

**Student Health Service**  
**Annual Health Report**  
**for 2024/25 School Year**

**Department of Health**  
**Student Health Service**  
**March 2026**

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## Background

The Student Health Service (SHS) of the Department of Health (DH) aims to safeguard both the physical and psychosocial health of school children through health promotion and disease prevention services. Centre-based health services are provided at 13 Student Health Service Centres (SHSCs)<sup>#</sup>. Special Assessment Service (SAS) are also provided at 4 Special Assessment Centres and 4 SHSCs.

2. All primary and secondary day school students can join the services provided by the SHSCs. Each year, enrolled students are given an appointment at a designated SHSC for their annual health assessment. The aim is to identify health problems at an early stage for timely advice and intervention. Students are provided with a series of health services designed to target their health needs at various stages of development. These services include growth monitoring, screening for vision, hearing and scoliosis, physical examination, self-administered Health Assessment Questionnaires (HAQs)<sup>1</sup> on health behaviours and psychosocial well-being, individual health counselling, health education and mop-up vaccinations. Students who are found to have health problems will be referred to SAS of SHS, specialist clinics of the Hospital Authority, or other organisations as appropriate for further assessment and management. This report summarises the key findings of the annual health assessments done at the SHSCs in the 2024/25 school year.

## Enrolment and Attendance

3. In the 2024/25 school year, annual health assessment service served approximately 256 000 primary students and 172 000 secondary students respectively.

4. In adherence to the governmental policies promoting the development of e-Government services, the SHS initiated a pilot scheme for enrolment through an electronic platform (e-Enrolment) for the 2024/25 school year. The aim of e-Enrolment is to facilitate a smooth enrolment process. In the 2024/25 school year, a total of 26 primary schools and 40 secondary schools (approximately 5% of schools in Hong Kong) were invited and participated in the pilot e-Enrolment programme, the logistics were generally found to be smooth.

5. Statistics on enrolment, attendance and referrals of the SHSCs in the 2024/25 school year are presented at Annex I.

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<sup>#</sup> Kowloon City Lions Clubs SHSC has been temporarily closed since 1.11.2023.

<sup>1</sup> Students of primary four and six, and secondary two, four and six would be invited to complete a HAQ.

## Key findings of annual health assessments

6. Key findings of the annual health assessments done in the SHSCs in the 2024/25 school year are shown at Annex II, and are highlighted below.

### *Overweight (Including Obesity)*

7. Being overweight in childhood and adolescence adversely affects health and is associated with a greater risk and earlier onset of various non-communicable diseases, such as type 2 diabetes, cardiovascular disease and certain cancers. Childhood and adolescent obesity can also have adverse psychosocial consequences, affecting school performance and quality of life.

8. The Hong Kong 2020 Growth References (HK2020) have been adopted for growth monitoring since the 2024/25 school year, replacing the previously used 1993 Hong Kong Growth Chart (HK1993). Based on HK2020, BMI >91<sup>st</sup> percentile line BMI-for-age is categorized as overweight (including obesity) and BMI > 98<sup>th</sup> percentile line BMI-for-age as obesity for students under 18 years old. For students 18 years old or older, BMI  $\geq$  23 is categorized as overweight and BMI  $\geq$  25 as obesity. The overall prevalence of overweight (including obesity) in students in 2024/2025 was 17.5% (17.2% among primary school students and 17.9% among secondary school students) (Annex IV). The overall prevalence of overweight (including obesity) in the 2023/24 school year (retrospectively calculated using HK2020) was 17.1% (16.9% among primary school students and 17.4% among secondary school students).

### *Vision*

9. All students attending the SHSCs are arranged to have visual acuity screening during their annual health assessment. Healthy eyes and vision are critical parts of children's development. After birth, the visual system continues to develop and matures at around eight years old. Visual problems can interfere with children's daily activities and learning. Abnormal vision in children, including refractive abnormalities such as astigmatism or hypermetropia, can be harmful to the maturation process. If left uncorrected, it may lead to reduced vision and amblyopia. If myopia progresses to a high degree, the risk of serious eye complications increases substantially, such as glaucoma and retinal detachment. These vision problems can permanently affect vision if not detected and managed properly.

10. The proportion of students in primary one who wore glasses (including glasses that correct for refractive errors such as myopia, hyperopia and astigmatism) during their visual acuity screening in the SHSCs was 14.5% which was comparable to 14.3% in 2023/24 school year, but much higher than the pre-

COVID years of approximately 11%. The proportion of primary school students wearing glasses was higher in the upper grades, reaching up to 55.1% among primary six students in the 2024/25 school year (Annex V).

11. The proportion of students in primary one who did not wear glasses but failed vision test was 11.8% which was slightly lower than the 12.6% in 2023/2024 school year (Annex VI). There was a steady increase in vision problems throughout primary school. During annual assessment, 26.3% of primary one students either wore glasses or failed vision test. By primary six, this proportion rose sharply to 65.4%.

12. Among primary and secondary school students who had their visual acuity tested at the SHSCs in the 2024/25 school year, 17.3% required further assessment. These students are referred for further assessed by the optometry service in SAS or seen by private optometrists. A majority of them were uncorrected/under-corrected refractive errors, while a small proportion were other eye or vision-related problems such as colour vision deficiency, squint and amblyopia.

### *Hearing*

13. Normal hearing is essential for language development, interpersonal communication, acquisition of new knowledge and responsiveness to environmental sounds. Hearing impairment can affect developing children in learning, languages, social skills, psychological well-being and behaviour. In the 2024/25 school year, 4.1% of students were found to have suspected hearing problems requiring further assessment by audiologist in SAS or HA specialists, which was comparable to the 4.2% that was recorded in the previous year.

### *Scoliosis*

14. Scoliosis is a condition in which the spine curves sideways abnormally, showing a "C" or "S" shape. Most cases of scoliosis are idiopathic. Scoliosis most commonly occurs during adolescence and may deteriorate as children grow older. In the 2024/25 school year, 17.4% of students required further spinal assessment including Moiré topography or spinal X ray.

## Key results of the Health Assessment Questionnaires (HAQs)

15. Key results of the HAQs conducted in the SHSCs in the 2024/25 school year are at Annex III, and are highlighted below.

