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AN EXPLORATORY STUDY OF INFORMAL SUPPORT AND  
LIFE SATISFACTION OF OLDER PERSONS IN MACAU

by

FONG Meng Soi Florence

A thesis  
submitted in partial fulfilment  
of the requirements for the Degree of  
Master of Philosophy

Lingnan University

July 2001

## **ABSTRACT**

### **An Exploratory Study of Informal Support and Life Satisfaction of Older Persons in Macau**

**by**

**FONG Meng Soi Florence**

**Master of Philosophy**

The purpose of the research is to explore the forms of support provided by informal support networks of spouse, adult children, relatives, friends and neighbours for older persons in Macau. The research also attempts to identify the elements that contribute to life satisfaction among active older persons. As little research has been conducted in Macau, this study tries to introduce data and possible suggestions for initiatives in elderly policy in this area.

The thesis adopts mainly a qualitative approach in exploring the possible informal support elements that contribute to life satisfaction as perceived by active older persons. Sixty-five in depth interviews with 40 female and 25 male older persons aged from 65 to 90 invited as respondents, all of whom were active and of good health status, were conducted either in old age centers or older persons' apartments from late July to Mid October in Macau. Triangulation of various sources, the sources of data was employed to cross-check the validity of the initial explanations derived included two focus group discussions, key informant interviews, a review of the published literature, independent member checking as well as content analysis with correlation analysis.

Content analysis using open and axial coding identified four major types of support: tangible support, informational support, companionship support and emotional support. The research revealed that children and a spouse mainly provided emotional and tangible support. Companionship support was mainly provided by friends. Information support came the last, and was only important when it comes to crucial issues such as going to hospital, or when wishing to apply for specific services.

In terms of the sources of informal support, the findings indicated that adult children are regarded as the primary reliable persons who provided various forms of

support for their older parents. This care and support was regarded as obligatory in nature. The second primary support source was spousal. Spouses provided personal daily care for each other. Friends mainly provided companionship support and the support is voluntary in nature. Perhaps unexpectedly, the research found that relatives provided the least frequent support due to distance and sometimes relationships were poor.

With respect to the relationship between informal support and life satisfaction, the results obtained by a series of correlation analysis reviewed that being concerned and cared for, respected, providing money for daily necessities, meetings and decisions-making by children are important for older persons and are statistically significant to life satisfaction. The support provided by children can create a sense of security and well being associated with life satisfaction. The mutual care by a spouse creates a sense of security and in turn enhances life satisfaction. Friends provided companionship support in terms of chatting, and participating in social activities, which enrich life quality and contribute to life satisfaction. It is notable that relatives' support did not contribute very much to life satisfaction.

This research suggests the value of strengthening community care services by providing old age allowance, promoting intergeneration education and encouraging older persons to be active in participating in social activities. These can enhance the well being of older persons in Macau. Social policy for older persons should potentially aim at achieving this end.

I declare that this thesis << An Exploratory Study of Informal Support and Life Satisfaction of Older Persons in Macau >> is the product of my own research and has not been published in any other publications.

---

Fong Meng Soi Florence  
July 2001

CERTIFICATE OF APPROVAL OF THESIS

AN EXPLORATORY STUDY OF INFORMAL SUPPORT AND  
LIFE SATISFACTION OF OLDER PERSONS IN MACAU

by

FONG Meng Soi Florence

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## **List of Abbreviations**

ADLs	.....	Activities Daily living
CSSA	.....	Comprehensive Social Security Allowance
ESCAP	.....	Economic and Social Commission for Asia and the Pacific
DESC	.....	Census and Statistic Department of Macau
FGs	.....	Focus Groups Discussion
GBR	.....	Gross Birth Rate
GDP	.....	Gross Domestic Product
GMR	.....	Gross Mortality Rate
HIM	.....	Housing Institute of Macau
IASM	.....	Macau Social welfare institute (Instituto de Assistencia Social de Macau)
IEEM	.....	Institute of European Studies of Macau
KIs	.....	Key informant interviews
LISA	.....	Life satisfaction scale A
MPF	.....	Mandatory Provident Fund
MR	.....	Mortality Rates
MOP	.....	Macau dollars
NGOs	.....	Non-governmental organizations
OAP	.....	Old Age Allowance
OAH	.....	Old Aged Hostel
PA	.....	Public Assistance
SSF	.....	Social Security Fund
TF	.....	Total Frequency
USD	.....	Unite State Dollars

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## **Chapter 1: Introduction**

### **1.1 Background and rationale**

Ageing is an unavoidable phenomenon that happens to us all. It is a natural and apparently irreversible process. However, there are many negative stereotypes on ageing in existence. It is believed that when people are getting old, they experience various kinds of changes and losses such as decline in their functional ability, health deterioration, loss of spouse or confidants, running short of resources to cope with stress, depression and other life events. Even worse, some are suffering from a sense of helplessness or a sense of being a burden to their family and society. These are some of the traditional pessimistic views of getting old.

However, older persons are not necessarily frail, depressed or troublesome. Indeed older persons can still maintain a healthy and happy life with a high level of life satisfaction in their later adulthood. This is particularly true due to social-economic development, advances in nutrition, medicine, and care services for older persons today. Hence, there is a growing need to study issues in the field of gerontology such as successful and healthy ageing, quality and satisfaction of life and psychological well-being (Baltes and Baltes, 1990; Sorensen & Pinquant, 2000). In order to promote positive views and to develop appropriate social policies for the

elderly, a better understanding of the factors that contribute to maintain and achieve well-being and life satisfaction for them is desirable.

Over the past several decades, a lot of researches have been conducted to investigate the factors that affect the well-being or life satisfaction for the older persons. Most of the research asserted that health (both physical and psychosocial health) is absolutely related to life satisfaction or well-being of older persons (Anissa, 1999; Chi and Lee, 1989; Larson, 1978; Okun, 1987), especially the psychosocial health for Chinese older persons. In other words, the higher the level of life satisfaction is, the higher the health or self-rated health status is likely to be and vice versa. Life satisfaction is important for older persons to maintain well-being especially because of the longer life expectancy today.

#### 1.1.1 Importance of the social support impact on life satisfaction.

Since the 1970s, there has been an increasing interest in studying social support. It was attributed that social support enhanced the well-being or life satisfaction of older persons (Krause, Herzog and Baker, 1992; Siu and Phillips, 2000). The appropriate explanation is that older persons often cope with ageing by their social networks such as their spouse, adult children, close relatives, neighbours, friends,

acquaintances as well as voluntary agencies which provide different forms of support and care for them. Hence, social support can function as a powerful determinant for older persons when they receiving information and assistance. It also has significant impact on them in opportunities to gain competence and to influence their decisions in matters affecting their well-being and ultimately the production of positive outcomes or psychological well-being (Barrera, 1981; Wilcox and Birkel, 1983; Will, 1983).

On the other hand, social support can also function as stress moderators, buffering stress on ageing. Many older persons may experience stressful changes in their later life such as declining physical ability, financial worries, loss of spouse, retirement and forced relocation and so on. Forms of support like informational, emotional, affective, expressive that can reduce the stress of ageing or the feeling of crisis (Collins and Pancoast, 1977; Garbarino, 1983; George, 1990; Gottlieb, 1983; Gourash, 1978; Kahn and Antonucci, 1980). Hence, social support can release stress and thus, contribute to the well-being of older persons.

Clearly, social support is positively correlated to the well-being of older persons. However, the concept of social support is relatively complicated. Various typologies

have been proposed in the past three decades. According to House (1981) and Gottlieb (1988), expressive support provides esteem, affection, trust, concern, and listening, whereas emotional support conveys that a person values his or her worth and experiences, which can enhance one's self-esteem. As for informational support, it helps a person to define, understand and cope with problems, which provides affirmation, feedback, suggestion and direction for individuals. While companionship support, in the form of spending time with others in leisure activities, helps to distract persons from their problems and creates a positive mood and tangible support refers to financial or material aid that helps individuals solve problems. Hence, the types of social support are varied. Different types of support could influence individuals' well-being in different ways.

Besides, the social support can be categorized in terms of sources of support, which provide the different forms of support for individuals. It is generally agreed that social support comprises of formal and informal components. Formal support is generally referred to care services provided by the governmental and non-governmental organizations (NGOs) such as public welfare agencies and other professionals (Danigelis, 1985; Krause, 1990; Ngan and Cheung, 1998). Informal support may come in the form of support received by sources of informal network

such as spouse, adult children, relatives, friends and neighbours (Ng, 1999; Sauer and Coward, 1985; Siu & Phillips, 2000). The interaction of different persons can have different impacts on the well-being for older persons (Gunman and Balakrishnan, 1998; Reis, 1984). In view of the importance between social support and life satisfaction, there are numerous studies looking at the interpersonal relationships. However, having acknowledged cultural differences in different cultures and social environment, few studies have been evident in the attempt to explain how and why people take social support to affect their life satisfaction, hence, the focus of this study.

### 1.1.2 The situation in Macau

Regarding the government support for the older persons, Macau basically adopted the “care in community approach” as the major direction for the elderly policy. The policies are similar to its neighbouring city, Hong Kong. The primary aim is to enable older persons to live by themselves or with their family members as long as possible in their community instead of providing the care in residential care institutes (Chow, 1988; Working Party, 1973).

Besides, Macau government often assumes that Chinese families are very

self-reliant. Indeed, this does have a strong grain of truth, as they generally draw on their own resources to solve problems rather than turning to the government and developing advocacy of welfare rights as former Portuguese colony (Lam, 1998, Yeung, 1989). Hence, older persons are assumed to rely on family members and other informal network members for care and support. Also, the informal support can maintain social and community integration and therefore render the older persons to behave in a socially desirable way with a sense of well-being (Shye et al, 1995; Wills, 1992).

In addition, in many welfare systems, particularly the ‘safety net’, non-welfare state type are common in many Asia-pacific countries, where the government often plays a supplementary role in caring for older persons in a “care in community” elderly policy. Government forms of support provided are usually a series of community care services and financial assistance for family members and other community network members who are incapable of caring for their old parents. Government support is essentially a last resort sort of provision. Hence, formal support is not as accessible as informal support within the context of the residual welfare model in Macau and similar countries in the region. It only plays a supplementary role for the caring of older persons in Macau. However, under the

impact of urbanization since the 1980s in particular, Macau has undergone changes such as an increasing number of working females, an escalation of smaller families and a weakening of caring functions in relationships. It may be unwise to assume that the family will provide indefinite and enduring support.

Besides, as in many Asian societies, formal support by government and non-governmental organizations (NGOs) is limited because of the rapid growth of the elderly population, inadequate social security and a lack of the necessary facilities in an ageing community in the Asia-pacific region such as Hong Kong (Chow, 1992; Kwan, 1997; Phillips, 2000; Phillips and Yeh, 1999). Over the past two decades, Macau has become an ageing society with the percentage of the population aged 65 and over to be at 9% in 1999 and projected to be 35% in 2050 (United Nation, 1999). It is thus necessary to pay more attention to the caring and support function of both informal and formal support in order to meet the overall needs and life satisfaction of older persons so as to enable Macau's older persons to be able to live independently in the community with quality of life.

As discussed before, informal support is the primary role of support for older persons in Macau, thus, the better understanding of the present situation of informal support elements not only enhances the life satisfaction of older persons but it also has implications for the elderly policies and services. In addition, the forms of support from informal networks may change over time. Many informal support elements have remained unknown as little research is found in Macau. Thus, in this study, attempts are made to examine the relationships between informal support and life satisfaction of older persons in Macau.

## **1.2 The objectives of the research**

In view of the great importance of informal support to older person life satisfaction, this research attempts to investigate informal support (in terms of forms of support and sources of support) and it's relationship with life satisfaction. It will distinguish the forms of support by different informal networks (spouse, adult children, relatives, friends and neighbours). This is an attempt to provide an interpretation of their relationships. There had been very few relevant studies conducted in Macau. Hence, this research will essentially explore in many other directions and therefore making it a groundbreaking study. The objectives of this research are outlined as follows:



1. To provide a general picture of informal and formal support for the older persons in Macau.
2. To find out the present situation of informal support system and how these informal support elements contribute to the life satisfaction of older persons in Macau.
3. To examine the relationship between support elements and life satisfaction with interpretations.
4. To bridge the research gap that few similar studies has been conducted in Macau.

In this research, informal support refers to different forms of support received by different informal network members. There are four forms of support, which are: tangible, informational, companionship and emotional support. While the informal networks also have four sources, which include spouse, adult children, relatives, friends and neighbours.

The target population in this research is older persons aged sixty-five and over, who are either married or widowed, with adult children who are living in the community in Macau. This research primarily adopts qualitative approach. This methodology is especially suitable for the present study given the lack of research on

the present situation of informal support and life satisfaction of older persons in Macau. In qualitative approach, there is a need to pay special attention to the research process, which adopted in-depth interviews with multi-methods to triangulate the researcher's interpretation of the research findings. When picking up all the information collected by the qualitative approach, some forms of quantitative analysis will be used to verify the research findings that come from the qualitative approach.

A note on terminology: International studies have increasingly shown that older people tend to favour the terms “older persons” or “senior citizen” to group-based and potentially stigmatising terms such as “the elderly”. Thus, this thesis follows the same as much as possible.

### **1.3 Organization of thesis**

The thesis is organized into seven chapters as follows: Chapter 1 introduces the rationale and background, discusses the importance of life satisfaction and social support; shows the relationship between social support, particularly the informal support and life satisfaction of older persons, and illustrates the research objectives. Chapter 2 reviews the key features of demographic characteristics, social conditions,

social welfare development and provisions of formal support for older persons in Macau. Chapter 3 reviews the relevant literature for the concepts of life satisfaction, social support, the empirical studies of the social support and life satisfaction. The review then provides conceptual framework and research questions for the research in Chapter 4. Chapter 5 focuses on methodology. Justification has been guided in the selection of methodology, procedure of data collection and analysis. Chapter 6 features research findings by in-depth interviews. It includes sampling profiles, health status, utilizing existing community services, size and relationship, forms of support by informal network and the level of life satisfaction of the respondents. It will also examine the relationship between informal support elements and life satisfaction by correlation analysis with interviewees' interpretation. Finally, chapter 7 further discusses the research findings, outlines the conclusion, discusses the contributions of the study, initiatives recommendations for future elderly policies and evaluates the limitations to the research.

## **Chapter 2: Population Ageing and Formal Support in Macau**

This chapter describes the features of population ageing, the demographic characteristics and social conditions in Macau. It also reviews the development of social welfare and the provision of various services for older persons, their different level of needs as shown in the current census reports, the existing empirical research and official documents in Macau. It aims to project a general picture on the topic of the ageing issue and formal supports available under the social context of Macau.

### **2.1 The demographic and epidemiological context of ageing: Macau in the Asia-Pacific regions**

#### **2.1.1 Demographic ageing of populations in Asia Pacific Regions**

Population ageing is a common social phenomenon and a global issue of increasing importance, which has a growing impact on the deployment of resources and has significant financial implications for all responsible governments. Census reports indicated that most Asian countries are expanding substantial increases in the numbers of older persons, and an ever-growing absolute and relate the older population (Phillips, 2000). The facts about ageing in Macau are similar. Macau is becoming one of the ageing societies in Asia Pacific Regions. It has been projected that the proportion of population aged 65 and above is expected to be more than

double between 1999 and 2050 in almost every member country of the Economic and Social Commission for Asia and the Pacific (ESCAP) (Table 2.1). Macau is no exception to this trend and its population aged 65 and above is projected to increase from 9 % in 1999 to 35% in 2050 (United Nation, 1999). This will place it among the top countries in the world in terms of demographic ageing.

Table 2.1: Population aged 65 and over for selected Asia and the Pacific Region

Countries	The Percentage of Older Population (%)	
	1999	2050
Australia	16	28
China	10	30
Fiji	7	23
Hong Kong, China	14	40
Japan	23	38
<b>Macau</b>	<b>9</b>	<b>35</b>
Malaysia	6	21
Republic of Korea	10	30
Singapore	10	31

Source: United Nations, 1999: Fact Sheet No.1 - No.6.

### 2.1.2 Demographic ageing transition in Macau

Table 2.2 shows the selected vital population statistics from 1950 to 1999. The figures indicate that the demographic transition in Macau has progressed considerably. Gross Birth Rate (GBR) (26.6 per 1000 population) and Mortality Rates (MR) (17.9 per 1000 population) in 1950 have fallen to a much lower Gross Birth Rate (at 9.6 per 1000 population) and lower Gross Mortality Rate (GMR) (at 3.2 per 1000 population) in 1999. In more qualitative terms, the old age

dependence ratio, increased from 3.8 (age 65 or above) per 100 children and adult support ratio (age 15-64) in 1950 to 11.1(age 65 or above) per 100 of children and adult support ratio (age 15-64) in 1999. The demographic transition indicates that Macau has become an ageing society in the 1990s.

Table 2.2: Selected vital population statistics, Macau, 1950-1999

Year	Population	Gross Birth Rate (GBR)	Gross Mortality Rate (GMR)	Old Age Dependence Ratio
1950	187,772	26.6	17.9	3.8
1960	169,299	31.4	10.6	9.8
1970	248,636	11.0	6.2	8.1
1981	241,729	17.2	6.0	11.1
1991	355,693	19.4	3.8	9.6
1999	437,500	9.6	3.2	11.1

Sources: Macau Census and Statistics Department of various years; Macau Social Welfare Institute, 1998

Like her neighboring societies such as Hong Kong, Macau's decreasing total fertility rate is a key factor in her demographic ageing (Phillips, 2000). Based on estimates from The Institute of European Studies of Macau (IEEM), the total fertility rate in Macau has remained low, at around 1.73 in 1990 and 1.39 in 2001. Macau is now similar to Hong Kong that the total fertility rate has remained stable in the range of 1.2 - 1.3 since the 1980s (Hong Kong Census and Statistic Department, 1997).

### 2.1.3 Life expectancy at birth of the population in Macau

The life expectancy at birth of the Macau population increased steadily from 65.5 (male) and 72.4 (female) in 1969-1972 to 77.2 (male) and 81.2 (female) in 1996-2001 respectively. This upward trend is expected to continue and the projected life expectancy at birth is 79.2 (male) and 82.9 (female) by 2006-2011 (Table 2.3). The gap in life expectancy at birth between males and females averages 6 years. Various census reports indicate that, like other Asia-Pacific regions such as Japan and Hong Kong, Macau is one of the “graying societies” and this scenario is a result of the combined effects of the decreasing Gross Birth Rate (GBR), Gross Mortality Rate (GMR), total fertility rate and increasing longevity (Phillips, 1998; Phillips, 2000).

Table 2.3: The Projection of life expectancy at birth, Macau, 1969-2011

Period	Male	Female	Difference
1969-1972	65.5	72.4	6.9
1974-1977	68.6	76.4	7.8
1979-1982	70.9	79.2	8.3
1984-1987	71.8	79.1	7.2
1989-1992	72.1	79.8	7.7
1993-1996	75.1	80.0	4.9
1996-2001	77.2	81.2	4.0
2001-2006	77.9	82.2	4.3
2006-2011	78.4	82.9	4.5

Sources: Macau Census and Statistics Department of various years

## **2.2 Background of Macau**

### 2.2.1 Geography and history

Macau is a small territory in Southern China, which had been under Portugal's administration for more than 400 years until 1999. The Macau SAR Territory consists of the peninsula of Macau (21 square kilometers) and Islands (Taipa and Coloane, 2.6 square kilometers), which has total area of 23.6 square kilometers. The majority (95%) of the inhabitants are ethnic Chinese (Macau Census and Statistics Department, 2000).

Macau is approximately 60 Km off Hong Kong SAR. It is important to have a better understanding of the context and changes of the ageing issue in Macau and the joint co-operation of governments.

### 2.2.2 Demographic ageing population in Macau

The total population of Macau as of 31 December 1999 was 437,455 of whom 206,563 were male and 230,892 were female. The percentage aged 65 and over is 7.7% (33,715). Macau's population by-census report indicated that among the age group of 65-69 comprised (34.89); 70-74, (27.9%) and 75 or above (37.2%), so the old-old group is in a clear majority. This has important implications for care and support. The overall sex ratio was 664 males per 1,000 females (Table 2. 4).



Table 2.4: Elderly persons by age, sex and sex ratio in Macau, 1996

Age Group	Male		Female		Both Sexes		Sex Ratio
	No	%	No	%	No.	%	
65-69	4,223	37.2	5,689	33.3	9,912	34.8	742
70-74	3,166	27.9	4,776	27.9	7,942	27.9	663
75-79	2,152	20.0	3,274	19.1	5,426	19.1	657
80-84	1,209	10.6	2,016	11.8	3,225	11.3	600
85+	597	5.3	1,344	78.6	1,941	6.8	444
Sub-total	11,347	100.0	17,099	100.0	28,446	100.0	664

Source: Macau Census and Statistics Department: Inter Census 96 Global Results

The gap in the sex ratio in the elderly population widened predominantly among the oldest age group, attributable to the longer life expectancy of females in Macau. The overall sex ratio of the elderly population was 664 per 1000 female. Hence, this calls for a need for better understanding of whether there are different forms of support for male and female elderly people or not.

In terms of marital status, 58.2% of the elderly populations were married while 38.2% were widowed, the remaining had never married (2.4%) or were divorced or separated (1.2%). (Table 2.5) The target samples of present study, it will be recalled, were married and widowed elderly people.

Table 2.5: Elderly persons by marital status and sex in Macau, 1996

Marital Status	Male		Female		Both Sexes	
	No	%	No	%	No	%
Never Married	377	3.3	311	1.8	688	2.4
Married	9,114	80.3	7,438	43.5	16,552	58.2
Widowed	1,726	15.2	9,151	53.5	10,877	38.2
Divorced/Separated	130	1.1	199	1.7	329	1.2
Total	11,347	100.0	17,099	100.0	28,446	100.0

Source: Macau Census and Statistics Department: Inter census 96 Global Results.

### 2.2.3 Geographical distribution of the older population in Macau

Apart from the demographic context of ageing, the indication of the spatial distribution of the elderly population is also essential as it can result in different demand for services in different sub-areas highlighted in recent research (Lo, 2000; Ng, 1999; Phillips and Yeh, 1999; Yeh, 1993). Most residents (94.4%) lived on the Macau Peninsula. The remaining 5.6 % are scattered throughout the Islands or Marine area. Table 2.6 show the distribution of the elderly population by age and location in Macau. Of the elderly population, most (8711) lived in St. Antonio. The second largest group (7947) lived in N. S. Fatima. The remaining ones were scattered in St. Lourenco (4461), Se (3247), St. Lazaro (2945), Taipa Island (766), Coloane Island (334) and the Marine area (35).

The Macau Peninsula has the larger proportion of elderly population within the , population distribution, while the Islands such as Taipa had among the least especially the older population. The reasons are that the islands have been newly developed only recently since 1990 and most residents in Taipa are the new married young couples (Hui and Kwan, 1994). The figures indicated that the majority of the elderly population lives in Macau and there is no great difference of numbers by location within Macau, hence, the target samples are only drawn from Macau and do not cover the Islands nor do they focus on any specific location within Macau.

Table 2.6: Distribution of elderly persons by age and location, 1996

Age Group	Macau					Islands		Marine	Total Aged Population
	St. Antony	St. Lazarus	St. Laurence	Se	N. S. de Fatima	Taipa	Coloane	Boat	
65-69	3,048	1,085	1,526	1,157	2,694	306	81	15	9,912
70-74	2,413	815	1,329	867	2,209	210	90	9	7,942
75-79	1,721	514	937	547	1,516	132	54	5	5,426
80-84	954	313	426	457	936	80	54	5	3,225
85+	575	218	243	219	592	38	55	1	1,941
Total	8,711	2,945	4,461	3,247	7,947	766	334	35	28,446

Source: Macau Census and Statistics Department: Inter Census 96 Global Results

#### 2.2.4 Family structure and household size

The family is the key institution that provides different forms of support to older persons. The structure of the family has undergone several changes under the

industrialization and urbanization. The composition of the household with older persons in Macau was 41.8% living with children; 12.2% living with older persons only, 6.9 % living with children and older persons and 39.1% without living with children and older persons in 1996 (Macau Census and Statistics Department, 1996). It shows that the family structure today is of a mainly nuclear-family type.

It also shows that there are increasingly more small family size over the past three decades. Table 2.7 indicates that the size of the families made up of 5 persons or above has decreased from 53.5% in 1970 to 15.4% in 1999. The average family size decreased from 4.8 per household in 1970 to 3.03 per household in 1999 (By comparison, today, Hong Kong is 3.3). This indicates that the availability of family members in help is much reduced. Hence, a study of the availability of family support and other community members such as friends and neighbours is very opportune. (see table 2.7)

Table 2.7: Household size per household, 1970, 1981, 1991,1999 in Macau

Household size	1970 %	1981 %	1991 %	98/99 %
1 person	16.3	21.1	14.0	20.5
2 persons	11.7	14.3	17.8	19.0
3 persons	10.2	14.4	20.0	21.2
4 persons	8.3	15.0	22.5	24.0
5 persons or above	53.5	35.2	25.7	15.4
Average household size	4.8	4.0	3.5	3.03

Sources: *The XIII Macau Population Census and Housing Characteristics, 1993; Yearbook of statistiscs, 1999*

### 2.2.5 Housing types

Unlike Hong Kong, where almost half of the population is living in public housing or home ownership schemes. In Macau, the majority of the people live in privately owned houses which account for 105,00 units of household. Only 14.3% of household units are living in Economic house (similar to Hong Kong's Home Ownership Scheme) and 3.3% of Social House (similar to Hong Kong Public Rental Housing) (Table 2.8). The low-income families are willing to live with their elderly family members and they gain priority in applying for the economic or social housing.

Table 2.8: Housing types in Macau, 1999

Housing type	Unit of household	Percentage %
Private owned house	105,000	82.4%
Economic house	18,300	14.3%
Social house	4,000	3.3%

Source: Yearbook of Statistics of Macau, (1999)

### 2.2.6. Median monthly household incomes

Economic development and the GDP of Macau are lower than of Hong Kong. The 1999 Gross Domestic Product (GDP) per capita was MOP\$ 113, 044 (Hong

Kong, HK\$ 183,219 in 1999). In 1999, the average household income per person was MOP\$4885 and the median monthly household income was MOP\$16364. The average monthly income per person was MOP\$5,470 for residents on privately owned houses while the median monthly household income was MOP\$ 9,510 for residents in Social house. The average monthly income per person was MOP\$ 2,958 for residents in Economic housing (Table 2.9).

Table 2.9: The index of economic development of Macau, 1999

Economic development	MOP\$
GDP Per Capita (MOP-current price)	113,044
GDP Per Capita (USD-current price)	14,145
Median Monthly income	4,885

Source: Macau Census and Statistics Department, 2000

### 2.3 Provision of social welfare service for older persons in Macau

Before discussing the theoretical perspectives on social support and its relationship with life satisfaction in older persons, it is helpful to review the nature of social provision in Macau, starting with the Macau Social Welfare Institute, the initiative of elderly policies and services to older persons. This provides an overview of formal support and how these various types of supports play a mainly supplementary role of caring functions. A thorough review of the literature focuses

that, to date, few reports have a well-documented sense of formal support in Macau and publications on the topic in English (as approved by Portuguese) are rare.

### 2.3.1 An overview of the social welfare development in Macau

Minimal social welfare services have been provided by the Government since 1980s. The majority of the residents in Macau are Chinese (95%) and only 3% are Portuguese (1997) very few actually speak Portuguese (perhaps 1%). For the local Chinese, it is a tradition for them to be self-sufficient and to depend on their own resources. One possible reason was that they have low expectation from the Portuguese administration and its formal services. In addition, since and then, the government of Macau has also encouraged self-help or self-financing with provision of minimal services for refugees or the needy. Hence, most formal social services are run by local Chinese charities or religious organizations for those who cannot afford the basic life needs, either their own or via the efforts of their social network's efforts. This was especially true until the mid 1980s in Macau.

Social welfare services have experienced an extended period of rapid growth since the mid 1980s, which was also the period when the Portuguese and Chinese Governments were negotiating Macau's future. In 1986, the Macau government set

up the Macau Social Welfare Institute (Instituto de Assistência Social de Macau) (IASM) like the Social Welfare Department of Hong Kong. The IASM is responsible for implementing government policies on social welfare as well as developing and coordinating social welfare services under the Macau ordinance 52/86/M. There are four basic principles by IASM on social welfare policy. The principles are based on (1) equality, (2) efficiency, (3) collaboration and (4) participation (Macau Government, 2000).

According to the report of welfare in Macau (Macau Social Welfare Institute, 1995, pp 38), the main attributes of the IASM are as follows:

- *To adopt and promote preventive measures against, and act to lessen and restore, social and economic deficiencies of individuals and families.*
- *To provide for individuals in need of financial assistance by various means, including the granting of subsidies,*
- *To co-operate in the rehabilitation and professional training of the impaired and the disabled.*
- *To co-operate in the provision of emergency relief to victims of natural or other disasters, offering them food and shelter.*
- *Promote and support training of its own staff or of those working for either governmental or non-governmental social organizations.*
- *Co-operate and liaise with other domestic or international organizations, with a view to exchange information, experiences and technical support.*
- *Decentralized its services via four relief and co-ordination center*



### 2.3.2 Policy initiatives on care for older persons in Macau

In mid-1980s, Macau was being ageing population. The change of family size and family structure cannot provide adequate support for older persons in Macau. Hence, this period also witnessed the setting up of IASM, collaborating and providing subsidies with public welfare agencies especially for older persons since the mid 1980s.

Today, social welfare and services in Macau are mainly provided by IASM and non-government organizations (NGOs). The Macau governments have increased subsidies for services to the elderly, which accounted for 30 % of the total social welfare expenditure for the past decade (Chan and Ng, 2000). Macau has no formal national policy on ageing, nor a published policy as in Hong Kong, where there is an elderly commission and white and green papers, and five year plan for reporting the development of services for elderly people. In Macau, some NGOs' reports, official government documents social welfare bulletins and newspaper clippings have highlighted the increasing welfare and social services for the elderly since the mid-1980s.

As for the features of services for older persons in Macau, it tends to emphasize the collaboration between government and the NGOs. These include local Chinese

charitable organizations, religious organizations, non-profit making agencies, all subsidized by the government. There are a total of 57 units of elderly services institutions in Macau. The majority is run by non-profit making agencies (48 units) with only 3 run by the Government. Also, the total subsidy for these services was MOP\$ 27,179,815 at the end of 31 December 2000 (Table 2.10).

Table 2.10: Subsidies for the elderly services institutes, December, 31, 2000

Type of institutes	Gov' t	Non-profit making/ Subvented by government	Private	Total Unit	Subsidies by government (MOP)
Old-Aged Home	1	9	6	16	16,826,302.00
Old Aged hostel (set up since 1995)	--	4	--	4	946,500.00
Old Aged Day Centre	1	8	--	9	6,964,837.00
Old Aged Social Centre	1	23	--	24	5,6766,48.00
Home-help services (set up in 1993)	--	4	--	4	2,442,176.00
<b>Total</b>	<b>3</b>	<b>48</b>	<b>6</b>	<b>57</b>	<b>27,179,815.00</b>

Source: Macau Social Welfare Institute, 2001

### 2.3.3 Mission older persons services in Macau

Basically, the mission of older persons services in Macau is to promote the well-being of the life of the aged; to encourage older persons to participate actively in community affairs and to enable them to live a longer and healthier life by providing various services. The existing services provided for older persons

include (1) *financial assistance*, (2) *health care*, (3) *community care services* and (4) *accommodation*.

(1). *Financial Assistance for Older Persons*

Financial assistance from the Government can be substituted for family support when some family members are incapable of providing financial support to their elderly relatives or those who meet financial difficulties and cannot maintain basic living requirements. Basically, Macau has two forms of welfare payments for older persons: The Old Age Allowance (OAP), and a contributory fund granted by the Social Security Fund (SSF) and the Public Assistance (PA), a non-contributory fund granted by the Social Welfare Institute of Macau.

Regarding the background of the Social Security Fund (SSF), it was first introduced in 1989 and set up in, March 1990. The purpose was to protect workers after retirement due to the expansion of working populations since the 1980s (Macau Social Welfare Institute, 1999).

