



**基督教聯合那打素社康服務**  
**UNITED CHRISTIAN NETHERSOLE COMMUNITY HEALTH SERVICE**

## **South Asian Health Support Programme Annual Report 2008/2009**



**Change for Healthier community – population based interventions**

Funded by the Community Chest



**Health is not merely the absence of disease but a state of complete physical, mental and social well-being. It is a resource for everyday live (WHO).**

Hong Kong's health indices rank among the best in the world. Unfortunately among the 5% of the population-the ethnic minorities, many still struggle to access basic services such as health care.

**High risk populations:**

Most of the recommendations about health screening and preventive activities are based on standard risk populations, largely because the research has been done on such groups. Most recommendations are made for the general population. However, as Hong Kong is becoming more multicultural in nature there is a need to recognize subpopulations within the general population that may have different risks of disease. Differences in risk may be based on genetic, lifestyle, or socio-economic factors. There are more and more evidence that South Asians are more prone to many non-communicable diseases such as cardiovascular diseases and some cancers.

Hence in 2007 United Christian Nethersole Community Health Service (UCN) started the South Asian Health support programme (SAHP) to fill in the gap.

**Our mission** is to improve health profile of South Asians in Hong Kong.

SAHP is a health promotion project targeting the South Asian community to enhance awareness about healthy lifestyle and chronic diseases, disseminate preventive health information, thus improving their health profile. In addition to merely health education, we also emphasise women's empowerment by building their self-esteem through health literacy and social inclusion. Health literacy means more than being able to read pamphlets and successfully make appointments. By improving people's access to health information and their capacity to use it effectively, health literacy is critical to empowerment.

We serve all men, women and children from the South Asian origin. Our services include training for women health advocate volunteers, health talks and workshops at community level and schools, community based health campaigns, screening for common chronic diseases (such as measuring blood pressure, blood sugar, body fat, cervical cancer screening test), mobile health exhibitions, home visits, newsletters with health issues and website in South Asian languages, building support network for women.

We work in partnership with the local South Asian community and intervene on a population base. We believe that teamwork, partnership and community involvement are keys to success.

## 2008/09 in Action,

2008/09 was our 2<sup>nd</sup> year of establishment and it was a year of an extraordinary growth for South Asian Health Support Programme(SAHP).SAHP has become a good connector regarding health needs of South Asians in Hong Kong. We have built network with non-governmental organizations, community centres, religious centres, schools through health training and conducted sharing regarding health needs with government departments and health care professionals from government hospitals.

### Health training and talks:

In 2008/09, we provided 6 health advocate training course reaching 165 South Asian women territory wide. The training focused on educating caregiver /women to tackle problems including:

- Women's health ( vaginal infections, cervical and breast cancer)
- Mental health including Post natal depression and maternal and mental health
- Prevention of chronic diseases such as hypertension and diabetes
- Child health and prevention of infectious disease
- Home safety and first aid
- Healthy lifestyle
- Oral health

Oral Hygiene talk at Sikh temple



Dietitian's talk at Chomolongma Multicultural Centre



Women's health talk at Hong Kong Society for the Protection of Children

**Health talks:** 33 health talks were done with an attendance of 865. The health talks focused on women's health and cancer prevention and prevention of chronic disease such as hypertension and diabetes.

## Rajinder and her family:

### Life course changed

Rajinder from India has been living in Hong Kong for more than 13 years with her four children and husband. She attended our health training at Sikh temple after hearing from her friend about health training conducted in her language. Despite of living in Hong Kong for 13 yrs she never had the opportunity to learn about healthy lifestyle. She said they always need to ask someone to go with them to the hospital and other places due to language problem. She was grateful for the opportunity to have screening for blood pressure, blood glucose, cholesterol and body fat. When she came to know that she had high body fat she started doing exercise. She said she used to do exercise occasionally, however after attending the training, she does exercise regularly. Every day when she brings her son to school she walks at least half an hour. She seldom prepares deep fried food at home, except when she has guests at home. Her daughter quickly interrupted 'yes nowadays she doesn't cook fried food and uses less oil while preparing'. She lives in Hong Kong island and came all the way to Kwun Tong to have her Pap smear as she did not know about it before and could not follow the instruction given in English/ Chinese at the government hospital. She said her husband recently encountered health



problems, so she is more cautious about healthy lifestyle. Our programme has changed her lifestyle and she and her family will continue to follow healthy living principles. She has been advising her neighbors to attend the programme and do health screening. She sometimes feels frustrated and worried that her friends ignore her. She requested us to continue our programme and urged us to reach to the places where there are many South Asians. Then she asked whether we have been to Mosque for the Pakistani women? We were touched by her sense of caring for others like her.

