

**Social Life of Older People Living Alone
in Hong Kong**

Wai Kwan YU

Doctor of Philosophy

University of York

Social Policy and Social Work

September 2014

Abstract

Hong Kong's population is ageing. The increase of older people living alone and their living arrangement have raised much concern in recent years. More seriously, many of those living alone are found and identified to be disengaged from the community and disadvantaged yet not helped by available services and support. The aim of this research is mainly to gain an in-depth understanding of the perspectives of the social lives of older people living alone in Hong Kong through exploring their social life patterns and experiences. The areas of study include the understanding of what major factors contribute to or influence their social lives and the difference in social life before and after living alone.

A qualitative method is adopted by conducting in-depth semi-structured interviews with thirty Chinese older people aged 65 or over and living alone for five years or above. For the purpose of triangulation for reliability and validity, three focus groups were also conducted after the completion of individual interviews.

Research findings indicate that the reasons for living alone for most of the research participants seem to be involuntary and the choice of living alone depends on some socioeconomic factors such as changes in family structure and life. The greatest change in lifestyle usually occurs because of the death of a spouse. Among those living alone for longer periods, family relationships with their adult children have diminished and thus, they long for genuine concern and care from others. Social life, as perceived by older people, is important as it brings benefits for mental health. Emotional support that develops by expanding social relationships with peer groups is the most important in later life when living alone. Most of the females enjoy expanding their social circles from their domestic circles. Males prefer to continue working after retirement. They show passive in joining social activities but develop their own interests. Worsening health, having no companion, financial difficulties and lacking community resources are regarded as obstacles to expanding their social circles and joining social activities.

The findings of the study are expected to provide reference for service providers in the field of social work with older people to explore whether there are community resources or welfare services that can help to improve the social lives of older people living alone.

Table of Contents

Abstract	2
Table of Contents	3
List of Tables	8
List of Figures	9
Acknowledgements	10
Author's Declaration	12
Chapter One Introduction	
1. Background of study	13
2. Scope of study	14
3. Aims of research study	15
4. Research question	16
5. Structure of the thesis	16
Chapter Two The Ageing Population and Welfare Service Provision	
1. The ageing population	17
1.1 The global population trend	17
1.2 The Hong Kong population trend	21
1.3 Characteristics of the older population in Hong Kong	25
1.4 Implication of ageing population	28
2. Older people living alone	32
2.1 The global situation	32
2.2 The empty-nesters in Mainland China	35
3. Living alone in Hong Kong – a review of studies	37
3.1 The official studies of older people living alone	37
3.1.1 A profile of elderly persons aged 60 and over living alone	37
3.1.2 Study on one-person domestic households with older people	41
3.2 Studies on the unidentified group – ‘hidden elderly’	42
4. Social welfare for older people in Hong Kong	46
4.1 The historical background	46
4.2 Welfare policy for older people	49

4.3	Welfare service for older people living alone	52
4.4	Ageing in place	55
4.5	Active ageing and related concepts	58

Chapter Three Changes in Family Life and Quality of Life

1.	The changes of family life	66
1.1	Family life in traditional Chinese society	66
1.2	The changes in family life in Hong Kong	68
2.	Quality of life in Later Life	74
2.1	Definitions, concepts and measurement of quality of life	74
2.2	Models of quality of life	76
2.3	Perspectives of older people on quality of life	77
2.4	Quality of life of older people in Hong Kong	79
3.	Social life and living alone in old age	81

Chapter Four Theories for Understanding Social Life of Older People

1.	Disengagement Theory	87
2.	Activity theory	89
3.	Continuity Theory	91
4.	Attachment Theory	93
5.	Developmental stages of Erikson's theory	97
6.	Social networking: a perspective of social capital	104

Chapter Five Research Methodology

1.	Operational definitions	109
2.	Research design	116
2.1	Qualitative method	116
2.2	In-depth interviews with semi-structured questions	118
2.3	Data collection	121
2.3.1	Sampling and selection	121
2.3.2	The Process of data collection	123
2.3.3	The pilot study	125
2.4	Data analysis	126
2.4.1	Preparation of raw data files	127
2.4.2	Close reading of text	127

2.4.3	Creation of categories	128
2.4.4	Overlapping coding and uncoded text	129
2.4.5	Continuing revision and refinement of category system	130
2.5	Reliability and validity	132
3.	Ethical considerations	135
4.	Reflexivity on researcher's role	138
5.	Concluding summary	140

Chapter Six The Decision to Live Alone and Resultant Adjustments to Change

1.	Socio-economic characteristics of the research participants	141
2.	Making the choice to live alone	144
2.1	Changes in family life and relationship	144
2.2	Over-crowded living environment in a familiar community	148
2.3	Strained relationship owing to personal habits	150
2.4	Culture differences related to migration	152
2.5	The single cohort	154
3.	Adjustment to change	156
3.1	Independent living arrangement	157
3.2	Psychological adaptation	161
3.3	Expansion into social networks	164
4.	Concluding summary	166

Chapter Seven Daily Activities and Participation in Social Activities

1.	Daily activities	168
1.1	Sleeping time	168
1.2	Activities in the morning	170
1.3	Activities in the afternoon	174
1.4	Activities in the evening	177
1.5	Activities during weekends or festive times	178
2.	Participation in social activities	180
2.1	Religious activities	180
2.2	Social service activities	185
3.	Concluding summary	190

Chapter Eight Relationship in Social Networks

1. Relationship with family members and close relatives	191
1.1 Means and frequencies of contacts	191
1.2 Perspectives on relationships with family members and close relatives	194
2. Relationship with neighbours and friends	197
2.1 Means and frequencies of contacts	197
2.2 Perspectives on relationships with neighbours and friends	202
3. Relationship with social welfare service providers	204
3.1 Means and frequencies of contacts	204
3.2 Perspectives on relationships with social welfare service providers	207
4. Concluding summary	209

Chapter Nine Perspectives on Social Life in Later Life

1. Social life in old people's eyes	211
2. Experience of loneliness	214
3. Factors determining present social life	217
3.1 Physical function	217
3.2 Mental status	219
3.3 Availability of companionship	223
3.4 Knowledge of community resources	224
4. Expectation of social life	226
5. Concluding summary	229

Chapter Ten Comparison of Different Sub-groups

1. Present social life pattern	231
1.1 Men versus women	231
1.2 Young-old versus oldest-old	233
1.3 Living alone longest versus living alone shortest	235
2. Perspectives on social life in old age	237
2.1 Men versus women	237
2.2 Young-old versus oldest-old	239
2.3 Living alone longest versus living alone shortest	241
3. Concluding summary	243

Chapter Eleven Discussion	
1. Changes in family life and family relationships	245
1.1 From extended to nuclear	245
1.2 Role and value changes	247
1.3 Practice of the filial piety	250
2. The need for social life	254
2.1 Attachment transfer: from family to peers	255
2.2 Disengagement from society	258
2.3 Resolving psychosocial crisis	262
3. Social networking and relationship	264
4. Perspective of social life	268
4.1 Active engagement in social life	268
4.2 Enhancement of quality of life	270
4.3 Attainment of active ageing	273
5. 'Hidden' older people	275
6. Concluding summary	278
Chapter Twelve Conclusion	280
1. Summary of research findings	280
2. Implications for policy and recommendations for practice	285
3. Limitations of the research study	288
4. Recommendations for further research	289
5. Concluding remarks	290
Appendices	292
List of Abbreviations	307
Bibliography	308

List of Tables

Table 1: Population aged 60 years and over in selected countries in Eastern and South-Eastern Asia

Table 2: The ten countries or areas with the highest life expectancy at birth: 2005-2010 and 2045-2050

Table 3: Research participants' information

List of Figures

Figure 1: Number and proportion of older persons, 1961-2011

Figure2: Hong Kong population pyramid, 1961, 2005 and 2033

Figure 3: Proportion of older men and of older women living alone, for the world and major areas (Persons aged 60 years or over)

Figure 4: Living arrangements of older persons in more developed and less developed regions (Persons aged 60 years or over)

Figure 5: Living arrangements of older persons, by major area (Persons aged 60 years or older)

Acknowledgements

My special and warmest thanks must go to my thesis supervisor, Ms. Juliet Koprowska who has given me much valuable guidance, insights and constructive comments throughout my doctoral study. Her continued support and encouragement always stimulates me to further efforts.

I would like to express my gratitude to my thesis advisors, Professor Mary Maynard and Dr. Martin Webber. Both of them have also given me invaluable advice and instructive comments on the development of my research study.

I am also thankful to Professor Ian Shaw kindly encouraged my application process for doctoral study at the very beginning.

My deepest thanks go to my dearest friends, Mr. Ken Bridgewater and his wife, Mrs. Aileen Bridgewater. Without their kindness and support, this academic achievement would not have been fulfilled. I was saddened to hear that Mrs. Aileen Bridgewater passed away in November 2014. I will dearly miss her.

Equally importantly, my hearty thanks go to two amazing friends, Mr. Paul Hung who consistently gives me endless support and encouragement and has always been willing to lend his hand over the years and lastly Mr. Man-Yuen Tsoi who assisted generously and effectively during my research interviews process. I owe them both a deep debt of gratitude.

Moreover, I am most thankful to the elderly services agency staff that generously helped in my qualitative interviews. My sincere gratitude also goes to all my research participants. I deeply appreciated their patience in attending the in-depth interviews and focus groups' meetings and sharing their life experience. Without their contribution, this study would not have been possible. Their positive attitude towards later life and active participation in social life impressed me very much.

Last but not least, I must particularly thank my younger sister, Sarah who faithfully cared for our oldest-old mother during my periods of study overseas. With her support, I was able to pay full attention to my studies without worries.

*In memory of my respected father
who had actively participated in social activities
and voluntary works during his later life after retirement.*

Author's Declaration

The work presented herein is my own and has not been submitted for examination at this or any other institution for another award.

Chapter One - Introduction

1. Background of study

The proportion of the world's population that is aging is growing rapidly. The United Nations estimates that worldwide by 2050, two billion people will be aged sixty years or more, accounting for one-fifth of the world's population. Within the older population itself there is further evidence of ageing. The United Nations conjectures that accompanying this faster growing population the dependency ratio of older people might double in more developed regions and treble in less developed regions by 2050 (United Nations DESA, 2010). Set against this global trend of an aging population, Hong Kong has experienced a similar pattern of continuous growth in its own ageing population.

Hong Kong was ranked third in the world after Japan and Switzerland in terms of the highest life expectancy at birth in 2010 (United Nations DESA, 2011). Undoubtedly, Hong Kong has become an ageing society. According to the government's population projections, the proportion of the population aged 65 or above will increase from 13 per cent in 2011 to 30 per cent by 2041 (Census and Statistics Department, 2012a). This means nearly one out of three persons will be aged 65 or older within the next 30 years in Hong Kong. Sociologists predict that having an older population will not only produce more four and five generational families, but will also result in more widespread family and social problems (Census and Statistics Department, 2007b). It is predicted that the younger cohort of any future population will shoulder a significant dependency burden on behalf of the ageing population.

In Chinese society, the Confucian tradition has educated older people to strongly desire living together with the younger generations of their family. However, modern reality impinges on this desire under the increasing pressure of demographic changes and continuous socio-economic and political development. Moreover, it can be understood that the differences in daily routines and lifestyles of the three generations may be the most fundamental obstacle to this desire being fulfilled in modern Hong Kong. The Chinese proverb, 'Meeting occasionally is good, but living together is hard' acts as a metaphor demonstrating that taking care of a family's elderly is very often burdensome for the younger members of a family. Consequently, older people are increasingly forced to choose to live alone. As an added alternative living group,

questions arise concerning whether social welfare services will be capable of caring for the aged in their later lives with sufficient support. Serious issues arise concerning whether older people can receive adequate assistance and understanding or not. As well as the medical, housing and financial support needed, older people's social and mental needs are also matters for concern.

There are 941,312 older persons aged 65 and over in 2011, accounting for 13.3 per cent of the whole population (7,071,576) in Hong Kong. Among the older population, there are 119,376 living alone, accounting for 12.7 per cent of the older population (Census and Statistics Department, 2013a). More seriously, a study in 2008, estimated that around 70 to 80 thousand elderly citizens living alone have hidden themselves and become isolated from their society (Chan and Chan, 2009). The issue of older people living alone, especially the 'hidden elderly', has raised much public concern recently as the needs and problems of such an underprivileged group have not been well explored nor tackled.

In facing the issues of an ageing population, the government, experts and policy makers are expected to cooperate and design plans to meet the physical, mental and social needs of older people and in general improve their well-being. However, the Hong Kong government has no holistic and long-term care policy for its senior citizens. The concept of social welfare still only provides a safety net for those with welfare needs. 'Ageing in Place' is the general direction of governmental policy (Office of the Chief Executive, 2013). This in practice means helping older people in their own home accompanied by the development of community care services, which are in need of immediate attention. Moreover, the concept of active ageing is strongly promoted for improving the quality of life of older people.

2. Scope of study

Increased longevity, declining fertility rates occurring in the rapidly rising population, limited social welfare resources allocation combine in putting pressure on the well-being of older people and this is causing concern in Hong Kong. Most importantly, the number of those live-alone older people is increasing rapidly. This suggests there will be a great demand for welfare resources to support older people living independently in their communities if 'Ageing in Place' remains the general direction of governmental policy in the coming decade. However, the government shows a lack of initiative in

formulating a long-term welfare policy, plan or a universal pension scheme for senior citizens. The level of concern and action in helping those living alone is being insufficiently addressed and prioritised so that the real situation of these older people remains under-explored.

The quality of life of older people has raised concern in many Western countries. Indeed, while materialistic provisions to help older people meet their basic needs, such as finance, housing and medical care are made available, the important concern related to the elderly mental welfare is largely neglected. Active ageing is regarded as a primary policy objective on welfare for the elderly in Hong Kong. Research studies have suggested that an active social life is a vital part of any measure of the quality of life and if facilitated may help to offset loneliness and depression and benefit the mental health of older people living alone. Reviewing the relevant literature available in Hong Kong, it is acknowledged that there is little data or detailed information available for investigating the living situation and social life of older people living alone. Few research studies discussing the living arrangements and quality of life of older people in Hong Kong exist and even fewer have been orientated toward their need of a healthy social life.

Therefore, the focus of this research attempts to fill part of this void by exploring and understanding the social life of this vulnerable group, listening to their voice and learning of their perspectives of their social life first hand. The areas of study include understanding the reasons for the elderly to live alone, and understanding the differences in the subjects' social life before and after living alone. As well, their current patterns of interaction with people, the major factors contributing to or influencing their social lives and their perceived need for a social life are examined through understanding their current social life experiences.

3. Aims of research study

This research aims at attempting to explore and understand the real situation, specifically related to the social life aspects of those older people living alone in Hong Kong. Through exploring the social life patterns and experiences of older people living alone, the researcher has gained an in-depth understanding of older people's perspectives toward their social lives and what major factors contribute to or influence their social lives. As the predicament of older people

living alone has for some time concerned social workers and other professionals who work directly for the elderly, this study is expected to fill the existing gap in research that studies older people living alone. Moreover, the findings of this research may better provide a clear direction and reference for service providers in the field of social work with older people to further explore whether there are available community resources or suggested welfare services or policy that can help to improve the social lives of older people living alone.

4. Research question

As stated previously, the purpose of this research study is to investigate how older people living alone in Hong Kong perceive their own social lives. Accordingly, this research study directly investigates and answers the following research question:

How do older people living alone in Hong Kong perceive their social lives?

In answering the research question, we may gain a broader understanding of the factors that influence perceptions of social life among older people living alone.

5. Structure of the thesis

This study consists of twelve chapters. Chapter one introduces the background and sets out the scope of the study, its aims and research questions. Chapter two to four are literature review chapters. They are presented in three different chapters to provide valuable background information related to the issues of old age, living alone and support for the development of research questions. This is then followed by the research methodology in chapter five. The major findings of the qualitative research and data analysis are examined from chapter six to ten and then the discussion featured in chapter eleven focuses on an interpretation of the significant findings reached and the answers to the research questions with the support of literature review materials. The final chapter offers concluding remarks about the whole study including its limitations and recommendations.

Chapter Two The Ageing Population and Welfare Service Provision

This chapter consists of two dimensions: the descriptive statistical data on the demographic changes in the older population and how social welfare systems are responding to the changes and needs of the growing number of older people living alone in Hong Kong. It begins with some general background information concerning the world's ageing population and the older population's trends and characteristics of Hong Kong. As the main target population of this research study is older people living alone, a review of the global current situation of older people living alone and the 'empty-nester' phenomenon in Mainland China is reviewed to provide context. The review of relevant studies of the living-alone situation of Hong Kong constitutes the main part. The history of social welfare service provision in Hong Kong is reviewed in order to provide insights for studying the existing elderly service provision. Moreover, insight into how the government has responded and tackled the needs of those older people living alone for improving their quality of life can be assessed.

1. The ageing population

1.1 The global population trend

The United Nations, in a report entitled 'World Population Prospects: The 2012 Revision', estimated that the worldwide population would be 7.2 billion by mid-2013. Further projections showed that the total population would reach 8.1 billion in 2025 and then rise to 9.6 billion and 10.9 billion in 2050 and 2100, respectively (United Nations DESA, 2013). This fast growing population rate is mainly attributable to high-fertility countries such as Africa.

The report (United Nations DESA, 2013), covering the population data of 233 countries and areas, specifically highlighted that ageing populations can be found all over the world. The median age of the global population was 29 years in 2013 and is estimated to be 36 years by 2050. The ageing population is growing fastest in Europe today as the median age is 41 years in 2013 and will be 46 years in 2050. There were 841 million people aged over 60 years in 2013. As a proportion, this will have grown rapidly from eleven per cent of the population in 2012 to an estimated 22 per cent (over two billion people) of the world's population by 2050. This figure will more than triple reaching an

estimated three billion, by 2100. Globally, in 1950, the older population only accounted for eight per cent. This estimated fast growth in older population might be attributed to the world's projected overall decline in fertility rate and mortality rate and an increase in longevity in the coming decades.

The above report further analysed that the growing older population mostly occurs in less developed regions, which will account for two thirds of the worldwide older population in 2012. Among worldwide older people, currently 66 per cent are living in less developed countries. Asia already possesses 55 per cent, whereas Europe, as a more developed region, only accounts for 21 per cent. More seriously, there will probably be 79 per cent of the older population living in less developed regions in 2050 and this number is expected to rapidly increase to 85 per cent by 2100.

Furthermore, the report indicates that the population of older people aged 60 years or over itself was ageing and people were tending to live longer. Global life expectancy was 69 years in 2010 and is projected to be 76 years by 2050 and 82 years by 2100. This increase will affect both developed and developing countries in future years. For instance, in more developed regions, life expectancy was 77 years in 2010 and could rise to 83 years and 89 years in 2050 and 2100, respectively. In less developed countries, life expectancy was 67 years in 2010, and could be 75 years by 2050 and 81 years by the end of the century. Concerning the oldest old grouping (aged 80 years or over), there are 120 million in 2013 and this figure could rise to 392 million by 2050 and then further increase to 830 million by 2100. Compared with the percentages of the oldest old population, the proportion accounted for 14 per cent of the older population in 2012 and is predicted to reach 20 per cent by 2050 and accelerate nearly seven-fold by 2100. Over half of these are now living in developing countries but the proportion could reach 68 per cent by 2050. Importantly, the number of centenarians (aged 100 years or over) is also growing very quickly from 343,000 in 2012 to 3.2 million by 2050, representing a projected tenfold increase (United Nations, 2012a).

It is unprecedented in history that, due to the fast increasing older population, older people will comprise a larger proportion than the young, aged 15 or below, by 2047 (United Nations, 2012a). This reflects that the work force in the future will be smaller than the older population. In some developed countries such as Germany, Italy, Japan and Sweden, the old-age support (aged 15-64 years to

aged 65 and over) ratio is already as low as 3:1. The United Nations estimates that the dependency ratio of older people might increase two-fold in more developed regions and treble in less developed regions by 2050 (United Nations DESA, 2010). Consequently, the continued growth in the older population will bring about great concern with respect to providing adequate social protection and safeguards for the quality of life for older people and consequently creating much pressure for financial contribution and support from society.

Within the global trend of an ageing population, Hong Kong has similarly experienced continuous growth in its own ageing population. The United Nations projected that the number of seniors aged 60 and over in Hong Kong would increase from about 19 per cent in 2012 to 37 per cent in 2050 (United Nations, 2012a). Compared with the other countries in Eastern and South-Eastern Asia, Hong Kong was ranked second after Japan in 2012. In terms of the future projected ageing populations, Japan would still rank first, the Republic of Korea would rank second, Singapore a close third and Hong Kong fourth by 2050. The following table shows the rankings:

Table 1: Population aged 60 years and over in selected countries in Eastern and South-Eastern Asia:

Country	2012		Country	2050	
	Population Aged 60+ (thousands)	Proportion of total population (percentage)		Population Aged 60+ (thousands)	Proportion of total population (percentage)
Japan	39 967	32	Japan	45 005	41
China, Hong Kong SAR	1 398	19	Republic of Korea	18 320	39
Republic of Korea	8 123	17	Singapore	2 308	38
Singapore	814	15	China, Hong Kong SAR	3 477	37
Thailand	9 600	14	China	439 206	34
China	180 690	13	Thailand	22 620	32

Source: United Nations (2012a). *Wall chart on population ageing and development*. New York: United Nations.

One of the reasons for the rise in ageing population is that senior citizens in Hong Kong are now living much longer than before. In 2011, the life expectancy for males was 80.5 years, and the figure for females was 86.7 years. By 2041, the figures are expected to increase to 84.4 and 90.8 years, respectively (Census and Statistics Department, 2012b). Compared with other countries, the overall life expectancy of Hong Kong shown in the United Nations report was 81.6 in between 2005-2010 and 87.2 in between 2045-2050. The following table shows ten countries with the highest life expectancy at birth for 2005-2010 and 2045-2050. Hong Kong is ranked third in the world in between 2005-2010 but will be ranked second in between 2045-2050 after Japan.

Table 2: The ten countries or areas with the highest life expectancy at birth: 2005-2010 and 2045-2050

		2005-2010			2045-2050
<i>Rank country or area</i>		<i>Life expectancy at birth (years)</i>	<i>Rank country or area</i>		<i>Life expectancy at birth (years)</i>
1.	Japan	82.7	1.	Japan	87.4
2.	Switzerland	81.8	2.	China, Hong Kong SAR	87.2
3.	China, Hong Kong SAR	81.6	3.	Switzerland	86.4
4.	Australia	81.4	4.	Israel	86.3
5.	Italy	81.4	5.	Australia	86.0
6.	Iceland	81.3	6.	Iceland	85.8
7.	France	81.0	7.	France	85.8
8.	Sweden	80.9	8.	Spain	85.8
9.	Israel	80.7	9.	Italy	85.7
10.	Singapore	80.6	10.	Sweden	85.7

Note: Only countries or areas with 100,000 persons or more in 2010 are considered.

Source:

United Nations, Department of Economic and Social Affairs (2011). *World population prospects: the 2010 revision*. New York: United Nations.

Despite Hong Kong being a polluted, noisy, stressful and densely populated city, its inhabitants can expect to live longer. The reason for this may be attributed to the very low infant-mortality rate, high-quality maternal and child-health services and easily affordable access to medical services over the years. Furthermore, compared with other advanced economies like Japan and Switzerland, the mortality rate in Hong Kong is low. It is predicted that mortality rates will further decrease due to the improvement in medicine and technological advancement, although the gradual decline will be smaller in Hong Kong (Census and Statistics Department, 2007b).

1.2 The Hong Kong population trend

According to the 2011 Population Census results released by the Census and Statistics Department, the Hong Kong resident population was 7,071,576 in mid-2011, representing a doubling of population over the past fifty years since 1961 when it was only 3.13 million (Census and Statistics Department, 2012b). The rapid growth in population accelerated in several significant stages.

The major source of the increasing growth in population in Hong Kong can be traced back to three major historical events. First, when a massive influx of immigrants and refugees came to Hong Kong from Mainland China after the Second World War. Secondly, between 1945 to 1950 when the Civil War occurred and the People's Republic of China was established on the Mainland. Thirdly, when the Cultural Revolution occurred between 1966 and 1976. Significantly, the greatly increased population over the past fifty years has mainly been attributed to the influx of immigrants during the 1960s and 1970s. The average rate of annual growth was 2.3 per cent from 1961 to 1971 and slightly decreased to 2.1 per cent from 1971 to 1976 (Census and Statistics Department, 2012b).

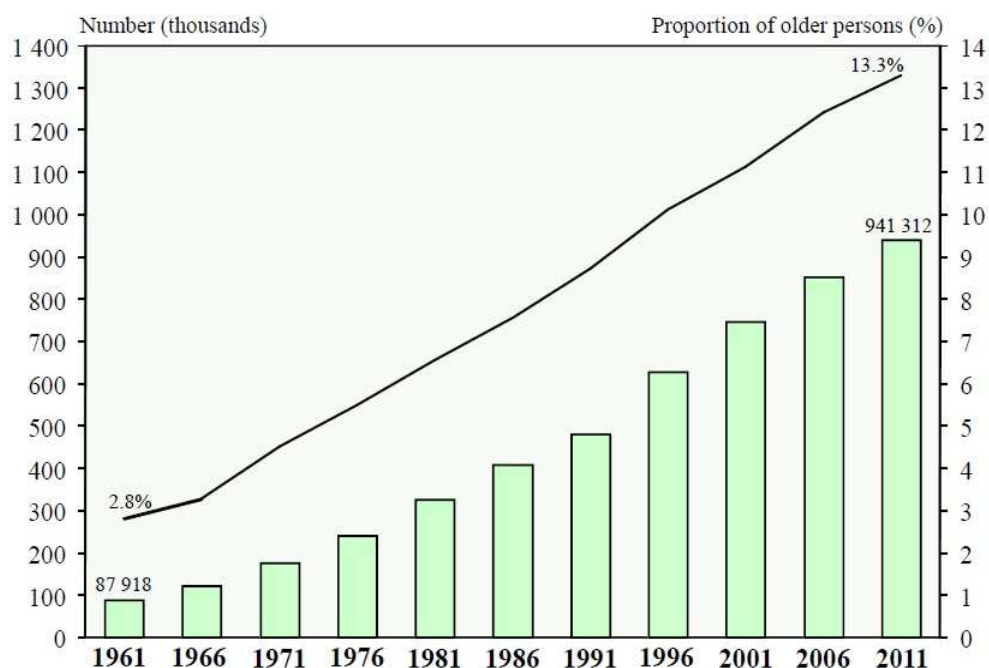
Confronted by the pressures of a population boom, the British Hong Kong Government implemented the Touch-base policy from 1974 to 1980, attempting to stop the continued influx. The policy emphasised that illegal immigrants would be immediately repatriated if arrested at the Frontier Closed Area along the border between China and Hong Kong. Those evading capture, however, were permitted to register for Hong Kong resident identity if they could find places to stay in urban areas or met with their relatives. The drastic growth in entrants between 1976 and 1981 marked the highest record with 3.3 per cent

among average annual growth rates over the past 50 years (Census and Statistics Department, 2012b). By that time, most of the entrants were aged 15 to 44. In addition, before the abolition of the Touch-base policy in October 1980, many eligible entrants' spouses and children applied for one-way permits to arrive in Hong Kong for family reunions.

Due to the uncertainty of the political climate before 1997, the year in which the Handover of Hong Kong to Mainland China occurred, the average rate of annual growth dramatically dropped to 1.5 per cent between 1981 and 1986 and then further decreased to 0.6 per cent by 1991 due to the wave of emigration overseas. However, this situation was later reversed because most emigrants returned to Hong Kong for financial and family reasons. The average rate rose to 1.8 per cent from 1991 to 1996 and then slowed to 0.9 per cent in the following five years. Due to the continued low fertility rate and mortality rate between 2001 and 2011, the average rate of annual growth was maintained at 0.5 per cent. However, the most significant trend in Hong Kong between 2001 and 2011 was the ageing of the population as the young population decreased from 17 per cent in 2001 to 12 per cent in 2011 and conversely, the proportion of older people aged 65 or over increased from 11 per cent to 13 per cent (Census and Statistics Department, 2012b).

Historical development implies that Hong Kong's population is ageing. The Hong Kong Government announced that the total population of older people aged 65 and over in 2011 was 941,312. Since then the percentage of older people within the total population has kept increasing, with an average annual growth rate of 4.8 per cent over the past 50 years, up from 2.8 per cent (87,918 persons) in 1961 to 13.3 per cent in 2011 (Census and Statistics Department 2012c). The statistical data shown in Figure 1 indicates that the proportion of the older population increased between 1961 and 2011.

Figure 1
Number and proportion of older persons, 1961-2011



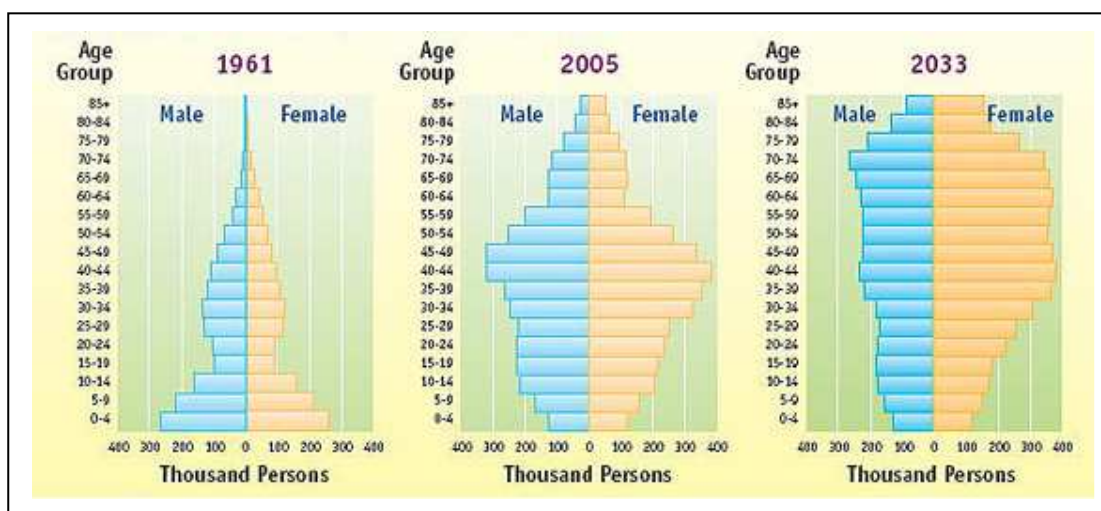
Source:

Census and Statistics Department (2012c). *Thematic report: older persons*.
 Hong Kong: Hong Kong Special Administrative Region Government Printer.

The ageing trend is projected to rise and the increase will become even more significant in the next two decades. An updated set of population censuses revealed that, by 2041, the older population estimate is over one third of the total Hong Kong population. Thirty years after 2011, the overall dependency ratio (number of persons aged below 15 and aged 65 and over per 1000 persons aged 15–64) will be almost double (645 persons) in 2041, compared with 333 persons in 2011. Furthermore, the median age of the whole population will be 49.9 years in 2041 whereas in 2011 it was only 41.1 years (Census and Statistics Department, 2012a). The reason for the continuing rise in the proportion of the aged population is that the postwar ‘baby boom’ generations born in the 1950s and 1960s are now approaching old age and are starting to plan for their retirement. Meanwhile, Mainland entrants before the abolition of the Touch-base policy will also enter old age in 2033.

Comparing the population pyramids of 1961, 2005 and 2033 (Figure2), there were comparatively large proportions of younger age groups in 1961. It should be noted that the baby boomers created a rapid growth in population in 1971 in the age group below 25 who were born in 1946 or after, accounting for 55 per cent (2.17 million) of the total population (Census and Statistics Department, 2012b). The age groups who were working in 2005 dominated the age-pyramid and so they had the capacity to support both the elderly and young dependents. Interestingly, there were more females than males in the middle age groups by 2005. This gender imbalance was largely due to the presence of the many thousands of foreign female domestic helpers (aged about 20 to 54) and also by the high proportion of females holding One-way Permits from Mainland China to Hong Kong (Census and Statistics Department, 2010b). It is projected that in 2033 there will be a much larger proportion in the higher age group. This means the working age population will need to support a larger population of older people. The increasing rate of females to males may also be due to the fact that females have a longer life expectancy than males.

Figure 2
Hong Kong population pyramid, 1961, 2005 and 2033



Source:

Census and Statistics Department (2004). *Hong Kong population projections 2004 – 2033*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

1.3 Characteristics of the older population in Hong Kong

A thematic report on Hong Kong older people based on the statistics of the 2011 Population Census released by the Census and Statistics Department in 2013 (Census and Statistics Department, 2012c) showed the detailed characteristics of older people. Since the report will help in understanding the most updated background of older people, some analytical data are extracted for further discussion.

As mentioned previously, the older population was 941,312 accounting for 13.3 per cent of the total population in 2011. Compared with 87,918 in 1961, older people have increased by 853,394 within the past 50 years (Census and Statistics Department, 2012c). The increasing size of the older population has dramatically expanded and it is foreseen that one out of every three will be older people in 30 years causing significant concern (Census and Statistics Department, 2012a).

The Census and Statistics Department defines the term 'older people' as persons aged 65 or over (Census and Statistics Department, 2012c). The proportion of each age cohort in 2011 was: 24.9 per cent aged 65 to 69, 46.3 per cent aged 70 to 79, and 28.8 per cent aged 80 and over. By comparison, in 2001, the percentages were 33.3 per cent, 47.1 per cent, and 19.9 per cent, respectively. The age structure over the decade reflected that the older population itself was ageing as the oldest olds (aged 80 and over) continued to increase whereas the proportion of young olds (aged 65 to 69) decreased. Among the age cohorts 65 to 69 and 70 to 74, there were slightly more males than females. The number of males, however, steadily declined in the age cohort of 75 and over and this fall was more obvious in the age cohort 85 and over due to females having higher longevity in general. The ratio of females and males was close to 2:1 for this age cohort.

Women tend to live longer than men. This phenomenon is also reflected in marital status. In 2011, nearly two thirds of older people (62.4 per cent) were married and almost one-third (31 per cent) widowed. For those who were never married, divorced or separated, the proportion remained very low. Among those widowed, the widows were 48.6 per cent of females whilst their male counterparts, widowers, only represented 10.9 per cent of males. Besides women having higher longevity, another reason why there were more widows

than widowers is possibly because men are more likely to marry at an older age.

Other demographic related statistics indicate that 98.9 per cent of older people are of Chinese ethnicity. Although 99.4 per cent are Hong Kong permanent residents at present, 73.1 per cent were either born in or emigrated from Mainland China, Macau or Taiwan. The common language spoken by older people was Cantonese, accounting for 86.6 per cent. Other dialects included Hakka, Chiu Chau, Fukien and Shanghainese. Additionally, the proportion of those speaking English and Putonghua has slightly increased to 10.3 per cent and 22.8 per cent respectively within the past ten years.

Exploring the educational attainment of the present cohort of older people, those who came to Hong Kong from Mainland China between the 1950s and 1970s had usually received less education, especially many females who came from villages. Coming to Hong Kong did not enhance their educational opportunity as educational doors remained closed to them at that time. Thus, those who reached the age of 85 or over in 2011 accounted for 56.8 per cent and had only received primary education or no schooling at all. In spite of education gradually developing and improving over their generation, it is still recorded that 31.7 per cent of older people had had no schooling or received only pre-primary education while 31 per cent obtained secondary and higher education by 2011. In general, the educational attainment of males was higher than for females. Those attaining the level of pre-primary education or no schooling comprise 44.2 per cent females compared to only 17.4 per cent males. Males receiving primary or below education represented 58.3 per cent and those attending upper secondary or higher education accounted for 25.3 per cent. The corresponding proportion for females was 78.3 per cent and 13.1 per cent, respectively.

Place of birth revealed differences in educational attainment among older people. Those older people who were born in Hong Kong, constituted 36.5 per cent, and had received secondary or higher education whereas those born in Mainland China, Macau or Taiwan were lower at 27.3 per cent. Over one third (36.9 per cent) of males attaining post-secondary education were born in other regions. Among females, a large proportion received little education, whether they were born in Hong Kong or in Mainland China, Macau or Taiwan. Predictably, the proportion of educational attainment is expected to have further improvement among older people in the future since official statistics

reported that 77.3 per cent of the total Hong Kong population aged 15 or over reached the level of secondary or higher education in 2011.

As previously mentioned in this section, the total population of older people aged 65 and over in 2011 was 941,312 with nearly 7 per cent (65,888 individuals) still involved in the labour force, mostly being aged between 65 and 74. The ratio of working males and females was close to 5:1. Female participation was lower than males in all age groups. In spite of this, the growth rate of working females has accelerated to 47.1 per cent and thus the number of homemakers has steadily fallen over the past decade. However, as the older population itself is ageing, older people participating in the labour force will gradually decrease. Among working older people, 60.6 per cent were employees. The median monthly income was HK\$8,500^(note), accounting for 77.3 per cent of the median of the whole working population in Hong Kong. Male incomes were generally more than female. Over one third (33.9 per cent) of working older people worked in basic occupations. Import/export, wholesale and retail trades were the main working sectors. 93 per cent of the older population had no employment with a large proportion of them being retired persons (84.2 per cent) and 3.9 per cent classified as home-makers.

Regarding living arrangements, 91.4 per cent of older people were living in domestic households. Among the domestic households of the Hong Kong population in 2011, 28.2 per cent (668,621 households) of the total households had one or more older persons. The average size of these domestic households was 2.8 persons. Looking more closely at the households with older people, 29.7 per cent of older persons were living with a spouse, child(ren) and others, 23.6 per cent were living with a spouse and others, 21.4 per cent were living with child(ren) and others and 12.7 per cent were living alone. In other words, about 51 per cent of older people were living with their children. This figure has lowered since 2001 (56.8 per cent). Notably, the proportion of older people living alone increased from 11.3 per cent in 2001 to 12.7 per cent in 2011 and, furthermore, the increasing proportion of elderly couples living together has risen to 56 per cent over the past ten years (Census and Statistics Department, 2012b). This gives evidence of the trend that the number of older people living alone or living as a couple will inevitably increase in forthcoming decades due to the population ageing.

Note: 1 pound sterling = 13 Hong Kong dollars (in average for the year of 2014)

With reference to the dominant housing type, there were 38.6 per cent of older people living in rented public housing and 42.8 per cent residing in private housing. Their residential districts were mostly in the areas of Hong Kong Island, Kowloon and the New Territories. Many older people were still residing in Kowloon areas, although there was a significant increase in the proportion of older people residing in the New Territories over the last ten years rising from 39.4 per cent to 43.1 per cent. Internal migration was uncommon and most internally migrating older people moved between similar areas.

1.4 Implication of ageing population

In reviewing the literature of demographic change both in Hong Kong and world-wide, it is apparent that many countries' governments and policy makers are recognising the challenge of ageing populations and responding by making comprehensive plans for the well-being of their older population. This continued growth of older population raises concerns regarding providing adequate social protection and safeguards for the quality of life for older people. Inevitably, this creates financial budgetary pressures and support for each affected society.

An ageing population brings many impacts and demands on social services including medical, health, welfare and housing. Due to the increased longevity of aged people, providing for their care may become burdensome both to society and their families. The disadvantage of an ageing population involves the young population assuming financial responsibility for the majority of the older generation. For instance, Japan currently has the highest life expectancy of ageing population and as a consequence is faced with an increased economic burden funding health insurance premiums (Hsu and Yamada, 2013). Somewhat similarly, China is experiencing the challenges related to the problem of the 'empty nest' the term used for when the majority of young people leave their older people behind and move to work in urban cities from villages (Wei, 2010). A U.S. study found that the ageing population is stretching the resources of the future health care delivery systems due to the shortage within the health workforce and changing nature of the services required in health care (Wiener and Tilly, 2002).

Despite this set of disadvantages, older people do make valuable contributions to their families and to their society when young. Merely being old does not necessarily mean that disengagement from society or being a burden to the society are automatic corollaries. Through adopting a positive life-view, the elderly can continue contributing to their families and society and live independently and healthily. A paper from Australia (Healy, 2004) examined the benefits of an ageing population in Australia from a more optimistic perspective. In it, she pointed out that the ageing population may not become a threat to society in general as older people can play a more active and productive role in society and communities as they are likely to be wealthier, healthier and better educated. This may contribute to the advanced technology in medical science, comprehensive pension system and retirement policy.

Healy (2004) further suggested that older people could remain in the workforce until beyond the age of 60-65 and might as a consequence provide productive assistance by acting as advisers through sharing their experience with the younger generations and by earning taxable income contribute to tax revenue. For those already retired, their life can be enhanced through volunteering as they have plenty of time and can even work independently. Voluntary work forces can be important measures contributors to social capital. Older people themselves can play a supportive role through informal social networks and by mutual help between them. Therefore, older people need not only be receivers of help but can also be providers through benefitting their family members by grand-parenting, offering emotional support and financial assistance. Such contribution is unpaid, selfless and asks nothing in return. Moreover, an older community contributes to a stable and safe neighbourhood environment as their continuing presence may help crime decrease. The older people's active participation in community activities helps maximize the community centres. Another benefit of their increased numbers is that they will be a growing segment of the consumer market in the coming decades. This should stimulate economic growth and urban development when lots of economic and urban planning activities such as leisure and recreation, housing and transportation are developed to respond to the needs of older people. Equally importantly, the quality of life of older people can be maintained and life satisfaction can be enhanced.

The above-mentioned Australian case study provides insights on how best to meet the challenges presented by the growing ageing population. By considering them as a population presenting new opportunities offsets can be gained despite the ageing population appearing to pose a threat or a crisis for the whole population in some countries. It is true that Hong Kong's population is ageing rapidly. This trend is accentuated by the declining fertility rate, the longevity of life expectancy and the increase in the dependency ratio. The biggest worry is that there will be shortage in the labour market in key areas such as construction, retail, catering and elderly care (Economic Analysis Division, 2013) as more middle-aged persons reach retirement age and the decrease in the younger generation joining the workforce in the near future. Each of these factors will impact greatly on economic growth and add additional pressure to public finance in allocating future funding for health and welfare services. Nevertheless, on a more positive side, the business generated by the 'silver hair market' may bring it with increased opportunities such as a stimulated insurance sector, additional tourism, expanded medical and health care services, fitness centres and health food products. Currently, many middle-aged persons plan to retire comparatively early. In the future, they are projected to be better educated, well informed, well connected, financially secure, self-reliant, healthy, and more active in participating in community service and having developed their own lifestyle. The 'silver hair market' is predicted to bring greater opportunities for business as older people will have much more purchasing power than previous aged generations had. Meanwhile, providing diversified products may help to meet the wide range of needs of older people and thus enhance their quality of life.

More importantly, the Government in Hong Kong is now formulating a population policy and has launched a public engagement exercise for collecting views. The objective of population policy is 'to develop and nurture a population that will continuously support and drive Hong Kong's socio-economic development as Asia's world city, and to engender a socially inclusive and cohesive society that allows individuals to realize their potential, with a view to attaining quality life for all residents and families' (Secretariat of the Steering Committee on Population Policy, 2014, p.9). One suggestion is to encourage older people to live on the Mainland after retirement as an alternative way to achieve a better living environment.

However, this will need cooperation with the Mainland in areas as diverse as medical and health and welfare.

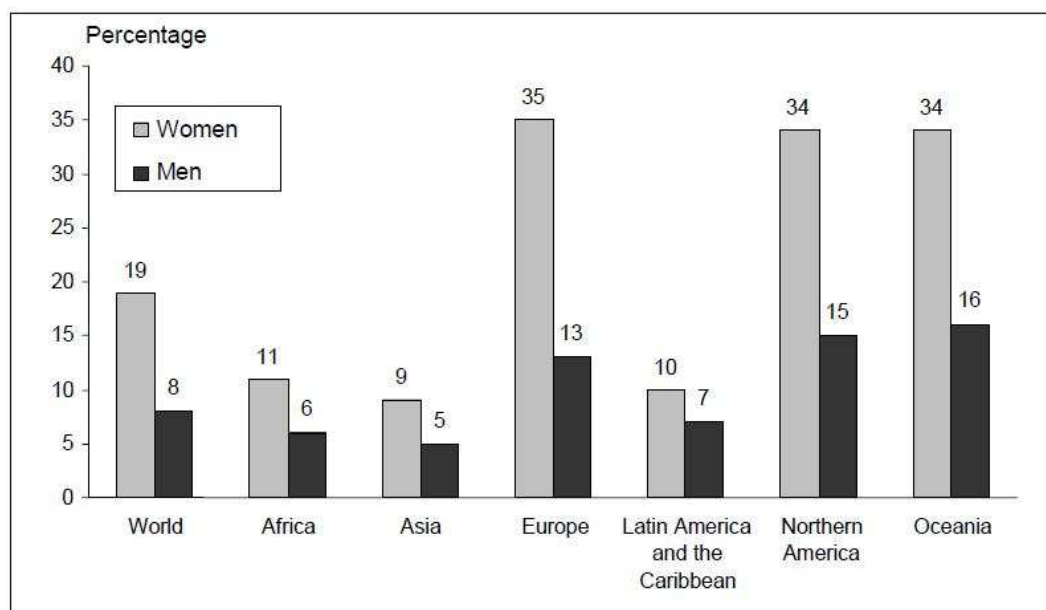
In conclusion, an ageing population brings with it challenges and opportunities. In tackling the large proportion of older people in the future, the Government in Hong Kong should consider several strategies. These include advocating active ageing and facilitating the use of social capital of older people, improving the residential care services and enabling the concept of ageing in place (Cheung, 2012). However, in encouraging older people to move towards active ageing resulting in healthier lifestyles and greater participation in the community, their needs and the barriers they confront need to be carefully studied and tackled.

2. Older people living alone

2.1 The global situation

The aged population is rising throughout the world. A recent study by the United Nations (United Nations DESA, 2005) analysed the living arrangements of persons aged 60 years or over based on comparable data gathered from more than 130 countries. It found that people aged 60 years or over will treble by 2050 and currently about one in seven older people, or approximately 90 million people, live alone. Among these 90 million people, two thirds of them are women. Figure 3 shows that globally 19 per cent of women aged 60 or over live alone, whereas only 8 per cent of men in this age group do so. In Asia, the figures for women and men are 9 per cent and 5 per cent respectively.

Figure 3:
Proportion of older men and of older women living alone, for the world and major areas (Persons aged 60 years or over)



NOTE: Based on the population in households

Source:

United Nations, Department of Economic and Social Affairs (2005). *Living arrangements of older persons around the world*. New York: United Nations.

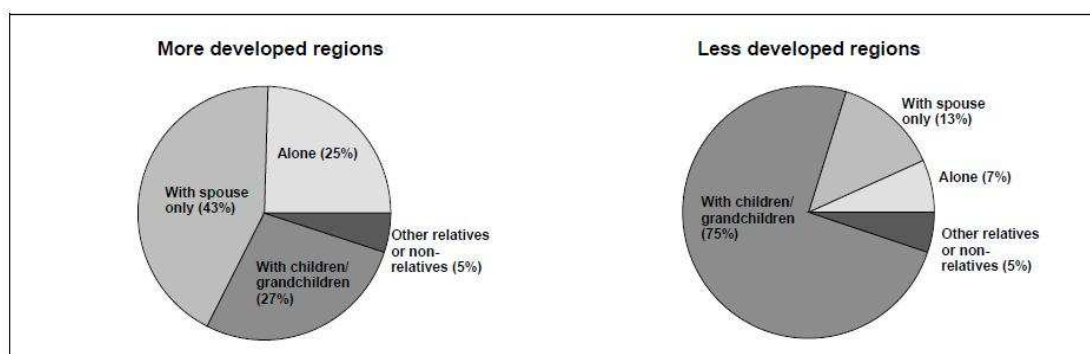
Older women are more likely than older men to live alone because of their longer life expectancy and because older women are less likely to be married. The study pointed out that among those married, 80 per cent of men live with their spouse whereas only 45 per cent women do. However, it was found that in most countries, more males than females live alone amongst the unmarried.

The study also indicated that older people are more likely to live independently or with their spouse in economically developed countries. In some developing countries, where until recently older people lived with their children and grandchildren, there is now a trend occurring for an increasing number of older people to prefer to live separately. Figures 4 and 5 underline the difference between more developed and less developed regions. Living alone is the most common arrangement in more developed regions. In Europe, nearly 70 per cent live alone or with their spouse compared to 17 per cent in less developed regions (e.g. Africa). By contrast, nearly three quarters of older people live with their children or grandchildren in Africa and Asia whilst this only accounts for a quarter of older people in Europe. The study also reveals that women are more likely to live with their grandchildren or relatives whereas men are more likely to live with a spouse.

Generally speaking, in Western countries each generation focuses on nurturing the next generation to fulfill their life obligations rather than caring for their parents as well. The social security system has been given the responsibility of taking care of their aged relatives. Therefore, except for some traditional festivals that involve family reunions, the younger generation is used to maintaining its relative independence.

In Asia, statistical figures show that 7 per cent of the aged population lives alone and 16 per cent with a spouse. This leaves nearly two thirds of older people living with their children and/or grandchildren. This study reported that South-Eastern and South-Central Asia recorded the lowest proportion of those living alone with about 1 in 20 older people living alone. Although China is included in this region, the picture of living alone in modern China is quite different.

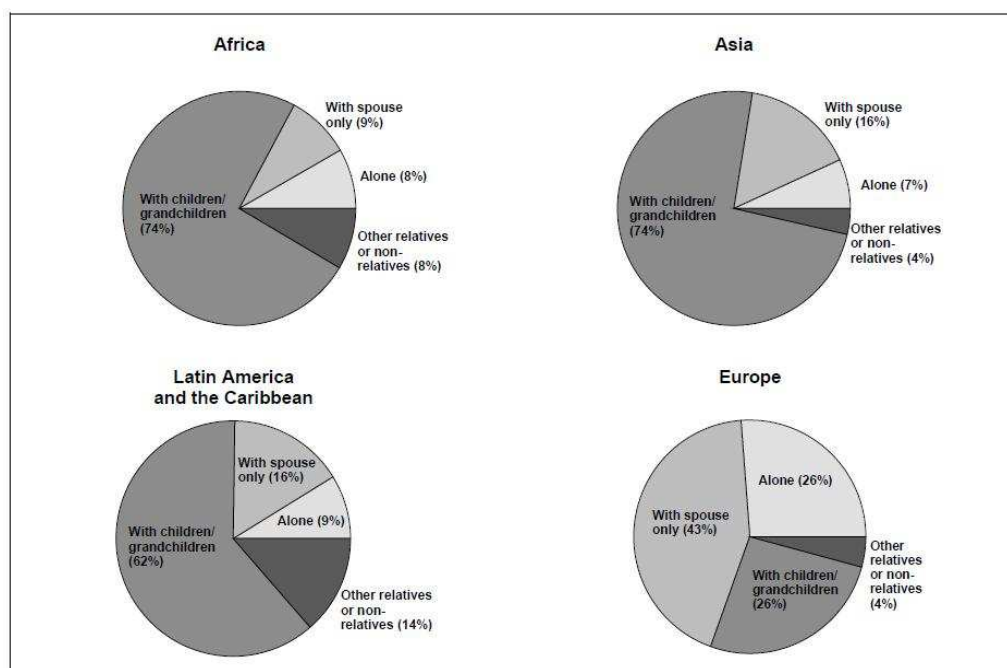
Figure 4:
Living arrangements of older persons in more developed and less developed regions (Persons aged 60 years or over)



NOTE: Based on the population in households.

Source: United Nations, Department of Economic and Social Affairs (2005). *Living arrangements of older persons around the world*. New York: United Nations.

Figure 5:
Living arrangements of older persons, by major areas (Persons aged 60 years or older)



NOTE: Based on the population in households

Source: United Nations, Department of Economic and Social Affairs (2005). *Living arrangements of older persons around the world*. New York: United Nations.

2.2 The empty-nesters in Mainland China

China is the only country with an aged population of over one hundred million in the world. The population aged 60 and over has reached over 200 million in 2013, constituting 14.9 per cent of the total population and nearly half of them are 'empty-nesters'. It is predicted that the older population will be increased to 243 million by 2020 and 300 million by 2050 (Ta Kung Pao, 2014).

The phenomenon of older people living alone in China is called the 'empty nest syndrome'. An official study on the older population reported that nearly half of older people lived alone in 2006. The growth rates were 49.7 per cent (including 8.3 per cent and 41.4 per cent that are one-person households and living with spouse respectively) in urban areas and 38.3 per cent (including 9.3 per cent and 29.0 per cent that are one-person households and living with spouse respectively) in rural areas (Njjsw, 2010). This phenomenon will continue to increase and seems irreversible. It is reported that in the town centres of Beijing, Shanghai and other cities, the 'empty nest' rate is over 70 per cent (Gerontological Society of Shanghai, 2010). Another report in 2008 indicated that the 'empty-nest phenomena' in Xian has 57.2 per cent of the elderly population aged 70 or over living alone (Xian Evening News, 2010)

There are four different ways of living alone in China. These include households with:

- 1) no children and only living with their spouse,
- 2) widowed,
- 3) those living separately with children, and finally
- 4) the 'psychologically alone' that is aged living with their children but being neglected (Wenweipo, 2008).

With large numbers of the younger generation leaving their homes to move and work in cities, the problem of empty-nest elderly in rural areas has accelerated. Many 'empty nesters' are suffering psychological crisis, feeling depressed, frustrated, lonely, experiencing poor appetite or sleep disorders or lacking interest in social life and being withdrawn from social interaction. Some have been neglected medically when seriously ill at home and have inadequate money for visiting doctors. The situation is aggravated by many old Chinese being illiterate or having only received a limited education. Nowadays, many people use Internet platforms to search for information and communicate with

other people. However, statistics coming from the China Internet Development Report show that around 60 percent of older people do not know how to access the Internet (Xian Evening News, 2010). This reflects that besides the problems related to basic life protection and daily care not being met satisfactorily, the spiritual and psychological needs of older people also remain unmet.

In traditional Chinese society, younger family members took responsibility for caring for their older family members. The traditional model is that the adults rear their children and then the children in turn accept responsibility for supporting their old when they grow up. This is a 'return nurture' model within the Chinese tradition (Wenweipo, 2008). However, as China has developed economically, an increasing proportion of the young people are choosing a more independent style of living. This magnifies the psychological loneliness of the elderly. It may be possible that this may change as a result of one-child families where the child would have been born after the 1980s. Many parents send their children to high schools and colleges to gain independence while they are still very young. Those parents have begun to adapt to the life of living alone before entering their sixties. The habits, values and ways of life in China seem to be slowly tilting towards that of the West, from being a 'being cared for by children' into a 'being cared for by society' in the future (Wenweipo, 2008).

Faced with the ageing problem, China still has not yet issued a national policy to deal with the issue even though the phenomenon of empty nest has aroused much social concern. In the U.S.A, legislation states that a child who lives in the same city as their parent, should visit their parent at least twice monthly and those in different cities have to make telephone contact at least twice weekly (Wenweipo, 2008). In China, a similar rule has been issued in recent years requiring that children visit their parents twice weekly, or make telephone contact twice or more every two days (Wenweipo, 2008). However, the effect has not been well studied or discussed in research.

In dealing with the psychological needs of older people living alone, many cities in China organize volunteers and paid helpers to visit and help the elderly in need. For example, older people can seek help through pressing the button of a 'lifeline service' run by voluntary agencies. With the development of information technology, wireless device systems or automatic monitoring systems will be further developed and thus provide emergency assistance or service to the older people in timely fashion (Wenweipo 2008).

3. Living alone in Hong Kong – a review of studies

3.1 The official studies of older people living alone

3.1.1 A profile of elderly persons aged 60 and over living alone

There is only one official report conducted by the Census and Statistics Department that has specially studied the characteristics of older people living alone in Hong Kong. The profile was one of the three special topics in the report published in 1999. It was named, 'A profile of elderly persons aged 60 and over living alone' and it resulted from the General Household Survey between January to March in 1999 (Census and Statistics Department, 1999). It should be noted that the target group for this report was classified as those aged 60 and over. Thus, it differs from the usual definition of 'older people', which is defined as aged 65 and over in general official census reports. Although the age cohort of this report differs, its relevance to the whole population of the older persons living alone in Hong Kong can be inferred and the findings may prove helpful for further study.

The profile presented the basic socio-economic characteristics, the daily living and caring of those living alone based on the collected data from 84,900 older people aged 60 and over living alone and accounting for 8.8 per cent of all those aged 60 and over in Hong Kong in 1999. The findings are summarized in the following paragraphs.

Regarding the socio-economic characteristics, 52.8 per cent had lived alone for at least ten years and 28.9 per cent for three to less than ten years. 53.6 per cent were females and the female cohort's average age was older than for the males. The overall median age was 73. Among all age groups, there was a high percentage of older persons aged 80 and over, accounting for 13.4 per cent living alone. 80.4 per cent had been married but nearly half of those who had never married were living alone. There were 52.8 per cent who resided in public rental housing while 39.3 per cent lived in permanent private housing. Some 83.8 per cent of those were retirees while 12.3 per cent were economically active with a median income of HK\$5,600. Only 1.4 per cent classified themselves as homemakers while 53.3 per cent of those economically active were engaged in elementary occupations with 25.3 per cent working as clerks, service workers or shop sales workers. The median monthly personal income of

the 84,900 older people was HK\$3,000. Of these, 27.4 per cent regularly received a medium cash income HK\$2,000 from their children and 1.7 per cent from relatives at HK\$1,400. Some lived relying on social security assistance. 38.9 per cent received Comprehensive Social Security Assistance with a median amount of HK\$3,100 and 38.2 per cent received the Old Age Allowance with a median amount of HK\$700.

An analysis of the reasons for not living with children showed there was 62.9 per cent (42,900) of married older persons (68,200) who had children in Hong Kong but 62.5 per cent of them did not live with their children because the young people had moved out after marriage and 16.9 per cent had done so because of over-crowded conditions at home. The rest was due to one of making a choice to not live with children, having problems living with children or relational problems with their son or daughter-in-law.

In an attempt to establish an understanding of the relationship with their children, grandchildren, siblings and spouses, the profile recorded the frequency of telephone contacts and meetings with close family members. 88.1 per cent (37,800) of those having children had telephone contact with their children. The percentage of frequency for once or a few times a year, once a month or once a week was 19.2 per cent, 37.8 per cent and 43 per cent, respectively. Among those (37,800) having telephone contacts with children, there was 67.6 per cent (25,600) who had telephone contact with their grandchildren. The percentage of frequency for once or a few times a year, a month or a week was 32.0 per cent, 34.7 per cent and 33.3 per cent, respectively. For the 24,400 who had siblings in Hong Kong, 77.4 per cent had telephone contact with their sisters or brothers over the previous year. The percentage of frequency for once or a few times a year, a month or a week was 44 per cent, 33.1 per cent and 22.9 per cent respectively. Among the 12,600 married, 66.7 per cent had contact with their spouses. The percentage of frequency for once or a few times a year, a month or a week was 31.5 per cent, 46.1 per cent and 22.4 per cent respectively. In addition, to the explanation of why older men are more likely to have a spouse and children still living alone, the study of Chou, Ho and Chi (2006) helps to explain a common phenomenon in Hong Kong. This is that many older men may have wives and children in Mainland China due to cross-border marriages with younger women during their late forties or fifties. In summary, the frequency for older people having

telephone contacts with children was mostly weekly, with grandchildren or spouses mostly monthly and with siblings mostly yearly.

The pattern of meetings highlighted that 96.2 per cent (41,200) of those having children had met their children during the year. The percentage of frequency for once or a few times a year, a month or a week was 27.8 per cent, 35.5 per cent and 36.7 per cent respectively. Among those (37,800) having grandchildren, there was 92.6 per cent (35,000) who had met their grandchildren. The percentage of frequency for once or a few times a year, a month or a week was 43.3 per cent, 27.7 per cent and 29.0 per cent, respectively. Besides, among those (24,400) who had siblings in Hong Kong, 83.8 per cent had met their sisters or brothers in the previous year. The percentage of frequency for once or a few times a year, a month or a week was 56.1 per cent, 28.4 per cent and 15.5 per cent respectively. Among the 12,600 married, 88.4 per cent had met their spouses. The percentage of frequency for once or a few times a year, a month or a week was 47.7 per cent, 28.5 per cent and 23.8 per cent respectively. In summary, the prevalent meeting with children was weekly, whereas with grandchildren, siblings or spouses it was yearly.

The category including telephone contacts or meetings with three other groups of people, friends or neighbours, relatives and social workers or volunteers of welfare agencies indicated that the frequency was only once or a few times a year among the 84,900 older people. The percentages of telephone contacts with the three groups were 40.8 per cent, 34.4 per cent and 12.5 per cent, respectively and percentages of meetings were 37.7 per cent, 27.1 per cent and 14.6 per cent respectively. The statistic showed that older people usually preferred contacts with friends or neighbours rather than relatives.

In studying the daily living arrangement and the need for assistance, it was found that 92.1 per cent considered that they did not need any assistance from other persons in their general domestic aspects of daily living and 60.1 per cent indicated that they did not need any help in housing arrangement, medical services, transportation or financial support. For those who needed help, financial support was the most common service used and medical services were second. When the 6,700 older people needed assistance, 28.6 per cent thought the Government or non-governmental organizations could help while 22.7 per cent preferred the help of their family members or relatives. However, 25.7 per cent thought nobody could help. Although 80.5 of older people were

acquainted with their neighbours whereas 53.9 per cent of them thought their neighbours could not help them.

When asking older people living alone whether they had any worries, 59.6 per cent felt they had none. Among those who had worries (34,300), the main concern was 'not being taken care of in case of a serious illness' representing 43.6 per cent of the cohort. Other more serious worries included 'not having enough money to spend', 'no one to help in case of accident', 'not being known in case of serious illness or death' and 'no one to help when in need'. This reflects the primacy of physical health being regarded as the most important aspect for those living independently in maintaining their daily activities.

Activities within their daily routines included 52.7 per cent taking a 'morning stroll', 27.9 per cent 'taking a meal in a Chinese restaurant' and 27.9 per cent 'shopping in the market' in the morning. The most common activities engaged in during the afternoon and at night were 'watching TV programs or listening to radio programs', 'sleeping' and 'doing housework', whereas some in the afternoon went for a stroll in the park. This overall summary reflects that many older people spend most of the daily time by themselves and seldom participate regularly in social and leisure activities with other people. Older people were health-conscious as their major activity in the morning was exercising and as mentioned previously some walked in the park in the afternoon. This may be due to the fact that they were trying to avert ill health and having nobody to care for them when ill.

In summary, this official study reflected that the majority of older people living alone at that time could manage by themselves in their daily lives. Their perception was that they had no immediate need for any help believing there were others who needed help more. Their main fear was becoming ill and having nobody realising. Nearly two thirds of older people had had social contact with family members, friends or neighbours at least once the previous year. Their daily activities were seldom enjoyed in the company of other people. This official study provides valuable information for studying the characteristics of the entire Hong Kong older population living alone even though it was conducted fourteen years ago. No follow-up study has been conducted to assess whether the situation of these 84,900 older people has changed or not. It is hoped that this research study may raise additional information related to the social life of Hong Kong's aged.

It is worthwhile to note that compared with Mainland China, the living in solitude situation is less serious in Hong Kong. The population of elderly persons aged 65 or above living alone in Hong Kong is 12.7 per cent of the older population in 2011 contrasted with the nearly fifty per cent of the aged population aged 60 and over living alone in Mainland China in 2009. The factors that caused the 'empty nest' syndrome differ between China and Hong Kong. In China, large numbers of the younger generations who had traditionally lived in rural areas have left home to seek work in big cities to make a better living. By contrast, in Hong Kong, many young family members move out of crowded urban housing to escape the over-crowded living space of their parents' home once they marry.

3.1.2 Study on one-person domestic households with older people

The updated official census report (Census and Statistics Department, 2013a) showed that 119,376 lived alone in 2011, accounting for 12.7 per cent of the older population in that year. According to the statistics of one-person domestic households based on the General Household Survey, an increasing trend in older people aged 65 and over living alone was evident as seen by the figures of 11.6 per cent of total older population in 1991, 13.2 in 2001 and 15.2 in 2011 (Hong Kong Council of Social Service, 2014)

Although there is no updated statistics studying the characteristics of older people living alone by the Government in Hong Kong since 1999, 'The Profile of the Population in One-person Households in 2011' (Census and Statistics Department, 2013b) released some relevant demographic information. It indicated that the numbers of persons living alone among those aged 65 and over, account for 13 per cent of all one-person households which was more prevalent than for the other age cohorts. Compared with the figure in 2001, there had been an increase of 2 per cent. Moreover, the total number of females living alone numbered 73,963 that were significantly higher than the figure of 45,413 for males. 76 per cent among females were widowed compared to only 30 per cent for males due to women's greater longevity. Among those whose spouses were still alive, there were 26 per cent of males compared to 9 per cent of females. The reason for this difference could possibly be that some men had married women from Mainland China and these spouses were still awaiting approval for their migration to Hong Kong. Regarding the cohort's educational attainment, 60 per cent of males and 80 per cent of females'

educational level had been restricted to primary level. Classified by economic activity, the majority of females, 89 per cent, were retirees with only 3 per cent still working and 2 per cent identifying themselves as home-makers. By comparison, the male retirees comprised 83 per cent with 9 per cent identifying themselves as still working and a mere 1 per cent classified as home-makers. With respect to their housing category, 52 per cent were living in public rental housing and 28 per cent in private housing.

Comparing the statistics given in the report of 1999 (Census and Statistics Department, 1999) with the demographical data of 2011 reveals similarities in terms of the economic activity, residence and marital status. One difference noted is the changing proportion of males and females. In 1999, there were 53.6 per cent females and 46.4 per cent of males compared to the numbers for 2011 that revealed females accounted for 62 per cent and males for 38 per cent. Although the age of older people was defined at 60 and over in 1999 but at 65 and over in 2011 the numbers within the male cohort had declined. This is probably due to the reason that women usually live longer than men in Hong Kong (Census and Statistics Department 2013a).

3.2 Studies on the unidentified group – ‘hidden elderly’

There is no strict definition of the term ‘hidden elderly’. However, the Commission on Poverty in Hong Kong, define the ‘hidden elderly’ as those elderly people whom ‘are disengaged from the community and disadvantaged yet not helped by the available services and support’ (Chinese University of Hong Kong, 2008, p.1). A hidden population is not defined in any Western literature reviews but in Hong Kong the term usually refers to those older people who do not know how to seek support or help from existing community resources and networks and are not known to existing elderly support services. They have no apparent connection with society or have not engaged in any normal social life. Many of them live alone without any support from family members, relatives or friends or simply choose not to be helped. Because they are unknown to the community, there are no statistics for the exact number of ‘hidden elderly’ individuals able to be provided by the Census and Statistics Department.

A survey on the hidden elderly was conducted by the Asia-Pacific Institute of Ageing Studies of Lingnan University in co-operation with a non-governmental

organisation, Hong Kong Sheng Kung Hui Diocesan Welfare Council in June 2009. This study identified that over 80 per cent of the 529 hidden elderly, identified in the Wong Tai Sin district which had the largest elderly population in Hong Kong, were living alone or just with their spouses. Nearly 80 per cent of the hidden elderly had contacts with relatives once a week or less. They either lacked social networks or did not understand the community resources available to them. These respondents expressed their wish to have telephone contact or visits from outsiders. Although this survey reflects the hidden phenomenon in one district only, it provides a basis for assuming that there are about 70 to 80 thousand hidden elders in Hong Kong. This survey suggested the government should expand the social network support service for older people as many older people, in fact, are unwilling to hide themselves (Chan and Chan, 2009)

Another report, 'A Qualitative Study on "Hidden Elderly" in Hong Kong' conducted by the Chinese University of Hong Kong and funded by the Central Policy Unit of the Government of Hong Kong Special Administrative Region in 2008 confirms the phenomenon of the hidden elderly in Hong Kong. This study offered four explanations by reviewing recent literature (Chinese University of Hong Kong, 2008, p.1-2)

These were:

- *Inadequate ability to seek help from available services and networks;*
- *Deficit networks (due to weak family, friend and community helping networks and inadequate formal service networks;*
- *A degree of self-reliance that regards seeking help as morally wrong; and*
- *An earlier negative or unfavourable welfare experience*

Meanwhile, most of the respondents had minimal contact with people living or those working in the community given the responsibility to aid their survival. The respondents felt neglected, useless, and hopeless, and felt dissatisfied with their lives. They were passive and selective help-seekers. They sought help from Comprehensive Social Security Assistance or Old Age Allowance only. They lacked financial resources, physical fitness, and knowledge in terms of social contacts and sourcing the aid agencies available to help them. Furthermore, their 'natural' social networks did not function well. Taking all the evidence

together, the study suggested using a model of re-engaging the 'hidden elderly' into the community as interacting social beings.

The factor of 'hidden' can be explained in some cases. As mentioned, many older people's traditionally believe that they have no need and also feel they should not trouble other people. They think other people's needs may be greater than theirs. Some even perceive that receiving service is the equivalent of asking for help thus representing a loss of dignity.

A study of older people who collect recycling materials for financial return (Lou, 2007) revealed that the motivation of these older people, as waste pickers, was to earn money for a living and for them it represented a job. They collected materials daily and only earned an average monthly wage of HK\$350. This reflects that a feeling of dignity and respect is very important to this group of older people.

Their 'narrow' social network is also another factor that increases the opportunity for them to remain 'hidden'. Nowadays, traditional extended families have been largely replaced by nuclear families (Census and Statistics Department, 2007e). The kinship network will continue to become narrower. In Hong Kong this is especially so because of the effects of the new town development and urban renewal. These have caused many older people to be forced away from the community in which they lived their early life. Re-adapting to a new environment and living pattern cause difficulties as change is even harder for the elderly. This has fragmented their original network of neighbourhood relationships. The absence of relatives, friends and neighborhood support produces alienation to their interpersonal contacts.

