Biasses and Determinants of Health in the Hong Kong Healthcare System

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Abstract

This report discusses determinants of health in Hong Kong, emphasising their significance and the need for understanding their impact on the overall well-being and healthcare of the population. The study employed an online survey methodology to investigate various factors affecting health in Hong Kong. The key goal was to gather comprehensive information on the health determinants prevalent in Hong Kong, aiming to identify key factors that significantly impact health outcomes and provide insights on what could be done to improve Hong Kong's healthcare in the future. The key findings suggest that factors such as gender, income, education level and overall patient satisfaction in the healthcare system significantly contribute to health issues and patients in Hong Kong. These findings underscore the importance of addressing these determinants to improve public health outcomes and promote a healthier society. This will prevent any future suffering or misunderstanding. Future research should focus on exploring targeted interventions and policies to mitigate these health disparities and enhance overall well-being and healthcare access in Hong Kong.

Keywords: health, income, gender, education, age, poverty

1. Introduction

Less than half of the people in the world have access to essential health services every year[1]. As a result, factors such as: income, age, gender, education, and socioeconomic status play an important role in public healthcare. Different age groups have distinct health needs and face unique challenges in accessing healthcare. For example, children may require paediatric care and vaccinations, while older adults may need specialised geriatric services. Income level often determines the affordability of healthcare. Higher-income individuals typically have better access to private healthcare options, health insurance coverage, and the ability to pay for out-of-pocket expenses, while lower income levels don't. Education also plays a role in health literacy and understanding healthcare systems. Individuals with higher levels of education tend to have better knowledge about preventive care, disease management. Those with higher socioeconomic status generally have better access to healthcare due to financial resources, education, and social networks. I will be looking at the challenges of Hong Kong's public health system and the factors that affect it in more detail.

Hong Kong is a bustling metropolis with a population of over 7 million people [2]. Although survey optimal health is seen as a priority in Hong Kong, this notion frequently does not convert into preventative action. Hong Kong has a mixed health-care system with both public (i.e, the government) and private sectors providing health care. It prides itself on providing a highly subsidised health care through general taxation and revenues for its citizens based on the principle that "no one should be denied adequate medical treatment due to lack of means"[3].

The bed-to-population ratio is 5.5 beds per thousand population, the third highest in Asia. Hong Kong's total expenditure on healthcare amounted to US$22.7 billion or 6.2 percent of GDP in 2020, which is among the highest in Asia[4]. In addition, although the significant government subsidies make medical services in the public sector generally affordable and accessible to all local residents with no or minimal copayment, a Hong Kong population-based household survey. A study[5] found that up to 8.4% did not seek medical care due to lack of financial reasons meaning they were more likely to be income-poor and sicker. This is

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evidence to show how access to healthcare is a big problem in Hong Kong.

2.1 Survey Method

A 10-part questionnaire on google forms was created, encompassing a mix of short, long, and open-ended questions. It was distributed among acquaintances, with a request to spread the word, aiming to collect a diverse range of responses. Subsequently, all the gathered data was carefully organised and compiled into a Microsoft Excel spreadsheet. Each section of the questionnaire was categorised appropriately within the spreadsheet to facilitate analysis.

By categorising the data, it became possible to count the responses based on specific subcategories, such as income. This allowed for a more detailed examination of the data and a deeper understanding of the trends and patterns that emerged. To visually represent the data, statistical tests, for example: a scatter plot diagram and histogram were created, providing a visual representation of the distribution and relationships within the dataset. I then used linear progression to get the r squared value on the graphs.

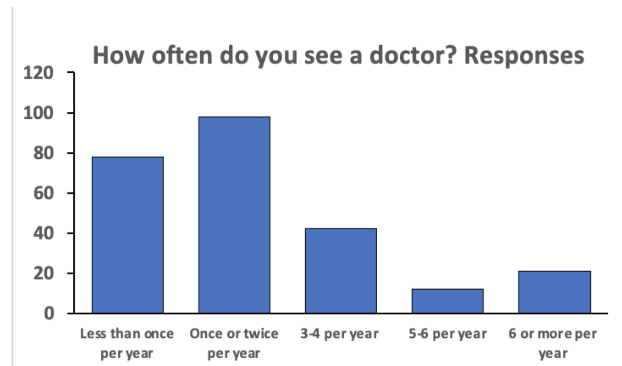
Upon analysing the data, various insights and observations were made. The scatter plot diagram helped identify any potential correlations or trends between different variables, while the histogram provided a clear visualisation of the frequency distribution within a particular category. These analytical tools allowed for a comprehensive examination of the collected data, enabling a better understanding of the underlying patterns and relationships.

