Executive summary

Background and objectives
A telephone survey on the knowledge of silicosis in the Hong Kong population aged 15 or above was carried out in 1993 and 715 subjects were interviewed. The present survey was aimed to describe the situation in 1996 and to compare the 1993 baseline data with the 1996 data to see whether there were any improvements in awareness and knowledge.

Methods
The same method was used with additional questions and a larger sample size, including a supplementary sample of workers in construction.

Results
1. A total of 1595 subjects were interviewed. There were 507 refusals and 121 non-contacts. The response rate was 71.7%. Another 40 construction workers were interviewed.

2. When compared with the 1996 Hong Kong Bi-Census, the sample was found to be reasonably representative.

3. More subjects head heard of the disease (from 86% in 1993 to 90% in 1996) but less had heard of the Fund Board (from 42% in 1993 to 38% in 1996).

4. Television was the most common source of hearing about the disease and the Board. From 1993-6, there were large increases in the subjects' identification of ATV as the source (from 4% to 49%). Newspapers were the second commonest source but no increase was observed. Radio and magazines were the third and fourth commonest sources, also with large increase.

5. The females, the older, the less educated, those living in public housing, those who were not born in Hong Kong or those who lived in Hong Kong for less than 10 years had lower level of awareness of the disease, the Board and specific knowledge.

6. Of the 116 subjects who worked in construction, knowledge about early symptoms was low.

7. Preventive measures at work was less than satisfactory. Only 8% often wore proper respiratory protectors, and 12% often wore ineffective protectors (simple cotton or towel). Respiratory protectors were provided by employers to 43% of subjects and 28% bought or owned their own protectors. Water spray was used in 35% of the subjects' worksites. Only 12% had chest X-rays and 7% had lung function tests.

Recommendations
1. Education and publicity efforts should continue and should fill the gaps in knowledge.

2. Cost-effective channels, such as the ATV and radio should be used for publicity directed to the general population.

3. Special efforts should be targeted at the population at risk.

4. Special and targeted measures are needed to tackle the unsatisfactory preventive measures at the worksite.

5. Similar surveys should be carried out regularly for evaluation.