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Towards A Multicultural Active Ageing Policy: A Qualitative Study of Quality of Life among South Asian Older Adults in Hong Kong

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(Project No. 2020.B16.003.20D)

FINAL REPORT

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TABLE OF CONTENTS

EXECUTIVE SUMMARY

Abstract

Because the population of Hong Kong is aging, new social and public policies must be developed to ensure sustainable healthcare and social welfare services for these older individuals. In response to the continuous growth of its elderly population, the Hong Kong government has directed resources to build an age-friendly community in the hope of improving the quality of life among older adults. While there has been growing interest in promoting "active aging" in Hong Kong, the existing policy framework is not fully suited to address the particular conditions of ethnic minority older adults, as it neglects crucial features concerning cultures and migration, and their effect on key life domains. South Asians comprise a dominant minority population in Hong Kong, and they too face the challenge of aging among the members of their community. These elderly individuals experience a variety of obstacles to optimizing the opportunities that are crucial to their quality of life. This research examines the issue of quality of life in the context of South Asian older adults in Hong Kong, specifically what they regard as important at this time in their lives.

Drawing from individual in-depth interviews with 58 South Asian (Indian, Pakistani, and Nepalese) older adults in Hong Kong, this research explores their subjective perspectives on their life conditions in four domains: physical and functional well-being, psychological well-being, social well-being, and economic well-being. It investigates how their family obligations, ethnic communities, and return migration aspirations, if any, may produce life satisfaction and expectations that are different from those of ethnic Chinese older adults, and whether they exercise different choices in old age. By focusing on the old age experiences among South Asian ethnic minorities, this project has important contribution to the policy discussion on active aging in Hong Kong as it concerns how to enhance quality of life and to facilitate social integration among ethnic minority older adults in this multicultural, age-friendly city.

Findings from the interviews are summarized as follows:

1. One of the defining characteristics of South Asian culture is its value placed on the importance of family and its family-based system. It is almost a given that adult children will take care of their aging parents. They act as their parent's translator, financial support, and main caregivers.

2. When the participants were asked what a good life meant to them, family, health, and money were commonly mentioned components among all interviewees.

3. From the financial perspective, older adults are barely able to afford their basic needs. More than half of the interviewees are receiving allowance from the Government. Those without social welfare are completely financially dependent on their children. However, they may not always be satisfied with the amount their children are given as their children also have their families of their own to support.

4. Hypertension, cholesterol and diabetes are the common health conditions they are suffering. They go for general health check-ups every 3 to 4 months and most of them attend their medical appointments with a family member, who acts a translator. Only four interviewees utilize the interpretation services hospitals provide.

5. The language barrier is a major hindrance for them to forming social relationships with local Hong Kong Chinese friends. Most of their social relationships are composed of people from their own communities.

6. Their overall sentiment is that Hong Kong is a good city to live in, with the government providing plenty of services to its residents. The only issue is the minor problems about the health service and public housing service.

7. Religion is a major component of belief that guides perspectives towards ageing. It is

believed that ageing does not matter as it is a natural process that cannot be stopped, and it is in God's hands.

8. Concerning about their return migration aspirations, most of them tend to choose Hong Kong. Aside from Hong Kong being the place of birth, another reason for stay is due to the presence of family and friends, due to the aforementioned cultural value of family support. The decision to stay or leave also depend on their children's migration decision.

SUMMARY ON POLICY IMPLICATIONS AND RECOMMENDATIONS

Based on our findings, the following recommendations are proposed to the HKSAR Government for consideration:

1. Establishment of language and cultural interpreter training schemes
2. Strengthening medical outreach services to ethnic minority older adults
3. Promoting ethnic minority female older adults in social enterprises
4. Recruiting and supporting caregivers from South Asian countries
5. Promoting ethnic minority neighbourhood support scheme

行政摘要

由於香港人口老齡化，必須制定新的社會和公共政策，確保為這些老年人提供可持續的醫療保健和社會福利服務。為應對老年人口的持續增長，香港政府已投入資源建設長者友好社區，以期提高長者的生活質素。雖然香港對推動積極老齡化的興趣日益濃厚，但現有的政策框架並不完全適合解決少數族裔老年人的特殊情況，因為它忽視了文化和移民的關鍵特徵，以及它們對關鍵的影響。生活領域。南亞人是香港佔主導地位的少數族裔，他們也面臨社區成員老齡化的挑戰。這些老年人在優化對他們的生活質量至關重要的機會方面遇到了各種障礙。這項研究探討了香港南亞老年人的生活質量問題，特別是他們認為此時在他們的生活中重要的東西。

本研究通過對 58 名香港南亞（印度、巴基斯坦和尼泊爾）老年人的個人深度訪談，從四個方面探討他們對其生活狀況的主觀看法：身體和功能健康、心理健康、社會福祉和經濟福祉。調查了他們的家庭義務、種族社區和返回移民的願望（如果有的話）如何產生與華裔老年人不同的生活滿意度和期望，以及他們是否在老年時做出不同的選擇。該項目關注南亞少數族裔的老年經歷，對香港積極老齡化的政策討論有重要貢獻，因為它涉及在這個多元文化的環境中如何提高少數族裔老年人的生活質量和促進社會融合，老年友好型城市。

訪談結果總結如下：

1. 南亞文化的一個決定性特徵是它重視家庭及其以家庭為基礎的制度的重要性。幾乎可以肯定的是，成年子女會照顧年邁的父母。他們充當父母的翻譯、經濟支持和主要照顧者。

2. 當受訪者被問及美好生活對他們意味著什麼時，家庭、健康和金錢是所有受訪者普遍提到的組成部分。
3. 從經濟角度來看，香港南亞老年人勉強負擔得起他們的基本需求。超過半數受訪者領取政府津貼。那些沒有社會福利的人在經濟上完全依賴他們的孩子。然而，他們可能並不總是對孩子得到的數額感到滿意，因為他們的孩子也有自己的家庭需要撫養。
4. 高血壓、膽固醇和糖尿病是香港南亞老年人常見的健康問題。他們每 3 到 4 個月進行一次全面健康檢查，其中大多數人會在擔任翻譯的家庭成員的陪同下進行體檢。只有四名受訪者使用醫院提供的翻譯服務。
5. 語言障礙是香港南亞老年人與香港本地華人朋友建立社交關係的主要障礙。他們的大多數社會關係都是由來自南亞社區的人組成的。
6. 香港南亞老年人的整體看法是香港是一個宜居的城市，政府為市民提供很多服務。唯一的問題是醫療服務和公屋服務方面的問題。
7. 宗教是指導香港南亞老年人對老齡化觀點的主要信仰組成部分。香港南亞老年人相信衰老並不重要，因為它是一個無法阻止的自然過程，而且它掌握在上帝的手中
8. 考慮到香港南亞老年人的回流意願，他們大多傾向於選擇香港。除了香港是出生地外，由於上述家庭支持的文化價值，留下的另一個原因是由於家人和朋友的存在。留下或離開的決定也取決於他們孩子的移民決定。

政策影響和建議摘要

根據我們的調查結果，我們向特區政府提出以下建議，以供考慮：

1. 語言文化翻譯員培訓計劃的製定
2. 加強少數民族老年人醫療服務
3. 促進少數族裔女性長者進入社會企業
4. 招募和支持來自南亞國家的護理人員
5. 推廣少數民族鄰里支援計劃

INTRODUCTION

In the past two decades, the proportion of people aged 65 and above in the Hong Kong population has increased enormously, from 11.1% in 2001, to 12.4% in 2006, 13.3% in 2011, and 15.9% in 2016 (Census and Statistics Department 2017b). Low fertility and high life expectancy were found to be the main causes (Office of the Government Economist, HKSAR 2019; Chan and Cao 2015; Chiu et al. 2019). It is projected that the proportion of people aged 65 and above will increase from 23% in 2021 to 29% in 2031 (Census and Statistics Department 2017c). Against this backdrop, the demographic landscape of Hong Kong is changing significantly, as both the ethnic Chinese population and immigrants are reaching old age. In terms of ethnicity composition of its residents, 92% are ethnic Chinese and 8% are non-Chinese ethnic. Among the non-Chinese ethnic groups, South Asians (Indian, Nepalese, and Pakistani) are the dominant migrant groups in Hong Kong (excluding the foreign domestic workers from the Philippines and Indonesia). South Asians are now beginning to comprise the growing portion of the elderly population in Hong Kong.

