demographic groups

12.9   The mean score for perceived social support from significant others was 5.23 out of 7. Compared with those who had never been married (4.75) and those who were divorced/widowed (4.90), respondents who were married/cohabiting (5.51) received higher levels of social support from significant others ($p < .05$). No statistically significant differences were found between gender, age group, and economic status.

Chart 12.6   MSPSS – Significant others subscale by key demographics
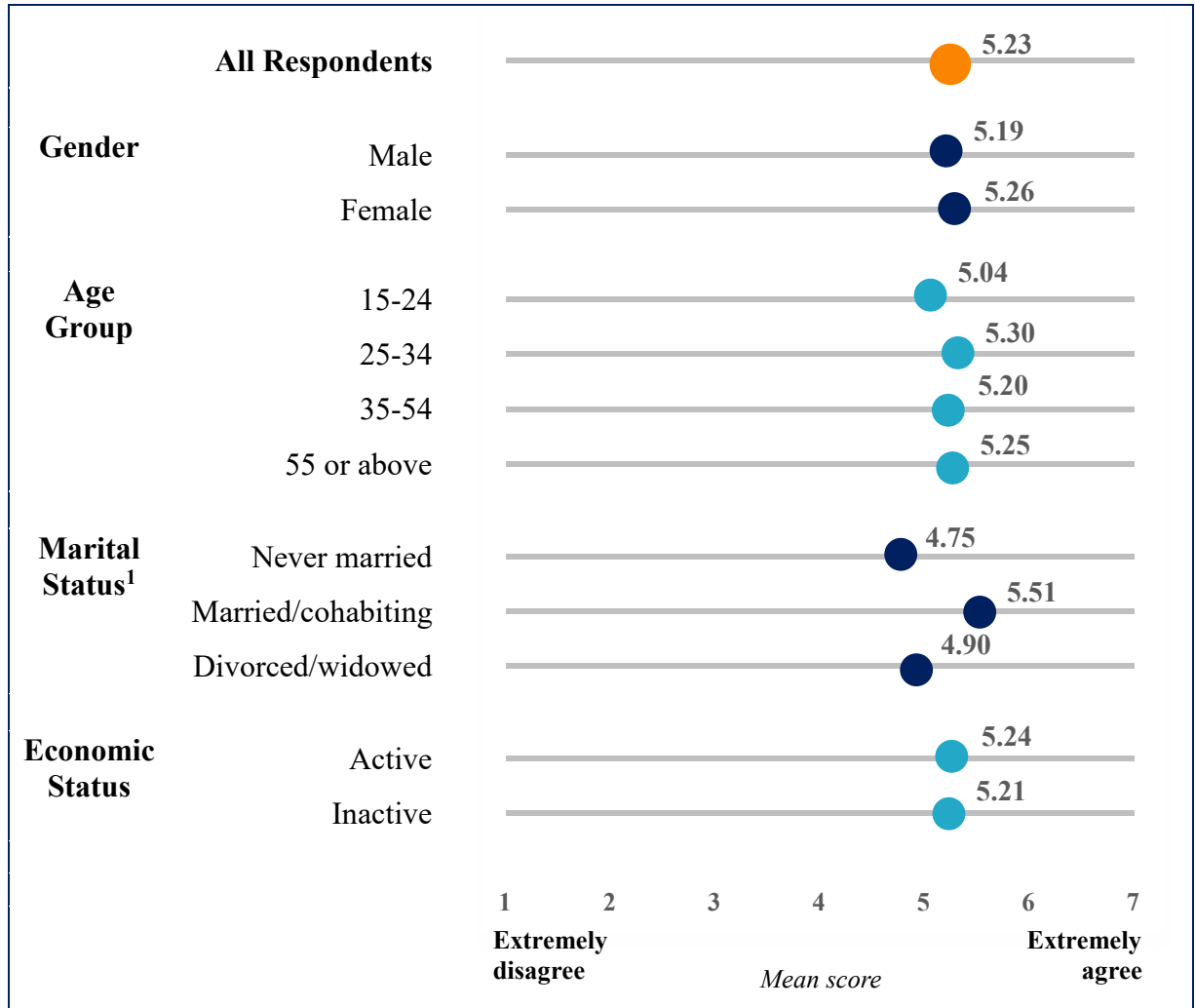
Note [1] Statistically significant differences between demographic groups

Awareness of Family-Related Programmes

12.10 Respondents were asked to indicate their awareness of family-related promotional activities or programmes organised by the government and/or non-governmental organisations (NGOs) or other organisations.

12.11 When the survey was conducted in 2021, less than half of the respondents indicated they were aware of family-related promotional activities or programmes organised by the government (43.3%) or by NGOs or other organisations (44.7%).

Chart 12.7   Awareness of family-related programmes in 2021
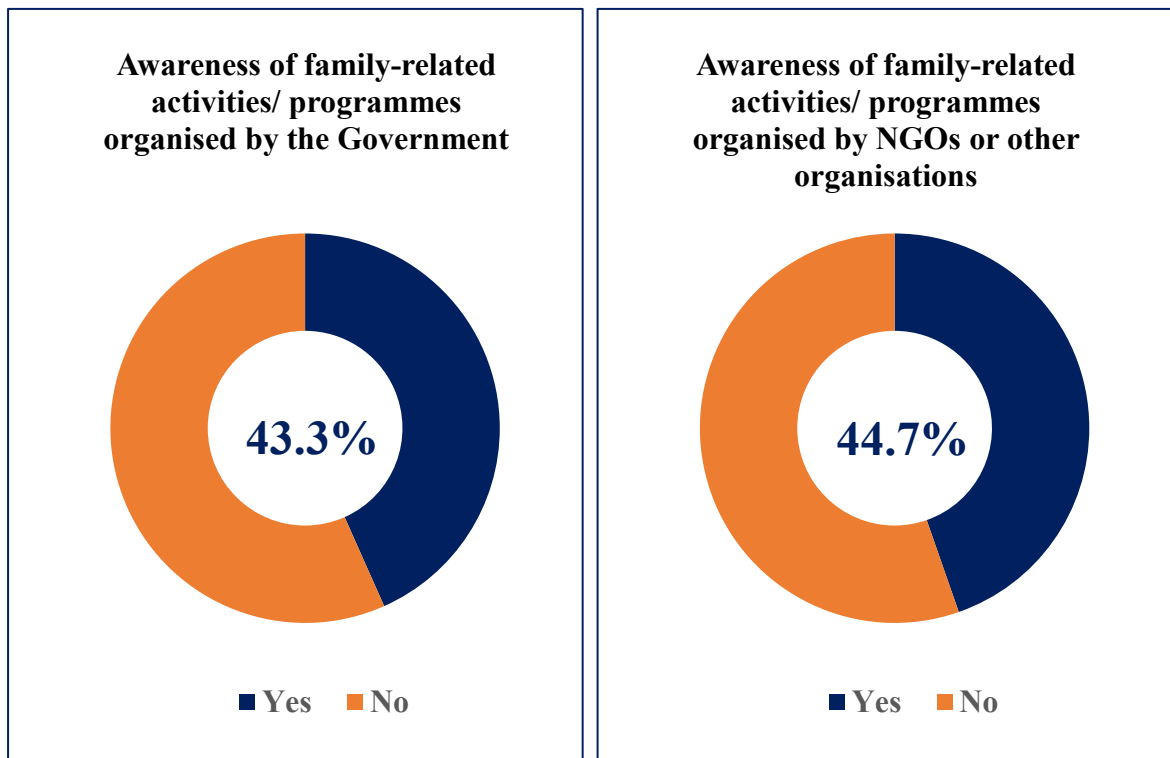
12.12   Details of the proportions of respondents who were aware of family-related promotional activities or programmes organised by the government were compiled based on key demographics (gender, age group, marital status, and economic status).

12.13   Compared with those aged 35 to 54 years (44.3%) and those who were aged 55 years or above (47.7%), respondents who were aged 15 to 24 years (34.1%) and 25 to 34 years (29.7%) reported lower levels of awareness of family-related promotional activities or programmes organised by the government and/or NGOs or other organisations ($p < .05$). No statistically significant differences were found between gender, marital status, and economic status.

Chart 12.8   Awareness of family-related programmes by the Government by key demographics
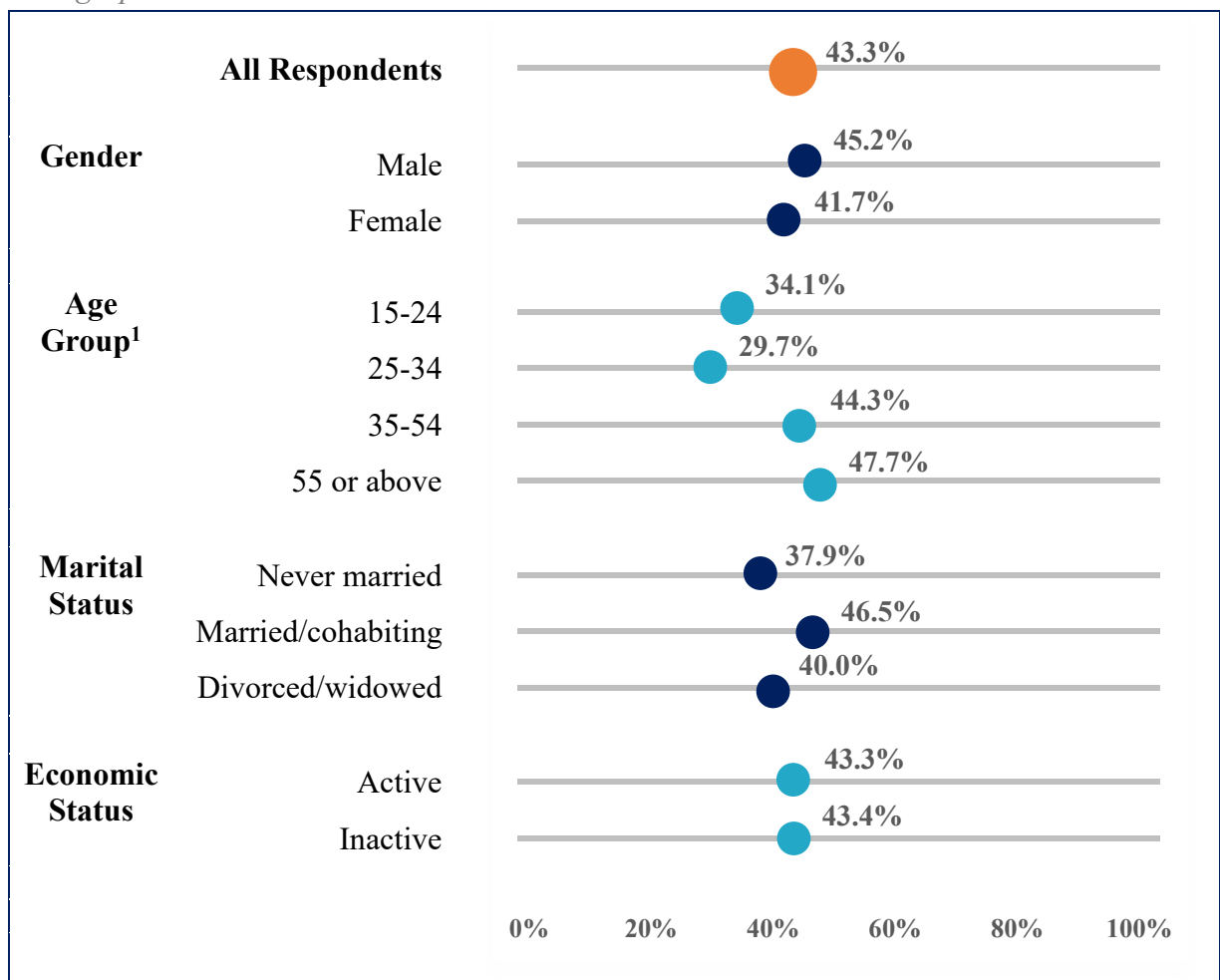
	All Respondents	43.3%
Gender	Male	45.2%
	Female	41.7%
Age Group[1]	15-24	34.1%
	25-34	29.7%
	35-54	44.3%
	55 or above	47.7%
Marital Status	Never married	37.9%
	Married/cohabiting	46.5%
	Divorced/widowed	40.0%
Economic Status	Active	43.3%
	Inactive	43.4%

Note [1] Statistically significant differences between demographic groups

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12.14   Details of the proportions of respondents who were aware of family-related promotional activities or programmes organised by the NGOs or other organisations were compiled based on key demographics (gender, age group, marital status, and economic status).

12.15   Compared with the other demographic groups, significantly higher proportions of respondents in the following groups were aware of family-related programmes organised by NGOs or other organisations: men (47.8%), those aged 35 to 54 years (45.6%), those aged 55 years or above (47.7%), and those who were married/cohabiting (47.9%) ($ps < .05$). It is worth noting that those aged 25 to 34 years (33.5%) and those who had never been married (39.1%) reported lower levels of awareness. No statistically significant differences were found between economic status groups.

Chart 12.9   Awareness of family-related programmes by the NGOs or other organisations by key demographics
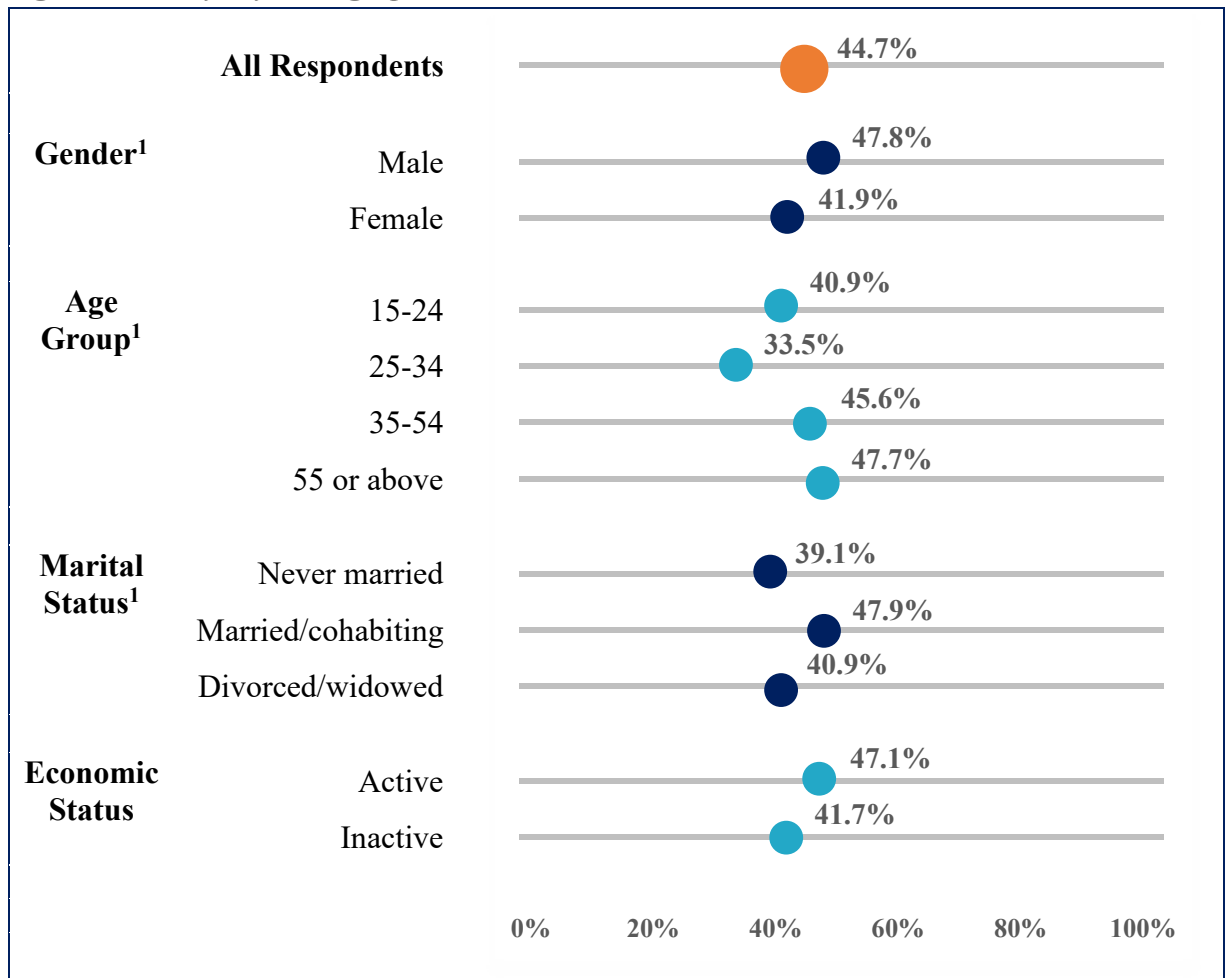
Note [1] Statistically significant differences between demographic groups

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12.16   Details of the proportions of respondents who were aware of family-related promotional activities or programmes organised by the government or by NGOs or other organisations were compiled based on key demographics (gender, age group, marital status, and economic status).

12.17   Compared with the other demographic groups, significantly higher proportions of respondents in the following groups were aware of family-related programmes organised by the government or by NGOs or other organisations: those aged 35 to 54 years (50.0%), those aged 55 years or above (53.4%), and those who were married/cohabiting (52.9%) ($ps < .05$). It is worth noting that those aged 25 to 34 years (35.2%) and those who had never been married (43.1%) reported lower levels of awareness. No statistically significant differences were found between gender and economic status.

Chart 12.10   Awareness of family-related programmes by the Government or NGOs or other organisations by key demographics

All Respondents		49.3%
Gender	Male	51.4%
	Female	47.5%
Age Group[1]	15-24	46.7%
	25-34	35.2%
	35-54	50.0%
	55 or above	53.4%
Marital Status[1]	Never married	43.1%
	Married/cohabiting	52.9%
	Divorced/widowed	45.5%
Economic Status	Active	50.7%
	Inactive	47.7%

0%   20%   40%   60%   80%   100%
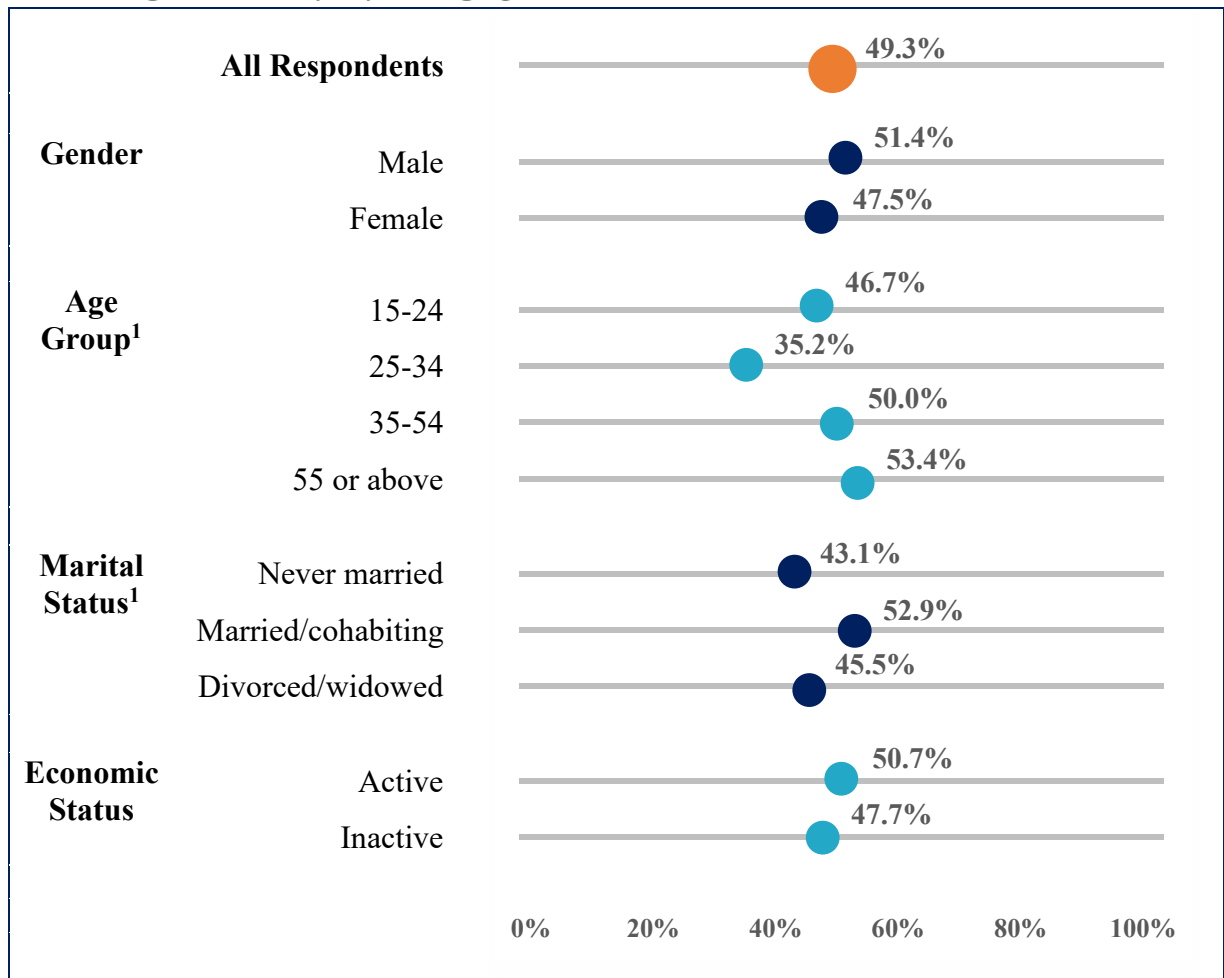
Note [1] Statistically significant differences between demographic groups

Participation in Family-Related Programs

12.18 Respondents were asked whether they had participated in any family-related promotional activities or programmes organised by the government and/or NGOs.

12.19 A total of 6.0% of the respondents indicated they had participated in family-related programmes organised by the government and/or by NGOs. No statistically significant differences were found regarding gender, age, marital status, and economic status.

