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**A Study of Family Support, Friendship, and Psychological
Well-being Among Older Women
in Hong Kong¹**

by

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Abstract

The purpose of the study was to examine the effects of family support (affective and instrumental) and friendship (affective and instrumental) on the psychological well-being of older women in one district in Hong Kong. The study sample consisted of 60 older women aged 60 to 85. The results show that family support (affective and instrumental) and friendship (affective and instrumental) are all related positively significantly to psychological well-being (measures of positive affect include happiness, life satisfaction, and competency; and negative affect include stress, anxiety, and depression). A series of stepwise multiple regression analyses demonstrated that affective support for family and perceived importance of friendship were strong predictors of psychological well-being. Some recommendations with regard to informal support provision for older persons are discussed in the paper.

Introduction

There has been a growing concern for the role of social support on older persons' psychological well-being in Western and Asian societies (Antonucci & Akiyama, 1991, 1995; Carstensen, 1991; Chi, 1996; Krause & Liang, 1993; Siebert, Mutran, & Reitzes, 1999; Yamada & Lubben, 1996). Social support plays a significant role in providing instrumental support (e.g. that might enable an older person to remain living at home rather than entering a nursing home), and emotional support (e.g. that might reduce anxiety and encourage an older person, who recovers from illness, to become active in social roles) to older persons. Moreover, social support can enhance self-worth among older persons which can involve increasing an older person's self-esteem, competency, or autonomy.

The informal support network of older persons can include family members and friends. As discussed by Smyer and Qualls (1999), families can be an active, and powerful interpersonal context for older persons. They argued that older persons meet many social needs within the family context, such as providing mutual support in periods of stress. Furthermore, it is common to find a frail older person being cared for by children and grandchildren.

The support of friends has also found to be important in contributing to an older person's well-being (Antonucci, 1990; Cantor, 1979; Larson, Mannell, & Zuzanek, 1986). Friendship can provide instrumental support to older persons (Reinhardt & Fisher, 1988), in particular chronically

impaired older persons (Roberto, 1992). Friendship may also provide emotional support to older persons (Antonucci, 1989). Further, friendship can contribute to an older person's self-worth, as friendship may serve as the principal avenue for ego testing (Chown, 1981).

Differential Role of Family Support and Friendship

Recently, there have been inconsistent research findings on the differential contributions of family support and friendship to older persons' well-being. It has been suggested that friendship is more important than family relations to morale and well-being in old age (Lardon, mannell, & Zuzanek, 1986; Lee & Shehan, 1989; O'Connor, 1995). The rationale for this argument is that friendships are voluntary, not obligatory, and the freedom of choice in picking one's friends is important for feelings of autonomy in old age (Adams, 1986; Antonucci & Akiyama, 1995; Lee & Shehan, 1989). On the other hand, it has been argued that family members occupy a larger proportion of the social network and are closer supporters (Antonucci, 1994).

Gender Differences in Friendship among Older Persons

It has been found that women's friendships are consistently viewed as being more intimate and complex than those of men (Wright, 1989). Older women reported greater continuity in their long-term friendships as compared to men, and perceived friends play a more significant role in their lives as they grow older (Roberto, 1997).

Theoretical Explanations

At least two models can help understand the support functions and networks. The task-specific model (Litwak, 1985) examines the differential support functions performed by family and friends. According to this model, family members fulfill tasks involving long-term commitment and intimacy such as long-term sick care. Moreover, neighbors perform tasks requiring speed of response, knowledge of resources and geographical proximity; whereas friends deal with problems involving peer group status and similarity of experience and history. However, this model does not postulate an order of preference of the support elements.

The hierarchical-compensatory model (Cantor, 1979) suggests that kin are the support source of choice, followed by non-kin and last by formal organizations. According to this model, for both affective and instrumental assistance, older persons tend to pick family members, especially children, as the support element most often. This model asserts that the elderly treat kin as the appropriate source of help in times of need, but a compensatory mechanism also operates among the elderly with no children or with children who are not immediately available. For these people, friends and neighbors are the most important support elements.

