Empowering women's health: a rising priority

Claire Chenwen Zhong^{1,2}[#], PhD, MPhil, Junjie Huang^{1,2,3}[#], PhD, MSc, Mellissa Withers⁴, PhD, MHS, Martin CS Wong^{1,2,5}^{*}, MD, MPH

¹ The Jockey Club School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong SAR, China

² Centre for Health Education and Health Promotion, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong SAR, China

³ Editor, Hong Kong Medical Journal

⁴ Department of Population and Health Sciences, Institute for Global Health, University of Southern California, Los Angeles, United States

⁵ Editor-in-Chief, Hong Kong Medical Journal

Equal contribution

* Corresponding author: wong_martin@cuhk.edu.hk

Hong Kong Med J 2024;30:441–3 https://doi.org/10.12809/hkmj245175

Introduction

Women's health differs from men's health not only in biological and gender-specific aspects but also in societal and psychological dimensions, making it a crucial component of public health. The health of women and girls is particularly important because they often face disadvantages and vulnerabilities due to discrimination in many societies. In recent years, increased awareness of gender-specific health issues has underscored the need for comprehensive strategies to address women's health concerns, including reproductive health, cancer prevention, and care for elderly women. This editorial provides an overview of the unique health challenges faced by women in Hong Kong throughout various stages of life and examines interventions designed to improve health outcomes for women.

Reproductive health

Reproductive health is fundamental to women's overall well-being, encompassing all aspects of the reproductive system and its functions.¹ Health issues may arise at any stage of life, from menarche (the onset of the first menstrual period) to menopause. Multiple pregnancies, defined as the simultaneous presence of more than one fetus (eg, twins, triplets, or higher-order multiples), involve serious health risks.^{2,3} The perinatal mortality risk can be up to 7 times higher in twin pregnancies than in singleton pregnancies; risks increase further in triplet and quadruplet pregnancies.² Since the introduction of assisted reproductive technology in 1978, the prevalence of multiple pregnancies has risen worldwide.² A retrospective study analysing medical records from a university tertiary obstetric unit in Hong Kong showed that the prevalence of multiple pregnancies increased from 1.41% in the first decade (2000-2010) to 1.91% in the second decade (2010-

2019).² Despite this increase, the total mortality rate for multiple births significantly decreased, from 25.32 per 1000 births to 13.82 per 1000 births. This improvement has been attributed to advancements in antenatal care, enhanced treatment options, and reductions in preterm births.² These findings highlight the importance of continued research and targeted interventions in reproductive health to achieve better outcomes for women and infants.

Additionally, postpartum haemorrhage (PPH), a life-threatening condition characterised by excessive bleeding, is significantly more common in women with multiple pregnancies than in those with singleton pregnancies.⁴ A retrospective cohort study revealed a substantially elevated risk of severe PPH among women with twin pregnancies, particularly those who were obese, had conceived via in vitro fertilisation, or presented with placenta previa.⁴ Special attention must be given to pregnant women with these risk factors, including proactive preparations for the management of severe PPH to mitigate the risk of mortality. Enhanced monitoring and targeted interventions are essential for efforts to improve outcomes in this vulnerable population. Psychological morbidity is also frequently observed in pregnant women, particularly those experiencing threatened miscarriage.⁵ In a cross-sectional study of women in their first trimester, 48.4% to 76.7% reported distress.5 Notably, women with a history of miscarriage exhibited higher stress scores relative to those without such a history.^{5,6} Thus, early identification of women requiring additional psychological support, facilitated through psychometric instruments, is critical for improvements to maternal psychological well-being, which is also associated with better fetal outcomes.⁵

Moreover, pregnant women tend to be more vulnerable to communicable diseases such as coronavirus disease 2019 (COVID-19), more concerned about severe complications, and more fearful of vertical transmission to neonates; these tendencies impose additional psychological stress.^{7,8} According to a cross-sectional survey conducted in Hong Kong from 28 July 2020 to 13 August 2020, 83.1% of pregnant women expressed substantial concern about contracting COVID-19 during pregnancy, 70.5% feared intrauterine viral infection of their fetuses due to maternal COVID-19, and 84.3% opposed the ban on husbands accompanying their wives during labour and delivery.7 Governments and healthcare professionals should enhance public education to increase awareness of COVID-19related complications during pregnancy, enabling women to approach the situation with informed perspectives and reducing unnecessary stress.7 The provision of universal screening for pregnant women, a widely supported approach, represents another intervention to alleviate the burden of disease.7