Chart 12.11   Participation in family-related programmes by the Government or NGOs by key demographics
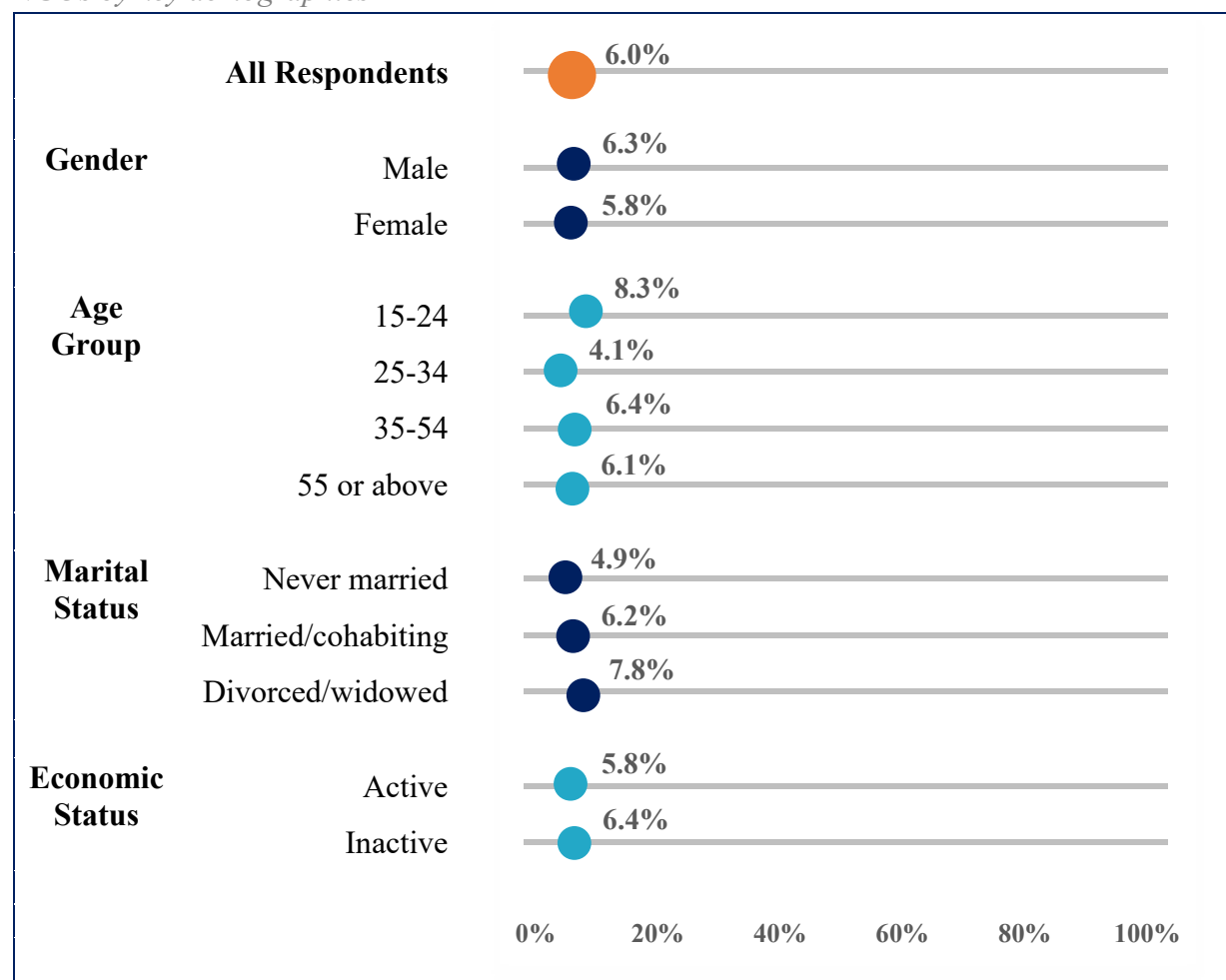
Views on Social Services

Awareness of Social Services

12.20   Respondents were asked about their awareness of four types of social services related to family issues and disputes provided by government departments, NGOs, schools, or other social support networks.

12.21   Regarding the social services provided by government departments, less than half of the respondents were aware of mediation, personal, or family counselling (48.0%), consultation services (43.1%), therapeutic groups, talks, or workshops (38.7%), and online support services (25.8%).

12.22   Regarding the social services provided by NGOs, schools, or other social support networks, around one-third of respondents were aware of mediation, personal, or family counselling (37.4%), consultation services (35.2%), therapeutic groups, talks, or workshops (34.5%), and online support services (23.8%).

12.23   In general, higher proportions of respondents were aware of the social services provided by government departments, compared with those provided by NGOs, schools, or other social support networks.

Chart 12.12   Awareness of social services
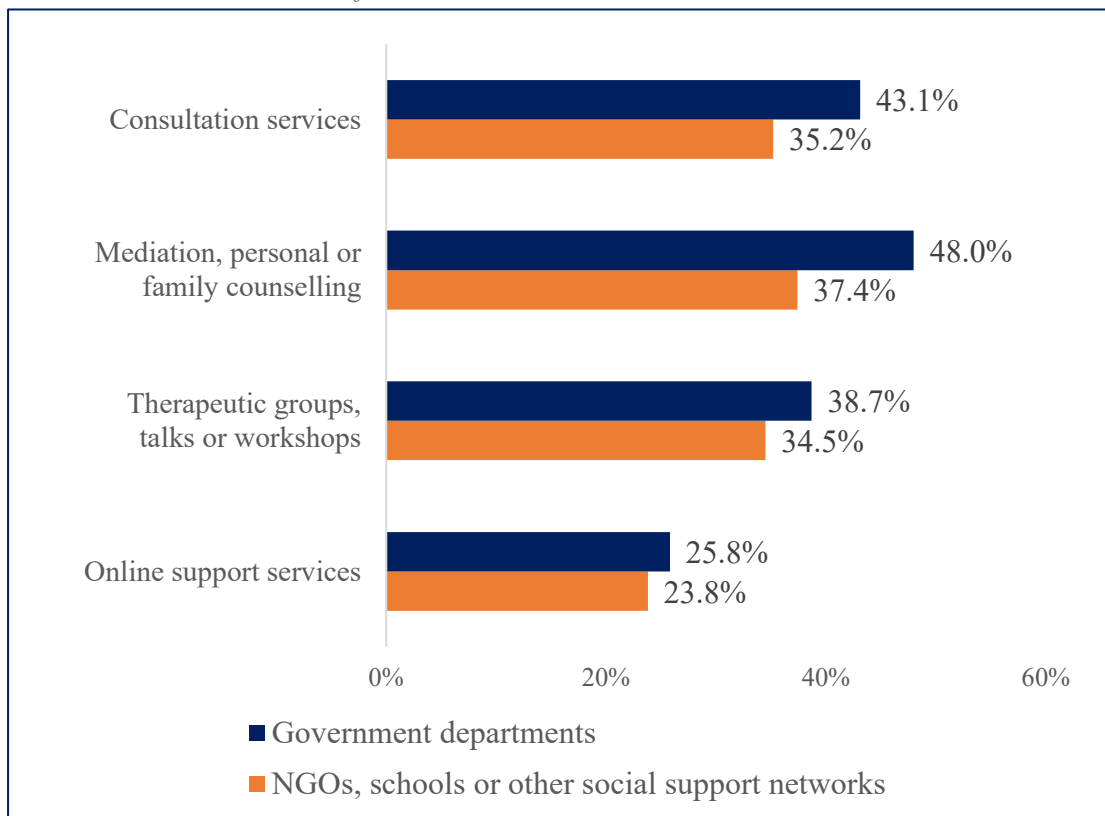
Social Service Needs

12.24 Respondents were asked about their demand for social services related to family issues and disputes that were provided by government departments, NGOs, schools, or other social support networks.

12.25 Regarding social services provided by government departments, less than 10% of the respondents reported needing therapeutic groups, talks or workshops (6.2%), consultation services (6.0%), online support services (5.3%), or mediation, personal, or family counselling (3.3%).

12.26 Regarding social services provided by NGOs, schools, or other social support networks, less than 10% of the respondents reported needing therapeutic groups, talks, or workshops (7.0%), consultation services (6.6%), online support services (5.5%), or mediation, personal, or family counselling (5.3%).

12.27 In general, higher proportions of the respondents reported demands for social services provided by NGOs, schools, or other social support networks, compared with those who reported demands for social services provided by government departments.

Chart 12.13   Social service needs
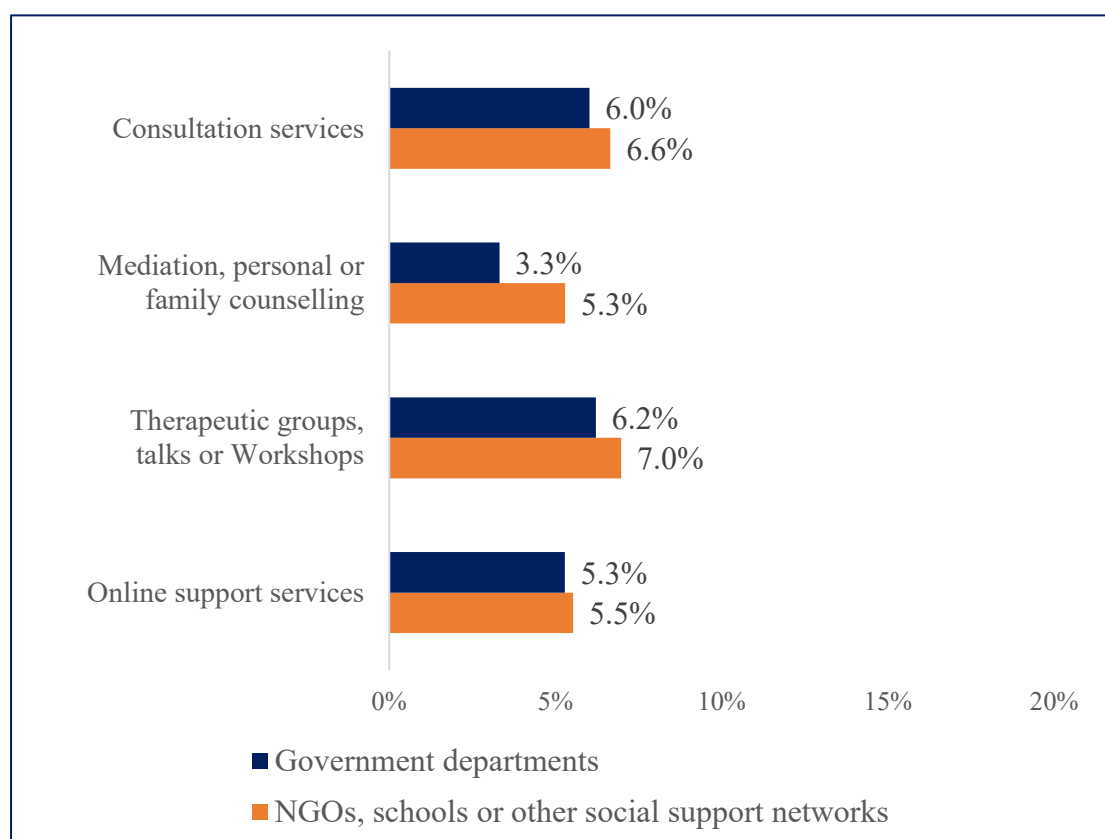
Views on the Sufficiency of Social Services

12.28   Respondents were asked about the sufficiency of social services related to issues and disputes that were provided by government departments.

12.29   Around two-thirds of the respondents could not provide views on the sufficiency of social services related to issues and disputes that were provided by government departments, as some were not aware of these social services and some were not familiar with them, even though they were aware of these social services.

12.30   Regarding the consultation services provided by government departments, among the 35.1% of respondents who could provide their views, over one-third (39.3%) considered these social services to be insufficient, whereas 12.4% considered these social services to be sufficient.

12.31   Regarding mediation, personal, or family counselling services provided by government departments, among the 32.3% of respondents who could provide their views, less than half (46.3%) considered these social services to be insufficient, whereas 11.0% considered these social services to be sufficient.

12.32   Regarding therapeutic groups, talks, or workshops provided by government departments, among the 31.9% of the respondents who could provide their views, less than half (46.8%) considered these social services to be insufficient, whereas 12.0% considered these social services to be sufficient.

12.33   Regarding online support services provided by government departments, among the 28.2% of the respondents who could provide their views, about two-fifths (41.1%) considered these social services to be insufficient, whereas 13.6% considered these social services to be sufficient.

Consultation services

Yes, 35.1%

No, 64.9%

Sufficient 12.4%

Average 48.2%

Not sufficient 39.3%

Mediation, personal or family counselling

Yes, 32.3%

No, 67.7%

Sufficient 11.0%

Average 42.7%

Not sufficient 46.3%

Therapeutic groups, talks or Workshops

Yes, 31.9%

No, 68.1%

Sufficient 12.0%

Average 41.2%

Not sufficient 46.8%

Online support services

Yes, 28.2%

No, 71.8%

Sufficient 13.6%

Average 45.4%

Not sufficient 41.1%
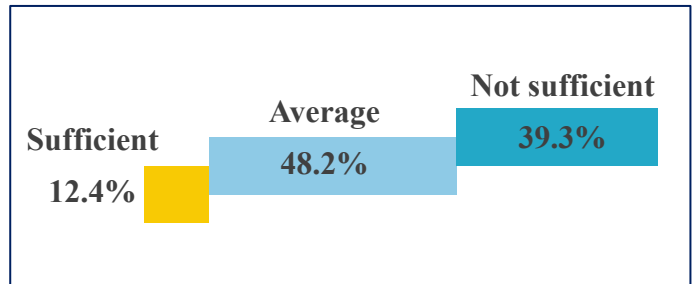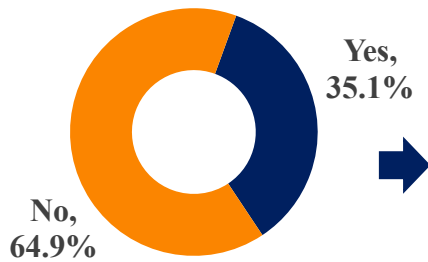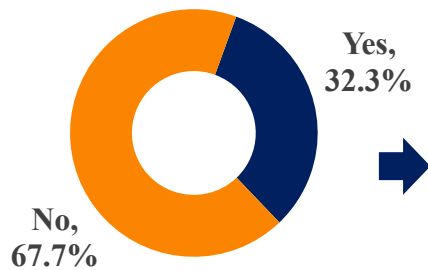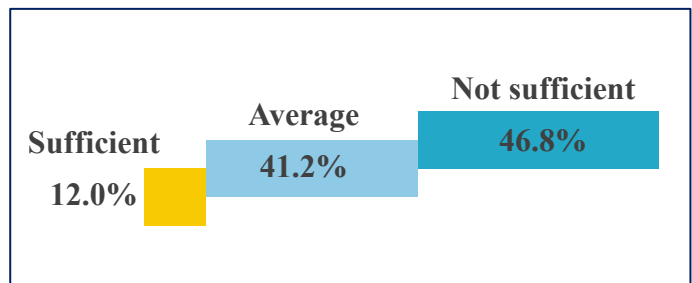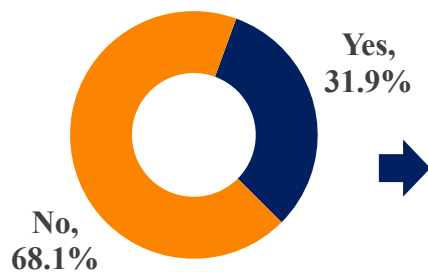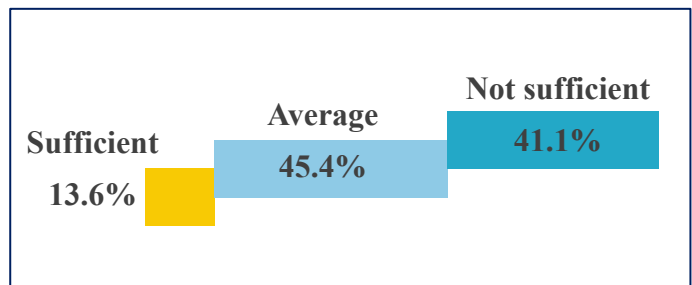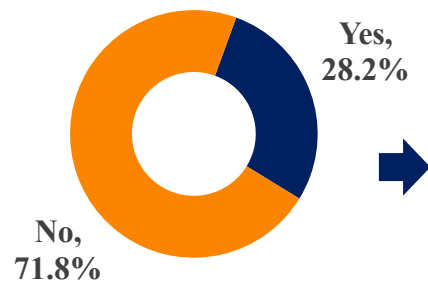
12.34   Respondents were asked about the sufficiency of social services related to issues and disputes that were provided by NGOs, schools, or other social support networks.

12.35   Over two-thirds of the respondents could not provide their views on the sufficiency of social services related to issues and disputes that were provided by NGOs, schools, or other social support networks, as some were not aware of these social services and some were not familiar with them, even though they were aware of these social services.

12.36   Regarding consultation services provided by NGOs, schools, or other social support networks, among the 30.4% of the respondents who could provide their views, over two-fifths (41.2%) considered these social services to be insufficient, whereas 11.4% considered these social services to be sufficient.

12.37   Regarding mediation, personal, or family counselling services provided by NGOs, schools, or other social support networks, among the 29.1% of the respondents who could provide their views, over two-fifths (42.7%) considered these social services to be insufficient, whereas 10.8% considered these social services to be sufficient.

12.38   Regarding therapeutic groups, talks, or workshops provided by NGOs, schools, or other social support networks, among the 29.5% of the respondents who could provide their views, over two-fifths (44.5%) considered these social services to be insufficient, whereas 11.2% considered these social services to be sufficient.

12.39   Regarding online support services provided by NGOs, schools, or other social support networks, among the 26.2% of the respondents who could provide their views, over two-fifths (42.4%) considered these social services to be insufficient, whereas 11.2% considered these social services to be sufficient.

Chart 12.15   Views on sufficiency of social services provided by the NGOs, schools or other social support networks

Consultation services

Yes, 30.4%

No, 69.6%

Sufficient 11.4%

Average 47.4%

Not sufficient 41.2%

Mediation, personal or family counselling

Yes, 29.1%

No, 70.9%

Sufficient 10.8%

Average 46.6%

Not sufficient 42.7%

Therapeutic groups, talks or Workshops

Yes, 29.5%

No, 70.5%

Sufficient 11.2%

Average 44.3%

Not sufficient 44.5%

Online support services

Yes, 26.2%

No, 73.8%

Sufficient 11.2%

Average 46.4%

Not sufficient 42.4%
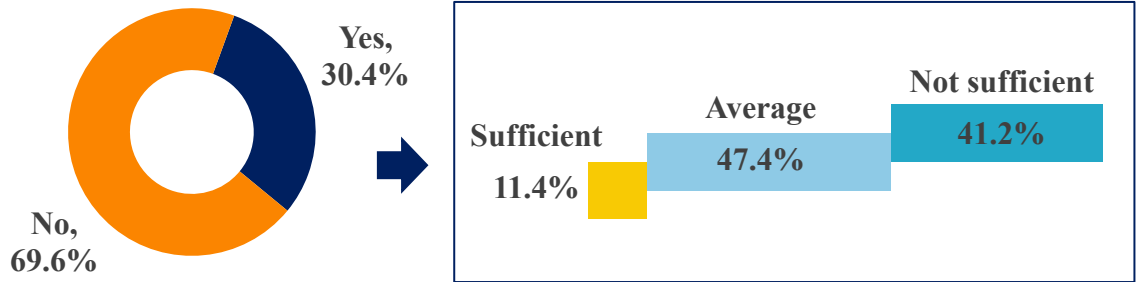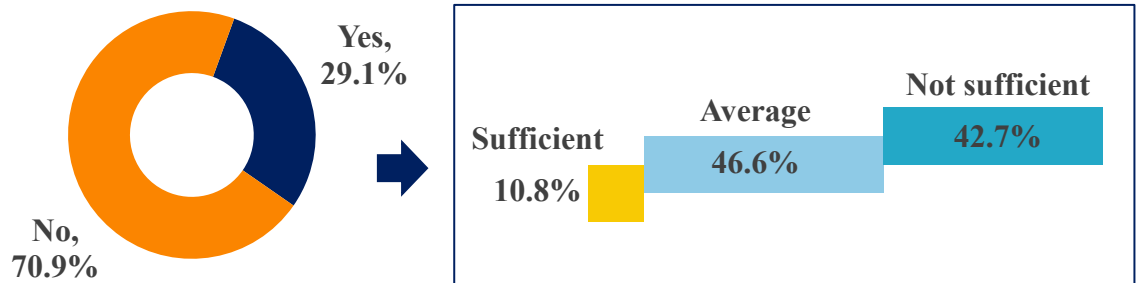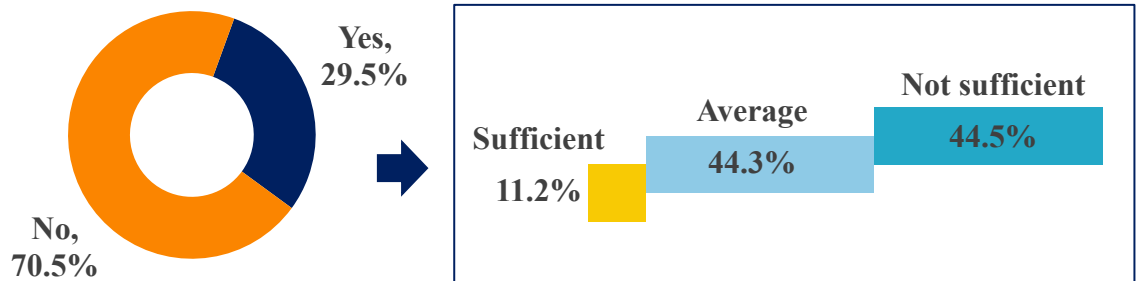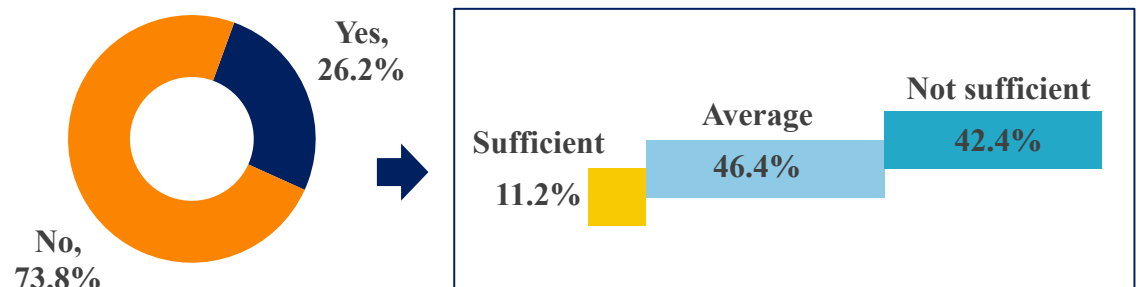
Ease of Obtaining Social Services

12.40 Respondents were asked whether it was easy to obtain social services related to family issues and disputes that were provided by government departments, NGOs, schools, or other social support networks.

