性別研究資訊

GENDER STUDIES: NEWS & VIEWS

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編者語

每提起女性健康，人們總不期然將其與女性的生育相聯繫。現今，流行雜誌及專業文獻亦日益關注女性的健康問題，並指出她們的健康是會受到她們的角色及生活狀況所影響。

女性健康的其中一個重點是研究那些女性較男性容易患上的疾病。有關研究指出某些疾病之所以經常出現在某一性別，是與該性別的社會地位有關連，並反映該性別在社會上所面對的壓力及其經濟地位。有關女性角色及期望的研究亦需要得到我們更多的關注。女性的社會角色改變，例如逐漸衰弱的家庭結構，離異及女性全職工作的增加，都會增加女性的角色過勞。越來越多的女性需要同時兼顧照顧兒童、料理家務及受顧工作，因而構成多種精神和情緒的健康問題。

家庭暴力是女性健康另一重點。在美國，家庭暴力是導致十五至四十四歲婦女受傷之主要原因；亦有建議指稱隨著女性就業的增加，將會有更多的女性遭受性騷擾。

兩性在行為上的差異，例如吸煙、體力勞動及飲酒等都會影響健康。在美國及其他現代城市，年長的女性及年輕的女性死亡的主因分別是冠心病及愛滋病病毒。有關方面需就此推行有效的政策以改變吸煙及不安全性行為等習慣，以預防這些疾病的發生。但在推行這些政策時須特別小心，以避免把互相矛盾的公共衛生訊息，包括健康生活態度和預防疾病的措施灌輸與市民。就以乳房及子宮頸癌之檢查為例，現時很多國家便給予市民互相矛盾的指引。所以，現今女性健康研究應基於日益增長的女性健康知識，為政策定下新方向及作出改變。

在今期會訊中，香港婦女中心協會向「消除對婦女一切形式歧視公約」提交了一份檢討政府對女性健康的政策及目標的詳盡報告。報告討論了多個課題，包括女性能否接觸及運用得到現有醫療服務，現時的服務能否兼顧兩性的不同需要，以及在健康提倡工作上的不足。其中一個重點是對以病人為中心的女性健康計劃的一些建議。

袁楨德的文章討論了存在於醫護專業人員與使用者的性別偏見問題，及提供建議以解決這些障礙。此外，本訊亦刊載了由香港中文大學舉辦的「婦女健康與全球化」國際會議之摘要，簡介了亞洲地區在新世紀的關注事項之概覽。黃麗嫣的報告亦簡述了疾病感染的機會、防範措施的缺乏、環境污染和毒素的接觸四方面與女性健康有關的範疇。這些報告都重點提及貧窮國家的女性及少數團體，與及他們接觸保健制度的經歷。討論中國大陸情況之摘要更簡介了有關改善本土健康問題的行動。再者，李美瑩的香港中國婦女經前及來經時不適之研究亦為女性健康研究提供了新的方向，並反映出生育保健對女性健康的重要性。♦

Editorial

Too frequently women's health has been associated with their reproductive health. Nowadays we are witnessing an increasing awareness both in popular magazines and in the professional literature of the ways in which women's health is affected by their roles and living conditions.

One focus on women's health has been the disorders that are more common in women than in men. Societal influences on women's health point to the fact that stressors or illness that regularly occur more in one sex or another are likely to be linked to the position of women and men in society and reflect societal pressures and economic status.

Furthermore, little attention has been paid in the Asian region to the specific consideration of women's roles and expectations. Women's changing social roles, such as declining family forms, divorce, and increases in the fulltime employment of women have been documented to lead to an increase in role burnout. Increasing numbers of women in all cultures are juggling childcare, housework, and paid employment with resultant mental and emotional health issues.