In addition to health concerns during pregnancy, infertility remains a major reproductive health issue for women, affecting nearly one in six adult women worldwide.9 Although advancements in fertility preservation technologies have enabled many patients to conceive their own biological children, some individuals have been unable to undergo the ovarian stimulation required for oocyte or embryo freezing, including prepubertal girls who are ineligible for the procedure.¹⁰ Ovarian tissue cryopreservation serves as an ideal option for preserving fertility in these cases.¹¹ An in vivo study of nude mice demonstrated that grafted ovarian tissues remained viable after ovarian tissue cryopreservation and subsequent transplantation, supporting the implementation of this approach in Hong Kong.11

Cancer and ageing

Cancer is a leading cause of death among women, and breast cancer is the most prevalent type in Hong Kong.^{12,13} Early detection through risk-based screening programmes is essential for reducing breast cancer–related morbidity and mortality.^{14,15} In Hong Kong, the Cancer Expert Working Group on Cancer Prevention and Screening has reviewed and updated its breast cancer screening recommendations, introducing slight changes for women at moderate risk.¹² Women aged 44 to 69 years with increased breast cancer risk (eg, family history, benign breast disease, reproductive history, early menarche, high body mass index, and physical inactivity) are advised to consider biennial mammography screening after consulting their physicians.¹²

Advanced treatment plays an equally important role in managing breast cancer.¹⁶ Neoadjuvant chemotherapy (NAC), administered before definitive breast cancer surgery, reduces tumour size

and facilitates surgery for patients.¹⁷ Insights from a 12-year review of the Hong Kong Breast Cancer Registry demonstrated the effectiveness of NAC, supporting its application in patients with stage II or higher disease, as well as those with human epidermal growth factor receptor 2–positive (nonluminal) or triple-negative breast cancers.¹⁶ The use of NAC in Hong Kong nearly doubled during the 12-year period, increasing from 5.6% in 2006-2011 to 10.3% in 2012-2017.¹⁶

Early prevention of cancer through human papillomavirus (HPV) vaccination plays an indispensable role in women's health. Human papillomavirus vaccination is a safe and effective method for preventing cervical cancer, as well as other HPV-related cancers, including cancers of the anus, vulva, vagina, penis, and oropharynx.¹⁸ To improve vaccine coverage, the promotion of a gender-neutral vaccination programme within the school-based childhood immunisation framework is essential. A cross-sectional online survey in Hong Kong revealed that only 12.5% (63/503) of parents had consented to vaccination for their daughters.¹⁸ Parental misconceptions regarding vaccine safety and the ideal vaccination age represent major barriers that must be addressed to increase HPV vaccination coverage among children.¹⁸

As women age, they encounter unique health challenges, including an increased risk of osteoporosis, cardiovascular disease, and cognitive decline. Pelvic organ prolapse (POP) is a common health issue, reported by nearly 10% of the Chinese population.¹⁹ Increasing evidence supports surgical treatment over vaginal pessaries as a definitive intervention for POP. A recent multicentre retrospective study showed that POP surgeries were safe and effective for women aged ≥75 years in Hong Kong.²⁰ Additionally, there is a need to emphasise the importance of the Hong Kong Reference Frameworks in managing chronic diseases among elderly women.²¹ These frameworks provide evidence-based, standardised guidelines for primary healthcare professionals to assist patients in preventing and managing conditions such as diabetes mellitus, hypertension, and common musculoskeletal disorders.²¹

In summary, the growing recognition of women's health as a critical component of public health requires a comprehensive, evidence-based approach to implementing effective interventions that address the unique challenges faced by women at various life stages. This editorial has outlined prevalent health issues among women in Hong Kong and worldwide, emphasising the need for a multidimensional framework that integrates prevention, early detection, and effective treatment. Such an approach is essential to improve women's health outcomes in the future.

Author contributions

All authors contributed to the editorial, approved the final version for publication, and take responsibility for its accuracy and integrity.

Conflicts of interest

All authors have disclosed no conflicts of interest.

Acknowledgement

The authors acknowledge the literature search and review assistance of Mr Zehuan Yang, Research Assistant at the Jockey Club School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong.

