

THE FAMILY PLANNING ASSOCIATION OF HONG KONG

**Comments on the Initial Report on
the Hong Kong Special Administrative Region under Article 18
of the Convention on the Elimination of All Forms of
Discrimination Against Women**

Article 12: Equality in Access to Health Facilities

One critical element missing from this section of the Report is “Sexual and Reproductive Health”. Since the beginning of this decade, the global focus has shifted from the demographic way of thinking about population programs towards the broader concept of sexual and reproductive health (*The International Conference on Population and Development, Cairo, 1994*). Women’s interests, needs and rights were recognized as essential components of development (*The Fourth World Conference on Women, Beijing, 1995*). Echoing the spirit of these global trends, Hong Kong’s Report should also highlight the present provision and deficiencies in this area of health services.

What is sexual and reproductive health? It refers to a state of complete physical, mental and social well-being in all matters relating to the reproductive system and its functions and processes. It adopts a holistic and gender-sensitive approach, emphasizing prevention and continuous care throughout the whole life span. This is in contrast to the traditional medical approach which focuses on disease and treatment, and which is age-based or system-based.

Promotion of sexual and reproductive health enhances life and personal relations through improving the quality of sexual relations and gender interaction. Men and women should be able to enjoy a satisfying and safe sex life without fear of unwanted pregnancy, infection or abuse. Couples should also be able to freely and responsibly decide if they want children, and the number, spacing and timing of their children.

How does a focus on sexual and reproductive health differ from the traditional concept of healthcare delivery? Notably, in the following aspects:

- The emphasis is on health, not disease
- It concerns ordinary men and women, not only those who are ill
- It stresses people’s choice, rather than doctors’ prescriptions
- It touches on areas which are sensitive or even taboo to the community
- Policy makers and healthcare providers do not give sufficient recognition to these issues which affect all people, men and women, young and old, healthy and otherwise

It may be asked whether Hong Kong has any significant inadequacy in the area of sexual and reproductive health, such that it needs to be highlighted in the

Report. In terms of women's physical health, it is undeniable that Hong Kong enjoys extremely favourable statistics in mortality, morbidity, life expectancy etc compared to the rest of Asia and even the Western world. On the other hand, we are faced with new threats: the population is ageing; cancer rates are increasing (especially breast cancer in younger women); there are growing numbers of female HIV/AIDS patients, substance abusers, teenage pregnancies, abortions, and gender-based violence including sexual harassment, incest, sexual assault and rape. Despite the provision of screening services and well women centres as stated in the Report, surveys show that the majority of women do not attend regular health check-ups or screening (*The Knowledge, Attitude and Practice of Family Planning Survey in Hong Kong, 1997, The Family Planning Association of Hong Kong*).

Regarding the mental health of Hong Kong women, many suffer from depression arising from sexual and reproductive health problems. These include infertility, postpartum depression, "post-abortion trauma syndrome", menopause, breast cancer, sexual assault, and distorted self-image leading to eating disorders.

From the social perspective, Hong Kong women are often expected to play multiple roles of daughter, wife, mother, carer, worker. Poor marital relationship, balancing a job and a family, social isolation, domestic violence, are only a few of the myriad of challenges that many women face. Yet the embarrassment and social stigma of being seen as "failing in their wife/mother role" inhibit many women from seek help or counselling. Some suffer in silence and low self-esteem. Some take desperate actions which end in tragedy to themselves and their family.

Thus it is evident that there are many unmet health needs of women which should be addressed by the community.

In line with the recommendation of ICPD, we advocate that a comprehensive strategy should be developed to ensure universal access for all individuals and couples of appropriate ages throughout the life cycle to a full range of high quality, affordable sexual and reproductive health services, which includes family planning, through the primary health care system as soon as possible and no later than 2015.

A comprehensive sexual and reproductive health program might include the following elements as part of primary health care, with appropriate referral for secondary and tertiary care:

- family planning information and services, including counselling and follow- up, aimed at all couples and individuals
- antenatal , delivery and post-natal care, with referral for the management of obstetric complications

- prevention of abortion, management of the consequences of abortion and post-abortion counselling and family planning
- prevention of reproductive tract infections and sexually transmissible diseases
- prevention of HIV/AIDS
- prevention of infertility and sub-fertility
- routine screening for cervical and breast cancer and other women's reproductive health conditions

What are the existing shortcomings of service provision in Hong Kong? Fundamentally, current women's health services are only available in a piecemeal manner, focussing on a few common women diseases from time to time. For example:

- The Department of Health's 50 Maternal and Child Care Centres do reach the majority of pregnant women and babies. The coverage for antenatal care is quite high. However, postnatal care has been criticized as being too cursory, with insufficient attention placed on the psychosocial well-being of the mother resulting in several cases of postpartum depression and suicide or infanticide occurring over the last few years.
- The Department of Health's 3 Well Women Centres only serve women aged 45 and above. They provide health education and check-ups, but little treatment is available, including hormone replacement therapy. The low health screening rate of Hong Kong women as mentioned above demonstrates the inadequacy of public education and services. Calls for introducing a population-based cervical screening programs as successfully practised in other western countries have so far been ignored by the Government.
- Youth sexuality and teenage pregnancy are growing problems in most cosmopolitan cities, and Hong Kong is no exception (*Youth Sexuality Study 1996, The Family Planning Association of Hong Kong*). Yet there is no Government-run youth sexual health service. The Government partially (70%) subvents the 3 Youth Health Care Centres operated by the Family Planning Association of Hong Kong, but the demand far exceeds the capacity of existing manpower and facilities. Repeated requests for expanding the service have so far been unsuccessful.

It is not our intention to advocate that Government should be the sole provider of all health services. However, without Government taking up a central leadership role in coordinating the delivery of sexual and reproductive health care, it is difficult for other service providers to achieve synergy in integrating and networking to enhance service effectiveness and comprehensiveness. The Hong Kong Government needs to formulate a visionary and consistent policy on the promotion of holistic sexual and reproductive health of women encompassing physical, psychological and mental aspects across the life span with a view to providing a long term goal and direction for society and service providers.

Article 10: Equality in Education - Sex Education

With the implementation of revised Guidelines on Sex Education in Schools, the Government Education Department has strengthened its effort in promoting sex education. However, the early physical maturation of today's youth (not necessarily accompanied by mental and social maturation), society's increasingly open attitude to sexuality, and the proliferation of pornographic materials prompt us to advocate that sex education should be "upgraded" to become an independent subject in the curriculum for all schools, rather than incorporated into social studies or religious studies as stated in the Report. With the existing tight teaching schedule, schools frequently squeeze more class time for examination subjects at the expense of conducting sex education. Unless government recognizes it as a formal subject with a standard curriculum, sex education will continue to be regarded as optional and dispensable.

In addition to topics on sexual equality, discussion of relatively sensitive subjects such as acquaintance rape, sexual assault and rights of refusal should be included. Teaching values, imparting knowledge, and exploring attitudes alone are insufficient. Equally important is the acquisition of skills in communication and interpersonal relationships, which are not mentioned in the Report.

Regarding the teachers' role in sex education, very often schools will appoint one teacher to coordinate all sex education matters. In fact, it will be more ideal for all teachers to receive sex gender education training so that the concept of gender equality can permeate throughout the school environment.