According to the Census and Statistics Department (2017a), an aging population can also be identified among the South Asian community. It showed that the proportion of those aged 65 or above increased from 966 in 2006 to 2,858 in 2016 for Indians, from 529 in 2006 to 633 in 2016 for Pakistanis, and from 327 in 2006 to 713 in 2016 for Nepalese elderly (Census and Statistics Department 2017a). This latest growth in the number of older South Asian adults, combined with its expected increase in the future, highlights the importance of recognizing, revealing, and exploring the diverse and heterogeneous nature of old age experiences and needs in this multicultural society. However, academic and policy research in Hong Kong that aims to explore the aging experience among ethnic minority older adults—or that even focus more generally on issues relating to ethnicity in old age—remains scarce (Chui et al. 2019). Invisibility in public policy-making is one form of marginalization and subordination. This project will attempt to strengthen the importance of a greater level of engagement with issues regarding ethnic

minorities within aging policy studies. This engagement requires increased efforts towards not only a greater inclusion and visibility of ethnic minority older adults within aging research in Hong Kong, but also in terms of how ethnic minority older adults are understood and represented in the field of aging studies in general (Zubair and Norris 2015).

Ethnic minority aging research: A case study of "multicultural" Hong Kong

Alongside the recognition of aging as a global trend, it has also been noted that an increasing number of older adults are living in cities (WHO 2010). In response to these phenomena, the past two decades have seen a proliferation of initiatives intended to boost the age-friendliness of the urban setting, and central to these has been the World Health Organization (WHO) global Age-Friendly Cities (AFC) program. From its beginning in 2006, the AFC framework has aimed to "facilitate active aging by optimizing opportunities for health, participation and security to enhance quality of life as people age" (WHO 2002). Based on the research conducted in 33 cities around the world, WHO developed Global Age-Friendly Cities: A Guide (2007a) and an accompanying Checklist of Essential Features of Age-Friendly Cities (2007b). These documents aim to provide cities with an instrument to identify their strengths and areas for improvement, to plan change, and to monitor progress (WHO 2007b). Subsequently, the WHO Global Network for Age-Friendly Cities and Communities (the Network) was established. In 2020, the Network consisted of 1,000 cities and communities in 41 countries, covering over 240 million people worldwide (WHO 2020). Among the urban cities in China, Hong Kong is a member of the Network. In response to its rapidly aging society, the Hong Kong government first expressed their intention to develop an age-friendly environment in a 2016 Policy Address. In the following years, the government invested in implementing long-term care policies and measures that would facilitate aging-in-place and optimize quality of life for Hong Kong older adults (Chui et al. 2019). In Hong Kong, all 18 districts have already joined the Network. This means that the Hong Kong government, as a policy maker in an age-friendly city, has a responsibility to "recognize the great diversity among older persons, promote their inclusion and contribution in all areas of community life, respect their decisions and lifestyle choices, and anticipate and respond flexibly to aging-related needs and preferences" (WHO 2010).

It is crucial to consider the element of diversity when it comes to the formation and implementation of an active aging policy in a multicultural society such as Hong Kong, which hosts a substantial number of ethnic minority populations. The term "multiculturalism" has both descriptive and public policy components (Law and Lee 2016). At the descriptive level, it is the recognition of the cultural diversity of Hong Kong society. At the public policy level, it represents current Hong Kong policy intended to manage cultural diversity, which required ethnic minority people to adopt the mainstream Chinese culture by such means as learning the Cantonese language (HKSAR Government 2017). Most importantly, the enactment of the Race Discrimination Ordinance demonstrated the government's first step in directly managing racial problems (Law and Lee 2016). While multiculturalism has been the preferred public policy direction in Hong Kong since the hand-over in 1997, whether it has been fully embraced and successfully implemented in practice is questionable. Some scholars (e.g., Law and Lee 2016) argue that racial discrimination and ethnic marginalization prevail in Hong Kong. The categorization practice between "us" and "them" either explicitly or implicitly constructs the "ethnicity" or "ethnic culture," particularly with regard to older adults, as a problem (Zubair and Norris 2015). Within aging policy, the long-term social and medical care for older adults in Hong Kong are designed and implemented based mainly on the needs and experiences of ethnic Chinese (e.g., Chui 2011; Wong and Lum 2015). In so doing, it fails to acknowledge the circumstances of the elderly from culturally and linguistically diverse backgrounds. Such an ethnocentric orientation may act as a barrier to providing culturally sensitive welfare services and thus inadequately meet the needs of ethnic minority older adults. This pattern of exclusion in policy formulation not only brings to the fore the concept of difference, but it also assigns to it that which is unusual or deviant (Torres 2015).

In their pioneer research on the long-term care needs of Nepalese older adults in Hong Kong, Chui et al. (2019) found that the Nepalese older adults faced a range of structural, knowledge, and attitudinal barriers to accessing various services in Hong Kong. Nepalese older adults shared the same long-term care needs—including those of a physical, psychosocial, and financial nature—as the ethnic Chinese older adults in Hong Kong. However, the Nepalese faced the additional obstacle of service access and navigation due to language and cultural barriers. Chui et al. (2019) therefore suggested that there was a need for service mainstreaming in the sense that

the needs and views of ethnic minorities should be incorporated into planned policy action, as well as for knowledge empowerment among the ethnic minority older adults in the realm of health literacy. While focusing on the experiences of Nepalese older adults in Hong Kong, Chui et al. (2019) called for further systematic studies across the scope of ethnic minorities in Hong Kong and for identifying the protective and supportive factors among ethnic minority older adults. This project responds to the call of Chui and her colleagues to reveal the old age experience of ethnic minorities. It examines the well-being of South Asians—Indian, Pakistani, and Nepalese—in Hong Kong, and particularly seeks to identify the challenges they face in economic, health, and social domains in order to maintain quality of life in old age. In aging studies, there is a tendency to frame ethnic minority older adults as problematic and lacking help-seeking behaviors. Given that there are limited studies on the aging of ethnic minorities in Hong Kong, this project considers the breadth and depth of issues concerning older adults from three South Asian countries to inform government policy and service delivery. This project aims to challenge some of the stereotypes about ethnic minority older adults being passive and welfare dependents. Specifically, it explores the roles of ethnic minority communities in helping South Asian older adults to take control of their lives, as well as the resilience and adaptive capacity of South Asian older adults used as part of a strategy to maintain their self-esteem. This project examines the following questions:

1. What affects how well South Asians live their lives now as older adults in Hong Kong?
2. What life experiences/factors/incidents impact South Asians' aging experience/aging well?
3. How do they deal with challenges and difficulties in old age?
4. How do they perceive the current elderly services in Hong Kong?
5. What plans do they have for the future?