The SSF is similar to the new Hong Kong Mandatory Provident Fund (MPF). Its main finance comes from contributions from employees (required by law to

contribute MOP\$10 per month (U.S.\$1.0,) employers (required to contribute MOP\$20 per employee towards the fund) and finally, 1 % of the Territory' s budget allocation for this purpose as well as the revenues generated by the fund' s assets under the scheme.

a. Old Aged Pensions (OAP)

An old aged pension (OAP) is paid by the social security fund. The OAP provides subsidies and assistance for the retired people and is granted to all beneficiaries over 65 years of age, living in Macau for more than 7 years and who have paid contributions for at least 60 months and are not eligible to receive disability allowances or public assistance. This is a non-means tested allowance giving a monthly pension of MOP\$1,000. Although the SSF scheme has been in place for more than 10 years (in Table 2.11), fewer than 3% of older persons received the old age pension from it. This indicates that the financial support of older persons is mainly from their family members or themselves.

Table 2.11: Number of Recipients of Old Age Pension by SSF ,1993-1998

Year	Elderly Recipients	Elderly Recipients (%)
1993	2,787	2.6
1994	3,022	2.8
1995	3,422	3.3
1996	3,005	2.8
1997	3,170	2.9
1998	3,273	2.9

Source: Macau Social Welfare Institute (1993-1998); Yearbooks of Statistics (1999)

#### b. Public Assistance

Public Assistance is for persons aged 65 and over who cannot support their basic living and are not eligible to be granted the OAP from SSF or disability allowances. They can apply for public assistance (PA) from the Social Welfare Institute of Macau. This is a means-tested grant providing a maximum assistance of MOP\$1300 per month for a single person. The PA is guided by the basic living standard index for eligible recipients (see Table 2.12). The PA is similar to Hong Kong's Comprehensive Social Security Allowance (CSSA).

Table 2.12: Basic living standard index by household size, 2000

Family household size	Basic Living Standard index (\$MOP)
1	1,300.00
2	2,470.00
3	3,510.00
4	4,420.00
5	5,200.00
6	5,850.00
7	6,500.00

Source: Macau Social Welfare Institute, 2001

(2). *Health care services for the elderly*

Much research has found that the primary concern of older persons is the state of their health. In order to learn long-term care needs and to offset the financial burden on family members, the Macau government takes the initiatives in hospital care and clinic services for older persons. However, health care provision is basic and includes.

a. Hospital care services

Macau has two hospitals, one public and one private, which provide hospital services for residents. The Central Hospital of S.Januário that is run by the government, provides medical, surgical, outpatients, emergency services (400 hospital beds and 15 services) at an affordable price for the residents and free of charge for residents aged 65 or over (Department of Health in Macau, 2001). However, the supply of bed-spaces does not meet the needs of the frail elderly and only 14 days is free of charge for hospital care for older persons. Older persons are discharged from hospital if they cannot pay the fees, either themselves or their family members.

The second, Kiang Wu Hospital, has been run by a charitable organization for over 100 years. Compared with the central hospital of S.Januário, it provides

holistic medical care and health services with modern technical medical facilities and a better environment. Its quality is good and therefore costly in Macau. Although 30% of the subsidies given by the government are put towards the elderly in Kiang Wu Hospital, the amount of Government subsidy is insufficient to meet the demand of both elderly out-patients and inpatients, and exceeds incoming by 20 % each month (Jeong and Fong, 1999). Hence, this places a financial burden on the family members who need to take care of their frail relatives when they cannot afford the high cost of hospital fees.

b. Health care centers

There are 8 clinical health care centers, spread around Macau (Macau Social Welfare Institute, 2000). Each health care centre provides free basic medical care and regular health checks for local elderly residents. By the end of 1999, people aged over 64 had used health care services 24,325 times (Macau Social Welfare Institute, 1999). The clinical services have a preventative approach and older persons are requested to check up by appointment, and there is no emergency care service.

(3). *Community Support Services for Older Persons*

Like Hong Kong, the direction of the Macau elderly service policies has taken a care in the community approach. The government encourages family members to take the primary responsibility for taking care of their older members. The government, as well as the NGOs, provides a series of community services for supporting their family members. It is hoped that older people can live in the community as long as possible rather than in residential care homes. Indeed, it appears that the majority (96.3%) of older persons in Macau have remained in the community, alone or with their families. This implies that older persons rely heavily on the support and care of their family or informal networks.

The community care services for older persons in 1999 included 23 units of old age social centers; 6 units of old age day centers; 1 unit of old age day care centers; 4 units of home help services; 4 blocks of old age hostels; 8 old age homes. There are a total of 46 units of services subsidized by the government, dealing with a quota of clients (see Table 2.13). In total, only 3,547 recipients can be subvented by the government, indicating that subsidies are very limited.



Table 2.13: Types of community care services for older persons, 1999

Type of institute	Unit	Quota of recipients
Old Aged Social Centre	23	1716
Old Aged Day Centre	6	430
Old Aged Day Care Centre	1	112
Home Help Services	4	240
Old Aged Hostel	4	371
Old Aged home	8	678
Total	46	3547

Source: Report of Social Welfare Institute in Macau, 1999

However, not all elderly services are suitable for older persons or their families. For example, there are four home-help service teams launched since 1993. They serve persons who lack self-care ability or who are unable to maintain normal living in their households (most clients are female elderly aged 70 or above). According to the Macau Social Welfare Institute (1999), there is a decreasing utilization of this service (9.8%) in comparison with 1998. It suggests that the services are not tailor-made to meet the needs of recipients. Some social workers point out that charges for services and the time-consuming application procedures (at least 6 months) inhibit utilization. It seems that many frail elderly people still mainly rely on the support of their families or other community members.

(4). *Accommodation for the Older Persons*

Housing in Macau is divided into three broad categories, private housing, social-economic housing and social housing. For older persons who are incapable of owning a shelter, the government can provide accommodation. The housing policy in Macau is enacted by the Housing Institute of Macau (HIM).

a. Old Aged Hostels (OAH)

There are four social housing buildings provided by the Social Housing Department of Macau (HIM). The old age hostel is for those older persons who are forced to live alone or with their own spouse, unable to own a shelter or being relocated from slum or squatter huts. The HIM provides management services at a very low rent, from 2.5 % to a maximum of 15 % of average monthly income in 1999.

HIM also provides quality service to ensure privacy, safety and recreation for the residents. Some units in the buildings are reserved for charitable associations to use as elderly centers to render daily care services such as laundry, daily care, meals, etc. For safety's sake, the hostels have emergency alarm systems. Each household can occupy one quarter. The old age hostels have in total served 371 older persons since 1995 (Macau Social Welfare Institute, 2000).

To encourage adult children to live with, and take care of their older family members, there are two housing policies, the social Housing Policy (Similar to Hong Kong Public Estate) and the Economic Housing policy. These are for applicants with members' aged 65 and over who have priority for these two types of housing.

b. Old people' s homes (residential care)

There are only 16 old people' s homes in Macau. One is run by the government, 10 non-profit making (subvented by the government) and 6 are private, for-profit. Only 3.5% (1002) older persons live in residential care homes (Macau Social Welfare Institute, 1999) and the deficiencies and shortfalls in residential care services are one of the potential problems for frail older persons in Macau today and in the near future. This also implies that caring and support for older persons is still mainly the responsibility of their family or community members.

In Hong Kong, residential care services for older persons have been classified into different types of accommodation according to different care needs such as nursing homes, care-and-attention homes, infirmary homes, temporary accommodation and, previously, hostels for older persons. However, in Macau, there is no similar classification. Older persons who are in need of different degrees

of care are confined to the same homes. This not only hampers the effectiveness of management but also the quality of care that can be provided for the residents.

Reviewing the development of social welfare in Macau shows that social welfare policy is basically of a residual model. This means that, under normal circumstances, people should not have to depend on welfare, but live on their own or their family's resources. As noted earlier, welfare is thus seen as a "safety net" for people who are unable for whatever reason to manage on these resources or who are left out (Paul, 1995).

The Macau Government nevertheless keeps increasing formal support to encourage joint co-operation with public organizations and it subsidizes various services and activities for older persons. One-third (30.4%) of the government subsidies (MOP\$ 820,068,000 by the ISAM in 1998) have been expensed for the elderly services in the overall welfare service. However, the services for older persons are very limited and monotonous by comparison with similar services in Hong Kong and elsewhere. Some services are duplicated while others do not meet the actual needs of clients. In view of the small proportion of older persons (3.5%, 1002) living in old age homes, some frail elderly people have undoubtedly been sent

to old age homes in nearby Mainland China (Zhu Hai) while others are forced to live in the family without professional care.

This tends to confirm that formal support is, to some extent, only supplementary to family support (spouse, adult children, relatives) and that of other network members such as friends and neighbours (Litwak, 1985; Shanas, 1979; Walker, 1987).

Older persons in Macau primarily rely on the support of the family or other network members. Hence, this implies that informal support is very important for older persons in maintaining their well-being or life satisfaction in the community. This will be further discussed in the next chapter.

## **Chapter 3 : Literature review**

Knowing the informal support is important for older persons in Macau as discussed in chapter 2, hence, this thesis has the central purpose of exploring the informal support elements that contribute to life satisfaction. Toward this purpose, three areas of literature are reviewed: 1) the concept of life satisfaction and factors related to life satisfaction. 2) the concept of social support and the support provided by informal network. 3) the relationship between social support and life satisfaction. The literature review draws upon these three realms to provide theoretical and empirical support for the formulation of the research framework and research questions for the study.

### **3.1 Studies on Life satisfaction of older persons**

Over the past several years, life satisfaction and its related concepts such as happiness, morale, mood, personal adjustment to aging, psychological well-being, quality of life, subjective well-being, and successful ageing have played an increasingly important role in social gerontology research (Berghorn and Schafer, 1981; Ballesteros, Zamarron and Ruiz, 2001; Goode, 1998; Gubrium and Lynott, 1985; James, John, Michael, 1998; Okun, 1987). In general, many terms have been used loosely and interchangeably. Among these terms and perceptions, life

satisfaction is a well-developed measurement that is easier to understand and more commonly used in social gerontology.

### 3.1.1 Concepts of life satisfaction

Life satisfaction is a somewhat abstract concept, which has a subjective meaning for different individuals. Satisfaction refers to the fulfillment of needs, expectation, wishes or desires (Webster, 1968). Life satisfaction involves the affective relations of individuals to their experiences along a positive-negative continuum (Okun, 1987). Many scholars state that life satisfaction refers to an overall assessment of one's life or satisfaction with domains by comparison to aspiration and achievement or in comparison to others (Berghorn and Schafer, 1981; Bowling, Farquhar, Grundy and Formby, 1993; Campbell et al 1976; Zhang and Yu, 1998). In brief, life satisfaction is the subjective experience of pleasure with individuals in relation to past or present social circumstances.

Most researchers agree with the assertion of Neugarten, Havighurst and Tobin (1961) that life satisfaction is a multi-dimensional concept. The five dimensions are (a) zest versus apathy (b) resolution and fortitude (c) congruence between achieved and desired goals (d) positive self-concept (e) mood tone. To make it clear, life

satisfaction refers to the extent to which an individual takes pleasure from whatever activities constitute his/her daily living; the extent to which a person regards his/her life as meaningful; the extent to which an individual feels that he or she has successfully achieved his/her major life goals; the degree to which a person has a positive self image; the extent to which the individual maintains an optimistic attitude and mood.

### 3.1.2 Factors correlating with life satisfaction

Many studies have attempted to identify factors correlated with life satisfaction (Adams, 1971; Bowling et al 1993; Palmore and Luikart, 1972; Spreitzer and Snyder, 1974). The factors include the demographic variables such as age, sex, marital status; economic status; life events; social support; health status and so on. A number of Chinese studies have recognized that these factors are associated to life satisfaction and most research findings are consistent with western studies (Chi and Li, 1990; Ho et al, 1995; Yeung et al 1997; Zhang and Yu, 1998). Hence, life satisfaction has multi-dimensional concepts as many factors are associated with life satisfaction.



In examining the factors associated with life satisfaction, demographic variables are often regarded as determinant factors (Clemente and Sauer, 1976; Dejong, 1989; S. K. H. Lady Macle hose Centre, 1994). However, some studies reported that there is no association (Palmore and Luikart, 1972). In terms of sex, Wendy et al (1989) reported that women had greater life satisfaction than men. However, Hollis and Lisa (1998) found that females, in the sample of 78 older persons (with 39 females) residing in a community in Pennsylvania, had no significant difference in mean life satisfaction. In terms of marital status, results indicated that life satisfaction was associated with marriage (Rice, 1989; Thanh, 1992). Being a widow was associated with a decline in psychological well-being of the elderly due to the loss of personal companionship (Lopata, 1970; Riley and Foner, 1968) However, Rice (1989) also found that both never-married women and widows, who had high frequency contact with their families, would have higher scores of life satisfaction than those who only had low frequency contact with their families. As found the inconsistent findings, it revealed that the demographic variables are not likely to be the strong predictors of life satisfaction.

With regard to economic status, Lawton et al (1994) reviewed the previous research and reported that income, which is the most influential component of Social

economic status, had a significant effect on life satisfaction when several other determinants of life satisfaction were statistically controlled. However, other studies showed that income did not have significant and direct effect on life satisfaction (Culter, Gregg, and Lawton, 1992). Also, Diener (1984) has argue that the happiness and subjective well-being of the individual does not necessarily depend entirely on financial affluence and objective life conditions but depend entirely on perception and evaluation of one' s life in positive terms, showing more positive than negative affect rather than the financial affluence.

In terms of life events such as bereavement or retirement, deterioration of health, and loss of spouse in the aging process, relocating to a new environment could affect life satisfaction of the elderly (Chen, 2001; Earle, 1980; Geis and Klein, 1989; Krause, 1999). Schooler (1990) found that environment was an active variable, which affects the well-being of older persons in significant ways, personality (trait and locus of control); religious belief and wisdom and so on are also correlated with life satisfaction (Peacock, and Poloma, 1999). Based on those research, it shows that a wide range of factors, like life events, social environment, personality and religion, are associated with life satisfaction but there is still lack of strong and concise correlations among those variables.

Many research reveals that health factors such as functional ability and self-rated health status have been found as the most highly correlated predictors of life satisfaction (Bowling, and Grundy 1997). Ho et al, (1995) in a territory baseline survey with 1,557 randomly drawn samples in Hong Kong, investigated the factors influencing physical, functional, socioeconomic, psychological and social support characteristic in Hong Kong Chinese aged 70 years old. Also, Lee and Chi (1990) conduct a survey of the determinant factors of life satisfaction with local Hong Kong non-institutional elderly (aged 55 and over; N: 1172). Among the 17 variables associated with life satisfaction, it was found that health and informal social support variables were most significant, followed by achieved social status and life style variables. Individual, correlation such as self-perceived financial conditions, depressive index, activity levels compared with peers, and numbers of supporter in times of injury and sickness were the strongest variables in terms of strength of the association. Their findings indicated that self-rated health status was a significant factor associated with life satisfaction. Also, it also revealed that social support are associated with health which contribute to the life satisfaction of older persons.

Many researches show that social support and social networks are associated with health outcomes in elderly persons, including a lower risk of mortality, cardiovascular disease, cancer mortality, and functional decline (Berkman, 1995; Seeman, 1996). These protective effects of social networks may result from several processes. These include provision of access to information about health and health care services (Bloom, 1990), encouragement of healthy behaviours (Bovbjerg et al. , 1995; Mermelstein, Cohen, Lichtenstein, Kanmark, & Baer, 1986), encouragement of health care utilization (Litwin, 1997), provision of tangible aid, emotional support to facilitate coping with life stress (Thoits, 1995), enhancement of feelings of self-esteem and control (Krause & Borawski-Clark, 1994). Hence, it indicates that social support is positive correlated to health, which can contribute to life satisfaction of older persons.

In addition, a comparative study about correlations of life satisfaction among 350 Chinese elderly aged 65 or above was conducted by Zhang and Yu in 1998. The samples were selected from the outpatients of the clinic (N=200) while others came from the community (N=150). The results showed that life satisfaction was significantly affected by health and financial status among community elderly, while life satisfaction was affected by health, financial status, as well as family support

among the elderly outpatients. It showed that informal support is the significant factor affecting older persons.

Reviewing the empirical studies of life satisfaction, it reveals that life satisfaction is multi-dimensional concepts, in which different variables associate with the term. Among these variables, health was constantly reported to be a strong dominant predictor of an older person's life satisfaction (Chi, and Lee, 1989, Speritzer, Snyder and Larson, 1979; Unger et al, 1999). Among different variables, social support is related to health in later life, which play a primary role in producing more optimal outcomes for the life satisfaction of older persons. Given social support is a salient determinant factor which facilitate life satisfaction of older persons, the concepts and the impacts of social support to life satisfaction will be discussed as follows.

### **3. 2 Studies on social support of older persons**

In recent decades, it appears that social support has been conceptualized in various ways by different researchers. Social support commonly implies an abstract characteristic of persons, activities or behaviours and relationships. The evident diversity of what is subsumed under it is usually accounted for by postulating

different forms for example, instrumental versus affective; sources, for example spouse versus, children versus friends and neighbours. Also, it involves different supportive patterns.

### 3.2.1 Social support-definition and constructs

One of the most used definitions of social support was suggested by Cobb in 1976. He states that social support refers to information that leads an individual to believe that he or she is cared for, loved, esteemed, valued and belongs to a network of mutual obligation in which others can be counted on should the need arise (Ell, 1984).

Shumaker and Brownell in 1984 suggested that social support is an exchange of resources between at least two individuals perceived by the provider or the recipient intended to enhance the well-being of the recipients (Shumaker and Brownell, 1984). Hence, it was implied that social support refers to people who received support from others and the support was natural, a mutual obligation, and reciprocal. Social support can function as a contribution to the well-being of the recipients.

There is, however, a lack of consensus regarding the theoretical definition of social support. Various researchers have attempted precisely to define the term “social support” by different construct components such as functional approach, structural approach and support appraisal approach and so on (Sarason, and Pierce, 1990; Sauer and Coward, 1985; Thoits, 1982; Vaux, 1982; Veiel, and Baumann, 1992; Wenger, 1993).

### 3.2.2 Forms of support

Forms of support have been constructed in many ways. Caplan (1974), for example, suggests that social support help to mobilize resources and manage emotional problems, share tasks, and provide material and cognitive assistance to help deal with a particular stressful situation.

Some have distinguished functions that might be served by the support. For example, Weiss (1974) distinguished provisions of social relationships including attachment, social integration, reassurance of worth, reliable alliance, guidance, and opportunity for nurturance. Cobb to a greater degree views form of support as more intangible. Cobb (1976) views social support as the individual’s perception that he or she is being cared for and loved; esteemed and valued; and belongs to a network of

communications and mutual obligations. Weiss see particular functions as linked to certain types of relationship in view of social support.

Numerous other researchers have distinguished forms and functions of social support. The terminology and distinctions can vary and confuse. Pattison (1977) distinguishes instrumental and affective. Tolsdorf (1976) distinguished the forms of social support as tangible, intangible, advice, and feedback. Hirsch (1980) describes it as emotional support, cognitive guidance, tangible assistance, social reinforcement, and socializing. Cohen and Hoberman (1983) conceptualize into self-esteem, appraisal, belonging and tangible support. Vaux (1982) defines it as emotion support, socializing, practical assistance, financial assistance, advice or guidance. House (1981) distills four broad forms of support, which are emotional, appraisal, informational, and instrumental. Wills (1985) defines esteem, informational, instrumental, social companionship, motivational. Unger (1980) defines it as instrumental, informational and emotional. Lin, et al (1986) divided into instrumental and expressive. Berkman (1984) viewed emotional and instrumental assistance. Ng (1999) defined it as instrumental and non-instrumental. Siu and Phillips (2000) distinguish it as instrumental and affective.



This review of the forms of social support found that social support takes many forms and involves several kinds of activities or behaviour. Basically, the forms of support can be broadly divided into two forms, instrumental and affective (Siu and Phillips, 2000). Instrumental support is usually said to be consisted of tangible support by provisions of goods or money (material or financial); information (advice and guidance); concrete aids, such as help with medical needs and with household maintenance or other daily living tasks and so on. Affective support can be consisted of meeting needs for caring, affection, love, sympathy, understanding, esteem, identity and empathy through emotional support, feedback and social reinforcement and socializing. Also, these activities or behaviour provide positive functions to individuals. Table 3.1 summarizes the various conceptualizations and forms of support over the past three decades.

Table 3.1 Reviewing forms of support identified from 1970s-2000s

Authors	Forms of social support					
	---Instrumental---			---Affective---		
Caplan, 1974	Concrete Aid	Practical Service	Information for problem solving	Emotional	Feedback	Rest and Recuperation
Weiss, 1974	--Social integration--		---Guidance---	---Attachment---		Reassurance of worth
Cobb, 1976	---Information---			Love	Esteem	Belonging
Tolsdorf, 1976	---Tangible---		---Advice---	---Intangible---		Feedback
Pattison, 1977	---Instrumental---			---Affective---		
Hirsch, 1980	---Tangible---		--Cognitive guidance---	---Emotional---		Social reinforcement and Socialization
Unger and Power, 1980	---Instrumental---		---Information---	---Emotional---		
House, 1981	---Instrumental---		---Information---	---Emotional---		---Appraisal---
Schaefer, et al 1981	---Tangible---		---Information---	---Emotional---		
Vaux, 1982	Financial	Practical	Advices/ Guidance	---Emotional---		Socialization
Cohen and Hoberman, 1983	---Tangible---		---Belonging---	---Self-esteem---		---Appraisal---
Berkman, 1984	---Instrumental---			---Emotional---		
Gottlieb, 1985	---Problems solving---			---Emotional---		
Wills, 1985	---Instrumental---		---Information---	Motivation	Esteem	Social Comparison
Lin et al, 1986	---Instrumental---			---Expressive---		
Barrera, 1986	Material Aid	Behavioral Assistance	Guidance	Intimate Interaction	Feedback	Positive Social integration
Ng, 1999	---Instrumental---			---Non-instrumental---		
Siu and Phillips, 2000	---Instrumental---			---Affective---		

### 3.2.3. The composition of social support: definition of social network

Social networks can be divided into formal and informal. Formal networks concern the government or professionals while informal support consist of family members, relatives, friends and neighbours (Wenger, 1984). Hence, social support naturally comprises different social networks (spouse, children, grandchildren, relatives, friends and neighbours, government and professionals) who provide different forms of support or to whom they could turn for assistance in dealing with demands or achieving goals.

O' Reilly, (1988) defines a social network as a construct of social relations involving an analysis of patterns of linkages between people and the manner in which the individual is linked to the larger social structure such as by ties of family, relatives, friends, and so on.

The constructs of social network are many. Litwak (1985) has proposed six structural aspects for a social network, which serve as discriminating criteria variables in the clustering procedure: network size, composition, percentage of intimate ties, frequency of contact, tie duration, and geographic proximity. The procedure produced four identifiable network types: (1) kin, (2) family intensive

network, (3) friend-focused network, and (4) diffuse-tie network. Different networks were found to provide different forms of support to others.

It was found that most research has concentrated on studying egocentric or personal networks. The former showed the significant interpersonal ties of focal persons perceived by the individuals at the centers (Wellman, 1981). The network structures include size, density and network composition. As far as this thesis is concerned, a focus on personal social networks is maintained.

#### 3.2.4 Forms of support provided by informal networks

Social support can be broadly divided into formal support and informal support, and the forms of support into instrumental and affective support. However, as noted in chapter 2, older persons may prefer to get support from the informal support network rather than formal support in Chinese societies. Also, the importance of informal support to older persons' lives has been well documented (Sussman, 1985; Ward, LeGory and Sherman 1984). Older persons often first use informal support to meet their needs and move to more formal sources only when necessary (Shanas, 1979). Hence, the reviews mainly focus on the forms of support provided by the informal network.

The most basic and extended needs of the elderly are provided by the family network. Family members are the primary source of support for elderly persons and in times of need is the first source of help to which older persons turn (Harris, 1990). In general, family provide instrumental support directly, emotional bonds, information, are advocates for services, and delay the time of institutionalization. According to Li (1994), older persons are more likely to receive help from their close family members especially from a spouse, and then followed by kin, friends, and neighbours and lastly formal support. Research by Chow and Kwan (1986) found that if low-income elderly people needed help in their daily life, they mostly turned to their children (38%), followed by their spouse (24%) and then friends and neighbours (11%). Hence, family seemed the main source of support for their older family members.

In addition, among family, adult children are usually the most important source of support for older persons. They provide financial aid, advice, affection, decisions and so on. They also provide personal care which may include escorting the elderly when going out, washing, shopping, cleaning and cooking; the classic assistance in ADL (Chow, 1992). Ng (1999) further found that children's support is mainly in financial aid, household chores, emotional support and daily care. The support, to a large extent, was naturally filial and obligatory for older parents

(Cogwill, 1986; Kunkel and Morgan, 1998). Hence, older persons primarily relied on the children support as usual.

Perhaps surprisingly, up to a point, geographical proximity does not appear to affect the quality of parent-children relationship, so called “distance intimacy”. Most adult children feel “close” to their older parents despite geographic separation (Cicirelli, 1983; Litwak, 1985). Social-emotional distance seems more important than geographic distance. However, there are gender differences and the emotional bond is often apparently strong for female family members.

The spouse was of course a major source of support, especially for primary care for their older partner, who has “built-in companionship”. Married older persons provide each other with sociability, mutual care and shared activities. Spouse can provide companionship to each other. They share memories of the past and report companionate conversations to their husbands or wives (Foner, 1986). In addition, older couples give long-term personal care to each other. (Hooyman and Kiyak, 1991). Ngan and Cheng (1992) further found that female partners are often the major caregivers for their male partners with long-term personal care.

Relatives generally refer to siblings or other extended kin such as nieces, cousins and so on. Siblings may share household chores and frequent visits can enhance the widowed person's well-being. Siblings may supplement the efforts of other family caregivers during times of crisis or special need. Siblings can perform a socialization function in later life by acting as positive role models or motivators for elderly persons to try new activities, which may enhance adaptation to life change particularly to the widowed or childless, (Hooyman, 1983; Shanas, 1979).

Whilst it has been noted that family (spouse, children and relatives) is the major source of support, when no family support is available, friends and neighbours often become important. Friends and neighbours provide support in emergencies or immediate needs because of physical proximity and daily contacts (Harris, 1990; Hooyman, 1983; Litwak, 1985). A famous study in a lower class district in East London found that older persons without families intensified their relationships with friends and neighbours through frequent visits and mutual aid (Young and Willmott, 1962). Also, a study by Cantor (1979) of inner-city older people revealed that about two-thirds of the residents knew one or more neighbours well. Sixty percent reported that they helped each other in emergencies. Hence, the level of mutual aid between neighbours was substantial.

In addition, some research reveals that friends make a more important contribution to the morale and positive self-concept of older persons than contacts with their adult children, grandchildren, or their siblings. Sharing memories and experiences with friends helps to preserve one's identity following role losses associated with ageing. Hence, friends are often an important source of intimacy, and companionship.

Thus, reviewing the support provided by family members, friends and neighbours, they play an important role for the elderly. Family members, spouse and children, provide the most instrumental and emotional support for older family members (Stoller and Earl, 1983) Relatives such as siblings provide emotional support and physical care particularly to the unmarried or widowed elderly (Campbell, Connidis, and Davies, 1999). Friends and neighbours can maintain morale and assistance when emergencies arise. However, it is important to note that the frequency of support from informal networks can have a positive contribution to life satisfaction and the well-being of older persons.



### 3.2.5 Support patterns

From the above discussions, it was found that the forms of support provided by social networks are many. It also reveals different supportive patterns of different support networks. Two models of support have gained the greatest attention, namely the Hierarchical-Compensatory Model and the Task Specificity Model.

In Cantor's (1979) Hierarchical-Compensatory Model, it is suggested that older persons prefer to receive help from close kin, preferably spouse or adult children, and will seek help from others only if the preferred group is unwilling or unable to assist. This model suggests that married elders are more likely to receive support from a spouse. In the absence of a spouse, or in cases where a spouse is also physically frail, help will be next most likely to come from an adult child. A compensatory mechanism also operates among the elderly with no children or whose children are not immediately available. Therefore, friends and neighbours are also an important source of support and in some cases, formal organizations.

A study of rural older adults from Stoller and Earl (1983) supports the Hierarchical-Compensatory model in that the spouse and children were the most likely source of assistance for persons who receive help in any aspect of daily living.

Help from friends or neighbours was less common, but more likely with unmarried persons and persons whose children and other relatives live more than an hour away.

Formal assistance was the least likely to be reported (less than 6% of most cases).

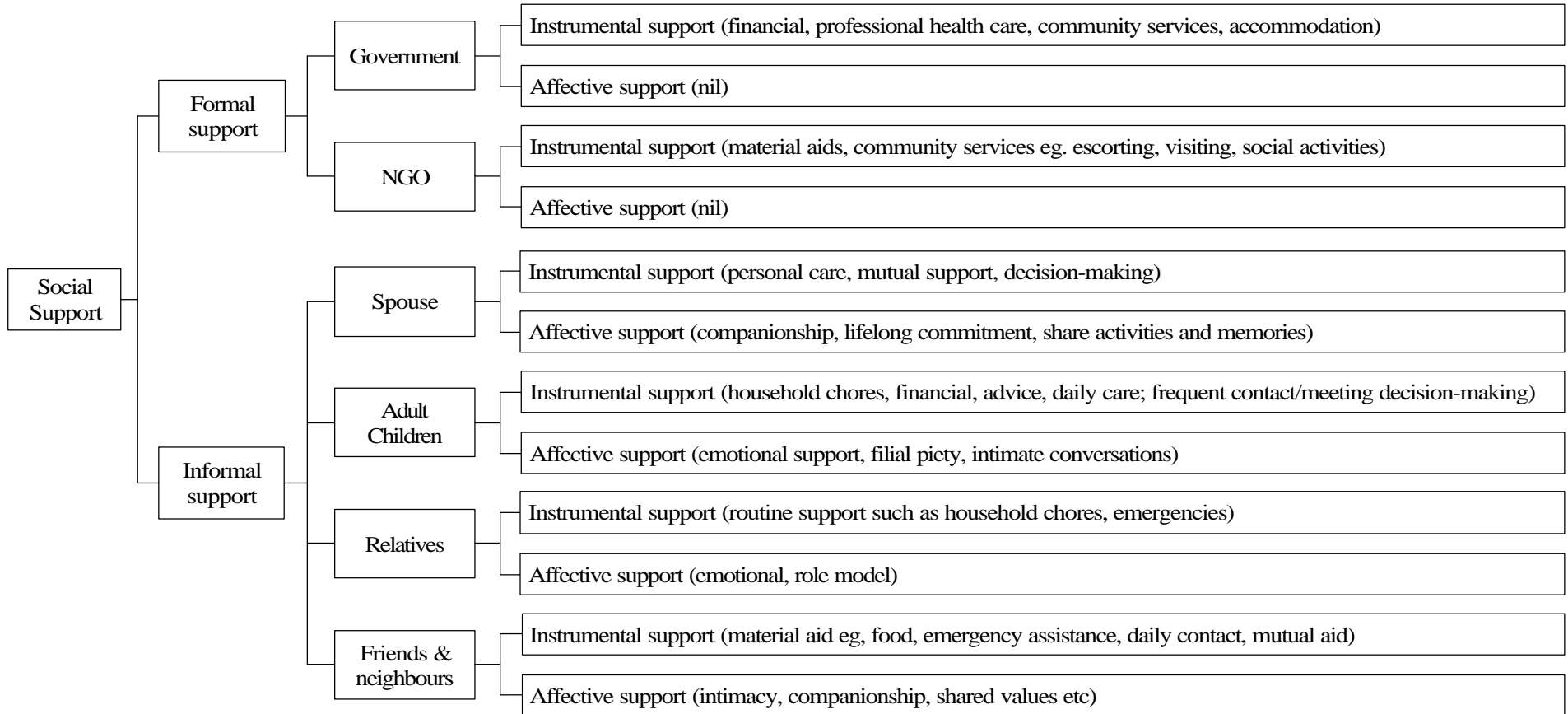
Also consistent, Powers and Kivett (1992) reported that older persons expected more help from closer kin and less help from more distant persons. Therefore, from this perspective, formal support would only be sought in the absence of informal caregivers or when the demands of care giving exceed the abilities of the informal network.

