



Healthy Mothers and Healthy (New) Lives in
Hong Kong: Contributions to Maternal and Fetal
Health by Traditional Knowledge Reinvented

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Abstract

Similar to many highly urbanized megacities in the world, currently Hong Kong has a low birth rate and is seeing an aging population. This is a very different picture from the Hong Kong 40 years ago, which was generally considered as a high point of economic progression and in turn the beginning of a solid sense of identity as Hong Kong citizens. 40 years on, due to social, political and economic changes we experienced, becoming a parent is no longer a preferred choice for many local citizens. Pregnant women are not a common sight and besides the governmental encouragement, in the community, specific care and attention to the wellbeing of mothers have been developed. In the presentation I am sharing some of the most recent examples such as (Buddhist) maternal meditation practices, and maternal healthcare offered by Traditional Chinese Medicine as assisting care throughout the pregnancy period.

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Amy LEE Wai Sum

Introduction

Let me start by sharing some basic facts about the medical care situation for pregnant women and the common practices of expectant mothers to maintain good health. Hong Kong's public healthcare system is western style, assisted by private hospitals and clinics of western medicine for those who can afford. The first government hospital opened in 1849, called the Government Civil Hospital (1849-1937), although most of the patients were Europeans and senior civil servants then. The first hospital for the general public opened by local organization is The Tung Wah Hospital in 1872 (14 February), although at the time local citizens still had not fully accepted western medicine.

At the same time, Traditional Chinese Medicine (TCM) has all along been an integral part of the city's healthcare support, although its role and its status has undergone quite a big transformation over the last 50 years or so. Chinese Medicine is now generally recognized as a more "natural" (because the ingredients in the medicine are taken from nature, most of which is plant-based) and a non-intrusive approach toward maintaining health, and now being actively promoted and researched in some of the best institutions in the world. In Hong Kong the operation of Traditional Chinese Medicine is regulated by the Chinese Medicine Council of Hong Kong (the Council), which was established on 13 September 1999, is a statutory body under the Chinese Medicine Ordinance. The Council is responsible for implementing regulatory measures for Chinese medicine practitioners and Chinese medicines. Although we do not have a Chinese Medicine Hospital yet, with an official body overseeing the operation of Chinese Medicine, the standards of Chinese medicine practitioners, their mode of practice, and Chinese medicine itself are all regulated officially. This not only endorses Chinese Medicine to be a useful component of the healthcare system in Hong Kong, but it also facilitates further research and continual development to better serve the changing needs of the community.

Perhaps some episodes of my family story can reflect the way Chinese medicine and Western medicine have been perceived and used in Hong Kong over the past generations. My maternal grandfather used to be a taxi-driver in Hong Kong. During his time (1950s and after) it would be a natural thing for him and his family to visit a government clinic (western style) when there were common complaints such as cold, cough, flu, and the like. My mother was born in Hong Kong in 1949, and she was born in a maternity home (as there were not enough beds in the specialized maternal hospital then), managed by registered midwives. I asked her recently about her experience with doctors when growing up, and she told me that she had made one and only one visit to a Chinese medicine practitioner in her entire life (she will be 70 this July), and that

was when she was pregnant with her first child (me). She married young, and had no idea what was wrong with herself when she felt chronically tired. A friend suggested going to see a Chinese Medicine practitioner who had some reputation, and no special disease or condition was identified. One of my father's friends noted that my mother walked with a stiff gait in a particular way, and said she must be pregnant and asked her to consult a western doctor instead. A simple test showed that she was indeed pregnant, and the failure of the Chinese medicine practitioner to note this confirmed her impression that Chinese medicine is not effective.

By the time I was born, it was normal for pregnant women to give birth in a hospital. My mother told me that I only cost 16 Hong Kong dollars – meaning that she only spent 8 nights at the Tsan Yuk Hospital (which was the first maternity hospital for the Chinese, opened in 1922) when I was born. My brother, who was born two years later, cost 18 dollars because he was too big a baby and the doctors detained my mother to ensure that there were no complications. I was quite a healthy child except for one sustained illness, and my memory of illness consist of plastic bottles of weird tasting colour fluid (usually cough syrups) and tablets of different sizes and colours. So with the establishment of more and more western style hospitals in the early decades of the 20th century, and from my own family story, we can see that ordinary citizens in post-war Hong Kong were already very comfortable with Western medicine as their health maintenance routine.