### *Diet*

16. Healthy dietary practices should start early in life as they can have long-term health benefits, including reducing the risk of becoming overweight or obese and developing non-communicable diseases later in life. In the HAQs, students were asked about their frequency and quantity of fruit and vegetables consumed. About 89.4% of students (82.5% of primary school students and 96.8% of secondary school students) reported inadequate intake (i.e. an average of less than four servings for primary school students and five servings for secondary school students) of fruit and vegetables per day. This unhealthy dietary practice has been noticed to have increased since the COVID-19 pandemic and remains prevalent (Annex VII).

### *Physical Activity*

17. In children and adolescents, physical activity improves physical fitness, cardiometabolic health, bone health, mental health and cognitive development including improvement in academic performance. It also reduces the risk of overweight and obesity. Recent studies have shown that physical activity, especially conducted outdoors, may reduce the risk of myopia<sup>2</sup>. In the 2024/25 school year, 93.6% of students (91.5% and 95.8% among primary and secondary students) reported insufficient level of physical activity, i.e. not having at least 60 minutes of daily moderate to vigorous-intensity physical activity (Annex VIII).

### *Recreational Screen Time*

18. Excessive and inappropriate use of internet and electronic screen products can negatively affect many aspects of children's physical, psychosocial and mental health development. For primary school students, we advise to limit recreational screen time to less than two hours per day. In the 2024/25 school year, 41.8% of primary school students who completed the HAQs indicated spending two or more hours in using internet or electronic screen products (including computers, tablet, personal computers, smartphone, video games and television) for recreational purposes on a typical school day. This proportion showed a slight decrease as compared with 43.3% in the 2023/24 school year, although it

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<sup>2</sup> Ma, F., Yang, J., Yuan, J., Du, B., Li, T., Wu, Q., Yan, J., Zhu, Y., Meng, X., Liu, Y., Wei, R., Huang, G., & Yan, H. (2024). The Myopia Prevalence and Association With Physical Activity Among Primary School Students Aged 6–12 Years: A Cross-Sectional Study in Tianjin, China. *Translational Vision Science & Technology*, 13(6), 4. <https://doi.org/10.1167/tvst.13.6.4>

remained higher than the pre-COVID level of about 30%. The corresponding proportion among secondary school students remained high at 81.1% in 2024/25 (Annex IX).

### *Psychosocial well-being*

19. In addition to physical health, all students attending the SHSCs have their psychosocial well-being assessed through clinical assessment, with or without the aid of questionnaires.

20. While the majority of both primary and secondary school students indicated in the HAQs that they enjoyed or very much enjoyed family life (96.0%) (Annex X) and school life (93.8%) (Annex XI), some students were identified as having psychosocial issues that warrant attention.

21. In the 2024/25 school year, 2.1% of students reported having been bullied online in the past 12 months as compared with 3.0% in 2023/24. Some 1.6% (1.2% in primary and 2.0% in secondary schools) students had planned to commit suicide and 0.7% (0.6% in primary and 0.9% in secondary schools) students had attempted suicide in the past 12 months. The corresponding figures were 2.2% and 1.0% in 2023/24.

22. Students with psychosocial and behavioural problems are provided with immediate risk assessment and support in the SHSCs. In the 2024/25 school year, a total of 1.0% of students attending the SHSCs were given a referral to clinical psychologists under SAS, specialist clinics under the Hospital Authority or other organisations for further assessment and management of their psychosocial and behavioural problems (Annex XII).

### **Way forward**

23. SHS will continue to provide regular health assessment service to individual students, monitor the overall health condition and related trends of students in the territory through the data obtained from the annual health assessment done in the SHSCs, and disseminate related information to the public, so as to heighten public awareness of student health issues.

24. Following the pilot scheme for enrolment in the 2024/25 school year through an electronic platform (e-Enrolment), the SHSC will implement the rollout of e-Enrolment to all participating schools in the 2025/26 school year to align with the government's initiative to promote e-Government services.

25. The high prevalence of visual problems among students, mostly myopia, is also of concern. Increasing evidence suggests that prolonged screen time may lead

to higher risk of myopia<sup>3</sup>. Recent studies have shown that spending time doing outdoor activities can both prevent the onset of and delay the progression of myopia in children and the effect has a dose response relationship<sup>4</sup>. In line with some health authorities, we recommend children spending at least two hours outdoor daily to prevent or delay the progress of myopia<sup>5 6 7</sup>.

26. Unhealthy lifestyle, such as lack of physical activity, unhealthy dietary practice, prolonged recreational screen use are still the main behavioural risk factors among our students.

27. To promote the health of students and through students to reach the wider community, based on the Health Promoting School (HPS) concept advocated by the World Health Organization (WHO), the Student Health Service launched the Whole School Health Programme (WSHP) in the 2023/24 school year. The WSHP covers four health themes: physical activity, healthy eating, mental health and social well-being. Based on guidelines and checklist issued by the DH, schools will systematically review and formulate health promotion measures, with an aim to become a health promoting school. "The Chief Executive's 2024 Policy Address" announced that the WSHP would be strengthened and extended to cover all primary and secondary schools in Hong Kong. "School Health Reports and Recommendations" ("health reports") will be compiled for each participating school. During the 2024/25 school year, 808 schools participated in the WSHP, covering nearly 70% of schools in Hong Kong. An individualised school health report was issued to each participating school providing targeted health promotion recommendations tailored to each school's specific circumstances to assist schools in establishing priorities and strategies for their school-based health promotion work.