However, many researchers have contested the Hierarchical-Compensatory Model. Litwak's (1985) Task-Specificity Model suggests that older persons' needs are matched to the individuals most likely to provide for them. For minimal assistance needs, such as help with shopping or transportation, friends and neighbours may be the most likely helpers. For more intensive and personal levels of care, however, family members will be the primary helpers (Litwak, 1985; Silverstein and Litwak, 1993). This model extends or refines Cantor's (1979) model by illustrating the importance of considering the forms of support provided to older persons, in addition to who provides it. That means different network

components (spouse, children, friends and neighbours) have different abilities and resources, which affect the provision of the forms of support to older persons.

In brief, a review of the social support literature suggests that social support can broadly be defined into formal support and informal support (sources) and instrumental and affective support (forms). Formal support by government and NGOs mainly provides instrumental support while informal support (spouse, children, relatives, friends and neighbours) provides both instrumental and affective support. They provide different support activities for the older persons that are summarized in Figure 3.1.

Figure 3.1 : Forms of support by social support system



### **3.3 Studies on the relationship between social support and life satisfaction of older persons**

Social support has a positive impact on older persons. Empirical evidence from several studies on variety of support and well-being measures has supported this proposition (Leavy, 1983; Lin, et al, 1979; Schaefer, et al, 1981; Turner, 1981). They often found that social support can reduce morbidity and mortality (Berkman and Syme, 1979); aid adaptation to and recovery from physical illness (Wortman and Conway, 1985), and buffer the effects of stress on mental and physical health (Bankoff, 1983; House, 1981; Krause, 1986). In addition, researchers have found that social support are associated with low depression and high morale (Schaefer et al, 1981) and with the performance of preventive health behaviours (Langlie, 1977). Hence, social support is important for influencing older persons' well-being.

Many studies have particularly addressed the relationship among social network on life satisfaction or psychological well-being (Barrera, 1981; Cantor, 1979, 1980; Linn et al, 1989; Winefield et al, 1992). Research found the interpersonal relationship has positive impacts on life satisfaction which is confirmed by most Chinese network studies (Chow and Kwan, 1986; Yeung, 1992; Yeung, et al, 1997).

Among the sources of support, family support is regarded as most important for contributing to the life satisfaction of older persons especially in Chinese older persons. Chen and Silverstein (2000) conducted a survey of exploring the relationship between intergenerational social support and psychological well-being of older parents of a random sample of 3,039 persons aged 55+ in China. The findings showed that older persons' morale is elevated by having proximate children and satisfaction with children. Also, receiving support by children improved older persons' well-being.

In addition, family and friend support have different impacts on life satisfaction. A comparative study on the effect of the support network of family and friends on the psychological well-being of the older female (aged 65, sample size 60) showed that the instrumental and affective support provided by family and friends are all positively related to psychological well-being (happiness, life satisfaction and competency; stress, anxiety, depression). Based on a series of stepwise analyses, the findings demonstrated that affective support from family and friends were strong predictors of the psychological well-being of older women (Siu and Phillips, 2000). Hence, it was found that the forms of support provided by different members are different which have different contributions to life satisfaction of older persons.

Although many researches suggested that family support is important to the well-being of older persons especially in Chinese families (Chi, 1998; Chow and Kwan, 1986; Yeung, 1989), some researches found that friends' support is more important than family support to an older adult's well-being (Larson et al, 1986; Lee and Shehan, 1989; O' Connor, 1995; Wood and Robertson, 1978). These researches indicated the relatively greater importance of friends over grandchildren for maintaining life satisfaction during old age. The inconsistent findings are explained by hypothesizing that family relationships are obligatory and blood tied while friendship is voluntary. Older adults cannot terminate a stressful family relationship but they can end a friendship (Antonucci and Akiyama, 1995; Lee and Shehan, 1989; Lincoln, 2000). Thus, the relationship among informal networks is closely associated to life satisfaction. The quality of interaction with informal networks can explain the variations in the life satisfaction.

With reviewing the above literature, it reveals that life satisfaction is a multi-dimensional concept. Many factors are associated with life satisfaction. Among different factors, social support is a salient factor which positively contributes to life satisfaction. In addition, different forms of support provided by

informal networks have different impacts on life satisfaction. Thus, this study will discuss the conceptual framework relating to informal support and life satisfaction in the following chapter.



## **Chapter 4 : The Conceptual Framework Relating Informal Support and Life Satisfaction**

### **4.1 Conceptual framework for the study**

Based on previous discussions in Chapter 3, it was found that social support could be divided into formal and informal which provided instrumental and affective support for older persons (see Figure 3.1). Also, Chinese older persons primarily rely on the support from family members and other informal networks such as friends and neighbours rather than formal support. Hence, informal support (spouse, children, relatives, friends and neighbours) is more important for older persons which enhance their life satisfaction.

However, the forms of support may change from time to time and differ in different social contexts. Also, few studies within similar topic have been conducted in Macau. The informal support and life satisfaction of older persons remain largely unknown in this area, so the present project will provide timely evidence of the nature of informal support in Macau.

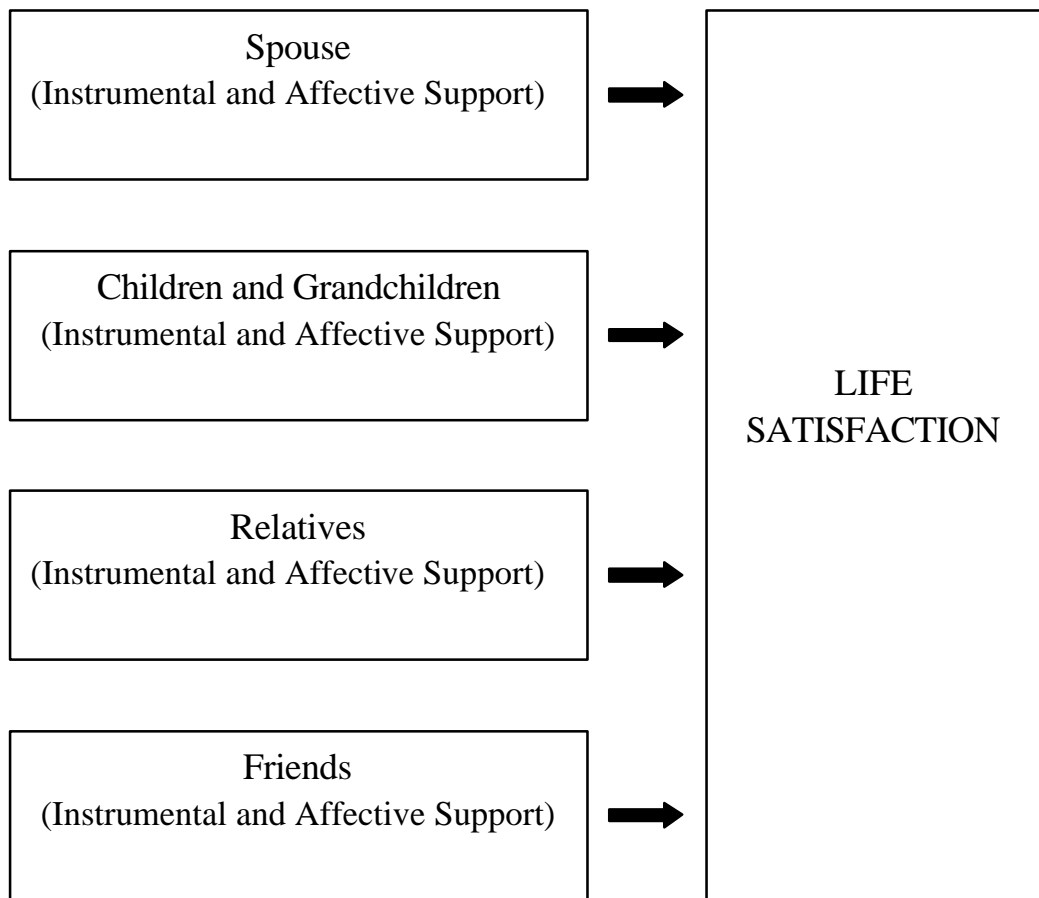
Many researches have confirmed that there is a positive relationship between social support and life satisfaction. However, researches often focus on the quantitative dimensions of support. Little research has been conducted in revealing

qualitative dimensions of support and provided an explanation for its relationship.

This study aims partly to fill this gap of knowledge in the literature.

Hence, in this thesis, in order to explore the impact of informal support on life satisfaction in Macau's older persons, it will adopt the proposed research framework based on previous studies. Informal support will be classified into four sources (spouse, adult children, relatives, friends and neighbours) and two forms of support (instrumental and affective). These are used to distinguish support elements (forms of support) from different informal network (sources of support). Then, it will explore possible support elements that contribute to the life satisfaction of older persons and provide possible explanations (quality of support on the relationship found). The conceptual framework for examining the informal support and life satisfaction for this study is outlined in Figure 4.1.

Figure 4.1: Conceptual framework for the study



## **4.2 Research questions**

The specific research questions addressed by this study derive from an extensive review of the literature and are as follows:

1. What is the content of support received by the informal network (spouse, children, relatives, friends and neighbours) of older persons in Macau?
2. How have the informal support elements contributed to the life satisfaction of older persons?
3. What is the relationship between these elements and the life satisfaction of the respondents in Macau and why? What are the possible explanations?

## **Chapter 5: Methodology**

The methods used in the present study are mainly qualitative in approach, with in-depth interviews. This chapter discusses the advantages of in-depth interviews and the nature of the qualitative and quantitative methods of the study. There is a growing interest in this type of research process rather than extensive cross-sectional surveys in conducting social research. In addition, in order to ensure the credibility of the research, triangulation of various data sources is used to provide fuller picture and understanding of the research findings.

### **5.1 Selection of the research method**

Having evaluated the strengths and weakness of both quantitative and qualitative research methods, the researcher decided that the selection of a mainly qualitative based approach was more suitable in this thesis. The interpretations made by both the respondents and researcher could be made transparent and less restrictive as opposed to a cross-sectional survey in which responses are framed within a pre-set questionnaire without showing the interpretation processes of the questionnaire items (e.g. respondents are forced to give pre-set answers). However, qualitative methodologies such as participant observations, in-depth interviews with or without an open-ended guideline or meta-analysis have themselves been criticized

on the basis that they merely provide confirmation of what the researcher wants to see. In view of such criticisms, it is desirable to build in cross-checking mechanisms. The present study therefore adopts various methods of data interpretation for cross validation of the results (the research process of the study is summarized in Figure 5.1). Using in-depth interviews also helps to explore the present concepts of social support by different informal networks (spouse, adult children, grandchildren, relatives, friends and neighbours) in Macau's social context. It also enables the interpretation of qualitative relationships between informal support and life satisfaction from the personal viewpoints of the respondents. The focus groups discussions and a statistical data set (derived from thematic content analysis) act as further sources of data for confirming the research findings. In justifying the adopted methods, a review on relevant methodology is necessary.

Quantitative research, by its nature, tends to be deductive, hypothesis-driven, particularistic, variable-based, objective and outcome-oriented (see, for example, Devers, 1999; Newman and Benz, 1998). The strengths of quantitative research on social support and life satisfaction are in the development of scales, indices such as social network scales, support appraisal scale and Life satisfaction scale A (LSIA). Researchers often use statistical analysis to assess probabilities and significance.

They tend to use sampling (usually survey) in this subject area to test the causal relationship between social support variables and life satisfaction. This can enable a numerical assessment and statistical significance to be given to relationships in the data set.

However, there are the limitations to the quantitative research approach. The existing literature on social support and life satisfaction in the region indicates most studies to date have adopted existing concepts or indices of social support (Ngan and Cheng, 1998; Ruan et al 1990; Yeung et al, 1997). Whilst these can give an indication of statistical associations, these tend to neglect the fact that support concepts may change over time and probably also with cultural differences. Quantitative methods cannot readily provide an explanation of the statistical associations, or provide deeper understanding of the reasons for people's views and opinions.

In recognition of the limitations of quantitative methods in the research of social support and life satisfaction, there is growing tendency for researchers to use qualitative methods in studying social support or the under investigations into of social gerontology. Qualitative research has largely been characterized as

phenomenological, involving an investigation of the meaning of peoples' experiences and of the process by which they arrive at that meaning. They can assist theory-building and can be holistic, case-based, subjective, and process-oriented (Babbie, 2001; Devers, 1999).

The strength of qualitative research lies in its ability to understand the subject in meanings, how people "see things", perceptions and attitudes to events, thoughts, perceptions and feelings experienced by informants and help to the development of concepts or theory (Reinharz and Rowels, 1988). Social support involves different forms of support provided by different social support networks. It is rather an abstract concept because different people have their own perception of support and perceived relationship with the support networks and the patterns of support behaviors and so on. Hence, there are advantages to using qualitative methods to study the concepts of social support.

One might also argue that social phenomena, human thoughts and behaviours are usually neither static nor directly controllable. Thus researchers must not only verify existing theories, but also investigate concepts and/or the additional theoretical perspectives and methods, that are suitable for studying feelings, subjective



experiences, and the meanings that different types of people attribute to events and situations in real-life settings. In this way, they attempt to derive theoretical explanations based on observations in the data, the “grounded theory” approach (Glaser and Strauss, 1967). Since the content of social support and life satisfaction may change over time and may differ among individuals, it is useful to explore the present situation of the informal support elements and life satisfaction for the actual situation in Macau.

Moreover, the strength of qualitative methods lies in their ability to provide a deeper understanding of social phenomena rather than that which could be obtained from purely quantitative data, especially to understand the patterns of behavior and processes of interaction that are involved. It may also reveal the meanings, values, and intention that pervade elderly people’s experience or the experience of others in relation to old age (Reinharz and Rowels, 1988). Hence, a qualitative methodology with in-depth case interviews is very suitable for use in an exploratory study of older persons’ own perceptions; the forms and ways of support by the informal network and the relationships with life satisfaction.

With regards to the interpretation of the research findings, Guba and Lincoln (1989) suggest with respect to the qualitative paradigm that “reality ..is constructed by people” and that these realities are not objectively “out there” and that “there is no reality except that created by people” (p. 12-13), while the quantitative paradigm does not provide this perspective. Hence, any shortcomings in the reality of the concepts of social support and the lack of interpretation of the causal relationship of social support and life satisfaction can be overcome by the interpretations of the respondents.

However, there are limitations to qualitative approaches. For example, qualitative researchers have often been criticized on the basis that their findings are unsystematic, impressionistic, exploratory and subjective (see, for example, Pope and May, 1995). There seems to be no wholly agreed doctrine underlying qualitative social research. In reviewing the qualitative-based literature on social support, most publications only describe concepts of social support, patterns of supportive activities or behaviours and interpret the results in their social context. Many undoubtedly are subjective, narrative and often novel in nature. Few provide clear descriptions of the research and analysis processes. Hence, in this study, not only has a qualitative interpretation been provided but also an additional statistical data set,

which to an extent offsets this limitation of the qualitative method. It will further be described in the data analysis section.

An additional advantage of in-depth interviews in this study is that they allow the researcher to be more flexible in asking questions and to collect more comprehensive data giving insights and thus helping better understanding. Interviewees were free to express their feelings about the questions and to explain why they have these feelings, perceptions and attitudes (Silverman, 2000). Hence, interviewees could respond to and discuss the support received from the informal networks, their perceptions on network members and life satisfaction in a natural manner.

## **5.2 The research process**

### 5.2.1 Preparatory and exploratory phases

#### *Researcher's observations*

To obtain a thorough picture of the social environment and living style of older persons in Macau, prior to the in-depth interviews, the researcher frequently visited Macau to interact with older persons in different kinds of activities. This was essentially participant observations which gave the researcher first hand experience

on the pattern of social behaviour and daily living schedule in Macau (Babbie, 2001; Schweigert, 1998). To understand the service and welfare context, the researcher visited different government department and non-government organizations (NGOs) in the community to help her better understand the social environment of the community and to find out significant differences or issues in-group identities of different NGOs. If significant differences existed among NGOs, it could be that there would exist a potential for bias in the selection of samples. Hence, by observation, it was found that there are no great geographic differences existed among NGOs' and older persons enjoyed going to the social centers or parks to spend on their leisure time. It was also found that active healthy older persons are more suitable as the selected samples for the in-depth interviews of the study.

#### *Key informant interviews (KIs)*

Key informants (KIs) provided valuable insights to help in the construction of research questions and formulation of the semi-structured questionnaire. KIs were interviewed, to help the researcher familiarize with Macau's social support and elderly policy. The KIs included academics working on social welfare policy; chief officers from local social welfare institutes and social workers with substantial service experience for elderly people in three main charitable organizations (NGOs;

Caritas de Macau, the Neighbourhood Association and the Labourhood General Association). Totally, 15 key informants were interviewed in this study (Appendix 4).

By interviewing the key informants, the researcher obtained some first hand information of the main social policy and services for older persons, the key features of the formal support (government and NGOs), daily living conditions and the potential problems for older persons in Macau. Hence, KIs helped the researcher gain more background information and insights on the selected research topic. Also, they allowed the researcher began better understanding of some key patterns in behaviours of older persons in Macau.

### 5.2.2 Refined schedule of interviews

#### *A pilot interview*

A pilot interview of 6 respondents was carried out in January 2000, to help refine the semi-structured questionnaire of the interviews and identify some of the difficulties that might be encountered in the process of the interview. It also helped to ensure that the word and phrases could be appropriately understood in the subject context.

### *Semi-structured questionnaire design*

A semi-structured questionnaire was used to guide the interviewer. The questionnaire, with an English translation, is given in Appendix 1. By using the semi-structured questionnaire, it not only shortens the interview time of asking some background information but also enhances the focusing on the exploration of informal support of the respondents. The questionnaire consisted of closed and open-ended questions, generated from the literature review in chapter 3. A series of short close-ended questions were asked to find out the general profile of the respondents. The open-ended questions, with follow-up prompt were asked to further explore attitudinally the forms and ways of support by informal networks, self-rating of the relationship with informal network and their perception of life satisfaction.

The semi-structured questionnaire consisted of five parts as follows:

- I. General personal data: *age, sex, marital status, social economic status, years of residence, living arrangements, and household incomes.*
- II. Informal Support: *size of informal network, forms of support, self-perceived relationship with informal network.*
- III. Health Status: *chronic diseases, physical functioning level (ADL), self-rating health status*

- IV. Formal support: *utilization and satisfaction with the existing community services.*
- V. Life satisfaction: *Life satisfaction scale A (LSIA), perception of life satisfaction.*

#### *Measurement instruments and scales*

The following ADL and Life satisfaction scale A (LSIA) were adopted which aim to provide the objective measurement of functional ability and the level of life satisfaction of respondents. These scales have been validated by many researchers.

#### *Functional ability (ADL)*

The Barthel Activities Daily Living (ADL) Index has been widely adopted by gerontological and geriatric researchers in many international studies including in Hong Kong. Its reliability and validity is relatively high (Ngan et al, 1996). In the present study, the Barthel Activities Daily living index (ADL) was used to measure the functional ability of respondents.

#### *Life satisfaction scale (LSIA)*

Life satisfaction is an assessment of the subjective well-being of a person. There are various approaches that may be employed when measuring life satisfaction. Although there has been controversy over the underlying dimensions of life

satisfaction concept last decade, no serious objection has been raised about validity of the life satisfaction scale (LSIA) Most research has adopted life satisfaction scale (LSIA) (20 items) developed originally by Neugarten et al (1961) in measuring the level of elderly' s life satisfaction.

In addition, Chi and Boey (1992) have validated the LSIA in Hong Kong elderly subjects by using 9 items. It was found that the modified LSIA is most commonly used in elderly subjects in Chinese societies with statistically significance results. Hence, it was adopted to measure the level of life satisfaction of the respondents in this study.

### 5.2.3 In-depth interview phase

Both the sample referral and the “snowball” method were used to select the interviewees. The researcher had built up formal and informal networks of informants in Macau that helped identify the respondents. Hence, the sample in the present study comprised mainly referrals from eight units of Non-Government Organizations (NGOs). A “snowball” method was also applied in the research. “Snowball” sampling is a method for identifying and sampling or selecting the cases via peoples’ contacts or networks (Newman, 1997). Some interviewees were



introduced by the respondents themselves. The NGOs, which assisted in referral the interviewees are in Appendix 4.

The present research follows a “theoretical purpose and relevance” (Glaser and Strauss, 1967, p.48). This refers to the selection of groups of people on the basis of their relevance to the research questions, theoretical position and the explanation which are being developed (Mason 1996). As discussed earlier, the purpose of this research is to explore support elements provided by informal network (spouse, children, relatives, friends and neighbours) and how these support contribute to their life satisfaction. In order to show the variations of the informal support elements which enhance the life satisfaction of the older persons, a homogenous group with similar health status, social economic status and formal support is more suitable for the research. Hence, the inclusion criteria of the target respondents were that they should be active, of good health status, with similar social economic status, either married or widowed older persons aged 65 over, attending social center activities and living in the community in Macau (See below Table 5.1 for more details of interviewees).

Table 5.1: Interviewees were interviewed during July to October 2000

Married Status	Male	Female	Total N:65
Married	24	30	54
Widowed	1	10	11

A total of sixty-five respondents with 54 married and 11 widowed who have children living in Macau were interviewed during late July to mid October in 2000. Having interviewed sixty-five respondents, the researcher found that the data collection had reached a stage of “theoretical saturation” in which no new concepts were emerging (Strauss and Corbin, 1990). At this stage, it is generally agreed that no further interviews need to be conducted, as additional interviews would no longer generate new insights. Interviews were conducted either in the old age center of eight NGOs or took place in the interviewees’ apartments during late July to mid October, 2000. Interviews were conducted by the researcher herself in Cantonese in an informal and friendly manner. The time for completing each interview ranged from fifty-five to ninety minutes.

### **5.3. Content analysis phase**

Each in-depth interview was transcribed verbatim in order to conduct a systematic analysis. All verbatim transcripts were categorized by the thematic content analysis method of data interpretation. The coding categories, coding description and coding label were developed under the coding processes of open-coding and axial coding. During which coded notes were written in the

margins of the transcripts. These acted as “memory prompts” for the analysis (Silverman, 1994).

### 5.3.1 Quantifying qualitative data

The thematic content analysis is a technique for analyzing the qualitative data into various themes, developing analytical categories and indexing (coding) the data accordingly (Strauss, 1987). For analysis of verbatim data, coding reduces a mass of qualitative data by categorizing the transcripts into theoretical concepts based on the theoretical framework. Two forms of coding were mainly used in this study, namely open and axial coding.

#### *Open coding*

The purpose of open coding is to develop concepts, open up the text and expose the thoughts, ideas, and meanings contained therein (Strauss and Corbin, 1996). Open coding allowed the researcher to explore the forms of support by the informal network (spouse, adult children, grandchildren, relatives, friends or neighbours), i. e. the forms of informal support and other related concepts in this study. To avoid any missing useful data, the researcher read the transcripts line-by-line highlighting words that could express description, coding similar descriptions and giving them labels. Hence, the coding categories with description were generated guiding

towards coding the verbatim transcripts systematically. The main coding categories are shown in appendix 3.

After open-coding, four forms of support were categorized, namely tangible, informational, companionship and emotional support respectively. Tangible support is more material or visible, including receiving money, labour, financial aid, general resources and services needed to help solve daily living problems. Informational support includes getting someone to read and write letters and give information, advice, and suggestions when it comes to making decisions. Companionship support contributes to the enjoyment of daily living by meeting, chatting, talking; sharing leisure activities; celebrating festivals or birthdays; going for a trip with others etc. Emotional support enhances the self-esteem of respondents through receiving concern, ventilation, trust, love and respect etc

#### *Axial coding*

Axial coding refers to making related categories to subcategories along the lines of their properties and dimensions. The purpose of axial coding is to reassemble data that were fractured during open coding and looking at how categories crosscut and link (Strauss, 1987, Strauss and Corbin, 1996). Hence, the researcher reviewed

the initial codes and examined the forms of support by the informal network, the interaction of the informal network, social support patterns, attitude towards seeking help, perceptions of informal network and so on. Attempts were made to find out any relationship between forms of support, and how the informal support elements contributed to the life satisfaction of the respondents.

#### *Coding Matrix diagram*

A coding matrix diagram assisted in quantifying coding transcripts in this study. Based on the coded transcripts and the coding notes, the present situations of forms of support were developed. In order to make the qualitative data quantifiable, the coding labels from 65 verbatim transcripts were put into the coding matrix diagram to count the number of times they occurred. The frequent forms of support from the 65 coding matrix diagrams were further submitted to analysis by SPSS.

#### *Reliability of instrument for content analysis*

Reliability in the present study theoretically relies solely on the researcher's own ability in content analysis. Nonetheless, as the categories and items were derived from the content by the researcher, an additional safeguard against possible selection bias is desirable. Hence, as a way to cross check if the categories and

domains created are acceptable with internal consistency, reliability tests are performed. In this research, only reliable instruments are used to consolidate score or else only individual items are used. In the present study, individual items were adopted rather than scale (summation each item) for measuring the relationship between informal support and life satisfaction. The results are further discussed in Chapter 6.

#### **5.4 Data confirmatory phase**

In this research, the data quality of the research is generally guided by triangulations (Lincoln and Guba, 1985). Triangulations generally refer to the use of more than two methods or techniques to compare the results for the same topic (Devers, 1999). It is also, of course, a way of ensuring comprehensiveness and encouraging a more reflexive analysis of the data than just as a pure test of validity (Pope et al, 2000). Multi-methods were adopted to verify data quality in the study including the researcher's own observation, key informant interviews, content analysis using researcher-generated categories, independent member checking of the coding process (i.e. by another person with relevant knowledge on gerontology, but who was blind to the objectives of the study) and focus group discussions (See Figure 5.2).

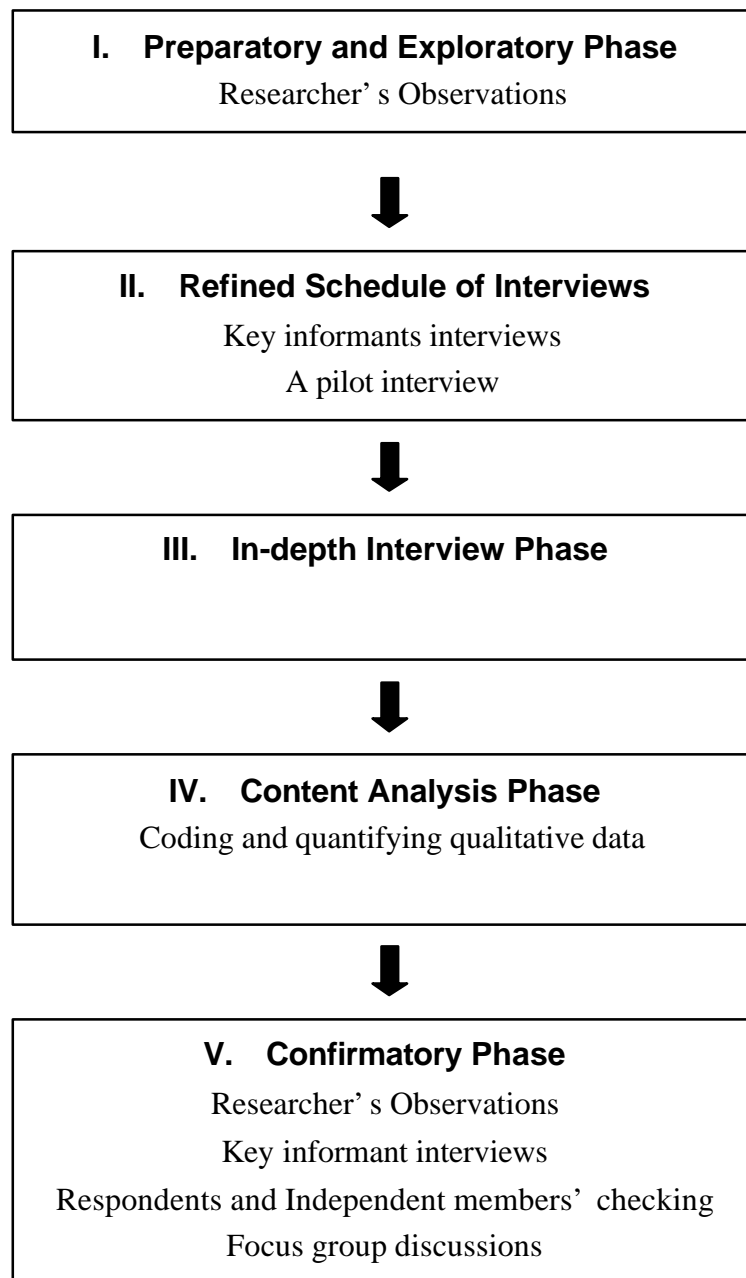
The observations made initially in Macau formed a basis for the planning of the key informant interviews. By the time responses from the informants were obtained, the researcher's initial observations about social support patterns and relevant service policy and deliveries was confirmed. The information obtained on these occasions served to check the data collected at later stages as well as forming a rough interview schedule for the pilot with six older persons living in Macau. The interviews then followed a circular process of defining and refining the subsequent interview schedules, and of generating relevant categories for content analysis. Again, results of each interview were checked with previous findings, for confirming previous results, for adding new observations and for extracting insights. The initial results of the four forms of support and the relationships between the support elements and life satisfaction from the interviews (N=65) were then reviewed and confirmed by another person (a business graduate with knowledge in gerontology) who has gone through the randomly extracted 15 verbatim transcripts of the researcher's coding categories and coding descriptions of the four forms of support and the relationship between support elements and life satisfaction. This is referred to as independent member's checking or so called subject reviews (Lincoln and Guba, 1985). Finally, two focus groups with 7 participants per group were conducted after finishing the

data analysis process by 1 March 2001. Focus groups may be defined as a planned meeting of targeted participants discussing focused topics (Phillips, 1998), they can be used as a means of respondents providing feedback on the results of a research study. The group interaction itself can also stimulate respondents' thoughts to offset the limitations of individual in-depth interviews and to increase the reliability of the findings and especially give great depth to understanding.

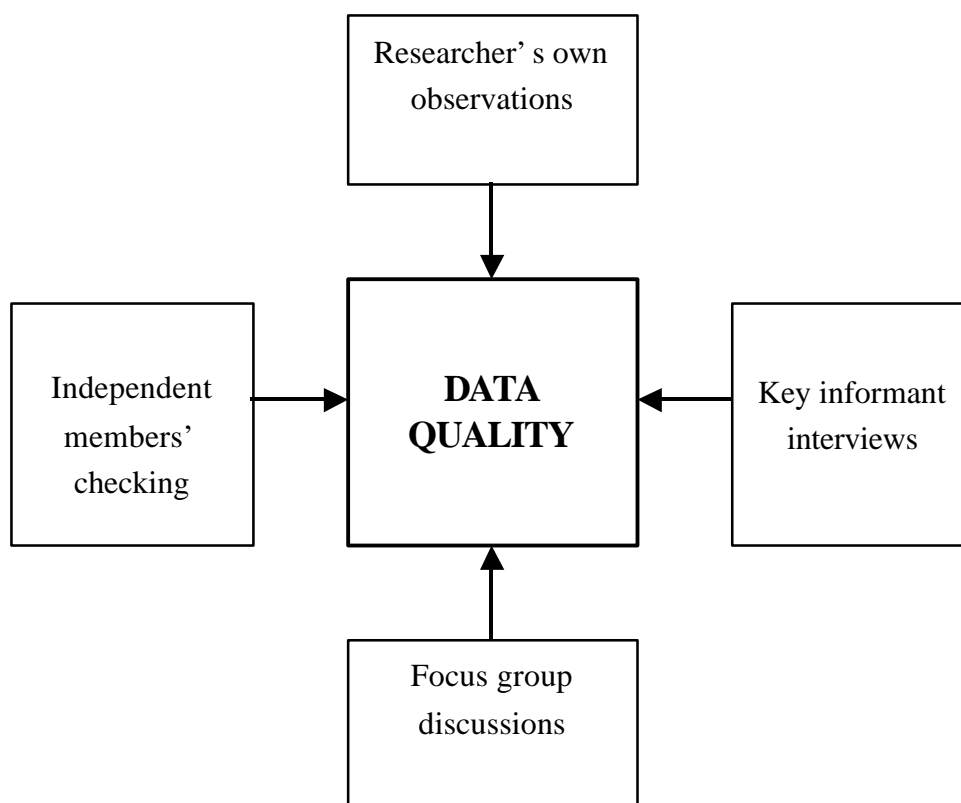
In general, the stages of the triangulation process need not be sequential depending on the intention of the researcher (Marshall, 1996). Hence, in the present study, the different sources of data collection used included in-depth interviews, focus groups, key informant interviews, participants' observation and the reading of the literature of social support and life satisfaction. All these helped to verify the overall interpretation of the research findings. Figure 5.1 summarizes the research process and Figure 5.2 illustrates the triangulation process in this current research.