Family Support and Friendship Among Older Women in Hong Kong

People in Hong Kong live longer than their counterparts almost anywhere else in the world (Phillips, 1999). Life expectancy at birth was 67.7 years for men in 1972, rising to 77.2 years in 1999, whilst that

for women increased from 75.4 years to 82.6 years over the same period. Increasing life expectancy, together with a dramatic decline in the birth rate, has brought great changes to the population distribution in Hong Kong (Yeh, 1999). The proportion of persons aged 65 and above in the total population is expected to increase from 8.8% in 1991 to 12.3% by the year 2001. As a longer life expectancy for females tends to lead women to be a higher proportion of population in ageing societies, it is to be expected that there are more widows than men widowers in Hong Kong. It is therefore essential to pay more attention to older women's well-being.

There have been great changes in the structural characteristics of Hong Kong families recently. The pattern of assistance to older persons provided by family members has therefore changed significantly as well. Nuclear families are prevalent in modern society, and it is rare to find three or four generations living together. It is common to find people transfer the family obligations to voluntary organizations. Therefore friends are expected to play a more significant role in providing emotional and instrumental support to elderly people nowadays.

The Present Study

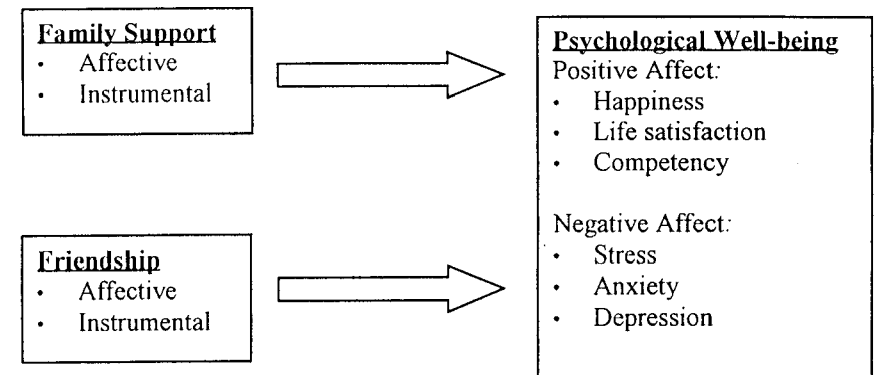
As mentioned earlier, there are more older women than men in Hong Kong. In general, women perceive friendship as more important than men (e.g. Roberto, 1997), therefore, it is worthwhile examining the relationships between family support, friendship, and psychological well-being among older women in Hong Kong. The results of the study will contribute to an

understanding of factors underlying successful ageing among older women in Hong Kong. In addition, as there are not many studies on family support, friendship, and well-being among Chinese, it will also provide a wider contribution. The results of the study will therefore contribute to generalizability of theories of psychology of ageing.

With regard to the theoretical framework for the study, the task-specific model and hierarchical-compensatory model was adopted to examine the relationship between family support (affective and instrumental), friendship (affective and instrumental), and psychological well-being (positive affect and negative affect) among elderly women in a district in Hong Kong. Figure 1 depicts the model of the study. The hypotheses of the study are:

- H1: Family support (affective and instrumental) is related to psychological well-being.
- H2: Friendship (affective and instrumental) is related to psychological well-being.
- H3: Friendship, as a voluntary relationship and enduring role, is more important to the maintenance of older adult's psychological well-being than family support.

Figure 1. Theoretical Framework of the Study



Method

A face-to-face interview survey method using a structured questionnaire was adopted for the study.

