

Positive ageing: the views of middle-aged and older adults in Hong Kong

ALICE MING-LIN CHONG*, SIK-HUNG NG*, JEAN WOO**
and ALEX YUI-HUEN KWAN*

ABSTRACT

Life expectancy has been increasing rapidly in many parts of the world, including Hong Kong. A longer life can be welcome as an opportunity to fulfil as yet unmet aspirations, or to take up new challenges and projects, but it may also be a burden, especially for individuals who are unprepared. A pressing question for longer-life societies is: how may older people live their longer lives to the full positively? This article reports a qualitative study of Hong Kong Chinese people's views about 'positive ageing', as expressed and discussed in 15 focus groups of middle-aged and older people. Two themes emerged: first, the participants considered that positive ageing should comprise good health, having a positive life attitude, active engagement with an activity or with society, feeling supported by their families and friends, being financially secure, and living in a place with emotional ties; and secondly, several key factors that enable positive ageing were identified, namely, adopting a healthy lifestyle, thinking positively, promoting family and inter-personal relationships, and building up financial resources. The views of the participants about 'positive ageing' are compared with those reported from western studies, and the policy implications are considered.

KEY WORDS – ageing well, positive ageing, Chinese, family relationships, healthy lifestyle, financial security, filial piety.

Introduction

With a lifespan of 75 years or more now commonly achievable, the new concern in 'long-life societies' is less to add years to life, although this is important, but more to add life to years. A pressing question is, how can older people live their longer lives positively and to the full? To address this question, one needs to look at how older people currently cultivate and develop different resources to strengthen their resilience and adaptability to the changing requirements of old age. This narrow focus will not

* Department of Applied Social Studies, City University of Hong Kong.

** Department of Community and Family Medicine, Chinese University of Hong Kong.

give a full picture, however, and younger people also need to be included in the study, to find out how resources for old age can be cultivated and developed before it is reached. Accordingly, we have adopted a life-span approach in a study of responses to and anticipations of personal ageing in and from mid-life. This article reports a qualitative study of middle-aged and elderly Hong Kong Chinese people's conceptions of 'positive ageing', and of the factors that, in their view, influence how well they age. We have examined how middle-aged and older people define positive ageing, their lay theories of how to age well, and what they are actually doing the better to prepare for their own old age. Commonalities and differences between the sample's views and those of other studies will also be examined to identify cultural differences.

Conceptual framework

A literature review readily establishes a lively contemporary debate on the concept of 'positive ageing' and related terms, such as 'healthy ageing', 'active ageing', 'productive ageing' and 'successful ageing' (Cheung *et al.* 2002; Kahana and Kahana 1996; Martin 2002; Phelan *et al.* 2004; Pinquart and Sörensen 2000; Strawbridge, Wallhagen and Cohen 2002; Vaillant 2002). Each of these concepts, though similar, emphasises different aspects of the quality of life of an older person, and reflects a reorientation of both gerontological research and policy priorities from their previously dominant concerns with disabilities and pathology. They reflect a new ambition, to understand optimal functioning and vigour, even among the old.

'Active ageing' was advocated by the World Health Organisation (WHO) (2002) as a way of enhancing an individual's health, social participation, and financial security in old age. Healthy ageing is a key element of active ageing, but its advocacy by the WHO shifts the public health goal from a 'needs-based' approach to a 'rights-based' approach, and recognises the rights of people, as they grow older, to equal opportunities and treatment in all aspects of life. The term 'productive ageing' refers to older people's contributions to their own welfare, to their communities and to society at large (Caro, Bass and Chen 1993). It highlights their capacity to continue to work and contribute in either paid or voluntary capacities, and can be subsumed under the 'participation' element of active ageing.

None of these concepts fully embraces the economic aspects of ageing, including the process of fostering adequate financial resources before and after retirement, and maintaining the financial security of those who

do not engage in gainful employment. It is argued that financial security is at risk in industrialised societies, such as Hong Kong, where most workers do not gain a retirement pension and where the economy is undergoing rapid transformations. The change from labour-intensive to knowledge- and technology-based production is putting pressure on the job security of middle-aged and older workers. As a result, the traditional respect and deference bestowed upon older people, which recognised their roles in transmitting valuable experience (not least in production) and wisdom, has given way to an image of older people as having only marginal roles and standing. The notion of 'positive ageing' recognises both the individual and societal-level financial aspects of 'ageing well', and emphasises the importance of financial security alongside health, activities and participation. It is in this spirit that New Zealand in 2001 adopted a 'Positive Ageing Strategy' (Senior Citizens Unit, Ministry of Social Policy 2001), with the aim of increasing the opportunities for older people to participate in the community in the ways that they choose. The Strategy incorporates prescriptions for many aspects of life, including health, financial security, independence, self-fulfilment, community attitudes, personal safety and security, and the physical environment.

The concepts of 'positive ageing' and 'successful ageing' are very often used interchangeably (Bowling 1993). While there is no common agreement on the distinctive attributes of those who have achieved this way of living, the consensus is that they have a combination of physical and functional health, high cognitive functioning, financial security and active involvement with society. Both concepts provide a broad framework for considering the complex interplay of various stressors, resources and the quality of life. The term 'positive ageing' is preferred to 'successful ageing' in this study, for its emphasis on positive actions available to the majority of people. Several components of positive ageing have been suggested in the literature, the most frequently mentioned being robust health that minimises vulnerability to ill health and disability. Others are adequate psycho-social functioning, to maintain independence for as long as possible, and meaningful engagement with society through work (with or without pay) and social participation (Rowe and Khan 1998). Other authors have added psychological dimensions, *e.g.* self-acceptance, purpose in life, and sense of control (Bowling 1993; Ryff and Keyes 1995), and social dimensions, *e.g.* solidarity with and identification with society (Keyes 1998).