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<sup>3</sup> Zong, Z., Zhang, Y., Qiao, J., Tian, Y., & Xu, S. (2024). The association between screen time exposure and myopia in children and adolescents: a meta-analysis. *BMC Public Health*, 24(1). <https://doi.org/10.1186/s12889-024-19113-5>

<sup>4</sup> Ho, C.-L., Wu, W.-F., & Liou, Y. M. (2019). Dose-response relationship of outdoor exposure and myopia indicators: A systematic review and meta-analysis of various research methods. *International Journal of Environmental Research and Public Health*, 16(14), 2595. <https://doi.org/10.3390/ijerph16142595>

<sup>5</sup> Morgan, I. G., & Jan, C. L. (2022). China turns to school reform to control the myopia epidemic: A narrative review. *Asia-Pacific Journal of Ophthalmology*, 11(1), 27–35. <https://doi.org/10.1097/APO.0000000000000489>

<sup>6</sup> Nischal, K. K. (2025). Government instituted public health policy for myopia control in schools—the overlooked variable in myopia prevention interventions? *Eye*, 39, 1–3. <https://doi.org/10.1038/s41433-024-03406-5>

<sup>7</sup> Wu, P. C., Chen, C. T., Chang, L. C., Niu, Y. Z., Chen, M. L., Liao, L. L., Rose, K., & Morgan, I. G. (2020). Increased Time Outdoors Is Followed by Reversal of the Long-Term Trend to Reduced Visual Acuity in Taiwan Primary School Students. *Ophthalmology*, 127(11), 1462–1469. <https://doi.org/10.1016/j.ophtha.2020.01.054>

28. In response to growing concerns on health effects regarding screen time and social media use among children and adolescents, the DH plans on establishing an advisory group to review the latest medical and scientific evidence, developments and experiences from other countries and regions on the health effects of screen and social media use for children and adolescents. The advisory group will integrate expert opinions to update the relevant health recommendations as appropriate.

29. The DH will continue promotion of healthy lifestyle, mental health and healthy use of internet and electronic screen products among students and parents. Health tips and advice are disseminated through different media and channels. They are available at the SHS website (Annexes XIII and XIV).

**Student Health Service**  
**Department of Health**  
**March 2026**

## Statistics on enrolment, attendance and referrals of the SHSCs in the 2024/25 school year

<b>Total number of students enrolled to the annual health assessment in the SHSCs</b>	<b>580 000</b>
<i>Primary school students enrolled</i>	<i>305 000</i>
<i>Secondary school students enrolled</i>	<i>275 000</i>
<b>Total number of students who attended the SHSCs</b>	<b>429 000</b>
<i>Primary school students who attended the SHSCs</i>	<i>256 000</i>
<i>Secondary school students who attended the SHSCs</i>	<i>172 000</i>

	<b>Number of referrals*</b>
<b>Referrals from SHSCs</b>	<b>77 000</b>
<i>Primary school students</i>	
<i>Referred to SAS of SHS</i>	<i>40 000</i>
<i>Referred to HA specialist clinics</i>	<i>9 000</i>
<i>Referred to other organizations</i>	<i>4 000</i>
<i>Secondary school students</i>	
<i>Referred to SAS of SHS</i>	<i>15 000</i>
<i>Referred to HA specialist clinics</i>	<i>7 000</i>
<i>Referred to other organizations</i>	<i>1 000</i>

Notes:

Figures may not add up to the total due to rounding.

\*One student may have more than one referral.

### Key findings of the annual health assessments among students who attended the SHSCs in the 2024/25 school year

	Number of students	%
<b>(a) Overweight (including obesity)</b>	<b>74 900</b>	<b>17.5</b>
<i>Primary</i>	44 100	17.2
<i>Secondary</i>	30 900	17.9
<b>(b) Wearing glasses</b>	<b>200 700</b>	<b>46.8</b>
<i>Primary</i>	89 500	34.9
<i>Secondary</i>	111 200	64.4
<b>(c) Not wearing glasses and failed vision test</b>	<b>43 800</b>	<b>10.2</b>
<i>Primary</i>	30 300	11.8
<i>Secondary</i>	13 500	7.8
<b>(d) Visual problems requiring further assessment</b>	<b>74 100</b>	<b>17.3</b>
<i>Primary</i>	47 300	18.5
<i>Secondary</i>	26 800	15.5
<b>(e) Suspected hearing problems requiring further assessment*</b>	<b>4 700</b>	<b>4.1</b>
<i>Primary</i>	2 900	4.9
<i>Secondary</i>	1 800	3.3
<b>(f) Required further spinal assessment (Moiré topography/ X ray) after scoliosis screening*</b>	<b>45 800</b>	<b>17.4</b>
<i>Primary</i>	8 500	8.6
<i>Secondary</i>	37 300	22.7
<b>(g) Psychosocial health problems requiring further assessment</b>	<b>4 300</b>	<b>1.0</b>
<i>Primary</i>	3 100	1.2
<i>Secondary</i>	1 200	0.7

Base: All students who attended the SHSCs in the 2024/25 school year, except for \* items (e) and (f) of which the bases are the students who received the hearing screening test and scoliosis screening respectively.

Note:

Figures may not add up to the total due to rounding.

## Key results of the HAQs conducted in the SHSCs in the 2024/25 school year

Responses	%
<b>(a) Had an average of less than recommended servings of fruit and vegetables per day</b>	<b>89.4</b>
<i>Primary (four servings)</i>	82.5
<i>Secondary (five servings)</i>	96.8
<b>(b) Had not had 60 minutes or more of moderate to vigorous-intensity physical activity daily in the past seven days</b>	<b>93.6</b>
<i>Primary</i>	91.5
<i>Secondary</i>	95.8
<b>(c) Had spent recreational screen time of two or more hours on a typical school day</b>	<b>60.6</b>
<i>Primary</i>	41.8
<i>Secondary</i>	81.1
<b>(d) Slept eight hours or more on the night before a typical school day</b>	<b>39.3</b>
<i>Primary</i>	57.6
<i>Secondary</i>	19.3
<b>(e) Family life was very enjoyable or enjoyable</b>	<b>96.0</b>
<i>Primary</i>	96.5
<i>Secondary</i>	95.5
<b>(f) School life was very enjoyable or enjoyable</b>	<b>93.8</b>
<i>Primary</i>	93.8
<i>Secondary</i>	93.7
<b>(g) Had been bullied online in the past 12 months</b>	<b>2.1</b>
<i>Primary</i>	2.4
<i>Secondary</i>	1.8
<b>(h) Had planned to commit suicide in the past 12 months</b>	<b>1.6</b>
<i>Primary</i>	1.2
<i>Secondary</i>	2.0
<b>(i) Had attempted suicide in the past 12 months</b>	<b>0.7</b>
<i>Primary</i>	0.6
<i>Secondary</i>	0.9

Base: Students who provided responses to the specific questions in the HAQs during annual health assessment in the SHSCs in the 2024/25 school year.

