

## **WOMEN'S COMMISSION**

### **Department of Health's Services and Programmes related to Women**

#### **INTRODUCTION**

This paper updates Members on the range of existing health services provided by the Department of Health (DH) for women.

#### **CONCEPT OF WOMEN'S HEALTH**

2. Health is not merely freedom from disease and infirmity. It is a state of mental, physical, social, emotional, sexual and spiritual wellbeing. Women have different health needs at various stages in life. Some diseases are more common in or only affect women, or affect them in a different way from men. It is important for every woman to be aware of and have access to knowledge related to the spectrum of women's health issues, so that they can maximise their chance of enjoying a quality of life throughout their lifespan.

#### **DEPARTMENT'S MISSION**

3. The DH is the Government's health adviser and agency to execute health care policies and statutory functions. It safeguards the health of the community through promotive, preventive, curative and rehabilitative services. Apart from Family Health Service with its thirty-one maternal and child health centres (MCHCs) and three women health centres (WHCs) which cater specifically for women, a wide range of other health centres/clinics<sup>1</sup> also serve female clients.

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<sup>1</sup> Elderly health centres, chest clinics, social hygiene clinics, school dental clinics, student health service centers, and so on.

## **PROGRAMMES FOR WOMEN**

*(A) To increase women's control over and improve their health, DH provides the following health promotion programmes. They include –*

### **Breast awareness promotion**

4. Breast cancer is the commonest cancer amongst women in Hong Kong. Therefore, DH continues to promote the importance of breast awareness through the MCHCs, WHCs and elderly health centres (EHCs). The Department encourages women to learn how their breasts look and feel at different times of the month and with advancing age, so that they can observe and examine their breast condition. With the aid of videos, leaflets and breast models, women are taught to feel for the texture of the normal breasts so that they can detect abnormal changes early upon which immediate medical attention can be sought. For women with risk factors for breast cancer development, screening mammography may be provided at the WHCs.

### **Breastfeeding**

5. The DH continues to promote breastfeeding among pregnant women and nursing mothers as an effective means of enhancing maternal and child wellbeing. Staff training, a breastfeeding hotline and other empowering activities are actively pursued by staff of the MCHC to create a conducive environment for breastfeeding mothers. Committed to this cause, the Department promulgates a breastfeeding policy and implements the “Ten Steps to Successful Breastfeeding” and “International Code of Marketing of Breastmilk Substitutes” in MCHC.

6. The DH strives to create a supporting environment in the community by jointly organising the Babycare Room Award with the Hospital Authority and a NGO this year. The objective is to encourage the provision of desirable babycare facilities in public areas so as to promote breastfeeding. The Department also participates in the formulation of the Advisory Guidelines on Babycare facilities in collaboration with other government departments. The Guidelines will encourage incorporation of desirable babycare facilities in government and public areas.

7. With the sustained and concerted effort from all sectors of the community, it is hoped that the breastfeeding rate will continue to increase.

### Family planning

8. The MCHCs conveniently located throughout the territory provide family planning service to all women of childbearing age to enable them to decide freely and responsibly the number and spacing of the children.

### Woman Health Service

9. Three WHCs and ten MCHCs provide Woman Health Service to women below 65 years of age. The service includes physical examination, appropriate screening tests. eg. cervical cancer screening and mammography, individual health education and counselling tailored to each woman's needs, group activities such as the weight management and exercise workshops, and talks on various women topics such as menopause, osteoporosis, and breast cancer.

### Healthy lifestyles

10. Healthy eating, regular exercise, stress management, avoidance of tobacco use and personal hygiene are the mainstay of health promotion and education activities of the Department. The aim is to create more supportive environments and encourage adoption of a healthy lifestyle throughout the life course so as to prevent communicable diseases and defer the onset of chronic degenerative diseases leading to a prospect of healthy aging and improved quality of life. To promote healthy eating for children and their family, the Central Health Education Unit (CHEU) adopts a partnership approach and works with schools and community groups to empower parents with nutritional knowledge and skills. A rich collection of audio-visual aids in the form of pamphlets, leaflets, videos, VCDs, CDROMS, telephone hotline, homepage, exhibition boards and TV/radio announcements are available.