The literature has mainly concerned people in western societies, however, and there are too few studies of Chinese societies to warrant generalisation of their findings and concepts. How to age positively is individually variable and subjective, and is almost certainly affected

by cultural and societal factors, *e.g.* dietary habits and physical activity patterns differ substantially between Caucasians and the Chinese (Woo 2000). This study aimed to test the hypothesis that the Chinese population entertains similar views to westerners on positive ageing, but that socio-cultural factors result in different weights being attached to the various components or dimensions of its practice.

The Hong Kong context

Hong Kong is situated in the far southeast of China and was a British colony from 1842 until 1 July 1997, when it was returned to the People's Republic of China and became a Special Administrative Region (SAR). It has a very high population density and an exceptionally congested urban environment, and is the commercial and financial centre of the region. Hong Kong's population was 6.80 million in 2003, and 11.7 per cent were aged 65 or more years; the older percentage is projected to rise to 27.0 by 2033. Hong Kong has high average life expectancies at birth: in 1983 they were 72.3 years for men and 78.4 years for women, and they are projected to be 82.5 years for men and 88 years for women in 2033 (Census and Statistics Department 2004). As in most industrialised societies, Hong Kong has a low birth rate. Population growth is now sustained by migrants from Mainland China, who come to Hong Kong for family reunion through the 'One-way Permit Scheme' (OWPS). There have been 632,293 OWPS arrivals since 1990, a daily average of 147, and among them those aged 45 or more years fluctuated between seven and 15 per cent (Home Affairs Department and Immigration Department 2004). Being new to Hong Kong, this group of middle-aged or older people faces special challenges in preparing for their old age.

Methodology

A qualitative method was adopted to explore, in depth, the perceptions of positive ageing among middle-aged and older Hong Kong Chinese people, and also how they cultivated and managed their personal, social and financial resources to strengthen their resilience and adaptability in old age. More specifically, it was decided to use focus groups, because the dynamic interaction among the members sparks in-depth discussion, and the synergistic group effect yields more ideas, issues and topics than individual interviews. Moreover, as the aim was to uncover the participants' interpretations of the concept of positive ageing, a mainly cognitive and

TABLE 1. Characteristics of the focus group participants

Selection criteria	Number	Gender		Education standard	SES ³	Health
		F	M			
Groups of older people (aged 60 or more years)						
1 Well educated and healthy	8	5	3	High ¹	High	Good
2 Well educated and healthy	6	4	2	High	High	Good
3 Low SES	6	4	2	Low ²	Low ⁴	Good
4 Low SES	5	2	3	Low	Low	Good
5 Poor health and in care home	6	4	2	Low	Low	Poor ⁵
6 Poor health and in day-care centre	6	6	0	Low	Low	Poor ⁵
7 Poor health and in care home	6	4	2	Low	Low	Poor ⁵
8 Poor health and in day-care centre	7	4	3	High	Low	Poor ⁵
9 Active elders	8	7	1	Low	Low	Good
Totals	58	40	18			

Selection criteria	No.	Gender		Edu ⁷	Employment status ⁶				Health ⁸
		F	M		Hw	Rtd	Emp	Unem	
Groups of mid-age people (aged 40–59 years)									
10 Physically disabled	8	4	4	L	2	4	1	1	PD
11 Low-paid	6	6	0	L	1	0	4	1	G
12 Migrants from MC ⁹	6	6	0	L	1	0	5	0	G
13 Currently unemployed	6	3	3	L	0	0	0	6	G
14 Corporate employees	5	1	4	H	0	0	5	0	G
15 Civil servants	6	0	6	H	0	0	6	0	G
Totals	37	20	17						

Notes: 1. High education standard refers to education level at or above senior secondary. 2. Low education standard refers to education level below senior secondary, and includes illiterates. 3. SES: socio-economic status (approximation). 4. Low SES refers to elderly people with low means of subsistence or who rely on public assistance. 5. Poor health refers to difficulties in activities of daily living, suffering from physical disabilities or being wheelchair-bound. 6. Hw Housewife, Rtd Retired, Emp In paid employment, Unem Unemployed. 7. Educational standard (L low, H high): see notes 1 and 2. 8. PD physically disabled, G good. 9. From Mainland China.

attitudinal matter, other qualitative research methods such as participant observation would be less effective (Berg 2004).

The focus groups

Ninety-five people aged 40 or more years from all walks of life were invited to 15 focus groups, each of which had five to eight members.¹ Six groups were convened with people aged 40–59 years, to explore their preparation for old age, while the nine other groups were of people aged 60 or more years. The membership represented both genders and diverse ages, education levels, health conditions (frail or healthy) and socio-economic status (high or low), and is summarised in Table 1. The middle-aged participants included migrants from Mainland China within the previous 10 years,

corporate employees, civil servants (entitled to retirement pensions), low-paid employees, people who were currently unemployed, and people with severe physical disabilities. At each focus group, the participants were invited to articulate their notions of positive ageing, to give personal examples, and to identify the factors that would affect how they aged well or positively. Care was taken not to ask them to talk about ‘healthy’ or ‘active’ ageing, as such terms would have biased their responses. Most of the group discussions were held in the participants’ habitual settings, principally workplaces, community centres and care homes. The duration of the discussions ranged from 45 to 90 minutes. Most ended when the participants had no further comments or showed signs of fatigue, which was common among those of poorer health.

Data analysis

The discussions were audio-recorded with the participants’ consent and transcribed by an undergraduate psychology student who attended the meetings. Individual ‘units of meaning’ were recorded and coded by the research assistant and one member of the research team. Similarities and differences between these units were identified. Similar units of meaning were assigned to categories, which were then refined and organised into main themes. The above steps were iterated until no new categories emerged. The resulting themes and observations were validated by another member of the research team.