**Figure 5. 1: The research process for the study**



**Figure 5.2: Triangulation process for the study**



## **Chapter 6: Findings: Individual In-depth Interviews**

As discussed in the previous chapter, the researcher's own observations and key informant interviews provides important background information for refining the research area which functions as a preparatory phase for the in-depth interviews. Hence, the research findings will mainly based on the in-depth interviews. This chapter is divided into four sections. The first section presents background information of the respondents including personal profiles, health status, utilization and satisfaction of existing community services, size and perceived relationship of the informal network. The second section describes the informal support. It will explore the present forms and ways of support provided by spouse, children, relatives, friends and neighbours. Then, the third section discusses life satisfaction. The fourth last section will discuss the relationship between informal support and life satisfaction. It will also attempt to provide interpretations for how informal support elements make contributions to life satisfaction from the respondents' perspectives. In addition, the correlation analyses, focus group discussions and the literature were used as multi-sources of data for triangulation of the research findings.

In this chapter, quantitative data are shown by simple descriptive statistics (*the raw number, percentage, mean, median and standard deviation*). The qualitative

findings (*Verbatim transcripts*) are quoted which assist to explain the forms of support and the relationship between the support elements and life satisfaction of the respondents.

## **6.1 Personal characteristics of the respondents**

### 6.1.1. Personal profiles

The general personal profiles of the 65 respondents are shown in Table 6.1. The figures show that the females were in the majority, making up 61.5 % and the males were 38.5%. The mean age of the respondents was 76.1. One-third (36.9 %) were aged between 65-74 (young-old), half (52.3%) were aged (old-old), and one-tenth (10.8%) were aged 85 and over (oldest-old). As for marital status, 83.1% of the respondents were married and only 16.9% were widowed. More than one-third (40.2%) has never attended school. About half (46.2%) had received primary education and only 13.8% of the respondents had received lower Secondary education or above. Most of the respondents (97%) were retired and only 3% were still working. Only 3.1% of the respondents had resided in Macau for fewer than 10 years. More than half (53.9%) had resided in Macau for 10 years to 49 years. Almost half of the respondents (43.1%) had resided in Macau for over 50 years (see table 6.1 on next page).

Table 6.1. Personal characteristics of the respondents (sample size N: 65)

		N	%
Sex	Male	25	38.5
	Female	40	61.5
Age			
	65-69	11	16.9
	70-74	13	20.0
	75-79	23	35.4
	80-84	11	16.9
	85 or above	7	10.8
Mean age =76.1, SD = 4.2			
Marital Status			
	Married	54	83.1
	Widowed	11	16.9
Working Status			
	Still working	2	3.0
	Retired	63	97.0
Educational Level			
	Illiterate	26	40.0
	Primarily	30	46.2
	Lower secondary	6	9.2
	Upper secondary	2	3.1
	Tertiary or above	1	1.5
Years of Residence			
	Less than 10 years	2	3.1
	10-19 years	9	13.8
	20-29 years	10	15.4
	30-39 years	4	6.2
	40-49 years	12	18.5

### 6.1.2 Living arrangements

Table 6.2 shows that more than half of the respondents (60%) were living with the spouse only, less than one-third of the respondents (29.2%) were living with spouse and other family members and 10.8% of the respondents are living alone. Average household size was 2.51, persons smaller than the average household size (3.01) in 1999 in Macau (Macau Census and Statistics Department, 1999). This figure suggests that many of the respondents have experienced the “empty nest” syndrome, in which children have left home and are not co-resident.

The results of the study indicate more than of the respondents (66.2%) lived in a privately owned house. One-fifth of the respondents (20%) lived in a social house or economic house (see Chapter 2). Only 13.8% of the respondents live in rented houses. The high percentage of the respondents live in private housing can be attributed to the fact that the cost of housing in Macau is relatively lower than other cities like Hong Kong and many people can afford to own more than one house (Macau Census and Statistics Department, 1999).

Table 6.2 Living arrangements and housing types of the respondents

Living arrangement and housing type		N.	%
Living Arrangements	Living with spouse only	39	60.0
	Living with spouse and family members	19	29.2
	Living alone	7	10.8
Mean household size 2.51, SD 1.74			
		N.	%
Type of Housing	Private (own)	43	66.2
	Private (rent)	9	13.8
	Social house/ Economic house	13	20.0

### 6.1.3 Financial situation

In general, older persons have been retired for a long time and are economically inactive. Their financial status is one key indicator, which affects their welfare. Table 6.3 shows the financial status and family household incomes of the respondents. When asked whether they have enough money for daily expenditure, more than half of the respondents (58.5%) could only just manage. More than

one-tenth of the respondents (15.4%) feel that they had insufficient money for daily necessities. Only one-fifth of the respondents (26.2%) admitted that they had sufficient money for daily needs.

The data also show that half of the respondents (50.8%) had a monthly household income below \$3,000 with one-third (36.8%) having \$3,001 to \$10,500 and one-tenth (12.3%) having more than \$10,501 household income per month. It seems that a larger portion of the respondents had a low household income possibly due to a small household size.

Table 6.3: Financial status, family household incomes, sources of incomes of the respondents

Financial status	N	%
Very insufficient	0	0.0
Insufficient	10	15.4
Just Managed	38	58.5
Sufficient	17	26.2
Very Sufficient	0	0.0
Family household incomes	N	%
Less than \$1500	12	18.5
\$1,501-\$3,000	21	32.3
\$3,001-\$4,500	5	7.7
\$4,501-\$6,000	14	21.5
\$6,001-\$7,500	1	1.5
\$7,501-\$9,000	3	4.6
\$9,001-\$1,0500	1	1.5
\$10,501 or above	8	12.3
Sources of income	N	%
One	23	35.4
Two	34	52.3
Three	7	10.8
Four	1	1.5

Some of the findings indicated that respondents have received more than one source of financial support (Table 6.3). Half of the respondents (52.3%) received financial support from two sources and one-tenth (12.3%) had three to four sources of financial support. However, a substantial proportion, over one-third (35.4%) relied on only one source of income.

To achieve a better understanding of the sources of income, the respondents were asked which were their main sources of income, allowing them to have multiple responses. Table 6.4 indicates that the most important source of financial support was pocket money from children and more than half of the respondents (66.2%) received financial support from their children. The second most important source of income was from a spouse (30.8%) then personal savings (27.7%). Only one-fifth of respondents (20%) depended on the old age pension (OAP) and another one-fifth (24.6%) of respondents relied on public assistance.

The financial support of children is regarded as the most important source by most of the respondents, while financial assistance from the government was minimal, because few people receive the Old Aged Pensions (OAP) (see chapter 2). Public Assistance (PA), similar to Hong Kong's Comprehensive Social Security



Allowance (CSSA), is available for those who have certain financial difficulties, which cannot cover their basic needs. Unlike Hong Kong, there is no automatic old aged allowance for people aged 65 and over. Hence, the financial support of the respondents in Macau primarily comes from their family members.

Table 6.4: Sources of incomes of the respondents

Sources of Income	Yes	(%)	No	(%)
Old Age Pension (OAP)	13	(20.0)	52	(80.0)
Public Assistance (PA)	16	(24.6)	49	(75.4)
Savings	18	(27.7)	47	(72.3)
Children	43	(66.2)	22	(33.8)
Spouse	20	(33.8)	45	(69.2)
Retirement Pension	2	(3.1)	63	(96.9)
Others	4	(6.2)	61	(93.8)

*\*More than one source can be cited*

#### 6.1.4 Health status

As discussed earlier, health status has been reported to be a dominant factor associated with life satisfaction in numerous studies. Reviewing previous literature indicated that older persons with very poor health conditions can significantly result in lower life satisfaction no matter they have received intensive care and support provided by family caregivers and others professionals. Also, the frail elderly are likely incapable to have in-depth interview, which it relatively demands maybe an hour of time to concentrate on a series of questions requiring comprehensive answers. Hence, the frail elderly were intended to be exclusive from the study. In order to

select a more homogenous group in terms of health conditions, functional ability and using formal services in corresponding domains were asked.

Table 6.5 depicts the self-rated health status and chronic diseases of the respondents. Among the 65 respondents, more than half (52.3%) rated their health as good, 24.6% as fair, 12.3% as very good. Only 10.8% rated their health status as poor. With regard to diagnosed chronic diseases. 23.1% of the respondents had no chronic disease, 38.5% had one chronic disease, 24.6% two, 10.8% three and 3.1% had four.

Table 6.5 Health status, and diagnosed chronic diseases of the respondents

Health status (self-rated)	N	%
Very Poor	0	(0)
Poor	7	(10.8)
Fair	16	(24.6)
Good	34	(52.3)
Very Good	8	(12.3)
Number of Chronic diseases	N	%
Zero	15	(23.1)
One	25	(38.5)
Two	16	(24.6)
Three	7	(10.8)
Four	2	(3.1)

Among the chronic diseases reported, the most common were hypertension (40.0%), arthritis (20.0%), heart disease (16.9%) and others (33.8%). Few of respondents had multiple chronic diseases (see Table 6.6 on next page).

Table 6.6 Type of chronic diseases suffered of the respondents

N=65	Yes	%	No	%
a. Hypertension	26	(40.0)	39	(60.0)
b. Heart disease	11	(16.9)	54	(83.1)
c. Stroke	1	(1.5)	64	(98.5)
d. Diabetes Mellitus	8	(12.3)	57	(87.7)
e. Lung Diseases	1	(1.5)	64	(98.5)
f. Liver Diseases	0	(0)	65	(100.0)
g. Kidney Diseases	1	(1.5)	64	(98.5)
h. Urinary Canal Diseases	0	(0)	65	(100)
i. Arthritis	13	(20.0)	52	(80)
j. Cancer	0	(0)	65	(100)
k. Osteoporosis	3	(4.6)	62	(95.4)
h. Others	22	(33.8)	43	(66.2)

### 6.1.5 Functional Ability

Table 6.7 shows the level of activities of daily living (ADL) of respondents.

The data indicate that the functional ability of the respondents is generally very good, and none were unable to perform the activities of daily living. Only a few cases need help such as in taking transportation (7.7%), preparing their own meal, (4.6%), using the telephone and going shopping for food or clothes (3.1%), or walking up or down the stairs (1.5%).

Table 6.7: Activities of daily living (ADL) of the respondents

ADL	Independent	Need Help	Unable
a. Telephone	63 (96.9%)	2(3.1%)	0 (0%)
b. Take transportation	60(92.3%)	5(7.7%)	0 (0%)
c. Prepare your own meals	62(95.4%)	3(4.6%)	0 (0%)
d. Go shopping for food or clothes	63(96.9%)	2(3.1%)	0 (0%)
e. Handle your own money	65(100%)	0(0%)	0 (0%)
f. Walk upstairs or downstairs	64(98.5%)	1(1.5%)	0 (0%)
i. Eat	65(100%)	0(0%)	0 (0%)
j. Dress or undress yourself	65(100%)	0(0%)	0 (0%)
k. Take care of your appearance	65(100%)	0(0%)	0 (0%)
l. Go in and out of bed/chair	65(100%)	0(0%)	0 (0%)
i. Take a bath	65(100%)	0(0%)	0 (0%)
j. Go to the toilet	65(100%)	0(0%)	0 (0%)

## 6.1.6 Utilization and satisfaction of existing community services

Utilization of formal services is associated with adequate support from the informal network and the self-care ability of the respondents. The utilization of existing social services of respondents is shown in Table 6.8. The most frequently used areas were the existing old aged centers (100%), health clinic centers (87.7%) and hospitals (69.2%) respectively. Other services such as day care centers and home help services were least used. The figures indicate that most respondents do not have great problems in daily living and they were generally able to take of very good self-care ability, active in the community and obtaining support from the informal network.

Table 6.8 Utilization the existing community services of the respondents

Type of Services	Yes	%	No	%	Never Heard	%
a. Old aged center	65	(100)	0	(0)	0	(0)
b. Home help service center	4	(6.2)	58	(89.2)	3	(4.69)
c. Day care center	0	(0)	56	(86.2)	9	(13.8)
d. Visit by volunteer workers	21	(32.3)	42	(64.6)	2	(3.1)
e. Family counselling service	2	(3.1)	47	(72.3)	16	(24.6)
f. Health clinic center	57	(87.7)	8	(12.3)	0	(0)
g. Hospital	45	(69.2)	20	(30.8)	0	(0)
h. Others	8	(12.3)	38	(58.5)	19	(29.2)

In terms of satisfaction of existing community services for the elderly in Macau (see Table 6.9), none of the respondents were very dissatisfied with the formal services and only 10.8% felt dissatisfied. Indeed, more than half of the respondents

(56.9%) perceived formal services to be good. From the open-ended questions, it was also found that most respondents did not have high expectations of support from the government. They had strong beliefs that being supported and cared for by their children or other family members is a primary obligation. Hence, most respondents relied on support from their family members and were proud of being supported by their children rather than by the government.

Table 6.9: Satisfaction with the existing community services of the respondents

Satisfaction	N	%
Very Dissatisfied	0	(0)
Dissatisfied	7	(10.8)
Fair	10	(15.4)
Satisfied	37	(56.9)
Very Satisfied	11	(16.9)

#### 6.1.7 Respondents' network size

In considering the size and relationship with the informal network, the research found no direct relationship with life satisfaction. However, respondents did express the opinion that size of network (members who frequently contacted) and the perception of the relationship with the informal network do affect the access to support and forms of support by respondents' informal networks.

#### *Children or grandchildren*

Table 6.10 shows the informal network size of the respondents. The number of children or grandchildren who frequently had contact with them was not large.

Only forty percent of the respondents (43.1%) have got 1-2 members, under one-third of respondents (29.2%) had 3-5 members, while few of the respondents (9.3%) had more than 6 members. About one-fifth (18.2%) of the respondents did not have family member who could frequently meet or talk with them. Hence, it is evident that proportion of the respondents had difficulties in receiving help from children or grandchildren.

### *Relatives*

In this research, “relatives” refers to siblings and the extended kin such as nephews, nieces other than children. The network of other relatives of the respondents was also very small. Less than one-third of the respondents (30.8%) had 1 or 2 relatives to frequently contact them. More than half of the respondents (63.1%) had no relatives to frequently have contact with them. The results show that the respondents do not keep close with relatives and even some free alienated from them. They seldom seek help from this network unless they cannot seek it from their spouse, children, friends and neighbours. Some respondents noted their most of their other relatives lived far away, such as in Mainland China or overseas. Hence, they only contacted them occasionally and received little practical help from them. As one of the respondents noted:

*Mrs. Chu: ...My brothers and sister live in Mainland China. I have not met them for a long time...Umm more than 5 years. I seldom go to the mainland because I feel dizzy when I take a bus for a few hours. We are not close to each other and they are very old and we have nothing to talk about. We met each other on one just occasion that was when my sister's son was married, I went to the celebration banquet with my husband..(Case 42).*

### *Friends and neighbours*

By contrast, the size of the network of friends was very large. Almost half of the respondents (44.6%) had 9 or more friends or neighbours who had close contact with them. One-third of the respondents (32.3%) had 1-5 friends and neighbours who frequently meet or talk at least once per month. The results show that the closest networks tie was the friends' network. Macau is a small city, so it has enjoys geographical advantages of proximity compared with other cities such as Hong Kong. People can meet each other easily. Also, most respondents did "morning exercises" and participated regularly in other activities at elderly centers. The respondents therefore had more friends that they could meet or talk with regularly compared with other supportive networks, such as children and relatives.

As one respondent remarked:

*Mrs. Yip: Umm...I go to the park of "Shun Shan" at 6:00 am to do morning exercises. There, I meet many exercisers and they are all my friends. At noon, after having lunch, I go to the elderly center to learn singing every day. So, I can meet and chat with my friends very often... my sons and daughter are*

*married and they have moved out of my flat. They all have their own families. But they often come back and have dinner with us because they live near by... Sometimes, my daughter tells me about her working conditions and her sons' schooling..(Case 59).*

However, there is still an important proportion, one-fifth of the respondents (23.1%) who have no friends or neighbours who can frequently be contact. Also, some respondents seldom join in the social activities and they do not feel comfortable talking to others about their private matter.

Table 6.10 Network members whom frequently meet/talk to at least once a month among the respondents

Network size	Children & Grandchildren		Relatives		Friends & Neighbours		Total	
	N	(%)	N	(%)	N	(%)	N	(%)
None	12	(18.5)	41	(63.1)	15	(23.1)	68	(34.9)
1-2	28	(43.1)	20	(30.8)	7	(10.8)	55	(28.2)
3-5	19	(29.2)	2	(3.1)	14	(21.5)	35	(17.9)
6-8	4	(6.2)	1	(1.5)	0	(0.0)	5	(2.6)
9 or above	2	(3.1)	1	(1.5)	29	(44.6)	32	(16.4)

In summary, among the informal networks, the largest was the friends' network. The second largest was the family network. The smallest is relatives network. More than half of the respondents had at least one network member to meet or talk to



at least once per month. However, a substantial one-third of respondents did not have any person who can frequently meet or talk to them at least once per month.

#### 6.1.8 Perceived relationship with the informal network

Both open-ended and closed ended questions were asked in order to find how respondents appraised the relationships among the informal networks. Table 6.11 shows the perception of relationship with the informal networks of the respondents. More than half of the respondents perceived they had a good relationship with their spouse (69.2%), children and grandchildren (56.9%) and friends and neighbours (56.9%). Furthermore, one-third of respondents perceived they had a good relationship with their relatives (38.5%).

The conversations with the respondents indicated that the more frequent the contact with the informal network such as spouse, children and grandchildren, friends and neighbours, the better was the relationship with the informal network. Hence, a larger proportion of the respondents (33.92%) perceived they had a negative (poor and very poor) relationship with relatives compared with the other informal networks such as spouse (7.3%), children or grandchildren (4.6%), friends or neighbours (3.1%) (see Table 6.11).

Table 6.11: The perceived relationship with informal network by the respondents

Relationship	Spouse		Close kin		Relatives		Friends and Neighbours	
	N	(%)	N	(%)	N	(%)	N	(%)
Very Poor	1	(1.5)	1	(1.5)	5	(7.7)	0	(0)
Poor	4	(6.2)	2	(3.1)	17	(26.2)	2	(3.1)
Fair	10	(15.4)	23	(35.3)	18	(27.7)	23	(35.3)
Good	45	(69.2)	37	(56.9)	25	(38.5)	37	(56.9)
Very Good	5	(7.7)	2	(3.1)	0	(0.0)	3	(4.6)

## 6.2 Informal support of the respondents

By thematic content analysis of each verbatim transcript, four forms of support emerged which are categorized in terms of tangible, informational, companionship and emotional. Each form of support is consisted of numbers of support activities or behaviours. In total there are 16 kinds of support activities or behaviours that emerged by coding, which are under four forms of support (see appendix 3). The tables 6.12, 6.13, 6.14, 6.15 will show the four forms of support (tangible, informational, companionship, and emotional) in terms of total number of support (TF), standard deviation (SD) and its average (Mean) which are provided by four kinds of informal network (spouse, children, relatives, friends and neighbours). In order to focus the discussions, only the most frequent forms of support activities or

behaviours will be presented and discussed in the tables instead of the total 16 kinds of support activities or behaviours.

### 6.2.1 Respondents' views on spousal support

Table 6.12 shows the forms of support and the support activities that the respondents received from their spouse. It shows that the most frequent forms of support that the respondents received from their spouse were tangible form, followed by emotional support. The third most frequent form of support was companionship and informational support came last (see table 6.12).

Table 6.12: Forms of support by spouse of the respondents

Forms of support:		Activities/behaviours							
<b>1. Tangible support:</b>		<b>Mutual care</b>				<b>Household chores</b>			
<i>TF</i>	<i>Mean</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>
164	2.52	50	1.02	49	75.3	48	1.02	47	72.3
<b>2. Emotional support:</b>		<b>Concern and Care</b>				<b>Mutual understandings</b>			
<i>TF</i>	<i>Mean</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>
94	1.45	34	1.00	34	52.3	34	1.00	34	52.3
<b>3. Companionship support:</b>		<b>Chat and Meal</b>				<b>Leisure activities</b>			
<i>TF</i>	<i>Mean</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>
65	1.00	27	1.00	27	41.5	23	1.09	21	32.3
<b>4. Informational:</b>		<b>Advice</b>				<b>Readings</b>			
<i>TF</i>	<i>Mean</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>
44	0.68	36	1.02	35	53.8	8	1.00	8	12.3

Note : \* *TF* refer to total frequency of the particular kind of support \* *N* refer to the number of respondents receiving the particular kind of support

## 1. Tangible support

Among the various elements of tangible support, the spouse often provided personal care to an elderly partner, and at the same time they did the same in return. They show mutual care to each other to maintain their daily living. As two respondents stated:

*Mr. Lee: ...My wife can't support me financially...she hasn't worked..ha. ha. . . Other things such as giving me advice, guidance is impossible because my wife is illiterate. She can't do so..When I need to go to the hospital or to see a doctor, she'll take care of me..of course, I'll take care here of her when she feels sick..It is because I live only with my wife and there is no one else in my apartment... Umm...You know, we both are very old, so we must depend on each other...(Case 3)*

*Mr. Choi: ..We mutually support each other in our daily living. We share household chores with each other such as cleaning and buying food. We depend on each other when one of us is sick... We'll discuss and make decisions together when we meet problems in our lives ..(Case 27)*

Thus the spouse is often the first person who provides personal care and partners support each other in their daily lives. They do not turn to their children for help unless it is a crucial issue and they cannot tackle it themselves. This can be illustrated by the respondent:

*Mr. Chan:..When I feel sick or dizzy, often, my wife takes care of me...I may turn to my wife first because there are only the two of us in the house... My*

*children are busy at work. There is no need to ask my children for everything. .I'll call them [children] only if it is a very big issue such as falling down at home and needing to go to the hospital. If I find that the both of us can handle it, I won't ask them for help..I don't want them to worry about us so much..(Case 3)*

The typical support by the spouse is for household chores. However, unsurprisingly there are gender differences in daily household chores. The female respondents had generally more traditional Chinese values in their perception. They agreed that women are responsible for carrying out household chores inside the home while men make money outside the home as well as allocating the money. Hence, it was found that the female respondents took up household responsibilities voluntarily and seldom complained to their elderly partners. Male respondents on the other hand, had a low involvement in household chores unless their partner was unable to do them. Some respondents said:

*Mrs. Cheng:..My husband occasionally helps me in washing clothes, sweeping, cleaning the windows, even though he is retired. He, at most, gives me money for daily expenditure. In domestic issues such as cooking, buying food, doing household chores are all done by me . . . he seldom helps me. A man doesn't know how to do [these things]. So, I cook and prepare meals myself. Um ... I've become used to doing them so for many years. If I can't do them by myself, I ask him for help..(Case 65)*

*Mrs. Ho:..Very often, I do domestic chores myself. My husband seldom helps me. He takes care of his own things such as his plants... Um, I don't feel that the domestic chores are very hard because there are not much household*

chores. The so-called “A Man works outside the home, women work inside the home”. I only ask him to help if I can't do so..such as picking up heavy things or repairing the television..(Case 1)

Mrs. Chu:..My husband is a “male chauvinist”. He said, “If you can do, then do it yourself”. He isn't very willing to help me doing domestic chores. So, I don't have any expectations of him helping me in anything... Anyway, if I'm able to do so, I'll try to do it myself. I won't ask for help or complain. So, he seldom helps me with household chores. Just sometimes, he helps me cook or take away the plates and dishes to the kitchen and washing them when I'm very sick ..(Case 42)

These cases illustrate the traditional roles among older respondents and female respondents provided support for household chores and they enjoy playing these supporting roles. It seems that female respondents can provide support on household chores. They would seek help only when they found those domestic tasks were too difficult or when they are very sick.

## 2. Emotional support

The second most frequent form of support received from the spouse was intangible emotional support. Most of the respondents received concern and care from their spouse. Most stated that they had mutual understanding. The forms of concern and care are received or expressed in various ways. The most obvious one was looking after each other when they feel sick and need to take medicine and verbal support:

*Mr. Choi:..I' ll talk and share every issue with my wife..We have lived together for several decades, she indeed understands me. She shows concern such as when it' s raining outside, she tells me to bring an umbrella; she looks after me on every day issues as well as when I am sick . . . (Case 27)*

*Mrs. Wong:..Um, he [my husband] is quite concerned and cares about me. Sometimes he' ll take care of my on daily issues. For example, he tells me to be careful when I am having meals. He tells me not to eat too fast..(Case 48)*

It was found that being understanding of their partners' interests such as what they like or dislike and acceptance of the partner' s behaviour is a key element of emotional support:

*Mrs. Ho:..We married and have lived together for decades. He knows what I like and dislike, what I need, my hobbies...um... We take care of each other... Sometimes, he takes care of me and sometimes I take care of him... We seldom quarrel with each other. We understand each other well. Very often, we are very concerned for each other' s feelings..He often takes care of me and makes herbal tea for me when I am ill..He treats me very well and I' m very thankful ... (Case 28)*

Most respondents noted that their spouse provided care and it was mutual. However, it was surprising to find that many respondents were not highly dependent on the emotional support on issues of feeling bored, moody or unhappy. Very often, most respondents relied on themselves, which was especially obvious among the female respondents. They often restrained bad feelings by doing something else to

clear their minds like going outside for a walk or even try forgetting. Some of the respondents also feel that their partners were usually unable to help them anyway.

*Mrs. Chueng: ...When I feel unhappy or moody etc, I won't talk to my husband for I need to vent my emotion. ..He is like a bull and I'm also like a cow. So I rely on myself when I feel unhappy. It's just like that...We live in the same apartment and sometimes may quarrel over some trivial matters such as my husband making a mess of the house. But, in fact, there is nothing really that makes me feel unhappy..When I feel unhappy or bored, I often sit in front of the door or go outside to the park for air. There is nothing else I can do..(Case 11)*

Negative emotions such as bad moods or unhappiness mainly came from physical problems or some daily trivial matters.

*Mrs. Wong: When I feel unhappy, I won't talk to my husband. I know I'm unhappy or moody and that is enough. Um..let it be. That's ok..I won't talk to my husband... It is not because that my husband does not understands me or that his personality is so etc...It is of no use. If I am in a bad mood or feel unhappy, it is mostly because I feel sick or dizzy. So, if I talk to him, it is of no use. I don't want to make him worry about me. That's ok. I've gotten used to reliving it myself ...When I'm not physically ill or core, I chat with him and it brings me to feel emotionally satisfied...(Case 9)*

The male respondents on the other hand have fewer emotional problems. This is because they do not have any high standards in their lives and they have adjusted very well to this kind of life.

*Mr. Ho:..I seldom feel unhappy or moody. Hey, I'm so old. I don't have many expectations or needs . . . I feel enough...Sometimes, I can chat and*



*have a joke with my wife. We're very old. We have money for meals, for daily expenditures and a house for living. Money is not so important to me. When I get more money from my children during that month, we eat better and go for outside activities. When we get little that month, we can adjust and use little. It is just like that. So, there is nothing that makes me feel unhappy or moody. I feel satisfied at this age...(Case 25)*

### 3. Companionship support

One-third of the respondents receive companionship support from their spouse that mainly included sitting together, chatting and having meal with the respondents:

*Mr. Cheung: ..We live together..Um, we chat, seat and watch television everyday. ..We talk about anything in our daily lives. Just like that. Time goes by easily ..(Case 22)*

Participating in social activities with the spouse is another frequent form of companionship support. It was also found that the spouse is a good partner for participating in social activities and sharing joyful experiences in the daily lives, which also provides a sense of security for each other:

*Mrs. Chan:..Um. ..we participate in many activities. We must go together then, we can take care of each other . . . We go to the elderly center everyday at noon or at 3:00 O' clock . . . He plays drama and I like singing there...We often go together for leisure activities. We have a so-called have a companionship..ha ha... (Case 37)*

*Mrs. Chu:..Well, I go to the social center or go on a trip with my husband together. I must go with him, otherwise, it's better not to go there. You know, there're many cars in Macau and the streets are very narrow. I'm old and have poor eyesight... I must go with my husband who can care for me if I have any accidents such as a fall. I must go with my husband. You know, we can play, talk to each other and it makes me happier..(Case 42)*

#### 4. Information support

Information support is the form of support least provided by the spouse. Half of the respondents received advice and guidance from the spouse on the discussion of hospital care or other matters involving a large sum of money such as journeys, medical fees, etc. Information support was mainly found to be provided by the respondents who lived with their spouse only.

*Mr. Wu..Sometimes I'll discuss with my wife about whether or not to see a doctor in Kiang Wu hospital or back in Mainland China etc..You know, I live with my wife only. For everything I must seek her for opinion or inform her. She is my spouse so I must tell her everything..Well, my children are living far from me. I won't ask them for advice unless one's of us is very ill...(Case 64)*

*Mrs. Woo: ..of course, when it is comes to making an important decision, I must discuss it with my husband. He is the head of the family..Just few months ago, we talked about whether or not to sell our old apartment that is located in "Toyshan"...(Case 63)*

Some female respondents feel the need for information support such as in reading newspapers, learning how to read and write, and getting other information from the elderly care services.

*Mrs. Kwan:... Um..Sometimes I receive letters from relatives in Mainland China. My husband reads it and writes back because I'm illiterate...(Case 56)*

From the above discussions, it may be concluded that the forms of spousal support provided by the spouse that focus mainly on tangible and emotional aspects. They provide mutual care in their daily lives such as looking after each other when one is sick. They also have mutual understanding. Companionship support includes taking part in social activities with the spouse, sharing the joyful experiences of life. Some female respondents received support for reading newspapers, writing letters or obtaining information because they are illiterate. Hence, it was found that spouses are mutually supportive in daily life which provides a sense of security.

### 6.2.2 Respondents' views on childrens' and grandchildrens' support

Children and grandchildren are the main sources of support of the respondents within the informal network. Respondents primarily depended on the support from children in terms of emotional support, tangible support, companionship support and informational support (see Table 6.13).

Table 6.13: Forms of support received by children/grandchildren of the respondents

Forms of support:		Activities/ Behaviours							
<b>1. Emotional support:</b>		<b>Concern and Care</b>				<b>Respect</b>			
<i>TF</i>	<i>Mean</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>
264	4.06	110	2.04	54	83.0	85	1.98	43	66.2
<b>2. Tangible support:</b>		<b>Provision money</b>				<b>Take care when sick</b>			
<i>TF</i>	<i>Mean</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>
252	3.88	105	2.19	48	73.8	62	1.59	39	60.0
<b>3. Companionship support:</b>		<b>Meetings and meals</b>				<b>Celebrations</b>			
<i>TF</i>	<i>Mean</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>
151	2.32	107	2.18	49	75.4	25	2.08	12	18.5
<b>4. Informational support:</b>		<b>Decision</b>				<b>Reading</b>			
<i>TF</i>	<i>Mean</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>
72	1.11	57	1.68	34	52.3	15	1.36	11	17.0

Note : \* *TF* refer to total frequency of the particular kind of support \* *N* refer to the number of respondents receiving the particular kind of support

### 1. Emotional support

Emotional support is the most frequent form of support given by children. The emotional support provided by children is in the form of showing concern and care, such as talking about daily issues, concerning about the health conditions, sharing worries with the children about personal health problems, giving feedback especially for the respondents who are not physically very well. Also, it was found that frequent contact by phone calls is a useful means to express the care and concern by the children.