In Hong Kong, the social life of older people living alone is perceived as a lesser concern than their daily economic needs. The Hong Kong Government only provides a safety net for those with a welfare need. In recent years, the Government has begun to show concern for the 'singleton elderly' (in particular 'hidden elders'). In order to strengthen the existing social work resources of the elderly service agencies outreach programs, the Hong Kong government had allocated an additional HK\$38 million to the 156 elderly centres in 2008 (Hong Kong Government, 2007). It is expected this will facilitate identifying additional older people living alone or 'hidden elderly' individuals. Moreover, once found the additional resources are expected to help educate them to utilise

community resources by supplying referral and supporting services to help meet their needs and to further develop their social life. However, this only represents a starting point for identifying this underprivileged group. Another report (HKCSS, 2009), evaluates the service strategy, procedures and working skills practised by a group of frontline workers from the outreaching teams who work with the 'hidden elderly'. This suggests that several areas needed addressing to further improve the future service for the 'hidden' elderly. These areas were: community education, networking and mutual help, the connection of multi-services, clients' trust towards social workers, the knowledge and experience of social workers and clearer service objectives. While this identification process is difficult it is even harder to successfully work with them. A non-governmental organisation's study on 'hidden elders' (Lo, Ma and Lui, 2011) reflected that social workers encountered difficulties in approaching those living in rural villages because of the remoteness of these areas and the comparative lack of motivation of these socially isolated older people. They also found 69 per cent of 721 'hidden elders' had difficulties in accessing community resources and networks while, 15.8 per cent were considered to suffer from mental health issues. More positively, mutual help support groups were found to be effective in helping them when guided by social workers' on-going intervention and by building trustful relationship based on good rapport.

Although older persons living alone are not automatically 'hidden elderly', there still exist many 'hidden elderly' living alone. The phenomenon of poor social connection reported in the above-mentioned studies reflects that additional studies of the social life of older people living alone are needed if we are to gain a clearer picture of their social needs and to provide appropriate services for them.

4. Social welfare for older people in Hong Kong

Hong Kong's population is ageing. An ageing population not merely brings a demand for housing, medical services and financial security but also for social welfare service. However, in facing the drastic increase of older population in coming decades, Hong Kong currently has no long-term pension policy or insurance for all its citizens. In understanding the recent welfare service provision for older people living alone, we need to look back at the development of social welfare in Hong Kong. In this section, the historical background of social welfare, welfare policy and recent welfare service provision for older people in Hong Kong are investigated.

4.1 The historical background

Hong Kong was a British colony from 1842 and under British rule the main value was determined in terms of business and commerce. Many immigrants came from Mainland China to Hong Kong after the Second World War resulting in a sharp increase in Hong Kong's population. Due to the political uncertainties in Hong Kong, the colonial government was unwilling to invest heavily in social welfare, except for social crisis intervention and emergency assistance.

The development of social welfare was still slow in 1950s. The combination of the Shek Kip Mei fire in 1953 destroying the homes of 58,000 people living in squatter huts, the unrest in 1966 and the riots in 1967 became the impetus for greater government intervention in social welfare. The Hong Kong Government began to realize that the gradual loss of social care functions in families and the lack of social welfare and services were serious problems. However, the motivation for intervening in social welfare development was only to quell social discontent and conflict as a means of maintaining social control.

While the economy developed rapidly in the 1970s, the gap between the poor and wealthy was more serious. The Gini coefficient had risen from 0.43 in 1971 to 0.451 in 1981 (Hong Kong Government, 2012). This means the gap between the rich and the poor was widening. Although social welfare had improved and was gradually developed in the 1970s (including the implementation of the public assistance program, ten-year housing program, nine-year free education) there was still no systematic social security to protect the retired and unemployed. The delivery of welfare services were mostly rendered and

managed by non-governmental organisations although the government was the major contributor of welfare financing.

Hong Kong faced an economic transformation in 1980s. Most of the manufacturing moved northward and this kind of economic restructuring caused structural unemployment. The beginning of the privatization of social welfare emerged with many new concepts such as 'the user pays' and 'cost recovery' being developed that adversely affected the quality of service. For example, social workers needed to spend much more time on administrative work.

After the transfer of sovereignty over Hong Kong from the United Kingdom to the People's Republic of China took place on 1 July 1997, the HKSAR Government (in full is The Government of the Hong Kong Special Administrative Region of the People's Republic of China), gained a high degree of autonomy under the 'One Country, Two Systems' policy. 'Basic Law' Section 145 provides that the HKSAR Government can formulate their own development and improvement of social welfare policy based on economic conditions and social needs (Hong Kong Government, 2014)

Facing the problems of rising unemployed numbers, an aging population and serious poverty, the demand for social welfare increased in the 1990s. However, reductions in welfare benefit and the implementation of privatization in social welfare reflected the fact that the Hong Kong Government ignored the needs of social welfare. The Social Welfare Report of 1995 proposed the establishment of social service indicators for a 'cost effective' basis to measure subsidies and to create a one-off funding system, called the 'Lump Sum Grant' to all non-government organisations. This mode of funding affected the service development pattern of all non-government organisations. The following are the relevant influences on service agencies recently.

The Government Subvention Policy Reform

Financial resources for nonprofit organisations typically come from government appropriations, grants, and donations. Hence, the government sector plays a crucial role in social welfare agencies. In order to change control from input to output and to set up new monitoring mechanisms, the Hong Kong Government appointed consultants to review the whole subvention system from the 1990s. The new system commenced implementation in the early months of 2003.

While rents and rates of the agency and its service units would still be subvented on an actual reimbursement basis, other charges, including salaries and personal emolument related allowances, were to be granted in a lump sum. The Lump Sum Grant approach was regarded as a new form for non-governmental organisations to deploy and manage their resources flexibly and effectively in meeting the service demands (Social Welfare Department, 2000). This new policy adoption caused seismic changes in both personnel and services development. Cost savings and profit generation became some of the performance indicators of the agency.

The Industry Sector Rival

After the lump sum grant was introduced in 2003, the standard and traditional social services became inadequate. Innovation projects and services re-engineering became increasingly noticeable. More effective use of resources was encouraged to reach more effectively the aim of lower costs and better value. Many self-financed services have emerged over these years for service expansion and greater competition.

Market Sector Changes and Expansion

Clients and community needs constitute the first priority of the service provider. Responding appropriately and in a timely manner to the ever-expanding social needs of the society is essential for each social services agency. For example, in Hong Kong, tragedies including abuse and violence involving families trebled from 2003-2007 (RTHK, 2007). One of the new towns, named Tian Shui Wei, situated at the northwestern part of the New Territories of Hong Kong, has even been labelled as the 'City of Sadness' by the Hong Kong media because of its proportionally large number of poor residents and the numerous incidences of domestic violence, murder and group suicide occurring in this remote area. On most occasions, family tragedies are not initiated by the mother or child, but rather from the father or other wider family members. Therefore, early identification and intervention with these isolated family members are needed and supported simultaneously by social support networks in the community while mutual support groups may also be organized for families as appropriate (ISSHK and HKPU, 2008).

On the whole, the Hong Kong Government still adopts the concept and philosophy of social welfare services to provide a safety net for all those in need and do not consider that as a form of charity. At the same time, all citizens are

expected to have the motivation and incentive to work thus avoiding dependency on welfare service provision (Social Welfare Department, 1991). In recent years, the Social Welfare Advisory Committee that had been set up for advising the Government on social welfare policies since 1947 issued a consultation paper on long-term social welfare planning in Hong Kong in 2010 (Social Welfare Advisory Committee, 2010) and published a formal report in 2011 (Social Welfare Advisory Committee, 2011). Comments from the stakeholders included that the report lacked long-term specific objectives, strategies, and procedures and/or prioritised service development and ignored how the welfare needs and problems could be met and solved in the long term (HKSWA, 2011).

4.2 Welfare policy for older people

When compared with other services such as services for children, youth, and community development, services for older people have developed very slowly in Hong Kong.

Before 1997, Hong Kong was a British colony. The policy for older people in that period emphasized the term 'care in the community'. As in western countries, the responsibility of caring for older people of Hong Kong had been shared between the government, social service agencies and families. However, there were no formal social welfare services exclusively for older people until late 1977 when the first 'Green Paper on Services for the Elderly' was published. This paper embodied the concept of 'community care' and encouraged the provision of home care services for older people so that they could continue to live in their own community. However, the government's attitude appeared rather half-hearted, and insufficient effort was made toward implementing the new findings. For example, while the importance of health care for the elderly had been highlighted in the 1977 Green Paper, authorities only belatedly began to set up elderly health centres in 1994.

Apart from the 1977 Green Paper, there were also several other policy documents produced to discuss services for the elderly, such as a report from the Central Committee in 1987 and the Report of the Working Group on Care for the Elderly in 1994 in which the terms 'ageing in place' and 'continuum of care' were mentioned. Furthermore, in 1979 the Government published a white paper entitled 'Social welfare in the 1980's white paper'. Despite these reports,

most of the proposed plans have yet to be implemented. This shortage of suitable services still fails to meet the real existing needs of older people.

The last white paper, 'Social Welfare into the 1990s and beyond', published by the Government in 1991 stressed that to ensure older people remained active participants in society, they must continue to live in their own community with social or financial assistance (Hong Kong Government, 1991). This prompted the establishment of a future policy based on 'ageing in the community'.

After the handover in 1997, the Chief Executive put forward 'caring for the elderly' as one of the HKSAR Government's strategic policy objectives in his policy address 'Building Hong Kong for a new era' (Chief Executive of Hong Kong, 1997). This policy was expected to improve the quality of life of the older population by achieving 'a sense of security (housing), a sense of belonging (living) and a feeling of health and worthiness (participation)'. This may be the best summary of the HKSAR Government's policy objectives towards the welfare of older people in Hong Kong. The Chief Executive also set up the 'Elderly Commission' in the same year. Its purpose was to identify public opinion about existing and future elderly services to better inform the government and to provide guidelines for the formulation of comprehensive social policy in caring for the elderly. The Commission members included professionals from related elderly services, academics and community leaders.

In helping older people in need, Hong Kong has basically adopted the 'three pillar' pension model that was originally proposed by the World Bank and makes efforts to develop a sustainable financial support system to help the elderly in need of assistance. Under the principle of the first pillar, a mandatory provident fund scheme for all of the working population was set up in 2000 and all contributions to pension funds are currently managed by private agents. The second pillar is personal savings, investment and annuity. The Hong Kong Government is now operates under the principle of a third pillar to provide financial support to the elderly as a social security net to guarantee their basic needs. This means that social security provides a social safety net for all those in need.

Unlike most western industrial countries, there is still no public retirement system in Hong Kong. Many older people still live in poverty after retirement. This may require an increased dependency on social services to support them in

later life. Most older people who suffer from long-term sickness or disability rely solely on the government's social security assistance and allowance to support their daily lives. Referring to the 1999 'Study of older people aged 60 and over living alone', 38.9 per cent of older people living alone received the non-contributory Comprehensive Social Security Assistance, whilst 38.2 per cent received Old Age Allowance (Census and Statistics Department, 1999).

To address the elderly living in poverty more equitably, the Hong Kong Government established the 'Commission on Poverty' in 2005 with a mandate to study and understand the needs of the poor, to give recommendations, encourage community participation and mobilise social capital in alleviating poverty over a period of two years. Under this commission, there was an 'ad hoc group' related to the elderly in poverty that was established in June 2006. This group mainly worked closely with the Health, Welfare and Food Bureau and the Elderly Commission for providing suggestions on suitable short-term improvements and long-term policy direction (Commission on Poverty, 2007). After the termination of the Commission on Poverty in 2007, the Labour and Welfare Bureau took the responsibility to tackle and monitor poverty alleviation and prevention work.

The full report released by the Commission on Poverty highlights the government's concern to meet the social needs of older people in poverty. The report suggested strengthening efforts in order to: identify the 'hidden elderly' and those living alone, make appropriate referrals to existing community support networks and mobilise existing resources to meet the needs of these older people (Commission on Poverty, 2007).

The Budget Speech by the Government in the 2010-2011 financial year stated that the government would continue to support the policy direction of 'ageing in the community as the core, institutional care as back-up' (Hong Kong Government, 2010). As well as increasing provision for residential care services and community care places, the government pledged to subsidise elderly centres and to strengthen outreach teams to provide both support services and social programs for those living alone and the 'hidden elderly' (Social Welfare Department, 2011a). However, the welfare service resources remain significantly inadequate. For instance, in the 2012-13 government budget, only HKD\$44 billion goes towards social welfare. This accounts for 17.3 per cent of the total budget, of which 12 per cent is used for social security spending, and

only 5.3 per cent for other welfare services. The allocation for provision of services for the elderly is merely HKD\$5 billion, accounting for 11 per cent of total recurrent social welfare spending (Financial Secretary of Hong Kong, 2012).

Due to the rapid growth of an ageing population with longer life expectancy, it is foreseen that the consequent greater demand on social security, medical care and welfare services will continue to be challenging. In tackling this, the Government, like many other countries, encourages the promotion of the concept of active ageing (Cheung, 2014b). The Government expects to build an age-friendly city for future generations of older people to keep them healthier, better educated, more actively connected to society and better able to live a life of quality. Embracing this concept, the social and health function of older people can also be maximised by pursuing lifelong learning, developing community support networks and encouraging active participation in voluntary service in different districts.

4.3 Welfare service for older people living alone

Keeping a social connection with elderly people living alone is important. Currently, there are different kinds of centre-based community support services provided by non-governmental organisations, such as neighbourhood centres, social centres, district community centres with support teams, day care centres, integrated home care service teams, enhanced home and community care services, outreach teams and holiday centres for the elderly (Social Welfare Department, 2011c). Older people aged 60 or over are welcome to join as members. All of these initiatives attempt to address the basic care and social needs of older people.

The community support services for elderly people living alone in Hong Kong are mostly dependent on the service providers of non-government organisations. There are a total of 41 District Elderly Community Centres attached with support teams for the elderly and 115 Neighbourhood Elderly Centres providing outreach and social networking services to older people living alone. Since the Government allocated additional funding of HK\$38 million to 156 elderly centres to strengthen their manpower for outreach services in 2007 (Commission on Poverty, 2007), it is anticipated that an increasing number of 'hidden elderly' will be located.

Usually, the social worker in charge of the particular service will be responsible for the outreach and locating the service target. After location, their needs will be identified, and supportive services (such as home-help, meals-on-wheels, escort or home maintenance services) will be provided depending on need (Hong Kong Government, 2007). In developing the social life of these older people, the organisation will initially attempt to build rapport and a relationship through home visits and phone calls by professional social workers or trained volunteers. This strategy aims to bring older people out of isolation and provides a counselling service as and if necessary. In helping those who have health, housing, financial needs or problems with self-care, appropriate referrals will be made to: the Hospital Authority for medical consultation and treatment, the Social Welfare Department for granting compassionate housing, and assist with drafting applications for social security assistance and allowance or arranging for admission to residential care services. Despite the appearance of multiple channels existing for meeting either the needs of older people or locating the living alone or hidden elderly, an embarrassing situation is emerging. Even though many social workers make stalwart efforts to reach them, the medical and housing support from the government still falls short of meeting the need.

The Social Welfare Department released a statement that revealed that about 39,000, nearly 40 per cent of singleton elders, were currently members of the District Elderly Community Centres and the Neighbourhood Elderly Centres. The support teams for the elderly attached to the District Elderly Community Centres providing community care support services had also made contact with 30,000 singleton elders up to December 2005 (Legislative Council, 2006). However, according to statistics in the Census and Statistics Department's 2006 By-Census, there were about 98,829 older people aged 65 or above living alone, termed 'singleton elders', and these accounted for 11.6 per cent of the elderly population. More seriously, 60 per cent of older people who still live alone remain unassisted by any social welfare service. This crystallises the limited overall service resources provided for older people.

The action research on the services for the hidden elderly (Hong Kong Council of Social Service, 2009) gathered opinions from frontline workers serving the hidden cases in an attempt to understand better the effectiveness of service provision. It was discovered that the most serious difficulty faced by the workers was lack of community resources to support their follow-up actions

once cases had been found. The limited resources and the frustratingly long waiting list of service applications continue to hinder the development of the services for the hidden elderly in need.

For those healthy and active older people, they can enjoy the social and recreational activities provided by the district community centres or social centres. In order to develop potential and encourage empowerment and participation towards active ageing, different kinds of volunteer work, long life education programs and pre-retirement activities are being correspondingly developed at those centres. Programs and projects are also conducted to encourage the integration of old and young generations. However, due to the shortage of professionals available and limited resource allocation, fewer therapeutic groups or social groups are organised for the purpose of enhancing the interpersonal relationships or communication skills of older people.

For those showing reluctance to become members of social centres or who are unaware of available community resources, it is deemed necessary to have suitable professional help to meet their needs. An example of a non-government organisation that directly serves older people living alone is the Senior Citizen Home Safety Association. This non-governmental organisation has provided the Personal Emergency (PE) Link Service since 1996 and has served 30,464 older people who lived alone in 2008, accounting for nearly 50% of their service recipients (SCHSA, 2010). This 24-hour service provides an emergency call service. The users can make calls at any time to the service centre by simply pressing a button on a portable remote trigger device at home or mobile phone and they can talk directly to an operator who can assist them. If there is no response from the caller after two minutes, the operators will treat the situation as an emergency case and make a referral to the fire service for rescue. Moreover, the service serves another function where users can enquire about social service information, seek to help contacting family members, provide emotional support and referrals can be made if required. This service centre also actively makes regular phone calls to service recipients, especially during spells of cold weather. For someone who is isolated or living alone, this can be claimed to be part of the social connection activities and as a safeguard to those most in need. One interesting point arising from the statistics in the 2008-09 annual report of this agency, revealed that about 15.8 percent of the telephone calls made by users through pressing the PE Link were principally for 'chatting' and 60 percent of the incoming calls of the Elder Ring Hotline

Service were also for casual chats (SCHSA, 2010). This situation underlines the felt need and importance of a social connection for older people.

In conclusion, the welfare service for older people in Hong Kong basically provides a safety net for meeting basic needs by the government. Non-governmental organisations share the major responsibility in providing a direct service for those in need but are often constrained by limited resources. 'Ageing in the community' is the main service provision in the current social context. In tackling the problems of the singleton and hidden elders, the Social Welfare Department prefers to continue to strengthen the existing outreach services to identify the singleton and hidden elderly and then to provide the appropriate supportive services to those identified as in need. The welfare service objective is to enable older people to stay and be cared for in their own community. Thus, a more integrated approach has been adopted to further facilitate the increasing diversity of the community support services. Nevertheless, there is still great demand for different service provisions. Once the 'hidden elderly' or older people living alone are identified, existing resources may not adequately cope with the problems of those in need.

4.4 Ageing in place

The HKSAR Government's elderly policy places emphasis on 'ageing in place as the core, institutional care as back-up' (Hong Kong Government, 2010). Four principles are upheld under the policy: encouraging ageing in place, promoting sustainable care, focusing resources for the needy elderly and popularizing active ageing (Social Welfare Department, 2013). In facilitating 'ageing in place' and putting the principles into effect, holistic strategies on community care and long-term plans on the development of residential care services require high priority.

The rationale of 'ageing in place' is to extend older people's ability to continue living in their own homes or at least in a familiar community environment for as long as possible. This is based on the belief that older people have traditionally preferred to stay with their family members and thus may resist moving into institutions (Chui, 2008). Statistics from the Census and Statistics Department (2009b) support this belief with 81.4 per cent of older persons in Hong Kong preferring to live at home than to moving into a residential care home. The elderly policy in Hong Kong also embodies the principles for older persons

adopted by the United Nations that centres on independence, participation, care, self-fulfilment and dignity (United Nations, 2012b). To better facilitate the implementation of the objective of 'ageing in place', the HKSAR Government has adopted several strategies. These include allocating additional resources to provide and upgrade the residential care places and services, generate additional funds for expanding the community care services and trialling a pilot scheme that will provide community care service vouchers for the elderly to choose the services they need (Chief Executive of Hong Kong, 2012). Such attempts have faced challenges.

With respect to the provision of residential care services, Hong Kong has a high institutionalization rate of 6.8 per cent of population aged 60 or over when compared to other developed countries in the world (Chui et al., 2009). In Hong Kong, the subsidised residential service provides both care and attention homes and nursing homes. The care and attention homes include subvented homes, contract homes and private homes participating in the Enhanced Bought Place Scheme. In 2013, 25,925 older people living in government-subsidised homes, which accounts for 2.6 per cent of the total population of older people aged 65 and over in 2013 whilst 49,941 lived in non-government subsidised homes. Despite this, a long waiting list in those residential care and attentions or nursing homes remains. E.g. 28,818 older people were on the waiting list for admission in 2013. The average waiting time as of September 2013 for a subsidised place in care and attention home was 34 months and for a place in a nursing home was 36 months (Social Welfare Department, 2013). Hence, demand for institutional care services exceeds what is available. As the proportion of the population that is ageing gradually increases in the next decades, a serious shortfall of residential places is foreseen.

The concept of 'ageing in place' is defined as 'the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level' (Centre for Disease Control and Prevention, 2013, p.1). Further advantages can be found in research studies on 'ageing in place' including the fact that it helps to lower depression level, increases the higher functional status of older people and produces better clinical outcomes while saving costs (Lou et al., 2009, Kane et al., 2000, Marek et al., 2005, Genworth Financial, 2009). To further enable more aged people to remain living in the community rather than being institutionalised, several elements of 'ageing in place' such as housing, social services and health services need to be

considered.

Compounding the effect of housing problems related to the limited living space at residential flats, very few of the residential flats are specially designed for older people to meet their special needs such as limited mobility and home safety. A Senior Citizen Residences Scheme (SEN) in 2004 launched by the Hong Kong Housing Society (a non-profit housing developer) has sought to cater for the housing needs of older people by providing affordable housing that incorporates a universal design, home modification and maintenance to assist older people's daily lives. Under this innovative housing scheme, two housing projects have been developed giving housing for 574 older people. The housing flats have tailored a design suited to older people providing them with an elderly friendly environment, medical, personal care and a leisure service in one single complex. The main operating principle is that older people need to pay a lump sum for a 'long lease' residence instead of monthly rental. If the older person passes away or the lease is terminated, a proportion of the entrance fee is refunded to the older people or their beneficiaries. The project's success may be assessed by the full occupancy and the long waiting list of 170 applicants (Hong Kong Housing Society, 2013). In addition, SEN residents are highly satisfied with the services of the nurse centre, professional health care, safety bell, 24-hour emergency call service and multi-function room (Chan and Cheung, 2008).

Inadequate provision of subsidised residential care services is retarding the goal of social services achieving 'ageing in place'. This inadequacy in providing community care services is concerning. Currently, there are 27,000 older persons who use the government-subsidised community-care service such as day care services, and home care services. However, 70 per cent of older people aged 60 and over living in their community suffer from one or more chronic diseases (Census and Statistics Department, 2009b). To ease the pressure of insufficient public elderly care homes, the Government has introduced the Community Care Service Voucher for the Elderly in 2013, which allows older people to choose the community care services most suited to their needs. The effectiveness of this is still under examination. A report on community care services for the elderly (The University of Hong Kong, 2011) identified that the development of community care service remains underdeveloped despite the Government's increased effort to promote the concept of 'ageing in place'. This gap may be due to the mode of public subsidised service placing a greater

burden on the overall tax income. Thus, it is recommended that individuals, families, communities, markets and the Government should share the responsibilities while additional resources should be allocated to the needy older people as a priority.

4.5 Active ageing and related concepts

Different expressions to describe the positive aspects of ageing have developed in recent decades. These terms have emerged to promote the wellbeing of older people. They include 'successful ageing', 'positive ageing', 'productive ageing', 'healthy ageing' and 'active ageing'. Although the definitions and approaches to these terms or concepts seem conceptually related, and are overlapped, with stress on different dimensions and have no universal consensus (Fernández-Ballesteros, 2011), the similarities and commonalities of these terms or concepts mainly emphasise ageing well. Generally, this incorporates ageing with physical and psychosocial health that includes living with a positive attitude, dignity and an acceptable level of quality of life.

Over the past half-century, many researchers in western societies have focused on studying the gerontology concept of successful ageing (Havighurst, 1961; Baltes and Baltes, 1990; Rowe and Kahn, 1997; Phelan and Larson, 2002). Havighurst's (1961) early activity theory demonstrated the meaning and different measures of successful ageing in gerontology field. Rowe and Kahn (1997) later suggested the model of successful ageing is determined by the combination of avoiding disease and disability, sustaining engagement with life in social and productive activities and maintaining high cognitive and physical function. A recent systematic review of 26 qualitative studies of successful ageing reports that successful ageing is multi-dimensional and other than physical health aspects, the psychosocial factor is found to be the most important component in addressing the model of successful ageing (Cosco et al., 2013).

Bowling indicated that successful ageing and positive ageing can be used interchangeably (Bowling, 1993). The concept of positive ageing is promoted in various western countries. For example, the New Zealand government adopts it as a policy strategy that endeavours to foster positive attitude towards ageing by valuing older people's contribution to society, encouraging older people to maintain good health and independence and supporting their ability to make

choices in continuing to engage in productive or economic activities in the community by increasing work opportunities (Davey and Glasgow, 2006). Hence, having robust health, retaining the ability to self-maintain independent living and for as long as possible remain engaged in meaningful paid or voluntary work are the most frequently mentioned components to ageing successfully or positively. This implies more responsibility needs to be placed on older people to increase their opportunities for maintain independence.

Irrespective of whether we choose the term successful ageing or positive ageing, Bowling (1993) suggests that the older people themselves should determine that. A qualitative study that examined older adults' perspectives on successful ageing interviewed 22 older adults aged 64–96 in the USA. This indicated that older adults viewed successful ageing as a balance between self-acceptance/self-contentedness and engagement with life/self-growth (Reichstadt et al., 2010). Very few studies focus on successful or positive ageing in Chinese society. A four-factor model for defining and validating the successful ageing process is presented in a Taiwan survey, collecting views from 312 older people aged 65 or over. The survey finds out that physical, psychological, social support and leisure activity are related to a successful ageing process while leisure activity is also a significant factor (Lee, Lan and Yen, 2011). In Hong Kong, the concept of positive ageing is adopted in a qualitative research aimed at exploring the perceptions of Hong Kong Chinese middle-aged and older people about 'positive ageing'. Ninety-five participants aged 40 or over were invited to join in fifteen focus groups. The report reported that among these participants, the definition of positive ageing encompassed six areas: 'good health, a positive attitude, active participation, social support from family and friends, financial security and residential stability' (Chong et al., 2006, p.248). Maintaining good health was identified as the main domain. The views of participants were found to be similar to research in western societies (Chong et al., 2006). Obviously, the concepts of successful ageing or positive ageing focus on the wellbeing of older people including physical, mental, psychological, social and economic aspects.

The concept of productive ageing focuses on older people's ongoing engagement in productive activities at different levels. In reaction to the negative images of being old due to decline and disease, Butler offers the concept of productive ageing, which recognises the potential, and capability of older people in 1983 (Butler and Gleason, 1985). Productive ageing stresses the importance of older people of retaining a continued involvement in society or

engaging in productive activities in later life as they are valuable human capital or social resources. In Taiwan, volunteerism, social entrepreneurship, and age-friendly community development are considered as possible productive engagements for an ageing population (Mui, 2010). Yang suggests that productive ageing is cumulative throughout one's lifetime and centenarians are regarded as a respective and resourceful model for the younger generation in traditional Chinese society (Yang, 2010). In Hong Kong, advocates believe the concept of productive ageing is that later life can be productive and the burden of the older population can be changed to an enriched social resource if sufficient opportunity is provided and older people are empowered to continue contributing contribute at individual, interpersonal and societal levels (Chong and Liu, 2014). In addition, older adults in the role of caregivers also offer productive contributions to their families (Tsien and Ng, 2010). Lifelong learning for older people is also regarded as a means to promote or actualise the spirits of productive ageing, healthy ageing or successful ageing (Shum, 2009). However, productive ageing as a research or policy initiative in Mainland China remains rather new and still requires more widely acceptable definition and clear measures before advocating productive engagement among older people (Lum, 2013).

The term 'healthy ageing' was first promoted by the WHO (United Nations, 1983), placing emphasis on maximising the potential capacity of older people and encouraging a corresponding policy and strategy on the prevention of diseases, improvement of health care service and strengthening health systems through medical advances in all regions. Indeed, healthy ageing not merely implies good health being required in physical function, but also in the psychological, mental and social aspects of life. The WHO defines the term 'health' as a positive concept, being, 'a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity' (WHO, 2014b, p.1). In western countries, health ageing is adopted as a policy principle. For example, the Canadian government defined health ageing as 'a lifelong process of optimizing opportunities for improving and preserving health and physical, social and mental wellness, independence, quality of life and enhancing successful life-course transitions' (Health Canada, 2006, p.4). In Hong Kong, the Elderly Commission has set up an Ad Hoc Committee on Health Ageing in 2000 in order to promote the concept of healthy ageing as a major initiative by mobilising stakeholders to publicise and launch health promotion programmes for older people for a period of three years. The expected benefits

of lifelong learning for older people were also identified (Elderly Commission of Hong Kong, 2001). In coping with the challenge of a rapidly increased older population, it is expected that the promotion of healthy ageing may help to enhance a healthier elderly population as they are persuaded to adopt a healthy lifestyle and reduce medical expenditure. Before the Hong Kong government became involved in promoting healthy ageing, voluntary agencies usually took initiative in advocating community health promotion work and running preventive programmes for older adults. An evaluation study of a large Adult Health Promotion Centre run by St. James Settlement that had been set up in 1989, reported that older people who participated in health promotion programmes tended to possess higher levels of health knowledge and a more positive attitude towards life enabling them to maintain healthier lifestyles (Chi and Leung, 1999).

The WHO adopted the concept of active ageing in 2002 as their primary objective for health and social policies for older people and this aroused worldwide concern. WHO defines active ageing as 'the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age' (WHO, 2002, p.12). The word 'active' implies encouraging all people, either healthy or disabled, realize their potential of physical, mental, social and economic well-being and maintain an ongoing participation and contribution at individual and societal levels throughout their life course. The policy also stressed the focus on need to address health maintenance earlier so as to reduce the risk of chronic diseases or functional disability in old age. The model focuses on maintaining autonomy and independence as pillars for optimizing opportunities in health, participation and security.

In facing the challenge of an increasingly ageing population, different countries have adopted different policy strategies and initiatives to cope with the pressure from the huge demand on public health care, welfare service and economic support emanating from their ageing population. The concept of active ageing is widely accepted as a policy direction and strategy in Europe while the term 'successful ageing' is more relevant in USA (Paúl, Ribeiro and Teixeira, 2012). In South-east Asia, Singapore's government puts emphasis on promoting the concept of active ageing through different initiatives such as encouraging sport participation in an effort to maintain the older populations' health and welfare. However, the low response levels are challenging it as their senior citizens seem ignorant of their government's effort and most of them prefer to remain active

in workforce (Brooke, 2014).

The population of older people will continue to rapidly increase in the coming decades and Hong Kong will be no exception. In an attempt to address these challenges, the SAR Government actively advocates the concept of active ageing in policymaking in order to reduce the government's burden on health and medical care, welfare service and financial support for older citizens in the future. Popularizing active ageing is one of the major principles of elderly policy adopted in recent years (Social Welfare Department, 2013). The framework focuses on building 'a sense of security, a sense of belonging and a feeling of worthiness' through the active participation of older people. The initiatives providing channels for older people to participate over the fifteen years include the Elder Academy Scheme, Opportunities for the Elderly Project and the Neighbourhood Active Ageing Project.

Participation in continued learning is viewed as an important means in strengthening older people's social connections. Early in 2007, the Elderly Commission, a governmental advisory body for ageing policy, launched a school-based Elder Academy Scheme. Since then, it has widely promoted continued learning for senior citizens (Elderly Commission, 2007). Later in 2008, the scheme was expanded to include tertiary institutions. The SAR Government in a 2009-2010 policy address suggested to establish the Elder Academy Development Foundation to develop a territory-wide network of elderly academies that combines with a special internet portal for the elderly. This enables older people to access a one-stop information service for continued learning (Chief Executive of Hong Kong, 2009). Up to 2012-13, 110 Elder Academies had been established in Hong Kong (Legislative Council, 2013). In fact, launching learning or education programmes for older people can be traced back to the 1990s when many non-government organisations started running a variety of courses to cater to older person's educational needs (Leung, Lui and Chi, 2005). Criticism of the lack of promotion of the Elder Academies arose because of the sparse funding support from government. Other criticisms included the duplication of learning places among stakeholders and the lack of educational courses that meet the real needs of older people (Tam, 2013). There is also no research that has evaluated the effectiveness of continued learning achieving the goal of active ageing (Tam, 2011). Hence, further evaluation on the effectiveness of lifelong learning for older people is deemed necessary if lifelong learning is to achieve its goal in promoting active ageing.

Other policy initiatives for achieving the concept of active ageing include the launch of the Neighbourhood Active Ageing Project and the Opportunities for the Elderly Project (Legislative Council, 2013). The Neighbourhood Active Ageing Project was launched by the Labour and Welfare Bureau and the Elderly Commission in early 2008 for promoting active ageing and care for the older people through developing caring, support and mutual help networks in the communities by facilitating co-operation among different organisations and individuals. The recent theme of the project has placed emphasis on enhancing relationship among older people, family members and their neighbours. Opportunities for the Elderly Project was launched in 1998 and was first supported by the Lotteries Fund with the aim of promoting a 'sense of worthiness' among older people and developing a caring community. The Social Welfare Department of the SAR Government later subsidised the non-government organisations and local bodies to launch programmes and activities for older people to enrich their life and to develop their potential through lifelong learning, establish harmonious intergenerational relationship and cohesion with family members through playing an active role and sharing life experience, strengthening mutual help and contributing to communities and societies through participation in community and social affairs.

The WHO emphasizes that by moving to the enhancement of quality of life model, older people will more likely live healthy, active and positive lives. To achieve this goal, individuals and the society have to create and offer opportunities to build an age-friendly city (WHO, 2014a). Hong Kong has adopted this policy by trying to build an age-friendly city for achieving the goal of active ageing. The Secretary for Labour and Welfare of Hong Kong when speaking at an international conference on overcoming challenges in active ageing noted that enabling older people to be active in their later life was important to the sustainability of the health care and welfare systems. Therefore, the concept of active ageing has been adopted in policy making and several initiatives such as subsidised health care service, lifelong learning and elderly care service vouchers were aimed at enhancing the quality of life of seniors over the past few years (Cheung, 2014a). Notwithstanding, the effectiveness of those initiatives is still under examination and evaluation.

By exploring the extent of achieving the goal of active ageing in Hong Kong, a study of the wellbeing of older people may offer some insights. A study of an international comparison of the well-being of seniors in Hong Kong revealed

that older people in Hong Kong in general lived healthily and actively. Their well being situation was comparable to some well-developed economies such as Japan, Singapore, Australia, the United States and the United Kingdom in terms of physical and social aspects (Chau and Woo, 2008). Looking closer to the social aspect, the study indicated that older people in Hong Kong were more active in care-giving and social activities than in voluntary work, lifelong learning and job engagement. Generally speaking, the quality of life of older people in Hong Kong is improving. Similarly, a survey conducted by the Hong Kong Sustainable Development Research Institute aimed at exploring how actively older people in Hong Kong participated in sports, cultural activities and voluntary works, found that compared with U.S.A and Europe, Hong Kong was ranked lower but ranked higher when compared to other Asian countries. Statistics also showed that among 374 older people aged 60 and over, 44.1 per cent had done exercise daily and 22.7 per cent had participated in voluntary work weekly. Meanwhile, those having engaged in active ageing were found to possess higher life satisfaction, but at the same time the mental and emotional support from inter-generational relationship was needed for this to be maximized (Hong Kong Sustainable Development Research Institute, 2013).

Older people in Hong Kong generally stay healthy and active. It is estimated that fewer than 7 per cent of older people need help in daily life activities (Cheung, 2014a). Since the context of Hong Kong has this advantage, population ageing may bring even more opportunities. An example is the area of senior travel that is recognised as an opportunity for promoting active ageing (Chan et al., 2005). This exploratory study on Hong Kong seniors' outbound travelling to the Mainland revealed that among 69 research participants aged 65 and over, the motivation for travel was mainly for visiting family members and relatives who lived in the Mainland or for the purpose of leisure and recreation. The psychological wellbeing of older people is enhanced through gathering with family members or relatives and by enjoyment and relaxation while travelling. The major constraints to these benefits being fully realised were the individual's physical health, financial circumstances and whether they had a travelling companion. This study identified some factors related to developing and offering opportunities for older people when promoting active ageing. Another study on the participation in social activities of older people also revealed why older people had not participated in social activities run by elderly service agencies (United Labour Chi Hong Association Limited, 2011). The study conducted in the parks and shopping malls indicated that among 299 older

people living alone or spouses aged 60 to 91, 34.2 per cent did not know the centres' activities, 31.7 per cent had a walking disability, 26.8 per cent acknowledged they had no person to accompany them while 22.8 per cent could not read the publicity leaflets and 16.3 per cent had difficulty in paying the activity charges. A majority preferred to join activities in their local community within a short distance. These two studies provide criteria needing attention in more successfully encouraging older people to actively participate in social life. These include maintaining physical health, financial viability, companionship and effective publicity through verbal contacts because some older people were illiterate or less educated.

In short, staying active, independent, healthy and continuing to participate and contribute in social and community affairs are the main goals of active ageing. As the SAR Government of Hong Kong adopts this concept as a guiding principle of elderly policy in recent years, this study will follow by using this concept as a basis for further discussion.

Chapter Three Changes in Family Life and Quality of Life

This chapter focuses on reviewing the changes in family life and its impact on the quality of life of older people. Changes in family life constitute a main focus because nowadays, the traditional values and family structure of Chinese society have been influenced by the lifestyle changes that accompany contemporary older generations in Hong Kong. The changes within family structure and values are impacting on the quality of life of older people living alone. Furthermore, as social life forms such an important part of quality of life in old age, a section has been reserved for reviewing the literature related to the quality of life of older people in different countries and the importance that engagement holds in social lives.

1. The changes in family life

1.1 Family life in traditional Chinese society

In Hong Kong, the majority of the population is ethnic Chinese. However, the traditional Chinese virtue of respecting older people is challenged by the rapid social changes.

In ancient China, the family values of the traditional Chinese family were mostly affected by a great thinker, educator and social philosopher of the Spring and Autumn Period of Chinese history, named Confucius (551-479B.C.). Confucian thought encourages people in families to practice filial piety being one of the important virtues in Confucian philosophy with a significant focus on respecting parents and ancestors. Family members should follow the rules and authority under the family head, usually the oldest male. Following this, he believed children should obey their parents and respect older relatives and all family members had the responsibility to take care of each other, be helpful and kind. This made the family large in size forming an extended structure as well as a composite productive economic unit in which family members usually worked together on farms or family businesses with all generations living in the same big house (Wong, 1975). This also believed that an ideal family structure could be a five-generation extended family providing lifeblood and the ties of kinship for succession of family life (Baker, 1979). A strong family should show solidarity and be effectively managed under the family hierarchy, authority and value system. Each family member living together as a unit was well protected,

cared-for and supported to live a better life but at the same time was also disciplined within the family. The function of the traditional extended family also served the purpose of maintaining social stability because living a law-abiding life as an individual and controlling families was deemed important for the rulers of imperial China. Thus, children were educated to respect filial piety in families and, correspondingly, they would also be citizens loyal to their rulers. In short, filial piety directed the family members to respect, support and provide for the older people at home. It was a very serious offense if the young failed to take care of the old.

The status of a woman in ancient traditional Chinese families was extremely low (Eastman, 1988). The ancients believed that a woman did not have to study because the most important thing for a woman was to be a good wife, to defend her own chastity, help with the housework, serve her in-laws and raise her children after marriage. Their social lives were confined within their in-laws' family. Even if she wanted to visit her own family, she needed to seek approval from her husband's family. Therefore, there is a Chinese proverb saying 'A woman lacking in talent and learning is virtuous'. Hence, a girl would never have the chance to obtain education but would be trained in needlework by her mother before getting married. The head of her family arranged her life and gave her no say in her own marriage. She would know nothing about her husband before getting married. The relationship between husband and wife could be very isolated and, though a woman may feel lot of unhappiness, the couple would never get divorced.

A woman did not just marry her husband but also married into his whole family. She must live with her husband's family and follow the rules and authority of her in-law family throughout her life. However, she would never be considered as an insider in the family and was never given a voice in family affairs. If she wanted to say something, she could speak through her sons. The most important thing for a married woman, therefore, was to give birth to a baby boy. The first newborn boy was very important in an extended family as he would replace the head of the family and inherit the family business when he grew up. Therefore, if a married woman had not given birth to a baby boy, her husband could marry many women.

The majority of women were illiterate in ancient China. Formal education for females was not developed in China until the mid-to-late 19th century. This

partially liberated women from the bondage of domestic life. Nowadays, according to the Education for All National Report in 2005, the Chinese government attaches great importance to eliminating illiteracy among women. The illiteracy rates among women aged 15 and over living in towns and rural areas were 8.2 per cent and 16.9 per cent in 2004 and when compared to 1995, had decreased by 5.7 per cent and 10.5 per cent, respectively. The number of illiterate women dropped from 159 million in 1990 to 61.81 million in 2000 (Ta Kung Pao, 2005)

The huge extended family structure has been dominant through different dynasties in Mainland China. Confucianism had been a central culture root among ethnic Chinese families. Accordingly, the Chinese traditional family values and structure had been maintained for many decades in Hong Kong when several large migrant influxes entered Hong Kong from Mainland China.

1.2 The changes in family life in Hong Kong

In reviewing the history of Hong Kong, older people living today aged 65 and over have undergone tremendous changes both in Mainland China and Hong Kong socially, politically and economically throughout the 20th century. Although the traditional Chinese family structure, function and values have been rooted in their life experiences, there were gradual changes following the rapid economic development of Hong Kong.

Hong Kong grew from a former small fishing island with only a few thousand residents to become the cosmopolitan city it is today. Now, it is renowned as an important free trade port and one of the world's leading international financial centres with a population of over seven million in 2011. The most important period, when Hong Kong's population boomed from 500,000 in 1914 to 725,000 in 1925, was attributed to the outbreak of World War I in 1914 when there was a massive influx of Chinese people from Mainland China into Hong Kong (Lau, 1982). Another influx of mainlanders occurred during the period of the War of Resistance against Japanese Invasion that started in 1937 in Mainland China. The Japanese army executed many Hong Kong people during World War II. That dark period lasted for three years and eight months and the majority of older people today still have this memory etched into their consciousness.

The Hong Kong population was further boosted when a mass migration of

mainland refugees entered Hong Kong during the Civil War (1927–1950) and when the communist revolution began in 1949 in Mainland China. Hong Kong's population had been just over 500,000 in 1945, but increased from 1,800,000 in 1947 to 2,424,700 in 1953 (Lau, 1982). Those immigrants were either capitalists or workers who had experienced several socio-political changes and crises. They brought with them resources such as skills and capital to Hong Kong. Collectively, they formed a source of cheap labour helping to advance Hong Kong's economic growth in developing textile exports and manufacturing industries in the 1950s.

The ethnic Chinese immigrants who settled their families in Hong Kong found life was hard at that time. The majority of immigrants lived in large, squalid squatter camps and spent long arduous hours working in factories. It was also very common that many housewives worked at home to earn more money to sustain their daily lives while looking after their children. They usually took small, unfinished products from factories back home to complete them, such as artificial flowers, beading and sewing. Family members faced the struggle of working long hours, earning a low income, and enduring poor living environments as exemplified by the water shortages during the 1950s and 1960s (Tsang, 1995). In adjusting to a life of industrialization in modern Hong Kong society, the traditional Chinese family values and cultures faced great challenges. The traditional extended family type that had relied on the relationships of land and blood ties for living was now most often disconnected. The nuclear family type became more accepted because some parents needed to work outside home to earn a living for their families. The family relationship became strained placing further tensions within marriages.

During the 1940s and 1950s, family disputes and disintegration occurred because some male family heads, as natural opportunists, went to Hong Kong alone to earn a living and left their families in their native homes in Mainland China. They often did not regard Hong Kong as their permanent homes but inevitably family relationships were impacted by this separation due to issues such as extra-marital affairs. Some males even married a second wife and established their new families with a second-generation in Hong Kong. Even though some couples went to Hong Kong together to participate in different economic activities, they in many cases left their children and in-laws in Mainland China. The parent-child relationship equally inevitably deteriorated because of a lack of care, presence and love. Wong (1975) described that the

family structure in Hong Kong fluctuated through three progressive stages of development of industrialization: the pre-industrialization period, early industrialization and advanced industrialization. Up until the beginning of World War II, the family structure was a temporary and broken extended family as this was a pre-industrialization stage. Moreover, immigrants still expected to return to their native homes in China after accomplishing their short-term economic purposes of trading and commerce. In the early industrialization stage, due to the undesirable social and political changes in Mainland China, it became increasingly impossible for the immigrants to return to their native homes. Instead, the families were forced to settle in Hong Kong. Then, the family structure changed to a form of stem family with three-generations (parents, married son, daughter-in-law and grandchildren). Since the 1960s, when Hong Kong entered the more advanced industrialization stage, the small nuclear family, often comprising only parents and children, became the more typical family structure. Wong stated that the number and proportion of nuclear families would keep rising during the process of industrialization.

An early shift in housing policy in Hong Kong in the 1960s also influenced the rise of small nuclear families. Due to a massive fire ravaging the Shek Kip Mei squatter huts that led to 58,000 people becoming homeless in 1953 (Housing Authority, 2012a), the Government began to construct six-storey and seven-storey public housing blocks near the factories to house the influx of immigrant families who mostly were engaged in cheap labouring work. The size of each domestic cubicle in different blocks was very small, varying from 80 to 150 square feet. A family with five or more adults had to live in a room of about 120 square feet. The residents needed to share public toilets and other communal sanitary and washing facilities. Cooking and laundry needed to be done in the common corridors because there was no kitchen or bathroom inside the cubicle.

This policy forced families to change and adapt to the tremendous changes in socio-economic environment that ensued. The traditional extended family structure was broken down due to the rapid development of the industrial economy, urbanisation and westernisation in Hong Kong. A couple shared their home budget within a nuclear family as both were engaged in economic activities. If they had children, the responsibility of child rearing and discipline would be placed on the shoulders of their aged parents and/or school teachers, or they even employed full-time, domestic maids drawn mostly from the

Philippines and Indonesia in most recent decades. The extended family function was adversely affected with the oldest member of the family no longer acting as the dominant head as in a traditional extended family. Respect and care for older people became increasingly neglected while the numbers of nuclear families continued to expand.

It is important to note that after World War II and before the transfer of sovereignty from the United Kingdom to the People's Republic of China in 1997, Hong Kong also went through a wave of mass migration to other countries such as the United Kingdom, Canada, the United States, Australia and Singapore. The reason for this may be due to the fact that the inhabitants living in New Territory villages found it difficult to earn a living when Hong Kong was transforming into an industrial-economy society after World War II. Another reason might be due to the uncertainty of political status caused by different political affairs during the 1980s and 1990s, such as the large-scale pro-communist leftist riots in 1967, the Sino-British Joint Declaration before 1997 and the Tiananmen Square protests of 1989 in Beijing. These migration tides to a certain extent destroyed the family function and increased many unsolved family problems such as extra-marital affairs. Some old people were left unattended or living alone in Hong Kong after their children and grandchildren had moved abroad. Although some older people migrated overseas with their family members, some returned to Hong Kong alone because they were unable to adapt to their new environments.

Since the family structures and functions have changed over the decades, the value of caring for and respecting older people is increasingly challenged in modern Hong Kong society. Although today's older people have laid down their roots in Hong Kong, undergone considerable vicissitudes and endeavoured to earn a living for their families when they were young, they may not reap the expected reward of a reasonable and comfortable living in their twilight years.

Basically, the government policy nowadays tries to encourage family members to live with older people by offering benefits. On the one hand, in order to encourage young family members to take care of and live with the older members of their family, the Harmonious Families Priority Scheme of the Housing Authority offers priority to those public housing applicants who choose either to live in one flat or two nearby flats (Housing Authority, 2012b). The tax policy also grants tax allowances for taxpayers living with old parents or

grandparents. Each taxpayer who has a dependent parent or grandparent aged 55 or over or that is disabled, and that live together for a continuous period of not less than six months in Hong Kong without paying full costs to anyone or receiving not less than HK\$12,000 in money towards his/her maintenance from anyone during the tax year, is eligible to claim the Dependent Parent and Dependent Grandparent Allowance. Further deductions for taxpayers who reside with their parent/grandparent continuously throughout the whole year without paying full costs or the older family members living in residential homes are available (Inland Revenue Department, 2012). On the other hand, when older people with financial difficulties need to apply for Comprehensive Social Security Assistance on their own, a dilemma arises. In order to increase their chance of being granted an allowance, older people are induced to choose not to live with their children. Meanwhile, to verify their financial status, they need to ask their children to sign a statement declaring that they cannot provide for and financially support their old parents. This statement is called the 'Declaration of not providing support to parents', which is often called the 'bad son statement' by the public. For some older people carrying Chinese traditional family values, there is a reluctance to do this because psychologically, they feel a loss of face if they have to tell somebody that their children are unable to support them (Chan, 2011). Ultimately, some older people choose to live on the Old Age Allowance, which is only a small allowance for older people aged 65 and over to meet their special needs. Some are reduced to collecting recycled papers on the streets to sell them to earn a very small amount of money to live off (Labour and Welfare Bureau, 2009).

Hong Kong's family structure has tended to be flexible in recent decades. The average family size had been 4.2 in 1976 but dropped to 2.9 in 2009, according to government statistics (Census and Statistics Department, 2010a). Many economic activities such as the manufacturing industry had moved to Mainland China from Hong Kong just before and after the transfer of sovereignty over Hong Kong in 1997. Accordingly, an increasing number of people have needed to work in Mainland China in recent years. Some even travel from Hong Kong to Mainland China daily. A trend emerged when an increasing number of Hong Kong men chose to marry Mainland women because Hong Kong males who were former immigrants felt it was easier to find spouses in Mainland China than in Hong Kong. The statistics from the government showed that the number of Hong Kong males marrying Mainland females was 15,776 in 1986 but increased to 28,145 in 2006, which accounted for 44 per cent of all marriages in

2006. There has also been an accompanying trend that more Hong Kong females have married Mainland males in recent years (Census and Statistics Department, 2010c).

Nowadays, many young working parents in Hong Kong face challenges in their family lives under the pressure of a competitive capitalistic society. Long working hours, the pressure of working abroad and a cross-boundary marriage, the emphasis of individual interest and personal achievement are contributing to the disintegration of the family. Children and old parents can only be looked after by domestic maids or admitted to institutions for education and care. Communication and relationships among family members are becoming more limited. Family solidarity is lost and many family problems such as child abuse, elderly abuse and divorce have been created.

A Chinese proverb says, 'family has an old man as if a treasure at home'. This level of treasuring of the honorable status of older family members seems to be disappearing in today's Hong Kong society. As the functions and values of the traditional family have been destroyed in the current capitalistic society, the authoritative figure and highly respected family status of older people is diminishing and their experiences seldom remain valued (Chow, 1997). The value of filial piety seems to have been forgotten by a large proportion of the younger generations. Hence, the effect on the family life of older people living alone and their family support are viewed with great concern.

2. Quality of life in later life

2.1 Definitions, concepts and measurement of quality of life (QoL)

The term QoL originated and was further developed in Western countries after the Second World War. UK research on QoL in social gerontology has been a long tradition (Walker and Walker, 2005). There is no agreed definition or theory to fully explain quality of life. The concept of QoL is complicated and different researchers use different theoretical frameworks and measurement instruments to assess it (Bowling, 2004). The definition and measurement of QoL vary in different disciplines, e.g social sciences, medical and health science, psychology and philosophy.

The meaning of QoL varies from person to person. It may differ among people of different age groups from different countries with different lifestyles and cultures. It may change over time according to an individual's life experiences, expectations and values. It is a very subjective experience and perception for individuals. Moreover, it is abstract and depends on one's evaluation and recognition of their personal life experience (Bengtson, Schmeckle and Taylor, 2000). The common indicator of quality of life can be a feeling of life satisfaction in life domains (Stewart and King, 1994). This definition with a subjective-individual element is at a micro level. At the macro level, when being both objective and societal, it can be associated with functional and socioeconomic status such as income, housing, education and other living conditions (Bowling, 2004).

Indeed, the term QoL is difficult to define and interpret. George and Bearon stated,

'On the whole, social scientists have failed to provide consistent and concise definitions of quality of life. The task is indeed problematic, for definitions of quality of life are largely a matter of personal or group preferences, different people value different things' (George and Bearon, 1980, p.1).

Nevertheless, many researchers have given a definition of QoL through various research methods. Campbell defined it as a sense of wellbeing in social domains (Campbell, 1981). Hughes indicated that it did not have fixed boundaries and the domains were interrelated. He categorized QoL into seven dimensions:

individual characteristics, physical environmental factors, social environmental factors, socio-economic factors, personal autonomy factors, subjective satisfaction and personality factors (Hughes, 1990). Lawton defined QoL as 'the multidimensional evaluation, by both intrapersonal and social-normative criteria, of the person-environment system of the individual' (Lawton, 1991, p.6). This conceptual model was a dynamic, multi-level and complex collection of interacting objective and subjective dimensions with positive and negative influences and was difficult to operationalize. He formulated a model encompassing elements of behavioural competence, perceived quality of life, psychological well-being, and the external, objective environment as the four general evaluative sectors (Lawton, 1991).

Bowling has presented a taxonomy and overview of QoL by reviewing a wide range of relevant concepts and definitions of QoL in a vast amount of literature. She concluded that there was no widely accepted or overall agreement of the definition of QoL and there is lack of supported theory, standardised concepts or measurement instrument of QoL for use with older populations (Bowling, 2004). Nevertheless, an important common finding among these research works is that those definitions and concepts are mainly based on professional or expert led opinions and measures alone, and are less effective in providing an adequate account given by older people. This is summed up by the consequence of policy action seldom relating to older people's lives (Bowling, 2007b). Thus, in recent years, the research focus has shifted to explore good QoL by asking older people themselves to define and prioritise.

Although it is difficult to define and measure QoL in society, the World Health Organization conceptualizes five domains: physical health, psychological health, level of independence, social relationship, and environment, and gives a definition of the term QoL as,

' an individual's perception of his/her position in life in the context of the culture and value systems in which he/she lives, and in relation to his/her goals, expectations, standards and concerns. It is a broad-ranging concept, incorporating in a complex way the person's physical health, psychological state, level of independence, social relationships, and their relationship to salient features of their environment' (WHOQOL Group, 1994, p.43).

The development of the WHOQoL measuring instrument for cross-cultural use is

expected to provide a guide for QoL assessment that includes a person's physical health and day-to-day functioning, their psychological well being, social relationships and environment. Moreover, this available instrument is commonly used as an assessment tool in health related fields aimed at promoting active ageing (WHO, 2002).

There are many instruments used to assess and measure older people's QoL in medical and health domains, such as the Short Form 36 (SF36), the Short Form 12 (SF12) and the EuroQoL (EQ5D). Among the measurement instruments, over 39 per cent used the SF36 in the healthcare field as reported in a bibliographic review study (Alesii et al., 2006). Although these forms are useful, there are limitations such as health related QoL being uni-dimensional (Scottish Executive, 2005). Bowling also comments that despite the tests being reliable there remains a lack of generic QoL instruments that are applicable to all research groups, particularly in older populations (Bowling, 2009).

Many researchers (Whetsell, 2006; Netuveli et al., 2006; Peel, Bartlett and Marshall, 2007; Blane, Netuveli and Montgomery, 2008) have used the measurement instruments of the World Health Organization's WHOQOL-OLD and the CASP-19, developed from the theory of human needs satisfaction in studying the QoL issues of older people. Bowling has used a newly developed measure, the Older People's Quality of Life (OPQOL) Questionnaire, to compare with the CASP-19 and the WHOQOL-OLD in a national British survey with a large sample of 999 people aged 65 or over. She discovered that this new measure was rooted in the older people's perspective, was integrated with theory, has good validity and reliability and could be used for multidimensional older populations or for multi sector policy in outcome measures. It is believed that QoL is a subjective concept and there is a need to ask older people themselves what QoL is, for testing content validity (Bowling, 2009). Thus, the development of lay concepts is basically drawn from the views of older people themselves.

2.2 Models of quality of life

Regarding the models of QoL, Gabriel and Bowling argued that the existing models of QoL were seldom multi-level or multi-domain (Gabriel and Bowling, 2004). They also pointed out social gerontologists in the United States preferred to explore QoL by using life satisfaction while researchers in Europe followed the positivist views of functionalism (Gabriel and Bowling, 2004).

In Canada, a multidimensional model of quality of life was developed and their conceptual framework defined quality of life as 'the degree to which a person enjoys the important possibilities of his or her life' (University of Toronto, 2011, p. 1). Importance and enjoyment were the two main determinants in three life domains classifying as Being, Belonging and Becoming. Enjoyment included the experience of satisfaction or the possession or achievement of characteristic such as good health.

Bowling has critically examined and discussed nine main models of QoL used in the vast research literature in detail. These models are objective indicators, subjective indicators, satisfaction of human needs, psychological models, health and functioning models, social health models, social cohesion and social capital, environmental models and ideographic approaches. Each model has its own indicators and frameworks for measurement of the different aspects of QoL. Nonetheless, the most important focus of these models and measurement instruments covers not only a theoretically basis, but also incorporates lay people's views (Gabriel and Bowling, 2004).

2.3 Perspectives of older people on quality of life

Despite Carr and Higginson (2001) pointing out that few studies seek older people's views on good QoL and Bowling also having criticized the concepts of QoL for seldom consulting lay people's perspectives, priorities and interpretations (Bowling, 2004), some research literature has endeavoured to understand the ramifications of old age by adopting different approaches and models.

Farquhar's study revealed that other than health, the majority of older people perceived the important components that give their life quality are family relationships, social contact and activities. The passing away of their family members and friends had reduced their social contact and brought with it negative feelings towards their quality of life (Farquhar, 1995).

A study on the views of older Chinese people in Australia reported that good quality of life was identified by the older Chinese people as multidimensional and linked with good health, independence, secure finance, a meaningful role, strong ethnic community and family support, low expectations, no worries, and a sense of the family's love and respect (Tsang, Liamputtong and Pierson, 2004).

Another study of suicide among older people, investigating older people's views of what the importance of QoL was, indicated that social relations, functional ability and activities influence them more than health (Wilhelmson et al., 2005). A British national interview survey (Bowling et al., 2003) examined older people's views on definitions of QoL by asking questions of what gave their lives quality, what took quality away and then their priorities. 999 older people aged 65 and over living in private households in England and Scotland were randomly sampled over a period of nine years. The survey found that 81 per cent of the respondents reported that, other than good health and functional ability, having good social relationships with children, family, friends and neighbours were the most important factors affecting their living quality. Other factors included social roles and social activities, living in a good home and neighbourhood, financial circumstances, leisure activities, enjoying being alone, psychological outlook and wellbeing and independence. They felt that to improve their lives having enough money, good health and retaining mobility were far more important. Meanwhile, the majority of the respondents gave positive responses on their QoL and most had an active life and engaged in social, leisure activities or voluntary work (Bowling et al., 2003).

Beaumont and Kenealy's research report indicated that the social environment, which consisted of home, safety, finances, services, leisure, environment and transport, was the most important factor that influenced older people's perceptions of QoL. In their three-year-long study involving 193 older people aged 65 to 98, the important factor of QoL ranked by the respondents was having a partner, family and good health, belonging to a Church, being able to get about, membership of a lunch club and independence. It also found that those having a partner felt they had a high QoL. Those living alone for more than ten years were more negative in their approach to life, compared with those having a partner or living with family. Meanwhile, a lower sense of QoL was accompanied by depression. Worrying about health can also influence depression and social life (Beaumont and Kenealy, 2003).

The models of QoL are inconsistent for multidimensional measure due to QoL largely being associated with a subjective concept (Bowling, 2009). Perhaps, there is a true need for a multidimensional measurement instrument with sound reflection on lay views when assisting older people to improve their quality of life. An QoL instrument known as 'QuiLL' is one of the examples (Evans et al., 2005). 'QuiLL' is a product of measurement items determined by

100 older people, carers, professionals, academics and policy-makers. It is used currently for assessment in community care fields.

In summary, there has been growing interest and concern in researching QoL. However, there is no accepted or agreed definition, theoretical basis or concept of QoL across disciplines. For instance, medical research primarily emphasises the influence of a person's health status. Indeed, the concept of QoL can be a multidimensional construct, interrelated in different domains and includes subjective and objective elements. Although the perspectives of older people are important, the views of experts (other perspectives) cannot be ignored in studying QoL. This is because the two key issues of how we define the levels of quality in life and from whose perspective are interlinked (Bond and Corner, 2004).

2.4 Quality of life of older people in Hong Kong

The outcome measure has commonly been used in medical and health domains in recent decades in Hong Kong. However, there is limited research studying the QoL of older populations receiving welfare services, although interest has grown in recent years.

One study (Lau, Chi and McKenna, 1998) that adopted a qualitative approach based on a grounded theory, investigated the self-perception of quality of life of Chinese elderly people in Hong Kong, by forming a focus group of six older people aged 69-83. It was found that the participants were more familiar with the general term 'a good life' instead of 'quality of life' due to cultural background and little or no education compared to their Western counterparts. This reflected the diversity in social and cultural context between Western and Asian countries. The most important component contributing to good living perceived by the respondents was economic wellbeing while family (social relationship) was ranked second. This may be due to the fact there is no formal pension scheme in Hong Kong for their generation and so they felt money and housing were centrally important to their daily lives. Family was valued because of the Chinese philosophical beliefs of filial piety (xiao) and ancestral lineage. This finding differs from the research results in Western studies whose ranking priorities are health, life satisfaction and social relationships (Lau, Chi and McKenna, 1998).

The studies of Chan, Cheng and Phillips (2002) and Kwan et al. (2003) both collected information from focus groups to formulate the concept of QoL and to classify the factors that contribute to QoL and then followed this with a large-scale survey. In general, some of the findings of these two studies were quite similar. The contributing factors given by the old respondents included good physical health, mental health, financial conditions, diet and family relationships. These findings were somewhat similar to the results of Western studies.

In recent years, many studies (Chan et al., 2006) in health related fields have used the World Health Organization Quality of Life Scale-Brief Version for Hong Kong Chinese (WHOQOL-BREF, HK) to measure the QoL of older people. In an attempt to address the specific needs and situation of Chinese older people, a culturally relevant measurement instrument has been developed by social researchers in Hong Kong, preliminarily named as the Hong Kong Quality of Life Scale for Older Chinese People, abbreviated to 'HKQoLOCP' (Chan et al., 2004). This survey successfully interviewed 1616 older people, aged 60 and over as a representative sample for testing the instrument. After going through the validation and reliability process, a new scale with 21 items in six domains was identified and recommended for local practitioners to use. The six domains included subjective wellbeing, health, interpersonal relationship, achievement-recognition, finance and living conditions.

There is little research specifically studying the QoL of older people living alone in Hong Kong. An exploratory study assessing this target group was conducted by citing George and Bearson's (1980) definition of QoL as a theoretical framework to construct several measuring scales such as health status, mental health status, self-esteem and life satisfaction. Findings revealed that the significant factors for predicting the QoL of those living alone were mental health status, number of days staying in hospital, life satisfaction, age and self-esteem. The results exhibited the consistency of the concept of QoL between the local and Western studies (Lee, 2005).

Another study investigated the difference between those older people living alone and those living with others, and reported that those living alone have a lower level of quality of life, poor self-rated health status, limited social networks of relatives, high level of financial strain, a lack of instrumental and emotional support and have depressive symptoms (Chou and Chi, 2000).

In conclusion, attention and concern regarding the QoL of the older population entered the public sphere in recent years in Hong Kong. In reviewing the research studies in Hong Kong, both subjective and objective methods have been adopted by social researchers in measuring the QoL of the older population. Researchers will usually conceptualize the term QoL by directly asking older people what it means to them. This is similar to the approach used in recent studies in Western countries (Bowling et al., 2003). However, taking the notion of Lau, Chi and McKenna's study (1998) into account, the Chinese philosophical beliefs may affect the views and aspirations of QoL of older people living alone. The social and cultural differences between Western and Asian societies will be worthy of note when conducting this study on the social life of older people living alone.

3 Social life and living alone in old age

Old age brings changes to many aspects in lives. For the individual, problems accompanying age include functional decline such as immobility and incontinence, sensory impairment such as hearing and vision problems, higher incidence of disease and injury such as falls and accidents, degenerative and lifestyle-related diseases, and the increased risk of psychosocial problems such as depression and cognitive impairment.

For those who had worked in their early life, the change of social role after retirement may lead to reduced daily interaction with people and a diminished contribution to society. Besides, some may encounter psychological change and life adjustment problems. As their children leave them, they seek to live independently but after the deaths of relatives and friends, loneliness and depression may follow. They may withdraw from social participation with a corresponding, declining social network. To maintain older people's quality of life, financial assistance, housing placement, medical protection and social support from family, relatives and friends and social participation are important elements needed in their late life.

In reviewing the above-mentioned research studies (Farquhar, 1995; Lau, Chi and McKenna, 1998; Chou and Chi, 2000; Chan, Cheng and Phillips, 2002; Bowling et al., 2003; Beaumont and Kenealy, 2003; Kwan et al., 2003; Tsang, Liamputtong and Pierson, 2004; Wilhelmson et al., 2005) both in Western countries and in Hong Kong, much research identifies important social factors

that constitute good QoL for older people. These are: social networks, social relations, social activity and social contact. All of these determinants connect with social life. Thus, social life constitutes a key part of the quality of life in old age.

Western studies reveal the importance of a social life for older people. An active social life may delay memory loss for the ageing individual. A study conducted by Harvard School of Public Health researchers in the U.S (Ertel, Glymour and Berkman, 2008) found that social integration delays memory loss among elderly Americans. Social forces play an important role in shaping health and persons with the highest social integration obtain the slowest rate of memory decline. The evidence shows that avoiding memory decline needs strong social networks whereas social isolation may contribute to cognitive decline. They suggest that maintaining the wellbeing of older people requires active participation in social and community life that can ease the public health burden. Another study in England undertaken by Professor Graham Beaumont and researchers at the University of Surrey at Roehampton (Beaumont and Kenealy, 2003) reports that healthy older people living with a partner, belong to a church and are mobile and independent retain a higher quality of life compared to those living in residential homes.

Very little academic research has focused on the social lives of older people living alone in Hong Kong, although recent surveys and studies by the Census and Statistics Department and academic institutions provide relevant socio-demographic data and highlight the impact of living alone on the quality of life among older people. Dr. J. J. Lee (Lee, 2005) conducted an exploratory study on the quality of life of older Chinese people living alone in Hong Kong. In his study, he interviewed 109 Chinese older people aged 60 and over living alone in two public housing estates in an urban area of Hong Kong. The research findings indicate that most interviewees in their late 70s in the lower socioeconomic stratum of society are female, widowed, poorly educated and recipients of social security. The study found that the health-related variables are important predictors of quality of life. If the medical costs of older people can be reduced, their social network and interaction is maintained while participants can engage in their favorite social activities. Those interviewees who live alone and with children living in Hong Kong rely more on emotional and financial support from their offspring.

In summarising the western and Hong Kong studies on older people's quality of life, it is found that those older people living with others enjoy a superior physical and mental health status when compared to their peers who live alone. The life quality and satisfaction of those living alone appear lower and they also encounter financial pressures. More recently, published research papers and reports about the life quality of older people conclude that an active social life is a major contributory factor to a better quality of life. Studies by Chan, Cheng and Phillips (2002) and Kwan et al. (2003) report that social activity is one of the factors that helps older people maintain a better quality of life.

In exploring the culture and structure of family life in ancient China, older people in traditional Chinese extended families were highly respected. Emphasising the importance of filial piety in Confucian philosophy, older people usually lived together with their family members and were cared for by their offspring in older life. Nowadays, in modern Hong Kong, social and economic changes have been made increasingly difficult for older people to live with their offspring or receive continued support and care from their adult children. Consequently, some older people choose to live alone. Some literature aids our understanding of the reasons for choosing to live alone. A recent study indicates that Chinese older men often prefer to live with their sons than with their married daughters whereas older women have no such preference (Lee, 2004). This bonding of Chinese traditional families helps explain why some older men choose to live alone. A study in China (Yi and Wang, 2003) also indicates that elderly women are more often widowed, economically dependent and more likely to live with their children acting as home help for their grandchildren. A very small proportion of Chinese elderly live with persons other than their offspring and/or spouse. Yi and George (2000) in their study on 'Family Dynamics of 63 Million (in 1990) to more than 330 Million (in 2050) Elders in China' reveal this. Moreover, they also noted that elderly women are much more likely to be widowed and thus live alone.

The result of choosing to live alone for Chinese older people is reflected in some literature studies. The Aging Research Centre of China states that the biggest concern for elderly living alone is the spirit of loneliness (Wenweipo, 2008). The statistical data reveals that 30 per cent have varying degrees of psychological problems. According to medical research, the most vulnerable elderly people living alone more easily develop elderly depression and loneliness. When growing older, they become more reliant on others and their psychological

condition becomes more vulnerable. Another viewpoint exploring the mental health of Chinese older people living alone is the study of 'Depression among elderly Chinese-Canadian immigrants from Mainland China' (Lai, 2004) provides another picture. It notes that among the 444 elderly immigrants interviewed and assessed, nearly a quarter have some depressive symptoms and, more critically, older people who live alone have even more depressive symptoms.