Findings: the participants’ understanding of positive ageing

From the 15 focus group discussions, it was found that a relatively simple conceptual framework captured the participants’ understanding of positive ageing. It has six clearly identifiable components: good health, a positive attitude, active participation, social support from family and friends, financial security and residential stability (‘ageing in place’). A major recurrent theme in all the groups was that positive ageing means having *good health*. The elaborations referred to the ability to take care of themselves, to be able to eat, to get to places, and to sleep without assistance. Illustrative comments are reproduced in Table 2. The participants considered that having good mobility (with a stick or other aids if required) was a very important component of robust health: the extreme opposite was seen as being bedridden. Among the older participants who suffered from illnesses or disabilities, good health was commonly explained as the ability for self-care, continued independence, and the delay of deterioration.

TABLE 2. Comments during the focus group discussions on the dimensions of positive ageing

Good health

Health is the most important part of positive ageing. (Group 1, man, aged 72 years)

It is important to be mobile, to be able to eat independently, and to have fun. (Group 8, woman, aged 66 years)

It would be terrible if you were bed-ridden, just like one of my relatives who was bed-bound for 8 whole years before she died. (Group 11, woman, aged 48 years)

Health is a factor that you cannot control too much, unlike your financial resources. Therefore, it is important to stay healthy and active. (Group 14, woman, aged 48 years)

Having a positive attitude

Since we don't know when we will die, we should therefore maximise today: to do something we like, something that can help others, something meaningful ... that may be positive ageing. (Group 1, woman, aged 70 years)

It feels good that, even though we are old, we can still help others and contribute to society while doing something that is of value to ourselves at the same time. (Group 2, man, aged 69 years)

Don't restrict yourself. Whatever the young people can do, so can we, even though we may need more time. While it takes them one day, it may take us three days, but still we can do it. Don't admit that you are old. I won't, I always think that we are as young as babies. (Group 9, woman, aged 72 years)

The elders should never be stubborn; otherwise no one would like to approach you. (Group 9, man, aged 66 years)

The most important thing is to find meaning in life, and to have some life goals. (Group 14, man, aged 54 years)

If we have a positive outlook, our health would become better too. (Group 15, woman, aged 43 years)

Active participation

Positive ageing, for me, means being able to do something that I desire but did not have the time to do so when I was young. (Group 1, woman, aged 62 years)

In the past, I was very active in my work. Now after retirement, I am still very active in different activities. This is positive ageing. (Group 2, man, aged 69 years)

Keeping busy during the day can help us stay open-minded and positive. (Group 9, man, aged 69 years)

The important thing is to have meaningful engagement. I like painting, but I am now too busy to develop this interest. When I retire, I could have time to visit those beautiful mountains and places where famous artists go. That would be just wonderful. (Group 14, man, aged 51 years)

Social support from family and friends

Having a partner is very important, since it is now common to live away from your children. (Group 3, man, aged 69 years)

I don't necessarily depend on my children for my livelihood, but I do think it is their responsibility to take care of me. I would not ask them to do so, but I hope they would take the initiative. (Group 2, woman, aged 71 years)

My daughter gave birth to a grandson who keeps me company. I can play with him, I am really fortunate. (Group 1, woman, aged 70 years)

The most important thing is for all my children to get married and settle down. Positive ageing only occurs if you do not have to worry about your children or grandchildren. (Group 9, woman, aged 72 years)

I often have tea with the centre members. We enjoy chatting and sometimes we would reminisce together.

But I would not have so much to talk with my family members; anyway, they don't have the time to do so. (Group 4, woman, aged 73 years)

Filial piety is a basic human virtue. If a person is not nice to their parents, how could you expect him to be nice to other people? (Group 12, woman, aged 45 years)

Financial security and insecurity

The most important factor for a happy old age is to be financially independent. (Group 3, man, aged 68 years)

Money is not omnipotent, but without money, you are incompetent. (Group 10, man, aged 45 years)

I don't think I will work till 60 years of age. As soon as I have saved up enough money to safeguard my old age, I would retire immediately. (Group 14, man, aged 48 years)

The second component was *having a positive attitude*, which had several expressions: having a sense of purpose-in-life, and generally feeling content or happy. It was explicitly said to play a part in maintaining emotional wellbeing and to be a source of subjective wellbeing. A positive attitude was seen as consistent with the recognition that a person could no longer perform some tasks that were easy when she or he was younger. This component was the most fully elaborated by the participants, possibly because it describes an attitude that many felt was not widely understood (see the example comments in Table 2). To some participants, having a positive attitude meant not looking down on themselves. The middle-aged participants shared the older participants' emphasis on a positive outlook, and some, especially the corporate employees, gave examples from among their acquaintances of how a positive attitude about ageing and losses could contribute to ageing well, even independently of financial and physical factors. For those suffering from poor health, a positive attitude referred to the ability to accept their illnesses, and not to let them affect their emotions (or become depressed).

Positive ageing means *active participation* in many different types of activities, from hobbies, such as arts or crafts, to learning something new, such as computer skills. The dimension extended to being actively engaged with the community, such as taking up voluntary work or participating in community activities. Beside the joy of participation, this could also prevent a sense of loneliness and uselessness (see comments in Table 2). Taking up a hobby or a sport was said by the participants to help maintain a secure social network, which was seen as another important ingredient of 'positive ageing'.

Having *good social and family support* was said to promote a positive attitude. This refers to support from spouse, from adult children and grandchildren, or from other family members. As to support from children, all participants had some knowledge of the traditional notion of filial piety (*xiao*), and its obligation upon children to provide emotional and material support, and to respect and take care of elderly parents. They all subscribed to these values, although to varying degrees. Nonetheless, the general consensus was that whilst both material and emotional support from their families (especially children) was beneficial to older people, it was not essential for their children to support them materially; they were keenly aware of Hong Kong's economic down-turn. They also showed great consideration for their children, in being willing to forgive them for not spending a lot of time with them, because they understood that they worked long hours and had busy lives.

