Beliefs and practices of Chinese adults in Hong Kong toward preparation for healthy ageing: a qualitative study

LYK Lee PhD, RN, RYK Fan PhD

ABSTRACT

Background. This qualitative study describes the beliefs and practices of Chinese adults in Hong Kong toward preparation for healthy ageing.

Methods. 12 Chinese adults were selected via purposive sampling to participate in semi-structured interviews. The interview data were recorded, transcribed, and coded for content analysis.

Results. Significant discrepancies were noted between beliefs and practices of the participants toward preparation for healthy ageing. Participants generally believed that preparation for healthy ageing should be multidimensional and started during adulthood. However, most of them were unable to prepare because of focal, perceptual, and contextual constraints.

Conclusion. Health promotion activities should adopt a multidimensional approach and focus on healthy living and interdependence of family members in urban areas.

Key words: Adult; Aging; Hong Kong; Qualitative research

INTRODUCTION

The ageing population (>65 years) worldwide is expected to increase by 35% from 524 million in 2010 to 1.5 billion in 2050, with the greatest increase in developing countries.1 The proportion of the ageing population in Hong Kong is projected to increase from 13% in 2010 to 28% in 2039.2 Healthy ageing aims to decelerate progression of age-related disabilities and enhance quality of life.3 Promotion of healthy ageing can reduce the financial burden secondary to age-related diseases and disabilities.4

According to the World Health Organization, healthy ageing covers the physical, mental, and social well-being of the aged population.5 It is defined as “the process of slowing down, physically and cognitively, while resiliently adapting and compensating in order to optimally function and participate in all areas of one’s life (physical, cognitive, social, and spiritual).”6 There are various other definitions of healthy ageing.7 An American study defines healthy ageing as surviving in later life without experiencing chronic diseases or symptoms.8 A Japanese study defines healthy ageing as survival in later life without experiencing fatal health problems physically and mentally.4 In Hong Kong, the Elderly Commission defines healthy ageing as the total life-course approach toward an optimal physical and psychosocial well-being.9 Most of these definitions highlight the lifelong and multidimensional nature of healthy ageing.

Preparation for healthy ageing entails a multidimensional approach. From the physical perspective, health preservation and morbidity compression emphasise the need for devoting more time to health.10-12 Measures should be taken to prevent age-related physical problems (such as high blood pressure, high serum glucose, and obesity).4
From the psychological perspective, healthy ageing focuses on the attitudes, resilience, and personal definitions of ageing. People should develop a positive attitude and flexibility to age-related changes. Religion enables psychological preparation for later life because it strengthens families and supports individuals, especially during depression or when diseases and disabilities are prevalent. From the social perspective, social support plays a key role in healthy ageing by positively influencing the cognitive function and predicting the physical function of older people. Establishing and maintaining social connections are important for healthy ageing.

According to the World Health Organization policy on healthy ageing, people should prepare for healthy ageing in early adulthood because health-related behaviours are usually established during this phase. Compared with elderly people, younger adults have more favourable health conditions, more years of life remaining, extended retirement periods, and more life opportunities. Therefore, their beliefs and practices toward preparation for healthy ageing may differ.

This qualitative study aimed to investigate the beliefs and practices of Chinese adults in Hong Kong toward preparation for healthy ageing, and to propose strategies to foster health in later life. Preliminary findings of this study have been briefly reported.

METHODS

This study was approved by the ethics committee of our university. Informed consent was obtained from each participant. A validated interview guide was used to solicit the beliefs and practices of the participants toward preparation for healthy ageing (Table 1). A pilot study of 2 Chinese adults was conducted to test the interview guide and data collection method.

Six male and 6 female Chinese aged 19 to 45 years were recruited from an adult educational institution through purposive sampling. The sample represented a typical group of Chinese adults of different age, sex, education level, marital status, and occupation. Nine participants had completed tertiary education; 6 were married; and 8 were employed full-time (Table 2).

Semi-structured interviews were conducted by one researcher. Each interview lasted for 1 hour and was audio-recorded and then transcribed verbatim. Member checking was performed during the interviews through deliberate questioning to ensure that the researcher did not misinterpret the statements of the participants. Notes were taken to document the reaction of the participants, facilitate data analysis, and ensure the trustworthiness of the qualitative inquiry. Key words and phrases were highlighted, and themes were grouped. Two researchers coded the data simultaneously to interpret them from diverse perspectives. Data were analysed manually as the study progressed.

RESULTS

The participants generally considered healthy ageing as a multidimensional concept that comprised physical, psychological, social, and financial dimensions. They believed that preparation for healthy ageing should begin before age advanced. Discrepancies between their beliefs and practices toward preparation of healthy ageing were noted, as most participants were unable to prepare because of focal, perceptual, and contextual constraints.

