Paper No. CB(2)797/98-99(01)

WOMEN'S HEALTH IN HONG KONG
HK FEDERATION OF WOMEN'S CENTRES' SUBMISSION TO CEDAW

November 1998

GOOD WOMEN'S HEALTH CARE IS A WOMAN'S RIGHT: promoting women's health in Hong Kong

Presenters: Catrina Lam Yuk Kuen and Tessa Stewart

ABSTRACT

Taking a holistic approach to women's health, this paper starts by examining the governments current 'strategies and targets' for women's health in Hong Kong, as well as examining current gaps in health care provision. At the policy level, we will point the way to future directions the government needs to take to raise the standard of policy making so that it more nearly approximates current thinking in the field of women's health care. Regarding service provision, we will focus on the areas of accessibility of services, their gender sensitivity, and promotion of health education, based on recent survey work carried out by the HK Federation of Women's Centres on local women's experiences of healthcare provision in Hong Kong.

CONTENTS

GOOD WOMEN'S HEALTH CARE IS A WOMAN'S RIGHT: promoting women's health in Hong Kong

CEDAW ARTICLE 12. Equality in access to health services

1. INTRODUCING A NEW PHILOSOPHICAL ORIENTATION

Beijing Definition of Women's Health

Women's health involves their emotional, social and physical well -being, and is determined by the social, political, and economic context of their lives, as well as by biology. ....A major barrier for women th the achievement of the highest attainable standard of health is enequality both between men and women and among women in different geographical, social classes and indigenous and ethnic groups... (Beijing Platform for Action, para 89, U. N. Fourth World Conference on Women, Beijing, China 1995

A wider definition of health

Using the Beijing Conference definition of 'health' as being a state of 'physical, psychological and social well-being, and not just the absence of disease, we need to expand our philosophy of what constitutes health care in Hong Kong. We shall argue that since at present we are relying on a purely clinical medical model that focusses on problems, diseases and conditions, services are not planned including a women's perspective, which has the effect of being discriminatory, as services provided do not then meet women's needs. Rather, we would prefer to see health care as being a process of promoting joint responsiblity between doctor and patient, with an emphasis on primary health care, health promotion and community development, with a focus on gender sensitivity.

PRESENT SITUATION

At present, the HK Government health services mainly reflect a purely medical model, in that they target problems, diseases or conditions they have identified as unique, more prevalent or more serious for women generally or for some sub-group of women; and those problems for which the risk factors or interventions are different for women' (Ward, 1989; see also Public Task Force on Women's Health, 1985). Thus we have services which approach women's health in a fragmented way, focussing primarily on either physical presentation of reproductive health related illnesses, or health service provision for the general public which are not designed with any awareness of gender sensitivity. (See Initial Report on the Hong Kong Special Administrative Region', Section 120: 'Government Strategy and Targets').

NO CLEAR STRATEGIES OR TARGETS

Although the section on policy is headed "Government Strategies and Targets', it is difficult to see any mention of what actual strategies or targets exist in what follows, or indeed any evidence of real policy making for the future addressing women's needs. Accordingly, in our paper, we will argue that the Government needs to develop programmes that recognise the specific physical. psychoiogical and social factors affecting women's health and well-being throughout their lives, recognising women's health maintenance as being related to their lives as workers, at home or in paid employment, and to their varying needs at stages of the life-cycle other than just their reproductive years.

NEED FOR GENDER SENSITISATION IN POLICY MAKING

As stated before, the World Health Organisation's holistic definition of health looks at the effects on women's well-being of the social and cultural environment in which they live. This affects equality of access to services, since Chinese culture is still largely patriarchal in its underpinnings, with more weight put on mens's interests and independence than that of women. For example, since in Hong Kong many women as well as men are still influenced by the cultural values that place them as individuals as secondary to their familial roles as daughter, mother, or mother-in-law. (Gallin, 1986; Koo, 1985), they put less emphasis on identifying or meeting their own needs than they do those of family members. This especially applies to recently arrived women from the mainland. Also, "cultural attitudes to sexuality and privacy appear to restrain them from discussing with doctors their 'women's health' needs" (George, 1990).

LINK BETWEEN GENDER, CULTURE AND ACCESSIBILITY

Thus awareness of problems women have in obtaining and accessing services due to an ability to put their own needs forward as a result of their gender conditioning needs to be addressed when providing services, or the services themselves may be there, but not taken up. Satisfaction with services has been shown to be related to the sensitivity with which they are delivered and to an egalitarian mode of communication between doctor and patient (George, 1990). Professionals need to know in which areas they need to be sensitive, in order to be effective, as weil as to be educated to have an approachable style of presentation.