This survey aimed to explore and assess patient's satisfaction levels in healthcare. My questionnaire included two long response questions and multiple short answered and multiple choice questions. The point of asking these questions was to see if people in Hong Kong felt disparities in where they live and if they believed that the healthcare system was fair or not. Sampling over 200 people allowed me to get a range of responses. By gathering valuable insights, I seek to identify the factors that contribute to biases in healthcare as well as discussing potential areas for improvement.

I surveyed participants using a series of qualitative and quantitative questions. Questions asked ranged from 'how long did you wait after booking a visit?' to 'on a scale of 1-5, do you think the minimum wage in Hong Kong is fair? ($37.5 HKD).' After gathering all the results, I placed the quantitative data into a histogram to see the wide spread of distribution of our results. I then compared age with other qualitative factors, such as income or education level in a scatter plot and saw if there was a correlation or not.

2.2 Survey Results

My sample was quite representative of the female population but not representative of the male population. My sample had 72.9% female 24.3% male out of 251 people. This is an example of the survey respondents I got for the question 'how often do you see a doctor?'



The frequency with which individuals see a doctor was also measured. The survey asked participants 'how often do you see a doctor?' and the options were: less than once per year, once or twice per year, 3-4 times per year, 5-6 times per year and 6 or more times per year. Most people said 1-2 times per year and fewer people visit the doctor 5+ times a year. For those with excellent access to healthcare, such as individuals with comprehensive health insurance coverage and proximity to medical facilities, they may have the opportunity to see a doctor on a regular basis even when they are just going there for checkups. On the other hand, individuals with limited access to healthcare may face challenges in accessing regular medical care. This could be due to a lack of health insurance, financial constraints, or living in remote areas where healthcare services are scarce. As a result, they may only seek medical attention when their health condition becomes severe or unmanageable, leading to delayed diagnosis and treatment. In the responses, many people visit the doctor 1-2 per year which could show that people in Hong Kong don't feel the need to spend their money on frequent checkups.

The question "How often do you see a doctor?" was included in the questionnaire as part of a broader measurement of social determinants of health. Understanding the frequency of doctor visits is crucial in assessing healthcare access and utilisation, which is an important aspect of social determinants of health. By examining how often individuals

seek medical care, I was able to gain insights into people's healthcare-seeking behaviour, potential barriers to accessing healthcare services, and the impact of these factors on overall health outcomes. This question helps shed light on the intersection between social determinants of health and healthcare utilisation, providing valuable data for my research paper.

3.1 Poverty - Global

Poverty is a widespread problem in the world that significantly affects public health. Lack of access to essential resources like safe drinking water, food, and healthcare can result in a variety of health issues[6]. In addition, infectious diseases like tuberculosis and HIV/AIDS, as well as chronic illnesses like diabetes and hypertension, are more common in areas of poverty[7]. Environmental dangers that affect those in poverty frequently include air pollution and poor sanitation, which can also make health issues worse[8].

When it comes to getting the care they need and accessing healthcare, impoverished people frequently encounter considerable obstacles. Individuals may find it challenging to pay for healthcare services out of pocket or afford health insurance due to financial restrictions. Lack of preventive care, a delay in diagnosing health issues, and restricted access to therapies and medications might result from this[9]. Furthermore, people who live in poverty may have other difficulties that limit their capacity to get healthcare in addition to financial ones[10]. For those who reside in remote areas or do not have access to reliable transportation, transportation can be a major problem and having trouble communicating with healthcare practitioners due to language hurdles and cultural differences might also result in misconceptions, and ineffective treatments[11].

Poverty can also have a significant impact on an individual's overall health and healthcare experience. In the world, 719 million people live in poverty. That is 9.2% of the world's population. People living in poverty are more likely to experience chronic stress, and malnutrition, hence why there needs to be a better healthcare system globally to sort out this issue and help those less privileged get the healthcare they need[12].

3.2 Poverty - Hong Kong

One of the most significant biases in the Hong Kong health system is socioeconomic bias. People from low-income areas in Hong Kong may face barriers when accessing quality healthcare services due to financial constraints. This can result in inadequate and unfair treatment leading to poorer health outcomes. The government data indicates that roughly 1 in 5 residents of Hong Kong are poor, with many having difficulty paying for bare needs including housing, food, and medical care[13].

When trying to receive healthcare, Hong Kong's poor frequently confront considerable obstacles. Even though the government offers a steeply subsidised public healthcare system, people who are poor still find it difficult to pay for medical expenses including medication, diagnostic procedures, and specialist care[14].