Contrary to most other participants, the middle-aged recent migrants from Mainland China had high expectations of their children. They

wanted them to get good results at school, to give something back to society and, most importantly, to support their parents financially and emotionally in the future. This group of participants tended to uphold more traditional (or idealised) expectations of their children. An interesting subsidiary theme was the role of grandchildren. Several older participants derived joy and fun from their grandchildren, and an important influence on the participants' sense of happiness was their children's or grandchildren's wellbeing. They were very concerned about their relatives' health, work or study conditions, financial state and whether they behaved themselves.

Having a partner's support was seen as very important by both the middle-aged and older participants, and adults with physical disabilities were especially thankful for their spouse's help. Many of the older participants also recognised the importance of age-peer relationships, not least because they met their friends more frequently and for longer periods than their family members. Among the middle-aged adults with physical disabilities, the support of family and friends was regarded as of the utmost importance, with explicit references to the support that they gave in whatever they wished to pursue, and that they did not neglect them in any way.

Many participants referred to the importance of *financial security* or economic self-reliance for positive ageing, but it was also widely believed that the definition of financial adequacy was very subjective. They did not expect to be rich but to have a modest living-standard, so that they could maintain a certain degree of independence. On the other hand, many participants believed that although adequate financial resources were an important element of ageing well, they were not as important as being physically and mentally healthy. In comparison, the middle-aged participants, especially those who were unemployed and those who were physically disabled, placed greater emphasis on financial security than the older participants.

Although many participants realised that living costs were much lower and the living environment was less congested in Mainland China than in Hong Kong, very few planned to move there. Their major concerns were that the healthcare system in Mainland China was not as advanced as that in Hong Kong, and there was less free healthcare. More importantly, it would be difficult for them to move and to adapt to a new environment. They preferred to stay where they had familiar and trusted friends and loved ones. It seems that they were not talking about a physical place, but an 'emotional' place where their hearts lay and where they had emotional ties. The unemployed middle-aged respondents were most strongly against moving to the Mainland, substantially because it provided

little social security for people in financial difficulty. On the other hand, recent migrants were more receptive to this idea since they were familiar with, and had greater appreciation of, the situation in Mainland China. But, like the other participants, they expressed concern about the health-care system in China, and their decision depended on where their children's homes would be.

Factors affecting positive ageing

The participants were invited to describe what they had done, if anything, to prepare for old age, and, if so, when and, more specifically, what they had done to develop their personal resources with reference to the various components of positive ageing.

When did they start to prepare for old age?

Many middle-aged participants admitted that whilst they realised the importance of a smooth transition from employment to full retirement, they had not begun to prepare themselves socially, financially and psychologically, largely because of a lack of time and financial resources, but also because of the high work-related stress in Hong Kong. Those participants who suffered from severe physical disabilities and who were currently unemployed felt helpless and hopeless about their future because of the rapid pace of technological change and the financial insecurity. Most of the eight participants who suffered severe physical disabilities preferred to focus on the present and the immediate future, and only one had a plan about what he wanted to be doing in 10 years' time. That said, most recognised the need to do something to enhance their quality of life, such as making more friends, learning something new and helping others as much as possible. By contrast, the corporate employees were very positive about their future; a few even looked forward to retirement so that they could spend more time doing things that they enjoyed. Most of the middle-aged participants said that they would only start to look ahead to old age when either they or significant others suffered a serious illness; otherwise, they would plan for later life when their retirement age approached.² Only a few had started to make specific plans, such as making investments or changing to a healthier lifestyle.

Adopting a healthy lifestyle

A healthy lifestyle was frequently mentioned as an important factor in ageing positively (for illustrative comments see Table 3). The discourse

revealed two main approaches, one to maintain good physical health, the other to engage in different activities. The main stratagems for maintaining good physiological health were a healthy diet and regular exercise. For the former, there were many references to reducing tobacco consumption, preparing nutritious soups, and following the *Food Guide Pyramid* (Center for Nutrition Policy and Promotion 1996), *i.e.* limiting the consumption of salt, sugar, oils and meat, and increasing the intake of fish, grains, fruit and vegetables. The middle-aged participants were the most knowledgeable about the way to maintain a healthy diet. Besides the mentioned changes, they would eat less spicy food, take fewer night-snacks, and have nutritious soup more often. A regular exercise routine was also viewed as an important part of staying active and healthy, and the following were mentioned: joining *Tai Chi* classes, aerobics, swimming, walking and playing badminton.³

An interesting inconsistency emerged, for while many of the middle-aged participants had kept a healthy diet for some time, only a few had started physical exercise. They said that long working hours meant there was a lack of time, and that while it was relatively easy to control one's diet, it was very difficult to rearrange their daily routines, by, for instance, getting up earlier in the morning to exercise. Many said that they planned regular exercise after retirement, a stance that conflicted with the older participants' views that both healthy diet and regular exercise should start in middle-age or even younger. The participants generally believed that it was important to engage in different activities, both formal and informal, and both alone and with other people. They specifically referred to personal hobbies, taking up voluntary work, and participating in different activities at centres for elderly people. Many participants spent a lot of time in such centres and it emerged that involvement in the centres tended to increase with age. Some of the older focus-group participants felt that their involvement with the activities at the centres kept them 'in tune with society', 'more flexible', 'less self-centred' and 'less stubborn'.