CULTURAL TABOOS

Cultural taboos for women about discussing their 'private parts' with anyone, or even thinking about them at all, means of course that the topic of women and their own sexuality is one that remains largely unaddressed in Hong Kong, women having difficulty discussing these issues even for strictly health maintenance purposes, especially since most of them are easily intimidated or constrained by merely being in the presence of a professional anyway. Contrast this then with men's comfort level in thinking about their sexual equipment, talking about sex or meeting their sexual needs, and we can see the difference right away between men and women's comfort level in this area.

WOMEN'S MENTAL HEALTH

Social issues that impinge on women's mental health from their gender conditioning or gender roles also need to be addressed. We could include here the psychological effects of social situations, such as isolation in a high-rise flat with few outside contacts whilst caring for the young, old, sick or disabled; their husband's feeling they have the right to take on second wives or mistresses; having a violent husband; having just arrived from the Mainland, only to encounter many unforseen difficulties, including poverty and prejudice; double role strain, living with a difficult mother-in-law, working and having no decent child care arrangements, facing prejudice due to race or sexual orientation and so on. Women need to be taught negotiation and empowerment strategies to protect their own health, rather than attending clinics and getting medicines for somatised or stress reiated outcomes that follow on from these situations.

OUR EXPERIENCE OF WOMEN'S PROBLEMS IN THIS AREA

We have direct experience of how many women may have problems, due to their conditioning not to dwell on areas that are taboo, impacts on the interface between them, health education, and the uptake of services at our womens centres, especiaily in the provision of STD's and AIDS education, but also in other areas, as the second part of this paper will show. Thus in order to give basic education to local women on how to protect themselves against STD"s and HTV/AIDS, we find we first have to gain women's trust and confidence in other areas and in other ways before they can even tolerate discussing the topic, much less feeling confident to address their own needs for safety with the men in their lives. Enforcing their point of view over their partner's is almost an even more difficult proposition. Yet the reality is that STD's are rapidly rising in the local population.

IMPACT OF LACK OF BASIC SEX EDUCATION

Similarly, other health education regarding women's reproductive organs has to be presented at a very basic level first, since they are so unaware of the functions of their own reproductive and sexual organs, as basic sex education in Hong Kong schools often isn't in fact covered properly, if at all. Yet these are the very areas of a woman's body where some of their most important health issues and events will occur. Education needs to be provided in a suitable format, taking these things into consideration, if it is to be productive. Leaflets that work well in other cultures may need to be redesigned in order to be effectively used here, especially for the many aging women we have who have a very low educational level, leaving them largely functionally illiterate in terms of accessing health education through many usual channels. The same thing applies to many women who have recently arrived from the Mainland.

ROLE OF MEN

The role of men for the health status and care of women is frequently overiooked. We can see from the above that especially regarding her sexuai health, greater emphasis needs to be placed on men's involvement regarding the spread of STD's and AIDS. For example, the STD clinics in Hong Kong need to more to strategise around the problem of men not reporting totheir spouse if they have contracted and been treated for a sexually transmitted disease, informing them of consequences such as infertility possibly resulting for the wife, even if she seems to be asymptomatic at the time. They need to be educated to take a responsible and non-sexist attitude to women and girls, and to be sensitised to the adverse health implications of restricting the right of women to determine their own health and safety needs and treatment.

2. MEASURING WOMEN'S HEALTH

SETTING UP APPROPRIATE MECHANISMS AND INDICATORS

We do not find any evidence of real targets or indicators for use as a baseline in the Government's Initial Report that can be used to measure any progress in five year's time. In order to plan, implement and monitor the effectiveness of services, health professionals and their professional associations need to understand and use a broad spectrum of data. At present this is not available, partly due to statistics coilection and research not being co-ordinated under a useful over-all framework. Professionals in the field need to combine specific measures derived from their services with broad measures about the welfare of women and adolescents to obtain a more comprehensive assessment of women's health individually, as well as within the context of family and the community, as per thewider holistic definition as to what real health includes.

REPORTING TO CEDAW: NEED FOR WOMEN'S HEALTH UNIT

More specifically, the focus should be for health professionals, reproductive health organisations and women's organisations to meet together to determine which reievant public health procedures for reporting to CEDAW need to be incorporated in indicators that can be useful in monitoring the (Jovernment's progress in this area. This all highlights the continuing glaring need for the Government to finally address policy making for women in a decent way, and the fact that the Health and Social Welfare Department has no full policy on women. The Health and Welfare Department should help set up A Women's Health Unit, which can then organise This all highlights the continuing glaring need for the Government to finally address policy making for women in a decent way, and the fact that the Health and Social Welfare Department has no full policy on women the cross-organisational structures from within which this can be carried out.

