

**Baseline Survey on Public Attitudes towards
Persons with a Disability 2010**

Report

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Executive Summary

Background

1. A study on “Baseline Survey on Public Attitudes towards Persons with a Disability 2010” was conducted by the Policy 21 Limited at the request of the Equal Opportunities Commission (EOC). The survey was undertaken during the period from June to August 2010. A total of 1,800 households were randomly selected from the sample frame, and 1,011 respondents aged 15 or above were successfully enumerated, constituting a response rate of 65%. Last birthday method was applied to select a target respondent for interview if a household had more than one eligible person.

2. The data were analysed and presented in tables and charts for easy understanding. Furthermore, a comparison of findings between 1998 and 2010 surveys was conducted in order to evaluate any changes in the public attitudes towards persons with disabilities after the enactment of Disability Discrimination Ordinance over a decade ago. It is noteworthy that only a qualitative comparison was undertaken due to the use of different questionnaires in tandem with changes in Rehabilitation Programme Plan and definition of disabilities and implementation of the Integrated Education System in Hong Kong.

General views

Awareness of the disability groups

3. With and without prompting, most of the respondents indicated that persons with physical impairment (100%) or sensory impairment (98%) had a disability. When prompted, there was substantial increase of awareness in some disability groups. About 80% of the respondents considered persons with intellectual disability or visceral disability having a disability. More than half of the respondents indicated that persons with mental illness (59%) or specific learning difficulties (53%) having a disability. However, persons with autism (46%), ADHD (41%), HIV/AIDS (33%) or chronic illness (37%) were comparatively harder to be defined having a disability even when prompted.

4. Without prompting, higher percentages of the respondents were found in the 2010 survey than in the 1998 survey who regarded persons with physical impairment, sensory impairment, intellectual disability or mental illness having a disability. With and without prompting, the findings were similar in the 2010 and 1998 surveys with the exception that only 37% of the respondents in the 2010 survey indicated that persons with chronic illness had a disability. The figure was significantly lower than 53% in the 1998 survey. This might be due to enhanced public awareness of chronic illness as a disability when the Rehabilitation Programme Plan was discussed in 1998.

Recognition of persons with a disability

5. It is the fact that most categories of disabilities may not be easily identified without professional medical diagnosis. However, people are usually diverted to the physical appearance and behaviour of the persons with disabilities, and project negative attitudes of prejudice and stereotyping. A question on recognition of persons with disabilities was therefore purposely set to collect information on the public understanding of disability as a characteristic of an individual person, which distinguishes that person from a non-disabled person, in assessing any fallacy in their perception.

6. Most of the respondents indicated that they could be able to recognize persons with physical impairment (99%), sensory impairment (94%), intellectual disability (84%) or visceral disability (75%) immediately or after watching for a while. For persons with mental illness, 56% of the respondents stated their recognition. A minority of the respondents indicated that they could recognize persons with chronic illness (17%) or HIV/AIDS (6%) immediately or after watching for a while.

Beliefs about persons with a disability

7. There was still a strong belief that persons with specific disabilities implied having some forms of incapacity or dependence on others. About half of the respondents agreed that persons with intellectual disability (59%), visceral disability (55%) or physical impairments (50%) would lead to incapacity and increased dependency on others even if treatment was received. Conversely, more-or-less the same portions of respondents perceived that persons with chronic illness (56%), HIV/AIDS (55%) or ADHD (50%) would not lead to incapacity and increased dependency on others if treatment is received.

8. Over half of the respondents agreed that persons with chronic illness (62%), ADHD (61%), specific learning disabilities (60%) or autism (59%) would be able to lead a happy and fulfilling life if treatment or assistance was received. A certain number of the respondents perceived that persons with HIV/AIDS (31%), visceral disability (30%) or physical impairment (26%) would not be able to lead a happy and fulfilling life even if treatment was received.

Contact and relationship with persons with a disability

9. More respondents had regular contact with persons with chronic illness (32%), while contact with persons with other disabilities was not common (6% or less). It was rare for the respondents to contact persons with HIV/AIDS (1%), autism (2%), ADHD (2%) or specific learning difficulties (2%). Among those who were in regular contact with persons with disabilities, most were family members or relatives.

Perceived importance of equal opportunities

10. About 95% of the respondents considered equal opportunities very important or quite important. The main reasons were that it was important to ensure justice for individuals and it would help individuals' personal development.

Public perception of discrimination against persons with disabilities in various societal fields

11. Direct discrimination occurs when, on the ground of disability, a person with a disability is treated less favourably than another person without a disability in similar circumstances. On the other side of the coin, indirect discrimination occurs when a condition or requirement is applied to everyone, but in practice affects people with a disability more adversely, is to their detriment, and such condition or requirement cannot be justified.

12. Public perception of discrimination against persons with disabilities in four societal fields was solicited. The societal fields included: (1) employment; (2) public access, services and facilities; (3) social interactions; and (4) education and training. For each societal field, four statements were raised to solicit respondents' agreement or disagreement. One statement would probe for respondents' social acceptance/disapproval¹ and another statement would probe for respondents' sense of the rights of persons with disabilities. The rest two statements would delineate respondents' degree of misconception and pessimism about persons with disabilities.

13. In the employment field, respondents generally indicated acceptance of persons with disabilities in the workplace and recognized their right of same wage for the same workload. Certain respondents still showed disapproval of persons with mental illness (35%) or HIV/AIDS (20%). Misconception was obvious for over 50% of the respondents considered that simple repetitive work was appropriate for workers with disabilities. Pessimism was also noted for a quarter to one-half of the respondents disagreed that workers with disabilities could be expected to fit into competitive society.

14. In the field of public access, services and facilities, respondents primarily showed acceptance of persons with disabilities sitting nearby in public transport and recognized their right of having a service centre in the residential neighbourhood. However, certain respondents still indicated disapproval of persons with mental illness (33%) or HIV/AIDS (16%), and respectively, 36% and 25% of the respondents rejected their rights of obtaining social services in the neighbourhood. Misconception was obvious for over 40% of the respondents considered persons with disabilities were more accident prone than other people. Nevertheless, pessimism was not serious as less than 4% of the respondents agreed that it was a waste of money to have special facilities or services for persons with disabilities.

15. In the field of social interactions, respondents commonly indicated acceptance of persons with disabilities living in the neighbourhood and recognized their right of dating and marriage. However, a large proportion of respondents showed disapproval of person with mental illness (55%) or HIV/AIDS (34%) in the neighbourhood, whereas about a quarter of the respondents disagreed at their right of dating and marriage. Misconception was obviously against persons with mental illness for 70% of the

¹ According to the Cambridge Advanced Learner's Dictionary, "disapproval" means "when you feel that something or someone is bad or wrong"; "misconception" means "an idea which is wrong because it has been based on a failure to understand a situation"; "pessimism" means "emphasizing or thinking of the bad part of a situation rather than the good part, or the feeling that bad things are more likely to happen than good things".

respondents considered that they were unpredictable and expressed impulsive behaviours. Pessimism was also noted that person with HIV/AIDS (52%), mental illness (37%) or intellectual disability (36%) were identified to be prevented from having children.

16. In the field of education and training, over 40% respondents did not accept that integrative schooling was more preferable than special school for persons with disabilities, as well as their rights of attending general public sector secondary schools. The exception was that a lower percentage was noted for persons with chronic illness (26%). However, misconception was not particularly serious for less than 25% of the respondents agreed that student with disabilities were often unmotivated. Pessimism was mild as less than 10% of the respondents agreed that persons with disabilities could not really benefit from education.

17. In relation to specific disabilities, persons with mental illness or HIV/AIDS were considered less favorably because they were primarily viewed causing dangers or adverse effects to others, rather than not knowing how to respond if they required assistance, or affecting the property price / school fame in the area. Relatively, the general public was more ready to accept persons with chronic illness in various societal fields.

18. Towards persons with mental illness or HIV/AIDS, the proportion of discrimination was significantly higher for respondents who possessed one or more of the following demographic characteristics: female, aged 35 or above, had primary or secondary educational attainment, were homemakers or retired (named "People Group of Specific Views").

Public perception of equal opportunities available for persons with disabilities in various societal fields

19. Public perception of equal opportunities available for persons with disabilities in four societal fields was also solicited. Respondents were asked if they considered persons with disabilities having more or fewer opportunities than persons without a disability. A majority of respondents considered that persons with disabilities had fewer opportunities in the fields of employment and social interactions. Although most respondents indicated persons with disabilities had fewer opportunities in the field of education and training, a certain proportion perceived that there were equal opportunities. Interestingly, in the field of services and facilities, less than half of the respondents indicated that persons with disabilities had fewer opportunities while one-third considered there were more opportunities and one-fifth perceived equal opportunities.

20. It was noted that persons with HIV/AIDS or chronic illness were perceived to have a better position of obtaining equal opportunities, though they were still regarded having fewer opportunities in the fields of employment and social interactions by most respondents.

Comparison between 1998 and 2010 survey findings

21. In the field of employment, 91% of the respondents in the 1998 survey perceived that persons with disabilities had fewer/far fewer employment opportunities than persons without a disability. There was a tendency of fewer negative views on persons with disabilities in the 2010 survey as a lower proportion of the respondents (around 85%) indicated the same perception. Only 40% of the respondents in the 1998 survey indicated that colleagues would accept persons with mental illness or HIV/AIDS. In the 2010 survey, more people would accept persons with mental illness or HIV/AIDS as colleagues and only a certain proportion of the respondents did mind working with persons with mental illness (35%) or HIV/AIDS (20%) in their company.

22. In relation to public access, services and facilities, about 80% of the respondents in the 1998 survey perceived that persons with disabilities had fewer/far fewer opportunities than persons without a disability. There was significant change in the 2010 survey for not more than 50% of the respondents indicated the same perception. About 30% of the respondents even considered that persons with disabilities had more opportunities in the use of services and facilities than persons without a disability. In a range of one-third to one-half of the respondents in the 1998 survey perceived that persons with disabilities are quite often discriminated against when using services and facilities. However, the 2010 survey findings indicated that less than 10% of the respondents could not accept persons with disabilities in using services and facilities, with the exception that higher percentages (16-36% of the respondents) were noted for persons with mental illness or HIV/AIDS.

23. In respect of social interactions, 82% of the respondents in the 1998 survey perceived that persons with disabilities had fewer/far fewer opportunities than persons without a disability. There was not much change in the 2010 survey as around 70-90% of the respondents indicated the same perception. However, exceptionally lower percentages were noted for persons with HIV/AIDS and chronic illness.

24. With regard to education and training, 77% of the respondents in the 1998 survey perceived that persons with disabilities had fewer/far fewer opportunities than persons without a disability. There were some slight changes in the 2010 survey for around 50-70% of the respondents indicated the same perception. However, exceptionally lower percentages were noted for persons with HIV/AIDS (38%) or chronic illness (33%).

25. The attitude towards integrating students with disabilities into mainstream schools varied as regards different disabilities. In general, about 70-80% of respondents in the 1998 survey perceived that the public was more receptive to integrating students with physical impairment or chronic illness into mainstream schools, and least receptive to students with intellectual disability (29%) or mental illness (38%). In the 2010 survey, people were still sceptical about integrative schooling after the implementation of inclusive education over a decade. Over 40% of the respondents disagreed that for students with disabilities, integrative schooling was more preferable than special school, with much higher percentages for persons with intellectual disability (75%) or mental illness (69%).

Social distance

26. The *disability social distance scale* was used to assess respondents' level of closest relationship with persons with disabilities. Towards persons with autism, ADHD, specific learning difficulties, visceral disability, chronic illness, sensory impairment or physical impairment, about one-tenth of the respondents were willing to have the closest marital or kindred relationship. Around one-half of the respondents would have them as next door neighbours, whereas one-third of the respondents would accept them as casual friends.

27. The proportion of the respondents who showed "avoidance and repulsion" towards persons with disabilities (i.e. "would avoid contact", "would have them kept in an institution", "would keep them out of Hong Kong") were higher for persons with mental illness (47%) and HIV/AIDS (33%).

28. Analyzed by demographic characteristics of respondents who were not willing to contact persons with mental illness or HIV/AIDS, the proportion of avoidance and repulsion was higher for the "People Group of Specific Views" (refer to para. 18).

Key findings and recommendations

29. With and without prompting, there was substantial increase of public awareness in some disability groups including intellectual disability and mental illness, on top of more visible disabilities like physical impairment and sensory impairment, when compared to the 1998 survey. However, persons with autism, ADHD, HIV/AIDS or chronic illness were not commonly considered as disabilities even when prompted.

30. Most of the respondents were over-confident that they could recognize persons with disabilities and even a few could recognize persons with chronic illness and HIV/AIDS immediately or after watching for a while. In reality, most categories of disabilities may not be easily identified without professional medical diagnosis. The most easily noticeable disabilities are those related to physical impairment. Public perception is diverted to the behaviour of the persons with disabilities, and stereotypes are then mistakenly formed. These stereotypes lead to groundless beliefs. For example, most respondents perceived that persons with specific disabilities implied having some forms of incapacity or dependence on others, and were likely unable to lead a happy and fulfilling life. It is quite strange to note that most respondents had no regular contact with persons with disabilities to substantiate their own viewpoints.

31. A majority of the respondents considered equal opportunities important. The main reasons were that it was important to ensure justice for individuals and it would help individuals' personal development. This view of equality was adopted by the respondents as illustrated in their acceptance of persons with disabilities and recognition of their rights in the field of employment, public access, services and facilities, and social interactions (but not in the field of education and training). Misconception, pessimism and public perception of fewer opportunities available for persons with disabilities were still common, particularly in the field of employment.

32. Amongst the persons with disabilities, persons with mental illness or HIV/AIDS were considered less favorably because they were primarily viewed causing dangers or

adverse effects to others, rather than not knowing how to respond if they required assistance, or affecting the property price / school fame in the area. Considerable proportion of the respondents indicated an attitude of avoidance and repulsion towards persons with mental illness or HIV/AIDS. Analyzed by demographic characteristics, the proportion of avoidance and repulsion was higher for “People Group of Specific Views” (refer to para. 18).

33. Some recommendations are made to redress the afore-mentioned views of stereotyping, discrimination, misconception and pessimism:

- (1) Promotion channels should be formulated to educate the general public so as to make known the needs and rights of persons with disabilities, particularly autism, ADHD, HIV/AIDS or chronic illness, which are rarely identified by people as disabilities at present.
- (2) Activities should be organised to enable the general public to interact with persons with disabilities with more dimensions for a longer duration so that people not just take a glance at the behaviour of the persons with disabilities, and wrongly frame them in stereotypes and groundless beliefs. Certainly, stories of overcoming difficulties and leading happy lives told by persons with disabilities will be convincing and overwhelmingly welcomed. These affective ties including forming close friendships appear to be very effective in reducing prejudice.
- (3) Disability awareness training should be considered, during which the unconscious thinking about “normal” and “not normal” is brought to the surface through the training approach without blame or guilt. The discussion will empower people to understand that the individual and society are intimately connected to the socialization process from childhood to adulthood, and discrimination towards persons with disabilities is often based on unquestioned, deeply held negative assumptions or stereotypes.
- (4) In the employment field, people primarily accept persons with disabilities and observe their rights. However, misconception, pessimism and public perception of fewer opportunities available for persons with disabilities are still common. To redress these negative feelings, some team-building training programmes or sharing workshops might need to be administered, probably by the employers in order to enhance the spirit of cooperation and harmony in the workplace.
- (5) In the field of education and training, the general public show reservation in accepting integrative schooling more preferable than special school for students with disabilities as well as observing their rights of attending general public sector secondary schools. Interestingly, misconception and pessimism about education are not commonly identified. Most people believe that education can benefit students with disabilities and motivate them to learn. In summary, the public still hold a segregationist view that students with disabilities should be educated in special institutions instead of integrative schooling, albeit the implementation of inclusive education over a decade. To redress the balance, it is important to conduct a comprehensive review of the shortcomings of the existing educational practices. Based on the findings, measures have to be formulated to plug up the loopholes and empower people with positive images of students with disabilities, in order to alleviate their grievance.

- (6) It is alarming that discriminatory views towards persons with mental illness or HIV/AIDs are prevalent, in which they are considered to cause dangers or adverse effects to others. Under the *disability social distance scale*, quite a number of people will adopt an “avoidance and repulsion” attitude towards persons with mental illness or HIV/AIDS. These discriminatory views should be indirectly derived because people seldom encounter people with persons with mental illness or HIV/AIDS, as revealed respective 3% and 1% in this survey. Furthermore, the people of discriminatory views tend to be the “People Group of Specific Views” (refer to para. 18). To combat the discrimination, further studies have to be undertaken so as to identify effective channels and strategies to outreach these people, other than general promotion via the media.
- (7) In the absence of personal experience and contact, the media may play an important role in determining attitudes and knowledge about persons with disabilities. To tackle stigma associated with persons with disabilities, intervention should be undertaken by the government to encourage responsible and accurate media reporting, particularly in cases of mental illness and suicide. Guidelines of upholding good quality and reliable information should be disseminated to media professionals and scriptwriters, and the general public are encouraged to provide feedback on stigmatizing media coverage.

Introduction

Background

1.1 The EOC is a statutory body responsible for implementing the anti-discrimination ordinances in Hong Kong including the Disability Discrimination Ordinance. It works towards the elimination of discrimination, harassment and vilification on the grounds of disability. There is a commitment to promote equality between persons with and without disabilities.

1.2 Two relevant studies were undertaken by the EOC about a decade ago. Targeted at the general public, findings of the study, *A Baseline Survey on Public Attitudes towards Persons with a Disability* in 1998 indicated that only 52% of the respondents perceived disability equality in Hong Kong and a majority (94%) thought that society needed to be particularly concerned and caring towards persons with a disability. The other study, *A Baseline Survey of Students' Attitudes towards People with a Disability* in 2000 revealed that the sampled students commonly held negative social acceptance towards people with intellectual impairment and mental illnesses. Probably owing to the fact that over 60% of them had no prior contact with disabled persons, most students held a segregationist view in assuming that persons with disabilities would be more comfortable and better educated in special institutions instead of integrated schools.

1.3 In recent years, an important paradigm shift has taken place in the approach to dealing with disability issues, shifting from the emphasis of welfare to the right-based approach. International rights instruments recognize the fundamental right of persons with disabilities to benefit from measures designed to ensure their capacity to live independently, social and occupational integration, and participation in the life of the community.

1.4 It was encouraging that the United Nations Convention on the Rights of Persons with Disabilities (CRPD) came into force for China on 31 August 2008 and applied to Hong Kong SAR at the same time. The Convention is a human rights instrument with an explicit social development dimension. It reaffirms that all persons with disabilities are entitled to the enjoyment of human rights and fundamental freedoms on an equal basis with others. To implement the Convention, governments are required to undertake all necessary measures to ensure the equality of rights and access for persons with disabilities.

1.5 An important strategy for achieving the goal initiated by the Convention is mainstreaming the needs of the disabled community at policy level. Apart from proactive promotion by the Government, support from private sectors and the community has been contributing to the well-being of disabled people in the society. Nowadays it is noted that more students have contact with persons with disabilities due to inclusive education and multiple channels of educational promotion. The existing service provisions and community facilities are improving such that they are more user-friendly and barrier-free for the disabled community.

1.6 Progressively positive social acceptance towards persons with disabilities has been noted and yet it was revealed that 55% of the 826 complaints (mostly employment

cases) received by the EOC during 2009/10 were related to disability discrimination². More worrying figures³ indicate that while mental illness is gradually picking up its momentum in affecting all sectors of the general public, discrimination against this curable disability continues to be common. In this connection, this survey needs to be conducted in order to evaluate changes in public attitude towards persons with disabilities in various fields, particularly in the areas of employment and education, after the enactment of Disability Discrimination Ordinance over a decade ago. Based on the findings, the community and the government would be able to consider what relevant measures should be implemented to rectify public misconception and advocate the needs of the disability community in Hong Kong.

Categories of disability

1.7 The categorization of disability groups has been expanded, probably due to advancement of identification, intervention and advocacy of special treatment. For the purposes of this study, definitions of disabilities⁴ are delineated as follows:

- a) **Attention Deficit / Hyperactivity Disorder (ADHD)** is a condition for children and adolescents having symptoms of inattentiveness, hyperactivity and weak impulse control. These lead to chronic difficulties in social life, learning and work.
- b) **Autism** is a pervasive developmental disorder and frequently co-exists with a variety of other disabilities. In Hong Kong, children suffering from autistic disorder are diagnosed under certain criteria laid down in the World Health Organisation's *International Classification of Diseases*, 10th edition.
- c) **Chronic Illness** is a condition that lasts for an extended period of time and usually cannot be cured completely, although some illnesses can be controlled through diet, exercise, and certain medications. Examples include diabetes, heart disease, arthritis, kidney disease, lupus, and multiple sclerosis. The chronic illness related to HIV/AIDS is singled out as a separate category.
- d) **Hearing Impairment** can be classified into mild, moderate, moderately severe, severe and profound conditions.
- e) **HIV/AIDS** is caused by a virus passed from one person to another when infected blood, semen, or vaginal secretions come in contact with an uninfected person's broken skin or mucous membranes. There is no known cure, but there are many medicines to fight both HIV infection and the infections and cancers that come with it.

² Equal Opportunities Commission, HKSAR (2010). EOC Annual Report 2009/10.

³ Census and Statistics Department, HKSAR (2001). Social Data Collected via the General Household Survey: Special Topics Report No. 48.

⁴ Labour and Welfare Bureau, HKSAR (2007). Hong Kong Rehabilitation Programme Plan. http://www.lwb.gov.hk/eng/advisory/rac/rpp_report.htm

- f) **Intellectual Disability** can be assessed in accordance with the definition in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition, 1994 (DSM-IV).
- g) **Mental Illness** is a condition that persons suffer, including a range of disorders due to their predisposition and/or physical, psychological and social factors. These lead to acute or chronic disturbances which are emotional, intellectual and/or behavioural and are accompanied, when the illness is serious, by distortions of personality and social relationships. Such psychiatric disorders may be classified broadly into three categories: psychoses, neurosis and others.
- h) **Physical Disability** refers to a broad range of disabilities which include orthopaedic, musculoskeletal, or those of neurological origin which mainly affect locomotor functions, and constitute a disadvantage or restriction in one or more aspects of people's daily living activities.
- i) **Specific Learning Difficulties (SpLD)** generally refer to difficulties in reading and writing (dyslexia), motor coordination disorder, specific dysphasia, etc. They might be regarded as something relating to brain dysfunction.
- j) **Speech Impairment** refers to persons who cannot communicate effectively with others, or whose speech difficulty draws undue attention to their speech acts to an extent that affects their academic, emotional and social developments.
- k) **Visceral Disability** refers to disabilities resulting from diseases or respective treatment and constituting disadvantages or restrictions in one or more aspects of daily living activities.
- l) **Visual Impairment** refers to people's disabilities resulting in total blindness or low vision.

Profile of disability

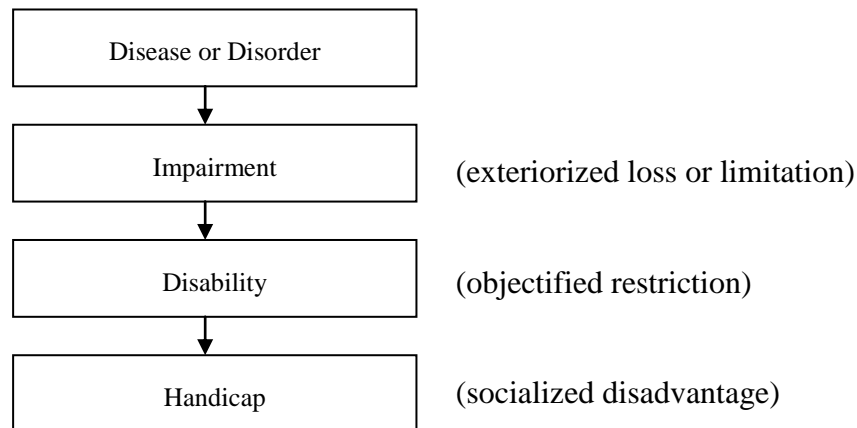
1.8 Most categories of disabilities may not be easily identified without professional medical diagnosis. The most easily noticeable disabilities are those related to physical impairment. Rather than probing for the underlying causes of diseases or disorders, public perception is diverted to the behaviour of the persons with disabilities.

1.9 According to the World Health Organization, three progressive dimensions related to disease or disorder, are shown in the profile of disability⁵ as follows:

- a) Impairment, which reflects any loss or abnormality of psychological, physiological or anatomical structure or function, including for example impairments in language, hearing, vision, or skeletal and psychological impairments;

⁵ World Health Organization (1980). International Classification of Impairment, Disabilities and Handicaps.

- b) Disability, which relates to any restriction of ability to perform an activity in the manner considered normal for a human being, including for example disability in speaking, listening, seeing, dressing, feeding, walking and behaving; and
- c) Handicap, which is a disadvantage for a person, resulting from an impairment or disability, to fulfill the social role as an ordinary person. It may include physical dependence, handicap in mobility and social integration.



1.10 The handicap dimension is a classification of circumstances in which persons with impairments and/or disabilities find themselves when they interact with others within their society. Such circumstances are thought to place persons with disabilities at a disadvantage in relation to their peers when viewed with respect to the norms of society. Public attitudes towards persons with disabilities are more related to the handicap dimension, rather than the impairment or disability per se.

Literature Review

2.1 As long as negative attitudes of prejudice and stereotyping persist, the full rightful acceptance of persons with disabilities is not possible. Rosenthal et al (2006)⁶ indicated that negative social attitudes blocked the integration of persons with disabilities into society. To this end, large-scale studies⁷ have been undertaken to monitor public awareness of disability issues and attitudes towards persons with disabilities, and to mobilise support within the society for inclusive policies and practices.

Public views towards persons with disabilities in various societal fields

2.2 Work and employment play a central role in people's lives and are essential factors in social inclusion and well-being. The Royal College of Psychiatrists (2002)⁸ reviewed employment opportunities and barriers to employment and vocational opportunities for people with mental health problems in the United Kingdom (UK). People with long-term mental health problems were much more likely to be unemployed than people with long-term physical disabilities. Interestingly, Hernandez et al (2000)⁹ found that employers expressed positive global attitudes toward workers with disabilities but when specific attitudes towards workers with disabilities were assessed, they were generally more negative. These findings suggest that while it may be becoming socially appropriate to express positive attitudes towards persons with disabilities, personal attitudes that influence behaviour may remain negative.

2.3 In relation to accessibility, 87% of respondents in the 2006 Survey to Public Attitudes to Disability in Ireland agreed that, in general, access to buildings and public facilities for persons with disabilities has improved in the previous 5 years. However, 61% thought buildings and public facilities in Ireland are not adequately accessible and 92% of the respondents agreed that more could be done to meet the needs of persons with disabilities regarding access to buildings and public facilities. In Hong Kong, a formal investigation undertaken by the EOC in 2007-08¹⁰ indicated that the provision of barrier-free facilities at the public premises is far from satisfactory though the physical

⁶ Rosenthal, D.A., Chan, F., Livenh, H. (2006). Rehabilitation Students' Attitudes toward Persons with Disabilities in High- and Low-Stakes Social Contexts: A Conjoint Analysis. *Disability and Rehabilitation*, 28(24): 1517-1527.

⁷ The studies include: (1) Eurobarometer 2001 – Report on 'Europeans and Disability'; (2) Public Attitudes to Disability in Ireland 2006; (3) 'Disabled for life?' Attitudes towards, and Experiences of Disability in Britain (2002); and (4) Canadian Attitudes towards Disability Issues: 2004 Benchmark Survey.

⁸ Royal College of Psychiatrists (2002). *Employment Opportunities and Psychiatric Disability*. Council Report CR III.

⁹ Hernandez, B., Keys, C., Balcazar, F. (2000). Employer Attitudes toward Workers with Disabilities and their ADA Employment Rights: A Literature Review. *Journal of Rehabilitation*, Vol. 66(4): 4-16.

¹⁰ Equal Opportunities Commission, HKSAR (2010). *Formal Investigation Report: Accessibility in Public Accessible Premises*.

access to post-1997 premises have a higher compliance with regulations. Buildings built prior to 1997 remain a big problem for persons with disabilities.

2.4 In social interaction, a study¹¹ in 2009 indicated that 85% of the respondents in the UK were more likely to think of persons with disabilities as the same as everybody else. The level of comfort people reported if interacting with disabled people varied depending on both the impairment type and the scenario in which the interaction would take place. At least 90% of the respondents said they would be very or fairly comfortable interacting with people with sensory or physical impairments, whereas prejudice towards people with mental health conditions and learning disabilities was considerably higher.

2.5 In the educational field, a 2004 study carried out by Special Olympics¹² of 4000 middle school students from across Japan examined their beliefs and attitudes towards student peers with intellectual disabilities. Overall the students underestimated the capabilities of students with intellectual disabilities and were hesitant to interact with them. On the other hand, they were willing to include students with intellectual disabilities in their schools and classrooms. In the 2004 Canada Benchmarking Attitudes to Disability Survey, 55% of the Canadian thought that children with physical disabilities would best be taught alongside other children but there were only 33% of the people for children with mental illness.

2.6 It is a common finding across various societal fields that attitudes tend to be more negative to those disabilities that are perceived to be more unpredictable such as mental health problems or lifestyle-related such as HIV/AIDS. More negative attitudes towards mental health problems are not a contemporary phenomenon. Historically, attitudes towards people with mental health problems have been more negative worldwide than attitudes towards other disabilities. In the 2006 Public Attitudes to Disability Survey in Ireland, less than 40% of the respondents thought that children with mental illness should attend mainstream schools and 21% of the respondents said they would object if children with mental illness were in the same class as their children. In another UK-wide survey¹³, 50% of the respondents strongly associated mental illness with violence, a split personality or forced hospitalisation and only 12% of the respondents were aware that 25% of the UK population would suffer from mental illness during their lifetime. It is a tendency for older people to hold more negative attitudes than younger age groups towards persons with mental illness.