Healthcare in Hong Kong is provided through a dual-track system consisting of public and private healthcare sectors[15]. The public healthcare system is heavily subsidised by the government and provides affordable healthcare services to the majority of the population. The private healthcare sector, on the other hand, offers a wider range of services but tends to be more expensive making it even harder for poorer individuals to pay for the care they need with visits costing thousands of Hong Kong dollars per visit (around 128 USD).

Furthermore, discrimination and stigmatisation may be experienced by many Hong Kong residents who are poor at healthcare facilities. Some healthcare professionals could have unfavourable attitudes towards those who are poor, which would result in unfair treatment and a lack of concern for their medical requirements. This might result in a lack of faith in the medical community and a reluctance to seek treatment when necessary.

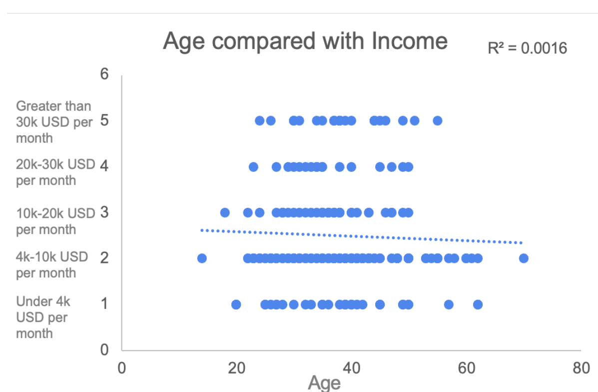
Poverty in Hong Kong can have a substantial impact on a person's general health and well-being in addition to healthcare. Food insecurity, substandard housing, and restricted access to chances for education and employment can be problems for people who live in poverty. These elements can raise the chance of long-term stress, nutritional deficiencies, and exposure to environmental dangers, all of which can result in a variety of health issues[16]. For instance, poor housing conditions can lead to the spread of respiratory and infectious diseases, especially in children and the elderly. Malnutrition has a higher risk of developing chronic diseases

like diabetes and hypertension can result from food instability[17].

Efforts are being made to address these issues and improve access to healthcare for people living in poverty in Hong Kong. This includes initiatives to provide more affordable healthcare services and increase access to health education and preventive care. However, significant challenges remain, and addressing poverty and inequality in Hong Kong is crucial for ensuring that all individuals have access to the healthcare services they need to maintain good health and well-being[18].

3.3 Poverty - Survey Results

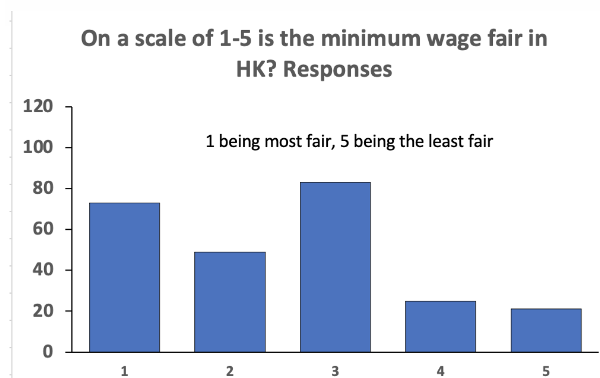
In my survey out of 252 people, more people tend to visit the doctor 1-2 times a year and less people visit 5-6 times per year. I asked the sample what their monthly income was and the answers were split into categories: Under $4400 a month, $4400-$10,000, $10,000-$20,000, $20,000-$30,000, and greater than $30,000 per month (USD). 14.1% said under 4k, 53.7% said between 4k-10k, 14.5% said 10k-20k, 6.2% said 20k-30k and finally 11.5% said greater than 30k. Although our sample may not be representative of the whole of Hong Kong, it does show that people who have a higher income tend to visit the doctor less. One possible explanation for this is because individuals with higher incomes may have better access to preventive care and healthier lifestyles, which may reduce their need for medical interventions. Additionally, individuals with higher incomes may have greater access to health information and resources, allowing them to better manage their health and prevent illnesses.



For age compared to income, the r squared value is 0.0016. There is no correlation because the r squared value is below 0.5 and the diagonal line shows the results are correlated with each other. This shows that age does not necessarily reflect how much income you earn.

This income question was split into different categories so that our participants could choose easily. From the bar chart, we can tell that the most common net income is around $4400-$10,000 USD a month with over 115 responses and the least common is between $20,000-$30,000 USD a month with just 17 responses. There is a wide distribution of responses that show the variety of income people in Hong Kong have. It seems that the majority of people earn similar incomes possibly because there may be specific industries or occupations that earn the same range of money.