UPDATING HEALTH MEASUREMENT MODELS

Crude statistics of maternal mortality, low fertility rates and high life expectancy for women and listing services provided as in the Government's Initial Report demonstrates Hong Kong's real strengths However, planning our health care provision still relying on measuring models that were appropriate when Hong Kong was not so advanced educationally or economically is not appropriate. We hope the Government will in the future be looking at models from countries who are more sophisticated in their health care provision, no longer relying mostly on the bio-medical model, having moved towards a more client centred, user-friendly approach.

CHANGE NEEDED AT HIGHEST LEVELS

This means changes at the highest level of planning and thinking are needed, not just minor adjustments and a limited new service thrown out now and then. Hong Kongers are ready for this, and are no longer ready to accept that what professionals and civil servants decide is best for them may actually be so. They want their self-determined needs to be taking into consideration. This kind of overall change in mind-set would then impact well on women as high frequency users of health care.

PROMOTING QUALITATIVE RESEARCH

Only by addressing these new aspirations at the fundamental levels that go right to the basics in academia and training models will health professionals adapt to this new perspective. They need to be given the tools to adapt through research that goes into this area that is useful to them. The types of research method are significant if these issues are to be developed properly. Qualitative rather than quantitative methods need to be employed. This will only happen if government actively fosters a change of entrenched mind-set that is currently leaving much usefull qualitative research out in the cold regarding funding opportunites and professional kudos, due to an overwhelming emphasis on qualitative methodology and a traditional medical model perspective towards addressing women's health issues.

SPECIFIC INDICATORS

Measures for and detailed statistics on abortion, including surveys of the numbers of Hong Kong women who go across the border for pregnancy termination; for violence against women; quality of care; adolescent sexual and reproductive health; condom use; number of teenage girls smoking; cardiovascular disease; cancers; osteoporosis; diabetes and post-natal depression need to be set up as soon as possible.

Some other key indicators are:

- positive 5TD prevalence in pregnant women
- percentage of women screened for haemoglobin levels who are anaemic
- percentage of obstetric and gynaecology admissions owing to abortion
- percentage of women of reproductive age at risk of preganacy who report trying for a pregnancy for two years or more, particularly in women over 40
- reported incidence of urethuitis in men
- screenings for cervical and breast cancer

RECOMMENDATIONS FOR A WOMEN'S HEALTH PROGRAMME

Following on from Beijing, between now and the next CEDAW submission, the government needs to start addressing health from a more holistic viewpoint, and developing some comprebensive policy directives that include a real forward looking strategy. Proper measuring procedures need to be instituted, with clear targets and appropriate monitoring mechanisms.

WOMEN'S HEALTH UNIT

In order to reach these objectives, a Women's Health Unit needs to be established within the Health and Welfare Branch. At present, there is a Student Health Services Unit, Elderly Unit etc. established in recognition of the particular health needs and health risks of these groups Women's health needs are tackled adhoc, and feedback from patients show their Women's Health Centres are not nearly as successful as they could be. Other health providers in Hong Kong need to be made aware of the need to have a gender perspective.

Such a Unit could co-ordinate Hong Kong- wide services and research under specific at- risk areas, leading to better use of existing knowledge and resources. Research needs to be of the kind that accesses issues of qualitative service delivery, which will need special promotion in the usual academic research channels, as at present 'hard statistics' and high-tech orientation tend to take precedence.

EXISTING GOVERNMENT HEALTH REVIEW

The government is still in the process of developing a major overhaul of health delivery for Hong Kong. This is an extremely important exercise, with ramifications that will especially hit women, since theytend to use health services more than men Rather than presenting us as usual with a *fait accompll* consultation document at the end of this process that demonstrates an enormous ignorance of women's issues, with everything being dealt with piecemeal, we would ask them to include a women's perspective from the beginning, where it counts.

Since all health systems are being re-assessed, this is an ideal time to introduce some of the Beijing Forward Looking Strategies now. Women's needs and views should be solicited and taken seriously at an early stage, otherwise the effort and resources put into policy and planning may be wasted, as indicated by Australian research that has highlighted the fact that much health policy and planning for women often has no discernable impact on concerns raised by women themselves.

MANAGED HEALTH CARE

Women's perspectives need to be addressed especially in the area of privatised services and managed health care. Other women's groups in the region have registered great concern about some of the effects on not only women's health care with the introduction of managed health care, but also the effect on those they traditionally care for.