Stigma, stereotyping and prejudice

2.7 Stigma involves a societal reaction which singles out certain attributes, evaluates them as undesirable and devalues the person who possesses them. Stigma against persons with disabilities often includes stereotyping based on misconception. For instance, misconceptions of people with mental illness include that they are violent

¹¹ Office for Disability Issues, UK (2009). Public Perceptions of Disabled People – Evidence from the British Social Attitude Survey 2009.

¹² Special Olympics (2004). A Study of Youth Attitudes about Intellectual Disabilities.

¹³ Department of Health, UK (2003). Attitudes to Mental Illness.

and dangerous, or that they cannot live with the rest of society. These negative stereotypes continue to create ingrained prejudices and stigmatisation towards persons with disabilities.

2.8 Stigmatisation impacts on people's quality of life and social and psychological well-being. It causes stress, anxiety and further stigma. In the public domain, it can result in reduced acceptance, disapproval, discrimination, rejection and social exclusion. Consequently, persons with disabilities were deprived of employment opportunities and obliged to depend on social securities¹⁴. For some people with mental illness, they refused to seek help for their disorder, which would prevent them from receiving necessary treatments.

Changing attitudes

2.9 Contact with persons with disabilities under particular conditions can reduce prejudice. Hewstone (2003)¹⁵ outlined five such key facilitating conditions under which members of two groups (people with or without disabilities) should be brought together: (a) Under conditions of equal status; (b) In situations where stereotypes are likely to be disapproved; (c) Where inter-group cooperation is required; (d) Where participants can get to know each other properly; and (e) Where wider social norms support equality.

2.10 Research¹⁶ shows that one of the mechanisms by which direct contact between people with and without disabilities under particular "ideal" circumstances changes attitudes and reduces prejudice is by friendship - "generating affective ties". For full integration into society, open attitudes to persons with disabilities needs to exist in all areas of life including those of an interpersonal nature.

2.11 When studying strategies for changing attitudes, wide-ranging intervention measures should be adopted. They include: (a) Interventions that tackle negative attitudes directly e.g. through disability awareness training; (b) Interventions that legislate against discrimination and injustice; (c) Interventions that promote and support equality in education, employment and social sectors; and (d) Interventions that promote support for the idea that the basic conditions for the development of each person's potential is a legitimate right and that these conditions should be provided to each person. These include initiatives that highlight the importance and richness of diversity.

2.12 In the absence of personal experience and contact, the media may play an important role in determining attitudes and knowledge about persons with disabilities. Indeed, the media as purveyors of information and transmission belts for social and cultural norms are found to have both positive and negative impact on disability attitudes. In tracing a legacy of media negativism, Nelson (1994)¹⁷ determined seven

¹⁴ McKeever, R. (2006). Rethink Anti-Stigma Campaign in Northern Ireland: Public Information Sheet on "What is Stigma?" <http://www.rethink.org>

¹⁵ Hewstone, M. (2003). Inter-group Contact: Panacea for Prejudice? *The Psychologist*, 12(7): 352-355.

¹⁶ National Disability Authority, Ireland (2010). Literature Review on Attitudes towards Disability.

¹⁷ Nelson, J. (1994). *The Disabled, the Media, and the Information Age*. Westport, CT: Greenwood Press.

major stereotypes of the disabled that dominated film and television, namely: the person with a disability as pitiable, superhero, sinister, better off dead, maladjusted, a burden, and unable to succeed. From pity, awkwardness and fear, to low expectations about what persons with disabilities can contribute, these stereotypical and negative attitudes hold people back. To tackle negative myths and stereotypes and build up positive images about persons with disabilities, the need for an enlightened, responsible and non-discriminatory media culture becomes more important. It is impressive that the Australian government has introduced the Mindframe National Media Initiative¹⁸ since 2000 to tackle stigma associated with mental illness by encouraging responsible and accurate media report of mental illness and suicide.

¹⁸ Department of Health and Ageing, Australia.
<http://www.health.gov.au/internet/mentalhealth/publishing.nsf/Content/mindframe-1>

Survey Methodology

Survey Objectives

3.1 The objective of the survey was to gauge public attitudes towards persons with disabilities. More specifically, the purposes of the survey are as follows:

- a) To collect information on the public understanding of disability as a characteristic of an individual person, which distinguishes that person from a non-disabled person;
- b) To collect information on the public perception of disability equality and discrimination in society in the fields of employment, public access, services and facilities, social interaction, education and training;
- c) To collect information on public attitudes towards persons in the disability groups of:
 - i) Attention Deficit / Hyperactivity Disorder (ADHD);
 - ii) Autism;
 - iii) Chronic illness;
 - iv) Hearing impairment;
 - v) HIV/AIDS;
 - vi) Intellectual disability;
 - vii) Mental illness;
 - viii) Physical disability;
 - ix) Specific Learning Difficulties (SpLD);
 - x) Speech impairment;
 - xi) Visceral disability; and
 - xii) Visual impairment.
- d) To examine the relationships between respondents' socio-economic characteristics, their common beliefs, experience of interaction with disabled persons, and their attitudes towards disabled persons;
- e) To establish baseline perception indexes reflecting equal opportunities and discrimination on the basis of disability

3.2 With the emphasis placed on the right-based approach and ways of enhancing disabled people to fulfill their social roles, respondents' discriminatory views had to be sought prior to formulating measures that would enable persons with disabilities to be employed as co-workers, to live independently, to have social and occupational integration, and participation in the community.

- a) Perception of discrimination in the field of employment, including recruitment, and opportunities for training and promotion;
- b) Perception of discrimination in the field of public access, services and facilities, covering not only discrimination, but also availability of arrangements to facilitate access to and use of services and facilities;

- c) Perception of discrimination in the field of social interaction, including obstacles preventing participation in social activities and people's biased attitudes towards persons with disabilities in such activities;
- d) Perception of discrimination in the field of education and training, including obstacles affecting admission as well as the lack of suitable aids to facilitate meaningful participation in learning.

3.3 Information on profile of the respondents was collated and presented in Appendix 1. The questionnaire used in the study was included in Appendix 2.

Sample Design

3.4 For the present survey, a two-stage random sampling design was adopted. For the first stage, a random sample of quarters was selected. For the quarters selected, residing households were randomly selected for the survey.

3.5 In the second stage, a person aged 15 or above living in the household was chosen randomly using the last birthday method. Given that the probability of selection was not the same for respondents living in households of different sizes, weighting was used to adjust for the unequal probabilities of selection.

Enumeration Results

3.6 The household face-to-face interviews were conducted during the period from June to August 2010. A total of 1,800 households were randomly selected from the sample frame, and 1,011 respondents aged 15 or above residing in Hong Kong were successfully enumerated, constituting a response rate of 65%. The enumeration results are summarized in the table below:

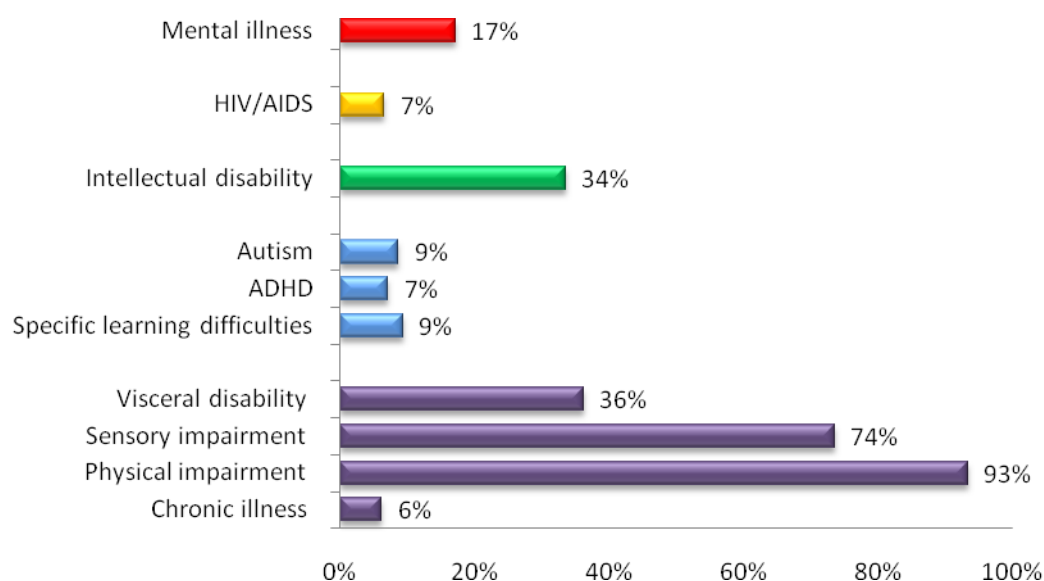
a) Total number of households sampled	1,800
b) Total number of invalid cases (e.g. vacant, non-residential)	252
c) Total number of unsuccessful cases (non-contact)	304
d) Total number of unsuccessful cases (refusal)	233
e) Total number of households interviewed	1,011

Understanding and Exposure

4.1 In analyzing the data, similar patterns appeared in relation to specific disabilities. Therefore, in presenting the findings in the charts and tables, the disabilities were displayed as five subsets in the order: “Mental illness”, “HIV/AIDS”, “Intellectual disability”, “Autism, ADHD, Specific learning difficulties”, and “Visceral disability, Sensory impairment, Physical impairment, Chronic illness”.

Who are “persons with a disability” without prompting

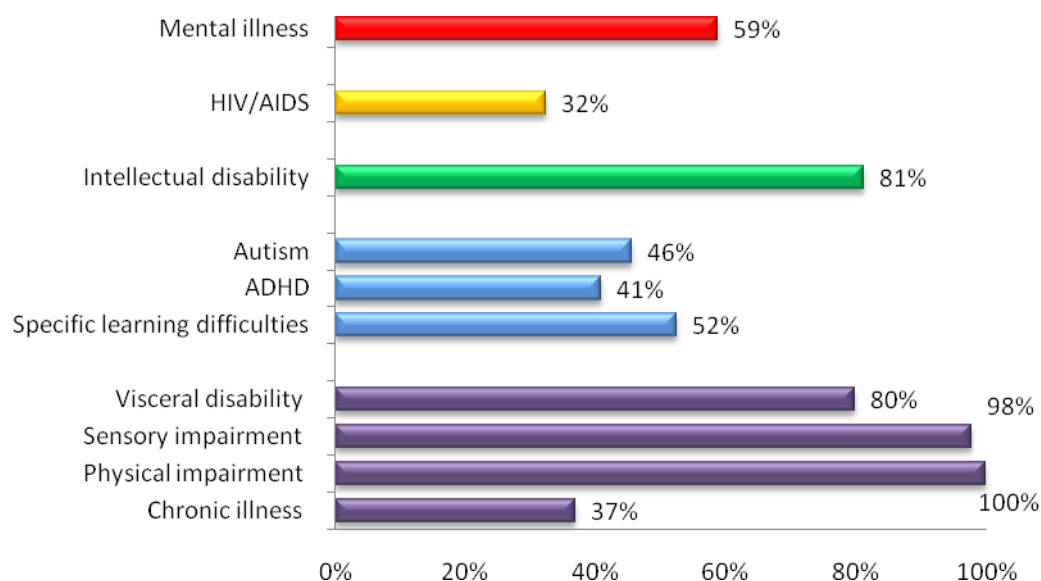
4.2 Without prompting, most of the respondents indicated that persons with physical impairment (93%) or sensory impairment (74%) belonged to persons with a disability. About one-third of the respondents considered persons with visceral disability (36%) or intellectual disability (34%) as having a disability. However, persons with mental illness (17%), specific learning difficulties (9%), autism (9%), ADHD (7%), HIV/AIDS (7%) or chronic illness (6%) were comparatively harder to be defined as having a disability.



Who are “persons with a disability” with and without prompting

4.3 With and without prompting, most of the respondents indicated that persons with physical impairment (100%) or sensory impairment (98%) had a disability.

4.4 When prompted, there was substantial increase of awareness in some disability groups. About 80% of the respondents considered persons with intellectual disability or visceral disability having a disability. More than half of the respondents indicated that persons with mental illness (59%) or specific learning difficulties (53%) having a disability. However, persons with autism (46%), ADHD (41%), HIV/AIDS (33%) and chronic illness (37%) were comparatively harder to be defined having a disability even when prompted.



4.5 Further analysis by demographic characteristics was included in [Appendix 3a](#).

Comparison between surveys conducted in 1998¹⁹ and 2010

4.6 Without prompting, higher percentages of the respondents were found in the 2010 survey than in the 1998 survey who regarded persons with physical impairment, sensory impairment, intellectual disability or mental illness having a disability.

4.7 With and without prompting, the findings were similar in the 2010 and 1998 surveys with the exception that only 37% of the respondents in the 2010 survey indicated that persons with chronic illness had a disability. The figure was significantly lower than 53% in the 1998 survey.

People with	Who are “persons with a disability”			
	without prompting (%)		with and without prompting (%)	
	1998	2010	1998	2010
Physical impairment	90	93	100	100
Sensory impairment	52	74	98	98
Intellectual disability	21	34	83	81
Mental illness	7	17	57	59
Chronic illness	6	6	53	37
HIV/AIDS	<1	7	26	32

¹⁹ Equal Opportunities Commission, HKSAR (1998). A Baseline Survey on Public Attitudes towards Persons with a Disability.

Recognition of persons with a disability

4.8 Most of the respondents indicated that they could be able to recognize persons with physical impairment (99%), sensory impairment (94%), intellectual disability (84%) or visceral disability (75%) immediately or after watching for a while.

4.9 For persons with mental illness, 56% of the respondents stated that they could recognize them immediately or after watching for a while, whereas about 21% of the respondents expressed that they could not recognize them even after watching for a while.

4.10 Below half of the respondents indicated that they could recognize persons with ADHD (48%), autism (43%) or specific learning difficulties (37%) immediately or after watching for a while, whereas more than a quarter of the respondents stated that they could not recognize them even after watching for a while and another quarter were not sure those persons having the disability.

4.11 A minority of the respondents indicated that they could recognize persons with chronic illness (17%) or HIV/AIDS (6%) immediately or after watching for a while, whereas about 40% of the respondents expressed that they could not recognize them even after watching for a while and another 40% were not sure those persons having the disability.

People with	Yes, immediately & after watching for a while	No, even after watching for a while	Not sure	No opinion
Mental illness	56	21	21	2
HIV/AIDS	6	45	47	2
Intellectual disability	84	8	6	2
Autism	43	29	26	2
ADHD	48	27	22	2
Specific learning difficulties	37	34	27	2
Visceral disability	75	14	9	2
Sensory impairment	94	3	2	<1
Physical impairment	99	<1	<1	<1
Chronic illness	17	43	39	2

4.12 Further analysis by demographic characteristics was included in [Appendix 3b](#).

Lead to incapacity and increased dependence on others

4.13 About half of the respondents agreed that persons with intellectual disability (59%), visceral disability (55%) or physical impairments (50%) would lead to incapacity and increased dependency on others even if treatment was received. Conversely, more-or-less the same portions of respondents perceived that persons with chronic illness (56%), HIV/AIDS (55%) or ADHD (50%) would not lead to incapacity and increased dependency on others if treatment was received.

People with	Will lead to incapacity and increased dependence on others		Will NOT lead to incapacity and increased dependence on others		No opinion
	do not receive any treatment	receive treatment	do not receive any treatment	receive treatment	
Mental illness	10	34	6	44	7
HIV/AIDS	8	23	7	55	8
Intellectual disability	11	48	5	30	6
Autism	8	30	6	49	7
ADHD	9	28	6	50	7
Specific learning difficulties	9	34	5	45	7
Visceral disability	10	45	6	34	6
Sensory impairment	9	38	9	40	6
Physical impairment	10	40	8	37	6
Chronic illness	8	22	8	56	6

4.14 Further analysis by demographic characteristics was included in [Appendix 3c](#).

Able to lead a happy and fulfilling life

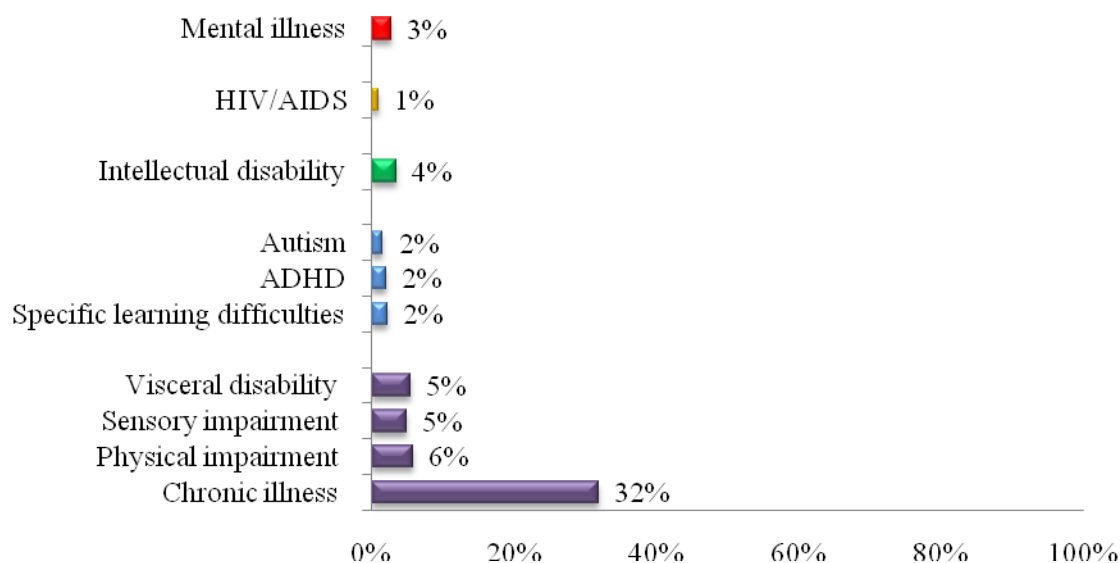
4.15 Over half of the respondents agreed that persons with chronic illness (62%), ADHD (61%), specific learning disabilities (60%) or autism (59%) would be able to lead a happy and fulfilling life if treatment or assistance was received. A certain number of the respondents perceived that persons with HIV/AIDS (31%), visceral disability (30%) or physical impairment (26%) would not be able to lead a happy and fulfilling life even if treatment was received.

People with	Able to lead a happy and fulfilling life		NOT able to lead a happy and fulfilling life		No opinion
	do not receive treatment or obtain assistance	receive treatment or obtain assistance	do not receive treatment or obtain assistance	receive treatment or obtain assistance	
Mental illness	6	49	9	24	11
HIV/AIDS	4	49	7	31	10
Intellectual disability	7	53	8	20	11
Autism	5	59	9	19	9
ADHD	8	61	7	15	9
Specific learning difficulties	4	60	8	18	9
Visceral disability	4	50	8	30	8
Sensory impairment	5	56	7	24	9
Physical impairment	5	54	8	26	8
Chronic illness	5	62	7	17	8

4.16 The proportions of the respondents who agreed that persons with disabilities would be able to lead a happy and fulfilling life were higher for those who had primary educational attainment. Further analysis by demographic characteristics was included in [Appendix 3d](#).

Regular contact with persons with a disability

4.17 More respondents had regular contact with persons with chronic illness (32%), while contact with persons with other disabilities was significantly less common (less than 6%). It was rare for the respondents to contact persons with HIV/AIDS (1%), autism (2%), ADHD (2%) or specific learning difficulties (2%).



4.18 Further analysis by demographic characteristics was included in [Appendix 3e](#).

Relationship between the respondents and persons with a disability

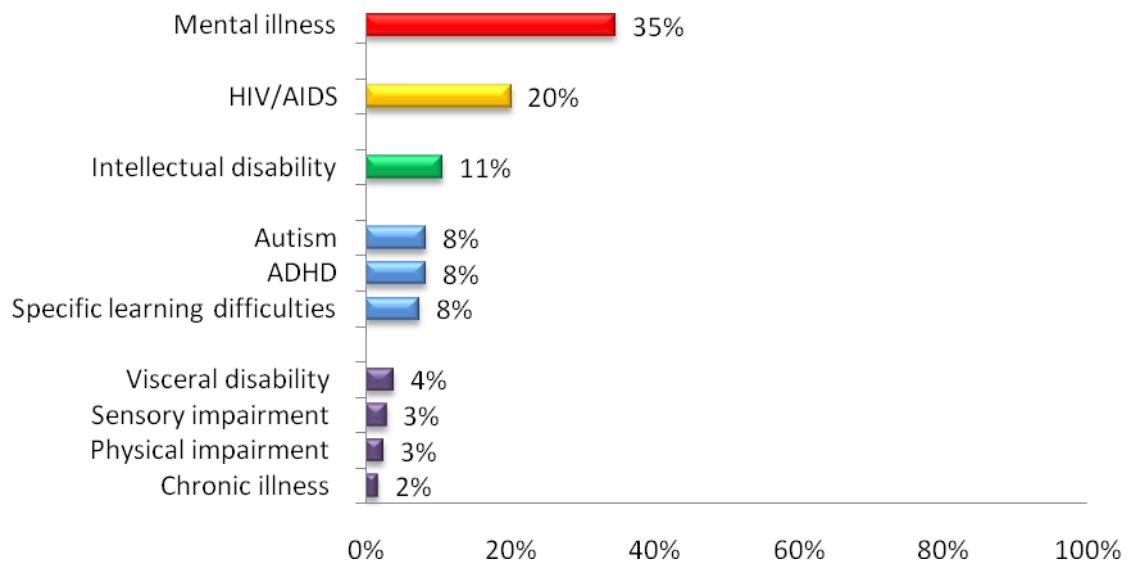
4.19 Among those who were in regular contact with persons with disabilities, most were family members or relatives, in relation to persons with chronic illness (83%), visceral disability (70%) or intellectual disability (56%). Comparatively more respondents were identified as friends for persons with ADHD (59%), autism (57%) or HIV/AIDS (52%). As classmates or colleagues, more respondents were found for persons with specific learning difficulties (42%), HIV/AIDS (36%), and autism (30%)

People with	For those who had regular contact		
	As family members or relatives	As classmates or colleagues at work	As friends
Mental illness	60	18	38
HIV/AIDS	40	36	52
Intellectual disability	56	16	34
Autism	18	30	57
ADHD	15	29	59
Specific learning difficulties	20	42	42
Visceral disability	70	4	36
Sensory impairment	43	23	36
Physical impairment	53	17	31
Chronic illness	83	7	36

Public Perception of Discrimination - Employment

Disagreement²⁰ -- “I do not mind working with persons with a disability in my company”

5.1 A certain proportion of the respondents did mind working with persons with mental illness (35%) or HIV/AIDS (20%) in their company. The percentages were much higher than other types of disability. About 8-11% of the respondents did mind working with persons with intellectual disability, autism, ADHD or specific learning difficulties. The disapproval was even lower for those with visceral disability (4%), sensory impairment (3%), physical impairment (3%) and chronic illness (2%).



Analyzed by demographic characteristics

5.2 Towards persons with mental illness or HIV/AIDS, the proportion of disagreement was significantly higher for respondents who were aged 35 or above, or had primary educational attainment. Detailed analysis by demographic characteristics was given in [Appendix 4a](#).

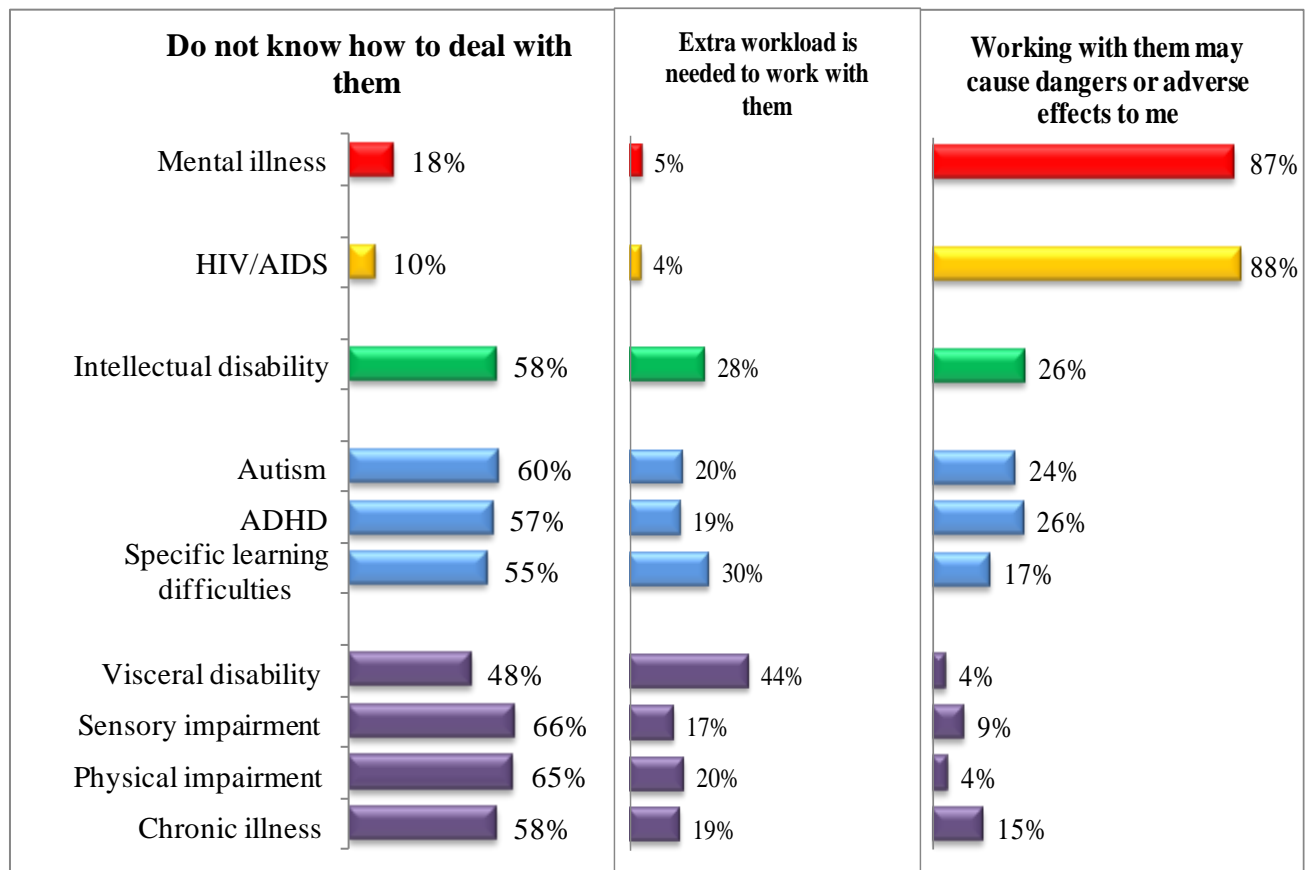
²⁰ Respondents disagreed or strongly disagreed with the statement.

Reasons for disagreement - “I do not mind working with persons with a disability in my company”

5.3 Over half of the respondents indicated that they did not know how to deal with persons with sensory impairment (66%), physical impairment (65%), autism (60%), chronic illness (58%), intellectual disability (58%), ADHD (57%) or specific learning difficulties (55%).

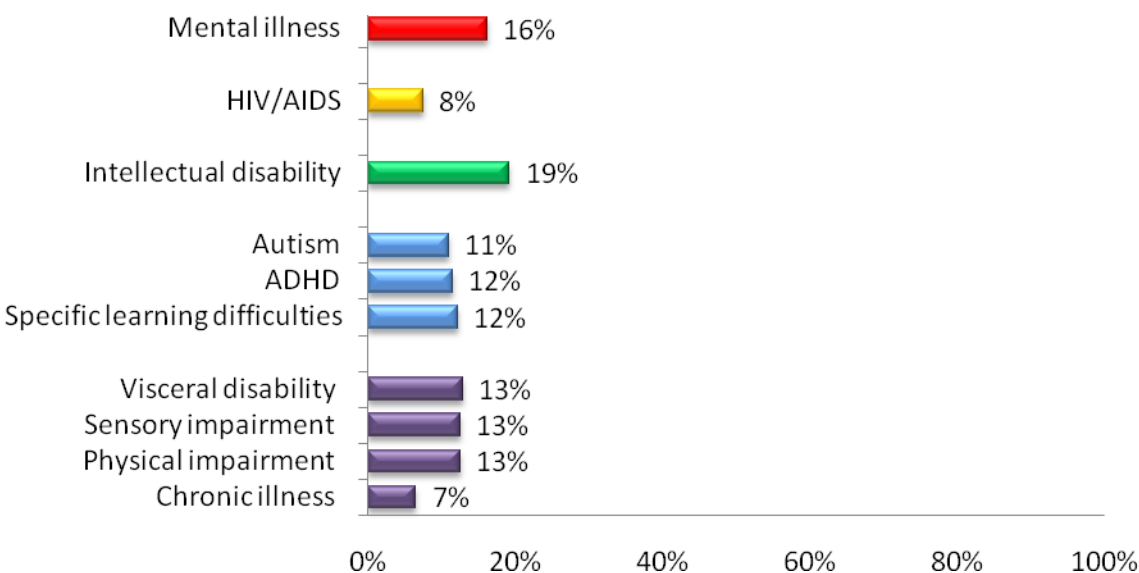
5.4 Some respondents expressed that extra workload was needed to work with persons with visceral disability (44%), specific learning difficulties (30%) or intellectual disability (28%).

5.5 Over 80% of the respondents indicated that working with persons with mental illness (87%) or HIV/AIDS (88%) might cause dangers or adverse effects to other staff.