Physical preparation

The participants identified physical preparation

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<tr>
<td><strong>Interview guide</strong></td>
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<td><strong>Question</strong></td>
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<td>What are your beliefs on the ways for preparing a healthy ageing?</td>
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<td>What are the preparatory works that you have actually performed/are currently performing?</td>
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<td>Are there any discrepancies between your beliefs and practices? Why?</td>
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<td>What is your feeling towards the discrepancies?</td>
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as the most important aspect of healthy ageing. Favourable physical health and the absence of major diseases were essential for healthy ageing. Participant A mentioned that “Being healthy is very important among older adults. I do not care whether I am rich or poor as long as I am healthy.” Practising a healthy lifestyle, such as eating a healthy diet, exercising frequently, regularly performing full-body check-ups, and avoiding bad habits, is necessary for physical preparation. According to participant B, “Adults must quit their bad habits because these habits are damaging their health. I have my body check every year. Favourable habits are not developed overnight; some of these habits may even take more than 20 years to develop.”

**Psychological preparation**

The participants believed that people should develop positive attitudes toward themselves and their environment because lives change and unfortunate events happen. People experience various losses, such as loss of physical function, income, and loved ones. Failure to adjust may lead to unfortunate results. To develop positive self-perception, participant D suggested that “People, including the aged ones, must realise that their lives are meaningful. Old people have valuable life experiences that they can share with youngsters. Finding the meaning of life is not only for old people. Everyone must have a sense of direction, an active life, and the confidence to face their challenges.”

Some participants turned to religion for psychological support. They were aware that external factors could affect their later lives. Government policies and resources can be modified through human means, but fate or fortune cannot be controlled by people. Religious beliefs could help them to make sense of their lives, feel comfortable in later years, and get rid of the fear of death. Participant D, a Christian, stated that “My religion assures me that there is no need to be afraid of the changes in my later life and the uncertainty about death. I do not worry about death because I know where I will go after that phase.”

**Social preparation**

Social preparation provided the participants a means to gain mutual support and social recognition. They identified family as the most important social tie. People received physical, psychological, social, and financial support from their families. The participants were eager to establish healthy relationships with their families. Regardless of their age and marital status, the participants stressed the significance of having a nice partner, raising their children well, and maintaining a favourable relationship with their families. Participant I, a 24-year-old unmarried man, stated that “Having a wife and children is great. I would love to see my children marry their partners

<table>
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<tr>
<th>Participant</th>
<th>Sex/age (years)</th>
<th>Education level</th>
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<th>Occupation</th>
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<td>D</td>
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<td>No</td>
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<td>G</td>
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<td>J</td>
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<td>K</td>
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<td>L</td>
<td>F/40</td>
<td>Tertiary</td>
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<td>Small business owner</td>
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and have their own children. I would love to see and play with my grandchildren. I consider that as healthy ageing.” Participant C, an unmarried young man, concurred that “Having my own family and children is very important because I can rely on them when I become old. I cannot rely on my parents and my friends because they may face the same problem when they approach the same age. The most plausible source of support will be my spouse and children. If I cannot have my own child, I will adopt one.”

Relationship with close friends has a unique nature that cannot be fulfilled by families. According to participant B, “Everyone has a secret. I have some secrets that I cannot share with my wife. Instead, I trust my friends with these secrets.” The participants believed that everyone should have close friends. Common hobbies and frequent contact with others are essential for establishing a social network.

Financial preparation
A satisfactory financial status is associated with financial independence and a sense of security. The participants wanted to be financially independent and reduce their dependence on either the government or their families. They anticipated that they would not receive sufficient government support and their children might not be able to take care of them. They believed everyone should have a stable job, have well-planned savings, practise lifelong learning, own a house, have an insurance plan, and have an investment. The savings need not be large, but should be sufficient to support a decent living. An amount of HKD 3 million to HKD 7 million (USD 1 = HKD 7.8) could support an individual for 20 years after retirement. Participant K, who was earning a low salary, explained the need for developing a sense of financial security: “When I become old, I will have a low earning ability. My situation will be similar to that of old ladies who collect and sell old newspapers. They cannot anticipate how much they can earn each day and may not be able to maintain their expected standard of living.”

Living up to the beliefs of healthy ageing
The participants admitted that they should begin preparing for their later life during their adulthood, but their practice was incongruent with their beliefs. According to participant D, “I only exercise during holidays. I do not have enough time to exercise when I return home from work on weekdays.”

The participants primarily focused on financial preparation, despite identifying physical preparation as the most essential aspect of healthy ageing. Participant L, a 40-year-old small business owner, argued that “Young people use their health to earn money. When they become old, they use their money to cure their diseases. I drink and stay very late at night with my business partners. I know that I am compromising my health. Given that I have enough money, I would consult a famous doctor and buy expensive drugs when I encounter health problems.”

Constraints on engaging in health behaviours
Focal, perceptual, and contextual constraints hindered the participants from preparing for their later life. Focal constraints refer to the limitations that immediately confront the participants. These constraints include exhaustion, busy lifestyle, and unsatisfactory income. Unsatisfactory income affects the preparatory activities that require a large amount of money. According to participant C, “I really want to own a flat, but they are very expensive. Moreover, my salary is very low.”