The aging experience of South Asians in Hong Kong is examined throughout this project using the two intertwined themes discussed below:

Aging, ethnicity, and inequality

According to Torres (2015), there are three dominant theoretical perspectives in the studies of ethnic minorities and aging. Firstly, the essential/primordial perspective holds the view that ethnicity determines who we are and that insight into who "the Other" is can enable us to make a boundary between "us" and "them." Torres (2015) argues that research on aging and ethnic minorities is mostly informed by the essentialist/primordialist understanding of ethnicity. In other words, that ethnicity "is determined a priori through researchers' assignment and that it is often taken to mean that background determine people's preferences, behaviors, and conditions" (Torres 2015:947). Ethnicity conditions older adults, and ethnic backgrounds are fixed and unchangeable. Because of certain ethnic and cultural backgrounds, ethnic minority older adults are perceived by the majority local population to have some specific characteristics such as problems in health (Quine 1999), use of social support and home health services (Peng, Navaie-Waliser and Feldman 2003), use of health-care services and functional disabilities (Bowen and Gonzalez 2008), and loneliness (Victor, Burholt and Martin 2012). This perspective posits that ethnic backgrounds determine who we are (as an independent variable) (Torres 2015). Classifying the ethnic minority older adult as one thing or another based on a certain ethnic and cultural background is problematic. Some older adults may not assign too much importance to their ethnic background in old age (Torres 2015); moreover, this approach cannot explain how ethnicity is to be valued differently by people who belong to the same category as ethnic minorities in a host society (Torres 2015).

Another group of research efforts have been formulated under the structuralist/circumstantialist approach. It contends that ethnicity can be understood in terms of the advantages and disadvantages that ethnic background can entail in different contexts. In other words, it means that these identification grounds should be perceived as social positions or locations rather than as backgrounds (essentialist/primordialist understanding of ethnicity). This approach is interested in exploring what we have or what we lack (as the dependent variable). It means that the resources and services that are—or are not—available to us depend on our ethnic position or location (Torres 2015). The formulation of the double jeopardy hypothesis is a good example of this approach, as it holds that ethnic minority status determines social and psychological aging. The double jeopardy hypothesis was developed based on the relationship between lifetime factors of economic discrimination and its impacts on African Americans in old age in the 1970s.

This approach of cumulative disadvantage argues that older African Americans are doubly jeopardized by the convergence of age and racial discrimination (Crewe 2005), and it focuses on how socio-economic differentials that lie at the core of inequality trigger ethnic disparities. The main thing about this perspective is that it shifts the gaze from attachments and origins to the ever-changing array of circumstances in which people are located. However, it has been criticized for its failure to adequately uncover what is brought about by ethnicity and what is determined by other resource differentials such as class and age (Torres 2015).

The last perspective, according to Torres (2015), is the social constructionist perspective. It focuses on "how ethnicity is made into something significant and when and how it is allowed to play a determinative role in our lives" (Torres 2015:944). Torres (2015) comments that while ethnicity scholars perceive ethnicity as something that can, to some degree, be negotiated in interaction, researchers in aging have not yet conceptualized ethnic backgrounds as social relations—which are characterized by power—that are fundamental structures of our social life. In other words, the social constructionist perspective holds that the boundaries between ethnic groups are determined and conditioned by social interactions. When the local population regards groups (e.g., ethnic minorities) as "Other," the local population is involving itself in practices that implicitly distance and stigmatize these groups. Torres (2015) argues that nowadays, the health and social care policies which claim to address the needs of ethnic minorities are mainly formulated based on the essentialist understanding of ethnicity. As a result of biases and prejudices, people highlight the differences between ethnic groups, obscure the similarities between them, and take for granted the belief that only ethnic minorities "have ethnicity" (Torres 2015). To this end, it seems necessary to address the oppression and marginalization that some ethnic minorities experience in relation to health and social care institutions (Torres 2015). The significance of following a social constructivist approach to ethnicity and aging is in its ability to draw attention to the interconnections between ethnicity and other interrelated background categories such as class and age, which provides a more holistic way of understanding the implications of these different sources of subordination or oppression for people's lives. Linking ethnicity with the notions of class and age is necessary not only for shedding new light on aging research focused on ethnicity, but also for the formulation of appropriate policies that address the

needs of older adults from culturally and linguistically diverse backgrounds in a host society (Torres 2015).

In Hong Kong, the structural asymmetry between South Asians and Chinese prevails, although the government has implemented various policies to help integrate ethnic minority groups, especially South Asians, into mainstream society (Law and Lee 2016). This structural inequality exits not only in education, income, and employment (Law and Lee 2016), but also in health and social care for South Asian older adults in Hong Kong. Population aging has become something of a "hot topic" in recent years in Hong Kong, with a great deal of both academic and government research—and associated concern—developing in this area. To date, a large amount of literature on social and health care for older adults has been focused on ethnic Chinese residents in Hong Kong (Chui et al. 2019). Existing research has thus far examined a range of deficits regarding the long-term care system, including the privacy and dignity in residential care homes (Lee 2010), the shortage of manpower in residential care homes, high institutionalization rates among ethnic Chinese older adults in Hong Kong, and detachment between the health care and social service systems (Chui 2019). Some scholars explored the health-related quality of life among older Chinese adults (Wang and Chan 2009). However, the aging experiences of ethnic minorities have received relatively little scholarly attention, with the significant exception of a study by Chui et al. (2019). In their project about the long-term care needs of Nepalese older adults in Hong Kong, Chui et al. (2019) argued that "ethnic minority older adults do not enjoy the same level and ease of access to social and health services as their ethnic majority counterparts" (Chui et al. 2019:464). If such inequality in access to health support exists, South Asian older adults experience a worse quality of life compared to the ethnic Chinese majority population. Unfortunately, the voices of ethnic minority older adults in Hong Kong are not fully acknowledged in policy guidelines or in society. In other words, although the Hong Kong government implemented various integration policies for ethnic minorities in order to promote equal opportunity (Home Affairs Bureau 2004: para.3), the effects have not been significant. South Asian older adults continue to experience age-based and ethnic-based discrimination in their later lives. In the context of structural inequality, the integration of South Asians (including older adults) may not translate into experiencing better life opportunities and may even cause them to face adverse incorporation (Law and Lee 2016). This may further deter them from fully

integrating into mainstream society in their old age. Many scholars (e.g., Camacho et al. 2019) have argued that achieving social integration among the older adults is positively associated with their life satisfaction and well-being. Inequalities in outcomes, opportunities, access, or entitlements faced by ethnic minorities (older adults, in particular) can involve daily humiliations, and such discrimination can negatively impact their self-perception and overall engagement with society. The ethnic dimension of social inequalities among older adults has been largely overlooked in Hong Kong's public policy, and this project intends to fill this gap. It builds upon the arguments of Law and Lee (2016), as well as those of Chui et al. (2019), regarding structural inequality between South Asians and Hong Kong Chinese in addition to the unequal access to elderly support that is experienced by the two groups of older adults in Hong Kong. Specifically, it uses a social constructionist perspective to explore how the multiple disadvantages and barriers faced by South Asian older adults affect aging well, and how ethnic identities, values, and migratory experiences can become valuable resources for resilience in old age.

Active aging and quality of life among South Asian older adults

According to UNECE (2012), active aging can be understood from four perspectives: focus, process, enabling factors, and domains. First, the focus of active aging is not simply placed on individuals, but on groups and populations as well. Second, active aging is not merely a state that may be achieved by a few, but rather it is a continuous undertaking to improve aging trajectories. Third, there are enabling factors and societal structures that shape aging processes, including personal, social, behavioral, environmental, and institutional factors. Finally, active aging covers broad domains of life that are highly important for quality of life, including health, integration, and participation. In Hong Kong, the policy framework of active aging proposed by the Elderly Commission to the government in 2006 consists of three interrelated components: 1) security of living, 2) health maintenance, and 3) social participation (Chan and Cao 2015). These three components must be put in place together, with older adults actively participating while the government builds a supportive environment in the form of age-friendly neighborhoods. The physical and social features of age-friendly neighborhoods are important because they recognize older adults as part of an age-integrated society. They can freely participate in community