Disagreement -- “Workers with a disability should receive the same wage for the same workload as compared with other workers without a disability”

5.6 About 8-19% of the respondents disagreed that workers with disabilities should receive the same wage for the same workload as compared with other workers without a disability. The percentages of disapproval were higher for persons with intellectual disability (19%) or mental illness (16%)



Analyzed by demographic characteristics

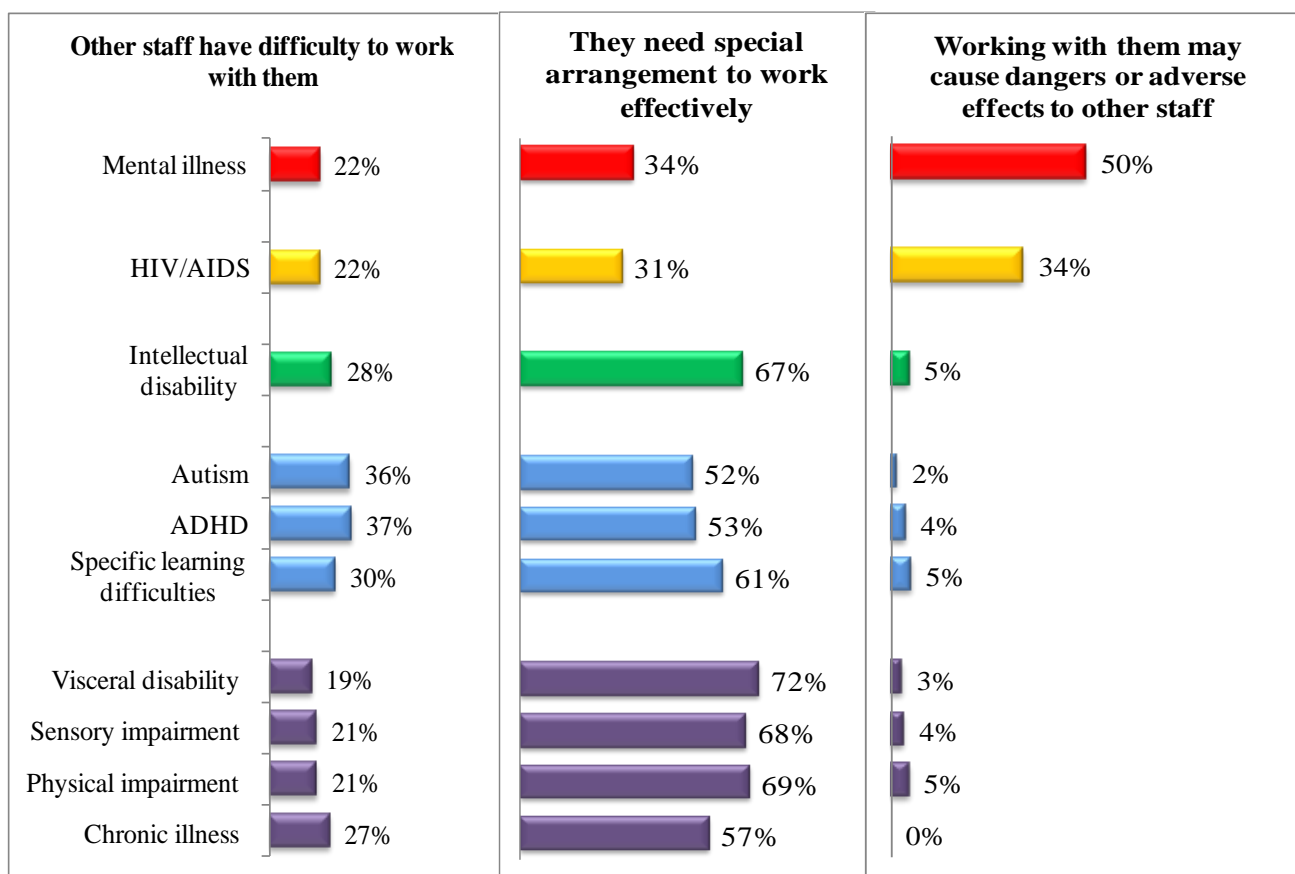
5.7 Towards persons with mental illness or HIV/AIDS, the proportion of disagreement was significantly higher for respondents who were aged 55 or above, or had primary educational attainment. Detailed analysis by demographic characteristics was given in [Appendix 4b](#).

Reasons for disagreement - “Workers with a disability should receive the same wage for the same workload as compared with other workers without a disability”

5.8 About 30% of the respondents indicated that other staff had difficulty to work with persons with ADHD (37%), autism (36%), specific learning difficulties (30%), intellectual disability (28%) and chronic illness (27%).

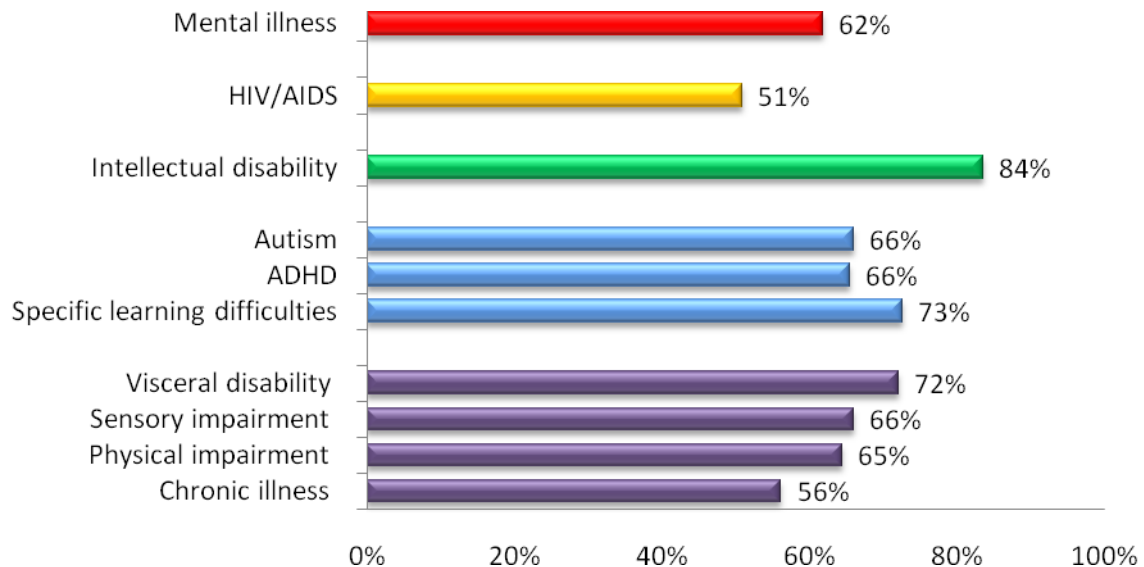
5.9 About 60% of the respondents indicated that persons with visceral disability (72%), physical impairment (69%), sensory impairment (68%), intellectual disability (67%), specific learning difficulties (61%) and chronic illness (57%) needed special arrangement to work effectively.

5.10 Above one-third of the respondents indicated that working with persons with mental illness (50%) or HIV/AIDS (34%) might cause dangers or adverse effects to other staff.



Agreement²¹ -- “Simple repetitive work is appropriate for workers with a disability”

5.11 Over half of the respondents agreed that simple repetitive work was appropriate for workers with disabilities, with higher percentages noted for persons with intellectual disability (84%), specific learning difficulties (73%) or visceral disability (72%).



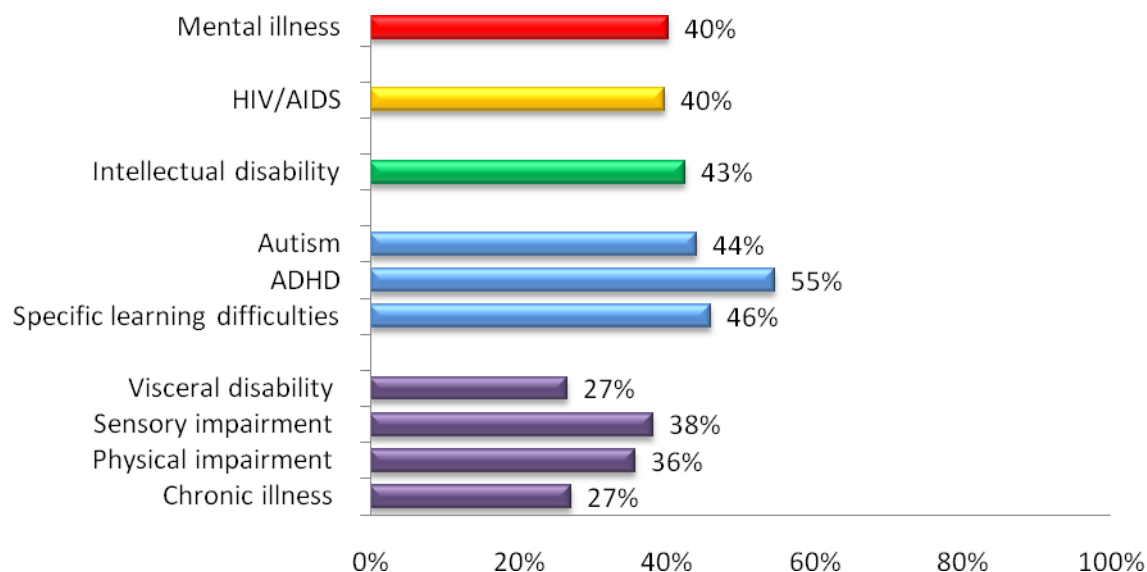
Analyzed by demographic characteristics

5.12 Towards persons with intellectual disability or specific learning difficulties, the proportion of agreement was significantly higher for respondents who were aged 55 or above, had primary or secondary educational attainment, or were retired. The details of the analysis by demographic characteristics were given in [Appendix 4c](#).

²¹ Respondents agreed or strongly agreed with the statement.

Disagreement -- “Workers with a disability can be expected to fit into competitive society”

5.13 About a quarter to one-half of the respondents disagreed that workers with disabilities could be expected to fit into competitive society. The percentages were much higher for workers with ADHD (55%), specific learning difficulties (46%) or autism (44%), whereas they were much lower for persons with chronic illness (27%) or visceral disability (27%).



Analyzed by demographic characteristics

5.14 Towards persons with mental illness or HIV/AIDS, the proportion of disagreement was significantly higher for the respondents who were aged 35 or above, had primary or secondary educational attainment, were homemakers or retired. The details of the analysis by demographic characteristics were given in [Appendix 4d](#).

Opportunities: Employment

5.15 Over 80% of the respondents indicated that persons with disabilities had fewer employment opportunities than persons without a disability, with the exception that lower percentages were noted for persons with HIV/AIDS (61%) and chronic illness (62%), who were considered to have more or less equal opportunities (35% and 34%, respectively). Uniformly, less than 1% of the respondents perceived that persons with disabilities had more employment opportunities than persons without a disability.

People with	Much fewer or fewer opportunities	More or less equal opportunities	Much more or more opportunities	No opinion
Mental illness	88	9	<1	3
HIV/AIDS	61	35	<1	5
Intellectual disability	93	3	<1	3
Autism	85	11	<1	4
ADHD	81	15	<1	4
Specific learning difficulties	85	11	<1	3
Visceral disability	89	6	<1	4
Sensory impairment	91	6	<1	3
Physical impairment	92	5	<1	3
Chronic illness	62	34	<1	3

Comparison with 1998 survey findings

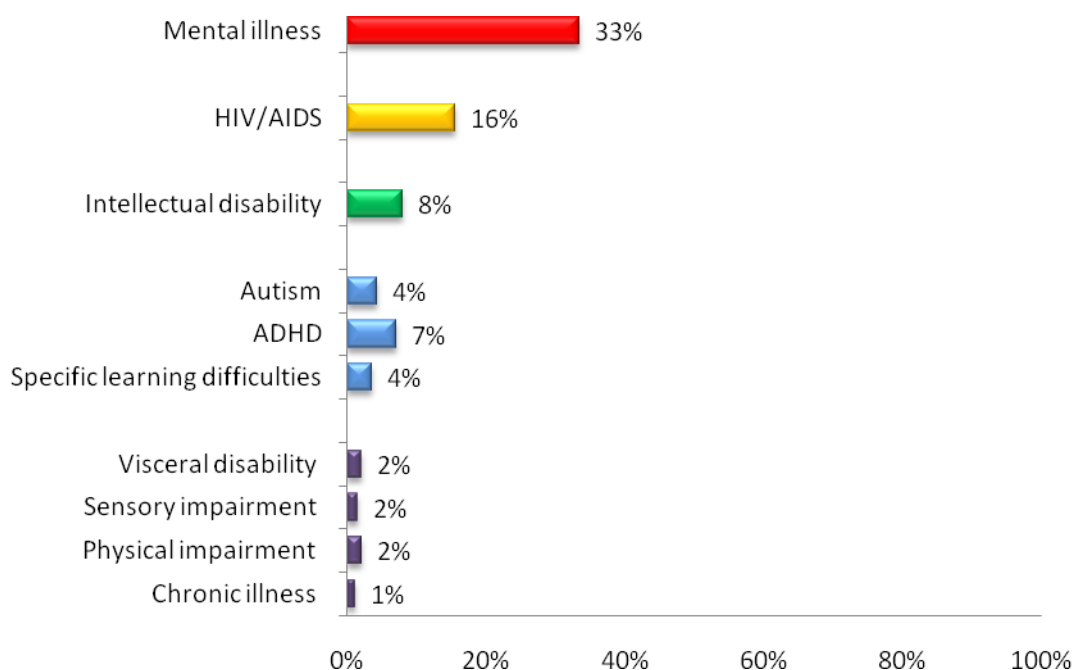
5.16 In the 1998 survey, 91% of the respondents perceived that persons with disabilities had fewer/far fewer employment opportunities than persons without a disability. There was a tendency of fewer negative views on persons with disabilities in the 2010 survey as a lower proportion of the respondents (around 85%) indicated the same perception. However, exceptionally lower percentages were noted for persons with HIV/AIDS and chronic illness.

5.17 Only 40% of the respondents in the 1998 survey indicated that colleagues would accept persons with mental illness or HIV/AIDS. In the 2010 survey, more people would accept persons with mental illness or HIV/AIDS as colleagues. However, a certain proportion of the respondents did mind working with persons with mental illness (35%) or HIV/AIDS (20%) in their company.

Public Perception of Discrimination - Public Access, Services and Facilities

Disagreement – “I can accept persons with a disability sitting next to me on the bus”

6.1 Less than 10% of the respondents could not accept persons with disabilities sitting next to them on the bus, with the exception that higher percentages were noted for persons with mental illness (33%) or HIV/AIDS (16%).



Analyzed by demographic characteristics

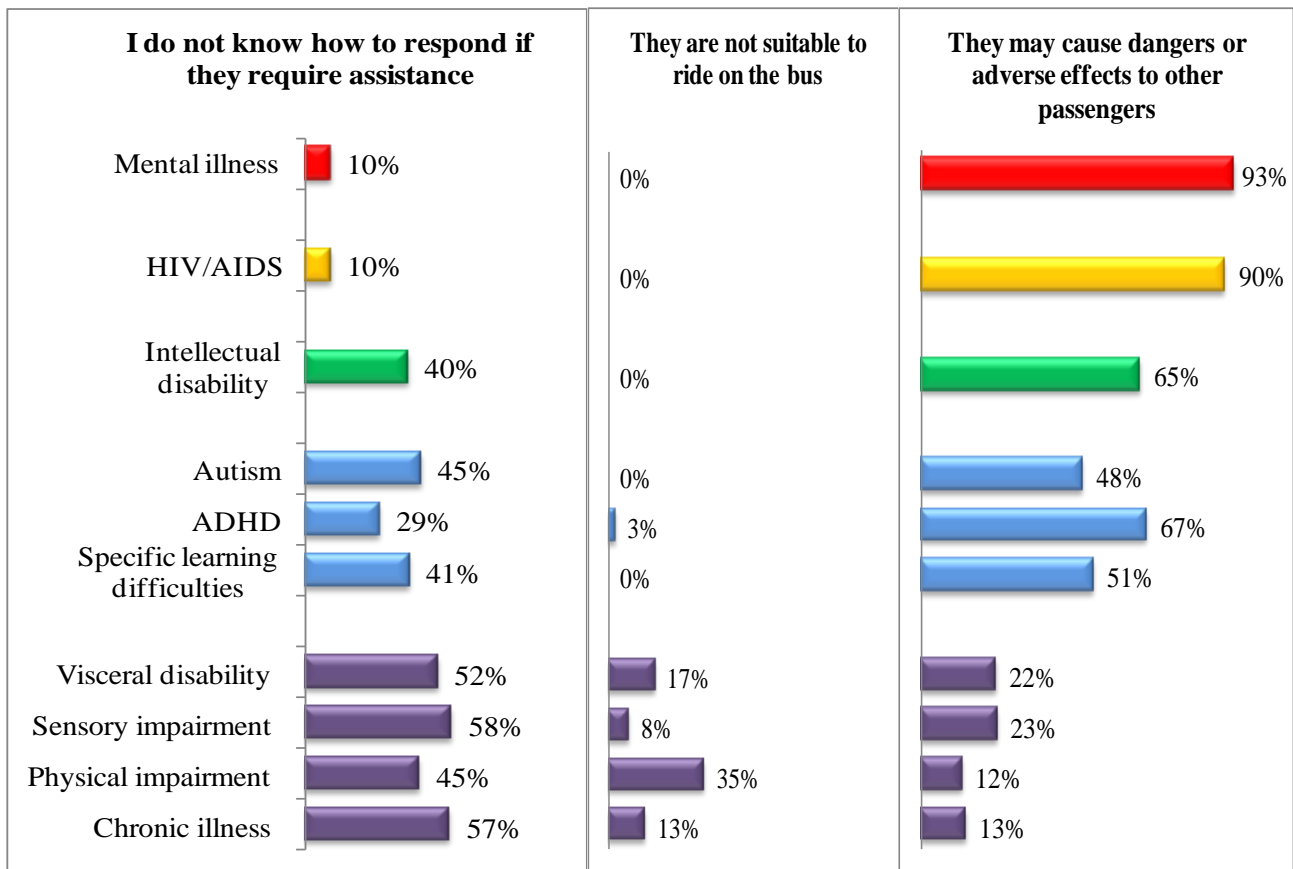
6.2 Towards persons with mental illness or HIV/AIDS, the proportion of disagreement was significantly higher for those who were aged 35 or above, or had primary educational attainment. Detailed analysis by demographic characteristics was given in [Appendix 5a](#).

Reasons for disagreement - “I can accept persons with a disability sitting next to me on the bus”

6.3 About half of the respondents indicated that they did not know how to respond if persons with sensory impairment (58%), chronic illness (57%), visceral disability (52%), physical impairment (45%) or autism (45%) required assistance.

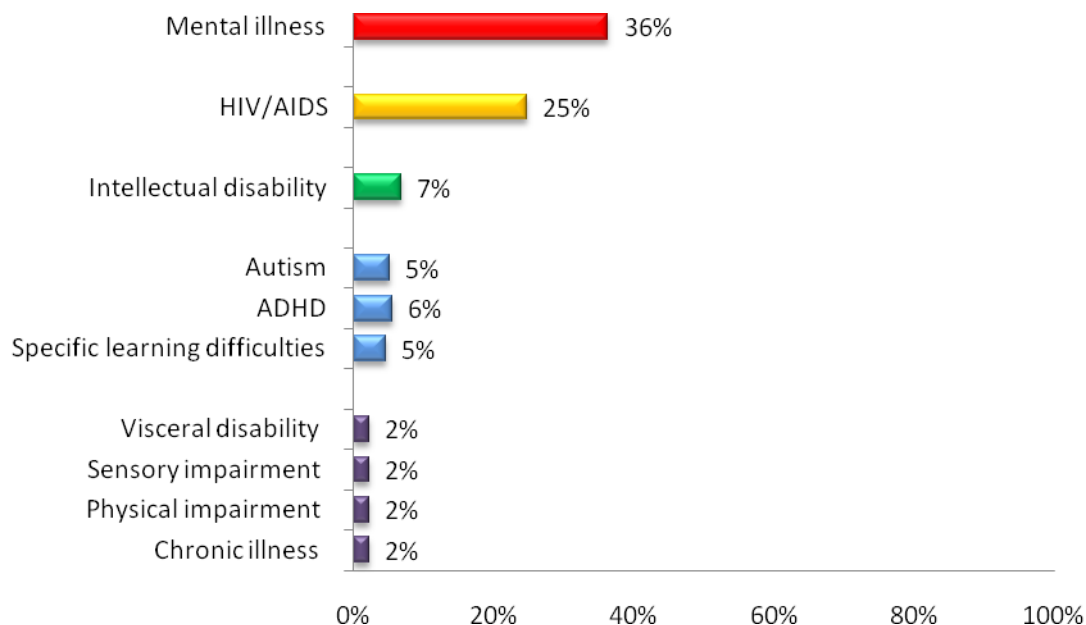
6.4 Some respondents thought that persons with physical impairment (35%) or visceral disability (17%) were not suitable to ride on the bus.

6.5 About 90% of the respondents indicated that persons with mental illness (93%) or HIV/AIDS (90%) might cause dangers or adverse effects to other passengers. Moderate (50-70%) to lower (10-20%) proportions of the respondents considered the same reason for persons with other disabilities.



Disagreement -- “I do not mind having a service centre for persons with a disability in my residential neighbourhood”

6.6 Less than 10% of the respondents did mind having a service centre for persons with disabilities in their residential neighbourhood, with the exception that much higher percentages were noted for persons with mental illness (36%) or HIV/AIDS (25%).



Analyzed by demographic characteristics

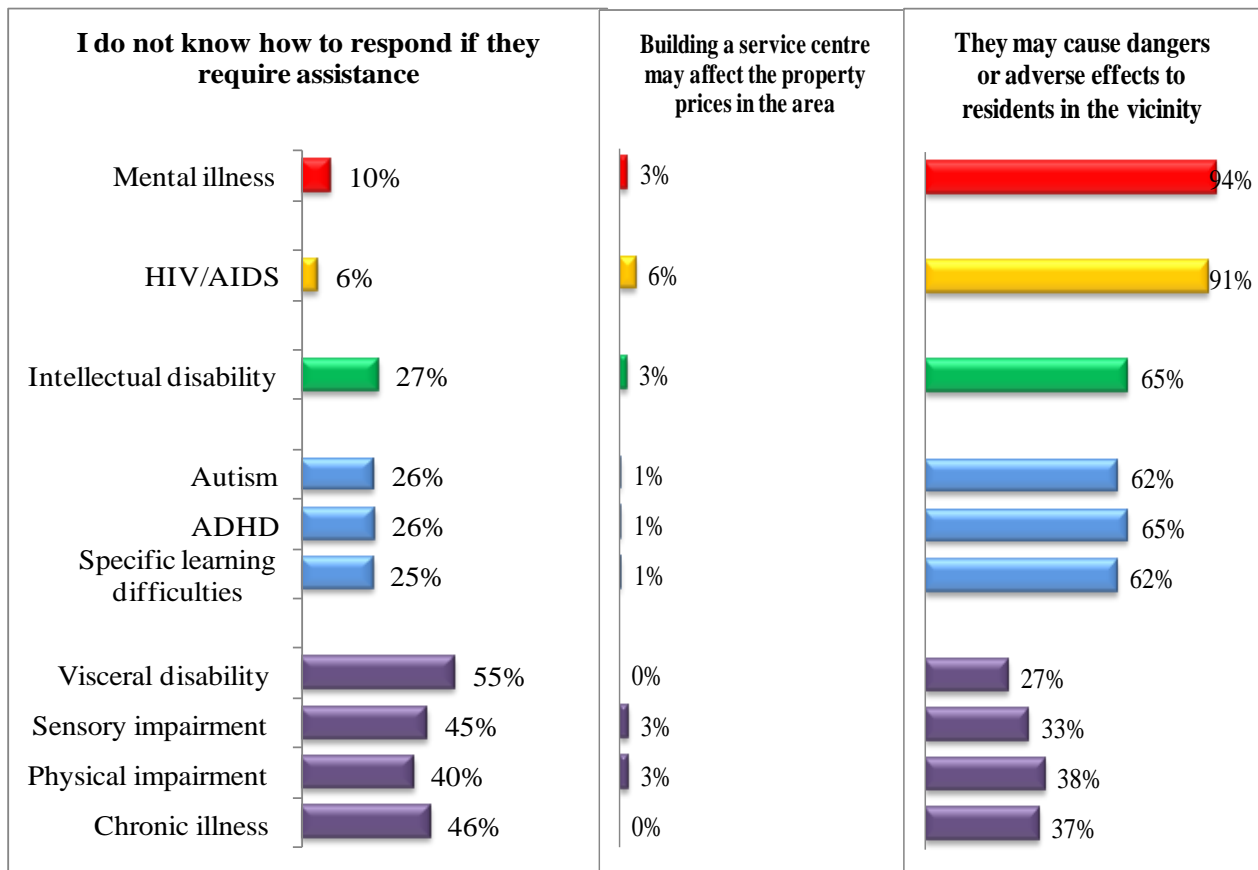
6.7 Towards persons with mental illness or HIV/AIDS, the proportion of disagreement was significantly higher for respondents who were female, aged 35 or above, had primary educational attainment, were home-makers or retired persons. Detailed analysis by demographic characteristics was given in [Appendix 5b](#).

Reasons for disagreement - “I do not mind having a service centre for persons with a disability in my residential neighbourhood”

6.8 About half of the respondents indicated that they did not know how to respond if persons with visceral disability (55%), chronic illness (46%), sensory impairment (45%) or physical impairment (40%) required assistance.

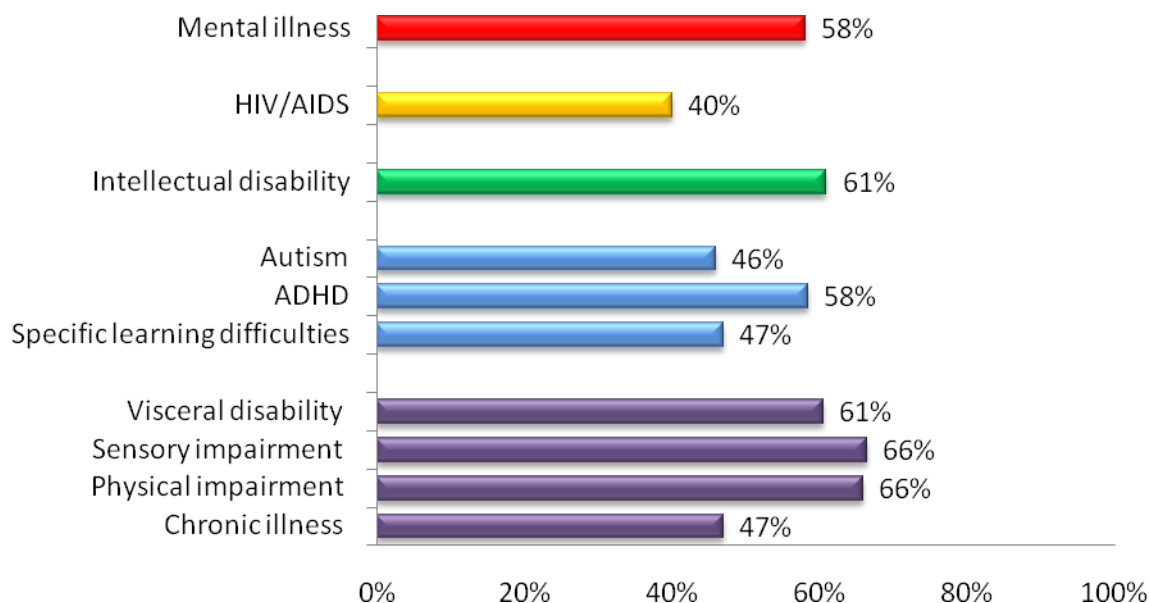
6.9 At or less than 6% of the respondents thought that building a service centre for persons with disabilities might affect the property prices in the area.

6.10 Above 90% of the respondents indicated that persons with mental illness (94%) or HIV/AIDS (91%) might cause dangers or adverse effects to residents in the vicinity. Moderate (60-70%) to lower (20-40%) proportions of the respondents considered the same reason for persons with other disabilities.



Agreement -- “Persons with a disability are more accident prone than other people”

6.11 Over 40% of the respondents agreed that persons with disabilities were more accident prone than other people, with higher percentages noted for persons with sensory impairment (66%), physical impairment (66%) intellectual disability (61%) or visceral disability (61%).

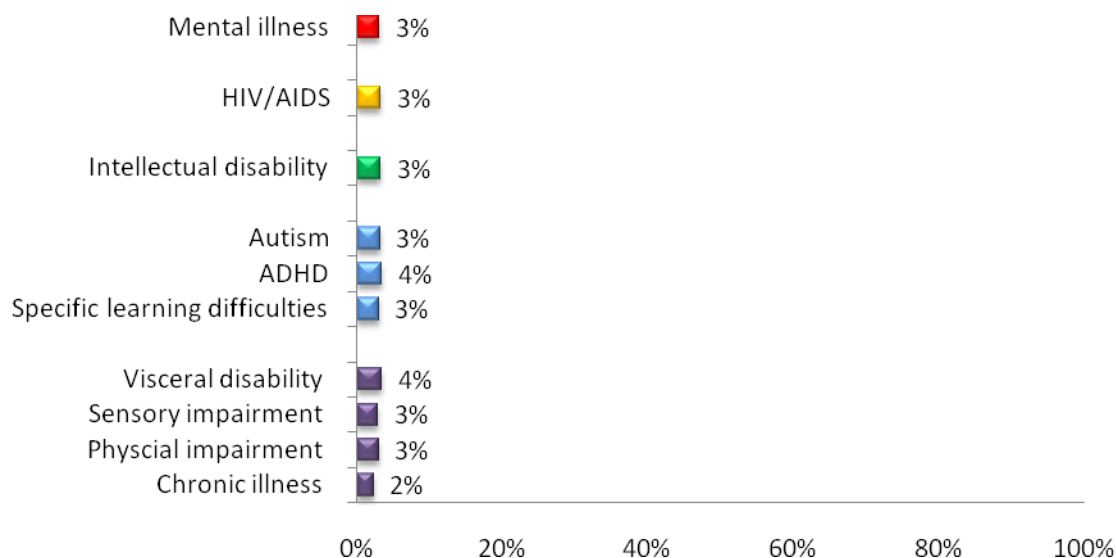


Analyzed by demographic characteristics

6.12 Towards persons with specific learning difficulties, the proportion of agreement was significantly higher for respondents who had secondary educational attainment. Detailed analysis by demographic characteristics was given in [Appendix 5c](#).