Understanding that living together and togetherness exemplify the culture of Chinese traditional extended families; family support is seen as central to Chinese older people's expectations. A systematic literature review of twenty-six research papers on loneliness and social support of older people in China (Chen, Hicks and While, 2014), reports that there is a significant correlation between the level of social support from family and loneliness. Several factors such as marital status, education, finance, health and social support are found to be associated with loneliness. Most importantly, family is regarded as the main source of social support for Chinese older people and this support aids the mental health status of older people and alleviates loneliness. Those experiencing a poor family relationship with less emotional family support have the highest level of loneliness and are less likely to experience life satisfaction. Although support from friends is regarded as a secondary source of social support, the results of the literature findings suggest that this does not affect the psychological wellbeing or life satisfaction of older people in China. Regarding the support from neighbours, only one study in Hong Kong (Phillips et al., 2008) is included in this literature review. It indicates that among 518 research participants aged 60 or over, most are satisfied with their neighbours' support and a positive correlation with the psychological wellbeing of older people is demonstrated. This literature review (Chen, Hicks and While, 2014) has also found that those living alone feel lonely when they lack social integration and are socially isolated.

The numbers of people living alone in China and the phenomenon of empty nesters is of concern. The above-mentioned study on loneliness and social support of older people in China conducted by Chen, Hicks and While (2014), has interviewed 521 older people aged 60 or over living alone in Shanghai, and confirms that those living alone are more likely to feel lonely and that their social support is minimal. Therefore, an improved level of social support is believed to reduce loneliness. Similarly, the study by Phillips et al. (2008) also indicates that the size of one's social network strongly affects older people living

alone. Hence, a study of depressive symptoms of older adults in Hong Kong (Lou, 2011) recommends that focusing strategy on family relationships might help older people living alone to cope with loneliness.

A few parallel studies in Hong Kong indicate older people living alone suffer higher rates of depression or feel lonely. A study on the 'relationship between living arrangements and the psychological wellbeing of older people in Hong Kong' conducted by Ng, Lee and Chi, reports that among 90 older adults, there are no differences in the psychological wellbeing between those living with a family and those living alone (Ng, Lee and Chi, 2004). Yet, Chou, Ho and Chi's (2006) 'Living alone and depression in Chinese older adults', interviewed 2003 elderly respondents and found that older women living alone have high levels of depressive symptoms but no male participants did. In explaining the relationship between living alone and depression amongst older women, social support is considered a significant factor. Chinese older women who are in poor health suffer financial strain and living alone as an independent risk factor may cause depression (Chou, Ho and Ch, 2006). Meanwhile, a very interesting factor supporting this finding is that older men living alone may have wives and children living in Mainland China. Actually, it has been a common practice for single men in their late forties or fifties to choose to marry younger women across the border in Mainland China. Due to immigration restrictions, their wives and children must reside in China and hence, their marital ties are remote. With respect to the rates of suicide among the elderly, those living alone have a lower rate than those living with families. Kwan's study (1988) found that 58.7 per cent of the suicide victims lived with their families while 19.2 per cent lived alone.

To sum up, different research studies demonstrate different results and findings on the relationship between living alone and loneliness. Nevertheless, most studies suggest loneliness is found to be associated with living alone. To alleviate loneliness when living alone, literature reviews suggest that social life and the broadening of social contacts may help. Furthermore, the psychological wellbeing and quality of life of older people can be enhanced.

Chapter Four Theories for Understanding Social Life of Older People

This chapter investigates several theories for the purpose of theoretical understanding of the social life of older people living alone. These include three social theories: the disengagement, activity and continuity theories; two psychological theories: the attachment theory and Erikson's developmental stages of life; and a sociological theory: social capital theory.

The three major social theories from the functionalist perspective that have been commonly used in research studies of social gerontology over the past decades are the disengagement, activity and continuity theories. These theories attempt to conceptualise the adjustment individuals undergo and place emphasis on the changes occurring in social roles and relationships during old age. These theories have already been developed over the past half century, they have contributed strongly to our understanding of the ageing phenomenon and the relationship between an individual and society during their ageing process. Due to this study's focus being upon exploring the lifestyle of older people, their changing roles and responsibilities, social networks and social relationship, these theories offer advantages in providing supportive explanations of how older people deal with their later life experiences.

Two other more recent major psychological theories have been attachment theory and Erikson's developmental stages of life. Attachment theory focuses on the importance of having attachment figures that affect an individual's personality development throughout their life-course. Erikson's eighth and ninth developmental stages place emphasis on the challenges that older people face and explore how their psychological crises can to be solved. Both theories help to explain the psychological aspects of how those living alone view their social life.

Since social life associates closely with social networking, the concept of social capital is then adopted mainly for understanding the aspect of social networking of older people in their later life.

All these theories are discussed in the following sections.

1. Disengagement theory

Disengagement theory developed by Cumming and Henry (1961) is based on their 5-year long adult life study of 275 adults aged 50–90 in Kansas City (Cumming and Henry, 1961). They observed that older people began withdrawing from their work roles, social relationships and societal networks when nearing retirement age. They saw this as an inevitable and natural process due to the subjects' declining physical function, psychological status and responses to the needs of society. Cumming and Henry wrote, 'Disengagement is an inevitable process in which many of the relationships between a person and other members of society are severed and those remaining are altered in quality' (Cumming and Henry, 1961, p.211).

The functional perspective accepted that disengagement is normal and moreover is anticipated by society. Early disengagement helps when older people decline in their physical and mental functioning because it helps minimise the level of future social disruption and thus benefits both society and older people in general. Thus, older people need to withdraw or disengage from the social systems in which they have previously belonged to ensure the smooth transition of their former work roles to the younger generation. Such gradual disengagement enhances social stability and the successful equilibrium of a social system within society in order to avoid social disruption (Cumming and Henry, 1961).

This theory postulated that disengagement is natural, mutually agreed, expected and accepted by older people while at the same time is encouraged by society without any coercion. Disengagement enables older people to be released from their previous roles and responsibilities and allows them to enjoy a more leisurely lifestyle associated with the newer, replacement roles they adopt. The mutual disengagement process whether spontaneously accepted by older people themselves or initiated by others, results in a decreasing social interaction between those individuals and others in their society. Events in the external social environment such as bereavement, retirement or adult children leaving home can also further disconnect the retirees from the social system (Cumming and Henry, 1961).

Although this theory can help explain the social behaviour of some older people, it is highly disputed by other writers (Bond and Corner, 2004). Most of the

critiques of this theory dispute that the process of disengagement is inevitable and universal. Havighurst argues that disengagement may not benefit all older people and furthermore that the most socially engaged people are usually the happiest (Havighurst, 1961). Maddox (1964) emphasises that the process of disengagement only applies to some older people. Tallmer and Kutner (1969) find in their investigation that disengagement would not necessarily result from age in itself, but rather is a product of the impact of physical and social stress which naturally may be expected to increase with age.

Furthermore, Youmans's two studies of family relationship, involving both men and women aged 60 and over living in rural and urban areas in 1967 presents added contradictory evidence to the disengagement theory. He concludes that both men and women still continue to actively engage in their existing family activities, even though the men have disengaged from their previous employment. In addition, Youmans's study of rural residents aged 45 to 60 in 1968 also finds no significant correlation of social disengagement in their daily hobbies or activities (Youmans, 1969). Hochschild criticises the theory because it disregards older people's perspectives and he disagrees with its interpretation of disengagement and aging. Disengagement may represent a loss to society. In fact, older people if allowed continued employment may still continue to perform well in their employment as they combine the advantages of accumulated intelligence, insight and experience. Furthermore, it is almost impossible for older people to totally disengage from society. Some older people either may be unwilling to disengage or cannot afford to relinquish their previous roles and relationships because of the consequent reduction in benefits and social interaction for them (Hochschild, 1975).

In summary, according to this theory, older people who disengage or withdraw from their previous employment roles at retirement age will disconnect from their established social interactions and relationships while still in middle age. Therefore, Victor (2005) indicates that disengagement involves a triple loss for older people. These are the loss of roles formerly held, increased restriction in social contacts and relationships, and a reduced commitment to social mores and values.

2. Activity theory

Activity theory is an alternative theory that attempts to counter disengagement theory. Robert Havighurst developed this theoretical framework in the 1960's. Havighurst stated that social role participation is essential for successful adjustment into old age and social activity also plays an important role in successful aging. Thus, older people need to maintain the positive attitudes and activity levels they had already established in their middle age (Havighurst, 1961).

Basically, activity theory emphasizes a positive self-concept and adjustment in later life by adopting social roles in a flexible way. Despite the fact that older people may be forced to withdraw from their former roles at retirement age, they need to identify the loss of work roles and to find new social roles to act as substitutes such as developing new hobbies, participating in voluntary work or church activities and establishing an explicit affiliation with their own age group. Through the development of a personal social network and the maintenance of social relationships, a minimisation of the acceleration in aging and its harmful effects from the loss of close confidantes or loved ones and work roles can be achieved. If older people disengage from their society, their social interaction and relationship will correspondingly decrease. Ironically, this counteracts their expectation and will (Havighurst, 1971).

In addition, their social activity is associated with life satisfaction. Activity theory indicates that older people gain life satisfaction through adjusting their activities. The higher the rate at which the elderly involve themselves in desired and meaningful activities, the greater the life satisfaction and life span they receive (Havighurst, Neugarten and Tobin, 1968). Facing the facts that declining physical strength and health and reduced income resulting from retirement in old age is inevitable, the psychological and social needs remain similar to when they were middle aged. Older people may actively continue to engage in their social activities and maintain their attitudes previously established in middle age to continue in fulfilling their needs and life satisfaction in later life thus avoiding any withdrawal from their social world.

In short, to stay physically and mentally active and to find new substitutes for social roles in later life by participating in regular and meaningful activities and maintaining social relationship forms the bases for activity theory. Older people

need to adjust to potential changes in their respective health status, social roles and relationships.

There are further empirical studies (Lemon, Bengtson and Peterson, 1972; Knapp, 1977; Hoyt et al., 1980) that support this theory. Lemon, Bengtson and Peterson (1972) study the relationship between different types of social activity and life satisfaction based on a sample of 411 potential residents living in a retirement community located in Southern California by classifying three types of activity. The three types are informal activity that includes interaction with relatives, friends and neighbours, formal activity including participation in voluntary organisations and solitary pursuit activities. The finding shows a significant and positive relationship exists between social activity with friends and life satisfaction but finds no significant relationship between activity with neighbours, relatives, for malorganisation or any solitary activity. However, Lemon and colleagues also identify the limitation of this theory inasmuch as it ignores the lifestyle and personality patterns of the individual formed in early life and the complex interchange between the individual and his social world (Lemon, Bengtson and Peterson, 1972).

Knapp's study, which involved interviewing 51 older people living in England, adds support to the findings of Lemon, Bengtson and Peterson. The study concludes that informal activities involving a number of hours spent with friends has a strongly significant correlation to life satisfaction while formal activity has positive associations to a lesser measure but no relationship has been found between life satisfaction and solitary activity (Knapp, 1977).

However, Longino and Kart argue in a formal replication of Lemon, Bengtson and Peterson's study that according to their findings, informal activity with friends, relatives and neighbours does provide strong, positive and frequent correlation with life satisfaction, with no negative effect of formal activity and no effect of solitary activities being noted (Longino and Kart, 1982).

Although many research studies in social gerontology (Lemon, Bengtson and Peterson, 1972; Knapp, 1977; Hoyt et al., 1980; Longino and Kart, 1982) support activity theory's view that maintaining the activity patterns, values and social interaction associated with middle age can enhance life satisfaction in old age, they also find that its influence will gradually wane. Hayes and Minardi (2002) argue that the theory is idealistic and some older people who have been ill or

lack motivation may not be able to maintain their previous activity levels and moreover, cultural differences may appear when studied in a non-Western perspective. Similarly, Bond and Corner (2004) observe that it is impossible to maintain the previous level of social activity associated with middle age for those older people whose social networks diminish through a combination of a loss of close confidantes and deteriorating physical and mental health. Besides, the theory identifies difficulties in explaining the complicated interaction between individuals and their changing environments. Bowling (2005) also comments that the theory is simplistic inasmuch as it overlooks issues related to social inequality.

In summary, to achieve more successful aging, activity theory suggest that individuals need to be encouraged to maintain their active regular activities and pursuits, roles and relationships as frequently as possible. Meanwhile, due to the role changes occurring in old age, an individual needs to develop new roles to replace their earlier ones. Furthermore, more consistent involvement in desired and meaningful activities leads to greater life satisfaction and a longer life span (Havighurst, Neugarten and Tobin, 1968). A positive self-concept may also help to stimulate greater life satisfaction.

3. Continuity theory

One other reaction to disengagement theory that arose is continuity theory, formulated by Atchley (1971 and 1989). This emphasises that the basic and unique personality, attitude, values, behaviour, lifestyle and preference of a person have a constant pattern throughout the life cycle and the traits developed in early stage of life development will maintain and encourage continuity and adjustment in later life. The theory maintains that there would be few dramatic changes in personality, attitudes and behaviours because most of the changes in old age relate to an individual's life history and could be traced back to that individual's life experience. Although a person's physical, mental and social status will lead to changes in old age, the social activities and relationships remain consistent with those adopted in middle age. Losses in roles occur, but opportunities for other similar roles to substitute would arise (Atchley, 1989).

This continuous development and adaption becomes evident throughout an individual's life cycle. For preserving psychological wellbeing, older people

should try to adopt adaptive strategies related to their past experiences and social world by continuing to participate in their important activities or hobbies to maintain social interaction and relationships. In other words, the feeling of continuity in lifestyle could enable older people to adapt to the changing situations met in normal aging and be accepted as usual, commonly encountered patterns of human aging (Atchley, 1989).

The theory consists of internal and external structure continuity providing ways for managing life and multiple roles. The internal structure continuity is part of an individual's constant self-concept formed in the past and acts as a foundation for future decision-making throughout their life course. The external structure continuity includes physical and social environments, role relationships and activities. Combined, this gives support for the maintenance of a stable lifestyle and self-concept. Both internal and external structure continuity needs to be consistent throughout the adaptation and development process (Atchley, 1989).

A longitudinal study (Agahi, Ahacic and Parker, 2006) of the patterns of leisure participation among older adults in Sweden lends support to this theory. The study, that followed a nationally representative sample of 495 individuals from middle age to old age over a 34-year period, reports that despite changes in late-life transitions, participation in later life is always the continuity of participation from an earlier stage. The observed individuals, to a certain extent, had preserved and maintained their patterns of habits and activities with increasing age although a decline in their participation level over time and considerable variation had been observed among both their leisure activities and with various individuals.

Nevertheless, a critique based on Becker's qualitative study followed comprising a sample of 216 stroke patients. Due to the functional disability and limitations caused by suffering a stroke, the respondents have difficulty in maintaining their previous level of activities, social roles and relationships and thus experience increasing social isolation. Becker concludes that the scope of continuity theory has been too limited and suggests a more holistic approach consisting of discontinuity (Becker, 1993). Covey also proposes to re-conceptualise the thinking by focusing on the interaction between individual characteristics and social structure (Covey, 1981).

Responding to the weakness of continuity theory in describing adequately the

effect of social institutions on individuals, Elliott's study explains the cultural and personal continuity of the female residents in a Copenhagen nursing home. She suggests that by structuring physical space and social opportunities, cultural connections between the pre- and post-institutionalisation lives of their residents could be established (Elliott, 1995).

In conclusion, continuity theory suggests it is better for older people to maintain their previously lived lifestyle within their familiar environment. Older people are advised to transfer their values, attitudes, beliefs and other lifestyle patterns of their earlier life into their later life by adapting to new experiences and multiple roles through each life transition. Nonetheless, circumstances may determine that some older people may be unable to maintain continuity of their lifestyle, activity patterns and social relationship associated with their middle age years. For example, those older people who had lived with their family in middle age may either choose to live alone in later-life or in some cases be forced by circumstance to do so.

4. Attachment theory

The basic concept of attachment theory was first proposed by the psychiatrist and psychoanalyst John Bowlby in the 1960's and, later by research developed by Mary Ainsworth who was a developmental psychologist. The further development of attachment theory is mainly based on the perspectives of Bowlby and Ainsworth (Bretherton, 1992).

Bowlby's perspective and concept of attachment theory can be found in his three published articles, namely: 'The Nature of the Child's Tie to His Mother' (1958), 'Separation Anxiety' (1959) and 'Grief and Mourning in Infancy and Early Childhood' (1960). On the basis of observations made in his empirical studies of mother-child relationships, Bowlby states, 'the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment' (Bowlby, 1951, p.13).

Bowlby finds that the need for an attachment figure is important during infancy and childhood because it helps to develop emotional bonds and provide satisfaction and enjoyment in a child's development. The child spontaneously ties to his/her mother or a primary caregiver and is given a secure base from

which to explore the outside world. Otherwise, the child will have feelings of separation, deprivation or bereavement that will disrupt the mother-child relationship. Thus, the child's tie to his mother is more important than the mere provision of the basic needs sufficient to satisfy the child.

Attachment in childhood can affect an individual's personality development throughout their life, especially in emergencies, although attachment behaviour is more obvious in early childhood. This depends on how the parent treats the child. The attachment styles perform generally and stably in all the developmental stages of interpersonal relationships (Bowlby, 1988b). The behaviour's interaction pattern between the self and the attachment figure will be internalised through the process of a working model that is concerned with the prediction of self-assessment and responses to others. The internal working models can influence an individual's perception, feeling and behaviour towards future interpersonal relationships.

Ainsworth's works gives new direction to the extension of attachment theory. She observed the attachment development between an infant and its mother and then studied the evaluation of maternal sensitivity to infant signals. Based on the fundamental tenets of attachment theory, her experimental test, known as the Strange Situation (Ainsworth et al., 1978), was designed to study how the infant-mother attachment relationship was created. During the eight-episode interaction process, a one-year-old infant, its mother and an unfamiliar woman participated and were then separated from the infant for a certain time in a strange playroom. Finally, Ainsworth observed and described three different attachment patterns of infant-mother interaction. These were classified as: secure attachment, avoidant attachment and ambivalent attachment. She concluded that an attachment figure plays a very crucial role when an infant begins to explore the social world. Any separation between mother and child would be harmful to the child's development. In addition to this, Main and Soloman (1990) added a fourth. This is disorganized attachment, which arises when the caregiver is frightened or frightening. Children having this disorganized attachment style may relate to the confused actions or inconsistent behaviours performed by their parents or caregivers. Sometimes, the children may feel comfort but very often become frightened.

Hazan and Shaver (1987) explained adult attachment based on the concepts of Bowlby and Ainsworth. They indicated that the early attachment relationship

directly affects adult romantic love and the attachment pattern in adolescence is similar to that of child attachment. This means the attachment pattern in adults shares similar features of the infant-caregiver relationship. The major difference is that adults can grasp different internal working models for different relationships.

Heard and Lake (1997) developed a theoretical model and explain the interplay between attachment and care giving. They suggest that, apart from the affectional bond relationship (friends, companions, companionable colleagues, parental figures and care seekers or lovers), adults could maintain an unbonded relationship (acquaintances, colleagues or partners) with others by using culturally based contracts or rituals, such as buying tickets, participating in celebrations and sharing interests. A functional affectional partnership is most important because it enables partners to achieve interdependent set goals within partnerships. Also, those people who believe in God may find God acts as an ideal attachment figure from which comfort, protection and guidance can be sought.

Heard and Lake also describe the attachment of older people as a reversed attachment in contrast to the child's primary attachment and the adolescent's secondary attachment. This is because when the secondary attachment made in adolescence is gradually reduced, older people may need more care from their offspring. Furthermore, the individual has the expectation of achieving maturative ideals or defensive idealisations in their behavioural system, but this depends on the individual's personal level of ability. In association with the systems of interest-sharing and intrapersonal exploration, the maturative ideal is that individuals will expect to share aims and interests with peer companions, engage in achievable plans, express and value one's talents and skills in order to attain satisfaction, enjoyment, confidence and self-esteem. However, solitary pursuits, with controlling competitive engagement and unrealistic commitments in work and recreation are defensive idealisations (Heard and Lake, 1997).

Cicirelli (2010) studies the changes in number and identities of attachment figures in older adults' support networks in the USA, with a sample of 80 aged 60-99, and reports that older people have different attachment figures but less full-blown attachments. The main attachment figure claimed by the respondents was one or more of adult children, deceased spouses and God with the remaining concerned with living spouses, siblings and friends. In-laws, doctors,

caregivers and clergy and animals were seldom mentioned. While comparing gender difference, men reported that they prefer their brothers and male friends as their attachment figures while women claimed their main figure were their deceased spouses. When the size of the attachment network is considered, male networks are smaller than women's while widowed women's networks are smaller than for married women. When all networks are considered, widowers' networks are the smallest. Cicirelli also stated that the results greatly differed from studies of young people who identified their important attachment figures as romantic partners, parents, friends and siblings (Cicirelli, 2010).

In short, attachment theory emphasises the dynamics of human relationships. Individuals need the physical and psychological needs of affectionate bonds with others for their continued comfort and security. The attachment patterns formed in childhood will continue to perform in interpersonal relationships throughout an individual's developmental stages and the trait of an attachment pattern may not change throughout the life cycle. Despite this, another study (Roisman et al., 2002) claims that there are two secured attachments: continuous-secures and earned-secures. The attachment of continuous-secures is basically an extension of secured attachment gained from childhood. However, this study suggests that as the relationship of attachment can be changed due to either the change of time or the change of relationship, the forms the attachment of earned-secures evolves. This means although insecure attachment is formed in childhood, it can be changed from insecure to secure and forms the earned-secures when they experience the secure attachment in future life.

Apart from the attachment of interpersonal relationship, there is a different kind of bond which is a value to be investigated, that is, the concept of place attachment. Shumaker and Taylor define this attachment as, 'a positive affective bond or association between individuals and their residential environment' (Shumaker and Taylor, 1983, p.233). Altman and Low (1992) explain similarly, 'the term place attachment implies that the primary target of affective bonding of people is to environmental settings themselves' (Altman and Low, 1992, p.6). They also identify that the affective quality is integrated with cognition and practice. Cognition may include thought, knowledge and belief while practice constitutes action and behaviour. This implies the connection to the environmental settings is associated with individuals' cognition or emotion.

Furthermore, such a set of attitudes and behaviours attached to place may have positive and negative bonds. On the positive side, individuals gain security, a sense of belonging and familiarity. Feelings of detachment, alienation or feeling bored are the negative bonds (Brown and Perkins, 1992). This reflects that affective relationship with places is complicated and it is linked between people and places. Positively, such an attachment bond may bring security, comfort and protection for individuals.

Places in fact can vary in scale and specificity as described by Altman and Low (1992). The definition of places can range from very small to the big universe in scales such as homes, playgrounds, squares or forests. However, Hidalgo and Hernandez (2001) examine this concept by comparing: within house, neighbourhood and city as spatial ranges and from physical and social dimensions. They suggest in different spatial ranges, the degrees of the attachment are different. They find the attachment of neighbourhood among the three spatial ranges is the weakest and the physical attachment is smaller than social attachment. No matter how, people have special feelings towards places and the affection bonds among human beings may vary. As Marris indicates, 'the relationships that matter most to us are characteristically to particular people whom we love ... and sometimes to particular places that we invest with the same loving qualities' (Marris, 1982, p.185). This implies the degree of attachment to place depends on an individual's affection bonds.

5. Developmental stages of Erikson's theory

Psychologist and psychoanalyst Eric H. Erikson (1902-1994) developed the concept of 'human development stages' in the 1950s. This psychosocial theory, grounded in Freud's psychosexual theory of ego psychology, proposed eight consecutive developmental stages covering a human's lifetime. Each stage has identifiably different psychological needs and social roles, and each individual's personality traits emerge throughout the life cycle. An important aspect of the theory is the *epigenetic* principle identified by Erikson (1963). This principle, derived from biology, was explained by Erikson that, 'anything that grows has a ground plan, and that out of this ground plan the parts arise, each part having its time of special ascendancy, until all parts have arisen to form a functioning whole' (Erikson, 1968, p.92). According to this *epigenetic* principle, an individual will go through eight developmental stages naturally throughout the life span

and the level of success achieved in the previous stage predetermines the level of success achieved in the following stage. Further elaborated, an individual's personality development is recognised as a continual process throughout the entire life span. From birth to death and from infancy to old age, each stage is associated with a developmental task that needs to be successfully fulfilled, and a psychosocial crisis that needs to be resolved for a smooth transition to the next stage.

Erikson (1963) indicated that each stage produces two different outcomes, either positive or negative, which are represented by two different terms (e.g. trust versus mistrust during infancy). If individuals can successfully manage the crisis at each stage, the developed 'virtue' (as Erickson named it) forms a psychosocial strength (e.g. hope, will) that may facilitate smoother transition to later stages.

The outcomes and basic virtues of the eight developmental stages, proposed by Erikson, are listed as follows (Erikson, 1963):

- Stage 1: Infancy: Basic Trust vs. Basic Mistrust (virtue: hope)
- Stage 2: Early Childhood: Autonomy vs. Shame, Doubt (virtue: will)
- Stage 3: Play Age: Initiative vs. Guilt (virtue: purpose)
- Stage 4: School Age: Industry vs. Inferiority (virtue: competence)
- Stage 5: Adolescence: Identity vs. Confusion (virtue: fidelity)
- Stage 6: Young Adulthood: Intimacy vs. Isolation (virtue: love)
- Stage 7: Adulthood: Generativity vs. Stagnation (virtue: care)
- Stage 8: Old Age: Integrity vs. Despair (virtue: wisdom)

In stage one, a child's trust and confidence can be developed through meeting and satisfying their needs during the infancy period. Conversely, mistrust and insecurity will develop if the infants are ignored by their attachment figures. In stage two, a child begins to have a certain degree of autonomy in making choices but at the same time requires encouragement when beginning to learn. Otherwise, a feeling of shame and doubt develops that may hinder their independence and establishment of interpersonal relationships. Stage three provides opportunities for taking initiative and pursuing goals. Punishment and over-control will lead to developing feelings of guilt and weakness in self-directed activity. In pursuing goals and completing tasks in stage four, a child's cognitive abilities are expected to develop. Children will try hard to

succeed in schoolwork and play. Feelings of inferiority may develop while facing either pressure or coping with lack of support from their parents or teachers. When facing adulthood and establishing relationships with others in stage five, the person's ego identity and role certainty is formed. Ego identity confusion in adolescence brings uncertainty to the person's social roles and often results in a low self-image. In stage six, individuals achieve productivity in working and establish intimate relationship with other persons. Failure to establish intimacy in early adulthood may cause social isolation. Generativity in stage seven introduces a sense of social responsibility and involves active care and concerns for others such as child-rearing and assuming responsibility for teaching the next generation. Positive feedback from families and workplaces in middle adulthood may produce feelings of satisfaction and achievement. A life review is vital for ego integrity in stage eight. Older people in this final stage need to evaluate their whole life. Success in integrity may be achieved with wisdom and satisfaction. Failure in this may lead to contempt for one's life with regrets and frustration ultimately leading to despair in late adulthood (Erikson, 1963).

The first four stages' developmental crises are mainly dependent on others' responses such as parents, caregivers or teachers while in the latter four stages individuals may adopt more autonomy to control and resolve their own crisis. Although progress through the stages is mainly determined by the comparative level of success or failure achieved in resolving crises in previous stages, Erikson noted both the successful and unsuccessful outcomes need to reach a good balance. Conversely, maladaptations and malignancies will develop if these psychosocial strengths in resolving crises have not been developed and this will retard the development of subsequent stages. Maladaptation is perceived as, 'if there is a tendency to overdo and overdevelop the syntonic predisposition in an attempt to let the dystonic wither away' and also malignancy is an 'overemphasis on the dystonic with a threatening loss of the syntonic' (Erikson, Erikson and Kivnick, 1986, p.40-41). For instance, a child in stage three will go through the crisis of initiative versus guilt. Here, comparatively more initiative and less guilt can help develop a balanced and healthy personality development. If the child has too much guilt and little initiative, malignancy develops often leading to inhibition. If there is too much initiative or too little or no guilt, the result of maladaptation will be ruthlessness. An individual in old age requires the wisdom integrated throughout the life cycle to balance integrity and despair, with wisdom emerging as a positive strength for adapting to the ever-changing environment. Otherwise, malignancy in old age will be disdain whereas

maladaptation is presumption. Erikson encouraged older people to develop their own strength and potential, and become involved in all kinds of opportunities offered to them, thus enabling them to keep contributing and maintaining relationships with the community (Erikson, Erikson and Kivnick, 1986).

As the longevity of human life increases, Erikson thought that human development could continue past 65 into extreme old age. His wife, Joan Erikson later put forth a ninth developmental stage to Erikson's eight stages of psychosocial development theory (Erikson, 1963) after her husband's death reflecting their aging experiences in living to 91. She described the importance of this additional stage by observing that 'Old age in one's eighties and nineties brings with it new demands, re-evaluations, and daily difficulties. These concerns can only be adequately discussed, and confronted, by designating a new ninth stage to clarify the challenges' (Erikson and Erikson, 1997, p.105). Joan Erikson proposed that at the ninth developmental stage, from late 80s to death, aged individuals while facing the adaptations to physical deterioration, would psychologically revisit their previously resolved crisis points and that strength would be derived from having overcome the negative elements of previous different stages. The new added aspect compared to the former eight stages is to re-experience the stages in a reversed experience, starting with mistrust vs. trust, shame/doubt vs. autonomy, guilt vs. initiative, inferiority vs. industry, role confusion vs. identity, isolation vs. intimacy, stagnation vs. generativity, and despair vs. integrity. For instance, due to gradually decreased physical function, older people in their late 80s, may mistrust other people or even themselves, feel inferiority or lack autonomy in their daily routine because of requiring help or care from others whose routine may differ from the elderly person's preferred way. Older people need confrontation to solve the negative elements and end with hope and faith in lives. They need to learn to view the relationship between themselves and society with a transcendent eye and by successfully completing this stage are able to move towards 'gerotranscendence', a term borrowed from Swedish sociologist Lars Tornstam (Erikson and Erikson, 1997).

Differing from loneliness or disengagement, gerotranscendence implies positive developmental change. Tornstam describes gerotranscendence as, 'a shift in meta perspective, from a materialistic and rational view of the world to a more cosmic and transcendent one, normally accompanied by an increase in life

satisfaction' (Tornstam, 1997, p.143). During this positive developmental process in old age, an individual has potential to keep continuing maturation and evolving in spiritual aspect despite ongoing physical decline. An individual may view material possessions as important in middle-life yet may perceive things with a more cosmic and transcendent way in later life. This theory consists of three dimensions: cosmic, self and social and personal relationships. A cosmic aspect involves the transcendence of time empowering people to return to and from the past and present and at the same time feel a spiritual connection with their ancestors. The self-aspect involves transcending into a spiritual need rather than becoming self-centred or being materialistic. The aspect of social and personal relationship is limited to a few bosom friends and people who prefer to have more time for solitude or mediation (Tornstam, 1996a, 1996b). Tornstam believes older people will gain a new perspective and understanding of their lives by redefining their reality with a new and positive perception, thus giving a new interpretation to their life events and greater acceptance of the changes accompanying old age. Possessing a new feeling of strong connection or integration with the entire universe, time, space, leads them to redefine life and death. Older people will gain greater life satisfaction throughout the gerotranscendental process. A few research studies explore or practically apply this gerotranscendence theory. Tornstam's study (1997) pointed out that among the three dimensions, the most important gerotranscendental change observed among 50 Swedes aged 52-97, was older people's social and personal relationships tended toward greater selectivity in social relationships, enjoyment of solitude and greater independence to act regardless of social conventions. Such experience is also reflected in Tornstam's study (2003) where among 1225 old Swedes, 71 per cent of 74 to 100 years old responded they enjoyed their inner world such as mediation more than participating in superficial social contacts or interaction. The results of a study of institutional Chinese elders participating in a gerotranscendence support group in Taiwan (Wang, Lin and Hsieh, 2011) also supported the significant correlation between gerotranscendence and life satisfaction and simultaneously, depression was reduced.

Tornstam claims that gerotranscendence theory breaks the negative perspective of aging process stated in traditional gerontological theories (e.g disengagement theory), involves a redefinition of reality throughout the transcendental process, and needs to be more 'of a forward or outward direction' (Tornstam, 1997, p.153) compared with Erikson's ego-integrity which emphasised the integration

of past life events and acceptance of reality. The new experience gained in gerotranscendence is, in fact, derived from an increase of spiritual needs in this final stage of life and requires whittling away of the self-centred self and arrives at a developed sense of existing within the universe. Reviewing Erikson's theory of developmental stages, we identify that older people will face the challenges of loss such as: loss of job, the death of the beloved spouse, and a decline in physical function. Erikson identified the developmental tasks in the eighth stage required older people to adapt to the pressures of loss. Through the process of life review or adaptation to these losses, older people may discover life being meaningful. The balance between integrity and despair demands wisdom and requires understanding of the effect of continuing interaction between individual and the society in a social context. Joan Erikson stated that older people need to accept the negative or dystonic elements of the ninth stage and then, to elevate themselves from the world of material, rational and self to an even more cosmic and Zen Buddhist perspective before moving forward to the path of gerotranscendence. She commented that gerotranscendence requires a peaceful mind to choose withdrawal consciously from society. However, some older people who have disdain for their lives or face physical decline are forced into withdrawal and that causes difficulty in experiencing transcendence. She suggested using a special term, '*transcendance*' instead of using 'transcendence' which requires experiencing withdrawal from reality, to challenge the dystonic element (e.g fear of death) in the ninth stage. Joan described, 'to reach for gerotranscendance is to rise above, exceed, outdo, go beyond, independent of the universe and time' (Erikson and Erikson, 1997, p.127). That is to enjoy life with the virtue of faith and to remember all the positive memories in life in order to conclude it with satisfaction. To accomplish this, one has to first accept one's own deteriorating physical function and derive fulfillment from psychological satisfaction. In viewing Joan's description, Tornstam's gerotranscendence theory may be different from the ninth developmental stage.

Some research studies support Erikson's theory when applied to practical situations. Kohlberg (1973) found that integrity in the last stage was related to an individual's own meaning of life. Studies from Moody (1988), Waters (1990) and Sherman and Peak (1991) indicate that the use of a life review helps to evaluate the adaptability of older people in their later lives. Criticism of Erikson's theory focuses on several areas. Waterman (1993) commented that Erikson had not defined the ages from childhood to adulthood in chronological order while some of his terms and concepts are ambiguous and difficult to measure

empirically. Chodorow (1978) indicated that the theory had not addressed the differences between males and females and the experience of developmental stages did not apply to females. Her theory of gender identity in childhood stated the importance of mother's role because mother was the sole caregiver of an infant. As motherhood is rooted in people's consciousness and subconscious, it has a great impact on gender relations and the formation of individual personality. In order to balance the personality development of both sexes during childhood, she suggested both parents shared the responsibility of bringing up their children so as to break the traditional role of motherhood. Slugoski and Ginsburg (1989) criticized the theory as being difficult to apply to those people with economic difficulties or from the lower classes. For instance, when seeking identity in adolescence, young people need to spend extra money to go for a trip or attend higher education to acquire new experience and progress. Obviously, this is less available to lower socio-economic classes. Regarding the eighth stage in old age, Clayton (1975) suggested that Erikson's theory did not adequately explain the last stage of life because many older people are unwilling to discuss death and are unable to manage the process of integrity.

In conclusion, applying the above-mentioned theories as theoretical frameworks in this study helps to analyse the research findings. Disengagement theory, activity theory and continuity theory help with investigating older people's perspectives about their transition to new social environments due to the variable levels of impacts on older people's daily social lives that may enhance enjoyment of a leisurely lifestyle or require additional resources to allow them to re-engage in the social system. Meanwhile, the aged person's motivation for participating in social activity, their choice of activities they choose and the patterns and frequency of participating in social activities can be identified. Attachment theory helps explore the attachment patterns of older people living alone and how their early attachment pattern affected their social life in later life. Meanwhile, it is interesting to investigate older people's religious backgrounds to see whether they perceive God or Buddha as an attachment figure rather than a mere human being.

The reason for applying the developmental stages of Erikson is that in this study, the research targets cover the age group of 65 and over, from what are termed 'young-old' to 'oldest-old'. They have gone through stage seven and may experience either generativity or stagnation when coping with the development

tasks. Some have arrived at stage eight while others have reached stage nine. The most important thing for them to do is to complete the life review for ego integrity and to avoid despair in stage eight while in stage nine they need to re-evaluate their lives with 'transcendence'. In fact, the ninth developmental stage is an extended important phase in human development, as people tend to live longer nowadays. Both Erikson and his wife, Joan lived until 91 and 93 respectively. Thus, they had experienced the ninth stage's experience and faced all its challenges. Moreover, they had interviewed twenty-nine older people aged over 80, whose life history was recorded over a period of half a century and hence were able to share experiences in order to understand their psychosocial change during the process of vital involvement in lives (Erikson, Erikson and Kivnick, 1986). Hence, it is worthwhile to apply Erikson's theory in analysing the perspectives of older people. This study mainly attempts to explore how research targets perceive their own social lives in the eighth and ninth developmental stages of Erikson's theory and to see whether the theory supports older people's perspectives and experience of their social lives.

The reason for not choosing Tornstam's gerotranscendence theory as a theoretical base in this study is because the theory was developed in the 1980s and only a few research studies have been done in Sweden (Tornstam, 1997, 2003; Wadensten, 2005). Moreover, only one very limited research study (Wang, Yin and Hsieh, 2011) in studying or applying the gerotranscendence theory has been conducted in Chinese society.

6. Social networking: a perspective of social capital

To enhance the quality of life of older people, the HKSAR Government has adopted the concept of active ageing as a policy direction in developing elderly services and has continued to make efforts to promote this as mentioned in chapter two of this study. To achieve either active ageing or successful ageing, the capacity of social capital possessed by older people can be one of the major indicators to reflect their situation. As this study focuses on investigating the social life of older people, it is important to have an understanding of the social capital that is mainly associated with the social networks of older people.

The definition of social capital differs in meaning in different countries and has aroused much debate and criticism (Navarro, 2002; Fine, 2003; Office for National Statistics, 2001; Storberg, 2002) in recent Western literature. The

influence on the development of the theoretical concept of social capital can be attributed to the French sociologist Pierre Bourdieu (1930-2002), American sociologist James Coleman (1926-1995) and the American political scientist Robert Putnam (1941-). Their work generally defines the concept of social capital as social networks and trust. Bourdieu, as the initiating scholar in the field contributed to the analysis of social capital in a sociological context by valuing social capital as an asset of individuals (Bourdieu, 1986) whereas Coleman (1988) provided a more systematic analysis rather treating it as a resource of individuals in communities. Putnam further extends the concept of social capital as an attribute of the community itself and defines it as, 'features of social organization such as trust, norms, and networks that can improve the efficiency of society by facilitating coordinated action' (Putnam, 1993, p.169). This implies that social capital is productive and can be developed through collective participation and this interactive phenomena brings with it benefits both to individuals and society. Further explained by Putman, social capital encompasses the norms of reciprocity and trustworthiness which is produced through individuals' connection with their formal and informal social networks establishing norms, trust and networks in achieving shared goals, and involves mutual respect, support and commitment (Putnam, 2000). As the World Bank explains, 'social capital refers to the institutions, relationships, and norms that shape the quality and quantity of a society's social interactions ... Social capital is not just the sum of the institutions which underpin a society – it is the glue that holds them together' (The World Bank, 2014, p.1). It emphasises the process of continued interaction among social networks and requires close collaboration and co-operation among communities built by people. Social cohesion is formed through shared values, mutual trust and mutual help.

From a sociological view, social capital puts emphasis on social networks in which people connect and interact. It reflects the frequency of interaction and the extent of the relationship tie among social groups' members. Social capital is multi-dimensional. Three dimensions can differentiate it: bonding, bridging and linking social capital. Putnam describes, 'Bonding social capital constitutes a kind of sociological super glue, whereas bridging social capital provides a sociological WD 40...' (Putnam, 2000, p.19). He describes bonding social capital as valuable for 'getting by' whereas bridging social capital is important for 'getting ahead'. Bonding social capital states strong relational ties among homogeneous groups such as family members or close friends in which individuals already know each other. With its exclusive nature, solidarity and reciprocity among group

members can be promoted through strengthening communication and interaction. Bridging social capital and being inclusive in nature, includes distant and diverse relationship ties connected by heterogeneous social groups or communities in which individuals have not known each other before and, external resources and information can be shared, mobilised and distributed among them. Woolcock, an educational sociologist, further develops the linking social capital as an additional dimension and suggests that, 'alliances with sympathetic individuals in position of power ... in order to leverage resources, ideas, and information from formal institutions beyond the community' (Woolcock, 2001, p.13). This informs that the relationship with people in power enables individuals to facilitate resources or information from formal channels. In short, social capital exists in social networks produced through interaction among people. The effect of social relationship networks can enable many more resources to be acquired by individuals such as information, job opportunities, social status, community health, emotional support etc.

In exploring the social capital of older people, social capital is usually regarded as a resource for supporting the caring network of older people (Horsfall et al., 2010). However, one piece of research that investigated the social networks of frail older people and their carers, found that caring networks could contribute to develop or grow social capital and build the community through collective engagement (Horsfall et al., 2010). On the aspect of quality of life (QoL), Coleman (1990) indicates that social capital has great impact on an individual's perceived QoL. Similarly, Helliwell and Putnam's study (2004) suggest high social capital has positive effects on the well-being and health status of older people in North America. A cross-sectional study, conducted in rural Bangladesh that interviewed 1031 older people aged 60 or over being found that poor QoL was significantly impacted by advanced age and poor financial status, and closely associated with low social capitals at both individual and community levels (Nilsson, Rana and Kabir, 2006). All these studies support the proposition that the quality of life of older people is associated with social capital. Further deepening the understanding of older people's loneliness and isolation, a qualitative study known as the project of 'Saying Hello Everyday' conducted in England, suggests the importance for further developing the social capital for older people to meet their needs (Shardlow et al., 2010). This project aimed at investigating older people's coping and preventing strategies on loneliness and isolation collected views from 149 older people (including 82 living alone) living in Wigan by using the methods of interviews and written personal narratives

within three and a half years. Several points reported in this project are worthy of note. Among three dimensions of social capital, the bonding social capital was found to be the most important for older people. Nevertheless, although family networks were seen to be important, support from peer friendship networks was the most significant. Most of the respondents found no difficulty in becoming acquainted with new friends in later life and strongly valued the importance of friendship in coping with loneliness and isolation. For bridging social capital, the change of nature of a community impacts on community engagement but volunteering can offset this by involving older people in community activities and developing their stock of social capital. However, in general, linking social capital was found to be lacking and the provision of social and health care services was undervalued as a means of developing social capital.

The concept of social capital originated in Western societies and the above-mentioned studies have been conducted mainly in Western countries. Currently, many countries such as the United Kingdom, Australia, Finland, and the Netherlands have made efforts to set up instruments of measurement to ascertain their citizens' social capital. For instance, a proposed framework for measuring social capital that covers four main aspects: personal relationships, social network support, civic engagement and trust and cooperative norms has been developed in the United Kingdom recently and is now seeking feedback from the public (Office for National Statistics, 2014). Typically, the measurement and development of social capital varies in each individual country. In a Chinese society such as Hong Kong, the SAR Government has employed a strategic policy for developing social capital, mainly focusing on bridging and linking social capital. The former Chief Executive of the HKSAR announced in his 2001 Policy Address that with an allocation of HK\$300 million, a Community Investment & Inclusion Fund (CIIF) is to be established for implementing different social capital development projects in the community. The Fund's purpose is to promote the development of social capital and to foster community empowerment through the joint efforts of community groups, corporate bodies or professional groups and the Government. Furthermore, it is expected to achieve the objectives of building up mutual trust, support and help among individuals, families and organizations in each neighbourhood community and facilitate co-operation among cross-sectoral organisations in promoting social networking and community support (Labour and Welfare Bureau, 2014a). Its effectiveness has been evaluated and reported upon with positive feedback and results

forthcoming from project teams since being launched in 2002. For example, one of the projects, namely 'Elderly Shop' administered by a NGO, empowers older people by providing services to those of them who are under-privileged on a 'self-finance mode' with assistance from local youths and housewives. It has achieved the goal of developing social capital and promoting community integration (Labour and Welfare Bureau, 2014b).

In conclusion, the concept of social capital helps us understand the social networking of older people. The three dimensions of social capital: bonding, bridging and linking is adopted for further discussion in this study.

Chapter Five Research Methodology

This chapter attempts to explain the research study's methodology in detail. Firstly, the operational definitions of the research topic are defined. Secondly, the research design, including the qualitative method and approach to data collection chosen are illustrated. A discussion of the data analysis and the issues of reliability and validity follow this. Finally, ethical considerations and reflexivity are discussed.

1. Operational definitions

Several operational definitions require explanation for this study. They are: older people, social life, loneliness and living alone. Detailed explanation and rationale are given as follows:

Older people

International consensus does not exist with respect to a common acceptable definition of older people or agreed age marking the beginning of old age. From a sociological viewpoint, Giddens describes ageing as 'the combination of biological, psychological and social processes that affect people as they grow older' (Giddens and Sutton, 2013, p.356). They believe that discussion of ageing should include the social, biological, psychological aspects of individuals throughout the life course. In psychological studies, Erikson's stages of psychosocial development described the maturity stage (65 to death) as comprising older adults who need to experience a reflection on life as an important event and resolve the basic conflict of ego integrity vs. despair (Erikson, 1963).

In most social and demographic statistical studies in developed countries, the age of 65 is used for defining 'old-age dependency ratio'. This refers to the number of persons aged 65 or over per one hundred persons aged between 15 and 64 (United Nations, 2002). However, the standard for identifying an older person considered by United Nations is the chronological age of 60 years (WHO, 2015). Indeed, the definition of older people is controversial and age classification differs culturally and historically between countries. For example, in some developing countries such as Africa, the life expectancy is shorter than those for developed countries and therefore, they pragmatically adopt the age

of 50 and over as their definition of older people (Ferreira and Kowal, 2006). However, the retirement age in most of the OECD countries, such as Australia, Canada, Japan etc. is 65 (Special Broadcasting Service, 2014). In the United Kingdom, the default retirement age 65 was abolished in 2011 and the State Pension age now ranges between 61 and 68 (United Kingdom Government, 2015). In China, the average retirement age is approximately 53 in 2015 (Dan, 2014).

Nevertheless, retirement age may not always be a realistic indicator for defining older people. Thus, determining the best definition for older people remains elusive. Chronological age may only serve as a standard for policy makers to design policies for their senior citizens or on the other hand for demographers to study an aging population while still failing to reflect the actual physical, psychological and social characteristics of the ageing process for individuals. A study exploring a new measuring framework for defining old age reports that other than the chronological age, adding further dimensions such as health, morbidity, life expectancy, cognitive functioning and others can deepen our understanding of the characteristics of an aging population (Sanderson and Scherbov, 2013).

In Hong Kong, the definition of 'older people' remains confusing and inconsistent. The government generally defines older or elderly people as those aged 65 or over when planning the elderly policy and programs of social services such as in medical and social welfare fields (Hospital Authority, 2012). The term 'older persons' in government's census reports refers to those aged 65 and over for both men and women (Census and Statistics, 2012c). However, different government departments adopt different criteria for different services. For example, the civil servants' retirement age is 60 years of age whilst private companies and commercial establishments set different ages. In public housing policy, the criteria of application for elderly housing schemes of the Hong Kong Housing Authority requires applicants to be aged 60 or over. In the social welfare service field, application for the Old Age Allowance granted by the Social Welfare Department is set at 65 or above. Somewhat paradoxically, the community service centres for the elderly accept those aged 60 or over for membership or as service recipients. For medical services, the minimum age eligible to use the geriatric specialist service of the Hospital Authority and the elderly health care vouchers is 70 although some medical and health services accept those aged 65 or over.

It is understandable that different services or assistance may have different limits for their age requirement depending on the purpose of the services and the needs of their targeted population. After reviewing the relevant literature, it can be concluded that many developed countries have generally accepted the chronological age of 65 years as their definition of older people in recent decades. Moreover in recent years, Hong Kong commonly has defined 'older people' as those who are aged 65 and over in governmental official census and statistical reports or social gerontology studies. Therefore, this study uses the term 'older people' to describe those aged 65 and over. Furthermore, there are three subgroups being identified: young-old (ages 65 to 74), middle-old (ages 75 to 84) and oldest-old (ages 85 and over) used in the data analysis and discussion within this study. The term 'older people' has also been restricted to those ethnic Chinese in Hong Kong and who are permanent Hong Kong residents. This age group is far from homogeneous as there is variety in ages, gender and cultural background.

Social life

Collins Dictionary (2015) defines social life as people being involved in 'spending time with friends' and having 'the opportunities in a particular place for a person to socialize'. Social life is also defined as, 'the time that you spend enjoying yourself with friends' and 'the opportunities to do enjoyable things that exist in a particular place' (Macmillan Dictionary, 2015). Obviously, the elements of social life consist of people, activities, time and places and provide opportunity for people to interact with each other for a definite purpose.

Sociology focuses on studying human social life, groups and societies (Giddens, 1989). Contemporary sociologists are interested in dealing with people's everyday life and analysing an individual's interaction and relationship with the environment, families, work, health etc. (Punch et al., 2013). Social life can be explained as social interaction, social engagement and actively participating in social activities in which people can effectively communicate and participate in a complex interpersonal relationship. Through two-way interaction between an individual and the environment, an individual can create social contacts and maintain their social ties (Bassuk, Glass and Berkman, 1999). For example, the form of social life for an individual before retirement is most often 'work'. However, after retirement, an individual may begin to create other social ties. However, if their health deteriorates this may hinder their daily lives and limit

their interaction with society.

Social life is usually explained within social relationships, social networking and social participation. Research studies in western society report that older people's social relationships and interaction with the environment can be enhanced through participating in social activities such as joining church activities, voluntary work or chatting with people (Glass et al., 1999; Mendes de Leon, Glass and Berkman, 2002). In Hong Kong, research finds that active social participation can strengthen a healthy social life. By engaging in various forms of social participation older people are enabled to interact with other people, establish social relationship and create social networks. This includes formal job attachment, voluntary work, care giving, social activities and lifelong learning (Chau and Woo, 2008).

The term 'social life' in this research study refers to the activities of social relationships and interpersonal communication in human society. Its purpose may intentionally promote companionship and communal activities. The target for this mutual contact can be a family member, relatives, friends, neighbours, colleagues or organisations. The contact may have different formats and happen through different formal or informal channels such as speaking on the telephone or face-to-face, writing emails or letters. People in society will participate in daily social activities such as leisure, religion, work, and family gatherings throughout their life course. This study only focuses on the social life of older people. The daily activities and participation in social activities, relationship in social networks and perspectives on social life in later life are then explored.

Loneliness

Loneliness usually implies a negative emotion and unpleasant experience encountered by human beings at any time in society. There are many definitions and different theoretical perspectives of loneliness but still there is no universal definition that is currently accepted widely (Victor et al., 2000).

Arising from a social developmental perspective, Bowlby proposes attachment theory and identifies the relation of loneliness and attachment bonds (Bowlby, 1969 and 1973). Weiss defines loneliness as 'a chronic distress without redeeming features' (Weiss, 1973, p. 15) and this is a human's natural response to certain situations such as absence of personal or social ties. Weiss

distinguishes loneliness in social and emotional dimensions namely as social loneliness and emotional loneliness. Social loneliness results from the deficit of social relationships such as the lack of a social network or being dissatisfied with the individual's present network or social connection. Consequently, people may experience boredom or feel excluded. Engaging in a new social network or successfully re-engaging with a former social network can offset such unpleasant situations. Emotional loneliness refers to the absence or loss of a close attachment figure such as with the death of a spouse or loved one, or human intimacy needs being unmet and consequently, their emotional state will be identified by anxiety and apprehension. Despite this, the establishment of a new reliable attachment relationship may help people recover from emotional loneliness (Weiss, 1973). Weiss emphasises the importance of establishing a satisfying social network as, 'social networks provide a base for social activities, for outings and parties and get together with people with whom one has much in common; they provide a pool of others among whom one can find companions for an evening's conversation or for some portion of the daily round. Social isolation removes these gratifications; it very directly impoverishes life.' (Weiss, 1973, p. 150) Obviously, people feel the need to build social networks and maintain satisfying, social relationships to minimise loneliness.

Contemporary social scientists, Perlman and Peplau describe loneliness as a painful experience. After reviewing most of the literature's definitions and conceptualization of loneliness, they suggest, 'loneliness is the unpleasant experience that occurs when a person's network of social relationships is significantly deficient in either quality or quantity' (Perlman and Peplau, 1984, p.15). They further explain that loneliness is a subjective, unpleasant and distressing experience resulting from the deficiency of meaningful social relationships and that it may not be associated with objective social isolation. For those feeling loneliness, it is an aversive state that responds to interpersonal relationship. Loneliness is produced when people experience social relationship that is different from what they need and expect in social contacts in reality. Furthermore, Perlman and Peplau point out that a person being alone does not represent having the feeling of loneliness. The experience of loneliness is not easy to examine or measure but can be identified through several affective and cognitive symptoms observed in social relationships. This is generally associated with dissatisfaction, anxiety, emptiness, boredom, restlessness, unhappiness, hostility, oversensitivity etc. (Perlman and Peplau 1981). In short, loneliness is attributed to unsatisfying social interaction in interpersonal relationship

building.

From a psychological viewpoint, everybody needs social connection and loneliness can be coped with. Cacioppo and Patrick (2008) see loneliness as social pain. When an individual is isolated and feels loneliness, the brain will give a signal for the individual to look for effective social connection. Rokach and Brock (1998) suggest that people themselves can manage the feelings of loneliness although they cannot foresee or stop for its occurrence. Numerous and various strategies for coping with loneliness are adopted by different people from different cultural backgrounds. One of these strategies draws upon religious belief to give adherents energy, strength and a peaceful feeling (Rokach and Brock, 1998). Similarly, the study of Kirkpatrick and Shaver (1992) found that participants who believed in God were less likely to feel lonely because they perceived God as a secure attachment figure.

In addition, studies on loneliness find that a family relationship and support can minimise loneliness. Married people and those having close sibling relationships are less likely to be lonely (Ponzetti and James, 1997; Stack, 1998). However, if the marital relationship has been ended by separation, divorce or the death of a partner, people will experience even deeper loneliness. A study on marital status and loneliness among older women also reports that the widows usually seek informal support from their friends, siblings or children rather than religious organisations or professionals to overcome loneliness. However, the experience of loneliness gradually becomes associated with the quality of their closest friendship rather than the quality or quantity of closest kin relationship (Essex and Nam, 1987). Indeed, research findings support that social relationships, social networking and social interaction play an important role in preventing the loneliness of older people (Powers, 1988; Holmen and Furukawa, 2002; Bajpai, 2014).

Loneliness assumes a major factor in the lives of older people and often affects their quality of life. A study in Hong Kong reported that loneliness is one of the significant correlates causing depression in Chinese older people, especially the oldest-old (Chou and Chi, 2005). However, loneliness is not a problem unique to old age as it can and does affect all age groups. A case study on the prevalence of loneliness among adults in the United Kingdom (Victor and Yang, 2012) finds that the highest levels of loneliness are found in the age groups below 25 years and over 65 years. In contrast, a study on loneliness in New Zealand (Statistics

New Zealand, 2013) demonstrates that poor mental health significantly relates to loneliness whereas older people are the least likely to feel lonely and nor is living alone for them connected with loneliness. However, those older people who suffer financial difficulties are at a greater risk of feeling lonely. Nevertheless, the study concludes that the association between loneliness and social isolation is dependent mainly on the individual's subjective emotion while other reasons may cause it despite the older people enjoying frequent social contact with family members, friends or neighbours. Indeed, the experience of loneliness depends on each individual's experience at different times or stages of a life cycle in a particular cultural context. Different research has adopted different measuring methods that have contributed to the great variation in the findings of the prevalence of loneliness of older people (Savikko, 2008). In making reference to the above-mentioned studies, this study considers that loneliness is defined as a subjective experience that only an individual's personal perspective can accurately describe. In practice, their level of social participation and social relationship within their own social networks may determine the feeling experienced by older people.

Living alone

Living alone often connects with the studies about loneliness or isolation. Andersson's study is an example that suggests loneliness is associated with social isolation and living alone and such association is rather complex and close (Andersson, 1998). Some other western literature has suggested that a connection between older people living alone and suffering higher rates of depression is often related to loneliness (Dean et al., 1992, Victor, Bond and Scambler, 2009; Statistics New Zealand, 2013). However, people living alone may not experience these feelings of loneliness and furthermore people may feel lonely or isolated even though they are living with someone else. Moreover, living alone may not represent 'being alone' because living alone may only indicate the time that people spend alone. In view of the social and demographical changes in contemporary societies, additional current studies and the development of a theoretical perspective is necessary for understanding the links between older people, loneliness and isolation (Victor et al., 2000).

Living alone is a simple and straightforward concept as it usually refers to the household size with one person living in a separate household. In this study, living alone refers to those older people living alone in one single flat, no matter

whether they have family members or relatives living in the same building or nearby areas. When this study's qualitative interviews were conducted, people living alone were defined as those who had lived alone for five years or more in Hong Kong.

2. Research design

This research adopts a qualitative method by using in-depth interviews with semi-structured questions. Purposive sampling method is applied for data collection. A general inductive approach will be used to analyse the collected data.

2.1 Qualitative method

Due to the research being focused on investigating the experience and perspective of older people towards their social life, the qualitative method has been adopted. Several considerations were taken into account before deciding to use the qualitative method and these are now discussed.

Using the qualitative method has the advantage of emphasising the values within the context and is natural with this method constituting a 'broad approach to the study of social phenomena' (Marshall and Rossman, 2006, p.3). Moreover, it also focuses on understanding the complexity and richness of people's experience (Denzin and Lincoln, 2000). Bryman (2008) explained the advantage of using qualitative research is that qualitative researchers use 'words' in the presentation of analyses of society and are concerned with small-scale aspects of social reality. They will have close involvement with the participants and what the participants see as important and significant. The method also orients to the point that the contextual understanding of one's behaviour, belief or value, the meaning of interconnected actions and the prolonged involvement throughout the unstructured process in the natural environment may help to collect rich and deep data. In particular, concepts and theoretical elaboration may emerge from this data. Denzin and Lincoln (2000) also indicate that qualitative research is flexible as it accommodates different viewpoints, without predetermining the content or themes of what would emerge from the data gathered in a natural setting.

As this research study seeks to understand older people's own perspectives on their social lives of living alone and explore the experiences in daily social lives, qualitative methods suit this research study. Micro exploration gives an opportunity for the researcher to observe directly and communicate closely with the participants so as to gain deeper understanding of what they say in words and see through their eyes throughout the interactive interview process. In making the decision to adopt qualitative method in preference to quantitative methods such as conducting a survey, or using mixed methods (both qualitative and quantitative) in this research, there are some points to be considered. Firstly, as the research question 'How do older people living alone in Hong Kong perceive their social lives?' focuses on personal perspectives, it is rather difficult to quantify. The question lends itself more to a qualitative approach. It is concerned with words rather than numbers (Bryman, 2008). Secondly, there is little literature concerning the topic of the social life of older people living alone in Hong Kong. It would be difficult to write structured questions or deduct hypotheses from the previous literature if using quantitative methods. Thirdly, older participants are more likely to be available for extended interviews and be willing to spend considerable time talking to people in a natural environment. A qualitative method, such as the in-depth interview, provides an opportunity for the researcher to make extensive observation, making adjustments during the interview process, such as re-wording or adding questions based on earlier responses by the participants (Patten, 2007) that may help to collect rich data and to broaden the understanding of the research theme and focus.

Although conducting a survey in quantitative research can involve a large sample of potential participants by using standardised questionnaires, it may not be possible for all older participants to use self-completion questionnaires as some older people in Hong Kong are illiterate. Comparatively, for those illiterate older people, being asked open-ended questions and using their own language to express their points of view in a natural setting will enable them to be more genuine and free in their expression than being constrained by passively answering close-ended quantitative questions.

Besides, unlike the findings of quantitative research which tend to be generalizable (Bryman 2008), qualitative methods can ask more specifically about older people's social life experiences, their reasons for living alone, the differences between living alone and their prior experience, their opinions on social life and their thoughts on social life today. The individual's life experience

can be explored during the interactive process. As Gubrium and Holstein mentioned, this 'allows qualitative research to pay special attention to the 'qualities' of experience, aspects of life that quantitative approaches typically gloss over' (Gubrium and Holstein, 1997, p.11). Hence, in reviewing the advantages of the qualitative method, this research adopts a qualitative method as the most appropriate method for the collection of data from thirty older people in Hong Kong who live alone.

2.2 In-depth interviews with semi-structured questions

There are several methods or strategies for collecting data in qualitative research, such as case studies, focus groups and in-depth interviews. In this research, the method of in-depth interview has been adopted. The one-to-one and face-to-face in-depth interviews were conducted at the older people's homes or at elderly community or social centres. Semi-structured questions were used. The reasons for rejecting the methods of case study and focus group as the main research method are discussed in the following.

Case studies involve intensive study and detailed analysis of a specific case or single phenomenon such as a particular person, an organisation, a family, community, social setting or event. The source of data collection from one case or multiple cases may include a variety of personal documents, interviews, surveys and participant observation, etc. and data analysis may relate to different time periods (Bryman, 2008). Yin defines a case study 'as an empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used' (Yin, 1984, p.23). A case study, in fact, requires a holistic and in-depth investigation and explanation of a single case or phenomenon. It needs to go through a complex and extensive data collection procedure and process including participant observation of a natural phenomenon, review of documents and in-depth interviews with a limited number of people so as to closely examine their causal relationships in detail over a long period of time.

As a research tool, the case study method, although having advantages such as adopting a single case or multiple cases (Yin, 1984) for detailed analysis or explaining the complexities of real-life situations, is not suitable for this research. This research is not a longitudinal study with a single case or

phenomenon. It neither involves a long period of observation in a natural context nor intensive cross-examination of all relevant documents or massive amounts of information. This research will only analyse what older people think of their social lives, data being collected by conducting one or two in-depth interview sessions with each older person at an arranged time.

Focus groups are another data-collection method. The advantages of this method are that focus groups are a quick and convenient way to collect data from several or large amounts of people in a short period through group discussion and interaction, without requiring complex sampling strategies (Berg, 2009). The disadvantages are that only limited questions can be asked within a short period, group opinions are obtained and it is difficult to avoid dominant participants who may steer the group's responses (Berg, 2009).

This research does not, however, adopt a focus group as the main method because the researcher expected to explore and obtain individuals' opinions or perspectives on their own social lives. It was anticipated that individual in-depth interviews may also require a longer time period to build up relationships so that the interviewees might be willing to disclose more about themselves. The strategy of using a focus group in this study, however, was considered as a tool for triangulation to examine the reliability and validity of the research data. After the individual interviews had been conducted, the researcher invited twenty-four older people to join three focus groups and asked for their perspectives on their social lives for triangulation purposes. This is explained more in detail under the title, 'Reliability and Validity' in this chapter.

The in-depth interview is, therefore, the main approach to collecting data in this study. This field research is exploratory and emphasises older people's subjective perspectives and experiences, interpretations and meanings. This is supported by Johnson's (2002) definition of the purpose of in-depth interviews as seeking to achieve the same level of knowledge and understanding possessed by the respondent and to understand personal experiences and perceptions within a contextualized, social framework. Furthermore, the researcher works through the seven stages of in-depth interview investigation detailed by Kvale (1996): thematizing, designing, interviewing, transcribing, analyzing, verifying and reporting. That is, from constructing the purpose of this research, to undertaking reflexive and ethical interviewing, to analysing and verifying the data and disclosing the research findings.

During the process of the in-depth interview, Kvale (1996) points out that the researcher attempts to understand the world from the subjects' point of view, to unfold the meaning of people's experiences and to uncover their lived world prior to scientific explanations. Ritchie and Lewis (2003) indicate that the in-depth interview provides opportunities to explore individuals' perspectives and their complicated life experiences related to the researcher's research theme in detail, and gain a deeper understanding of specified social phenomenon related to the individual. Undoubtedly, the in-depth interview is a useful tool in qualitative research due to its flexibility, adaptability and credibility, although it is very time consuming and labour intensive in data collecting and analysing process.

In short, for a research study designed to gain insight into and understanding of the perspectives on the social lives of older people living alone, in-depth interviews are necessary because older people's thoughts, feelings, perceptions and experiences cannot be observed.

Certainly, in-depth interviews require the researcher to have sensitive interviewing skills and knowledge of communication and interaction with the research target. As Patton states:

'In-depth interviewing involves asking open-ended questions, listening to and recording the answers, and then following up with additional relevant questions. On the surface this appears to require no more than knowing how to talk and listen. Beneath the surface, however, interviewing becomes an art and science requiring skill, sensitivity, concentration, interpersonal understanding, insight, mental acuity and discipline' (Patton, 1987, p.108).

The researcher interviewed thirty older people in this study. As a skilled qualitative researcher, the researcher has paid serious attention to participants' verbal meanings and important personal experiences during the questioning process.

Interviews take on many forms, for example, structured, unstructured and semi-structured (Kvale, 1996). In order to generate ideas, gather original and rich information and develop a greater understanding of the social lives of older people living alone, face-to face in-depth interviews using semi-structured

questions is an advantage in this research.

Semi-structured questions help to place more focus on specified issues adapted to the research question and the interviewees can respond to open-ended questions spontaneously and explain their thoughts during the interview process. On the one hand, key questions are prepared for the interviews and the researcher follows a script to a certain extent (Bryman, 2008). On the other hand, this allows the interviewer to be highly responsive to individual differences and situational changes (Patton, 1990). This means the interviews are flexible, conversational and allow mutual communication between the interviewer and interviewee. Indeed, the open-ended questions provide opportunities for the research participants to express or respond naturally so that richer and greater explanatory information can be obtained. As well, it allows the researcher to probe more flexibly while responding to participants' responses and gaining more elaboration as required.

Compared with semi-structured questions, structured questions lack flexibility and dynamism because older people can only answer or respond rather passively to the predetermined questions during the interviews. If using an unstructured format, the interview may lack organisation, framework and focus in discussion although the interviewees are free to express their viewpoints related to the research topic. As the data collected with unstructured questions from different interviewees will vary, the researcher may encounter difficulties in analysing the data. Having the advantage of the flexibility of unstructured questions, semi-structured questions can concentrate the research focus clearly while formulating the interview schedule with a list of open-ended questions. It also allows the researcher to reword the questions or ask additional questions so as to understand more unexpected, unusual or especially relevant material revealed by the interviewees (Patten, 2007).

2.3 Data collection

2.3.1 Sampling and selection

The sampling strategy in quantitative research is probability sampling which intends to randomly select a representative sample from a large population and generalise the research findings to the population. However, qualitative research focuses on studying the inner experience of the sample population and

obtaining more in-depth and detailed explanatory understanding. As stated by Patton, 'qualitative inquiry typically focuses in depth on relatively small samples, even single cases, selected purposefully' (Patton, 1990, p.169). Meanwhile, the research findings need not be generalised to a wider population (Bryman, 2008). Accordingly, purposive sampling has been adopted in this qualitative study.

Purposive sampling is a kind of non-probability sampling approach. Bryman explains the aim is to ensure the strategically sampled participants are relevant to the posed research questions and their relevance may help to understand a social phenomenon (Bryman, 2008). Patton suggests it is purposeful sampling which is generally adopted as a form of non-probability sampling for seeking information-rich cases for in-depth study (Patton, 1990). There is another form of purposive sampling, namely theoretical sampling. This mainly generates theory throughout the on-going process of data collection so as to develop theory as it emerges. This is known as grounded theory, advocated by Glaser and Strauss (1967) and Strauss and Corbin (1998). The sampled target includes people, events and contexts as well (Bryman, 2008). In adopting purposive sampling in this research, the form of theoretical sampling is not appropriate as theory will not be generated or developed during the process of data collection and the sampled target will be only people and not inclusive of events or contexts.

Discussion of the most appropriate sample size in qualitative research has been warmly debated. A methods' review paper (Baker and Edwards, 2012) collected the viewpoints on the question of 'how many interviews are enough?' from nineteen social scientists and researchers concluded inconclusively that 'it depends' on the assessed research objectives, validity and availability of time and resources to the individual researcher when conducting a study. Also important is the need for the researchers to pay attention to the concept of saturation when considering the sample size. Theoretical saturation is a concept conceived by Glaser and Strauss (1967) that believes relevant samples are drawn up until there is no remaining possibility for new or additional theoretical insights being gained from the research questions. Further elaborated, this involves a data collection process with continuous reviews and analysis of the data and the process ends when there is no possibility of further insight being derived from the collected data. Reaching and then ascertaining the saturation point for sampling is rather demanding for the researchers as Bryman reports that, 'it forces the researcher to combine sampling, data collection, and data

analysis, rather than treating them as separate stages in a linear process' (Baker and Edwards, 2012, p.18). In short, saturation in practice has its weakness.

This lack of agreement regarding an optimum size for the sample size in qualitative inquiry requires several factors to be considered in determining the saturation level. Patton (1990) concludes that the size of sample entirely depends on the purpose of a research study, the use to be made of the research findings, available time and resources and the relevance related to answering the research question. Morse (2000) also gives similar views on the question of sample size, 'the quality of data, the scope of the study, the nature of the topic, the amount of useful information obtained from each participant, the number of interviews per participant, the use of shadowed data, and the qualitative method and study design used' (Morse, 2000, p.1). Mason's study (2010) provides a reference for a sample size within an academic field. The study found that among 560 PhD studies in United Kingdom using qualitative interviews, the mean of sample size was 31 whilst the median is 28.

In this research, purposive sampling has been used to sample a small group of Chinese older people aged 65 or over, and have been living alone for over five years in Hong Kong. In considering the number of the sample size, the researcher made reference to the above-mentioned literature reviews (Patton, 1990; Morse, 2000; Mason, 2010). The purpose of this study focuses on the understanding of the perspectives of older people and is expected to provide reference for the field of service for the elderly. The researcher needs relatively high levels of participation-based in-depth interviews even though these are extremely labour-intensive and time consuming. This research has been done without any funding support. Considering all these factors a sample size of thirty older people was then chosen for the in-depth interviews in this study.

