

Women's health in Hong Kong

EMC Lau

Marie Curie, who was never admitted to the all-male French Academy of Sciences—even after winning a second Nobel Prize—once said, “I never see what has been done, I only see what remains to be done.” This should perhaps be our approach to women's health in Hong Kong.

The Government of the Hong Kong Special Administrative Region has recently announced that a Women's Commission would be set up in Hong Kong. This is a welcome, albeit long-overdue, development. This issue of the *Hong Kong Medical Journal* includes articles related to women's health¹⁻⁵ and one on screening programmes in local private hospitals.⁶ Some of the critical issues on women's health in Hong Kong will be discussed here.

The average life expectancy at birth is 82 years for Hong Kong women and 77 years for Hong Kong men.⁷ In 2000, there are 825 300 women aged 50 years or older in Hong Kong. This figure will rise to 1.2 million by the year 2009,⁷ and the planning of health services for postmenopausal and ageing women in Hong Kong will prove to be a major challenge. The major causes of mortality in older women in Hong Kong are cancer (of the lung, colon, breast, and liver) and cardiovascular disease.⁷ There is a lack of good morbidity data on women in Hong Kong, except for some conditions, which have been the topics of intensive research. For instance, we know that 50% of postmenopausal women in Hong Kong are osteoporotic,⁸ one third have osteoporotic vertebral fracture,⁹ and 7 in 1000 elderly women fracture their hip every year.¹⁰ Similar data for diabetes mellitus, osteoarthritis, depression, and dementia are required.

Primary prevention programmes are particularly important for women for two reasons. Firstly, many of the conditions that afflict women are preventable; secondly, the health behaviour of women is likely to influence those of their families. The results of the Hong Kong cardiovascular survey of 1995/1996 showed that among older women, 36% were hypertensive, 6% had high cholesterol and triglyceride levels, and 10% were obese.¹¹ In other studies,^{12,13} a low dietary calcium intake and lack of physical

activity were found to account for up to 30% of the risk of osteoporotic fracture. The dietary calcium intake of Hong Kong Chinese women is among the lowest in the world,¹² and as much as 60% of women have never exercised.¹¹ Furthermore, although only 3% of older women smoke in Hong Kong, there is an increasing trend of smoking among younger women.

Primary preventive programmes are delivered in a rather haphazard manner in Hong Kong. In 1998, only 8591 women in Hong Kong registered for the women's health service. Many subvented organisations, however, also seek to deliver some forms of primary prevention. We need primary preventive programme that are strategically planned and streamlined. Research should be conducted into innovative methods for changing the health behaviour of women. In addition, programme evaluation is essential.

Cervical cancer remains the main cause of mortality and morbidity for women in Hong Kong.⁷ Cervical smear screening programmes are offered by the maternal and child health services, the Family Planning Association, and private practitioners. The cervical smear uptake rates remain low in Hong Kong,¹⁴ which may be the result of both intrinsic and extrinsic factors. One of the important health targets for women in Hong Kong should be to increase the uptake rates of cervical smear testing. Both improving health education and increasing the accessibility of such a programme may be useful.

Screening for breast cancer is an emotional issue and many would advocate for mammography to be made mandatory. However, given the much lower incidence of breast cancer among Chinese women,⁷ a population-based screening programme may be less cost-effective than among Caucasians. The use of risk factors to identify subjects to be screened may be useful, and the potential importance of clinical and self-breast examination should be considered. Careful epidemiological and economic assessment should be made before mammography is offered to all women in the community. There is currently little evidence to support screening for other conditions in women. For example, screening for low bone density is not

cost-effective in women, unless it will affect the decision for taking hormonal replacement or other drug therapy.¹⁵

There is evidence in some countries that women are less likely to be offered new drugs or new technologies than men.¹⁶ This trend has not been demonstrated in Hong Kong. As the Hong Kong population ages, heavily subsidised hospital care is rapidly becoming unsustainable in Hong Kong. Alternative funding modes will have to be introduced to maintain quality health care.

“We have erred and strayed from thy ways like lost sheep,...we have left undone those things which we ought to have done, and we have done those things which we ought not to have done, and there is no health in us...” For women’s health in Hong Kong, it is the time for reflection, action, and evaluation.

EMC Lau, MD, FRCP (Edin)
Department of Community and Family Medicine
The Chinese University of Hong Kong
4/F, Lek Yuen Health Centre
Shatin, Hong Kong

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