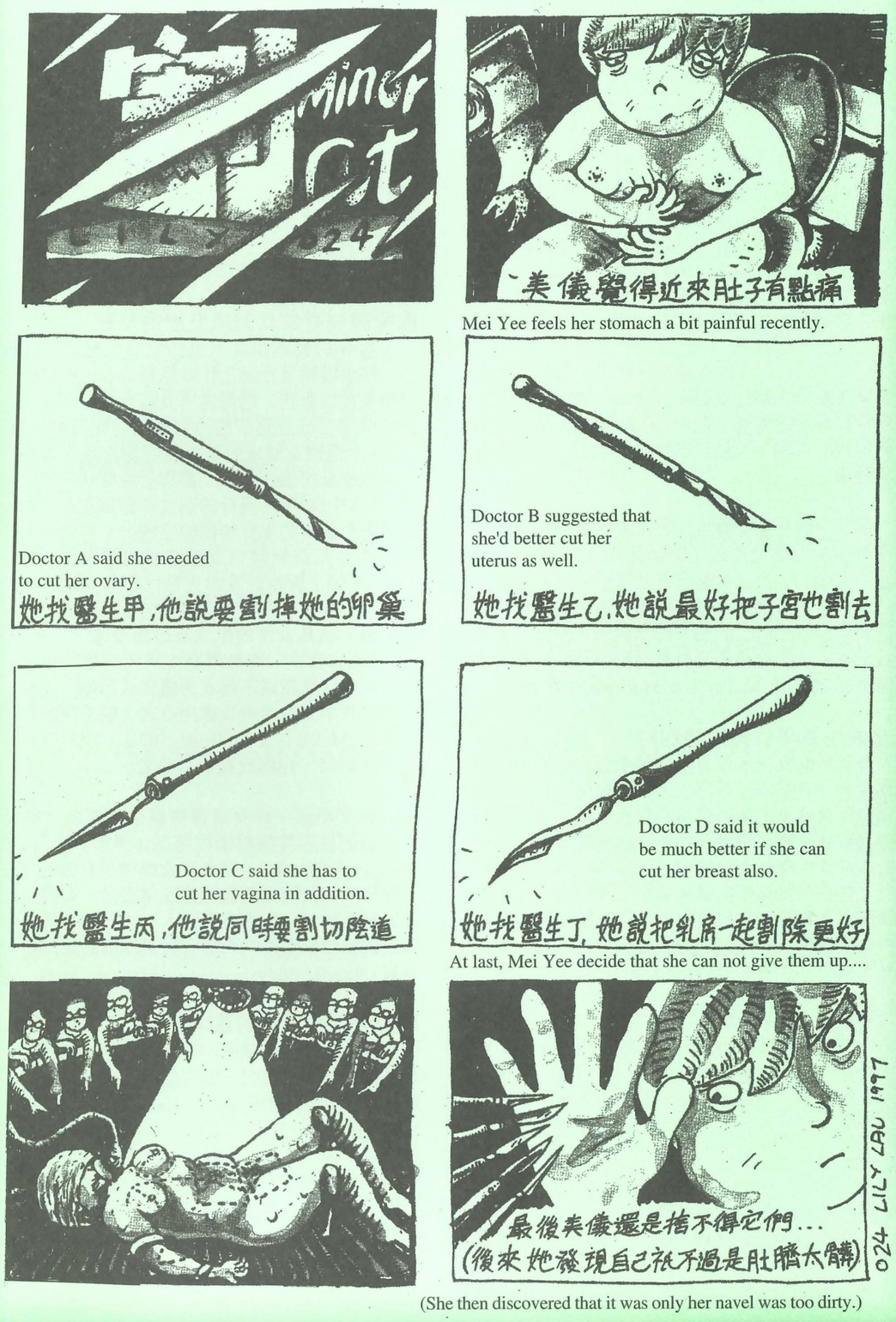
Another key issue in women's health is domestic violence. It is the leading cause of injury to women between 15 and 44 years of age in the US. In addition, with increasing employment of women it is suggested that many women will experience sexual harassment at some time in their lives.

Gender differences in behaviors such as smoking, physical activities, and alcohol consumption confer risks. In the US and increasingly in other modern societies the leading cause of death in older women is coronary heart disease and HIV is the leading cause of death among younger women. There is an increased awareness of the need for effective programs designed to change behaviors such as smoking and unprotected sex that can prevent such diseases. However such programs need to be carefully planned. Conflicting public health messages on health attitudes and preventive practices are evidenced by the contradictory guidelines on mammography screening and cervical cancer screening seen in many countries including Hong Kong. Thus contemporary approaches to women's health are picking up on societal and policy issues to provide new directions and changes based on women's needs.

In this issue of the newsletter, the submission of the Hong Kong Federation of Women's Centres to CEDAW provides a comprehensive review of government strategies and targets for women's health specifying issues of accessibility, gender sensitivity and promotion of health. A particular focus is the recommendations made for a patient centred women's health program.

Alice Loke's paper discusses the gender bias that exists in professional-client relationships and offers suggestions for overcoming such barriers. The compilation of abstracts from the Chinese University's international conference on "Globalization and Women's Health" provides an overview of key concerns in the Asia region for the new millennium, including grassroots initiatives and policy perspectives. Vivenne Wee's short report picks up on issues that affect women's health in terms of disease and susceptibility to disease, the lack of preventive practices, environmental pollution, and exposure to toxins. A consistent theme of many of these reports is women in poverty and minority groups and their experience with accessibility and acceptability of the health care system. Localised initiatives to recitify these health problems are well documented in accounts from Mainland China. In addition, Antoinette Lee provides new insights into subjective experiences of premenstrual disorders among Hong Kong Chinese women, reflecting new approaches to reproductive health care where gender differences are most pronounced. ♦

*轉載自劉莉莉1998〈媽媽的抽屜在最低〉香港：新婦女協進會



在二十一世紀——且用廣闊的角度看「婦女健康」

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將踏進二十一世紀，儘管人類在醫療科學上有了相當成就，然而對「婦女健康」的觀念，卻沒有跟著時代的改變而有所改進。近年來，許多國際性及地區性的醫護研討大會，都以「婦女健康」作為會議的主題；醫療界及護理界的科學研究及討論文獻，更爭相以「婦女健康」為焦點。事實上，世界衛生組織也強調過健康的家庭建築在健康婦女的身上。婦女在家庭中更扮演著健康照顧者的重要角色(Mahler, 1985)。她們的個人健康狀況、生活方式以及健康知識，都足以影響其家人。婦女肩負著生育和扶育兒童的重責，家中各人，無論老少的健康及所得到的照顧，直接或間接地影響著這個社會整體的健康。