In short, the criteria for assessing the appropriateness of the research targets, include that each selected participant is of Chinese ethnicity, retired, aged 65 or over and has been living alone in a single flat in Hong Kong for over five years. A strategy of controlling any excessive numbers of interviewees in the sample size has been adopted.

2.3.2 The process of data collection

In selecting interviewees for purposive sampling, the researcher recruited thirty older people with the assistance of two agency supervisors of services for the

elderly in Hong Kong. These service agencies have specially staffed teams that serve older people living alone. They helped to identify the potential participants for both the in-depth interviews and for the subsequent focus groups for the purpose of triangulation based on the specified criteria given by the researcher.

The researcher approached the agency staff with an initial telephone contact and then followed up by writing formal letters to the agency supervisors requesting formal approval in recruiting, referring and interviewing older people. The researcher also prepared an information sheet explaining the research purposes and ethics. Then, they were notified of their role. The required number of interviewees was identified as thirty targeted persons and the criteria for selection of interviewees covered those living alone for five years or over in Hong Kong aged 65 or over. This procedure enabled the recruitment of appropriate targets helped to avoid recruiting an excessive number of interviewees.

Before the interviews started, brief written information sheets outlining the interview's structure and relevant ethical issues were provided to the interviewees. Previously, all of the participants had been notified of the audio recording before signing the consent forms. This assisted the participants in being well informed of their rights relating to their involvement. Importantly, the researcher explained in detail to the participants that the purpose of the research interviews was only limited to collecting relevant data for the researcher's interests and academic use. In future, this exploratory study can be a reference point for workers in the social work field. For participants who were illiterate, the researcher explained the research details verbally and they then made a cross mark representing their own signatures on the consent forms. The cross mark made by those illiterate persons is commonly accepted as a personal signature in the field of elderly service in Hong Kong. Regarding those participants of focus groups, the same procedure has also been adopted. It should be noted that the older people invited to join the focus groups were different people from those who had attended the individual interviews. This strategy facilitated that a greater variety of different opinions and views could be collected for triangulation.

Before conducting the interviews, a specific interview schedule and outline was set to guide the interview process. The details of the interview schedule and outline are attached as an appendix I in the study. The data collection process

took about three months. Before full interviews were conducted, a pilot study in which two older persons were selected for in-depth interviews was conducted.

The full interviews were arranged and confirmed with the assistance of the agency staff after the pilot study. All research participants had been informed of the research details by the agency staff when seeking their approval for attending the in-depth interviews by using telephone or face-to-face contacts. Each participant was finally interviewed on one occasion. However, the researcher planned that if important issues emerged in later interviews, the researcher would request earlier interviewees if they would be willing to be re-interviewed. This strategy allowed for new points to be discussed and offer opportunities for triangulation. During the interviews, the researcher carefully listened to the expression, gesture and tone of the participants and these were audio recorded for transcription.

The venue for the interviews was arranged to take place at either of the two social centres or at the participants' homes depending on the participant's preference. Conducting interviews at the participants' homes was preferred by the researcher as a priority because it was believed that older people would be more likely to feel relaxed in sharing and expressing their perspectives in their home rather than at either social centre. This also enabled the researcher the chance to observe the living environment of the interviewees during the interview process. Furthermore, the participants were spared the need to travel to the social centres which was especially helpful for those people with mobility issues. Finally, twenty-five research participants were interviewed in their own homes. The other five preferred to conduct the interviews at their nearest social centres because that is where they usually stayed during the daytime for having meals or joining activities.

2.3.3 The pilot study

There are many reasons for using a pilot study as an instrument in research studies (Teijlingen and Hundley, 2001) These reasons include assessing whether the main study is feasible or identifying problems that may be encountered during the process of data collection. Meanwhile, a pilot study is a small-scale study conducted in advance that aims at informing a main study and to ensure that the research methods can be practically feasible (Jairath, Hogerney and

Parsons, 2000). The researcher then makes adjustments to the main study according to the pilot test results before the main study is conducted.

In this particular study, the researcher had conducted a pilot study to help identify any emerging potential problems related to the practical research methods and to assess whether the research participants understood the interview questions so that adjustments or improvements could be made to interview schedules when conducting the main study. With the assistance of an elderly service agency, a pilot study was conducted with two older people at their homes in May 2012. The participants were informed of the research details before the interviews through telephone contact by the agency staff. Before the pilot interviews started, the researcher re-iterated the purpose of the research study and relevant ethical issues to the two interviewees and gave them an information sheet. The interviewees then signed the consent forms. Two pilot interviews were conducted following the interview schedule. Each interview lasted for about one and quarter hours. The older people demonstrated comprehension of the interview questions and willingly expressed their experiences and opinions regarding their social lives. No practical problem emerged meaning that only very minor adjustments needed to be made to two interview questions relating to the social life lived prior to living alone and after living alone to ensure the question became more specific to the research participants' situation. The time taken for in-depth interviews was workable. The full interviews occurred between June to August 2012.

There is debate whether the data gathered from the participants from the pilot study should be included in the main study (Teijlingen and Hundley, 2001). However, Holloway (1997) argues that from the data from pilot study need not be excluded in the overall qualitative research because previous interviews may help to improve the subsequent interviews. In this study, the data collected from the two pilot interviews therefore has formed part of the research data; the interview data was also documented and transcribed. The data is used for improving the final interview schedule.

2.4 Data analysis

For analysing the collected data in this qualitative study, a general inductive approach has been adopted. Thomas (2003) pointed out that when compared with other traditional approaches (e.g. grounded theory), the general inductive approach has the advantages of offering simple, straightforward, and efficient

analysis for researchers of the qualitative data and moreover its procedure is systematic and non-technical. Using this approach, the described data may more likely provide insights or meanings related to the phenomena while allowing the result to emerge from the main themes found in the raw data without the need to use any structured methodology. The aims of this approach are to summarise different raw data in a succinct form, to build up clear links between the results developed from the raw data and the objectives of research, and to make sure others will easily understand those links and thus justify the research objectives. Thomas introduces five steps regarding this approach. These include: 'preparation of raw data files, close reading of text, creation of categories, overlapping coding and uncoded text, and continuing revision and refinement of the category system' (Thomas, 2003, p.5). In other words, from the process of collecting raw data to coding and categorising, researchers need to repeatedly and carefully read through and refine all these materials in detail.

This study adopts Thomas's general inductive approach to analyse the data drawn from qualitative interviews. Five procedures of this approach are explained as follows:

2.4.1 Preparation of raw data files

After carefully listening to the audio-recordings, all the qualitative interviews were transcribed in Chinese as raw data files for the first step and three of the transcripts were translated in English for the purpose of supervision. The transcripts were well prepared in identical formats for easy reading. Each transcript was then printed out and securely backed up in a computer with a password log in.

2.4.2 Close reading of text

After the raw data files were systematically prepared, the researcher proceeded to read through the text of each interview rigorously and carefully. This process helped the researcher to understand and familiarise herself with the content and details recorded in the text. All the transcripts were repeatedly reviewed to facilitate identification of each transcript's possible meanings for developing themes and categories. At this preliminary stage, after multiple readings, some themes and categories emerged.

2.4.3 Creation of categories

This procedure allowed the researcher to identify and define the themes and categories. After repeated reading of a particular transcripts' text, meaningful segments of text were identified and a coding system was developed to categorise the raw data. When the specific segments were examined and labelled, themes and categories became apparent and were then created. For example, when a research participant was asked about her perspective on her social life while living alone, she responded,

"I have been a volunteer for five years. I always paid home visits to older people living alone with walking disabilities. I was also a Golden Guide [member of the Hong Kong Girl Guides Association, for those over the age of 55] and was part of many community services. Now, I can't walk very well because of my painful knees and asthma. It was difficult for me to walk up and down the stairs of the old buildings without elevators when paying home visits. I have therefore reduced my voluntary work recently." (P9, F/76, living alone 14 years)

In this example, this text segment reflects the participant's response on her active social life as, *'I have been a volunteer for five years'* and then suggests the reason why she reduced her voluntary work, *'because of my painful knees and asthma'*. This response consisted of two different meaning units and was considered as two different categories of units of meaning. Two different code numbers were given and were then counted into two different categories. The text segment of meaning *'I have been a volunteer for five years'* fitted into the category of 'participation in social activities'. The next segment of meaning *'because of my painful knees and asthma'* was considered to fit into the category of 'factors determining present social life'.

Many minor categories emerged during this process of category creation. To ensure the selected data for coding and categorising remained relevant to the research purpose and theme, some of the small categories with similar meanings were collapsed into a single category. For example, the research participants responding to the difference of social life before and after living alone often reported their feeling towards the death of spouse as, 'a deep sense of loss', 'feeling painful', 'feeling sad' etc. Due to the similarity of these original categories they were deemed to fit into the category of 'psychological

adaptation'. After completing the process of combining the smaller categories into more broadly encompassing categories, summary categories were used as main headings and specific categories as subheadings. Five main categories were finally developed for reporting the research findings. The categories used as main headings comprise:

- the decision to live alone and resultant adjustments to change
- daily activities and participation in social activities
- relationship in social networks
- perspectives on social life in later life
- comparison of different sub-groups

The meaning of all categories was described, explained in detail and then illustrated with selected appropriate quotations from the raw data in the subsequent chapters of this study.

2.4.4 Overlapping coding and uncoded text

On occasion, one segment text may have been coded into more than one category while others may not have been fitted into any category because they were irrelevant to the research objectives of the qualitative coding. Therefore, the researcher carefully examined all the small categories during the coding process. For example, a research participant had been a gambler when he was young and this caused his marriage to end in divorce. He reported that,

"Many people said that losses in gambling usually exceed wins. I lost my family at the end. I was lucky that I lived with my mother after my wife and son left. She cared for me a lot until she died twelve years ago. I gave my mother nothing but disappointment. I feel very sorry for my mother, my wife and my son. But I have no chance to see them again! I am a lonely man." (P25, M/85, living alone 12 years)

The above text segment was categorised under the subheading of 'strained relationship owing to personal habits' and also fitted into the subheading of 'experience of loneliness'. Therefore, this segment's coding was included in two different categories.

Some text segments have not been coded because of their irrelevance to the

research objectives. For example, during a qualitative interview, a participant discussed other persons' political views on social issues and this was considered to be not pertinent to the research scope and objectives.

2.4.5 Continuing revision and refinement of category system

The researcher has made several revisions for confirming the themes and categories and selecting appropriate quotes which reflected the meaning of the themes and categories. The links among the themes and categories were also studied carefully to further combine and refine the categories. Finally, the main themes and subcategories were confirmed.

In summary, this study adopted the general inductive approach and proceeded through the five procedures adopted by this approach for data analysis. The main categories were developed for interpretation, discussion and comparison. Nevertheless, it should be noted that the whole process of data analysis has been done manually. The reasons why the researcher did not use computer software for data analysis is explained below.

Over the past twenty-five years, several computer software systems such as NVivo, ATLAS.ti, MAXQDA etc. has been designed to assist qualitative data analysis (Silver and Lewins, 2014) and this has impacted the analysis of qualitative research materials. The software used in qualitative research is named as 'computer-assisted qualitative data analysis software' (CAQDAS). There are the pros and cons for using technology for qualitative data analysis (Lee and Fielding, 1991). The advantage and strength of using CAQDAS packages is that they may help in organising and managing large volume and complex data of large-scale qualitative research. These packages are more systematic and efficient for coding and retrieving data that includes thousands of separate qualitative data items and for hundreds of co-researchers to analyse at a definite time offering advantages when compared to handling data by manual labour. Conversely, the disadvantage and weakness of using CAQDAS is that the software is incapable of any cognitive processing or flexibility in refining coding categories and interpretation of data. Researchers still have to decide and analyse by themselves (Bryman, 2008). In addition, the researchers should consider whether they can afford to buy expensive software and how much time they have to master the operation of software packages as for those who possess more sophisticated skills required for computer data management.

The researcher in this study chose not to consider using CAQDAS for data analysis. The chief reason is that as the transcripts of qualitative interviews of this study were mainly recorded and written in Chinese (mainly in Cantonese dialect), not all the computer software such as ATLAS.ti, have the capability to support the analysis of qualitative data in Chinese. Another reason is that the data set drawn from the thirty qualitative interviews of this study was relatively small and it was not time efficient to learn how to navigate a new or updated software programme skillfully although the researcher had been exposed to one of the software systems before. In fact, the researcher had used the software package two years previously before the qualitative interviews were conducted. She would have needed to take much time in learning and practising the operation of new-updated software again if CAQDAS analysis had been adopted. Within the time-constraints in undertaking this study, the researcher chose to handle the data set manually. Fortunately, the manual analytic process caused no problems in terms of timing and effort. All the data has been finally well organised and managed.

It is necessary to note the reason for making comparison of different sub-groups. There are three different sub-groups: gender cohort, age cohort and the duration of living alone being categorised.

The gender cohort enables comparison between male and female perspectives of older people's social lives. As previously noted in the last chapter of the literature review, in a traditional Chinese extended family, males usually work outside the home while females manage the home. Furthermore, many females in this study come from villages in Mainland China have usually received less education. Over time, social connections may have changed from when they were younger. The rationale for including the age cohort - young-old (aged 65-74) and oldest-old (aged 85 or over), for comparison is that it may help to understand any differences that may exist in the arrangements of social lives among the different age groups. According to the Hong Kong Government's 2006 Population By-census Report (Census and Statistics Department, 2008), the number of working older people decreased from 9.8 per cent in 1996 to 7.0 per cent in 2006. This reflects that more older people have retired in their sixties recently due to changes in the economic environment and the increasing ageing population. Hence, an increased number of people are likely to face a tremendous change in their social lives after taking early retirement. The oldest old will inevitably endure a much longer period of change to their social lives

than previously. Adjustment to these challenges may assume different forms among different age groups. The duration of living alone (5-10 years, 11-16 years and 17 years or over) is another relevant category for comparison in the data analysis. This helps determine whether different arrangements are made in the social lives of older people when the duration of living alone varies. The life expectancy at birth in Hong Kong was 80.1 years for males and 86.0 years for females in 2010 (Food and Health Bureau, 2012). If an older person starts living alone in their sixties, he or she may face living alone for 20 years or more until their eighties. In response to this situation, they may make arrangements and develop perspectives regarding their social life that significantly differ from earlier stages. Furthermore, when compared with those beginning to live alone at seventy-five, they may have had a relatively different experience.

2.5 Reliability and validity

Although purposeful sampling is flexible, Patton (1990) points out the distortions of sampling errors may be caused by insufficient breadth in sampling, changes over time and lack of depth in data collection at each site. Certainly, the reliability and validity of qualitative research depends on the researcher's experience and sensitivity in responding to the theories and concepts underlying the research.

Reliability and validity in qualitative research is explained by LeCompte and Goetz and is cited by Bryman (Bryman, 2008). It can be divided into external reliability, internal reliability, internal validity and external validity. External reliability involves a replicated study whilst internal reliability suggests more than one observer or research team member to verify the research results. Internal validity depends on the duration of participation observation whereas external validity requires generalising findings across social settings.

To enhance the credibility of this research study, Lincoln and Guba suggest a technique of respondent validation (Bryman, 2008). That is to invite the interviewees to check the accuracy of the transcripts to determine whether there are any misunderstandings. The researcher, however, believed this did not suit this cohort as some of the older people's cohort in Hong Kong are illiterate.

Lincoln and Guba as cited by Bryman (Bryman, 2008) provide an alternative to reliability and validity, defining trustworthiness and authenticity in qualitative

research. The word 'trustworthiness' consists of four criteria: credibility, transferability, dependability and confirmability, which parallel internal validity, external validity, reliability and objectivity respectively, and can be achieved by using a technique called 'triangulation'.

Triangulation was first suggested by Webb (Webb et al., 1966) for measuring reliability and validity in research studies. O'Donoghue and Punch indicate that triangulation is a method of crosschecking data from multiple sources to search for regularities in the research data (O'Donoghue and Punch, 2003). Denzin (1970) distinguishes four forms of triangulation: data triangulation, investigator triangulation, theoretical triangulation and methodological triangulation. There are two types of methodological triangulation: 'within-method' and the 'between' or 'across' methods. Denzin indicates that using the 'between method' in one study would be more satisfactory because it combines different methods that complement each other (Denzin, 1978).

In order to cross-examine the reliability and validity of data collection and analysis, this research makes use of triangulation to overcome bias and subjectivity in the research findings. The researcher adopts Denzin's methodological triangulation, which means using more than one method to collect data in this research. A focus group as a 'between method' is then employed for the purpose of crosschecking. The advantage of this strategy is to confirm the reliability and validity of the collected data. The result of not using other types of triangulation is that the researcher will use no more than one sampling method, no more than one researcher or no more than one theoretical position to collect or analyse data.

In adopting the focus group method for the purpose of triangulation, the researcher conducted three focus groups after completing the analysis of data collected from thirty individual in-depth interviews. Bryman (2008) indicates the limitations of focus groups are that the researcher may have less control over the group proceedings, the huge amount of data are not easy to analyse and that it is more time-consuming to write up transcripts than individual interviews. Nevertheless, Morgan (1988) suggests that focus groups could complement other methods for cross-checking validity and triangulation. Hence, as a research strategy, triangulation in this research study aims to cross-check the data collected from individual in-depth interviews by making comparison with data collected from three focus groups fostering further discussion.

As this research study attempts to explore the perceptions of social life among older people living alone, the use of focus groups may collect perceptive data and obtain insights through participants' interaction and discussion. Krueger indicated the purpose of using focus groups is to produce data that provides 'insights into the attitudes, perceptions and opinions of participants' (Krueger, 1994, p.19). Morgan also stated the use of group interaction was 'to produce data and insights that would be less accessible without the interaction found in a group' (Morgan, 1988, p.12). Indeed, the in-depth data collected from the three focus groups helps support the discussion of the research findings.

The targeted participants of the three focus groups are categorised as older people living alone, older people living with others and older people living alone newly identified (within a year) as hidden cases by the social workers of two elderly service agencies. None of the participants referred by the staff of the two agencies took part in the individual in-depth interviews. It was anticipated that the different nature of the groups would provide different data and insights on particular issues. This helped to confirm the validity and reliability of the collected qualitative data of the individual interviews. As well as this, it could also help to bring out a wide variety of different views on a definite research interest (Bryman, 2008).

Each of the three focus groups in this study consisted of eight participants. Patton (1987) states the focus group is an interview in which a homogeneous group of six to eight people reflects on certain questions within one-half to two hours. Krueger (2002) suggests five to ten people, preferably six to eight, with similar characteristics for each group. In this study, the characteristics of all focus group participants are homogeneous since they are older people aged 65 or over and are service recipients of elderly service agencies. The purpose of adding a special target group of older people living with others is to find out their perspectives on the social life of older people and the relationship existing between their social lives and family lives. This may help to support the analysis and discussion when making comparison with older people living alone.

The three focus groups were conducted at two social centres in the summer of 2013. Two of the focus groups with older people living alone and living with others were conducted at one social centre while another group of hidden cases was at a different social centre. The timing was around one and a half hours for each group. The language used in the groups was Cantonese, which is a

common dialect spoken by the majority of Hong Kong people and was understood by all group participants. Before the group interviews, the researcher prepared the pre-determined questions for the groups, a research study information sheet and consent form for each participant to sign.

Understanding that ethical considerations in focus groups is as important as in many other social research methods (Homan, 1991), each participant in all three groups was given an information sheet covering the background and purpose of the research study, the participants' rights and contribution, the possible risks and the confidentiality of handling sensitive data before beginning. The group process was tape-recorded with the consent of all participants. After collecting data from the three groups, the researcher then transcribed the anonymous data manually for further analysis and triangulation.

3. Ethical considerations

Peled and Leichtentritt observe that, 'a study cannot be a good study unless proper ethical standards have been maintained' (2002, p.145). Indeed, codes of research ethics are essential for guiding good research practice as the trustful results of research may have impact on people's daily lives. Understanding the importance of ethical considerations in qualitative research, the researcher's awareness on ethical issues is demonstrated throughout the whole process of research.

Since there is a regulation set by the University that the research details and methodology of a graduate research study should gain approval from the Humanities and Social Sciences Ethics Committee of the University, the application for such approval was explored. However, after consultation with the supervisor and Department's staff, it was confirmed that this particular study did not require approval from the Ethics Committee of the University as the topic of this study focuses on older people living alone in Hong Kong and the data collection had been conducted overseas. Furthermore, this study does not involve any research funding support and therefore approval from other funding bodies is not necessary. Nonetheless, as the research is related to the involvement of human subjects and the rights and experience of the research participants should be highly protected, the major ethic principles of a qualitative research has been taken seriously and followed by the researcher.

This study takes research participants' contribution as valuable and meaningful. Butler (2002) who has proposed a code of ethics for social work research, stated that 'in their chosen methodology and in every other aspect of their research design, social work researchers are to ensure that they are technically competent to carry out the particular investigation to the highest standards of social science as currently understood, recognizing the limitations of their own expertise' (2002, p.8). Hence, the researcher has demonstrated following the ethical principles for safeguarding the interests and safety of research participants.

Several prevalence ethical principles are adopted in social research (Bryman, 2008; Shaw and Holland, 2014). These are classified in this study as informed consent, harmlessness, and privacy and confidentiality. The following paragraph deals with informed consent throughout the process and the second stresses the harmlessness to the participants. The third explains the management of privacy and confidentiality.

Informed Consent

To ensure that the agency staff and research participants were well informed about their participation in the study, the researcher made every effort to provide them with detailed information concerning their role in this study. The researcher has sought formal approval and consent from the agency supervisors of the elderly service for referring potential service targets to participate in the in-depth interviews. A formal letter and consent forms with research details were sent out. The researcher had received formal consent from the agency supervisor for assisting in recruitment of research participants and conducting interviews with their service clients. Whenever there were voluntary participants, the researcher was informed and the agency staff made the invitation to the participants. The interviews were conducted at the elderly service agencies or at the participants' homes with the consent of the participants.

Furthermore, the research participants had been informed of the purpose of the study and of their rights by the agency staff at the time of the initial contact. Between the time of making the decision to participate and the actual interviews being conducted, the research participants had a period of time to reflect on whether to choose to participate or not. This was to ensure that they

had both psychological and physical preparation for the interviews. Even when they had made the decision to participate, they retained the right to withdraw from the interviews at any time. The decision of the research participants was highly respected and protected by the researcher. The participants were also informed that the researcher might have to re-visit or interview them again for the purpose of confirmation on data collected for the first interview and the researcher kept the agency supervisors informed of the arrangement.

Harmlessness

The research background, purpose and content of the semi-structured interviews were reiterated in detail to all research participants prior to the interviews being conducted. The purpose of this reiteration was to ensure that each participant was protected from the possibility of any possible harm. Meanwhile, the researcher carefully observed the participants' physical and mental status to determine whether they were suited to in-depth interviews in a further attempt to ensure that the interviews were conducted in a secure environment and in which the participants felt at ease in when responding to the questioning. Furthermore, the researcher reconfirmed the participant's willingness to participate again by explaining the details of the research purpose and then asking for confirmation of their willingness to be interviewed. All participants have signed the consent forms regarding their willingness to participate in the in-depth interviews and have agreed to the interview being recorded. However, as some of them are illiterate, they were given the option of signing a cross mark (which is generally accepted in the field of elderly services in Hong Kong) on the consent form and as further corroboration gave verbal consent on the tape recording.

As this study does not involve any drugs or treatment, there is no potential harm to the body of the research participants. The researcher allowed the participant to take breaks in between if the participants felt uncomfortable physically. Furthermore, the researcher paid attention to the participants' emotion and mental status. If an adverse reaction were noticed, the interviews would be terminated. Nevertheless, throughout all the process of in-depth interviews, no participant was found uncomfortable or having negative responses that needed to terminate the interviews. All the interviews ran smoothly as scheduled.

Privacy and confidentiality

The researcher is highly respected and pledged to protect the participants' privacy. The participants have the right to refuse to attend or continue with the interviews at any time and do not have to answer any questions that they are unwilling to during the interviews. Before the interviews started, all the participants were informed again of the use of tape recording, which was kept strictly confidential for the researcher's personal study purpose only and all the transcripts for data analysis were anonymous and identifier codes were used in data files. Apart from the related professionals who read this research data for examination purposes, all the data has been handled and used by the researcher only. To safeguard the anonymity of the participants and guarantee the confidentiality of the data, the participants' information, such as names, addresses and telephone numbers, is kept in a locked cabinet and the anonymous transcripts are separately stored in the researcher's personal computer only, which needs a personal and confidential password to access the data. All the research data will be stored for one year after the research study passes the academic examination and will then be destroyed. The data will not be transferred for any other use. During the in-depth interviews and discussion of focus group, no picture had been taken. The research participants were also informed that the researcher had not called any names of the participants and they were only addressed as 'grandma or grandpa' due to the anonymity of audio recording. Furthermore, for the reason of protecting the privacy of research participants, the names of the referred agencies are also anonymous in this study.

4. Reflexivity on researcher's role

A researcher's reflexivity is important in any qualitative social research process. Malterud (2001) indicated that from choosing an investigated research topic to making a research conclusion, the research is shaped by a researcher's personal experience, position, values, beliefs and perspective. Hence, the researcher as a human research instrument needs to be aware of bias in research study by adopting reflexivity. Calas and Smircich indicated, 'a reflexivity that constantly assesses the relationship between "knowledge" and "the ways of doing knowledge"' (Calás and Smircich, 1992, p.240). Reflexivity then plays an important part in knowledge development.

The concept of reflexivity has been a popular agenda in social work practice. D’Cruz, Gillingham and Melendez (2007) reviewed the concept and meaning of reflexivity in social work literature and concluded that there is no common definition drawn and the definitions of reflexivity are diversified and rather debatable as it is still a rather new concept within social work. Meanwhile, the concepts of reflexivity and reflection are sometimes interchangeably used in social work education and practice. For social work researchers or practitioners, reflexivity is regarded as a skill that promotes awareness of knowledge creation and generation and as well requires critical awareness on one’s role, power, emotion and cognition (D’Cruz, Gillingham and Melendez, 2007). The researcher in this study is a registered social worker in Hong Kong and has over twenty-five years experience in both social work professional practice and education. Fostering reflexivity in practical works is regarded as an important skill. Such skill has been well developed throughout her past working experience.

Understanding any researcher’s background, position, value or perspective may have an impact on research methodology. Consequently, the researcher adopted reflexivity to avoid research biases in this study. This means the researcher paid special attention to enhancing her awareness on knowledge creation, development and generation during the research process which includes the establishment of research assumption, construction of empirical material, interpretation of data and the development of argument and conclusion. Lincoln and Guba (1985) suggest developing a reflexive journal in which all the methodological issues are recorded and then apply reflexivity to those issues. The researcher has followed this method to deal with the research problems. Meanwhile, during the research process, the researcher’s supervisor was involved in reflexive dialogue at every stage of the research study. All these reflect the self-awareness of the researcher of the possible effect of research study.

Indeed, reflexivity’s impact on a researcher’s role is far more important during the research process. A study that explored fifty research participants’ perspectives on research ethics by using in-depth interviews suggests, ‘good ethical practice requires reflexive approaches to research that consider the impact on participants, rather than prescriptive or bureaucratic procedures’ (Graham, Grewal and Lewis, 2007). The researcher in this study always made reflection on each interview afterwards. For example, in the conduct of interviews, the researcher developed rapport and trustful relationships with the

interviewees and the interviews were central to the interviewees' perspectives and experiences. Alongside, the researcher paid special attention to the interviewees' mental and physical status to make sure they felt comfortable in expression during the interview interaction. The use of interviewing skills and techniques for handling the interviewees' emotions and avoiding exhaustion has been carefully considered so as to avoid violating the reliability and validity of the data collection.

On the whole, the researcher undertakes reflexivity in research practice to avoid judgmental attitude or bias and often shows awareness in exercising reflexivity by keeping a research diary to reflect own feelings and experiences and the role when constructing research knowledge during all stages of the research. Furthermore, the researcher is attentive to the feelings and experience of the research participants and has carefully examined one's role during the interviewing process.

5. Concluding summary

This research study answers the research question of how older people living alone in Hong Kong perceive their social lives. The disengagement theory, activity theory, continuity theory, attachment theory and Erikson's developmental stages form the theoretical frameworks. A qualitative method with in-depth semi-structured interviews has been adopted. With the assistance of two elderly service agencies, thirty older people living alone in Hong Kong were recruited with purposive sampling and interviewed once to collect their perspectives of their social lives. A pilot study was conducted after the information sheet for the research, consent form and interview schedule were completed. During the process of data collection, all the interviews were audiotaped with the consent of all research participants. The collected data was documented, transcribed, coded and analysed using a general inductive approach. For the purpose of triangulation for reliability and validity, three focus groups were also conducted after the completion of individual interviews. The ethical issues are highly focused so as to protect the privacy and security of the older people. Reflexivity on a researcher's roles is being highly aware during the research process by keeping a research diary and having regular discussions with supervisors.

Chapter Six The Decision to Live Alone and Resultant Adjustments to Change

The major findings of this study are presented in chapter six to ten with five main categories drawn from the qualitative data collected from the research participants. The five categories are: 'the decision to live alone and resultant adjustments to change', 'daily activities and participation in social activities', 'relationship in social networks', 'perspectives on social life in later life' and 'comparison of different sub-groups'. All findings are supported by quotations from the research participants in the in-depth interviews. Since three focus groups have been used for triangulation in this study, some quotations from the participants of these focus groups have also been applied where necessary. The participants of the three focus groups consisted of older people living alone, older people living with family members and older people identified as hidden cases.

1. Socio-economic characteristics of the research participants

The basic information related to the research participants for in-depth interviews follows to provide a general profile of their socio-economic characteristics. Other details are provided in Appendix XI as well.

Thirty research participants engaged in the in-depth interviews. These are divided into three different age groups: 65-74 (the young-old), 75-84 (the middle-old) and 85 or over (the oldest-old). The three subcategories of chronological age used in this study are widely adopted by recent research studies in gerontology (LaPierre and Hughes, 2009; Menec and MacWilliam, 2005; Zizza, Ellison and Wernette, 2009). The sample comprises twenty-five females and five males in total. Six females and two males belong to the young-old group, fourteen females and one male are in the middle-old group and five females and two males are in the oldest-old group. The participants are further classified into three different groups depending on how long they have lived alone: 5-10 years, 11-16 years, and 17 years or over. Ten of the participants comprise the group of living alone for 5-10 years, eleven for living alone for 11-16 years while nine have lived alone for 17 years or over. The following table shows these combinations.

Table 3 Research participants' information

Age Group	Duration of Living Alone			Total
	5-10 years	11-16 years	17 years or over	
65 – 74 (Young-old)	P1 - F/65/5 yrs. P4 - F/68/5 yrs. (HC)	P3 - M/66/11 yrs. (HC) P5 - F/69/11 yrs. P6 - F/73/12 yrs. (HC)	P2 - F/65/20 yrs. P7 - F74/27 yrs. P8 - M/74/30 yrs. (HC)	8
75 – 84 (Middle-old)	P10 - F/77/7 yrs. (HC) P11 - F/78/8 yrs. (HC) P13 - F/79/5 yrs. (HC) P18 - F/82/5 yrs. P19 - F/82/6 yrs.	P 9 - F/76/14 yrs. P12 - F/78/15 yrs. P14 - F/79/15 yrs. P16 - M/82/15 yrs. P17 - F/82/16 yrs. (HC) P20 - F/83/16 yrs.	P15 - F/82/18 yrs. P21 - F/83/30 yrs. P22 - F/83/32 yrs. P23 - F84/18 yrs.	15
85 or over (Oldest-old)	P24 - M/85/6 yrs. P27 - F/91/7 yrs. P29 - F92/7 yrs. (HC)	P25 - M/85/12 yrs. P30 - F/94/11 yrs.	P26 - F/85/18 yrs. P28 - F/91/53 yrs.	7
Total	10	11	9	30

Remarks: F - female
M - male
HC - hidden case identified by social workers
P - participant
Yrs. - years

The marital status of the research participants divides into twenty-three widows and two singletons in the female group, with two widowers and three divorced in the male group. All of the widows have adult children except for one individual. Every member of the male group has adult children.

Within the educational attainment variable, ten females are illiterate, eight have attained an education to a lower primary level and three have completed primary level while only four have reached a secondary level of education in the female group. By contrast, two males have at secondary level of education and three at primary level amongst the males.

The income source variable includes twenty-two participants who are recipients of Comprehensive Social Security Assistance (CSSA). Four of the participants depend on their adult children for financial support, two live on a retirement pension, while the other two maintain themselves by using their personal savings.

Over two thirds of the research participants retain the ability to walk normally while nine require the use of walking sticks. Among the nine research participants who use walking sticks, seven aged 82 or over are the recipients of home help services. For those who walk normally, a majority experience pain in their legs or bones when the weather changes at different seasons.

When the living conditions of the participants are considered, over two thirds live in public rental housing owned by the government authority while eight live in private houses either rented or privately.

Twenty-one older people conduct ancestor worship in their homes although they claim to have no religious beliefs. Seven of the participants have no religious beliefs, while one is a Buddhist and one is a Christian.

Following the previous description of the general characteristics of the research participants, this chapter now focuses on presenting 'the decision to live alone and resultant adjustments to change'.

The factors that contribute to the decision to live alone include:

- changes in family life and relationship
- over-crowded living environment in familiar community
- strained relationship owing to personal habits
- cultural differences related to migration
- the single cohort

The resultant adjustments to change consist of:

- independent living arrangement
- psychological adaptation
- expansion into social networks

2 Making the choice to live alone

2.1 Changes in family life and relationship

In reviewing the literature in chapter three, the researcher previously explained the changes in family function and structure in today's Hong Kong. Undoubtedly, the family is a safe haven for older people who need more attentive care. However, many older people in this research study reveal that their family life nowadays has dramatically changed due to the structural change within their family. The remarkable and rapid growth in the number of nuclear families in Hong Kong society has brought about the disintegration of the traditional family. Thus, many older people have either the motivation or the need to choose to live alone.

All married participants responded that they had lived with their spouses or adult children before living alone. Nearly half of them still lived with their adult children even after their spouses had died while another half lived with their spouses after all of their adult children had married and moved out. When older people were asked why they chose not to live with their adult children they gave similar answers. They indicated that marital life in traditional Chinese extended families is hard for women as much trouble and conflict is created between mothers-in-law and daughters-in-law and this reduces the choice, freedom and even status of daughter-in-law. They prefer to set up home together with their husbands rather than live within a large family. Responding to these circumstances, the older relatives modify their previous understanding and expectation to the thinking of the younger generations. This answer is the most regularly given in the young-old age group. As one of the participants reflects,

“Nowadays, society has changed. The new generation couples are unwilling to live with older people. They want to have their own family. It's different from my own generation. At that time, we had no choice. After getting married, a woman needed to live in her husband's home and had to obey what the old parents-in-law said in a traditional Chinese family. You had no freedom. If you married a good man, you would be lucky and happy in your family life. Otherwise, you lived a hard life. If I had had a choice, I would also have preferred to live with my husband alone. There would have been less trouble and conflict, you know. I have suffered the sorrows that life brings. I am weighed down with troubles and the never-ending conflicts

among in-law relationships in a large family. However, I will not complain. I think a small family is rather simple.” (P6, F/73, living alone 12 years)

Married females who had lived in traditional Chinese extended families accepted hard times in their lives because they had no choice regarding their marital lives. Knowing this makes it easier to understand why they now accept the reality of living alone in their later lives and recognise that this is the current social trend in modern society in Hong Kong.

At the same time, the different lifestyles between generations can easily create conflict. Another participant also points out that it is difficult to ask a young couple to allow their older parents to live with them. As young people need to work in the daytime and often return home late, older people can feel that they are not being looked after by their adult children and feel they are given little opportunity to communicate with each other. Due to this lack of communication, a negative impression has formed among young people who tend to believe older people are stubborn, enjoy gossip and are difficult to get along with. The following female participant points out,

“The young couple, of course, they wish to live together. Some of my relatives expressed to me that their adult children are unwilling to live with older people whom they think to be stubborn and never stop talking. The daughter-in-law usually finds difficulty in communicating with her older mother-in-law. As for myself ... although I do not have many conflicts with my daughter-in-law, I don’t want to live with my son. This is because young couples need to work outside the home every day and they come home very late at night. Actually, they don’t have much time to take care of me and talk with me. Therefore, I choose not to live with them. Times for waking up and mealtimes are quite different between the old and young. Usually, older people wake up earlier in the morning and sleep earlier in the evening. If you want to wait for the young until late night, you need to sleep very late. Older people always feel very tired. They get used to sleeping earlier.”
(P5, F/69, living alone 11 years)

Some older people feel helpless in the changing context of family structure while at the same time seeking to understand the difficulties their younger family members encounter. Older people expect to have more communication with their adult children and show concern for their adult children but are

disappointed that in reality, this does not happen very often. What they can do is choose to give space to the young people. A female participant choosing to live alone explains that in her situation the relationship between her and her son's family has been quite strained,

"My son has his own family and has to look after his children. I think he encounters many difficulties at work. I don't want to cause him extra pressure. I have been calling him in the daytime but he can't talk with me and has asked me not to disturb him if it is not important. I understand that he has work pressures. I just want to show my concern to him, but this makes him feel annoyed. I want to talk to him after work, but he feels very tired and doesn't want to talk to me. I feel very disappointed. I can only wait for him to call me if he has time. Nevertheless, I don't blame him. Life is not easy when working. The most important reason for me to live alone is to give space to the young couple. Then they don't need to worry about me."
(P9, F/76, living alone 14 years)

Older people are nevertheless very concerned about the lives of the next generation even though their sons or daughters are married and have their own families. In contrast with the young, older people show an understanding of the lives of working couples. However, older people may not have their similar concern reciprocated. Taking filial piety into consideration, older people perceive filial piety from another viewpoint. As another female participant expresses,

"Nowadays, society has changed. Many traditional values and concepts adopted in ancient China cannot be applied in Hong Kong society. My expectation is simple. I only ask that my son visits me once a month and makes regular phone calls to me. Of course, he seldom meets my expectation. I don't expect he will take care of me. But, at least, he needs to know whether his mother is still alive or not by keeping contact with me."
(P19, F/82, living alone 6 years)

Filial piety is rooted in older people's minds but the younger generation seems unable to meet older people's expectations or to perform their duties conscientiously and consistently as perceived by this research participant. A male who lives with his wife while living with an extended family also offers a similar view,

"I brought up five children. They all graduated from university. Now they have grown up and moved out but are still living in Hong Kong. They just said goodbye to me. I can only say that my responsibility is fulfilled. I have never asked for support from my children. I only expect that they can manage their own lives independently. I don't care whether they take care of me or not. They know their own responsibilities. Whether they take care of their parents, that's their own decision. They should do it from their heart." (G1 of focus group living with others, M/78,)

Many older people believe they have fulfilled their responsibilities of nurturing their children and taking care of their own parents. However, the younger generation is not fulfilling the same responsibilities in the way that the older generation had.

Although some older people claim that living alone might not be their own choice, some seem to enjoy living alone after having lived half of their lives taking care of their family. Over half of the female participants are quite satisfied with their current situation. One of them expressed that in the past, she spent most of her time looking after her son's family. She now feels released, as she no longer needs to look after others when living alone. She appreciates the freedom of living alone, has found enjoyment in voluntary work and she shows eagerness in achieving her need for self-actualization (Maslow, 1954).

"I need not take care of the grandchildren or do the housework for my son's family. I am free now. I can do anything I like. Previously, I had no chance to learn writing or enjoy my hobbies. Now I go to the social centre every day. I learn everything I want to and am also a volunteer. You know, I have many certificates of attending interest classes and volunteer training courses. I am happy to help people. I do enjoy my present life of living alone." (P10, F/77, living alone 7 years)

Another female participant expresses similar viewpoints regarding the choice of living alone with her focus being to have greater control of her own life while living alone.

"I don't want to look after the grandchildren. It is hard work for me. I have spent half of my life looking after my own seven children. I will not help my son look after his children. In fact, the young couple has money. They can

employ a maid to look after them. Most of the young couples in Hong Kong have employed Filipino or Indonesian maids to do the housework. I want to enjoy the rest of my life.” (P10, F/77, living alone 7 years)

Obviously, the lifestyles of young families and the ways they rear their children have changed in Hong Kong. Nowadays, a common social phenomenon exists in Hong Kong in which both partners need to work outside the home and then transfer the responsibility of caring for their children onto maids. This frees older people from the responsibility of raising their grandchildren and managing their offspring’s housework. On the one hand, their roles, responsibilities and contribution to the family seem to have been diminished. On the other hand, they may enjoy increased freedom and choose to engage in an active social life.

This apparent change in family life and values may offer no other option for older individuals than to live alone apart from their families. Many of the older people represented in this study have had to adapt to this new reality, adjust their lifestyle accordingly and subsequently change their thinking and attitude in a more positive way. Nevertheless, problems related to the communication and relationship between older people with their adult children raise concerns. Moreover, the difference in expectations of family life between the generations also impact on older people choosing to live alone.

2.2 Over-crowded living environment in a familiar community

Hong Kong’s physical environment is a significant factor contributing to the reasons for older persons living alone. The literature review in chapter three emphasised that in Hong Kong’s modern society, the structure of the nuclear family has gained greater acceptance and the living space available for extended families in public rental housing is inadequate. This directly limits the possibility of older people living with their sons’ or daughters’ families.

Usually, the adult children move out from their parents’ home after marrying. The parents are then left to live alone in the family home. Nearly two thirds of research participants living in public rental housing confirm this situation. The study’s findings in this respect are similar to the official studies of older people living alone conducted by the Census and Statistics Department (1999), which reports that among 68,200 married older persons who live alone, 62.9 per cent (42,900) have adult children in Hong Kong with 62.5 per cent of them not living

with their adult children because they had chosen to move out after marrying. As one of the participants observed,

“My sons moved out after getting married. They said they didn’t want to live in such close quarters. They preferred to move out and to establish their own families. Many young couples in Hong Kong like to live on their own. I prefer to stay in my old home. I am living alone now.” (P23, F/84, living alone 18 years)

The living space in the flats of public rental housing is severely limited. The area of each flat is about 40 square metres for four to six persons. If young couples marry and choose to stay, the living space will be intolerably over-crowded. Meanwhile, applications for moving to a bigger flat may take four to six years to be successful.

In some cases, this study found the decision to live alone is due to the over-crowded living environment even though most participants have a strong attachment to the familiar living environment. One participant living in public housing admits that she actually does not want to live alone. When her son married, she at first continued to live with her son and daughter-in-law in the flat. Later, her daughter-in-law became pregnant and the mother wanted to apply for a bigger flat so that she could continue to live with her son’s family. However, an obstacle arose. The process of applying for a bigger flat in an urban area can involve several years of remaining on a waiting list and even then the provision of bigger flats is rather limited. Hence, she finally accepted them moving out of her flat and then accepted living alone. Also, she did not want to move from the community with which she has been familiar. She expresses the following,

“Actually I wanted to live with my son and daughter-in-law. But, I didn’t want to give up this flat. I have been living in this community for over 30 years. I have many friends and neighbours here. Finally, the young couple moved out and rented a flat nearby so that I can still visit my grandchildren. I am living alone now.” (P1, F/65, living alone 5 years)

Living in a familiar community strengthens the older person’s feeling of secure attachment whereas if the family home had been in a remote area, this would be considered negatively by young people living with their older parents. One

female participant reports that she had lived in a big stone house situated at the top of a hill for over fifty years. She brought up her seven children in hard circumstances since her husband died when she was only thirty-five. However, none of her seven children chose to live with her because her house was too remote from their work, and she did not want to move away either. She also values her autonomy as an older person living alone in a familiar environment,

“Since my husband died, I worked very hard to bring my children up. But none of them lived with me. They said that transport is extremely inconvenient here. They asked me to move out and to live with them. But I don’t want to leave this house. I like this quiet environment. The air is fresh here. I am amused by my life, here. I am not afraid of snakes or thieves because I know how to manage. I know some neighbours here. I can ask for help.” (P20, F/83, living alone 16 years)

Hence, the choice to live alone is sometimes related to adapting to the over-crowded living environment in Hong Kong. Feeling at home in an area and having developed neighbourhood relationships are often key factors affecting the decision making of older people in choosing whether to live alone or not.

2.3 Strained relationship owing to personal habits

Female participants chose to live alone mainly because of the two above-mentioned factors. Males responded with other special reasons. The researcher interviewed a total of five males. Two males revealed that they lived alone because their spouses had left them due to their gambling, smoking or drinking. One of the male participants had been a drinker, smoker and gambler when he was young. He finally divorced due to losing all his earnings in gambling and has lived alone since the age of forty-five. He recalls the situation at that time and expresses his feelings about his past marital relationship as follows,

“I argued with my wife almost every day because of gambling. She was very angry as I spent all our savings gambling. Finally, she decided to leave me with her daughter thirty years ago [when he was 45]. We have had no contact since then. Perhaps, my daughter has contact with her currently. I am not sure. I don’t care. We were not compatible. As the proverb says, ‘Stay if things are good, leave if they’re not’.” (P8, M/74, living alone 30 years)

Older people with such personal habits may encounter difficulty in their later life while living alone. Another male participant also had a similar experience. He thinks gambling has been a habit for him from when he was young. He had indulged in gambling and was unable to extricate himself from the habit causing his marital life to end after serious quarrelling. The end result was that his wife took their son and left him. However, his feeling about his experience differs from the earlier mentioned participant. He feels very sorry for his family. He admits,

“Many people said that losses in gambling usually exceed wins. I lost my family at the end. I was lucky that I lived with my mother after my wife and son left. She cared for me a lot until she died twelve years ago. I gave my mother nothing but disappointment. I feel very sorry for my mother, my wife and my son. But I have no chance to see them again! I am a lonely man.” (P25, M/85, living alone 12 years)

Despite this admission, this man still acknowledges that he engages in gambling in his later life for entertainment, but now for recreation only. The following quotation reflects his perspective on his current life,

“Of course, I have given up gambling. I live on public assistance. Now, I just gamble for entertainment. I spend very little money. I have nothing else to do after retirement. I have no friends. I have no other interests or hobbies. I am getting older and older and just waiting to die.” (P25, M/85, living alone 12 years)

This man has revealed that his motivation for gambling is to fill a void as he has no special interests or hobbies and has nothing to do after his retirement. This reflects that older people with addictive behaviour seem to have more increased difficulty in arranging their daily lives when living alone.

One consistent reason for males living alone is that males seldom choose to live with their daughter's family. A male participant reflects why he prefers living alone despite having two married daughters,

“I have two daughters who are married. They have their own families, you know. In traditional Chinese society, married females usually live with their husbands' parents but seldom live with their own parents. It is very unusual

for a father to live with his daughter's family. So, I prefer living alone." (P3, M/66, living alone 11 years)

This male participant explains one reason why males seldom live with their married daughters in later life. Indeed, to do so is an unusual phenomenon in a traditional Chinese family.

2.4 Culture differences related to migration

In the review of the historical background of older people in Hong Kong in chapter two, the common phenomenon of young people moving or working overseas was noted. Most especially immediately before and since 1997 this has left many elderly parents living alone in Hong Kong. Before the 1997 transfer of the sovereignty of Hong Kong to China, a mass migration of Hong Kong people to other countries such as the United States, Canada and Australia occurred. Many older people also accompanied their families in migrating overseas. Very often, in the earlier period, adaption to new environments proved difficult for older people who had first settled in Hong Kong for the latter half of their lives after the Second World War.

A female participant, who had migrated to England with her two sons' families, claims that she had no choice at that time as her sons insisted that she moved overseas. However, after a stay of one year, she decided to return to Hong Kong to live alone due to the difficulties she faced in adapting to the new environment at the age of 78. She describes her experience of living in England as follows,

"I couldn't adjust well. You know. It was very cold in winter. I just stayed alone at home during the daytime and all the young people went out to work. I was illiterate. I didn't understand English. I couldn't communicate with the neighbours. I had no friends there. I couldn't do anything. I just waited for my sons and grandchildren to return home every day. All the television programmes were in English. I didn't understand what happened in England. It was boring to sit there without anything to do. I could only sleep all day." (P30, F/94, living alone 11 years)

This participant identified her difficulty in adapting to a new environment that was culturally and socially different. Although she lived with her adult children,

language barriers made her social life more difficult when she was alone in the daytime. Her difficulties were compounded by her linguistic isolation, difficulties with communicating with neighbours, making new friends, and the removal of radio and television programs that she could understand.

Besides the set of adjustment problems related to living overseas is the fact that older people in their later lives prefer the comfort of living in the same house and familiar living environment that hold their life memories. Aided by support from a social welfare service agency, this participant continues to feel secure living in her old home after her return to Hong Kong. She keeps in regular contact with her adult children. The following statement reveals her need for attachment,

“My sons’ families visit Hong Kong every year and we meet up. Sometimes they phone me. I am all right now, although my health is deteriorating. The home-helper delivers daily meals and cleans my house. I don’t want to go abroad ... I am living in this house, which was bought by my husband. We lived here for over 50 years. I prefer living here.” (P30, F/94, living alone 11 years)

Another illiterate participant shares similar feelings even though she has never migrated to a foreign country with her son’s family. As her daughter’s family remained in Hong Kong, she chose to stay in her own home in Hong Kong. She has only chosen to visit her son living in England twice and then only for a short period. She has decided she does not want to go overseas again due mainly to her deteriorating health. Similar to the participant who had migrated for one year, she also encountered difficulties adjusting to her stay in England because of the language barriers and her loss of control in choosing her daily activities. Hence, when she compared this experience with the life style in Hong Kong, she chose to stay in a familiar environment. This was accentuated by the fact she had previously needed to learn to live alone after her husband died.

“My weak knees are painful sometimes. I am terrified of flying. I like living in Hong Kong because the transportation is convenient. I can go everywhere easily. In England, my sons and his wife went out to work and my grandchildren went to school in the daytime. I could only stay at home alone. I couldn’t go too far. I needed to wait for my son to drive me, even to go to the supermarket. I am illiterate and can’t speak English. I didn’t

understand what the neighbours said. The weather was cold. Although the living environment is better than in Hong Kong, I still like to live in Hong Kong. It is very convenient for me to visit my relatives and friends or to go shopping. I can talk with friends and neighbours everyday. Now I am living alone but I do enjoy it very much. I can go to the elderly centre and have family gatherings with my daughter's family during festive times. I am satisfied with this ... I am used to living alone because my husband died when I was only 31. After my son and daughter got married and moved out, I start living alone." (P21, F/83, living alone 30 years)

The experiences and feelings of these two participants reflect similar adjustment problems with migration related to their illiteracy. Each found difficulty in accessing newspapers, television and radio and shopping. Transportation became unbearable during miserably cold weather and they missed the neighbourly chats they had enjoyed while in Hong Kong. They felt insecure in a new environment and had little control over their daily activities even though they lived with their adult children. Most importantly, living in their familiar living environment and neighbourhood community clinch older peoples' decisions of where they prefer to live. Even though they have to live alone, they still prefer to stay in an environment with which they have been familiar and comfortable. Hence, the adaption to new living styles and cultural differences represent a great challenge for older people who migrate late in their lives.

Older people develop strong attachments to familiar objects and environments, which have been meaningful to them. Familiar living environments are major factors for older people choosing to live alone as it removes any potential problem of adapting in a new environment. This is intensified when they are illiterate. Familiar surroundings provide a feeling of safety and intimacy for older people increasing their confidence in managing their daily life. This circumstance is consistent with description of the attachment theory mentioned in chapter four. Furthermore, it is consistent with the welfare policy objective for older people set by Hong Kong Government that also encourages older people to remain living in the community with which they are most familiar.

2.5 The single cohort

Being of single status often determines the choice of living alone. Within the group of research participants, only two female participants are single. One of

these female participants has lived alone for over twenty years since her mother died. Her traditional mother had worried about her daughter living alone since she felt unmarried women in traditional Chinese society are regarded as somehow failing. However, this participant believes that marriages are by destiny.

Despite her single status, she enjoys her present social life and serves as a volunteer and part-time instructor of interest classes in social centres since she retired five years ago from her role as a home economics teacher in a primary school. She suffers mobility problems but retains confidence in her ability to manage her daily life. If she needs help in the future, she would prefer to utilise social welfare services rather than ask for help from her friends.

“No matter what, I do enjoy my present life. I am now very busy with my volunteer work in social centres. Sometimes, I teach handicraft or other interest classes. However, my left leg troubles me. I hurt my leg six months ago and need to use a walking stick at the moment. I can’t attend too many classes. I can only teach one or two interest class in a nearby social centre ... I have no relatives in Hong Kong. I need to manage my own life by myself. I seldom ask for help from my friends because I don’t want to bring trouble for them. I prefer to ask for help from the staff at the social centres because they are employed to serve the community’s older people.” (P2, F/65, living alone 20 years)

Obviously when older people remain healthy people, whether married or single, they cope well. However, if their health deteriorates, living alone may create added difficulties in managing their daily lives. Another single participant who had lived with her aunt before living alone is a Christian and has been admitted to hospital several times recently. While she worries about this, she also has made preparation for herself.

“I was just discharged from the hospital one month ago after being treated for heart disease. I am worry about my management in daily life. I have no close relatives in Hong Kong. Therefore, I have asked the centre staff to help me apply for a residential home for the elderly before my health deteriorates. I think I need to prepare for this ahead of time.” (P22, F/83, living alone 32 years)

When unmarried older people receive no help from family members or relatives' living alone, they may need help from other sources to tackle problems when facing difficulties. While both these participants have no close relatives and have experienced physical health problems, the former belongs to the cohort of young-old while the latter one belongs to the middle-old. The young-old participant in post-retirement actively develops her interests and represents an example of those who are described within the continuity theory as successful ageing. Successful ageing is dependent upon the ability of older people to maintain and continue their previous behavior pattern or discover a new and fulfilling role. The first subject's quality of life is sustained by the maintenance of her health, mobility and interests. By contrast, the middle-old participant suffers from heart disease thus motivating her to prepare for her own future. Despite these physical differences, both demonstrate positive lifestyles while living alone and are comfortable with using community services.

In conclusion, several factors contribute to the choice of living alone. These are categorized as changes in family life and relationship, experiencing an over-crowded living environment in their existing familiar community, culture differences of migration, strained relationship owing to personal habits and the single cohort. Over two thirds of the research participants in this study choose to live alone due to changes in their family life, relationship and the over-crowded living environment of their familiar community. As well, four participants mentioned cultural differences caused by migration. Two male participants had previously divorced because of the consequences caused by their personal habits and now live alone while two females constitute the single cohort.

3. Adjustment to change

Living alone in later life brings many psychological and social changes to a person's life. Hence, older people, in particular, may require time to adjust to the changes from living with a spouse or partner to living alone. The changes and effects observed in this study embrace the various factors affecting independent living arrangement, the older person's psychological adaption and their expansion into social networks.

3.1 Independent living arrangement

Married research participants expressed that before they started living alone, they had lived with their spouses or children who had shared some of the household affairs such as cooking, cleaning and shopping and that they also shopped together, dined at restaurants, or shared exercise sessions or travelled overseas together.

In this study, most of the married participants, largely females, reflect that the major change they needed to adapt to was not the fact that their children moved out when they married but rather the adaptation to the new set of circumstances incumbent from the death of their husband. The death of their spouses meant they needed to re-arrange their daily schedule independently. In their new situation, they needed to arrange their own time separately from the needs of others. In other words, before living alone, they had taken total responsibility for the care of their spouses and the wider family. Even if they only lived with their spouses, they were responsible for all duties for both themselves and their spouse. Living alone changed their lifestyle. Now, they no longer needed to consider other people. They could choose to live however they liked within the economic constraints of their circumstances.

One female participant who for over twelve years had tended to her husband's needs after he had suffered a severe stroke which left him paralysed down one side of his body, commented that her total time had been expended taking care of him and this had left her feeling exhausted and helpless. Nor could she depend on help from her adult children in anyway.

"I had to look after my husband every day because he had suffered a severe stroke. I wanted to send him to a private residential home but we had no money. I assisted him to eat, to bathe and to go for a walk with a wheelchair every day. I had to consider everything for him for a period of about 12 years. I felt exhausted but I had no choice. I was his wife and I had the responsibility to look after him. My sons and daughters moved out after getting married. They were busy with their work and needed to take care of their children." (P13, F/79, living alone 5 years)

The situation of this old woman reflects the many responsibilities and roles related to living with someone. Pressure also arises from having to think deeply

about the needs of others. She also believes that her children cannot share the responsibility of taking care of her husband. While living alone brings significant change to a person's lifestyle, it can also be a release if faced positively. This participant further describes her life living alone after her husband died:

"It took time to adapt to living alone because I spent most of my time looking after my husband before that. I find that I have much free time now. I need not care for others. I just prepare food for myself and I can do anything I want." (P13, F/79, living alone 5 years)

Living alone obviously adds individual freedom of choice to the individual's lifestyle as the pressure and conflicts of living with someone are removed.

Undoubtedly, there are still exceptions to the above cases in which the great changes needed in re-arranging everyday life would offset the greater level of independence. One male participant was encouraged and helped by his old friends and neighbours while he was recovering from the sorrow of his wife's death. He gained much emotional support from his friends thus enabling him to maintain his lifestyle even though living alone.

" I was still alone at home in the daytime. Therefore, I went to the park nearby where my wife and I always met my old neighbours and friends every morning. They all knew of the death of my wife. They comforted me and asked me to keep joining their activities in the park such as doing exercise and dancing, the same as in the past. You know, I can dance very well. I always teach them how to dance. We really enjoy this very much in the morning. The activities we do, seem the same. The only change is that my wife is not there. ... You can see that all of my friends are nearly of the same age. So, we have the same interests and the same experiences to talk about and to share together." (P24, M/85, living alone 6 years)

These comments of this male participant reflect that his lifestyle can be maintained with the support of his friends even though his wife had died and he had to learn to live alone. This also emphasises that peer friendship among older people, most especially, for those who live alone, remains vital in later life as it enriches their life through shared interests and experiences.

The female participants who continued to live with their adult children after

their husbands died and then remained in the family home until all of their adult children moved out observed that they adapted to an independent living arrangement quite smoothly after their husbands had passed away. Hence, even after all their adult children had moved out, the changes that resulted had minimal impact except for changes within their daily living schedule and the reduced amount of cooking. The following individual situation of a female respondent analyses her perception of the different lifestyles of older people and their adult children.

“Since my husband died, I became used to being alone in the daytime because my adult children always went out to work. I still kept cooking and managing the housework. However, they came home late at night and I had usually waited for them to come home. Since they have all moved out, I only need to take care of myself. I need not cook for others. I have more free time and can sleep earlier.” (P14, F/79, living alone 15 years)

The situation for divorced participants is slightly different from the previously married participants. While there are no female divorced participants in this study, there are two male participants. Both of these started living alone before the age of 60. Their lifestyle remained little changed when they first started to live alone because they were still in full-time employment not yet having reached retirement age. They maintained their lifestyle from the moment of divorce. One of the male participants observes,

“Divorce didn’t mean anything. I was still a gambler. A gambler only ruins his family, unless he wins a lot of money. I still enjoyed gambling, smoking and drinking with my friends after work despite being divorced. I kept up such a situation until my retirement. I think my life has been a hopeless mess.” (P8, M/74, living alone 30 years)

Hence, this man made no obvious change to the arrangement of his everyday life after living alone due to his divorce. Divorce seems to have had minimal effect on his lifestyle as his life continued as before to revolve around his work and his male friend dominated lifestyle. His own judgement of his life is that it had been a hopeless mess. This suggests that he does retrospectively feel regret for his previous lifestyle. However, when entering later life, gambling continues as a leisure activity and serves as a major topic of conversation with his friends.

“Sometimes, we talk about gambling, even though we don’t gamble anymore. You know, I gambled away all my money. However, we make a ten-dollar or twenty-dollar bet on the horses, occasionally. We play for small stakes just for amusement. If I lose money on the races, it doesn’t cost very much ... Many old men gather around there [at the bridge] for gambling. Even playing chess is also gambling.” (P8, M/74, living alone 30 years)

The situation of another male participant, who lived with his mother after divorcing at the age of 58, is quite similar. His lifestyle changed little after his retirement fifteen years ago. He started living alone twelve years ago when his mother died.

“Although I had a full time job, I spent all my income on gambling ... I had changed jobs several times and was involved in gambling quite often. When I retired at the age of 70, I received a retirement allowance from my work. But I quickly spent all the money on gambling because I had plenty of spare time after retirement. My living was poor at that moment because I had no money. I wanted to find a job but nobody wanted to employ an old man. ... I have given up gambling for money for many years now. I live on public assistance. Now, I just gamble for entertainment. I spend very little money. I have nothing to do after retirement.” (P25, M/85, living alone 12 years)

When someone’s behaviour (such as gambling) has already damaged their relationships with family members, their lifestyle in later life seems to decline, irrespective of whether they live with someone else or live alone. The situation of these two male participants shows that addictive behaviour is difficult to change. They face a hard time arranging their daily life while living alone.

Moreover, these two males demonstrate that they have completely disengaged from their previous roles and responsibilities and lack planning for retirement in later life. Disengagement for men may mean that they feel loss having all roles and responsibilities now removed from their lives. Both claim they have nothing to do after their retirement and could only occupy their time by continuing to gamble with friends. This suggests that preparation for retirement and planning for later life is an even more important factor for those who live alone.

3.2 Psychological adaptation

Needing to adapt to living alone after having lived with a spouse, involves psychological adaptation.

Married participants who have lived with spouses for most of their lives may take many years to recover from the death of their loved one and to adjust their lifestyle to living alone. The transition period of this sad time can be longer or shorter depending on the emotional support received from their close relatives or friends. Support from family members, relatives, friends or neighbours is, therefore, very important during this period. Half of the married female participants in this study lived with adult children after their spouses died. They admitted that having someone stay at home for company helped significantly during the period of bereavement.

On some occasions, it seems easier to overcome this grief if people have psychologically prepared themselves for their spouse's death. A female participant who took care of her husband after he had suffered a severe stroke felt a release of pressure because she had psychologically prepared herself and was better suited to accepting the death of her husband. However, she still needed time to recover from this sadness. She recalls,

"After the death of my husband, I lived alone. I felt released at that moment although I felt a deep sense of loss. I psychologically prepared myself for the death of my husband so that I was not very sad. I think he must have been in a lot of pain and suffered. Death was also a release for him ... After that, I lived at my daughter's home for three months during the transition period at this sad time. However, the living space in her home was very small. I decided to go home to live alone." (P13, F/79, living alone 5 years)

This reflects that even in coping with grief, older people can successfully transition by adapting psychologically to their sorrow. Due to the over-crowded living space of the family home, this participant was forced to leave her daughter's home. Nevertheless, she has been relieved from her sadness by engaging in social activities introduced to her by her neighbour.

"Once, one of my neighbours passed by my home and saw me sitting at home with nothing to do. She suggested playing mahjong with my

neighbours. At present, my neighbours play mahjong three times a week at my home because there is more space in my home. Now I don't feel bored and I don't think of the sad times. I am used to living alone and I enjoy spending time with my neighbours." (P13, F/79, living alone 5 years)

For those married participants who had held strong affection for their spouses, adjusting and balancing emotions may take longer. One of the male participants had lived with his wife for sixty years was faced with intensified grief due to the death of his wife occurring just before the celebration of their diamond wedding anniversary. His combined circumstances meant that he needed several years to adapt to these changes, even though his children, grandchildren, neighbours and friends had offered real support during this sad period. At the beginning of the adaptation period, his granddaughter who lived nearby stayed at his home to provide him with company for a year and this gave him much cheer. The granddaughter's work commitments required her to work during the day and return home late. This severely limited the time with his granddaughter. In response, he finally adapted his life of living alone through maintaining old friendships.

".... several years later, I have adapted to my change in life ... I think I can manage my emotions and adapt to a life of being alone although I am still missing my wife very much... They [his friends] all knew of the death of my wife. They comforted me and asked me to keep joining their activities in the park such as doing exercise and dancing, the same as in the past." (P24, M/85, living alone 6 years)

There is no doubt that close friends or neighbours help single old people to adjust to the psychological changes that occur after a lifetime spent living with someone to then living alone. Married participants face the sadness of losing their loved ones, but those who had never married also experience the pain emotional crises such as bereavement. The single young-old female participant who had lived with her mother endured many hard times after her father left home. Hard times continued for her when her mother died twenty years ago. She had no siblings and no close relatives in Hong Kong. However, she sought emotional support and help from her close friend that helped her overcome her grief during this sad period.

“The death of my mother was traumatic for me as our relationship had been very close. It happened in summer time and I didn’t have to work because I was a teacher. I felt lonely at that moment. I locked myself in all the time. Sometimes, I felt better after I had a good weep. One day, my friend from church came to see me and we had a long talk. I felt better after that conversation. She took me to church and after two months, the school term began and I kept on working. I adapted to this transition period of living alone.” (P2, F/65, living alone 20 years)

Exploring the situation of this young-old participant, it can be seen that friendship is one of the emotional supports that can ease people’s depression. Her friend’s offer of help and encouragement to join in the church’s activities helped relieve her loneliness.

From the above descriptions of the above-mentioned participants, this study identifies that people move from living with another, many older people need strong emotional support from their family members, friends or neighbours to successfully complete the social and psychological transition. This applies most especially to those who had been part of a stable marital relationship or had held strong attachment to their spouses or family members. When relieved from this pain, they are better able to maintain their normal daily life patterns or spend more time volunteering, developing hobbies, or by attending social or religious activities.

However, a different set of circumstances occurred with a male participant who reports that due to his work requirements, he had to regularly leave his family in Hong Kong and work overseas when he was in middle age. He had become used to a life of living alone and therefore he found less difficulty adjusting in later life after divorced. What now concerns him is how he spends his time after retirement.

“Of course, I felt regret when divorced in my late middle life. But, as time went on, the grief gradually decreased. One must view things in a positive light. I only find it difficult to fill my spare time after retirement because I don’t like idling around.” (P3, M/66, living alone 11 years)

To sum up, the pain of an emotional crisis such as bereavement can affect older people badly. While some need a short time to adapt, others may need a longer

time. It seems easier for those who accept death as an inevitable part of the human condition as they are psychologically prepared for it. Psychological adaptation depends very much on the quality of the marital relationship and affection received from family members. Friendship support serves as an important facilitator in helping older people recover from grief and in adapting to living alone after a lifetime of living with someone else.

3.3 Expansion into social networks

As mentioned in the last section, social contact with friends or neighbours helps the old to adjust to changes in lifestyle from living with someone to living alone. Most of the research participants expressed that living alone has provided them with additional free time and has expanded their social relationships with non-family members. Many female participants in this study had spent half of their lives devoted to taking care of their families. Some now enjoy living alone in later life because they have more time to attend social activities and make friends, without the burden of caring responsibilities and this has altered their social life positively.

The above-mentioned female participant who had taken care of her stroke-victim husband (P13, F/79, living alone 5 years) has become more acquainted with her neighbours since living alone and subsequently developed leisure activities with them through the game mahjong that involves four persons. Her spare time has become occupied by such activity and she has been released from the grief of her husband's death. Indeed, playing mahjong with neighbours in the open spaces is a very common pastime for older people, especially for the many women who are illiterate. This common phenomenon is the experience of one of the illiterate female participants:

"I had no chance to go to school in my village in Mainland China. I married when I was sixteen and followed my husband to reside in Hong Kong. I spent all my time looking after my family cooking and bringing up our children. I had no hobbies. I played mahjong with my neighbours when my children went to school in the daytime. This is my only entertainment. Now, I am still playing mahjong with my neighbours. But, I have more spare time now I live alone. I can also join the outings organised by the social centre. I meet many friends there." (P12, F/78, living alone 15 years)

Apart from playing mahjong at home, many female participants become members of the community service centres for the elderly. They join the interest classes or voluntary activities organised by the centres. One of the female participants, an active member and a volunteer at a centre, indicates that her social network has been expanded through joining social activities and voluntary works since living alone. She finds her life more satisfying. As she describes,

“I am very happy at this centre. I have made many new friends there and some of them have become my good friends. We join activities and do voluntary work together. We see each other every morning for doing exercises and having breakfast at Chinese restaurants sometimes. I am satisfied with my present lifestyle. Before living alone, I was busy in taking care of my family at all time. I seldom joined any centre activities or voluntary works.” (P14, F/79, living alone 15 years)

Older people living alone can occupy their spare time by engaging in hobbies, expanding their social relationships, by developing other interests, joining the social activities or by offering their services in voluntary work. The establishment of friendship among older people helps form a supportive social network in neighbourhood communities.

Similarly, male elderly can turn acquaintances into friends and expand their social network. Common interests or hobbies often facilitate social relationships. The following is an example.

“Because I was living alone, I really felt bored after retirement. Nothing to do! I like cycling. So I went out on my bike in the morning and chained my bike to the park railings. Then, I did morning exercises in the park. I met some old men who were also cycling on the way to the park. I didn’t know them before. But now, we are friends and sometimes go biking everywhere.” (P3, M/66, living alone 11 years)

This participant expanded and established his social network with those with common interests. Besides developing his interests, his lifestyle in later life became more fruitful through Internet communication. Previously, he had known little about computers but intended to learn more for the purpose of playing games, searching for information and making friends online. As he mentioned,

"I only knew a little about computers because my company had only just begun to set up computer systems before my retirement. I had had little chance to use computers. Now, I have plenty of time to learn how to use computers to play games, search for information and make new friends through joining the social groups online." (P3, M/66, living alone 11 years)

Using information technology is not a common practice among the research participants in this study. There are only two young-old participants, one male and one female, who know how to use computers. The female participant was a Chinese woman, born in Singapore, but who had migrated to Hong Kong with her parents when she was sixteen. She had been a home economics teacher in a primary school but hurt her right leg in an accident after retirement. She is a part-time instructor of interest classes at social centres at present. She set up a simple blog teaching handicraft and cooking after retirement. She expresses that she likes domestic related subjects. She set up the blog because it enabled her to make many friends through sharing and teaching handicraft and cooking.