*Mrs. Ho:...My son will phone us [me and my husband] once every two or three days. He regards our health and daily living... He tells me to buy more good things to eat...When one of us feels very sick, I often call for my daughters to take me to see doctor... (Case 32)*

*Mrs. Tsang:..My son, my daughter in-law and my daughter often take care of me when I am sick. Um...Some of my children who don't live with me often give me a phone call asking whether I have met any problems in health or daily living etc. ..My daughter, sometimes, dials IDD from Hong Kong...They phone me asking about my ill health, whether it's better or not. Hee, hee, ..It's enough..My daughter in-laws takes care of me as usual... Um, I've had an operation on my legs a couple of years back and she's living with me. So, when I go upstairs and downstairs, she often escorts me...(Case 41)*

*Mrs. Chu:..My little daughter is very sophisticated...She knows what I like and dislike...Sometimes, she talks about her work; I talk about my husband. That is her dad's health condition, whether he's better today. Also, she always concerns about my legs whether it's still painful or not. . My elder son isn't. At the most, he gives me money for food...(Case 12)*

The emotional support in terms of care and concern given by children is evidenced or from the above statements. Daughters and daughters' in-law are the main emotional supporter rather than the sons which is also a common finding in other studies. The respondents are appreciative of the support provided by the daughters and daughter in-law.

Emotional support given by children was also in the form of respect, an important aspect of Chinese filial piety. The emotional support from children was not only during crises, such as showing concerns and care when the respondents were sick or frail, but it was also something done on a routine basis. The respondents expressed that their children respect them in terms of giving money

regularly or treating them to meals on birthdays or festivals. Also, the children seldom overtly disagreed with the wills of the respondents, as illustrated by the

following statements:

*Mrs. Ho:...My son and daughter, especially my youngest son, who lives with me quite respects me. He brings food home after work. He asks me to eat first. I feel very thankful to god. My son and daughter quite respect me. Everyone gives me money every month..I feel content. They don't quarrel with me or scold me. They don't disagree with the things which I like. . . . (Case 57)*

*Mrs. Wong:..My grandson and granddaughter in-law concern and care about me...My granddaughter in-law said I'm good looking and healthy. She tells me some funny things. She very much respects me. . . Just like yesterday, it was my birthday. My children and grandchildren treated me to a dinner outside the home..he he..they often buy cake for me or have meal with me when it comes to my birthday. I feel content and happy . . . he, he. . . (Case 51)*

*Mrs. Yip:...My son and daughter quite respect me. That's so called filial piety. They take care of me..Sometimes, he [son] takes me to see a doctor when I am sick. They don't quarrel with me..(Case 8)*

*Mrs. Woo:..I ask my son and daughter for advice on such matters as whether to sell my old flat. Of course, I must ask them for advice because they're my children who are the closest persons to me...Um..they respect me. They said, "Mum, you can make decisions yourself. For any decision you make, we will agree with you. " We can't be dependent on you always. We can make money ourselves..(Case 63)*

## 2. Tangible support

The above quotations illustrate that emotional support in terms of being concerned and cared for, being respected by the sons, daughter, in-laws, grandchildren are more frequent forms of support, rather than tangible support. However, the respondents also frequently relied on their children for tangible support, that is in terms of financial aid for daily expenditure or for medical expense.

It was found that most respondents have retired for some decades and they do not have much savings. Respondents also believed that it is justifiable to receive support from children and the support is a form of reciprocation. The reasons are that the respondents brought up their children when they themselves were young and it is filial obligation that their children pay back to the old when they are advanced in years. The respondents also believed that it was proper to receive financial aid from their children. And, indeed, they also believe that their children are the only persons on whom they can depend as a last resort.

*Mrs. Tsang: ...We haven't worked for many years. ...We're so old and unable to work. Now, we're financially dependent on our children for daily living. Sometimes my son and my daughter in-law give me money for seeing the doctor. My son and my daughter, each give me \$ 1500 every month..They seldom help me do domestic chores, even though my son is living with me... (Case 41)*

*Mrs. Wong:..My elder grandsons sometimes give me some hundred dollars for buying food or going to restaurant for dim sum..(Case 51).*

Even those children who have financial difficulty, they would still give small amounts of “pocket money” to the respondents every few months or during festivals.

*Mrs Lau..I have 10 children, 7 sons and 3daughters. Three of my children give me money for daily living regularly. My other children do not earn very much. They have their own families..My son who lives in Hong Kong is a construction site worker. He often is under-employed..He gives me some hundreds dollars when he' s back [Macau]...My daughters gives me \$200-\$300 for me to buy good things to eat or go restaurants on festivals...(Case 17)*

Most respondents received financial support from their children especially when they were sick or frail.

*Mrs. Ho..When I' m sick, I have to turn to my daughter. Um, I had a surgery a few years ago in “ Kiang Wu” hospital of. She paid the hospital fees. You know, I' m so old, I can' t afford it..(Case56)*

However, in fact, most respondents would not over-demand financial support from their children. They are very satisfied once they found the financial aid could meet their basic daily living or the medical expenses. Indeed, some respondents were very much financially independent and they deliberately asked their children not to make any financial contributions to alleviate their financial hardships.

*Mr. Ho: ... Now, we must [the respondents and his wife] depend on the public assistance. We each receive \$1150 per month from the government...My son and my daughter are very poor. They are poorer than me. I really don' t want*



*to increase their financial burden..In fact, they wish to display filial piety. They give me money during the Lunar New Years or buy me a gift for my birthday, I often tell them to save it for their children. I really feel enough and satisfied. We can handle our basic living ourselves..In fact, they can't frequently visit me because they're busy at their work, especially my elder sons who live in Mainland China. The travel fee cost \$ 1000 over when they go to see me... Well, they sometimes give me a phone call to concern about my living conditions. When they know that I am not feeling very well, they say, dad, please go to see the doctor...(Case 25)*

The above cases suggest that contrary to what might be expected that financial support is not very important for some respondents. The pocket money received in festivals or birthday has a significant meaning as an indicator of filial piety. Being concerned for and cared for by their children are more important than receiving money, especially when the respondents are sick. It was found that most respondents relied on their children for personal care. Indeed, most believed that support by children is more reliable than that from other members, such as a spouse, relatives, friends and neighbours.

*Mrs.Chan... When I'm very ill, I must depend on my children. My husband is so old. He can't take care of me. I must rely on my son and daughter in-law who brings me to see the doctor. We're old and we have to rely on them. I won't turn to relatives or friends and neighbours. I should turn to children instead of others because I have children. For those who don't have children, they can turn to others...(Case 37)*

In traditional Chinese families, children take the main responsibility for caring and supporting their elder parents and this support was deemed to be obligatory in nature. However, it was also found that the tangible support could be reciprocal once the respondents found that they could provide support for their children. Some respondents help their children in return by taking care of their grandchildren or doing household chores, as illustrated by the following respondent:

*Mr. Wong..I don't work so we [wife included] must depend on the financial support of my children... We lived with two of my sons. They are the breadwinners of the family. They are busy in their work. Therefore, often, my wife and me take care of our grandsons and do the household chores such as cleaning the clothes and cooking for them..(Case 51)*

### 3. Companionship support

In terms of companionship support, three-quarters of the respondents frequently chat and have meals with their children or grandchildren. It was found that the living arrangements do not give problems even if the children of the respondents are not in co-residence, perhaps because Macau is smaller than other cities such as Hong Kong. People can easily go everywhere by public transport or motorcycle. Hence, their children can frequently meet or have meals with their older parents after work. These can be illustrated by the bellow example:

*Mrs. Siu: ..My little daughter who is not yet married often accompanies me. She sometimes tells me about her work while dining ... Sometimes, my grandsons take me to have dim sum in a restaurant. ..Other married children are not living with me but they often return home to have a meal with dad and me..Yes, it's very convenient to go everywhere in Macau. You know, Macau is very small. . . Even my elder son and grandson are living in Taipa. They come by bus. It only takes 15-20 minutes traveling time. They often have dinner with me after work. At dinner, we usually talk about my daily livings and they very concerned about their dad's health..(Case 15)*

The companionship support is shown through celebrations on birthdays or festivals for some respondents.

*Mrs. Kwan..Whenever it's my birthday, my son, daughters, grandsons, granddaughter in-laws often have a meal with me for celebration. For my husband also, when it is his birthday..(Case 39)*

*Mrs. Chan..My children are very busy at work. My elder son visits every three months. He works in Taiwan. My two little sons frequently meet me. My daughter got married and moved to Hong Kong..Yes, my children are not living with me but we often talk by phone. When it's my birthday or lunar New Year, they all come back to have dinner with me and dad..Last year, I got a new-born grandson, we gathered together to have a celebration..(Case 37)*

Although many residents are not living with their children, they still receive many forms of support from them. This suggests a phenomenon of “intimacy at a distance” between children and the older persons in Macau.

#### 4. Informational support

The informational support provided by children is not very frequent for those respondents who turn to advice, suggestions or decisions regarding health problems such as whether and how to seek hospital care. Because most respondents are financially dependent on children, they must seek their advice when they become very ill.

*Mrs. Lee:..Surely, I'll ask for advice whether to go or not to " Kiang Wu" hospital from my sons and daughters whenever I'm sick or their dad's sick... They pay for us..(Case 39)*

Respondents who had received little education, often received support from their children in reading and writing letters:

*Mrs. Lee:..My daughter teaches me how to use the telephone, gas machine and how to go to hospital..I'm so silly. Ha ha..Sometimes my son helps me read the letter from mainland China and write messages back... I'm illiterate. Um..My husband can't do so because of his poor eye-sight..(Case 39)*

Children thus provided the most frequent support for their older parents. The respondents heavily relied on the emotional support in terms of concern and care, respect as well as tangible support by means of giving money for daily living or medical expenses. The tangible support in nature is reciprocated. Children's

support is deemed more reliable rather than other support networks, especially when the respondents were very sick. Sometimes, companionship support in terms of having meals, chatting or celebrating is received by respondents and informational support in terms of getting advice and help reading letters is also important to some. It was found that most respondents were happy to receive support from their children. Indeed, receiving support from children imparts a sense of well-being and the support is seen as an “irrevocable blood relationship” between parents and children, a clear expression of the persistence in beliefs, in traditional filial piety, at least among older respondents.

### 6.2.3 Respondents’ views on relatives’ support

From the in-depth interviews, it was found that the support received by relatives ranked last comparing to other informal networks. The support from relatives depended on the closeness of the relationship between relatives and the respondents. It was found that if the respondents frequently contacted the relatives, they received more support from them. The relatives’ support provided by means of companionship support, which included having meals or having phone call conversations once every few months. In addition, the respondents seem not to expect much from their relatives. Indeed, some respondents were found to have

very poor relationships with their relatives. Hence, they received little support from their relatives (see table 6.14).

Table 6.14 Forms of support by relatives of the respondents

Forms of support:		Activities/behaviours			
<b>1. Companionship support:</b>		<b>Meeting/chatting</b>			
<i>TF</i>	<i>Mean</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>
39	0.60	34	1.03	33	50.8
<b>2. Emotional support:</b>		<b>Concern</b>			
<i>TF</i>	<i>Mean</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>
39	0.43	24	1.09	22	33.8
<b>3. Tangible support:</b>		<b>Provision of money</b>			
<i>TF</i>	<i>Mean</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>
28	0.28	9	1.00	9	13.8
<b>4. Informational support:</b>		<b>Suggestion</b>			
<i>TF</i>	<i>Mean</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>
18	0.0615	3	1.00	3	4.6

Note : \* *TF* refer to total frequency of the particular kind of support \* *N* refer to the number of respondents receiving the particular kind of support

The frequent support provided by relatives were companionship support; emotional support; and tangible support consecutively. Informational support did exist, but it was only occasional (see Table 6.14).

#### 1. Companionship support

Half of the respondents had met or have chatted with their relatives sometimes:

*Mr. Wong: ...Oh, no, I seldom ask for help from my siblings. They are just my so-called relatives but we're not very close. No, I seldom ask them for any help when I'm ill. ...No, when I'm feeling bored, I don't talk with them for leisure. Sometimes we meet when we go to watch a Chinese drama or have a meal... (Case 40)*

*Mrs. Go:..My little brother and my brother in-law and me go to restaurants for a meal. We chat about daily living issue, at most once or several months. He [brother in-law] won't support me financially..He has his own family. We just chat about causal issues sometimes..(Case 6)*

*Mrs. Fung:..My elder brother and brother in-law only meet and have meal together several times every year..His son married recently and we went to the celebrations ..(Case 58)*

## 2. Emotional support

Among respondents who received emotional support from relatives, it was from those who kept frequent contact with and who had no children.

*Mrs. Woo:..My nephew sometimes phones me to ask whether I have any problems in my daily life..He is quite caring and concerned about me..I have no children... When I tell him [nephew] that I feel bored or physically uncomfortable, he invites me to go back "Shun De"[Guang Dong Province, Mainland China] for vacation . . . We have meals and he takes care of me when I get back from "Shun De". I feel very in-debt..(Case 63)*

## 3. Tangible support

Respondents who received tangible support from relatives tended to be those who kept close contact with them and had no children living nearby and were of poor financial status. The relatives who provide support to the respondents are of a better economic status and help is usually provided in the form of money.

*Mrs. Yu:..My niece treats me very well. Her husband owns a restaurant. She gives me place to live and gives money for us [Mr. Yu and her husband] for daily expenditures..Um, my daughter is in the Mainland. She's also very old and cannot give me any financial support..(Case: 48)*

#### 4. Informational support

Only three respondents indicated that they have ever sought advice from their relatives, mainly due to the geographic distance:

*Mr. Chu:..We seldom receive any assistance from my elder brother and his daughter. We seldom contact or meet each other... He lives in Mainland China. We have contact by phone only..I asked them for suggestions on how to decorate the brimstone for my passed away parents...(Case 36)*

In conclusion, it is evident that relatives' support is infrequent. The most commonly provided form of support from relatives was companionship, in the form of reunions and gatherings when there are celebrations. The tangible support from relatives is dependent on their economic status and the respondents' frequency of contact with relatives. It was also found that the geographic distance and the perceived relationship can affect the forms and frequencies of support provided by relatives.

#### 6.2.4 Respondents' views on friends' and neighbours' support

In addition to relatives, respondents also received support from friends and neighbours. As noted, the largest informal network was the friends' network since the respondents go frequently to parks for "morning exercises" and they also go to



the elderly centers. Hence, the most frequent support from friends and neighbours was companionship support. While tangible support was second then, emotional support and the last was informational support respectively (see Table 6.15).

Table 6.15: Forms of support by friends and neighbours of the respondents

Forms of support:		Activities/behaviours							
<b>1. Companionship support:</b>		<b>Meetings</b>				<b>Leisure activities</b>			
<i>TF</i>	<i>Mean</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>
97	1.49	63	1.11	57	87.7	23	1.00	23	35.4
<b>2. Tangible support:</b>		<b>Mutual care</b>				<b>Emergency</b>			
<i>TF</i>	<i>Mean</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>
66	1.02	28	1.00	28	43.0	14	1.08	13	20.0
<b>3. Emotional support</b>		<b>Concern and Care</b>				<b>Ventilation</b>			
<i>TF</i>	<i>Mean</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>
50	0.77	32	1.19	27	41.5	12	1.00	12	18.5
<b>4. Informational support:</b>		<b>Reading and information</b>				<b>Advice</b>			
<i>TF</i>	<i>Mean</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>	<i>TF</i>	<i>Mean</i>	<i>N</i>	<i>%</i>
18	0.28	10	1.11	9	13.8	8	1.00	8	12.3

Note : \* *TF* refer to total fluency of the particular kind of support \* *N* refer to the number of respondents receiving the particular kind of support

### 1. Companionship support

Friends and neighbours provide a function of companionship, in the form of having meals, meetings and chatting and taking part in leisure activities. It was found that when respondents were not busy taking care of their grandchildren or household affairs or they were physically ill, they often participated in social activities and chatted with their friends as a pastime.

*Mr Choi:..We do morning exercises in “Tshun shan” I go to the restaurant with three of my friends for breakfast and chatting. Sometimes, I go to “Pak Kap Chow” park where I like sitting there chatting with my friends..(Case 27)*

*Mrs. Wong:..After lunch, I go to the elderly center to play and chat with my friends. We do exercises. Sometimes we play Karaoke and drama. Whenever there is any “one day trip”, I go with my friends. I am also a volunteer with some of my friends. We visit the single elderly people. We sometimes make “souvenirs” for fund raising and have a role-play at the New Year and Christmas parties . . . Hey, I feel very happy and fruitful in participating in social activities...I feel happier, with much satisfaction in my life...(Case 48).*

## 2. Tangible support

However, most respondents had very few intimate friends in whom they could confide. They received tangible support from their friends and neighbours in forms such as caring or only when participating in social activities or when it came to emergencies or accidents.

*Mrs. Chan: ..I haven’ t got any close friends with whom I made friends when I was young... Um, some are living in Mainland China and some have emigrated... Now, my friends are those who I meet often when I’ m doing my morning exercise or meet at the old age center. We support each other when we have activities... Um..I seldom meet my neighbours because they often close the door. But, here the social order is not so good. I often hear on the news of robberies. Therefore, I help my neighbours to watch the door..Sometimes, when it’ s needed, I help her [neighbours] to take care of her children. We are concerned for each other..(Case 37).*

Most respondents received support from friends rather than from neighbours when they took part in social activities. However, when it comes to emergencies such as suddenly falling or getting very sick at home, neighbours are more helpful than friends. This is again due to the geographic advantage that the neighbours have. Although, in practice, neighbours' support in emergency is not frequent:

*Mr. Koo:..I seldom make contact with my neighbours. However, once I meet with an emergency..um... I felt very sick and couldn't walk, another time my wife was very sick at mid-night, I sought help from my neighbours. They are so kind to me. Sometimes, they ask me whether I have problems in daily issues..(Case 5)*

*Mr. Woo:..My friends, Mr. Li, who lives two streets apart from me, often tells me that if I met with any problems or emergency, to please phone him. He tells me that I am always "welcome". He said, "You have reached 80s', please don't feel you are bothering me. Once you give me a call, I'll come. (Case 63)*

### 3. Emotional support

Friends are often regarded as the confidants and mainly provide forms of emotional support. However, the research found that little emotional support was provided by friends to the respondents.

As mentioned earlier, most respondents did not have many friends to whom they feel close or could confide. The reasons for not having close friends are due to the old age of the respondents. Some friends had died and some live far away. Indeed, the friends of the respondents might be better termed “acquaintances” that they meet often in their daily routines, such as during morning exercises in the park or elderly services centers. Hence, it was found that the emotional support from friends or neighbours is infrequent. Only half of the respondents felt their friends have care or concern for them; or can comfort them when they feel bored, moody or unhappy. The emotional support provided by friends can be illustrated as follows:

*Mrs. Cheung: ..My friend sometimes visits me when she knows I am sick... When I can't meet my friends in the elderly center for a few days, I phone her asking what has happen to her..(Case 22)*

*Mrs. Woo: ..My friends really care for about me..such as, when we met in the market, she tells me not to pick up heavy things and tells me to be careful of my spine. . . When I feel bored, I'll go to the elderly center or the park to chat with my friends... We chat and discuss the reasons for difficulties in sleeping or other daily issues. We concern about each other. Once you have someone to talk to, you won't feel bored...(Case 63)*

*Mrs. Lau: ..My friends and neighbours often chat with me and have tea with me when we are together. We, sometimes, go participating to some social activities, such as “one day trips”. When I feel moody or unhappy, sometimes I'll talk with my friends..(Case 50)*

#### 4. Informational support

Friends are the major sources of informational support. However, it was found that the information help given by friends and neighbours was limited. Support came in the form of reading or obtaining some information for older persons.

*Mrs. Lee. . . Sometimes, I'll ask my friends to read letters. But, most often, I'll turn to my daughter when she is free. (Case 39)*

*Mrs. Chiu:..I go to the elderly center every afternoon. I get to know a lot about how to keep myself healthy by exchanging experiences with my friends. For example, my friends have told me where I can see a good doctor or where I can buy cheap things or what elderly services there are ..(Case 26)*

The respondents also seldom seek advice and suggestions for decisions from friends and neighbours. They only seek suggestions from friends on organizing social activities.

*Mrs. Cheng:..I'm one of the members of the "Womens Association". So, I go there to discuss the activities or functions that to be held...For example, mothers' day functions..(Case 65)*

*Mrs. Chu..When I meet my friends when waiting for a seeing doctor in the health center, sometimes, I'll ask her for an opinion or a treatment, such as whether I should follow the doctor's instructions or have herbal tea instead..(Case 42)*

To conclude, from the interviews of the respondents, it appears that having a large network of friends and neighbours does not guarantee the frequency of support by them. This is because most respondents are not as close to their friends and neighbours as compared to their spouse or children. The respondents usually treated their spouse and children as their confidants. Hence, it was found that little support was received from friends and neighbours. Most often, the friends' support is limited to companionship when taking part in social activities. Only a few of the respondents received emotional support from intimate friends and neighbours.

#### 6.2.5 Support patterns of the respondents

The forms of support by the spouse, children, relatives, friends and neighbours are shown in previous sections. The results of the study can generate the support patterns by different informal networks (see Table 6.16). The figures indicate that children are the major source of support and provides the most frequent support for the respondents. The support patterns are in order emotional, tangible, companionship and informational. The second source of support came from a spouse, providing tangible, emotional, companionship and information support. The third source of support was from friends and neighbours. The support patterns are in order companionship, tangible, emotional and informational. The least support was from relatives. Who provided companionship, tangible, emotional and

information support respectively. In terms of support patterns, it was found that family support (children and spouse) are more important than support by friends or relatives.

Table 6.16: Support patterns by informal networks of the respondents

Network Order	Forms of support				Total
	1	2	3	4	
1. Children & grandchildren:	Emotional	Tangible	Companionship	Informational	739
2. Spouse:	Tangible	Emotional	Companionship	Informational	367
3. Friends & neighbours:	Companionship	Tangible	Emotional	Informational	231
4. Relatives:	Companionship	Emotional	Tangible	Informational	89

In terms of forms of support (Table 6.17), it was found that the most frequent was tangible support ( $Mean= 7.70$ ;  $SD=3.54$ ), the second emotional ( $Mean= 6.71$ ;  $SD= 3.53$ ), the third was companionship ( $Mean=5.14$ ;  $SD=2.98$ ) and the least was informational support ( $Mean= 2.13$ ;  $SD = 1.61$ ). Therefore, it may be concluded that tangible support for respondents is most important in comparison with other forms of support.

Table 6.17: Forms of support of the respondents

Order	Type of support	TF	Mean	Std. Deviation
1	Tangible support:	500	7.70	3.54
2	Emotional support:	436	6.71	3.53
3	Companionship support:	352	5.41	2.98
4	Informational support:	138	2.13	1.61

Note : TF refer to total frequency of support by informal network

### 6.3 Respondents' life satisfaction

The modified Life Satisfaction Scale A (LSI) (Chi and Boey, 1992) was adopted to measure the life satisfaction of the respondents in this study. The validated life satisfaction index consists of 9 items and it is rated by likert scaling. On this scale, the higher the score, the more satisfied the respondent is with his or her life. The range of the total score is from 9 to 90. The Cronbach's Alpha reliability of the index in this research is high with Alpha equals to 0.81. That means the LSI is reliable.

The summary for the nine statements of the life satisfaction scale is shown in Table 6.18. The total mean score of the 65 respondents is 63.68 while the mean score is 7.07. The figures show that the life satisfaction score ranged from 47 to 79. The highest mean score was responded by the statement of "your life can be happier



than it is now” (*Mean: 7.74; SD: 1.41*); “you expect some interesting and pleasant things to happen in the future” (*Mean: 7.74; SD: 1.52*). The findings implied that most respondents have positive expectations of future life and are satisfied with their present life situation. Also, in fact, life satisfaction of the respondents is in general on the happiness continuum.

The lowest scores are shown in the statements “Most of the things you do now are boring and monotonous” (*Mean: 6.17; SD: 1.64*) and “The living standard of the general public does not improve but get worse” (*Mean: 6.0; SD: 1.61*). This implies that the respondents feel their life is not very fruitful showing negative views on their daily living conditions.

Table 6.18 : The level of life satisfaction (LISA) of the respondents

Life satisfaction statements	Mean	SD
1. As happy as when you were young.	7.22	1.17
2. Your life can be happier than it is now.	7.74	1.41
3. Most of the things you do now are boring and monotonous.	6.17	1.64
4. Things you do now are as interesting as they were in the past.	7.35	1.40
5. Compared to other people at my age, you make a good appearance.	6.83	1.29
6. You expect some interesting and pleasant things to happen in the future.	7.74	1.52
7. As you look back on your life, you are fairly satisfied.	7.26	1.27
8. You have got most of what you expected in your life.	7.37	1.33
9. In spite of what people say, the living standard of the general public does not improve but get worse.	6.00	1.61
<i>Reliability Coefficients: Alpha=0.8093; Total mean 63.7; Minimum: 49; Maximum: 79; Mean 7.07</i>		

In addition, from Table 6.18, it is a trend that most of the respondents have a relatively high level of life satisfaction. That means they are in general very satisfied with their life. To some extent, it may be due to the fact that the health status of most respondents is good. However, more importantly, it may be due to the fact that most received sufficient support by their spouse, children, relatives, friends and neighbours. Hence, they perceived higher level of life satisfaction.

#### **6.4 Relationship between informal support & life satisfaction**

As the above discussions, it was found that some forms of support from a spouse, children, relatives, friends and neighbours contributed to the life satisfaction of the respondents. In order to achieve a deeper understanding of the relationship between informal support and life satisfaction, the thematic content analysis as well as the correlation analysis was adopted in this research. It attempts to investigate the relationship between the informal support elements (sources of support and forms of support) and life satisfaction of the respondents, which will be discussed as follows:

##### **6.4.1 Informal support and life satisfaction**

###### *Children and grandchildren*

Children and grandchildren are the primary sources of support for respondents.

Their children give the most frequent support in terms of care and concern. This emotional support contributes to the life satisfaction of older persons, because most respondents do not have high expectations of material needs. Even though they do not receive much money from their children, being shown concern and care is more important to them because it creates a sense of well-being and satisfaction.

*Mrs Woo:..I feel satisfied...My children are very caring and concerned about me. She [daughter] isn't living with me but she often gives me a phone call..She is concerned about my health condition (by phone)... When I tell her I'm not feeling very well, all my children come back home to take care of me..I feel really satisfied at this stage of my life..I'm even happier than when I was younger..ha, ha, my grandsons also care about me...(Case 63)*

*Mr Ng: ..um..the most important for me that is I am cared for by my children... I don't need to eat so much and so well..I haven't other desires..It's OK...I feel its enough..My children give me a phone call to show concern about my living conditions ..When I'm sick, my children come to see me and take care of me..Old people are the same...(Case 47)*

The above extracts illustrate that being cared for and being shown concern by their children is very important and can contribute to the respondents' satisfaction in life. This is particularly true when respondents are unwell. They feel satisfied when they find that their children are concerned about and care for them. The findings are supported by the correlation analysis. The support items of showing concern and care by informal network was ( $r=0.248, p = 0.047$ ).

Tangible support in the form of financial aids from the children is associated with satisfaction with life. Most respondents had to rely on the financial support from the children and this financial support not only maintains their basic daily living standard but also provides a sense of security for the respondents. The provision of money also has another meaning for older persons: they regard pocket money provided by their children as a kind of respect. Most respondents have been retired for some years now and do not have many savings; they earned little in the old days and most of their money was spent on the upbringing of their children. They hold the traditional belief that “to have children is to protect one’s security.” Therefore, the financial support from the children even if a token amount can create a sense of security for older persons and a sense of well-being for traditional Chinese generations. Sufficient financial aid can encourage their participation in social activities, which can in return enrich their social lives, illustrated by the following comments from respondents:

*Mrs. Chiu:..Um, my husband worked as a coolie...You know, the economic environment was poor in 1950s’ of Macau. ...We haven’t got any savings. ..We had 11 children and we had to earn money for their schooling... Now, we’re so old. We must depend on our children for everything...They gave me money for daily living such as buying food to cook, electricity fees, water fees, medical fees etc..The house was also bought by them..I feel very satisfied indeed. They treat me very well. I don’t have other expectations of them... Ha Ha ... Um, sometimes, when they give me*

*more money, I can go more frequently to drink tea in restaurants or have "one day trip" with my husband...(Case 12)*

*Mrs. Wong:...of course, if I can get more money from them [children],...um..I won't feel financial ties or worried about daily living expenses. At least, I can buy fresh fish or a better meal...If in that month my husband goes to see a doctor, I must spend my money carefully...(Case 11)*

*Mrs. Ho:..My son and daughter are quite respectful of me. Everyone gives me money every month...(Case 57)*

In terms of correlation analysis, the data indicate that providing money or resources for daily expenditure or medical expenses by the informal network are positively and significantly correlated with life satisfaction ( $r=0.332$ ,  $p=0.007$ ). In addition, the FGs strongly supported the finding that having children can provide money for daily expenditure necessary to maintain their basic needs. Receipt of adequate money makes them feel greater security in their life and increases their quality of life:

*FG1: Mr. Ho: We have to rely on our sons and daughters. You know, we haven't worked for years and we earned so little. If they give me more, we can have a better life...*

*FG2: Mr. Chu...Yes, I agree with you...This year, my son gave me and his dad \$2000 for us to go on a trip to the Mainland... I feel very happy...ha. . ha...Sometimes, my daughter gives me \$ 200-\$300 for buying food...*

Although there is no frequent emotional support in terms of respect by children, most respondents expressed the view that being respected by them made them happy and gave a sense of contentment to their life, as explained by one respondent:

*Mr. Ho:..My son and daughter are quite respectful of me. Everyone gives me money every month..I feel content. They don't quarrel with me or scold me. They don't disagree with things, which I like ... (Case 57)*

*Mrs. Wong: ...My granddaughter in-law said I'm good looking and healthy. She tells me some funny things. She very much respects me. . . Just like yesterday, it was my birthday. My children and grandchildren treated me to a dinner outside my home..he he..they often buy cakes for me or have meals with me when it comes to my birthday. I feel content and happy... (Case 51)*

Apart from being concerned and cared for by the provision of money from children, informational support (in terms of getting advice or making-decision) is also associated with satisfaction in life. Although most respondent do not need frequent informational support, the research found that many would turn for advice or decisions to their children when critical issue arose. They believe that their children are the most reliable people who can give them advice, suggestions and help them solve problems such as going to hospital. This is underpinned by the fact that most respondents feel they are old and have received little education and their partners are the same. They feel they could not handle problems themselves especially at a crucial time. This lack of self-confidence about the ability to take

what are viewed as important decisions especially with regard to health or wealth is common among less educated older people. Therefore, they could turn to children or grandchildren. The support can create a sense of security and make contribution to life satisfaction of the respondents:

*Mr. Chu:..I must turn to my children for decisions making for such as whether I should go hospital for an operation or not..They 're better educated than me..They pay the medical fees..My wife can't give me advice because she's so old and she hasn't knowledge ..Um, how come, I'm old and my wife also is old... We must totally depend on our children especially when we get very sick..otherwise, it's a pity ..(Case 15).*

### *Spouse*

One's spouse was the second most frequent source of support for the respondents. They show mutual care in daily living, mainly involving domestic chores or personal care. It was found that the personal care by the spouse often came first before they sought the help from children. The mutual support of the spouse not only made contributions to the life satisfaction of respondents but also reduced the demands placed on their children.