Agreement -- “It is a waste of money to have special facilities or services for persons with a disability”

6.13 Less than 4% of the respondents agreed that it was a waste of money to have special facilities or services for persons with disabilities.



Analyzed by demographic characteristics

6.14 Towards persons with disabilities, the proportion of agreement was similar for respondents of different demographic characteristics. Detailed analysis by demographic characteristics was given in [Appendix 5d](#).

Opportunities: The use of services and facilities

6.15 About 30% of the respondents considered that persons with disabilities had more opportunities in the use of services and facilities than persons without a disability. Around 10-20% of the respondents indicated that persons with disabilities had more or less equal opportunities, with higher percentages noted for persons with HIV/AIDS (42%) or chronic illness (38%). About 40-50% of the respondents perceived that persons with disabilities had fewer opportunities, with lower percentages noted for persons HIV/AIDS (28%) or chronic illness (28%).

People with	Much fewer or fewer opportunities	More or less equal opportunities	Much more or more opportunities	No opinion
Mental illness	39	24	31	6
HIV/AIDS	28	42	24	6
Intellectual disability	50	12	32	5
Autism	47	19	28	6
ADHD	42	24	29	6
Specific learning difficulties	46	19	30	5
Visceral disability	45	18	31	6
Sensory impairment	49	16	31	5
Physical impairment	44	20	32	5
Chronic illness	28	38	29	5

Comparison with 1998 survey findings

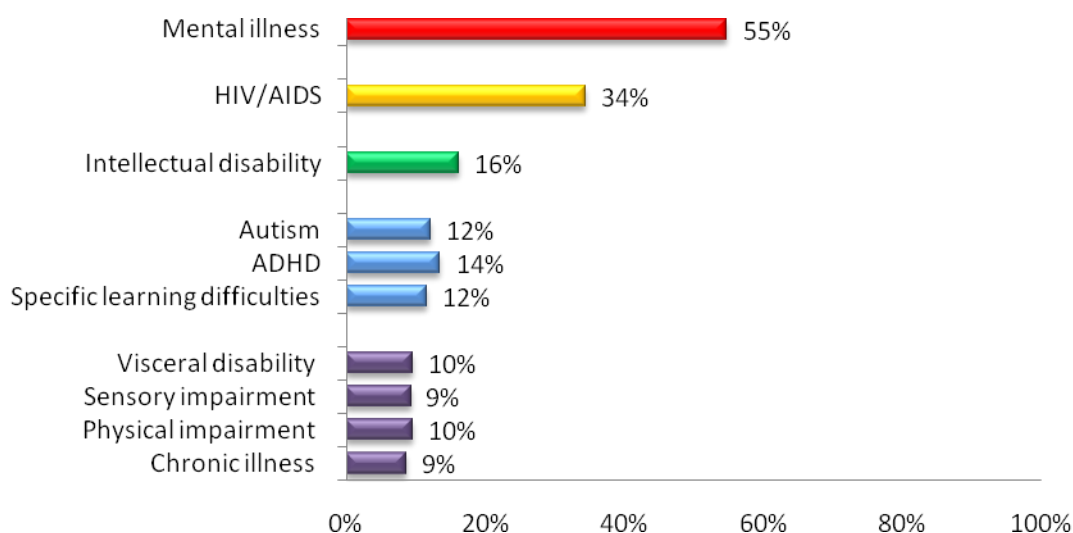
6.16 In the 1998 survey, about 80% of the respondents perceived that persons with disabilities had fewer/far fewer opportunities than persons without a disability, in relation to public access, services and facilities. There was significant change in the 2010 survey for not more than 50% of the respondents indicated the same perception. About 30% of the respondents even considered that persons with disabilities had more opportunities in the use of services and facilities than persons without a disability.

6.17 In a range of one-third to one-half of the respondents in the 1998 survey perceived that persons with disabilities are quite often discriminated against when using services and facilities. However, the 2010 survey findings indicated that less than 10% of the respondents could not accept persons with disabilities in using services and facilities, with the exception that higher percentages (16-36% of the respondents) were noted for persons with mental illness or HIV/AIDS.

Public Perception of discrimination - Social interactions

Agreement -- “I do not want persons with a disability living in my neighbourhood”

7.1 Less than one-fifth of the respondents did not want persons with disabilities living in their neighbourhood, with the exception that much higher percentages were noted for persons with mental illness (55%) and HIV/AIDS (34%).



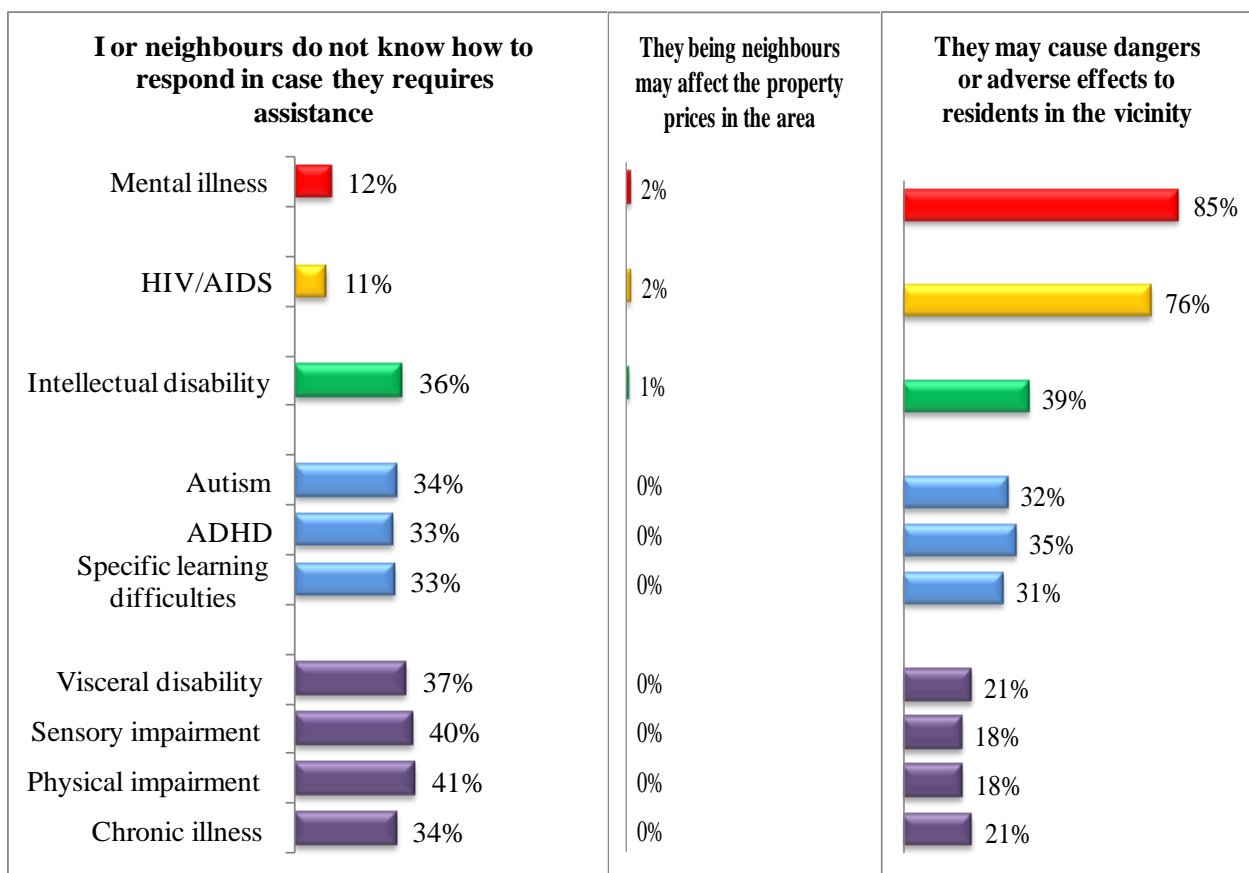
Analyzed by demographic characteristics

7.2 Towards persons with HIV/AIDS, the proportion of agreement was significantly higher for those who were female, aged 35 or above, or had primary educational attainment. Detailed analysis by demographic characteristics was given in [Appendix 6a](#).

Reasons for agreement - “I do not want persons with a disability living in my neighbourhood”

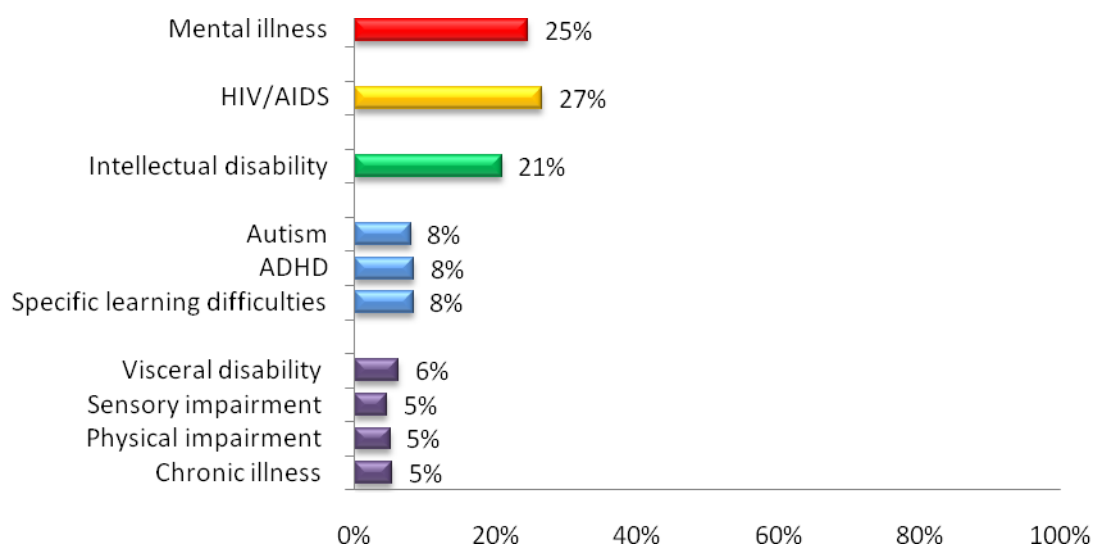
7.3 About one-third of the respondents indicated that they or their neighbours did not know how to respond in case persons with disabilities required assistance, with lower percentages noted for persons with mental illness (12%) or HIV/AIDS (11%). Rather, a majority of respondents considered that persons with mental illness (85%) or HIV/AIDS (76%) might cause dangers or adverse effects to residents in the vicinity. About 20-40% of respondents expressed similar worries about persons with other disabilities.

7.4 Less than 2% of the respondents thought that persons with disabilities in the neighbourhood might affect the property prices in the area.



Disagreement -- “Persons with a disability should date and marry each other, regardless of whether his/her spouse or partner has a disability or not”

7.5 Less than 10% of the respondents disagreed that persons with disabilities should date and marry each other, regardless of whether his/her spouse or partner has a disability or not, with the exception that higher percentages were noted for persons with HIV/AIDS (27%), mental illness (25%) or intellectual disability (21%).



Analyzed by demographic characteristics

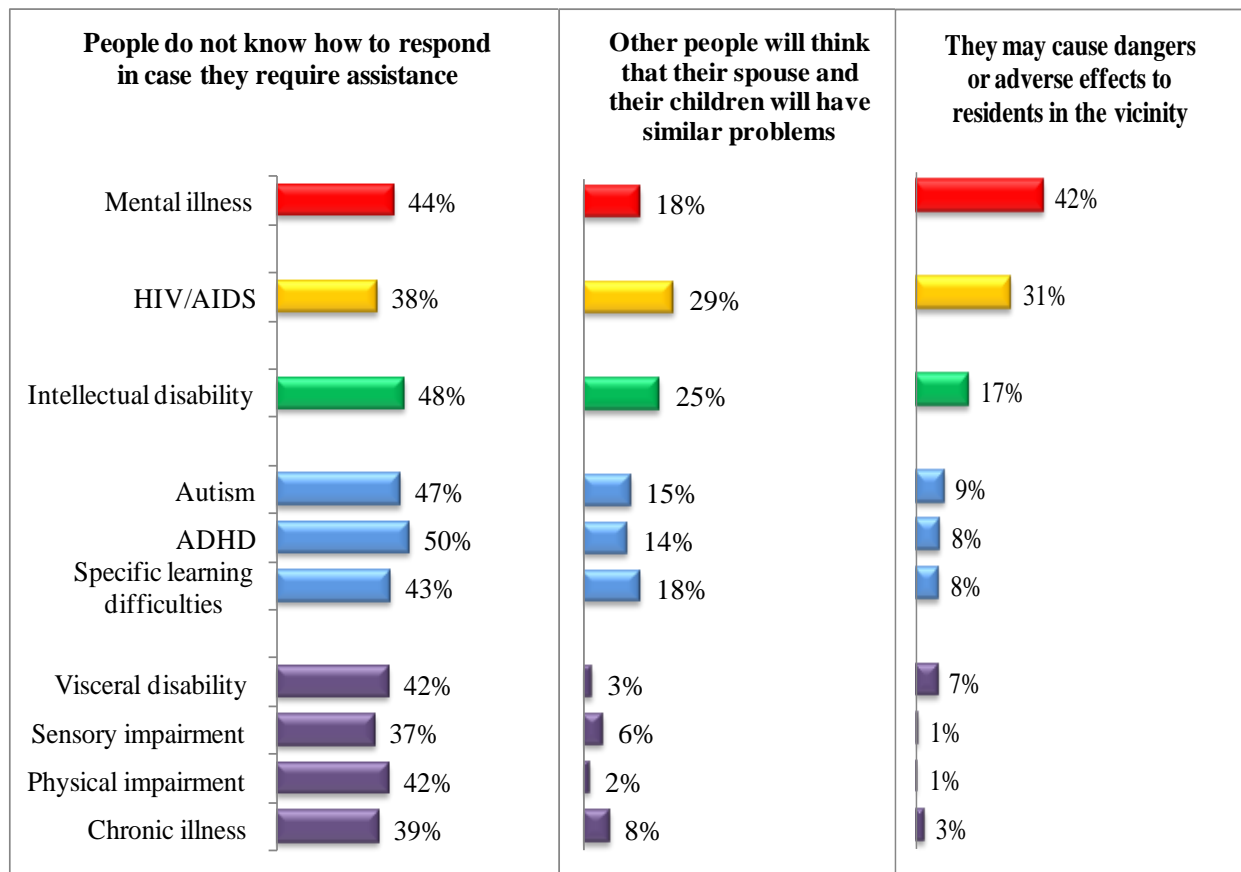
7.6 Towards persons with mental illness or HIV/AIDS, the proportion of disagreement was significantly higher for respondents who were aged 55 or above, had primary educational attainment, or were retired. Detailed analysis by demographic characteristics was given in [Appendix 6b](#).

Reasons for disagreement - “Persons with a disability should date and marry each other, regardless of whether his/her spouse or partner has a disability or not”

7.7 About 40-50% of the respondents thought that people did not know how to respond in case persons with disabilities required assistance.

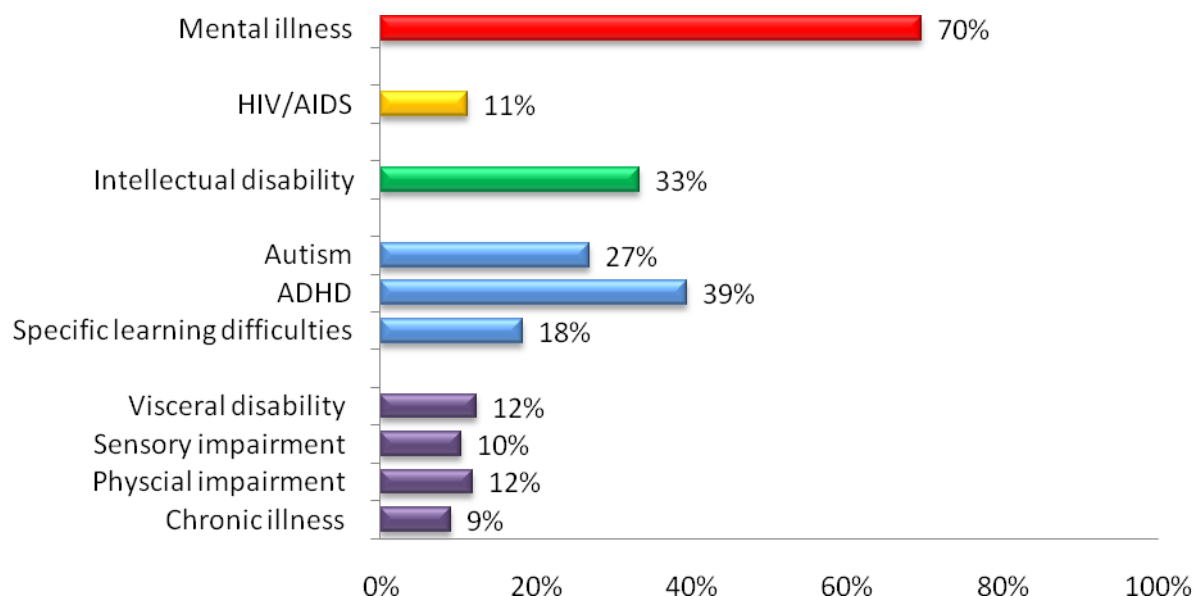
7.8 Around one-fifth of the respondents indicated that other people would think that the spouse and the child of the persons with disabilities would have similar problems, with the exception that lower percentages were noted for persons with physical impairment (2%), visceral disability (3%), sensory impairment (6%) or chronic illness (8%).

7.9 A wide spectrum of 1-17% of the respondents considered that persons with various disabilities might cause dangers or adverse effects to residents in the vicinity, with the exception that higher percentages were noted for persons with mental illness (42%) or HIV/AIDS (31%).



Agreement -- “Most persons with a disability are unpredictable and express impulsive behaviours”

7.10 About 10-40% of the respondents agreed that most persons with disabilities were unpredictable and expressed impulsive behaviours, with the exception that a much higher percentage was noted for persons with mental illness (70%).

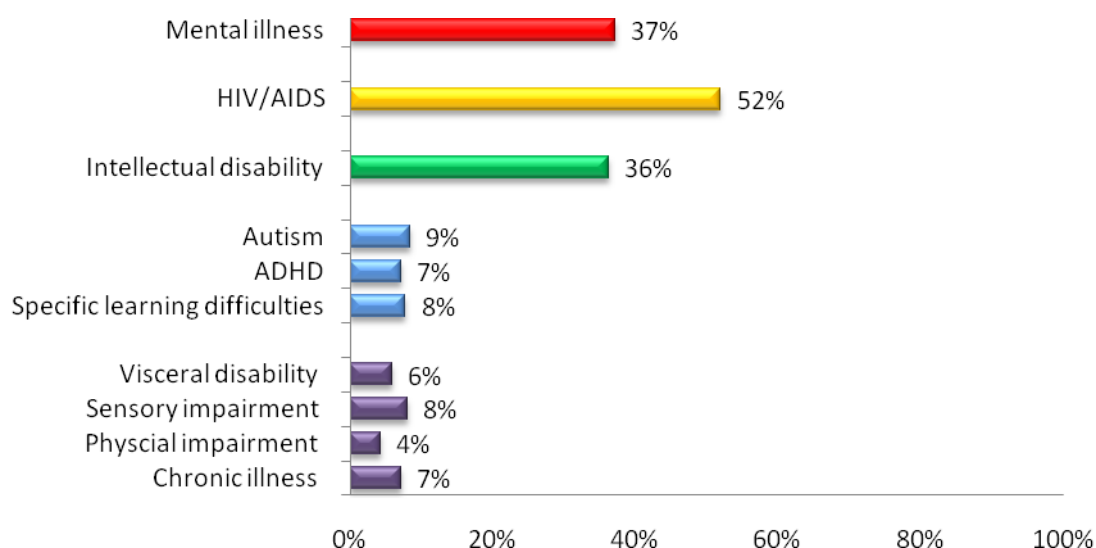


Analyzed by demographic characteristics

7.11 Towards persons with mental illness, the proportion of agreement was significantly higher for respondents who were aged 35 or above. Towards persons with visceral disability, physical impairment or sensory impairment, the proportion of agreement was significantly higher for those who had primary educational attainment, or were retired. Detailed analysis by demographic characteristics was given in [Appendix 6c](#).

Agreement -- “Persons with a disability should be prevented from having children”

7.12 Less than 10% of the respondents agreed that persons with disabilities should be prevented from having children, with the exception that much higher percentages were noted for person with HIV/AIDS (52%), mental illness (37%) or intellectual disability (36%).



Analyzed by demographic characteristics

7.13 Towards persons with mental illness or intellectual disability, the proportion of agreement was significantly higher for respondents who were aged 35 or above, had primary educational attainment, were homemakers or retired. Detailed analysis by demographic characteristics was given in [Appendix 6d](#).

Opportunities: Social interactions

7.14 Around 70-90% of the respondents indicated that persons with disabilities had fewer opportunities in social interactions than persons without a disability, with lower percentages noted for persons with HIV/AIDS (63%) or chronic illness (53%). About 10-25% of the respondents perceived that persons with disabilities had more or less equal opportunities, with higher percentages noted for persons HIV/AIDS (33%) or chronic illness (43%). Uniformly, less than 1% of the respondents perceived that persons with disabilities had more opportunities in social interactions than persons without a disability.

People with	Much fewer or fewer opportunities	More or less equal opportunities	Much more or more opportunities	No opinion
Mental illness	83	13	<1	4
HIV/AIDS	63	33	<1	4
Intellectual disability	87	9	<1	4
Autism	84	11	<1	4
ADHD	72	24	<1	4
Specific learning difficulties	75	21	<1	4
Visceral disability	77	19	<1	4
Sensory impairment	81	16	<1	3
Physical impairment	80	16	<1	3
Chronic illness	53	43	<1	3

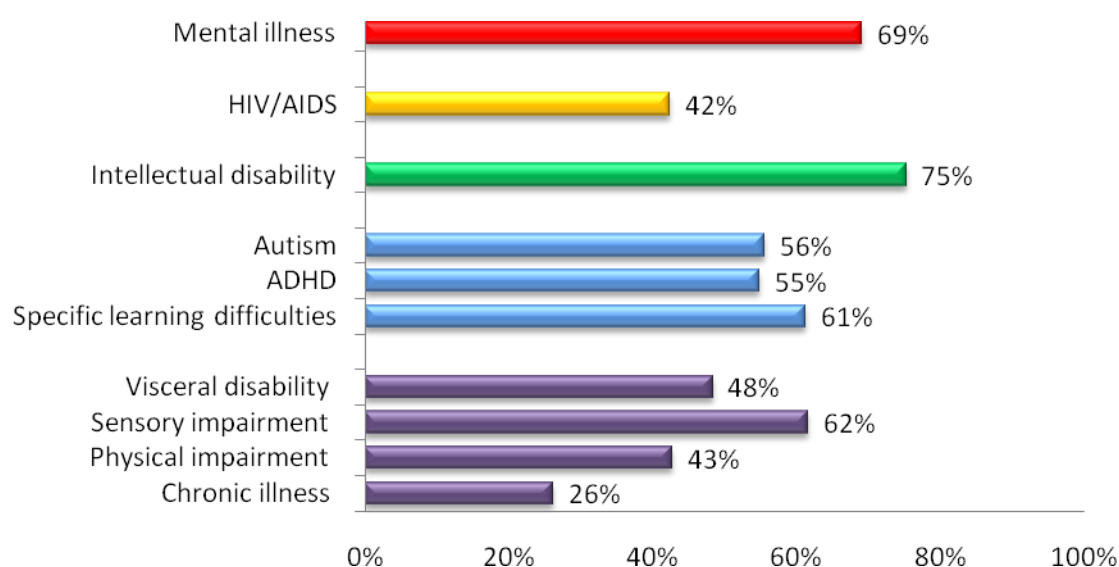
Comparison with 1998 survey findings

7.15 In respect of social interactions, 82% of the respondents in the 1998 survey perceived that persons with disabilities had fewer/far fewer opportunities than persons without a disability. There was not much change in the 2010 survey as around 70-90% of the respondents indicated the same perception. However, exceptionally lower percentages were noted for persons with HIV/AIDS and chronic illness.

Public Perception of discrimination - Education and training

Disagreement -- “For students with a disability, integrative schooling is more preferable than special school”

8.1 Over 40% of the respondents disagreed that for students with disabilities, integrative schooling was more preferable than special school, with much higher percentages for persons with intellectual disability (75%) or mental illness (69%). The exception was that a lower percentage was noted for persons with chronic illness (26%).



Analyzed by demographic characteristics

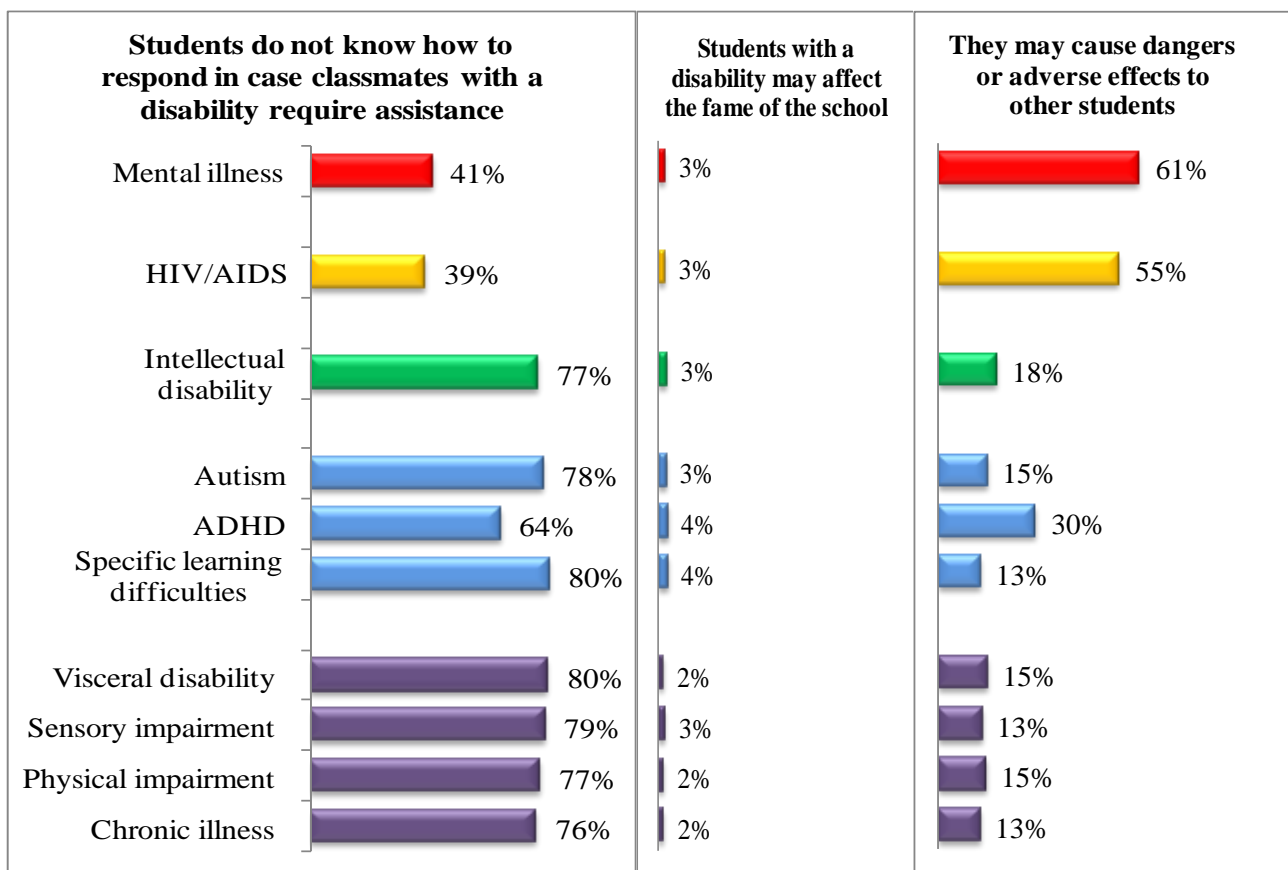
8.2 Towards persons with mental illness, the proportion of disagreement was significantly higher for respondents who were aged 55 or above, or had primary educational attainment. Detailed analysis by demographic characteristics was given in Appendix 7a.

Reasons for disagreement - “For students with a disability, integrative schooling is more preferable than special school”

8.3 Commonly, about 80% of the respondents indicated that students did not know how to respond in case classmates with disabilities required assistance.

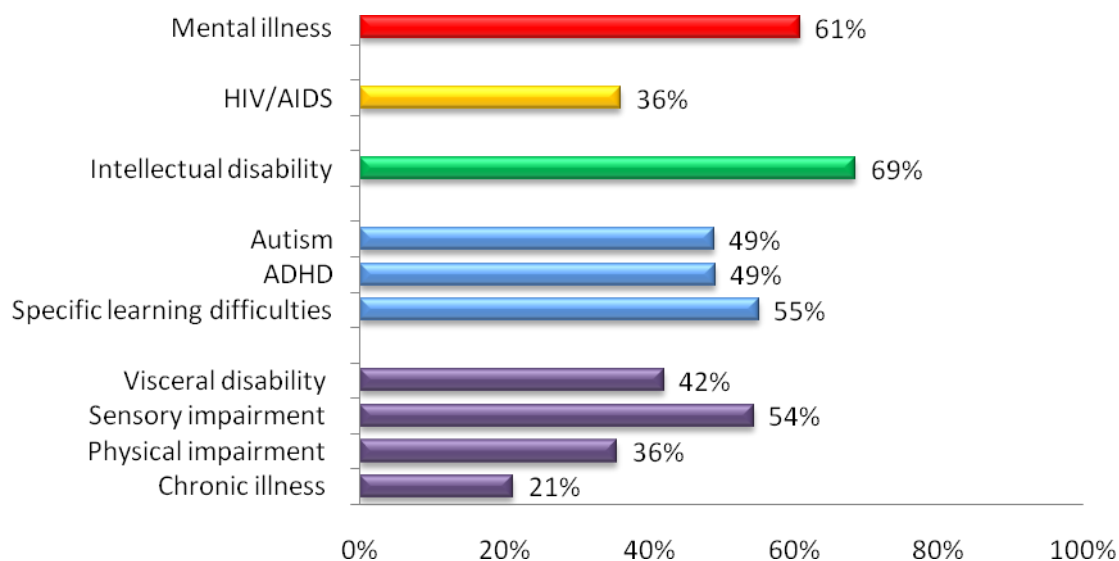
8.4 Less than 4% of the respondents perceived that students with disabilities might affect the fame of the school.