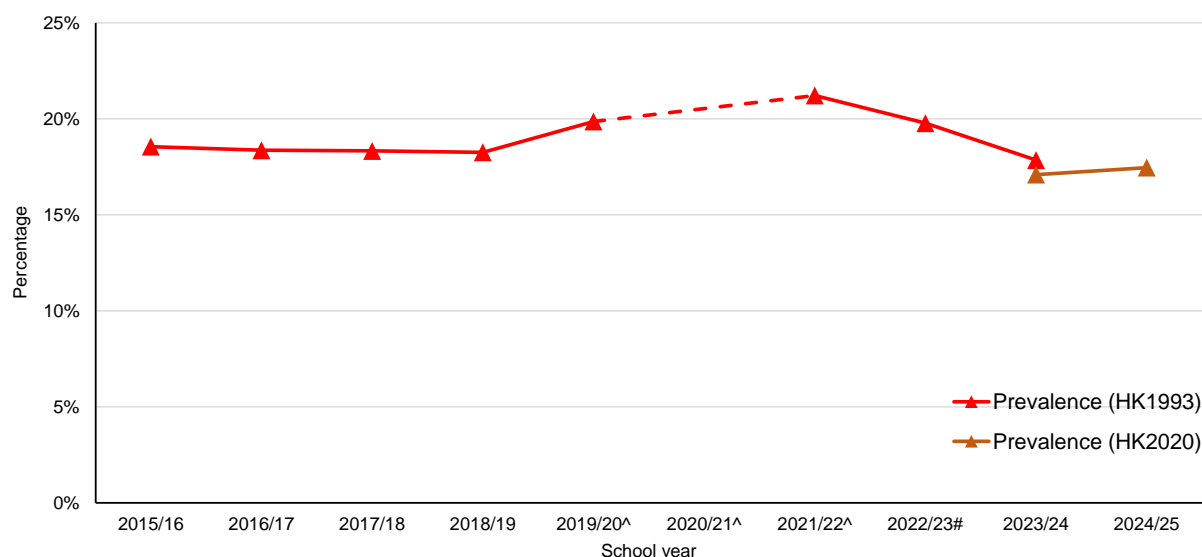
Notes:

Figures may not add up to the total due to rounding.

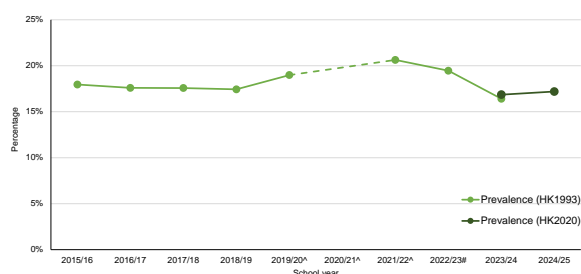
Students of primary four and six, and secondary two, four and six were invited to self-administer a HAQ during their annual health assessment in the SHSCs.

## Prevalence of overweight (including obesity) among students who attended the SHSCs from 2015/16 to 2024/25 school years\*

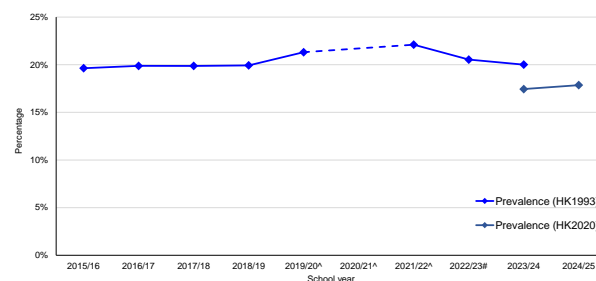
### All students:



### Primary school students:



### Secondary school students:



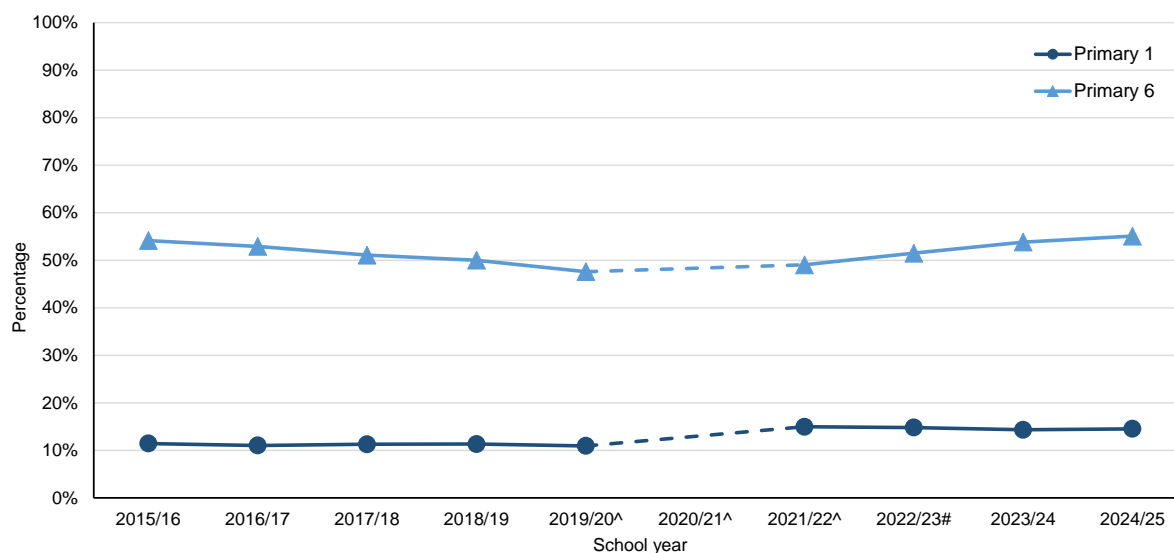
### Notes:

\* Growth charts constructed in 1993 were used in Student Health Service for growth monitoring in school year on or before 2023/2024. Starting from the 2024/25 school year, the prevalence of overweight (including obesity) has been compiled using the Hong Kong 2020 Growth Charts. To facilitate cross-year data comparison, the prevalence of overweight (including obesity) for the 2023/24 school year has been retrospectively calculated according to the Hong Kong 2020 Growth Charts standards.