Participants and Procedures

Sixty older women aged 60 or above were chosen for the interviews within the Kwai Tsing District in Hong Kong. The rationale for choosing Kwai Tsing District was that it is regarded as an ageing town where the percentage of elderly people aged 60 or above is about 14% (the Hong Kong average is about the same). In terms of age, gender, marital status, educational level, and household composition, Kwai Tsing District is arguably a miniature of Hong Kong. This allows better generalizability of results from the present study. The sample for the study was recruited from three social service centres for the elderly situated in three regions of Kwai Tsing District - Kwai Chung, Lei Muk Shue, and Shek Lei. Data were

collected by face-to-face interviews using structured questionnaires in February 1999.

Measures

Generally, the quantity of family support and friends (in terms of number and frequency of contact) are the most popular measure to indicate family support and friendship network. Adams and Blieszner (1992) proposed that studying friendship not only in a dimension of quantity but also the quality of interaction. Thus, tabulating the frequency of interaction between friends does not give any indication of the impact of friendship on the well-being of the elderly (Mancini & Blieszner, 1992). In fact, in terms of social support, intimacy may be more meaningful than the reported raw numbers. In the present study, both quantity and quality of interactions are used to measure affective and instrumental family support and friendship:

Family Support. A total of seven questions were employed to investigate the respondents' relationship with family members including the quantity and the quality of interaction, and the importance of family perceived. A detailed description of each question measuring quantitative interaction is presented as follows: size of the family support network (*How many family members live in Hong Kong?*); household composition (*Are you living alone or living with family members?*); affective support (two dimensions of communication: *How often do you contact with your family members or relatives? How often do you feel*

that your family members or relatives can talk to about private matters?); instrumental support (two dimensions of help: *How often do your family members provide monetary assistance to you?, How often do your family members help to solve your difficulties?*). In the last four questions, a four point scoring procedure was used, ranging from *very often* (4) to *not at all* (1).

The quality of family support is measured by the subjective attitude of the respondent towards the family relationships. (*On the whole, do you think that the family members and relatives are important to you?*) The scoring procedure for this item ranges from *very important* (5) to *very unimportant* (1).

Friend's Support. A total of eight questions were designed to measure the quantity and quality of friends support network, and the interaction pattern among older women. Each of the items represents a specific behavioral interaction with friends among older women. These eight items can be categorized into three areas of intimacy level and breadth of the friendship - superficial, causal and intimate; and they are depicted as follows: size of friendship network (*How many numbers of closed friends do you have?*); affective support (two dimensions of communication: *How often do you contact with your friends at least once a month? How often do you feel that your friends can talk to about private matters and give advice to you in making important decision?*); instrumental support (two dimensions of exchange pattern: *How often do you give help to your friends?, How often do you receive help from your friends?* (In measuring affective and instrumental support, a four-point

scale is used scoring from very often [3] to not at all [1]); types of conversations and helping behavior (*Which topics do you talk with your friends very often? Which kinds of assistance do you provide for and receive from your friends very often?*) (In these two questions, the respondents have a choice of following items: *Daily life affairs, Health problems, Family problems, Financial problems, Activities in center for the elderly, and Others*).

Perceived Health Status. Since subjective (perceptual, self-related) measures for physical health are said to be better correlates of depression than objective measures for physical health (Chan, 1995), a single-item self-report measure of general health, scoring from *very bad* (1) to *very good* (5) is used.

There are two dimensions can be used to measure psychological well-being. Bradburn (1969) suggested that an individual's subjective well-being can be seen as the predominance of a person's feelings of pleasure over feelings of pain in everyday life. In other words, he suggested that well-being is the balance of "positive" and "negative" affect states. In a dimension of positive affect, life satisfaction is one of the important indicators to measure the levels of psychological well-being of elderly people. In general, life satisfaction is a abstract concept, but a person would give a emotional response according to his or her lives experiences and personal feelings. If an individual has a positive of life satisfaction would directly express his or her emotional feeling in daily

life behaviors. Besides, indication of happiness and competence are also measures of positive affect.