services and social gatherings so that their quality of life can be maintained and improved (Chan and Cao 2015). According to Chan and Cao (2015), the main feature of developing an age-friendly neighborhood in Hong Kong is the mixed use of top-down and bottom-up approaches. At the policy level, the Hong Kong government followed the guidelines of WHO and promoted its "healthy and active aging" policy. At the operational level, non-governmental and faith-based organizations carried out several age-friendly projects focused on increasing the social participation and empowerment of older adults. For example, an age-friendly city project was launched in Kwai Tsing District in 2009, a district where the majority of Pakistanis (20.1% in 2016) live (Census and Statistics Department 2017). The project aims to encourage the elderly to actively participate in the programs in order to increase their sense of belonging and to build a harmonious, united, and age-friendly community (WHO n.d.) In 2018, a baseline assessment of the district found that the older adults were most satisfied with the domain of transportation, while there was room for further improvement in the domains of community support, health services, civic participation, and employment (HKJC 2018a). In 2011, the same project was implemented in Yau Tsim Mong District, where the majority of Indian (18.1% in 2016) and Nepalese (50% in 2016) reside (Census and Statistics Department 2017). The baseline assessment report for the district found that social participation had the highest mean score among the eight domains of an age-friendly city, while the mean score of housing was the lowest (HKJC 2018b). In response to WHO's call for building an age-friendly city, the implementation of a Hong Kong framework for age-friendly neighborhoods since 2009 in these two districts has demonstrated several good practices to encourage the older adults to actively participate in their communities and to strengthen their sense of belonging to Hong Kong society in old age. Some scholars opined that during the "co-partnership" processes among the stakeholders—including the older adults, government, NGOs, and other social organizations—the older adults' opinions could be expressed, policy improvements could be made after taking into account their particular needs and concerns, and ultimately their quality of life in old age could be enhanced (Chan and Cao 2015). The assessments were mainly conducted among the ethnic Chinese living who regularly visited the District Elderly Community Centers. This approach generates three main problems. First, it simply focuses on the old age experience in the district where the older adults live; it neglects their agency role in moving across different districts for regular social and cultural activities. Second, the existing active aging studies in Hong Kong neglect the views of

South Asian older adults. Third, most of the South Asian older adults do not regularly visit their respective District Elderly Community Centers. In fact, they regularly join the activities and gatherings organized by their own ethnic and/or religious community associations in different districts. Among the South Asians in Hong Kong, ethnic and/or religious community associations play a very important role in their old age experience, which is an under-researched area in aging studies in Hong Kong.

This project assesses the role of these associations in helping South Asian older adults to take control of their lives. Specifically, it explored the meaning of changes in old age and familial care preferences among South Asian older adults. Migration and aging have been, and continue to be, inevitable and valuable parts of the Hong Kong landscape. To this end, it seems appropriate to bring attention to the levels of life satisfaction and well-being among South Asian older adults in this active aging city. Quality of life is one crucial concept in aging research (see Walker and Mollenkopf 2007). It is perceived to comprise both subjective and objective elements that serve as conditions and the experience of life (Lau et al 1998). The same approach is applied to aging studies (Walker 2005). Objective quality of life can be measured by the degree to which an older adult has access to and controls resources such as income, health, and social networks that help them to pursue their goals and their living conditions (Erikson 1974). On the other hand, subjective quality of life focuses on older adults' perceptions and evaluations: by using their own internal values and standards, people compare their subjective expectations with the objective living situation. Many scholars argued that an approach based on the subjective self-assessment of quality of life may provide more accurate information than objective factors in explaining variations in quality of life rating (Walker and Mollenkopf 2007). Existing research has shown that among the most important aspects of subjective quality of life are health and social integration (Diener and Suh 1998). Regarding the goals of public policy, interventions should lead to active participation in society. In line with this, this project focused on four highly important life domains: health, social integration, economic well-being, and participation. As suggested by Walker and Lowenstein (2007), these domains represent dimensions of quality of life in old age that affect each other in multiple ways. Good health is a precondition for active social relationships and participation in old age. Social networks and active participation positively affect the economic well-being and health status of older adults.

Hence, active aging is conceptualized in this project as a process among South Asian older adults, which leads to a subjective quality of life in old age in the domains of health, social relationships, economic well-being, and participation. While the selected domains feature in many frameworks for assessing older adults' quality of life in different countries, the main intervention of this project is to emphasize the impact of migration on these key aspects in their lives. Specifically, it examines how South Asian older adults understand, perceive, and interact with people, environments, and situations around them; how they perceive aging care services in Hong Kong; how the ethnic community associations influence their participation in local communities; how their family values shape the caring relationships and responsibilities of older adults; and how their return migration aspirations may affect their integration in old age.

OBJECTIVES OF THE STUDY

This project aims to examine the quality of life of South Asian older adults in Hong Kong. It intends to serve four main purposes:

1. To study the constituents of quality of life among South Asians—Indian, Pakistani, and Nepalese—in Hong Kong, by exploring their economic security, health and well-being, and participation in society;
2. To provide a qualitative analysis of the meaning of changes in old age and familial care preferences among South Asian older adults, via an assessment of the role of ethnic community associations in helping South Asian older adults to take control over their lives and the responsibility of the government to provide services in relation to South Asian older adults;
3. To examine the resilience and adaptive capacity among South Asian older adults as a strategy to maintain self-esteem, which is an understudied area in aging research in Hong Kong; and
4. To contribute to the policy discussion of active aging at individual, organizational, and institutional levels, with a view to identifying ways to enhance quality of life and facilitate social integration among South Asian older adults, and to change the policies to reflect Hong Kong's status as a multicultural, age-friendly city.

RESEARCH METHODOLOGY

This project used a mixed-methods approach consisting of library research (policy review and document analysis) and in-depth interviews.

Library research

Relevant literature from journal articles and books has been reviewed in order to examine the relevant conceptual arguments and to establish the analytical framework. The literature so identified serves as the theoretical background for this study and for evaluating the data and information collected from the research participants. Furthermore, statistics, policies, and documents prepared by groups such as the United Nations, WHO, Census and Statistics Department of Hong Kong, Immigration Department, Elderly Commission, and news agencies were used to gain an understanding of local and international policies as well as approaches to older adults from culturally diverse backgrounds.

In-depth interviews

The focus of this project is to explore the active aging process among South Asian older adults, which determines their subjective quality of life in old age in the domains of health, social integration, economic well-being, and participation. According to Bowling (2005), subjective quality of life is synonymous with how positive one's life is. A qualitative explorative method of inquiry in the form of in-depth interviews is the most suitable research method for this study to use, given that during the data collection processes, the researcher will encourage research participants to provide responses based on their subjective experiences (Rubinstein 2002). Unlike questionnaire surveys that do not allow research participants to freely express their stories and experiences in detail, the interview questions designed in this project focused on the personal

views and opinions concerning the quality of life among South Asian older adults in Hong Kong. In quantitative research designs, pre-determined values are assigned to the set answers, and the meaning behind their answers may only be considered after an analysis of the content (Rubinstein 2002:137). However, by using in-depth interviews as a research method, the researcher can encourage research participants to provide an in-depth account of their personal experiences. In so doing, meanings are created behind one's responses during the interview processes (Rubinstein 2020).

In this project, the research team designed a series of semi-structured interviews. By using a semi-structured instrument, the researcher will be in a position to ask research participants to freely express their views or concerns about the study, which is the strength of qualitative research (Bell 2005). At the beginning of the interviews, the researcher asked participants questions relating to their personal understanding of quality of life, including: What does it mean for you to have a good life? Which component do you feel is the most important for you to have a good life? Have you heard of the term "quality of life"? If so, what does it mean to you? These questions were used to determine the research participants' familiarity with, and understanding of, the term quality of life, as well as the quality of their own lives in Hong Kong. In order to obtain a deeper understanding of South Asian older adults' attitudes toward quality of life, the researcher asked the research participants a series of questions constructed under four subcategories of quality of life: physical health and psychological conditions, social relationships, financial circumstances, and participation. In the interviews, the research team also collected their views regarding their perceptions towards elderly services and the function of their respective ethnic community associations in Hong Kong during their aging processes. Socio-demographic information such as personal and household characteristics, family relationships, traditional cultures and values, as well as their return migration aspirations, were also collected during the interviews (see Table 1).