*Mr. Chan:..My wife is very important to me. We live together and take care of each other. We go take part in the social activities together... I hope she can have more longevity. We can mutually support each other, like a partner. Now, everything I rely on her..(Case 37)*

*Mr. Ko: .My wife helps me a lot...she helps me do domestic chores. When my knee pains, she takes care of me always... My children need to work so I can't always call them back. Most often, my wife takes care of me when I'm sick..My wife is very important to me..like a partner. We can mutually support and care for each other in our daily lives...We feel happy to live together...(Case 51)*

The above quotations show that the spouse provides mutual support, and a sense of security which reduces the necessity for heavy reliance on their children. Spousal support can also contribute to the life satisfaction of respondents, a finding consistent with the correlation analysis ( $r=0.305$ ,  $p=0.013$ ).

### *Friends*

It was found that friends provide companionship support by meeting, chatting together or participating in the social recreational activities. Companionship support from friends, contributes to a higher life satisfaction among the respondents.

As is frequently the case in Hong Kong, when children get married, they often move out of the parental home. They are busy at their work and with their families. Many respondents and their spouses have experienced the “empty nest” feeling. From the respondents’ perspective, they noted that having someone with whom they can meet, chat, have a meal or participate in social and recreational activities such as doing morning exercises, going to social services centers and so on with others such



as children, grandchildren, friends and neighbours, prevents a monotonous routine in life-styles. Their time can pass easily and meaningful:

*Mrs. Woo: ..My children are married and all have their own families. Only my husband and I live here. ..I go to the elderly center everyday... where I can meet many members. We chat about some daily or current issues, play games, talk about how to keep a good health with good sleep and go for “one day trips” with members. Then, time goes faster. . . I feel happy..You know, as old people, we’re afraid of being bored. No one will be there to accompany us or be there to talk to...We can’t have much talk when we meet with our children because they’re busy with their work...Everyday if I were only to sit at home without doing anything, it would be very boring...(Case 63)*

Results from the correlation analysis also statistically showed significant relationship between companionship support in the form of sitting, meeting, chatting with others ( $r=0.380$ ,  $p=0.002$ ), and in terms of spending time with others in leisure activities ( $r=0.302$ ,  $p=0.015$ ).

### *Relatives*

As discussed earlier, again, it was found that support from relatives is occasional and most respondents seldom had contact with their relatives. Respondents believed that they do not feel close with their relatives even though they have blood-ties. Most respondents seldom contact their relatives because most of

them live in Mainland China or overseas. Indeed, they seldom contact each other and some feel alienated from their relatives. Informal support elements, which could contribute to life satisfaction, were thus generally absent. The correlation analysis and focus groups confirmed that relatives' support is not associated with life satisfaction for the respondents:

*Mr. Yip:...It's very difficult to ask for support from relatives. They actually, don't help me much. We just make a phone call to each other occasionally to discuss about the current situation...We seldom ask them for help. It doesn't matter...When we meet any problems, we turn to our children or neighbours for help...(Case 13)*

#### 6.4.2 Correlation analysis

The correlation analysis is another method to cross check the findings of in-depth interviews and the researchers' interpretation. The relationship between informal support (forms and sources of support) and life satisfaction could be clearly indicated by the correlation analysis (see Tables 6.19 and 6.20).

There are correlations between informal support (forms of support) and life satisfaction. It was found that the correlations between life satisfaction and the tangible support (item a: providing money and resources for daily living) was 0.33, ( $p=0.007$ ); informational support (item b: getting advice, suggestion, decisions) was 0.26, ( $p=0.040$ ); companionship support (item a: meeting, chatting, meals) was 0.38,

( $p=0.002$ ), and the companionship (item b: spending time which others in leisure activities) was 0.30, ( $p=0.015$ ); emotional support (item a: showing concern and care) was 0.25, ( $p=0.047$ ); emotional support (item e: showing respects) was 0.27; ( $p=0.031$ ) (see Table 6.19).

Table 6.19: Forms of informal support and life satisfaction of the respondents

	Forms of Support	Life satisfaction
Tangible Item a:	providing money and resources for daily living	0.33**
Informational Item b:	getting advice, suggestion, decisions-making	0.26*
Companionship Item a:	Meeting, chatting, meals	0.38**
Companionship Item b:	Spending time with others in leisure activities	0.30*
Emotional Item a:	Showing concern and care	0.25*
Emotional Item e:	Showing respects	0.27*

Note: \*\*  $p < 0.01$  level \* $p < 0.05$

In terms of sources of support, Table 7.2 shows the correlations between sources of support and life satisfaction. The correlation coefficient between life satisfaction and the spouse was 0.31 ( $p=0.013$ ); children was 0.31 ( $p=0.011$ ); friends was 0.30 ( $p=0.017$ ). However, it was found that support by the relatives was not significantly correlated with life satisfaction. These results are supported by the findings of in-depth interviews and the researcher's interpretations (see table 6.20).

Table: 6.20: Sources of informal support and life satisfaction of the respondents

Informal network	Life satisfaction
Spouse	0.31*
Children & grandchildren	0.31*
Relatives	0.03
Friends & neighbours	0.30*

Note: \*  $P < 0.05$

### 6.4.3 Focus group discussions (FGs)

Apart from the sixty-five individual in-depth interviews, there were two focus group discussions (FGs) held after the completion of the individual interviews. The purpose of the focus group discussions was to confirm the researcher's interpretations of the findings of individual in-depth interviews in present study. Hence, the group members were selected from the individual interviews and FGs mainly discussed the researcher's interpretations of four forms of support (i.e. tangible, information, companionship and emotional) by sources of network members (i.e. spouse, children, relatives, friends and neighbours) and the relationship between informal support (forms and sources) and life satisfactions. FGs guideline is presented in Appendix 2.

The findings of the in-depth interviews were confirmed by two focus group. Concerning the relationship between the informal support elements and life satisfaction, the in-depth interviews had found that children and grandchildren are the primary sources of support, which frequently provide all forms of support for the respondents. Also, being the concern and care, being respect contribute to the life satisfaction of respondents. Following emotional support, financial aid from children is the second important forms of support which maintain the daily living standard of respondents. Although they do not frequently obtain advice or decision making from children, this does helps to solve their problems. The two focus groups confirmed such findings.

In confirmation, it was found that the spouse provides mutual support and care, which releases pressure on the children who are already over-commented. It was also confirmed by the focus groups that the mutual support of children does make respondents feel happier.

Friends provided companionship support in terms of chatting, meeting, and participating in social recreational activities which makes the time goes by easily as well as making happier living. FGs group also confirmed such findings.

The support of relatives again has the least important correlated with life satisfaction. The main reason is that most respondents feel alienated from their relatives and they would rather turn for help to their immediate family first if they find that their children are available. Two focus groups also confirmed such explanations.

## **Chapter 7: Discussions and conclusions**

As noted in Chapter 4, three research questions informed this thesis. The research attempted to explore the forms of support received by the spouse, children, relatives, friends and neighbours. It also attempted to investigate at the possible support elements (forms and sources of support), which may contribute to life satisfaction of older persons in Macau. As the study focus on the relationship between informal support and life satisfaction, key point of the discussion is derived to the subject. Therefore, this chapter will further discuss the relationship between informal support elements (forms and sources of support) and life satisfaction. Besides, the chapter reviews the research findings, presents the contributions, future policy implications and some limitations as the conclusions of the current research.

### **7.1 Discussions**

#### **7.1.1 Forms and ways of support by informal network**

Knowing that the forms of support are different provided by different source of informal network. The current research found that children were the primary sources of support for the older persons. They provided all forms of support to the respondents, more frequently in comparison to other informal networks such as spouse, relatives, friends and neighbours. The most important support was

emotional support in terms of being concerned and being cared for, giving financial aid, having meetings and chatting, decision-making at crucial moments from children. These are the primary forms of support for older persons. These results corroborate previous findings in Hong Kong. This implies that traditional Chinese value of the responsibility for care of older persons is still held both as a norm and obligation by children in Macau. These results again corroborate previous findings in Western and Chinese societies (Chen and Silverstein, 2000; Cogwill, 1986; Morgan and Kunkel, 1998; Tsang, 1997).

The research further revealed that the forms of support provided by children are changing. In the past, children's support was mainly found in the form of financial aid and instrumental support such as doing household chores. However, it was found that children's caring capacity is perceived as being weaker in the present-day Macau situation, with lesser instrumental support being provided by children. This is probably because children have moved away from home after marriage. It was also due to the increasing number of women working in the workforce in Macau. The phenomenon is similar to other urbanization of societies such as Hong Kong. The research also found that modified forms of children support are important, especially emotional support in terms of concern and care for parents rather than



financial aid. Most respondents expect mainly emotional support from children rather than tangible support. The means of delivering support is increasingly by telephone contacts for checking on and discussing the daily living with their older parents instead of the instrumental support by helping doing household chores. It was found that many children are working outside Macau such as in Hong Kong, Taiwan and elsewhere. It seems that frequent contact by phone has become a useful and primary communication linkage between older persons and their children. They can also provide emotional support to their older parents by this means.

Furthermore, it is significant to note that the emotional support by children is regarded as more important than tangible support, which makes contributions to older persons' well-being. The respondents' views suggest that the most frequent form of support by children is being concerned and caring by means of frequently talking on the phone or caring when the respondents are sick. This creates a sense of security and well-being for the older persons. The research findings are consistent with those of Krause and Liang (1993) that they report that emotional support has a positive impact on older person's psychological well-being. Besides, Siu and Phillips (2000) have obtained similar findings that effective support by the family is positively related to psychological well-being for older persons.

The research found that most respondents depend on financial support from children. These not only maintain their basic living but also create a sense of well-being among the respondents. The findings confirmed many other studies of social support (Abbey et al, 1985; Chow, 1992; Chow and Kwan, 1986; Schulz 1988; Yeung, et al, 1997). In addition, financial support by children has clearly another meaning. It can be taken as another form of respect and filial piety for the respondents. Similar findings have been found in recent Chinese social support research that the instrumental support in terms of physical care by children have been transformed to financial support (Chan, 1998; Finch, 1989; Ho, Tsui, and Wong, 1994; Lau and Wan, 1987; Lee, Chen, Chan, 1994; Ng, 1999; Tsang, 1997).

Besides, it was found that the spouse provided mainly mutual care for daily living and household chores for their partners. Female respondents are often the primary caregivers. These findings are supported by both Western and Chinese research (Joseph, 1998; Nancy et al, 1991; Ngan, 1990; Ngan and Cheng, 1992). However, it was apparent that, when they become unwell, especially if this involves going to hospital, they would turn to their children rather than their spouse. Being taken care of by their children when the respondents are sick, this support can create sense of well-being for older persons.

It was unexpected to find that companionship support is not frequently received from a spouse, which is a finding different from the research in some Western societies. Western research has often found that a spouse provides a built-in companionship with shared activities, share of memories of the past and companionable conversations (Foner, 1986; Hooyman and Kiyak, 1999). However, my research found that the spouse mainly provided tangible support in terms of mutual care instead of being a confidant or giving emotional support. They do not frequently participate in social activities or share emotional feelings with their partner. This might be due to the fact that most respondents had different interests in social activities. For instance, female respondents enjoy going to elderly centers while male respondents prefer to going to the park. They are also used to being self-reliant when they feel bored or unhappy. The little emotional support from a spouse may be partly due to the traditional Chinese marriage system that marriages were parents-determined while Western marriages were generally self-determined.

#### 7.1.2 Relationships between informal support and life satisfaction

This research found that, next to family members, friends and neighbours provide frequent companionship support such as chatting, meeting, having join meals together or taking part in social recreational activities. Such support can enlarge

respondents' social circles and make life more fruitful. This kind of support could enhance morale and contribute to the life satisfaction of respondents. The findings confirm those of much previous research in that friends are important sources of intimate and companionship in which they share activities that improve the well-being of the older persons (ESRC, 1998; Fisher, et al, 1990; Phillipson, 1997; Wenger, 1994). However, it did find that friends and neighbours seldom provided emotional support for the respondents when the respondents felt bored or unhappy and the like.

As a matter of fact, when the family members are not available, neighbours would often provide support in emergencies or immediate needs because of their physical proximity and daily contacts. The findings are confirmed by many Western studies (Harris, 1990; Hooyman, 1983; Litwak, 1985; Nogon and Pearson, 2000). On the other hand, it was found that the support by the neighbours was actually infrequent, and their support tended to be more casual and short-term in nature.

It is interesting to note that relatives (siblings and extended kin) provided the least support among the informal network. It is also found that relatives' support

does not contribute to life satisfaction of the respondents even though some respondents received companionship support such as chatting, talking on the phone or having joint meals together with their relatives. However, in traditional Chinese societies, it is often believed that kinship bonds are very strong and their older persons would like to turn to family members rather than friends and neighbours. Also, the hierarchical-compensatory model (Cantor, 1979) suggests that kin are the support source of choice, followed by non-kin and last by formal organizations. This model asserts that the elderly treat kin as the appropriate source of help in times of needs. But, the current research finding did not show this. The least support by relatives was partly due to the fact that most respondents do not have to rely on relatives and partly explained by previous research in that relative contacts are significantly influenced by geographic proximity, numbers of siblings and availability and number of children (Connidis and Davies, 1992), as the sample carried these characteristics. However, the perceived “non-support” from relatives could also be attributed to traditional Chinese values of concerning “face” which has claimed in Tsang’s 1997 research and confirmed by respondents’ responses that they would loss of “face” if they let their relatives know that they had financial hardship or their private family problems might be exposed and become an open issue known to their entire kin network. Also, they did not like to feel indebted to others by

taking their favours as they preferred to be seen as equals rather than being inferior to their kin members. They are reluctant and avoidant to receive support from relatives. This is indeed going against the traditional extended family culture, “competition” as described among Kin needs to be further researched on.

### 7.1.3 Level of life satisfaction

In terms of life satisfaction, it was found that the respondents have a high level of life satisfaction (mean score is 7.07). However, a baseline Hong Kong survey conducted by Chi and Li (1990) found that those active and healthy respondents scored comparatively lower in terms of overall life satisfaction (mean score 5.27) as compared with the respondents in this research. The difference in score maybe due to the sampling differences or other factors, which deserve further studies.

## **7.2 Conclusions**

### 7.2.1 A brief overview of the research

Reviewing the current research, it indicated that the forms of support provided by different sources of informal network are changed over time under the present Macau’s context. Also, the support elements enhance older people’s life satisfaction in many ways. A brief review of four principal forms of support from

the research: *Tangible support* is visible and is something concrete. The support elements include financial aid, doing household chores, having personal care, assisting when one comes across an emergency, mutual support and so on. *Informational support* provides affirmation, feedback, advice, suggestions, directions, and decision-making, these help to tackle problems. *Companionship support* includes spending time with others for social and recreational activities in leisure time and so on. *Emotional support* refers to the ways of providing concern, comfort, trust, love and respect.

In addition, the in-depth interviews note that the forms of support that the respondents received provided by a spouse, children, relatives, friends and neighbours are many and given or received in different ways. In interviewing 65 respondents, it revealed that most respondents relied heavily on the support of their children and grandchildren. Children support is obligatory in nature. The most frequent support was emotional support, which is in terms of concern and care and respect. Tangible support by children may be seen in terms of providing money for meeting daily expenditures of the respondents. The nature of this of this kind of support in nature is reciprocated. Besides, they frequently have meals, chat and talk with their children. It was found that an “intimacy at a distance” existed in today’s

Macau's situation. Although the informational support is not very frequently provided by children, it was important for the respondents when they were in critical situations such as going to hospital or key financial decisions such as the sale of an apartment. In addition, the support from children is significantly contributed to the life satisfaction due to the fact that children support can create a sense of security, well-being and happiness for the respondents.

Next to children and grandchildren, the results of the study indicated that spouse is the secondary supporter for the respondents, who specifically provides tangible support. The nature of this kind of support is mutual. They provide personal care to each other in daily living, care and concern especially when one partners is sick. The support may also be seen as chatting, having meals or participating in social recreational activities. However, when it comes to a crucial time, most respondents would turn to children and grandchildren. It was due to the fact that the spouse was often viewed as equally old and unable to help. The mutual care of spouses does affect the life satisfaction by creating a sense of security.

Other than family members, friends and neighbours most frequently provide companionship support, such as meeting, chatting or participating in social and



recreational activities. Sometimes, they also provide tangible, emotional and informational support when the respondents found that their family members were not available. The companionship support from friends can enhance the life satisfaction of respondents because of the enlarging the informal network and colourful the social life of the respondents.

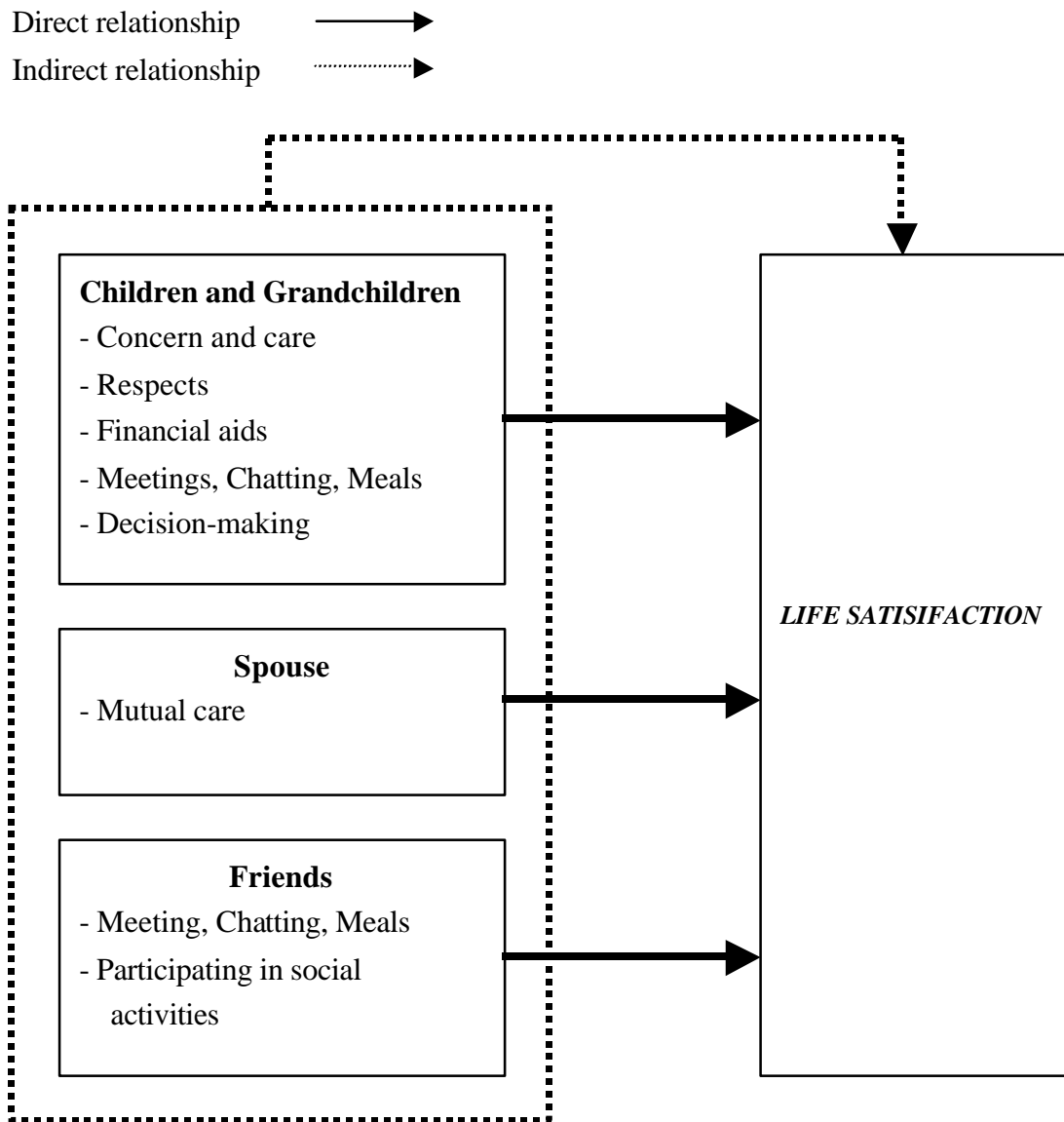
However, it is unexpected to find out that relatives provided the least support. Indeed, most respondent seldom came into contact with their relatives and some felt poor relationship with them. The support received by the relatives depends on the proximity between the relatives and the respondents. Most frequent forms of support by relatives were merely companionship support, which came in the forms of having meals, chatting and casual talks sometimes or during ceremonies. The emotional support may be superficial which mainly focuses on the concern and care by phone. The financial support of relatives was sometimes only available when the respondents met financial difficulties and had no children. In addition, the findings also revealed that relatives' support do not make contribution to life satisfaction of respondents.

In general, the respondents in this research basically had a high level of life

satisfaction, with an average score of 63.68 (total score 90). Most are satisfied with their life in general. From the in-depth interviews, it was found that there are correlations between the satisfaction and the particular forms of support by the spouse, children, grandchildren, friends and neighbours. These supports provided by spouse, children, friends and neighbours create a sense of security, well-being and happiness which can enhance the life satisfaction of the respondents. In addition, correlation analysis and focus group discussions further confirmed such findings.

To conclude, the findings of the relationship between informal support and life satisfaction can be presented in Figure 7.1. It was found that spouse, children, friends and neighbours are regarded as sources of support for contributing to life satisfaction of older persons. The perceived relationship with these persons does not directly affect the life satisfaction of older persons but it can indirectly affect life satisfaction via patterns of support. In terms of forms of support, it was found that being concerned and care, being respected, receiving financial aid, meeting, chatting, meals, making-decisions, participating in social activities with others are important for the older persons' life satisfaction.

Figure 7.1: The Relationship between informal support and life satisfaction for the study



### 7.2.2 Contributions of the study

Having discussed the forms of support provided by informal network, the relationships between informal support and life satisfaction of older people in present Macau's situation. It will further discuss the significance of the study. In general,

the thesis has several contributions to the field of social gerontology. Firstly, the present study find out principally four forms of support and the support patterns today Macau's situation. It was found that cultural differences may exist and forms of support may be changed over time, which may have some impacts on the life satisfaction of older persons. Nevertheless, studies done in Western societies may not be entirely applicable in the Macau context. The qualitative research approach on exploring the present informal support provides in-depth understanding of the dynamic process of support among network members. It also gains some insights of the ways that the informal support elements enhance the life satisfaction of older persons in Macau.

In addition, the research provided some explanations of the relationship between informal support and life satisfaction. Much previous social support researches mainly focus on the quantitative dimensions of support. Few have been provided the interpretations between the informal support (in terms of forms and sources) and life satisfaction. The present research partially bridges this gap by providing the respondents' own views on the informal support and life satisfaction as well as the researcher's own interpretations. To the extent, this research accomplishes that goal and stimulates further research in the field.

It also provides one of updated ageing literature in Macau. Macau is becoming an ageing society but little research has been found in Macau. Also, many related data such as the elderly services for the older persons are not well documented or not yet published. By conducting the in-depth interviews with sixty-five older persons, I found out the informal support patterns and the support elements that contribute to life satisfaction. Also, by interviewing 16 key informants interviews (Government officials and Supervisor in NGOs, academics scholar), the thesis has provided some first hand information. The present research not only finds out the support patterns and life satisfaction but also provides a systematic review on development of elderly services in Macau by collecting the fragmented documents from key informants. Hence, this thesis provides some useful information for the academics and policy makers in the field.

### 7.2.3 Future policy implications

In order to enhance the life satisfaction of older people and enable them to live in the community independently as well as to receive sufficient support from the informal network due to the increasing number of older population and longer life expectancy at birth for the older people in Macau, some recommendations for the policy makers may be given.

The findings suggest that informal support is essential determinant in enhancing the life satisfaction of older persons. Also, family support is regarded as of primary importance for older persons. In the policy terms, the government of Macau would therefore be wise to put more efforts into strengthening the supportive power of the family by providing tailored elderly community services or an effective networking strategies with reference to some experience from the similar ageing societies like Hong Kong and Singapore.

Besides, filial obligations seem deeply valued by older persons. Many of whom believe that emotional support in terms of being concerned for by others, being cared for, and being respected are much more important than tangible support. This can create a sense of well-being for older persons. In this respect, the government should play a more active role in promoting the concepts of filial obligations to the younger generation, possibly through intergenerational educational campaign.

In addition, it was found that friends' companionship support is more accessible rather than that of family members such as adult children, spouse and relatives. Older persons get more enjoyment in their social life through participating in social

recreations. It was found that most respondents make friends in the parks or the social services centers. The government could therefore increase more subsidies or target subsidies to the elderly social services centers for organizing a variety of creative social activities. This could not only meet different interests of the older persons but also increase their enjoyment of the activities.

On the other hand, the government could also encourage the older persons to become older volunteers and NGOs could play an important role in there. The government can promote the concepts of active ageing or productive ageing. These concepts encourage older persons to be actively participating in the community activities or organizing some community services. For example, paying visits to the single elderly or fund raising for the needy persons. These activities not only provide a chance to serve the community but can also promote a sense of personal achievement and worth. It can also enlarge the social life and network of older persons.

In the present research, it was revealed that the respondents have generally high levels of life satisfaction. This may be due to the sufficient support received by the respondents from children and their good health conditions. The interviews of

elderly respondents and key informants, it was found that sufficient support by an informal network, especially family support, could also enhance life satisfaction. It was also found that most respondents were satisfied with the existing community services in Macau. For example, Chinese medicine services are free of charges for older persons, (Many of whom have faith in Chinese medicine). In addition, the Macau government and NGOs frequently hold social activities for older persons and promote a sense of respect for the old. Macau might also arrange greater exchange in gerontology and policy for older persons with Hong Kong. An exchange of experiences of caring for older persons in both places could contribute to a higher level of life satisfaction for older people in both societies.

#### 7.2.4 Limitations to the current research

It is obvious that the research have attempted to offset some methodological limitations of both qualitative and quantitative approaches as presented in chapter 5. Still, the research is inevitable to have its limitations. Firstly, the research could not find out all reasons for the relationships between informal support and life satisfaction. As discussed in chapter 3 and chapter 4, the existing literature indicated that the frequent and intensive of support are more important for concerning the quality of support. But, few researches were conducted in this area.



Hence, this research was an exploratory in nature. It attempts to find out the possible informal support elements in terms of the frequency and intensity. However, there is no thorough explanation as to how and why the relationships between informal support elements (forms and sources) are so important to the life satisfaction of the elder persons. Hence, basically, the attempts of this research were to explore a model relating to informal support elements and life satisfaction. It can only point out some possible explanations of informal support (forms and sources of support) and life satisfaction without providing a full model.

It must be pointed out that the recruitment of the sample of the present study was not drawn on the basis of a representative random sampling method. Most of the sixty-five respondents of this research were referred by NGOs. Although they were drawn from 8 NGO's, which were spread out widely in Macau, the geographical location of NGOs was not controlled for, which may reflect the group identities or group differences within the NGOs. Also, the referral samples for the interviews may be very motivated, active and healthy persons, while the inactive and frail populations are not covered in this study. Hence, it is suggested that studies need to be replicated with a large and more representative samples in order to improve the generalizability of the findings.

Another limitation of the study concerns the subjective coding procedure for the content of the informal support. In the present research, the construction of the informal support scale of this study was mainly based on manual coding by the researcher. There may thus be some selection bias due to the researcher's subjective perceptions of the meanings of the informal support elements and the researcher's interpretations of the relationship between the informal support and life satisfaction. Although there were two focus group discussions to help cross check the interpretations, and members checked the reliability of the coding, the potential for selection and interpretations bias might still exist.

Furthermore, a limitation of the measurement instruments may arise from using the modified Life Satisfaction Scale (LISA) in the present study. Some of the respondents may have difficulty in understanding the statements of life satisfaction due to their limited education. Also, some respondents may not be very accustomed to the use of the scoring system in rating the statements. This of course is a general limit to the use of scaling method in quantitative research, especially those involving elderly subjects. Also, the results reveal that the perception of life satisfaction of the respondents generally means happiness. The term of happiness may be better for measuring the level of life satisfaction of older persons and it deserve further study.

Last but not least, the time, manpower and resources of this study were limited. Hence, representative sampling with different persons adopting the procedures of in-depth interviews, coding and data analysis with different persons were not possible. Hence, as in any individually conducted postgraduate study, the conclusion of the present research should be interpreted with caution.

<English Version> Questionnaire number: \_\_\_\_\_

## Topic: An Exploratory Study of Informal Support and Life

### Satisfaction of Older Persons in Macau

Date and time of interviews : \_\_\_\_\_ Location : \_\_\_\_\_

Name of interviewee : \_\_\_\_\_

## Section I

### Part I Personal Characteristics:

1. Age: \_\_\_\_\_

2. Sex: 1. Male 2. Female

3. Marital Status:

1. Never Married 2. Married  
3. Widow / Widower 4. Separated / Divorced

4. Educational Level:

1. Illiterate 2. Primary School 3. Lower Secondary  
4. Upper Secondary 5. Tertiary or above

5. Years of Residence in Macau:

1. Less than 10 Years 2. 10-19 Years 3. 20-29 Years  
4. 30-39 Years 5. 40-49 Years 6. 50 years or above

6. Types of Housing:

1. Private (Own) 2. Government (economic house)  
3. Private (Rent) 4. Government Old Aged Hostel for single elderly  
5. Government temporary Shelter 6. Others (please specify) \_\_\_\_\_

7. How many family members listed below are living with you?

1. \_\_\_ Spouse 2. \_\_\_ Son 3. \_\_\_ Daughter  
4. \_\_\_ Daughter-in-Law 5. \_\_\_ Son-in-Law 6. \_\_\_ Siblings  
7. \_\_\_ Grandchildren 8. \_\_\_ Others (please specify) \_\_\_\_\_

8. How many family members listed below do not live with you but in Macau?

1. \_\_\_\_ Son                      2. \_\_\_\_ Daughter                      3. \_\_\_\_ Daughter-in-Law  
4. \_\_\_\_ Son-in-Law                      5. \_\_\_\_ Siblings                      6. \_\_\_\_ Grandchildren  
7. \_\_\_\_ Extended family members (please specify) \_\_\_\_\_

9. How many family members listed bellow are not living in Macau?

1. \_\_\_\_ Son                      2. \_\_\_\_ Daughter                      3. \_\_\_\_ Daughter-in-Law  
4. \_\_\_\_ Son-in-Law                      5. \_\_\_\_ Siblings                      6. \_\_\_\_ Grandchildren  
7. \_\_\_\_ Extended family members (please specify) \_\_\_\_\_

10. What is your main source of income and amount?(can choose more than one)

1. Yes / 2. No.

- a. \_\_\_\_ Social security fund/Old age allowance                      MPO \$ \_\_\_\_\_  
b. \_\_\_\_ Public relief (NGO' s)                      MPO \$ \_\_\_\_\_  
c. \_\_\_\_ Personal Savings                      MPO \$ \_\_\_\_\_  
d. \_\_\_\_ From children                      MPO \$ \_\_\_\_\_  
e. \_\_\_\_ Spouse                      MPO \$ \_\_\_\_\_  
f. \_\_\_\_ Retirement pension                      MPO \$ \_\_\_\_\_  
g. \_\_\_\_ Others                      MPO \$ \_\_\_\_\_

11. Do you have enough money for daily expenditures?

1. \_\_\_\_ Very Insufficient                      2. \_\_\_\_ Insufficient                      3. \_\_\_\_ Just managed  
4. \_\_\_\_ Sufficient                      5. \_\_\_\_ Very sufficient

12. Family household income:

1. \_\_\_\_ Less than MPO\$1500                      2. \_\_\_\_ MPO\$1501-MPO\$3000  
3. \_\_\_\_ MPO\$3001-MPO\$4500                      4. \_\_\_\_ MPO\$4501-MPO\$6000  
5. \_\_\_\_ MPO\$6001-MPO\$7500                      6. \_\_\_\_ MPO\$7501-MPO\$9000  
7. \_\_\_\_ MPO\$9001-MPO\$10500                      8. \_\_\_\_ MPO\$10501 or above

**Part II Informal support** (*Explore size, ways and content of support, intensity, self appraisal of supportive networks*)

**Spouse**

1. What kinds of support/ help have you received from your husband/wife in daily lives?  
How?

*(Probe: Instrumental support eg. Money, food, household chores, advice, decision making, discussion, information, go to see doctor, escorting, go for a trip, visiting, assist in emergency, entertainment, social and recreational activities, doing exercise, problems solving etc. Affective support eg. Talk about private issue, understanding, sharing, ventilation, mood, security, respect, affective etc)*

---

2. What kinds of support/help you expected to receive from your husband/wife? Why?

---

3. How do you rate the relationship between you and your husband/wife? Why?

- |              |              |         |
|--------------|--------------|---------|
| 1. Very Poor | 2. Poor      | 3. Fair |
| 4. Good      | 5. Very good |         |

Reasons:

---

**Children**

1. How many children have you met or talked with at least once per month? Who?

---

2. What kinds of support/ help have you received from your Children in daily lives?  
How?

*(Probe: Instrumental support eg. Money, food, household chores, advice, decision making, discussion, information, go to see doctor, escorting, go for a trip, visiting, assist in emergency, entertainment, social and recreational activities, doing exercise, problems solving etc. Affective support eg. Talk about private issue, understanding, sharing, ventilation, mood, security, respect, affective etc)*

---

3. What kinds of support/help you expected to receive from your children? Why?

---

4. How do you rate the relationship between you and your children? Why?

- |              |              |         |
|--------------|--------------|---------|
| 1. Very Poor | 2. Poor      | 3. Fair |
| 4. Good      | 5. Very good |         |

Reasons:

---

### **Relatives (Siblings)**

1. How many relatives (siblings) have you met or talked with at least once per month?  
Who?

---

2. What kinds of support/ help you have received from your relatives (siblings) in daily lives? How?

*(Probe: Instrumental support eg. Money, food, household chores, advice, decision making, discussion, information, go to see doctor, escorting, go for a trip, visiting, assist in emergency, entertainment, social and recreational activities, doing exercise, problems solving etc. Affective support eg. Talk about private issue, understanding, sharing, ventilation, mood, security, respect, affective etc)*

---

3. What kinds of support/help do you expect to receive from your relatives (siblings)?  
Why?

---

4. How do you rate the relationship between you and your relatives (siblings)? Why?

- |              |              |         |
|--------------|--------------|---------|
| 1. Very Poor | 2. Poor      | 3. Fair |
| 4. Good      | 5. Very good |         |

Reasons:

---

### **Friends/Neighbours**

1. How many Friends/Neighbours have you met or talked with at least once per month?  
Who?

---

2. What kinds of support/ help have you received from your Friends/Neighbours in daily lives? How?

*(Probe: Instrumental support eg. Money, food, household chores, advice, decision making, discussion, information, go to see doctor, escorting, go for a trip, visiting, assist in emergency, entertainment, social and recreational activities, doing exercise, problems solving etc. Affective support eg. Talk about private issue, understanding, sharing, ventilation, mood, security, respect, affective etc)*

---

3. What kinds of support/help you do expect to receive from your Friends/Neighbours? Why?

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4. How do you rate the relationship between you and your Friends/Neighbours? Why?