8.5 About 10-20% of the respondents considered that students with disabilities might cause dangers or adverse effects to other students, with the exception that much higher percentages were noted for students with mental illness (61%), HIV/AIDS (55%) or ADHD (30%).



Disagreement -- “Students with a disability should be allowed to attend general public sector secondary schools”

8.6 Over one-third of the respondents disagreed that for students with disabilities should be allowed to attend general public sector secondary schools, with much higher percentages for persons with intellectual disability (69%) or mental illness (61%). The exception was that a lower percentage was noted for persons with chronic illness (21%).



Analyzed by demographic characteristics

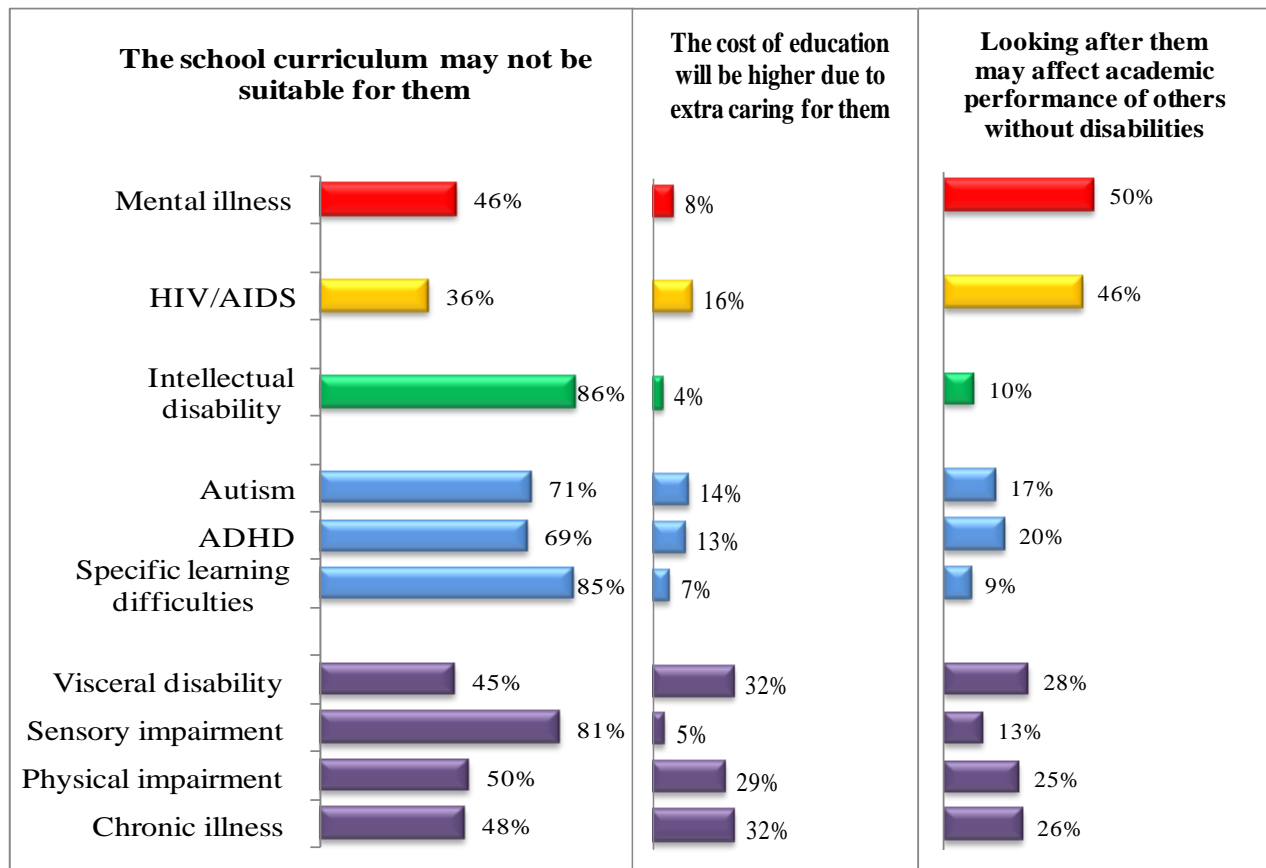
8.7 Towards persons with mental illness or HIV/AIDS, the proportion of disagreement was significantly higher for respondents who had primary educational attainment. Detailed analysis by demographic characteristics was given in [Appendix 7b](#).

Reasons for disagreement - “Students with a disability should be allowed to attend general public sector secondary schools”

8.8 Over one-third of the respondents indicated that the school curriculum might not be suitable for students with disabilities, with higher percentages noted for students with intellectual disability (86%), specific learning difficulties (85%), sensory impairment (81%), autism (71%) or ADHD (69%).

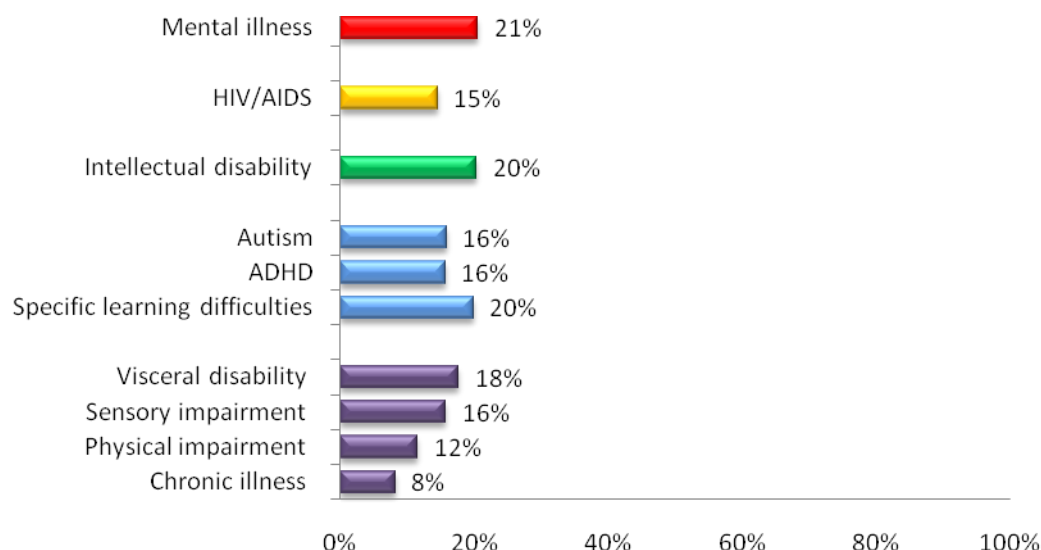
8.9 Less than one-third of the respondents considered that the cost of education would be higher due to extra caring for students with disabilities, with higher percentages noted for students with visceral disability (32%), chronic illness (32%) or physical impairment (29%).

8.10 Less than 30% of the respondents perceived that looking after students with disabilities might affect academic performance of others without disabilities, with the exception that higher percentages were noted for students with mental illness (50%) or HIV/AIDS (46%).



Agreement -- “Students with a disability are often unmotivated”

8.11 Less than a quarter of the respondents agreed that student with disabilities were often unmotivated, with comparatively higher percentages noted for students with mental illness (21%), intellectual disability (20%) or specific learning difficulties (20%).

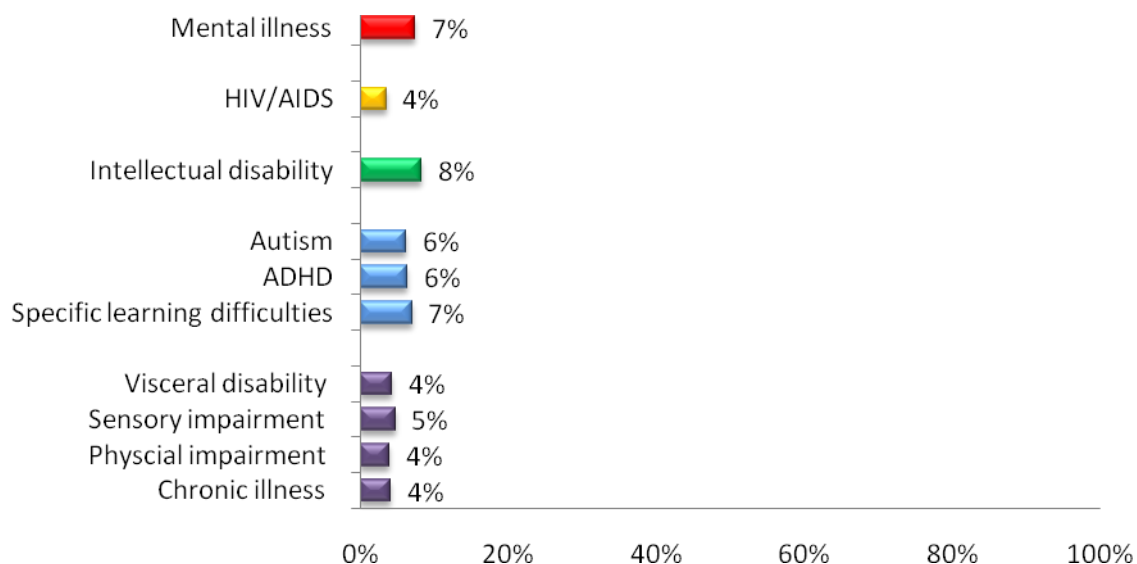


Analyzed by demographic characteristics

8.12 Towards persons with mental illness or HIV/AIDS, the proportion of agreement was significantly higher for respondents who were aged 35 or above, or had primary educational attainment. Detailed analysis by demographic characteristics was given in [Appendix 7c](#).

Agreement -- “Person with a disability cannot really benefit from education”

8.13 Less than 10% of the respondents agreed that persons with disabilities could not really benefit from education.



Analyzed by demographic characteristics

8.14 Towards persons with mental illness, the proportion of agreement was significantly higher for respondents who were aged 55 or above, or were retired persons. Detailed analysis by demographic characteristics was given in [Appendix 7d](#).

Opportunities: Education

8.15 Around 50-70% of the respondents indicated that persons with disabilities had fewer education opportunities than persons without a disability, with lower percentages noted for persons with HIV/AIDS (38%) or chronic illness (33%). About 20-40% of the respondents perceived that persons with disabilities had more or less equal opportunities, with higher percentages noted for persons HIV/AIDS (54%) or chronic illness (60%). Consistently, less than 5% of the respondents perceived that persons with disabilities had more education opportunities than persons without a disability.

People with	Much fewer or fewer opportunities	More or less equal opportunities	Much more or more opportunities	No opinion
Mental illness	63	28	3	7
HIV/AIDS	38	54	1	6
Intellectual disability	70	20	4	6
Autism	59	31	4	6
ADHD	55	34	4	7
Specific learning difficulties	61	29	4	6
Visceral disability	58	34	2	6
Sensory impairment	65	28	2	6
Physical impairment	53	40	2	6
Chronic illness	33	60	2	6

Comparison with 1998 survey findings

8.16 In the 1998 survey, 77% of the respondents perceived that persons with disabilities had fewer/far fewer opportunities than persons without a disability, in relation to education and training. There were some slight changes in the 2010 survey for around 50-70% of the respondents indicated the same perception. However, exceptionally lower percentages were noted for persons with HIV/AIDS (38%) or chronic illness (33%).

8.17 The attitude towards integrating students with disabilities into mainstream schools varied as regards different disabilities. In general, about 70-80% of respondents in the 1998 survey perceived that the public was more receptive to integrating students with physical impairment or chronic illness into mainstream schools, and least receptive to students with intellectual disability (29%) or mental illness (38%). In the 2010 survey, people were still sceptical about integrative schooling after the implementation of inclusive education over a decade. Over 40% of the respondents disagreed that for students with disabilities, integrative schooling was more preferable than special school, with much higher percentages for persons with intellectual disability (75%) or mental illness (69%). The exception was that a lower percentage was only noted for persons with chronic illness (26%).

Disability Social Distance Scale

9.1 In the 2010 survey, *disability social distance scale*²² was used to assess respondents' level of closest relationship with persons with disabilities. The scale contains 8 levels covering a spectrum from intimate marital relationship to extreme rejection by keeping them out of Hong Kong. Respondents were required to pick a particular level of the closest relationship with persons with disabilities.

9.2 There was significant correlation between *disability social distance scale* and views of discrimination on persons with disabilities. In other words, if the respondents indicated their choice of a more distant relationship with persons with disabilities, they would possess more discriminatory views of stereotyping, misconception and pessimism about them. The correlations between *disability social distance scale* and the statements of discrimination were revealed in Appendix 8.

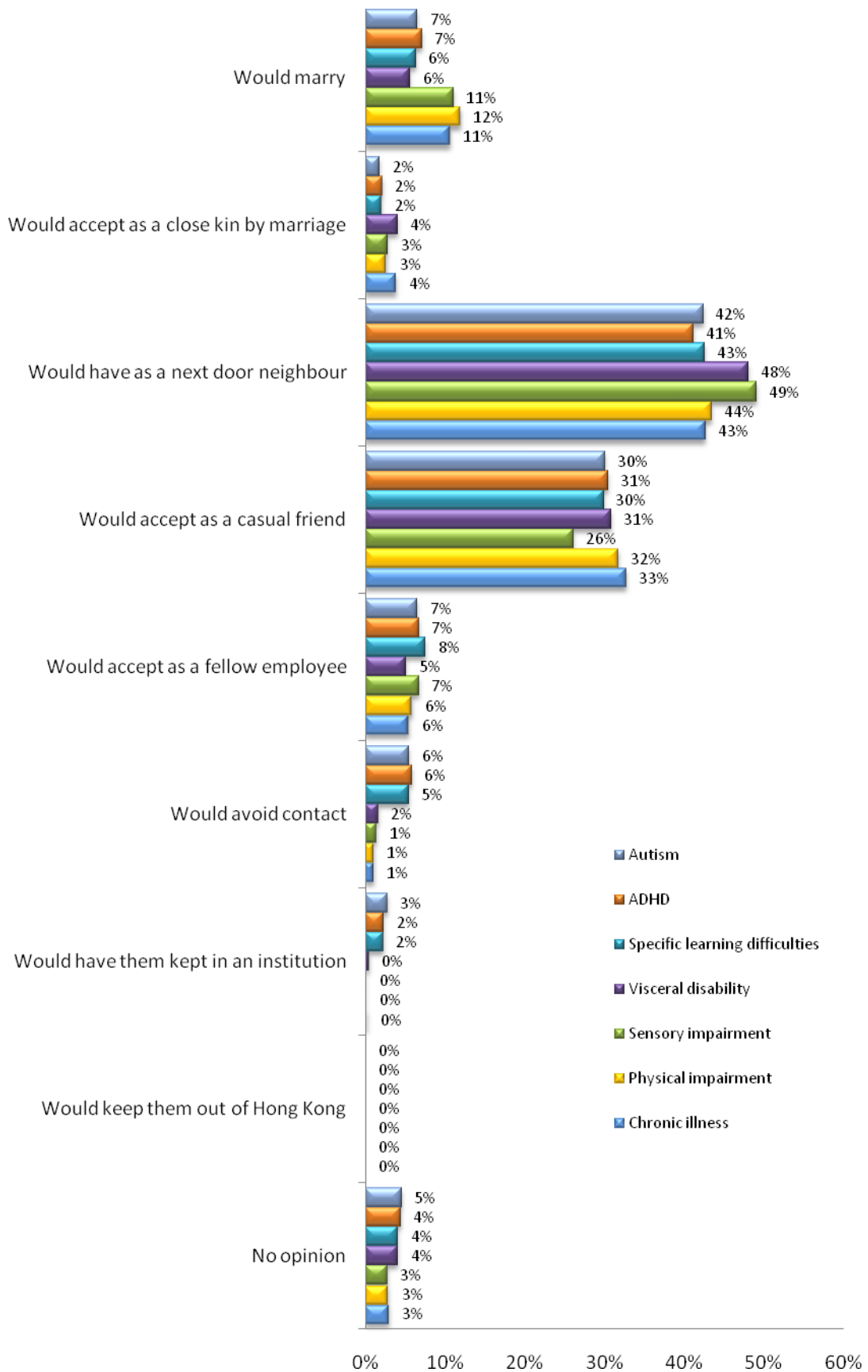
Persons with autism, ADHD, specific learning difficulties, visceral disability, chronic illness, sensory impairment or physical impairment

9.3 Towards persons with autism, ADHD, specific learning difficulties, visceral disability, chronic illness, sensory impairment or physical impairment, about one-tenth of the respondents were willing to have the closest marital or kindred relationship. Around one-half of the respondents would have them as next door neighbours, whereas one-third of the respondents would accept them as casual friends. Less than 10% of the respondents indicated their choice of a more distant relationship such as “accept as a fellow employee”, “avoid contact” or “have them kept in an institution”. None of the respondents considered keeping persons with disabilities out of Hong Kong.

Avoidance and repulsion analyzed by demographic characteristics

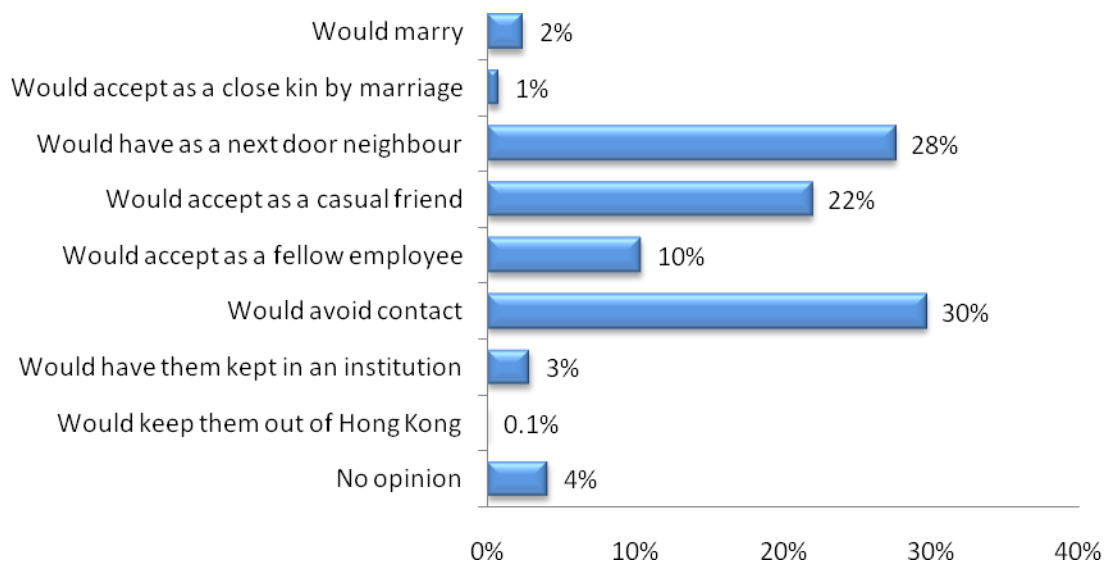
9.4 For respondents those who “would avoid contact”, “would have them kept in an institution” or “would keep them out of Hong Kong”, they were categorized as people indicating “avoidance and repulsion”. Towards persons with afore-mentioned disabilities, no specific group of respondents showing higher avoidance and repulsion was identified.

²² Disability Social Distance Scale (Tringo, 1970) was reviewed by Antonak and Livneh (1988). Originally there were 9 levels. In the present survey, the level (would put to death) was discarded and only 8 levels were used.



Persons with HIV/AIDS

9.5 Towards persons with HIV/AIDS, about 3% of the respondents were willing to have the closest marital or kindred relationship. Around 28% of the respondents would have them as next door neighbours, whereas 22% of the respondents would accept them as casual friends. Over 40% of the respondents indicated their choice of a more distant relationship such as “accept as a fellow employee”, “avoid contact” or “have them kept in an institution”. Very few respondents considered keeping persons with HIV/AIDS out of Hong Kong.

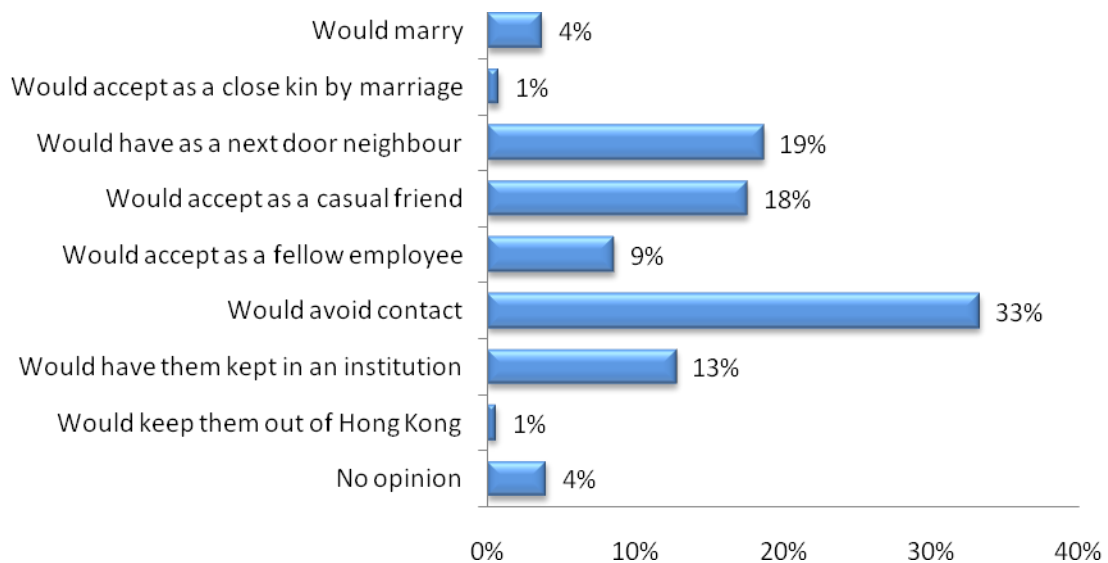


Avoidance and repulsion analyzed by demographic characteristics

9.6 Analyzed by demographic characteristics of respondents who were not willing to contact persons with HIV/AIDS, the proportion of avoidance and repulsion was higher for those who were female, aged 35 or above, had primary educational attainment, were home-makers or retired.

Persons with mental illness

9.7 Towards persons with mental illness, 5% of the respondents were willing to have the closest marital or kindred relationship. Around 19% of the respondents would have them as next door neighbours, whereas 18% of the respondents would accept them as casual friends and 9% would accept as fellow employees. About 47% of the respondents indicated avoidance and repulsion towards persons with mental illness (i.e. “would avoid contact” (33%), “would have them kept in an institution” (13%), or “would keep them out of Hong Kong” (1%)).



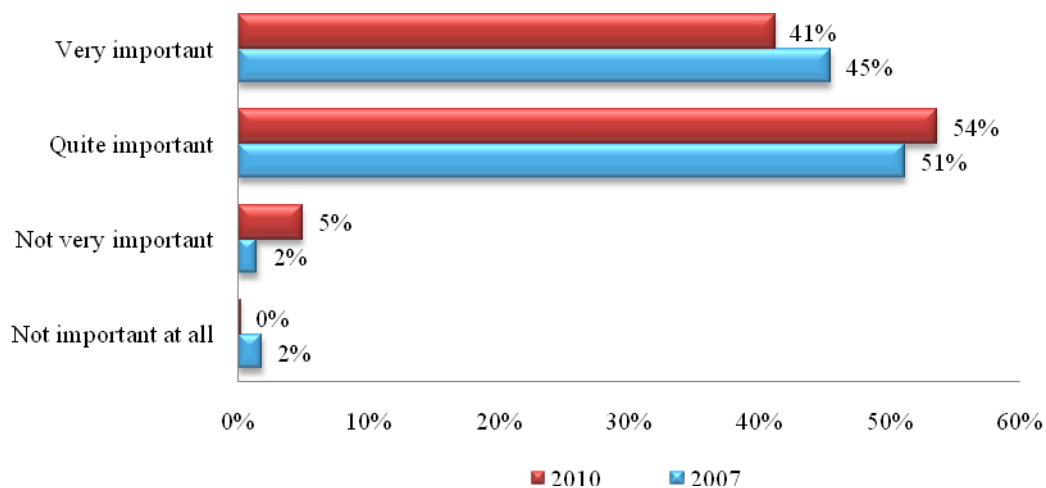
Avoidance and repulsion analyzed by demographic characteristics

9.8 Analyzed by demographic characteristics of respondents who were not willing to contact persons with mental illness, the proportion of avoidance and repulsion was higher for those who were female, aged 35 or above, had primary or secondary educational attainment, were home-makers or retired.

Perceived importance of equal opportunities

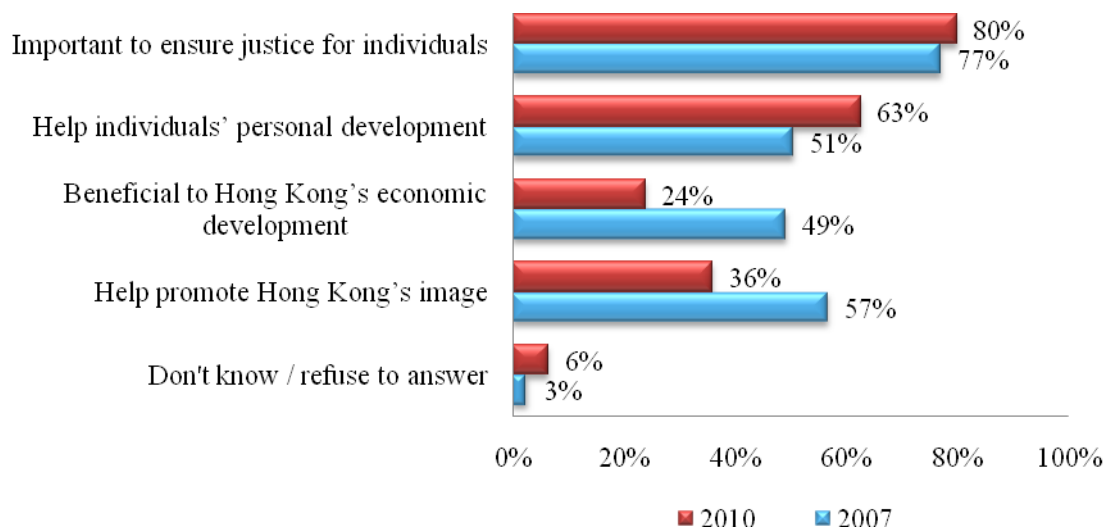
Perceived importance of equal opportunities

10.1 In the 2010 survey, the great majority of the respondents (95%) considered equal opportunities very important or quite important. Only about 5% considered equal opportunities not very important. The findings were similar to those in “*EO Awareness Survey 2007*”.



Reasons for considering equal opportunities important

10.2 For those respondents who considered equal opportunities very important or quite important, the reasons were mainly that it was important to ensure justice for individuals (80%), it would help individuals' personal development (63%), it would help promote Hong Kong's image (36%), and it was beneficial to Hong Kong's economic development (24%).



Conclusion and Recommendations

General views

Awareness of the disability groups

11.1 With and without prompting, most of the respondents indicated that persons with physical impairment (100%) or sensory impairment (98%) had a disability. When prompted, there was substantial increase of awareness in some disability groups. About 80% of the respondents considered persons with intellectual disability or visceral disability having a disability. More than half of the respondents indicated that persons with mental illness (59%) or specific learning difficulties (53%) having a disability. However, persons with autism (46%), ADHD (41%), HIV/AIDS (33%) or chronic illness (37%) were comparatively harder to be defined having a disability even when prompted.

11.2 Without prompting, higher percentages of the respondents were found in the 2010 survey than in the 1998 survey who regarded persons with physical impairment, sensory impairment, intellectual disability or mental illness having a disability. With and without prompting, the findings were similar in the 2010 and 1998 surveys with the exception that only 37% of the respondents in the 2010 survey indicated that persons with chronic illness had a disability. The figure was significantly lower than 53% in the 1998 survey. This might be due to enhanced public awareness of chronic illness as a disability when the Rehabilitation Programme Plan was discussed in 1998.

Recognition of persons with a disability

11.3 It is the fact that most categories of disabilities may not be easily identified without professional medical diagnosis. However, people are usually diverted to the physical appearance and behaviour of the persons with disabilities, and project negative attitudes of prejudice and stereotyping. A question on recognition of persons with disabilities was therefore purposely set to collect information on the public understanding of disability as a characteristic of an individual person, which distinguishes that person from a non-disabled person, in assessing any fallacy in their perception.

11.4 Most of the respondents indicated that they could be able to recognize persons with physical impairment (99%), sensory impairment (94%), intellectual disability (84%) or visceral disability (75%) immediately or after watching for a while. For persons with mental illness, 56% of the respondents stated their recognition. A minority of the respondents indicated that they could recognize persons with chronic illness (17%) or HIV/AIDS (6%) immediately or after watching for a while.

Beliefs about persons with a disability

11.5 There was still a strong belief that persons with specific disabilities implied having some forms of incapacity or dependence on others. About half of the

respondents agreed that persons with intellectual disability (59%), visceral disability (55%) or physical impairments (50%) would lead to incapacity and increased dependency on others even if treatment was received. Conversely, more-or-less the same portions of respondents perceived that persons with chronic illness (56%), HIV/AIDS (55%) or ADHD (50%) would not lead to incapacity and increased dependency on others if treatment is received.