References

- 1. Global Perspectives on Women's Sexual and Reproductive Health Across the Lifecourse. Cambridge International Law Journal; 2018.
- Lau SL, Wong ST, Tse WT, et al. Perinatal mortality rate in multiple pregnancies: a 20-year retrospective study from a tertiary obstetric unit in Hong Kong. Hong Kong Med J 2022;28:347-56.
- Sherer DM. Adverse perinatal outcome of twin pregnancies according to chorionicity: review of the literature. Am J Perinatol 2001;18:23-37.
- Kong CW, To WW. Risk factors for postpartum haemorrhage in twin pregnancies and haemorrhage severity. Hong Kong Med J 2023;29:295-300.
- Ip PN, Ng K, Wan OY, Kwok JW, Chung JP, Chan SS. Crosssectional study to assess the psychological morbidity of women facing possible miscarriage. Hong Kong Med J 2023;29:498-505.
- Farren J, Jalmbrant M, Ameye L, et al. Post-traumatic stress, anxiety and depression following miscarriage or ectopic pregnancy: a prospective cohort study. BMJ Open 2016;6:e011864.
- Lok WY, Chow CY, Kong CW, To WW. Knowledge, attitudes, and behaviours of pregnant women towards COVID-19: a cross-sectional survey. Hong Kong Med J 2022;28:124-32.
- Dashraath P, Wong JL, Lim MX, et al. Coronavirus disease 2019 (COVID-19) pandemic and pregnancy. Am J Obstet Gynecol 2020;222:521-31.
- World Health Organization. 1 in 6 people globally affected by infertility: WHO. Last modified April 4, 2023. Available from: https://www.who.int/news/item/04-04-2023-1-in-

6-people-globally-affected-by-infertility. Accessed 12 Dec 2024.

- Dolmans MM, Donnez J. Fertility preservation in women for medical and social reasons: oocytes vs ovarian tissue. Best Pract Res Clin Obstet Gynaecol 2021;70:63-80.
- 11. Chung JP, Chan DY, Song Y, et al. Implementation of ovarian tissue cryopreservation in Hong Kong. Hong Kong Med J 2023;29:121-31.
- 12. Tsang TH, Wong KH, Allen K, et al. Update on the Recommendations on Breast Cancer Screening by the Cancer Expert Working Group on Cancer Prevention and Screening. Hong Kong Med J 2022;28:161-8.
- Huang J, Chan PS, Lok V, et al. Global incidence and mortality of breast cancer: a trend analysis. Aging (Albany NY) 2021;13:5748-803.
- 14. Duffy S, Vulkan D, Cuckle H, et al. Annual mammographic screening to reduce breast cancer mortality in women from age 40 years: long-term follow-up of the UK Age RCT. Health Technol Assess 2020;24:1-24.
- Henderson JT, Webber EM, Weyrich MS, et al. Screening for breast cancer: evidence report and systematic review for the US Preventive Services Task Force. JAMA 2024;331:1931-46.
- 16. Chan YH, Kwok CC, Tse DM, Lee HM, Tam PY, Cheung PS. Preoperative considerations and benefits of neoadjuvant chemotherapy: insights from a 12-year review of the Hong Kong Breast Cancer Registry. Hong Kong Med J 2023;29:198-207.
- Shien T, Iwata H. Adjuvant and neoadjuvant therapy for breast cancer. Jpn J Clin Oncol 2020;50:225-9.
- Lam EW, Ngan HY, Kun KY, Li DF, Wan WY, Chan PK. Awareness, perceptions, and acceptance of human papillomavirus vaccination among parents in Hong Kong. Hong Kong Med J 2023;29:287-94.
- 19. Pang H, Zhang L, Han S, et al. A nationwide populationbased survey on the prevalence and risk factors of symptomatic pelvic organ prolapse in adult women in China—a pelvic organ prolapse quantification systembased study. BJOG 2021;128:1313-23.
- 20. Wong D, Lee YT, Tang GP, Chan SS. Surgical treatment of pelvic organ prolapse in women aged ≥75 years in Hong Kong: a multicentre retrospective study. Hong Kong Med J 2022;28:107-15.
- 21. Health Bureau, Primary Healthcare Commission. Reference Frameworks. Available from: https://www.healthbureau. gov.hk/phcc/main/frameworks.html?lang=2. Accessed 24 Nov 2024.