1. Very Poor                                      2. Poor                                      3. Fair  
 4. Good    5. Very good

Reasons:

---

### **Part III Utilization and satisfaction of existing social services**

1. Have you heard the following social services for older persons in Macau? Frequency of use? With whom? Satisfaction? Why?.

Type of Services	Yes	No	Frequency to use	With whom	Satisfaction	Reasons
a. Old aged center						
b. Home help service centre						
c. Day care center						
d. Visit by volunteer workers						
e. Family counseling service						
f. Health clinic center						
g. Hospital						
h. Others						



5. In general, how do you rate the existing social services for the older people in Macau? Why?

1. \_\_\_\_ Very dissatisfied                      2. \_\_\_\_ Dissatisfied                      3. \_\_\_\_ Fair  
4. \_\_\_\_ Satisfied                                      5. \_\_\_\_ Very satisfied

Reasons:

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## Part IV Health Status

1. Do you need help of the following activities of daily living? If you can't, to whom will you ask for help? Why?

a. Using telephone?

1. Independent 2. Need Help 3. Dependent Whom? \_\_\_\_\_

b. Taking transportation by yourself?

1. Independent 2. Need Help 3. Dependent Whom? \_\_\_\_\_

a. Preparing your own meals?

1. Independent 2. Need Help 3. Dependent Whom? \_\_\_\_\_

d. Going shopping for food or clothes?

1. Independent 2. Need Help 3. Dependent Whom? \_\_\_\_\_

e. Handling your own money?

1. Independent 2. Need Help 3. Dependent Whom? \_\_\_\_\_

f. Walking upstairs/downstairs?

1. Independent 2. Need Help 3. Dependent Whom? \_\_\_\_\_

g. Drinking and eating?

1. Independent 2. Need Help 3. Dependent Whom? \_\_\_\_\_

h. Dressing/undressing yourself?

1. Independent 2. Need Help 3. Dependent Whom? \_\_\_\_\_

i. Taking care of your appearance (combing, brushing)?

1. Independent 2. Need Help 3. Dependent Whom? \_\_\_\_\_

j. Getting in and out of bed/chair?

1. Independent 2. Need Help 3. Dependent Whom? \_\_\_\_\_

k. Bathing?

1. Independent 2. Need Help 3. Dependent Whom? \_\_\_\_\_

l. Using toilet?

1. Independent 2. Need Help 3. Dependent Whom? \_\_\_\_\_

2. Do you have any chronic illness? If yes, did it cause any problems to your daily lives?

a. Hypertension

1. Yes                      2. No                      3. Problems \_\_\_\_\_

b. Heart Disease

1. Yes                      2. No                      3. Problems \_\_\_\_\_

c. Stroke

1. Yes                      2. No                      3. Problems \_\_\_\_\_

d. Diabetes Mellitus

1. Yes                      2. No                      3. Problems \_\_\_\_\_

e. Lung disease

1. Yes                      2. No                      3. Problems \_\_\_\_\_

f. Liver disease

1. Yes                      2. No                      3. Problems \_\_\_\_\_

g. Kidney diseases

1. Yes                      2. No                      3. Problems \_\_\_\_\_

h. Urinary canal disease

1. Yes                      2. No                      3. Problems \_\_\_\_\_

i. Arthritis

1. Yes                      2. No                      3. Problems \_\_\_\_\_

j. Cancer

1. Yes                      2. No                      3. Problems \_\_\_\_\_

k. Osteoporosis

1. Yes                      2. No                      3. Problems \_\_\_\_\_

l. Others (Please specify) \_\_\_\_\_

3. How would you rate your overall health at the present time? Why?

1. Very Poor                      2. Poor                      3. Fair

4. Good                      5. Very good

Reasons:

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## Part V Life Satisfaction

Source: (LSI-A) (Neugarten, Havighurst, and Tobin, 1961) (Modified version by Chi and Boey, 1992).

Do you agree with the following statements? (1 strongly disagree---10 strongly agree)

	(Strongly agree to strongly disagree 10 points' scale)
1.You are as happy as when you were young.	10 9 8 7 6 5 4 3 2 1
2.Your life can be happier than it is now.	10 9 8 7 6 5 4 3 2 1
3.Most of the things you do now are boring and monotonous.	10 9 8 7 6 5 4 3 2 1
4.Things you do now are as interesting as they were in the past.	10 9 8 7 6 5 4 3 2 1
5.Compared to other people at your age, you make a good appearance.	10 9 8 7 6 5 4 3 2 1
6.You expect some interesting and pleasant things to happen in the future.	10 9 8 7 6 5 4 3 2 1
7.As you look back on our life, you are fairly satisfied.	10 9 8 7 6 5 4 3 2 1
8.You have got most of what you expected in your life.	10 9 8 7 6 5 4 3 2 1
9.In spite of what people say, the living standard of the general public does not improve but gets worse.	10 9 8 7 6 5 4 3 2 1

10.What do you think is most important for the contribution to a happier life? Why?

*The end of interview*

## Section II Researcher's Observations

Total time of the interview : \_\_\_\_\_

Phone number : \_\_\_\_\_

Successful or not : \_\_\_\_\_

1. In general, did the interviewee sincerely answer the questions? \_\_\_\_\_

2. Health status of the interviewee : \_\_\_\_\_

3. Mental health status of the interviewee : \_\_\_\_\_

4. Please describe the personality of the interviewee

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Notes :

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~End~

<中文問卷>問卷編號: \_\_\_\_\_

## 題目：澳門長者的非正規支援和生活滿足感初探

你好！我是香港嶺南大學碩士研究生，現在正進行一個關於澳門長者生活滿足感的研究。希望藉著了解本澳長者對非正規支援的看法，從而探討其與生活滿足感的關係。您所提供的資料會只會用作學術上的研究用途。非常感謝您能抽出保貴時間接受我的訪問。

訪問日期及時間: \_\_\_\_\_ 被訪者姓名: \_\_\_\_\_ 訪問地點: \_\_\_\_\_

### 甲部份

#### 一. 個人資料:

1. 老人的年齡: \_\_\_\_\_

2. 老人的性別:     1.    男       2.    女

3. 老人的婚姻狀況:

1.    從未結婚     2.    已婚     3.    寡婦/鰥夫     4.    離婚/分居

4. 教育程度:

1.    從未受教育   2.    小學     3.    初中           4.    高中     5.    大學或以上

5. 居澳年期:

1.    小於 10 年    2.    10-19 年    3.    20-29 年    4.    30-3 年

5.    40-49 年     6.    50 年或以上

6. 老人的居住地區及住屋類型:

1.    私人住宅(自置)     2.    政府經濟房屋     3.    私人住宅(租住)

4.    政府單身老人宿舍   5.    政府臨屋中心     6.    其他 \_\_\_\_\_

7. 你現在和誰人一起居住? \_\_\_\_\_

8. 你有幾多個家人/親屬在澳門和你不是一起住?

1. \_\_\_\_仔    2. \_\_\_\_女           3. \_\_\_\_媳婦   4. \_\_\_\_女婿       5. \_\_\_\_姊妹

6. \_\_\_\_孫仔/女   7. \_\_\_\_其他親戚(請說明)\_\_\_\_\_

9. 你有幾多個親屬/戚不在澳門?

1. \_\_\_\_仔    2. \_\_\_\_女           3. \_\_\_\_媳婦   4. \_\_\_\_女婿       5. \_\_\_\_姊妹

6. \_\_\_\_孫仔/女   7. \_\_\_\_其他親戚(請說明)\_\_\_\_\_

10. 你主要的生活費來源和金額：(請選擇一項)

- a. 政府社會保障基金：葡幣\$ \_\_\_\_\_ b. 公共救濟金：葡幣\$ \_\_\_\_\_  
c. 個人積蓄：葡幣\$ \_\_\_\_\_ d. 子女供養：葡幣\$ \_\_\_\_\_  
e. 配偶收入：葡幣\$ \_\_\_\_\_ f. 長俸：葡幣\$ \_\_\_\_\_  
g. 長期服務金：葡幣\$ \_\_\_\_\_ h. 其他：葡幣\$ \_\_\_\_\_

11. 你有否足夠金錢應付日常生活開支？

1. 十分不足夠 2. 不足夠 3. 剛剛好 4. 足夠 5. 十分足夠

12. 家庭總收入總額：

1. 小於葡幣\$1500 2. 葡幣\$1501-葡幣\$3000 3. 葡幣\$3001-葡幣\$4500  
4. 葡幣\$4501-葡幣\$6000 5. 葡幣\$6001-葡幣\$7500 6. 葡幣\$7501-葡幣\$9000  
7. 葡幣\$9001-葡幣\$10500 8. 葡幣\$10501 或以上

## 二. 非正規的支援 (探討: 支援的內容, 次數, 強度 及與支持者的關係)

### 配偶:

1. 在日常生活中, 你的丈夫/太太給與你什麼支持/幫助? 他/她(們)怎樣支持/幫助你?

{Probe: (工具性支援) 探討金錢, 食物, 家務, 忠告, 事情決策, 商量, 資料提供, 看醫生, 旅行, 探親, 緊急事情協助, 娛樂, 參與社區活動, 運動等} (情感上支援) 探討傾訴心事, 分享, 分擔不開心, 問題等}}

---

2. 你期望你的丈夫/太太給與你什麼支持/幫助? 為什麼?

{Probe: (工具性支援) 探討金錢, 食物, 家務, 忠告, 事情決策, 商量, 資料提供, 看醫生, 旅行, 探親, 緊急事情協助, 娛樂, 參與社區活動, 運動等} (情感上支援) 探討傾訴心事, 分享, 分擔不開心, 問題等}}

---

3. 你覺得你和你的丈夫/太太關係是怎樣? 為什麼?

1. 十分差 2. 差 3. 普通 4. 好 5. 十分好

原因:

---

## 子女:

1. 有幾個子/女, 你最少一個月見面一次或交談一次? 他們是誰?

---

2. 在日常生活中, 你的子女給與你什麼支持/幫助? 他/她(們)怎樣支持/幫助你?

{Probe: (工具性支援) 探討金錢, 食物, 家務, 忠告, 事情決策, 商量, 資料提供, 看醫生, 旅行, 探親, 緊急事情協助, 娛樂, 參與社區活動, 運動等} (情感上支援) 探討傾訴心事, 分享, 分擔不開心, 問題等}}

---

3. 你期望你的子女給與你什麼支持/幫助? 為什麼?

{Probe: (工具性支援) 探討金錢, 食物, 家務, 忠告, 事情決策, 商量, 資料提供, 看醫生, 旅行, 探親, 緊急事情協助, 娛樂, 參與社區活動, 運動等} (情感上支援) 探討傾訴心事, 分享, 分擔不開心, 問題等}}

---

4. 你覺得你和你的子/女關係是怎樣? 為什麼?

1. 十分差      2. 差      3. 普通      4. 好      5. 十分好

原因:

---

## 親戚/屬:

1. 有幾個親戚/屬, 你最少一個月見面一次或交談一次? 他們是誰?

---

2. 在日常生活中, 你的親戚/屬給與你什麼支持/幫助? 他/她(們)怎樣支持/幫助你?

{Probe: (工具性支援) 探討金錢, 食物, 家務, 忠告, 事情決策, 商量, 資料提供, 看醫生, 旅行, 探親, 緊急事情協助, 娛樂, 參與社區活動, 運動等} (情感上支援) 探討傾訴心事, 分享, 分擔不開心, 問題等}}

---

3. 你期望你的親戚/屬給與你什麼支持/幫助? 為什麼?

---

4. 你覺得你和你的親戚/屬關係是怎樣? 為什麼?

1. 十分差      2. 差      3. 普通      4. 好      5. 十分好

原因:

---

**朋友/鄰居：**

1. 有幾個朋友/鄰居，你最少一個月見面一次或交談一次？他們是誰？

2. 在日常生活中，你的朋友/鄰居給與你什麼支持/幫助？他/她(們)怎樣支持/幫助你？

{Probe: (工具性支援) 探討金錢, 食物, 家務, 忠告, 事情決策, 商量, 資料提供, 看醫生, 旅行, 探親, 緊急事情協助, 娛樂, 參與社區活動, 運動等} (情感上支援) 探討傾訴心事, 分享, 分擔不開心, 問題等}

3. 你期望你的朋友/鄰居給與你什麼支持/幫助?為什麼?

4. 你覺得你和你的朋友/鄰居關係是怎樣?為什麼?

1. 十分差      2. 差      3. 普通      4. 好      5. 十分好

原因:

**三. 對社會服務使用情況和態度：**

1. 你曾否聽過/使用過下列社會服務?次數?和誰?對你的幫助大嗎?為什麼?

服務包括：	是	否	使用次數	和誰	滿意程度	原因
a. 老人中心						
b. 家務助理						
c. 日間護理中心						
d. 義工探訪						
e. 家庭輔導服務						
f. 衛生中心						
g. 醫院 (鏡湖/山頂)						
h. 其他						

2. 總的來說，你對目前社會上所提供的長者服務是否滿意?為甚麼？

1. 十分差      2. 差      3. 普通      4. 好      5. 十分好

原因:



#### 四. 長者的健康狀況及自我照顧能力

1. 我了解你日常生活的自顧能力，如果不能，請問是誰幫助你，為甚麼？

a. 你能否使用電話？

1. 自助      2. 需要協助      3. 不能      誰 \_\_\_\_\_

b. 你能否自行乘車？

1. 自助      2. 需要協助      3. 不能      誰 \_\_\_\_\_

c. 你能否煮食？

1. 自助      2. 需要協助      3. 不能      誰 \_\_\_\_\_

d. 你能否出外購買食物和衣服？

1. 自助      2. 需要協助      3. 不能      誰 \_\_\_\_\_

e. 你能否使用你的金錢？

1. 自助      2. 需要協助      3. 不能      誰 \_\_\_\_\_

f. 你能否上落樓梯？

1. 自助      2. 需要協助      3. 不能      誰 \_\_\_\_\_

g. 你能否進食？

1. 自助      2. 需要協助      3. 不能      誰 \_\_\_\_\_

h. 你能否穿著衣服？

1. 自助      2. 需要協助      3. 不能      誰 \_\_\_\_\_

i. 你能否梳洗清潔？

1. 自助      2. 需要協助      3. 不能      誰 \_\_\_\_\_

j. 你能否上落床/椅？

1. 自助      2. 需要協助      3. 不能      誰 \_\_\_\_\_

k. 你能否洗澡？

1. 自助      2. 不知道      3. 不能      誰 \_\_\_\_\_

l. 你能否去洗手間？

1. 自助      2. 需要協助      3. 不能      誰 \_\_\_\_\_

2. 你有否以下的疾病：如果有，它對你的日常生活有甚麼影響，如何影響？

有      無      影響

a. 高血壓 \_\_\_\_\_

b. 心臟病 \_\_\_\_\_

c. 中風 \_\_\_\_\_

d. 糖尿病 \_\_\_\_\_

e. 慢性肺病 \_\_\_\_\_

f. 慢性肝病 \_\_\_\_\_

g. 慢性腎病 \_\_\_\_\_

h. 尿道感染 \_\_\_\_\_

i. 風濕 \_\_\_\_\_

j. 癌症 \_\_\_\_\_

k. 骨質疏鬆症 \_\_\_\_\_

l. 其他 \_\_\_\_\_

3. 整體來說，你滿意自己目前的健康狀況嗎？為甚麼？

1. 十分差      2. 差      3. 普通      4. 好      5. 十分好

原因:

## 五 生活滿足感：

Source: (LSI-A) (Neugarten, Havighurst, and Tobin, 1961) (Modified version by Chi and Boey, 1992).

你同意以下各說法嗎？如果 10 代表最同意至 1 分代表最不同意，你會給各說法多少分？

	最同意至最不同意 (10 分表示最同意 1 分表示最不同意)									
1. 你現在跟青年時一樣快樂。	10	9	8	7	6	5	4	3	2	1
2. 你的生活可以更快樂些。	10	9	8	7	6	5	4	3	2	1
3. 現在你所做的事大部分都是無聊和單調。	10	9	8	7	6	5	4	3	2	1
4. 現在你所做的事跟過去一樣有趣。	10	9	8	7	6	5	4	3	2	1
5. 跟同年紀的人比較，你的外表看來很好。	10	9	8	7	6	5	4	3	2	1
6. 你希望將來會有一些有趣的或人開心的事發生。	10	9	8	7	6	5	4	3	2	1
7. 回顧過去的生活時，你覺得很滿意。	10	9	8	7	6	5	4	3	2	1
8. 你一生所希望的，大部分都得到了。	10	9	8	7	6	5	4	3	2	1
9. 不管別人怎麼說，一般人的生活質素比以往差。	10	9	8	7	6	5	4	3	2	1

10. 你覺得有甚麼因素可以使你過得更快樂？為甚麼？

訪問完畢，多謝！

## 乙部份：訪問員觀察

訪問結束時間：\_\_\_\_\_ 電話號碼：\_\_\_\_\_ 是否成功訪問：\_\_\_\_\_

訪問員觀察所見的表現：

1. 整體來說，對被訪者的答案的可信程度：\_\_\_\_\_
2. 所見訪者的健康情況：\_\_\_\_\_
3. 所見訪者的精神狀況：\_\_\_\_\_
4. 請描述被訪者的性格，如積極，樂觀，vs 消極，悲觀：\_\_\_\_\_

備註：

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- 完 -

## Questions guidelines for discussions:

Q1. Please describe the main type of support provided by a spouse, children, relatives, friends?

- a. Emotional support:
- b. Tangible support:
- c. Companionship support:
- d. Informational support:

Q2. Do you mainly rely on your children when you need help? Why?

Q3. Are you feeling happy .....?

Children

- a. ---when you are cared and concerned by children? Why?
- b. ---when you are respected by children? Why?
- c. ---when you received money by children? Why?
- d. ---when you having chatting, meals and meetings with your children? Why?
- e. ---when you get advice, suggestions and decision by children? Why?

Spouse

- a. --- when your are cared by your wife/husband? Why?

Friends

- a. ---- when you have meeting, chatting and meals with your friends?
- b. ---- when you participate in social activities with your friends?

## Core coding categories

Forms of support			
Label	Categories	Functions	Activities/ Behaviours
T.	Tangible support:	<ul style="list-style-type: none"> <li>● Resolution of problems</li> </ul>	<ul style="list-style-type: none"> <li>● <i>Description: provide money, labour, direct resolution of problem, financial aid and material resources, services etc. such as:</i> <ol style="list-style-type: none"> <li>a. Provide money/resources for household expenditure such as buying food regularly or irregularly/ medical fees etc. (Financial aid).</li> <li>b. Doing household chores such as buying food/things, cooking, cleaning, washing, repairing, picking up heavy things etc.</li> <li>c. Resolution of problems such as going to see doctor, to escort or careing when someone feels sick and cannot walk.</li> <li>d. Help when meet with emergency incidents/ watching door etc.</li> <li>e. Mutual care on daily living or provide support to others</li> </ol> </li> </ul>
I.	Informational support	<ul style="list-style-type: none"> <li>● Help understanding, cope with problems, give advice and cognitive guidance.</li> </ul>	<ul style="list-style-type: none"> <li>● <i>Description: different ways to provide affirmation, feedback, social comparison, advice, suggestion and direction etc. such as:</i> <ol style="list-style-type: none"> <li>a. Reading news or letters; getting information for daily living.</li> <li>b. Giving advice, suggestion, guidance or decision-making when faced with problems and discussion of problems or social issues.</li> </ol> </li> </ul>

Forms of support			
Label	Categories	Functions	Activities/ Behaviours
C.	Companionship support	<ul style="list-style-type: none"> <li>● Positive affective moods</li> </ul>	<ul style="list-style-type: none"> <li>● <i>Description: spending time with others in leisure and recreational activities such as:</i> <ol style="list-style-type: none"> <li>Sitting; meeting; chatting, having meals with others.</li> <li>Spending time with others in leisure or recreational activities such as doing morning exercises, going to social services center.</li> <li>Celebrating ceremonies eg. marriage or birth, adoring ancestor activities.</li> <li>Going for a trip, visiting relatives (overseas /Mainland China )etc.</li> </ol> </li> </ul>
E.	Emotional support	<ul style="list-style-type: none"> <li>● Enhancement of self-esteem, well-being etc.</li> </ul>	<ul style="list-style-type: none"> <li>● <i>Description: different ways to show concern, ventilate, trust, love and respect such as:</i> <ol style="list-style-type: none"> <li>Show concern; care by any means of communication such as talking or listening to private issues, sharing feelings, feedback</li> <li>Ventilation when feel boring, moody or unhappy, sad etc.</li> <li>Being understanding or accept one' s behaviour and feelings</li> <li>Show love or care by words, gestures, behaviour</li> </ol>           Show respects, filial piety, agreement etc         </li> </ul>

Pattern of supportive behaviors/ attitude to seeking help			
Label	Categories	Effects	Activities/ Behaviours
S.R	Self-Reliance	<ul style="list-style-type: none"> <li>Developing sense of self-efficacy, self control, and self-actualisation etc.</li> </ul>	<ul style="list-style-type: none"> <li><i>Description: self-governing or self-regulation which may solve problems herself/himself when facing problems or crisis.</i></li> </ul>
A.S.	Attitude to seek help	<ul style="list-style-type: none"> <li>Active or passive in seeking help or self help as well as increase or decrease in self-efficacy or life satisfaction</li> </ul>	<ul style="list-style-type: none"> <li><i>Description: sense of feelings (can be positive or negative) in making decision to seek help or not from support networks when facing problems or crisis.</i></li> </ul>
H.B.	Help seeking behaviours	<ul style="list-style-type: none"> <li>Increase or decrease of self-efficacy or life satisfaction</li> </ul>	<ul style="list-style-type: none"> <li><i>Description: the help seeking patterns from different support networks when facing problems.</i></li> </ul>
M..A.	Mutual Aids	<ul style="list-style-type: none"> <li>A sense of security both physically and psychologically</li> </ul>	<ul style="list-style-type: none"> <li><i>Description: mutual support by any means.</i></li> </ul>
Positive & negative interaction with the supportive network			
Label	Categories	Effects	Activities/ Behaviours
+Ve	Positive social interactions	<ul style="list-style-type: none"> <li>Positive psychological well-being or life satisfaction</li> </ul>	<ul style="list-style-type: none"> <li><i>Description: a sense of positive feeling or satisfaction by interacting with others.</i></li> </ul>
-Ve	Negative social interactions	<ul style="list-style-type: none"> <li>Negative psychological feelings or symptoms of depression.</li> </ul>	<ul style="list-style-type: none"> <li><i>Description: a sense of negative feeling or dissatisfaction by interacting with others.</i></li> </ul>

INH.	Inhibited factors	<ul style="list-style-type: none"> <li>● Passive attitude to seek help or not to seek help when faced with problems and this creates a sense of helplessness.</li> </ul>	<ul style="list-style-type: none"> <li>● <i>Description: the constraints factors such as environment, recourses, physical ability of support networks.</i></li> </ul>
Functional ability/Health/ Daily activities			
Label	Categories	Effects	Activities/ Behaviours
A.D.L	Ability in daily living	<ul style="list-style-type: none"> <li>● Effects on positive to well-being by self efficacy in daily activities</li> <li>● Reflect the ability to live independently without frequently needing help from others</li> </ul>	<ul style="list-style-type: none"> <li>● <i>Description: ability to perform daily tasks.</i></li> </ul>
H.	Health	<ul style="list-style-type: none"> <li>● life satisfaction or well-being of individuals</li> </ul>	<ul style="list-style-type: none"> <li>● <i>Description: The well-being of individuals (Physical /psychological/ Mental).</i></li> </ul>
A.C.T	Leisure Activities	Reflect the personality of individuals, frequent contact with supportive networks, health of individuals.	<ul style="list-style-type: none"> <li>● <i>Description: activities or pattern of behaviour in daily living.</i></li> </ul>



Size/ frequency and satisfaction with the informal network			
Label	Categories	Effects	Activities/ Behaviours
S.	Size	● Size of network resources	● <i>Description: number of informal networks.</i>
Fq.	Frequency	● Frequency of support obtained	● <i>Description: number of contacts with informal network or support received from informal networks.</i>
D.	Degree	● Well-being or support obtained.	● <i>Description: self-appraisal the relationship with informal networks.</i>
Accessories			
Label	Categories	Effects	Activities/ Behaviours
R.	Respect	● Self esteem or life satisfaction	● <i>Description: be treated with consideration, love, care and filial piety.</i>
T.C.V.	Traditional Chinese Values	● Relationship to the support members	● <i>Description: traditional Chinese thinking and behaviour such as division of labour of task, piety filial etc</i>
A.	Acquaintances	● Ties to friends	● <i>Description: people who have social contact at work, in the neighbourhood, or in the community such as interaction by greetings, casual chatting and meeting in the center, parks, or community.</i>

P.	Personality	<ul style="list-style-type: none"> <li>Well-being or attitude towards life</li> </ul>	<ul style="list-style-type: none"> <li><i>Description: people's personality such as introvert, extrovert, optimistic, pessimistic etc.</i></li> </ul>
N.S.	No Such need	<ul style="list-style-type: none"> <li>Well-being or self-efficacy</li> </ul>	<ul style="list-style-type: none"> <li><i>Description: no such need or no need to seek help or obtain resources</i></li> </ul>
L.A.	Living Arrangement	<ul style="list-style-type: none"> <li>Tie, size and proximity of family members encompassed</li> </ul>	<ul style="list-style-type: none"> <li><i>Description: living patterns</i></li> </ul>

List of old age social centers offering support to the referral of interviewees to this study:

	頤康中心	Old age centers (Name in Portuguese)
1.	三巴門坊眾互助會頤康中心	Centro de Convivio Da Associacao de Mutuo Auxilio dos Moradores do Sam pa Mun
2.	沙梨頭坊眾互助會頤康中心	Centro de Lazer e Recreacao dos Anciaos Da Associacao de Mutuo Auxilio do Moradores do Patane
3.	青洲坊眾互助會頤康中心	Centro de Convivio Da Associacao de Mutuo Auxilio dos Moradores do Ilha Verde I Hong
4.	青洲頤康中心	Centro de Conivvio Ilha Verde I Hong
5.	海滂頤康中心	Centro de Dia Do Porto Interior
6.	崗頂明愛老人中心	Centro Para Idosos da Casa Ricci
7.	下環坊會荷頤康中心	Centro de Lazer e Recreacao dos Associacao dos Residentes do Bairro da Paraia do Manduco
8.	提柯坊會頤康中心	Centro de Lazer e Recreacao dos Anciaos Da Associacao de Beneficencia e Assistencia Muitua dos Moradores Do Bairro Tai O

List of key informants who have been interviewed in Macau to this study:

No	Name	Position and organizations
1.	M.s. Lee Man Ying	Project Coordinator of the Neighbourhood Associations, Macau.
2.	Mr. Fung Wai	Lecturer of Department of Applied Social Work in Polytechnique Institute and Social Work Institute, Macau.
3.	Mr. Lam Fu Ye	Director of Database Centre of Neighbourhood Associations, Macau.
4.	Mr. Peter, Au Chi Keung	Chief, Research and Planning Division, Macau Social Welfare Department.
5.	Mr. Samuel, Hui Yuk To	Lecturer of Department of Applied Social Work in Polytechnique Institute, Macau.
6.	Mr. Wilson, lu Veng Tat	Social worker of Asilo de Betania Old Age Home
7.	Ms. Chan Shuk Yan	Assistant social welfare worker of Old Age Centre. Caritas, Macau.
8.	Mr. Clarence, Choi Sio Un	Chief, Social Solidarity Division, Macau Social Welfare Department.
9.	Ms. Joanna, Wong Pui Kei	Team Leader of Home help services, Centro de Cuidados Especiais Longevidade, Caritas, Macau
10.	Ms. Josephine, Yu Yin Chan	Social Worker of Ilha Verde Old Age Centre, Caritas, Macau.
11.	Ms. Julia, Lam Iok Chu	Supervisor of Old Age Centre (Centro para idosos da casa ricci), Caritas, Macau.
12.	Ms. Lei In Sun	Social Worker of Santa Antonio Old Age Social Centre
13.	Ms. Lou Soi Sam	Supervisor of Mong-Ha Old Age Centre. Macau Labours Associations.
14.	Ms. Winnie, Lau Wing Sze	Director, social Centre of C. H. T. Patane, General Union of the Neighbourhood Associations, Macau.
15.	Ms. Wong Chan	Team leader of Single Elderly Volunteer in Single Old Age Hostel, Angelica L. dos Santos, Macau.

澳門地理位置圖  
Location of Macau



澳門地圖  
The Map of Macau



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## Bibliography

Abbey, A., Abramis, D., Caplan, R. (1985). "Effects of different sources of social support and social conflict on emotional well-being". *Basic and Applied Social Psychology*, 6, pp111-129.

Adams, D. (1971). "Correlates of satisfaction among the elderly". *Gerontologist*, 11, pp. 64-68.

Antonucci, T. and Akiyama, H.(1995). Convoys of social relations: Family and friendship within a life span context. *Handbook of ageing and the family*. Westport: Greenwood.

Anissa, R. (1999). "Actors associated with depression and low life satisfaction in the low-income, frail elderly". *Journal of Gerontological Social work*, 31, pp167-194.

Auslander and Litwink.(1991). "Social support networks and formal help seeking: Differences between applicants to social services and a non-applicant sample". *Journal of Gerontology*, 45, pp. 12-119.