11.6 Over half of the respondents agreed that persons with chronic illness (62%), ADHD (61%), specific learning disabilities (60%) or autism (59%) would be able to lead a happy and fulfilling life if treatment or assistance was received. A certain number of the respondents perceived that persons with HIV/AIDS (31%), visceral disability (30%) or physical impairment (26%) would not be able to lead a happy and fulfilling life even if treatment was received.

Contact and relationship with persons with a disability

11.7 More respondents had regular contact with persons with chronic illness (32%), while contact with persons with other disabilities was not common (6% or less). It was rare for the respondents to contact persons with HIV/AIDS (1%), autism (2%), ADHD (2%) or specific learning difficulties (2%). Among those who were in regular contact with persons with disabilities, most were family members or relatives.

Perceived importance of equal opportunities

11.8 About 95% of the respondents considered equal opportunities very important or quite important. The main reasons were that it was important to ensure justice for individuals and it would help individuals' personal development.

Public perception of discrimination against persons with disabilities in various societal fields

11.9 Direct discrimination occurs when, on the ground of disability, a person with a disability is treated less favourably than another person without a disability in similar circumstances. On the other side of the coin, indirect discrimination occurs when a condition or requirement is applied to everyone, but in practice affects people with a disability more adversely, is to their detriment, and such condition or requirement cannot be justified.

11.10 Public perception of discrimination against persons with disabilities in four societal fields was solicited. The societal fields included: (1) employment; (2) public access, services and facilities; (3) social interactions; and (4) education and training. For each societal field, four statements were raised to solicit respondents' agreement or disagreement. One statement would probe for respondents' social acceptance/disapproval and another statement would probe for respondents' sense of the rights of persons with disabilities. The rest two statements would delineate respondents' degree of misconception and pessimism about persons with disabilities. A summary table was prepared for comparison as shown in the following page.

A Summary Table of Public Perception of Discrimination against Persons with Disabilities in Various Societal Fields

<div> <div></div> <div>Public Perception (% of respondents)</div> <div>Statement</div> </div>		Persons with a disability include									
		Mental illness	HIV/ AIDS	Intellectual disability	Autism	ADHD	Specific learning difficulties	Visceral disability	Sensory impairment	Physical impairment	Chronic illness
Employment	I do not mind working with persons with a disability in my company (Disagreement)	4	3	2	1	1	1	1	1	1	1
	Workers with a disability should receive the same wage for the same workload as compared with other workers without a disability (Disagreement)	2	1	2	2	2	2	2	2	2	1
	Simple repetitive work is appropriate for workers with a disability (Agreement)	7	6	9	7	7	8	8	7	7	6
	Workers with a disability can be expected to fit into competitive society (Disagreement)	5	4	5	5	6	5	3	4	4	3
Public access, services and facilities	I can accept persons with a disability sitting next to me on the bus (Disagreement)	4	2	1	1	1	1	1	1	1	1
	I do not mind having a service centre for persons with a disability in my residential neighbourhood (Disagreement)	4	3	1	1	1	1	1	1	1	1
	Persons with a disability are more accident prone than other people (Agreement)	6	5	7	5	6	5	7	7	7	5
	It is a waste of money to have special facilities or services for persons with a disability (Agreement)	1	1	1	1	1	1	1	1	1	1
Social Interactions	I do not want persons with a disability living in my neighbourhood (Agreement)	6	4	2	2	2	2	1	1	1	1
	Persons with a disability should date and marry each other, regardless of whether his/her spouse or partner has a disability or not (Disagreement)	3	3	3	1	1	1	1	1	1	1
	Most persons with a disability are unpredictable and express impulsive behaviours (Agreement)	7	2	4	3	4	2	2	2	2	1
	Persons with a disability should be prevented from having children (Agreement)	4	6	4	1	1	1	1	1	1	1
Education and training	For students with a disability, integrative schooling is more preferable than special school (Disagreement)	7	5	8	6	6	7	5	7	5	3
	Students with a disability should be allowed to attend general public sector secondary schools (Disagreement)	7	4	7	5	5	6	5	6	4	3
	Students with a disability are often unmotivated (Agreement)	3	2	3	2	2	2	2	2	2	1
	Person with a disability cannot really benefit from education (Agreement)	1	1	1	1	1	1	1	1	1	1

Notes

1 0 - <10%
 2 10 - <20%
 3 20 - <30%
 4 30 - <40%
 5 40 - <50%
 6 50 - <60%
 7 60 - <70%
 8 70 - <80%
 9 80 - <90%
 10 90 - ≤100%

11.11 In the employment field, respondents generally indicated acceptance of persons with disabilities in the workplace and recognized their right of same wage for the same workload. Certain respondents still showed disapproval of persons with mental illness (35%) or HIV/AIDS (20%). Misconception was obvious for over 50% of the respondents considered that simple repetitive work was appropriate for workers with disabilities. Pessimism was also noted for a quarter to one-half of the respondents disagreed that workers with disabilities could be expected to fit into competitive society.

11.12 In the field of public access, services and facilities, respondents primarily showed acceptance of persons with disabilities sitting nearby in public transport and recognized their right of having a service centre in the residential neighbourhood. However, certain respondents still indicated disapproval of persons with mental illness (33%) or HIV/AIDS (16%), and respectively, 36% and 25% of the respondents rejected their rights of obtaining social services in the neighbourhood. Misconception was obvious for over 40% of the respondents considered persons with disabilities were more accident prone than other people. Nevertheless, pessimism was not serious as less than 4% of the respondents agreed that it was a waste of money to have special facilities or services for persons with disabilities.

11.13 In the field of social interactions, respondents commonly indicated acceptance of persons with disabilities living in the neighbourhood and recognized their right of dating and marriage. However, a large proportion of respondents showed disapproval of person with mental illness (55%) or HIV/AIDS (34%) in the neighbourhood, whereas about a quarter of the respondents disagreed at their right of dating and marriage. Misconception was obviously against persons with mental illness for 70% of the respondents considered that they were unpredictable and expressed impulsive behaviours. Pessimism was also noted that person with HIV/AIDS (52%), mental illness (37%) or intellectual disability (36%) were identified to be prevented from having children.

11.14 In the field of education and training, over 40% respondents did not accept that integrative schooling was more preferable than special school for persons with disabilities, as well as their rights of attending general public sector secondary schools. The exception was that a lower percentage was noted for persons with chronic illness (26%). However, misconception was not particularly serious for less than 25% of the respondents agreed that student with disabilities were often unmotivated. Pessimism was mild as less than 10% of the respondents agreed that persons with disabilities could not really benefit from education.

11.15 Down the columns, persons with mental illness or HIV/AIDS were considered less favorably because they were primarily viewed causing dangers or adverse effects to others, rather than not knowing how to respond if they required assistance, or affecting the property price / school fame in the area. Relatively, the general public was more ready to accept persons with chronic illness in various societal fields.

11.16 Towards persons with mental illness or HIV/AIDS, the proportion of discrimination was significantly higher for respondents who possessed one or more of the following demographic characteristics: female, aged 35 or above, had primary or secondary educational attainment, were homemakers or retired.

Public perception of equal opportunities available for persons with disabilities in various societal fields

11.17 Public perception of equal opportunities available for persons with disabilities in four societal fields was also solicited. Respondents were asked if they considered persons with disabilities having more or fewer opportunities than persons without a disability. A summary table was prepared for comparison as shown below.

Public Perception (% of respondents) People with	Much fewer or fewer opportunities				More or less equal opportunities				Much more or more opportunities			
	Em	S&F	Soc	Ed	Em	S&F	Soc	Ed	Em	S&F	Soc	Ed
Mental illness	9	4	9	7	1	3	2	3	1	4	1	1
HIV/AIDS	7	3	7	4	4	5	4	6	1	3	1	1
Intellectual disability	10	6	9	7	1	2	1	3	1	4	1	1
Autism	9	5	9	6	2	2	2	4	1	3	1	1
ADHD	9	5	8	6	2	3	3	4	1	3	1	1
Specific learning difficulties	9	5	8	7	2	2	3	3	1	3	1	1
Visceral disability	9	5	8	6	1	2	2	4	1	4	1	1
Sensory impairment	10	5	9	7	1	2	2	3	1	4	1	1
Physical impairment	10	5	9	6	1	2	2	4	1	4	1	1
Chronic illness	7	3	6	4	4	4	5	6	1	3	1	1

Notes

Em – employment; S&F – services and facilities; Soc – social interactions; Ed – education and training

1	0 - <10%	2	10 - <20%	3	20 - <30%	4	30 - <40%	5	40 - <50%
6	50 - <60%	7	60 - <70%	8	70 - <80%	9	80 - <90%	10	90 - ≤100%

11.18 A majority of respondents considered that persons with disabilities had fewer opportunities in the fields of employment and social interactions. Although most respondents indicated persons with disabilities had fewer opportunities in the field of education and training, a certain proportion perceived that there were equal opportunities. Interestingly, in the field of services and facilities, less than half of the respondents indicated that persons with disabilities had fewer opportunities while one-third considered there were more opportunities and one-fifth perceived equal opportunities.

11.19 Across the rows, persons with HIV/AIDS or chronic illness were perceived to have a better position of obtaining equal opportunities, though they were still regarded having fewer opportunities in the fields of employment and social interactions by most respondents.

Comparison between 1998 and 2010 survey findings

11.20 In the field of employment, 91% of the respondents in the 1998 survey perceived that persons with disabilities had fewer/far fewer employment opportunities than persons without a disability. There was a tendency of fewer negative views on persons with disabilities in the 2010 survey as a lower proportion of the respondents (around 85%) indicated the same perception. Only 40% of the respondents in the 1998 survey indicated that colleagues would accept persons with mental illness or HIV/AIDS. In the 2010 survey, more people would accept persons with mental illness or HIV/AIDS as colleagues and only a certain proportion of the respondents did mind working with persons with mental illness (35%) or HIV/AIDS (20%) in their company.

11.21 In relation to public access, services and facilities, about 80% of the respondents in the 1998 survey perceived that persons with disabilities had fewer/far fewer opportunities than persons without a disability. There was significant change in the 2010 survey for not more than 50% of the respondents indicated the same perception. About 30% of the respondents even considered that persons with disabilities had more opportunities in the use of services and facilities than persons without a disability. In a range of one-third to one-half of the respondents in the 1998 survey perceived that persons with disabilities are quite often discriminated against when using services and facilities. However, the 2010 survey findings indicated that less than 10% of the respondents could not accept persons with disabilities in using services and facilities, with the exception that higher percentages (16-36% of the respondents) were noted for persons with mental illness or HIV/AIDS.

11.22 In respect of social interactions, 82% of the respondents in the 1998 survey perceived that persons with disabilities had fewer/far fewer opportunities than persons without a disability. There was not much change in the 2010 survey as around 70-90% of the respondents indicated the same perception. However, exceptionally lower percentages were noted for persons with HIV/AIDS and chronic illness.

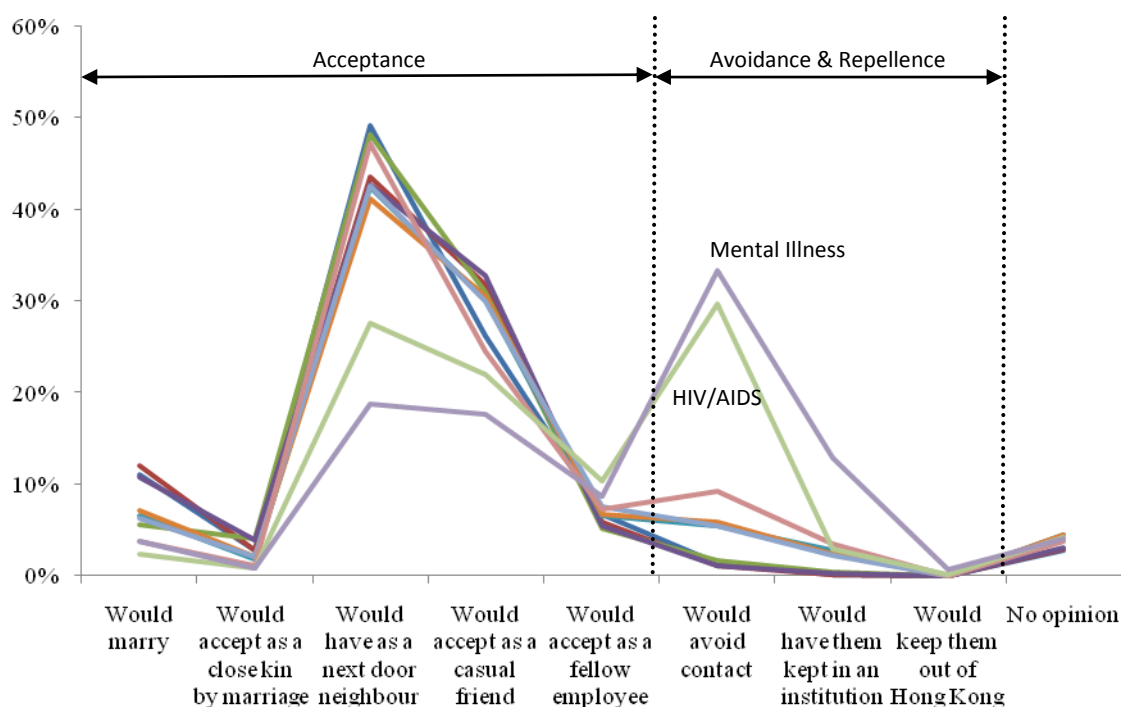
11.23 With regard to education and training, 77% of the respondents in the 1998 survey perceived that persons with disabilities had fewer/far fewer opportunities than persons without a disability. There were some slight changes in the 2010 survey for around 50-70% of the respondents indicated the same perception. However, exceptionally lower percentages were noted for persons with HIV/AIDS and chronic illness.

11.24 The attitude towards integrating students with disabilities into mainstream schools varied as regards different disabilities. In general, about 70-80% of respondents in the 1998 survey perceived that the public was more receptive to integrating students with physical impairment or chronic illness into mainstream schools, and least receptive to students with intellectual disability (29%) or mental illness (38%). In the 2010 survey, people were still sceptical about integrative schooling after the implementation of inclusive education over a decade. Over 40% of the respondents disagreed that for students with disabilities, integrative schooling was more preferable than special school, with much higher percentages for persons with intellectual disability (75%) or mental illness (69%).

Social distance

11.25 The *disability social distance scale* was used to assess respondents' level of closest relationship with persons with disabilities. Towards persons with autism, ADHD, specific learning difficulties, visceral disability, chronic illness, sensory impairment or physical impairment, about one-tenth of the respondents were willing to have the closest marital or kindred relationship. Around one-half of the respondents would have them as next door neighbours, whereas one-third of the respondents would accept them as casual friends.

11.26 The proportion of the respondents who showed “avoidance and repulsion” towards persons with disabilities (i.e. “would avoid contact”, “would have them kept in an institution”, “would keep them out of Hong Kong”) were higher for persons with mental illness (47%) and HIV/AIDS (33%) as shown in the chart below.



11.27 Analyzed by demographic characteristics of respondents who were not willing to contact persons with mental illness or HIV/AIDS, the proportion of avoidance and repulsion was higher for those who were female, aged 35 or above, had primary or secondary educational attainment, were home-makers or retired.

Key findings and recommendations

11.28 With and without prompting, there was substantial increase of public awareness in some disability groups including intellectual disability and mental illness, on top of more visible disabilities like physical impairment and sensory impairment, when compared to the 1998 survey. However, persons with autism, ADHD, HIV/AIDS or chronic illness were not commonly considered as disabilities even when prompted.

11.29 Most of the respondents were over-confident that they could recognize persons with disabilities and even a few could recognize persons with chronic illness and HIV/AIDS immediately or after watching for a while. In reality, most categories of disabilities may not be easily identified without professional medical diagnosis. The most easily noticeable disabilities are those related to physical impairment. Public perception is diverted to the behaviour of the persons with disabilities, and stereotypes are then mistakenly formed. These stereotypes lead to groundless beliefs. For example, most respondents perceived that persons with specific disabilities implied having some forms of incapacity or dependence on others, and were likely unable to lead a happy and fulfilling life. It is quite strange to note that most respondents had no regular contact with persons with disabilities to substantiate their own viewpoints.

11.30 A majority of the respondents considered equal opportunities important. The main reasons were that it was important to ensure justice for individuals and it would help individuals' personal development. This view of equality was adopted by the respondents as illustrated in their acceptance of persons with disabilities and recognition of their rights in the field of employment, public access, services and facilities, and social interactions (but not in the field of education and training). Misconception, pessimism and public perception of fewer opportunities available for persons with disabilities were still common, particularly in the field of employment.

11.31 Amongst the persons with disabilities, persons with mental illness or HIV/AIDS were considered less favorably because they were primarily viewed causing dangers or adverse effects to others, rather than not knowing how to respond if they required assistance, or affecting the property price / school fame in the area. Considerable proportion of the respondents indicated an attitude of avoidance and repulsion towards persons with mental illness or HIV/AIDS. Analyzed by demographic characteristics, the proportion of avoidance and repulsion was higher for those who possessed one or more of the following demographic characteristics: female, aged 35 or above, had primary or secondary educational attainment, were home-makers or retired.

11.32 Some recommendations are made to redress the afore-mentioned views of stereotyping, discrimination, misconception and pessimism:

- (1) Promotion channels should be formulated to educate the general public so as to make known the needs and rights of persons with disabilities, particularly autism, ADHD, HIV/AIDS or chronic illness, which are rarely identified by people as disabilities at present.
- (2) Activities should be organised to enable the general public to interact with persons with disabilities with more dimensions for a longer duration so that people not just take a glance at the behaviour of the persons with disabilities, and wrongly frame them in stereotypes and groundless beliefs. Certainly, stories of overcoming difficulties and leading happy lives told by persons with disabilities will be convincing and overwhelmingly welcomed. These affective ties including forming close friendships appear to be very effective in reducing prejudice (refer to para. 2.10).
- (3) Disability awareness training (refer to para. 2.11) should be considered, during which the unconscious thinking about "normal" and "not normal" is brought to the surface through the training approach without blame or guilt. The discussion

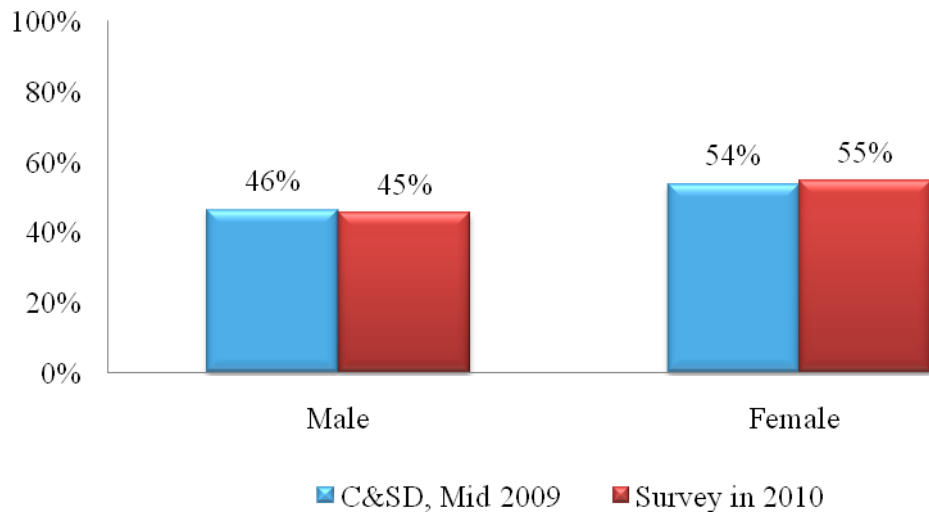
will empower people to understand that the individual and society are intimately connected to the socialization process from childhood to adulthood, and discrimination towards persons with disabilities is often based on unquestioned, deeply held negative assumptions or stereotypes.

- (4) In the employment field, people primarily accept persons with disabilities and observe their rights. However, misconception, pessimism and public perception of fewer opportunities available for persons with disabilities are still common. To redress these negative feelings, some team-building training programmes or sharing workshops (refer to para. 2.11) might need to be administered, probably by the employers in order to enhance the spirit of cooperation and harmony in the workplace.
- (5) In the field of education and training, the general public show reservation in accepting integrative schooling more preferable than special school for students with disabilities as well as observing their rights of attending general public sector secondary schools. Interestingly, misconception and pessimism about education are not commonly identified. Most people believe that education can benefit students with disabilities and motivate them to learn. In summary, the public still hold a segregationist view that students with disabilities should be educated in special institutions instead of integrative schooling, albeit the implementation of inclusive education over a decade. To redress the balance, it is important to conduct a comprehensive review of the shortcomings of the existing educational practices. Based on the findings, measures have to be formulated to plug up the loopholes and empower people with positive images of students with disabilities, in order to alleviate their grievance.
- (6) It is alarming that discriminatory views towards persons with mental illness or HIV/AIDs are prevalent, in which they are considered to cause dangers or adverse effects to others. Under the *disability social distance scale*, quite a number of people will adopt an “avoidance and repulsion” attitude towards persons with mental illness or HIV/AIDS. These discriminatory views should be indirectly derived because people seldom encounter people with persons with mental illness or HIV/AIDS, as revealed respective 3% and 1% in this survey. Furthermore, the people of discriminatory views tend to possess one or more of the following demographic characteristics: female, aged 35 or above, primary or secondary educational attainment, home-makers or retired. To combat the discrimination, further studies have to be undertaken so as to identify effective channels and strategies to outreach these specific groups, other than general promotion via the media.
- (7) In the absence of personal experience and contact, the media may play an important role in determining attitudes and knowledge about persons with disabilities. To tackle stigma associated with persons with disabilities, intervention should be undertaken by the government to encourage responsible and accurate media reporting, particularly in cases of mental illness and suicide (refer to para. 2.12). Guidelines of upholding good quality and reliable information should be disseminated to media professionals and scriptwriters, and the general public are encouraged to provide feedback on stigmatizing media coverage.

Appendix 1: Profile of respondents

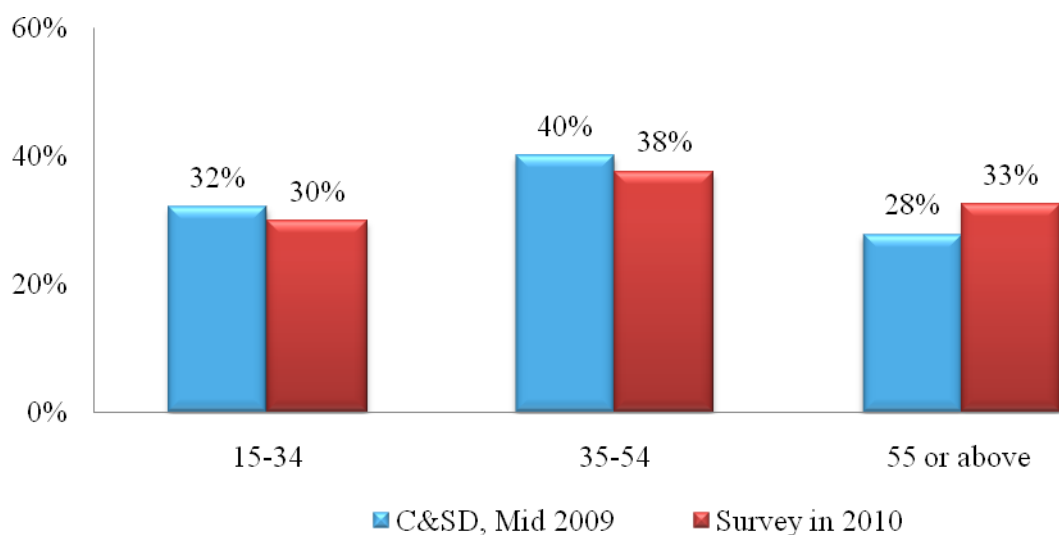
(a) Gender

About 55% of the respondents were female and the remaining 45% were male.



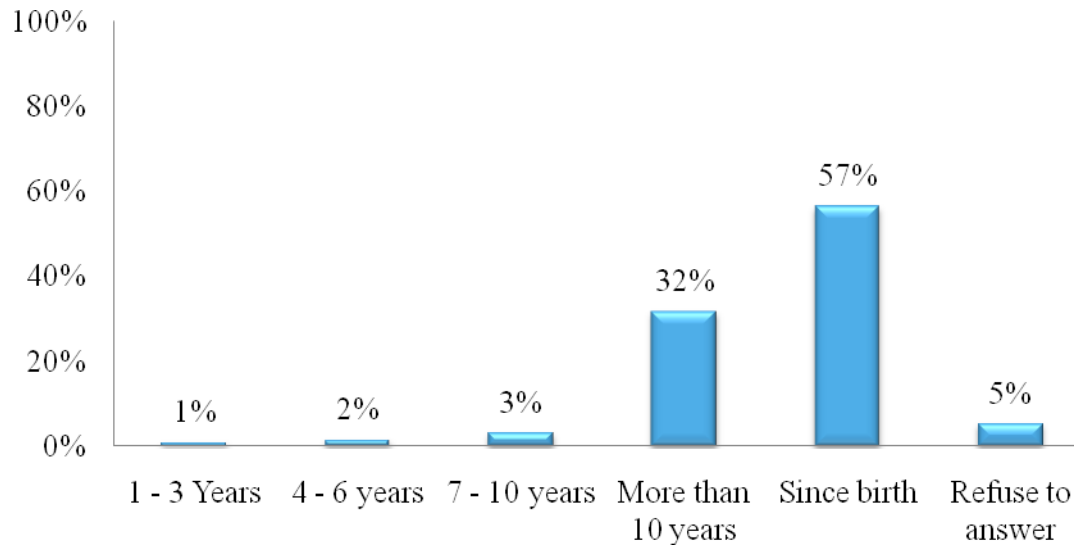
(b) Age

About 30% of the respondents were aged 15-34, another 38% of the respondents aged 35-54 and the remaining 33% aged 55 or above.



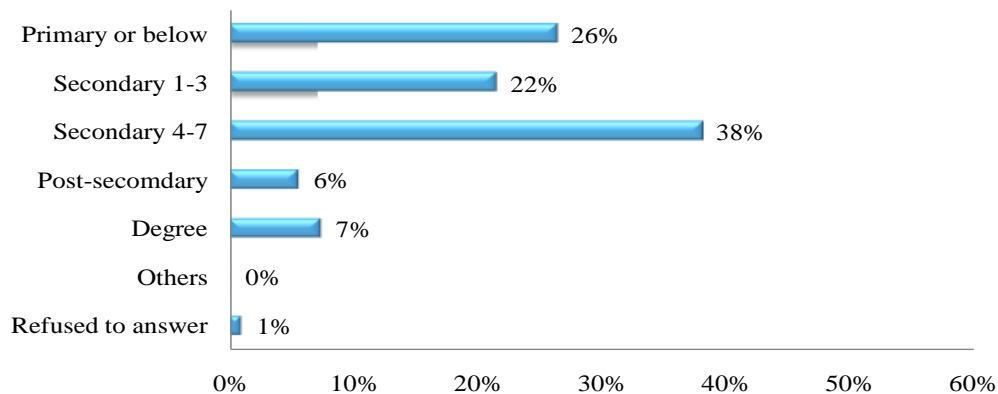
(c) Length of residence in Hong Kong

A majority of the respondents (92%) were living in Hong Kong for 7 years or more. Only a small proportion (3%) was living in Hong Kong for less than 7 years.



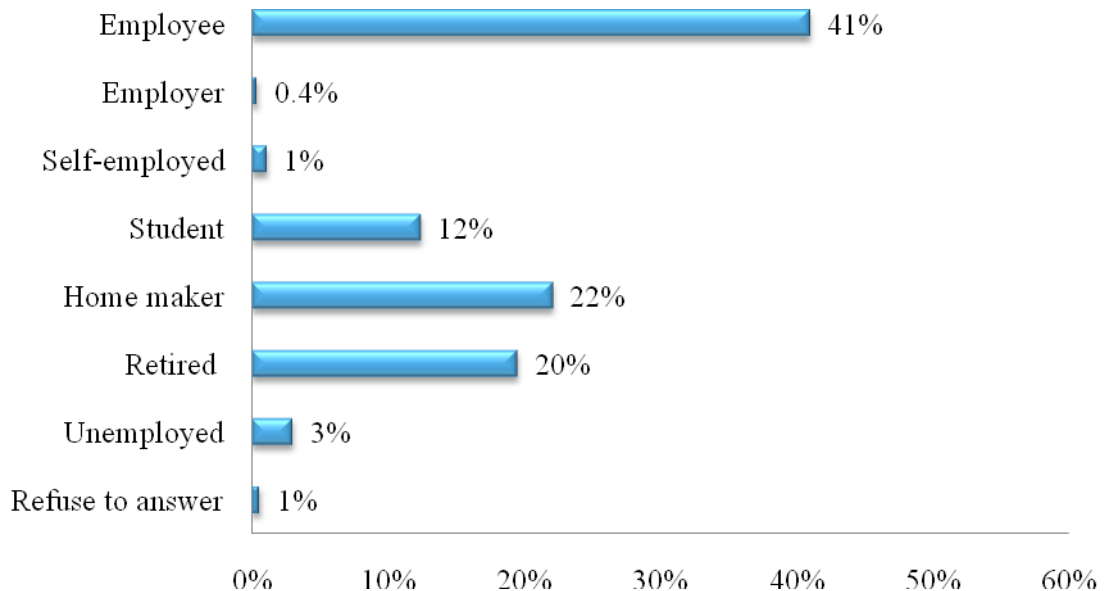
(d) Educational attainment

About 13% of the respondents had post-secondary or university education and a further 60% had secondary education. About a quarter (26%) had only primary education or below.



(e) Economic characteristics

About 43% of the respondents were employed (as employees, self-employed or employers) and a further 54% economically inactive (i.e. those who were studying, home-makers and retired). About 3% were not at work and not at school.