Yet at the same time Chinese Medicine has been present all along, although its role has changed with people's gradual acceptance of western medicine. While people will go to a western doctor for obvious complaints such as a fever, cough, stomach ache, a cold; they will seek help from Chinese medicine in occasions without any explicit symptoms, such as they feel a bit under the weather. When I was young, it was quite usual to hear people say that they need a bowl of hot herbal tea, because they are suffering from the “fire” arising from working too late, or eating too much fried or spicy food. In my childhood in the 1970s, herbal tea shops could come in two types, one was really just a shop selling freshly made hot herbal teas for immediate consumption, some may have packaged herbs for customers to take home and boil it themselves; the other type was more like a café selling herbal tea, with jukebox machines so that young people could spend sometime there and socialize. But no matter which type it was, herbal tea was an integral part of Chinese people's daily life. Another way Chinese medicine play a part in people's daily healthcare routine was through the Chinese style pharmacy. These pharmacies are the specialized places for selling herbs used in Chinese medicine. Usually there is also a Chinese medicine practitioner on duty, and after consultation, you can simply take the prescription given and collect the packets of herbs at the counter and go home to boil them. The most popular Chinese medicine clinics are run like western-style clinics now, but a small number of such traditional Chinese pharmacies still remain in some older residential area.

That was a very brief and general picture of how healthcare was maintained by two different systems complementing one another through the lives of previous generations in Hong Kong.

We see western medicine brought to the colonial city in mid-19th century, and slowly gained the local citizen's trust when public hospitals began to appear in the early decades of the 20th century, and post-war Hong Kong citizens were pretty much using western medicine as their primary choice of healthcare. Meanwhile, Chinese medicine remains firmly in the setting of everyday life, being accessible to most people, but losing in status as an "expert" solution for most of the medical problems citizens encountered. With the passing of the Chinese Medicine Ordinance, and the establishment of the Chinese Medicine Council, Traditional Chinese Medicine has regained the local citizens' trust and is now playing an important role in Hong Kong's healthcare, sometimes as a better choice, sometimes as an important complement to Western medicine. (acupuncture is proven to be effective in treating chronic pain, some types of allergies are also known to be much better handled with Chinese medicine, and it also play an important assisting role in helping cancer patients who are receiving chemotherapy).

Content

After this brief history of Hong Kong's healthcare development, I am coming to another focus of my presentation today: how traditional knowledge is crafting a role in contemporary Hong Kong society in healthcare, more specifically maternal and fetal health. In the following, I will share some observations about Traditional Chinese Medicine and Eastern Based Meditation Intervention (EBMI), which is a development from Buddhist Meditation, to show how traditional knowledge has reinvented themselves in a place (such as Hong Kong) which has relied on Western medicine as its primary healthcare resource.

Family planning was an important concept in post-WWII Hong Kong. The Family Planning Association of Hong Kong was established in 1950, then mainly to provide birth-control services to the community. In the 1970s, it successfully promoted the concept of small family through the famous "two is enough" slogan. Through the years with evolving needs from the community, new services were added (artificial insemination, youth sex education, menopause clinic) and by the end of 1990s, family planning no longer meant reducing birth, but helping more mature women with fertility issues. By 2010s the new slogan of family planning is "How Many is Enough?" to remind couples to plan early in order to pursue their fertility aspirations. (Just for your reference, the crude birth rate in Hong Kong has dropped significantly from 35.0 per 1,000 population in 1961 to 7.0 per 1,000 population in 2003, then raised to 13.5 per 1,000 population in 2011, and dropped to 7.7 per 1,000 population in 2017.)