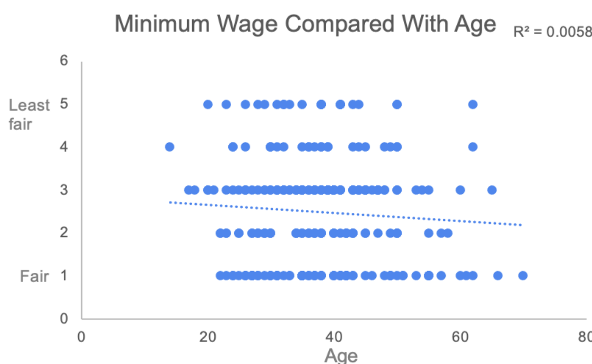
The question regarding participants' income levels was included in this research paper because income is a fundamental factor that influences individuals' access to resources, opportunities, and overall well-being. By asking participants to disclose their income levels, I was able to examine the relationship between income and health outcomes. This information helps identify potential socioeconomic disparities in health and sheds light on how income influences access to healthcare services, nutrition, housing, education, and other social determinants that impact health.



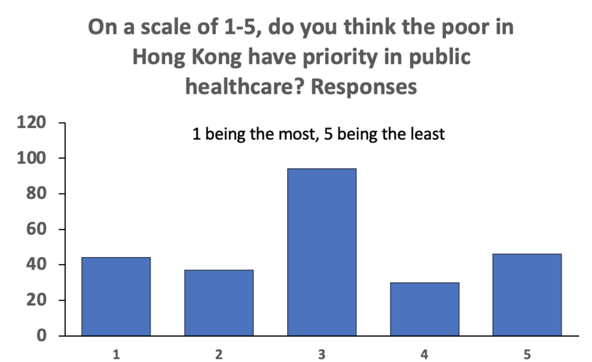
Next, I gathered all the responses for people's scale on 1-5 of whether they think the minimum wage in Hong Kong is fair.

1 meant fair and 5 meant least fair. The most common answer was the neutral answer of 3 and the least common was 5. Surprisingly, people in Hong Kong felt that the minimum wage of $37.5 HKD (around $4.7 USD) per hour is fair. This was surprising considering it is one of the lowest minimum wages around the world. For example, in the US the minimum wage is $56.71 HKD per hour ($7.25 USD) and in England it is $100.42 HKD ($12.72 USD). This shows culture differences or opinions that are different amongst Hong Kong people. In other parts of the world, we may not see this result and could be significantly contrary.

The question "On a scale of 1-5, do you think the minimum wage in HK is fair?" was included in this research paper as part of the assessment of social determinants of health. The minimum wage is a crucial factor that directly impacts individuals' socioeconomic status and overall well-being. By asking participants to rate their perception of the fairness of the minimum wage on a scale, I can gather valuable insights into individuals' perspectives on income inequality, economic justice, and the potential impact of wage policies on health outcomes.

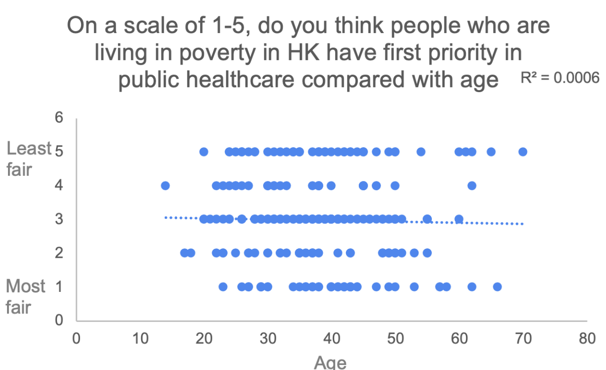


Minimum wage compared with age had an R squared value of 0.0058. The diagonal line decreased slightly as age progressed, however there still is no correlation between the minimum wage earnt and age.



Lastly, I asked participants on a scale of 1-5, whether they think the poor in Hong Kong have first priority in public healthcare. 1 being yes, the poor should have priority, and 5 being the least prioritised. Most respondents again voted 3, the neutral answer, however between the rest of the numbers we see pretty similar results ranging between 30-46 responses. In addition, It is significant how the number of people who answered 1 was 44 and the number of people who voted 5 was 46. This was the closest number of respondents, yet they are completely on opposite sides of the scale. This shows the mixed opinions people have. Some may believe that individuals who are economically disadvantaged often face greater barriers to accessing essential services, including healthcare, while some might emphasise personal responsibility and argue that individuals should bear the consequences of their choices and actions.

The question "On a scale of 1-5, do you think the poor should have priority in public healthcare?" was included as a crucial aspect of addressing health disparities and promoting social justice. By asking participants to rate their opinion on whether they are economically disadvantaged, I can gain insights into public attitudes towards healthcare allocation and the prioritisation of resources.