"I am lucky. I had the chance to go to school when I was young. I know English as well. I don't want to stop working after retirement and stay at home alone. Now, I act as a volunteer and act as an interest classes' instructor in some social centres and I have made many new friends there. I feel my life is fruitful as I have many fans of my blog, too! We can share everything every day online." (P2, F/65, living alone 20 years)

Information technology is an increasingly important tool of communication this century. This female participant is satisfied with her present life largely because she can still make use of computers to maintain her hobbies and develop her social network. It is believed that if using computers could make more popular among older people, the social life of older people would become more diverse and meaningful.

4. Concluding summary

In conclusion, the changes and effects of life moving from living with someone to living alone can be summed up in three areas: independent living arrangement, psychological adaption and expansion into social networks. Many old participants expressed that they experienced difficulty in psychological adaption because of the loss of their loved ones. However, with emotional

support from family members, relatives, friends or neighbours, they can quite quickly recover from these difficulties. The arrangement of everyday life could be simple or meaningful depending on how they choose to live. The big change or effect is that their social network is expanded through developing their interests or joining social activities. Some participants have also mentioned the critical experience of psychological adaptation. As well, the majority of the focus group's participants recognise the importance of expanding into social networks while living alone.

Chapter Seven Daily Activities and Participation in Social Activities

This chapter focuses on illustrating the daily activities of older people living alone and their current participation in social activities. Since the literature review in chapter three demonstrates that social life is important for the wellbeing of older people and can enhance their quality of life, this chapter studies the social life of those living alone through exploring their daily activities and specially highlights their participation in formal social activities.

1. Daily activities

The social life of older people can be reflected in their daily activities. Through exploring their daily activity schedule, we may learn to understand when, with whom and how older people interact with others. The following section explains the daily activity schedule in five categories: sleeping time, activities in the morning, in the afternoon, in the evening and during weekends or festive times.

1.1 Sleeping time

The findings of this study indicate that all research participants go to bed between 19:00 and 21:30 and then wake up in the morning between 4:00 and 6:30 every day. Some participants express that they cannot sleep well at night and hence need to sleep in the daytime while others usually have a snooze after lunch, depending on their state of health. They often arise as early as between four to six o'clock due to either having experienced a broken night's sleep or needing to go to the toilet during the night. However, some respond that they prefer to awake early in the morning because of the fresh air and quieter environment that they feel is conducive for health. The following is a typical answer of the majority of research participants.

“At night I usually have my dinner at around six and then watch television or listen to the radio for a while. I have to be in bed at eight. I usually get up at half past four or five and then have a simple breakfast. I need to take medicine after breakfast. Then, I go to the park nearby. This lifestyle is different from my younger time at which I usually slept late.” (P5, F/69, living alone 11 years)

The above quoted text supports the evidence that older people usually go to sleep earlier and wake up earlier than they did when they were younger. The sleeping hours are around seven to eight hours in total. Nevertheless, disturbed sleep is a problem for many of them. Half of them suffered from a broken night's sleep claimed that they could not sleep well. Some participants woke up just because of the physical need that forced them to use the toilet several times during the night. Some could not sleep again and kept tossing and turning in bed all night. The following oldest-old participants expressed their painful experience,

"I know many older people have the problem of a broken night's sleep. Older people can't sleep for long at night. I have the problem of kidney aging. Very often, I wake up at night because I need to go to the toilet. But once I wake up, I can't sleep again. I just keep tossing and turning in bed for most of the night. So, I usually watch television until I am tired." (P27, F/91, living alone 7 years)

"As I'm getting older and older, I very often feel tired and need to sleep in the daytime. I don't know why. I usually wake up during the night to go to the toilet. I can't sleep again. I just keep tossing and turning in bed. You know. Older people sleep little and it is not easy to have a deep sleep." (P28, F/91, living alone 53 years)

Waking up at night disturbed these research participants. Some can go back to sleep after waking up but many could not. For those unable to sleep, they choose to watch television until they become tired again. One old man says that he could not watch television if he suddenly woke up at midnight as he chose not to disturb his partner and now he could. Hence, he prefers living alone.

"I don't know why. I easily wake up at midnight and can't sleep again. I usually watch television until my eyes get tired. I then sleep again. If you live with someone, you can't do that, as you would disturb others. So, I prefer to live alone." (P3, M/66, living alone 11 years)

Some pointed out that if they had not sleep enough at night, they could catch up by sleeping in the daytime. This finding reveals some older people may suffer from sleeplessness. However, they found no solution to their problem. They just accept that this is part of being an older person.

It should also be noted that the early sleeping time of research participants reflects that their daily activity schedule contrasts greatly with younger generations, who usually work and rest late. Hence, some of research participants choose to live separately from their sons' or daughters' families tallying with the 'making the choice to live alone' discussed in the last chapter.

Other than this, it is worthwhile highlighting that older people stay alone at home during sleeping time with no one available to take care of them. When research participants were asked what they thought about home safety while they sleep alone (such as falling down especially at night) many of them reflect that they do not worry about safety because they become extra cautious while living alone. Meanwhile, one third of them has applied for the Personal Emergency Link Service, run by a non-profit making charitable organisation, and they are able to press a button to gain help. Others believe that they would call their children or seek help from neighbours in case of an emergency. This viewpoint reveals that older people show awareness of risk and their range of choices in seeking help in an emergency reflects the importance of the available individual social network that older people have.

In general, older people go to sleep and wake up early. However, they are sometimes disturbed by a broken night's sleep or need to wake up to use the toilet and leading them to fall asleep in the daytime. The research participants thought a broken night's sleep is a shared problem among older people and perceive no way to solve this problem. The majority of the participants in the three focus groups also shared these same experiences.

1.2 Activities in the morning

In general, after awakening in the morning, many older people eat biscuits, bread or oatmeal for a simple breakfast. Nearly two thirds of them did this because they needed to take medicine in the morning. Later on, four out of five research participants choose to go outside to engage in activities such as going to the park nearby or at the public open areas in housing estates to join in exercise sessions with friends or neighbours or alone, or walk around or just watch people exercising. Some indicate that they can meet their neighbours or make new friends there, although they did not know each other at first. Some enjoy chatting with friends or neighbours or exercising together with friends in the fresher air of early morning. After engaging in morning exercises for one to

two hours, they sometimes go to Chinese restaurants with friends or alone for morning tea and then go on to the markets. After that, they go home to prepare for their lunch. Here are some common examples quoted from some of the research participants.

"I go to the park every morning except on days with heavy rain or storms. I meet many older people there and some of them teach other people how to do particular exercises. I learn T'ai Chi from a retired sport teacher. I enjoy doing exercise with friends and neighbours together. The atmosphere does encourage me to exercise more. After exercising, we sometimes go to a Chinese restaurant for morning tea. If not, I buy some food from the market and then go home to prepare meals." (P12, F/78, living alone 15 years)

"Going outside to do exercise is good for my health. The air is fresh in the early morning. Many older people are sitting around or doing exercises at the park. I do my own exercise for half an hour and then take a rest. I will engage in conversation with others if the topic suits me." (P26, F/85, living alone 18 years)

"After my retirement at the age of 65, I always went to the park with my wife in the morning. We met many neighbours and friends at the park. We exercised, danced, played chess and went to Chinese restaurants together with them in the morning." (P24, M/85, living alone 6 years)

"Every morning, I get up at four and eat some bread. Then I go to the park to do morning exercises. There are many older people there doing exercises and I follow their example. Before eight, I have to arrive at the social centre to wait for my breakfast." (P7, F/74, living alone 27 years)

According to these findings, most of the participants enjoy exercise in the outdoors together with a group of friends or acquaintances in the morning. A few just sit and watch other people exercising. These accounts suggest that older people living alone are more likely to seek out a group of people for companionship or enjoy interaction with people. There is an exceptional case. One female participant enjoys hiking and goes for a hike alone every morning. She explains why she does this alone.

“Many older people do not go hiking because of their weak knees and legs. I think hiking is good for my legs. You see, I can do many stretching exercises [shows two kinds of stretching exercises to the researcher]. I feel full of energy in the morning! I spend the whole morning hiking and then prepare a meal for myself at noon. Oh! I have just said not many older people like hiking. It is difficult to find someone to go hiking with me. I feel free to go alone.” (P11, F/78, living alone 8 years)

Finding someone to share the same interest is often difficult. The above female participant expresses her difficulty in asking someone to join her hiking. This suggests that while she prefers companionship, hiking alone is still enjoyable for her. Another male participant mentioned earlier (P3, M/66, living alone 11 years) chooses to cycle alone in the morning but finds he cannot find any new friends who share his love of cycling. His experience also indicates the desire for companionship older people possess.

Unexpectedly all research participants choose to exercise each morning, even if the exercise is restricted to light types. For those who seldom go out to exercise in the morning because of their mobility limitations, they still choose to do some exercises at home. This suggests that older people in Hong Kong have a general concept of keeping in good health by doing exercise in the morning. One female with a walking disability also offers a positive attitude towards doing exercise in the morning.

“I can’t walk very well and so need to use a walking stick. Therefore, I seldom go out. But I do some modest stretching and movement while watching the television in the morning. A physiotherapist from the social centre encouraged me to do some simple exercises at home. He said it was good for my health.” (P28, F/91, living alone 53 years)

For those who do not venture out in the morning, they usually do simple exercises at home and then have their breakfast. This reflects that the majority of older people’s primary concern is their health.

Apart from spending time exercising, chatting with friends or neighbours and sharing morning tea in Chinese restaurants and going to markets, some research participants also go to social centres or join activities in the morning. Those who belong to a social centre spend one to two hours or even a whole day at the

social centre joining in with activities, watching television, reading newspapers, chatting with other members, joining activities or doing voluntary services. A non-active member enjoys spending his time at a social centre reading the newspaper, watching television and chatting with someone.

“In the morning, I usually stay at the social centre from nine o’clock to read the newspaper or watch television. I don’t know the other members. I am not an active member in the centre. If I meet some members who like to chat with me or if there is an activity I like to join, I will stay there until noon. If not, I go home before eleven.” (P18, F/82, living alone 5 years)

Almost half of the female participants in this study engage in some form of volunteering. The more active members enjoy the centre’s activities and volunteer services. One of the active participants gains much satisfaction in her voluntary work,

“I have been a volunteer at the social centre for over ten years. I have joined many activities in the past. You see. I’ve been given many certificates or awards for participating in volunteer services. I feel very busy at the centre every day and am very happy with this. I feel my time is very meaningful because I can help others.” (P1, F/65, living alone 5 years)

Apart from this, those who use the meals service at the centres usually stay there from breakfast until lunchtime. Then, they go home for a nap in the afternoon and return to the centre for dinner late afternoon. Some even stay at the centre for the whole day while it remains open.

“I go to the social centre for meals every day. This is because I have trouble cooking and washing. The meal charge is cheap here [the social centre]. If I buy vegetables and other food to cook, I need to spend more because food is expensive. It is difficult to cook for one person. I usually stay there [at the social centre] for the whole day except on Sundays and public holidays ... I go to restaurants on Sundays or public holidays or cook simple food for myself.” (P7, F/74, living alone 27 years)

To sum up, all research participants exercise in the morning and four out of five go outside for morning exercise to meet friends. They then spend time going to markets, restaurants or social centres until noon. An important finding reveals

that the majority of older people go outside in the morning and they have opportunities to meet friends or neighbours or stay with other people even though few of them claim to exercise alone in the parks.

1.3 Activities in the afternoon

Arising so early, they often have seven or eight hours to occupy before noon. This means the participants often tire and this causes many to need a rest in the afternoon. The finding shows that two thirds of research participants take a nap in the afternoon. For the oldest-old, sleeping is even more important for them.

“In fact, I don’t want to sleep in the daytime. The reason I do is because I can’t sleep well at night. I just want to stay in bed and have a rest in the daytime. But finally, I fall asleep ... I usually sleep one to two hours in the afternoon.” (P26, F/85, living alone 18 years)

Those who spend the whole day at social centres also fall asleep in the middle of the day. A male participant acknowledges he dozes in the chairs after lunch.

“Ha! Ha! I don’t know why. I easily doze off in the armchair after lunch at the centre. The staff will wake me if it is time to join activities. It seems that I have more energy in the morning than in the afternoon.” (P16, M/82, living alone 15 years)

In fact, older people spend much of their waking time in the morning because they awaken so early. Their energy is expended by the end of the morning. Taking a rest in the afternoon is very normal for older people.

After resting, many female research participants play mahjong (Chinese tile game) with neighbours or friends in the afternoon while males go to the park to play chess, to watch people playing chess or to chat. Some join the activities that are organised by the social centres. Others go window-shopping, visit their grandchildren, chat with friends, do housework, watch television or listen to the radio at home. Two young-old participants who know how to use computers play games on the Internet or write blogs in the afternoon.

Playing mahjong is a common form of entertainment for Chinese older people in Hong Kong. For those living alone, they can get together with neighbours or

friends to spend their leisure time without worrying about preparing food for families or taking care of others at home. Two female participants treasured the time for playing mahjong with their neighbours for not just playing or spending time but also chatting with neighbours. There are mutual communication and interaction during the recreational time.

"I usually play mahjong with my neighbours in the afternoon. There are many older people playing mahjong or Chinese card games in this community. Even though we are illiterate, we know how to play mahjong. I have no special interests or hobbies. You know. Playing mahjong can use up time and is good for our brains." (P21, F/83, living alone 30 years)

"I had nothing to do during the daytime after the death of my husband. My neighbours asked me to play mahjong. I don't even realize the time has passed so quickly while playing mahjong. We chat about everything while playing." (P13, F/79, living alone 5 years)

Having afternoon tea and chatting with friends or neighbours at fast food restaurants has been found to be one of the more prevalent activities among older people. A young-old female participant indicates that fast food restaurants provides cheaper foods during afternoon teatime and hence, she can buy cheaper food for her early dinner and chat with friends or neighbours there. She speaks of the advantage of having a space for older people to stay during the daytime.

"I like to go to the fast food restaurants for morning tea or afternoon tea, such as McDonalds, during their non-peak hours. There are many spaces for sitting, to read newspapers or chat with friends. Some restaurants also provide concessions for older people. I sometimes buy the cheapest food for dinner. I see some older people bring their grandchildren with them to enjoy afternoon tea after school. I meet many old neighbours there every day. I also ask my friends to have meals together there, especially in summer time because of the air conditioning. This is a good place for social gatherings because the restaurant staff never asks you to leave after having a meal."

Indeed, there are many fast food establishments located in the shopping malls of public rental housing estates. They provide another place for older people to

have social gatherings as well as the traditional Chinese restaurants or community centres for the elderly.

Although some older people know how to occupy their spare time, there are a few who do nothing in the afternoon, just spending time in a casual way. One oldest-old research participant just sits downstairs in a building near a shop every day. Many neighbours passing by sit down and talk with her. Sometimes, they give some paper or cardboard for recycling to the old woman. Collecting paper for recycling and selling it to earn a little money is a very common phenomenon among older people in Hong Kong. This old woman explains,

"I am very old. I can't do anything. Staying at home alone is very boring. My legs are always painful. I can't walk too far. I, therefore, sit downstairs and watch people passing by. Many neighbours talk to me and give me newspapers and cardboard. I can earn a little money." (P30, F/94, living alone 11 years)

From this participant's account, it can be understood that she might need companionship and she feels she has the capacity to earn money, even if it is only a little. Meanwhile, she has daily contact with her neighbours by sitting downstairs instead of staying alone at home.

Regarding the two young-old participants who can use a computer, the male (P3, M/66, living alone 11 years) use it for playing card games, reading news, chatting with friends through emails or face book in the daytime. By contrast, the female participant (P2, F/65, living alone 20 years) writes her blog and shares her cooking and handicraft skills. This enables her to have contact with people despite having difficulties with walking. She maintains a very positive attitude towards her social life and she can develop her interests through using a computer. Although her walking disability is inconvenient, people can make use of other communication channels to make their social lives more fruitful.

In summary, most of the older people nap in the afternoon after lunch either at home or in a social centre. The common activities in the afternoon include playing mahjong, chatting with friends or neighbours, shopping, joining social activities or voluntary work. For those who stay alone at home, they listen to the radio, watch television or finish their housework. Few of them visit their close relatives or grandchildren, use computers or find nothing to do. The places

where older people usually stay in their homes, parks, open areas of housing estates, restaurants, shopping malls or social centres.

1.4 Activities in the evening

Older people seldom go outside in the evening except when there is a special event. Most of the research participants stay alone at home watching television or listening to the radio after dinner. They seldom attend social activities or make contact with people. They go to sleep when they feel tired. As mentioned, the bedtime of all research participants is between 19:00 to 21:30.

Those who take advantage of the meal service at the social centre have their dinner at around half past four to five o'clock and then stay until the centre closes at six. As one of the participants mentions,

"I sleep early in the evening. I have my dinner at the social centre. Dinner time is from half past four in the afternoon. After my meal, I watch television for a while until six when the social centre closes. I go home and take a bath. Then, I go to bed at seven." (P7, F/74, living alone 27 years)

Those receiving the meals-on-wheels service also have an early dinner after they receive their meals from social centre staff at around half-past four on weekdays. In general, those who eat an early dinner go to sleep early at around seven. Other than those who use the meal service, the research participants who cook for themselves normally prepared meals at around six in the evening. After dinner, most of them watch television or listen to the radio and then go to sleep before half-past nine. Some of the few research participants who are members of social centres choose to practice what they have learnt from social centres in the daytime such as singing or making simple handicrafts. Only a few engage in skillful work that involves using their eyes in the evening, however.

In conclusion, the activities of older people in the evening tend to be simple. Typically, they retire to bed early after having taken an early dinner. This is because older people prefer waking early in the morning and become easily tired at night after a whole day's activity. Older people also understand that 'keeping good hours' is one of the ways to keep in good health.

1.5 Activities during weekends or festive times

This study finds that many older people maintain their weekday daily schedule during weekends or festive times except when there have family functions, appointments with friends or social centre events. Those that go to social centres daily stay at home to do simple household chores when centres are closed on Sundays and public holidays.

For those research participants who had married maintaining a harmonious relationship with their children is important, and they are often visited by their children or have family gatherings at nearby Chinese restaurants during weekends or festive times. Some go on holidays together with family members for pleasure or visit their old or close relatives living in Mainland China during the longer holidays. A research participant indicates she enjoys family activities.

“My children take me to some local popular tourist attraction or to dine out in the holidays. Not very often! Two or three times a year. Recently, they took me to the Ocean Park and Disneyland Resort garden. Although I feel tired after a whole day activity, I am happy to see my son and my grandchildren.” (P20, F/83, living alone 16 years)

In analysing the inner world of this participant, it is obvious that visiting or eating out are secondary pleasures being less important to her than attending a gathering with her family members, most especially with her grandchildren.

Another concern voiced by older people is their health problems can cause obstacles for them when they desire to attend joint activities with their family members. One of the research participants claims that her legs are often painful and she can no longer go on holidays with her family members. Her children, however, still visit her during holiday periods or festive times. The most common activity for many families is having meals at Chinese restaurants.

“Usually, my children ask me go on a tour with them during the Easter holidays. I have toured around many countries during the past 15 years. Recently, I haven’t wanted to go out because of my painful legs. My legs seem to have lost their spring. I am extremely tired after a long journey. Overseas food also disagrees with me. I prefer to stay at home. My children come to see me during holidays or festive times and we have meals at

Chinese restaurants nearby.” (P16, M/82, living alone 15 years)

This study has discovered that some older people seldom take the initiative to request their children visit or attend gatherings. Nearly three quarters of married research participants prefer to wait for telephone calls or appointments made by their children. For some, this is done out of consideration for their children, while others report that their attempts to contact their children are not welcome. Some voice their worries and apprehension and say they do not want to disturb their children as a weekend or holiday break was important for young people and they needed to have a rest after their busy weekdays. Two female participants express,

“I hope my son visits me, always. But I don’t want to force him to do so, you know. He works very hard on weekdays and needs to have a rest during the holidays. I told him that if he really wants to come to see me, I would be very happy. But if he is unwilling and not in a good mood, then he has no need to come.” (P10, F/77, living alone 7 years)

“I have been calling him in the daytime but he can’t talk with me and has asked me not to disturb him if it is not important. I understand that he has work pressures. I just want to show my concern to him, but this makes him feel annoyed. I want to talk to him after work, but he feels very tired and doesn’t want to talk to me. I feel very disappointed. I can only wait for him to call me if he has time.”(P9, F/76, living alone 14 years)

Similarly, another participant has taken the initiative to make contact with her son. Her experience, however, has been rather disappointing:

“I don’t want to disturb them [her son’s family] during weekends or holidays. Usually, they sleep and wake up very late. I phoned my son once on Sunday morning at about 10:00a.m. The whole family was still sleeping. My son blamed me. Therefore, I don’t want to call them. Having called them several times, they gave me no response. I have given up calling them.”(P7, F/74, living alone 27 years)

This participant encountered negative feedback from her son’s family and so felt hurt and not respected. Holidays or festive times could possibly offer an opportunity for sharing a happy time for such people and they could negotiate

how to spend that time. However, for some older people living alone contact with family members is reduced to a vain hope of waiting for someone to love and care for them.

In sum up, the daily activities' schedule of the participants of the in-depth interviewees is similar to the focus groups' participants who live alone and the hidden cases. However, the daily activities of the participants of the focus group living with others are generally linked with their family members such as helping with the preparation for the whole family and looking after their grandchildren.

2 Participation in social activities

This research finding shows that most of the research participants formally participated in two types of social activities that either relates to religion or the social welfare service. Regarding activities related to personal skills, hobbies or interests, no research participants are members of any associations or clubs specially established for particular hobbies or interests. Although some of the research participants have special skills or personal interests such as dancing, singing, cycling, cooking, exercise or handicrafts, they only enjoy these with groups of friends or by acting as instructors or volunteers to develop their interests or skills at the social centres. Hence, their participation in social activities is mostly connected with social welfare service centres. In addition, no research participant keeps a pet as a hobby or as a companion. The following analyses these two types of activities.

2.1 Religious activities

In traditional Chinese society, there is a very high respect for ancestors. Today, most Hong Kong people still retain the customs and traditions that relate to ancestral worship. During some traditional festivals, people go to tombs to pay respect to their ancestors and dead relatives or they worship at home.

In the meantime, some Chinese families in Hong Kong also freely worship many Buddhist or Taoist gods such as the God of Earth, God of Justice or Goddess of Mercy etc. at home. They believe those gods can protect their families. However, they need not go through any religious ceremony to prove their identity as Buddhist or Taoist disciples.

Worshipping the ancestors or gods may be one serve as one form of spiritual support for many of the research participants. Twenty-eight participants claim that they have no religious belief. However, twenty-one of the participants do follow traditional Chinese culture and the rituals of ancestor worship and god worship that their parents had taken seriously and then taught them. In fact, some of them are confused as to whether worshipping gods, perhaps mixed with Buddhism, Taoism or Confucianism is actually a kind of religious belief. They worship their ancestors but also follow simple Buddhist or Taoist rituals such as burning joss sticks, while at the same time, also worship the gods as well on the first and middle day of each Lunar month. The following research participant is one example who carries out a similar form of worship, yet claims she holds no religious belief.

"I have no religious belief. I don't believe in any religion. I have done no wrong in my life. I just follow what my old parents did before. Like many Chinese traditional families, they worshipped the ancestors and gods. My parents taught me to do what I have done. I have a cabinet containing a wooden plate bearing the name of my family ancestors placed at home. My parents also worshipped the God of Earth and the Goddess of Mercy. I put the figures of the gods together with my family ancestors. On the first day and middle day of each Lunar month and during Chinese festive times, I worship my family ancestors and the gods. I just burn joss sticks, dedicate with water, flowers or offerings. I pray and tell them my wishes because I hope to receive support and divine favor from my ancestors and the gods. I hope for my whole family to be safe and well." (P21, F/83, living alone 30 years)

This is a very typical worship activity in many Chinese families with older generations in Hong Kong. Although they adopt traditional practices and rituals to worship their ancestors and gods, they are only followers and do not formally profess themselves to be members of a religious group. In their minds, they think they are not persons of religious belief, although they do, however, pray and seek favourable blessings. They believe they need spiritual and emotional support from their ancestors or gods. Worshipping becomes one of the ways they gain emotional relief or receive new hope for the older generations.

Gods and ancestors as worship figures seem to be humanized so that older people see themselves as having close relationships with them within their lives.

One of the research participants expressed that she was a devout Buddhist and had a sincere commitment to Buddhist activities. Her strong beliefs gave her much spiritual and emotional support and she felt that having a religious belief was important in her later life. She had previously been a Catholic from her eighteenth year, when she also desired that religion could bring her hope. Unfortunately, she went through a terrible experience that she never forgot. She was driven off by her stepfather on a stormy Christmas night in Mainland China and found nobody to help her and felt somewhat deserted at the moment. After her husband died, she converted to Buddhism and actively participated in Buddhist activities.

“You see [showing her scar to the researcher], I had been marked with a scar on my left arm, which meant I believed and accepted the Bodhisattva precepts. I actively joined as a volunteer in many Buddhist activities for about ten years. I have many opportunities to make friends with people from different walks of life. I am very happy with my religious life. Although I am living alone, I don’t feel lonely. I do morning chanting daily at home. I feel very calm and peaceful when I am chanting and reciting the Buddhist mantra. When I am in a mood, I sometimes tell Buddha about my wishes and disturbances. Really and truly, Buddha gives me power!” (P7, F74, living alone 27 years)

This participant experiences deep satisfaction with her religious life. As expressed, she really enjoys her voluntary works and has expanded her social circle through religious activities. Her daily ‘contact’ with Buddha makes her calm and comforted.

For an older person living alone, the feeling of having their religious beliefs confirmed becomes increasingly important, as religious figures such as Buddha are strong attachment figures in later life. Engaging in religious activities and connecting with religious friends can also enhance the older person’s quality of life in terms of social and psychological wellbeing.

Personal feelings and attitudes are important factors in determining the choice of religious belief. Another research participant had been brought up by her Catholic aunt in Mainland China and was baptized a Catholic when she was seven. She expressed that being a Catholic was not what she wanted, but being young she did not know much about the religion. Something occurred in her

adolescent life that further discouraged her belief in Catholicism. This happened during the Cultural Revolution in China when there was religious persecution.

“When the Cultural Revolution happened in Mainland China, my cousin was arrested and sent to prison because she was a Catholic. At that moment, a priest advised me not to tell anyone about my own religious belief so as to avoid suspicion. Otherwise, I would be in prison too. I kept this ‘secret’ for many years. After I migrated to Hong Kong, I never went to church. However, I always had a question in my mind. In fact, being a Catholic was not my own choice! I didn’t have any feeling towards this religion at all. I was only a follower.” (P22, F/83, living alone 32 years)

This participant found that she had experienced inner conflict between being a Catholic and Protestant Christian in her later life when she first contacted a Christian service ten years ago in a social centre. (It is important to note that Catholicism and Christianity are different religious sects in Hong Kong. Uniquely, perhaps to Hong Kong, Protestants are referred to as ‘Christians’ and Catholics as ‘Catholics’.) This participant was impressed by the deep religious sentiments aroused when she listened to a preacher’s sermons. She felt very comfortable and was touched when she heard the sermons. This woman expressed that embracing Christianity made her feel comfortable and she enjoys the Christian life. However, considering that her Catholic relatives might not accept her conversion, she decided not to undergo any Christian baptism. She thinks, however, maintaining a good relationship with her Catholic aunt and her family is more important to her life. Hence, she made a final decision.

“The most important point is that, when I was in middle age, we already had an understanding about my burial. If I died, I would be buried in a Catholic graveyard and carried with a Catholic ceremony. But in my mind, I want to have a Christian funeral. After discussing this with a Christian minister recently, I finally decide not to tell my aunt’s family about my will. I prefer to keep the pious spirit of a Christian in my mind. I don’t want to destroy the relationship with my aunt’s family because my aunt brought me up. They are kind to me and care for me a lot.” (P22, F/83, living alone 32 years)

The choice of this participant involves her in attempting to balance her own personal religious belief and maintaining a positive family/relative relationship.

She felt her Christian life was important to her in her later life most especially because she has benefitted from many Christian friends who care for her and give advice. Engaging in these religious activities became part of her social life activities. However, as an older person living alone, she also believes her relationship with her family/relative is of more importance than her personal preference.

Creating and then maintaining a balance between religious belief and family relationships in an attempt to avoid conflict is difficult as mentioned by the aforesaid participant (P22, F/83, living alone 32 years). Regarding the worship of ancestors or gods at home, there seems to be a gap developing between the old and young generation's religious beliefs. Whilst many older people try their best to keep to the traditional style of worshipping their ancestors or gods, the younger generation may have other ideas. As one research participant claims,

"I don't mind my children having their own religious beliefs, but they must respect their ancestors. This is because without our ancestors, there would be no us! What Chinese ancients said was, 'don't forget our ancestors'. However, my son who was a Catholic once told me that he could not participate in any worship rituals, such as burning joss sticks or dedicating offerings. I think traditional Chinese worship rituals will be diminished among many young generations in modern society like Hong Kong. I let him do this because I don't want to quarrel with him on such a matter. I just hope that he will remember his ancestors and not forget our clan." (P23, F/84, living alone 18 years)

It appears that older people believe that traditional Chinese culture and ritual practices help to maintain the unity of a clan, social development and interpersonal ties. They hope that the traditional style of worship activities would not be diminished among future generations. However, young people having their own religious beliefs often meaning they reject the traditional rituals although at the same time possibly still respecting their ancestors. This potential conflict arises from how they perceive the importance and value of the religion that they have chosen to believe.

Another research participant has a relatively more open and positive attitude towards the religious beliefs of the young generation. She said that she has no objection to her children's religious beliefs because having some religious belief

might help to educate young people.

"I have no religious beliefs. But all my children are Catholic. I think having religious beliefs is good because my children go to church every Sunday and they can learn much more there. Church is also a place for education other than school. I need not worry about them when they are in church. Sometimes, I even join the family gatherings organised by the church. Having belief or not is not important, but I can meet all my children and grandchildren there." (P1, F/65, living alone 5 years)

According to the view of this mother, church attendance can be identified as a safe place for nurturing children. This could also help to maintain a good parent-child relationship through her willingness to participate in church activities with her children.

In summary, the traditional Chinese worship of ancestors or gods is still maintained by over two thirds of the research participants although older people seemed doubtful as to whether this worship constitutes a form of religious belief. They usually seek spiritual support from performing worshipful rituals and the worship figures become one of their attachment figures in their later lives. The two females who believe in Buddhism and Christianity have a strong connection with religious figures and actively participate in religious activities and services, and spiritual support is vitally important to their daily lives. However, when inter-generational conflicts related to religious belief emerge, the family relationship can become stressed.

2.2 Social service activities

As mentioned in the previous section, older people are actively encouraged by the staff to do voluntary work or to join different kinds of interest classes, groups and mass activities. However, participation in voluntary work or centre activities also emanate from the older people's own decisions and choices. This study finds that there are several factors determining older people's participation. These are: health problems, financial situation, sense of satisfaction, sense of security and companionship. Generally, older people first consider their own health before determining whether to join and whether they could afford it or not.

Health problems are the most important concern for older people. They worry about their health and also avoid certain responsibilities that will cause them stress if they engage in voluntary works. One male participant who had been encouraged by a centre staff member to teach dancing at the social centre responded as follows,

“The staff at the social centre has asked me to teach dancing. I say my health is not really good enough to do so. Also, there is too much responsibility in being an instructor. It is not the same as in the park. We dance how we like. No pressure!” (P24, M/85, living alone 6 years)

Similarly, another female participant while understanding the advantage of participation in social activities was reluctant to join in when she considered her own deteriorating health.

“My health is not good. I suppose the drugs tend to cause drowsiness. I always feel tired. So, I always sleep in daytime. My neighbours always ask me to go out to the social centre to join activities. I am in no mood to join them although I know going out is good for older people.” (P28, F/91, living alone 53 years)

It is obvious that worsening health is regarded as an obstacle to participation in social activities, especially for the oldest old.

Other than the individual's health conditions, participation in social centre activities is also shaped by their financial situation. A participant who was willing to join the activities hesitated because of the fee charged for activities.

“I am a recipient of public assistance. I can't afford too much spending on joining social activities, you know. I like outings. But the fee charged for a day trip or outing isn't cheap. It normally costs about one hundred dollars [Hong Kong Dollar] which is about two days' expenses for my meals.” (P10, F/77, living alone 7 years)

Another participant also claims that she only selects those activities she can afford but at the same time understands the financial pressures of running a social centre,

“There are many activities you like. I only join free activities or those that don’t cost very much. Older people don’t have many savings. I know from the staff that the centre also has difficulty in running activities for older people. The funding support or subsidy isn’t enough! They need to balance their budget for most of the activities although they understand older people can’t afford too much.” (P18, F/82, living alone 5 years)

This case reflects the dilemma of social welfare services practitioners running elderly services. On the one hand, theoretically, the social welfare organisations are established to prioritise the needs of older people. On the other hand, the allocation of funding resources may be insufficient to provide the preferred variety of activities to meet the needs of older people.

Another factor influencing older people’s participation in social activities is the sense of satisfaction gained from participation.

One third of the research participants have participated in voluntary work. Those actively participating in voluntary work indicate that they feel a sense of satisfaction through the helping process and value their own contribution to society in their old age. The following participant values being empowered through the helping process. Her voluntary work is making regular telephone contact with other older people living alone that have been identified as hidden cases or inactive members. She gains a sense of satisfaction when the older person accepts her. She describes the process of building up trustful relationships and motivating people to participate as challenging. Nevertheless, she finds life satisfaction in her later life.

“I learnt much through serving others. After I joined the volunteer group, I have had a strong feeling of satisfaction and I am glad that I can still contribute. I have been responsible for contacting those inactive members who are living alone but have been identified as hidden cases. At the beginning, I found it difficult to build up relationships with these members although we are all living alone. Some members are very impolite and put the telephone down immediately when I call them once a month. I think they don’t trust people. After being encouraged by centre staff, I have built up a trustful relationship with some hidden cases and they now finally appreciate my concern and care. The response is rather positive and I feel extremely happy with my success.” (P1, F/65, living alone 5 years)

Apart from gaining satisfaction through the empowerment process, an opportunity is provided to form an informal social network among older people living alone. Undoubtedly, such actions not only help older people to help themselves, but also help older people to help others. The following case also indicates that the social welfare service provision meeting the needs of older people and encouraging older people's participation.

"I have never had the chance to learn to read and write. I am illiterate. I am very happy to have the chance to learn to write at this age. The centre provides many different kinds of learning groups and interest classes. Ha, ha! Now, I can write my own name! Surprisingly, nowadays, older people can even attend university classes and have the opportunity to obtain diplomas or degrees. I had never thought of this." (P15, F/82, living alone 18 years)

For these illiterate older people, having the opportunity to learn to read and write is treasured and important because this has brought them a sense of empowerment and satisfaction.

Regarding the sense of security, the centre basically provides older people with a place to relax, gather and learn. Moreover, family members of the older people regard it as a safe haven. A male participant describes his situation,

"I go to the centre every day. My adult children won't worry about me if I stay at the centre. Sometimes my son drops in to see me at the centre if he's working around there." (P16, M/82, living alone 15 years)

Family members were glad to see their elderly parents living alone joining social centre activities and participating in community services. A female participant speaks in fun,

"My sons always said that I was busier than they were and they needed to make an appointment with me first if they wanted to arrange family gatherings during holidays and festive times ... Actually, they are happy to see me having fun at the social centre. They don't worry about how I spend my time when I am living alone. They also attended the awards ceremony at the volunteer services to support me." (P15, F/82, living alone 18 years)

The above-mentioned case identifies how older people feel security in associating with elderly service centres. Their family members also share the same feelings and willingly support and encourage their elderly parents to participate in different kinds of activities at the elderly centres.

Companionship is regarded as another factor determining participation in social service activities. Other older people who have already joined a centre introduce new older people to the services of their own social centre. They seldom go to the social centres alone for their first time. Finding a companion reduces feelings of insecurity. One research participant recalls her past experience by noting she had not realized there was a service centre for the elderly in the community until she had been introduced to it by her neighbour. Hence, she requested her neighbour to accompany her for her first visit to the centre.

“I went there with my neighbour every time. I felt insecure at the beginning because I didn’t know anybody there. But, later on, I met many members who were also living in this community. We started chatting. Now, I go alone to the centre every day.” (P14, F/79, living alone 15 years)

Community centres in Hong Kong are common places for older people to meet friends and participate in gatherings. Some of them even establish close friendship with peers. The following participant enjoys her opportunity to make friends and to enjoy social interaction.

“I made new friends there. We are of the same age group. Now, I have two close friends. We always go on excursions together and participate in other activities. We meet nearly five days a week and have close telephone contact with each other. Having friends makes things more fun. You know, women like gossiping!” (P4, F/68, living alone 5 years)

Having meals at social centres provides one of the opportunities for older people to have social contact with other people. A member of a social centre for the elderly felt that an advantage of the meal service is that she can meet friends there and does not to cook her own meal and eat it alone.

“It is convenient to have meals at the social centre as I need not buy food, cook or clean although the time for dinner is a bit early. I don’t mind. I can

meet many friends at the canteen and we have meals together. It is better than cooking my own meal and eating alone at home.” (P1, F/65, living alone 5 years)

The above-mentioned cases reflect the continuing need and importance of friendship among older people living alone while continuing to participate in social activities. The participants from the three focus groups concur similarly in appreciating the advantages of joining social service activities. They believe that participation in social activities not only brings life satisfaction, but also expands their social networks.

3 Concluding summary

The daily activities of the older peoples' schedule reflect the social networks of older people. A majority of them keep contact with their friends or neighbours in daytimes by doing exercise, chatting during breakfast or by participating in activities or voluntary work organised by welfare organisations in the community. They more or less have the opportunities to meet and interact with people if they go outside. For those with a walking disability, they usually stay at home watching television or listening to the radio. In general, the communication and interaction with their family members are limited and depend on the availability of their family members during weekends, holidays or festive times.

With respect to participation in religious activities, over two thirds of the research participants engage in ancestor or god worship although paradoxically some of them claim to hold no religious belief. They explain this by suggesting that the performance of worshipful rituals is merely showing respect to their ancestors and a channel for seeking spiritual support. The religious figures become their attachment figures in their later lives.

Older people deeply appreciate their participation in social activities or voluntary works organised by the services centres in the community. Through participating in social activities, older people can gain a sense of security, satisfaction, happiness, empowerment and companionship. However, health problems and financial situation are the most influencing factors that need to be considered while encouraging older people to participate. Furthermore, the main concern shows that service providers strive to meet the needs of older people but the social capital for running welfare service are under-resourced.

Chapter Eight Relationship in Social Networks

The social network of the research participants in this study has been mostly confined to family members, close relatives, friends, neighbours and social welfare service providers. Hence, this chapter mainly focuses on analysing the relationship of three groups: family members and close relatives, neighbours and friends, and social welfare service providers. The means and frequencies of contacts in maintaining different kinds of relationships, and older people's perspectives on these relationships are also explored. The major finding is that older people, in general, are willing to establish social and interpersonal relationships, but this depends on whether the social contexts can be easily accessed.

1. Relationship with family members and close relatives

Almost all research participants still maintain connections with their family members or close relatives even though the family tie is less and contacts very often minimal.

1.1 Means and frequencies of contacts

The means of contact used by research participants are mainly direct phone calls, home visits, family gatherings at Chinese restaurants, going on tours together or making visits to old relatives living in Mainland China. Only two, know how to use computers or send emails to their family members or relatives who live overseas. Among these means, direct phone calls and family gatherings at Chinese restaurants are the most frequent. None of the research participants use letters and only one sends short messages through mobile phones to make contact. Some participants reflect that they are illiterate and others are too old to learn the different instruments of information technology although they know how to use a mobile phone in a simple way. Most of them express the most convenient way of contact is to make a phone call, even with their family members or relatives who live overseas.

The most common activity for connecting with family members or relatives is to have a meal at a Chinese restaurant during weekends, holidays or festive times. This is the most usual form of family gatherings in Chinese society. Meanwhile, if they need help such as when they are seriously sick they do inform their adult

children. The following description, by one of the research participants, reflects this common situation of the many participants who maintain close touch with their adult children.

“Usually, we have dinner during weekends or holidays and I can see my grandchildren then. We have whole family gatherings during festive times, about six times a year, such as Chinese New Year, my birthday and summer time. If the weather is very bad, my sons and daughter will phone me and send their regards. So, if I am sick, they will know.” (P27, F/91, living alone 7 years)

Another participant shares similar experiences.

“In fact, we have our family gatherings at festive times. Sometimes, they come to see me during festive times and we go out for meals. Every week I receive phone calls from my daughters. When I am not feeling well, she will come to see me. I am satisfied with this.” (P29, F/92, living alone 7 years)

Two thirds of the research participants have similar connections with their family members. As an exception, one participant indicates that one of her sons calls her three times a day and visits her monthly. Meanwhile, she has three sons living in Mainland China so that she can visit them quarterly. However, she finds that such a long journey is hard for her.

“My youngest son is living in a remote area in Hong Kong. He needs to take about two hours to come to my home. He, therefore, calls me three times a day. Every month, he visits me if he has time. Every year, I visit my other three sons quarterly together with my youngest son. But I feel very tired and uncomfortable when travelling by bus or ship. I get travel sick If I am sick, they can't help because they live too remote. If I am getting serious illness or having important issues, I will call my youngest son.” (P10, F/77, living alone 7 years)

The above case explains why family gatherings at Chinese restaurant near to the living areas of older people are the most popular activity among older people and their family members. Health problems are the biggest concern among older people and often they cannot afford any long journeys. Furthermore, it is embarrassing for older people to ask for help if their adult children live far away.

There are also different means of contacts with family members. One participant expresses that he meets his daughter almost daily and has family gatherings on Sundays as they live in the same community.

"I see her almost every morning! I go to the bridge every morning at about 7:00a.m. and sit under a tree near the bridge to chat with neighbours. My daughter must pass over the bridge every morning when she goes to the market. We meet every morning [a smile on his face]. Sometimes she even asks me to have dinner with her. I only go to her home sometimes on Sundays but not very often because our dinner times are different ... If she can't see me for several mornings, she will call me." (P8, M/74, living alone 30 years)

While some have telephone contact, visits or meetings with their family members at least once a week, by contrast other participants have very minimal contact with their family members. However, there is an extreme case in this study showing an unpleasant relationship between a mother and son, where a female participant claims that she does not expect her son to do anything for her. She is rather upset at the thought of taking the initiative to contact her son.

"Well. My son only visited me on the first day of Chinese Lunar New Year. I had no expectation of him. Visit me or not. Just up to him. I don't care! I had dropped in to see my grandsons and just wanted to know how they were getting along. I was really sad! You know. He criticised me for not making an appointment with him first. It's ridiculous! I am his mother. I just wanted to see my grandchildren. I am not a stranger! Why did I need to make an appointment to visit them?" (P7, F/74, living alone 27 years)

This participant describes her relationship with her son follows *"he treated me badly"*. She cannot understand why her son has treated her like this. If she needs help, she prefers to ask her elder brother or staff at the social centre rather than her son.

In analysing these cases, it can be seen that the amount of contact or number of visits depends heavily on the availability of useful social contexts such as transportation, living space, and the relationship maintained between the older people and their adult children. In the woman's case, having a 'bad' relationship with her son, brings out psychologically uncomfortable and upsetting

experiences for her as an older person living alone receiving little emotional support or care from her adult children. The distance between living areas is obviously a factor affecting the frequency of home visits by another woman's son. One way to overcome this is communicating via the telephone.

With respect to the opportunities for maintaining a relationship with relatives, some participants claim that many of their close relatives such as uncles, aunts or siblings are either very old or are already deceased. Hence, many of them restrict themselves to contact their younger relatives, most particularly, their adult children. The relationship with other relatives' adult children is far more unusual, for as one of the research participants observes,

"Oh! Seldom! Most of them have died. I am the youngest in my own family. My elder brother and sisters have died also. I have little contact with their children. They are all older people and have their own families. We seldom contact each other." (P29, F/92, living alone 7 years)

Three of the participants still have their mothers alive. One pays regular visits to her mother who is living in a residential care home located on a remote island in Hong Kong once a month. Another two participants' mothers are cared for in Mainland China. They visit them if they are fit enough for the long journey. Other than that, one participant indicates that her aunt living overseas comes back to Hong Kong once a year and visits her. In general, research participants have less contact with their close relatives because they are all old or have already died. Adult children seem to be the core support for older people in those cases where their relationships are well maintained.

1.2 Perspectives on relationships with family members and close relatives

As family relationship is an important part of the social life of older people living alone, it is necessary to explore how older people perceive their existing relationships with family members or close relatives. Some research participants describe their relationships using words such as, 'satisfied', 'it's okay', 'just so-so' or 'don't expect too much'. The following participant's description represents the majority view of many other participants.

"I am satisfied with this. Old age can bring many problems. Older people should not bring trouble to their children. Otherwise, they dislike you." (P24,

M/85, 6 years)

Many participants reveal that they do not want to make trouble or disturb their adult children because they understand they have their own pressures and lifestyles. They feel satisfied if their sons or daughters send their regards via phone, pay them a visit or regularly attend family gatherings.

Older people are quite considerate. Some participants express that their adult children are very busy. However, they are not completely sure what their adult children actually do every day when asked for a detailed explanation of their own adult children's daily lives. They just guess that their offspring are 'very busy'.

"I don't know what exactly they [her adult sons and daughters-in-law] do every day. I know they are busy working and looking after their children. I was a working mother. I understand parent's difficulties. If I am sick, I won't tell them except if admitted to hospital." (P23, F/84, living alone 18 years)

This research participant indicates that her past experience provides her with a general understanding of her adult children's lifestyle. She thinks that her adult children are busy and have little or no time to make a phone call or visit her. She even prefers to not tell her adult children when she is ill except if she is admitted to a hospital. Older people living alone believe that they and their adult children lack mutual understanding if they live apart. The following participant is perhaps able to give a clue:

"In fact, I found myself not understanding my son after he got married. Maybe, we lived separately for quite a long time. He had his own family. He made phone calls to me once a week. He said he was quite often busy at work. He just asked me if I was all right. He seldom told me about his daily life and his job. Even though we met at a Chinese restaurant during festive times, it was a bit rushed. We had no time to talk in more detail. Knowing that they were alright, I was satisfied." (P14, F/79, living alone 15 years)

Older people know little about their adult children's lives. Relatively, the adult children of older people also do not seem to understand their parents' daily lives. When asked what their adult children understand about their daily lives, one participant's answer is simple and direct.

“Don’t expect too much from them. My children only phone me and ask if I am all right. I tell them I am okay. That’s all. They do not worry about me. What I need is regular care and concern. If I was ill, they could come and see me. That’s my expectation. If nothing else happens, I won’t bother them.” (P18, F/82, living alone 5 years)

The expectations of older people regarding their children seem to be relatively low. This can also be reflected in the following description.

“It is okay that my children remember my birthday. They came to see me and celebrated my birthday. They know I am all right with my daily life. They need not worry about me. Even though I have lived with my children in the past, we did not know what each other was doing daily.” (P26, F/85, living alone 18 years)

This interpretation represents half of the research participants’ views. This also suggests that mutual understanding between older people and their adult children is insufficient. For those whose adult children live overseas, their mutual understanding is even more limited and their relationship is consequently more isolated. One participant had gone overseas to live with her son for a short period, and says that her son’s family only returns to Hong Kong once a year. She only sees them for one or two days. She thinks her son probably has no true understanding of her daily life.

When research participants were asked if they had contributed to their families, there were different responses. Most of the married female participants respond that they had devoted most of their lives to their marriages, looking after their husband’s families and bringing up their own children. They think this is natural and they had no other choice in their generation. They claim their contribution was restricted to their families. Nevertheless, some indicate that the status of women has changed and women are more educated nowadays. Hence, married women can be expected to share in the responsibilities of earning money. They contribute more to their families and are more powerful to speak up and make decisions. As one female participant describes,

“Women had no status at home in traditional extended families. They had less chance to receive education. If talking about contribution, I don’t think I have made much of a contribution. I only did the

household chores, took care of my in-laws and brought up my children. Although life was hard, every woman did the same in her husband's family. This is a natural responsibility. No choice at all. But nowadays, women are more educated and have the ability to earn money. If you have money, you can speak out about what you want." (P17, F/82, living alone 16 years)

There were five male research participants in this study. All are married, apart from two who are now divorced. Men perceive money as a very important aspect in their lives, as money represents power, status and a contribution to their family. They feel their contribution to their family is based on earning money to support a stable family life. However, men seldom realise their contribution to society because they have been usually engaged in low-income jobs and the purpose of working had been only for earning money. Apart from this, two out of the five had been gamblers when they were young. They describe their lives as 'a mess' when they were younger. Hence, they do not think they had contributed to their families or society as they had lost all of their money due to gambling.

Generally speaking, most of the research participants perceive their relationship with their family members or close relatives as only fair after living alone. Indeed, it is dependent on the establishment of the previous shared living relationship between the older person and their adult children. If their relationship was harmonious prior to living alone, contact is more likely to continue. Moreover, they are more likely to ask their adult children for help when unwell. If the converse is true, only very limited contact ensues.

2. Relationship with neighbours and friends

In this study, all research participants have contact with their neighbours or friends. Some have daily contact whilst others are merely casual acquaintances. None of them reveal having a best friend or deep friendship in their current lives. Few of them associate with young persons. They usually spend time with friends of their own age.

2.1 Means and frequencies of contacts

In regard to contact, most of the older people greet them by saying 'hello' to

their neighbours or by exchanging a few civilities when they meet daily at the nearby markets or in their lobbies. However, most of them do not know their neighbours' names. The neighbours often address the older people as granny or uncle. As most of the research participants live in public housing estates, the caretakers of the buildings usually have regular contact with them. Sometimes, they chat casually with them and the caretakers help them if necessary.

Living in public rented housing estates may provide more chances for people to meet neighbours. The design of the public housing estates in Hong Kong is mostly multi-storey blocks. There are about thirty flats on each floor in a single block. Due to this, older people more easily meet their neighbours. One of the research participants seldom goes outside because of her painful legs. Her neighbours who pass by her flat often send their regards to her sometimes, especially in summer time when most of the residents leave their doors open with a locked gate to improve air circulation.

“My neighbours living on this floor are good. They know I can’t walk very well. Sometimes, one of them passes by my door, and will ask me if I want anything for meals or daily necessities. Often, she offers help. Her children will say hello to me daily. Her family even gave me some food to celebrate Chinese New Year. She is better than my son.” (P28, F/91, living alone 53 years)

This woman's neighbour shows much ongoing care and concern for her. She claims her son seldom visits or calls her during festive times. She appreciates having such good neighbours.

Another research participant describes her relationship with neighbours as friendly and she has regular contact with them. She indicates that one of her neighbours had helped her to adjust to the psychological changes needing to be made after the death of her husband. She was encouraged to engage in social activities by her neighbours.

“At present, my neighbours play mahjong three times a week at my home. I don’t feel bored or lonely as I enjoy spending time with my neighbours.” (P13, F/79, living alone 5 years)

Regarding those living in remote areas, one participant says that she has a warm relationship with her village neighbours fifty years ago even though their houses straggle down the hillside that made it physically more difficult. She feels safe living there because most of the neighbours know each other and in the past they didn't even need to lock their doors during the daytime. However, the situation has changed in recent years. Many new neighbours have moved in and they are usually out in the daytime. She seldom meets them and lacks any significant contact. She has even had a dispute with her neighbour recently concerning land use in the village. Her adult children have suggested she should move out. She, however, refuses to do so.

"I won't move out because I have been living here for over fifty years. Although some of my old neighbours have moved abroad or passed away, I am unwilling to leave. I have a great affection for this house." (P20, F/83, 16 years)

This female participant keeps living in her house for sentimental reasons. This reflects her attachment to her past life and her old neighbours.

Another male participant living in private housing appreciates his neighbours who are also his friends in his social life.

"We are neighbours and also friends. We have lived in this community for over 30 years. Therefore, my friendship with some of them has lasted for quite a long time. After my retirement at the age of 65, I always went to the park with my wife in the morning. We met many neighbours and friends at the park. We exercised, danced, played chess and went to Chinese restaurants together with them in the morning. We also play mahjong or went on trips together sometimes." (P24, M/85, living alone 6 years)

Other than neighbours, older people also make friends with others through exercising in the park in the morning. Engaging in a morning exercise regimen provides a good channel for older people to make and meet friends, and many of them take advantage of this. Some express that they have made many new friends with those who live in the same community. Sometimes, they go to Chinese restaurants for morning tea together. As one of them says,

“Every morning I go to the park to do exercise. I just follow what other people do. We talk and laugh. The time goes by quickly. They also live in this community. At the beginning, I didn’t know they were my neighbours. I learnt this when I started chatting with them one morning. Now we are friends. Sometimes, I go for morning tea with three or four friends.” (P1, F/65, living alone 5 years)

Many research participants as members of social centres for the elderly become further acquainted with their neighbours and friends in the community. They make many new friends at the centres. The two following examples give a picture of how often older people meet friends.

“I enjoy attending interest classes or engaging in voluntary work. I learn a lot at this centre. I have made many new friends. Some of them I meet daily. They are nice. I have two close friends. Our friendship grew from common interests like singing and doing voluntary service. We even go travelling together sometimes.” (P4, F/68, living alone 5 years)

“I stay at this centre every day until closing time. I don’t want to stay at home alone. I can relax here. Chatting with friends, falling asleep, watching television, reading the newspaper or joining activities, you can do what you like. The staff and members here are nice and polite. I am not very active but some members and the centre staff will come to chat with me if they see me sitting in the corner alone.” (P16, M/82, living alone 15 years)

Social centres are, in fact, a good meeting place for older people who want to make friends. They provide an ideal environment for older people to establish interpersonal relationships and develop or expand their social network.

Other than social centres, churches and temples are also good venues for older people to meet with friends. Although only two of the research participants claim to have religious beliefs, their religious friends also contribute to their social lives. One female participant who believes in Buddhism acknowledges that she only sees her religious friends at mass religious activities. The relationship therefore is not a very close one. She believes her friends at the social centre are closer to her because she has attended there longer. Meanwhile, she admits Buddha is an attachment figure that provides her with psychological and spiritual support when she feels depressed. Similarly, another

woman who is a Christian explains that her Christian minister is her best religious friend as he helps solve many of her worries that concern life. She notes,

“I have trouble with my health. I am always being admitted to the Christian hospital. When I was in hospital, I liked to talk with the Christian minister there. He could give me new insights on the meaning of life and all my doubts were driven away. I find he is my best religious friend. I can talk about everything with him.” (P22, F/83, living alone 32 years)

As expressed previously, none of the research participants have a best friend or deep friendship in their present lives. When they were younger they had such deep friendships. Now as they progressively have become older, friends have died, moved abroad, contracted long-term diseases or have lost contact. As one participant observes,

“Well! I have many friends that I am on speaking terms with. I had two close friends who were teachers. You know, I was a primary teacher before retirement. But they all died ten years ago. It is not easy to have a close or bosom friend who can understand you in life.” (P29, F/92, living alone 7 years)

Older people seldom have contact with colleagues or friends with whom they were acquainted before retirement. As an old man expresses,

“I retired twenty-five years ago. You know. I was a businessman trading Chinese tea. Those friends were just business connections. We haven’t been in touch with each other for more than twenty years, so we’re not as close as we used to do. Furthermore, most of them have died.” (P24, M/85, living alone 6 years)

In the variable where friendships are made through shared hobbies, many participants express that these friends are also members of social centres. They always meet for their hobbies such as singing or handicraft at the social centres. One male participant meets friends who liked cycling daily. They go for long rides together during the holidays. Another woman who writes Internet blogs about cooking and handicraft indicates that she has many online friends and they often communicate with each other through the Internet.

A critical point discovered in this study is that few of the older people associate with young persons. One of the participants explains this relationship and her perception of the generation gap between young and old.

“I think many young people dislike making friends with the old. They enjoy their own world with their peers. I was a young person once. I had the same feelings that it was difficult to communicate with older people, even though I respected them. There was a great difference in values, expectations, thinking and attitudes between the young and the old. But, when I joined the voluntary service, I had a chance to co-operate with young people. They were cute and dashing. We are still in contact for voluntary work. I think more contact and communication can break through the generation gap. Older people should not act as teachers. We should see the young as our friends.” (P1, F/65, living alone 5 years)

This shows that it is possible for older people to have friendships with young people providing that opportunities for them to communicate and build up mutual understanding and relationships based on mutual respect are made available. When this happens, older people are more likely to keep contact with the young.

2.2 Perspectives on relationships with neighbours and friends

In general, older people’s perspectives of their relationships with neighbours and friends are positive, although there may be unhappy experiences related to unique issues. Some suggest they prefer to avoid having arguments or conflicts with neighbours or friends. Some mention that individual personal character is the determinant of whether conflicts occur or not. Most in this study keep harmonious relationships with neighbours and friends. A male participant expresses his feelings on friendship as follows,

“I have met many different walks of people in my life. I have had a very full life. I am now in the twilight of my career. Really, my feelings of nervousness and tension have gradually decreased. My past life experiences told me that one should hold an optimistic view of things. I see friendship just like the Chinese proverb says, ‘a thousand friends are few, one enemy is too many’. Nobody likes to make friends with those who are small-minded.” (P3, M/66, living alone 11 years)

He admits that he had been a tense person when in the workforce as a younger man. He had conflicts with his old friends because of his nervous disposition. He now hopes to maintain friendly and mutual-help relationships with neighbours and friends in later life. Other male participants also share their views that older people should maintain harmonious relationships with others and enjoy their remaining life with friends of same age.

“People need friends, of course. Especially in old age, you need to enjoy your life. Having friends to talk to, to share things with, and to help each other, you won’t be isolated. Your family members don’t have much time to accompany you but friends of same age can do. Sometimes, we share about experiences in life for mutual emotional support.” (P25, M/85, living alone 12 years)

“Sometimes, they bring food and drink to my home and we chat, cook and eat. You can imagine that we are very close ... the most important thing is that we spend time being joyful. Every day is a happy day....I think older people should be positive about living.” (P24, M/85, living alone 6 years)

Male participants reflect that peer relationships are rather important in later life. Within the female cohort, one participant has hesitated in maintaining good friendships, as she does not want to be troublesome for others.

“Most of my neighbours are also older people living alone. Some are helpful but some are gossipy. I am afraid of stirring up trouble between people. Maintaining a fair relationship is better. Having a good and close relationship needs mutual understanding and support. It’s not easy. I won’t seek help from them as they are also in old age. They can’t really help.” (P29, F/92, living alone 7 years)

Many female participants reveal that they do not want to be a burden on others and they fear being drawn into any troubles. No matter in which way, many research participants reflect that friendship with peers is important in their later lives and their peers’ friendship is treasured. When a good relationship is maintained, valuable help and support for many older people living alone follows.

3. Relationship with social welfare service providers

Research participants have different levels of contact with social welfare service providers in the different situations occurring in their daily lives. As all the research participants have been referred by elderly services agency staff as participants in this research study, all of them are service users of centres for the elderly. Some of them are members of social centres for the elderly while others are home help service recipients. Hence, a formal worker-client relationship has been established between the older people and their service providers. This has formed a social network for the research participants and provides chances for them to have regular contact with social welfare service providers.

The social network of each research participant has varied and expanded depending on the services received. For example, some of the research participants become members of different agencies in the community and maintain connections with those agency staff. Some active members choose to join voluntary works led by social workers. Some with mobility problems receive more than one kind of service such as home help and healthcare. Some users of the Personal Emergency Link Service also make regular contact with the trained operators of the Call & Care Service Centre. All these relationships or connections affect the daily social life of these older people living alone.

3.1 Means and frequencies of contacts

Those who have already become members of social centres mostly attend nearby centres at least twice a year to renew their membership and to attend quarterly birthday parties. Some of them even go there every day when the centre opens so they can participate in different kinds of social activities including interest classes and groups or voluntary work. As some centres also provide meal services for members, some of them go for meals every day, except for Sundays when the centres are closed. Hence, older people have many chances to have contact with different centre staff members every day. The following is a typical example of some active members, who visit the centre five days a week,

“I registered for membership three years ago when one of my neighbours introduced me to the activities at the social centre. Since then, I have gone to the centre every day. The centre provides a meal service and I have my

meals daily at the centre. I also join in with the interest classes and other activities such as singing, doing exercise and voluntary work. I have met many staff and new friends there. They are nice. My daytime is fully occupied by centre activities!" (P4, F/68, living alone 5 years)

The above-mentioned person attends the centre daily to have meals and after meals she stays to join in social activities that she enjoys. She also stays there for such long hours to meet with staff and friends. Obviously, she enjoys social contact at the centre due to her amiable relationship with staff members and the older people there. This case represents the situation of many active members who actively participate in social activities and voluntary work. In general, one third of research participants have been classified by the staff of social centres as active members as they attend social centres five days a week and are involved in at least one activity. Their attendance can be as frequent because many centres for the elderly in Hong Kong open six days a week except for Sundays and public holidays.

While some members visit the centre to join social activities, some stay at the centre mainly to enjoy the comfortable and friendly atmosphere. As one of the research participant comments,

"I have nothing to do in the daytime. I go to the centre every day because I don't want to stay at home alone, especially in summer time. It is terribly stuffy at home. The social centre is comfortable and the staff workers always greet me or send their regards when they see me. They will ask if I need any help." (P26, F/85, living alone 18 years)

There is no doubt that social centres provide a comfortable environment and friendly atmosphere for older people to establish social relationships and develop their social networks that enables them to expand their social lives actively in their old age. Notwithstanding this, half of the research participants respond that the centres are accessible and convenient as they are located in their living areas or near the markets. Older persons, as they need not take long travel to the centres welcome this.

For older people who seldom go to social or community centres, this is mostly due to their health problems or personal characters. One female participant claims she has gone to the centre quite often in the past few years but she has

not wanted to go recently because of her painful legs and bad eyesight. Health problems have had a great impact on her social life.

"I have been a member for about ten years. I have actively joined many activities in the past. But, I really haven't wanted to go out since having painful legs and bad eyesight. Now, I feel I am weak and deteriorating. The centre staff asked me why I've seldom gone to the centre in recent years. I told them about my bad situation. I asked them to help me apply for a residential home." (P23, F/84, living alone 18 years)

Another female participant confides that she dislikes the gossip in the centres. She prefers to avoid having any conflict with people. She describes herself as playing a passive role in social relationship building.

"I am inactive in building up relationships or communicating with others. I like quiet. I am always silent. I seldom go to the centre. I only go there for renewal of membership or to attend health talks. The staff workers there know my character. The gossiping women and the conflict there annoy me. I think this is my own character." (P6, F/73, .living alone 12 years)

Those receiving home help or health care services also meet the centre staff regularly. Also, meals-on-wheels service recipients meet the staff, daily. Usually, the staff members chat with older people and observe their emotions or behaviour and then report back to the service-in-charge. One research participant says that social workers has paid visits and phone her regularly and that she appreciates having someone showing concern.

"The staff comes to my home twice every day to delivery my meals. We have casual chats. The social worker also phones me monthly and visits me quarterly. I am impressed by their help and concern." (P27, F/91, living alone 7 years)

From the description of the following research participant, it can be understood that older people suffering from old age and infirmity need someone to care about them and show concern when they live alone, especially care from close relatives. Connecting with somebody, as a supplement, will let them feel respected and cared for.

“I have painful legs. I can’t walk too far or stand too long at home. Every day, the staff of the elderly service agency will deliver meals to me twice. They are very nice. They ask me if I need anything else. They are better than my children. At least, they care for older people and give me kind regards.”
(P19, F/82, living alone 6 years)

Some research participants have installed the Personal Emergency Link Service run by a social welfare agency at home or on mobile phones. Some of them make regular tests of the function. When they press the emergency button, the service staff will respond their calls immediately. There are conversations between the staff and older people. As the service agency always encourages the service users to press the button to test it and for casual connection, some research participants have made regular contact with the staff, at least once a month.

“I will press the emergency button to test the operation of the service once a month. But, I will also call the staff if I feel sick or need help. The staff usually respond very quickly and ask me if I need any help. My son suggested I install this device because they could be informed immediately if I had any problems.” (P28, F/91, living alone 53 years)

The Link Service provides a safety net for older people living alone. Although the operation staff and older service users have never previously met, this provides an opportunity for older people to contact someone if they need help. This also gives older people and their family members a sense of security.

3.2 Perspectives on relationships with social welfare service providers

Most of the research participants report that the social centre staff members are very nice, helpful, friendly, and patient. They appreciate the staff showing concern and always giving support and encouragement to older people. Some participants even describe the staff as better than their adult children in terms of showing concern and care for older people. In general, the establishment of worker-client relationship is harmonious as described. The roles of those staff as perceived by the research participants can be classified as educators, counsellors, enablers, empowerers and facilitators. One of the participants expressed,

“The staff is very nice and kind to older people. They especially show their care and concern to those members who look unhappy. They take initiative to ask older people if they need any help. Really! They are better than some older people’s adult children.” (P1, F/65, living alone 5 years)

This quoted expression implies the centre staff act sensitively and attend to the emotions or behaviour of older people daily and that they take appropriate action to respond to older people’s needs and problems. The research participants also appreciate the performance of the staff. One old woman observes,

“The staff always encourages me to join in with the voluntary work. I told them that I am an old woman with little education and couldn’t help. But they encouraged me to do some simple tasks and taught me how to pay home visits and perform in a variety show. I have much more confidence now. I have many certificates for my voluntary work. I see my life as more meaningful at this moment.” (P4, F/68, living alone 5 years)

Another female participant also appreciated that the staff had arranged for a volunteer to accompany her and her wheelchair-bound husband on an outing before his death. Although her husband had passed away, the staff at the social centre always phoned her and encouraged her to participate in social activities. She appreciates the staff attending to the needs of older people.

“I never thought of going for an outing with my wheelchair-bound husband in the past ... I was very happy with their considerate arrangements at that time ... After the death of my husband, the staff gave me regular phone calls and encouraged me to continue to attend their social activities. The staff members really show concern towards older people.” (P13, F/79, living alone 5 years)

One research participant who is an active member of a social centre has been admitted to hospital and expresses her feelings towards the attitude of the centres’ staff,

“The centre staff members are really nice. I was sick for months and had not been to the centre for a long while. The staff came to hospital to see me and visited me at home. They really care for older people a lot.” (P22, F/83,

living alone 32 years)

Those research participants receiving home help or healthcare services appreciate that the centre staff always ask them if there is anything they need. They feel contented and cared for. As one says,

“When winter comes, they give me an electric heater or blankets. When summer arrives, they ask whether I need a fan. They are very nice and I feel respected and cared for.” (P30, F/94, living alone 11 years)

The users of the Personal Emergency Link Service also describe the relationship between the service staff and older people as close. This is because staff regularly phone the service users and send their regards if the weather turns bad.

With reviewing the above-mentioned cases, it can be concluded that the relationship between older people and social welfare service staff is positive and harmonious. Nearly all the research participants value the service workers as kind and helpful and they feel respected and cared for. The relationship is regarded as important and they have even been described as ‘better than their adult children’. It can be seen that the centre staff effectively perform their roles in showing concern to older people, meeting older people’s needs, educating them to learn positively, facilitating them to develop their potentialities and contribution and empowering them to establish their self-image and confidence. When someone lives alone without being cared for, the social service staff performs a special role in filling the gap.

4. Concluding summary

In concluding this chapter, the relationship between older people and their family members is usually no better than fair or in some instances even isolated as perceived by the research participants. Meanwhile, close relatives are seldom contacted. Those having harmonious relationship with their adult children will inform or seek help from their adult children if they take ill seriously or are admitted to hospitals. Otherwise, in their words, they do not want to make trouble to or disturb their adult children. Older people usually take passive roles in contacting their adult children and they hope their adult children take initiative in caring for them by making phone calls or visiting them regularly.

The peer relationship with friends or neighbours is perceived as important in their later life. Some enjoy joining with friends or neighbours in activities, sharing interests or chatting daily. Some even meet daily and this fosters the development and maintenance of such relationships. They seldom express that they seek help from friends or neighbours for important issues as they said, they do not want to make trouble for others who are of a similar old age. However, some feel that they gain emotional support through sharing their life experience with friends or neighbours and spending leisure time together. Besides, older people like to make friends with young people provided that they are accepted by the young generation. The relationship with social service providers is also important. Older people appreciate help, support, care and concern given by the agency or church staff as they provide assistance in meeting both basic and psychological needs of older people such as delivering meals, making referrals for health care, giving advice and emotional support on personal matters. Some even expresses that the agency staff are better than their adult children in terms of care, concern and support that makes them feel respected and facilitate their personal growth in practical situation. Hence, some seek advice and help from the agency staff for arranging an application to residential homes or nursing homes if their health worsens instead of asking their family members. This research finding, being consistent with the viewpoints from the three focus groups' participants, suggests the roles of friends or neighbours and the social service providers in the daily social life of older people living alone are important.

Chapter Nine Perspectives on Social Life in Late Life

It is important to analyse older people's own perspectives concerning social life. These can reflect their thoughts and expectations for their present and future social life. This study has found that most of the research participants think that older people living alone should maintain a positive and active social life in old age. They also express that older people should take initiative to go outside the home to meet, communicate and make contact with people. Few older people like staying alone at home every day, except those with health problems or those who have had unhappy past experiences or where their personal character makes them unwilling to connect with people. The following illustrates how older people perceive their social lives living alone.

1. Social life in old people's eyes

Social life is described in the words of the research participants' as having the motivation to contact a group of people for a definite purpose. They categorise daily contact for shopping or visiting their doctor, as only individual needs and not social activities. Social life needs mutual communication and interaction with people whom you want to socialise. Whether the interactive relationship is maintained or develops into a lasting relationship is based on mutual trust and sincerity. Some express that playing an active or passive role in social life depends on older people's thoughts and choices. One research participant explains her particular standpoint on the need for a social life.