On the other hand, depression is an indicator for measuring the negative affect of well-being among the elderly women. Depressed people often feel that life has nothing to offer. They have no interest in activities they used to love. They feel worthless and helpless. They may be convinced that no one cares for them and even have thoughts of suicide. In Addition, feeling of stress and anxiety are also indication of negative affect. Both positive and negative affect will be used to measure psychological well-being in this study. A more detailed description of its measures is presented as follows:

Psychological Well-being. According to the Bradburn's Psychological Well-being Scales, Positive affect is measured as *Happiness, Life satisfaction and Competency* (*You satisfy your life in this moment, You feel happy on the whole, You are not incompetent*); whereas Negative affect is measured as *Stress, Anxiety and Depressed mood* (*You are living in a stressful environment, You feel stressed as getting older, You feel depressed at this moment*). A four-point scoring procedure is used, ranging from *strongly agree* (4) to *strongly disagree* (1). In the analysis, the last three items were recoded and a summation of the scores of the six items gives the measure of psychological well-being.

Demographic Characteristics. Some single items were constructed to measure demographic characteristics of the respondents, such as age,

marital status, education level, residential type, and financial assistance from the government.

Results

Demographic Characteristics

The study sample consisted of 60 elderly women aged 60 to 85, with 6.7% between 60 to 64, 13.3% between 65 to 69, 26.7% between 70 to 74, and 53.3% between 75 and 85. Half of the respondents were widowed, 30% were married and 20% were single. In terms of education level, 60% of respondents were illiterate, and 40% had received primary education. All respondents lived in public housing estates. Further, only 30% of the respondents received Comprehensive Social Security Assistance (CSSA).

Descriptive Statistics

Table 1 shows that a majority of the respondents received instrumental support from family members, including money and help. In terms of affective support from family members, quite a high percentage of them had contacts with family members, but relatively less talk with family members. The respondents relatively received more affective support than instrumental support from friends.

Table 1. Frequency Distributions of Family Support and Friendship

| | Affective Support from Family | | Instrumental Support from Family | | Affective Support from Friends | | Instrumental Support from Friends | | | | | | | | | |
|------------|-------------------------------|-------|----------------------------------|-------|--------------------------------|-------|-----------------------------------|-------|----|-------|----|-------|----|-------|----|-------|
| | n | % | n | % | n | % | n | % | | | | | | | | |
| Very Often | 13 | 21.7 | 2 | 3.3 | 21 | 35.0 | 11 | 18.3 | 20 | 33.3 | 10 | 16.7 | 3 | 5.0 | 5 | 8.3 |
| Sometimes | 25 | 41.7 | 17 | 28.3 | 12 | 20.0 | 24 | 40.0 | 22 | 36.7 | 26 | 43.3 | 9 | 15.0 | 6 | 10.0 |
| Seldom | 16 | 26.7 | 31 | 51.7 | 18 | 30.0 | 21 | 35.0 | 14 | 23.3 | 15 | 25.0 | 31 | 51.7 | 33 | 55.0 |
| Never | 6 | 10.0 | 10 | 16.7 | 9 | 15.0 | 4 | 6.7 | 4 | 6.7 | 9 | 15.0 | 17 | 28.3 | 16 | 26.7 |
| Total | 60 | 100.0 | 60 | 100.0 | 60 | 100.0 | 60 | 100.0 | 60 | 100.0 | 60 | 100.0 | 60 | 100.0 | 60 | 100.0 |

The respondents showed very few negative affects but more positive affects (see Table 2). Therefore, this is quite a “healthy” group. It seems that, in terms of the concept, these older women were enjoying successful ageing in Kwai Tsing District in Hong Kong.