There is clearly a strong positive correlation between age and people's responses on fairness. The dotted line is straight, which shows that the r square is relatively low. If the r square value was high, the dotted line would be more diagonal and obvious. My R square value is 0.0006 for this response which shows that it is low (below 0.5). This shows there is no correlation between age and whether people think people in poverty in HK have first priority in public healthcare.

Upon comparing the results of my study with previously published findings available online, notable similarities and differences have emerged. In terms of the relationship between income and health outcomes, my study aligns with existing research indicating a strong correlation between

higher income levels and improved health status[19]. Both our studies and the published results consistently demonstrate that individuals with higher incomes tend to have better access to healthcare services, higher rates of health insurance coverage, and improved overall health outcomes. In addition, men tend to face less disparities in public healthcare.

Furthermore, previously published results extensively discuss the impact of income inequality on health outcomes at a population level[20]. They highlight the detrimental effects of income disparities on overall health and emphasise the importance of addressing socioeconomic inequalities to improve population health. Social group differences within countries are also often substantial. In India, for example, individuals from the poorest quintile of families are 86% more likely to die than are those from the wealthiest fifth of families, even after accounting for the influence of age, gender, and other factors likely to influence the risk of death[21]. In contrast, my study focuses on individual-level income and its association with health outcomes particularly in Hong Kong, providing a more nuanced understanding of the relationship between income and health within our specific sample.

4.2 Age - Global

Age is an important factor when it comes to health and healthcare access, with older adults generally experiencing a higher burden of chronic health conditions and requiring more frequent healthcare visits. In many countries, healthcare utilisation increases with age, with older adults making up a significant proportion of healthcare visits. In a study conducted in the United states, it was found that individuals aged 65 and over accounted for over 35% of all hospitalizations and emergency visits in the country[22]. Similarly, a study conducted in Canada found that individuals aged 65 and over accounted for over 40% of all physician visits in the country[23].

The higher healthcare utilisation among older adults can be attributed to a range of factors including the higher prevalence of chronic health conditions such as diabetes, heart disease, and arthritis among older populations. Not only that but older adults may require more frequent healthcare visits for preventive care as well as management of age-related conditions like dementia or mobility issues.

However, while older adults may require more frequent healthcare visits, there are also significant barriers to healthcare access that can impact their ability to receive appropriate care. These barriers can include financial constraints or even limited transportation options. Efforts are being made globally to address these barriers and improve healthcare access for older adults. This includes initiatives to increase access to preventive care and chronic disease management. Additionally, promoting age-friendly healthcare environments that are sensitive to the unique needs and preferences of older adults can help to reduce age-related stigma and discrimination and improve healthcare outcomes for this population[24].

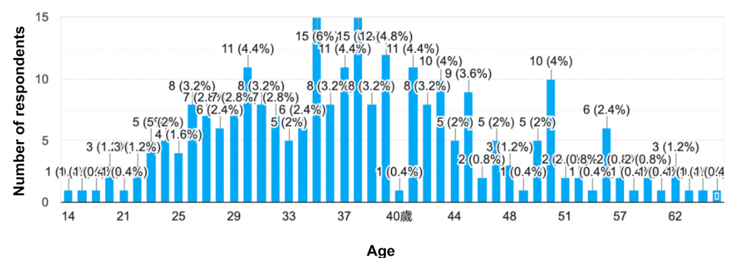
4.1 Age - Hong Kong

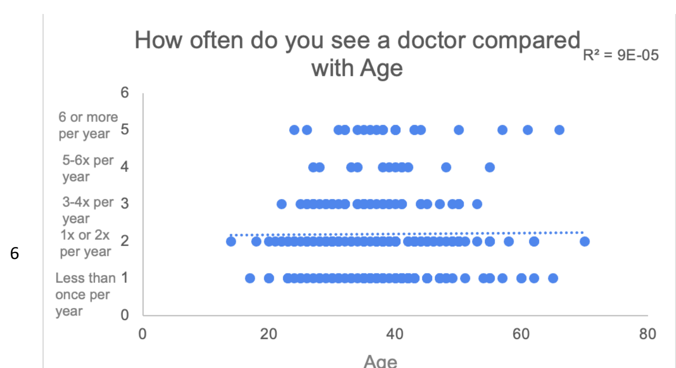
In Hong Kong, age is also a significant factor when it comes to healthcare access and utilisation. As in many other countries, older adults in Hong Kong generally require more frequent healthcare visits and have a higher burden of chronic health conditions. According to government statistics, individuals aged 65 and over account for a significant proportion of healthcare utilisation in Hong Kong, with over 40% of all hospital admissions and over 50% of all outpatient attendances in public hospitals in 2019[25].