12.41 Regarding social services provided by government departments, 64.4% to 71.2% of respondents thought it would not be easy to obtain the four types of social services.

12.42 Regarding social services provided by NGOs, schools, or other social support networks, 66.4% to 70.7% of respondents thought it would not be easy to obtain the four types of social services.

Chart 12.16   Ease of obtaining social services by social services provided by the Government departments, NGOs, schools or other social support networks

Social services provided by the Government departments

	Easy	Not easy
Consultation services	35.6%	64.4%
Mediation, personal or family counselling	28.8%	71.2%
Therapeutic groups, talks or workshops	29.5%	70.5%
Online support services	32.7%	67.3%

Social services provided by the NGOs, schools or other social support networks

	Easy	Not easy
Consultation services	33.6%	66.4%
Mediation, personal or family counselling	30.4%	69.6%
Therapeutic groups, talks or workshops	29.3%	70.7%
Online support services	30.6%	69.4%

Use and Perceived Helpfulness of Social Services

12.43   Respondents were asked whether they had used social services related to family issues and disputes that were provided by government departments, NGOs, schools, or other social support networks, and the perceived helpfulness of these services.

12.44   The majority of respondents reported they did not use social services related to family issues that were provided by government departments, NGOs, schools, or other social support networks.

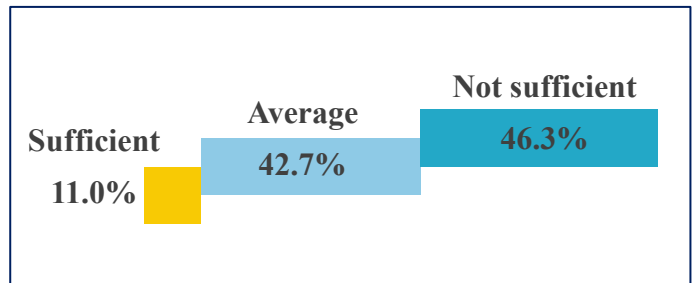12.45   Regarding the social services provided by government departments, among the 6.3% of respondents who had used consultation services, over half (54.4%) considered the services to be helpful, whereas only 2.2% considered the services to be unhelpful; among the 2.9% of the respondents who had used mediation, personal, or family counselling, 46.6% considered the services to be helpful, whereas around one-fifth (19.6%) considered the services to be unhelpful; among the 3.2% of respondents who had participated in therapeutic groups, talks, or workshops, over half (62.5%) considered the services to be helpful, whereas only 5.9% considered the services to be unhelpful; and among the 2.3% of the respondents who had used online support services, over two-thirds (69.0%) considered the services to be helpful, whereas only 5.9% considered the services to be unhelpful.

12.46   Regarding the social services provided by NGOs, schools, or other social support networks, among the 4.8% of the respondents who had used consultation services, about half (48.3%) considered the services to be helpful, whereas 12.1% considered the services to be unhelpful; among the 3.0% of the respondents who had used mediation, personal, or family counselling, over two-thirds (70.2%) considered the services to be helpful, whereas 10.2% considered the services to be unhelpful; among the 3.5% of respondents who had participated in therapeutic groups, talks, or workshops, over half (59.1%) considered the services to be helpful, whereas 16.4% considered the services to be unhelpful; and, among the 1.7% of the respondents who had used online support services, over two-thirds (66.5%) considered the services to be helpful, whereas about 28.5% considered the services to be unhelpful.

12.47   Higher proportion of respondents who had used online support services provided by NGOs, schools, or other social support networks considered these services to be unhelpful, compared with services provided by government departments.

Chart 12.17   Usage of social services provided by the Government departments
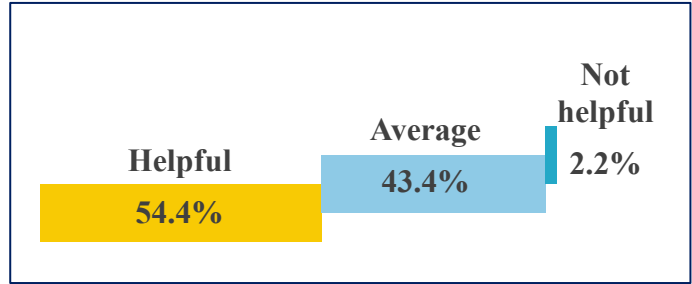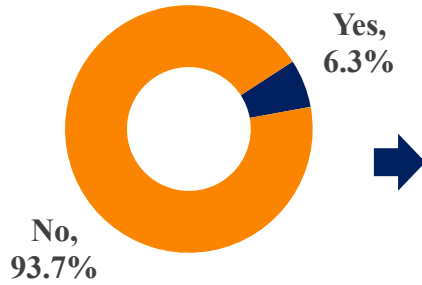
Consultation services

Yes, 6.3%

No, 93.7%

Helpful 54.4%   Average 43.4%   Not helpful 2.2%

Mediation, personal or family counselling

Yes, 2.9%

No, 97.1%

Helpful 46.6%   Average 33.7%   Not helpful 19.6%

Therapeutic groups, talks or Workshops

Yes, 3.2%

No, 96.8%

Helpful 62.5%   Average 31.6%   Not helpful 5.9%

Online support services

Yes, 2.3%

No, 97.7%

Helpful 69.0%   Average 25.1%   Not helpful 5.9%
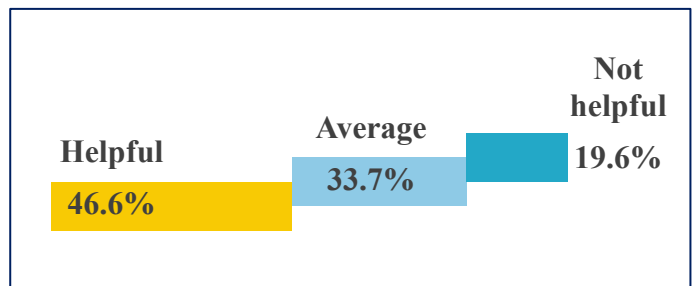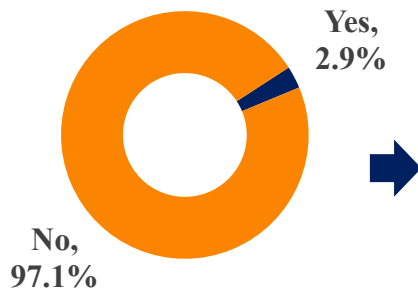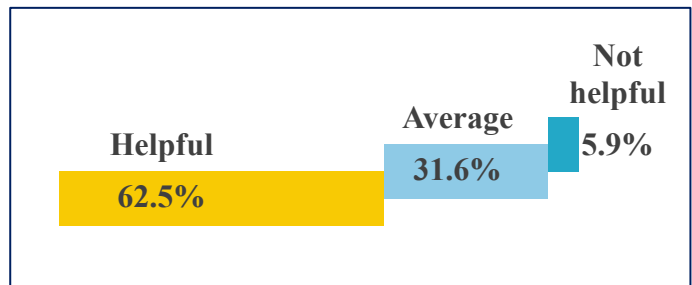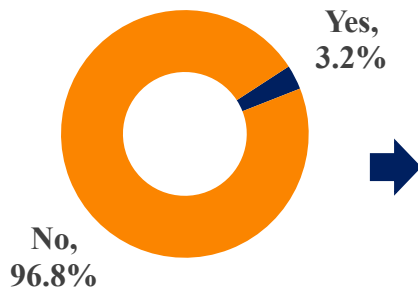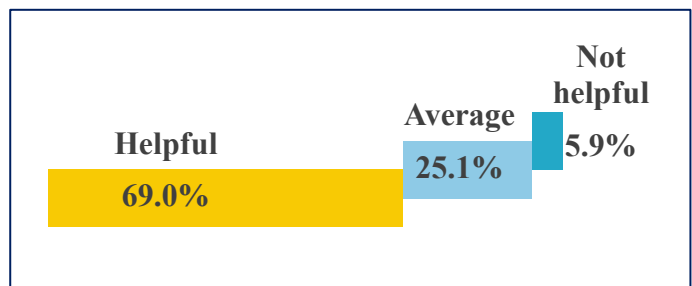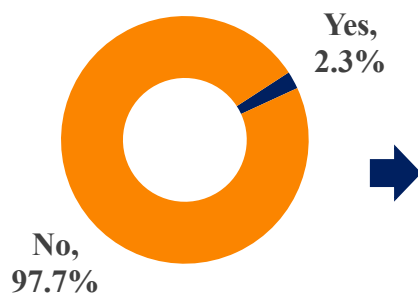
Chart 12.18   Usage of social services provided by the NGOs, schools or other social support networks

Consultation services

Yes, 4.8%

No, 95.2%

Helpful 48.3%　　Average 39.6%　　Not helpful 12.1%

Mediation, personal or family counselling

Yes, 3.0%

No, 97.0%

Helpful 70.2%　　Average 19.6%　　Not helpful 10.2%

Therapeutic groups, talks or Workshops

Yes, 3.5%

No, 96.5%

Helpful 59.1%　　Average 24.6%　　Not helpful 16.4%

Online support services

Yes, 1.7%

No, 98.3%

Helpful 66.5%　　Average 5.0%　　Not helpful 28.5%
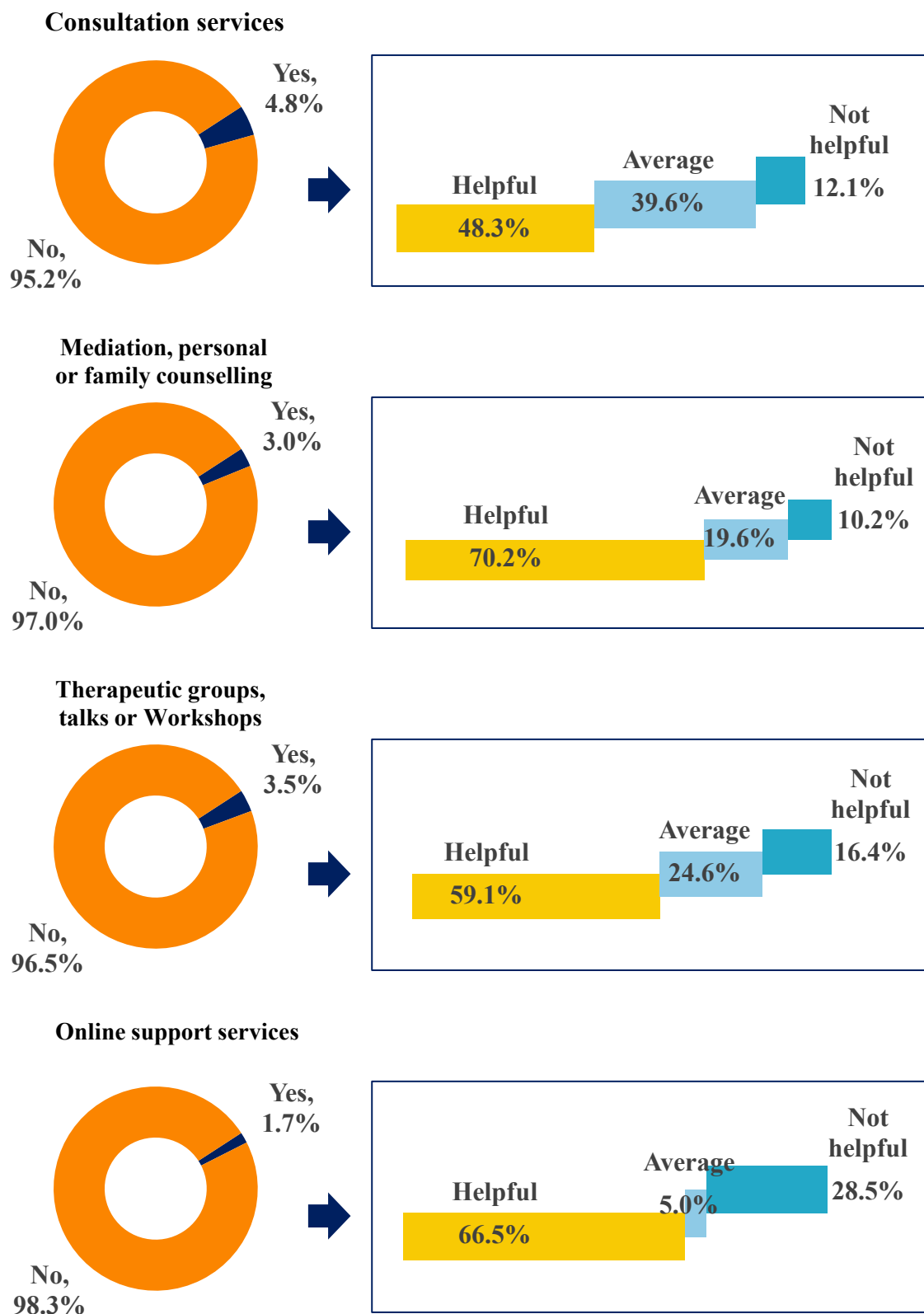
Views Collected from In-depth Discussions

Views and Feedback on Social Services

12.48 Focus group discussions were conducted with eight participants who had experienced social services, in order to understand, through in-depth discussions, their awareness of existing social services, current modes of social services (including service needs, adequacy, accessibility, and effectiveness) delivered by government departments, NGOs, schools, or other social support networks, and their feedback on social services.

Awareness and Knowledge of Current Social Services

12.49 In general, most of the participants were not aware of the different types of current social services provided by government departments, NGOs, schools or other social support networks, including the scope of the services provided, the services' target groups etc.

12.50 A few participants indicated they had used social services to resolve their family problems and conflicts through referrals from schools, recommendations from friends and family members, or as a result of searching online themselves.

12.51 A few participants shared they did not use social services related to family issues and disputes because their family conflicts were not severe, and no assistance was required. They further stated that they would not seek help from institutions, whether they were government departments or NGOs, as they believed family problems should not be shared with others.

12.52 Participants who had used social services provided by government departments, NGOs, schools or other social support networks shared that they had sought help from relevant organisations due to family conflicts, children's educational learning needs, marital, or emotional problems. Some participants shared that their problems were resolved after seeking help from institutions, whereas some questioned the effectiveness of the help received, as their problems were getting worse.

Family Conflicts

12.53 Regarding family conflicts, some participants indicated they had contacted government departments and NGOs for assistance in the past. These participants had learned about relevant organisations by searching for online information by themselves; then, they had contacted the organisations for assistance. One participant shared that, during phone calls, the staff would ask for details of the participant's family conflicts. Then, the staff member would provide some initial advice on handling the family conflicts. The participant

attended a face-to-face discussion with the social worker at the organisation, the problems were resolved, and no further assistance was required.

12.54   Another participant shared that he lost his job due to the COVID-19 pandemic and there was a significant reduction in his income from employment. He needed to cut family expenses, but his family members didn't understand and he experienced disputes with them over financial issues. He contacted a social worker who had helped him previously. Then, the social worker helped explain his situation to his family members, taught them how to communicate and get along with each other, asked them to consider others' points of view before arguing, and encouraged them to avoid physical conflict. Their relationships improved after the intervention.

Children's Educational Needs

12.55   Regarding children's educational needs, a few parent participants indicated they had sought assistance from social workers to deal with their children's learning issues. These social workers were from schools or NGOs and provided advice on parenting methods, techniques for teaching the children to do homework, and communication skills parents could use to deal with their children, as well as their spouse/partner. Some respondents stated their parent–child interactions and relationships improved as a result.

12.56   A few participants reiterated that the counselling services were effective and helpful. However, a few indicated that some social workers were inexperienced; they provided advice like reference books and were unable to fully understand the respondents' needs.

Marital Conflicts

12.57   Some participants indicated they used marriage counselling services provided by different NGOs. However, the respondents had divided views of these services.

12.58   Some participants who used marriage counselling services indicated they had used marriage counselling services provided by NGOs because they could not reach a consensus with their spouse/partner in regard to their children's education and had frequent disputes with each other as a result. They wanted to improve their relationship with their spouse/partner. Before the COVID-19 pandemic, they would visit the organisations every week to meet with social workers or participate in programmes or activities with other couples. For example, couples would make small gifts for each other to remind them of their love for each other. The respondents felt the marriage counselling services had greatly improved their relationships. However, due to the COVID-19 pandemic, they were now meeting the social workers online once or twice a month. Although this was insufficient compared to the past, the services had helped them deal with their problems.

12.59	In contrast, some participants stated the marriage counselling services provided by NGOs could not solve their problems. The reasons for this dissatisfaction included the social workers' lack of experience, a lack of suitable advice that adequately addressed their needs, and no readily available services.

Emotional Problems

12.60	Some participants stated they were suffering from emotional problems, especially as a result of the COVID-19 pandemic. They felt anxious and under pressure. At the same time, during the pandemic, some organisations could not provide offline services or experienced shortages of social workers; hence, the participants were unable to seek adequate assistance from organisations in regard to handling their emotional problems. They felt helpless.

12.61	Some participants encountered emotional problems because they had to take care of their children with special educational needs for a long time during the COVID-19 pandemic. The caring services provided by NGOs were suspended during the pandemic. Fortunately, they received caring and emotional support from school social workers after seeking help from their children's schools.

12.62	In addition, some participants who had encountered long-term emotional problems had sought assistance from government departments; however, their cases had been referred to different social workers and they did not receive immediate advice as a result. These procedures caused them to feel more depressed. Their emotional problems were not improved.

Views on Current Social Services

12.63	Based on feedback from the participants, it is clear that the current social services, resources, and workforce provided by government departments, NGOs, schools, and other social support networks are insufficient.

12.64	The participants believed that the current social services designed to deal with family-related problems and disputes were insufficient and lacking adequate publicity. It was difficult for the public to retrieve relevant information about relevant services. When respondents encountered family problems or requested emotional support, they did not know how or where to seek help. Further, the public did not have an effective channel through which to learn about the quality of the social services provided by different organisations. They questioned the transparency of current social services.

12.65	Some participants pointed out that, at present, social workers would often open a case to follow up on it when they judged problems to be severe. In fact, most of the problems started as small ones. The public perceived they could only seek support from family services when there were serious family problems, such as domestic violence or life-threatening situations. Organisations should strengthen their publicity and deliver a message to the public that one should

take the initiative to seek assistance, even if there are only little family problems, and avoid the accumulation of conflict, which can eventually lead to serious family problems.

12.66   Some participants also believed that many people in Hong Kong were in need of emotional support services; however, many would not take the initiative to discuss the issue with others or seek assistance from organisations. Therefore, government departments should devote more resources on publicity and organisations should actively provide more services to deal with individuals' and families' emotional problems.

12.67   Some organisations also contact those in need through phone calls to follow up on the situation. This contact method is effective. However, those in need were contacted by different staff members, who worked from standard scripts. These staff members did not fully understand the cases, and so the helpfulness of these follow-up calls was limited.

12.68   Further, most of the participants stated that the frequency of follow-ups from social workers was about once a month or every two months. Those who experienced emotional problems might feel helpless with so little support. In addition, family conflicts or emotional problems often occur suddenly, but many organisations only provide telephone services during office hours and fail to provide support and assistance to individuals in urgent need.

Participant 32

Because of my emotional problems, I have sought help from the SWD. However, the staff keep referring me to social workers in different districts. This is unacceptable, as I have to keep explaining the situation to various people. Besides, the social workers only see me once every two weeks, which is useless for people with emotional problems.

The organisation may only give you information at the very last minute when crises and emergencies happen but, if they could give advice sooner, it might be possible to avoid something big happening. For example, when someone's relationship is falling apart, if there is a place that can provide activities for both partners to participate in or offer afterschool childcare services, the couple can relax for a while. That way, confrontations can be avoided. This would be a better way to solve conflicts and disputes in between formal sessions with social workers.

Participant 5

Many people actually do not know about these kinds of services. Many people likely think that the services are provided only in the follow-up work of social workers. Some do not even know where to find services, even though they are willing to use them. Also, most people think they need these services only when they encounter family violence. For example, I thought small arguments just happen every day and are not serious enough to warrant seeking help from formal services.

Participant 24

Recommendations

12.69   The participants proposed strengthening the publicity of various types of family services, so the public can learn about relevant services and the organisations that provide them. At the same time, it is necessary to educate the public about dealing with family problems, to motivate help-seeking behavior and encourage open-mindedness about using various types of social services. The participants suggested displaying brochures and QR codes for family services in different hospitals, community centers, and centers for the elderly.

12.70   The participants also recommended that organisations increase their workforces and resources to reduce the wait times for face-to-face meetings, enable them to contact those in need more frequently and provide early interventions even when family problems are not severe, and to enhance and expand clients' support networks.

13. In-depth Analyses of the General Survey Themes

Overview

13.1 Concerning family structure and role, household composition refers to information on each household member's relationship to the head of household and the identification of relationships among members of the household. The three main categories of household composition are: nuclear family households, relative households, and other households[11]. Respondents were asked whether there were members of their family who experienced a type of disadvantage, and whether they were the primary carer in the family.

13.2 Regarding parenthood, two dimensions (parent–child interaction and parenting methods) were adopted in this study. The Parent–Child Dysfunctional Interaction (PCDI) subscale of the Chinese version of the Parenting Stress Index–Short Form (PSI–SF) is a self-report screening tool that can be used to assess the extent to which a parent feels his or her child is not meeting expectations and interactions with the child are not reinforcing. The scale used in this study is a psychometrically sound and efficient abbreviated version of the PSI–SF, suitable for use among Chinese parents[12]. The prevalence of positive parenting, psychological aggression, and corporal punishment was examined with reference to the Parent–Child Conflict Tactics Scale (CTSPC) and two positive parenting methods (i.e., I explain to my children what to do and I express my love to my children through words and/or actions)[13].

13.3 Regarding family functioning, the 33-item Chinese Family Assessment Instrument (CFAI) and one question on perceived overall family functioning were used to assess family functioning in Hong Kong[14,15].The CFAI has five subscales: mutuality, communication, conflict and harmony, parental concern, and parental control.

13.4 Regarding satisfaction with family life, individuals' satisfaction with relationships between family members (spouse/partner, children, parents, and father or mother of spouse/partner) was explored.

13.5 Regarding health outcomes, the Patient Health Questionnaire–9 (PHQ–9) is a nine-question self-administered instrument to screen for the presence and severity of depression[16]. One question item was added to the instrument to measure respondents' overall physical health.