The older participants who were residents of long-term care homes and suffered from poor health wished that more outdoor activities were arranged at the homes, largely because it was difficult for them to go out without assistance. The leisure activities that they preferred required little physical strength, *e.g.* knitting, watching television or chatting with friends. Many expressed the desire to live their lives to the full, which in concrete terms meant that they wanted to eat as they like, sleep as they like, go about as they like, and enjoy life as much as possible; they were keenly aware that their health might deteriorate later. In all the focus groups, it was recognised that taking part in different social and physical activities helped to build a person's social network, and that this was another

TABLE 3. *Comments on personal, social and financial factors that influence positive ageing***Early start**

If you don't start to take action to keep healthy when you are in your 30s, it will be very difficult to keep fit later. I started to do a lot of exercise such as swimming and hiking when I was young.

(Group 4, man, aged 70 years)

There is no point in planning! The future is out of our control. There are so many uncertainties, government policies change all the time. ... There is no hope, no future. (Group 13, man, aged 47 years)

Personally I don't want to think much about the future. It's a sad thing to be old, especially for us disabled people. We can't even do things that we are capable of doing now. (Group 10, man, aged 45 years)

Adopting a healthy life-style

I always keep this in mind: walk 10,000 steps a day, and drink eight glasses of water every day.

(Group 2, woman, aged 70 years)

I was active before retirement, and I am still, very active after retirement. As soon as I retired, I started to learn different things. My problem is insufficient time to learn as much as I like. (Group 2, man, aged 69 years)

I joined the centre as soon as I retired. At first it was strange, but gradually I joined more and more activities. Nowadays, I often stay in the centre from 9 am to 5 pm. (Group 3, woman, aged 68 years)

We should stay mentally active, joining different activities would mean that you can 'exercise' your brain. One good way would be to play *Majong*.¹ (Group 6, women, aged 73 years)

Since my eye-sight is not so good, I usually listen to the radio, or do some knitting for myself or my family members. Sometimes I pay a visit to friends on other floors of the care home.

(Group 5, woman, aged 63 years)

To prepare for our old age, I think we should eat right, sleep right and exercise right. (Group 14, man, aged 50 years)

If we want to age well, I suppose we should make more friends, keep on learning, try our best to help others, and be open-minded. (Group 10, woman, aged 50 years)

Thinking positively

The day will pass no matter whether you are happy or not; so why not be merry! Appreciating what we have is very important to a healthy mental state. (Group 3, man, aged 63 years)

(We shouldn't) let our poor health affect our emotion; we should accept the fact that our health will deteriorate with age. (Group 4, woman, aged 68 years)

It is enjoyable to have close contact with young people; it makes you feel young and happy.

(Group 9, woman, aged 72 years)

I smile to myself in the mirror every morning when I brush my teeth. This helps me relax.

(Group 14, man, aged 50 years)

Promoting intergenerational family relationships

The parent-child relationship is reciprocal. Children will treat you the same way you treat them.

(Group 2, woman, aged 71 years)

To be able to stay positive, you have to change your own views on how your children should behave. The societal trend is that it is no longer a must for individuals to support financially their elderly parents. Therefore, older people should accept this, and then perhaps we can live a happier life. (Group 4, man, aged 69 years)

As parents, we should understand our children's difficulties. If my children take me to a Chinese restaurant from time to time, I am very content. (Group 3, woman, aged 71 years)

The most important thing is for my children to be healthy and to have a stable job. Of course I also need to have good health too, otherwise my children would worry about me. (Group 6, woman, aged 75 years)

Nowadays sons only listen to their wives instead of their mums! (Group 12, woman, aged 42 years)

My son is the most important person in my life, much more so than my husband. I would offer him the best food and prepare him the best soup. (Group 12, woman, 57 years)

My wife and I try to set a good example for our children on ways to treat older people. We phone our parents from time to time, and sometimes we encourage our children to do so too. Hopefully they would take the initiative to contact us when we are old. (Group 15, man, aged 55 years)

TABLE 3 (Cont.)

Building up financial resources

Our generation is better at financial management than the younger generations. We are careful in spending money and we saved up. (Group 3, man, aged 68 years)

I don't expect my children to support me financially. I just hope they are financially secure themselves, since I don't think I have spare resources to help them. (Group 4, woman, aged 62 years)

Elders should be careful with their spending. It is important to control your own spending habits, such as not spending extra money on alcohol and cigarettes. ... We can eat better if our money allows, otherwise we should make do with what we have. (Group 3, woman, aged 70 years)

We worked long hours and contributed to the society when we were young, so the government should take care of us if we encounter financial difficulties now. However, I think it is unfair that the new migrants should be eligible for public assistance, because they have not done anything for Hong Kong in the past. (Group 2, woman, aged 66 years)

Nowadays, older people should turn to the government for help should they encounter financial difficulties instead of relying on their children. (Group 11, woman, aged 53 years)

Adopting religious beliefs

Religion should be viewed as a type of education on how humans should behave, and special religious ceremonies are not necessary. However, having a religious belief is useful for people seeking emotional or social support. For example, religion is useful when someone has just migrated to a new country. (The church or temple) would be a good place for them to meet new friends, and to develop a social network. (Group 1, woman, aged 73 years)

I am a Christian and my religious belief enlightens me about what is love. When I grow old, even if I have no family members, I am sure my church would be a strong source of emotional support to me. (Group 10, man, aged 54 years)

Note: 1. *Majong* is a table or board game for four people. Each player has to build a linear pattern using small cubes, the faces of which have pictures and numbers.

important ingredient of positive ageing. Those with physical disabilities particularly emphasised the value of a social network with both able-bodied and physically-disabled members, for they offered mutual support as well as physical assistance. The participants noted that all group activities attracted more women than men, and believed that women were keener to socialise. An unexpected and interesting detail was that people with disabilities attached particular importance to having a pet, and they explained that caring for a pet gave them a sense of responsibility, a source of emotional support, and eased feelings of loneliness.