She brought along her 11 year old daughter for HPV (Cervical Cancer) Vaccine, which was donated by The Hong Kong Anti Cancer Society. She is thankful for it as she would not afford such an expensive vaccine. Her second daughter missed the opportunity because of younger age and wishes that she also could have it.

**“Despite of living in Hong Kong for 13 yrs she never had the opportunity to learn about healthy lifestyle.”**

## Community based health campaigns:

Many interrelated factors contribute to health, population based intervention seeks to promote healthy behaviors, control the determinants of incidence and achieve an overall lowering of the risk in the total population. In the year 2008/09, we conducted 7 outdoor health campaigns in partnership with different community groups in conjunction with certain South Asian festival celebrations.



Health booth Tai Mo San



Health booth Ma Lau Shan

Promoting health and well-being is a joint responsibility that everyone has a role to play.



Health booth Ma Lau Shan



Health booth Kowloon Park

In 2008/09, total of 4075 health screening for Hypertension, Diabetes and Obesity was done

**Women empowerment- women’s health day:** Many of the South Asian women face challenges even in surviving dignified life let alone accessing health services. South Asian health support program has organized a monthly women’s health day. Any South Asian women can walk in for a monthly mini health check. This has been an important platform for networking for some of the women, as this is one of the days where women from different South Asian community come together. We believe that it will increase their assets and attributes and build capacities to gain access, partners, networks and/or a voice, in order to gain control and helps them take their own decisions through informed choices. In the

2008/09, we had 11 women’s health day attended by 172 women.



**Celebration of International Diabetes Day (14<sup>th</sup> Nov) in collaboration with the trained volunteers**

South Asian Health Support programme organized series of World Diabetes day event from 15<sup>th</sup> Nov to 22<sup>nd</sup> Nov. The event “Eid, Diwali and World Diabetes day” sought to raise awareness about Diabetes and was organized in close collaboration with the South Asian health support programme trained volunteers. 15 volunteers participated.

During the opening event on 15<sup>th</sup> Nov at Wo Lok Community Health Centre over 170 South Asian women and children turned up. In addition to the Health talk on prevention of Diabetes, screening was done for 58 women.

The second event was on 16<sup>th</sup> Nov at Tai Mo Shan country park in collaboration with Nepalese community group (Miteri Sewa Samiti), which was attended by over 1000 people. The third and the last event was on 22<sup>nd</sup> Nov organized in collaboration with Chomolongma Multicultural Community Centre Yuen Long. In addition to health talk and screening, flu vaccination was also done for 97 South Asian women and children, most of these women had never heard about it before they attended our health training. About 120 people attended the event.



Volunteers in action (providing screening test during world diabetes day events)

## Healthy diet:

In collaboration with the community nutrition team the SAHP conducted several healthy diet talks. We had plans to produce healthy cooking guidelines for South Asians in Hong Kong, however we identified that there was indeed lack of knowledge even about the basic healthy diet food pyramid, hence we produced a set of tailor made, food pyramid magnets in Hindi, Nepali, Urdu and English. It is designed to be stuck on the refrigerator. 2000 pieces were produced, so far we have received overwhelming response.



## In addition we also held several healthy cooking classes:



In 2008/09 SAHP launched a website with health formation in South Asain languages. Please visit [www.health-southaian.hk](http://www.health-southaian.hk)

Pre and post KAP analysis

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Demographic background (155 women were invited for the study but only those who completed 75% of the training were included)

<b>Characteristic</b>	<b>Frequency n=91</b>	<b>%</b>
<b>Nationality</b>		
Nepalese	37	40.7
India	40	44.0
Pakistani	12	13.2
Others	2	2.2
<b>Age group</b>		
<20	1	1.1
20-30	17	18.7
31-40	41	45.1
41-50	11	12.1
51-60	9	9.9
>60	11	12.1
<b>Education level</b>		
Primary	37	40.7
Secondary	38	41.8
College	11	12.1
University	1	1.1
Uneducated	4	4.4
<b>Marital status</b>		
Single	4	4.4
Married	85	93.4
Divorced	1	1.1
Widow	1	1.1
<b>No. of children</b>		
0	5	5.5
1-2	42	46.2
3-5	38	41.8
>5	6	6.6

Majority of the women who attended our training were middle aged (31- 40 yrs old), with primary and secondary level education. 85% were married and over 90% had between 1-5 children.