Traditional Chinese Medicine (TCM)

I talked to TCM practitioners, and asked very simply what their role is. The answer is minimal. First of all, despite the generally respectable status enjoyed by TCM in Hong Kong, not many expecting mothers will specifically choose to consult TCM practitioners concerning their and the fetal wellbeing. On the other hand, even if a pregnant woman with some health conditions go to

see a TCM practitioner, many of them will not take the case especially if there is something seriously wrong. Pregnancy is a very complex condition, and most TCM practitioners will not take the risk of prescribing strong herbal medicine to pregnant women especially if the condition is deemed to be related to the baby.

Having said that, it does not mean that Chinese medicine has nothing to do with pregnancy. According to the TCM practitioners I talked to, in Hong Kong, they are very much engaged with preparation for pregnancy – helping potential mothers (and fathers) to nurture their own body so that it will be ready for the important task of providing a safe and nourishing environment for the coming baby. Once conception is successful, mothers will rely more on Western medicine for the actual monitoring of the process, although they may take both eastern and western style health supplements throughout pregnancy to maintain general good health. In my attempt to find useful data about Chinese medicine and pregnancy in Hong Kong, I came across an article about the use of Chinese medicine by pregnant women in Mainland China. A team of doctors in The First Affiliated Hospital of Sun Yat-sen University in Guangzhou did a study to learn more about a common practice by pregnant women: their self-medicating. It was commonly known that pregnant women in Mainland China use Chinese Medicine (in the form of Proprietary Chinese Medicine), but not much had been done to learn about the effects the related types of medicine have on the mother and the baby.

Although this article is not referring to the Hong Kong situation, I find it relevant because today the big cities in Mainland China are also primarily using Western medicine, although Chinese medicine similarly plays an inherent role in the healthcare maintenance of the community. The research team collected data using a questionnaire from the 1010 (out of 1822) mothers who delivered at the obstetric department of the First Affiliated Hospital of Sun Yet-sen University between March and August 2012. The average age was (30.0+/- 2.6 years old), and 11.2% use at least one type of Chinese medicine during pregnancy; 30.8% use only one kind, 54.9% use two kinds. The three most commonly used Chinese medicine are: Antai pills (34.5%), Xiaochaihu granules (27.4%), Shengxuening tablets (20.4%). (I am in no position to describe the effectiveness of these three medicine, and will only say that according to the Chinese medicine practitioners I talked to, they are pretty standard and mild health supplement-kind of medicine.)

Generalizing from the data obtained through the questionnaire, those who choose to use Chinese medicine share certain factors: regular prenatal care, high income, diseases before or during pregnancy, pregnancy complications, hospitalization history, and infertility history. Other factors such as marital status, BMI, parity, education, smoking, and alcohol consumption during pregnancy showed no significant differences. (Ginger, garlic, spices are not included in this research because they are also common items used for food seasoning in China, although their nutritional value and effects as medicine are considered common knowledge in the culture.) The research team thus confirmed that pregnant women in that region did self-medicate themselves using Chinese medicine. The issue for doctors is that there is a lack of research showing how the medicine will affect the baby, and it is also unethical to conduct such experiments. (Chen et al.)

Another direction in which Traditional Chinese Medicine is contributing to contemporary maternal health is seen in Dr. Zhang's paper on using health theory (body constitution theory) as a method of helping to diagnose and treat illness or complaints of Chinese pregnant women during the gestation period. The study was a preliminary one to indicate that from experience, the use of a body constitution theory in the context of Chinese medicine can help facilitate diagnosis of the common physical conditions appearing in pregnant Chinese women. Prof Wang Qi of Beijing University of Chinese Medicine (est 1956) is famous for his proposal of a body constitution theory in 1995. He has categorized body constitution into 9 types, based on Chinese Medicine criteria. The categorization of these 9 types of body constitutions helps to understand different body constitution's' susceptibility to certain illness, to be followed by a programme to monitor these body types to enhance general health, as well as take precaution against the common tendency of illness.