Thinking positively

Many participants recommended positive thinking to enhance their mental health, and proposed that instead of focusing on the negative side of advanced age, with thoughts such as 'we are too old' or 'we are useless', people should appreciate what they had (example statements in Table 3). The participants suggested a few strategies by which to keep a healthy mental state, including learning to be more relaxed in everyday life, taking each day as it came, and not allowing oneself to be in close contact with

many negative events. A few of the corporate employees proposed more laughter, a prescription that was echoed by some older participants. Many participants acknowledged the positive effect of activities and social participation on people's outlook, since they provided a purpose-in-life and opportunities to be happy.

Promoting family and inter-personal relationships

Promoting inter-personal relationships was frequently mentioned by the participants as an important ingredient of positive ageing. Among the various types of human relationships, most participants considered inter-generational family relationships to be the most important. The mid-life participants made interesting observations about the strong bonds between their parents and their children (*i.e.* the relationship between grandparents and grandchildren). They said that it was difficult to have long conversations with their own parents, because they had few common interests and limited time, but that it was common for their children to have a more positive relationship with their parents. Most participants believed that it was important to take the lead in developing good relationships with their children; they said that people should be nice to their children, and then their children, in return, would be nice to them.

The middle-aged participants had given much thought about how to promote harmonious relationships with their children, and they prepared nutritious food and soups for them. Many felt that they should be role models for their children, to influence the ways that they treated elderly people. They took their own elderly parents out for meals, and created opportunities for their children to have more contacts with the older generation. Some felt that they should keep up with their children by keeping in touch with social change, by reading the newspaper and continuing to learn, especially about things that their children were good at, such as using computers. Among the middle-aged participants, the new migrants were especially concerned about their relationship with their sons, and a few explicitly pointed to the importance of having a good daughter-in-law.

On the other hand, given the changing societal values and socio-economic conditions, several participants from both age groups recognised the need to revise and lower their expectations of filial piety. Some of the elderly participants considered financial security as a pre-condition for filial piety, and believed that their children would provide them with emotional support only if the children were financially comfortable. Many participants recognised that their children were busy and were ready

to find substitutes and to engage in other meaningful inter-personal relationships, *e.g.* having tea or chatting with their friends.

Even the older participants who suffered from health problems still made efforts to maintain their social contacts, very often through telephone conversations. Many of the retired participants remarked that their current social network comprised contacts from their hobby or exercise classes. It became clear that, even though many had an established social network prior to their retirement, in old age their social network had few former work colleagues and more companions in their current leisure activities. It would be interesting to investigate what roles old and new social contacts played in influencing the quality of later life, especially after retirement. Systematic studies should also be conducted on the role of leisure activities in building and maintaining older people's social networks.

Building up financial resources

With the exception of the civil servants with retirement pensions, most of the participants were very concerned about their financial security. Many relied on their own savings and careful use of resources, but those without enough savings were very worried, not least because of the downturn in the Hong Kong economy. They did not want to add to their children's burden, since they were aware of the insecurity of their jobs. At the same time, they claimed that they could adjust their living and eating habits 'to make ends meet'. Among the participants who were less secure financially, many in both age groups preferred to seek financial assistance from the government rather than from their children. Moreover, some were of the opinion that, because they had contributed to the growth of the society when younger, it was the government's responsibility to help them now. In this connection, they did not think it was fair for the government to cut public assistance. By contrast, some of the older participants who had been in Hong Kong for a long time thought that people could nowadays get financial assistance from the government too easily. They felt it unfair that new migrants, who had not contributed to the region, received financial aid from the government but still complained that it was insufficient.

The middle-aged participants were more knowledgeable than their older counterparts about ways of ensuring financial security in old age. Besides saving, some had considered taking up various insurances, most often life assurance, to reduce the financial burden on their children. Recognising the possibility that medical expenses would become their greatest financial burden in the future, a few had even thought about

TABLE 4. *Comments on the living arrangements and societal conditions that influence positive ageing***Preferred living arrangements**

I have more freedom when living alone. (Group 4, woman, aged 62 years)

It is easy to be nice to each other if we only see each other from time to time, but it is very difficult to live every day under the same roof. (Group 3, woman, aged 72 years)

If the children can afford it, I prefer to have a maid at home to help take care of me instead of entering an aged-care home. (Group 4, woman, aged 73 years)

The living arrangement must be agreed upon by both the parents and the children. The important point is to be considerate to each other. (Group 2, women, aged 74 years)

What's the point of having children if you still need to live in an aged-care home! Elderly people in Mainland China are more fortunate than their counterparts in Hong Kong, since most live with their children. (Group 12, woman, aged 42 years)

If I can't take care of myself, I won't mind living in an aged-care home, since the facilities have improved a lot nowadays, and I would meet people of similar age and conditions there. Moreover, my children won't have to bother about me. (Group 11, woman, aged 45 years)

I don't think I will live with my children in my old age. We have different life styles, different educational levels and different perspectives. There's bound to be some conflicts, especially between me and the in-laws. (Group 15, woman, aged 45 years)

Social conditions

Environmental situations, such as societal discord, economic changes and governmental policies, have greater impact on our daily life than our families. (Group 1, man, aged 62 years)

Even if you have savings, the money will go quickly if you are ill. So the government should provide emergency medical care and other health care to older people at a very low price. (Group 4, man, aged 69 years)

The mass media should not stereotype older people as frail and weak. They should portray the older generation's positive side, *e.g.* being healthy. I think it would be very encouraging to us if more television programmes have an older person as the main character. (Group 2, women, aged 70 years)

health insurance, but had not purchased it because they believed that if they did incur medical expenses, they would be too high to be covered by the insurance.