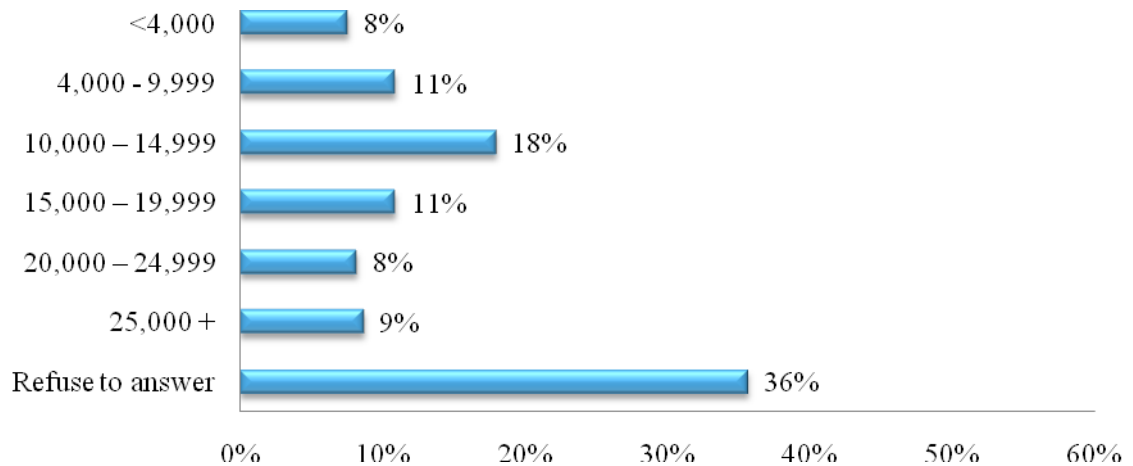
(f) Occupation

For those who were employed, about 26% of them were secretary / clerk and 25% were service workers and shop sales workers. And a further 15% were professional / manager / administrator / associate professional. About 16% of the respondents were employed in elementary occupations.



(g) Monthly domestic household income

For those who were employed, about 19% of them had a monthly income below \$10,000, and a further 37% had a monthly income of \$10,000 - \$24,999. About 9% had a monthly income of \$25,000 or above.



Appendix 2: Questionnaire

E. No: _____

Sample Code: _____

Introduction

Hello, I am an interviewer of the Policy 21 Ltd. We are commissioned by the Equal Opportunities Commission to conduct a survey on public attitudes towards persons with a disability. Please be assured that all the information collected will be kept strictly confidential and only aggregate statistics will be published.

To ensure that the data collected are representative, we need to randomly select respondents for the interview. Please kindly advise the number of members in your household who are at the age of 15 or above _____

Among these members, please advise who has just celebrated his/her birthday and stays at least five nights a week in this household.

Understanding and exposure

1. In your opinion, who are “persons with a disability”?

First ask the question without prompting, then show card. [Show card 1]

People with	(1) Without prompting	(2) With prompting			
	Belong to “persons with a disability”	Definitely yes	Probably yes	No	Not sure
a. Physical impairment (e.g. loss of limbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sensory impairment (e.g. deaf, dumb and blind)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic illness (e.g. heart disease, diabetes and cancer) [#]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Intellectual disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Specific learning difficulties [*]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Attention Deficit / Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Visceral disability (e.g. stroke) [†]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Others, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note:

[#] Chronic illness: Examples include systemic lupus erythematosus, kidney disease, asthma, dementia, etc.

^{*} Specific learning difficulties: they generally refer to difficulties in reading and writing (dyslexia), motor coordination disorder, specific dysphasia, etc., something probably relating to brain dysfunction.

[†] Visceral disability: a disability resulting from disease or its treatment, its nature not being limited to locomotor functions, and which constitutes a disadvantage or restriction in one or more aspects of daily living activities, including work. Examples include rheumatoid arthritis, stoma patients, etc.

2. Can you recognize the following persons with a disability when you see them?

People with	Yes, immediately	Yes, after watching for a while	No, even after watching for a while	Not sure	No opinion
a. Physical impairment (e.g. loss of limbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sensory impairment (e.g. deaf, dumb and blind)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic illness (e.g. heart disease, diabetes and cancer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Intellectual disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Specific learning difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Attention Deficit / Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Visceral disability (e.g. stroke)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Others, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you think the following disabilities will lead to incapacity and increased dependence on others?

People with	Will lead to incapacity and increased dependence on others		Will not lead to incapacity and increased dependence on others		No opinion
	If they do not receive any treatment	Even if they receive treatment	Even if they do not receive any treatment	If they receive treatment	
a. Physical impairment (e.g. loss of limbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sensory impairment (e.g. deaf, dumb and blind)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic illness (e.g. heart disease, diabetes and cancer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Intellectual disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Specific learning difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Attention Deficit / Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Visceral disability (e.g. stroke)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Others, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you think the following persons with a disability are able to lead a happy and fulfilling life?

People with	Able to lead a happy and fulfilling life		Not able to lead a happy and fulfilling life		No opinion
	Even if they do not receive treatment or obtain assistance	If they receive treatment or obtain assistance	If they do not receive treatment or obtain assistance	Even if they receive treatment or obtain assistance	
a. Physical impairment (e.g. loss of limbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sensory impairment (e.g. deaf, dumb and blind)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic illness (e.g. heart disease, diabetes and cancer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Intellectual disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Specific learning difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Attention Deficit / Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Visceral disability (e.g. stroke)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Others, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you have regular contact with the following persons with a disability?

People with	(1) No, never	(2) No regular contact, but sometimes meet	(3) Yes, have regular contact (Please choose all that apply)			No opinion
			As family members or relatives	As classmates or colleagues at work	As friends	
a. Physical impairment (e.g. loss of limbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sensory impairment (e.g. deaf, dumb and blind)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic illness (e.g. heart disease, diabetes and cancer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Intellectual disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Specific learning difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Attention Deficit / Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Visceral disability (e.g. stroke)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Others, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment

* Please indicate whether you agree or disagree with the following statements related to the types of disability below and fill in the figure, 1 represents strongly disagree, 4 represents strongly agree:

Strongly disagree	Disagree	Agree	Strongly agree	No opinion
1	2	3	4	0

6a_i ** If the respondents said that they “disagree” or “strongly disagree”, please fill the letters in the blank (Please choose all that apply)

a	I do not know how to deal with persons with a disability
b	Extra workload is needed to work with persons with a disability
c	Working with persons with a disability may cause dangers or adverse effects to me
d	Others, please specify: _____

6b_i ** If the respondents said that they “disagree” or “strongly disagree”, please fill the letters in the blank (Please choose all that apply)

a	Other staff have difficulty to work with persons with a disability
b	Persons with a disability need special arrangement to work effectively
c	Working with persons with a disability may cause dangers or adverse effects to other staff
d	Others, please specify: _____

Question	Persons with a disability include									
	Physical impairment (e.g. loss of limbs)	Sensory impairment (e.g. deaf, dumb and blind)	Chronic illness (e.g. heart disease, diabetes and cancer)	HIV/ AIDS	Mental illness	Intellectual disability	Specific learning difficulties	Attention Deficit / Hyperactivity Disorder	Autism	Visceral disability (e.g. stroke)
6a* I do not mind working with persons with a disability in my company										
6a_i **Reasons for disagree or strongly disagree										
6b* Workers with a disability should receive the same wage for the same workload as compared with other workers without a disability										
6b_i ** Reasons for disagree or strongly disagree										
6c* Simple repetitive work is appropriate for workers with a disability										
6d* Workers with a disability can be expected to fit into competitive society										

7. Do you think a person with the following disability has more or fewer employment opportunities than a person without a disability?

People with	Much fewer opportunities	Fewer opportunities	More or less equal opportunities	More opportunities	Much more opportunities	No opinion
a. Physical impairment (e.g. loss of limbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sensory impairment (e.g. deaf, dumb and blind)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic illness (e.g. heart disease, diabetes and cancer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Intellectual disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. specific learning difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Attention Deficit / Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Visceral disability (e.g. stroke)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public access, services and facilities

* Please indicate whether you agree or disagree with the following statements related to the types of disability below and fill in the figure, 1 represents strongly disagree, 4 represents strongly agree:

Strongly disagree	Disagree	Agree	Strongly agree	No opinion
1	2	3	4	0

8a_i ** If the respondents said that they “disagree” or “strongly disagree”, please fill the letters in the blank (Please choose all that apply)

a	I do not know how to respond if persons with a disability require assistance
b	Persons with a disability are not suitable to ride on the bus
c	Persons with a disability may cause dangers or adverse effects to other passengers
d	Others, please specify: _____

8b_i ** If the respondents said that they “disagree” or “strongly disagree”, please fill the letters in the blank (Please choose all that apply)

a	I do not know how to respond if persons with a disability require assistance
b	Building a service centre may affect the property prices in the area
c	Persons with a disability may cause dangers or adverse effects to residents in the vicinity
d	Others, please specify: _____

Question	Persons with a disability include									
	Physical impairment (e.g. loss of limbs)	Sensory impairment (e.g. deaf, dumb and blind)	Chronic illness (e.g. heart disease, diabetes and cancer)	HIV/ AIDS	Mental illness	Intellectual disability	Specific learning difficulties	Attention Deficit / Hyperactivity Disorder	Autism	Visceral disability (e.g. stroke)
8a* I can accept persons with a disability sitting next to me on the bus										
8a_i **Reasons for disagree or strongly disagree										
8b* I do not mind having a service centre for persons with a disability in my residential neighbourhood										
8b_i** Reasons for disagree or strongly disagree										
8c* Persons with a disability are more accident prone than other people										
8d* It is a waste of money to have special facilities or services for persons with a disability										

9. Do you think a person with the following disability has more or fewer opportunities in the use of services and facilities than a person without disability?

People with	Much fewer opportunities	Fewer opportunities	More or less equal opportunities	More opportunities	Much more opportunities	No opinion
a. Physical impairment (e.g. loss of limbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sensory impairment (e.g. deaf, dumb and blind)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic illness (e.g. heart disease, diabetes and cancer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Intellectual disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. specific learning difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Attention Deficit / Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Visceral disability (e.g. stroke)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social interactions

* Please indicate whether you agree or disagree with the following statements related to the types of disability below and fill in the figure, 1 represents strongly disagree, 4 represents strongly agree:

Strongly disagree	Disagree	Agree	Strongly agree	No opinion
1	2	3	4	0

10a_i ** If the respondents said that they “agree” or “strongly agree”, please fill the letters in the blank (Please choose all that apply)

a	I or neighbours do not know how to respond in case persons with a disability requires assistance
P	Person with a disability being neighbours may affect the property prices in the area
c	Persons with a disability may cause dangers or adverse effects to residents in the vicinity
d	Others, please specify: _____

10b_i ** If the respondents said that they “disagree” or “strongly disagree”, please fill the letters in the blank (Please choose all that apply)

a	People do not know how to respond in case persons with a disability require assistance
b	Other people will think that their spouse and their children will have similar problems
c	Persons with a disability may cause dangers or adverse effects to residents in the vicinity
d	Others, please specify: _____

Question	Persons with a disability include									
	Physical impairment (e.g. loss of limbs)	Sensory impairment (e.g. deaf, dumb and blind)	Chronic illness (e.g. heart disease, diabetes and cancer)	HIV/ AIDS	Mental illness	Intellectual disability	Specific learning difficulties	Attention Deficit / Hyperactivity Disorder	Autism	Visceral disability (e.g. stroke)
10a* I do not want persons with a disability living in my neighbourhood										
10a_i **Reasons for agree or strongly agree										
10b* Persons with a disability should date and marry each other, regardless of whether his/her spouse or partner has a disability or not										
10b_i** Reasons for disagree or strongly disagree										
10c* Most persons with a disability are unpredictable and express impulsive behaviours										
10d* Persons with a disability should be prevented from having children										

11. Do you think a person with the following disability has more or fewer opportunities in social interactions than a person without disability?

People with	Much fewer opportunities	Fewer opportunities	More or less equal opportunities	More opportunities	Much more opportunities	No opinion
a. Physical impairment (e.g. loss of limbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sensory impairment (e.g. deaf, dumb and blind)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic illness (e.g. heart disease, diabetes and cancer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Intellectual disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. specific learning difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Attention Deficit / Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Visceral disability (e.g. stroke)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Education and training

* Please indicate whether you agree or disagree with the following statements related to the types of disability below and fill in the figure, 1 represents strongly disagree, 4 represents strongly agree:

Strongly disagree	Disagree	Agree	Strongly agree	No opinion
1	2	3	4	0

12a_i ** If the respondents said that they “disagree” or “strongly disagree”, please fill the letters in the blank (Please choose all that apply)

a	Students do not know how to respond in case classmates with a disability require assistance
b	Students with a disability may affect the fame of the school
c	Persons with a disability may cause dangers or adverse effects to other students
d	Others, please specify: _____

12b_i ** If the respondents said that they “disagree” or “strongly disagree”, please fill the letters in the blank (Please choose all that apply)

a	The school curriculum may not be suitable for persons with a disability
b	The cost of education will be higher due to extra caring for persons with a disability
c	Looking after persons with a disability may affect academic performance of others without disabilities
d	Others, please specify: _____

Question	Persons with a disability include									
	Physical impairment (e.g. loss of limbs)	Sensory impairment (e.g. deaf, dumb and blind)	Chronic illness (e.g. heart disease, diabetes and cancer)	HIV/ AIDS	Mental illness	Intellectual disability	Specific learning difficulties	Attention Deficit / Hyperactivity Disorder	Autism	Visceral disability (e.g. stroke)
12a* For students with a disability, integrative schooling is more preferable than special school										
12a_i ***Reasons for agree or strongly agree										
12b* Students with a disability should be allowed to attend general public sector secondary schools										
12b_i *** Reasons for disagree or strongly disagree										
12c* Students with a disability are often unmotivated										
12d* Person with a disability cannot really benefit from education										

13. Do you think a person with the following disability has more or fewer education opportunities than a person without disability?

People with	Much fewer opportunities	Fewer opportunities	More or less equal opportunities	More opportunities	Much more opportunities	No opinion
a. Physical impairment (e.g. loss of limbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sensory impairment (e.g. deaf, dumb and blind)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic illness (e.g. heart disease, diabetes and cancer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Intellectual disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. specific learning difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Attention Deficit / Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Visceral disability (e.g. stroke)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disability Social Distance Scale

14. Which of the choices below that best describes the CLOSEST relationship you are involved with each of the following disability group? (Please have only ONE choice for each disability)

People with	Would marry	Would accept as a close kin by marriage	Would have as a next door neighbour	Would accept as a casual friend	Would accept as a fellow employee	Would avoid contact	Would have them kept in an institution	Would keep them out of Hong Kong	No opinion
a. Physical impairment (e.g. loss of limbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sensory impairment (e.g. deaf, dumb and blind)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic illness (e.g. heart disease, diabetes and cancer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Intellectual disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Specific learning difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Attention Deficit / Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Visceral disability (e.g. stroke)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Do you think equal opportunities for persons with a disability are important?

- ① Very important ② Quite important ③ Not very important ④ Not important at all ⑤ Don't know / refuse to answer



15a. Why do you think it is important?
(May choose more than 1 option)

- ① Important to ensure justice for individuals
 ② Help individuals' personal development
 ③ Contribute to social harmony in the community
 ④ Help promote Hong Kong's image
 ⑤ Others, please specify: _____
 ⑥ Don't know / refuse to answer



15b. Why do you think it is not important?
(May choose more than 1 option)

- ① Not my concern
 ② Not related to social harmony
 ③ Not related to Hong Kong's image
 ④ Do not believe in implementing equal opportunities
 ⑤ Others, please specify: _____
 ⑥ Don't know / refuse to answer

I would like to collect some personal information from you for statistical purposes. Please be assured that all information provided by individual respondents will be kept strictly confidential.

16. Sex:

- ① Male ② Female

17. Age (Years old):

- ① 15 – 24 ④ 45 – 54
② 25 – 34 ⑤ 55 or above
③ 35 – 44

18. Length of residence in Hong Kong:

- ① _____ years ② Since birth ③ Refuse to answer

19. Educational attainment:

- ① Primary or below ④ Post-secondary
② Secondary 1 – 3 ⑤ Degree
③ Secondary 4 – 7 ⑥ Others, please specify: _____

20. How much is your monthly domestic household income (HKD)? [Don't read out]

- ① <2,000 ⑥ 10,000 – 14,999 ⑪ 40,000 – 59,999
② 2,000 – 3,999 ⑦ 15,000 – 19,999 ⑫ 60,000+
③ 4,000 – 5,999 ⑧ 20,000 – 24,999 ⑬ Refuse to answer
④ 6,000 – 7,999 ⑨ 25,000 – 29,999
⑤ 8,000 – 9,999 ⑩ 30,000 – 39,999

21. Economic activity status:

- ① Employee ⑤ Homemaker (*End*)
② Employer ⑥ Retired (*End*)
③ Self-employed ⑦ Unemployed (*End*)
④ Student (*End*)

22. What is your occupation?

- ① Professional ⑥ Plant and machine operators and assemblers
② Manager/ Administrator ⑦ Elementary occupations
③ Associate professional ⑧ Craft & related worker
④ Secretary/ Clerk ⑨ Agricultural and fishery worker
⑤ Service workers and shop sales workers ⑩ Occupations not classifiable, please specify:

End of Questionnaire, Thank you!

Appendix 3: Analyzed by demographic characteristics - Understanding and exposure

a. Who are “persons with a disability” with and without prompting

	Sex		Age group		
	Male	Female	15-34	35-54	55 or above
Mental illness	60.1	57.4	62.5	59.2	54.4
HIV/AIDS	32.5	32.0	32.0	33.5	30.9
Intellectual disability	78.8	83.1	81.1	84.3	77.5
Autism	46.7	44.6	52.2	45.0	40.1
ADHD	43.6	38.6	43.4	41.8	37.5
Specific learning difficulties	53.8	51.4	54.6	53.8	49.0
Visceral disability	76.6	82.3	* ²³ 81.9	82.7	74.2
Sensory impairment	97.3	97.9	97.9	97.6	97.4
Physical impairment	99.8	99.9	100.0	99.8	99.9
Chronic illness	37.7	36.0	35.5	37.3	37.3

	Educational attainment			Economic activity status			
	Primary	Secondary	Post-secondary	Employed	Students	Home-markers	Retired
Mental illness	52.8	60.5	63.0	62.0	62.5	54.9	53.3
HIV/AIDS	32.7	31.9	34.0	35.9	28.2	28.2	30.7
Intellectual disability	79.7	82.1	81.6	83.8	76.0	81.9	77.8
Autism	39.0	47.9	50.1	48.1	50.1	44.6	39.1
ADHD	34.4	44.0	41.5	44.2	41.1	38.4	38.1
Specific learning difficulties	45.0	55.2	54.6	* 53.2	54.5	49.8	51.2
Visceral disability	77.2	79.8	87.5	81.0	83.0	80.7	74.4
Sensory impairment	97.1	98.3	95.5	97.3	98.8	98.2	97.0
Physical impairment	99.9	100.0	99.4	100.0	100.0	100.0	99.8
Chronic illness	35.2	38.2	35.7	36.8	32.3	36.9	40.0

²³ (*) significantly different under Chi-square test with p-value <0.05

b. Recognition of persons with a disability
–Yes, immediately & after watching for a while

	Sex		Age group		
	Male	Female	15-34	35-54	55 or above
Mental illness	56.5	56.2	59.6	56.4	53.2
HIV/AIDS	8.1	4.3	9.2	3.5	5.9
Intellectual disability	82.3	85.4	85.8	85.7	80.4
Autism	43.1	43.2	50.5	44.1	35.3
ADHD	46.5	49.4	47.7	51.3	44.9
Specific learning difficulties	38.4	35.5	40.9	36.6	33.4
Visceral disability	74.2	75.5	73.4	78.9	71.9
Sensory impairment	94.3	94.1	96.7	93.9	92.2
Physical impairment	99.5	98.5	99.6	98.9	98.4
Chronic illness	18.0	16.3	20.0	15.2	16.5

	Educational attainment			Economic activity status			
	Primary	Secondary	Post-secondary	Employed	Students	Home-markers	Retired
Mental illness	53.0	56.4	61.0	55.4	63.6	55.8	54.0
HIV/AIDS	3.3	7.5	4.2	6.2	8.2	3.0	6.0
Intellectual disability	80.7	84.7	87.5	84.1	85.9	85.0	82.1
Autism	36.0	45.3	47.4	42.9	54.8	43.2	36.8
ADHD	45.0	48.7	52.9	48.6	48.4	51.4	43.6
Specific learning difficulties	28.0	40.1	39.0	34.2	48.7	36.4	34.4
Visceral disability	69.6	76.6	78.6	77.6	68.6	75.3	73.3
Sensory impairment	90.5	95.5	95.8	94.7	98.5	93.2	91.8
Physical impairment	98.2	99.2	99.4	99.3	100.0	98.4	98.7
Chronic illness	13.1	20.0	11.7	16.1	19.1	16.6	17.2

c. Will NOT lead to incapacity and increased dependence on others

	Sex		Age group		
	Male	Female	15-34	35-54	55 or above
Mental illness	48.3	50.4	51.9	53.3	42.7
HIV/AIDS	62.7	60.6	68.4	62.8	53.9
Intellectual disability	32.8	36.7	40.9	34.0	30.6
Autism	54.9	54.2	59.9	58.9	44.6
ADHD	55.7	56.3	63.6	58.3	46.4
Specific learning difficulties	49.7	51.1	58.4	50.0	43.7
Visceral disability	38.9	40.1	44.4	38.5	36.4
Sensory impairment	46.9	46.6	54.4	46.2	40.3
Physical impairment	44.4	44.6	50.7	45.1	38.1
Chronic illness	64.8	63.9	68.4	66.9	57.7

	Educational attainment			Economic activity status			
	Primary	Secondary	Post-secondary	Employed	Students	Home-markers	Retired
Mental illness	40.6	53.7	48.5	50.0	52.5	46.1	47.3
HIV/AIDS	52.2	66.5	58.8	61.8	70.1	58.0	58.5
Intellectual disability	28.5	38.5	32.0	31.7	44.9	33.3	36.6
Autism	47.2	57.9	54.3	54.6	61.9	49.8	53.8
ADHD	48.2	58.9	59.3	56.1	64.5	53.0	51.0
Specific learning difficulties	41.7	54.3	50.7	47.8	61.9	48.1	49.9
Visceral disability	33.6	43.2	34.5	37.9	44.6	38.2	40.6
Sensory impairment	35.4	51.6	47.4	46.2	57.2	43.5	45.0
Physical impairment	34.8	48.9	43.7	43.2	50.7	43.3	44.3
Chronic illness	57.9	68.2	61.0	64.2	69.8	62.1	61.9

d. Able to lead a happy and fulfilling life

	Sex		Age group			
	Male	Female	15-34	35-54	55 or above	
Mental illness	55.5	55.2	61.7	56.8	47.8	
HIV/AIDS	50.5	54.3	59.2	54.5	44.2	*
Intellectual disability	60.4	61.1	66.5	63.9	52.0	*
Autism	63.4	64.2	70.9	67.1	53.6	*
ADHD	69.3	68.2	75.4	72.2	58.5	*
Specific learning difficulties	64.9	64.6	72.0	67.5	54.9	*
Visceral disability	54.1	54.5	59.0	54.8	49.4	
Sensory impairment	59.6	61.3	70.1	60.8	51.5	*
Physical impairment	58.8	58.0	68.7	57.9	49.4	*
Chronic illness	66.9	68.0	74.8	69.6	58.3	*

	Educational attainment				Economic activity status				
	Primary	Secondary	Post-secondary		Employed	Students	Home-markers	Retired	
Mental illness	46.0	58.7	57.1	*	60.5	61.3	48.4	49.2	*
HIV/AIDS	39.0	58.0	52.6	*	56.3	58.7	47.4	46.4	
Intellectual disability	50.4	64.4	64.1	*	66.3	67.2	54.0	53.8	*
Autism	51.1	68.4	67.7	*	69.1	67.2	58.6	56.6	
ADHD	57.3	72.4	73.8	*	73.2	74.8	62.4	61.5	
Specific learning difficulties	53.6	68.8	68.0	*	69.3	70.7	58.3	58.3	
Visceral disability	42.8	59.5	52.1	*	57.3	56.3	50.7	51.4	
Sensory impairment	46.0	66.3	61.3	*	63.9	70.4	55.5	52.9	*
Physical impairment	43.5	64.3	59.1	*	62.6	67.2	51.1	51.8	*
Chronic illness	57.2	71.0	70.5	*	71.7	73.3	61.6	61.5	

e. Regular contact with persons with a disability

	Sex		Age group			
	Male	Female	15-34	35-54	55 or above	
Mental illness	2.1	3.4	1.3	5.2	1.3	*
HIV/AIDS	0.7	1.1	1.0	1.3	0.4	
Intellectual disability	3.0	3.9	2.3	4.6	3.5	
Autism	2.3	1.0	2.7	1.5	0.8	
ADHD	2.2	2.1	2.1	2.9	1.3	
Specific learning difficulties	2.3	2.1	3.4	2.3	0.9	
Visceral disability	5.1	5.6	3.3	6.4	6.2	*
Sensory impairment	4.5	5.5	5.7	4.2	5.4	
Physical impairment	5.4	6.1	4.1	6.7	6.3	
Chronic illness	28.3	35.0	22.5	36.0	35.8	*

	Educational attainment				Economic activity status				
	Primary	Secondary	Post-secondary		Employed	Students	Home-markers	Retired	
Mental illness	0.4	3.8	3.3	*	3.6	2.1	3.5	1.3	
HIV/AIDS	0.3	1.3	0.3		1.1	1.2	0.5	0.0	
Intellectual disability	1.5	5.2	0.3	*	4.6	0.9	4.1	2.8	
Autism	0.8	2.0	1.4		1.3	4.1	1.6	0.9	
ADHD	1.1	3.0	0.6		2.6	1.8	2.3	1.7	
Specific learning difficulties	0.6	3.1	1.7		3.0	3.2	1.5	0.9	
Visceral disability	5.7	5.1	5.6	*	4.3	5.0	5.9	7.9	*
Sensory impairment	3.7	5.4	6.4		5.1	4.4	2.1	7.1	
Physical impairment	5.9	5.7	5.8		6.1	5.3	4.1	7.9	
Chronic illness	38.5	30.1	29.5	*	32.8	16.1	32.9	40.0	*

Appendix 4: Analyzed by demographic characteristics - Employment

a. Disagreement -- “I do not mind working with persons with a disability in my company”

	Sex		Age group			
	Male	Female	15-34	35-54	55 or above	
Mental illness	32.3	36.8	28.8	39.2	34.9	*
HIV/AIDS	17.6	22.4	15.6	21.4	23.1	*
Intellectual disability	11.8	9.9	11.1	12.4	8.5	
Autism	9.5	7.5	8.9	9.7	6.5	
ADHD	10.1	7.0	7.8	10.2	6.9	*
Specific learning difficulties	8.5	6.6	6.8	10.2	4.9	*
Visceral disability	4.9	3.1	3.8	4.7	3.2	
Sensory impairment	4.1	1.9	2.9	2.4	3.4	
Physical impairment	3.7	1.5	2.2	1.3	4.3	*
Chronic illness	2.5	1.1	1.7	1.4	2.2	

	Educational attainment				Economic activity status			
	Primary	Secondary	Post-secondary		Employed	Students	Home-markers	Retired
Mental illness	37.8	35.4	26.5	*	34.0	26.1	37.4	39.1
HIV/AIDS	28.0	18.5	13.1	*	19.1	12.0	22.9	23.9
Intellectual disability	6.2	13.3	8.6	*	10.2	11.4	11.5	10.8
Autism	4.8	10.2	7.5	*	8.0	10.9	10.7	6.0
ADHD	4.7	11.1	3.9	*	7.2	10.6	10.4	8.2
Specific learning difficulties	3.6	9.9	4.2	*	7.7	9.1	8.7	5.0
Visceral disability	2.1	5.1	2.8	*	5.2	4.4	2.6	2.8
Sensory impairment	1.4	3.9	1.4		2.5	5.3	2.1	3.6
Physical impairment	2.2	3.2	0.0		1.8	3.5	2.5	3.9
Chronic illness	0.8	2.6	0.0		1.2	2.6	1.6	2.8

b. Disagreement -- “Workers with a disability should receive the same wage for the same workload as compared with other workers without a disability”

	Sex		Age group			
	Male	Female	15-34	35-54	55 or above	
Mental illness	16.9	15.7	11.4	14.9	22.2	*
HIV/AIDS	9.6	6.1	3.9	6.9	12.0	*
Intellectual disability	17.3	21.0	13.9	20.3	23.2	*
Autism	11.4	10.8	7.7	9.4	16.1	*
ADHD	12.4	11.0	9.0	10.1	15.8	*
Specific learning difficulties	12.8	11.8	9.4	11.2	16.0	*
Visceral disability	11.9	13.8	8.0	12.2	18.3	*
Sensory impairment	13.2	12.1	7.4	13.3	16.7	*
Physical impairment	12.8	12.4	6.1	13.7	17.4	*
Chronic illness	6.3	6.9	2.8	6.7	10.1	*

	Educational attainment				Economic activity status				
	Primary	Secondary	Post-secondary		Employed	Students	Home-markers	Retired	
Mental illness	21.7	16.7	4.5	*	15.4	10.6	19.6	18.7	
HIV/AIDS	11.0	7.5	2.2	*	7.2	4.1	8.4	10.3	
Intellectual disability	23.3	20.0	8.6	*	17.1	12.3	26.9	19.8	*
Autism	15.1	11.4	2.2	*	9.4	8.5	15.5	12.7	
ADHD	13.7	13.0	2.2	*	10.2	9.7	15.8	12.7	
Specific learning difficulties	15.6	12.8	3.6	*	10.5	9.7	16.6	13.1	
Visceral disability	19.3	12.4	3.3	*	12.3	5.9	17.8	15.3	*
Sensory impairment	19.9	11.4	4.5	*	11.7	6.7	15.5	16.1	*
Physical impairment	20.4	11.5	2.8	*	10.9	5.9	18.1	15.0	*
Chronic illness	9.5	6.4	2.5	*	5.8	3.2	10.7	7.1	*

c. Agreement -- “Simple repetitive work is appropriate for workers with a disability”

