

# Social aspects of women's health

S Twinn

**An understanding of the multifactorial nature of health has shifted the traditional narrow focus on women's reproductive health to an acknowledgement of the influence of social, cultural, and economic factors on the health status of women. The changing roles of women have also contributed to their health status. In Hong Kong, as in other developed societies, factors such as multiple roles, discrimination, and sexual health influence women's health status. A consistent issue to emerge from the literature is the need for women to share concerns about their health with practitioners who are sensitive to their particular needs. The evidence also demonstrates the need for sensitivity to gender issues—in particular, to women's health—in the development and implementation of national health policies.**

*HKMJ 2000;6:412-4*

*Key words: Attitude to health; Health status; Sex factors; Social change; Socioeconomic factors; Women's health*

## Introduction

An understanding of the multifactorial nature of health has shifted the traditional narrow focus on women's reproductive health to an acknowledgement of the influence of social, cultural, and economic factors on the health status of women. Although this influence is not unique to women, there is growing evidence to suggest that women may be more vulnerable to these factors.<sup>1</sup> In addition, there are some health issues that disproportionately affect women or indeed are unique to women.<sup>2</sup> The changing roles of women have also contributed to their health status. Many women, although making a significant contribution to the household income, continue to take the major responsibility for the care of the family and, in particular, its health. The majority of people living in poverty are women, which highlights their economic vulnerability and the associated health risks of poor diet and housing.<sup>3</sup> Indeed, the association between women's health and issues such as poverty, powerlessness, discrimination, and fertility is now well documented.<sup>4</sup>

## Social factors

The social factors influencing women's health vary with different societies and the economic development of that society. In Hong Kong, as in other developed societies, factors such as multiple roles, discrimination,

and sexual health influence women's health status. Research undertaken on the effect of the multiple roles experienced by women highlights the complexity of the outcomes on their health. Some studies, which use both objective measures and women's perception of their health status, demonstrate that women who are employed and married parents have the healthiest profile.<sup>5,6</sup> Chan et al<sup>7</sup> have published similar findings in Hong Kong—namely, that multiple roles are associated with positive psychological functioning. Role status, however, makes no difference to the physical symptoms and disorders experienced by women.<sup>7</sup> Other studies have identified the problem of 'time frame', in which women have no space for their physical and emotional replenishment.<sup>1</sup>

Discrimination provides an example of the more negative effect of social factors on women's health. Women experience discrimination in employment in terms of working condition and remuneration.<sup>8</sup> Employment policies can also be discriminatory in their effect on health. Maternity leave provides a good example of such a policy, which, although designed to protect women from unfair dismissal, frequently results in reduced breast-feeding rates.<sup>9</sup> This practice may have particular implications for women in Hong Kong, where, despite the acknowledged benefits of breast-feeding to both women and their infants, maternity leave consists of only 10 weeks. This duration compares poorly with countries such as the United Kingdom, where women have approximately 19 weeks of paid leave. Changing family structures due to increasing divorce rates and the growing number of single-parent families have contributed to the discrimination

---

Department of Nursing, The Chinese University of Hong Kong,  
Shatin, Hong Kong  
S Twinn, RN, PhD

Correspondence to: Dr S Twinn

experienced by women in obtaining housing and employment, with subsequent affects on their psychological health.

### Sexual health

Sexual health issues have major implications for women's health status. Contraception—a fundamental right of all women—has transformed the health of many women who now have control over their fertility. Their choice of delaying pregnancies, however, has led to infertility and associated psychological morbidity among some women.<sup>10</sup> Sexual health also includes sexually transmitted infections (STIs), which include infection with human immunodeficiency virus (HIV). The similarities of STIs and HIV infection in terms of behaviour, transmission, and control measures indicate the significance of HIV infection to women's health, particularly in view of the steady increase in the number of newly reported infections among women and the fact that the most common form of transmission is through heterosexual relationships.<sup>11</sup>

Another aspect to consider within the context of sexual health is cervical cancer, which claims approximately 140 lives each year in Hong Kong and is the fourth most common form of cancer among women locally.<sup>12</sup> Cervical cancer provides an example of the consequences of poor sexual health for women and is perhaps of particular relevance to health care practitioners, because many have the opportunity of discussing these issues with women during screening programmes or opportunistically. A study of Hong Kong Chinese women has demonstrated low uptake rates for cervical screening compared with similar populations overseas.<sup>13</sup> In addition, local research of women's perceptions of some screening programmes that are currently offered in Hong Kong has identified some important factors that influence women's sexual health and health status.<sup>14,15</sup>