### Parenting Education

11. The Family Health Service launched the parenting programme since 2002 in all MCHCs with the aim to equip parents/caregivers of all children attending MCHCs with the necessary knowledge and skills to bring up healthy and well-adjusted children through:

- a) improving parent-child relationship,
- b) promoting child development,
- c) improving parenting skills and efficacy, and
- d) reducing child behavior problems.

The programme consists of two levels of intervention:

Universal programme: Expectant parents and parents of all children (0 – 5 years) attending MCHCs receive anticipatory guidance in parenting, which is appropriate to the ages of the child. This is delivered through comprehensive information leaflets, audiovisual materials, workshops and/or individual counselling. The parenting information is also made available to the public through the Family Health Service website and the pre-recorded hotline. To cater for the needs of different ethnic and cultural groups, information leaflets are available in languages of traditional Chinese, simplified Chinese, English, Thai, Indonesian, Nepalese, Hindu and Urdu.

Intensive programme: Parents of children aged 2 to 5 with early signs of behavioural problems or those who encounter difficulties in parenting will be given more intensive group training (Positive Parenting Program<sup>®</sup> (Triple P)) on parenting skills at MCHCs. Parents who completed group Triple P have been found to have significantly lower level in their children's behaviour problems, lower in dysfunctional parenting styles, higher sense of parental competence and improved marital relationship.

12. Children with established behavioural problems or those with more complicated family issues such as maternal depression and marital conflict will be referred for management by clinical psychologists at DH's Child Assessment Centres (CACs), psychiatrists at public hospitals and/or social workers of Social Welfare Department or non-government organizations as appropriate.

### Adolescent Health Programme

13. The Student Health Service launched the Adolescent Health Programme (AHP) in 2001/02 to strengthen the psychosocial health of adolescents in Hong Kong. The AHP is an outreach service for secondary school student, their parents and teachers. It is delivered to schools by multidisciplinary teams comprised of doctors, nurses, social workers, clinical psychologists, dietitians and health promotion officers. The programme includes basic life skill training for form one to form 3 students and topical

programmes for all secondary school students, their parents and teachers. The programme aims at empowering adolescents to competently and confidently face challenges in growing up. There is a sex education workshop in the topical programmes for students. Through an interactive approach, it covers various issues such as harmful consequence of early teenage pre-marital sex; correct attitude and respect towards love, friendship and sex; different contraceptive methods and their limitations; and prevention of sexually transmitted diseases and HIV. Refusal skills are taught and practiced in the workshop to allow our adolescents to resist the temptation for sex. In 2007/08, the AHP has delivered sex education related programmes in 182 schools serving 37,905 students.

***(B) To enable early detection of health problems for prompt intervention, DH implements the following disease prevention programmes -***

#### Cervical screening programme

14. Cervical cancer is an important female cancer in Hong Kong and was the fifth most common cancer among women in Hong Kong in 2004. In order to enhance the prevention of the cancer, the Department of Health launched the territory-wide Cervical Screening Programme (CSP) on 8 March 2004. The objective of the Programme is to reduce the incidence and mortality of cervical cancer through increasing the cervical cancer screening coverage rate among the local female population. Women aged 25-64 are recommended to receive regular cervical smears. Various publicity and education programmes are being conducted to recruit women and service providers into the programme. As a result, the coverage of cervical cancer screening for women aged 25-64 has increased from 65.7% in 2004 to 72% in 2007.

15. The DH provides the cervical cancer screening at MCHCs, WHCs, social hygiene clinics and EHCs. In 2007, 92,810 cervical smears were performed at MCHCs and 13,796 cervical smears were performed at WHCs.

16. The Cervical Screening Information System (CSIS) of CSP serves as a central registry to collect smear related information of registered women. It sends letters to registered women to remind them about the next screening date, as well as informing them about the screening results. As at end of 2007, over 300,000 women and 700 service providers have registered with the CSIS.