<sup>^</sup> Due to service disruption during the COVID-19 pandemic, the figures in the 2019/20, 2020/21 and 2021/22 school years cannot be directly compared with the data in other school years. 2020/21 school year figures are not released due to precision considerations.

<sup>#</sup> Annual health assessment service was provided to primary one to six and secondary one to three students only in the 2022/23 school year.

## Proportion of primary one and primary six students wearing glasses during annual health assessment in the SHSCs from 2015/16 to 2024/25 school years



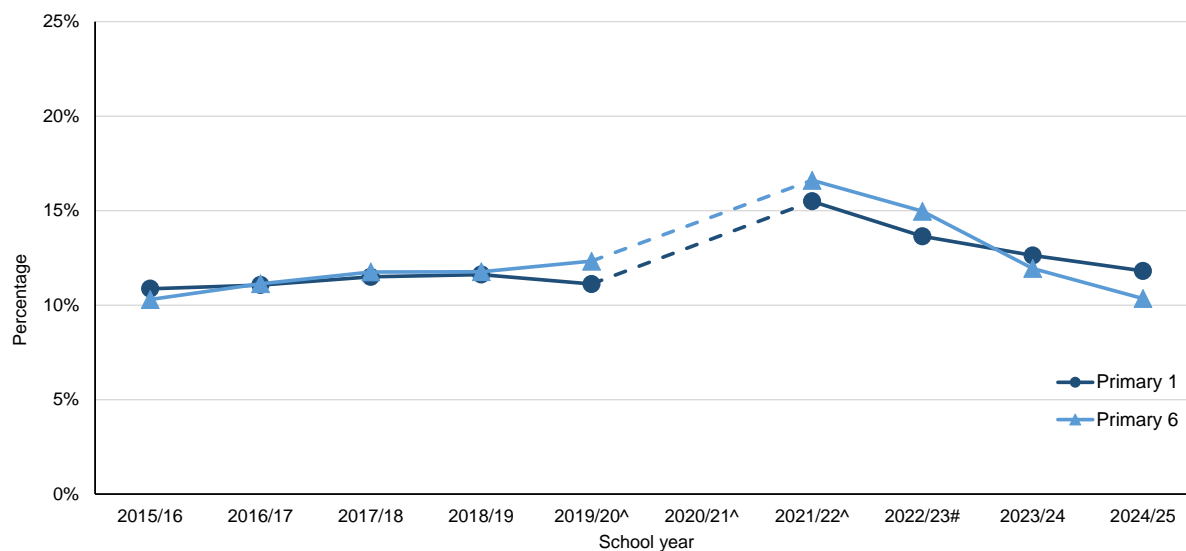
### Notes:

Glasses include glasses for correcting refractive errors, contact lenses, ortho-k lenses at night, etc.

<sup>^</sup> Due to service disruption during the COVID-19 pandemic, the figures in the 2019/20, 2020/21 and 2021/22 school years cannot be directly compared with the data in other school years. 2020/21 school year figures are not released due to precision considerations.

<sup>#</sup> Annual health assessment service was provided to primary one to six and secondary one to three students only in the 2022/23 school year.

### Proportion of primary one and primary six students not wearing glass and failed visual test during annual health assessment in the SHSCs from 2015/16 to 2024/25 school years

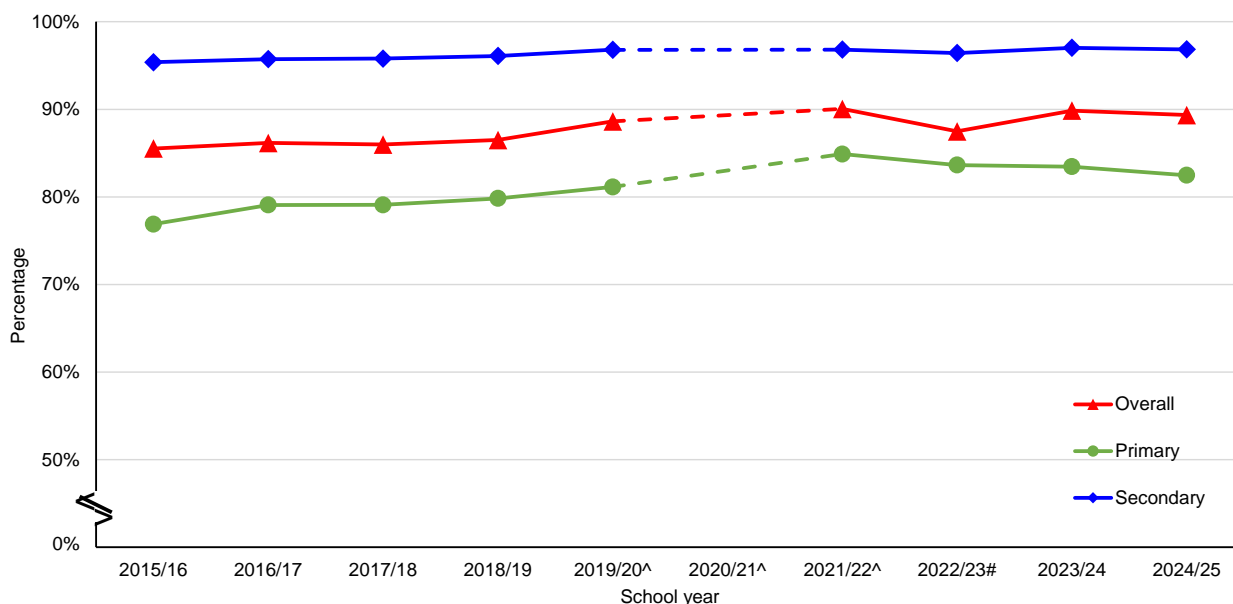


Notes:

<sup>^</sup> Due to service disruption during the COVID-19 pandemic, the figures in the 2019/20, 2020/21 and 2021/22 school years cannot be directly compared with the data in other school years.

<sup>#</sup> Annual health assessment service was provided to primary one to six and secondary one to three students only in the 2022/23 school year.