13.6 The alphas of the PCDI subscale and the five subscales of the CFAI were all larger than 0.7, indicating satisfactory levels of reliability and internal consistency. Table 13.1 presents the dimensions and details of the themes covered in the general survey.

Table 13.1   Dimensions of Themes covered in the General Survey

Theme	Dimensions	No. of items	α	Index construct?	Single item?
Family Structure and Role					
4A	Household composition	1	-	-	☑
4B	Family members with disadvantaged types	1	-	-	☑
4C	Household caring role	1	-	-	☑
Parenthood					
5A	Parent-Child Dysfunctional Interaction (PCDI)	12	> 0.7	☑	-
5B	Parenting methods	6	-	-	☑
Family Functioning					
6A	Chinese Family Assessment Instrument (CFAI)	33	> 0.7	☑	-
6B	Perceived overall family functioning	1	-	-	☑
Satisfaction with Family Life					
7A	Satisfaction with the relationships with family members	1	-	-	☑
Health Outcomes					
8A	Overall physical health	1	-	-	☑
8B	Health Questionnaire (PHQ-9)	9	> 0.7	☑	-

Family Structure and Role

Key Statistics

13.7 Regarding household composition, about three quarters (74.1%) of the respondents lived in nuclear family households (i.e., households composed of a couple and unmarried children, a lone parent and unmarried children, or a couple). A total of 13.4% of the respondents were classified as living in other households (i.e., one-person households and households made up of non-relatives). A total of 12.5% of the respondents were classified as living in relative households (i.e., households consisting of a couple, at least one of their parents, and their unmarried children, households with other relationship combinations, or households consisting of a couple and at least one of their parents).

13.8 Regarding family members who had disadvantaged type(s), 21.2% of the respondents indicated that there were family members living in their household, including the respondents themselves, who had at least one of the disadvantaged types. These disadvantages included chronic illnesses, restrictions in physical movement, hearing, speech, and visual difficulties, attention deficit/hyperactivity disorder, learning difficulties, or autism, mental health conditions, and intellectual disabilities.

13.9 Regarding household caring role, 15.0% of the respondents were primary caregivers, whereas 85.0% were not primary caregivers. The primary caregivers were taking care of family members with the aforementioned conditions.

Family Disputes

13.10　The tables in Chapter 13 and 14 illustrate the cross-tabulations between two variables and appropriate statistical tests were performed to compare two or more than two groups for statistical significance. In Table 13.2, taking the prevalence rate of the family disputes in the past two years as an example, the first row illustrates the prevalence rate of the family disputes in the past two years among all respondents (46.3%). The prevalence rates of the family disputes by three types of household composition, namely nuclear family households (48.8%), relative households (55.2%) and other households (23.9%) are also presented. The p-value of the statistical test is shown to illustrate whether there were statistically differences among three types of household composition. A p-value of less than .05 ($p < .05$) was statistically significant.

13.11　Slightly less than half (46.3%) of the respondents indicated they had experienced disputes with their family members in the past two years. Significantly higher proportions of respondents in the following groups had experienced disputes with their family members in the past two years: those living in relative households (55.2%), those with family members who had disadvantaged type(s) (56.0%), and those who were primary caregivers (54.8%) ($ps < .05$).

13.12　Compared with the other groups, significantly higher proportions of respondents with family members who had disadvantaged type(s) (8.4%) and who were primary caregivers (8.0%) reported disputes with their father in the past two years ($ps < .05$). Further, higher proportions of respondents with family members who had disadvantaged type(s) (14.8%) reported disputes with their mother in the past year ($p < .05$).

Table 13.2   Key statistics of the family structure and role, and the family disputes

%	Prevalence rates in the past two years	Prevalence rates of the most serious dispute in the past two years			
	Family disputes	With their spouse/ partner	With their children	With their father	With their mother
All respondents	46.3	23.6	9.6	4.0	9.1
Household composition					
Nuclear family households	48.8	24.0	9.6	3.9	9.3
Relative households	55.2	24.1	8.6	5.2	9.5
Other households	23.9	15.7	11.1	2.6	6.9
p-value	.001*	.623	.964	.825	.958
Family members with disadvantaged types					
With disadvantaged types	56.0	27.9	11.0	8.4	14.8
No disadvantaged types	43.7	22.4	9.2	2.8	7.6
p-value	.003*	.409	.534	.005*	.019*
Household caring role					
A primary caregiver	54.8	26.3	11.8	8.0	13.6
Not a primary caregiver	44.8	23.1	9.2	3.3	8.3
p-value	.021*	.729	.373	.046*	.148

* $p < .05$

Impact of the COVID-19 Pandemic

13.13   Of the respondents who were currently at work or were unemployed, with regard to the impact of changes in work situation, income from employment, and work arrangements during the COVID-19 pandemic on their family relationships, no significant differences were found among various family structures and roles (i.e., household composition, family members who had disadvantaged type(s), and household caring role).

13.14   Of the respondents who had children under the age of 18 years, compared with the other groups, significantly higher proportions of respondents with family members who had disadvantaged type(s) (47.5%) and who were primary caregivers (52.0%) stated their children's educational arrangements during the COVID-19 pandemic had a negative impact on their family relationships (*ps* < .05).

Table 13.3   Key statistics of the family structure and role, and the impact of the COVID-19 pandemic

%	Had negative impact on family relationship due to the changes in the			
	work situation	employment income	work arrangement	children's educational arrangement
All respondents	32.0	27.3	17.1	29.3
Household composition				
Nuclear family households	30.5	26.0	15.4	30.0
Relative households	36.9	29.6	19.8	31.6
Other households	36.1	32.9	24.7	0.0
p-value	.325	.382	.517	.307
Family members with disadvantaged types				
With disadvantaged types	32.7	25.9	17.8	47.5
No disadvantaged types	31.9	27.7	17.0	26.4
p-value	.750	.810	.884	.021*
Household caring role				
A primary caregiver	31.7	24.5	14.6	52.0
Not a primary caregiver	32.1	27.8	17.6	26.9
p-value	.790	.790	.646	.010*

* p < .05

Social Support Networks

13.15 Respondents rated the perceived social support they received from family, friends, and significant others. Compared with the other groups, respondents in the following groups received higher levels of social support: living in relative households (63.9%) and living in nuclear family households (59.4%) (*ps* < .05).

13.16 Compared with the other groups, significantly higher proportions of the respondents with family members who had disadvantaged type(s) (10.2%) and who were primary caregivers (12.1%) indicated they had participated in family-related promotional activities or programmes organised by the government and/or NGOs or other organisations (*ps* < .05).

Table 13.4   Key statistics of the family structure and role, and the social support network (1)

%	The Multidimensional Scale of Perceived Social Support (MSPSS)	Family-related promotional activities or programmes organised by the Government and/or NGOs or other organisations	
	High support	Awareness	Participation
All respondents	56.6	49.3	6.0
Household composition			
Nuclear family households	59.4	50.6	6.6
Relative households	63.9	53.9	6.0
Other households	33.7	38.1	2.8
p-value	.001*	.147	.551
Family members with disadvantaged types			
With disadvantaged types	49.5	51.3	10.2
No disadvantaged types	58.5	48.8	4.9
p-value	.070	.703	.033*
Household caring role			
A primary caregiver	47.5	52.3	12.1
Not a primary caregiver	58.2	48.8	5.0
p-value	.058	.996	.007*

* p < .05

13.17   Respondents were asked about their needs in regard to social services related to family issues and disputes that were provided by government departments. Compared with the other groups, significantly higher proportions of the respondents with family members who had disadvantaged type(s)and who were primary caregivers reported needing consultation services, therapeutic groups, talks, or workshops, and online support services ($ps < .05$).

13.18   Significantly higher proportions of the respondents who were living in nuclear family households reported needing therapeutic groups, talks, or workshops and online support services, compared with respondents living in relative households and other households ($ps < .05$).

Table 13.5   Key statistics of the family structure and role, and the social support network (2)

%	The needs on social services related to family issues and disputes provided by the Government departments			
	Consultation services	Mediation, personal or family counselling	Therapeutic groups, talks or workshops	Online support services
All respondents	6.0	3.3	6.2	5.3
Household composition				
Nuclear family households	6.5	3.5	7.3	6.4
Relative households	4.1	3.0	5.3	4.4
Other households	5.1	2.8	1.2	0.0
p-value	.658	.950	.027*	.019*
Family members with disadvantaged types				
With disadvantaged types	9.6	5.3	10.7	8.4
No disadvantaged types	5.0	2.8	5.0	4.4
p-value	.041*	.144	.003*	.037*
Household caring role				
A primary caregiver	10.0	6.2	13.4	9.5
Not a primary caregiver	5.3	2.8	4.9	4.5
p-value	.024*	.075	.001*	.016*

* $p < .05$

13.19 Respondents were asked about their need for social services related to family issues and disputes that were provided by NGOs, schools, or other social support networks. Compared with respondents who did not have family members who had disadvantaged type(s), significantly higher proportions of the respondents with family members who had disadvantaged type(s) reported needing mediation, personal, or family counselling, as well as therapeutic groups, talks, or workshops (*ps* < .05).

13.20 Compared with respondents who were not primary caregivers, significantly higher proportions of respondents who were primary caregivers reported needing consultation services, mediation, personal, or family counselling, and therapeutic groups, talks, or workshops (*ps* < .05).

Table 13.6   Key statistics of the family structure and role, and the social support network (3)

| % | The needs on social services related to family issues and disputes provided by the NGOs, schools or other social support networks | | | |
	Consultation services	Mediation, personal or family counselling	Therapeutic groups, talks or workshops	Online support services
All respondents	6.6	5.3	7.0	5.5
Household composition				
Nuclear family households	7.5	6.1	7.9	6.6
Relative households	5.0	2.4	5.4	3.7
Other households	3.3	3.3	3.4	1.1
p-value	.512	.292	.322	.051
Family members with disadvantaged types				
With disadvantaged types	9.1	8.7	12.5	6.9
No disadvantaged types	6.0	4.4	5.5	5.2
p-value	.159	.016*	.001*	.227
Household caring role				
A primary caregiver	10.5	9.9	13.8	8.0
Not a primary caregiver	6.0	4.5	5.8	5.1
p-value	.048*	.004*	.001*	.054

* p < .05

Parenthood

Key Statistics

13.21 The P–CDI subscale of the Chinese version of the PSI–SF was used to examine the extent to which parents felt satisfied with their children and their interactions with them. Parent respondents with children under the age of 18 years were asked to indicate their level of agreement with 11 questions using a five-point Likert scale (ranging from 1 = strongly disagree to 5 = strongly agree) and to respond to one question describing their feelings about themselves as parents using a five-point Likert scale (ranging from 1 = I am the best parent to 5 = I am not suitable to be a parent).

13.22 Among the parent respondents with children under the age of 18 years, about two-thirds (65.0%) were considered typical. One in 10 (10.3%) experienced high levels of stress in their parent–child interactions. About one-quarter (24.5%) experienced clinically significant levels of stress in their parent–child interactions that needed additional follow-up.

Chart 13.7   Parent-Child Dysfunctional Interaction (P-CDI)
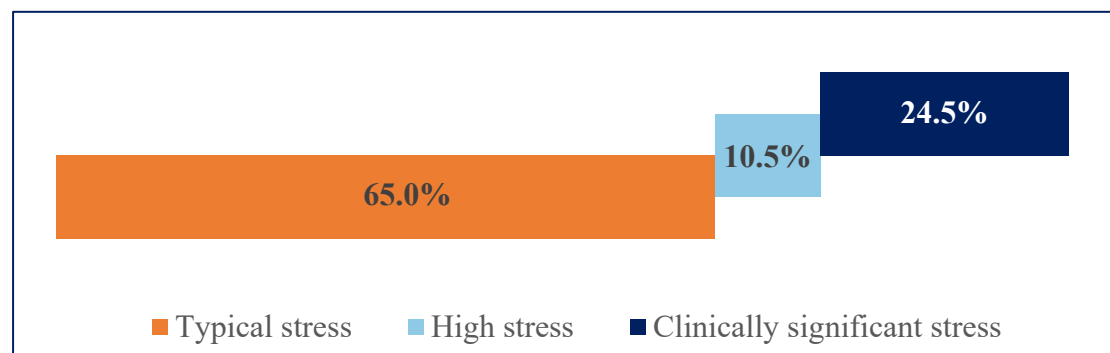
13.23   Parent respondents with children under the age of 18 years were asked whether they and their spouse/partner had used six listed methods to parent their children aged under 18 years in the past year. There were three positive parenting methods: explaining to the child what to do, expressing love to the child through words and/or actions, and asking the child to step out for a while or go back to his or her room. Psychological aggression was measured by whether the parents had scolded or yelled at their child. Corporal punishment included spanking the child's bottom with a hand or hitting the child's hands or feet.

13.24   The majority of the respondents and their spouse/partner reported they had adopted positive parenting methods to teach their children aged under 18 years in the past year.

13.25   More than half of the respondents (55.8%) and their spouse/partner (49.7%) indicated they had scolded or yelled at their children. A total of 27.0% of the respondents and 18.4% of their spouse/partners used corporal punishment to discipline their children.

Chart 13.8   Parenting methods
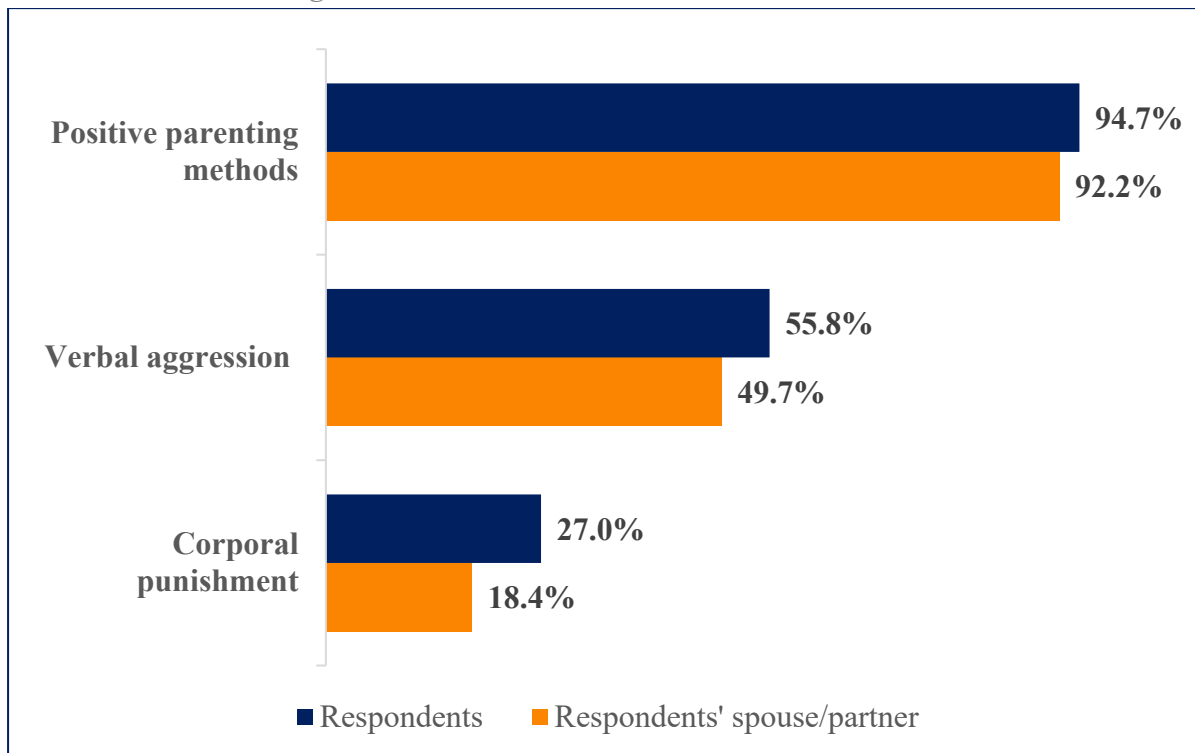
Family Disputes

13.26   Of the parent respondents with children under the age of 18 years, nearly three-quarters (73.8%) indicated they had experienced disputes with their family members in the past two years. Compared with the other groups, significantly higher proportions of respondents in the following groups had experienced disputes with their family members in the past two years: those with clinically significant stress related to their parent–child interactions (93.8%), those who had scolded or yelled at their children (84.5%), and those who used corporal punishment to discipline their children (100.0%) ($ps < .05$).

13.27   Among the respondents who were married/cohabiting and had children under the age of 18 years, nearly one-third (31.8%) indicated they had experienced their most serious dispute with their spouse/partner in the past two years. Compared with respondents who did not scold or yell at their children (20.9%), significantly higher proportions of respondents who scolded or yelled at their children (40.5%) reported experiencing their most serious dispute with their spouse/partner in the past two years ($p < .05$).

13.28   Of the parent respondents with children under the age of 18 years, 12.3% indicated they had experienced their most serious dispute with their children in the past two years. Compared with the other groups, significantly higher proportions of respondents in the following groups had experienced their most serious dispute with their children in the past two years: those with clinically significant stress related to their parent–child interactions (42.6%), those who had scolded or yelled at their children (19.0%), and those who used corporal punishment to discipline their children (27.0%) ($ps < .05$).

13.29   Among the respondents who had contact with their parents and children under the age of 18 years, the prevalence rates of the most serious disputes with their father and mother were 2.6% and 6.2%, respectively, in the past two years. With regard to the prevalence rates of the most serious disputes with their father and mother, no significant differences were found among the various groups related to parenthood (i.e., PCDI, verbal aggression, and corporal punishment).

Table 13.9   Key statistics of the parenthood and the family disputes

%	Prevalence rates in the past two years	Prevalence rates of the most serious dispute in the past two years			
	Family disputes	With their spouse/ partner	With their children	With their father	With their mother
Respondents who had the children under the age of 18	73.8	31.8	12.3	2.6	6.2
Parent-Child Dysfunctional Interaction (PCDI)					
Clinically significant stress	93.8	38.0	42.6	2.4	6.5
High stress	66.5	24.9	18.2	0.0	8.4
Typical stress	67.5	30.8	0.0	3.1	5.7
p-value	.002*	.751	.001*	.693	.967
Verbal aggression by the respondents					
Yes	84.5	40.5	19.0	3.6	5.0
No	60.3	20.9	4.0	1.2	7.8
p-value	.001*	.005*	.002*	.307	.396
Corporal punishment by the respondents					
Yes	100.0	42.0	27.0	5.4	6.3
No	64.1	28.2	6.9	1.5	6.1
p-value	.001*	.186	.001*	.112	.935

* $p < .05$

The Impact of the COVID-19 Pandemic

13.30 Of the respondents who were economically active, with regard to the impact on family relationships due to changes in their work situation, income from employment, and work arrangements during the COVID-19 pandemic, no significant differences were found among the various groups related to parenthood (i.e., PCDI, verbal aggression, and corporal punishment).

13.31 Of the respondents who had children under the age of 18 years, compared with the other groups, significantly higher proportions of respondents in the following groups had experienced a negative impact of the children's educational arrangements during the COVID-19 pandemic on their family relationships: those who experienced clinically significant stress related to their parent–child interactions (39.8%) and those who used corporal punishment to discipline their children (33.7%) (ps < .05).

Table 13.10   Key statistics of the parenthood and the impact of the COVID-19 pandemic

%	Had negative impact on family relationship due to the changes in the			
	work situation	employment income	work arrangement	children's educational arrangement
Respondents who had the children under the age of 18	32.3	27.2	15.5	29.3
Parent-Child Dysfunctional Interaction (PCDI)				
Clinically significant stress	32.1	25.0	19.6	39.8
High stress	41.6	32.4	23.7	29.9
Typical stress	30.6	27.1	12.4	25.2
p-value	.689	.334	.741	.003*
Verbal aggression by the respondents				
Yes	34.3	30.4	16.6	30.5
No	29.8	23.2	14.1	27.7
p-value	.479	.812	.833	.233
Corporal punishment by the respondents				
Yes	31.5	29.4	20.9	33.7
No	32.5	26.4	13.6	27.7
p-value	.796	.428	.656	.041*

* p < .05

Social Support Networks

13.32 Of the respondents who had children under the age of 18 years, in regard to their perceived social support and their awareness of and participation in family-related promotional activities or programmes organised by the government and/or NGOs or other organisations, no significant differences were found among the various groups related to verbal aggression, and corporal punishment. In regard to their perceived social support, significantly higher proportion of respondents with typical stress received higher level of social support ($p < .05$) whereas no significant differences were found among the various groups related to their awareness of and participation in family-related promotional activities or programmes organised by the government and/or NGOs or other organisations.

Table 13.11   Key statistics of the parenthood and the social support network (1)

%	The Multidimensional Scale of Perceived Social Support (MSPSS)	Family-related promotional activities or programmes organised by the Government and/or NGOs or other organisations	
	High support	Awareness	Participation
Respondents who had the children under the age of 18	59.0	50.2	7.9
Parent-Child Dysfunctional Interaction (PCDI)			
Clinically significant stress	46.6	52.4	13.3
High stress	48.0	50.3	16.1
Typical stress	65.5	49.4	4.6
p-value	.033*	.909	.087
Verbal aggression by the respondents			
Yes	54.7	46.8	9.7
No	64.4	53.2	5.7
p-value	.407	.165	.172
Corporal punishment by the respondents			
Yes	48.3	55.4	12.2
No	63.0	48.3	6.4
p-value	.240	.689	.176

* $p < .05$

13.33 Respondents were asked about their need for social services related to family issues and disputes that were provided by government departments. Of the respondents who had children under the age of 18 years, significantly higher proportions of the respondents who used corporal punishment to discipline their children (11.8%) reported needing mediation, personal, or family counselling, compared with respondents who did not use corporal punishment to discipline their children (3.4%) ($p < .05$).

13.34 Significantly higher proportions of the respondents who suffered from clinically significant stress (17.9%) or high levels of stress (15.2%) in relation to their parent–child interactions reported needing therapeutic groups, talks, or workshops, compared with respondents who experienced typical levels of stress (4.0%) ($p < .05$).