Table 1. Contents of exploration

Categories	***Subcategories and items***
Older adults' quality of life	• Physical health and psychological conditions

	• Social relationships and neighborhood • Financial circumstances • Participation, belonging, and identity
Use of elderly services and ethnic community associations	• Utilization of elderly services • Perceptions of elderly services • Functions of ethnic community associations
Socio-demographic information	• Personal and household characteristics • Family relationships • Traditional cultures and values • Return migration aspirations

To gain a more holistic view of the aging issues among the South Asian population, the research team also conducted in-depth interviews with the NGO workers, medical practitioners, and ethnic community association leaders in Hong Kong. The questions were designed within three domains: 1) organizational background, 2) services provided to South Asian older adults, and 3) views towards the difficulties and barriers facing South Asian older adults in Hong Kong.

Locating research participants

Research participants were recruited from non –governmental organizations including Christian Action, Hong Kong Christian Service, HK SKH Lady MacLehose Center, Health in Action, The Neighbourhood Advice-Action Council, and United Muslim Association and ethnic associations and religious body including, Hong Kong Nepalese Federation, Hong Kong Indian Women's Club, and Khalsa Diwan Sikh Temple. The eligibility criteria for inclusion in the study are threefold: 1) aged 60 or above, 2) Indian/Pakistani/Nepalese, and 3) permanent Hong Kong residents. Following the above criteria, the research team recruited 58 South Asian research participants and 8 staff members from 5 non-governmental organizations. The use of non-governmental organizations, ethnic community associations and religious body as a starting point is based on three considerations. First, these organizations have been providing diversified social and cultural services to South Asian older adults. Second, the Principal Investigator has been

maintaining personal relationships with the leaders of ethnic community associations for a number of years; therefore, he can help recruit research participants from these associations. Third, leaders of ethnic community associations can introduce the South Asian older adults who are willing to be interviewed. According to Bernard (2006: 191), choosing key research participants in a research project is a type of purposive sampling. The sample was selected based on the above criteria. After obtaining informed consent from research participants, the research team first studied a purposive sample of six South Asian individuals (two Indians, two Nepalese, and two Pakistanis) who are association leaders. The Principal Investigator also used his personal networks with community leaders to locate potential research participants. The research team then used the key research participants to locate one or two South Asian older adults in their neighborhoods through a snowball technique.

The research team then asked those people to first list other South Asian older adults in the community, and then to recommend someone from the list whom the research team may interview. The research team thus moved from one research participant to another. The sampling frame grew with each interview, and the sampling frame eventually became saturated. As linguistic diversity among South Asian older adults in Hong Kong is one of the major concerns in the data collection, three interpreters fluent in Hindi/Urdu/Nepalese and English acted as interpreters when a member of the research team is conducting interviews with the South Asian research participants. The research team has a female Research Assistant who was mainly responsible for conducting interviews with female South Asian research participants.

In order to collect the views of female ethnic community leaders about the situation of South Asian female older adults in Hong Kong, the research team conducted interview with one of the female older adult leaders from Hong Kong Indian Women's Club. She referred the research team to 4 female research participants. Since the leader from Hong Kong Nepalese Women Association is below the age of 60, she referred the research team to a female older adult who is an active member in the community. In the interview, this Nepalese female older adult provided the research team with general situation of the Nepalese female older adults in Hong Kong. After the interview, she introduced 4 female research participants to the research teams. For the Pakistani women, the female leader from Pakistan Woman Association of Hong Kong was not

available for interview during the research period. The research team was then referred to a Pakistani female older adult who is an active member in the community in Kwai Chung for interview. After the interview, this Pakistani female older adult referred us to 2 female older adults living in Tin Shui Wai, and from there the research team linked up with The Neighbourhood Advice-Action Council. The research team could then expand its networks and recruited more Pakistani female older adults living in not only Kwai Tsing, but also Yuen Long and the Eastern districts, making the research findings and the sample of this group of female older adults more representative.

NGO worker and medical practitioner research participants were also recruited from the five organizations that are providing social and medical services to South Asian older adults, such as Christian Action, Hong Kong Christian Service, HK SKH Lady MacLehose Centre, Health in Action, and United Muslim Association. Each interview lasted between 1 and 1.5 hours.

Data analysis

All interviews were recorded (with consent), transcribed, and subjected to thematic content analysis using NVIVO 12. The research team adopted three coding phases when performing data analysis. First, the research team will read and reread the interview transcriptions line by line in order to develop abstract and refined categories for analysis (Miles and Humerman 1994). Second, the research team will reread and recode all interview transcriptions by using the established categories. Finally, the research team will return to the coded qualitative data to establish patterns for analysis after all data is coded (Lofland and Lofland 1995). In this report, all research participants have been assigned pseudonyms to protect their privacy.

RESEARCH FINDINGS

General background of the South Asian research participants

From May 2021 to July 2022, interviews were conducted with a total of 66 people. 58 were South Asian older adults. Among them, 21 were from Pakistan, 18 from Nepal, and 19 from India. Among the Pakistani interviewees, 7 were male with an average age of 71 and 14 were female with an average age of 65. With the Nepalese interviewees, 4 were male with an average age of 79 and 14 were female with an average age of 72. Among the Indian participants 6 were male with an average age of 74 and 13 were female with an average age of 70. The profile of research participants is provided in Tables 2-3.

Table 2. Demographic information on South Asian research participants

Name	Sex	Age group (years)	Nationality	Year of arrival/Year of birth
Betty	F	60-65	Indian	1979
Cathy	F	70-75	Indian	1966
Daisy	F	65-70	Indian	1997
Flora	F	60-65	Indian	1976
George	M	60-65	Indian	1991
Gigi	F	70-75	Indian	2015
Karen	F	75-80	Indian	1997
Lawrence	M	80-85	Indian	1981
Lucy	F	60-65	Indian	1982
Maria	F	75-80	Indian	2014
Mary	F	70-75	Indian	1956
Mark	M	80-85	Indian	1940 (year of birth)

Moose	M	75-80	Indian	1997
Nora	F	65-70	Indian	1956
Norman	M	80-85	Indian	1993
Rebecca	F	60-65	Indian	1972
Sam	M	70-75	Indian	1972
Venus	F	70-75	Indian	1981
Veronica	F	75-80	Indian	2004
Alan	M	70-75	Pakistani	1969
Asha	F	65-70	Pakistani	2007
Bell	F	60-65	Pakistani	1992
Dorothy	F	60-65	Pakistani	2010
Ellie	F	60-65	Pakistani	1970
Eliza	F	65-70	Pakistani	1975
Fathi	M	75-80	Pakistani	1996
Florence	F	65-70	Pakistani	1980
Fred	M	70-75	Pakistani	1962
Iris	F	65-70	Pakistani	1977
Janet	F	60-65	Pakistani	1977
Ken	M	70-75	Pakistani	2015
Maria	F	65-70	Pakistani	1982
Mathew	M	70-75	Pakistani	1962
Nancy	F	60-65	Pakistani	1979
Nikki	F	75-80	Pakistani	1977
Peter	M	60-65	Pakistani	1992
Simon	M	65-70	Pakistani	1967
Sue	F	60-65	Pakistani	1976
Susan	F	65-70	Pakistani	2013
Tina	F	65-70	Pakistani	2009