但是，關於婦女健康，醫護界多集中於討論婦女生理上的毛病及生育功能的護理(Hagell, 1990; Andrist, 1988)，尤以討論乳癌及子宮癌的文獻特別多。這些研究及討論，無疑把婦女健康的含意看得十分狹窄和「病理化」起來。婦女健康之所以未能整全的發展，實在是蒙受著以男性為中心的社會體系及醫療制度所肘(McBride & McBride, 1981)。

社會體制對婦女健康的制肘

要了解婦女健康服務未能整全發展的原因，必須先探討社會體制這個因素。社會的經濟和家庭體系，約束著婦女的生活環境和質素，繼而影響她們的身心健康。在以男性為中心的社會制度下，雖然男女生接受大學教育的機會於近年來逐漸拉近，但社會崗位仍保持著明顯的性別分工。換言之，女性始終因為在家庭中仍然肩負上照顧者的角色，所選擇的職業性質及範圍也因而比較狹窄。她們的職位和晉升機會，仍然受到傳統觀念的定型，做成婦女未能在經濟及生活上獨立(吳，1993)。很多女性仍要依賴丈夫的經濟支持，一旦失去這種支持，女性便陷入貧困的環境，做成生活壓力，引起焦慮、緊張或抑鬱。這些都足以影響婦女的身心健康。例如社會經濟不景，丈夫在工作上遇到困難或失業時，很容易把情緒發洩在婦女身上，促成家庭暴力。這些長期因家庭責任而沒有到社會上工作的婦女，既缺乏工作能力，亦無法在經濟上獨立，只得長期屈服於困境之中，做成婦女身體及心理的嚴重傷害，影響著婦女及家庭的健康發展。

近年來，由於社會的轉型，一般家庭由夫婦兩人共同工作以維持生計，但婦女仍同時肩負著傳統的家庭角色，兼顧著繁鎖的家務及照顧兒女的責任(Lin, Lan & Liu, 1985)。這些多角色婦女，承受著工作及家庭上的雙重責任及壓力，難免造成身體、情緒及精神健康上的損害。

醫療體制對婦女健康發展的影響

現今的醫療制度，也抑制婦女健康的全面發展。部份醫療及社康工作者認為只要能提供廣泛的醫療及社康服務，則無論男女或女性，都可以在這劃一政策下享受到所需的醫療及健康服務(Currie, 1989)。但婦女健康的倡導者卻認為婦女無論在預防、治療及復康各方面，都與男性截然不同，不能當作「同性」看待。現行的制度有意無意地把婦女健康建築在狹窄的生育功能的毛病上，無疑阻礙了醫療工作者正面認識婦女健康的複雜性(Andrist, 1988)。加上醫療制度由男性操作及支配，一般的生理及心理健康研究亦以男性的生理及心理狀況作為準繩，諸凡女性的生理及心態現象，一旦與「男性」常軌有偏差，即被視為疾病或病態表現，女性亦因而得到無謂或不適宜的處理或治療。同時一般女性對其本身的治療及處理方式，缺乏決斷能力和自主權(McBride & McBride, 1981)，因而既得到不合宜的治療，也處於被動的位置。

研究顯示，婦女是醫療健康服務的主要消費者，她們使用醫療健康服務率比男性為高(Starck, 1987; Hagell, 1990)。要為婦女提供更有效的醫療健康服務，以及讓她們能適當使用服務，醫護工作者應對婦女的健康需求有更深入而正確的理解，以免因誤解或以偏蓋全，而導致對其健康的診斷及治理有誤(Hagell, 1990)。

「婦女健康」定義的重申

要改善及促進婦女健康，先要把「婦女健康」的含義重新釐定，其中應從三個主要元素開始。首先是理解婦女個人生活體驗(lived experience)(McBride and McBride, 1981)。如果認為婦女所經歷的生理及心理問題，都與其荷爾蒙及身體構造有關，實在是危險和不合情理的；更認定了婦女的各種疾病與痛楚是無可避免的，於是受影響的女性也只得適應及忍受(Carrie, 1989)。要有整全的婦女健康發展，首先要接受婦女的疾病痛楚或感受是切實的，消除認為女性都是比較情緒化和歇斯底里的觀念，正視她們所申訴的病徵及感受，才能為她們提供妥善而合理的診斷及治理(Andrist, 1988)。

「婦女健康」定義重申的另一要點，就是要視婦女為完全整體(holistic)，不應把婦女的健康分割(Andrist, 1988)，如歸納於婦產、乳房及子宮癌科，實在是不適當的。要從整體的角度出發，顧全社會及環境對婦女的影響，以及促進生理及心理健康及平衡。

最重要的是要承認婦女在社會上及家庭中的平等地位，喚醒婦女對其個人權益及自主權的認識，主動爭取社會的參與。婦女權益的醒覺，可以培育和發展婦女個人天份與潛質，又可認定在社會上及家庭中男女兩性的責任與權力平衡(Hall, 1992)，這種社會行為在西方社會稱為empowerment。婦女無論面對任何困難，都要能正視個人的生活素質及體驗，努力改善個人處境或尋求協助。婦女應認識到自己在社會及醫療架構上應享有平等的待遇，不再接受社會及醫療制度的制肘，積極爭取自己的身心健康。