"I see social life as a need for older people because human beings can't live within themselves. Older people are like newborn babies. They need people to give them extra love and care. However, older people as a socially vulnerable group are usually forgotten by society. Therefore, older people themselves should not wallow in self-pity or complain about their fate. We should show our energy and let society know of our existence and contribution." (P1, F/65, living alone 5 years)

This female participant's statement is rather mixed. She admits that older people need extra love and care like babies. However, she also states that older people themselves need to modify their attitudes first and then show society what they really want and need. However, she identifies the need for social life in later life and having a positive attitude towards old age.

As mentioned in the literature review in chapter three, some older people had grown up in traditional Chinese extended families. Life for these old women was confined to their domestic environment. Therefore, one research participant suggests that the social life of older people should also include 'taking initiative'. The following statement corresponds to the last statement relating to the need for a social life,

"Some older people think that young people should take initiative and responsibility in caring for the old. I know some friends who stay at home and wait for visits and telephone calls from their adult children. They inhabit very small worlds. You know. Nowadays, the lives of young people are too full to find time to care for the old. Older people should expand their environments from domestic to social circles. They should attend more social gatherings instead of waiting for their children to arrange family gatherings." (P2, F/65, living alone 20 years)

This statement reflects the attitude of many old married females in Hong Kong. They inhabit very restricted worlds, which are largely confined to domestic duties. This participant encourages older people to engage in social gatherings or activities and believes living alone provides them with many more opportunities to expand their social circle. Similarly, another research participant treasures the freedom of living alone and enjoys expanding her social circle in her later life.

"I was out of circulation for half of my life after my babies were born. I had to look after them and that left me no time for socializing. Now I am living alone. I have freedom to choose how to plan my life and expand my social sphere. I think older people have their own social world. They need to go out and make friends with peers so as to enjoy their remaining life." (P5, F/69, living alone 11 years)

This research participant indicates that older people should have their own social life with their peers. Another female participant who is single remarks that mixing with different kinds of people, either young or old, can enrich the older person's social world. She admires that some young people also respect and care for older people.

“Some married older people who have children might be happy to have family gatherings and care from their adult children. But they also worry about being neglected by their adult children. Although I am single, I seldom feel unhappy because I have friends who care for me. I also have some young friends whom I met when doing voluntary work. We always keep in touch. If they know I am sick, they will send their regards to me by phone. We mutually support and care for each other. My social life is enriching because I have different kinds of friends.” (P22, F/83, living alone 32 years)

The above statements conclude that research participants perceive the need for expanding their social life with different kinds of people instead of staying at home alone in their later life. Apart from this, the following statement shows the advantage of having an active social life in old age that is good for mental health.

“We should go out and meet people. Talking to people is good for health. When you are talking and laughing that helps ease tension and release pressure. You can keep your mind keen. If you just stay at home alone, your mind will be left to your imagination and you will always think of negative things. That will make you feel down. I suggest older people go to social centres regularly. It is a good place to meet people and enjoy the activities you like. It doesn’t matter whether you meet good friends or not. Enjoying your life is the most important thing.” (P23, F/84, living alone 18 years)

There is no doubt that engaging in social activities that older people enjoy is highly likely to enhance their mental health. Even if some are remain introverted about joining social activities, they may find other ways to contact other people. A female participant’s behaviour in this study demonstrates an example. She expresses that she likes to sit near the entrance of the building where she lives every day because she cannot go far but nonetheless still wants some social contact with people. Such behavior reflects her past life experience in old village where many villagers sat under a tree or in front of their houses to chat with others.

“I feel bored at home alone. I used to sit on the street corner outside the main entrance of the building in the morning and see passers-by. Some neighbours would say hello to me or stop for a while to talk to me. They

would ask the watchman of the building if I hadn't been there for several days. The neighbours are nice.” (P30, F/94, living alone 11 years)

In conclusion, research participants perceive social life as a need in old age. They suggest that older people should leave their homes, take the initiative in contacting different kinds of people and expand their social circles. A positive attitude in later life and active participation are important and good for physical and mental health.

2. Experience of loneliness

In exploring feelings of loneliness, very few older people in this study have expressed a strong feeling of loneliness. Those older people who actively joined in social activities indicate that they would avoid staying at home in the daytime because it is rather boring as they have little to do at home. They think older people should reach out and cultivate friendship to avoid loneliness. As one female participant says,

“I won't stay at home in the daytime. I'm afraid of looking at the four walls. Having nothing to do is very boring. When bored, it is easy to wallow in self-pity as it seems nobody cares for you. Then, you feel lonely. One must go along with this by reaching out.” (P10, F/77, living alone 7 years)

Looking at this point more closely, some of the participants reveal that the time they felt the most lonely was when they lost their spouses or close relatives. When facing the death of a loved one, they sensed a loss of attachment. A male participant expressed his feelings of loneliness from the moment his beloved wife died and from when he began to live alone. Later, he lived with his granddaughter for a year before continuing to live alone. He comments,

“I felt very warm at that time [his granddaughter lived with him] because I felt someone was at home and I did not feel so lonely ... I thought I could manage my emotions and adapt to a life of being alone although I am still missing my wife very much.” (P24, M/85, living alone 6 years)

His emotion at that time was unstable and he felt sad and sensed abandonment. A young-old had experienced loneliness when her mother died, meaning that

she was forced to live alone from that moment. She remarks,

“The death of my mother was traumatic for me. I felt lonely at that moment. I locked myself in all the time. It seemed that my parents had abandoned me. Sometimes I felt better when I had a good weep.” (P2, F/65, living alone 20 years)

A female participant had a similar experience after her husband died suddenly due to a heart attack. As her son was working and his family was living in Mainland China, she became lonely.

“I really didn’t know what to do and seemed to have a loss of attachment. I stayed alone at home all the time and didn’t want to go out. I felt very lonely during that period. Later, my neighbour advised me to join the social activities in a nearby social centre. My mood became better.” (P19, F/82, living alone 6 years)

The female participant’s feeling of loneliness gradually diminished after she had recovered from her transition into psychological adaptation. Indeed, older people may experience a feeling of loneliness but if they have tried to adapt they tend to improve their daily lives. One of the participants in the focus group of hidden cases confides his experience of loneliness.

“I think I have been lonely for most of the time since I retired and my wife died. But I have adapted to the feeling of loneliness. You need to face the reality. In fact, having gatherings with friends can brighten up my life.” (G1 of focus group of hidden cases, M/77, living alone for 20 years)

Other participants in the same focus group also indicate they sometimes feel lonely but they realise they should not let themselves get into a lonely mood. They try to find something to do with their time such as watching television or doing religious chanting or praying.

Although some older people may be confused by the distinction between the terms ‘boredom’ and ‘loneliness’, they understand that people staying alone at home can easily develop negative thoughts. A young-old in the focus group of living alone who actively participated in voluntary work and always visits older people living alone with walking disabilities, reflects on her views that older

people living alone should learn to adjust to the situation,

"I meet some older people who even feel shame in telling people about living alone in later life because in traditional Chinese families, living alone implies being abandoned by their adult children. They only stay at home and then blame themselves for their fate. But nowadays, Hong Kong society has changed and the traditional value is explained in a different way. Living alone doesn't mean that the young generations don't care for their old parents. Loneliness can be developed into depression and anxiety. It is very dangerous. Therefore, I always share my views with older people with negative attitudes on life because I am also living alone." (G2 of focus group living alone, F/67, living alone 6 years)

This participant reflects that some older people living alone feel loneliness just because they are psychologically trapped within their subjective and negative thoughts and these may provoke an emotional crisis. Therefore, she helps those older people to release their emotion disturbance by sharing her own experience.

Viewing this subject matter differently, one might acknowledge avoiding loneliness is not always easy. A participant recalls her painful experience when she was sick and felt very lonely.

"I have been sick and stayed at home for a month. My adult children knew nothing about this. I haven't told them. In fact, they haven't contacted me for two months. I felt very lonely as I thought I would die very soon. Nobody knows my pain. [Shaking her head] The pain is from my heart! My neighbour finally helped me calling the staff of home help service to deliver meals for me until I recovered." (P14, F/79, living alone 15 years)

The situation encountered by this female participant is rather difficult as she cannot ask help or seek support from her adult children. She suffers from both physical and psychological pain but she needs to bear the situation by herself. This case confirms that some older people feel lonely when apart from their family, especially when they contemplate the prospect of their own death.

In summary, although some research participants experience loneliness, overall they typically respond with a positive attitude towards re-arranging their social

lives when living alone to reduce any feeling of loneliness. Several research participants' behavior supports this notion. For instance, an oldest-old with a walking disability (P30, F/94, living alone 11 years) sits downstairs in a building to watch passers-by every day instead of staying at home for the whole day. Another male (P8, M/74, living alone 30 years) after retirement sits under a tree near a bridge to watch people fishing in the daytime. These cases prove that research participants are less likely to feel lonely since they know how to adjust their lifestyle.

3. Factors determining present social life

As mentioned in the last section, many of the research participants express positive attitudes towards their social life while living alone. They think older people need a social life and that the more active their social life the better it is for their mental health. Nevertheless, this study has discovered that some older people express concern that certain factors hinder their motivation and expectations of experiencing an active social life. These factors include: physical function, mental status, availability of companionship, and knowledge of community resources.

3.1 Physical function

Regarding physical function, feelings of discomfort caused by deterioration in health in old age consistently hinder older people's participation in active social lives. A female participant tells that she has been a volunteer for about five years but she cannot participate in much voluntary work because of her health problems in more recent years.

"I have been a volunteer for five years. I always paid home visits to older people living alone with walking disabilities. I was also a Golden Guide [member of the Hong Kong Girl Guides Association, for those over the age of 55] and was part of many community services. Now, I can't walk very well because of my painful knees and asthma. It was difficult for me to walk up and down the stairs of the old buildings without elevators when paying home visits. I have therefore reduced my voluntary work recently." (P9, F/76, living alone 14 years)

Another male participant suffering from high blood pressure and joint aches also reveals that living alone needs to be managed if good health is to be maintained.

"I suffer from high blood pressure and there are aches in my joints. So, I can't dance very well these days. Sometimes I feel very tired and need to take a rest in the afternoon ... I am lucky compared with other older people who suffer from long-term diseases. I can still manage myself in daily life; ... a man living alone has much more freedom. You can do anything you like if you have good health." (P24, M/85, living alone 6 years)

This male participant responded that he was glad that he could self-manage at this time. Indeed, worsening health is regarded as an obstacle to joining social activities and enjoyed an active social life. Social contact with people would be reduced due to health problems. For those living alone remaining healthy is much more important as they need to take care of themselves for the rest of their lives in order to sustain living alone. As one participant says:

"I don't need any help from the young if I am healthy. I need to keep myself healthy. As long as you have your health, nothing else matters. I don't want to bother my children. They work very hard in the daytime. They would feel pressure if I asked them for help." (P4, F/68, living alone 5 years)

Living alone seems pleasant for both older people with good health conditions and for those who do not want to bother their adult children. Those facing ill health are in a less fortunate position. A participant whose son lives a long distance from his parent has difficulty in walking and is suffering from pain explains her worries,

"I seldom go out because I have a pain in my leg. I have to use a walking stick when going downstairs. My health is getting worse and I am just waiting for death. But my son works in Mainland China and his family has lived there for years. I am left in Hong Kong. There would be no problem living alone if my health was good. But my health is getting worse. I need someone's help. Therefore, my neighbour advised me to receive the home help service. Now, I need not cook because the elderly centre will deliver my meals to me. I have no other choice. Old age is like this." (P17, F/82, living alone 16 years)

It is rather pitiful that older people are living in such wretched and helpless situations. This case not only reflects the factors of living alone that are effected by changing family structure, but it also reveals that deteriorating health makes life more difficult for older people living alone, especially when support from close relatives is lacking.

It is not surprising that all of the research participants showed a great concern regarding their health although some are in good condition. Most of them worried about the gradual decline of their health that affected their independent daily living and social contacts. This situation is also confirmed by all of the participants in all three focus groups.

3.2 Mental status

Mental health is regarded as another important health factor in determining participation or contact with people. Other than physical health problems, older people experienced many annoyances in life that created an obstacle to enjoying an active social life.

As mentioned previously, older people can feel discomfort due to deterioration in physical health. This pain easily affects their emotions and behaviour. They do not want to contact with people or to join activities and so prefer to stay at home. Another participant addresses her pain as follows,

“I like to join outings. But I know my own problems. Nobody can understand the feeling of pain in your body. Only you yourself can feel that pain. When you feel pain, you really want to stay in bed for the whole day and don’t want to see anybody. Old age brings much trouble in your body!” (P23, F/84, living alone 18 years)

It seems difficult to avoid deterioration in physical health in old age. Problems with physical health also sometimes encourage unstable mental health. Another female participant was annoyed she suffers with several diseases.

“I suffer from many diseases such as high blood pressure, asthma and diabetes. Every day, I need to take different pills. I hate taking too much medicine and I think it makes me bad tempered. I am very annoyed about this. Once, I was annoyed because a group of children were playing in the

corridor outside my flat, I shouted at them to stop making such noise. I then quarrelled with a neighbour because of this. I think people dislike you when you are bad tempered. So, I seldom go out.” (P17, F/82, living alone 16 years)

This participant described the effect medicine has on making her bad tempered. Whether this is true or not, it reflects her mental state is being disturbed by taking daily medication. One unhappy experience also meant she seldom goes out or contact with people.

Viewing the above cases, it is obvious that physical health problems can develop into mental health problems. However, the common problem research participants worried about were also associated with their adult children and other family members. Although older people lived separately to their family members, they still showed much concern for their current lives. The worrying by their adult children or family members can influence their emotional status. Some examples are given below to explain this.

A female participant was very worried about her older brother who had lived with her previously but was admitted to a remote residential care home because of a stroke. She visited him once a month but complained that her older brother’s son did not care much about his infirm father,

“My older brother was admitted to a residential care home eight years ago. I go to visit him once a month he is happy to have someone visiting him. However, his son’s family only visits him quarterly. I know they are busy. But he [the older brother] is his father. It is his [the son’s] responsibility to take care of his father and show concern. His son seldom calls me to ask about his father’s situation and he only visits me once a year during the Chinese Lunar New Year.” (P6, F/73, living alone 12 years)

Complaints about adult children’s inadequate motivation to care were a common issue among married female participants. A case mentioned in the last section showed that a female (P7, F/74, living alone 27 years) complains about her son not caring for her and was disappointed when her son rebuffed her for visiting them without giving prior notice. She said she becomes angry with this every time she thinks about it. It bothered her enough to adversely affect her sleep for several months when she finds herself thinking about it at night. The

emotional state of this woman had been aroused by the responses of her son. This woman tells the centre staff and some members of social centre about this regularly. She senses emotional release after telling someone although they just advise her to take it easy because she cannot be held responsible for it.

Having someone to comfort or support them mentally when suffering with depression or feelings of anxiety can facilitate an outlet for the emotions of the older people. Another three female participants who took the initiative to contact their sons or daughters have had similar experiences, despite having not received serious complaints from their adult children. Older people mostly report that they have received no reply when making phone calls, and usually had to leave a message. Older people have an expectation of frequent contact with their adult children. Unfortunately, they receive little feedback from their children. Such unsatisfactory experiences provoke unstable and stressful emotional responses.

Perhaps surprisingly, older people living alone reflect that they understand the reality that young people's busy lives curtail their ability to take care of them. They do, however, expect that the adult children should call or visit them regularly and tell them about their lives. A female participant reveals her expectations,

"I think they should know how to show concern for older people. At least show concern by phoning, having tea, or visiting me regularly. Telling me more about what they are doing. When I know more about them, I need not worry about them. This is what I expect. Being a mother, caring about children is very natural because most parents love their children. But my children seldom do this in return." (P5, F/69, living alone 11 years)

As mentioned in the previous section, some older people feel unhappy because they believe their adult children fail to show regular concern or care for them. Another participant also comments on this,

"Some older people I know worry too much about their adult children. Actually, they [the children] are adults. They have their own careers and families. They know how to take care of themselves. We [older people] have had our youth. We know what happens in youth. Older people need to take good care of themselves so that their adult children won't worry about

them.” (P11, F/78, living alone 8 years)

This participant remembers that older people were also young once. She therefore suggests older people should not worry too much about their adult children and should take good care of themselves. Another participant also indicates that comparing oneself with other people only produce complaints and unnecessary anxieties.

“I have heard complaints from some older people living alone. They blame their sons and daughters with petty things and also like to make comparisons with other adult children. They say other people’s adult children show much more concern for their parents and they worry about being neglected by their adult children when living alone. I think comparisons are not good because many people only like to tell stories about the good news regarding families, not the bad news, to show off. What you hear may not be true.” (P18, F/82, living alone 5 years)

A different view on such complaints given by another female participant might help older people think from various angles. She says,

“Older people should learn how to take good care of themselves. If you choose to live alone, you should have communication with your adult children about your expectations before that. Don’t put too much pressure or responsibilities on adult children. Older people should understand one important point. That how you bring them up is what you will gain in return. If you give them love and care when they are small, they will know how to show their concern for you when they have grown up. This is very normal! I always talk about this ‘theory’ when chatting with social centre members.” (P12, F/78, living alone 15 years)

This female participant points out the importance of family life education, parent-child relationships and the way to rear children. Keeping harmonious parent-child relationships may enhance the communication and interaction between older people and their adult children. Another old woman also responds that older people should be more optimistic in viewing daily matters and avoid stirring up trouble.

“Every family has some sort of trouble. You don’t know what really happens in other families. What older people expect is to be happy to see their adult children having their own careers and families. They [the adult children] know how to take care of themselves. That’s also what I expect! ... Older people can be free to do what they want to. If they just stay at home alone and seldom go out, their minds will be left to their own imagination and will always think of negative things. It won’t help to fret about problems. Basically, nothing will happen but you will create much trouble for yourselves.” (P20, F/83, living alone 16 years)

Other than worrying about adult children and family matters, older people’s emotions are also affected and many other things beyond the family and daily petty issues can trouble them. One woman living in a village (P20, F/83, living alone 16 years) quarrelled with a neighbour about land use and claimed that she was rather overpowered by her emotions due to her neighbour’s unreasonable behaviour. The issue disturbed her emotions and she was in no mood to play mahjong with other neighbours for several days. Another old woman (P14, F/79, living alone 15 years) had conflict with other older people collecting paper for recycling in the street. She felt stressed for some days. The above cases and quotations actually reflect different thoughts and perspectives among older people. It is obvious that how they perceive daily matters may have either a positive or negative effect on their physical and mental health.

All the same, most of the research participants believe that social activities can bring about good mental health. Older people should not stay at home all day long as this might cause emotional disturbances and depression due to thinking too much about negative things. They encourage older people living alone to treasure the freedom they have accepting they live without pressure or responsibilities. They are free to do whatever they want. Hence, they should maintain harmonious relationships with their adult children or family members and should not place high expectations on or rely on care and concern from their adult children. As compensation, older people should expand their social spheres and make more new friends to meet their need for love and care.

3.3 Availability of companionship

Older people see friendship as far more important in the social lives of those living alone. Some of them claim their adult children or close relatives are busy

and reside far away and do not have spare time to spend with them. Friends of the same age group can be a substitute or compensate for this.

“I think I am positive towards my social life, just because I have a group of old friends. We care about and support each other. Your children do not have time to take care of you. They are busy working. Therefore, peer friendship is important in old age.” (P24, M/85, living alone 6 years)

“I like to join centre activities with peers because we can talk about the same topics and have the same pace when learning. The same as young people who like to play or work with other young people.” (P15, F/82, living alone 18 years)

Older people treasure peer friendship and need companionship. Many older people go to parks or open areas to do morning exercise and meet friends or neighbours every day. Some even express that they would organise day trips or tours by themselves if their friends were available. One of the research participants points out the importance of companionship,

“Having a group of friends to go for trips together is good. As most of us are older people living alone, we have companionship and will not be lonely.” (P10, F/77, living alone 7 years)

The above statements correspond to the analysis mentioned in the last section. Some older people need someone to accompany them to join social activities. Peer friendship, therefore, forms a supportive network and older people usually enjoy doing activities together with peers.

3.4 Knowledge of community resources

Most of the research participants noted that many older people do not know about the resources for older people in the community such as the multi-service centres for the elderly. Their neighbours or friends introduced those who knew about the welfare services for older people. The research participants believe that if older people know more about the availability of resources in the local community, their motivation for participation in social activities could be enhanced.

“I knew nothing about the service for older people in community. I met my neighbours living in the same block. They told me about the free activities at the social centre or other charity organizations nearby. Then, I went there with them. I think many older people like me are illiterate. We need someone to tell us what happens in the community.” (P15, F/82, living alone 18 years)

Whether older people know about community resources seems dependant on the channel of message delivery. That is the channels the organisations utilise to advertise the resources. This study discovered that the most effective way to deliver messages to older people is with direct contact. This means face-to-face communication and messages spread from one person to another. This may enhance opportunities for older people to have a more active social life.

Notably, the participants of the hidden cases focus group identify an important channel for older people to have contact with elderly service agencies. The Hong Kong Government has launched a Community Care Fund to provide subsidies for elderly tenants living in private housing in 2013. Eligible older people should submit their applications through district elderly community centres for initial screening. Hence, many older people need to approach the community centres to submit their applications. Some of them are unaware of the elderly services but are encouraged by the staff to become members and join in with their social activities. In fact, they had known nothing about the elderly services in the community. The participants in the hidden cases focus group also confirm this inadequate knowledge. Hence, if more user-friendly application procedures related to the issues of older people can be made available by non-government organisations, this would greatly facilitate opportunity for welfare staff to identify hidden cases and increase the number of older people to become more aware of the availability of community resources.

All the same, the factors determining present social life are dependent on the physical and mental health conditions of older people, the availability of companionship and their knowledge of community resources. Health is the main factor influencing their present social life. In addition, some research participants pointed out that there are many opportunities for older people to make friends, contact different kinds of people and attend social activities. This, however, depends on whether older people themselves want to or not. Their personal character and motivation can be regarded as affecting factors.

4 Expectation of social life

This study demonstrates that most of the research participants are satisfied with their present social lives with friends because they have a choice in making friends with people.

Nearly one third of the research participants who actively participate in social activities at social centres are satisfied with their present social lives. They show a more positive attitude towards participation through which satisfaction is gained. As one female participant expects,

"I hope I have good health to keep doing voluntary work. I feel satisfied and meaningful. I am happy that I can still make a contribution to society." (P15, F/82, living alone 18 years)

Satisfaction and contribution are deemed to be powerful forces for keeping active in social lives; this is important for those active older people. Others respond that they expect nothing of their social life. They think it is sufficient to occupy their spare time. One of the research participants even expresses that she does not purposefully make friends with others.

"I expect nothing of my social life. I take life as it comes! I play mahjong with my neighbours most days. Just to kill time. I am happy with this. If someone is willing to talk to me, then we can be friends. Someone said relationship building depends on the lot or luck by which people are brought together. It's called 'predestination'. I believe in this statement." (P6, F/73, living alone 12 years)

Some even claim that their lives are pre-determined and controlled by fate. They only wish to have an uneventful life in the future because they think they are nearing the end of life. As one female participant concedes,

"I just live from day to day. People getting older and older with deteriorating health can help nothing. We are only waiting for death. Having people care for you is certainly fine, but what if nobody cares? It doesn't matter. I can live on my own." (P28, F/91, living alone 53 years)

This case represents some older people's limited expectation in associating with

people. An important finding in this study is that those research participants identified by social workers as hidden cases are likely to share a similar mentality and attitude towards social life. This adds further evidence that these older people adopt a passive role toward their social lives.

Half of the research participants were largely passive about their expectations of future life when they have difficulties managing themselves due to health issues. Some seem to accept their present situation with a sense of resignation. They state that they seldom think about this believing they would know how to react at the time if something happened. If the worst came to the worst, they would leave it to fate. As one woman reluctantly admits,

“Well, if my health gets worse in the future, awww! [A pause] I don’t know. I’ll leave it to fate. See whether my children will look after me or not. If they have money, they perhaps will send me to a residential home.” (P5, F/69, living alone 11 years)

This woman concedes that future arrangements will depend on her adult children’s decisions but she is uncertain about it. Another healthy young-old considers that,

“I think I’ll ask for help from the staff at the social centre. They know the community resources for older people very well. But now, I need not think about this because I am still healthy.” (P4, F/68, living alone 5 years)

Although some older people respond without due consideration, over half of the other research participants are more positive about their future. Most of them have decided to be admitted to a residential home. Some have applied for subsidised residential homes previously, as they understand that the waiting list for residential homes is long. They think they need to prepare themselves. As a female participant receiving a home help service suggests,

“Older people need not depend too much on their adult children. They should prepare for their own future. I only ask for my children’s opinions but I’ll make my own choice. Although I am not very old, my health is getting worse. I accept the opinion of a social worker and have already applied for a residential home. If there is a vacancy, I’ll go there.” (P11, F/78, living alone 8 years)

Preparing for future life is certainly better than doing nothing. However, in meeting the needs of older people living alone, many more social welfare services and resources are needed to support the elderly. The long waiting lists for subsidised residential homes in Hong Kong may discourage many older people in need and the government should consider this if the existing problems with elderly services are to be alleviated.

Many of the responses from the research participants in this study reveal that older people living alone need to well manage their daily lives and take a high level of responsibility for their own health, wellbeing, connection with others and management of illness and loneliness.

Very often their personal background had involved experiencing hard times before, during or after the Second World War when they had been young. They developed a certain degree of self-reliance and mental toughness in their solitary lives. They can be identified as a group of people with indomitable spirits. When facing challenges and difficulties in lives, they show their wisdom and perseverance to overcome them. For instance, they need to well manage their independent living even though they have health problems that may include physical or emotional or psychological aspects. Even when gaining less care, support and concern from their adult children, they still show their understanding of the performance of their adult children. Although there remain a few complaints related to their adult children's practicing filial piety, they verbally express less expectation of adult children's performance. They adopt a more passive role in connecting with their adult children's families. They behave this way due to their independent spirit expressed through their belief that they should avoid disturbing the lives of their adult children or other people. They seek help from others only if they become seriously ill or are admitted to hospital. When they do seek help, they prefer to ask for the services of welfare organisations. They may do this by pressing the emergency button of Personal Emergency Link Service for help or by asking social workers to assist their application for residential homes or seeking emotional or spiritual support from religious figures or rituals. Nevertheless, as they progressively age, they face deteriorating health: their capability to manage their daily lives is a great concern.

It is not surprising, that older people show less expectation of their future life, as they generally tend to accept the reality. The overall findings suggest that

helping older people live independently, improving their quality of life in their later lives, managing their health problems, increasing the practice of filial piety and improving the social capital of helping those living alone deserves immediate attention and high priority. This may require close co-operation and collaboration among multidisciplinary professionals as well as a feasible and sustainable long-term policy for elderly services set by the government.

It is encouraging that majority of older people living alone in this study show a positive attitude towards old age and appreciating the advantage of active engagement in social life. They enjoy meeting people and attending social activities for adjusting and expanding their social networks. More positively, they try to maintain and keep in good health to ensure that they can continue to live independently. They seek out emotional support, spiritual support or life satisfaction by engaging in religious activities, continuing learning or by contributing to voluntary work. For those with a walking disability or deteriorating health, visiting regularly or having telephone contact with volunteers or family members encourages extra care and concern. This may help to improve and enrich the quality of life of older people living alone.

5 Concluding summary

This chapter demonstrates an understanding of older people's perspectives of social life when living alone and studies why they have presented these views. In general, older people's perspectives are positive about having social contacts or interaction with other people. Some of them have maintained their active social life by volunteering or joining different kinds of social activities. They are aware of the advantages of being active in their spare time by being more sociable or by developing their interests thus minimising loneliness. Nevertheless, the physical and mental health status, the availability of companionship and their knowledge of community resources are identified as the main factors which hinders them from expanding their social circles or participating in social activities. The expectations towards social life are positive for those actively involved in social activities or voluntary works. By contrast, the others have no concept or expectation concerning their social life. They even lack ideas for their future and resignedly leave it to fate. However, admission to the residential homes for the elderly is their first preference when their deteriorating health means they can no longer afford to live independently.

On the whole, older people's own perspectives of their social lives reflect their needs and problems in their daily lives. Although some research participants have either no ideas or less expectation of their own social life, they agree that older people should have a positive social life and that this will enrich their personal life and help maintain good mental health.

Chapter Ten Comparison of Different Sub-groups

Considering there may be differences in present social life pattern and perspectives in social life from those present in later life within different sub-groups, this chapter compares three different sub-groups: men versus women, young-old versus oldest-old, and those living alone for the longest duration versus those living alone for the shortest period. The division is based on the research findings that indicate an obvious difference among those sub-groups. The main purpose of this comparison is to attempt to explore and analyse the differences from different perspectives to clarify the social life of different sub-groups. The comparison features two areas: present social life pattern and perspectives on social life in old age.

1. Present social life pattern

1.1 Men versus women

There are only five males in this research study while there are twenty-five females. The youngest among males is 66 and the oldest 85. Three out of five had been divorced before 65 years of age. For the female group, the youngest is 65 and the oldest is 94. There are two single women and twenty-three married women. One married woman had had no children and no female participant had been divorced. Daily life schedules between the men and women are quite similar. However, their social life pattern differs.

As male research participants had worked for half of their lives, they had had frequent contact with their colleagues and met lots of people during their working period. Therefore, when they retired, they did not easily adjust to the life change. This situation became more obvious if they lived alone. They feel there is nothing to do after retirement and, what is worse; no one talks to them while at home. Therefore, young-old males without serious health problems express that they prefer to continue working after retirement although they understand it might not be easy for them to gain employment again at such an advanced age.

Comparatively speaking, many women have not been formally employed. Some only assisted in farming work or did handicraft work to earn extra spending money at home. They were mainly responsible for looking after their

children and doing the household chores. Their relationship with their adult children had been relatively close. This possibly explains why some of the women living alone complain of their adult children not caring for them whereas the males seemed more accepting as no complaints about this emanated from male research participants. This is also due to the fact that three males were divorced before they were sixty while the other two males had maintained a harmonious relationship with their adult children.

Regarding present social life, men prefer to go outside, either sitting alone or gathering with other males in parks or open areas. Their activities usually involve exercising, reading newspapers, chatting, watching people playing chess or mahjong or joining gambling games. The following statement by a male participant confirms this situation.

“People need group life. Old men living alone seldom stay at home. Many of them I know prefer to go on a trip alone or with friends if they have money. Otherwise, they sit in the park nearby or open areas in public housing estates to watch people playing chess or gambling or chatting. Men usually take part in social activities alone but women like to ask some friends to accompany them.” (P3, M/66, living alone 11 years)

One point mentioned by this participant about male hobbies or entertainment relates to gambling. Males seem to like gambling, as three out of five male research participants are involved in gambling. Meanwhile, it should be noted that these three old men had been divorced due to their gambling problems. As the above participant indicates, many men gather outside the off-course betting branches of the Hong Kong Jockey Club to bet on racing days while young men would actually go to the racecourse to watch the horse-racing. This is, in fact, a very common phenomenon in Hong Kong, where many males sit or stand outside the betting branches and read the horseracing information on betting days. He also reflects that many old males gather in the parks or open areas to engage in gambling.

Males living alone may find other ways of adjusting their daily lives after retirement apart from gambling or gathering outside. The other two male research participants who are not involved in gambling enjoy going on excursions with family members or friends. One also invites his old friends to have gatherings at his home while another goes to the social centre daily.

Regarding participation in activities run by the social centre, males seem to play a more passive role. One male research participant thinks the low participation of male members in social centre activities may be due to the fact that there are too many female members at the social centres and many activities are suitable for females only. A male participant even feels women gossip too much and that makes it difficult to find a common topic when conversing with women.

Generally speaking, males in this study prefer to go out rather than stay at home in the daytime. Furthermore, males favour activities outside or venturing out for excursions or day trips instead of staying at social centres for the elderly. They are more proactive in finding activities for themselves.

Compared with males, more female participants go to the social centres. They like to join membership in different welfare agencies. One woman admits that she has already joined eight social centres. The centre staff members inform her when and where activities are to be held. Therefore, her life is busy attending social activities. This study also finds that women gain much satisfaction in joining centre activities, either interest groups or voluntary work. They enjoy centre activities much more than men.

The perspectives on social life are similar between males and females. Many of them confirm that an active social life is important for those living alone and engaging in social activities may help to keep individuals healthy both in physical and mental aspects.

1.2 Young-old versus oldest-old

There are eight research participants in the young-old group, aged 65 to 74, and two of them are male. In the oldest-old group, aged 85 and over, there are seven participants and only two males among them.

The most obvious difference between young-old and oldest-old is the use of information technology. There are three research participants that knew how to use computers in the young-old group while none of the oldest-old, knew how to use either computers or mobile phones. This may be due to the reason that all young-olds had attended school and at least had primary level education. Comparatively, three out of seven oldest-olds are illiterate. Therefore, learning new information technology and acquiring community resources or daily news is

extremely difficult for those oldest-olds. Their social circle is more limited when compared with the educated young-olds.

In the young-old group, the male use a computer just for entertainment and making new friends through the Internet. However, he also identifies problems with making new friends through the Internet. It seems difficult to establish trusted relationships when making friends through the Internet. Despite knowing how to use computers, this young-old man mentions that he does not want to make friends through the Internet because trusted relationships are not easy to establish. He still prefers to make direct contact.

By contrast, a female is just learning computer skills at a beginner level. Another female shares her handicraft and cooking skills in a blog and communicates with her fans daily. She has made a group of friends through her blog and some of her fans have also attended her interest classes. She feels happy and satisfied with her present social life. She shares,

"I update my blog every day. I have some fans that joined my interest classes at some community centres. Some of them are young people, mostly females. We know each other well because we have the same hobby, doing handicraft and cooking. I enjoy my social life very much." (P2, F/65, living alone 20 years)

Nowadays, information technology is rapidly developing in modern societies like Hong Kong. This research finding indicates that many older people, especially illiterate oldest-old, however, have had difficulty in learning how to use computers or using mobile devices. Compared with young-olds, those oldest-olds, especially the illiterate old, have never thought of using information technology to communicate except landline telephones.

Other than using information technology, the health problems are different between young-old and oldest-old. Among the seven oldest-olds, four of them are home help cases. They suffer from many diseases and deterioration in health. They seldom go out or to join activities at social centres because of health problems. They walk slowly and need to use walking sticks. Their activities are limited to their immediate neighbourhood. However, they have been visited or phoned by volunteers or centre staff regularly. As one of the oldest-olds states,

"I suffer from many diseases, especially pain in my legs and bad eyesight. I can't walk too far. I need to use a walking stick and walk very slowly. I also have a hearing problem. I can't hear clearly when my grandchildren phone me. No way! I can only stay at home and sleep. Old age is like this. You can do nothing. I feel I am useless The centre staff will deliver meals to me every day. But I have lost my teeth. It's difficult to chew food so I am slow when eating." (P30, F/94, living alone 11 years)

Aging and deterioration in health disturbs older people appreciably. Although the oldest-olds reflect that they cannot join many social activities at that age, many of them have actively joined centres or engaged in voluntary work while still young-olds. They went abroad to live with their adult children or for excursions sometimes. By contrast, the young-olds at their age seem to be more energetic and willing to attend social activities and are open to participating in learning new activities because their health makes this possible.

1.3 Living alone longest versus living alone shortest

There are nine research participants between the ages of 65 and 91 who fall in the group of having lived alone for more than 17 years. The group average duration of living alone for this group is 27.3 years. A woman aged 91 who had been living alone for 53 years represents the longest while the shortest period in this group is 18 years. Another group's participants who have lived alone for between 5 and 10 years comprise ten participants aged between 65 and 92. The average duration of living alone is 6.1 years while the range is only 5 to 8 years.

There are significant differences in family relationships between the above-mentioned two groups. Research participants living alone for the shorter period have closer family relationships with their adult children and maintain more contact through either regular family gatherings or telephone calls. This group admits that they had needed adjustment time before reconciling to a life of living alone. During this adjustment period, they preserved added contact with their adult children. An example mentioned in the previous section was that a male participant (P24, M/85, living alone 6 years) experienced bereavement from the death of his wife and needed several years to adapt to this change. Another example is a female (P13, F/79, living alone 5 years) who needed to live with her daughter for several months after the death of her

husband and was given support by her neighbours to occupy her spare time to help with her grief. Comparatively, those living alone longest had gone through a period of leaving their spouses or other family members and then learned to adjust to their new life of living alone. Their relationships with their adult children or close relatives became relatively distant. One female (P26, F/85, living alone 18 years) who is visited by her son's family only twice a year describes the relationship by saying 'Long absent, soon forgotten.' She means that the relationship would drift apart and be forgotten if did not preserve contact with each other for a long time.

Those who live alone need to manage their lives independently, although with this situation comes increased freedom of action. However, living alone for older people is more difficult. Deteriorating health acts as a major hindrance to older people's self-management in their daily lives. This circumstance may mean they need the help of home help or health care services to ease their daily living problems. Furthermore, if they have had less contact with family members or close relatives for a long time, their need for emotional support increases markedly. The female living alone for 53 years (P28, F/91, living alone 53 years) reveals that she welcomes the visits and contacts from centre staff or volunteers whilst living alone as her son's family show her less care. She also informs the social worker about the difficulties of her daily life. She appreciates that the centre staff provide more consistent help than her son. Her neighbours also sometimes give her help. Indeed, such emotional support motivates older people to live positively and this is especially so for those who have lived alone the longest.

Apart from the different dependence levels of support from family relationships, the connection with welfare service agencies also differs between the two groups. Those living alone longest have had a longer connection with welfare service agencies. Typically, they have been members of the social centres or received home help services for a longer period. As well, some have been active members or volunteers. The female who has alone for 53 years believed that she was very independent about taking care of herself when she was young-old. Now, she has been a member of a social centre for 25 years and was comparatively active in voluntary work helping people during the early period of her membership. When entering into the oldest-old category, she has gradually reduced her voluntary work due to her deteriorating health and thus is now a recipient of home help and health care services. In viewing the situation of

those living alone for the shortest period, they usually start by actively joining the activities run by the social centres.

The situation between males and females reveals marginal differences. Males seldom join the social activities that are organised by the social centres and they had been still working up to their retirement age. A male, (P24, M/85, living alone 6 years) volunteers that he enjoys having self-arranged activities with his wife and old friends. This reflects that many research participants living alone for the shortest period had maintained close relationships with family members or close relatives before living alone. Their social circle then expanded to include other friends after living alone.

2. Perspectives on social life in old age

2.1 Men versus women

Men and women share similar values in relation to social life perspectives. In general, most of the research participants admit that older people living alone should engage in a positive social life, actively seeking out new friends and meeting up with others in new contexts. Staying at home all day long may affect their mental health and hence social activities can enrich their lives in old age. The opinions given by male participants basically coincide with those of women.

In spite of this, there are still differences in the views of those questioned regarding money. One male participant, who lives on public assistance, spends little money, only occasionally placing a bet on the horses. For him, the most important thing is having money to support his old age, although his social life perspective continues to be positive,

“When a man becomes older, it is better to go out and meet people ... If you stay at home alone, you feel very bored. You feel tired if you watch television. You can’t sleep all day long. It is better to have a social life. You can learn much more by talking to people. This has a very good effect mentally. You won’t be sick ... the most important thing is having money in old age. You can do everything if you have money.” (P8, M/74, living alone 30 years)

This man prioritises money as the key to live how he wants. Another man who is also somewhat obsessed with gambling holds a similar view,

"I have nothing to worry about. My health is good at the moment. I needn't think of the future, as I am not young. I have no skills or hobbies. I usually read the newspaper and watch television at home but this is sometimes boring. The time passes by more quickly if I'm gambling. ... Sometimes, when I go cycling with friends, we also chat about gambling. We have similar topics to chat about ... I only spend a little money betting on horseracing. Besides, I also play online gambling games." (P3, M/66, living alone 11 years)

Money might play an important role in men's lives because men spend half of their lives earning money. Two other male participants do not gamble and seemed less focussed on the importance of money. Fortunately for them, they still receive a regular monthly income from their pensions. Understandably, they worry less about financial difficulties. When compared with their male counterparts, females in this study tend to be thriftier. They live and eat frugally and prefer to put away some money for a rainy day. This usually means that they save money for their old age.

"I live on public assistance. I spend little money in my daily life. I need to save money for emergency use such as visiting doctors. Visiting private doctors is expensive. But no way ... when you are sick, you need to wait for a whole day to see the doctor in a government hospital. Visiting private doctors nearby is more convenient for older people." (P19, F/82, living alone 6 years)

Another woman responded that she always uses free or cheap transport to go everywhere and selects free-admission days to visit museums. This reflects a trend that women prefer to save money for as long as they can. One female indicates,

"Housewives in Chinese traditional families are usually very good at saving. It is a virtue to save while you can. Money is something, but not everything. I was a housewife and looked after my family and children for half of my life. I didn't have the chance to work and depended on my husband's income. So, I saved some pocket money for myself. In case of emergency, I could use my

savings. I usually join the free activities at the local social centre. There are also many other free activities for older people in the community. My friends tell me about this. I think older people can use these kinds of resources in daily life.” (P6, F/73, living alone 12 years)

Women hold a different view on spending money when attending social activities. When given the choice, they prefer to save money rather than spending it on fee-charging social activities. Perhaps some of them do not have the opportunity to make a living for themselves and as a consequence spend their meagre finances cautiously. This also reflects that older people know how to utilise the resources of social activities in the community.

Men seldom complain about receiving less care and concern from their adult children. They seem more carefree about the lives of their adult children whereas some married women express despair about the way they perceive their adult children neglect them. A female expresses that she spent half of her life taking care of her children and so it is natural for a mother to continue worrying about them,

“I’ve worried about my children since they were born. Although they have grown up and have their own families, I still worry about their lives. I don’t know why. This is very natural indeed. So, I hope my children can visit me and call me regularly and we can have more family gatherings if they have the time.” (P13, F/79, living alone 5 years)

Her viewpoint suggests that women who have been mothers spend most of their lives caring for their family and hence they form stronger attachments to their family members than men, as men for most of their lives, restrict their familial responsibility to working and earning the income to support their family. Hence, women have higher expectations of family contact with their adult children when living alone than do men.

2.2 Young-old versus oldest-old

The differing perspectives on social lives between young-old and oldest-old are mainly concerns related to health and mobility. Generally speaking, both groups understand the advantage and importance of participation in social activities when living alone. However, when health problems are considered, the

oldest-old group worries more about their own health. They remember that they had been involved in many social activities when they were young-old and had actively participated in many voluntary projects. Some travelled abroad to visit their children and grandchildren or travelled with their partners or friends. When they became older, they reduced the level of participation in these activities, as they became less mobile and suffered various health issues. For instance, one female (P21, F/83, living alone 30 years) wants to go abroad to visit her adult children but suffers discomfort while travelling and her mobility has been significantly reduced. Another female also reminisced,

“When I first retired, I was actively involved in many social activities such as gatherings with my friends and old schoolmates, travelling overseas with my adult children and doing voluntary work. However, I can’t do the same now, as I am getting older. Like someone says, ‘my spirit is willing but the flesh is weak’. I can honestly say, you can do nothing if your health is getting worse. Now, I stay at home most of the time.” (P27, F/91, living alone 7 years)

Although the oldest-old still want to participate in social activities, they are discouraged from engaging by deteriorating health. They are reduced to staying at home and waiting for the care and concern of others. Their role in participation becomes passive. Nevertheless, passive levels of participation do not necessarily mean that the social life of the oldest-old is lacking or monotonous. Most of the oldest-old participants in this study are recipients of home help services. They receive regular contact with staff from service centres such as home-helpers, health care workers, nursing staff, social workers and volunteers. Some also meet with their neighbours daily. They still maintain their own social circles although the contact is mostly confined to within their own homes. They especially welcome visits and telephone contact from others.

Compared with the oldest-old group, the health problems of the younger-old are less obvious. They engage more actively in social activities, are eager to learn new things and explore social contact. As one younger-old woman remarks,

“As long as I can, I try to do the things that I have never had the chance to do or learn what I want to learn now. My health is good and I don’t want to stay at home alone and just stare at the ceiling. Having nothing to do is

very boring.” (P5, F/69, living alone 11 years)

As previously mentioned, most of the younger-old are well educated with some using information technology to contact others. This provides additional opportunities to meet and communicate with other people although whether they actively or passively participate depends on their own personal character and interests.

It can be concluded that social participation is affected by health and it is apparent that the perspectives between young-old and oldest-old slightly differ.

2.3 Living alone longest versus living alone shortest

The difference in the duration of living alone reflects the level of contact and support from family, neighbours, friends and social welfare service providers.

Those living alone for the longest period seem to have adjusted well to their lives. However, it is obvious that they still require emotional support from others. In general, they are more independent in managing their daily lives. Their social circles have expanded from family members to neighbours, friends and social welfare service providers. As the duration of living alone increases, contacts with their adult children or close relatives gradually become more limited. As time passes, their expectations of care and concern from their children gradually reduce. In other words, they no longer expect or depend on primary support from their adult children, as their contact tends to become limited after living alone for longer time. A woman living alone for 18 years indicates,

“I feel the relationship with my adult children has gradually become less close than the time when we lived together. I have more contact with the centre staff and friends I met at social centres after living alone. Spontaneously, they show me much concern and give me much emotional support. They are better than my adult children. I think this is very natural. You can't expect too much from your adult children because they are busy with their work and families. I think older people should make more friends who can help when necessary.” (P26, F/85, living alone 18 years)

Those living alone for a long time need much more support or help from others to improve their social lives, and do not merely seek support from their adult

children or close relatives. The main support system changes according to the duration of living alone.

Those living alone for the shortest period still have strong feelings towards maintaining a close family relationship with their adult children and close relatives. They expect to keep in close contact with their family. They need a period of time to psychologically adjust to their life living alone. Their social circles gradually expand when living alone longer. For example, a woman (P13, F/79, living alone 5 years) taking care of her husband who had a stroke 12 years ago seldom connects with her neighbours. After the death of her husband, she began to play mahjong with her neighbours and joins activities at local social centres to occupy her spare time. Her social circle has shifted to her neighbours and friends more slowly, but she still contacts her adult children frequently. Another woman living alone for five years comments on her relationship with her adult children as follows,

“Older people living alone should find a way to spend their time. Going out to meet friends is necessary ... I don’t want to bother my sons as they work very hard in the daytime. But their families phone me nearly every day. I tell them about my daily life. I feel satisfied with this. If not, I’m afraid that they may forget me in future.” (P4, F/68, living alone 5 years)

The above statement reflects that those living alone for the shortest period expect to maintain a closer relationship with their adult children when living alone. It seems that psychologically they are afraid of being neglected by their adult children and emotional support is far more important for them. Additionally, it is necessary to emphasise that the younger-old living alone, whether in the long or short duration group, have a positive and active view on their social lives than the oldest-old group. As a young-old woman living alone for 5 years comments,

“Older people themselves should not wallow in self-pity or complain about their fate. We should show our energy and let society know of our existence and contribution.” (P1, F/65, living alone 5 years)

Another young-old female living alone for 20 years also gave her positive views on how older people’s social lives should be,

“Older people should expand their environments from domestic to social circles. They should attend more social gatherings instead of waiting for their children to arrange family gatherings.” (P2, F/65, living alone 20 years)

Irrespective of the duration of living alone, the oldest-old group shows that they require emotional support from their family and close relatives. Although some realise that their family members could not give them much emotional support since living alone, they still yearn for their care and concern psychologically. An oldest-old woman expresses her expectations for her adult children and grandchildren,

“I know my adult children are also getting older and suffering from some diseases. We have less contact with each other since I started to live alone. But I don’t know why. As I am getting older and older, I want to have more time to see my adult children and grandchildren. I want to visit them but I can’t because my health is getting worse. I can only stay at home for most of my time. I hope they can come to see me always although I understand they have their difficulties. I still very much miss them.” (P28, F/91, living alone 53 years)

This case shows the psychological needs of the oldest-old. Although they have lived alone for a long time, they still miss and care for their family members. Although their social circles expanded during their young-old period, their social circles have progressively narrowed with age. They experienced difficulties in participating in social activities or contacting friends because of their deteriorating health. The more time they stay at home, the more care and concern from others becomes necessary. This woman thinks about her family and continues to show her concern when she became older. This implies that for her, the attachment to family relationships remains strong in old age.

3. Concluding summary

This chapter provides an understanding of the comparison between the different sub-groups. The comparison mainly focuses on two areas: present social life pattern and perspective on social life in old age. In general, women hold stronger attachment feelings to their adult children than men. No matter how long they have lived alone, their need for attachment remains strong.

They long for the care of their adult children and feel concern from their adult children. However, the longer they have been alone, the less contact and support from adult children they receive. The family relationship becomes more isolated after living alone the longest. The responsibilities of care and concern have been shifted to the social service providers or friends. Personal health issues are the major factor hindering older people from becoming involved in social activities and contacts with other people. All research participants reveal that the maintenance of good health is critically important to them when living alone. The young-olds experience few problems related to health and attend more social activities than the oldest-old. Their perspectives on social life are consistently more positive than the oldest-olds as well.

Chapter Eleven Discussion

The purpose of this research study is to reach a broader understanding of the factors that influence social life perspectives among older people living alone through exploring their social life experiences and gaining a clearer picture of their need of a social life through learning about their patterns of social interaction. The research topic has been investigated through collecting data by conducting qualitative interviews with thirty older persons aged 65 or over, living alone in Hong Kong and for the purpose of triangulation, twenty-four older people were recruited to attend three focus groups. In this chapter, the significance of the research findings are interpreted in light of the investigated research problem and answer the research question, 'how do older people living alone in Hong Kong perceive their social lives?' based on the information gathered. The discussion is also underpinned by the research literature and theories.

1. Changes in family life and family relationships

The research findings indicate that changes in family life and relationships are significant factors influencing the perspectives of the social lives of older people living alone. In analysing the socioeconomic factors contributing to the choice of living alone, most of the research participants respond that changes to family structure and function cause changes in family life and relationships.

1.1 From extended to nuclear

As indicated in the literature review section in chapter three, the philosophy of Confucianism is rooted in the traditional Chinese family system with a long history and in which filial piety is regarded as a fundamental family value and practice orientating the young generation's responsibilities to respect and take care of older generations. In reviewing the family background of the Chinese research participants in this study, two thirds of them were born in Mainland China between the 1920s and 1940s and migrated to Hong Kong after the Second World War or during the period of Civil War and the communist revolution in Mainland China. Most of them, being young people at that time, have experienced tremendous change both in Mainland China and Hong Kong socially, politically and economically. They have had to undergo and overcome different challenges, as life was difficult in those days. For instance, a large influx

of refugees from Mainland China entered Hong Kong in the late 1940s. Most of them lived in poor living environments and engaged in low-income labour. Some even left their families, parents and kinfolk behind and worked in Hong Kong, but finally settled and established new families. Despite this, they have retained traditional Chinese family values. Some research participants state that they had always remitted or mailed daily necessities to their family members or relatives who were still living in Mainland China when they first settled in Hong Kong. They also returned to their homeland regularly after China announced its Open Door Policy in 1978. This reflected their mentality of family attachment and the cohesiveness of traditional extended family.

Under the rapid socio-economic development in Hong Kong, family structure and function were gradually changing at different periods. The prevalence of family structure changed from extended to nuclear. In other words, traditional extended family function and relationships were greatly impacted upon and altered because of the emergence of the nuclear family. Literature studies reveal the underlying factors of these changes. Wong (1975) indicates that the increase of nuclear families can be attributed to Hong Kong's industrialization that stretched from the 1950s, as society's increased social and geographical mobility destroyed the function of traditional extended families. Lee (1987), however, criticises Wong's perspectives and supports his observations with official statistics shown in census reports that suggest the Government's public housing policy might have caused the increasing proportion of nuclear families. This is rightly a concern, as public housing policy has been an important factor leading to older people being unable to continue living with their adult children. As mentioned in literature review in chapter three, under the current Housing Subsidy Policy, public housing tenants of ten years or over have to declare their household income. Those tenants whose total family income exceeds the standard household income limit are compelled to either move out or pay additional rents. However, some people might be unwilling to pay higher rents, and so are reluctant to declare their real household income. Some also may prefer to retain their residence in public housing estates. Hence, the working youth usually move out and leave older people alone.

Looking more closely at the living conditions of the research participants in this study, two thirds of them are tenants in the public rental housing system. However, none of them mentioned the housing subsidy policy as a reason for living alone. Whether this is true or not, it is difficult to ask the research

participants about their real declaration to the Housing Authority because of privacy issues. Instead, the reasons they give are that they were left alone when their adult children married and chose to move out. Some also responded that their living space is rather limited and insufficient so it is no longer a convenient space for new young couples to live. Thus, old parents have been denied the opportunity to live together with their married adult children even they wish to do so.

Another reason for young people not living with older people is due to the fact that private flats are very expensive in Hong Kong and the majority of the working youth cannot afford to buy a larger flat to accommodate their parents. Indeed, insufficient living space is one of the factors influencing older people considering living alone. Yet, there are still some exceptional cases. One female participant in this study admits that she had been asked to live with a young couple that could afford to buy a bigger house. Despite this, she prefers to stay alone in the same flat because she does not want to vacate her flat located in her neighbourhood community with which she has been familiar through her lifetime. Nevertheless, when adult children move out to establish their own new families, this impacts greatly on the maintenance of family relationships between adult children and their old parents.

Nuclear families have become a dominant form of family structure in Hong Kong. This implies living together with several generations has come to be perceived as impractical in the financial realities of a modern society such as Hong Kong. Hence, the function of the Chinese traditional extended family has been gradually eroded, resulting in a weakened level of mutual care and support among family members when older people live apart from their adult children.

1.2 Role and value changes

Other than these changes in family structure from extended to nuclear contributing to older people living alone, the role and value changes among generations have also affected family life and relationships.

The development of the nuclear family has been accompanied by the role change of older people within the family. One research participant remembers that in traditional Chinese families with up to three generations living together, old parents would care for their grandchildren at home while the young couple

went out to work in the daytime. Nowadays, under rapid economic development, young couples engage in overtime work quite often and, hence, usually employ overseas maids to help with domestic work and care for their babies and children at home. The role of grandparents in caring for grandchildren has faded into insignificance.

Parent-child relationships are growing more distant than previously. Indeed, during the period of the study, among the thirty research participants of the study, only one had visited her daughter's home in the daytime to take care of her newborn grandson. Most of the participants believe that in the past, their parents helped to take care of grandchildren, but nowadays, society has changed with overseas maids replacing the help formerly fulfilled by grandparents meaning that their adult children rarely need to ask their parents for help. Looking more closely at the focus groups comprising eight participants who still live with family members, only one older person takes care of her grandchildren at home. As mentioned by this participant, the social trend reflects the role change of older people, especially the females, and family relationships among family members may become less central and even remote. Furthermore, responding to the role changes, some research participants claim that they seem to have little opportunity to contribute to their family since reaching old age because they are seen as in need of care by their adult children rather than filling the traditional role of carer. Viewed from a different angle, this may imply that young couples accept the responsibility of caring for both their old parents and young children if they stay living together. Consequently many may see these dual responsibilities as too onerous when they need to work in the daytime. Hence, the employment of maids in helping with the family's domestic work and caring for both the old and the young may be seen as a solution for many working couples. This indicates that the status and role of females in society have been changed in modern society. In traditional Chinese society, married women usually stayed at home to manage the household chores and looked after the children. Nowadays, however, as many females prefer to work it becomes impossible for them to assume the dual responsibility of caring for both their parents and children making the employment of maids an obvious solution to their dilemma.

Building up a healthy and harmonious family relationship requires great effort from every family member. A qualitative study on family health, happiness and harmony (3Hs) reports the perspectives of Hong Kong Chinese community

leaders that concludes the underlying and most significant factors influencing the family 3Hs are the changing family structure, the economic situation and a strong work ethic (Chan et al., 2011). Undoubtedly, this study lends support to the idea that these three factors bring pressure and challenges in building up healthy and harmonious relationships between older people and their adult children, especially for those living separately. Significantly, maintenance of relationships very much depends on mutual understanding and communication by making contact with each other when living separately. However, the traditional value of respecting and caring for older parents is gradually changing. When analysing the means and frequencies of contacts of older people with their adult children, it is found that the popular formats of direct contact with older people includes telephone contact, home visits, and having gatherings at Chinese restaurants during holidays, festive times or birthdays. If older people and their adult children live in the same community, they have more chances to meet. Among the married research participants, the number of visits by adult children generally ranges between once per year to six times per year whilst telephone contact ranges from once a day to once a quarter. Visits paid during Chinese Lunar New Year are the most prevalent. About two thirds of the research participants respond that this level of contact is satisfactory while others feel it is insufficient. Many research participants suggest monthly visits and weekly telephone contact is an acceptable rate of contact. Yet, the viewpoints of older people and their adult children differ as, the reality is that most of the adult children do not match the older people's expectations. The prevalent answer for this discrepancy as perceived by some research participants is that their adult children lack time and are busy at work. Notwithstanding, this is only the perspective of some of the research participants. This study is unable to furnish information about the reasons the adult children might give, and to determine this would require further research.

Another most important concern mentioned by older people living alone is that of keeping in good health. Nearly all the research participants have a strong belief about keeping in good health to sustain independent living. Most of the research participants take the view that they themselves have to take better care of themselves and avoid placing an extra burden or trouble on their children. They, however, seldom mention the responsibilities of filial piety that their children should bear. They only concede that society has changed and that traditional values have changed as well. They realise that adult children nowadays widely accept the small family concept of western culture and have

formed their own thoughts on filial piety and it is not possible to force children to fulfil older people's expectations or follow the traditional practice of filial piety. Some older people even declare that their minds are open, as they remember having gone through a challenging and difficult life when they were young, also. They absorb the changing reality being aware of young people's difficulties in their own daily lives.

It can be seen that older people's values on filial piety have also changed following the change of societal culture in modern society. After all, when they migrated to Hong Kong and settled in for over half of their lifetime, they adapted to the values of western culture despite themselves coming from a traditional family with strong cultural value.

1.3 Practice of the filial piety

Filial piety was established as a traditional moral value five thousand years ago in ancient China. As a Chinese proverb says, filial piety is the first and most important among a hundred kinds of virtues. The question is what has led to this traditional virtue gradually disappearing among young generations and of the discrepancy in filial practices among generations? There is little research so far that has explored the extent adult children are filial to the old parents, who live by themselves in Hong Kong. Practically, it is not easy to measure one's feeling of filial piety; it is something that can best be performed by a set of actions or behaviours.

Notwithstanding, a study on the meaning and practice of filial piety in Hong Kong (Ting, 2009) points out that filial piety is the obligation between adult children and their parents but the interpretation or meaning may be different in a changing society. The young generations usually focus on subjective feelings such as love, care and respect and expect to be part of mutual communication. Similarly, a more recent report on exploring the views of youth on filial piety conducted by the Commission on Youth (2014) indicates that young people are less explicit in expressing filial piety and expect to have mutual respect and care, instead of requesting formalities or being treated authoritatively as they thought this was an old standard of filial piety in traditional Chinese society. This report also suggests parents, older people or teachers should act as role models and educate young children about how to be filial at an early developmental stage. Indeed, the new concept of filial piety represents an obvious discrepancy

between generations in modern Hong Kong. The interpretation and understanding of the meaning or standard of filial piety has become more flexible. Furthermore, it is likely that Hong Kong's education places too much emphasis on intellectual pursuit rather than moral discipline, as one of the research participants reflects. In fact, education is a primary means and channel to foster the moral value of filial piety for the children when growing up. Parents also act as a respected model to perform filial piety because children will learn from their parents. However, when the growing number of older people living alone dramatically increases in upcoming decades, immediate attention should be placed on promoting filial piety practice among generations.

There is a newly amended law on the Protection of the Rights and Interests of the Elderly that was implemented on 1st July 2013 (China Central Television, 2013) in Mainland China. It is expected to help improve family relationships among older people and their adult children and encourage the younger generation to take care of older people. It stipulates that adult children should attend to the financial, living care and spiritual needs of their old parents or close relatives aged 60 or over at home. If younger people live separately, they are expected to regularly return home to see the old. Failing to do this will be an offence, but no punishment has as yet been specified. Since this law has been implemented, only one case has been brought to court for hearing. This occurred in Wuxi, a city in Jiangsu province in the eastern part of China. The daughter and son-in-law of this court case were finally ordered to visit their mother aged 77 at least once every two months and two public holidays each year (Yan Ji News, 2013). The underlying theme of this law intends to solve the problem of empty nesters. Although it seems inevitably sad that filial piety as a social moral standard has become a legal responsibility, it has the potential to play a positive role in guiding and wakening the young to their filial responsibilities to care for their old. Yet, to ensure the performance of filial piety is truly sincere and not merely a formality may prove to be more difficult. One participant in the focus group of living alone in this study gives an important hint on this law, which does not apply to Hong Kong. He states it is controversial because morality is not something that can be forced and the quality of contact is more crucial than the quantity. He further elaborates that what older people really need is the feeling of happiness, satisfaction and harmony when meeting, communicating and interacting with their adult children or grandchildren. Indeed, the quality of visits or phone contact is more vital than quantity. If adult children are forced to pay regular visits or make phone calls to the old, this may

bring more pressures and burdens on both older people and their adult children. Further analysis of the aforesaid expectation revealed by the research participant, of what he expects, although subjective matches the viewpoints of the younger generation on filial piety released by the above-mentioned literature review. Older people expect to have happiness, satisfaction and harmony when meeting with their adult children while young people place more emphasis on love, care and communication in practicing filial piety. To achieve these outcomes requires mutual good will in establishing harmonious intergenerational relationship.

This is no doubt that the quality of contact is important. Most of the research participants, however, adopt a more passive role in requesting contacts with their adult children and even hold a 'lower' expectation of their adult children's performance of filial piety. Some even said it was 'alright' and 'fine' if adult children are willing to pay visits or send their regards regularly. Even if contact is made only once a year, older people think this preferable than no contact. This study finds that the longer the period of living alone, the lower the expectation they have. Older people do expect to receive regular telephone contact, visits and being part of family gatherings and meetings with their children and grandchildren even if they are minimal. Some express a more considerate attitude accepting that their adult children are very busy and work hard every day and so it is not easy for them to spend time visiting or telephoning. According to one research participant, since older people have little to do, they should be considerate and know their role of being an old person. Others also respond that the young generation has their own thoughts about what should be done and older people should not force their own thoughts onto young people. It can be understood why older people are more concerned and caring about their adult children than themselves. One female participant expresses that it is very natural that parents continue to care for their children because their love is enduring and they never want to ask for anything in return from their children. This may be one of the reasons why older people have fewer expectations of their adult children in performing filial piety. Examining this matter from a different perspective, older people verbally 'excuse' adult children's performance in practicing filial piety. Still, from a psychological perspective, they wish to receive care and love from their adult children in return, especially when they become sick or are admitted to hospitals, as one of the research participants expresses. This reflects the importance of practicing filial piety and the need for support from adult children.

Before older people lived alone, family relationships are generally described by most of the research participants as only 'average'. Several research participants reveal that family disputes could not be avoided as every family has its own difficulties and, hence, whether the relationship with their spouses or adult children maintains harmony mainly depends on their mutual efforts. Even though living together, the family relationship might not maintain harmony. As one female participant reveals, in the days living with her family, her sons and daughters daily work away from home and return very late meaning they seldom have a chance to talk to each other. It seems as if the adult children are living in a hotel rather than a home. Furthermore, their daily living style is different as old parents usually have their meals or go to sleep earlier than their adult children. Regardless of this, she feels that the home was a real home with a husband and children in those days. She now lives alone and she sighs with emotion that her home is not a family home because one person by themselves cannot set up a family. In further elaboration of this statement, living alone is often not a matter of choice. The feeling of a family home is etched in their memories and living alone only brings with it a sense of loss of these memories of a home.

Psychological support is vital for older people. Before older people choose and decide to live alone, they usually experience a difficult period of psychological adaptation. Older people need much emotional support from their family members during those critical periods. For example, a female participant encountered bereavement when her husband died. She went to her daughter's home to live for three months for transition of psychological adaptation. She, however, indicates that she returned to her own home after three months as there is limited living space available at her daughter's home. This underlines that older people might expect to live for a longer period in the company of their children during such a difficult period. However, it often proves impractical and older people's consideration moves them to accept this reality. Another male participant also encountered a similar situation after his beloved wife died. His granddaughter lived with him for a short period, but he finally insisted on living independently. Another female who had lived overseas with her son's family preferred to return to Hong Kong to live alone after a short stay due to the difficulties of adjusting to a new living environment. In interpreting the responses of these three research participants, it can be seen they regret being unable to stay longer or live together with their adult children. Again, this reflects that when older people choose to live alone they are forced to make a

difficult decision trying to reconcile their expectations and actual life situations. Conversely, their adult children seem almost indifferent about the decision and fail to take into full consideration the inner feelings of their old parents. This shows the understanding of the meaning of filial piety and the performance of filial practice conflicts across the generations. Unlike the Mainland China example, there is no law binding the young generation to practise filial piety in Hong Kong. The concept of filial piety does not exist in the same way in western societies. The ethics of how to treat one's parents is totally dependent upon the heart of the individual and how one handles the relationship between parents and adult children. Perhaps, young people may step back to think more about their parents who have made great efforts to nurture them and sense that their parents may need great care when they are in old age.

Living alone is not only physically living independently, but one involves adjusting one's attitudes and emotions psychologically. Expanding one's social network may be one way of creating a balance a physical and psychological balance for older people living alone. The remote family relationship between older people living alone and their adult children, however, should be regarded with concern as it is known that the number of older people living alone in Hong Kong will grow markedly in the next decades. On the one side, the promotion of filial piety and family life education among young generation is deemed necessary to enhance better treatment of the old in Hong Kong. On the other side, long-term, it is suggested that the government needs to adopt a social policy designed to improve the living environment for multi-generational families living together or apart by providing complementary community resources or benefits for family members to ease the burden of taking care of the old parents.

2. The need for social life

Research findings reveal that the changes in family life form a significant factor influencing the social life of older people in later life. Family members often could not take care of older people at home because of living separately. Furthermore, it is not easy for older people to approach their adult children when seeking someone to accompany them in their daily lives. A supportive social network of older people may have to expand to meet their needs.

In reviewing the theories of old age adopted in this research study, individuals' adjustment and needs for social life while living alone in later life can be better understood.

2.1 Attachment transfer: from family to peers

Bowlby's Attachment Theory indicates that the affectionate bond begins in the early developmental stage when infants attach to a figure, usually their mothers or caregivers, for seeking security, satisfaction and enjoyment. The attachment relationship can affect an individual's personality development and performance in interpersonal relationships in all developmental stages (Bowlby, 1988a). Ainsworth et al. (1978) further concluded that separation between mother and child is harmful to the child's development. Hazan and Shaver (1987) indicate that the early attachment relationship directly affects adult romantic love, which is a form of secondary attachment. Heard and Lake (1997) describe that the attachment of older people, however, is a reversed attachment in contrast to the child's and adolescent's attachment that requires care from their offspring. They also suggest that people having religious beliefs might find an ideal attachment figure, e.g. God, from which comfort, protection and guidance were sought. Cicirelli's study (2010) finds that the main attachment figures claimed by the old research respondents are adult children, deceased spouses and God. These theoretical frameworks confirm that due to the need for security, attachment relationships with one or more figures develop across the lifespan. If the attachment figures disappear or the close relationship faces challenges, people will feel anxiety and loss. Further, all human beings have a need for feelings of security so they will attach to one or more figures during the different life stages that occur throughout their life cycle. When they are born, the first figure they attach to will be their mothers or caregivers. When they grow up and engage in romantic love and get married, the second attachment will be their partners, followed by their children. In old age, they will need the care and love from their adult children in reverse. The attachment figure can be changed and is gradually transferred from one to another in different developmental stages.

Older people may experience a gradual transfer of attachment since birth. They go through the complicated process of attachment from attached to caregivers, to their spouses and then being attached to by their children. The attachment relationship may be reversed in old age as Heard and Lake (1997) mention

because they need care from their offspring for reasons of security. When getting older, some may encounter deteriorating health and experience different losses of attachment figures throughout their lifetime, such as loss of spouses, siblings or best friends. Their roles might be changed from that of being a provider of support and protection for their children to a receiver of support and protection from their adult children. Further analysed, a family is indeed the secure base for older people. Older people living alone, however, are separated from their adult children and have physically lost a direct attachment relationship and the secure base of a family home. Old age brings many losses such as the loss of the ability to work, economic status and social roles or separation from close relatives. Adult children will be the main attachment figure for older people. If adult children are not around and family relationships cannot be harmoniously maintained, older people may experience loneliness and depression due to feeling insecure. Hence, in order to satisfy the need for social and emotional support, other attachment figures must be substituted.

There is no research studying the attachment transfer of older people living alone in Hong Kong. In this study, older people have been found to demonstrate behaviours of attachment transfer physically in their daily social lives. The attachment figures are more likely to be peers and staff of elderly centres. The familiar neighbourhood community and social centres may form the secure base for most older people. Those having religious beliefs found God or Buddha to be the figure of attachment.

It is not a surprise that the daily social contact older people have is less likely with their adult children after living alone. In reviewing the daily social activities of older people, most of the social contact mainly focuses on friends, neighbours or staff of the multi-service centres for the elderly. This can be traced from their daily schedules. When older people awaken in the morning, most of them do go out to the park or public areas of housing estates to exercise. This facilitates them meeting numerous friends or neighbours of a similar age there, exercise as a group, chat or have morning tea at Chinese restaurants after their exercise is finished. This offers further chances meet more friends at Chinese restaurants when they having morning tea. Later, some will go onto the market to shop or return home to rest and prepare their midday meal. Even later, some will attend the social centres to join activities in the afternoon until the centres closes. In the evening, older people usually stay at home, watch television, eat their dinner and then retire for the night quite early. This daily

activities schedule reflects that the attachment relationship centres on peers rather than family members.