## Proportion of students having an average of less than recommended servings of fruit and vegetables per day\* from 2015/16 to 2024/25 school years



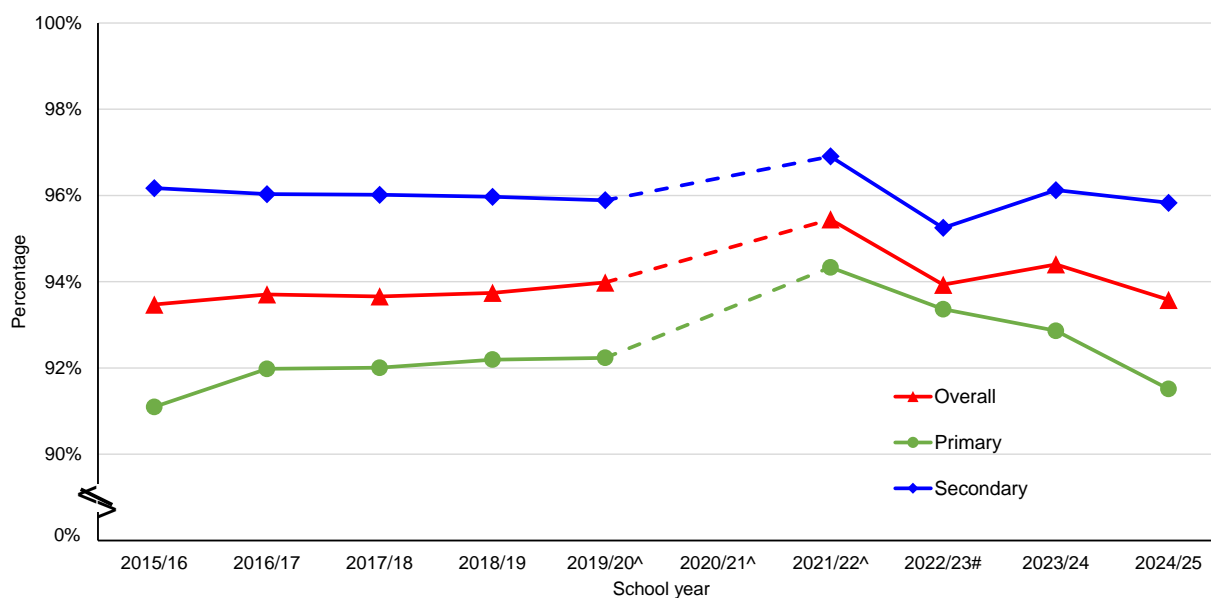
### Notes:

\* The Department of Health recommends that children aged 6 to 11 should have at least 2 servings of vegetables and 2 servings of fruits per day. Teenagers aged 12 to 17 should have at least 3 servings of vegetables and 2 servings of fruits per day.

<sup>^</sup> Due to service disruption during the COVID-19 pandemic, the figures in the 2019/20, 2020/21 and 2021/22 school years cannot be directly compared with the data in other school years. 2020/21 school year figures are not released due to precision considerations.

<sup>#</sup> Annual health assessment service was provided to primary one to six and secondary one to three students only in the 2022/23 school year.

### Proportion of students not having 60 minutes or more moderate to vigorous-intensity physical activity daily in the past seven days\* from 2015/16 to 2024/25 school years



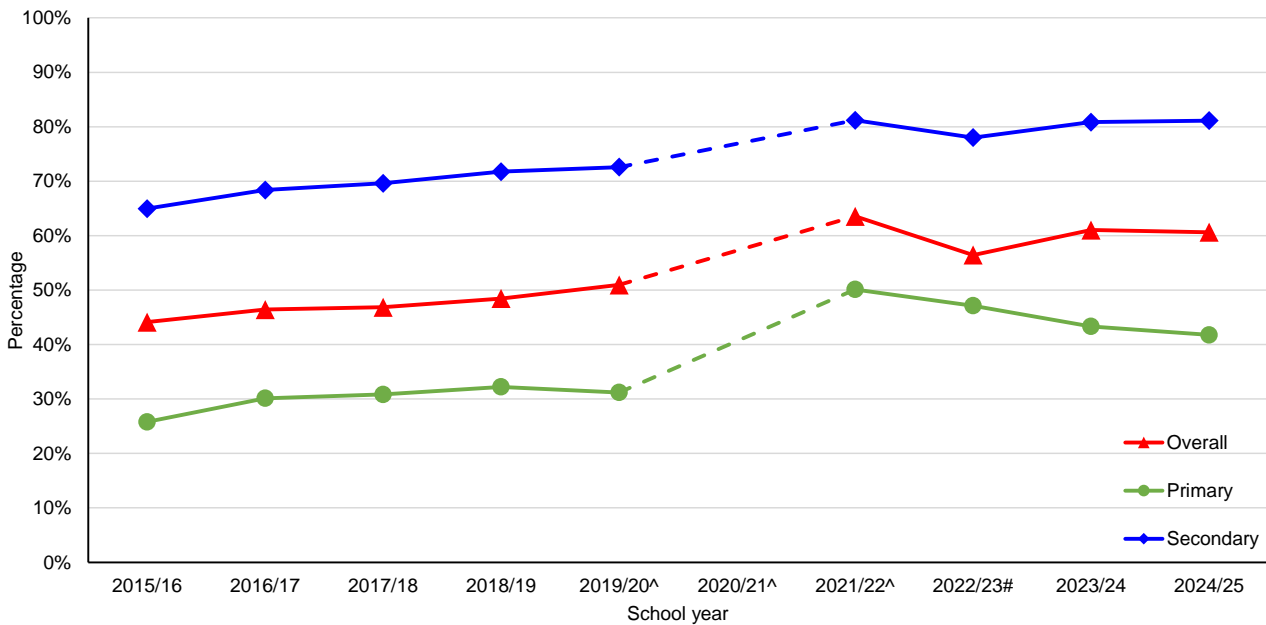
#### Notes:

\* The World Health Organisation recommends children and adolescents to do at least an average of 60 minutes per day of moderate to vigorous-intensity, mostly aerobic, physical activity, across the week.

<sup>^</sup> Due to service disruption during the COVID-19 pandemic, the figures in the 2019/20, 2020/21 and 2021/22 school years cannot be directly compared with the data in other school years. 2020/21 school year figures are not released due to precision considerations.