Babbie, E. R.(2001). *The Practice of Social Research*. 9<sup>th</sup>, CA: Wadsworth.

Ballesteros, R. F., Zamarron, M. D. and Ruiz, M. A. (2001). "The contribution of social-demographic and psychological factors to life satisfaction". *Ageing and Society*, 21, pp.25-43.

Baltes, P. B. and Baltes, M. (1990). "Psychological perspectives on successful aging : the model of selective optimization with compensation". In Naltes, P. B. and Baltes, M. (Eds.). *Successful ageing: Perspectives*. Cambridge. England: Cambridge University.

Bankoff, E. A. (1981). Effects of friendship support on the psychological well-being of widows. In H. Z. Lopata and D. Maines (Eds). *Research in the interweave of the roles: Friendship*. Greenwich, CT: JAI.

Barrera, M. (1981). "Social support in the adjustment of pregnant adolescents: Assessment issues". In Benjamin H. Gottlieb (Ed.). *Social networks and social support*. London: Sage.

Berghorn, F. J. and Schafer, D. E. (1981). "The quality of life and older people". In Berghorn, F. J., (Ed). *The Dynamics of Ageing: Original essays on the processes experiences of growing old*. Boulder, Colorado: Westview.

Berkman, L. F. (1984). "Assessing the physical health effects of social networks and social support". *Annual Review of Public Health*, 5, pp. 413-432.

Berkman, L. F. (1995). The role of social relations in health promotion. *Psychosomatic Medicine*, 57, pp. 245-254.

Berkman, L. F. and Syme, S. L. (1979). "Social networks host resistance, and mortality: A nine-year follow-up study of Alameda County Residents". *American Journal of Epidemiology*, 109, pp. 186-204.

Bloom, J. R. (1990). The relationship of social support and health. *Social Science and Medicine*, 30, pp635-637.

Bovbjerg, V. E., McCann, B. S., Brief, D. J., Follette, W. C., Retzlaff, B. M., Dowdy, A. A., Walden, C. E., and Knopp, R. H. (1995). Spouse support and long-term adherence to lipid-lowering diets. *American Journal of Epidemiology*, 141, pp451-460.

Bowling, A. and Grundy E. (1997). *Activities of daily living: Changes in functional ability in three samples of elderly and very elderly people*. Britain: British Geriatrics Society. 107.

Bowling, A., Farquhar, M., Grundy, E. and Formby, J. (1993). "Changes in life satisfaction over a two and a half year period among very elderly people living in London". *Social Science Medicine*, 36, pp. 641-655.

Campbell, A., Converse, P. E. and Rodgers, W. L. (1976). *The quality of American life*. New York: Russell Sage Foundation.

Campbell, L., Connidis, I., Davies, L. (1999). "Sibling ties in later life: A social network analysis". *Journal of Family Issues*, 20, pp. 114-148.

Cantor, M. H. (1980). The informal support system: its relevance in the lives of the elderly in Edagar, F. B. and Neil, G. M (Eds). *Aging and Society: Current Research and Policy Perspectives*. USA: Sage.



Cantor, M.(1979). “Neighbours and friends: An overlooked resource in the informal support system”. *Research on Ageing*, 1, pp. 434-463.

Caplan, (1974). *Support systems and community mental health: Lectures on concept development*. New York: Behavioral Publications.

Chan, A.C.M.(1998). The making of an update filial piety scale for research with Chinese Elderly Samples. *In Meeting the 21<sup>st</sup> century challenge on ageing: The international symposiums*. Shanghai: Shanghai Science technology literature.

Chan, P, Y. Y and Ng, C L.(2000). *Social and Politics in Macau*. Macau: Macau Adult Education Publication.

Chen, C. (2001). “Ageing and life satisfaction”. *Social Research Indication*, 54, pp. 57-79.

Chen, X. and Silverstein, M. (2000). “Intergenerational social support and the psychological well-being of older parents in China”. *Research on Aging*, 22, pp. 43-65.

Chi, I. (1998). *Living conditions and quality of life of older persons: A comparative study between China and Hong Kong*. Beijing: University of Beijing.

Chi, I. and Boey, K. (1992). *Validation of measuring instruments of mental health status of the elderly in Hong Kong*. Hong Kong: The University of Hong Kong.

Chi, I. and Lee, J. J. (1989). *A health survey of the elderly people in Hong Kong*. Hong Kong: University of Hong Kong.

Choi, W., James, J., Sharon, R. (1996). “The relationship between social support and life satisfaction as a function of family structure”. *Journal of Marriage and the Family* , 58, pp. 502-513.

Chow, N. and Kwan, A. (1986). *A study of the changing life-style of the elderly in low-income families in Hong Kong*. Hong Kong: Writers' and Publishers' Cooperation.

Chow, N. W. S. (1988). *Care giving for the elderly awaiting admission into care and attention homes*. Hong Kong: Department of Social Work and Social Administration, University of Hong Kong.

Chow, N. W. S. (1992). "Hong Kong community care for the elderly people". *Research Studies in Gerontology*, 1, pp 66-76.

Cicirelli, V. G. (1983). "Adult children and their elderly parents". In T. H. Brubaker (Ed.). *Family Relationships on Later Life*. Beverly Hills: Sage.

Clemente, F. and Sauer, J. (1976). "Life satisfaction in the United States". *Social Forces*, 54, pp. 621-631.

Cobb, S. (1976). "Social support as a moderator of life stress". *Psychosomatic Medicine*, 38, pp. 300-314.

Cohen, S. and Syme, S. (1985). *Social support and health*. Orlando: Academic.

Cohen, S., and Hoberman, H. M. (1983). Positive events and social support as buffers of life change stress. *Journal of Applied Social Psychology*, 13, pp.99-125.

Collins, A. H. and Pancoast, D. L. (1977). *Natural helping networks: A strategy for prevention*. New York: National Association of Social Workers.

Connidis, I. A. and Davies, L. (1992). "Confidants and companions: Choices in later life". *Journal of Gerontology: Social Sciences*, 47, pp. 115-122.

Cowgill, D. O. (1986). *Ageing around the world*. Belmont, Calif: Wadsworth.

Culter, N., Gregg, D., Lawton, (eds.). (1992). *Aging, money, and life satisfaction: aspects of financial gerontology*. New York: Springer.

Danigelis, N. L. (1985). *Social support fro elders through community ties: The role of voluntary association*. New York: Springer.

DeJong, G, J.(1989). Personal relationships, social support, and loneliness. *Journal of Social and Personal Relationships*, 6 pp197-221.

Devers J. (1999). "How will we know "good" qualitative research, what we see it? Beginning the dialogue in health services research". *Health Services Research*. 34, 2, pp. 1153-1188.

Diener, Ed. 1984. "Subjective well-being". *Psychological Bulletin*, 95, pp. 543-575.  
Earle, L. (1980). "Housing relocation of the aged: Effects on social interaction". *Australia Social Work*, 33, pp. 23-45.

Ell, K. (1984). "Social networks, social support and health status". *Social Services Review*, 58, pp. 133-149.

ESRC.(1998). "The family and community life of older people: Social networks and social support in three urban areas". *Research Result No. 9*. Oxford : Oxford Brookes University.

Finch, J. (1989). *Family obligations and social change*, Polity Press: Chicago.

Foner, A.(1986). *Aging and old age: New perspectives*. UK: Prentice-Hall  
Foundations of Modern Sociology Series.

Garbarino, J.(1983). *Social support networks for the helping professions*. New York: Aldine.

Geis, J. K. and Klein, H. (1989). "The relationship of life satisfaction to life change among the elderly". *The Journal of Genetic Psychology*, 2, pp. 269-271.

George, L. K. (1990). "Social structure, social process, and social psychological states". In R. H. Binstock and L. K. George(Eds.). *Handbook of aging and the social sciences*. 3<sup>rd</sup>. SanDiego. CA: Academic Press.

Glaser, B. and Strauss, A. (1967). *The discovery of grounded theory*. Chicago: Aldine.

Goode, E. (1998). Happy may growth ageing, study finds. *New York times*. 7.

Gottlieb, B. H. (1983). *Social networks and social support*. Beverly Hills: Sage.

Gourash, N. (1978). "Help – seeking: A review of the literature". *American Journal of Community Psychology* , 6 , pp. 413 - 424.

Gubrium, J. and Lynott, R. (1985). *Rethinking life satisfaction*. In Hess, B. B. and E. W. Markson. *Growing old in America: New Perspectives in old age*. New Brunswick N. J.: Transaction, Inc.

Gunman, M. B., and Balakrishnan, J. D. (1998). Circular measurement redux: The analysis and interpretation of interpersonal circle profiles. *Clinical Psychology: Science and Practice*, 5, pp.344-360.

Harris, K. (Ed). (1990). *Sociology of Aging*. 2<sup>nd</sup>. New York: Happer and Row.

Hirsch (1980). "Natural support systems and coping with major life changes". *American Journal of Community Psychology*, 8, pp. 159-172.

Ho, S.C., Woo, J., Lau, J., Chan, S. G., Yeun, Y. K., Chan, Y. K. and Chi, I. (1995). "Life satisfaction and associated factors in older Hong Kong Chinese". *Journal of American Geriatrics Society*. 43, pp. 252-255.

Ho, W. H., Tsui, M. S. and Wong, Y. C.(1994). Changing traditional values in Hong Kong: the past twenty years. *International conference on family and community care*, Hong Kong: The Kong Council of Social Service.

Hollis; Lisa, A. (1998). "Sex comparisons in life satisfaction and psychological adjustment sores with an older adult sample, examining the effect of sex role difference in older cohorts". *Journal of Women and Ageing*, 10, pp. 59-77.

Hong Kong Census and Statistic Department. (1997). *1996 Population By-census main tables*. Hong Kong: Hong Kong Government.

Hooyman N. R. and Kiyak, H. A. (1999). *Social Gerontology: A multidisciplinary perspective*. Boston: Allyn and Bacon.

Hooyman, N. R. (1983). *Social support networks in services to the elderly*. In J. K.Whittaker and J. Garbarino (Eds.). *Social support networks: Informal helping in the human services*. (pp. 133-164). New York: Aldine.

Hooyman, N. R. and Kiyak. H. A. (1991). *Social theories of Ageing: Roles Theory*. 2<sup>nd</sup> ed. *Social Gerontology: a multidisciplinary perspective*. Boston: Allyn and Bacon.

House, J. S. (1981). *Work stress and social support*. Reading, MA: Addison-Wesley.

Hui, S. Y. and Kwan, S, F. (1994). *Facets of Macau families and challenges for social services*. A research project sponsored by the Macau Executive Committee for International Year of the Family. Macau: Macau Executive Committee.

Ieong, O., and Fong, M. L. (1999). *Medical services and development for the elderly in Kiang Wu Hospital, Macau*. Speech in the International symposium on planning attainable targets for societies for all ages. Macau.

James, H., John, R., Michael, H. (1998). "Marital status, general-life satisfaction and the welfare state: A cross-national comparison". *International Journal of Comparative Sociology*, 39, pp. 224-236.

Joseph, A. E. (1998). "Over the hill and far away: distance as a barrier to the provision of assistance to elderly relatives". *Social Sciences and Medicine*, 46, pp. 631-639.

Kahn, R. and Antonucci, T. (1980). *Attachment, roles, and social support*. New York: Academic.

Krause, N. (1986). "Social support, stress and well-being among older adults". *Journal of Gerontology*, 41, pp.512-519.

Krause, N. (1990). "Perceived health problems, formal or informal support and life satisfaction among older adults". *Journal of Gerontology*, 45, pp. 193-205.

Krause, N. Herzog, R. and Baker, E. (1992). "Providing support to others and well-being in Later Life". *Journal of Gerontology: Psychological Sciences*, 47, pp. 300-311.

Krause, N.(1999). "Assessing change in social support during late life". *Research on Aging*, 21, pp. 539-569.

Krause, N., and Borawski, C (1994). "Clarifying the functions of social support in later life". *Research on Aging*, 16, pp251-279.

Krause, N., Liang, J.(1993). "Stress, social support and psychological distress among the Chinese elderly". *Journal of Gerontology: Psychological Sciences*, 47, pp. 300-311.

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Kwan, A. Y. (1997). *The old, the aged, and the elderly*. The other Hong Kong report. Hong Kong: The Chinese University of Hong Kong.

Lam, O. L. (1998). *Social welfare policy of Macau during the transitional period*. Master in Social Work Thesis. Hong Kong: University of Hong Kong.

Langlie, J. L. (1977). "Social networks, health beliefs and preventive health behaviour". *Journal of Gerontology*, 41, 18, pp.244-260.

Larson, R. (1978). "Thirty years of research on the subjective well-being of older Americans". *Journal of gerontology*, 33, pp. 109-125.

Larson, R., Mannell, R., and Zuzanek, J. (1986). "Daily well-being of older adults with friends and family". *Psychology and Aging*, 1, 117-126.

Lau, S. K., and Wan, P. S.(1987). Research on social indicators in Hong Kong: A Preliminary Report. *Social Research Centre*. The Chinese University of Hong Kong.

Lawton, M. P., Kleban, M. H. and diCarlo, E. (1984). "Psychological well-being in the Aged". *Research on Ageing*, 6, pp. 67-97.

Lawton, P. Winter, L., Kleban, M., KatyRuckdeschel. (1999). "Affect and quality of life: Objective and subject". *Research on Ageing*,11, pp. 169-198.

Leavy, R. L. (1983). "Social support and psychological disorder: A review". *Journal of Community Psychology*, 11, pp. 3-21.

Lee, G. R. and Shehan, L. C. (1989). "Social relations and the self-esteem of older persons". *Research on Aging*, 11, pp. 427-442.

Lee, Y. C. and Chi, I.(1990). "Determinants on life satisfaction among the Chinese elderly in Hong Kong". *Hong Kong Journal of Gerontology*, 4, pp. 29-39.

Li. L. (1994). "Subjective well-being of Chinese urban elderly". *International Reviews of Modern Sociology*, 25, pp. 17-26.

Lin, N., Dean, A. and Ensel, W. (1986). *Social support, life events, and depression*. Orlando: Academic.

Lin, N., Ensel, W., Simeone, R., and Kuo, W. (1979). "Social support, stressful life events, and illness: A model and an empirical test". *Journal of Health and Social Behaviours* , 20, pp. 08-119.

Lincoln, K. D (2000). Social support, negative social interactions and psychological well-being. *The Social Service Review*,2, pp231-252.

Lincoln, Y S., and Guba, E. G. (1985). *Naturalistic Inquiry*. Beverly Hills,CA: Sage.

Linn, J. G., Husaini, B. A., Shitten-Stovall, R, and Broomes, L. R.(1989). "Community life satisfaction life stress, social support and mental health in rural and Urban Southern Black Communities". *Journal of Community Psychology*, 17, pp. 78-88.

Litwak, E.(1985). *Helping the elderly: The complementary roles of informal networks and formal systems*. New York: The Guildford Press.

Litwin, H. (1997). "Support network type and health service utilization". *Research on Aging*, 3, pp274-299.

Lopata, H. (1970). *Women as widows: Support systems*. New York: Elsevier.

Macau Census and Statistic Department (1998). *Macau in Figures 1998*. Macau: Census and Statistics Department.

Macau Census and Statistic Department (2000). *Macau in Figures 2000*. Macau: Macau Census and Statistic Department

Macau Census and Statistic Department, (1999). *Macau in Figures 1999*. Macau:

Macau Census and Statistics Department, (1991). *Macau Population Census*. Macau: Macau Census and Statistics Department.

Macau Census and Statistics Department, (1993). *Macau Population and Housing Characteristics: The XIII Macau Population Census and Housing Characteristics*. Macau: Macau Census and Statistics Department.

Macau Census and Statistics Department, (1996). *Inter-census 96 global results*. Macau: Macau Census and Statistics Department.

Macau Census and Statistics Department, (1997). *Yearbook of statistics of Macau, 1997*. Macau: Macau Census and Statistics Department.

Macau Census and Statistics Department, (1998). *Yearbook of statistics of Macau, 1998*. Macau: Macau Census and Statistics Department.

Macau Census and Statistics Department, (1999). *Yearbook of statistics of Macau, 1999*. Macau: Macau Census and Statistics Department.

Macau Foundation. (1998). *Macau Handbook: Social welfare services for the elderly*. Macau: Macau Foundation.

Macau Government.(1999).*Assessment of Social Welfare in Macau within the Institutional Context. In Cabinet of the Secretary for Social Affairs and Budget (ed.). Macau: Macau Government.*

Macau Government.(2000).*Official Bulletin of the Macau Government*. Macau: Macau Government.

Macau Social Welfare Institute. (1995). *Welfare in Macau: A Legacy of Solidarity*. Macau: Macau Social Welfare Institute (IASM).

Macau Social Welfare Institute. (1998). *A Guide book of Social Services Equipment in Macau 1996*. Macau: Macau Social Welfare Institute (IASM).

Macau Social Welfare Institute. (1998). *The Annual Report of Macau Social Welfare Institute 1998 (IASM)*. Macau: Macau Social Welfare Institute (IASM).

Macau Social Welfare Institute. (1999). *Elderly people and elderly services in Macau: brief report of present condition*. Macau: Macau Elderly Services Department.

Marsel, A. H. and Augrey, O. F. (1982). "Religiosity in an older black population". *The Gerontologist*, 22, pp. 352-358.

Marshall, V. (1996). "Social models of aging". *Canadian Journal on Ageing*, 14, pp. 12-34.

Marsiske, M.; Franks, M.; Mast, B (1998). "Psychological perspectives on aging". In



Kunkel, S., Morgan, L. (Eds.). *Aging: The social context*. Thousand Oaks, California: Pine Forge.

Mason, J. (1996). *Qualitative researching*. London: Sage Publications.

Mermelstein, R., Cohen, S., Lichtenstein, E., Kanmark, T., and Baer, J. (1986). Social support and smoking cessation and maintenance. *Journal of Consulting and clinical Psychology*, 54, pp447-453.

Mishra, S. (1992). Leisure activities and life satisfaction in old age: A case study of retired government employees living in urban areas. *Activities, Adaptation, and Aging*, 16, pp. 7-26.

Morgan, L., and Kunkel. S. (1998). *Aging: The social context*. United States: Pine Forge.

Neugarten, B. L., Havighurst, R. J. and Tobin, S. S. (1961). "The Measurement of Life Satisfaction". *Journal of Gerontology*, 16, pp. 134-143.

Newman, I., and Benz, R. (1998). *Qualitative-quantitative research methodology: exploring the interactive continuum*. United States: Southern Illinois.

Newman, W. L. (1997), *Social Research Methods in Qualitative and Quantitative Approaches*. 3<sup>rd</sup> (Eds). United States: Allynand Bacord.

Ng, C.Y.(1999). *Informal support of older persons under different living arrangements: A case study in Tuen Mun, Hong Kong*. Mphil in Social Sciences Thesis. Hong Kong

Ngan, R. (1990). "The availability of informal support networks to the Chinese elderly in Hong Kong and its implications for practice". *Hong Kong Journal of Gerontology*, 4, pp. 19-27.

Ngan, R., and Cheng, I. C. K. (1992). "The Caring Dilemma: Stress and needs of caregivers for the Chinese frail elderly". *Hong Kong Journal of Gerontology*, 6, pp. 34 - 41.

Ngan, R., Cheng, (1998). A study of the effectiveness of the project of social networking of the elderly in the Southern district. Hong Kong: Aberdeen Kai-Fong

---

Welfare Association social service center, Department of Applied Social Studies City University of Hong Kong.

Ngan, R., Kwan, A. Yeung, D. and Chong, A. (1996). *A study of long-term care needs, patterns and impact of the elderly in Hong Kong*. Hong Kong: City University of Hong Kong.

Nogon, A. and Pearson, M. (2000). "The role of friends and neighbours in providing support for older people". *Ageing and Society*. 20, pp. 341-367.

O' Connor, B. P, (1995). "Family and friend relationships among older and younger adults: Interaction motivation, mood, and quality". *International Journal of ageing and Human Development*, 1, 4 pp. 40,-29.

O' Reilly, P. (1988). "Methodological issues in social support and social network research". *Social Science and Medline*, 26, 863-873.

Okun, M. A. (1987). Life satisfaction. In G, L. Maddoz et. al. (Eds.) *The Encyclopedia of aging*. (pp. 399-400). New York: Springer.

Palmore, E. and Luikart, C. (1972). "Health and social factors related to life satisfaction". *Journal of Health and Social Behavior*, 13, pp. 68-80.

Pattison, (1977). "A theoretical-empirical base for social system therapy". In Foulks, E. F., R. M. Wintrob, J. Westermayer, and A. R. Favazza (Eds.). *Current perspectives in cultural psychiatry*. Spectrum: New York. pp. 217-253.

Patton, M.Q. (1997). *Qualitative Methods in Research and Evaluation*. Newbury Park, CA: Sage.

Paul, S. (1995). *Social policy: themes and approaches*. New York: Harvester Wheatsheaf.

Peacock, T.; Poloma, M. (1999). "Religiosity and life satisfaction across the life cross". *Social Indicators Research*. 48, 3. pp. 321-345.

Phillips, D. R. (2000). "Long-Term Care". In E. Borgatta (Ed.). *The Engdopedia of Sociology (Revised Edition)*. New York: MacMillan.

- Phillips, D. R. (2000). *Ageing in the Asia-Pacific Region*. London: Routledge.
- Phillips, D. R. and Yeh, A. G. O. (1999). *Environment and ageing: environment policy, planning and development*. Hong Kong: Oxford University Press.
- Phillips, D.R. (1998). *Ageing in the Asia-Pacific region: Trends and policy implications*. Working Paper No. 5/98, Asia-Pacific Institute of Ageing Studies (APIAS), Hong Kong: Lingnan College.
- Phillipson, C. (1997). "Social relationships in later life: a review of the research literature". *International Journal Geriatric Psychiatry*, 12, pp. 505-512.
- Pope, C., and Mays, N. (1995). "Qualitative Research: Researching the Parts Other Methods Cannot Reach: An Introduction to Qualitative Methods in Health Services Research". *British Medical Journal*, 311, pp. 42-46.
- Pope, C., Ziebland, S. and Mays, N. (2000). "Analyzing qualitative data". *British Medical Journal*, pp 114.
- Powers, E. A. and Kivett, V. R. (1992). "Kin expectations and kin support among rural older adults". *Rural Sociology*, 57, pp. 194 – 215.
- Raiten, H. L. (1989). *Culture change, filial piety and life satisfaction among the elderly Chinese in Hong Kong*. Bryn Mawr: Bryn Mawr University.
- Reinharz, S.; Rowles, G. D.(1988). *Qualitative gerontology*. New York: Springer Publishing Company.
- Reis, H. T. (1984). "Social interaction and well-being". In S. W. Duck (Ed.), *Personal relationships: Repairing personal relationships*, 5, 21-55. London: Academic Press.
- Rice, (1989). "Single, older childless women: differences between never- married and widowed women in life satisfaction and social support". *Journal of Gerontological Social Work*, 13, pp. 35-47.
- Riley, M. W., Foner, A., and Waring, J. (1988). "Sociology of age". In N. J. Smelser, (Ed.). *Handbook of Sociology*. Newbury Park, CA: Sage.

- Rowe, J. W. and Kahn, R. L. (1987). "Human ageing: usual and successful". *Science*, 237, pp. 143-149.
- Ruan, D. Zhou, L. R., Blau, P. and Walder, A. (1990). "An initial analysis of the urban networks of Tientsin residents: A comparison with the American society". *Sociological Studies*, 2, pp. 157-176. (in Chinese).
- S. K. H. Lady Maclehorse Center (1994). *Report on Community Life of Elderly Living in Kwai Chung Mark III-VI Public Housing Estates*. Hong Kong. S. K. H. Lady Maclehorse Center.
- Sarason, I.G., Levine, H.M., Bashan, R.B., and Sarason, B.R. (1990). *Social support : An interactional view*. New York: John Wiley and Sons.
- Sauer, W. and Coward, R. (1985). *Social Support and The Care of the Elderly*. USA: Springer.
- Schaefer, C., Coyne, J. C. and Lazarus, R. (1981). "The health-related functions of social support". *Journal of Behavioral Medicine*, 4, pp381-406.
- Schweigert, W. (1998). *Research methods in psychology*. A Handbook. United States: Brooks.
- Seeman, T. E. (1996). "Social ties and health". *Annals of Epidemiology*, 6, pp442-451.
- Shanas, E. (1979). "The Family as a social support system in old age". *Gerontologist*, 19, 169-174.
- Shumaker, S. A., and Brownell, A. (1984). "Toward a theory of social support: Closing conceptual gaps". *Journal of Social Issues*, 40, pp. 11-36.
- Shye, D. John, P. Donald, K., Freeborn, Clyde, R.(1995). "Gender differences in the relationship between social network support and mortality: A longitudinal study of an elderly cohort". *Social Science and Medicine*, 41, pp. 935-947.
- Siebert, D. C., Mutran, E., and Reitzes, D. C. (1999). "Friendship and social support: The importance of role identity to ageing adults". *Social Work*, 44, pp. 522-533.

Silverman, D. (2000). *Doing qualitative research: A practical handbook*. London: Sage.

Silverman, D.(1994). *Interpreting qualitative data: Methods for analyzing talk, text and interaction*. London: Sage.

Silverstein, M. and Litwak, B. (1993). "A Task-specific typology of intergenerational family structure in later life". *The Gerontologist*, 33- pp. 258-264.

Siu, O. L. and Phillips, D. R. (2000). *A study of family support, friendship, and psychological well-being among older women in Hong Kong*. Working paper series, Asia- Pacific Institute of Ageing Studies, No. 8. Lingnan University.

Speritzer, E., Snyder, E. and Larson, D. (1979). "The relative effects of health and income on life satisfaction. International". *Journal of Aging and Human Development*, 10, pp. 283-288.

Stoller, E. P., and Earl, L. (1983). "Help with Activities of Everyday Life: Sources of support for the Non-institutionalized Elderly". *Gerontologist*, 23, pp. 64-70.

Strauss and Corbin, (1990). *Basic of qualitative research: Grounded theory procedures and techniques*. CA: Sage.

Strauss, A. and Corbin, J. (1996). *Basics of Qualitative Research : Techniques and Procedures for Developing Grounded Theory*. 2<sup>nd</sup>. Ed. Thousand Oaks, CA: Sage.

Strauss, A. L. (1987). *Qualitative analysis for social scientist*. Cambridge University Press: Cambridge.

Sussman, M. B. (1985). "The family life of old people". *Handbook of ageing and the social sciences*. New York: Van Nostrand Reinhold Co.

Thanh, V. T. (1992). "Subjective health and subjective well-being among minority elderly: Measurement issue". *Journal of Social Service Research*, 16, pp. 133-144.

Thoits, P. A, (1982). "Conceptual, methodological, and theoretical problems in studying social support as a buffer against stress". *Journal of Health and Social behaviour*, 23, pp. 145-159.

Thoits, P. A. (1995). "Stress, coping, and Social Support Processes: Where are we? What next?" *Journal of Health and Social Behaviour, Extra Issues*, pp.53-79.

Tolsdorf, C. C. (1976). "Social networks, support, and coping: An exploratory study". *Family Process*. 15, pp. 407-417.

Tsang, A (1997). *Towards a Chinese conception of social support: A study on the social support networks of Chinese working mothers in Beijing*. USA: Ashgate.

Turner, R. J. (1981). "Experienced social support as a contingency in emotional well-being". *Journal of Health and Social Behaviours*. 22, pp. 357-367.

Unger, D. G. and Powell, D. R. (1980). "Supporting families under stress: The role of social networks". *Family Relations*, 29, pp. 566-574.

Unger, J. , McAvay, G; Bruce, M., Berkman, L. Seeman, T. (1999). "Variation in the impact of social network characteristics on physical functioning in elderly persons: MacArthur studies on successful ageing". *The Journal of Gerontology*, 54, pp245-251.

United Nations (1999). "International year of older persons 1999: International symposium on planning attainable targets for societies for all ages". *Fact Sheet No.1- No.6*. United Nation: Social Development Division, Economic and Social Commission for Asia and the Pacific (ESCAP).

Vaux, A (1982). *Measures of three levels of social support: Resources, behaviour and feeling*. Unpublished manuscripts, Southern Illinois University.

Vaux, A. (1988). *Social support: Theory, research and intervention*. New York: Praeger.

Veiel, H. and Baumann, U. (eds.). (1992). *The meaning and measurement of social support*. New York: Hemisphere Publishing Corporation.

Walker, A., (1987). "Enlarging the caring capacity of the community: informal support networks and the welfare state". *International Journal of Health Services*, 17, pp.369-387.

Ward, R., LeGory, M. and Sherman, S. (1984). "Neighbourhood and network age concentration: Does age homogeneity matter for older people?" *Social Psychology Quarterly*, 48, pp. 138-149.

Webster, (1968). *New World Dictionary of the American Language*. New York: The World Publishing Company.

Weiss, R. S. (1974). "The provisions of social relations". In *Doing unto others*, edited by Z. Rubbin, (pp. 17-26). Englewood Cliffs, NJ: Prentice-Hall.

Wellman, B. (1981). *Applying network analysis to the study of support*. Sage Publications: Beverly Hills.

Wendy, W., Nancy, R. and Melanie, (1989). "Sex differences in positive well-being: A consideration of emotional style and marital style". *Psychological bulletin*, 2, p249.

Wenger, C. (1994). *Understanding Support Networks and Community Care*. Avebury, Aldershot.

Wenger, G. (1993). "The formation of social networks: Self help, mutual aid, and old people in contemporary Britain". *Journal of Ageing Studies*, 7, 25-40.

Wenger, G. C. (1984). *The supportive network: Coping with old age*. London: George Allen and Unwin.

Wilcox, B. L. and Birkel, R. C. (1983). "Social networks and the help-seeking process". In A. Nadler, and B.M. Depaulo (Eds.). *New Directions in Helping*. New York: Academic press.

Will, T. A. (1983). "Social comparison in coping and help-seeking". In Depaulo, B. M., Nadler, A. and Fisher, J. D. (Eds.). *New Directions in Helping*. New York: Academic press.

Wills, T. A. (1985). "Supportive functions of interpersonal relationships". In Cohen, S., and Syme, S. L. (Eds.). *Social support and health*. Academic Press: Orlando, pp.61-82.

Winefield, H.R., Winefield, A. H. and Tiggemann, M. (1992). "Social support and psychological well-being in young adults: the multi-dimensional support scale".

---

*Journal of Personality Assessment*, 58, pp. 189-219.

Wood, V., and Robertson, J. F. (1978). "Friendship and kinship interaction: Differential effect on the morale of the elderly". *Journal of Marriage and the Family*, 40, pp. 367-373.

Working Party (1973). *Care in community. The right basis for services to the elderly*. Hong Kong: Government Printer.

Wortman, C. B., and Conway, T. L. (1985). "The role of social support in adaptation and recovery from physical illness". In S. Cohen and S. L. Syme (Eds.). *Social support and health*. (pp. 281-302). New York: Academic Press.

Yeh, A. (1993). "Urban Development of Hong Kong into the 21<sup>st</sup> Century: Opportunities and Challenges". In Yeung, Y. M. (Eds.). *Pacific Asia in the 21<sup>st</sup> Century: Geographical and Developmental Perspectives*. Hong Kong: The Chinese University Press.

Yeung, A., Chow, E. and Li, P. W. (1997). *Baseline Report of the Community Care Patterns and the networking Strategies of Elderly Person in Hong Kong*. Hong Kong: City University of Hong Kong.

Yeung, S. (1989). *The Dynamics of Family Care for the elderly in Hong Kong*. University of Hong Kong.

Yeung, S. (1992). "The Community care policy of services for the elderly in Hong Kong: A critique". *Hong Kong Journal of Gerontology*, 6, pp. 8-12.

Young, M. and Willmott, P. (1962). *Family and kinship in East London*. London: Routledge and Kegan Paul.

Zhang, A. Y. and Yu, L. (1998). "Life satisfaction among Chinese elderly in Beijing". *Journal of Cross Cultural Gerontology*, 13, pp. 109-125.