However, while older adults in Hong Kong may require more frequent healthcare visits, there are also significant barriers to healthcare access that can impact their ability to receive appropriate care. These barriers can include financial constraints since medical fees are more costly on average. Not enough is being done in Hong Kong, therefore I believe the government should start providing a range of subsidies and support programs for older adults to help them access healthcare services and maintain good health and well-being. In the survey, age ranged from 14 all the way to 70.

4.3 Age - Survey Results

My sample included people ranging from age 14 all the way to age 70.





How often do you see a doctor compared with age has no correlation with the r squared value of 9E-05 which is extremely low. We don't need to consider this correlation because we know for sure there is no correlation.

In light of the findings I have discovered, there is a compelling connection between age and health disparities, indicating that as individuals grow older, their overall health tends to decline. This was an obvious finding for me, but these corroborating studies shed light on the reality that ageing is often accompanied by a higher susceptibility to various health conditions and challenges. In addition, ageing does not necessarily affect the disparities faced in healthcare.

5.1 Education - Global

Education level can have a significant impact on healthcare access and treatment fairness globally. Individuals with higher levels of education tend to have better access to healthcare services and are often better able to navigate the healthcare system, leading to more equitable healthcare outcomes. In contrast, individuals with lower levels of education may face significant barriers to healthcare access, including limited health literacy and inadequate healthcare resources[26].
One of the main ways in which education level affects medical treatment fairness is through health literacy. Health literacy refers to the ability to understand and navigate the healthcare system, including accessing and utilising healthcare services. Individuals with higher levels of education tend to have better health literacy, which can lead to better healthcare outcomes and a more equitable distribution of healthcare resources[27].

In addition to health literacy, education level can also impact healthcare access through socioeconomic factors such as income and occupation. Individuals with higher levels of education tend to have higher-paying jobs and better access to healthcare insurance, making it easier for them to afford necessary healthcare services. In contrast, individuals with lower levels of education may be more likely to work in low-wage jobs without healthcare benefits, making it more difficult for them to access necessary healthcare services[28].

Furthermore, education level can also impact healthcare outcomes by influencing health behaviours. Individuals with higher levels of education tend to engage in healthier behaviours, such as regular exercise and healthy eating, which can reduce the risk of chronic health conditions such as diabetes, heart disease, and cancer. In contrast, individuals with lower levels of education may be more likely to engage in unhealthy behaviours such as smoking and excessive alcohol consumption, which can increase the risk of chronic health conditions and lead to poorer health care outcomes[29].

There is evidence to suggest that individuals with higher levels of education tend to have better healthcare access and utilisation, with higher rates of preventive care and lower rates of chronic health conditions

We see this in studies because according to a study published in the Journal of Health and Social Behavior, individuals with higher levels of education are more likely to have health insurance and to use preventive healthcare services such as cancer screenings and vaccinations[30]. In addition, individuals with higher levels of education tend to have lower rates of chronic health conditions such as diabetes, heart disease, and hypertension, which can reduce costs[31].

Lastly, individuals with higher levels of education tend to have better healthcare outcomes, including lower rates of mortality and morbidity[32]. This shows that they tend to have better access to healthcare services, including preventive care and chronic disease management.

5.2 Education - Hong Kong

It is no surprise In Hong Kong, education level is also a significant factor when it comes to healthcare access and availability. According to government statistics, individuals with higher levels of education tend to have better healthcare outcomes compared to those with lower levels of education[33].

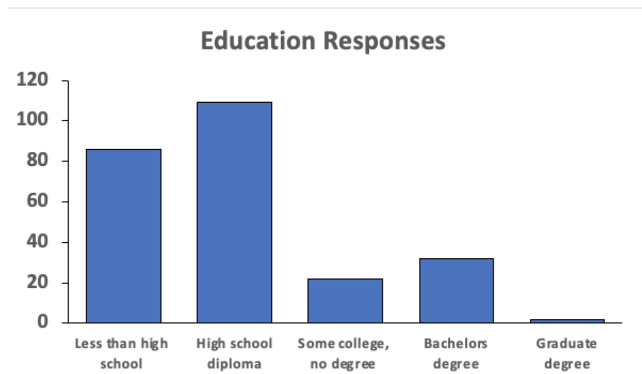
A study conducted by the Hong Kong Census and Statistics Department found that individuals with tertiary education in Hong Kong were more likely to have health insurance coverage and to use healthcare services compared to those with lower levels of education[34]. In addition, individuals with tertiary education were more likely to have regular healthcare visits and to receive appropriate medical treatment for chronic health conditions.