Perceptual constraints refer to interpretation of a situation. The participants generally perceived that “the preparation for healthy ageing only requires few years” and considered that “preparing for later life at their age was too early.” They identified a certain age when they would begin to prepare for their later life. Participant B, a 27-year-old student, said that, “I will start to have my body regularly checked when I reach 30 years because my health would begin to deteriorate after that age.”

Contextual constraints refer to circumstances that contribute to the effect of focal factors. High demands in the workplace were identified as the most important contextual constraints among working adults. These adults were busy throughout the week and required to work during evenings and weekends. Consequently, they became exhausted and ran out of energy to exercise or attend social gatherings. According to participant A, “I am busy throughout the day. How can I pursue any hobby?”

Inability to prepare for healthy ageing
The participants generally felt that they were unable to prepare for healthy ageing. Participant C, a self-proclaimed aggressive person, stated that “I have worked aggressively, eaten irregularly, and walked
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excessively over the past years. I anticipate that I will suffer from muscle pain and arthritis when I become old. I am now experiencing the symptoms of these diseases, but I cannot do anything to revert them.”

With regard to maintaining a close relationship with her family, participant A said that “My sons return home late every day. I do not even have a chance to see them. How can I talk to them? I have no choice but to wait for them until they return home.”

DISCUSSION

The findings of this study highlight the multidimensional nature of healthy ageing and are consistent with other studies. Practising various preparatory activities ensures a healthy later life. Good health at a later age cannot be achieved through a single measure.

The participants emphasised the importance of maintaining favourable physical health and adopting a healthy lifestyle. However, studies on the perceptions of older individuals toward ageing have highlighted the concept of ‘living with chronic diseases/illnesses.’ The discrepancy in perceptions may be due to the fact that diseases are uncommon among adults, but are frequent among older people. The absence of disease is considered a blessing among older people, and the presence of disease does not necessarily impede a healthy life. The younger population is not aware of the prevalence and effect of disease on the older population. Therefore, the younger generation must be oriented about the realities of old age for preparing for later life.

The participants defined psychological preparation as acknowledgement of changes, limitations, and unfavourable situations that they may encounter in the future. Preparing for later life enables people to adjust and face challenges. The participants also resorted to religions to prepare themselves psychologically for healthy ageing. They considered religion as a source of support, especially when they were sick or near death.

Social support from friends and neighbours partially compensates for the loss of a spouse, child, or relative. Close friends and relatives also encourage cultivation of health-related behaviours, provide direct material support, guide the use of medicines, and inspire community involvement. Studies of the older population demonstrate that families help reduce the risk for functional decline, promote personal feelings of well-being, and relieve chronic diseases among older people. Nonetheless, the psychological well-being of older people is associated with the quality rather than the quantity of their relationships with their families. The participants emphasised the importance of establishing favourable relationships with family members. Given their inexperience or young age, the participants were unaware that marital problems (such as affairs and divorces) could affect their family lives. This topic warrants further investigation.

Financial stability provides older adults with financial independence and a sense of security. The participants were satisfied with being financially stable, instead of very rich. The participants worked very hard and sacrificed their health in the process. This phenomenon also warrants further study.

Reality of preparation for healthy ageing

Well-educated, middle-class participants work hard to earn money to achieve healthy ageing. However, the demanding and competitive nature of their professions requires them to devote much of their time and energy to their work. Thus, they have limited amount of time for health-related activities. The lack of a comprehensive retirement scheme further contributes to this phenomenon. Given the belief that a better financial standing can lead to an improved lifestyle, they work long hours without rest, work several jobs, refrain from leisure activities, distance themselves from their friends, and smoke or drink alcohol for business reasons, despite knowing the damaging effects of these practices. Adults who are fairly healthy may think that money can help them recover from their diseases, but older adults only begin to appreciate the benefits of having favourable health when they begin to experience a significant decline in their health. They feel thankful for being healthy. Favourable health is difficult to achieve in later life regardless of wealth. The interviews revealed a reality that deserves immediate attention.

Implications and recommendations

Findings of this study shed light on the planning of
health promotion strategies. First, the orientation of these strategies should shift from a single aspect to multidimensional aspects. Second, rather than emphasising disease management, health promotion strategies should focus on behavioural modification, such as exercise, social engagement, and stress management. These strategies teach individuals to maintain their health in a busy and demanding environment. Third, promoting health-related behaviours among adults and young people is necessary to drive them away from unhealthy behaviours that are easily acquired but difficult to relinquish. Underlying diseases usually begin at a young age rather than in later life. Fourth, the positive attitudes of adults toward ageing should be fostered.

Limitations of this study were its small sample size and sampling method. Therefore, the findings should be interpreted in consideration of the study context. All participants belonged to the middle class. Future studies on other social classes are needed for comparison. Moreover, people associated with unconventional family structures, such as cohabitation, divorced couples, absence of children, or existence of children outside of marriage, should be investigated to understand the relevance of these family structures in later life.

CONCLUSION

Preparation for healthy ageing must commence as early as possible. Physical, psychological, social, and financial preparation is necessary for healthy ageing. Nonetheless, our participants could not actively prepare for their later lives because of focal, perceptual, and contextual constraints. A multidimensional approach for healthy ageing should be adopted.

REFERENCES