<sup>#</sup> Annual health assessment service was provided to primary one to six and secondary one to three students only in the 2022/23 school year.

**Proportion of students having spent recreational screen time for two or more hours on a typical school day\* from 2015/16 to 2024/25 school years**



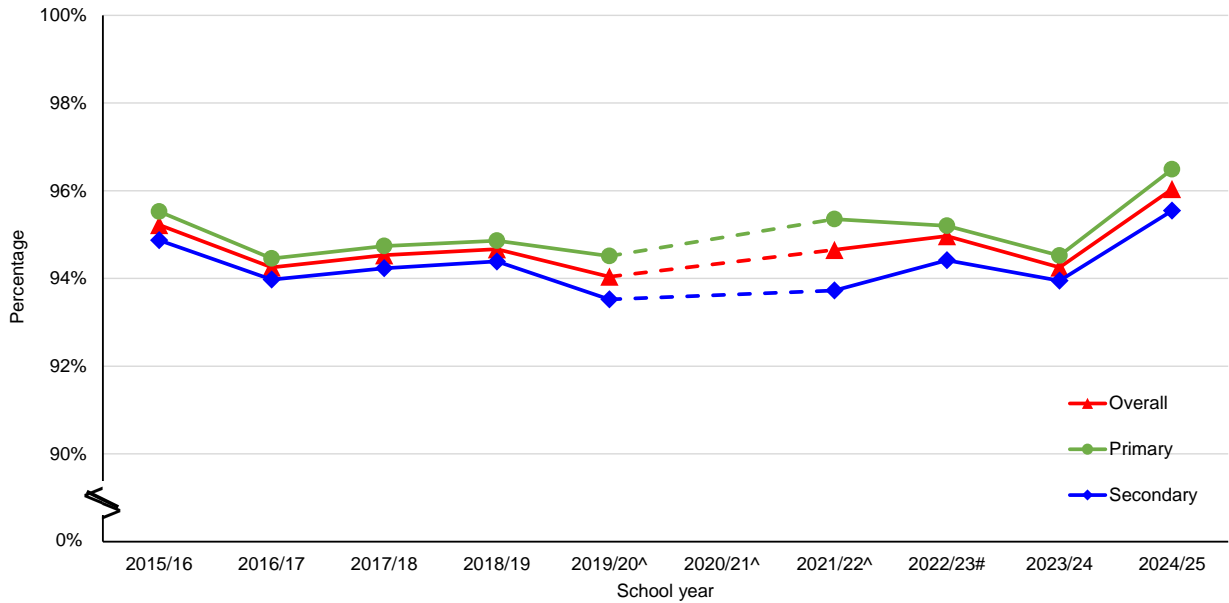
Notes:

\* Department of Health recommends primary school students (6 to 12 years old) to limit recreational screen time to less than two hours a day; additionally, secondary school students (12 to 18 years old) should learn good time management, and take regular breaks if prolonged screen time for study purpose is unavoidable.

<sup>^</sup> Due to service disruption during the COVID-19 pandemic, the figures in the 2019/20, 2020/21 and 2021/22 school years cannot be directly compared with the data in other school years. 2020/21 school year figures are not released due to precision considerations.

<sup>#</sup> Annual health assessment service was provided to primary one to six and secondary one to three students only in the 2022/23 school year.

**Proportion of students indicating family life to be very enjoyable or enjoyable from 2015/16 to 2024/25 school years**

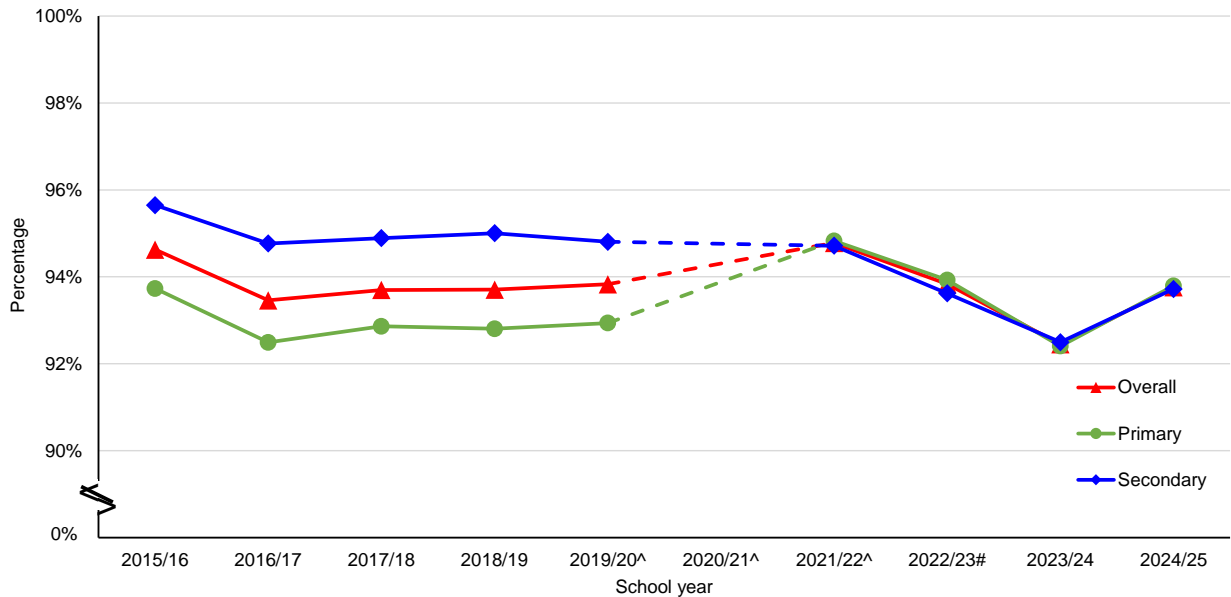


Notes:

<sup>^</sup> Due to service disruption during the COVID-19 pandemic, the figures in 2019/20, 2020/21 and 2021/22 school year cannot be directly compared with the data in other school years. 2020/21 school year figures are not released due to precision considerations.

<sup>#</sup> Annual health assessment service was provided to primary one to six and secondary one to three students only in the 2022/23 school year.