Furthermore, individuals with lower levels of education in Hong Kong face significant barriers to medical care, including limited health literacy and inadequate healthcare resources. For example, a study conducted by the Hong Kong Society for Rehabilitation found that individuals with disabilities in Hong Kong, many of whom have lower levels of education, face significant barriers to accessing healthcare services, including physical barriers in healthcare facilities and a lack of accessible healthcare information[35].

Efforts are being made in Hong Kong to fix this issue, including initiatives to increase health literacy and promote healthy behaviours, as well as efforts to improve healthcare accessibility for individuals with disabilities and other marginalised populations.

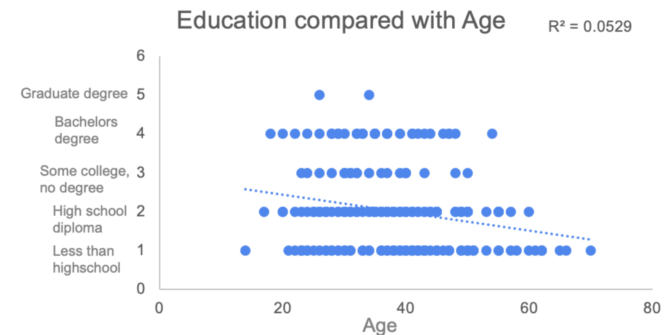
5.3 Education - Survey Results

Participants were asked ‘what is the highest degree you completed?’ and had the option to choose from: less than high school, high school diploma, some college/ no degree, bachelor's degree and graduate degree. From my responses, I found that 33.5% completed less than highschool, 43.8% completed high school, 8.8% completed college with no degree, 12.7% completed a bachelor’s degree and only 1.2% had a graduate degree. These were surprising results considering more people had not attended college compared to those who did. Although my sample was gender biassed and more representative of the female population, it could be considered that many people in Hong Kong had limited access to education. This could be because of socioeconomic status, cultural and social barriers and even gender. If I had sampled more males, then maybe the results would have been different.



Education is split into different categories again. It is interesting to see that most of the respondents had only gotten a high school diploma or completed less than high school. The fewest number of people had a graduate degree which is surprising considering people with more education tend to have better access to healthcare. Low education can significantly impact an individual's ability to access healthcare services. Without a proper education, individuals may lack the necessary knowledge and skills to navigate the complex healthcare system, understand their health conditions, and make informed decisions about their care. Limited education can lead to a lack of awareness regarding available healthcare resources, preventive measures, and treatment options, however it seems that people in Hong Kong aren’t affected by limited education. People with a lower education than others seem to have plenty of access to Hong Kong as clearly shown from the results.

For level of education compared with age. The R square value is 0.0529 which is again, below 0.5 which is relatively low. The dotted line is fairly straight, which shows there is a weak correlation. This shows that there is somewhat a correlation between education and age, the only graph to show somewhat of a correlation.



Connecting personal data to published data on education results can offer valuable insights and contribute to a more comprehensive understanding of educational outcomes. Adults with higher educational attainment live healthier and longer lives compared with their less educated peers[36]. In addition, during the past several generations, education has become the principal pathway to financial security, stable employment, and social success[37]. At the same time, American youth have experienced increasingly unequal educational opportunities that depend on the schools they attend, or the neighbourhoods they live in[38]. This linkage can facilitate the evaluation of educational interventions, and policies leading to targeted and effective strategies to enhance public health outcomes for everyone.

Although I expected my results to be similar to the published findings, a discrepancy arises when examining the specific impact of level of education on certain health conditions. While the published results emphasise the association between higher education and lower prevalence of health conditions, my study highlights a stronger link between lower education and positive health outcomes. This finding was surprising as most people in Hong Kong seem to not be hindered by level of education when it comes to access to healthcare.

6.1 Gender - Global

Moving on from age is gender. Gender disparities in healthcare access and treatment are persistent and pervasive issues globally. Research has consistently shown that women are more likely than men to face barriers to accessing healthcare, including financial barriers, lack of transportation, and cultural and social norms that limit women's autonomy and decision-making power. These barriers can result in delayed or inadequate healthcare, which can have significant negative impacts on women's health outcomes.

One of the major barriers to healthcare access for women is financial constraints. In many parts of the world, women are disproportionately affected by poverty, and they may lack the financial resources to pay for healthcare services[39]. This can result in delayed or inadequate care, as women may delay seeking care until their condition becomes more serious or may forgo care altogether. Additionally, even when women do seek care, they may face discrimination in healthcare settings and may be charged higher fees than men for the same services[40].