Table 13.12   Key statistics of the parenthood and the social support network (2)

%	The needs on social services related to family issues and disputes provided by the Government departments			
	Consultation services	Mediation, personal or family counselling	Therapeutic groups, talks or workshops	Online support services
Respondents who had the children under the age of 18	7.1	5.6	8.5	8.1
Parent-Child Dysfunctional Interaction (PCDI)				
Clinically significant stress	9.9	11.6	17.9	11.8
High stress	11.2	7.8	15.2	23.0
Typical stress	5.4	3.0	4.0	4.3
p-value	.584	.099	.023*	.064
Verbal aggression by the respondents				
Yes	6.0	5.5	10.3	7.3
No	8.4	5.9	6.3	9.1
p-value	.515	.946	.391	.692
Corporal punishment by the respondents				
Yes	13.0	11.8	11.4	11.8
No	4.9	3.4	7.5	6.7
p-value	.078	.026*	.176	.121

* p < .05

13.35 Respondents were asked about their need for social services related to family issues and disputes that were provided by NGOs, schools, or other social support networks. Of the respondents who had children under the age of 18 years, significantly higher proportions of respondents who used corporal punishment to discipline their children (15.1%) reported needing consultation services, compared with respondents who did not use corporal punishment to discipline their children (6.5%) (*p* < .05).

13.36 Significantly higher proportions of the respondents who suffered from clinically significant levels of stress or high levels of stress in relation to their parent–child interactions reported needing consultation services, mediation, personal, or family counselling, and therapeutic groups, talks, or workshops, compared with respondents who experienced typical levels of stress (*ps* < .05).

Table 13.13   Key statistics of the parenthood and the social support network (3)

%	The needs on social services related to family issues and disputes provided by the NGOs, schools or other social support networks			
	Consultation services	Mediation, personal or family counselling	Therapeutic groups, talks or workshops	Online support services
Respondents who had the children under the age of 18	8.9	9.4	9.3	8.2
Parent-Child Dysfunctional Interaction (PCDI)				
Clinically significant stress	16.0	20.0	16.9	13.6
High stress	23.9	23.9	23.9	18.9
Typical stress	3.8	3.1	4.0	4.4
p-value	.010*	.001*	.005*	.087
Verbal aggression by the respondents				
Yes	9.2	9.2	9.0	7.4
No	8.5	9.7	9.6	9.1
p-value	.572	.773	.773	.876
Corporal punishment by the respondents				
Yes	15.1	13.2	10.7	12.9
No	6.5	8.0	8.7	6.4
p-value	.023*	.125	.320	.055

* p < .05

Family Functioning

Key Statistics

13.37 The CFAI has five subscales used to assess family functioning: mutuality, communication, conflict and harmony, parental concern, and parental control. The mutuality subscale of the CFAI assesses mutual support, love, and concern among family members, with a higher score indicating better mutual support among family members. The mean score for mutuality was 4.06 out of 5 in this study. The communication subscale of the CFAI assesses the frequency and nature of interactions among family members, with a higher score indicating better communication among family members. The mean score for communication was 3.80 out of 5 in this study. The harmony subscale of the CFAI assesses conflict and harmonious behavior in the family, with a higher score indicating more harmonious behavior in the family. The mean score for harmony was 4.05 out of 5 in this study. The parental support subscale of the CFAI assesses behavior related to parental support among family members, with a higher score indicating better parental support among family members. The mean score of parental support was 4.26 out of 5 in this study. The parental control subscale of the CFAI assesses behavior related to parental control among family members, with a higher score indicating parenting behavior toward the children was less harsh. The mean score for parental control was 4.22 out of 5 in this study.

13.38 Respondents were asked to rate their family functioning on a five-point Likert scale (ranging from 1 = the family does not function very well together at all and we really need help to 5 = the family functions very well together). A higher score indicated better perceived family functioning. The mean score for perceived overall family functioning was 4.06 out of 5 in this study.

Chart 13.14   CFAI subscales

Mutuality 4.06 / 4.10
Communication 3.80 / 4.04
Harmony 4.05 / 4.01
Parental Support 4.26 / 4.43
Parental Control 4.22 / 4.08
Overall family functioning 4.06 / 4.04

■ All respondents   ■ Respondents with children under the age of 18
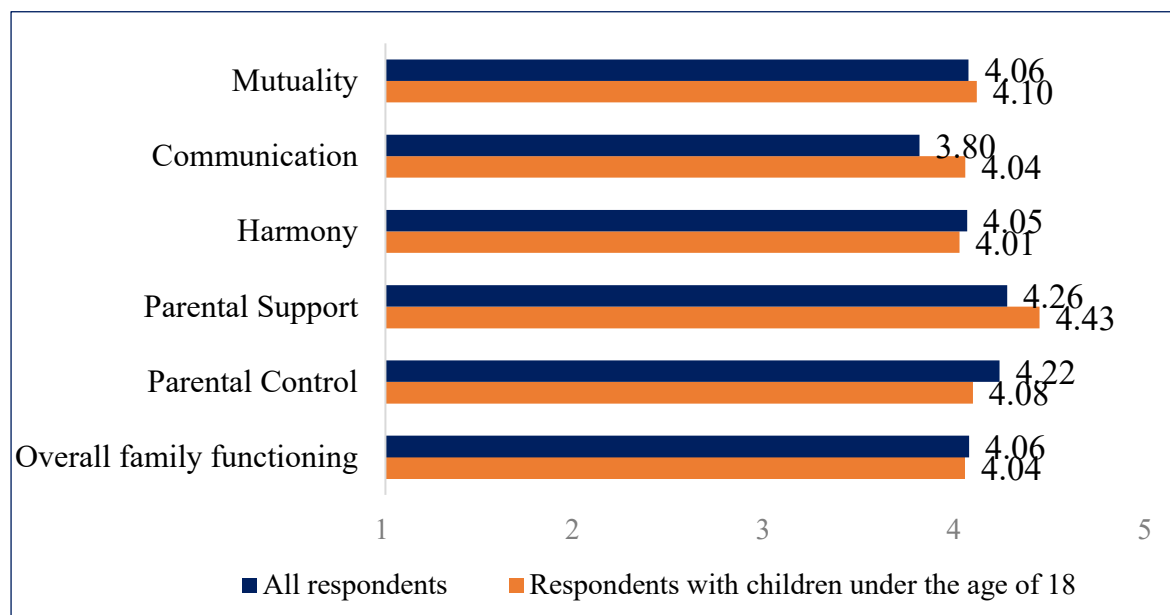
Family Disputes

13.39 The respondents who had experienced disputes with their family members had significantly lower scores in regard family functioning, including mutuality, communication, harmony, parental control, and overall family functioning, compared with respondents who did not report any family disputes in the past two years ($ps < .05$). In other words, the respondents who had experienced family disputes in the past two years demonstrated worse mutual support and communication among family members, less harmonious behavior in the family, worse overall family functioning, and their parenting behavior toward their children was harsher.

13.40 Among the respondents who were married/cohabiting, those who reported having their most serious dispute with their spouse/partner in the past two years had significantly lower scores for family functioning, including mutuality, communication, harmony, parental control, and overall family functioning, compared with respondents who did not report having their most serious dispute with their spouse/partner in the past two years ($ps < .05$).

13.41 The parent respondents who reported having their most serious dispute with their children in the past two years had significantly lower scores for family functioning, including mutuality, communication, harmony, parental control, and overall family functioning, compared with respondents who did not report having their most serious dispute with their children in the past two years ($ps < .05$).

13.42 Among the respondents who had contact with their parents, those who reported having their most serious dispute with their father in the past two years had significantly lower scores for family functioning, including mutuality, harmony, parental support, parental control, and overall family functioning, compared with respondents who did not report having their most serious dispute with their father in the past two years ($ps < .05$).

13.43 Among the respondents who had contact with their parents, those who reported having their most serious dispute with their mother in the past two years had significantly lower scores for family functioning, including mutuality, communication, harmony, parental support, parental control, and overall family functioning, compared with respondents who did not report having their most serious dispute with their mother in the past two years ($ps < .05$).

Table 13.15   Key statistics of the family functioning and the family disputes

| % | Prevalence rates in the past two years | Prevalence rates of the most serious dispute in the past two years | | | |
	Family disputes	With their spouse/ partner	With their children	With their father	With their mother
Chinese Family Assessment Instrument (CFAI)					
CFAI Mutuality	3.93	3.87	3.65	3.75	3.70
p-value	.001*	.001*	.001*	.030*	.001*
CFAI Communication	3.72	3.65	3.50	3.52	3.44
p-value	.026*	.001*	.001*	.069	.001*
CFAI Harmony	3.81	3.88	3.72	3.67	3.62
p-value	.001*	.001*	.001*	.012*	.001*
CFAI Parental Support	4.23	4.28	4.32	3.97	4.04
p-value	.462	.513	.089	.028*	.029*
CFAI Parental Control	4.07	4.09	4.00	3.81	3.79
p-value	.001*	.010*	.001*	.030*	.001*
Perceived overall family functioning					
Mean score	3.85	3.74	3.57	3.64	3.55
p-value	.001*	.001*	.001*	.002*	.001*

* p < .05

The Impact of the COVID-19 Pandemic

13.44 Of the respondents who were currently at work or were unemployed, those who reported a negative impact of changes in their work situation, income from employment, and work arrangements during the COVID-19 pandemic on their family relationships had significantly lower scores for family functioning, including mutuality, communication, harmony, and overall family functioning, compared with the other groups ($ps < .05$). In addition, the respondents who reported a negative impact of the changes in their income from employment and work arrangement during the COVID-19 pandemic on their family relationships had significantly lower scores for parental support, compared with the other groups ($ps < .05$).

13.45 Of the respondents who had children under the age of 18 years, compared with the other groups, those who reported a negative impact of the changes in their children's educational arrangements during the COVID-19 pandemic on their family relationships had significantly lower scores for family functioning, including communication, harmony, parental control, and overall family functioning ($ps < .05$).

Table 13.16   Key statistics of the family functioning and the impact of the COVID-19 pandemic

%	Had negative impact on family relationship due to the changes in the			
	work situation	employment income	work arrangement	children's educational arrangement
Chinese Family Assessment Instrument (CFAI)				
CFAI Mutuality	3.86	3.85	3.70	4.09
p-value	.002*	.001*	.001*	.239
CFAI Communication	3.60	3.60	3.45	3.98
p-value	.003*	.006*	.001*	.016*
CFAI Harmony	3.89	3.85	3.78	3.91
p-value	.001*	.001*	.001*	.008*
CFAI Parental Support	4.09	4.06	3.89	4.45
p-value	.387	.003*	.001*	.066
CFAI Parental Control	4.12	4.02	4.02	3.89
p-value	.005*	.009*	.120	.003*
Perceived overall family functioning				
Mean score	3.76	3.78	3.64	3.84
p-value	.001*	.001*	.001*	.003*

* $p < .05$

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Social Support Networks

13.46　Respondents rated the perceived social support they received from family, friends, and significant others. The respondents who received higher levels of support had significantly higher scores for family functioning, including mutuality, communication, harmony, parental support, parental control, and overall family functioning, compared with the other groups ($ps < .05$).

13.47　The respondents who were aware of family-related promotional activities or programmes organised by the government and/or NGOs or other organisations demonstrated significantly higher scores for family functioning, including mutuality and communication, compared with respondents who were not aware of these activities or programmes ($ps < .05$).

13.48　The respondents who participated in family-related promotional activities or programmes organised by the government and/or NGOs or other organisations demonstrated significantly higher scores for family communication, compared with respondents who did not participate in these activities or programmes ($p < .05$).

Table 13.17　Key statistics of the family functioning and the social support network (1)

%	The Multidimensional Scale of Perceived Social Support (MSPSS)	Family-related promotional activities or programmes organised by the Government and/or NGOs or other organisations	
	High support	Awareness	Participation
Chinese Family Assessment Instrument (CFAI)			
CFAI Mutuality	4.34	4.14	4.22
p-value	.001*	.005*	.133
CFAI Communication	4.12	3.92	4.06
p-value	.001*	.001*	.027*
CFAI Harmony	4.30	4.10	3.99
p-value	.001*	.055	.785
CFAI Parental Support	4.48	4.32	4.46
p-value	.001*	.063	.063
CFAI Parental Control	4.38	4.21	4.08
p-value	.001*	.631	.205
Perceived overall family functioning			
Mean score	4.35	4.12	4.01
p-value	.001*	.065	.647

* $p < .05$

13.49   Respondents were asked about their need for social services related to family issues and disputes that were provided by government departments. Respondents who reported needing mediation, personal, or family counselling had significantly lower scores for family functioning, including harmony, parental control, and overall family functioning, compared with respondents who did not report needing these social services (*ps* < .05).

Table 13.18   Key statistics of the family functioning and the social support network (2)

| % | The needs on social services related to family issues and disputes provided by the Government departments | | | |
	Consultation services	Mediation, personal or family counselling	Therapeutic groups, talks or workshops	Online support services
Chinese Family Assessment Instrument (CFAI)				
CFAI Mutuality	4.00	3.76	4.10	4.11
p-value	.555	.054	.743	.936
CFAI Communication	3.82	3.73	3.87	3.93
p-value	.865	.843	.359	.285
CFAI Harmony	3.89	3.46	3.92	3.95
p-value	.105	.001*	.140	.322
CFAI Parental Support	4.19	4.07	4.15	4.30
p-value	.404	.349	.503	.506
CFAI Parental Control	4.11	3.78	4.05	4.11
p-value	.279	.028*	.138	.414
Perceived overall family functioning				
Mean score	3.88	3.48	3.84	3.76
p-value	.098	.007*	.050	.076

* p < .05

13.50 Respondents were asked about their need for social services related to family issues and disputes that were provided by NGOs, schools, or other social support networks. Respondents who reported needing consultation services had significantly lower scores for family functioning, including harmony and overall family functioning, compared with respondents who did not report needing these social services ($ps < .05$).

13.51 Respondents who reported needing mediation, personal, or family counselling had significantly lower scores for family functioning, including mutuality, harmony, and overall family functioning, compared with respondents who did not report needing these social services ($ps < .05$). Further, the respondents who reported needing therapeutic groups, talks, or workshops had significantly lower scores for family functioning, including harmony and overall family functioning, compared with respondents who did not report needing these social services ($ps < .05$).

Table 13.19   Key statistics of the family functioning and the social support network (3)

| % | The needs on social services related to family issues and disputes provided by the NGOs, schools or other social support networks | | | |
	Consultation services	Mediation, personal or family counselling	Therapeutic groups, talks or workshops	Online support services
Chinese Family Assessment Instrument (CFAI)				
CFAI Mutuality	4.00	3.84	3.97	4.13
p-value	.461	.038*	.238	.607
CFAI Communication	3.81	3.74	3.79	4.02
p-value	.967	.488	.902	.076
CFAI Harmony	3.79	3.71	3.92	3.94
p-value	.018*	.004*	.034*	.309
CFAI Parental Support	4.36	4.15	4.08	4.32
p-value	.461	.215	.089	.801
CFAI Parental Control	4.05	3.99	4.07	4.07
p-value	.112	.056	.138	.179
Perceived overall family functioning				
Mean score	3.83	3.58	3.81	3.97
p-value	.018*	.001*	.005*	.234

* $p < .05$.

Satisfaction with Family Life

Key Statistics

13.52 Respondents were asked to indicate their satisfaction with the relationships between family members (spouse/partner, children, parents, and the father or mother of their spouse/partner) in general on a five-point Likert scale (ranging from 1 = very dissatisfied to 5 = very satisfied).

13.53 An index of the respondents' satisfaction with the relationships between family members and between generations was compiled. A higher score indicated more satisfaction with relationships between family members and between generations. The mean scores for satisfaction with relationships between family members ranged from 3.79 to 4.14.

Chart 13.20   Satisfaction with relationships with family members
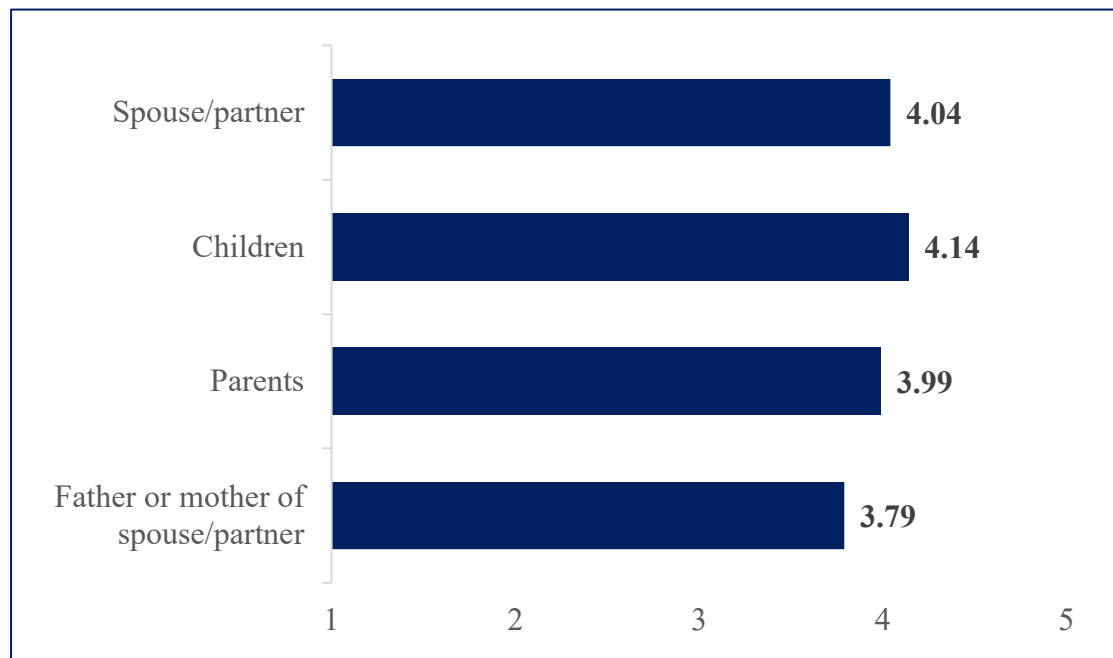
Family Disputes

13.54   Respondents who experienced disputes with their family members had significantly lower scores for satisfaction with their relationships with other family members, including their spouse/partner, children, parents, and the father or mother of their spouse/partner, compared with respondents who did not report any family disputes in the past two years ($ps < .05$).

13.55   Among the respondents who were married/cohabiting, those who reported having their most serious dispute with their spouse/partner in the past two years had significantly lower scores for satisfaction with their relationships with family members, including their spouse/partner, children, parents, and the father or mother of their spouse/partner, compared with respondents who did not report having their most serious dispute with their spouse/partner in the past two years ($ps < .05$).

13.56   The parent respondents who reported having their most serious dispute with their children in the past two years had significantly lower scores for satisfaction with their relationship with their children, compared with respondents who did not report having their most serious dispute with their children in the past two years ($p < .05$).

13.57   Among the respondents who had contact with their parents, those who reported having their most serious dispute with their father in the past two years had significantly lower scores for satisfaction with their relationship with their spouse/partner, compared with respondents who did not report having their most serious dispute with their father in the past two years ($p < .05$).

13.58   Among the respondents who had contact with their parents, those who reported having their most serious dispute with their mother in the past two years had significantly lower scores for satisfaction with their relationships with family members, including their spouse/partner, parents, and the father or mother of their spouse/partner, compared with respondents who did not report having their most serious dispute with their mother in the past two years ($ps < .05$).

Table 13.21   Key statistics of the satisfaction with family life and the family disputes

| % | Prevalence rates in the past two years | Prevalence rates of the most serious dispute in the past two years | | | |
	Family disputes	With their spouse/ partner	With their children	With their father	With their mother
Satisfaction with relationships with family members					
Spouse/partner	3.78	3.44	3.78	3.43	3.50
p-value	.001*	.001*	.118	.041*	.007*
Children	4.01	3.97	3.66	3.80	4.11
p-value	.001*	.002*	.001*	.251	.472
Parents	3.82	3.78	3.82	3.85	3.42
p-value	.001*	.005*	.339	.573	.001*
Father or mother of spouse/partner	3.61	3.54	3.50	3.49	3.08
p-value	.001*	.001*	.104	.326	.001*

* $p < .05$

13.59　Of the respondents who were economically active, those who reported a negative impact of the changes in their work situations during the COVID-19 pandemic on their family relationships had significantly lower scores for satisfaction with the father or mother of their spouse/partner, compared with the other groups ($p < .05$). In addition, the respondents who reported a negative impact of the changes in their income from employment during the COVID-19 pandemic on their family relationships had significantly lower scores for satisfaction with their spouse/partner and the father or mother of their spouse/partner, compared with the other groups ($ps < .05$).

13.60　Of the respondents who had children under the age of 18 years, compared with the other groups, the respondents who reported a negative impact of the changes in their children's educational arrangements during the COVID-19 pandemic on their family relationships had significantly lower scores for satisfaction with their children, parents, and the father or mother of their spouse/partner, compared with the other groups ($ps < .05$).

Table 13.22　Key statistics of the satisfaction with family life and the impact of the COVID-19 pandemic

%	Had negative impact on family relationship due to the changes in the			
	work situation	employment income	work arrangement	children's educational arrangement
Satisfaction with relationships with family members				
Spouse/partner	3.91	3.86	4.00	3.98
p-value	.078	.047*	.524	.083
Children	4.08	4.07	3.98	4.05
p-value	.274	.198	.362	.013*
Parents	3.87	3.88	3.79	3.79
p-value	.120	.104	.107	.006*
Father or mother of spouse/partner	3.70	3.62	3.75	3.56
p-value	.022*	.001*	.266	.002*

* $p < .05$

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Social Support Networks

13.61 The respondents rated the perceived social support they received from family, friends, and significant others. Those who received higher levels of support had significantly higher scores for satisfaction with their spouse/partner, children, parents, and the father or mother of their spouse/partner, compared with the other groups (*ps* < .05).

13.62 The respondents who were aware of family-related promotional activities or programmes organised by the government and/or NGOs or other organisations demonstrated significantly higher scores for satisfaction with their spouse/partner, parents, and the father or mother of their spouse/partner, compared with respondents who were not aware of these activities or programmes (*ps* < .05).

Table 13.23   Key statistics of the satisfaction with family life and the social support networks (1)

%	The Multidimensional Scale of Perceived Social Support (MSPSS)	Family-related promotional activities or programmes organised by the Government and/or NGOs or other organisations	
	High support	Awareness	Participation
Satisfaction with relationships with family members			
Spouse/partner	4.33	4.12	3.92
p-value	.001*	.006*	.808
Children	4.37	4.17	4.13
p-value	.001*	.278	.773
Parents	4.23	4.06	3.92
p-value	.001*	.010*	.806
Father or mother of spouse/partner	4.04	3.88	3.61
p-value	.001*	.009*	.235

* p < .05

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13.63   Respondents were asked about their need for social services related to family issues and disputes that were provided by government departments. Respondents who reported needing consultation services, mediation, personal, or family counselling, and therapeutic groups, talks, or workshops had significantly lower scores for satisfaction with their spouse/partner, children, parents, and the father or mother of their spouse/partner, compared with respondents who did not report needing these social services ($ps < .05$).