Alice	F	60-65	Nepalese	2008
Bella	F	70-75	Nepalese	2004
Ben	M	75-80	Nepalese	2000
Bibi	F	80-85	Nepalese	2005
Bob	M	70-75	Nepalese	2009
Bonnie	F	65-70	Nepalese	2006
Cherry	F	75-80	Nepalese	2011
Dan	F	70-75	Nepalese	2006
Doris	F	70-75	Nepalese	2001
Gloria	F	70-75	Nepalese	2006
Grace	F	70-75	Nepalese	2006
Jacky	M	75-80	Nepalese	2009
Kandice	F	70-75	Nepalese	2004
Lala	F	65-70	Nepalese	2008
Morris	M	85-90	Nepalese	2009
Nat	F	60-65	Nepalese	2015
Rita	F	70-75	Nepalese	2006
Rose	F	80-85	Nepalese	2011

Of all the interviewees, only one of them was born locally in Hong Kong, while the other 57 South Asian older adults migrated and lived in Hong Kong from 7 years to 66 years. Living with up to 9 family members. 29 live in public housing paying an average of $3,063 of rent per month, mostly in districts of Tung Chung, Kwai Hing, Kwai Chung, Tuen Mun, Tin Shui Wai, Ngau Tau Kok, Lam Tin, Lai King, Stanley, Quarry Bay, Shau Kei Wan, and Siu Sai Wan. 6 people live in private housing that they own in districts of Tuen Mun, Tin Shui Wai, Tsim Sha Tsui, Diamond Hill, and Pok Fu Lam. 23 people live in rental housing paying an average of $8,660 rent per month, in districts of Tung Chung, Kwai Hing, Yau Ma Tei, Jordan, and Shek Kip Mei. The average size of the places they live in consists of 2 rooms. Table 3 provides a summary of the characteristics of South Asian research participants.

Table 3. Characteristics of the South Asian research participants

Characteristics	**Number**
	N=58
Age	
60-65	14
66-70	12
71-75	17
76-80	9
81and above	6
Sex	
Male	17
Female	41
Marital status	
Single	1
Married	37
Widowed	19
Divorced	1
Housing condition (HK$ average rental)	
Public	29 (HK$3,063)
Private	23 (HK$8,660)
Private (ownership)	6
Local born	1
Non-local born	57
Year of arrival in Hong Kong	
At/before 1970	8
1971-1980	11
1981- 1990	4
1991-2000	9
2001-2010	18
At/after 2011	7
Country of origin	
Indian (Male)	6
(Female)	5
(Female) From low-income family	8
Nepal (Male)	7
(Female)	6
(Female) From low-income family	8

Pakistan (Male)	4
(Female)	5
(Female) From low-income family	9

1. **Family, health and money to meet basic needs are main constituents of quality of life**

Quality of life can be evaluated through an individual's health condition, living standards, and financial circumstances, subjective to their own perceptions of their wellbeing and expectations, further underpinned by the cultural and situational values around them. The cultural aspect of quality of life is particularly relevant due to the effect of ethnic characteristics and cultural codes on the life outcomes of ethnic minorities. Expectations, norms, and systems of meaning could stem from cultural and religious orientations, creating cultural codes that influence behaviours over the life course (Phillips, Arjouch, Hillcoat- Nallétamby 2010). Simply put, quality of life is defined as an individual's expectations of living standards against the perception of their current circumstances, as expressed by Sam, a 70-year-old Indian man:

> *Quality of life. It's depend on individual no? I told you my lifestyle mostly so if I'm getting like this so tomorrow I'm I'm enjoying my life so, so far so good.*

As Sam says, quality of life is a personal attribute of what they deem to be important. Fred, a 73-year-old Pakistani man shared:

> *This life is very good for me. It has been very good. I have my family, my kids. It's very, and I have been very blessed. But now my health is very concerning. It's frustrating and very painful. That is the only concern of my life. And what else matters the most is that I, I have to go to my God and that is what is life.*

In this research, 24 people did not understand what quality of life is or have never heard of the term before, as such all interviewees were also asked what a good life meant to them, where more people elected to answer the question, and similar answers were given. Family, health, and

money were the most commonly mentioned components across all three nationalities. 32 people mentioned family, 15 people mentioned health, 12 people mentioned money, 6 people mentioned happiness and basic needs respectively. Table 4 provides a summary of the constitutes of quality of life among the research participants.

Table 4. Constitutes of quality of life among the South Asian older adults

Good Life Component	Pakistani	Indian	Nepalese
Basic Needs	2	3	1
Family	11	3	12
Friends			4
Health	2	4	9
Health services		2	1
Happiness	5	1	
Job	1		
Life	1	2	2
Money	2	7	3
Peace	1		
Religion	3	1	
No definition		1	

This research also looks into the factors that contribute to quality of life among the female older adults. Among the women who come from low income families (CSSA recipients), basic needs, family, money, and health services were mentioned as quality of life. Two women have never heard of the term before. While among the women who come from non-low income families (non-CSSA recipients), happiness, health, family, and friends, living a peaceful life, and being content with life were mentioned. One woman has never heard of the term before. This research finds that factors such as family, health, and money have no discernable differences between the two groups of women. Indeed, basic needs were a factor that was only mentioned in the low

income group as the key to have good life. Basic needs are defined as having the essentials to live in Hong Kong; shelter, food, and enough income to sustain the household. Karen, a 76-year-old Indian woman from a low-income family, defines a good life as being able to maintain her basic needs. She said "*I think that if whenever our needs are meet that's what good life means.*" In a similar vein, Venus, a 74-year-old Indian woman receiving CSSA, explained what quality of life means to her:

> *Every person has a need as long as you're alive, you have a lot of different needs, but it depends on you how much you can gain from them. Like, you know, sometimes you're not able to fulfill your needs, so you have to be able to make yourself understand that, you can't get everything in your life. You have to limit yourself and survive with what you have.*

Mary, a 76-year-old Indian woman from non-low income family, defined quality of life is "*There is definition for good life. making your life better than where you are…. I've chosen to be part of the community, I've chosen to serve, I've chosen to give.*" Similarly, Nikki, a 75-year-old Pakistani women who is from the non-low income group considers quality of life is "*the living standard should be good, everything should be good, and for living in Hong Kong, it is all given, and I'm very satisfied."*

Despite both groups of women giving similar answers and explanations when defining quality of life, their perspectives are opposites, reflecting their socio-economic backgrounds. They both understand that it is up to the individual to make their quality of life. Mary from non-low income families says she could of sit at home in luxury, her understanding of being content was to choose to devote herself to the society by running her own charity, while Venus from low-income families expressed that survive with when she had and limited herself is quality of life.

In this research, almost all South Asian female research participants migrated to Hong Kong as housewives, who have received lower status and power due to less economic strength than the husbands. Retired older adults, mostly men, have pensions after they retire and any other funds they may have saved up. However, the South Asian housewives are particularly vulnerable in

that they mainly rely on their husband and/or their children for financial income at old age. The female research participants are disinclined to work for religious or cultural reasons. Need for additional support for South Asian female older adults is evident, especially financial resources for those coming from low-income family.

2. Health problems are reinforced by cultural norms, unfavourable living conditions, and interpretation service barriers at public hospitals

Physical and psychological health is important to older adults. Physical refers to "the physiologic and physical status of the body" and the psychological refers to "the state of mind, including basic intellectual functions such as memory and feelings" (Aday 1994: 489). The health condition of minority older adults may be influenced by the interaction among "ethnicity, socioeconomic status and other societal factors, risk factors, and the leading causes of morbidity and mortality" (Bernard *et al.* 1997: 776). Also, it is found that ethnic minority older adults may experience a greater burden of unmet mental health needs than the majority older adults as the former have to face a bunch of structural barriers. Therefore, it is necessary to address those barriers to minority older adults in the means of education and policy changes (Trinh *et al.* 2019: 102).