Table 2. Frequency Distributions of Psychological Well-being of the Respondents

| | Positive Affect | | | | | | Negative Affect | | | | | |
|-------------------|-----------------|-------|-------------------|-------|------------|-------|-----------------|-------|----------|-------|------------|-------|
| | Happiness | | Life Satisfaction | | Competency | | Stress | | Anxiety | | Depression | |
| | <i>n</i> | % | <i>n</i> | % | <i>n</i> | % | <i>n</i> | % | <i>n</i> | % | <i>n</i> | % |
| Strongly agree | 18 | 30.0 | 8 | 13.3 | 2 | 3.3 | 1 | 1.7 | 3 | 5.0 | 4 | 6.7 |
| Agree | 28 | 46.7 | 15 | 25.0 | 13 | 21.7 | 6 | 10.0 | 6 | 10.0 | 5 | 8.3 |
| Fair | 10 | 16.7 | 24 | 40.0 | 22 | 36.7 | 18 | 30.0 | 25 | 41.7 | 16 | 26.7 |
| Disagree | 3 | 5.0 | 10 | 16.7 | 16 | 26.7 | 28 | 46.7 | 15 | 25.0 | 30 | 50.0 |
| Strongly disagree | 1 | 1.7 | 3 | 5.0 | 7 | 11.7 | 7 | 11.7 | 11 | 18.3 | 5 | 8.3 |
| Total | 60 | 100.0 | 60 | 100.0 | 60 | 100.0 | 60 | 100.0 | 60 | 100.0 | 60 | 100.0 |

Correlational Analyses

The results depicted in Table 3 show that perceived health status, family support (affective and instrumental), friendship (affective and instrumental), perceived importance of family support, and perceived importance of friendship are all related positively significantly to psychological well-being. Therefore, hypotheses 1 and 2 are supported.

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Table 3. Intercorrelations Among Main Variables

| | Fa A | Fa I | Fr A | Fr I | I ₁ | I ₂ | PW |
|--------------------------------|----------|--------|----------|--------|----------------|----------------|----|
| Family A (Fa A) | 1 | | | | | | |
| Family I (Fa I) | 0.44 *** | 1 | | | | | |
| Friend A (Fr A) | 0.36 ** | 0.07 | 1 | | | | |
| Friend I (Fr I) | 0.18 | -0.10 | 0.43 *** | 1 | | | |
| Importance 1 (I ₁) | 0.06 | 0.30 * | 0.01 | -0.14 | 1 | | |
| Importance 2 (I ₂) | -0.03 | 0.06 | 0.40 *** | 0.20 | 0.35 ** | 1 | |
| Psychological Well-being (PW) | 0.53 *** | 0.30 * | 0.48 *** | 0.31 * | 0.29 * | 0.47 *** | 1 |

Note. Family A = Affective support of family; Family I = Instrumental support of family; Friend A = Affective support of friendship;

Friend I = Instrumental support of friendship; Importance 1 = Importance of family; Importance 2 = Importance of friendship

* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

Hierarchical Regression Analyses (by controlling age, marital status, CSSA, physical health status)

A series of hierarchical regression analyses (Cohen & Cohen, 1983) were conducted to find out the predictors of psychological well-being by controlling demographic characteristics. Three steps were conducted: demographic variables (age, marital status, and CSSA) were entered first. In the second step, perceived health status was entered into the equation. In the third step, affective support of family, instrumental support of family, affective support of friendship, instrumental support of friendship, perceived importance of family support, and perceived support of friendship were entered into the equation.

The results show that a total of 33% of the variance in the dependent variable was accounted for by three predictors, namely age, marital status, and recipient of CSSA. It is the younger, married, and non-recipients of CSSA who displayed a higher level of psychological well-being. When perceived health status entered into the equation, it explained 31% of the variance. However, when the main variables were entered into the final equation, “affective support of family” and “importance of friendship” explained a total of 15% of the variance. Since “importance of friendship” is found to be a significant predictor of psychological well-being, whereas “importance of family” is not, the third hypothesis can be supported.