13.64   The respondents who reported needing online support services had significantly lower scores for satisfaction with the father or mother of their spouse/partner, compared with respondents who did not report needing these social services ($p < .05$).

Table 13.24   Key statistics of the satisfaction with family life and the social support networks (2)

%	The needs on social services related to family issues and disputes provided by the Government departments			
	Consultation services	Mediation, personal or family counselling	Therapeutic groups, talks or workshops	Online support services
Satisfaction with relationships with family members				
Spouse/partner	3.73	3.30	3.70	3.75
p-value	.037*	.004*	.016*	.097
Children	3.91	3.61	3.95	3.99
p-value	.018*	.028*	.034*	.181
Parents	3.72	3.49	3.69	3.74
p-value	.016*	.024*	.017*	.128
Father or mother of spouse/partner	3.38	2.96	3.43	3.36
p-value	.001*	.001*	.008*	.006*

* p < .05

13.65 The respondents were asked about their need for social services related to family issues and disputes that were provided by NGOs, schools, or other social support networks. Respondents who reported needing consultation services, mediation, personal, or family counselling, and therapeutic groups, talks, or workshops had significantly lower scores for satisfaction with their spouse/partner, parents, and the father or mother of their spouse/partner, compared with respondents who did not report needing these social services ($ps < .05$). Further, the respondents who reported needing mediation, personal, or family counselling had significantly lower scores for satisfaction with their children, compared with respondents who did not report needing these social services ($p < .05$).

13.66 The respondents who reported needing online support services had significantly lower scores for satisfaction with the father or mother of their spouse/partner, compared with respondents who did not report needing these social services ($ps < .05$).

Table 13.25   Key statistics of the satisfaction with family life and the social support networks (3)

| % | The needs on social services related to family issues and disputes provided by the NGOs, schools or other social support networks | | | |
	Consultation services	Mediation, personal or family counselling	Therapeutic groups, talks or workshops	Online support services
Satisfaction with relationships with family members				
Spouse/partner	3.71	3.59	3.80	3.85
p-value	.034*	.009*	.038*	.105
Children	3.97	3.85	4.02	4.07
p-value	.095	.010*	.083	.382
Parents	3.66	3.58	3.62	3.78
p-value	.004*	.001*	.001*	.054
Father or mother of spouse/partner	3.44	3.24	3.44	3.48
p-value	.001*	.001*	.002*	.006*

* $p < .05$.

Health Outcomes

Key Statistics

13.67 Respondents were asked to self-assess their overall physical health using a five-point Likert scale (ranging from 1 = excellent to 5 = poor). Over half (57.8%) of the respondents perceived their physical health as being either good (32.6%), very good (20.0%), or excellent (5.2%). Over one-third (36.6%) of the respondents indicated that their physical health was fair, whereas 5.6% indicated it was poor.

13.68 The Patient Health Questionnaire–9 (PHQ–9) is an effective tool for the detection and monitoring of depression. The PHQ–9 includes nine items to assess how often respondents had been disturbed by any of the nine items during the preceding two weeks. Each item is rated on a four-point Likert scale (ranging from 0 = not at all to 3 = nearly every day). The total score for the PHQ–9 ranges from zero to 27. Scores of four or below are classified as "no/minimal depression"; five to nine as "mild depression"; 10 to 14 as "moderate depression"; 15 to 19 as "moderately severe depression"; and scores of 20 or above as "severe depression"[17]. Over two-thirds (69.5%) of the respondents did not have symptoms of depression. A total of 21.7% had mild depression; 4.8% had moderate depression; 2.7% had moderately severe depression; and 1.4% had severe depression.

Chart 13.26   Health outcomes

Overall Physical Health

Patient Health Questionniare (PHQ-9)
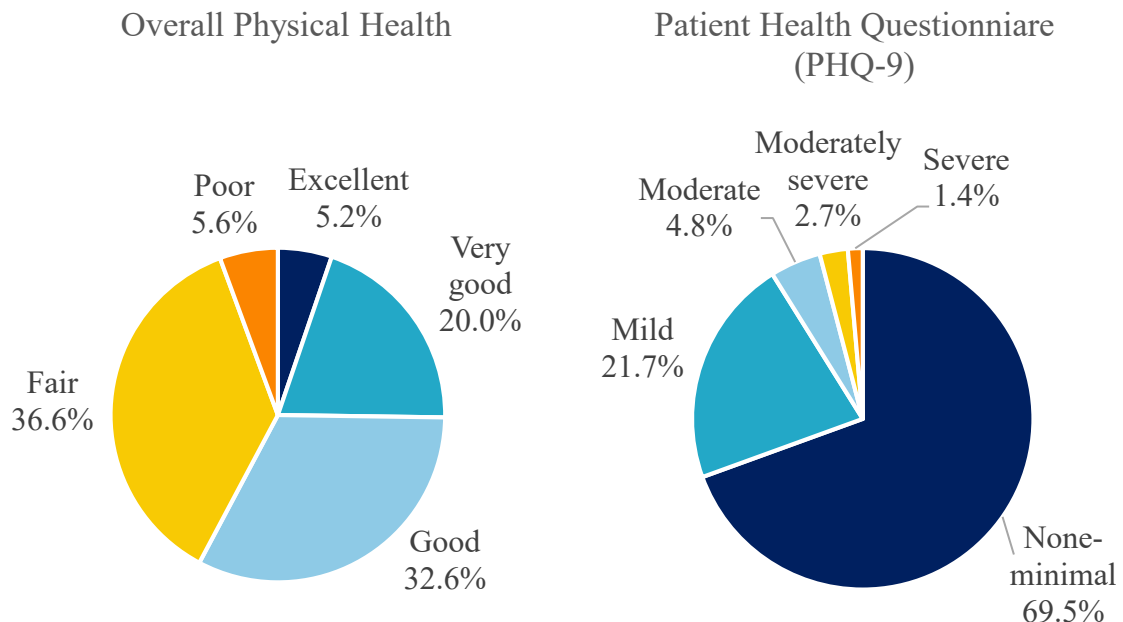
Family Disputes

13.69 Slightly less than half (46.3%) of the respondents indicated they had experienced disputes with their family members in the past two years. Significantly higher proportions of the respondents who had moderately severe to severe depression (67.9%) and moderate depression (63.9%) reported disputes with their family members in the past two years, compared with respondents who had mild to no/minimal depression (44.4%) (*p* < .05).

13.70 Among the respondents who had contact with their parents, significantly higher proportions who had moderately severe to severe depression (8.1%) and moderate depression (16.3%) reported family disputes with their father in the past two years, compared with respondents who had mild to no/minimal depression (3.0%) (*p* < .05). Similarly, significantly higher proportions of the respondents who had moderately severe to severe depression (23.9%) and moderate depression (15.3%) reported family disputes with their mother in the past two years, compared with respondents who had mild to no/minimal depression (8.0%) (*p* < .05).

Table 13.27   Key statistics of the health outcomes and the family disputes

%	Prevalence rates in the past two years	Prevalence rates of the most serious dispute in the past two years			
	Family disputes	With their spouse/ partner	With their children	With their father	With their mother
All respondents	46.3	23.6	9.6	4.0	9.1
Overall physical health					
Good to Excellent	47.7	21.5	8.3	3.3	9.3
Fair	42.2	24.4	10.7	4.5	7.7
Poor	59.1	39.9	12.7	10.8	18.6
p-value	.051	.125	.869	.089	.340
Patient Health Questionnaire-9 (PHQ-9)					
Mild to none-minimal depression	44.4	22.9	8.6	3.0	8.0
Moderate depression	63.9	35.2	21.6	16.3	15.3
Moderately severe to severe depression	67.9	25.5	26.1	8.1	23.9
p-value	.001*	.154	.240	.001*	.029*

* p < .05

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13.71   Of the respondents who were currently at work or were unemployed, compared with the other groups, significantly higher proportions of the respondents who reported a negative impact of the changes in their work situations and income from employment during the COVID-19 pandemic on their family relationships were in fair to poor physical health and had moderately severe to severe depression (*ps* < .05). Further, significantly higher proportions of the respondents who reported a negative impact of the changes in their work arrangements during the COVID-19 pandemic on their family relationships were in poor physical health (*p* < .05).

13.72   Of the respondents who had children under the age of 18 years, compared with the other groups, significantly higher proportions of the respondents who stated there had been a negative impact of their children's educational arrangements during the COVID-19 pandemic on their family relationships were in fair to poor physical health and had moderately severe to severe depression (*ps* < .05).

Table 13.28   Key statistics of the health outcomes and the impact of the COVID-19 pandemic

| % | Had negative impact on family relationship due to the changes in the | | | |
	work situation	employment income	work arrangement	children's educational arrangement
All respondents	32.0	27.3	17.1	29.3
Overall physical health				
Good to Excellent	27.2	23.1	15.6	24.9
Fair	37.8	31.9	17.5	39.8
Poor	65.8	61.4	40.5	45.6
p-value	.001*	.001*	.034*	.038*
Patient Health Questionnaire-9 (PHQ-9)				
Mild to none-minimal depression	30.1	25.9	16.1	29.0
Moderate depression	41.9	27.6	23.1	29.5
Moderately severe to severe depression	59.1	53.2	29.9	34.8
p-value	.001*	.001*	.122	.003*

* p < .05

Social Support Networks

13.73 Respondents rated the social support they received from family, friends, and significant others. Compared with the other groups, significantly higher proportions of the respondents who received higher levels of social support were in good to excellent physical health and had mild to no/minimal depression (*ps* < .05).

13.74 Compared with the other groups, significantly higher proportions of the respondents who indicated they were aware of family-related promotional activities or programmes organised by the government and/or NGOs or other organisations had mild to no/minimal depression (*p* < .05).

Table 13.29   Key statistics of the health outcomes and the social support networks (1)

%	The Multidimensional Scale of Perceived Social Support (MSPSS)	Family-related promotional activities or programmes organised by the Government and/or NGOs or other organisations	
	High support	Awareness	Participation
All respondents	56.6	49.3	6.0
Overall physical health			
Good to Excellent	62.1	50.9	6.8
Fair	53.4	48.9	5.4
Poor	20.1	35.8	2.9
p-value	.001*	.265	.804
Patient Health Questionnaire-9 (PHQ-9)			
Mild to none-minimal depression	59.5	50.9	6.0
Moderate depression	36.4	43.2	5.4
Moderately severe to severe depression	15.0	22.3	8.6
p-value	.001*	.001*	.891

* p < .05

13.75 Respondents were asked about their need for social services related to family issues and disputes that were provided by government departments. Compared with the other groups, significantly higher proportions of the respondents who reported needing consultation services, mediation, personal, or family counselling, therapeutic groups, talks, or workshops, or online support services provided by government departments were in poor physical health and had moderately severe to severe depression (*ps* < .05).

Table 13.30   Key statistics of the health outcomes and the social support networks (2)

%	The needs on social services related to family issues and disputes provided by the Government departments			
	Consultation services	Mediation, personal or family counselling	Therapeutic groups, talks or workshops	Online support services
All respondents	6.0	3.3	6.2	5.3
Overall physical health				
Good to Excellent	4.1	2.4	5.6	3.7
Fair	8.1	3.7	6.1	6.9
Poor	11.7	10.0	13.6	10.5
p-value	.001*	.001*	.008*	.005*
Patient Health Questionnaire-9 (PHQ-9)				
Mild to none-minimal depression	4.6	2.2	5.6	4.1
Moderate depression	19.6	9.4	5.4	16.7
Moderately severe to severe depression	21.8	20.7	20.7	18.0
p-value	.001*	.001*	.001*	.001*

* p < .05

13.76 Respondents were asked about their need for social services related to family issues and disputes provided by NGOs, schools, or other social support networks. Compared with the other groups, significantly higher proportions of the respondents who reported needing consultation services and therapeutic groups, talks, or workshops provided by NGOs, schools, or other social support networks were in poor physical health and had moderately severe to severe depression ($ps < .05$).

13.77 In addition, compared with the other groups, significantly higher proportions of the respondents who reported needing mediation, personal, or family counselling and online support services provided by NGOs, schools, or other social support networks had moderately severe to severe depression ($ps < .05$).

Table 13.31   Key statistics of the health outcomes and the social support networks (3)

%	The needs on social services related to family issues and disputes provided by the NGOs, schools or other social support networks			
	Consultation services	Mediation, personal or family counselling	Therapeutic groups, talks or workshops	Online support services
All respondents	6.6	5.3	7.0	5.5
Overall physical health				
Good to Excellent	5.1	4.7	5.6	4.6
Fair	7.8	5.7	8.2	6.9
Poor	15.4	9.0	12.8	6.2
p-value	.004*	.095	.029*	.123
Patient Health Questionnaire-9 (PHQ-9)				
Mild to none-minimal depression	5.2	4.5	6.2	4.3
Moderate depression	18.4	8.2	6.9	18.4
Moderately severe to severe depression	24.6	20.7	23.3	18.0
p-value	.001*	.001*	.001*	.001*

* p < .05

14. In-depth Analyses of the Thematic Survey Themes

Family Disputes and the Impact of the COVID-19 Pandemic

14.1   Of the respondents who were economically active, about half (50.4%) indicated they had experienced disputes with their family members in the past two years. Compared with the other groups, significantly higher proportions of the respondents who perceived there was a negative impact of the changes in their work situation, income from employment, work arrangements, and children's educational arrangement during the COVID-19 pandemic on their family relationships reported disputes with their family members in the past two years ($ps < .05$).

14.2   Compared with the other groups, significantly higher proportions of the respondents who perceived there was a negative impact of the changes in their children's educational arrangements during the COVID-19 pandemic on their family relationships reported family disputes with their children and father in the past two years ($ps < .05$).

Table 14.1   *Key statistics of the family disputes and the impact of the COVID-19 pandemic*

%	Prevalence rates in the past two years	Prevalence rates of the most serious dispute in the past two years			
	Family disputes	With their spouse/ partner	With their children	With their father	With their mother
Respondents who were currently at work or unemployed	50.4	25.0	11.0	4.6	9.7
Respondents who had the children under the age of 18	73.8	31.8	12.3	2.6	6.2
Had negative impact on family relationship due to the changes in the					
Work situation	58.1	30.3	12.8	6.2	14.3
p-value	.006*	.405	.457	.267	.276
Employment income	61.1	31.6	10.8	5.2	14.9
p-value	.001*	.138	.800	.912	.092
Work arrangement	55.7	25.2	17.3	6.0	16.6
p-value	.039*	.912	.095	.508	.170
Children's educational arrangement	87.2	40.1	26.4	7.0	9.4
p-value	.009*	.155	.001*	.026*	.692

* p < .05

Family Disputes and Social Support Networks

14.3   Compared with the other groups, significantly higher proportions of the respondents who received lower levels of social support reported experiencing disputes with their family members in the past two years ($p < .05$). Compared with the other groups, significantly higher proportions of the respondents who received lower levels of social support reported experiencing their most serious dispute with their spouse/partner, children, and/or mother in the past two years ($ps < .05$).

14.4   With regard to the respondents' awareness of family-related promotional activities or programme organised by the government and/or NGOs or other organisations, significantly lower proportions of the respondents who were aware of these activities or programmes reported experiencing their most serious disputes with their mother in the past two years ($p < .05$).

Table 14.2   Key statistics of the family disputes and social support networks (1)

%	Prevalence rates in the past two years	Prevalence rates of the most serious dispute in the past two years			
	Family disputes	With their spouse/ partner	With their children	With their father	With their mother
All respondents	46.3	23.6	9.6	4.0	9.1
The Multidimensional Scale of Perceived Social Support (MSPSS)					
Low support	69.3	41.6	41.2	0.0	24.3
Moderate support	48.7	27.4	8.7	6.1	11.3
High support	43.0	20.5	8.3	2.7	6.7
p-value	.002*	.004*	<.001*	.096	.001*
Family-related promotional activities or programmes organised by the Government and/or NGOs or other organisations					
Awareness	47.4	22.1	11.4	3.9	7.2
p-value	.832	.372	.183	.954	.011*
Participation	57.6	19.3	14.8	3.2	14.6
p-value	.200	.627	.370	.590	.798

* p < .05

14.5   Respondents were asked about their need for social services related to family issues and disputes that were provided by government departments. Compared with the other groups, significantly higher proportions of the respondents who demonstrated a need for mediation, personal, or family counselling, therapeutic groups, talks, or workshops, and online support services reported experiencing disputes with their family members in the past two years (*ps* < .05).

14.6   Among the respondents who were married/cohabiting, significantly higher proportions who demonstrated the need for mediation, personal, or family counselling reported experiencing their most serious dispute with their spouse/partner in the past two years, compared with respondents who did not report needing these social services (*p* < .05). Significantly higher proportion of the parent respondents who demonstrated needing therapeutic groups, talks, or workshops reported experiencing their most serious dispute with their children in the past two years, compared with the parent respondents who did not report needing these social services (*p* < .05). Among the respondents who had contact with their parents, significantly higher proportions who demonstrated needing mediation, personal, or family counselling reported experiencing their most serious dispute with their mother in the past two years, compared with respondents who did not report needing these social services (*p* < .05).

Table 14.3   Key statistics of the family disputes and social support networks (2)

%	Prevalence rates in the past two years	Prevalence rates of the most serious dispute in the past two years			
	Family disputes	With their spouse/ partner	With their children	With their father	With their mother
All respondents	46.3	23.6	9.6	4.0	9.1
The needs on social services related to family issues and disputes provided by the Government departments					
Consultation services	57.3	22.9	6.4	2.1	14.7
p-value	.092	.981	.826	.647	.314
Mediation, personal or family counselling	72.1	40.5	20.6	3.6	28.9
p-value	.003*	.016*	.075	.991	.004*
Therapeutic groups, talks or workshops	63.2	21.6	16.8	1.4	15.5
p-value	.004*	.869	.032*	.627	.126
Online support services	68.2	20.8	15.2	2.1	18.7
p-value	.002*	.960	.218	.710	.070

* p < .05

14.7   Respondents were asked about their need for social services related to family issues and disputes that were provided by NGOs, schools, or other social support networks. Compared with the other groups, significantly higher proportions of the respondents who demonstrated a need for consultation services, mediation, personal, or family counselling, therapeutic groups, talks, or workshops, and online support services reported experiencing disputes with their family members in the past two years ($ps < .05$).

14.8   Among the respondents who were married/cohabiting, significantly higher proportions who demonstrated a need for mediation, personal, or family counselling reported experiencing their most serious dispute with their spouse/partner in the past two years, compared with respondents who did not report needing these social services ($p < .05$).

14.9   Among the respondents who had contact with their parents, significantly higher proportions who demonstrated a need for consultation services, mediation, personal, or family counselling, therapeutic groups, talks, or workshops, and online support services reported experiencing their most serious dispute with their mother in the past two years, compared with respondents who did not report needing these social services ($ps < .05$).

Table 14.4   Key statistics of the family disputes and social support networks (3)

%	Prevalence rates in the past two years	Prevalence rates of the most serious dispute in the past two years			
	Family disputes	With their spouse/ partner	With their children	With their father	With their mother
All respondents	46.3	23.6	9.6	4.0	9.1
The needs on social services related to family issues and disputes provided by the NGOs, schools or other social support networks					
Consultation services	63.6	23.8	13.5	3.2	20.0
p-value	.014*	.427	.370	.938	.035*
Mediation, personal or family counselling	69.0	35.5	15.3	2.1	24.3
p-value	.001*	.016*	.167	.627	.001*
Therapeutic groups, talks or workshops	62.5	19.0	12.6	2.8	23.6
p-value	.002*	.895	.509	.963	.001*
Online support services	62.4	19.3	18.3	1.9	18.3
p-value	.012*	.872	.076	.590	.049*

* $p < .05$

The Impact of the COVID-19 Pandemic and Social Support Networks

14.10   Of the respondents who were economically active, compared with the other groups, significantly higher proportions who reported a negative impact of the changes in their work situations and income from employment during the COVID-19 pandemic on their family relationships received lower levels of social support (*ps* < .05).

14.11   With regard to their participation in family-related promotional activities or programmes organised by the government and/or NGOs or other organisations, significantly lower proportions of the respondents who participated in these activities or programmes reported a negative impact of the changes in their work situations during the COVID-19 pandemic on their family relationships (*p* < .05).

Table 14.5   Key statistics of the impact of the COVID-19 pandemic and social support networks (1)

%	Had negative impact on family relationship due to the changes in the			
	work situation	employment income	work arrangement	children's educational arrangement
All respondents	32.0	27.3	17.1	29.3
The Multidimensional Scale of Perceived Social Support (MSPSS)				
Low support	56.4	51.1	23.0	26.1
Moderate support	34.0	30.6	18.6	31.2
High support	28.8	23.2	15.6	28.3
p-value	.015*	.015*	.069	.176
Family-related promotional activities or programmes organised by the Government and/or NGOs or other organisations				
Awareness	30.9	24.4	17.3	34.2
p-value	.886	.280	.990	.134
Participation	26.7	29.8	19.6	46.3
p-value	.021*	.174	.703	.239

* p < .05

14.12   Respondents were asked about their need for social services related to family issues and disputes that were provided by government departments. Compared with the other groups, significantly higher proportions of the respondents who demonstrated a need for consultation services, mediation, personal, or family counselling, therapeutic groups, talks, or workshops, and online support services reported a negative impact of the changes in the work situations and income from employment during the COVID-19 pandemic on their family relationships (*ps* < .05).

14.13   Compared with the other groups, significantly higher proportions of the respondents who demonstrated a need for mediation, personal, or family counselling and online support services reported a negative impact of the changes in their work arrangements during the COVID-19 pandemic on their family relationships (*ps* < .05). In contrast, significantly lower proportions of respondents who demonstrated a need for consultation services reported a negative impact (*p* < .05). Among the respondents who had children under the age of 18 years, significantly lower proportions of the respondents who demonstrated a need for consultation services (28.3%), and mediation, personal or family counselling (29.2%) whereas higher proportion of the respondents who demonstrated a need for online support services (44.9%) reported a negative impact of the changes in their children's educational arrangements during the COVID-19 pandemic on their family relationships (*ps* < .05).