Preferred living arrangements

The participants' expressions revealed that the preferred and expected living arrangement changed with age. In their hearts, many of the older participants would have preferred to live with their adult children, but they unanimously believed that the final decision was the child's. They did not mind living alone or only with a spouse, and those in this arrangement did not consider their children non-filial. Some mentioned good reasons for *not* living with their children (for illustrative comments, see Table 4).

The participants had disparate views about staying in long-term care homes. The older participants of higher education and socio-economic status were willing to live in care homes if there was no option, or if they required long-term care that their children could not provide. Besides

the provision of care, they saw communal living as offering opportunities to interact with other people. Some participants, including those with family members, said that they regarded their senior centre or care home as a substitute for their families, and accepted other residents as family members because all helped and cared about each other. On the other hand, the older respondents of lower socio-economic status and the middle-aged new migrants resisted the idea of living in a care home, because that would have meant that their children were not caring enough, and that brought shame. There was a consensus that the crucial points were whether institutional living was their, or their children's, choice, and if someone had to live in a care home, whether their children visited regularly and at least once a week.

Other factors

Two other factors that influenced the quality of life in old age were identified by the participants, namely religion and social conditions. Most participants did not believe that having a religious belief was essential to positive ageing (for illustrative comments, see Table 3). The participants who had a religious belief felt that it was a source of psychological strength when in need; this was particularly evident among the participants with physical disabilities. Furthermore, it was stressed that the most important tenets of religion were the moral codes, not the matters of faith, and they believed that all religious beliefs provided a person with positive attitudes towards life. As to social conditions, many participants expressed the view that the quality of old age was not entirely in the individual's control, and that social, economic and political environments had profound impacts. A majority of the participants of both age groups expected the government to take up a more active role in elder care, mainly in providing financial assistance and public healthcare (for illustrative comments, see Table 4). A few middle-aged participants also commented on the responsibility of the mass media to promote a positive image of elders, as by recognising the important roles that older people had, and portraying more healthy elders, not just those with disabilities and frailties.

Discussion and recommendations

As only 15 focus groups were conducted with 95 participants, no generalisable findings were produced, but the data were rich and successfully revealed the indigenous views of middle-aged and elderly Hong Kong Chinese on the attributes of positive ageing and on ways to age well.

To identify the commonalities and exceptionalism in the constructs of positive ageing held by Hong Kong Chinese people, this section compares our findings with those of previous studies.

The indigenous view of positive ageing

The focus-group discussions revealed that, in the minds of both middle-aged and elderly Chinese people, the notion of positive ageing was multi-dimensional and complex, and involved the interplay of several domains, including good physical health and functional abilities, a positive attitude about yourself and the future, maintaining active engagement with an activity or with society, feeling supported by family members or friends, being financially secure, and living in a place with emotional ties. One participant, a man aged 79 years in Group 1, summed up the views expertly: 'The five cardinal pointers of positive ageing are: a partner, enough money, good health, friends, and a house of your own'.

These domains of positive ageing are very similar to those that have been found in western societies (Strawbridge *et al.* 1996). For example, Rowe and Kahn (1997, 1998) proposed that 'successful ageing' had three components, namely a low risk of disease and disease-related disability, high mental and physical functioning, and active engagement with life. Contrary to Rowe and Kahn's criteria, however, some of the participants who suffered chronic conditions and functional disabilities still considered themselves to be ageing positively. Indeed, many of the middle-aged and older Chinese participants in effect regarded the Rowe and Kahn criteria as equivalent to the concept of 'optimal aging' (Hooyman and Kiyak 2005), which refers to exceptional functioning on measures of physical, cognitive ability and emotional wellbeing, and cannot be achieved by many people. The participants subscribed to a less demanding definition of positive ageing, one that refers to a state of wellbeing that is attainable even by those who suffer from chronic illnesses or disabilities. This construction of positive ageing echoes Strawbridge, Wallhagen and Cohen's (2002) view that older people's subjective assessment of successful or positive ageing is the prime consideration. The fact that participants with similar life experiences or illnesses had different interpretations of their own ageing process points to the need for more research on the relationship between, on the one hand, an individual's life experience, and on the other, his or her interpretation of their experience, achievements and present conditions.

A positive attitude about self, and senses of having made a contribution and of having a purpose-in-life, were also identified as important domains of positive ageing by the Hong Kong sample. They were subscribing,

in effect, to the importance of achieving Erikson's (1959) eighth stage of psycho-social development, ego integrity. Their comments confirmed that older people continued to endeavour to find meaning in their life, and to feel good about themselves, even if by conventional medical or youthful standards their functional capacities were reduced. There was a striking similarity between the Hong Kong samples views of positive ageing and those reported for samples of Japanese-American and white-American older people (Phelan *et al.* 2004). The last mentioned identified 13 attributes of 'successful ageing', including physical health, self-functioning ability, social health (family/peer support, and involvement with the world), and psychological health (including life satisfaction, autonomy, control and choice, coping, not feeling lonely/isolated, and the ability to adjust to change). The list is equivalent to a comprehensive (or holistic) construction of health.

The only domain that distinguished the views expressed during the Hong Kong focus groups from the constructions reported by previous research in other parts of the world was financial security. Its significance may be both cultural and societal. In terms of social protection, the majority of the working population in Hong Kong do not expect to receive a public-sector pension. A mandatory contributory Provident Fund was launched in 2000, but the benefit to the present cohort of older people is negligible. Moreover, the severe economic recession in Hong Kong since 1997 has raised people's concerns about their basic livelihood. The lifetime experiences of the current cohort of Chinese elders have also been influential; many experienced considerable hardship in their young days, through wars, for instance, and famines, and they understand only too well the importance of financial adequacy.