Neighbourhood communities and social centres may be the focus of older people's emotions and affections. Place Attachment (Altman and Low, 1992) helps explain this phenomenon. Older people living in a community sense enhanced levels of physical and psychological security. Older people mention that living alone does not constitute a family home such as they experienced in the past when spouses and children had lived together. Most of the research participants attend the nearby social centres for the elderly to join social activities, volunteer or chat with other members. For those passive members or those unwilling to participate in activities, they choose to sit in the lobby, watch television, read newspapers or doze off. Some will also join the meal services at the centres' canteens because it is not easy to cook for just one person and the meal charge at the centres is attractive. Some stay at the centres for the whole day to occupy their time. One participant also says that his son has no need to worry about him if he stays in the centre, as it is a secure place. Hence, social centres are places where older people feel secure, comfortable and develop a sense of belonging. Although watching television or reading a newspaper or cooking can be done in their own homes, they prefer to stay at the social centres. This is because being at the social centres means they do not feel bored or lonely. They have many of their peers around them, and the centre staff display toward them friendship and respect which they value. Furthermore, for those who actively participate in social activities or voluntary work, it is easier to gain rich satisfaction, meaning and a sense of reward at this later stage of life.

In reviewing the lifestyles of the participants before they lived alone, it seems all had experienced living together with their family members. Some had either lived with their spouses for a period after their adult children moved out or lived with their single adult children after their spouses died. No matter which situation occurred, older people finally chose to live alone and then most often needed to regulate their attachment relationship with others. Sbarra and Hazan (2008) indicate that people losing their spouses need to recover by adopting a self-regulatory strategy, which includes self-regulation, coregulation and dysregulation. Further elaborated, self-regulation means that older people need to adapt to the lifestyle of living independently and managing their time alone. This also requires psychological regulation. Some older people in this study claim that, in the past, they had lived together with their family members for

the first half of their lifetime and cared about the daily schedule of their spouses and children, preparing meals and doing everything for them as first priority. However, when they started living alone, they needed to learn to do everything by themselves such as watching television, eating, and shopping. Now, they only need to think of their own needs. With coregulation, older people need to shift focus on their relationships with friends or others from primarily with their family members because they have much more spare time to establish new attachment relationships. Therefore, older people going through this recovery process may recover experiencing close and warm attachment relationships again through social interaction with other people. Otherwise, dysregulation will occur.

This study confirms that God, Buddha or persons engaged in religious work are perceived as important attachment figures for older people living alone. Protestants, Catholics, and layman Buddhists state that they believe religious figures could bring them energy and power that support and encourage them to live positively. They often pray and speak to religious figures when they feel worried or lonely. This finding is compatible with Cicirelli's study (2004) showing that older people having religious affiliation build strong attachments to God. Granqvist, Mikulincer and Shaver (2010) also point out that religious beliefs can fill the gap of a person's insecure feelings. The affection bound to religious figures is like a secure base in which people will turn to seek spiritual support, care and help when facing difficulties or feeling pain. This is similar to how Bowlby (1988b) describes an infant needing its mother or a caregiver's response, which could encourage and support it to explore the outside world.

In conclusion, despite the loss of attachment figures or relationships in the family system, older people living alone may regulate themselves during the recovery process and transfer the attachment tie to other people and places where they feel secure and gain comfort and satisfaction.

2.2 Disengagement from society

Disengagement theory states that older people disengaging from the social system is an inevitable and natural process due to the decline in physical function, psychological status and the needs of society (Cumming and Henry, 1961). This means that, as people get older and older, and reach their retirement age, they may withdraw from their established social roles, social

relationships and social networks following their retirement. Victor (2005) indicates that this involves a triple loss for older people. Indeed, it is not possible for some older people to refuse to retire if they are employees and have reached their retirement age. Disengagement impacts significantly on the quality of life in later life.

In this study, all the male participants had been forced to retire when they reached retirement age. However, they believe they still had the ability to work at the age of 60 or 65 when their physical function had been maintained. The dignity associated with earning their living is important for them. Currently, there is no pension system in Hong Kong. Hence, most of them still tried to search for a job and wished to continue employment despite having reached the formal retirement age. This disengagement brought significant worries to the men. One participant expresses that after retirement, he felt useless and as if he had lost everything. He did nothing at home and did not know how to occupy his daily life. Unlike their counterparts who were mainly housewives, men seldom performed housework duties or took care of the children at home. Men usually spent half of their lifetime engaging in their careers. Retirement thus impacted sharply on the quality of their life, especially for those living alone without support from their adult children. Another participant reveals that having the ability to earn money represents a man's status in his family and society. This reflects the dominant role and status of a breadwinner in the Chinese traditional extended family.

Older males have to encounter a lot of changes when disengaging from employment. Cumming and Henry (1961) suggest that disengagement enables older people to be released from their previous roles and responsibilities and allows them to enjoy a more leisurely lifestyle associated with other newer roles. Yet, three out of five men in this study worry about their quality of life because of financial difficulties after retirement. These men seldom ask their adult children for money as their family relationship has become remote. Hence, they rely on the support of formal social security in their later life.

Hochschild's criticism (1975) of the disengagement theory is right in that it disregards older people's perspectives and willingness. Many older people may still make a contribution to the work force due to possessing accumulated intelligence, insight and experience. It is also difficult for older people to totally disengage from society. Indeed, many older people still want to enjoy a leisurely

life after retirement. However, adequate resources need to be provided by society to support and maintain the quality of life. Financial support is an important resource and security as perceived by older people living alone. In this study, two thirds of the research participants have not received any financial support from their adult children and are recipients of social security and live in public rented housing estates. Only their basic needs can be met under such circumstances. As argued by Havighurst (1961) and Maddox (1964), disengagement may not benefit or apply to all older people.

Some retired older people actively engage in their social life by expanding their social network and participating in social activities thus enhancing their quality of life after living alone. They might perform a new role and re-engage in the social system through contributing their knowledge and experience in other ways. As Havighurst, who developed Activity Theory, suggests, older people forced to withdraw from their former roles at retirement age, could find new social roles to act as a substitute (Havighurst, 1961). In this respect, most of the research participants in this study enjoy their voluntary work and develop their potential through actively participating in social activities at social centres, church or temple. The pursuit of life enrichment and establishment of new social networks significantly brings life satisfaction to their later lives. This confirms Havighurst's theory that older people gaining life satisfaction through adjusting their social activities may lead to successful ageing (Havighurst, Neugarten and Tobin, 1968). One such example is a young-old female participant who has developed a blog on the Internet and shares her life experiences and knowledge of handicrafts that expand her social network notwithstanding her reduced mobility. This contradicts to the Disengagement Theory and supports the Continuity Theory (Atchley, 1971), which encourages people to adopt adaptive strategies relating to their past experiences and social world by continuing to participate in important activities or hobbies for maintaining social interaction and relationships. Atchley's emphasis is right inasmuch that despite loss of previous roles, opportunities for other similar roles to substitute can rise (Atchley, 1989).

Continuity Theory suggests that older people maintain their previously lived lifestyle in their familiar environment (Atchley, 1989). Opposed to Disengagement Theory, Youmans's western studies (1969) also reports that old parents still continue to actively engage in their existing family activities or daily hobbies after retirement. Yet, older people in this study might not maintain their

previous lifestyle or actively engage in family activities when their spouses have passed away and adult children have moved out after marriage. Living alone, they need to adapt to living independently. Those who only infrequently have connection with their adult children have less opportunity to engage in family activities. Living alone changes lifestyle, family connection and relationships quite measurably. Regarding the continuation of personal hobbies, most of the research participants claim they had few special hobbies when they were younger. Reviewing the family background of the research participants, they had actually experienced a very difficult period in their lifespan when as refugees they first entered Hong Kong in an era when the economic climate had not been well developed. Most of them engaged in low-income physical work, toiling to earn money and spent all of their time caring for their children to establish a stable family life. Moreover in their current situation, older males encounter a lot of changes when disengaging from their work-based system. One participant discloses that he seldom keeps contact with work staff or colleagues because their relationship had only been based on work or business. After retirement, all roles or relationships had been disconnected. They needed to re-establish a new social network. Thus, keeping a previous lifestyle or engaging in family activities or personal hobbies may not apply to every older person living alone.

Notably in this study, the married women who had been housewives before entering old age may less obviously experience the loss of disengagement than their counterparts who were mainly husbands in their later life. Their lifetime had been confined to their family managing the domestic work, nurturing children and taking care of their in-laws. The disengagement of family role and relationships occurred when their spouses or adult children left them. Some research participants had lived alone with their spouses after retirement as their adult children had already moved out. After their spouses died, the decline of physical function, loss of attachment relationships and disengagement in family roles impacted on psychological adaption and quality of life.

Living alone may not imply disengagement from all social systems. Although life style and attachment relationships have changed, many older people living alone in this study show a positive thinking towards living and re-engaging themselves in society.

2.3 Resolving psychosocial crisis

The human developmental stages, developed by Eric Erikson (1950), point out that the ego development outcome of older adults aged 55 or 65 and over is 'integrity vs. despair'. This stage is identified as the eighth developmental stage in which conflicts between integrity and despair should be resolved. Having the strength of wisdom, older people successfully work through psychosocial crisis. Joan Erikson further puts forth a ninth developmental stage for older adults aged 65 to extreme old. She suggests that older people need to move towards 'gerotranscendence' (Erikson and Erikson, 1998) by revisiting the previous eight stages, and overcoming the negative elements, which dominated their personality in each stage. That is, to view the relationship between themselves and society with a transcendent eye.

Older people living alone have often encountered the bereavement of spouses, separation from adult children and live independently. They lack care and support in later life. If reviewing their contribution to society and family, their own individual values can produce different perspectives on the meaning of their life. While reflecting on their contribution to their family, most of the married research participants respond that they have fulfilled the natural responsibilities and roles of parents as their adult children have stable jobs and have established their own families. They recognize their own contribution in maintaining a family life and raising their children. However, older people frequently undervalue their own contribution to society because they assess the purpose of working as merely constituting a means of earning money to live. They needed to work hard to gain a basic quality of life for their families. They claim that many older people's education attainment is at a lower level and, therefore, they could only engage in physical labour work in which less success or obvious achievement could be identified. The only thing they feel regrets about in their later life is being uncared for by their adult children when compared with those of their peers who still live with their children. It can be understood that older people, especially the group containing oldest-olds, still have strong traditional values in which living with children is an expected part of old age. As a Chinese proverb says, 'one rears children against old age, just as one stores up grain against lean years'. This means raising children was a form of insurance against the possibility of living alone in old age and needing to be taken care of by someone else. It had been traditionally the responsibility of adult children to care for the old within the terms of practicing filial piety. To

solve this psychosocial crisis and ease their regrets, the establishment of new social networks and remaining active in social life can alleviate this loss as suggested by some research participants. Some oldest-olds who receive home help services indicate that they have frequent contact with the staff or volunteers of social centres and, therefore, have chances to share their feelings with people they trust and who are willing to listen. This helps them minimise their dissatisfaction and to gain a feeling of being supported. It is believed that older people need to overcome and resolve all psychosocial crises with wisdom and a transcendent eye, as Erikson indicated. However, while finding someone to listen is comparatively easy, finding someone with counselling skills to resolve their negative thoughts is less accessible, as confirmed by one of the research participants. The availability of a professional with counselling skills will accelerate the process of older people adopting a more optimistic view of life throughout the resolving process.

By contrast, married young-olds who were born in Hong Kong and brought up under the influence of Western culture show a greater sense of optimism towards their own contribution to their families and society. They felt released when they began living alone as their adult children had become adults and established their own careers. They accept the value of modern society's changes in which older people accept letting the young generation become free and realize that forcing young people to live with old parents only creates conflict or resentment. These young-olds suggest that older people should learn to change their own mind and face reality. Furthermore, they believe they had spent their whole lives working and so they had already contributed their knowledge and time to society. One research participant also describes the meaning of retirement as older people learning how to put all their troubles aside and enjoy their remaining life. This is a positive way of thinking that suggests that he has found his own value of existence and meaning in life. These young-olds managed to resolve their psychosocial crises and this has confirmed in their own minds integrity of their characters. They feel little regret about their lives.

In analysing the situation of males in the context of Erikson's eighth development stage, it is found that men who habitually engaged in gambling when they were young felt much regret in later life. Two out of five older men in this study admitted that gambling led to the failure of their marriages and a loss of their families and friends. They feel they had failed their families because

they had not taken the responsibilities of being husbands seriously and did not expect to be excused by their family members. Entering into old age, they thought their late life was meaningless and are simply waiting for death because they have lost all their money gambling and have needed to apply for public assistance to live. Despair for these older men represent a psychosocial crisis that may require professional assistance to resolve their inner conflicts.

Those who actively participate in social activities more easily adjust to their psychosocial crises in later life. Some being volunteers have found the meaning in lives after helping other people, while others who actively engage in social activities gain meaning and satisfaction in later life. They enjoy life with the virtue of faith and 'dance' with their lives. Their mentality and attitude resemble Erikson description of having a transcendent eye to see the world and adopting '*transcendances*' to challenge the dystonic element such as fear of death in the ninth stage. By contrast, those with declining health are unable to actively participate in social activities or engage in social relationships and feel helpless when enduring long-term diseases. They perceive that life is naturally moving inexorably towards death and they were simply waiting for the end of life although they claim they have no fear of death. It is a serious concern that this group of older people lives in a psychosocial crisis and should be regarded as a high-risk group of having suicidal tendencies. When reviewing the reasons for suicide among the elderly in Hong Kong, nearly 70 per cent of suicide deaths have been associated with health problems (Yip, Chi and Chiu, 2002). Despite older people in this study having connections with the staff of elderly service agencies, close attention, care, and concern for them is deemed necessary.

Resolving conflicts between integrity and despair in the last developmental stage indisputably needs the greatest support from family and other social groups. If family members acting as the main source of support cannot fully perform the supportive function, the cohort believes that seeking support from the staff of welfare agencies is a better channel.

3. Social networking and relationship

In analysing the social networks of older people living alone, the most common distinction of social capital is adopted: bonding, bridging and linking. The important finding in this study is that the stock of social capital of older people is developed mainly on bonding social capital and this is followed by bridging and

linking.

With respect to the aspect of bonding social capital, the bonding network of older people in this study involves mainly family members, friends and neighbours. However, the bonding of the family network tends to be weak. The elderly cohort's relationship with adult children or close relatives preserves distance and is described as only fair by many of the research participants. In these cases, older people adopt a passive role in connecting with their adult children although they still show much concern for their adult children and grandchildren and desire greater opportunities to connect with them by making telephone calls, visitation or family gatherings. Older people's reasons include not wanting to disturb or trouble their adult children except when important issues arise such as when they fall seriously ill or are admitted to hospitals. This perspective reflects the finding of the 'Saying Hello Everyday' project (Shardlow et al., 2010) that found older people usually do not want to be a nuisance to their family members or other people and therefore they see friendship networks as more important than family networks. Although some research participants in this study reveal that they retain the ability to contribute to their family such as taking care of grandchildren or managing domestic work, their family roles have been changed or substituted by employed maids or diminished because of living separately. Fewer opportunities now arise for engaging in family bonding activities but some recognise that they do enjoy living alone as this enables them to expand their social networks and meet new friends by engaging in different social activities. More significantly, their social capital in their bonding network depends on a relationship of peer friendship. This friendship network is regarded as more important than the family network when living alone in terms of the social and emotional support that they receive. In fact, this network establishes itself through daily contacts. Many research participants have contacts with friends or neighbours daily such as exercising each morning in the parks or open areas of the public estates, having morning tea at Chinese restaurants, or by joining social activities at elderly centres and by these means, trusting and close relationships can be established. This form of social capital is found to be strongest for those living alone, especially for those young-olds. However, for those with deteriorating health, their social networks tend to be limited and their bonding social capital is further weakened as long-term diseases or a limited mobility constrict their ability to engage in social connectedness.

Regarding bridging social capital, older people in this study develop a strong sense of belonging towards their living environment and community. Some of them prefer to live alone and choose not to live with their adult children, as they do not want to move away from their old homes choosing rather to better preserve precious memories from living with their spouses and children. Those who had had a chance to live with adult children overseas identified significant difficulties in adapting to living in those new environments and as a consequence returned to Hong Kong to resume living in their old homes alone. Older persons generally find learning to live with other people again after having lived alone entails a difficult period for transition. When living alone in a new environment, adaption may add difficulties for them. Old people living in an old and familiar environment find this reassuring, more comfortable, offers greater accessibility and maximises their feeling of security as they have previously built up their stock of social capital by bridging with people and being familiar with the resources in the communities. This study found that many research participants' daily activities are confined in their living communities such as doing morning exercise in the nearby parks, shopping at local markets, having gatherings with friends or family members at local Chinese restaurant and joining social activities at nearby elderly centres. They feel comfortable and supported, as they are parts of a networked community. For example, many research participants say hello to the waiters of Chinese restaurants or the sellers of shopping markets. One oldest-old female just sits downstairs on the street to look at the passers-by while a middle-old female living in a stone house at the top of a hill reported that her neighbours never locked their doors in the past. Furthermore, some also play an active role in sharing information about the community activities to their friends or neighbours living in the community. This reflects that older people are willing to share information and resources in the communities with their other community members. Certainly, the immediate community may undergo some changes at different stages such as when children have reached adulthood and moved out. Many research participants express that some of their old neighbours still remain living in the community although many new comers have moved in and their neighbourhood relationship is more distant than previously. Within the aspect of engaging in community activities, many research participants have engaged in volunteering. Some of them are active volunteers at the elderly centres and even those oldest-olds with walking disabilities have also been actively involved in voluntary works when they were young-olds. Some expressed their enjoyment in having social interaction with different types of people in volunteer works and being

able to help vulnerable groups in the community. Most especially, being able to help frail or hidden older people is perceived as very meaningful. Perhaps, as reflected in the discussion in the study of Shardlow et al. (2010), volunteering can be identified as a substantial strategy to cope with loneliness and isolation in bridging social capital. Volunteering can enhance self-esteem in older people, bring life satisfaction and can develop their social capital through contributing to the community.

Linking social capital significantly associates with those older people who have actively joined the social activities at elderly centres and those who continue to receive meal services, home help or health care service from NGOs or government departments. These active members go to the elderly centres almost daily to join various activities. They can seek support through this linking network such as applying for residential homes, receiving counseling service or making referrals for health care services. For those research participants who have walking disabilities and deteriorating health, especially those oldest-olds a close connection with the staff of elderly service agencies is developed. For example, at home they receive the meals-on-wheels service daily and home help service or health care services. Some have already established a close relationship with the agency staff for a long period. Even if they need to visit doctors distant from their community, the agency staff members are able to help them arrange transportation services and recruit volunteers to accompany them to the clinics or hospitals. Besides, some also have installed the personal emergency link service (like telecare service in UK) and will press the emergency button to talk with the staff of the call centres for help. Hence, the networks between these older people and the service agencies have been formed and the older people can maintain linking social capital. Some older people appreciate the care and concern they receive from the agency staff. For an old person living alone, having connection with welfare service agencies becomes more important because they can acquire many more resources, which can help their independent living and identify a suitable person for help. This requires the establishment of a trust relationship between older people and the service agencies and as well, the convenient geographical setting of these service agencies located in the community: this contributes to the development of linking social capital of older people.

In conclusion, the bonding social capital of older people living alone it is deemed necessary for it to be strengthened specifically within the family networks as it is

found to be weak when compared with the friendship networks. More community resources developed in the living communities may help older people expand their bridging social capital. Linking social capital can be well maintained through research participants' continued use of social services but allocating more funding resources from different channels may help to develop additional and more appropriate services for older people in need.

4. Perspective of social life

This study is worthwhile in that it has obtained direct and first hand information from older people themselves. Older people expressing their own perspectives on social life may help professionals and carers to develop a deeper understanding of their needs.

4.1 Active engagement in social life

Analysing the viewpoints of the research participants, social life is interpreted as exhibiting the motivation and initiative to meet, communicate and interact with people. Older people living alone perceive social life as important in later life.

Being active in social life provides more chances to expand an individual's social network. Most of the research participants living alone agree that older people should not stay at home all the time, inhabiting their own small worlds and doing nothing. They also understand that wallowing in self-pity or complaining about fate will trigger depression and loneliness. Older people in this study, in fact, reveal positive attitudes towards their social life. They conclude that living alone may not represent staying alone and actively expanding their social network helps enrich their later life. The motivation to take initiative in interacting with people depends on the choice of personal living style and the individual's willingness to engage with people.

Successful adjustment to old age requires social role participation. Havighurst, who advocates Activity Theory, emphasises the importance of social activity which is associated with life satisfaction and the establishment of new social networks through which older people may maintain social relationships and minimise the harmful effect from the loss of roles and close confidants and loved ones (Havighurst, 1961). The satisfied expression and positive responses towards participation in social roles and activities of many research participants

support Activity Theory. They reflect their satisfaction in acquainting and meeting new friends at social centres or open areas after retirement. For example, two young-olds have expanded their social network through writing a blog or chatting with groups on the Internet. Some gradually also recover from the bereavement of losing their spouses by engaging in leisure activities or participating in volunteer work with friends or neighbours. One participant with a walking disability also goes out and sits near the main entrance of the building to watch people pass by and receive best wishes from others. This reflects that older people basically expect contact with other people. In general, older people in this study do not resist participating in social activities or making new friends, providing that they maintain good health. Some explain that they expect that their social circle will dwindle as they age and they accept that they are now in their twilight years. Hence, they need to value their time and treasure the companionship in such limited social circles. They state that living alone does not mean being lonely and that if they make an effort, everything changes.

Living alone may connect with a feeling of loneliness. When exploring the feeling of loneliness of older people living alone, some suggest that loneliness should be avoided when living alone. Instead, older people should learn to enrich their daily lives with something occupying them outside of their home. Some young-olds respond that they feel no loneliness in the daytime as they go outside proactively to meet other people and can control what they do according to their own personal preferences. Some that actively joins social activities at social centres claim that this keeps them very busy during the day as their time is fully occupied by the activities. Occupying them also, is the need to practice what they have learnt or to prepare for the next day's activities at home in the evening. They value their social life as enriched and seldom feel lonely. They do, however, feel slightly lonely when they are ill and because they do not want to cause trouble for their adult children, they refrain from telling their adult children about their illness. This feeling is similar to the research findings of a literature review on loneliness and social support of older people in China (Chen, Hicks and While, 2014) where there is a significant correlation between social support from family and loneliness. Further exploring this, some oldest-olds indicate they feel marginally lonely when they are unwell and they need to sleep at home to recuperate. Then, it can seem as if nobody cares about them. Those who have lived alone for the longest duration express that they do not have a strong feeling of loneliness because they adapted to living alone. Although their family members seldom visit them, they still feel happy having

the regular support and care of the neighbours, staff or volunteers.

In general, older people in this study are less likely to feel lonely and their mental status has been stable during the qualitative interviews conducted. This may be attributed to their active participation in their social life and having regular connections with staff or volunteers of elderly service agencies. However, it should be noted that some older people might confuse loneliness and boredom. The understanding of the meaning of loneliness amongst older people may not be consistent. As the theme of this research study is not focused on studying older people's loneliness or measuring their loneliness with a specified tool, feedback from research participants could only be generalised based on this limitation.

In summary, most of the research participants perceive the expansion of social network in later life as a positive lifestyle choice and as important for those living alone.

4.2 Enhancement of quality of life

Social life can enhance the quality of life of those living alone. When exploring older people's perspectives on social life as part of quality of life, they emphasise that a positive social life experience enriches their daily lives and engaging in social activities with people brings added life satisfaction.

Quality of life is an abstract concept and depends on one's evaluation and recognition of personal life experience (Bengtson, Schmeckle and Taylor, 2000). Despite the concept of quality of life differing for each person, many older people in this study interpret the primary important aspect of quality of life as meeting basic needs. What they require is a place to live, a stable income source, and medical assistance. Some realise that the Government is able to provide all the basic needs for older people in daily life, such as providing public housing flats, granting social security assistance and giving concessions to medical charges although the concessions may not cover the expenses for long-term diseases. As there is still no comprehensive retirement scheme or pension to protect their living in later life and many older people may still live in poverty in modern Hong Kong, some explain that their living standard has improved since their early settlement stage in Hong Kong and the quality of life is much better than in those difficult times. It is understandable that they have such a

perspective because most of them have experienced all kinds of hardships in their lives such as the Second World War.

Yet, digging a little deeper into the personal and social aspects of living uncovers that nearly all research participants concur that they perceive having good health, support and care from family members and companionship in interpersonal relationships are important for quality of life. Good health may include good physical function and mental state. This account given by the older people is quite similar to the contributing factors given by the Chinese respondents in Chan's (Chan, Cheng and Phillips, 2002) and Kwan's (Kwan et al., 2003) studies and comparatively close to the results of Western studies (Farquhar, 1995, Bowling et al., 2003). Hence, good physical health, mental health, financial position, family and interpersonal relationships are perceived as the main concerns regarding quality of life by the majority of older people. Significantly, older people living alone mention that having companionship in interpersonal relationships is an element contributing to good quality of life. Further interpreted, they realise that having a group of friends to accompany them makes them more willing to join social activities, as they would not feel lonely. This is why they do morning exercise in the park, have morning tea at Chinese restaurants and play mahjong together with friends or neighbours. This phenomenon matches the research findings by Beaumont and Kenealy (2003), that those who had a partner feel they have a high quality of life. In general, this reflects that older people enjoy social gatherings, especially those living alone.

Quality of life can be changed at different stages of life. Living alone may bring new lifestyles and enjoyment for some married women. The majority of married old females in this study who had spent half of their lives raising their children and doing domestic work seldom had time for socialising when they were young. Some feel that living alone brings them freedom and they treasure social experiences in later life. In fact, in traditional Chinese families, women were generally less educated or were illiterate. They had to stay at home to do the housework, take care of in-laws and nurture their children after getting married. They might also help with farm work in villages. Women seldom ventured out to work in town. Many female research participants have had a similar background to this. After their migration to Hong Kong and when Hong Kong became industrialised during the 1950s, women had more chances to work outside such as in textile factories to earn money for their families. For those who had to take care of children, they brought work home to earn money. They not only

shared the responsibilities in earning a living for their families, but their social lives were also expanded instead of being confined to their homes and their status was raised. Hence, female participants in this study show strong feelings of enjoyment with their participation in social activities. They reveal that they have no chance to learn or study when they are young. Some are illiterate but are skilful at handicraft work. They can now learn to read and write and also teach. Their interests and hobbies could be developed by teaching handicrafts at social centres and making handicraft gifts for underprivileged groups. They find themselves deriving rich satisfaction from such a meaningful lifestyle. They perceive their social life as contributing to quality of life and their lives have become filled with enjoyment. A feeling of life satisfaction is exactly an indicator of quality of life, as Stewart and King (1994) describes. This also coincides with the conceptual framework defined by The Quality of Life Research Unit at the University of Toronto in Canada that defines quality of life as, 'The degree to which a person enjoys the important possibilities of his or her life' (University of Toronto, 2011, p.1).

As mentioned previously, health is a major factor contributing to the quality of life of those living alone. Older people perceive deteriorating health or suffering from long-term sickness as a negative impact to their participation in social activities. They claim that when they are sick, they just stay in bed preferring to avoid human contact. Under these circumstances, their emotions easily fluctuate and depression and anxiety quickly follow. They become lonely and helpless if social support from family members or other people is missing at that time. Hence, their main concern regarding quality of life is to maintain good physical health as that means they can continue going outdoors to participate in the activities they cherish. They agree that enjoyment and satisfaction in social life fosters a healthy mental state.

Maintaining a harmonious relationship with adult children is another contributing factor for quality of life. Despite living separately to family members, many older people expect regular telephone contact or visits from their adult children or close relatives. They are delighted when they learn more about the lives of their adult children and are able to attend family gatherings. Psychological wellbeing flows from being respected and cared for. However, the research participants mostly define their family relationships as 'fine' or 'average' only. Some of them regret the remoteness of their relationships.

A few older men's gambling habits caused them financial difficulties in their daily lives. Money is highly valued by male participants. Two thirds of research participants admit that income from social security just maintains their basic living expenses. When they want to join social activities that require a fee, they cannot afford to pay. This may impact on their social contacts and limit their social participation. Female participants who are recipients of Comprehensive Social Security Assistance also respond, similarly. One of the female participants indicates she loves joining outdoor activities, but due to the cost for these activities being relatively high this limits her chance to participate. Therefore, free social activities are welcome. To enhance the quality of life of older people living alone and encouraging their social participation, the government, policy makers and social service providers should prioritise the financial subsidy for social activities.

In summary, an active social life can enhance and maintain the quality of life of those living alone and promote life satisfaction. Living alone provides more chances to establish friendships, enjoy freedom and autonomy in old age. However, health problems, financial stress and a lack of support from family members are perceived as the major factors that hinder advancing the wellbeing and quality of life of older people.

4.3 Attainment of active ageing

Active ageing has been adopted as a framework for the aging policy by the Hong Kong Government and has been widely promoted in the field of elderly services in recent years (Chan and Liang, 2013). Although the concept of active ageing originated in western societies, it is generally understood by Chinese older people in Hong Kong due to its promotion by the staff of elderly service agencies. In this study, the majority of older people living alone perceive active ageing as being active in social life and participating in various social activities or volunteer work, continuing to learn, having harmonious relationships with people as well as having positive attitudes to daily affairs and being optimistic about enjoying every day. Their opinions on active ageing reflect those that the Hong Kong Government is promoting (Cheung, 2014b). Those who actively participate in social activities believe this participation gives them autonomy, wisdom and life experience to face challenges, the desire to keep living and approach life proactively. These conditions should facilitate them fulfilling active ageing. They also suggest that older people need not be dependent on others. They should

establish their own social world with their peers, as young people are too busy to find time to care for the old. The illiterate oldest-olds describe their self-understanding of active ageing as rather simple. Having good health, stable financial support, being happy every day and being cared for by others, especially family members are seen as the most important factors leading to active ageing. If their health condition is stable, they can mix with people and attend social activities.

The healthy research participants that actively participate in social activities and learning are more likely to attain active ageing. They exude more positivity in their social life. They appreciate that their expanding social circle is accompanied by positivity and happiness. Furthermore, they can stimulate their life satisfaction by helping people and contributing their knowledge and experience to society post retirement. They think the most important things in later life are positive thinking and the freedom to enjoy life. Indeed, as Havighurst (1961) indicates, the most socially engaged people are usually the happiest. Besides, some young-olds and middle-olds also reveal that they prefer to continue working if the employment conditions of labour market were able to provide job opportunities either full time or part time for retirees. Indeed, they think their health conditions are still capable of the physical demands required by work and that their much life experience is valuable. Furthermore, they express that continuing to earn would enhance their self-image and confidence, as they perceive a stigma attached to seeking help from the government. They suggest that expanding job opportunities for retirees might help to eliminate any financial burden to society and lessen their reliance on others. If older people are allowed to keep contributing to society this constitutes a major way of attaining active ageing. This suggestion is consistent to Chan and Liangs' (2013) suggestion that encourages older people still able to work to continue contributing by removing labour market's current age limit.

Active ageing needs to coincide with several conditions. Many older people engage in different social and learning activities organised by elderly service agencies or the universities. The kinds of activities they join mainly depend on an individual's personal character and preferences. All research participants in this study express that health problems are a very important factor in determining participation. With good health all options remain open. Then, they need not seek help from others. Conversely, they could be volunteers to serve others. However, for those living alone with a walking disability, their options

can be limited to staying at home to sleep, watch television, listen to the radio and wait for meals to be delivered daily. Most of them appreciate volunteers visiting, sending regards by telephone or accompanying them to visit doctors or joining church activities that make them feel happy and cared for by others. This group of older people identify fear of poor health is the main factor limiting their social participation. The barrier of ill health hinders their social participation and can lead to instability. As a result, this causes them to lack motivation or drive to meet people and their mental state is also disturbed. This they had not fully anticipated yet decline in physical function is a very natural and unavoidable part of later life. When in this situation, they crave social support and community resources from different channels to assist them managing the health problems they will encounter in old age. When given this support, their worries and anxiety of living alone can be alleviated.

In summary, active ageing as perceived by older people is the retention of positive thinking even when facing challenges and difficulties, maintaining good health, and proactively self-managing by actively engaging in various social events that lead to enjoyment and contentment. However, the availability of community resources and social support is increasingly important for those suffering from sickness in old age as their need of different services. This is to support their independent living for achieving active ageing. Hence, in active ageing, the major focus needs to be placed on health services. It is recommended that more promotion of health education, implementation of health care programmes and establishment of health facilities for older people will improve and sustain older people's physical and mental health.

5. 'Hidden' older people

No exact statistics exist that quantify the number of 'hidden' older people living in Hong Kong. Most of the information is provided by non-government organisations (NGOs) that run services for the elderly in Hong Kong. According to the definition of hidden cases, as defined by the Commission on Poverty in Hong Kong, the term 'hidden elderly' means those older people who are disengaged from the community and disadvantaged, but not helped by the services and support that are available (Chinese University of Hong Kong, 2008). This classification implies that these older people seldom go out of their homes, and neither do they take part in any social activities or have social contacts in the community. Welfare staff members never approach them. In other words,

they may not know about the welfare resources or supportive networks present in their community and hence, may not know how to seek help in case of need. Their social life and connections may be lacking. Recent research findings reveal that the majority of older people living alone might be 'hidden cases,' having not been found by social workers (Chan and Chan, 2009).

Totally, nine hidden cases participated in the in-depth interviews for this study, and eight cases that attended the focus group for triangulation; both groups had been referred by elderly service agencies for this study. When analysing the social background of this group of research participants and their expressions as to social life, it was found that these older people are not intentionally hiding themselves or rejecting any welfare services. Before their first contact with an agency, the majority of them had been identified as hidden cases by NGOs but they had no awareness of the welfare services or community resources. This is especially true for those males who had spent their whole lives absorbed in their careers. They expressed ignorance of the welfare services run by NGOs in their neighbourhood because they had worked so hard in their jobs and careers during their working life. Furthermore, females had needed to take care of their family and children when they were young and claim they had never contacted any social welfare agencies.

Older people's understanding of welfare services is very limited. It is understandable that when they were young, it had been mostly church groups who had run the voluntary welfare services in Hong Kong. Their awareness of welfare had been limited to charity relief organisations such as those who had distributed food to relieve poverty in the 1950s to 1960s. Meanwhile, their Chinese traditional values made them shun asking for welfare or help as they regarded it as in some way shameful and would cause them loss of face and dignity. Some also reflect that they do not want to bother others, even their adult children when facing troubles. Some claim they can handle their own problems or life events as they had survived the severe traumas during the Second World War. Hence, they are reticent about approaching welfare agencies, and never ask for help unless they encounter serious problems in their lives.

Unsurprisingly, many older people living alone are hidden from the welfare services run by NGOs or the Government. Many older people may know nothing about the community resources related to them, but this does not necessarily mean that they are disconnected from society. Several 'hidden' research

participants consider that before being reached by social workers, they had minimal social contact with people in their daily lives, and never joined in any of the social activities organised by elderly service agencies. According to the research findings in this study, some went outside to do exercise in the mornings and meet people in the park or in Chinese restaurants, but most of their time had been spent at home, watching television or listening to the radio; if they left home, they went alone, hiking or taking bus trips. They tried to do something to occupy their spare time such as sitting in the public areas so as to avoid staying at home all the time. Some even had had no concept of what a social centre is. Initially, they feared approaching services that were strange to them, unless they gained an introduction through a friend or neighbour. Some reveal personal reasons for avoiding any social gatherings where a crowd of people could be gathered, and stayed inactive in their own interpersonal relationships because of their own personal personalities. Their perspectives on their later lives had been passive, including feelings of uselessness, whereby they felt they had made no contribution to society or their families, and so were really just biding time until death. Their source of income remains mostly dependent on governmental social security payments to maintain their basic needs.

Reviewing the research literature studied by the Chinese University of Hong Kong, it is true that older people are not completely isolated from their environment (Chinese University of Hong Kong, 2008). In this study, 'hidden' older people were found to not withdraw themselves willingly from society. Some even claim that society itself prohibits them from experiencing a normal social life because of the rules surrounding compulsory retirement, while some admit that their adult children left home after marriage. Generally speaking, their family ties appeared weak. If opportunities for social interaction and the development of close social networks were provided for this vulnerable group, they would be able to re-enter more formal social circles. It is fair to remark that many elderly NGO service providers have tried to identify and help these 'hidden' older people back into the community. However, the problem solving of this complex social phenomenon may depend very much on the prioritisation of welfare service plans and the availability of service resources adopted by the government and policy makers.

Older people living alone in public rental housing are more easily found by social workers with the co-operation of the public housing authority that holds formal records of their tenants. It is difficult to approach those older people who are

living in private housing especially in remote areas. Hence, it is worthwhile to note that a very useful channel revealed by the focus group's participants is that most of them initiated contact with the elderly service agencies of NGOs just because they needed to apply for private housing subsidies granted by the Government, an application that should be made through the elderly service agencies. They then took the initiative to approach the agencies to make an application. This is seen to be a very effective channel, whereby most of those older people living in private housing types take the initiative to contact the agencies if necessary; it also provided a very effective way for the staff of welfare agencies to make a connection with these older people and introduce or provide the appropriate service for them.

Either personally or socially isolated, some 'hidden' research participants have been found by social workers and are receiving supportive service in the community. They are no longer part of the 'hidden' group. Many cases remain unidentified and the problem of 'hidden' older people has frequently aroused much social concern in recent years. Unfortunately, no immediate policy initiatives have been set to meet those older people's needs while the demand for elderly care service is growing. On the one side, the Government is pushing to facilitate the policy concept and objective of 'Aging in place as the core, institutional care as the back-up' (Hong Kong Government, 2010) whereby older people are encouraged to age at home and in the community. On the other hand, there is still no comprehensive or long-term welfare policy in Hong Kong and most of the welfare services provision is mainly dependent on the initiative of voluntary agencies, namely NGOs. In this regard, frontline social workers perhaps need to make more effort in advocating and empowering the 'hidden' older people to voice out their needs, and fight for their own rights and benefits to further arouse public concern.

6. Concluding summary

Due to the ageing of the world's population and changes to the social functioning and structure of families, an ever-increasing number of older people will live alone in the future. Undoubtedly, governments will take up much of the responsibility of caring for their senior citizens. It is foreseen that governments will need to increase resources to solve the problems of the ageing population such as those issues related to housing, medical issues and economics. However, the question of who should assume the greatest responsibility remains

unanswered.

The problems of older people living alone, especially the hidden cases in Hong Kong have been raised, and have aroused much recent social concern. Service direction and objectives are placing more emphasis on social integration and re-engagement for enriching the social lives of older people and improving their quality of life. The Government, however, still places little emphasis on solving their existing problems when facing the rapidly ageing population. Many social workers from non-government organisations have assumed responsibility to identify the hidden elderly and provide them with the essential services they need. Hopefully, this research will help to better educate the Government of its responsibilities and provide a reference tool for social work practitioners to use in their practical work assisting those older people living alone.

Chapter Twelve Conclusion

As a result of the gradual growth in ageing population, changing societal values and family structures, Hong Kong's number of older people living alone continues to increase. This study focuses on exploring the social life of older people living alone through in-depth qualitative interviews with a sample of thirty older people and by conducting three focus groups for the purpose of triangulation. Older people have reflected upon many of their concerns regarding their health, social relationship and family related issues. Their perspectives are worthy of being considered when policy makers and frontline disciplines of elderly service make welfare plans for the elderly in future.

1. Summary of research findings

When moving into the developmental stage of old age, older people experience many changes during the ageing process such as retirement, role changes in family and bereavement of loved ones. Deciding to live alone in later life can be difficult as it is associated with many changes in interpersonal relationship and quality of life and requires high levels of independence and self-responsibility in managing older person's daily lives and caring for themselves. They encounter deteriorating physical functions and may suffer from accompanying short-term or long-term diseases. This deterioration in health may affect their ability to manage their daily lives and their social interaction and contact with others. Physical deterioration can usually be controlled by medical treatment; however, some psychological disturbances cannot be easily overcome without support from others. Older people living alone often wish to gain emotional and mental support from others, especially from their family members or close relatives to offset feelings of insecurity, despair, anxiety or helplessness. However, their expectation may not be realised as fully as expected by them.

Often, the reason for living alone for the participants is not voluntary. The choice of living alone is typically pre-determined by socioeconomic factors. The diminishing role of extended families largely may be attributed to inadequate and limited physical living space for the continued existence of extended families and as a consequence has led to an increasing number of nuclear families in modern society. Research findings show that many married members of the younger generation prefer to move out and are unwilling to share living accommodation with their old parents because of the existing over-crowded

living environment or to avoid conflict caused by generation gaps and differing lifestyles. The employment of overseas maids is rapidly replacing the traditional role fulfilled by grandparents in minding their grandchildren. Filial piety as a concept is now interpreted differently than by previous generations. Older people have less expectation and give less pressure to younger generations to fulfil filial piety than previously. Nonetheless, they preserve an expectation regarding meeting their family and visiting or being visited. This leads to them experience feelings of joy, being cared for and respected.

Other than for changes in family structure and lifestyle, the individual decisions of older people often determine whether they choose to live alone or not. Many older people are reluctant to move out of their old home to live with their adult children. This perseverance to live in their old homes may be attachment to memories of their past life with their spouses and an unwillingness to leave the local community with which they have become familiar. They feel strongly attached to their living environment. Even though some had gone overseas to live with their adult children who had migrated from Hong Kong, they struggled to adapt to their new, foreign living environment and therefore moved back to Hong Kong. Apart from this, some married women who had spent most of their lives caring for their family prefer to enjoy the newly-found freedom of living alone, while others admit that their life pattern and schedule of daily activities tend to clash with those of their adult children. Some also indicate that the reason for living alone is that they have consideration for their adult children's own work and family pressures and would prefer to avoid being an extra burden to them.

The most typical change that occurs before and after living alone reflects the arrangement of their everyday life. All research participants had gone through a period of adjustment psychologically at prior to living alone by living together with their adult children for a period of time or by being assisted by friends or neighbours. The duration of the adaptation period depends on the level of emotional support given by family members or others. Since live independently, some find themselves released from the pressure of family roles and responsibilities as they no longer need to consider other people in household daily chores and they need only cook and shop for themselves. Some, mostly young-olds, enjoy the freedom of living alone while others feel bored or lonely. One research participant felt she lacked home feeling, as one lone person cannot constitute a family. In general, this momentous change in lifestyle occurs

due to the death of a spouse but they are more likely to retain their daily habits of regular exercise and early bedtime.

Their daily activities usually begin with morning exercise followed by shopping at markets or taking morning tea at Chinese restaurants with friends. Those who have become members, stay at the centre for long periods, dine there and often participate in centre social activities. During weekdays, some older people play mahjong or card games with neighbours, meet and chat with friends, go out for day trips or shopping, visit family members or close relatives, nap in the afternoon and watch television or listen to the radio at home. During weekends or festive times, some join family gatherings such as dining at Chinese restaurants. Their daily activities are mainly passive activities with the majority of them congregating at a place where people gather. This reflects that older people intend to have social contact.

Older people perceive the family relationship with adult children as 'satisfactory' or 'fair'. This may be due to the fact that they have minimal expectation of verbal contact with their family members. At the same time, they still deeply care about their adult children's lives despite their decision to live alone. They do expect to keep close contact with their sons and daughters and are eager to know about their lives. Telephone contact, home visits, family gatherings and travelling are common activities between older people and their adult children's families. Some have contact with their adult children every day while some are only visited once a year. Those who have lived alone for shorter periods have closer relationships with their adult children. In contrast, those who have lived alone for longer periods find their family relationships with their adult children to be more isolated and, thus, they yearn to receive genuine concern and care from others. Female research participants' predominately mention complaints about adult children not showing care and concern.

Social life, as perceived by older people living alone in this study, is valued even more when living alone. On the one hand, older people need to be more independent to manage their own lives than those living with their families while needing to broaden their skills or resources to satisfactorily support their living while on the other hand; they expand their social circles beyond their domestic circles. Most of the research participants have more contact with neighbours and make new friends with the same age group at social welfare service agencies or religious organisations. Therefore, peer relationships among

older people are more important to them in later life while living alone. The emotional support garnered by expanding social relationships is regarded as a compensation for those lacking support from their adult children or close relatives.

Most of the research participants have experienced and engaged in social activities at the centres run by social welfare service agencies. Some learn and expand their personal hobbies and interests there while others are actively involved in voluntary work. Over half of research participants go to the centres daily and some even stay at the centres for a whole day. This confirms that centres for the elderly can be regarded as a place for attachment as they have helped build a sense of belonging and affective bond to the place. Compared with men, women are more eager and active in participating in centre activity groups. Men usually go outside and meet other men and enjoy their own company. In the meantime, men see having money to spend on daily activities as necessary, while women tend to be thriftier. Regarding the relationship between older people and staff, older people describe this relationship as harmonious and perceive staff as educators, counsellors, enablers, empowerers and facilitators. They deeply appreciate the care and concern shown by staff. As described by several participants, the agency staff members are superior to their adult children in showing concern, respecting them and helping them to solve problems. This implies the importance of care and concern that are needed for older people.

Concerning religious beliefs, twenty-eight research participants claim they have no religious beliefs but twenty-one of them follow traditional Chinese culture and the rituals of ancestor and god worship as one type of spiritual support. Two others believe in Buddhism or Christianity, which can also give older people strong spiritual support with Buddha and God being perceived as attachment figures. However, conflict is often when the religious belief between older people and their family members differs.

Use of information technology is not popular among older people. Although most of the participants have their own mobile phones, they only use them to make phone calls. They seldom make use of other functions on their mobile phones. There are only three young-old research participants who know how to use computers to communicate with people or write blogs. This can be attributed to their limited educational opportunity when young that left some of

them as illiterate or limited to a primary level of education. Nevertheless, it is believed that this phenomenon will change as educational attainment becomes more widely available and information technology becomes a greater part of everyday life.

The majority of research participants have positive perspectives and attitudes towards a social life of living alone. Some respond that expanding social circles and 'taking initiative' helps them adjust to life living alone both socially and psychologically. Social networks developed among older people may provide a supportive and secure channel to enhance social relationships. Through on-going active participation in social activities, interpersonal relationships can be well maintained and bring a feeling of satisfaction. This enhances their quality of life. Some research participants express the benefits of having an active social life and feel that staying at home alone all day may affect their mental health possibly causing them to easily wallow in self-pity and become isolated from social circles. Hence, social activities can enrich their lives in old age and foster their mental health. Nevertheless, worsening health, having no companion, financial difficulties and lacking community resources are regarded as obstacles to expanding their social circles and joining social activities.

The health condition of older people is the most significant determinant. Older people worry deeply about any deterioration in health and they are concerned to maintain good health. This study shows that older people are habitual early risers and are accustomed to going to bed early. They believe in the saying 'early to bed and early to rise' and that this may help to maintain good health. They are used to doing morning exercise in the park or open areas. Those with a walking disability, take the opinions of health care practitioners by doing simple exercises at home. Hence, the health talks, exercises programmes or outdoor activities are the most popular activities at elderly centres. Indeed, for those older people living independently who take a high level of responsibility in caring for themselves, keeping in good health is the most important aspect. The participation in social activities or maintaining contact with people may also impact on their state of health. Healthy older people actively enjoy their social lives, especially those younger-old, while others with deteriorating health, mostly the oldest-old, need help from social welfare service agencies in their daily lives such as meals and cleaning services. For safety purposes, some oldest-old have also installed a device to contact a personal emergency link service. Obviously, there is a significant relationship between their health and

motivation towards participating in social activities. With the constraints of physical disabilities, older people's roles in participation become passive and causing some to stay at home much of the time. The opportunity for social interaction tends to be limited to their home or in living areas nearby. This affects their social integration in community life.

Those research participants identified by social workers as hidden cases admit that they do not intend to 'hide' themselves. The major reason for not being a participant in social activities in the community is that they remain ignorant of community resources, especially the men who had occupied all their time in working pre-retirement while women usually managed domestic works and looked after their children when they were young. These people are also passive in asking help from outsiders because they have a traditional value that believes asking for help implies shameful behaviour.

To sum up, most of the research participants expressed satisfaction with their present social lives, in particular, meeting with friends and gaining a sense of achievement from participation in social activities and voluntary work. They expect to maintain good physical and mental health so that they can keep enjoying their lives and be independent.

2. Implications for policy and recommendations for practice

The research findings conclude that older people consider that an active social life for older people living alone is important, as they need companionship or attachment, most especially when facing deteriorating health and are in need of care and support. When entering later life, those left by their adult children, lack a sense of security and domestic life. They may need a figure of attachment and a place for attachment. In this study, friends, neighbours and staff members of elderly service agencies are identified by a majority of older people as substitution figures for mental support replacing family support and care. The nearby social centres in the community become a favoured place for attachment. Although the identified attachment figures may not fully substitute for the role and function of a family, attachment figures such as friends or staff, and places become convenient replacement figures in their daily lives while living alone. In addition, the sincerity and care of the staff of elderly service agencies are highly appreciated by the majority of research participants. Older people think that the staff help them significantly when they most need help in

basic care such as home help services or meal delivery services: sometimes an individual staff member provides appropriate action or emotional support when made aware of the unstable emotions or negative attitudes revealed by older people.

These findings imply that elderly service agencies, mostly service by non-government organisations in Hong Kong, have developed useful functional roles and established a positive image in serving their target population. The tangible and supportive services provided by the agencies meet many of the basic or spiritual needs of older people living alone. Furthermore, in terms of promoting an active social life among older people, centres for the elderly provide various kinds of social activities that provide older people with more opportunities and channels to develop interpersonal relationships among their peers, and the potential to be involved in voluntary work or develop their own interests. All of these help to fulfil the concepts of ageing in place and active ageing promoted by the Hong Kong Government in recent years. More importantly, it helps older people feel a sense of being respected, safe, cared for and represents what their prime desires when living alone. Undoubtedly, when facing Hong Kong's rapid growth of ageing population and changing family structure, the Government and policy makers may need to seriously consider allocating additional human resources for non-government organisations to provide appropriate and sustainable services to meet and support the social needs of older people. In so doing they will develop the social capital in social networks for building a caring community.

In addition, it is worthwhile noting that the Government can provide further opportunities for older people to contact non-government organisations thus reducing the manpower resources required for approaching needy older people. For instance, some hidden cases from the focus group in this study had been initially contacted by the NGOs simply because of participant's need to apply for the housing subsidy launched by the Government. Further promotion of this policy could be a strategic means for elderly service agencies' staff to identify hidden cases or people in need thus utilising the neighbourhood community centres accessibility to older people.

Although older people in this study express positive attitudes towards an active social life, health problems constitute their major concern. Poor health reduces their motivation to participate actively in a social life and adversely affects their

quality of living. Hence, they are eager to maintain good health to sustain independent living. Massive promotion of health education and an increasing number of community health and sports facilities can act as a prevention strategy thus reducing the anxiety levels of older people and improve their quality of life. Hence, older persons are concerned about their future living arrangements and monitor their state of physical health daily. To facilitate avoiding long waiting lists, some older people had previously made early applications for residential homes while others had 'left it to fate'. A more comprehensive and long-term policy planning on medical support, health care and residential care services for older people may become an urgent priority in the near future.

Many Chinese older people prefer not to live alone in their later life but in reality have no choice. Reviewing the family relationships of older people and their adult children, the practice falls short of traditional ideals. They desire emotional support from their family members by mutual, regular visitations or maintaining regular telephone contact. Given this situation, a program of education and publicity on harmonious families and filial piety should be launched to improve inter-generational family relationships. Working closely with the local media including television, radio and newspapers would assist greatly. Social work practitioners should be encouraged to launch family programs with themes for older people living alone and their family members. Such programs would enhance family relationships, promote filial piety and foster inter-generational communication.

Increased provision of community resources related to information technology and the promotion of using technology products such as computers or mobile phones for older people may lead to more regular contact with their family members. This, of course, should not be at the expense of regular face-to-face meetings. As some older people are illiterate or at below primary level of educational attainment, direct contact is still an effective means of promoting social welfare services among older people.

The provision of flexible working hours for retirees is recommended. Many older people still want to continue working. Older people are often very proud of their independence and therefore do not want to either depend on social security or impose a financial burden on their adult children; most especially this applies to the young-olds and male research participants. This group believe they are still

fit enough to work. Furthermore, to encourage older people living alone to expand their social circles and actively participate in social activities, immediate attention to providing financial support for social activities is needed as a means of improving their social life.

Last but not least, it is a major concern that those illiterate oldest-old living alone for the longest period inevitably confront difficulties in living independently due to the accompanying problems related to their advanced age. They can be identified as the most vulnerable group in this study as their deteriorating daily physical function combined with their more isolated and remote family relationship undermine their sense of wellness. Most of their time is spent at home alone. Although some are the recipients of welfare service such as home help or meal services and have several contacts with the staff of elderly service agencies or their neighbours daily, their social networks and social contacts have become rather limited due to their physical and mobility limitations. Establishment of strong social networking to enhance their social contacts in the neighbourhood community is highly recommended. It is suggested to provide opportunities for more elderly volunteers. Also, they need to receive more visits and their neighbours should be educated to pay them more consistent attention such as saying hello regularly or helping when needed.

3. Limitations of the research study

This study focuses on exploring the social life of older people living alone by using a layperson's approach. That is, older people themselves were asked how they perceive their own social life. However, this study has not provided concrete measurement of their daily social life. As there is no measurable tool specially designed for Chinese older people to measure their need of social life, to further improve this research study, it is suggested that the development of a quantitative measurable instrument for measuring the social life of Chinese older people living alone in Hong Kong should be done. Asking a group of older people living alone to record their own personal narrative writings about their daily social life and then analysing the data to develop a measure tool would help. The development of this measuring tool could aid examining the need of social life and help assess the social networking among Chinese older people: this could provide social work practitioners or policy makers to develop a deeper understanding of the social needs and social networking of older

people. Allied to this, strategic plans on delivering appropriate community care service need to match the needs of the group of older people most in need.

In addition, this study is limited to those older people known to social welfare services. The staff of two district centres of elderly service agencies referred the total sum of research participants of qualitative interviews and focus groups. All had been either a member of a centre for the elderly or recipients of home help services. The staff of the two agencies had previously referred all identified as hidden cases. This group were already known to the welfare service agencies and also had a general understanding of the service provision in their community, thus enabling their first contact with the agencies. Therefore, the sample is unlikely to be comprehensive and may lack the perspectives of older people truly hidden.

To enhance greater understanding of the social life of those living alone in future, greater effort should be made to reach those unknown by the social agencies. In this respect, the researcher did try to identify these older persons in parks or open areas at public housing estates at the study's onset but difficulties in exploring and identifying suitable cases without staff or volunteer identity emerged. The difficulties involved the need to identify the target groups several times and the extensive time needed to build up trustful relationships with them before gaining their approval to participate in the qualitative interviews. To solve this problem, it is suggested that collaborating with the staff of outreach teams of elderly service agencies would be advantageous. The researcher and the staff of outreaching teams had made a joint effort to identify the target group in different districts for a certain period. Extending this practice may help to better reflect the targeted group and focus the research study. However, such a strategy may require significantly extra manpower, funding source and time.

4. Recommendations for further research

While exploring the social life of older people, this study also explores the reasons why older people live alone and how their life has changed before and after living alone. The majority of research participants' responses regarding their family relationships with their adult children suggest an unsatisfactory level had previously existed yet they express an eagerness to regularly contact their adult children. Nevertheless, they claim that they understand the

difficulties of the younger generation in working and taking care of their own families and realise that makes it difficult to increase contact. In this study, the perspectives of older people are well examined. For further research, it would be worthwhile to discover the perspectives of the adult children regarding the issues of their old parents living alone and then further explore their viewpoints on filial piety in modern society.

Further investigation of the gerotranscendence of older people would also be worthwhile. According to the theory of Erikson's developmental stages, older people of very old age successfully proceed through the ninth developmental stage by overcoming the negative elements and this can move them forward to the state of gerotranscendence which is similar to the gerotranscendence theory developed by Lars Tornstam. However, this study has not emphasised this aspect. In this study, the oldest-old research participants seem disturbed by their deteriorating health and fear that they will be neglected. They neither express any need for more 'alone time' for thought or mediation during the in-depth interviews nor indicate any new experience of having a changing perception of time. Nevertheless, gerotranscendence is regarded as a developmental process in old age, and it is important to form a better understanding of how gerotranscendent older people perceive their social life in later life and of their social relationship with others.

5. Concluding remarks

This study examines the social life of older people living alone by answering the research question of how older people living alone perceive their social life. It provides an in-depth understanding of older people's reasons for living alone, their daily social activities and their relationships with different social groups. It is also important to learn about older people's perspectives on social life. In conclusion, the older people in this study generally realise that social life is important for those living alone, as living alone is often associated with isolation, loneliness or boredom when staying at home alone. Some enjoy the freedom of living alone and life satisfaction derived through social participation. Self-perception of having an active social life might improve their quality of life in later lives. The expectation of older people in later life, however, is to enjoy regular family gatherings and keep close contact with their adult children and grandchildren. Their major concern is deteriorating health that inevitably hinders participation in social activities and their ability to manage living

independently. When they become ill, they feel neglected and lonely. Emotional support from different social networks is found to be important in such circumstances. The research findings should help all multi-disciplines working in the field of elderly care to consider the strategic plans needed for relevant services to meet older people's special needs.

Older people are usually perceived, as a group of people requiring care. Nonetheless, the research participants in this study demonstrate a high capacity for independent living and capacity to assume full responsibility for taking care of themselves. They are strongly motivated by wishing to avoid being considered a nuisance to their adult children or others. Indeed, they try not to ask for help preferring to be independent. They have learned to adjust their mental and psychological states by expanding their social circles. Some devote themselves to helping others without asking for anything in return. They find meaning by broadening their social network and expanding their social life instead of wallowing in self-pity at home alone. Their attitude towards life is positive although some accept leaving everything to fate. A quoted text from a research participant may reflect older people's mentality towards their present later life, 'if we cannot get what we like, we have to like what we can get.' It is believed that with adequate social capital and support, the social life of older people living alone can be well maintained and be fruitful and meaningful while achieving active ageing.

Appendix I

Semi-structured interviews – Interview schedule

Objective and Research Question

This study is to investigate the perspectives of the social lives of older people living alone in Hong Kong.

Interview Schedule

Date of Interview: _____

Time Interview began: _____

Location: _____

Information about interviewee

Date of birth: _____

Gender: _____

Marital status: _____

Interviewee's number: _____

Introduction:

Hello, I'm Wai Kwan YU, a student from the University of York, England. Currently, I am doing a study on the social lives of older people living alone in Hong Kong, mainly to understand the perspectives of older people living alone regarding their social lives. Your participation in this interview is greatly appreciated. This interview will be tape-recorded and will remain confidential as what you say will never be associated with your name. It should require no more than one hour of your time. However, it may take longer depending on how the interview is going. If you have any questions with regards to what I am asking please feel free to stop and ask me. Is there anything you want to ask me now? Are you still happy to be interviewed?

Thank you again for agreeing to participate in this study.

Let me begin by asking you some questions.

Duration and reasons for living alone

1. How long have you been living alone? (Must be over 5 years)
2. Would you mind telling me why you are living alone?
3. Tell me about how your life has changed since you began to live alone.
4. How have these changes affected you?
5. Has there been any change in your social life before and after living alone?
6. Can you describe your daily activities or schedule? (Prompts and sub-questions: With whom? Alone or with somebody?)

Relationship with family and relatives

7. Did you work or look after children at home when you were young?
8. Can you tell me something about your family? (prompts: their own generation, their children and grandchildren's generation)
9. Can you describe your relationship with your family and relatives?
10. What types of activities do you do with your family and relatives?
11. How often do you contact with your family and relatives? (Prompts: via email, telephone, letter or visit)
12. Whom do you have the most contact with?
13. What do you talk about when meeting with each other? (Prompts: What is the usual topic?)

Relationship with friends (including neighbours)

14. Can you tell me about your friends?
15. How often do you contact with your friends? (Prompts: via email, telephone, letter or visit)
16. What types of activities do you do with your friends?
17. What do you talk about when meeting with each other? (Prompts: What is the usual topic?)
18. Have you any close friends?
19. How long have you known them?
20. What is important to you in a friendship?

Participation in religious activities (used if relevant)

21. Do you have any religious belief? Why?
22. For how long has religion been important to you?
23. Can you describe the relationship you have to God or Buddha?
24. Is religion important in your family life?
25. Is it important with the friends you mentioned earlier?

- 26. Do you have different 'religious' friends?
- 27. Can you describe the relationship with your religious friends?
- 28. Do you enjoy your religious life?

Participation in social activities organised by social service agencies (used if relevant)

- 29. How often do you participate in organised social activities?
- 30. Have you done any voluntary work or services? (Prompts and sub-questions: What was it? Why did you do it? How often? Do you still do it?)
For those who have not done any voluntary work or services, ask: do you want to do voluntary work or services? (Prompts and sub-questions: What was it? Why do you want to do it? How do you participate?)
- 31. Have you made any friends in social service agencies?
- 32. How do you describe this kind of relationship or friendship?

Receiving services in your own home run by social service agencies (used if relevant)

- 33. Have you received any service such as home help, community nursing service etc.?
- 34. How do you know of these kinds of services?
- 35. How important is this service to you?

Participation in personal interests, hobbies or favourite pursuits and developing skills

- 36. Do you have any interests, hobbies or favourite pursuits, and special skills or talents?
- 37. Have you shared your interests, hobbies or favourite pursuits and showed off your skills or talents with a companion?
- 38. Do you enjoy your present participation and development?
- 39. Is there anything that you'd like to do that you no longer do?

Importance of social relationships

- 40. Would you mind telling me what your social life was like when you were young?
- 41. Can you tell me more about your social life when you were young and now you are older? (Prompt: If there is different, what major factors influence the changes in your social life?)
- 42. Do you think you have good companionships or friendships in your social

life?

43. What is your role in such relationships?
44. Do you regard this kind of relationship as important?
45. What are your strengths and weaknesses in social relationships?

Perspective on social life of living alone

46. Can you describe or define what a social life entails for older people living alone?
47. How do you describe your social life while living alone?
48. Do you expect any changes in your social life in the future?
49. What are the most important factors that contribute to and influence your social life?
50. Is there anything that would improve your social life?
51. How do you think that should happen?

Closing

Well, it has been a pleasure finding out more about you. I should have all the information I need. I appreciate the time you took for this interview. Is there anything else you think would be helpful for me to know? Would it be alright to call you at home if I have any more questions? Thanks again.

Appendix II

Focus group questions for older people living alone/hidden cases

1. Can you please tell me your daily activity schedule? (Prompts: Is there any difference between the days living with others and living alone? Is there any difference between weekdays and weekends? Why do you wake up and go to sleep so early?)
2. Can you tell me your reasons for living alone? (Prompts: What did your family members or close relatives think when you started living alone? How did you feel when you started living alone? How did you adjust your life to living alone? Did you encounter any problems? Do you feel lonely? Who did you ask for help?)
3. What do you think about family values, culture and structure in modern society in Hong Kong? (Prompts: What was your contribution to your family? How did your family role change after living alone? If there were changes, how did these changes affect your life living alone?)
4. What is the frequency and methods of contact with your adult children, family members or close relatives these days? (Prompts: What are the activities and the usual topics? What is your perspective on these relationships? What is your expectation of them?)
5. What is the first thing that comes to your mind when talking about social life? Can you define what a social life entails for older people living alone? (Prompts: What should social life be? How do you perceive your social relationships after living alone? What is the major factor influencing your social relationships with others?)
6. How do you describe your own social life? (Prompts: What was your social life like before and after living alone? Is there any difference between the days living with others and living alone? Is there any difference between pre-retirement and post-retirement? Is there any difference between the stages of youth and old age?)
7. What main daily social activities do you have? (Prompts: With whom?)

Where? What? How do you share your interests, hobbies or special skills with others? Why do you join voluntary works or religious activities? How do you perceive your present participation and development?)

8. What is the most important concern in your present social life, your health, your finance, your adult children or others? (Prompts: What hinders your present social life? What is your expectation of your social life? What are your needs or problems with your social life? Do you have a feeling of loneliness and why?)
9. How do social welfare services help to encourage social life for those older people living alone? (Prompts: How can your needs be met?)

Closing

Well, it has been a pleasure finding out more about your views. Let me summarise your discussion briefly. Is there anything else you think I have missed or it would be helpful for me to know? I appreciate the time you took for this focus group discussion. Here are some small gifts to thank you all. Thanks again.

Appendix III

Focus group questions for those older people living with others

1. Can you tell me your daily activity schedule? (Prompts: What time you do wake up and go to sleep? Is there any difference in daily life pattern between you and your family members? If there is conflict, how do you resolve it?)
2. What do you think about family values, culture and structure in modern society in Hong Kong? (Prompts: What is your role and contribution to your family? Are there any changes in your family life as you are getting older and what are the most important changes?)
3. How do you describe your relationship with your adult children and other family members? (Prompts: What are the activities you do with them? How often? What are the usual topics you chat about with them? What is your perspective on these relationships? What is your expectation of them?)
4. What is the first thing that comes to your mind when talking about social life? Can you define what a social life entails for older people? (Prompts: How do you perceive your social relationships? What is the major factor influencing your social relationships with others?)
5. How do you describe your present social life? (Prompts: Is there any difference between pre-retirement and post-retirement? Are there any differences between youth and old age?)
6. What main daily social activities do you have? (Prompts: With whom? Where? What? How do you share your interests, hobbies or special skills with others? Why do you join voluntary works or religious activities? How do you perceive your present participation and development?)
7. What is the most important concern in your present social life, your health, your finance, your adult children or others? (Prompts: What hinders your present social life? What is your expectation of your social life? What are your needs or problems with your social life? Do you have

a feeling of loneliness and why?)

8. What do you think about living alone in later life? (Prompts: What is the most important consideration for older people choosing to live alone? How do older people living alone maintain their relationships with family members or close relatives?)

Appendix IX

Formal letter to the agency heads or supervisors of elderly service agencies for seeking approval and referring cases for semi-structured interviews

Dear Mr/Ms,

Referring older people living alone for interviews

As per our conversation on the 3rd April 2012, I am writing to request your assistance in referring older people living alone to attend face-to-face interviews for my research study.

I am a PhD student in the Department of Social Policy and Social Work, University of York, England. Currently, I am carrying out research on the social lives of older people living alone in Hong Kong. The main objective of this research study is to investigate the perspectives of older people living alone regarding their social lives. I plan to interview 30 older people aged 65 or over, who have been living alone for over 5 years in Hong Kong for my qualitative study. Each interview will take around one hour. All interview data will be anonymous and the interviewees will be well informed of the research objective and content before the interviews start. To safeguard the interviewees, a consent form will be signed by each interviewee. The tapes and the interview transcripts will be kept safely by me and only used by me and read by my thesis supervisor for academic learning purposes. The tapes and transcripts will be destroyed one year after my thesis is accepted.

An information sheet of the research interview is attached for your reference. Your consent to my research study is greatly appreciated. If you have any queries about my research study, please do not hesitate to contact me on (852) 9333 xxxx or E-mail: wy529@york.ac.uk.

Thank you very much in advance for your kind assistance and co-operation.

Yours Sincerely,
Wai-kwan Yu

Appendix X

Information sheet of research study

Title of research:

Social life of older people living alone in Hong Kong

Researcher:

Ms Wai-kwan YU, PhD student in the Department of Social Policy and Social Work, University of York, England.

Purpose of research:

The purpose of this research is to investigate the perspectives of older people living alone regarding their social lives. The research study is to fulfill a doctoral degree course which is monitored by academic teaching staff at the University of York.

Objective of research interviews

The objective of the research interviews is to gather the perspectives and opinions of older people living alone regarding their social lives.

The interviewer

The researcher will be the only interviewer to conduct all the interviews and is a registered social worker in Hong Kong and has 25 years' working experience in the social work field, including working with older people for 18 years.

The interviewees

30 older people aged 65 or over, living alone for over 5 years in Hong Kong, will be recruited to attend face-to-face interviews. The age cohort includes young-old (aged 65-74), middle-old (aged 75-84) and oldest-old (aged 85 or over).

Procedures of interview

Each interview will be scheduled at the interviewee's convenience. The interview will be conducted in a quiet place suggested by the interviewees, either at the interviewee's home or a nearby social centre not requiring any public transportation or involving any travel expenses. The researcher will respect the interviewees' preferences. Each interview should take around one

hour. Although there are some basic questions or content, it is rather flexible so that the interviewees can decide how much they would like to share with the interviewer.

All the interviewees will be well informed of the research objective and content via telephone contact. The interviews will be tape-recorded and will remain confidential and anonymous. A consent form will be signed by each interviewee before the interview starts.

The possible risks or discomfort

There is no harm or physical risk when conducting the interview. If the interviewee experiences fatigue and/or stress when responding to the researcher's questions, he/she will be given as many breaks as he/she wants during the interview.

The possible benefits

This research has no direct or indirect impact on government policy on elderly services in Hong Kong for interviewees participating in the research interviews. However, it may help the researcher gain a better understanding of the perspectives of the social lives of older people living alone.

The rights of interviewees

The interviewees voluntarily consent to participate in the research study. They are free and have the right to refuse to answer any questions or withdraw from the interview at any time.

Financial compensation

There is no reimbursement for interviewees participating in the research interviews or any travel expenses.

The use of research interviews

The data collected from the interviews by tape-recording will be transcribed. The tapes and interview transcripts will be kept safely by the researcher and only used by the researcher and read by her thesis supervisor for academic learning purposes. Although some of the wording will be quoted in the thesis or other reports, the personal identify of the interviewees will never be disclosed as all the interviews are anonymous.

Confidentiality of the interview data

All the tape recordings will be stored securely in a locked cabinet in the researcher's desk and the interview transcripts will be kept on the researcher's laptop, for which a personal password is required when opened. For the purposes of avoiding any accusation of research fraud, the data will be kept for one year until the thesis is completed.