Table 14.6   Key statistics of the impact of the COVID-19 pandemic and social support networks (2)

| % | Had negative impact on family relationship due to the changes in the | | | |
	work situation	employment income	work arrangement	children's educational arrangement
All respondents	32.0	27.3	17.1	29.3
The needs on social services related to family issues and disputes provided by the Government departments				
Consultation services	39.2	39.8	11.9	28.3
p-value	.001*	.001*	.001*	.014*
Mediation, personal or family counselling	41.7	47.1	18.0	29.2
p-value	.001*	.003*	.002*	.047*
Therapeutic groups, talks or workshops	41.5	35.8	15.8	44.5
p-value	.002*	.001*	.212	.102
Online support services	47.8	53.0	22.2	44.9
p-value	.032*	.006*	.001*	.035*

* p < .05

14.14   Respondents were asked about their need for social services related to family issues and disputes that were provided by NGOs, schools, or other social support networks. Compared with the other groups, significantly higher proportions of the respondents who demonstrated a need for consultation services, mediation, personal, or family counselling, therapeutic groups, talks, or workshops, and online support services reported a negative impact of the changes in their work situation, income from employment, and work arrangements during the COVID-19 pandemic on their family relationships ($ps < .05$).

14.15   Among the respondents who had children under the age of 18 years, compared with the other groups, significantly higher proportions of the respondents who demonstrated a need for consultation services, mediation, personal, or family counselling, therapeutic groups, talks, or workshops, and online support services reported a negative impact of the changes in their children's educational arrangements during the COVID-19 pandemic on their family relationships ($ps < .05$).

Table 14.7   *Key statistics of the impact of the COVID-19 pandemic and social support networks (3)*

| % | Had negative impact on family relationship due to the changes in the | | | |
	work situation	employment income	work arrangement	children's educational arrangement
All respondents	32.0	27.3	17.1	29.3
The needs on social services related to family issues and disputes provided by the NGOs, schools or other social support networks				
Consultation services	43.3	41.9	28.1	52.8
p-value	.002*	.009*	.001*	.002*
Mediation, personal or family counselling	41.8	43.0	28.8	54.2
p-value	.007*	.002*	.001*	.008*
Therapeutic groups, talks or workshops	43.1	34.2	24.5	57.4
p-value	.006*	.003*	.001*	.014*
Online support services	42.6	42.4	28.0	56.3
p-value	.001*	.008*	.001*	.029*

* $p < .05$

15. Views Collected from Stakeholder Interviews

Overview

15.1 Stakeholder interviews were conducted with the aim of soliciting professional views on the prevention and resolution of family disputes in Hong Kong, including the impact of the COVID-19 pandemic on different aspects of family relationships and the use of social support services that could help prevent, mitigate, and resolve family disputes.

15.2 Stakeholders were recruited and categorised into three groups: representatives of social welfare organisations, scholars, and representatives of parental/family support groups. A total of 10 in-depth interviews were conducted with the three groups of stakeholders. Specifically, four interviews were conducted with seven representatives of social welfare organisations, three interviews were conducted with three scholars, and three interviews were conducted with six representatives of parental/family support groups.

Family Disputes

Types and Forms

15.3 Most of the stakeholders stated family disputes were inevitable parts of family dynamics. People would have family disputes with their spouse/partner, parents, children, and parents-in-law. Typically, family disputes involved verbal conflict over certain family issues. Physical violence would appear along with serious family disputes. Some representatives of social welfare organisations reflected that their users of shelter services often encountered spousal conflict and child abuse in both physical and verbal forms, and the repeated occurrence of serious family disputes was not rare.

Major Causes of Family Disputes

15.4 Some representatives of social welfare organisations and parental/family support groups discussed the underlying reasons for family disputes, such as housing environment, attitudes toward marriage and parenthood, parenting issues, and the misuse of information technology.

15.5 As Hong Kong has one of the most expensive housing markets in the world, it is not easy for couples to afford housing by themselves. Couples may thus need to live with other family members within a relatively small space, increasing the possibility of family disputes. A number of representatives of social welfare organisations attributed the emergence of in-law conflict to this housing issue.

Stakeholder 4

> Many married couples may need to stay in the original household if they cannot afford a new one. Typically, wives would live in the households of their husbands. When the husbands go to work, many conflicts could happen between them and the parents-in-law, which could directly affect the couple's marriage and intention to have children if these conflicts are not handled well.

15.6 Some stakeholders stressed that family disputes could be triggered by a mismatch of views and/or expectations toward marriage and parenthood among couples, such as the division of family roles and responsibilities, the intention to have children, or the desire to have more children.

15.7 Parenting issues were also regarded as one of the causes of family disputes when different and contradictory parenting styles were adopted by parents and complicated by grandparents becoming involved. Some representatives of social welfare organisations emphasised that most parents and grandparents might not always seek a consensus for how to raise their children, which could affect the children's development. Family disputes could be worse and/or more frequent for families with children with SEN because of their conditions, as reflected by representatives of parental/family support groups.

15.8 With the rapid development of information technology, people increasingly rely on mobile devices to satisfy their emotional and informational needs. A number of stakeholders stressed that the over-usage of mobile devices could distance individuals from their spouse/partner, resulting in a lack of communication between couples and even the rise of under-parenting, which are all risk factors for family disputes.

The Impact of the COVID-19 and the Occurrence of Family Disputes

15.9 The COVID-19 pandemic has had tremendous consequences for society, not only challenging the healthcare system but also fundamentally changing socio-economic conditions. The impacts of COVID-19 were examined by the stakeholders in the interviews.

The Impact of the COVID-19 Pandemic on Physical and Mental Health

15.10 The impact of COVID-19 on individuals' mental and emotional health was explored. Most of the stakeholders stated that the pandemic evoked people's fear of infection, given the continuously rising number of cases, especially in the fifth wave of the pandemic. One scholar was concerned that this fear would be worse for families confined to small living spaces, who could not completely self-isolate once infected.

> Many people live in typically sized housing and it is almost impossible for them to occupy a room during quarantine if infected. People assume that all people in a household will get infected if one of them is infected. You can imagine how much fear they have.

Stakeholder 10

15.11 Under these circumstances, representatives of social welfare organisations and parental/family support groups stated that families were stressed about dealing with various follow-up issues, including how to keep protecting themselves from the virus, how to prevent the virus from spreading throughout their household if infected, and deciding whether to get vaccinated. Some of them argued that these issues caused parents to become overconcerned about their children's health, which might lead them to restrict their children's activities, resulting in family disputes between parents and children.

15.12 Additionally, because of the pandemic, education was conducted through online courses at all levels, forcing children to study at home and shifting more caring responsibilities to parents. Stakeholders from parental/family support groups argued that parents did not only need to prepare more space and devices for their children to attend online classes, but may also need to spend more time managing their children. These extra tasks could further enhance the stress the parents feel. A number of representatives of parental/family support groups claimed that parents with children with SEN suffered from more parenting stress, given that it was already difficult to keep the children focused during their classes.

Impact of the COVID-19 Pandemic on Respondents' Economic Condition

15.13   A number of stakeholders also raised concerns about the economic condition of their families. The pandemic has adversely affected Hong Kong's economy and altered the development of various industries, especially the service and retail industries, which led to high numbers of layoffs and affected families' income. Combined with the rise in household expenses due to the cost of protective and preventative items, the stakeholders believed many families suffered from tremendous economic pressure, which would result in family disputes that caused family relationships to deteriorate.

Impacts of the COVID-19 Pandemic on Work and Studying

15.14   Most of the stakeholders agreed that the pandemic had adverse effects on the academic performance of children. Because of the closure of schools, children had to attend online classes at home. The stakeholders were concerned that the online nature of classes hindered teachers from monitoring children's behavior and performance. Children would become inattentive and could not effectively ask teachers to answer their questions, which could significantly affect their learning. A number of stakeholders further stated that irregular daily routines resulting from the pandemic could further reduce children's motivation to study, making it difficult to consolidate their learning outcomes.

Stakeholder 2

Students will need to readapt to their normal school life all over again once they can go back to school, as they can sleep and study at random time when the schools are closed. It is certainly good if they can absorb new knowledge or do revision during this time, but if they don't, their studies may easily deteriorate. The teachers commented that the studying performances of their students were worse than the time before the pandemic.

15.15   The pandemic also shaped people's work patterns, as various companies and organisations initiated work from home arrangements to prevent the spread of COVID-19. While these arrangements benefited many, as they were able to work more conveniently and they reduced time spent commuting, the stakeholders were concerned their work would be affected, especially for working parents. Not only did parents need to share their living spaces with their children participating in online classes, they also had to shoulder more family responsibilities in order to care for their children and deal with any ad hoc tasks at home, which led them to compromise their time spent working. Family disputes could arise if the balance between work and family is altered.

Social Support during the COVID-19 Pandemic

15.16   Most of the stakeholders agreed that the pandemic reduced face-to-face connections between people as a result of the various social distancing measures put in place to prevent the spread of COVID-19. Because of the strict preventive measures, people barely attended social gatherings and primarily maintained their relationships using online approaches. Children could, for the most part, only attend online courses during the pandemic. Hence, the stakeholders were concerned that many people's existing social support from friends, family members, and schools was reduced because of the pandemic.

15.17   For example, during the pandemic, face-to-face visits were avoided as much as possible in order to prevent the spread of the virus. Hence, it was difficult for families with dual-career parents to seek help from members of their extended families or friends in regard to taking care of their children. It was also difficult for the family members of elderly people who lived alone or in nursing homes to meet their needs (e.g., the provision of daily necessities and protective and preventative items, and ensuring they felt cared for and loved) because of the reduction in face-to-face visits.

15.18   The stakeholders also believed that long periods of online studying compromised children's opportunities to build up and maintain relationships with their classmates and teachers because of the reduction in face-to-face connections. One scholar also claimed that online study would hinder teachers from understanding the physical and mental condition of the students.

Over the past two years, students could only participate in online studying and they did not know how to reach the teachers if they had problems. Teachers, on the other side, found it difficult to be aware of anything that may be happening to the students, unlike in the past, when teachers could notice the student's physical and emotional condition during in-person classes. This kind of network is important for the discovery of child abuse.

Stakeholder 8

15.19   However, some representatives of parental/family support groups reflected that the pandemic could enhance the online support networks of parents. They stated that, as support from school was reduced when schools closed, parents were encouraged to develop networks with other parents in order to exchange information and relieve their emotions through phone calls and group chats, fulfilling more informational and emotional needs that may not have been catered to before the pandemic.

Views on Current Social Services

15.20　Representatives of both social welfare organisations and parental/family support groups stated that many social services and/or mutual support groups they organised had been affected by the pandemic. While almost all outdoor activities and some centers (i.e., childcare services) were cancelled or conducted through online approaches, individual counselling and group sessions were conducted by any means necessary, to maintain the emotional support available to service users.

Stakeholder 16

Because of the pandemic, many outdoor activities, such as local tours, hiking, and team-building activities, cannot be conducted as we planned. This was quite unfortunate for parents and children as they lost the chance to enhance their relationships through these activities. But we never stopped providing support to our service users. Even if they cannot visit our centers, we still attend to their needs through texts and phone calls.

15.21　Representatives of both social welfare organisations and parental/family support groups stated many families did not realise they could use social services to help resolve their family disputes and deal with the impacts of the pandemic. Some representatives were concerned this might especially be the case of middle-class families, who might suffer from more family changes they had not experienced before while simultaneously being unused to seeking help from either their social networks or social services.

15.22　In general, most of the stakeholders appealed to families to seek help from friends and other family members, and search for suitable social services whenever they encountered family disputes and in order to deal with the impacts of the pandemic.

Conclusion and Recommendations

Section IV

16. Conclusion

Survey Findings

16.1   Regarding family issues, past local studies have indicated that different family services have been developed over time to prevent and resolve family disputes arising from various issues. These services include family interventions through clinical cases/group sessions, family mediation, family and parent education programs, groups and projects. However, the effectiveness of these types of conventional family services are challenged when political and economic situations became unpredictable for example, as a result of the COVID-19 pandemic over the past two years. Such unprecedented and challenging times have led to new family disputes resulting from divergent political views, situations arising because of the pandemic, and economic downfall.

16.2   Under this "new normal", there is a need to collect more in-depth information related to family disputes in addition to conventional information collected. Family services and support networks may need to adjust their foci to address family disputes and properly meet families' needs more flexibly and effectively. This thematic survey on the prevention and resolution of family disputes provided useful reference information for the purpose.

16.3   The findings of the questionnaire survey and the qualitative study were consolidated and analyzed under three thematic themes. In-depth analyses of the five themes covered in the general survey were also conducted.

Family Disputes

16.4   Family disputes are summarised as follows.

(1)   Prevalence rates of family disputes in the past two years:

A total of 46.3% of the respondents had experienced disputes with their family members in the past two years. They had disputes with their

spouse/partner, children, mother, and father most often.

(2)   The most serious dispute with their spouse/partner:

Among the respondents who were married/cohabiting, about one-quarter (23.6%) reported having their most serious dispute with their spouse/partner in the past two years. The types of disputes included quarrels (100.0%), psychological aggression (63.6%), physical conflicts as a perpetrator (5.1%), and physical conflicts as a victim (4.6%).

The top three major reasons for the respondents' most serious dispute were: lifestyle (23.6%), daily housework (19.7%), and children's education/work (12.1%).

About half (52.8%) of the respondents stated the most serious dispute with their spouse/partner was not serious, and 39.7% and 7.5% perceived the most serious dispute with their spouse/partner to be moderately serious and serious/very serious, respectively.

About one-quarter (24.2%) of the respondents indicated there was no impact on their relationships with their spouse/partner; however, 34.9% reported a minor impact, 27.9% reported some impact, 8.2% reported a large impact, and 4.8% reported a very large impact. About two-thirds (67.9%) stated they were satisfied with their relationship with their spouse/partner, whereas 14.8% were dissatisfied.

(3)   The most serious dispute with their children:

Among the respondents who had children, 9.6% reported their most serious dispute had taken place in the past two years. The types of disputes included quarrels (100.0%), psychological aggression (53.9%), physical conflicts as a perpetrator (8.5%), and physical conflicts as a victim (8.5%).

The top three major reasons for the respondents' most serious dispute occurring were: the respondents' children's education/work (26.0%), their lifestyle (23.6%), and caring for their children (10.7%).

Over half of the respondents (58.3%) stated the most serious dispute with their children had not been serious, whereas 34.6%% and 7.0% perceived their most serious dispute as being moderately serious and serious/very serious, respectively.

About one-third of respondents (32.4%) indicated there was no impact on their relationships with their children. However, 31.0% of respondents reported a minor impact, 17.5% reported some impact, 17.3% reported a large impact, and 1.9% reported a very large impact. A total of 60.0% stated they were satisfied with their relationships with their children, whereas 14.5% were dissatisfied.

(4)   The most serious dispute with their father:

Of the respondents who had contact with their father, 4.0% reported the most serious dispute with their father had taken place in the past two

years. The types of disputes included: quarrels (100.0%), psychological aggression (66.9%), physical conflicts as a perpetrator (3.5%), and physical conflicts as a victim (3.5%).

The major reason for the respondents most serious dispute with their father was lifestyle (42.1%), followed by financial issues (12.0%) and caring for the elderly (11.6%).

Over half of the respondents (54.8%) stated the most serious dispute with their father had not been serious, whereas 43.0% and 2.3% perceived the most serious dispute with their father as being moderately serious and serious/very serious, respectively.

A total of 9.4% stated there was no impact on their relationship with their father. However, about half (49.0%) reported a minor impact, 30.5% reported some impact, and 11.2% reported a large impact. Over one-third (36.8%) stated they were satisfied with their relationship with their father, whereas 15.1% were dissatisfied.

(5) The most serious dispute with their mother:

Of the respondents who had contact with their mother, 9.1% reported the most serious dispute with their mother had occurred in the past two years. The types of disputes included quarrels (100.0%), psychological aggression (60.5%), physical conflicts as a perpetrator (3.7%), and physical conflicts as a victim (3.7%).

The major reason for the most serious dispute with their mother was lifestyle (44.5%), followed by daily housework (14.9%) and financial issues (12.8%).

Over half of the respondents (58.2%) stated the most serious dispute with their mother had not been serious, whereas 36.6% and 5.2% perceived the most serious dispute as being moderately serious and serious/very serious, respectively.

A total of 10.8% of respondents stated there was no impact on their relationship with their mother. However, over half (58.2%) reported a minor impact, 22.9% reported some impact, and 8.0% reported a large impact. Over one-third (42.2%) stated they were satisfied with their relationship with their mother, whereas 11.0% were dissatisfied.

(6) Coping tactics:

About three-quarters of the respondents reported their most serious dispute with their spouse/partner, children, father, or mother had taken place in the past two years. The respondents' solutions to these disputes were: communicating with the family members directly, avoiding contact with the family members or trying to make a clean break, negotiating with the family members, and seeking assistance from others.

(7) Help-seeking behavior and perceived effectiveness:

Over one-quarter of respondents stated they had sought assistance from

others to deal with their most serious dispute with their spouse/partner (28.0%), children (37.1%), father (32.3%), or mother (60.9%). They tended to seek assistance from family members or other people important to them.

In general, the majority of respondents considered their coping tactics for dealing with their most serious dispute with family members to be effective, whereas about one-tenth considered their coping tactics to be completely ineffective.

16.5 The participants shared that the major cause of their disputes or conflicts varied, including financial issues, various parenting and childcare methods, different lifestyles, and the unequal division of household duties. Many participants mentioned specifically that the outbreak of the COVID-19 pandemic over the past two years had led to an increase in conflicts with their spouse/partner, children, and parents.

The Impact of the COVID-19 Pandemic

16.6 The COVID-19 pandemic has shaped the social and economic circumstances of families to some extent. This change is characterised by shifts in people's economic status, work and study arrangements, and income. The survey results regarding these changes are summarised as follows.

(1) Changes in work and perceived impact on family relationships:

Of the respondents who were economically active, about one-quarter (26.3%) stated their work situations had changed due to the COVID-19 pandemic. A total of 13.5% of respondents were unemployed and had been looking for a job during the COVID-19 pandemic.

Regarding the impact of changes in the respondents' work during the COVID-19 pandemic on their family relationships, about one-third (32.0%) of the respondents stated there had been a negative impact, whereas 60.2% did not experience any impact and 7.8% shared there had been a positive impact.

(2) Changes in income from employment and perceived impact on family relationships:

Of the respondents who were economically active, about one-third (32.8%) stated their income from employment had been greatly reduced, reduced by half, or slightly reduced during the COVID-19 pandemic. A total of 13.2% of respondents indicated they had been unemployed during the COVID-19 pandemic, and hence had no income during this time.

Regarding the impact of changes in the respondents' income from employment during the COVID-19 pandemic on their family

relationships, over one-quarter (27.3%) of the respondents stated there had been a negative impact, whereas 67.6% did not experience any impact, and 5.1% shared there had been a positive impact.

(3) Changes in work arrangements and perceived impact on family relationships:

Of the respondents who were economically active, 40.3% indicated they were required to work from home all the time (8.1%) or sometimes (32.2%). A total of 59.7% of respondents were not required to work from home during the COVID-19 pandemic.

Regarding the impact of changes in the respondents' work arrangements during the COVID-19 pandemic on their family relationships, 17.1% of the respondents stated there had been a negative impact, whereas over three-quarters (77.3%) did not experience any impact, and 5.6% shared that there had been a positive impact.

(4) Changes in children's educational arrangements and perceived impact on family relationships:

Of the respondents who had children under the age of 18 years, over three-quarters (82.5%) indicated their children were required to study at home all the time (42.5%) or sometimes (40.0%) during the COVID-19 pandemic. A total of 17.5% of respondents were not required to study at home during the COVID-19 pandemic.

Regarding the impact of the changes in the respondents' children's educational arrangements during the COVID-19 pandemic on their family relationships, 29.3% of the respondents reported there had been a negative impact, whereas 59.1% did not experience any impact and 11.7% shared there had been a positive impact.

16.7 In the focus group discussions, the participants shared the difficulties they had experienced and the changes that had taken place due to the COVID-19 pandemic. Some parent participants indicated there had been negative impacts on the academic results of their children, especially children with SEN. They were concerned about their children's development and growth. Some participants who had been employed stated they encountered financial crises because of job loss or reductions in their employment income, resulting in disputes among family members. Some participants indicated they felt fatigued and emotionally drained as a result of complying with strict social distancing measures. The COVID-19 pandemic had a significant impact on their physical and mental health. The participants further stressed that the pandemic had a negative impact on their family relationships because of reductions in their employment income and increased disputes among family members due to the increased time spent at home.

Social Support Networks

16.8 A social support network is a social structure made up of individuals such as family members, friends and peers, or organisations. The survey results regarding social support networks are summarised as follows.

(1) The Multidimensional Scale of Perceived Social Support:

Regarding social support from family, friends, and significant others, over half (56.6%) of the respondents reported high levels of support, 39.5% reported moderate levels of support, and only 3.9% reported low levels of support. Respondents who were married or cohabiting reported higher levels of social support.

(2) Awareness of and participation in family-related programs:

Less than half of the respondents indicated they were aware of family-related promotional activities or programmes organised by the government (43.3%) and NGOs or other organisations (44.7%). Younger generations and those who had never been married reported lower levels of awareness.

A total of 6.0% of the respondents indicated they had participated in family-related programmes organised by the government and/or NGOs.

(3) Views on social services provided by government departments:

Regarding social services provided by government departments, less than half of the respondents were aware of mediation, personal, or family counselling (48.0%), consultation services (43.1%), therapeutic groups, talks, or workshops (38.7%), and online support services (25.8%).

Less than 10% of the respondents reported needing therapeutic groups, talks, or workshops (6.2%), consultation services (6.0%), online support services (5.3%), and mediation, personal, or family counselling (3.3%).

A total of 64.4% to 71.2% of the respondents believed it would not be easy to obtain the four types of social services. The usage rate of the four types of social services ranged from 2.3% to 6.3% among respondents.

(4) Views on social services provided by NGOs, schools, or other social support networks:

Regarding social services provided by NGOs, schools, or other social support networks, around one-third of the respondents were aware of mediation, personal, or family counselling (37.4%), consultation services (35.2%), therapeutic groups, talks, or workshops (34.5%), and online support services (23.8%).

Less than 10% of the respondents reported needing therapeutic groups, talks, or workshops (7.0%), consultation services (6.6%), online support services (5.5%), and mediation, personal, or family counselling (5.3%).

A total of 66.4% to 70.7% of the respondents believed it would not be easy to obtain the four types of social services. The usage rate of the four

types of social services ranged from 1.7% to 4.8% among respondents.