When asked to rate their health condition on a scale of 1 to 10, with 1 being the worst and 10 being the best, the ratings were mixed across all participants; 16 gave scores of 5 or below, indicating their health condition is poorly, while 28 gave a score of 6 and above, indicating rather good health, 10 people gave their health condition a score of 10, saying they were in very good health. The most common health conditions across all three nationalities were hypertension, diabetes, and arthritis. Some older adults can have multiple health conditions at once which makes them difficult to manage. Table 5 summarises the health conditions of the research participants. Among the interviewees, 22 people suffer from hypertension, 12 suffer from cholesterol, and 22 suffer from diabetes. These are also the conditions that are the most common, with most older adults suffering from at least one of them. Other conditions include asthma, with four people suffering from the condition, and heart conditions, with six people suffering from it.

Table 5. Health conditions of South Asian research participants

Health Conditions	Pakistani	Indian	Nepalese
Arthritis /Knee Problem	5	5	3
Asthma	1	2	1
Back Pain	2	2	2
Blood Issues	1	2	
Chest Pain			1
Cholesterol	2	4	6
Dental Issues		2	1
Depression	1		1
Diabetes	12	5	5
Gout			1
Gynaecological Issues	1		
Heart Condition	3	1	2
Hypertension	4	3	15
Indigestion			1
Insomnia		1	
Intestinal Surgery			1
Liver Issues	3		
Thyroid			3
Uric Acid			1
Vision Issues	1	2	1

None Reported	3	2	1

Hypertension, cholesterol, arthritis were the most commonly reported health conditions across both groups, while diabetes was more commonly reported among women. Conditions such as gout, uric acid, and back pain were only reported among the women as well. Among the women from low income families, knee pains, diabetes, cholesterol, asthma, insomnia, blood condition, and back pains were reported. Among the women from non-low income group, knee pains, hypertension, back pain, diabetes, cholesterol, and heart conditions, depression, asthma, eye condition were reported once. Table 6 summarises the health conditions of South Asian research participants by sex.

Table 6 Health conditions of South Asian research participant by sex

Health Conditions	**Male**	**Female**
Arthritis /Knee Problem	8	5
Asthma	2	2
Back Pain		6
Blood Issues	1	2
Chest Pain	1	
Cholesterol	4	8
Dental Issues	1	2
Depression	1	1
Diabetes	8	14
Gout		1
Gynaecological Issues		1
Heart Condition	3	3
Hypertension	4	18
Indigestion		1

Insomnia		1
Intestinal Surgery		1
Liver Issues	2	1
Thyroid	1	2
Uric Acid		1
Vision Issues	2	2
None Reported	3	3

The poor health conditions of South Asian older adults did impose impacts on their everyday lives. For example, Venus, a 74-year-old Indian woman, is a CSSA recipient. She is a wheelchair bound woman suffering from leg and back pains. When asked how does her health affect her daily life, she said:

> *Yes. So most of the time, because I have a leg problem, my nervous system has some problems with the leg. I don't really leave my house at all. I try to do the housework as much as I can, but I have a lot of limitations because I can't walk. I have to use a wheelchair even when I go down. So I try to work and cook for my husband and for myself. But other than that, I can't really work a lot and I try to rest as much as I can because my leg starts vibrating because it doesn't have that strength.*

Her health severely affects her quality of life as her inability to walk confines her to her house and she rarely travels anywhere without the aid of her husband. She lives in public housing that has one living area that acts as a bedroom and a living room, which is not big enough for a wheelchair to comfortably move in, as she described, she has to sit on the floor and move herself by sliding on the floor. She is trying to purchase an electric wheelchair but is currently unable to afford it.

Talks of mental health is still a bit of a taboo in South Asian culture, leading to older adults' not understanding the effects of their environment on their mental health, any explanation that could

pertain to mental health is simplified into singular emotions such as “being sad”. While the words depression or mental health were rarely brought up, it is clear some people are unhappy with their current life conditions and are worried for the future, leading to the deterioration of their health. Out of all the participants, only two openly admitted to suffering from depression.

This research identified three main reasons that contribute to poor health conditions of South Asian older adults in Hong Kong.

a) Health conditions are poorly managed due to cultural norms

Cultural food practices play a role in what South Asians are eating, for example, that fried and oily food (such as samosas) and sweet desserts are served at most meals in the South Asian community in Hong Kong. All female research participants expressed that they had to use traditional cooking methods to prepare South Asian dishes in order to maintain food authenticity. One Indian female older adults said, “*We need to use ghee, butter, coconut or palm oil in cooking so that the taste is good*.” However, they are not aware the consequences of daily intake of these cooking ingredients with high level of saturated fat. An NGO worker from Hong Kong Christian Service said:

> *Health conditions are poorly managed among South Asian older adults due to their diets, characterised by high amounts of sugars and fats. However, they are unaware of the negative consequences of their habits, perhaps due to cultural norms and values, as weight gain is considered a symbol of wealth.*

b) Interpretation service barriers at public hospitals

Interpretation services are available at public hospitals, however due to the Covid-19 pandemic, this service was temporarily suspended. In this research, most interviewees attend their medical appointments with a family member, usually their children or grandchildren who act as translators who are able to speak English and Chinese. Only four research participants utilised the interpretation services hospitals provide and have an interpreter accompany them to their

appointments. For the women, communication with medical staff can sometimes be difficult so they will bring a person to accompany them that also act as translators. From the low-income group, 8 women bring their husband, 10 women brings their children, and 4 woman goes by herself. From the non-low-income group, 6 women bring their children, 4 women go alone, 4 woman goes with their husband, and 3 women uses the interpretation services at the hospital. Those who go alone are the ones who are proficient in English. However due to the Covid-19 pandemic, this service was temporarily suspended. Nora, a 67-year-old Indian woman, has eye problem. She noted that not all hospitals provide the service, which may cause problems for people that have any communication difficulties. She said:

> *I have asked them and requested them a lot you know many times but they tell me that you know they are unable to provide any because uh eye hospitals don't provide any interpreters so she's not sure why they have stopped all of the sudden but other hospitals still provide her with this service.*

Ben, a 78-year-old Nepalese man, states he is concerned why the doctors have to take large amounts of blood during his blood test but he is unable to ask why due to the language barrier:

> *Actually everything is okay there they take care of my health and I go every 3 months to check up for check-up and for the medicine. But one thing that is a concern is that whenever I go for the blood test they gets a so many blood that means like three to four small bottles so I am wondering why is it necessary to take such amount. I never asked. Because of the language problem we cannot ask anything. Actually I don't know anything maybe they need or doesn't need*

Some research participants said that they just used the medicine they bought from their home country to deal with their health problems. One Nepalese woman said, "*I have the problem of gout, and then sugar. I haven't registered yet in the clinic, I bought my medicine from the Nepal, I still have more stock for the six month.*"

The lack of communication between doctor and patient creates confusion and could lead to underlying medical conditions being undiagnosed or misdiagnosed. In the interviews, many

research participants expressed their frustration from not being understood and in turn not understanding the doctor's actions builds mistrust between the two, which may deter them from seeking professional medical help in Hong Kong in the future.

c) Small apartments stress them out

Hong Kong is a city characterised by its small houses and high costs, forcing older adults who are not eligible for public housing and cannot afford any better accommodation to live in small flats in old buildings at the expense of their physical and mental health. Housing conditions impact physical and psychological health of most research participants. Cramped living conditions and old buildings without elevators are also impacting the health of older adults. Lala, a 67-year-old Nepalese woman shared how she has to walk 6 floors to go and leave her home, *"I feel knee pain because I have to walk for the 6 floor. I always take away my mask when walking because it is difficult to breathe. Every day I walk down 3 times."* Grace, a 72-year-old Nepalese woman, lives in a private rental housing. She states she is only happy when she is out of her small house with her friends. She said:

> *I don't like to stay at home because the house is so small. That's why I always go out and then I feel happy with my friends. I want to stay at home but the small I don't want to stay. I am fat and sometime I cannot fit in the toilet. I went to lots of friends house, also they are small.*