Cultural and social norms also play a significant role in limiting women's access to healthcare. In many societies, women are not given equal decision-making power and may be expected to prioritise the needs of their families over their own health needs. This can result in women delaying or forgoing healthcare, as they may not feel that their health needs are a priority. Additionally, cultural and social norms may limit women's ability to receive certain types of healthcare services, such as reproductive healthcare, due to the stigma or taboo surrounding these issues[41].

The impact of these barriers to healthcare access is significant. Women may delay seeking care until their condition becomes more serious, which can result in more complicated and costly treatments. Additionally, women may not receive the same quality of care as men, which can result in poorer health outcomes. For example, women may be less likely to receive timely and appropriate care for conditions such as heart disease or cancer, which can result in higher mortality rates. In addition to delays in diagnosis and treatment, women may also receive lower quality care than men. Studies have shown that women are less likely than men to receive preventative care such as cancer screenings and vaccinations. Additionally, women may receive less pain medication than men for the same conditions, which can result in higher levels of pain and longer recovery times[42].

6.2 Gender - Hong Kong

Gender issues and healthcare access are also relevant in Hong Kong, where there are disparities in healthcare access and treatment between men and women. While Hong Kong has a comprehensive healthcare system that provides universal coverage, there are still challenges related to gender that impact women's access to care[43].

Another challenge facing women in Hong Kong is the lack of access to reproductive healthcare services. Abortion is legal in Hong Kong, but it is only available in certain public hospitals and private clinics. Women may face stigma and discrimination when seeking abortion services, and access to contraception can also be limited. This can result in unintended pregnancies and limited reproductive autonomy for women.

Efforts to address gender disparities in healthcare access and treatment in Hong Kong require a multifaceted approach. This may involve increasing access to affordable healthcare services, particularly for maternity care and reproductive healthcare. Additionally, efforts to address cultural and social norms that limit women's access to care, and promoting gender equity in healthcare policy and practice, may help to improve access to care for women in Hong Kong[44]

For gender, disparities arise more commonly in women. Although my study doesn’t focus on why women face more disparities, multiple studies support it. A study[45] describes the dimensions along which health inequalities are commonly examined, including across the global population, between countries or states, and within geographies, by socially relevant groupings like gender or even ethnicity. In addition, in a study[46], it is found that transgender people suffer significant health disparities and may require medical intervention as part of their care. This suggests that gender equality is a crucial aspect that health companies must prioritise to ensure fair healthcare treatment for all individuals. By focusing on gender equality, these companies can address the unique healthcare needs and challenges faced by different genders. Women and men have diverse biological, psychological, and social factors that impact their health, requiring tailored approaches to diagnosis, treatment, and prevention.

7. Discussion

Reflecting on the current state of the Hong Kong healthcare system, it is evident that biases exist, perpetuating disparities in access to care.

I have looked and analysed all the possible ways and outcomes for this reason. However, my study did not take into account the generalisability of the study. In a perfect world, my study would be more representative of the general population. Considering my sample mainly consisted of female participants mainly from the same company in Hong Kong, the assumption can be made that they must have come from similar backgrounds or experiences. That is possibly why some of my answers in the survey were similar or unexpected. I should have sampled more people around Hong Kong, including a lot more males. That would make the data more representative of the whole of Hong Kong.

Looking ahead, I will continuously seek to improve the methodologies employed before doing a study. This includes refining data collection techniques, sample location of participants, ensuring reliability and validity of measurements and minimising errors and biases. Exploring innovative data collection methods can help enhance the quality of any future papers I do.

8. Conclusion

The key takeaways from this paper include the significant need for sufficient healthcare access in Hong Kong, especially targeting those with lower income. To conclude, the gender, income and education biases present in the Hong Kong healthcare system illuminate significant shortcomings that hinder equitable access to quality care. The system's income and education barriers, socioeconomic disparities, and gender bias create barriers for marginalised communities. My participants clearly felt that there were disparities in Hong Kong healthcare. It is therefore possible that the majority of Hong Kong feel the same way or even worse. Addressing these disparities requires targeted interventions so there is equal access for everyone in Hong Kong. Without targeting these problems, there will be suffering among patients and it is best to reduce that possibility by taking small steps at a time.

However, it is crucial to recognize that overcoming these biases in a complex and diverse healthcare landscape like Hong Kong is an ongoing process that demands continuous self-reflection, and collaboration between the government and others. By acknowledging and actively working to eliminate biases, Hong Kong can strive towards a healthcare system that truly caters to the needs of all its residents, fostering inclusivity and equitable health outcomes. This is what the future of Hong Kong needs.

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