16.9 In the focus group discussions, the participants generally believed the current social services available to deal with family-related problems and disputes were insufficient and lacking in publicity. It was difficult for the public to retrieve relevant information about social services. When respondents encountered family problems or needed emotional support, they did not know how or where to seek help. Further, they did not have an effective channel through which to ascertain the quality of the social services provided by organisations.

16.10 The participants proposed that various types of family services needed to be promoted through better publicity, so the public could learn about relevant services and the organisations providing them. At the same time, it is necessary to educate the public in regard to dealing with family problems, to motivate help-seeking behavior and encourage open-mindedness about the use of various types of social services. Regarding publicity, the participants suggested displaying brochures and QR codes for family services in different hospitals, community centers, and centers for the elderly.

16.11 The participants also recommended that organisations increase their workforces and resources to reduce the wait time for face-to-face meetings. They also believed organisations should contact those in need more frequently, to provide early interventions even if family problems are not severe, and enhance group sessions to expand support networks for those in need.

In-depth Analyses

16.12 In-depth analyses of the three themes of the Thematic Survey were compiled with the themes of the General Survey.

Family Disputes

16.13 Significantly higher proportions of respondents in the following groups had experienced family disputes with their family members in the past two years.

- Family structure and role (who lived in relative households, had family members who had disadvantaged type(s), and primary caregivers)

- Parenthood (who experienced clinically significant stress in regard to parent–child interactions, scolded or yelled at their children, and used corporal punishment to discipline their children)

- Family functioning (who had lower scores for mutuality, communication, harmony, parental control, and overall family functioning)

- Satisfaction with family life (who had lower scores for satisfaction with their relationship with their spouse/partner, their children, their parents, and their father or mother of their spouse/partner)

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- Health outcomes (who had moderately severe to severe depression, and moderate depression)

- Impact of the COVID-19 pandemic (who perceived a negative impact of the changes in their work situations, income from employment, work arrangements and their children's educational arrangements on their family relationships)

- Social support networks (who received lower levels of social support, demonstrated a need for mediation, personal, or family counselling, therapeutic groups, talks, or workshops, and online support services provided by government departments, and demonstrated a need for consultation, mediation, personal, or family counselling, therapeutic groups, talks, or workshops, and online support services provided by NGOs, schools, or other social support networks)

16.14 Significantly higher proportions of respondents in the following groups reported that their most serious dispute with their spouse/partner had taken place in the past two years.

- Parenthood (who scolded or yelled at their children)

- Family functioning (who had lower scores for mutuality, communication, harmony, parental control, and overall family functioning)

- Satisfaction with family life (who had lower scores for satisfaction with their relationship with their spouse/partner, their children, their parents, and their father or mother of their spouse/partner)

- Social support networks (who received lower levels of social support, demonstrated a need for mediation, personal, or family counselling provided by government departments, and demonstrated a need for mediation, personal, or family counselling provided by NGOs, schools, or other social support networks)

16.15 Significantly higher proportions of respondents in the following groups reported the most serious dispute with their children had taken place in the past two years.

- Parenthood (who experienced clinically significant stress in regard to parent–child interactions, scolded or yelled at their children, and used corporal punishment to discipline their children)

- Family functioning (who had lower scores for mutuality, communication, harmony, parental control, and overall family functioning

- Satisfaction with family life (who had lower scores for satisfaction with their relationships with their children)

- Impact of the COVID-19 pandemic (who perceived a negative impact of the changes in their children's educational arrangements due to the COVID-19 pandemic on their family relationships)

- Social support network (who received lower levels of social support, and demonstrated a need for therapeutic groups, talks or workshops provided by government departments)

16.16 Significantly higher proportions of respondents in the following groups reported the most serious disputes with their father had taken place in the past two years.

- Family structure and role (who had family members who had disadvantaged type(s), and primary caregivers)

- Family functioning (who had lower scores for mutuality, harmony, parental support, parental control, and overall family functioning)

- Satisfaction with family life (who had lower scores for satisfaction with their relationship with their spouse/partner)

- Health outcomes (who had moderately severe to severe depression, and moderate depression)

- Impact of the COVID-19 pandemic (who perceived a negative impact of the changes in their children's educational arrangements as a result of the COVID-19 pandemic on their family relationships)

16.17 Significantly higher proportions of respondents in the following groups reported the most serious disputes with their mother had taken place in the past two years.

- Family structure and role (who had family members who had disadvantaged type(s))

- Family functioning (who had lower scores for mutuality, communication, harmony, parental support, parental control, and overall family functioning)

- Satisfaction with family life (who had lower scores for satisfaction with their relationship with their spouse/partner, their parents, and their father or mother of their spouse/partner)

- Health outcomes (who had moderately severe to severe depression, and moderate depression)

- Social support networks (who received lower levels of social support, had lower proportion of the respondents who were aware of activities or programmes organised by the government and/or NGOs or other organisations, demonstrated a need for mediation, personal, or family counselling provided by government departments, and demonstrated a need for consultation services, mediation, personal, or family counselling, therapeutic groups, talks, or workshops, and online support services provided by NGOs, schools, or other social support networks)

Impact of the COVID-19 Pandemic

16.18 Significantly higher proportions of respondents in the following groups

experienced a negative impact of changes in their work situations during the COVID-19 pandemic on their family relationships.

- ○ Family functioning (who had lower scores for mutuality, communication, harmony, parental control, and overall family functioning)

- ○ Satisfaction with family life (who had lower scores for satisfaction with their relationships with the father or mother of their spouse/partner)

- ○ Health outcomes (who were in fair to poor physical health, who had moderately severe to severe depression, and moderate depression)

- ○ Social support networks (who received lower levels of social support, who had lower proportion of the respondents who had participated in activities or programmes organised by the government and/or NGOs or other organisations, and who demonstrated a need for consultation services, mediation, personal, or family counselling, therapeutic groups, talks, or workshops, and online support services provided by government departments, NGOs, schools, or other social support networks)

16.19 Significantly higher proportions of respondents in the following groups experienced a negative impact of changes in their income from employment during the COVID-19 pandemic on their family relationships.

- ○ Family functioning (who had lower scores for mutuality, communication, harmony, parental support, parental control, and overall family functioning)

- ○ Satisfaction with family life (who had lower scores for satisfaction with their relationship with their spouse/partner, and their father or mother of their spouse/partner)

- ○ Health outcomes (who were in fair to poor physical health, who had moderately severe to severe depression, and moderate depression)

- ○ Social support networks (who received lower levels of social support, and who demonstrated a need for consultation services, mediation, personal, or family counselling, therapeutic groups, talks, or workshops, and online support services provided by government departments, NGOs, schools, or other social support networks)

16.20 Significantly higher proportions of respondents in the following groups experienced a negative impact of the changes in their work arrangements during the COVID-19 pandemic on their family relationships.

- ○ Family functioning (who had lower scores for mutuality, communication, harmony, parental support, and overall family functioning)

- ○ Health outcomes (who were in fair to poor physical health)

- ○ Social support networks (who demonstrated a need for consultation services, mediation, personal, or family counselling and online support services provided by government departments, and who demonstrated a need for consultation services, mediation, personal, or family counselling, therapeutic groups, talks, or workshops, and online support services provided by NGOs, schools, or other social support networks)

16.21 Significantly higher proportions of respondents in the following groups experienced a negative impact of the changes in their children's educational arrangements during the COVID-19 pandemic on their family relationships.

- ○ Family structure and role (who had family members who had disadvantaged type(s), and primary caregivers)

- ○ Parenthood (who experienced clinically significant stress in regard to parent–child interactions, and used corporal punishment to discipline their children)

- ○ Family functioning (who had lower scores for communication, harmony, parental control, and overall family functioning)

- ○ Satisfaction with family life (who had lower scores for satisfaction with their relationships with their children, their parents, and their father or mother of their spouse/partner)

- ○ Health outcomes (who were in fair to poor physical health, who had moderately severe to severe depression)

- ○ Social support networks (who demonstrated a need for consultation services, mediation, personal, or family counselling and online support services provided by government departments, and who demonstrated a need for consultation services, mediation, personal, or family counselling, therapeutic groups, talks, or workshops, and online support services provided by NGOs, schools, or other social support networks)

Social Support Networks

16.22 Significantly higher proportions of respondents in the following groups received higher levels of social support.

- ○ Family structure and role (who were living in relative households and in nuclear family households)

- ○ Parenthood (who experienced typical levels of stress in regard to parent–child interactions)

- ○ Family functioning (who had higher scores for mutuality, communication, harmony, parental support, parental control, and overall family functioning)

- ○ Satisfaction with family life (who had higher scores for satisfaction with their relationship with their spouse/partner, their children, their parents, and their father or mother of their spouse/partner)

- ○ Health outcomes (who were in good to excellent physical health, and who had mild to no/minimal depression)

16.23 Significantly higher proportions of respondents in the following groups were aware of family-related promotional activities or programmes organised by the government and/or NGOs or other organisations.

- Family functioning (who had higher scores for mutuality and communication)

- Satisfaction with family life (who had higher scores for satisfaction with their relationships with their spouse/partner, their parents, and their father or mother of their spouse/partner)

- Health outcomes (who had mild to no/minimal depression)

16.24 Significantly higher proportions of respondents in the following groups participated in family-related promotional activities or programmes organised by the government and/or NGOs or other organisations.

- Family structure and role (who had family members who had disadvantaged type(s), and primary caregivers)

- Family functioning (who had higher scores for communication)

16.25 Significantly higher proportions of respondents in the following groups reported needing consultation services provided by government departments.

- Family structure and role (who had family members who had disadvantaged type(s), and primary caregivers)

- Satisfaction with family life (who had lower scores for satisfaction with their relationships with their spouse/partner, their children, their parents, and their father or mother of their spouse/partner)

- Health outcomes (who were in fair to poor physical health, who had moderately severe to severe depression, and moderate depression)

16.26 Significantly higher proportions of respondents in the following groups reported needing mediation, personal, or family counselling provided by government departments.

- Parenthood (who used corporal punishment to discipline their children)

- Family functioning (who had lower scores for harmony, parental control, and overall family functioning)

- Satisfaction with family life (who had lower scores for satisfaction with their relationships with their spouse/partner, their children, their parents, and their father or mother of their spouse/partner)

- Health outcomes (who were in fair to poor physical health, who had moderately severe to severe depression, and moderate depression)

16.27 Significantly higher proportions of respondents in the following groups reported needing therapeutic groups, talks, or workshops provided by government departments.

- Family structure and role (who were living in nuclear family households, who had family members who had disadvantaged type(s), primary caregivers)

- Parenthood (who experienced clinically significant stress and high levels of stress in regard to parent–child interactions)

- Satisfaction with family life (who had lower scores for satisfaction with their relationships with their spouse/partner, their children, their parents, and their father or mother of their spouse/partner)

- Health outcomes (who were in poor physical health, and who had moderately severe to severe depression)

16.28 Significantly higher proportions of respondents in the following groups reported needing online support services provided by government departments.

- Family structure and role (who were living in nuclear family households, had family members who had disadvantaged type(s), and primary caregivers)

- Satisfaction with family life (who had lower scores for satisfaction with their relationship with the father or mother of their spouse/partner)

- Health outcomes (who were in poor physical health, who had moderately severe to severe depression, and moderate depression)

16.29 Significantly higher proportions of respondents in the following groups reported needing consultation services provided by NGOs, schools, or other social support networks.

- Family structure and role (who had primary caregivers)

- Parenthood (who experienced clinically significant stress and high levels of stress in regard to parent–child interactions, and used corporal punishment to discipline their children)

- Family functioning (who had lower scores for harmony, and overall family functioning)

- Satisfaction with family life (who had lower scores for satisfaction with their relationships with their spouse/partner, their parents, and with their father or mother of their spouse/partner)

- Health outcomes (who were in fair to poor physical health, who had moderately severe to severe depression, and moderate depression)

16.30 Significantly higher proportions of respondents in the following groups reported needing mediation, personal, or family counselling provided by NGOs, schools, or other social support networks.

- Family structure and role (who had family members who had disadvantaged type(s), and primary caregivers)

- Parenthood (who experienced clinically significant stress and high levels of stress in regard to parent–child interactions)

- Family functioning (who had lower scores for mutuality, harmony, and overall family functioning)

- Satisfaction with family life (who had lower scores for satisfaction with their relationships with their spouse/partner, their children, their parents, and their father or mother of their spouse/partner)

- Health outcomes (who had moderately severe to severe depression, and moderate depression)

16.31 Significantly higher proportions of respondents in the following groups reported needing therapeutic groups, talks, or workshops provided by NGOs, schools, or other social support networks.

- Family structure and role (who had family members who had disadvantaged type(s), and primary caregivers)

- Parenthood (who experienced clinically significant stress and high levels of stress in regard to parent–child interactions)

- Family functioning (who had lower scores for harmony, and overall family functioning)

- Satisfaction with family life (who had lower scores for satisfaction with their relationships with their spouse/partner, their parents, and their father or mother of their spouse/partner)

- Health outcomes (who were in fair to poor physical health, and who had moderately severe to severe depression)

16.32 Significantly higher proportions of respondents in the following groups reported needing online support services provided by NGOs, schools, or other social support networks.

- Satisfaction with family life (who had lower scores for satisfaction with their relationships with the father or mother of their spouse/partner)

- Health outcomes (who had moderately severe to severe depression, and moderate depression)

17. Recommendations

17.1 After reviewing the results of the questionnaire survey and in-depth analyses, some phenomena are identified.

(1) Prevailing situation on family disputes

Family dispute that is persistent – lasting years or across generations – is very difficult to deescalate. Nearly one in two families had experienced disputes with their family members in the past two years. They had disputes with their spouse/partner, children, mother, and father most often.

Family conflicts were triggered by a variety of reasons and could be continued and escalated by a number of factors. The major cause of the disputes or conflicts varied, including financial issues, various parenting and childcare methods, different lifestyles, and the unequal division of household duties. Many participants mentioned specifically that the outbreak of the COVID-19 pandemic over the past two years had led to an increase in conflicts with their spouse/partner, children, and parents.

Minor disagreements on issues can turn into insulting exchanges, creating deeper mistrust. As conflict escalates, family members typically assemble allies and force relatives and others to choose a side. More than one-third who had experienced family disputes perceived their most serious dispute as being moderately serious to very serious, and at least one in ten expressed that they were dissatisfied with the relationships with their spouse/partner, children, and parents.

(2) The perceived negative impact on family relationships due to the COVID-19 pandemic

Regarding the impact of changes in the work during the COVID-19 pandemic on their family relationships, about one-third of the respondents stated there had been a negative impact on their work situations, over one-quarter stated there had been a negative impact on the employment income, and one in six stated there had been a negative impact on work arrangements.

Regarding the impact of the changes in the respondents' children's educational arrangements during the COVID-19 pandemic on their family relationships, over one-quarter of the respondents reported there had been a negative impact.

In the focus group discussions, some participants who had been employed stated they encountered financial crises because of job loss or reductions in their employment income, resulting in disputes among family members. Some parent participants indicated there had been negative impacts on the academic results of their children, especially children with SEN, and they were concerned about their children's development and growth. Some participants indicated they felt fatigued

and emotionally drained as a result of complying with strict social distancing measures. The COVID-19 pandemic had a significant impact on their physical and mental health.

In sum, the COVID-19 pandemic had a negative impact on the family relationships because of reductions in the employment income and increased disputes among family members due to the increased time spent at home.

(3)   Higher level of informal social support but inadequate awareness of family-related programmes

Regarding social support from family, friends, and significant others, the majority of the respondents reported that they had high to moderate levels of support. Respondents who were married or cohabiting reported higher levels of social support.

Less than half of the respondents indicated they were aware of family-related promotional activities or programmes organised by the government, NGOs or other organisations. Younger generations and those who had never been married reported lower levels of awareness.

Further, about two-thirds of the respondents believed it would not be easy to obtain access to the four types of social services related to family issues including mediation, personal or family counselling, consultation services, therapeutic groups, talks or workshops, and online support services and disputes provided by government departments, NGOs, schools, or other social support networks.

In the focus group discussions, the participants generally believed the current social services available to deal with family-related problems and disputes were insufficient and lacking in publicity. It was difficult for the public to retrieve relevant information about social services. When respondents encountered family problems or needed emotional support, they did not know how or where to seek help. Further, they did not have an effective channel through which to ascertain the quality of the social services provided by organisations.

17.2   In-depth analyses of the three themes of the Thematic Survey were compiled with the themes of the General Survey. The results are highlighted as follows:

(1)   Characteristics of the respondents who had experienced family disputes

Higher proportions of respondents in the following groups who had experienced family disputes with their family members in the past two years: those who were living in relative households, those who had various types of disadvantaged family members, who were primary caregivers, who had experienced clinically significant stress with regard to parent-child interactions, who had scolded or yelled at their children, who had used corporal punishment to discipline their children, and who had moderate to severe depression. They had lower scores in family

functioning, and lower scores for satisfaction with the relationships with their family members.

Further, they were more likely to perceive negative impacts of the changes in their work situation, employment income, work arrangements, and their children's educational arrangements on their family relationships. Regarding social support networks, they received lower levels of social support, and demonstrated a need for social services provided by government departments, NGOs, schools, or other social support networks.

(2) Characteristics of the respondents who had experienced negative impacts of the changes in their work situations, employment income and work arrangements during the COVID-19 pandemic on their family relationships

In general, higher proportions of respondents in the following groups experienced negative impacts of the changes in their work situations, employment income and work arrangements during the COVID-19 pandemic on their family relationships: those who had fair to poor physical health, who had moderate to severe depression, who had lower scores in family functioning, and who had lower scores for satisfaction with the relationships with their family members.

Regarding social support networks, they received lower levels of social support, and demonstrated a need for social services provided by government departments, NGOs, schools, or other social support networks.

(3) Characteristics of the parent respondents who had experienced a negative impact of the changes in their children's educational arrangements during the COVID-19 pandemic on their family relationships

In general, higher proportions of parent respondents in the following groups experienced a negative impact of the changes in their children's educational arrangements during the COVID-19 pandemic on their family relationships: those who had various types of disadvantaged family members, who were primary caregivers, who had experienced clinically significant stress with regard to parent-child interactions, those who had fair to poor physical health, and who had moderate severe to severe depression.

They had lower scores in family functioning and lower scores for satisfaction with the relationships with their family members. Further, they demonstrated a need for social services provided by government departments, NGOs, schools, or other social support networks.

(4) Characteristics of the respondents who received higher levels of social support

Higher proportions of respondents in the following groups received

higher levels of social support from family, friends, and significant others: those who were living in nuclear family households or relative households, who had only experienced typical levels of stress with regard to parent-child interactions, who had good to excellent physical health, and who had mild to no/minimal depression.

Besides, they exhibited higher scores in family functioning and higher scores for satisfaction with the relationships with their family members.

(5)   Characteristics of the respondents who reported a need for social services

In general, higher proportions of respondents in the following groups reported a need for social services provided by government departments, NGOs, schools, or other social support networks: those who had various types of disadvantaged family members, who were primary caregivers, those who had fair to poor physical health, who had moderate to severe depression, who had experienced clinically significant stress or higher levels of stress with regard to parent–child interactions, and who had used corporal punishment to discipline their children.

Besides, they exhibited lower scores in family functioning and lower scores for satisfaction with the relationships with their family members.

17.3   During the COVID-19 pandemic, various relief measures had been implemented by government departments and NGOs to help both individuals and businesses overcome the hard times. Based on the identified phenomena, the following long-term recommendations are proposed:

(1)   Promote a family culture of respect

Family members often feel disrespected when their opinions or contributions are not acknowledged, they are not recognised by other family members, they feel unsupported or uncared during difficult times, or they feel they have a very different status in the family that they perceived as unfair. Therefore, it is crucial to cultivate and maintain a respectful family culture, for example, showing respect especially when having disagreements, acknowledging and discussing disrespectful behaviour, expressing appreciation to other family members, and evaluating the family's strengths and vulnerabilities on the issue of feeling respect. These acts are aiming to minimise or resolve family disputes in long run.

It is recommended to promote a family culture of respect by delivering messages to the public such as maintaining constant communication with family members, fostering two-way communication, adopting multiple modes of communication, understanding family members' expectations, enhancing family involvement, and using positive approaches for respecting the family relationships.

(2)   Raise public awareness of different family services

Family disputes are the inevitable parts of family dynamic. The survey results indicated that all of the respondents had ever had quarrels with different family members, but almost half of them only occasionally experienced quarrels which were mostly in form of psychological aggressions. A number of respondents had experienced severe family disputes, characterised by high levels of frequency and severity. The results reflect a high level of service needs of respondents on encountering family disputes.

To ensure the needy people to be aware of the family services that they could seek help from, it is proposed to raise public awareness of different family services by organising certain promotional campaigns. These campaigns can step up the publicity of the services by introducing the information of the services to potential users in terms of service scope and location of service points, etc., so that they can choose the services that are suitable for their needs.

(3)   Break through the barriers in using social services

In Hong Kong, there are various types of social services which help promote the wellbeing of families, ranging from social assistance programs to family-oriented programs in terms of aspects like family education and family mediation, etc. Still, some needy families do not participate in these services because of different barriers such as complicated enrollment process and the stigma towards service participation. Further, as revealed in the survey, over half of the respondents were not aware of the social service provided by either the governmental departments or the nongovernmental sectors, which directly obstructed them from participating in the services.

It is thus recommended to overcome these barriers by different means, such as simplifying the enrollment process, organising promotional campaigns to destigmatise the concept of service participation and encourage potential users to use social services, etc.

(4)   Recommend to conduct thematic surveys in future family surveys

The findings of the Thematic Survey provide useful information on the family disputes, the impact of the COVID-19 pandemic on family relationships, and the perceived views on social support networks.

Family caring is a critical component of family functioning, which refers to the inter-relational support between family members. It could be sub-divided into different aspects, such as elderly support, parent-child relationships, and the mutual support between family members [18]. Systematic reviews of past local studies have revealed that the study scope of family caring has been restricted to the support of vulnerable members of the family, such as the frail elderly, children with special care needs, and other family members with mental health conditions. Well-functioning family members remain unexplored. The problem-orientated nature of family caring in these past studies has also led to limited

explorations of how families provide caring positively and preventatively.

While family caring acts as one of the determining factors in assessing family functioning, it is proposed to consider conducting a thematic survey to explore the difficulties encountered by carers in Hong Kong, to assess their physical and mental health, the pressure they experience, and to identify service gaps for carers.

Annex

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