The first issue relates to women's lack of awareness of the importance of cervical screening to their sexual health. A study of 242 Hong Kong Chinese women that investigated the extent to which the current cervical screening service meets their needs has demonstrated that few women acknowledge the importance of screening for the sake of their own health.<sup>14</sup> Women without children and who are sexually active frequently stated they were too busy to attend for a cervical smear. Once women became parents of small children, however, the acknowledged responsibility for their young children indicated they were more likely to attend for screening.<sup>14</sup>

The same study also highlighted women's demand for information about the screening procedure and their lack of satisfaction with the level of information that was provided. Their perception of a lack of information not only related to information given to them while attending the clinic, but also in the media—that is, the available publicity provided insufficient information to highlight the importance of attending for screening. The lack of information also influenced women's patterns of attendance and resulted in their being unaware of the significance of attending regularly for cervical smears and their relying on the advice of practitioners to return for further smears.<sup>14</sup>

Some women's attitudes to both the disease and screening procedure also highlight some important factors. The lack of knowledge about the disease has led to an inappropriate association of the disease with promiscuity. Although rightly identifying multiple sexual partners as a risk factor of the disease, women are frequently unaware that having been sexually active adds to their risk of the development of cervical cancer.<sup>15</sup> Women's embarrassment about the screening procedure and concern about the associated discomfort and pain are important factors that influence their attendance. Indeed, a major factor in this respect is the technical skill of the practitioner in reducing pain and his or her interpersonal and communication skills in minimising fear and embarrassment.<sup>15</sup>

The final issue relates to age and the particular needs of older women. Although younger women have cited increasing age as a risk factor, there is little awareness among many older women of any increased risk with age.<sup>16</sup> Furthermore, many women may consider themselves no longer at risk once menopausal. Another important issue relates to older women's lack of knowledge about their cervical smear status. Although many of these women have children and have undergone gynaecological examinations, they have little knowledge about what is involved in the examination or whether they have undergone cervical smear screening. These women are, however, keen to receive information about screening, so that they can make an informed decision about their attendance pattern.<sup>16</sup>

### Conclusion

Evidence clearly identifies the significant implications of social factors on women's health status, and the multidimensional nature of health highlights the complexity of these implications. A consistent issue to emerge from the literature is the need for women to share concerns about their health with practitioners

who are sensitive to the particular needs of women. Studies of women in Hong Kong indicate similar findings.<sup>14,15</sup> The evidence also demonstrates the need for sensitivity to gender issues—in particular, to women's health—in the development and implementation of national health policies.

## References

1. Doyal L. Women and health services. Buckingham: Open University Press; 1998.
2. Rodin J, Ickovics R. Women's health: review and research agenda as we approach the 21st century. *Am Psychol* 1990;45: 1018-34.
3. Craft N. Women's health: Women's health is a global issue. *BMJ* 1997;315:1154-7.
4. Leslie J. Women's lives and women's health: using social science research to promote better health for women. *J Women's Health* 1992;1:307-17.
5. Verbrugge L.M. Role burdens and physical health of women. *Women and Health* 1986;11:47.
6. Waldron I, Weiss CC, Hughes ME. Marital status effects on health: are there differences between never married women and divorced and separated women? *Soc Sci Med* 1997;45: 1387-97.
7. Chan C, Cheung F, Tang C. The multiple roles and health of Hong Kong women. Presented at: Globalization and Women's Health Challenges in a Changing Asia; 2000 Aug 30-31; Hong Kong.
8. Westwood RI. The politics of opportunity: gender and work in Hong Kong. In: Cheung F, editor. *Engendering Hong Kong society*. Hong Kong: The Chinese University Press; 1997.
9. NHS Centre for Reviews and Dissemination. Promoting the initiation of breast feeding. York: University of York; 2000.
10. Slade P, Raval H, Buck P, Lieberman BE. A 3-year follow-up of emotional, marital and sexual functioning in couples who were infertile. *Journal Reprod Infant Psychol* 1992;10:233-43.
11. Department of Health, Hong Kong. STD/AIDS update: a quarterly surveillance report. Hong Kong: Department of Health; 2000;6:1-6.
12. Hong Kong Cancer Registry. Cancer incidence and mortality in Hong Kong, 1995-1996. Hong Kong: Hospital Authority; 1999.
13. Family Planning Association, Hong Kong. Family planning knowledge, attitude and practice in Hong Kong, 1997. Hong Kong: Family Planning Association; 1999.
14. Holroyd E, Twinn S, Shiu A. Chinese women's experiences and images of the Pap smear experience. *Cancer Nursing*. In press 2000.
15. Twinn S, Cheng F. Increasing uptake rates of cervical cancer screening amongst Hong Kong Chinese women: the role of the practitioner. *J Adv Nursing* 2000;32:335-42.
16. Twinn S, Yung HH. Increasing women's knowledge of the prevention of cervical cancer and the uptake of cervical cancer screening: the implementation of a nurse-led community outreach programme. Hong Kong: Health Care and Promotion Fund; 2000.