In Chinese medicine, the body constitution is a manifestation of the combined inherited qualities and the basic conditions acquired after birth. This constitution is demonstrated as the relatively consistent and combined characteristics of one's structural form, physiological functions, and psychological conditions. In the process of life, these characteristics are reflected in certain specific formal features, physiological qualities, adaptability to natural and social environment, the ability to resist illness, susceptibility to certain causal factors, and the tendency and direction in the pathological process.

The special contribution this theory has to maternal health is the identification of most prevalent body constitutions types of pregnant women in a region. In the paper, the most prevalent three types are: yinxu (lacking in feminine nourishment, tanshi (overloaded fluids), shiri (overheated-fluids). These constitutions match the condition of pregnancy, as well as usual habits of women living in the southern region of China, their habitat, daily life practices, diet and so on.) Noting these prevalent body constitution types in pregnant women of a region will help doctors recommend health maintenance regimes as well as medical treatment should any illness occur during pregnancy.

Perinatal Eastern Based Meditative Intervention (EBMI)

Another traditional knowledge reinventing itself to play a part in contemporary Hong Kong's maternal healthcare is a programme proposed by a local obstetrician Dr. Chan Ka Po. Although trained in the tradition of Western medicine, his encounter with Buddhism and some of the religion's practices inspired him to apply Buddhist meditation practice to enhance maternal health, which is proven to have created a good environment for long-term fetal health as well. In proposing this Perinatal Eastern Based Meditative Intervention (EBMI), he is referring to another concept in traditional Chinese belief about mother and child relationship: Taijiao/ Fetus Education. The term Taijiao first appeared in Chinese in the Han Dynasty, and at the time it was

a moral and behavioral code to be observed by pregnant women. The code of behavior was created because it was believed that the mother's experiences would somehow be communicated to the baby in her body, referred to by some as "prenatal education", but Dr. Chan suggested Fetus Education (P. 70).

This traditional Chinese concept of Taijiao is well supported by 21st century discoveries about the fetus: e.g. baby has pre-natal memory, the fetus is capable of learning. Scientific findings show that the fetus already has 7 intelligences (language, music, mathematical logic, spatial intelligence, bodily-kinesthetic intelligence, personal intelligence: intrapersonal, personal intelligence: Interpersonal). To nurture these intelligences and to cultivate a physically, mentally, and emotionally healthy baby, the Taijiao programme can include Music Taijiao, Linguistic, Nature, Aesthetic, Imagination, Touching, Light, Diet and Taste, Exercise, and Emotional. All these are aiming at creating an Optimal Environment (for the pregnant woman) and in turn the baby.

To test the effectiveness of EMBI, Dr. Chan conducted a research on Chinese pregnant women in Hong Kong in 2007. Seven psychoeducational classes have been offered between September 2007 and January 2009 at Obstetric Unit, Queen Elizabeth Hospital, Hong Kong. 64 pregnant Chinese women were recruited for intervention and 59 were for control in a quantitative study. 43 pregnant Chinese women in the intervention group were recruited for qualitative research. Quantitative results found statistically significant increase in positive appraisal ($p < 0.05$) and difference in evening salivary cortisol during postpartum period ($p < 0.05$) in the intervention group suggest positive effects of EMBI on maternal health. Cord blood cortisol level of babies was higher in the frequent practice group ($p < 0.01$) and interventional group ($p < 0.05$) indicates positive health statuses of the newborns which verifies the hypothesis that maternal health can influence foetal health. Carey Infant Temperament Questionnaire showed that the infants of intervention group have better temperament ($p < 0.05$) at sixth month reflects the importance of pregnancy health in relation to child health. Qualitative reports expand upon the quantitative findings, with the majority of participants reporting the importance of spiritual health and spiritual empowerment in pregnancy. They reported perceived benefits from all aspects of health after EMBI.

Conclusion

In this presentation, I have shared with you the interesting relationship between Western Medicine and Chinese Medicine in Hong Kong, especially in their complementary roles in the enhancement of maternal and foetal health across generations. Despite the primarily western style healthcare system operating in Hong Kong, traditional knowledge such as Chinese Medicine and Buddhist Teachings have re-invented themselves to participate in this system.

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