Enquiries

Any questions or concerns raised, please contact the researcher on (852) 9333 xxxx or E-mail: wy529@york.ac.uk.

Appendix XI

Basic information on the research participants attending in-depth interviews

Name code	Age	sex	Years of Living alone	Marital status	Educational attainment	Income source	Walking ability	Housing type	Religious belief
P1	65	F	5	Widowed Have children	Lower secondary	Children	Normal	Public rental housing	nil
P2	65	F	20	Single	Upper secondary	pension	Use walking stick	Private housing	nil
P3 (HC)	66	M	11	Divorced Have children	Lower secondary	pension	Normal	Private housing	nil
P4 (HC)	68	F	5	Widowed Have children	primary	CSSA	Normal	Public rental housing	nil
P5	69	F	11	Widowed Have children	primary	Children	Normal	Public rental housing	nil
P6 (HC)	73	F	12	Widowed Have children	Below primary	CSSA	Normal	Public rental housing	Ancestor worship
P7	74	F	27	Widowed Have children	primary	CSSA	Normal	Public rental housing	Buddhist
P8 (HC)	74	M	30	Divorced Have children	primary	CSSA	Normal	Rented private wooden hut	nil
P9	76	F	14	Widowed Have children	Below primary	CSSA	Use walking stick	Public rental housing	Ancestor worship
P10 (HC)	77	F	7	Widowed Have children	No schooling	CSSA	Normal	Public rental housing	Ancestor worship

Remarks: HC – Hidden case identified by social worker

HH – Home help case

(to be con't)

Basic information on the research participants attending in-depth interviews

Name code	Age	sex	Years of Living alone	Marital status	Educational attainment	Income source	Walking ability	Housing type	Religious belief
P11 (HC)	78	F	8	Widowed No children	Below primary	Personal saving	Normal	Public rental housing	Ancestor worship
P12	78	F	15	Widowed Have children	No schooling	CSSA	Normal	Public rental housing	Ancestor worship
P13 (HC)	79	F	5	Widowed Have children	Below primary	CSSA	Normal	Public rental housing	Ancestor worship
P14	79	F	15	Widowed Have children	Below primary	CSSA	Normal	Public rental housing	Ancestor worship
P15	82	F	18	Widowed Have children	No schooling	CSSA	Normal	Public rental housing	Ancestor worship
P16	82	M	15	Widowed Have children	primary	Children	Normal	Private housing	Ancestor worship
P17 (HC) (HH)	82	F	16	Widowed Have children	No schooling	CSSA	Use walking stick	Public rental housing	Ancestor worship
P18	82	F	5	Widowed Have children	No schooling	CSSA	Normal	Public rental housing	Ancestor worship
P19 (HH)	82	F	6	Widowed Have children	No schooling	CSSA	Use walking stick	Public rental housing	Ancestor worship
P20	83	F	16	Widowed Have children	Below primary	CSSA	Normal	Private stone house	Ancestor worship

Remarks: HC – Hidden case identified by social worker

HH – Home help case

(to be con't)

Basic information on the research participants attending in-depth interviews

Name code	Age	sex	Years of Living alone	Marital status	Educational attainment	Income source	Walking ability	Housing type	Religious belief
P21	83	F	30	Widowed Have children	No schooling	CSSA	Normal	Public rental housing	Ancestor worship
P22	83	F	32	Single	Lower secondary	CSSA	Normal	Rented private housing	Christian
P23 (HH)	84	F	18	Widowed Have children	Below primary	CSSA	Use walking stick	Public rental housing	Ancestor worship
P24	85	M	6	widowed Have children	Upper secondary	Pensions & Personal saving	Normal	Private housing	Ancestor worship
P25	85	M	12	Divorced Have children	primary	CSSA	Normal	Public rental housing	Ancestor worship
P26	85	F	18	Widowed Have children	Below primary	CSSA	Normal	Private housing	Ancestor worship
P27 (HH)	91	F	7	Widowed Have children	No schooling	CSSA	Use walking stick	Public rental housing	Ancestor worship
P28 (HH)	91	F	53	Widowed Have children	No schooling	CSSA	Use walking stick	Public rental housing	Ancestor worship
P29 (HC) (HH)	92	F	7	Widowed Have children	Lower secondary	CSSA	Use walking stick	Public rental housing	nil
P30 (HH)	94	F	11	Widowed Have children	No schooling	Children	Use walking stick	Private housing	Ancestor worship

Remarks: HC – Hidden case identified by social worker

HH – Home help case

List of Abbreviations

C&SD	Census and Statistics Department
CSSA	Comprehensive Social Security Assistance
DECC	District Elderly Community Centres
HKCSS	Hong Kong Council of Social Service
HKPU	Hong Kong Polytechnic University
HKSAR	Hong Kong Special Administrative Region
HKSWA	Hong Kong Social Workers Association
ISSHK	International Social Service Hong Kong
LWB	Labour and Welfare Bureau
NEC	Neighbourhood Elderly Centres
NGOs	Non-governmental Organisations
OAA	Old Age Allowance
OECD	Organisation for Economic Co-operation and Development
RTHK	Radio Television Hong Kong
SCHSA	Senior Citizen Home Safety Association
STE	Support Teams for the Elderly
SWAC	Social Welfare Advisory Committee
SWD	Social Welfare Department
UN	United Nations
UNDESA	United Nations Department of Economic and Social Affairs
WHO	World Health Organization
WHOQOL	World Health Organization Quality of Life

Bibliography

Ad Hoc Group on the Elderly in Poverty (2006). *Discussion paper: assisting the 'hidden elderly'*. Hong Kong: Commission on Poverty.

Agahi, N., Ahacic, K., and Parker, M.G. (2006). Continuity of leisure participation from middle age to old age. *The Journals of Gerontology. Series B, Psychological Sciences and Social Science*, 61(6), 340-346.

Ainsworth, M. D. S., Blehar, M. C., Waters, E., and Wall, S. (1978). *Patterns of attachment: a psychological study of the strange situation*. Hillsdale, NJ: Erlbaum.

Alesii, A., Mazzarella, F., Mastrilli, E. and Fini, M. (2006). The elderly and quality of life: current theories and measurements. , *Giornale Italiano di Medicina del Lavoro ed Ergonomia*, 28(3)2, 99-103.

Allebeck, P. (2005). Elderly people's perspectives on quality of life. *Ageing and Society*, 25(4), 585-600.

Altman, I. A. and Low, S. M. (1992). *Place attachment*. New York: Plenum.

Andersson, L. (1998). Loneliness research and interventions: a review of the literature. *Aging and Mental Health*, 2(4), 264–274.

Atchley, R. C. (1971). Retirement and leisure participation: continuity or crisis? *Gerontologist*, 11(1), 13-17.

Atchley, R. C. (1989). A continuity theory of normal aging. *Gerontologist*, 29(2), 183-190.

Audit Commission. (2013). *Allocation and utilisation of public rental housing flats*. [Online]. Audit Commission, Hong Kong. Available at: http://www.aud.gov.hk/eng/pubpr_arpt/rpt_61.htm [accessed 10 December 2013].

Bajpai, P. (2014). A qualitative research on role of social interaction and social network to prevent loneliness among elderly. *G-Journal of Education, Social Science and Humanities*, 1(1), 1-6.

Baker, H. D. (1979). *Chinese family and kinship*. New York: Columbia University Press.

Baker, S. E. and Edwards, R. (2012). *How many qualitative interviews is enough?* UK: National Centre for Research Methods.

Baltes, P. B. and Baltes, M. M. (Eds.). (1990). *Successful aging: perspectives from the behavioral sciences*. Cambridge: Cambridge University Press.

Bassuk, S. S., Glass T. A. and Berkman, L. F. (1999). Social disengagement and incident cognitive decline in community-dwelling elderly persons. *American College of Physicians-American Society of Internal Medicine*, 131(3), 165-173.

Beaumont, J. G. and Kenealy, P. M. (2003). *Quality of life of the healthy elderly: residential setting and social comparison processes*. ESRC GO Research Findings No. 20. Swindon: ESRC.

Becker, G. (1993). Continuity after a stroke: implication of life-course disruption in old age. *Gerontologist*, 33(2), 148-158.

Bengtson, V. L., Schmeckle, M., and Taylor, B. (2000). Using theories to build bridges in social gerontology. In S. J. Choi, M. H. Chung, K. H. Cho, and B. G. Han, (Eds.). *Proceedings of the 6th Asia/Oceania Regional Congress of Gerontology*. Seoul, Korea: The Organizing Committee for the 6th Asia/Oceania Regional Congress of Gerontology.

Berg, B. L. (2009). *Qualitative research methods for the social sciences*. Boston: Allyn & Bacon.

Blane, D., Netuveli, G. and Montgomery, S. M. (2008). Quality of life, health and physiological status and change at older ages. *Social Science & Medicine*, 66(7), 1579-1587.

Boeree, G. (1997). *Erik Erikson*. [Online]. Shippensburg University, United States. Available at: <http://webspace.ship.edu/cgboer/erikson.html> [accessed 18 March 2013].

Bond, J. and Corner, L. (2004). *Quality of life and older people*. Maidenhead: Open University Press.

Bourdieu, P. (1986). The forms of capital. In J. E. Richardson, (Ed.). *Handbook of theory of research for the sociology of education*. New York: Greenwood Press, pp.241-258.

Bowlby, J. (1951). Maternal care and mental health. *The Milbank Memorial Fund Quarterly*, 29(4), 496-499.

Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psycho-Analysis*, 39, 350-373.

Bowlby, J. (1959). Separation anxiety. *International Journal of Psycho-Analysis*, 41, 89-113.

Bowlby, J. (1960). Grief and mourning in infancy and early childhood. *The Psychoanalytic Study of the Child*, 15, 9-52.

Bowlby, J. (1969). *Attachment and loss, Vol. 1: Attachment*. New York: Basic Books.

Bowlby, J. (1973). *Attachment and loss, Vol. 2: Separation*. New York: Basic Books.

Bowlby, J. (1988a). Development psychology comes of age. *American Journal of Psychiatry*, 145, 1-10.

Bowlby, J. (1988b). *A secure base: parent-child attachment and healthy human development*. New York: Basic Books.

Bowlby, J., Ainsworth, M., Boston, M. and Rosenbluth, D. (1956). The effects of mother-child separation: a follow-up study. *British Journal of Medical Psychology*, 29, 211-247.

- Bowling, A. (1993). The concepts of successful and positive ageing. *Family Practice*, 10, 449-453.
- Bowling, A. (2004). A taxonomy and overview of quality of life. In J. Brown, A. Bowling, and T. Flynn, (Eds.). *Models of quality of life: a taxonomy and systematic review of the literature*, Sheffield: European Forum on Population Ageing Research, pp. 6-77.
- Bowling, A. (2005). *Ageing Well: Quality of Life in Old Age*. Maidenhead: Open University Press.
- Bowling, A. (2007a). Aspirations for old age in the 21st century: what is successful aging? *International Journal of Aging and Human Development*, 64(3), 263–297.
- Bowling, A. (2007b). Quality of life in older age: what older people say. Are we measuring the right things? In H. Mollenkopf, and A. Walker, (Eds.). *Quality of life in old age*. Netherlands: Springer, pp. 15-30.
- Bowling, A. (2009). The psychometric properties of the older people's quality of life questionnaire, compared with the CASP-19 and the WHOQOL-OLD. *Current Gerontology and Geriatrics Research*, 2009, 1-12.
- Bowling, A., Gabriel, Z., Banister, D. and Sutton, S. (2002). *Adding quality to quantity: older peoples's views on their quality of life and its enhancement*. Sheffield: Growing Older Programme.
- Bowling, A., Gabriel, Z., Dykes, J., Dowding, L. M., Evans, O., Fleissig, A., Banister, D. and Sutton, S. (2003). Let's ask them: a national survey of definitions of quality of life and its enhancement among people aged 65 and over. *International Journal of Aging and Human Development*, 56(4), 269-306.
- Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, 28(5), 759-775.
- Brooke, M. (2014). A study of the government and media discourse on active ageing in Singapore and its effects on the lived experiences of Singapore seniors. *Advances in Social Sciences Research Journal*, 1(7), 30-42.

Brown, B. B. and Perkins, D. D. (1992). Disruptions in place attachment. *Human Behavior and Environment*, 12, 279-304.

Bryman, A. (2008). *Social research methods*. New York: Oxford University Press.

Butler, I. (2002). A code of ethics for social work and social care research. *British Journal of Social Work*, 32(2), 239-248.

Butler, R. N. and Gleason, H. P. (1985). *Productive ageing: enhancing vitality in later life*. New York: Springer.

Cacioppo, J. T. and Patrick, W. (2008). *Loneliness: human nature and the need for social connection*. New York: W. W. Norton & Company.

Calás, M. and Smircich, L. (1992). Rewriting gender into organizational theorizing: directions from feminist perspectives. In M. Reed, and M. Hughes, (Eds.). *Rethinking organization: new directions in organizational theory and analysis*. London: Sage, pp.227-253.

Campbell, A. (1981). *The sense of well-being in America*. New York: McGraw-Hill.

Carr, A. J. and Higginson, I.J. (2001). Are quality of life measures patient-centred ? *British Medical Journal*, 322, 1357–1360.

Census and Statistics Department (1999). *Special topics report no. 24: a profile of elderly persons aged 60 and over living alone*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Census and Statistics Department (2002). *A profile of older persons, 2001*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Census and Statistics Department (2004). *Hong Kong population projections 2004 – 2033*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Census and Statistics Department (2007a). *Hong Kong life tables 2001-2036*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Census and Statistics Department (2007b). *Hong Kong population projections 2007–2036*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Census and Statistics Department (2007c). *Demographic trends in Hong Kong 1981–2006*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Census and Statistics Department (2007d). *Key findings of the 2006 population by-census*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Census and Statistics Department (2007e). *Quarterly report on general household survey*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Census and Statistics Department (2008). *A profile of older persons 2006*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Census and Statistics Department (2009a). *The profile of Hong Kong population analysed by district, 2008*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Census and Statistics Department (2009b). *Socio-demographic profile, health status and self-care capability of older persons*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Census and Statistics Department (2010a). *Population and vital events*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Census and Statistics Department (2010b). *Hong Kong population projections 2010-2039*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Census and Statistics Department (2010c). *Women and men in Hong Kong*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Census and Statistics Department (2012a). *Hong Kong population projections 2012-2041*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Census and Statistics Department (2012b). *2011 Population census*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Census and Statistics Department (2012c). *Thematic report: older persons*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Census and Statistics Department (2013a). *Thematic report: older persons*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Census and Statistics Department (2013b). *The profile of the population in one-person households in 2011*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Central Policy Unit (2008). *A qualitative study on 'hidden elderly in Hong Kong*. Hong Kong: Chinese University of Hong Kong.

Centre for Disease Control and Prevention (2013). *Healthy Places Terminology*. [Online]. Centre for Disease Control and Prevention, USA. Available at: <http://www.cdc.gov/healthyplaces/terminology.htm> [Accessed 10 April 2013].

Chan, A. C. M. and Chan, N. P. I. (2009). *Research on hidden elderly service*. Hong Kong: Lingnan University/Asia Pacific Institute of Ageing Studies.

Chan, A. C. M., Cheng, S. T., Phillips, D. R., Chi, I., and Ho, S. (2000). *A study of the quality of life of elderly residents in the community of Hong Kong. Report submitted to Health and Welfare Bureau*. Hong Kong: Hong Kong Special Administrative Region Government.

Chan, A. C. M., Cheng, S. T. and Phillips, D. R. (2002). *Quality of life of the Chinese elderly in Hong Kong: preliminary findings from two focus groups studies*. Hong Kong: Lingnan University.

Chan, A. C. M., Cheng, S. T., Phillips D. R., Chi, I., and Ho, S. S. Y. (2004). Constructing a quality of life scale for older Chinese people in Hong Kong (HKQOLOCP). *Social Indicators Research*, 69, 270-301.

Chan, A. C. M. and Cheung, K. K. W. (2008). *An evaluation study on the elderly housing initiative in Hong Kong*. APIAS Working Paper Series No.14. Hong Kong: Lingnan University.

Chan, A. C. M. and Liang, E. Jr-S. (2013). Active aging: policy framework and applications to promote older adult participation in Hong Kong. *Ageing International*, 38(1), 28-42.

Chan, A. C. M., Philips, D. R. and Fong, F. M. S. (2003). *An exploratory study of older persons' computer and internet usage in Hong Kong*. Hong Kong: Lingnan University.

Chan, A. C. M., Philips, D. R., Fong, F. M. S., and Wong, E. H. Y. (2005). *An exploratory study on the significance of outbound travelling for the older persons in Hong Kong*. Hong Kong: Lingnan University.

Chan, C. K. (2011). *Social security policy in Hong Kong: from British colony to China's special administrative region*, Lanham, Md: Lexington Books.

Chan, S. S. C., Viswanath, K., Au, D. W. H., Ma, C. M. S., Lam, W. W. T., Fielding, R., Leung, G. M., and Lam, T. H. (2011). Hong Kong Chinese community leaders' perspectives on family health, happiness and harmony: a qualitative study. *Health Education Research*, 26(4), 664-674.

Chan, S. W., Chiu, H. F., Chien, W., Thompson, D. R., and Lam, L. (2006). Quality of life in Chinese elderly people with depression. *International Journal of Geriatric Psychiatry*, 21(4), 312-318.

Chau, P. H. and Woo, J. (2008). *How well are seniors in Hong Kong doing? An international comparison*. Hong Kong: The Hong Kong Jockey Club.

Chen, Y., Hicks, A. and While, A. E. (2014). Loneliness and social support of older people in China: a systematic literature review. *Health and Social Care in the Community*, 22(2), 113-123.

Cheng, S. T., Chan, A. C. M. and Phillips, D. R. (2004). Quality of life in old age: an investigation of well older persons in Hong Kong. *Journal of Community Psychology*, 32(3), 309-326.

Cheung, M. K. C. (2012). *Budget supports elderly care strategies*. [Online]. Labour and Welfare Bureau, Hong Kong. Available at: <http://www.lwb.gov.hk/eng/author/13022012.htm> [Accessed 18 March 2013].

Cheung, M. K. C. (2014a). *Strategic and holistic planning for elderly care*. [Online]. Labour and Welfare Bureau, Hong Kong. Available at: <http://www.lwb.gov.hk/eng/author/23012014.htm> [Accessed 11 May 2014].

Cheung, M. K. C. (2014b.) *Overcoming challenges in active ageing 2014*. [Online]. Labour and Welfare Bureau, Hong Kong. Available at: <http://www.lwb.gov.hk/eng/speech/28022014.htm> [Accessed 11 June 2014].

Chi, I. and Chow, N. (1997). Housing and family care for the elderly in Hong Kong. *Ageing International*, Winter/Spring, 65-77.

Chi, I. and Leung, M. F. (1999). Health promotion for the elderly persons in Hong Kong. *Journal of Health and Social Policy*, 10(3), 37-51.

Chief Executive of Hong Kong. (1997). *Policy address 1997: building Hong Kong for a new era*. Hong Kong: Government Printer.

Chief Executive of Hong Kong. (2009). *Policy address 2009-2010: breaking new ground together*. Hong Kong: Government Printer.

Chief Executive of Hong Kong. (2012). *The 2013 policy address: seek change, maintain stability, serve the people with pragmatism*. Hong Kong: Government Printer.

China Central Television (2013). *New law requires adults to visit elderly parents regularly*. [Online]. China Central Television, China. Available at: <http://english.cntv.cn/program/china24/20130701/106484.shtml> [Accessed 2 July 2013].

Chinese University of Hong Kong (2008). *A qualitative study on 'hidden elderly' in Hong Kong*. Hong Kong: Central Policy Unit.

Chodorow, N. J. (1978). *The reproduction of mothering: psychoanalysis and the sociology of gender*. California: University of California Press.

Chong, A. M. L. and Liu, S. (2014). *Productive ageing: changing burden to resources*. Unpublished paper presented at 'Plenary session 2: building sustainable ageing communities in Japan and Hong Kong'. 2014 Conference on Social work and Social Sustainability in Asia. 19-20 June 2014. Hong Kong.

Chong, A. M. L., Ng, S. H., Woo, J., and Kwan, A. Y. H. (2006). Positive aging: the Views of middle-aged and older adults in Hong Kong. *Ageing and Society*, 26(1), 243-265.

Chou, K. L. and Chi, I. (2000). Comparison between elderly Chinese living alone and those living with others. *Journal of Gerontological Social Work*, 33(4), 51-66.

Chou, K. L. and Chi, I. (2001). Social support and depression among elderly Chinese people in Hong Kong. *International Journal of Aging and Human Development*, 52(3), 231-252.

Chou, K. L. and Chi, I. (2005). Prevalence and correlates of depression in Chinese oldest-old. *International Journal of Geriatric Psychiatry*, 20(1), 41-50.

Chou, K. L., Chow, N. W. S. and Chi, I. (2004). Leisure participation amongst Hong Kong Chinese older adults. *Ageing & Society*, 24(4), 617-612.

Chou, K. L., Ho, A. H. Y. and Chi, I. (2006). Living alone and depression in Chinese older adults. *Ageing & Mental Health*, 10(6), 583-591.

Chow, N. W. S. (1997). *The policy implication of the changing role and status of the elderly in Hong Kong*. Hong Kong: The University of Hong Kong.

Chow, N. W. S. (1999). Diminishing filial piety and the changing role and status of the elders in Hong Kong. *International Journal of Ageing*, 1(1), 67-77.

Chow, N. W. S. and Phillips, D. R. (1993). 1997 and its implications for migration of elderly people in Hong Kong. *Hong Kong Journal of Gerontology*, 7(2), 22-28.

Chui, E. W. T. (2008). Ageing in place in Hong Kong: challenges and opportunities in capitalist Chinese city. *Ageing International*, 32(3), 167-182.

Chui, E. W. T., Chan, K. S., Chong, A. M. L., Ko, L. S. F., Law, S. C. K., Law, C. K., Leung, E. M. F., Leung, A. Y. M., Lou, V. W. Q., and Ng, S. Y. T. (2009). *Elderly Commission's study on residential care services for the elderly*. Hong Kong: The University of Hong Kong.

Cicirelli, V. (2004). God as the ultimate attachment figure for old adults. *Attachment and Human Development*, 4(2), 371-388.

Cicirelli, V. G. (2010). Attachment relationships in old age. *Journal of Social and Personal Relationships*, 27, 191-199.

Clayton, V. (1975). Erikson's Theory of human development as it applies to the aged: wisdom as contradictive cognition. *Human Development*, 18, 119-128.

Coleman, J. S. (1988). Social capital in the creation of human capital. *American Journal of Sociology*, 94, 95-120.

Coleman, J. S. (1990). *Foundations of social theory*. Cambridge: Harvard University Press.

Collins, N. L. and Read, S. J. (1994). Cognitive representations of attachment: the structure and function of working models. In K. Bartholomew, and D. Perlman, (Eds.). *Advances in personal relationship, vol. 5: attachment processes in adulthood*. London: Jessica Kingsley, pp. 53-90.

Collins Dictionary (2015). *Social life*. [Online]. Collins Dictionary, UK. Available at: <http://www.collinsdictionary.com/dictionary/english/social-life> [Accessed 10 March 2015].

Commission on Poverty (2007). *Report of the Commission on Poverty*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Commission on Youth. (2014). *Views on filial piety among youth in Hong Kong*. [Online]. Commission on Youth, Hong Kong. Available at: <http://www.coy.gov.hk/en/research/20140407.html> [Accessed 6 June 2014].

Cosco, T. D., Prina, A. M., Perales, J., Stephan, B. C. M., and Brayne, C. (2013). Lay perspectives of successful ageing: a systematic review and meta-ethnography. *BMJ Open*, 3(6), 1-9.

Covey, H. C. (1981). A reconceptualization of continuity theory: some preliminary thoughts. *Gerontologist*, 21(6), 628-633.

Cumming, E. and Henry, W. E. (1961). *Growing old: the process of disengagement*. New York: Basic Books.

Dan, H. (2014). *Retirement age should be raised to 65: experts*. [Online]. China Daily. Last updated: 9 April 2014. Available at: http://usa.chinadaily.com.cn/china/2014-02/09/content_17273517.htm [Accessed 10 April 2014].

Davey, J. and Glasgow, K. (2006). Positive ageing: a critical analysis. *Policy Quarterly*, 2(4), 21-27.

D'Cruz, H.D., Gillingham, P. and Melendez, S. (2007). Reflexivity, its meanings and relevance for social work: a critical review of the literature. *British Journal of Social Work*, 37(1), 73-90.

Dean, A., Kolody, B., Wood, P., and Matt, G. E. (1992). The influence of living alone on depression in elderly persons. *Journal of Aging & Health*, 4, 3-18.

Denzin, N. K. (1970). *The research act in sociology*. Chicago: Aldine.

Denzin, N. K. (1978). *The research act: a theoretical introduction to sociological methods*. New York: McGraw-Hill.

Denzin, N. K. and Lincoln, Y. S. (2000). *Handbook of qualitative research*. Thousand Oaks, CA: Sage.

Department of Health (2004). *Topical health report No.3 elderly health*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Diener, E. and Crandall, R. (1978). *Ethics in social and behavioral research*. Chicago: University of Chicago Press.

Eastman, L. E. (1988). *Family, fields, and ancestors*. New York: Oxford University Press.

Economic Analysis Division. (2013). *Third quarter economic report 2013*. [Online]. Economic Analysis Division, Hong Kong. Available at: http://www.hkeconomy.gov.hk/en/pdf/er_13q3.pdf [Accessed 18 March 2014].

Elderly Commission of Hong Kong. (2001). *Report on healthy ageing*. Hong Kong: Government Printer.

Elderly Commission of Hong Kong. (2007). *Elder academy pilot learning scheme application guidelines*. Hong Kong: Government Printer.

Elliott, K. S. (1995). Maintaining cultural and personal continuity in a Danish nursing home. *Journal of Women & Aging*, 7(1/2), 169-185.

Erikson, E. H. (1950). *Childhood and society*, New York: W. W. Norton & Co. Inc.

Erikson, E. H. (1963). *Childhood and society*, New York: W. W. Norton & Co. Inc.

Erikson, E. H. (1968). *Identity: youth and crisis*, New York: W. W. Norton & Co. Inc.

Erikson, E. H., and Erikson, J. M. (1997). *The life cycle completed: extended version*. New York: W. W. Norton & Company.

Erikson, E. H., and Erikson, J. M. (1998). *The life cycle completed. Extended version with new chapters on the ninth stage*. New York: W. W. Norton & Company.

Erikson, E. H., Erikson, J. M. and Kivnick, H. Q. (1986). *Vital involvement in old age*. New York: W. W. Norton & Company.

Ertel, A. K., Glymour, M. M. and Berkman, L. F. (2008). Effects of social integration on preserving memory function in a nationally representative US elderly population. *American Journal of Public Health*, 98, 1215-1220.

Essex, M. J. and Nam, S. (1987). Marital status and loneliness among older women: the differential importance of close family and friends. *Journal of Marriage and the Family*, 49, 93–106.

Evans, S., Gately, C., Huxley, P., Smith, A., and Banerjee, S. (2005). Assessment of quality of life in later life: development and validation of the QuiLL. *Quality of Life Research*, 14(5), 1291-1300.

Farquhar, M. (1995). Elderly people's definitions of quality of life. *Social Science and Medicine*, 41(10), 1439–1446.

Fernández-Ballesteros, R. (2011). Positive ageing: objective, subjective, and combined outcomes. *Electronic Journal of Applied Psychology*, 7(1), 22-30.

Ferreira, M. and Kowal, P. (2006). A minimum data set on ageing and older persons in Sub-Saharan Africa: process and outcome. *African Population Studies*, 21(1), 19-36.

Financial Secretary of Hong Kong. (2010). *The budget 2010-11: briefing for the Legislative Council*. [Online]. Financial Secretary, Hong Kong. Available at: http://www.budget.gov.hk/2010/eng/pdf/10LegCo_briefing-e.pdf [Accessed 1 October 2012].

Financial Secretary of Hong Kong (2012). *The 2012-13 budget*. [Online]. Financial Secretary, Hong Kong. Available at: <http://www.budget.gov.hk/2012/eng/speech.html> [Accessed 1 March 2013].

Fine, B. (2003). Social capital: the World Bank's fungible friend. *Journal of Agrarian Change*, 3(4), 586-603.

Flick, U. (1998). *An introduction to qualitative research*. Thousand Oaks: Sage Publications.

Food and Health Bureau. (2012). *Life expectancy*. [Online]. Food and Health Bureau, Hong Kong. Available at: http://www.fhb.gov.hk/statistics/en/statistics/life_expectancy.html [Accessed 12 May 2012].

Gabriel, Z. and Bowling, A. (2004). Quality of life in old age from the perspectives of older people. In A. Walker, and C. H. Hennessy, (Eds.). *Growing older: quality of life in old age*. Maidenhead: Open University Press, pp. 14-34.

Genworth Financial (2009). *Genworth 2009 cost of care survey*. USA: Genworth.

George, L. K. and Bearon, L. B. (1980). *Quality of life in older persons: meaning and measurement*. New York: Human Sciences Pre.

Gerontological Society of Shanghai. (2010). *Concerning the empty-nesters*. [Online]. Gerontological Society of Shanghai, China. Available at: http://www.shanghaigss.org.cn/news_view.asp?newsid=7438 [Accessed 3 December 2010].

Giddens, A. (1989). *Sociology*. Cambridge: Polity Press.

Giddens, A. and Sutton, P. W. (2013) *Sociology*. 7th edn. Cambridge: Polity Press.

Glaser, B. G. and Strauss, A. L. (1967). *The discovery of grounded theory: strategies for qualitative research*. Chicago: Aldine.

Glass, T. A., Mendes de Leon, C. F., Marottoli, R. A., and Berkman, L. F. (1999). Population base study of social and productive activities as predictors of survival among elderly Americans. *BMJ*, 319, 478-483.

Graham, J., Grewal, I. and Lewis, J. (2007). *Ethics in social research: the views of research participants*. UK: National Centre for Social Research.

Granqvist, P., Mikulincer, M. and Shaver, P. R. (2010). Religion as attachment: normative processes and individual differences. *Personality and Social Psychology Review*, 14, 49-59.

Gubrium, J. F. and Holstein, J. A. (1997). *The new language of qualitative method*. Oxford: Oxford University Press.

Havighurst, R. J. (1961). Successful aging. *Gerontologist*, 1(1), 8-13.

Havighurst, R. J. (1971). *Developmental tasks and education*. New York: Longman.

Havighurst, R. J., Neugarten, B. L. and Tobin, S. S. (1968). Disengagement and patterns of aging. In B. L. Neugarten, (Ed.). *Middle age and aging: a reader in social psychology*. Chicago: University of Chicago Press, pp. 161-172.

Hayes, N. and Minardi, H. (2002). Psychology and ageing. In P. Woodrow, (Ed.). *Ageing-issues for physical, psychological and social health*. London: Whurr Publishers Ltd., pp. 93-114.

Hazan, C. and Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, 52(3), 511-524.

Health Canada. (2002). *Dare to age well: workshop on healthy aging*. Ottawa: Government of Canada.

Health Canada. (2006). *Healthy aging in Canada: a new vision, a vital investment. From evidence to action*. Ottawa, ON: Health Canada.

Health and Welfare Bureau (2000). *Survey on the socio-demographic, health and economic profiles of older people and the soon to be old people*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Healy, J. (2004). The benefits of an ageing population. *Australia Institute - Discussion Papers*, 63, 41-49.

Heard, D. and Lake, B. (1997). *The challenge of attachment for caregiving*. London: Routledge.

Helliwell, J. F. and Putnam, R. D. (2004). The social context of well-being. *Philosophical Transactions of the Royal Society*, 359(1449), 1435-1446.

Hidalgo, M. C. and Hernandez, B. (2001). Place attachment: conceptual and empirical questions. *Journal of Environmental Psychology*, 21, 273-281.

Hochschild, A. R. (1975). Disengagement theory: a critique and proposal. *American Sociological Review*, 40(5), 553-569.

Holloway, I. (1997). *Basic concepts for qualitative research*. Oxford: Blackwell Science.

Holmen, K. and Furukawa, H. (2002). Loneliness, health and social network among elderly people: a follow up study. *Archives of Gerontology and Geriatrics*, 35, 261-274.

Holmes, J. (1994). The clinical implications of attachment theory. *British Journal of Psychotherapy*, 11(1), 62-76.

Holstein, M. (1992). Productive aging. *Journal of Aging & Social Policy*, 4, 17-33.

Homan, R. (1991). *Ethics in social research*. Harlow: Longman.

Hong Kong Council of Social Service (2002). *Learning needs and preferences of members of multi-service centers for elderly and social centers for elderly: final report*. Hong Kong: Hong Kong Council of Social Service.

Hong Kong Council of Social Service (2009). *Action research on the service for the hidden elderly*. Hong Kong: Hong Kong Council of Social Service.

Hong Kong Council of Social Service (2013). *Study on the housing and living condition of the low income singleton and couple elderly*. Hong Kong: Hong Kong Council of Social Service.

Hong Kong Council of Social Service. (2014). *Social indicator of Hong Kong*. [Online]. Hong Kong Council of Social Service, Hong Kong. Available at: <http://socialindicators.org.hk/en/indicators/elderly/31.11> [Accessed 1 June 2014].

Hong Kong Government (1991). *Social welfare into the 1990s and beyond (White Paper)*. Hong Kong: Government Printer.

Hong Kong Government (2007). *The budget 2007-08*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Hong Kong Government (2010). *The budget 2010-11*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Hong Kong Governemnt (2012). *Half-yearly economic report 2012*. Hong Kong: Hong Kong Special Administrative Region Government Printer.

Hong Kong Government (2014). *Basic Law full text*. [Online]. Hong Kong Government, Hong Kong. Available at: http://www.basiclaw.gov.hk/en/basiclawtext/chapter_6.html [Accessed 1 March 2014].

Hong Kong Housing Society. (2013). *Improving housing for 65 years – annual report 2013*. Hong Kong: Hong Kong Housing Society.

Hong Kong Social Workers Association. (2011). *Position paper on report on long-term social welfare planning in Hong Kong (in Chinese)*. Hong Kong: Hong Kong Social Workers Association.

Hong Kong Sustainable Development Research Institute (2013). *Executive summary of active ageing development and influence*. [Online]. Hong Kong Sustainable Development Research Institute, Hong Kong. Available at: <http://hksdri.org/research-reports-2/> [Accessed on 16 April 2014].

Horsfall, D., Leonard, R., Evans, S., and Armitage, L. (2010). *Care networks project: growing and maintaining social networks for older people*. Australia: University of Western Sydney.

Hospital Authority. (2012). *Strategic service framework for elderly patients*. Hong Kong: Hospital Authority.

Housing Authority (2012a). *History of estates*. [Online]. Housing Authority, Hong Kong. Available at: <http://www.housingauthority.gov.hk/hdw/en/aboutus/events/community/heritage/about.html> [Accessed 3 August 2012].

Housing Authority (2012b). *Harmonious families priority scheme*. [Online]. Housing Authority, Hong Kong. Available at: <http://www.housingauthority.gov.hk/tc/flat-application/harmonious-families-priority-scheme/index.html> [Accessed 3 August 2012].

Housing Authority (2013). *Housing subsidy policy*. [Online] Housing Authority, Hong Kong. Available at:
http://www.legco.gov.hk/yr12-13/chinese/panels/hg/hg_lths/papers/hg_lths0430cb1-919-3-c.pdf [Accessed 16 December 2013].

Hoyt, D. R., Kaiser, M. A., Peters, G. R., and Babchuk, N. (1980). Life satisfaction and activity theory: a multidimensional approach. *Journal of Gerontology*, 35(6), 935-941.

Hsu, M. and Yamada, T. (2013). *Financing health care in Japan: a rapidly aging population and the dilemma of reforms*. [Online]. The Canon Institute for Global Studies. Last updated: 17 February 2014. Available at:
http://www.canon-igs.org/en/event/report/report_120528/pdf/120528_hsu_paper2.pdf [Accessed on 18 February 2014].

Hughes, B. (1990). Quality of life. In S. M. Peace, (Ed.). *Researching social gerontology: concepts, methods and issues*. London: Sage Publications, pp. 46-58.

Hyde, M., Wiggins, R. D., Higgs, P., and Blane, D. B. (2003). A measure of quality of life in early old age: the theory, development and properties of a needs satisfaction model (CASP-19). *Aging and Mental Health*, 7(3), 186-194.

Inland Revenue Department (2012). *2012 -13 Budget – tax measures*. [Online]. Inland Revenue Department, Hong Kong. Available at:
<http://www.ird.gov.hk/eng/tax/budget.htm> [Accessed on 3 August 2012].

International Social Service Hong Kong and the Hong Kong Polytechnic University (2008). *Study on family functioning, parenting stress and parenting competence of Tin Shui Wai North (in Chinese)*. [Online]. International Social Service Hong Kong, Hong Kong. Available at:
[http://www.isshk.org/e/customize/doc/Report%20\[final\].doc](http://www.isshk.org/e/customize/doc/Report%20[final].doc) [Accessed on 18 March 2012].

Jairath, N., Hogerney, M. and Parsons, C. (2000). The role of the pilot study: a case illustration from cardiac nursing research. *Applied Nursing Research*, 13(2), 92-96.

Johnson, J. M. (2002). In-depth interviewing. In F. G. Jaber, and A. H. James, (Eds.). *Handbook of interview research: context and method*. Thousand Oaks, CA: Sage.

Kane, R. L., Chen, Q., Finch, M., Blewett, L., Burns, R., and Moskowitz, M. (2000). The optimal outcomes of post-hospital care under Medicare. *Health Services Research*, 35(3), 615-661.

Kingston University (2011). *Social life and mobility are keys to quality of life in old age*. [Online]. ScienceDaily. Last updated: 17 October 2011. Available at: <http://www.sciencedaily.com/releases/2011/05/110528191542.htm> [Accessed 18 October 2011].

Kirkpatrick, L. A. and Shaver, P. R. (1992). An attachment-theoretical approach to romantic love and religious beliefs. *Personality and Social Psychology Bulletin*, 18, 266-275.

Knapp, M. R. J. (1977). Activity theory of aging: an examination in an English context. *Gerontologist*, 17, 553-559.

Kohlberg, L. (1973). Stages and aging in moral development: some speculations. *The Gerontologist*, 13, 497-502.

Krueger, R. A. (1994). *Focus groups: a practical guide for applied research*. Newbury Park, CA: Sage.

Krueger, R. A. (2002). *Designing and conducting focus group interviews*. [Online]. Eastern Illinois University. Last updated: 2 July 2013. Available at: <http://www.eiu.edu/~ihe/Krueger-FocusGroupInterviews.pdf> [Accessed 3 July 2013].

Kwan, A. Y. H. (1988). Suicide among the elderly: Hong Kong. *The Journal of Applied Gerontology*, 7(2), 248-259.

Kwan, Y. H. A., Cheung, C. K. J., Ng, S. H., Ngan, M. H. R., Lau, A., Leung, M. F. E., Chan, S. C. S., and Chan, K. K. (2006). Effectiveness of the continuum of care to promote older people's quality of life in Hong Kong. *Asian Journal of Gerontology & Geriatrics*, 1, 84-89.

Kwan, A. Y. H., Cheung, J. C. K., Ngan, R. M. H., Ng, S. H., Lau, A., Leung, E. M. F., and Chan, C. S. S. (2003). *Assessment, validation and promotion for the quality of life and continuum of care of elderly people in Hong Kong: research report*. Hong Kong: City University of Hong Kong.

Kvale, S. (1996). *Interviews: an introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.

Labour and Welfare Bureau. (2009). *Elderly recipients of comprehensive social security assistance and old age allowance*. Press releases and publications: LCQ11. [Online]. Labour and Welfare Bureau, Hong Kong. Available at: http://www.lwb.gov.hk/eng/legco/08072009_11.htm [Accessed 13 August 2012].

Labour and Welfare Bureau. (2014a). *Community investment & inclusion fund*. [Online]. Labour and Welfare Bureau, Hong Kong. Available at: <http://www.ciif.gov.hk/tc/home/> [Accessed 10 August 2014].

Labour and Welfare Bureau. (2014b). *Project highlights*. [Online]. Labour and Welfare Bureau, Hong Kong. Available at: <http://www.ciif.gov.hk/en/social-capital-development-projects/project-highlights/ph00010.html> [Accessed 10 August 2014].

Lai, D. W. L. (2004). Depression among elderly Chinese-Canadian immigrants from Mainland China. *Chinese Medical Journal*, 117(5), 677-683.

LaPierre, T. A. and Hughes, M. E. (2009). Population aging in Canada and the United States. In P. Uhlenberg, (Ed.). *International handbook of population aging*. New York: Springer, pp. 191-230.

Lau, A., Chi, I. and McKenna, K. (1998). Self-perceived quality of life of Chinese elderly people in Hong Kong. *Occupational Therapy International*, 5(2), 118-139.

Lau, S. K. (1982). *Society and politics in Hong Kong*. Hong Kong: The Chinese University of Hong Kong.

Lawton, M. P. (1991). A multidimensional view of quality of life in frail elders. In J. E. Birren, J. E. Lubben, J. C. Rowe, and D. E. Deutchman, (Eds.). *The concept and measurement of quality of life in the frail elderly*. San Diego, CA: Academic Press, pp. 3-27.

Lee, J. J. (2005). An exploratory study on the quality of life of older Chinese people living alone in Hong Kong. *Social Indicator Research*, 71, 335-361.

Lee, M. K. (1987). *Hong Kong: politics and society in transition* (in Chinese). Hong Kong: The Commercial Press.

Lee, P. L., Lan, W. and Yen, T. W. (2011) Aging successfully: a four-factor model. *Educational Gerontology*, 37(3), 210-227.

Lee, R. M. and Fielding, N. G. (1991). *Using computers in qualitative research*. London: Sage Publications Ltd.

Lee, W. K. (2004). Living arrangements and informal support for the elderly: alteration to intergenerational relationships in Hong Kong. *Journal of Intergenerational Relationship*, 2, 27-49.

Legislative Council. (2006). *Support services for singleton elderly*. Press Release-LCQ8. [Online]. Legislative Council, Hong Kong. Available at: <http://www.info.gov.hk/gia/general/200603/08/P200603080160.htm> [Accessed 12 March 2013].

Legislative Council (2013). *Legislative Council Panel on Welfare Services: Promotion Active Ageing*. LC Paper No. CB(2)737/12-13(05). Hong Kong: Government Printer.

Lemon, B. W., Bengtson, V. L. and Peterson, J. A. (1972). An exploration of the activity theory of aging: activity types and life satisfaction among in-movers to a retirement community. *Journal of Gerontology*, 27(4), 511-523.

Leung, A., Lui, Y. H. and Chi, I. (2005). Later life learning experience among Chinese elderly in Hong Kong. *Gerontology and Geriatrics Education*, 26 (2), 1-15.

Lincoln, Y. S. and Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publication.

Lo, S. S. C., Ma, Y. H. and Lui, O. H. K. (2011). Service to hidden elders in rural villages. *Asian Journal of Gerontology & Geriatrics*, 6(1), 47-60.

Longina, C. F. and Kart, C. S. (1982) Explicating activity theory: a formal replication. *Journal of Gerontology*, 37(6), 713-722.

Lou, W. Q. (2007). A study of older people who collect recycling materials for financial returns. *Asian Journal of Gerontology Geriatr*, 2, 133–138.

Lou, W. Q. (2011). Depressive symptoms of older adults in Hong Kong: the role of grandparent reward. *International Journal of Social Welfare*, 20, 135-147.

Lou, V. W. Q., Chui, E. W. T., Leung, A. Y. M., Tang, K. L., Chi, I., and Leung, E. W. K. S. (2009). *The final report on a study investigating factors that affect long-term care use in Hong Kong*. Hong Kong: Food and Health Bureau, SAR Government.

Lum, T. Y .S. (2013). Advancing research on productive aging activities in greater Chinese societies. *Ageing International*, 38(2), 171-178.

Macmillan Dictionary (2015). *Social life*. [Online]. Macmillan Dictionary, UK. Available at:
<http://www.macmillandictionary.com/dictionary/british/social-life> [Accessed 10 March 2015].

Maddox, G. L. (1964). Disengagement theory: a critical evaluation. *Gerontologist*, 4, 80-82.

Main, M. and Soloman, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth strange situation. In M. T. Greenbery, D. Cicchetti, and E. M. Cummings, (Eds.). *Attachment in the preschool years: theory, research and intervention*. Chicago: University of Chicago Press, pp. 121-160.

Malterud, K. (2001). Qualitative research: standards, challenges, and guideline. *The Lancet*, 358(9280), 483-488.

Marangoni, C. and Ickes, W. (1989). Loneliness: A theoretical review with implications for measurement. *Journal of Social and Personal Relationships*, 6, 93-128.

Marek, K. D., Popejoy, L., Petroski, G., Mehr, D., Rantz, M., and Lin, W. C. (2005). Clinical outcomes of aging in place. *Nursing Research*, 54(3), 202-211.

Marris, P. (1982). Attachment and society. In C. M. Parkers, and J. Stevenson-Hinde, (Eds.). *The place of attachment in human behavior*. London: Tavistock Publications, pp. 185-204.

Marshall, C. and Rossman, G. B. (2006). *Designing qualitative research*. Thousand Oaks: Sage Publications.

Maslow, A. H. (1954). *Motivation and personality*. New York: Harper.

Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Forum: Qualitative Social Research*, 11(3), 1-19.

Mendes de Leon, C. F., Glass, T. A. and Berkman, L. F. (2002). Social engagement and disability in a community population of older adult. *America Journal of Epidemiology*, 157(7), 633-642.

Menec, V. H., Lix, L. and MacWilliam, L. (2005). Trends in the health status of older Manitobans, 1985 to 1999. *Canadian Journal on Aging*, 24(1), 5-14.

Moody, H. (1988). Twenty-five years of the life review: where did we come from and where are we going? *Journal of Gerontological Social Work*, 12, 7-21.

Morgan, D. L. (1988). *Focus groups as qualitative research*. Newbury Park, CA: Sage Publications.

Morse, J. M. (2000). Determining Sample Size. *Qualitative Health Research*, 10, 3-5.

Mui, A. C. (2010). Productive ageing in China: a human capital perspective. *China Journal of Social Work*, 3(2-3), 111-123.

Navarro, V. (2002). A critique of social capital. *International Journal of Health Services*, 32(3), 423-432.

Netuveli, G. and Blane, D. (2008). Quality of life in older ages. *British Medical Bulletin*, 85, 113–126.

Netuveli, G., Hildon, Z., Montgomery, S., Wiggins, R., and Blane, D. (2006). Quality of life at older ages: evidence from English longitudinal study of ageing. *Journal of Epidemiology and Community Health*, 60(4), 357–363.

Netuveli, G., Wiggins, R. D., Hildon, Z., Montgomery, S., and Blane, D. (2005). Need for change in focus from illness to functioning to improve quality of life: evidence from a national survey. *British Medical Journal*, 331, 1382–1383.

Ng, K. M., Lee, T. M. C. and Chi, I. (2004). Relationship between living arrangements and the psychological well-being of older people in Hong Kong. *Australian Journal of Ageing*, 23, 167–171.

Nilsson, J., Rana, A. K. and Kabir, Z. N. (2006). Social capital and quality of life in old age: results from a cross-sectional study in rural Bangladesh. *Journal of Aging and Health*, 18(3), 419-434.

Njjsw (2010). *A study report on older population (in Chinese)*. [Online]. Nanjing, China. Available at:
http://www.njjsw.gov.cn/13413/13517/13530/13535/201401/t20140108_2373348.html [Accessed 23 August 2010].

O'Donoghue, T. and Punch, K. (2003). *Qualitative educational research in action: doing and reflectin*. London: Routledge.

Office for National Statistics (2001). *Social capital: a review of the literature*. United Kingdom: Office for National Statistics.

Office for National Statistics (2014). *Measuring social capital*. United Kingdom: Office for National Statistics.

Office of the Chief Executive (2013). *2013 Policy address: seek change, maintain stability, serve the people with pragmatism*. [Online]. Office of the Chief Executive, Hong Kong. Available at: <http://www.policyaddress.gov.hk/2013/eng/p106.html> [Accessed 12 June 2013].

Patten, M. L. (1997). *Understanding research methods: an overview of the essentials*. Los Angeles, CA: Pyrczak.

Patten, M. L. (2007). *Understanding research methods*. CA: Pyrczak Publishing.

Patton, M. Q. (1987). *How to use qualitative methods in evaluation*. Thousand Oaks, CA: Sage.

Patton, M.Q. (1990). *Qualitative evaluation and research methods*, Newbury Park, CA: Sage.

Paúl, C., Ribeiro, O. and Teixeira, L. (2012). Active ageing: an empirical approach to the WHO model. *Current Gerontology and Geriatrics Research*, 2012, 382972.

Peel, N. M., Bartlett, H. P. and Marshall, A. L. (2007). Measuring quality of life in older people: reliability and validity of WHOQOL-OLD. *Australasian Journal on Ageing*, 26(4), 162-167.

Peled, E. and Leichtentritt, R. (2002). The ethics of qualitative social work research. *Qualitative Social Work*, 1(2), 145-169.

Perlman, D. and Peplau, L. A. (1981). Toward a social psychology of loneliness. In S. W. Duck, and R. Gilmour, (Eds.). *Personal relationships in disorder*. London: Academic Press, pp. 31-56.

Perlman, D. and Peplau, L. A. (1984). Loneliness research: A survey of empirical findings. In L. A. Peplau, and S. E. Goldston, (Eds.). *Preventing the harmful consequences of severe and persistent loneliness*. Washington, D. C.: U.S. Government Printing Office, pp. 13-46.

Phelan, E. A. and Larson, E. B. (2002). Successful aging: where next? *Journal of the American Geriatric Society*, 50(7), 1306-1308.

Phillips, D. R., Siu, O. L., Yeh, A. G. O., and Cheng, K. H. C. (2008). Informal social support and older persons' psychological well-being in Hong Kong. *Journal of Cross-Cultural Gerontology*, 23(1), 39-55.

Ponzetti, J. J. Jr. and James, C. (1997). Loneliness and sibling relationships. *Journal of Social Behavior and Personality*, 12, 103-112.

Powers, B. (1988). Social networks, social support and elderly institutionalized people. *Advanced Nursing Sciences*, 10(2), 40-58.

Punch, S., Marsh, I., Keating, M., and Harden, J. (Eds.). (2013). *Sociology. Making sense of society*. 5th edn. Harlow: Pearson Education Limited.

Putnam, R. D. (1993) *Making democracy work: civic traditions in modern Italy*. New Jersey: Princeton University Press.

Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. New York: Simon and Schuster.

Radio Television Hong Kong (2007). *Prosecution of domestic violence cases rose nearly three times over the past four years*. [Online]. Radio Television Hong Kong, Hong Kong. Available at:
http://www.rthk.org.hk/rthk/news/expressnews/20070704/news_20070704_5_5_413145... [Accessed 23 December 2010].

Raikhola, P. S. and Kuroki, Y. (2009). Aging and elderly care practice in Japan: main Issues, policy and program perspective; what lessons can be learned from Japanese experineces? *Dhaulagiri Journal of Sociology and Anthropology*, 3, 41-82.

Regional Office for Asia and the Pacific (2000). *Ageing in Asia: the growing need for social protection*. New York: International Labour Organization.

Reichstadt, J., Sengupta, G., Depp, C. A., Palinkas, L. A., and Jeste, D. V. (2010). Older adults' perspectives on successful aging: qualitative interviews. *American Journal of Geriatric Psychiatry*, 18(7), 567-575.

Ritchie, J. and Lewis, J. (2003). *Qualitative research practice: a guide for social science students and researchers*. Thousand Oaks, CA: Sage.

Roisman, G. I., Padron, E., Sroufe, A., and Egeland, B. (2002). Earned-secure attachment status in retrospect and prospect. *Child Development*, 73(4), 1204-1219.

Rokach, A. and Brock, H. (1998). Coping with loneliness. *Journal of Psychology*, 132, 107-127.

Rowe, J. W. and Kahn, R. L. (1997). Successful aging. *The Gerontologist*, 37(4), 433-440.

Sanderson, W. and Scherbov, S. (2013). The characteristics approach to the measurement of population aging. *Population and Development Review*, 39(4), 673-685.

Savikko, N. (2008). *Loneliness of older people and elements of an intervention for its alleviation*. Finland: University of Turku.

Sbarra, D. A. and Hazan, C. (2008). Coregulation, dysregulation, self-regulation: an integrative analysis and empirical agenda for understanding adult attachment, separation, loss, and recovery. *Personality and Social Psychology Review*, 12(2), 141-167.

Scottish Executive (2005). *Quality of life and well-being: measuring the benefits of culture and sport: literature review and thinkpiece*. Edinburgh: Scottish Executive Social Research.

Secretariat of the Steering Committee on Population Policy. (2014). *Thoughts for Hong Kong: Public engagement exercise on population policy*. Hong Kong: Chief Secretary for Administration's Office.

Senior Citizen Home Safety Association (2010). *Annual report 2008-2009*. Hong Kong: Senior Citizen Home Safety Association.

Shardlow, S. M., Walmsley, B., Johnson, M., and Ryan, J. (2010). 'Saying hello everyday': towards the enhancement of social capital among lonely and isolated older people in modern cities. In S. H. Ng, S. Y. L. Cheung, and B. Prakash, (Eds.). *Social capital in Hong Kong: connectivities and social enterprise*. Hong Kong: City University of Hong Kong Press, pp. 199-220.

Shaw, I. and Holland, S. (2014). *Doing qualitative research in social work*. London: Sage Publications.

Sherman, E. and Peak, T. (1991). Patterns of reminiscence and the assessment of late life adjustment. *Journal of Gerontological Social Work*, 16, 59-74.

Shum, W. C. (2009). *An evolving practice model in the development of lifelong education for senior citizens*. APIAS Monograph. Paper 16. Hong Kong: Lingnan University.

Shumaker, S. A. and Taylor, R. B. (1983). Toward a clarification of people-place relationships: a model of attachment to place. In N. R. Feimer, and E. S. Geller, (Eds.). *Environment psychology: direction and perspectives*. New York: Praeger, pp. 219-256.

Sim, J., Bartlam, B. and Bernard, M. (2011). The CASP-19 as a measure of quality of life in old age: evaluation of its use in a retirement community. *Quality of Life Research*, 20(7), 997-1004.

Silver, C. and Lewins, A. (2014). *Using software in qualitative research: a step-by-step guide*. London: Sage Publications Ltd.

Slugoski, B. R. and Ginsburg, G. P. (1989). Ego identity and explanatory speech. In J. Shotter, and K. J. Gergen, (Eds.). *Texts of identity*. London: Sage, pp. 21-36.

Social Welfare Advisory Committee (2010). *Long-term social welfare planning in Hong Kong: consultation paper*. [Online]. Social Welfare Advisory Committee , Hong Kong. Available at:
http://www.gov.hk/en/theme/bf/pdf/SWAC_Consultation_Paper.pdf [Accessed 11 June 2014].

Social Welfare Advisory Committee (2011). *Report on long-term social welfare planning In Hong Kong*. [Online]. Social Welfare Advisory Committee, Hong Kong. Available at:
http://www.gov.hk/en/theme/bf/pdf/SWAC_consultation_report_Eng.pdf [Accessed 11 June 2014].

Social Welfare Department (1991). *White paper on social welfare into the 1990s and beyond*. Hong Kong: Government Printer.

Social Welfare Department (2000). *Social welfare services lump sum grant manual*. Hong Kong: Social Welfare Department.

Social Welfare Department (2011a). *Highlight of initiatives*. [Online]. Social Welfare Department, Hong Kong. Available at: http://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_highlighto/ [Accessed 11 February 2011].

Social Welfare Department (2011b). *Statistics and figures on social security*. [Online]. Social Welfare Department, Hong Kong. Available at: http://www.swd.gov.hk/en/index/site_pubsvc/page_socsecu/sub_statistics [Accessed 11 February 2011].

Social Welfare Department (2011c). *Social welfare services in figures*. Hong Kong: Social Welfare Department.

Social Welfare Department (2013). *Service for the elderly*. [Online]. Social Welfare Department, Hong Kong. Available at: http://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_introducti/ [Accessed 12 March 2013].

Special Broadcasting Service (2014). *Factbox: retirement age and pensions around the world*. [Online]. Special Broadcasting Service, Australia. Available at: <http://www.sbs.com.au/news/article/2014/04/11/factbox-retirement-age-and-pensions-around-world> [Accessed 10 March 2015].

Stack, S. (1998). Marriage, family and loneliness: a cross-national study. *Sociological perspectives*, 41, 415–432.

Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage Publication.

Statistics New Zealand (2013). *Loneliness in New Zealand: findings from the 2010 NZ general social survey*. New Zealand: New Zealand Government.

Stewart, A. L. and King, A. C. (1994). Conceptualizing and measuring quality of life in other populations. In R. P. Abeles, H. C. Gift, and M. G. Ory, (Eds.). *Aging and quality of life*. New York: Springer, pp. 27-54.

Storberg, J. (2002). The evolution of capital theory: A critique of a theory of social capital and implications for HRD. *Human Resource Development Review*, 1(4), 468-499.

Strauss, A. and Corbin, J. M. (1998). *Basics of qualitative research: techniques and procedures for developing grounded theory*. Thousand Oaks, CA: Sage Publications.

Ta Kung Pao (2005). *The illiterate in China (in Chinese)*. [Online]. Ta Kung Pao, Hong Kong. Available at:
<http://www.takungpao.com.hk/news/05/11/10/ZM-482570.htm> [Accessed 1 August 2012].

Ta Kung Pao (2014). *The population aged 60 and over has reached over 200 million and nearly half of them are empty-nesters (in Chinese)*. [Online]. Ta Kung Pao, Hong Kong. Available at:
<http://finance.takungpao.com.hk/hgjj/q/2014/0214/2277648.html> [Accessed 1 March 2014].

Tallmer, M. and Kutner, B. (1969). Disengagement and the stresses of aging. *Journal of Gerontology*, 24, 70-74.

Tam, M. (2011). Active ageing, active learning: policy and provision in Hong Kong. *Studies in Continuing Education*, 33(3), 289-299.

Tam, M. (2013). A model of active ageing through elder learning: the elder academy network in Hong Kong. *Educational Gerontology*, 39, 250-258.

Teijlingen van, E. and Hundley, V. (2001). The importance of pilot studies. *Social Research Update*, 35, 1-4.

The Sun (2010). *House for elderly suicide founded in Hubei (in Chinese)*. [Online]. The Sun, Hong Kong. Available at:
http://the-sun.on.cc/cnt/china_world/20100829/00429_013.html?pubdate=20100829 [Accessed 23 December 2010].

The World Bank (2014). *What is social capital*. [Online] The World Bank, USA. Available at:
<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALDEVELOPMENT/EXTSOCIALCAPITAL/0,,contentMDK:20185164~menuPK:418217~pagePK:148956~piPK:216618~theSitePK:401015,00.html> [Accessed 10 June 2014].

The University of Hong Kong. (2011). *Consultancy study on community care services for the elderly – final report*. Hong Kong: The University of Hong Kong, Sau Po Center on Ageing.

Thomas, D. R. (2003). *A general inductive approach for qualitative data analysis*. New Zealand: University of Auckland.

Ting, K. F. (2009). *The meaning and practice of filial piety in Hong Kong*. Hong Kong: Chinese University of Hong Kong.

Tornstam, L. (1996a). Caring for the elderly. Introducing the theory of gerotranscendence as a supplementary frame of reference for caring for the elderly. *Scandinavian Journal of Caring Sciences*, 10(3), 144-150.

Tornstam, L. (1996b). Gerotranscendence: a theory about maturing into old age. *Journal of Aging and Identity*, 1, 37-50.

Tornstam, L. (1997). Gerotranscendence: the contemplative dimension of aging. *Journal of Aging Studies*, 11(2), 143-154.

Tornstam, L. (2003). *Gerotranscendence from young old age to old old age*. [Online]. The Social Gerontology Group, Uppsala. Available at:
http://www.soc.uu.se/digitalAssets/235/235770_3gt-from-young-old-age.pdf [Accessed 12 May 2014].

Tornstam, L. (2005). *Gerotranscendence: a developmental theory of positive aging*. New York: Springer Publishing Company, Inc.

Townsend, P. (1957). *The family life of old people*. London: Routledge and Kegan.

Tsang, E. Y. L., Liamputtong, P. and Pierson, J. (2004). The views of older Chinese people in Melbourne about their quality of life. *Ageing & Society*, 24(1), 51-74.

Tsang, S. (1995). *Government and politics: a documentary history of Hong Kong*, Hong Kong: Hong Kong University.

Tsien, T. B. K. and Ng, G. T. (2010). Older adults as caregivers in Hong Kong. *China Journal of Social Work*, 3(2-3), 231-245.

United Kingdom Government (2015). *Retirement age*. [Online]. United Kingdom Government, UK. Available at: <https://www.gov.uk/retirement-age> [Accessed 10 March 2015].

United Labour Chi Hong Association Limited (2011). *A survey on participation in social activities of older people (in Chinese)*. [Online]. United Labour Chi Hong Association Limited, Hong Kong. Available at: http://www.chihong.org.hk/pdf/abstract_pdf.pdf [Accessed 18 March 2013].

United Nations (1983). *Vienna international plan of action on aging*. New York: United Nations.

United Nations (2002). *World Population Ageing: 1950-2050*. New York : United Nations.

United Nations (2012a). *Wall chart on population ageing and development*. New York: United Nations.

United Nations (2012b). *United Nations principles for older persons*. [Online]. United Nations, Switzerland. Available at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx> [Accessed 10 August 2012].

United Nations. Department of Economic and Social Affairs (2005). *Living arrangements of older persons around the world*. New York: United Nations.

United Nations. Department of Economic and Social Affairs (2008). *World population prospects: the 2008 revision*. New York: United Nations.

United Nations. Department of Economic and Social Affairs (2010). *UN Programme on ageing*. [Online]. United Nations, USA. Available at: <http://www.un.org/esa/socdev/ageing> [Accessed 23 December 2010].

United Nations. Department of Economic and Social Affairs (2011). *World population prospects: the 2010 revision*. New York: United Nations.

United Nations. Department of Economic and Social Affairs (2013). *World population prospects: the 2012 revision*. New York: United Nations.

University of Toronto (2009). *Quality of life: how good is life for you?* [Online]. University of Toronto, Canada. Available at: <http://www.utoronto.ca/qol/> [Accessed 28 October 2011].

University of Toronto (2011). *The quality of life model*. [Online]. University of Toronto, Canada. Available at: <http://www.utoronto.ca/qol/concepts.htm> [Accessed on 18 October 2011].

Victor, C. R. (2005). *The social context of ageing*. London: Routledge.

Victor, C. R., Bond, J. and Scambler S. (2009). *The social world of older people*. Maidenhead: Open University Press.

Victor, C., Scambler, S., Bond, J., and Bowling, A. (2000). Being alone in later life: loneliness, social isolation and living alone. *Reviews in Clinical Gerontology*, 10(4), 407-417.

Victor, C. R. and Yang, K. (2012). The prevalence of loneliness among adults: a case study of the United Kingdom. *The Journal of Psychology: Interdisciplinary and Applied*, 146(1-2), 85-104.

Wadensten, B. (2005). Introducing older people to the theory of gerotranscendence. *Journal of Advanced Nursing*, 52(4), 381-388.

Walker, A. and Walker, C. (2005). The UK: quality of life in old age I and II. In A. Walker, (Ed.). *Growing older in Europe*. Maidenhead: Open University Press, pp. 128-156 and 233-247.

Wang, J. J., Lin, Y. H. and Hsieh, L. Y. (2011). Effects of gerotranscendence support group on gerotranscendence perspective, depression, and life satisfaction of institutionalized elders. *Aging & Mental Health*, 15(5), 580-586.

Waterman, A. S. (1993). Developmental perspectives on identity formation: from adolescence to adulthood. In J. E. Marcia, A. S. Waterman, D. R. Matteson, S. L. Archer, and J. L. Orlofsky, (Eds.). *Ego identity: a handbook for psychosocial research*. New York: Springer, pp. 42-68.

Waters, E. (1990). The life review: strategies for working with individuals and groups. *Journal of Mental Health Counseling*, 12, 270-278.

Webb, E. J., Campbell, D. T., Schwartz, R. D., and Sechrest, L. (1966). *Unobtrusive measures: nonreactive measures in the social sciences*. Chicago: Rand McNally.

Wei, K. (2010). *The elderly in empty nests: China's challenge*. [Online]. Lingnan University, Hong Kong. Available at: <http://commons.ln.edu.hk/apiasmp/18> [Accessed 23 March 2014].

Weiss, R. S. (1973). *Loneliness: the experience of emotional and social isolation*. Cambridge, MA: MIT Press.

Wenweipo (2007). *Nearly half of older people living alone in urban areas (in Chinese)*. [Online]. Wenweipo, Hong Kong. Available at: <http://paper.wenweipo.com/2007/02/12/WW0702120006.htm> [Accessed 23 August 2010].

Wenweipo (2008). *The problem of older people living alone (in Chinese)*. [Online]. Wenweipo, Hong Kong. Available at: <http://paper.wenweipo.com/2008/02/01/NS0802010007.htm> [Accessed 23 August 2010].

Wenweipo (2010). *One-third older people in China by 2050 (in Chinese)*. [Online]. Wenweipo, Hong Kong. Available at: <http://paper.wenweipo.com/2010/08/13/CH1008130032.htm> [Accessed 23 August 2010].

Whetsell, M. (2006). *Quality of life and spirituality: the elderly in Mexico and the UK*. Paper presented at 'Quality of life: international perspectives on aging'. 17th International Nursing Research Congress Focusing on Evidence-Based Practice. 19-22 July 2006. Canada.

Wiener, J. M. and Tilly, J (2002). Population ageing in the United States of America: implications for public programmes. *International Journal of Epidemiology*, 31(4), 776-781.

Wiggins, R. D., Higgs, P. F. D., Hyde, M., and Blane, D. B. (2004). Quality of life in the third age: key predictors of the CASP-19 measure. *Ageing & Society*, 24, 693–708.

Wilhelmson, K., Andersson, C., Waern, M., and Allebeck, P. (2005). Elderly people's perspectives on quality of life. *Ageing and Society*, 25, 585–600.

Wong, F. M. (1975). Industrialization and family structure in Hong Kong. *Journal of Marriage and the Family*, 37(4), 985-999.

Wong, H. (2000). *Creating poverty trap: the failure of social security in alleviating poverty in Hong Kong*. Hong Kong: City University of Hong Kong.

Woolcock, M. (2001). The place of social capital in understanding social and economics outcomes. *Isuma*, 2(1), 11-17.

World Health Organization. (2002). *Active aging: a policy framework*. Switzerland: World Health Organization.

World Health Organization (2014a). *WHO global network of age-friendly cities and Communities*. [Online]. World Health Organization, Switzerland. Available at: http://www.who.int/ageing/age_friendly_cities_network/en/ [Accessed 1 March 2014].

World Health Organization (2014b). *WHO: definition of health*. [Online]. World Health Organization, Switzerland. Available at: <http://who.int/about/definition/en/print.html> [Accessed 10 December 2014].

World Health Organization (2015). *Definition of an older or elderly person*. [Online]. World Health Organization, Switzerland. Available at: <http://www.who.int/healthinfo/survey/ageingdefnolder/en/> [Accessed 10 March 2015].

World Health Organization QOL Group (1994). The development of the World Health Organization quality of life assessment instrument (the WHOQOL). In J. Orley, and W. Kuyken, (Eds.). *Quality of life assessment: international perspectives*. Heidelberg: Springer-Verlag, pp. 41-57.

Yan Ji News (2013). *The first sentencing of 'Often go home to visit the older people' (in Chinese)*. [Online]. Yan Ji News, China. Available at: <http://www.yanjinews.com/html/news/zhongyao/2013/0702/28247.html> [Accessed 8 August 2013].

Yang, K. and Victor, C. (2008). The prevalence of and risk factors for loneliness among older people in China. *Ageing and Society*, 28(3), 305-327.

Yang, K. and Victor C. R. (2011). Loneliness in 25 European countries. *Ageing and Society*, 31(8), 1368-1388.

Yang, P. (2010). What is productive in Taiwanese centenarians' lives? A challenge for the definition of productive ageing. *China Journal of Social Work*, 3(2-3), 125-137.

Yi, Z. and George, L. (2000). Family dynamics of 63 million (in 1990) to more than 330 million (in 2050) elders in China. *Demographic Research*, 2(5), 1-48.

Yi, Z. and Wang, Z. (2003). Dynamics of family and elderly living arrangements in China: new lessons learned from the 2000 census. *The China Review*, 3(2), 95-119.

Yin, R. K. (1984). *Case study research: design and methods*. Newbury Park, CA: Sage.

Yip, P. S. F., Chi, I. and Chiu, H. (2002). *A multi-disciplinary study on the causes of elderly suicide in Hong Kong*. Hong Kong: University of Hong Kong/Centre for Suicide Research and Prevention.

Youmans, E. G. (1969) Some perspectives on disengagement theory. *Gerontologist*, 9(4), 254-258.

Xian Evening News (2010). *Survey on psychological problem of older people living alone (in Chinese)*. [Online]. Xian Evening News, China. Available at: <http://www.big5.hinews.cn/news/system/2010/11/27/011564268.shtml> [Accessed 23 December 2010].

Xinhuanet (2010). *China first released the statistical bulletin on development of ageing service (in Chinese)*. [Online]. Xinhuanet, China. Available at: http://big5.xinhuanet.com/gate/big5/news.xinhuanet.com/2010-07/13/c_12329752.htm [Accessed 23 August 2010].

Zizza, C. A., Ellison, K. J. and Wernette, C. M. (2009). Total water intakes of community-living middle-old and oldest-old adults. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, 64(4), 481-486.