In terms of cultural differences with western constructions of positive ageing, an important influence in Hong Kong was the decreasing role of filial piety. Traditionally, having filial children was considered a prerequisite to ageing well. The Confucian teaching of *xiao* commanded young people to be respectful, caring and obedient to elders (whether or not members of the family) (Yue and Ng 1999). Most elders expected their children to observe these obligations. This study has revealed, however, that while the participants felt that family support was an important attribute of positive ageing, and while most expected their children to maintain regular contact and to provide care if it was required, they mentioned nothing about obedience, and their expectations for financial assistance were modest and showed considerable understanding. This finding confirms that of Ng and associates (2000), who found that among European and Chinese families in New Zealand, obedience and financial support were the least affirmed among six filial obligations, and that

the others (to maintain contact with, to respect, to take care of, and to please elders) were more highly valued. Indeed, Ng and associates (2000) concluded that financial dependence was disfavoured. This pattern of filial expectations may not be new or may be a result of modernisation and industrialisation; as the younger generation enjoys a better education and higher social mobility than their parents, older Chinese people may have become more willing to relinquish some of the power and respect that senior citizens previously expected and enjoyed. On the other hand, the readiness to excuse their children from financial assistance might be partly a rational response to the current economic instability and recession and to the availability of public social-security assistance.⁴

The group discussions indicated that, in general, the participants were more concerned about the welfare of their children and grandchildren than their own. They were concerned about the younger generation's health, their studies and work, their financial adequacy and their happiness. They were even willing to provide material assistance to their adult children, if it was needed and if they could afford it. This attitude signifies a desire to be 'generative', Erikson's seventh stage of psychosocial development (1959), and suggests that even in old age, people are still motivated to care for and mentor the younger generation. This finding suggests that both generativity and ego integrity, the seventh and eighth stages of Erikson's model, are important both to older people and for their psychosocial development, and that 'positive ageing' requires the simultaneous activation of the cognitive states and practical actions required for their accomplishment.

Indigenous ways to build up personal resources for positive ageing

Many participants identified ways of developing their different personal resources to enable them to age well. They included adopting a healthy lifestyle (a healthy diet and regular exercise, and participating in different formal or informal activities), promoting their relationships with their family members or family substitutes, and saving or using their financial resources carefully to maintain financial security. If they experienced financial hardship, many participants had no objection to applying for financial assistance from the government, since they had contributed to society in the past. This view was contrary to the widespread assumption that the prevailing preference was to rely on family support; this finding has important policy implications.

The priority given by the participants to a healthy lifestyle corresponds to gerontologists' recommendations (Rowe and Kahn 1997; Woo 2000). Most commonly stressed was to engage in physical activities generally and,

in particular, to exercise. The participants mentioned the need to pursue regular exercise, even when aged in the thirties. Ranzijn (2002) suggested that older people can foster a sense of purpose in life and a positive affect about themselves if they participate in different activities, because they help to promote physical and mental health. Taking up physical exercise also brought significant benefits in social contacts. In Chinese societies such as Hong Kong, many take physical exercise in groups, and many elders take their morning exercise by hiking around the hills with peers, by doing physical exercises or folk dancing in groups in parks, or doing *Tai Chi* with their friends or neighbours. Many older people spend two to three hours each day on their morning exercise, and many immediately afterwards take Chinese tea with their companions. Thus morning exercise is a time to meet friends and it builds and sustains their social network.

The emphasis on social interaction is not unique to the Chinese societies, since studies in the west have also found that social interaction is an important complement of leisure activities and among the most frequently reported reasons for participation. Auld and Case (1997) found that people typically participated with between one to five others, most of whom were friends. Self-esteem, help and social approval were the main resources that were received through leisure activities. Its role may be even more important for Chinese elders, since the majority of their activities are carried out within peer groups, while physical exercises that are undertaken in solitude, such as running, jogging and going to the gymnasium, are not popular.

In terms of healthy diet, an interesting culturally-specific observation was that many, in both the middle-aged and older groups, placed great emphasis on having nutritious soups. Many prepared good soup for their children, to show their concern and love, and many prepared soup for their own consumption, to keep healthy and even to treat minor ailments. Another important finding was that while most middle-aged participants realised the importance of adopting a healthy lifestyle early in adulthood, many had not done so except by following a healthy diet. The majority had not taken up regular exercise nor developed a hobby, but they planned to do so later, especially after retirement. They were aware, however, that this might be too late for the health benefits of such activities to be realised, which implies that, despite their cognitive awareness, many middle-aged participants were not taking active steps to prepare for old age. The fact that regular exercises appear to be most easily pursued in groups may compound the difficulties of starting and maintaining such activities in mid-life, when it is clearly difficult for several people with jobs and other responsibilities to gather for this purpose. In a nutshell, while individuals should plan and prepare for their old age by building their

physical, social and financial resources in early mid-life, when left to the individual's endeavour, too little is done. Support from the public sector, particularly in terms of medical care and financial assistance, is needed so that people can age well.

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NOTES

- 1 The group size was close to Krueger's (1994) recommendation that it should be no more than seven.
- 2 The characteristic retirement age in Hong Kong at the present time ranges from 55 to 60 years.
- 3 *Tai Chi* is a traditional exercise featuring soft and gentle movements. It has relaxing effects.
- 4 This observation is consistent with a quantitative study by one of the authors of this paper of 77 Chinese elders in Beijing, which found that they had realistic filial expectations in that they expected their children to retain contact and to respect them, rather than to assist them financially (Yue and Ng 1999).

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Address for correspondence:

Alice Ming-lin Chong, Department of Applied Social Studies, City University of Hong Kong, Tat Chee Avenue, Kowloon, Hong Kong.

e-mail: alice.achong@cityu.edu.hk