若能擺脫過往狹窄的「婦女健康」定義，改為接納較全面的嶄新定義，醫療及社康工作才能走出固有的框框，拓展真正的「婦女健康」。

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性別研究

哲學碩士課程

✓ 性別研究探討不同社會和文化如何建構「男人」和「女人」的概念，這些概念又如何反過來影響我們的生活方式及世界觀。一九九八年香港中文大學開辦了香港第一個性別研究哲學碩士課程，由多個學系參與，其中包括：人類學系、中文系、英文系、政治與行政學系、歷史學系、新聞及傳播學院、護理學系、心理學系、宗教學系及社會學系等。性別研究哲學碩士課程是一個跨學科課程，學生可在不同學系修讀，撰寫的研究論文結合性別研究及其本修科目。

✓ 設有兩年全日制或三年兼讀制課程，每年九月入學。

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Selected abstracts from the International Conference on Globalization and Women's Health

30-31 August 2000, the Chinese University of Hong Kong

Why globalization? Why Women's Health? An Asian Perspective

By Vivienne Wee, Chairperson, ENGENDER, Centre for Environment, Gender and Development Singapore

"Globalization" refers to the current attempt to reconstitute the whole world as a single market-driven economy. This involves trade liberalisation, the privatisation of public services and the marketisation of society as a whole. These are increasingly being adopted as global processes.

As countries in Asia seek to participate in globalisation, they are undergoing macro-economic restructuring, so as to integrate their national economics effectively into the global economy. This restructuring process has wide-ranging ramifications that extend beyond the economy and impact on policy, society, environment and health.

The health impact of globalisation is gendered in its effects. This may be discerned in its three related processes - liberalisation, privatisation and marketisation:

- The progressive liberalisation of domestic economics impacts on women as workers, employers and household resource managers, with implications for their health care, as well as stress and nutritional levels.

- The progressive privatization of public services generally involves cutbacks in publicly funded health care, childcare, care of the elderly and the disabled, and other welfare services. The privatisation of such services generally makes them less affordable for lower-income groups. In this case, it is usually women, as traditional caregivers, who pick up the slack.

- The progressive marketisation of resources impacts with particular force in the rural sector where competition for resource use increasingly pits local communities against external forces, including governments and trans-national corporations. This situation impacts on the food security and health status of local communities, with implications for women as household resource managers and caregivers.

So while globalisation may enhance the standard of living of some, it is also affecting the environment and health of many others, especially women, who are positioned, as they are, in multiple social roles.

Moreover, women are physiologically more susceptible to environmental toxicity due to their higher level of body fat. There is now a homogenised degradation of the environment through the worldwide spread of similar industrial processes, manufactured products and habitat structures. It has been argued that globalization leads to economic growth and increased employment. While this may be so, it is often accompanied by occupational and environmental health impacts for women.

For example, hormone disrupting chemicals (such as persistent organic pollutants or POPs) are being disseminated worldwide through pesticides, food, polluted drinking water and plastics. These hormone disruptors generally have low water solubility and high lipid (fat) solubility, tending to accumulate in fatty tissues, such as the female breast. A number of studies show that levels of hormone disruptors are significantly higher (from 35% to 60%) in the breast tissues of women with breast cancer than in women without breast cancer.

Women's health thus extends beyond reproductive health. Women's health is affected by what they do and where they live. Their occupational health is impacted upon by their productive activities - at home, at work and in the management of natural resources, especially in rural areas. Their environment health is impacted upon by the environment. Both occupational health and environmental health, in turn, impact on reproductive health. All three aspects of women's health are impacted upon by changes in the biophysical, political and economic contexts. There is thus a need to adopt a holistic perspective on women's health - a perspective that is needed to understand the sweeping changes brought about by globalisation.

The Multiple Roles and Health of Hong Kong Women

By Cynthia Chan, Department of Community & Family Medicine, The Chinese University of Hong Kong, Fanny Cheung, Department of Psychology, The Chinese University of Hong Kong and Catherine Tang, Department of Psychology, The Chinese University of Hong Kong

With increasing education and job opportunities, women in Asia have extended their roles from being wives and mothers to working women and working mothers. This trend is particularly prevalent in Hong Kong. We investigated whether multiple roles would affect women's physical and psychological health. We used the "health outcome model" to test the effects of the individual factor, the social factor, life style, and role quality, on health outcomes for women. Stage 1 was a community telephone survey of 1,449 Chinese married women aged 30-45 years, using the General Health Questionnaire. Stages 2 & 3 included individual interviews, using a structured questionnaire, of 299 married working women and homemakers, as well as 40 single working women.

It was found that regardless of whether the respondents had children, homemakers - as compared to working married women - experienced higher levels of psychological distress, especially in social relations and depressive symptoms. Multiple roles were generally not associated with the presence of physical symptoms. Women with multiple roles maintained a better balance between their reward and concern of their different roles and tended to report better psychological health. Findings based on the 'health outcome model' indicated that the individual factor and role quality of women had direct effects on negative health outcome measures. Role quality was thus more predictive than role quantity of women's well-being. Compared to such intra-familial roles as wife and mother, the paid worker role gave greater advantage for women's psychological health.