17. The CSP will continue its effort in collaborating with different stakeholders to promote cervical cancer screening and to provide public education on cervical cancer prevention.

### Antenatal and postnatal care

18. A comprehensive antenatal shared-care programme is provided to pregnant women in MCHCs, in collaboration with the Obstetric Department of public hospitals, to monitor the whole pregnancy process. Expectant mothers receive free physical examination, routine blood tests, health advice and counselling at antenatal sessions run in the MCHCs. Prospective parents can attend health talks and workshops to better prepare themselves for effective child caring. After childbirth, mothers return for postnatal check and contraceptive advice. They are also given help and support to adapt to changes in life through experience sharing in support groups and individual counselling.

## **NEW INITIATIVES**

### Public Health Information System

19. The Public Health Information System was established in 2004 to enhance the department's ability to collect, collate, analyze and disseminate health information. Users may obtain statistical information related to the health of the population in Hong Kong in the form of reports, tables, charts, maps etc. via the HealthyHK website:<http://www.healthyhk.gov.hk/phisweb/en/>. Various health-related databases in Hong Kong are linked to this system; and sex-disaggregated data on health and disease patterns, and gender-specific cancers are available including various publications from the the Centre for Health Protection of DH.

### Comprehensive Child Development Service

20. The Administration has since 2005 launched the Comprehensive Child Development Service (CCDS) in phases in selected communities with an aim to identify at an early stage the varied needs of at-risk pregnant women, children and families. The community-based CCDS uses the MCHCs as a platform to enhance cross-sectoral collaboration and communication, through better alignment of the existing health, education and social services to ensure early identification of their needs so that appropriate services can be made available to them in a timely manner.

21. CCDS comprises four components:

i. Early identification and management of at-risk pregnant women

At-risk pregnant women (e.g. those with substance abuse or mental health problems, or pregnant teenagers) are identified during the antenatal period. Midwives from Hospital Authority are designated as the coordinators to ensure comprehensive assessment is conducted and holistic management plan developed. Paediatric consultation service is provided in MCHCs by visiting specialists from Paediatric Departments of public hospitals after delivery.

ii. Early identification and management of mothers with postnatal depression (PND)

Nurses in MCHC are trained to identify mothers with probable PND using the Edinburgh Postnatal Depression Scale (EPDS), and to provide those mothers with supportive counselling. Visiting psychiatric nurses from public hospitals provide on-site counselling and specialized support to mothers with special need. Where necessary, mothers are referred to psychiatry departments in public hospitals for follow up, including consultation and medication.

iii. Early identification and management of children and families with psychosocial needs

With an emphasis on strengthening support for clients from socially disadvantaged background, MCHC nurses are trained to systematically assess the psychosocial needs of children and families with preset demographic attributes, including extended and single parent families, low income families, new arrival families and families with one parent who is a two-way permit holder. Subject to their consent, parents, majority being mothers, are referred to Integrated Family Service Centres of the Social Welfare Department to receive the appropriate supportive service.

iv. Early identification and management of pre-primary children with physical, developmental and behavioural problems.

Pre-primary institutions may make use of the CCDS referral and feedback mechanism to refer children displaying physical, developmental or behavioural problems to MCHCs for assessment. Besides, training has been provided to pre-primary educators to identify and support children with these problems.

22. CCDS has also enhanced women's access to and control of resources by connecting them to various health and social services and contributes towards empowerment of women.

#### Barrier Free Access (BFA) Facilities at DH clinics

23. The DH is well aware of the need for disabled women to have easy access to health services. DH has continuous liaison with the Architectural Services Department on BFA improvement works required in DH clinics, including installation of lifts (if the clinic are not situated on the ground floor) and disabled toilets. Other ongoing projects include modification of enquiry counters to suit clients in wheelchairs, installation of induction loop system to serve clients using hearing aid device, and introduction of examination couches designed for disabled women.

#### ADVICE SOUGHT

24. Members are invited to note and give comments on the health services provided by the DH for women as set out in this paper.

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**Department of Health**  
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