	Sex		Age group			
	Male	Female	15-34	35-54	55 or above	
Mental illness	62.7	61.0	59.6	60.8	64.9	
HIV/AIDS	51.5	50.3	51.5	48.0	53.6	
Intellectual disability	82.9	84.1	82.5	82.3	86.1	*
Autism	66.1	66.2	62.3	62.3	74.1	*
ADHD	64.9	66.0	57.9	62.6	75.9	*
Specific learning difficulties	73.0	72.5	69.7	69.5	79.3	*
Visceral disability	71.7	72.5	67.4	70.9	77.8	*
Sensory impairment	66.1	66.1	61.6	66.3	70.1	*
Physical impairment	64.8	64.3	59.9	63.6	69.9	*
Chronic illness	57.1	55.4	53.6	54.5	60.5	

	Educational attainment				Economic activity status				
	Primary	Secondary	Post-secondary		Employed	Students	Home-markers	Retired	
Mental illness	62.8	62.4	57.7		60.2	62.8	59.0	67.9	
HIV/AIDS	47.8	53.9	42.9	*	49.1	54.5	47.1	55.9	
Intellectual disability	85.8	83.9	80.2	*	81.1	83.0	84.3	86.9	*
Autism	68.0	68.6	52.1	*	62.3	66.6	67.1	73.5	
ADHD	69.2	67.7	49.0	*	61.3	59.5	69.2	74.0	*
Specific learning difficulties	75.1	73.9	63.8	*	67.0	74.8	73.6	82.2	*
Visceral disability	73.9	73.4	63.8		70.0	68.3	74.6	77.6	*
Sensory impairment	67.4	69.2	50.1	*	61.6	66.6	68.5	71.4	
Physical impairment	65.2	68.2	46.8	*	60.6	64.8	66.2	70.7	
Chronic illness	55.1	59.7	42.3	*	53.2	58.1	54.7	63.2	

d. Disagreement -- “Workers with a disability can be expected to fit into competitive society”

	Sex		Age group			
	Male	Female	15-34	35-54	55 or above	
Mental illness	49.1	43.6	40.0	47.9	49.6	*
HIV/AIDS	29.4	24.3	21.9	25.9	31.8	*
Intellectual disability	57.0	52.8	48.2	58.8	55.9	*
Autism	42.2	38.9	35.2	41.7	43.8	*
ADHD	41.4	38.4	34.8	42.1	41.8	*
Specific learning difficulties	47.1	41.8	39.4	47.3	45.0	*
Visceral disability	45.7	40.1	35.0	45.5	46.2	*
Sensory impairment	40.1	36.7	32.6	41.4	39.9	*
Physical impairment	38.4	33.9	31.5	36.9	38.9	*
Chronic illness	32.6	22.6	24.8	27.7	28.6	*

	Educational attainment				Economic activity status				
	Primary	Secondary	Post-secondary		Employed	Students	Home-markers	Retired	
Mental illness	51.4	45.7	37.3	*	42.5	42.5	52.2	48.6	*
HIV/AIDS	31.5	26.5	17.8	*	23.7	22.9	32.6	29.2	*
Intellectual disability	57.3	53.6	55.2	*	56.5	45.7	55.8	54.2	
Autism	45.2	39.0	38.4	*	39.1	36.4	45.3	40.4	
ADHD	42.8	40.3	32.3	*	38.7	35.5	44.3	40.0	
Specific learning difficulties	45.6	43.9	44.0		44.6	38.1	47.4	43.2	
Visceral disability	47.0	42.6	35.9	*	40.3	39.0	47.0	44.5	
Sensory impairment	42.5	38.1	31.5	*	37.5	34.0	42.3	37.0	
Physical impairment	39.4	35.7	30.6	*	33.3	35.5	39.0	37.8	
Chronic illness	29.0	28.0	20.1	*	25.4	29.0	29.8	25.8	

Appendix 5: Analyzed by demographic characteristics - Public access, services and facilities

a. Disagreement -- "I can accept persons with a disability sitting next to me on the bus"

	Sex			Age group			
	Male	Female		15-34	35-54	55 or above	
Mental illness	29.8	36.4	*	25.5	37.7	35.7	*
HIV/AIDS	15.1	15.8		11.9	16.2	17.9	*
Intellectual disability	7.3	8.5		10.3	7.5	6.4	
Autism	4.2	4.5		4.7	4.6	3.7	
ADHD	6.7	7.5		7.5	8.1	5.5	
Specific learning difficulties	3.5	3.7		3.3	4.0	3.4	
Visceral disability	2.1	1.9		1.9	1.3	2.8	
Sensory impairment	1.3	1.6		1.0	1.2	2.2	
Physical impairment	2.6	1.7		0.6	2.2	3.4	
Chronic illness	1.2	1.0		0.7	0.6	2.0	

	Educational attainment				Economic activity status				
	Primary	Secondary	Post-secondary		Employed	Students	Home-markers	Retired	
Mental illness	40.5	30.8	30.9	*	32.1	25.8	32.9	41.5	
HIV/AIDS	21.8	13.5	11.7	*	14.0	12.6	14.3	20.9	
Intellectual disability	7.7	7.9	7.8		5.2	12.3	10.4	7.1	*
Autism	4.0	3.8	7.0		3.6	5.6	6.8	3.0	
ADHD	4.7	8.7	4.5		6.0	9.4	10.2	5.6	
Specific learning difficulties	3.2	3.9	2.5		2.7	4.7	5.8	2.8	
Visceral disability	3.5	1.5	1.4		1.7	2.1	1.5	3.4	
Sensory impairment	1.7	1.3	1.7		0.9	0.9	2.3	1.7	
Physical impairment	4.0	1.3	1.9		1.9	0.0	2.5	3.9	
Chronic illness	40.5	30.8	30.9		32.1	25.8	32.9	41.5	

b. Disagreement -- “I do not mind having a service centre for persons with a disability in my residential neighbourhood”

	Sex			Age group			
	Male	Female		15-34	35-54	55 or above	
Mental illness	32.1	39.7	*	22.9	43.3	40.4	*
HIV/AIDS	20.5	28.2	*	17.0	30.1	25.4	*
Intellectual disability	6.0	7.4		5.7	7.9	6.4	
Autism	4.2	5.8		2.8	7.4	4.5	
ADHD	5.0	5.9		3.3	7.7	4.9	
Specific learning difficulties	3.8	5.5		2.8	7.1	3.8	*
Visceral disability	1.9	2.4		1.5	2.4	2.6	
Sensory impairment	1.8	2.5		1.1	3.0	2.2	
Physical impairment	1.8	2.5		1.1	3.0	2.2	
Chronic illness	1.9	2.6		1.6	2.9	2.2	

	Educational attainment				Economic activity status				
	Primary	Secondary	Post-secondary		Employed	Students	Home-markers	Retired	
Mental illness	43.1	34.9	26.7	*	33.9	17.9	44.8	43.7	*
HIV/AIDS	28.9	24.1	17.8	*	24.4	11.7	29.0	29.3	*
Intellectual disability	6.5	7.6	3.3		4.9	7.3	10.4	6.9	
Autism	4.8	5.8	1.9		4.2	2.6	9.9	3.7	*
ADHD	5.4	6.1	2.5		4.0	3.8	9.4	6.0	
Specific learning difficulties	4.4	5.4	1.9		4.0	2.6	9.4	3.0	*
Visceral disability	2.6	2.2	1.4		1.8	2.6	2.1	3.2	
Sensory impairment	3.2	2.0	1.4		2.0	1.8	2.8	2.6	
Physical impairment	3.2	2.0	1.4		2.0	1.8	2.8	2.6	
Chronic illness	2.9	2.1	2.2		2.1	2.9	2.5	2.6	

c. Agreement -- “Persons with a disability are more accident prone than other people”

	Sex		Age group		
	Male	Female	15-34	35-54	55 or above
Mental illness	56.5	59.5	58.0	57.8	58.7
HIV/AIDS	41.1	39.1	41.5	38.6	40.3
Intellectual disability	61.6	60.4	64.6	60.0	58.8
Autism	45.4	46.4	46.2	46.5	45.1
ADHD	58.7	58.1	59.1	59.7	56.1
Specific learning difficulties	47.4	47.0	48.4	46.9	46.2
Visceral disability	61.4	60.0	62.7	59.7	59.9
Sensory impairment	65.8	66.9	65.3	68.5	64.9
Physical impairment	65.5	66.4	66.9	67.8	62.9
Chronic illness	46.1	47.8	47.2	44.9	49.4

	Educational attainment			Economic activity status			
	Primary	Secondary	Post-secondary	Employed	Students	Home-markers	Retired
Mental illness	54.7	59.1	58.2	56.6	60.1	59.6	58.5
HIV/AIDS	35.4	41.1	43.5	41.0	42.8	35.9	38.7
Intellectual disability	55.2	62.1	65.7	59.3	71.3	56.2	62.6
Autism	42.5	46.5	47.9	45.5	49.9	45.5	44.3
ADHD	52.5	59.9	61.6	57.8	63.0	57.7	57.0
Specific learning difficulties	40.7	49.3	47.9	46.9	49.6	46.6	45.8
Visceral disability	58.1	59.7	68.8	60.8	66.9	57.8	57.8
Sensory impairment	69.6	65.1	66.6	66.3	63.9	65.7	66.5
Physical impairment	66.0	66.2	65.5	67.8	66.6	63.9	62.2
Chronic illness	42.7	48.7	47.1	46.4	49.3	45.0	47.5

d. Agreement -- “It is a waste of money to have special facilities or services for persons with a disability”

	Sex		Age group		
	Male	Female	15-34	35-54	55 or above
Mental illness	3.0	3.3	3.0	2.3	4.1
HIV/AIDS	2.7	3.9	2.7	2.7	4.7
Intellectual disability	3.4	3.3	2.6	2.6	4.9
Autism	3.3	3.1	2.6	2.9	4.1
ADHD	3.5	3.5	3.0	2.9	4.7
Specific learning difficulties	2.7	3.2	2.2	2.3	4.5
Visceral disability	3.5	3.5	2.6	3.1	4.7
Sensory impairment	2.9	3.0	3.0	2.0	3.9
Physical impairment	3.0	3.0	3.0	2.2	3.8
Chronic illness	1.7	2.8	1.8	1.6	3.6

	Educational attainment			Economic activity status			
	Primary	Secondary	Post-secondary	Employed	Students	Home-markers	Retired
Mental illness	3.5	3.5	1.1	2.4	3.8	4.3	2.6
HIV/AIDS	3.9	3.7	1.1	3.3	2.9	3.8	3.0
Intellectual disability	4.1	3.5	1.1	2.2	3.8	5.1	3.0
Autism	3.7	3.5	1.1	2.5	3.8	4.3	3.0
ADHD	4.0	3.9	1.1	2.8	3.8	4.6	3.6
Specific learning difficulties	3.9	3.1	1.1	2.1	2.9	4.8	3.0
Visceral disability	4.1	3.7	1.1	2.8	2.9	5.4	3.0
Sensory impairment	3.6	3.1	1.1	2.8	2.9	3.6	2.2
Physical impairment	3.2	3.4	1.1	3.0	2.9	3.6	2.1
Chronic illness	2.9	2.3	1.1	1.9	2.1	3.8	1.5

Appendix 6: Analyzed by demographic characteristics - Social interactions

a. Agreement -- “I do not want persons with a disability living in my neighbourhood”

	Sex			Age group			
	Male	Female		15-34	35-54	55 or above	
Mental illness	50.6	58.2	*	48.9	58.9	55.3	*
HIV/AIDS	30.6	37.5	*	27.5	36.6	38.1	*
Intellectual disability	17.8	14.7		17.6	15.6	15.2	
Autism	13.4	11.1		12.9	12.5	11.0	
ADHD	15.0	12.3		13.3	14.1	13.0	
Specific learning difficulties	13.0	10.2		10.2	13.2	10.6	
Visceral disability	10.4	8.9		9.2	8.9	10.5	
Sensory impairment	10.1	8.6		8.0	8.4	11.4	
Physical impairment	10.1	9.1		8.0	8.9	11.6	
Chronic illness	9.5	7.8		7.7	7.9	10.1	

	Educational attainment				Economic activity status			
	Primary	Secondary	Post-secondary		Employed	Students	Home-markers	Retired
Mental illness	60.5	54.4	44.3	*	55.9	45.5	59.8	52.9
HIV/AIDS	40.7	33.6	24.5	*	33.4	20.8	41.2	36.4 *
Intellectual disability	12.6	18.1	12.0	*	15.6	15.2	17.1	15.9
Autism	8.7	13.9	9.2	*	12.0	10.9	15.5	9.7
ADHD	10.8	15.2	9.7	*	12.5	14.4	17.8	10.8
Specific learning difficulties	9.8	12.8	7.0	*	11.7	8.2	15.2	9.0
Visceral disability	9.8	10.0	5.6		9.3	7.3	11.9	8.6
Sensory impairment	9.4	9.8	5.6		8.7	6.2	11.4	9.7
Physical impairment	9.7	10.1	5.6		8.9	6.2	11.7	9.7
Chronic illness	8.3	9.2	4.7		8.1	6.2	10.2	8.6

b. Disagreement -- “Persons with a disability should date and marry each other, regardless of whether his/her spouse or partner has a disability or not”

	Sex		Age group			
	Male	Female	15-34	35-54	55 or above	
Mental illness	26.6	22.9	21.8	21.7	30.5	*
HIV/AIDS	27.4	26.0	24.5	21.0	35.2	*
Intellectual disability	22.5	19.4	18.5	18.4	25.6	*
Autism	8.3	7.7	9.7	6.8	7.7	
ADHD	9.9	7.1	9.1	8.0	8.1	
Specific learning difficulties	9.6	7.3	9.2	7.0	9.0	
Visceral disability	5.9	6.4	7.8	3.3	8.1	
Sensory impairment	4.8	4.5	4.6	2.6	6.9	*
Physical impairment	5.2	4.8	5.2	2.6	7.5	*
Chronic illness	5.4	5.2	5.8	3.7	6.6	

	Educational attainment				Economic activity status				
	Primary	Secondary	Post-secondary		Employed	Students	Home-markers	Retired	
Mental illness	30.2	22.6	21.4	*	22.5	22.3	22.4	32.9	*
HIV/AIDS	32.6	25.4	19.8	*	22.9	21.7	25.7	39.4	*
Intellectual disability	24.7	20.3	14.5	*	18.5	19.1	20.4	26.4	*
Autism	6.6	9.2	5.0		7.1	12.3	8.1	7.1	
ADHD	5.8	10.1	5.6		8.7	10.3	7.4	7.7	
Specific learning difficulties	7.2	9.4	4.7		7.5	12.0	7.6	8.6	
Visceral disability	6.1	6.8	4.2		5.3	8.2	5.6	7.5	
Sensory impairment	5.1	5.3	1.1		3.7	5.9	3.5	7.1	
Physical impairment	4.7	5.7	2.8		3.9	6.5	3.5	8.0	
Chronic illness	5.2	6.3	1.1		4.6	7.0	4.4	6.5	

c. Agreement -- “Most persons with a disability are unpredictable and express impulsive behaviours”

	Sex		Age group			
	Male	Female	15-34	35-54	55 or above	
Mental illness	66.5	72.4	65.1	72.5	70.8	*
HIV/AIDS	12.1	10.7	10.5	10.9	12.7	
Intellectual disability	33.5	33.3	31.9	33.9	34.2	
Autism	25.7	27.8	26.8	29.2	24.3	
ADHD	39.2	39.5	35.6	45.9	35.2	*
Specific learning difficulties	18.8	17.9	16.5	20.3	17.5	
Visceral disability	12.0	12.7	10.1	11.8	15.1	
Sensory impairment	11.2	9.8	8.9	9.4	13.0	
Physical impairment	12.5	11.4	11.6	11.3	12.9	
Chronic illness	9.6	8.7	8.3	7.7	11.5	

	Educational attainment				Economic activity status				
	Primary	Secondary	Post-secondary		Employed	Students	Home-markers	Retired	
Mental illness	72.5	68.1	70.5		71.7	59.2	70.5	70.7	
HIV/AIDS	10.9	10.3	13.6	*	11.1	12.9	5.1	14.6	*
Intellectual disability	34.7	32.4	32.9		30.1	34.6	31.5	39.8	*
Autism	25.1	26.1	30.1	*	26.5	29.0	24.9	27.1	
ADHD	34.1	40.1	44.3		39.0	35.8	40.7	37.6	
Specific learning difficulties	15.6	18.6	18.4	*	19.3	18.2	15.2	17.9	
Visceral disability	13.5	11.8	9.7	*	11.3	12.3	8.4	17.4	*
Sensory impairment	11.2	9.3	10.6	*	9.6	11.1	5.3	15.5	*
Physical impairment	12.4	10.9	12.5	*	11.7	14.1	6.6	14.8	*
Chronic illness	9.9	8.2	8.4	*	8.1	10.3	3.8	14.6	*

d. Agreement -- “Persons with a disability should be prevented from having children”

	Sex			Age group			
	Male	Female		15-34	35-54	55 or above	
Mental illness	32.2	41.2	*	26.9	38.9	44.5	*
HIV/AIDS	46.6	56.4	*	48.3	51.0	56.4	*
Intellectual disability	32.3	39.4	*	24.7	36.5	46.4	*
Autism	6.1	10.5	*	8.4	8.1	9.1	
ADHD	5.2	8.7	*	5.8	6.9	8.6	
Specific learning difficulties	6.3	9.1		6.6	7.0	10.0	
Visceral disability	5.9	6.0		4.7	5.5	7.5	
Sensory impairment	7.4	8.5		6.0	6.9	11.1	*
Physical impairment	4.2	4.4		2.9	3.6	6.4	*
Chronic illness	7.8	6.5		7.3	6.3	7.7	

	Educational attainment				Economic activity status				
	Primary	Secondary	Post-secondary		Employed	Students	Home-markers	Retired	
Mental illness	46.0	35.4	26.5	*	32.3	27.0	41.5	48.0	*
HIV/AIDS	57.3	50.7	47.6	*	49.1	46.9	55.4	55.9	*
Intellectual disability	47.1	33.8	25.1	*	31.1	26.4	39.9	48.0	*
Autism	9.7	7.8	9.2		7.3	8.2	12.7	6.7	*
ADHD	7.3	6.8	7.5		6.8	5.9	9.6	5.6	*
Specific learning difficulties	9.0	7.5	6.4		7.4	5.6	9.9	7.7	*
Visceral disability	5.9	6.1	4.5		6.0	5.3	5.4	6.4	*
Sensory impairment	11.0	6.7	7.2	*	7.7	4.4	7.9	9.0	*
Physical impairment	5.8	3.2	5.6		4.3	1.8	4.6	4.3	*
Chronic illness	6.2	7.0	8.4		8.0	6.5	4.6	7.5	*

Appendix 7: Analyzed by demographic characteristics - Education and training

a. Disagreement -- “For students with a disability, integrative schooling is more preferable than special school”

	Sex		Age group			
	Male	Female	15-34	35-54	55 or above	
Mental illness	69.5	68.9	67.9	67.4	72.3	*
HIV/AIDS	42.8	42.0	41.1	43.1	42.7	
Intellectual disability	72.2	77.8	73.5	77.0	74.9	
Autism	54.7	56.4	56.1	57.0	53.6	
ADHD	52.2	57.1	51.9	57.2	54.9	
Specific learning difficulties	60.8	61.6	62.2	64.1	57.2	
Visceral disability	48.2	48.6	46.1	52.0	46.4	
Sensory impairment	59.9	63.2	59.5	62.8	62.5	
Physical impairment	42.6	43.0	39.1	46.4	42.1	
Chronic illness	27.0	25.5	29.2	25.2	24.6	

	Educational attainment				Economic activity status				
	Primary	Secondary	Post-secondary		Employed	Students	Home-markers	Retired	
Mental illness	74.4	65.9	72.7	*	68.1	71.6	65.1	74.6	*
HIV/AIDS	45.9	39.4	46.8	*	42.4	38.1	41.4	45.4	
Intellectual disability	75.8	73.4	82.2		75.4	71.0	75.0	76.8	
Autism	53.5	54.3	65.5		57.8	52.8	57.3	50.8	
ADHD	54.3	53.5	61.8		55.9	48.4	60.8	49.9	*
Specific learning difficulties	58.3	60.0	73.0		63.9	59.2	62.3	55.5	
Visceral disability	47.2	48.4	50.7		49.7	44.0	49.8	45.4	
Sensory impairment	65.9	58.2	68.8	*	63.4	56.3	59.6	63.2	
Physical impairment	48.1	39.7	44.3	*	42.8	42.8	40.2	43.7	
Chronic illness	24.2	26.2	28.7		24.6	29.9	29.3	22.2	

b. Disagreement -- “For students with a disability, integrative schooling is more preferable than special school”

	Sex		Age group		
	Male	Female	15-34	35-54	55 or above
Mental illness	61.7	60.1	60.6	59.4	62.7
HIV/AIDS	36.5	35.6	35.0	36.4	36.5
Intellectual disability	65.9	70.7	67.2	70.6	67.3
Autism	47.8	49.9	48.4	51.6	46.4
ADHD	46.2	51.5	46.6	51.9	48.2
Specific learning difficulties	54.1	56.0	55.8	58.2	50.8
Visceral disability	42.9	41.2	41.0	45.3	39.2
Sensory impairment	52.2	56.2	52.1	55.7	55.1
Physical impairment	33.9	36.9	33.2	38.4	34.4
Chronic illness	21.6	20.7	24.2	21.5	17.8

	Educational attainment				Economic activity status			
	Primary	Secondary	Post-secondary		Employed	Students	Home-markers	Retired
Mental illness	66.3	57.6	63.8	*	60.0	61.3	59.0	64.7
HIV/AIDS	39.8	33.1	39.3	*	34.6	31.1	37.7	40.2
Intellectual disability	72.2	66.2	70.5	*	68.4	61.9	70.7	69.7
Autism	48.8	48.1	52.1		50.8	42.5	53.4	44.9
ADHD	50.1	48.5	48.7		50.3	41.9	56.2	45.0
Specific learning difficulties	55.1	54.4	57.7		57.4	53.7	55.7	51.2
Visceral disability	42.1	42.5	39.3		43.2	35.8	45.0	39.4
Sensory impairment	58.3	52.6	53.8	*	54.5	50.7	55.2	55.3
Physical impairment	40.9	32.8	34.5	*	33.4	37.2	36.6	36.6
Chronic illness	18.4	21.8	21.4		19.6	23.8	26.0	16.1

c. Agreement -- “Students with a disability are often unmotivated”

	Sex		Age group			
	Male	Female	15-34	35-54	55 or above	
Mental illness	22.6	18.9	16.4	22.8	21.8	*
HIV/AIDS	15.4	13.9	10.9	16.2	16.1	*
Intellectual disability	21.7	19.3	13.1	23.3	23.7	*
Autism	16.5	15.3	14.7	14.8	18.1	
ADHD	15.7	15.7	14.7	14.5	17.8	
Specific learning difficulties	21.7	18.5	15.3	20.8	23.2	*
Visceral disability	18.5	16.9	15.7	18.6	18.4	
Sensory impairment	16.7	15.1	12.7	16.9	17.6	*
Physical impairment	12.1	11.2	8.8	11.5	14.3	*
Chronic illness	9.3	7.5	6.8	8.3	9.6	

	Educational attainment				Economic activity status				
	Primary	Secondary	Post-secondary		Employed	Students	Home-markers	Retired	
Mental illness	27.2	18.3	18.4	*	17.4	17.0	20.8	26.4	*
HIV/AIDS	18.6	14.1	8.9	*	13.4	10.9	15.3	18.1	
Intellectual disability	27.9	18.0	17.3	*	18.0	12.0	22.1	27.1	*
Autism	21.7	13.8	14.2	*	14.5	14.1	16.8	18.7	
ADHD	21.7	13.1	15.6	*	15.1	11.4	15.7	18.7	
Specific learning difficulties	26.8	16.6	22.6	*	18.9	12.9	21.3	24.1	*
Visceral disability	21.0	16.6	17.0	*	18.2	14.4	17.0	20.2	
Sensory impairment	22.5	13.0	15.6	*	14.6	12.6	16.6	18.5	
Physical impairment	16.3	10.0	10.6	*	9.7	8.8	12.5	16.1	*
Chronic illness	9.0	8.4	7.2		8.1	6.7	7.4	11.2	

d. Agreement -- “Person with a disability cannot really benefit from education”

	Sex		Age group			
	Male	Female	15-34	35-54	55 or above	
Mental illness	7.5	7.4	7.2	5.0	10.4	*
HIV/AIDS	2.5	4.4	2.9	2.9	4.8	
Intellectual disability	8.8	7.9	8.2	6.0	11.1	
Autism	5.9	6.4	4.9	4.9	8.7	
ADHD	6.7	6.1	5.8	5.2	8.2	
Specific learning difficulties	7.1	6.9	6.7	5.6	8.8	
Visceral disability	4.7	3.9	3.9	2.7	6.4	
Sensory impairment	4.8	4.6	4.6	3.1	6.6	*
Physical impairment	3.8	4.0	2.9	2.8	6.0	*
Chronic illness	3.6	4.5	2.9	3.4	5.9	

	Educational attainment			Economic activity status				
	Primary	Secondary	Post-secondary	Employed	Students	Home-markers	Retired	
Mental illness	8.0	7.0	8.6	5.8	7.3	8.1	10.3	*
HIV/AIDS	4.0	2.8	6.1	3.8	2.1	4.9	2.2	
Intellectual disability	9.4	7.5	10.3	6.5	10.0	8.2	10.8	
Autism	7.7	5.4	7.0	4.6	5.0	7.7	8.4	*
ADHD	7.2	6.0	7.0	5.7	5.6	6.6	8.0	
Specific learning difficulties	8.1	6.1	9.2	5.8	8.2	6.8	8.6	
Visceral disability	6.2	3.0	6.4	2.7	5.0	5.6	5.8	
Sensory impairment	5.4	4.0	7.0	4.2	3.2	6.3	5.0	
Physical impairment	5.1	3.2	4.7	3.1	3.2	5.3	4.5	
Chronic illness	5.4	3.4	4.7	3.9	3.2	4.9	4.1	

Appendix 8: Correlations between *disability social distance scale* and the statements of discrimination

Correlation between disability social distance and statements related to employment

Pearson Correlation	I do not mind working with persons with a disability in my company	Workers with a disability should receive the same wage for the same workload as compared with other workers without a disability	Simple repetitive work is appropriate for workers with a disability	Workers with a disability can be expected to fit into competitive society
Mental illness	.492**	.164**	-.069*	.210**
HIV/AIDS	.407**	.140**	-.099**	.124**
Intellectual disability	.320**	-.008	-.079*	.011
Autism	.329**	.040	-.017	.071*
ADHD	.362**	.066*	.015	.092**
Specific learning difficulties	.360**	.054	-.090**	.089**
Visceral disability	.278**	.058	-.129**	.159**
Sensory impairment	.309**	.106**	-.059	.182**
Physical impairment	.378**	.160**	-.109**	.216**
Chronic illness	.335**	.160**	-.126**	.139**
** Correlation is significant at the 0.01 level (2-tailed) * Correlation is significant at the 0.05 level (2-tailed)				

Correlation between disability social distance and statements related to public access, services and facilities

Pearson Correlation	I can accept persons with a disability sitting next to me on the bus	I do not mind having a service centre for persons with a disability in my residential neighborhood	Persons with a disability are more accident prone than other people	It is a waste of money to have special facilities or services for persons with a disability
Mental illness	.472**	.464**	.091**	.139**
HIV/AIDS	.411**	.424**	.065*	.061
Intellectual disability	.364**	.323**	.150**	.100**
Autism	.371**	.290**	.196**	.116**
ADHD	.326**	.307**	.212**	.109**
Specific learning difficulties	.363**	.334**	.245**	.120**
Visceral disability	.331**	.331**	.180**	.183**
Sensory impairment	.326**	.311**	.176**	.230**
Physical impairment	.350**	.341**	.135**	.215**
Chronic illness	.366**	.318**	.144**	.182**
** Correlation is significant at the 0.01 level (2-tailed) * Correlation is significant at the 0.05 level (2-tailed)				

Correlation between disability social distance and statements related to social interactions

Pearson Correlation	I do not want persons with a disability living in my neighborhood	Persons with a disability should date and marry each other, regardless of whether his/her spouse or partner has a disability or not	Most persons with a disability are unpredictable and express impulsive behavior	Persons with a disability should be prevented from having children
Mental illness	.412**	.279**	.129**	.349**
HIV/AIDS	.400**	.181**	.089**	.118**
Intellectual disability	.320**	.200**	.225**	-.011
Autism	.272**	.268**	.135**	.132**
ADHD	.275**	.229**	.042	.184**
Specific learning difficulties	.302**	.206**	.269**	.099**
Visceral disability	.127**	.096**	.091**	.137**
Sensory impairment	.119**	.156**	.126**	.203**
Physical impairment	.158**	.186**	.109**	.230**
Chronic illness	.114**	.155**	.112**	.190**
** Correlation is significant at the 0.01 level (2-tailed) * Correlation is significant at the 0.05 level (2-tailed)				

Correlation between disability social distance and statements related to education and training

Pearson Correlation	For students with a disability, integrative schooling is more preferable than special school	Students with a disability should be allowed to attend general public sector secondary schools	Students with a disability are often unmotivated	Person with a disability cannot really benefit from education
Mental illness	.264**	.271**	.230**	.000
HIV/AIDS	.298**	.331**	.186**	.014
Intellectual disability	.040	.012	.045	-.027
Autism	.139**	.160**	-.023	.035
ADHD	.140**	.164**	.031	-.024
Specific learning difficulties	.106**	.098**	.003	-.033
Visceral disability	.194**	.209**	.118**	.137**
Sensory impairment	.156**	.161**	.170**	.097**
Physical impairment	.219**	.244**	.157**	.150**
Chronic illness	.176**	.184**	.100**	.125**
** Correlation is significant at the 0.01 level (2-tailed) * Correlation is significant at the 0.05 level (2-tailed)				

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