Pre and Post KAP survey indicators 8

Variables	Pre KAP		Post KAP		Difference
	N = 91		N = 91		
	Frequen cy	Valid percent	Frequen cy	Valid percent	%
<b>Had Pap smear in last 12 months</b>					
Yes	30	33.0	57	62.6	29.6
No	56	61.5	33	36.3	-25.2
Unsure	5	5.5	1	1.1	-4.4
<b>Household consumption of fresh fruits</b>					
0	5	5.5	3	3.3	-2.2
1	46	50.5	39	42.9	-7.6
2	29	31.9	37	40.7	8.8
3	8	8.8	11	12.1	3.3
4	1	1.1	1	1.1	0
5	2	2.2	0	0	-2.2
<b>Household consumption of vegetables</b>					
0	0	0	1	1.1	1.1
1	18	19.8	10	11.0	-8.8
2	40	44.0	47	51.6	7.6
3	12	13.2	21	23.1	9.9
4	10	11.0	8	8.8	-2.2
5	11	12.1	4	4.4	-7.7
<b>Daily Walking Habit</b>					
<15mins	21	23.1	11	12.1	-11
15-29mins	29	31.9	33	36.3	4.4
30-44mins	20	22.0	26	28.6	6.6
=>45mins	21	23.1	21	23.1	0

We observed significant difference in uptake of Pap test, daily exercise habit and consumption of vegetables. However due to small sample size the result may not be as standard but it has definitely identified the need and the intervention was effective.

Several overseas researches have revealed that the prevalence of uptake of cervical cancer screening test among South Asian remains low despite of being prone to higher incidence of cervical cancer. Though there is no such research done in Hong Kong, since we started SAHP from 2007 we identified lack of knowledge about the mass cervical cancer screening programme introduced in Hong Kong.

Hence since we started our project in 2007 we did intensive promotion regarding the need for the Pap smear screening. In 2007 over 200 South Asian women had Pap smear screening test and in 2008 it increased to over 300.

### **Other highlights of 2008/09**

#### **Medical interpretation training:**

Many South Asians in Hong Kong tend to be prone to ill health, due to culture barrier, lack of social network and on many occasion language barriers plays a vital role. In 2007/2008 SAHP provided medical interpretation training to a group of South Asians who were likely to become interpreters.



**Training**



**On site practicum**

#### **Cervical cancer prevention vaccination:**

Cervical cancer vaccination is still unknown to most of the South Asians in Hong Kong. With the generous donation from the anti cancer fund we were able to provide 16 South Asian girls free vaccination.



**Many thanks to The Hong Kong Anti cancer fund**

#### **Intensive first aid training:**

Though there is no statistics about level of safety knowledge among South Asians in Hong Kong, during our home visits we observed lack of safety practice at many homes. Thus to prevent avoidable home injury and enable mothers to provide intensive first aid management at home we organized intensive first aid training to our 20 active volunteers.



**In 2008/2009 the SAHP did over 300 home visits with the intention to raise awareness about home safety consequently to reduce child injury.**

## **Funding**

Our programme is funded by the Community Chest. <sup>10</sup> Ongoing funding for several years is essential to sustain the project and make a long-term health promotion impact in this community.

## **Way Ahead:**

Despite a successful 2008/09, we cannot rest on our accomplishment because there are thousands of ethnic minority people in Hong Kong that we have not yet reached. As supporting vulnerable ethnic minorities is considered to be a complex issue because this group has different needs to the general population and can require considerable support to enable them to deal with health issues.

We require continuous resources and need an action-oriented optimism to change the ways of working and thinking.

From 2009 we have expanded our service to men and school children. We look forward in 2009 and beyond to further strengthening our health support for South Asian ethnic minority community.

## **Acknowledgement:**

Special thanks are given to (in alphabetical order):

All the dedicated staffs of United Christian Nethersole Community Health Service  
All the volunteers of SAHP without whom we could not have achieved more than we expected.  
Chomologma Multicultural Community Centre  
Christian Action  
Dr. CHOW Chun-bong (Princess Margaret Hospital)  
Dr. H. Bill Chan (United Christian Hospital)  
Dr. Poon Kin Hung (Tuen Mun Hospital)  
HK SKH Lady MacLehous Centre  
Ms. Shirley Chan (Race Relation Unit)  
Mr. Pang Kai Chung (City University of Hong Kong)  
Ms. Neelam Hiranandani (City University of Hong Kong)  
The Department of Health Oral Health Education Unit  
The Sikh Temple Hong Kong  
The Sathya Sai Baba Centre Hong Kong  
Tamu Association Hong Kong

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