The Impact of Globalisation on Sexual and Reproductive Health

By Cordia Chu, School of Public Health, Griffith University

Since the 1980s, reproductive health has emerged as an area of serious global concerns. Besides an improved awareness of the magnitude of reproductive health problems relating to maternal morbidity and mortality, there has been increased recognition of the link between the status of women, population growth, and sustainable development. Evidence increasingly shows that sexual and reproductive diseases and suffering in developing countries are widespread and linked to social, cultural and economic factors, especially to social inequality and women's status in society. For the developed world, the increased medicalisation and technological intervention of reproductive process and functions have also created new problems and serious concerns.

With rapid globalisation, human societies are increasingly confronted with serious challenges in sexual and reproductive health. In recent years, the extent of sexual and reproductive diseases and suffering has reached critical levels. Unless strategies are put in place to deal with the consequences of growing social and economic inequality, faster and wider spread of diseases, and dangerous and unsustainable development of reproductive technology associated with globalisation and free trade, the social and economic costs of sexual and reproductive health are expected to escalate dramatically in this century. This is particularly serious in the current climate of rapid expansion of neo-liberal capitalism that espouses a free market ideology with a minimum of social protection. Therefore, identifying emerging and increasing pressures and their imparts on reproductive health and developing strategic responses will be among the most pressing challenges facing governments, organisations, health professionals and researchers in the 21st century.

This paper will examine the impact of globalisation on sexual and reproductive health. It will first explain why sexual and reproductive health should be a global concern, and the social and environment determinants of reproductive health. It will then examine dynamics and social forces associated with globalisation and their impacts on reproductive health. As illustrative examples, the discussion will focus on inequality in reproductive health and the wide spread of HIV/AIDS, and the internationalised and commercialised medicalisation of reproductive process and functions. Finally, it will propose a global agenda for sexual and reproductive health, which advocates for social and gender equality, sustainable development, empowerment and multi-sectoral partnership.

The Impact of Sex on Women's Health

By Judith MacKay, Senior Policy Advisor to WHO, Director, Asian Consultancy on Tobacco Control

In general, girls and women in Asia have been more conservative sexually than in the West. But in recent years, this has begun to change. Globalisation, by encouraging more liberal sexual attitudes and practices, is having a profound effect on women's health in Asia through changes in the average age of first sex, in reproductive health, sexually transmitted infections, adultery and divorce. Increasing awareness of some of these issues has led to more women coming forward for protection or treatment - for example, if they have sexual problems or are victims of sex crimes such as rape and sexual harassment.

The globalisation of prostitution, including child prostitution, sex tourism and pornography, also carry implications for women's health. Women die in many parts of Asia because of the lack of availability and affordability of sex-related health care.

These trends also have major financial implications for women. Sex is a multi-billion dollar industry in Asia, with costs including:

— medical costs, such as for the treatment of infertility or contraception
— social costs of single parenthood or teenage abortions
— the costs of sex education
— the commercial costs of paid sex.

The Chinese Women's Health Networks: Empowering Women for Health in National and Global Contexts

By Bohong Liu, Deputy Director, Women's Studies Institute of China

The Chinese Women's Health Network was established in 1993 under the dual influence of the international women's movement and Chinese social transformation. As a social process, the drive for globalisation led to such global events as the 1994 International Conference on Population and Development (ICPD), the 1995 World Conference on Women. These events and the Ford Foundation programmes on promoting reproductive health have all contributed significantly to the Chinese Women's Health Network and its work priorities.

The Chinese Women's Health Network engaged in a project on transformation through the translation and publication of the book Our Bodies, Ourselves, written by the Boston Women's Health Book collective, first published in 1973 and re-edited and re-published in 1998. This book is said to have inspired 'a movement of women's health around the world'. The title of one chapter in this book is called 'Developing an international awareness' which points out that the violation women's health rights is a global phenomenon. Women in almost all countries are discriminated against, controlled in terms of their reproductive rights, and influenced by consumerism and life-styles prevailing in industrialised countries. We can say that this book is itself a product of globalisation. It has made an impact on the Chinese Women's Health Network by introducing an international perspective. The impact includes:

- A new understanding of the concept of women's health
- A renewed look at women's health from a gender perspective
- The agency of women's NGOs in promoting women's health

These have fundamentally changed our understanding of and action on women's health. After ICPD (1994) and the World Conference on Women (1995), reproductive health promotion is developing on four levels - in the international community, among the governments of all countries, in local communities and families, as well as among individuals. This new trend is a new challenge to the Chinese traditional health-cure model. The emergence of women's NGOs from the bottom up has a positive potential for promoting community-based women's health. ♦

News Report

The International Conference on Globalization and Women's Health: Challenges in a Changing Asia was held on 30-31 August 2000.