**Proportion of students indicating school life to be very enjoyable or enjoyable from 2015/16 to 2024/25 school years**



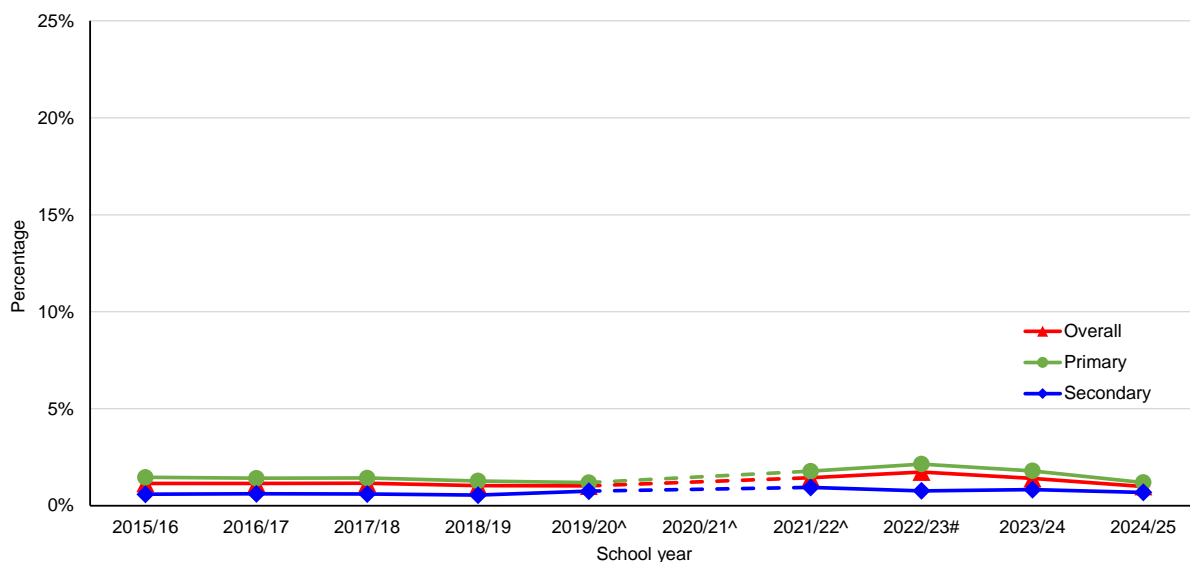
Notes:

<sup>^</sup> Due to service disruption during the COVID-19 pandemic, the figures in 2019/20, 2020/21 and 2021/22 school year cannot be directly compared with the data in other school years.

2020/21 school year figures are not released due to precision considerations.

<sup>#</sup> Annual health assessment service was provided to primary one to six and secondary one to three students only in the 2022/23 school year.

**Proportion of students having psychosocial health problem(s) that required referral(s) among students who ever attended SHSCs from 2015/16 to 2024/25 school years**



Notes:

<sup>^</sup> Due to service disruption during the COVID-19 pandemic, the figures in the 2019/20, 2020/21 and 2021/22 school years cannot be directly compared with the data in other school years. 2020/21 school year figures are not released due to precision considerations.

<sup>#</sup> Annual health assessment service was provided to primary one to six and secondary one to three students only in the 2022/23 school year.

## Health tips for students

Diet and nutrition

Children (aged 6-11):

Eat at least **2** servings of fruit and **2** servings of vegetables daily

Teenagers (aged 12-17):

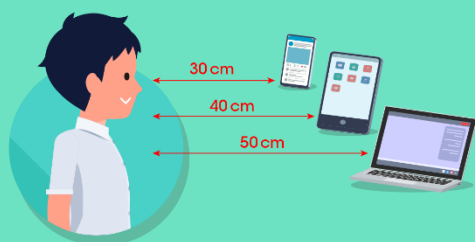
Eat at least **3** servings of fruit and **2** servings of vegetables daily

Exercise and keep fit

Do at least an average of **60** minutes per day of moderate- to vigorous-intensity physical activity

Healthy use of internet and electronic screen products

**30-40-50** principle



**20-20-20** rule

Every 20 minutes, shift your eyes to look at an object at least 20 feet away, for at least 20 seconds

Psychosocial health

Develop basic life skills and stress coping ability. Discuss and seek help from trustworthy people such as parent, teacher and doctor if in need.

## Links to health educational resources

(a) *Healthy Balanced Diet*

[www.studenthealth.gov.hk/english/health\\_tips\\_for\\_children\\_and\\_adolescents/healthy\\_eating.html](http://www.studenthealth.gov.hk/english/health_tips_for_children_and_adolescents/healthy_eating.html)

[www.studenthealth.gov.hk/english/health/health\\_dn/health\\_dn.html](http://www.studenthealth.gov.hk/english/health/health_dn/health_dn.html)

(b) *Regular Physical Activity*

[www.studenthealth.gov.hk/english/health\\_tips\\_for\\_children\\_and\\_adolescents/physical\\_activity.html](http://www.studenthealth.gov.hk/english/health_tips_for_children_and_adolescents/physical_activity.html)

[www.studenthealth.gov.hk/english/resources/resources\\_bl/files/tc\\_exercise\\_and\\_keep\\_fit.pdf](http://www.studenthealth.gov.hk/english/resources/resources_bl/files/tc_exercise_and_keep_fit.pdf)

(c) *Healthy Use of Internet and Electronic Screen Products*

[www.studenthealth.gov.hk/english/internet/health\\_effects.html](http://www.studenthealth.gov.hk/english/internet/health_effects.html)

(d) *Cyberbullying*

[www.studenthealth.gov.hk/english/internet/media/txt\\_stand\\_against\\_cyber\\_bullying\\_post\\_b.html](http://www.studenthealth.gov.hk/english/internet/media/txt_stand_against_cyber_bullying_post_b.html)

[www.youthcan.hk/en/theme/bullying/index.html](http://www.youthcan.hk/en/theme/bullying/index.html)

(e) *Emotional Health Tips and Mental Well Being*

[http://www.studenthealth.gov.hk/english/emotional\\_health\\_tips/emotional\\_health\\_tips.html](http://www.studenthealth.gov.hk/english/emotional_health_tips/emotional_health_tips.html)