HEALTH INSURANCE AND THE PRIVATE SPHERE

Health insurance needs to be looked into in-depth in order to predict its effect on women, for example, if they separate from their spouses, or if their spouses die. Access to and utilisation of services are affected by income and education, and this group of women are known to be more likely to become poor when they become single, so their needs especially ought to be addressed.

Other minority groups also need special attention, such as the disabled, chronically ill, women over seventy five, victims of domestic violence, single parents, recently arrived Mainland women, migrant workers, sex workers, and women whose partners engage in high-risk sexual behaviour which perhaps leave them with ongoing lifelong conditions such as herpes may all need help with extra health care needs. If there is to be an increased reliance on private health insurance, some groups are at risk of being shut-out, and this needs to be addressed, as they may be the more vulnerable groups in society.

REFERENCES

Gallin, R (1986) "Mother's -in-law and Daughters-in-law: Intergenerational Relations within the Chinese Family in Taiwan'. Journal of Cross-cuitural Gerontology, 1, 31-49

George, J. (1990) '"Not necessary, my health is good": Women's health services in Hong Kong'. Department of Applied Social Studies, City Poytechnic of Hong Kong, p. 3.

Koo. L. (1985) 'The (non) Status of Women in Traditional Chinese Society'. Bulletin of the Hong Kong Psychological Society, 14, 64-70

Ward, J (1989) 'Editorial: Women's Health: just one question?'. Australian Family Phyician, 18, 2, 170-177-

Part II

Introduction- Why have concern for women's health care issues

Hong Kong Federation of women's Centres was set up in 1985 with the aims of promoting women's rights and providing supportive service to women with special needs. Services provided to women include hotline service, counselling, health awareness education and legal advice clinic. The Federation has two women's centres, serving around 20,000 women every year.

28th of May each year is the International Women's Health Day, but not a lot of people heard of it. It is because women's health issues have been either unrecognized or undermined. We took this opportunity to reflect to the Health Department, the views of women on existing health care in Hong Kong, based on the preliminary survey we carried out in May.
151 women responded and filled in the questionnaires. The respondents mainly women who has been in contact with the women's centres. The age is between 18 and 60 years old.

The service gaps in present health situation

A recent report from Kwong Wah Hospital found that the incidence of breast cancer in women age between 30- 45 has double, when compared to last year 's figure. Breast cancer affects younger women as well as older women. At present, there are three women's health centres in Hong Kong providing services for women age between 45-64. The 50 maternal and child health clinics providing service for married women who has family planning there. The clinic focus mainly on ante-natal, post-natal and baby care. Therefore the service is only available to women of child rearing age but what about the other age groups. This has been neglected in the recent S.A.R. report on C.E.D.A.W.

The Accessibility of health service

According to our survey, over 70% women found that the women's health centres are too far away and inconvenient. Over 10% women found that they are unable to seek services because of restricted opening hours of the women's health centres. Over 70% stated that the fees are expensive and they are not able to afford it especially the breast x-ray. Our survey also found that 80% women have not had breast x-ray. 40% never have any cervical smear test.
STD and HIV anti-body test is not widely available, as our research shown that 70% women would like the ante-natal clinic to provide such test if they are pregnant.

Gender sensitivity in provision of services

20% women claimed that they would not seek help from the government clinics because they feel they have been treated badly. Also they do not feel comfortable to confine their problems to the health professional because of the non-egalitarian mode.

Women's low awareness in terms of health education

In our survey, 90% women do not have any knowledge of breast cancer, cervical cancer, menopause and post-natal depression. 50% do not know how to self-examine their breast. This is an alarming information which show that many women do not have much awareness of their own health. There is no sexual health education and pre or post menopausal education available other than one or two leaflets. Government may have set up the central health education unit, nevertheless, the efficient of promoting health education and raising women's awareness in terms of preventive health care remains a case to answer.

Recommendations

The government needs to widen the philosophy of services so they are not primarily targeted at women as child bearers, but women's health needs should be extended along a spectrum of overall needs throughout their lives.

The government should set up more local women 's centres and to extend opening hours outside office hours in order to accommodate the working women. The service should be expanded to women below 45 and above 65. In our survey, 90% women believe that government should provide free screening service for the breast and cervical cancer.

A gender sensitivity training programme for all health professionals should be implemented to ensure the quality of health service and break down the non-egalitarian mode.

Promotion of health education
Government should take on a more active role in promoting health education and raising women's awareness through community education or working in partnership with the local organisations.
The pamphlets should adopt the comic style in order to cater illiterate or new arrival women.

At the moment, there are very few researches have been conducted on women's health issues such as menopause and mental health.