Table 4. Hierarchical Regression with Psychological Well-being as Dependent Variable

| | Model 1 | Model 2 | Model 3 |
|-----------------------------|-----------|-----------|-----------|
| Age | -0.45 *** | -0.28 ** | -0.23 ** |
| Marital Status ^a | -0.54 *** | -0.42 *** | -0.28 ** |
| CSSA ^b | -0.44 *** | -0.19 | 0.04 |
| Perceived health status | ----- | 0.61 *** | 0.40 *** |
| Family A | ----- | ----- | 0.27 * |
| Family I | ----- | ----- | 0.02 |
| Friend A | ----- | ----- | 0.14 |
| Friend I | ----- | ----- | 0.01 |
| Importance 1 | ----- | ----- | 0.13 |
| Importance 2 | ----- | ----- | 0.21 * |
| R ² | 0.33 | 0.64 | 0.76 |
| Δ R ² | ----- | 0.31 | 0.15 |
| F | 9.23 *** | 24.51 *** | 15.35 *** |
| Constant | 31.48 *** | 20.83 *** | 11.58 *** |
| N | 60 | 60 | 60 |

Note: ^a Married = 0; Single, Widowed = 1 ^b Received CSSA = 1; Did not receive CSSA = 0
 Family A = Affective support of family; Family I = Instrumental support of family;
 Friend A = Affective support of friendship; Friend I = Instrumental support of friendship;
 Importance 1 = Importance of family; Importance 2 = Importance of friendship
 * p < 0.05 ** p < 0.01 *** p < 0.001

DISCUSSION

The results show that family support (affective and instrumental) and friendship (affective and instrumental) were all related positively significantly to psychological well-being among older women. These results support previous findings in the literature that women rely heavily on family members for affective and instrumental support in their later years (e.g. Smyer & Qualls, 1999). Further, friends provide the opportunity for the exchange of intimacy and emotional support. Friendship was found to contribute to psychological well-being in late adulthood among women. These results also corroborate previous research findings affirming the importance of social support to enhance mental health (e.g. Antonucci, 1990; Yamada & Lubben, 1996).

With respect to demographic variables, the results of regression analyses showed that age, marital status and receipt of CSSA accounted for a total of 33% of the variance in psychological well-being, with more or less equal contribution from each variable (see Model 1 in Table 4). A further analysis using *chi-square* tests demonstrated that married women were more likely to express a high level of psychological well-being than those single and widowed women (*chi-square* = 61.99, $p < .001$). It is believed that the respondent living with her spouse and maintaining a family relationship would achieve a better affective and emotional support, and this could be one of the important elements in achieving successful ageing. Furthermore, respondents who received CSSA reported lower psychological well-being than those who did not

receive CSSA (*chi square* = 41.11, $p < .001$). These results affirm that the respondents who had lower economic status reported lower well-being. However, the *chi square* test did not reveal any difference in psychological well-being between different age groups, namely 60-64, 65-69, 70-74, 75 or above.

Nevertheless, the results obtained from hierarchical regression, by controlling demographic variables, show that only affective support from family and perceived importance of friendship were significant predictors of well-being. The task-specific model and the hierarchical compensatory model can be used to explain the differential roles of family support and friendship among older women. It seems that family members can accomplish tasks involving long-term commitment and sick care, whilst friends are also important source of affective and emotional support, since they substitute the obligations of kin in giving intimate interaction. In this study, half of the respondents were widows and 40% did not live with their children. Therefore, according to the hierarchical-compensatory model, friends could perform the functions of kins when kins were not available in the support networks of the older women.

The implications of the study are that we need to increase social support among older women in Hong Kong, to help them integrate into their community, and to assist them in using their friendship networks effectively. In addition, more government resources should be devoted to the development of social services and health care promotion. Older women will then probably achieve successful ageing and have a better quality of life.

The limitations of the study include a small sample size, and a cross-sectional designed in data collection. Even with these caveats, all of the hypotheses are supported and the results of the study contribute to generalizability of theories in ageing developed in Western societies.

To conclude, the present study identifies that additional research among older Chinese women in Hong Kong and other Chinese societies is needed to answer the question of the relative importance of family support and friendship on psychological well-being. This understanding may ultimately contribute to successful ageing among older women in these societies.

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