Dr. E. K. Yeoh, Secretary for Health & Welfare, opened the conference. Prof. Arthur Li, Vice Chancellor of the Chinese University of Hong Kong, inaugurated the Gender Research Centre at the occasion. There were over 60 participants from all over the region, including Hong Kong, Sri Lanka, Malaysia, and the Philippines. Papers were presented on the following themes: (1) **occupational hazards, stress, and environmental degradation,** (2) **sexual-reproductive health and substance abuse in globalization,** (3) **community health initiatives in response to globalization,** and (4) **priority issues and policy responses: women's occupational, environmental, sexual-reproductive health and substance abuse.** Interested individuals may visit the conference website at http://www.cuhk.edu.hk/hkiaps/grc/activity/conference_new.html



The Centre of Research and Promotion of Women's Health,

Faculty of Medicine, the Chinese University of Hong Kong, was established on 16 January 2001. Its mission is to improve the health of women across the life-span by prioritizing, developing, stimulating, coordinating, and conducting research, education, training and promotional activities in women's health.

The Chinese University of Hong Kong

CENTRE OF RESEARCH AND PROMOTION OF Women's HEALTH

Faculty of Medicine
The Chinese University of Hong Kong

Gender Analysis for Management & Policy Enhancement: An Intensive Two-day Course

(Course No. GA101) organized by Gender Research Centre, Hong Kong Institute for Asia-Pacific Studies, The Chinese University of Hong Kong, Gender Studies Programme, The Chinese University of Hong Kong and ENGENDER (Centre for Environment, Gender & Development) was held on 1-2 September 2000. Over 30 participants from various government departments, tertiary institutes and overseas NGOs attended the course. The course covers the importance of gender analysis in management and policy, gender in the policy-making and implementation process, building gender awareness, methods of gender analysis: quantitative and qualitative tools, and gender-sensitive management styles. Inquiries on the upcoming gender analysis course are welcome and should be directed to grcentre@cuhk.edu.hk.

QUALITY WOMEN'S HEALTH CARE : promoting women's health in Hong Kong

Tessa Stewart
HK Federation of Women's Centres

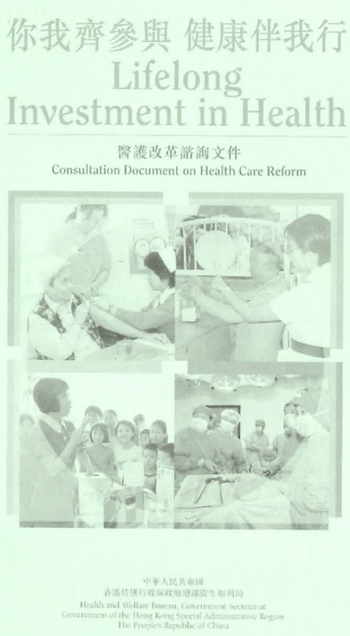
INTRODUCTION

Taking a holistic approach to women's health, this paper starts by examining the government's 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 international thinking in the field of women's health care. Regarding service provision, the focus is on the areas of accessibility of services and their gender sensitivity, service gaps, women's low awareness of health issues, and promotion of health education. This is largely based on some of the HK Federation of Women's Centres' internal research findings of local women's experiences of accessing healthcare provision in Hong Kong.

INTRODUCING A BROADER DEFINITION OF 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.' (Beijing Platform for Action, para 89, U. N. Fourth World Conference on Women, Beijing, China 1995)

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 basically relying on a purely bio-medical model that focusses on problems, diseases and conditions, and that services are not planned that include 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 healthcare professional and patient, with an emphasis on primary health care, health promotion and community development, integrating gender sensitivity. Government must take up a central leadership role to integrate and network between public and private services in order to enhance service effectiveness and comprehensiveness across all service providers, including Chinese medicine and appropriate alternative healthcare practitioners.



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). Although public and primary healthcare academics and professionals are often aware of many of the wider issues, in practice we have had services which approach women's health in a fragmented way, focussing primarily on either physical presentation of reproductive health related illnesses, or health services provision for the general public which are not designed with any awareness of gender sensitivity. There is no inclusion of the internationally widely accepted Life-Cycle Approach to women's health, that approaches her health across her life span including the physical, psychological, social and cultural context in which she works and lives. This paper will not deal with gender issues realted to male health care, but work is increasingly being done that shows gender awareness in dealing with male health issues also pays dividends.

NO CLEAR STRATEGIES OR TARGETS

It is difficult to see any mention of what actual strategies or targets exist at present, or indeed to see any evidence of real policy making for the future addressing women's wider health needs and pressing future issues. Accordingly, in our paper, we will argue that the Government needs to develop programmes that recognise the specific physical, psychological and social factors affecting women's health and well-being throughout their lives, recognising women's health maintenance is related to their lives as workers, at home or in paid employment, or with dual role strain, and to their varying needs at varying 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' 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 whom we deal with regularly. Also, "cultural attitudes to sexuality and privacy appear to restrain them from discussing with doctors their 'women's health' needs" (George, 1990). Similarly, they may not seek counselling for social or mental health issues for fear of the stigmatisation of being seen to be failing in their role as wife and mother (Fan 1999; Lee, 2000).

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 else we find that 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 well as to be educated to have an approachable style of presentation. (Chan, 2000)

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 are rarely given the opportunity to discuss these issues in a supportive environment. Even if they want to bring things up they may be easily intimidated or constrained by merely being in the presence of a professional, and even more so if it is clear that the professional is also intimidated themselves by the topic. 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 SOCIAL AND 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, being old single and poor, 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 just encouraged to attend clinics and get medicines for somatised or stress related outcomes that follow on from these situations, as it has been found that "in most public health and prevention issues related to women's health, the core issues is male-female power relations." (Wong; 2000)

OUR EXPERIENCE OF WOMEN'S PROBLEMS IN THIS AREA

We have direct experience of how many women who may have problems, due to their conditioning, of dwelling on areas that are taboo, impacts on the interface between them, health education, and the uptake of services especially in the provision of STI's (Sexually Transmitted Infections) and HIV/AIDS education, where we have a long-running programme at one of our Centre in Tai Po. Thus in order to give basic education to local women on how to protect themselves against STI's and HIV/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 even consider feeling confident enough 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 proposi-

tion, compounded by fear of challenging customary expectations that may lead to marriage breakup with all its attendant economic and other difficulties. Yet the reality is that STI's are rapidly rising in the local population as on the Mainland.

IMPACT OF LACK OF BASIC HEALTH AND SEX EDUCATION ON KEY HEALTH AREAS

Similarly, we find with our grassroots members other health education regarding women's reproductive organs has to be presented at a very basic level first, since most members are unaware of many of the functions of their own reproductive and sexual organs, as though basic sex education in Hong Kong schools is sometimes covered well, it often isn't. When these members were at school covered it may not have been covered 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 might 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. Education often is best presented in non-written formats such as roleplays, group discussions and workshops, CD Roms and Videos. The same approach applies to many women who have recently arrived from the Mainland where language difficulties may present even more problems that need to be addressed.



ROLE OF MEN

The role of men for the health status and care of women is frequently overlooked. We can see from the above that especially regarding her sexual health, greater emphasis needs to be placed on men's involvement regarding the spread of STI's and AIDS. For example, the STI clinics (called Social Hygiene Clinics) in Hong Kong need to strategise more around the problem of men not reporting to their spouse if they have contracted and been treated for a plications of restricting the right of women to determine their own health and safety needs and treatment. Whilst healthcare workers in the field need to respect client autonomy, they must also make more than a desultory effort to educate men to consider aspects such as this, as the example above regarding STI's demonstrates.

MEASURING WOMEN'S HEALTH: SETTING UP APPROPRIATE MECHANISMS AND INDICATORS

Although we do not yet find any evidence of real targets or indicators for use as a baseline in the Government's planning, there may be more work in this area in the future following on from the planned health care reforms. 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 collection 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 the wider holistic definition as to what real health includes.

NEED FOR WOMEN'S HEALTH UNIT

More specifically, the focus should be for healthcare professionals, educators, reproductive health organisations and women's organisations to meet together to determine which relevant public health procedures need to be incorporated in indicators that can be useful in monitoring the Government's progress in this area. The Health and Welfare Department should help set up a Women's Health Unit, which can then organise the cross-organisational and professional structures from within which its aims can then be effected. Feedback from our members show the government's

clinics are not nearly as successful as they could be if they had are more holistic perspective. Other healthcare providers in Hong Kong also need to be made aware of the need to have a gender perspective. Such a Unit could co-ordinate Hong Kong- wide training, services and research under specific at-risk areas, leading to better use of existing knowledge and resources.

UPDATING HEALTH MEASUREMENT AND PLANNING MODELS

If we just use crude statistics of maternal mortality, low fertility rates and high life expectancy for women and list services provided we can demonstrate Hong Kong's real strengths. However, planning our health care provision for the future still relying on older models is not appropriate. We hope the Government will make real steps in the future to integrate locally a Life-Cycle Approach to women's health in their health care provision, based on a client centred, user-friendly preventive approach that is not gender blind.

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, along with an assurance that since we have a Women's Commission now, women's needs will be taken care of. Hong Kongers are no longer ready to accept that what professionals and civil servants decide is best for them may actually be so. We find our members want their self-deternined needs to be taking into consideration in all transactions and choose not to attend Government clinics where they do not feel respected. An overall change in mind-set about service type and mode of provision would then impact well on women as high frequency users of health care services, both for themselves, their family members and the community as they become active participants in their own healthcare maintenance.

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 thorough research that goes into this area that is then useful in giving directions for training in issues of user-friendliness. The types of research method are significant if these issues are to be developed properly. Qualitative rather than quantitative methods need to also be employed. This will only happen if government actively fosters a change in the current situation that is currently leaving potential useful qualitative research out in the cold regarding funding opportunites and professional kudos, due to an overwhelming emphasis on quantitative methodology and a traditional interventionist bio-medical model approach towards addressing women's health issues.

SOME SPECIFIC INDICATORS TO START WITH

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; positive STI prevalence in pregnant women; number of teenage girls smoking; cardiovascular disease; osteoporosis; diabetes and post-natal depression need to be set up as starting point. Screenings programmes for post-natal depression,cervical and breast cancer also need to be set up, but only if accompanied by appropriate counselling and information programmes.

CURRENT GOVERNMENT HEALTH REVIEW

The Government is still in the process of developing a major overhaul of health delivery financing in Hong Kong. ('Lifelong Investment in Health' 2000.) This is an extremely important exercise, with ramifications that will especially effect women, since they tend to access health services more and longer than men but are disadvantaged socially and economically compared to men which impacts directly on their health and quality of life. (Cheung; 2000, Wong: 2000) Following on from this we have questions about the individual savings accounts for health care that have been proposed that suggest spousal sharing of accounts. Women are not necessarily the ones in the family who make the financial decisions, or earn as much money as men which would potentially limit their access to their account. Also, the money may have run out by the time they are on living on longer than their husbands. We see one of the most pressing issues to women coming out from this consultation document is the need to gender segregate data and planning in order to vouchsafe women's health in retirement in view of Hong Kong's rapidly aging poulation. "Discrimination against women and discrimination against the elderly are a double jeapordy to elderly women." (Cheung; 2000)

Women's needs and views across the Life-Cycle should be 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, unless they have been consulted during the early stages and a gender perspesctive is included. Australian governments now

consult with the women's NGO's right at the beginning of any policy initiatives, along with medical professional groups, as they find this augments equity and efficiency.

UNEQUAL ACCESS FOR WOMEN TO MANDATORY PROVIDENT FUND (MPF) PROTECTION

The HK Federation of Women's Centres was the first to successfully draw attention last year to the fact that the current Mandatory Provident Fund completely ignores persons who are not active in the paid workforce, meaning this leaves out full-time homemakers and those in the informal sector. Since women's labour force participation is 48% this means the number of women who will face financial hardship will be significant. (Cheung, 2000). There are no plans to rectify this situation. It is unfair if homemakers are relegated to having services for 'the poor' in their old age simply because they stayed at home to look after others. Similarly even women who are in the workforce get paid less overall than men, and often take breaks from employment for family duties. This means their MPF individual savings power will be less even though they will likely live longer then men. This huge gap in retirement planning is a prime example of what can happen when policy making and planning does not include gender awareness.

Some of our recommendations about primary care integration and more patient-centred services are echoed in the Government's consultation document, but our main fears are that in their implementation they will be gender blind rather than gender specific. Both for women and for men, in a truly modern knowledge-based model it is more effective and efficient to recognise gender differences in healthcare promotion and service provision.

The Current Priorities

1. Setting-up Women's Health Policy Unit in Department of Health and Social Welfare Bureau.
2. Existing health review needs to have a women's perspective included.
3. Specific indicators should be set up in order to measure and monitor improvements.
4 Broader philosophy underpinning services:
   (a) women's needs to be looked at throughout lifespan, and in context
   (b) gender sensitisation of service providers
   (c) client autonomy, user feedback, qualitative research
5. Primary prevention
   (a) education to deal with women's low awareness women's health issues
   (b) accessibility (eg patient centred, affordable)
6. New areas in research and research models.

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Note: This article is an extract from HK Federation of Women's submission to the U.N. CEDAW committee in December 1998 in response to the Government's first report. China and Hong Kong are both signataries of the Convention which protects women against all forms of discrimination. It has been edited and updated.

♦

Gender Research Centre at CUHK

Fanny M. Cheung
Director

The Gender Research Programme (GRP) was set up in 1985 under the Hong Kong Institute of Asia Pacific Studies at the Chinese University of Hong Kong. In the past 15 years, the scope of the GRP has also expanded rapidly. Its activities included research, international conferences, local workshops, seminars, publications, compilation of bibliographies, and training. It has helped to launch the Gender Studies Programme, the first academic curriculum in Hong Kong offering a postgraduate M. Phil. Degree and an undergraduate Minor degree in gender and women's studies. Its impact extends beyond the academic field, and has input into policies on gender concerns.

Effective July 1, 2000, the GRP has been re-structured into the Gender Research Centre (GRC) which focuses on four major aspects:

1. Research on cutting-edge gender issues based on existing research expertise and interests of faculty members, grouped into the following 4 themes:
   - Gender and Health
   - Gender, Development & Globalization
   - Gender Equality & Civil Society
   - Gender, Identity & Culture

   These theme groups will share research interests, stimulate collaborative research projects, as well as organize lectures and seminars.

2. Conferences and Training - The GRC will continue to host international conferences on gender issues. With the expertise and experience of our researchers, the GRC is working towards being the regional leader in training on gender analysis methodology and compilation of sex-disaggregated data.

3. Advocacy - Theoretical research could be extended to public policies and everyday practices. The GRC will follow the GRP tradition of hosting the Annual Gender Role Workshop and increases its impact in mainstreaming gender perspectives in public life.

4. Information and Resources - Through its publications and networks, the GRC will serve as a knowledge hub on international, regional and local gender issues.

For further information about the GRC, please visit: http://www.cuhk.edu.hk/hkiaps/grc/

The Gender Research Centre welcomes **staff and students** of the **Chinese University Hong Kong** to join as **Full Members, Affiliates** or **Student Affiliates**, and **Non-CUHK members** to join as **Affiliates or Student affiliates.**

Membership is inclusive of selected GRC publications. **Full Members** are expected to join at least one of the four research theme groups (Health, Development and Globalization, Equality and Civil Society and Identity and Culture) and/or take an active part in organizing GRC activities. Affiliates will be invited to participate in GRC activities, and will receive information on forthcoming events.

You are cordially invited to join! ♦

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