3. Religion determines their attitudes towards health and ageing

Prayer, as a coping response to internal and external stressors, is concerned with perceived images and intentions of the deity, people's personal feelings of deservedness, expectations of positive results, and other future possibilities (Spilka and Ladd, 2012). Prayer is both psychologically and theologically important as it relates to improved sense of well-being, social connectedness, emotional management, and dealing effectively with anger (Spilka and Ladd, 2012). Turning to their faith was essential for South Asian older adults to be able to cope, heal and adjust to their new surroundings, accompanied by a strong belief that God could solve their

problems. Almost all Pakistanis and Indians expressed that ageing does not matter as it is a natural process that cannot be stopped, and it is in God's hands. For example, Nancy, a 61-year-old Pakistani woman, rated her health condition a 10 despite suffering from depression, diabetes, and a sight problem:

> *I give a 10 with my health because even if I am suffering anything it's god gifted. The god has given me to suffer so I don't mind so it's a 10 for me.*

On the other end of the scale, Fred, a 73-year-old Pakistani man suffering from asthma and arthritis gave a score of 0 due to his deteriorating health:

> *I wouldn't even give it one. 24 hours. It's 24-hour issue, 24 hours. Zero, zero, no more, no more, no more happy. Sometimes [mimics breathing hard] like that. No more happy.*

Alan, a 71-year-old Pakistani man described his health as perfect and gave a score of 10 also said:

> *I feel like it's very good. I'm very grateful to God and I don't know about tomorrow. But right now I would say it's the highest 10, 15, whatever you make it.*

The accounts of Nancy and Alan show that religion was a factor that was mostly brought up by Indians and Pakistanis, who believe that their circumstances are blessings from their Gods. In this research, 10 people did not give a score. Mark, an 81-year-old Indian man who suffers from hypertension, cholesterol, and knee pains was one of the men who did not give a score:

> *I can't, can't say which number is good which number…so far, overall, all is good, all is good, see? No complaints, and then no challenge, everything, I can do it, I can speak, I can speak Chinese, I can speak English, if I want I can go, it doesn't…nothing is wrong for me.*

Perceptions of ageing and growing old; whether people fear growing old or dying and how they find comfort from that can be linked to culture and religion. Their perception also suggests their aspirations for the future, the plans they have as they grow older as well as for their death. The general consensus is that the ageing process is natural and inevitable, and there is no use in worrying about it. However, their values and current life circumstances also dictate how they feel about it. Nora, a 67-year-old Indian woman, does not have any worries as she has faith in her religion and takes care of herself. She stated:

> *No, no, no worries at all, as long as you have good house, you have a balanced diet, you know, and your own…trust your own religion, your faith, it makes a big difference.*

Religion is a major component of belief that guides perspectives towards ageing. It is believed that ageing does not matter as it is a natural process that cannot be stopped, and it is in God's hands, a belief mostly shared among Pakistanis and Indians. Alan, Norman, and Mathew, a 74-year-old Pakistani man all gave similar answers in that they are unbothered by the ageing process and believe the circumstances of their lives will be dictated by their Gods. Norman said:

> *Basically, we think that, you know, we don't really think about getting old a lot because, you know, if you say you won't die ever, that's impossible. And whenever the God needs you back, he will take you back*

Mathew stated:

> *I don't think about it much. It's on my God. It's nothing to worry about. It depends on God what he will do.*

Alan said:

I cannot predict how my life will be. This is just not predictable. It is on god. Only god knows what it would be like. I don't know. Maybe I'll drop on the floor and die right now. It's all good.

Karen, a 76-year-old Indian woman, also tries to take comfort from her belief in her God:

Okay, so mostly uh in Hong Kong, the life is still okay. But like, you know, we suffer from like different problems. So, you know, in coming five to ten years, we can't predict what can happen. It's all in God's hand. Because, you know, we believe in God and he he'll obviously do what he thinks is right for us. But you know, as we're struggling with a few things from financial side and medical side, we just hope that you know, we can get enough help as being elderlies is because we don't have that a lot of resources to you know, accompany ourselves. Apart from that we do hope that we can have a helper that can help us out if the government can provide but other than that, you know, it's there's just like, you know, ups and downs in life all the time.

4. Utilizing social networks of ethnic community and strategies to interact with the locals

Social relationships are critical in an individual's quality of life to facilitate positive integration into various social groups and society as a whole. Social relationships with local Hong Kong Chinese people show cohesion and acceptance into Hong Kong society. With the problem of a language barrier, making Hong Kong Chinese friends is a difficulty for ethnic minorities overall, with older adults, they do not socialize as much as their younger counterparts which means their exposure to other people is further limited, making it difficult to socialize with people outside of their family.

a) <u>Spending time with people from same community:</u>

The social relationships of all 58 research participants are mainly composed of people from their own communities. Some were friends made before their migration to Hong Kong, and some were made in religious places, ethnic communities, or NGOs after their arrival. Kelly, a 74-year-old Pakistani woman describes her daily routine:

> *Basically throughout the day I wake up, I go to the market, buy, you know, vegetables. Most of the time I go to pray at the masjid, so the mosque, and I come back home, I eat my food and then I eventually pray again because, you know, we pray a few times a day. So it's most of the time I'm cleaning my house and I'm doing housework because I don't really work at all.*

Despite the assumption that women may not have as much social interaction as men, the interviewees have similar daily routines regardless of gender, they all have a lot of free time as many of them no longer work, with the exception of two men and two women. When not completing household chores or doing any caretaking, they will often seek out the company of friends. Simon, a 68-year-old Pakistani man spends his time with his Pakistani friends:

> *I sit with my friends and talk to them. There is many friends sit there talking and the time when up pray, sitting there.*

Nikki, a 75-year-old Pakistani woman also often arranges to meet with her friends often:

> *We usually uh… go- go when someone invites us or when we invite others. We often invite our friends to our house and they invite us to theirs. And then we have foods and drinks, and… and chit chat.*

Spending time with people from same community can provide mutual support both physically and emotionally. Almost all female research participants said that they always discuss challenges facing their family when they meet each other every day and they would also discuss solutions to solve the problems. All research participants expressed that they feel relaxed when interacting with their fellow ethnic members in Hong Kong because they could speak their mother language.

Nikki, a 75-year-old Pakistani woman, added *"Speaking and listening to Urdu here [Hong Kong] make me feel I am in Pakistan!"*

b) Discrimination from the older generation of Hong Kong Chinese

Rarely is there hostility between ethnic minorities and local Hong Kong Chinese people. In most cases the relationship is peaceful, with some saying despite the language barrier both sides try to communicate with hand signals and rudimentary phrases in their languages. They also exchange little gifts and other items such as hand sanitizer and masks. When asked whether they experienced any discrimination, the discrimination seems to come from the older generation of Hong Kog Chinese, and there is a perceived difference between the younger and older generation of Hong Kong Chinese people in their treatment of South Asian older adults. Nikki, a 75-year-old Pakistani woman, noted this difference between generations:

> *Uh… usually the older aged people are like a little distant and discriminative, but the younger generation is really understanding and nice.*

When asked, the discrimination seems to come from the older generation of locals, and there is a perceived difference between the younger and older generation of Hong Kong Chinese people in their treatment of South Asian older adults. Sam, a 70-year-old Indian man, observed that the younger generation seems to be more civilised, an observation also shared by his wife:

> *Older generation are little louder but younger one is polite I'll say and they are more educated so education makes the difference, right. Maybe we are also loud for our age I'm talking about our age so maybe in our age, we are louder but young generation is, you see I don't, when I see their behaviour is good, maybe they are well educated. They go overseas and if they go here also they learn many things so I have no complaint.*

c) Strategies to expand their social networks in local community and to interact with Hong Kong Chinese

Besides spending time with people from the same community, some would also participate in activities and events hosted by NGOs or other organizations together as a way of having something to do beyond their daily routines. This is also a way for them to expand their social networks in the neighbourhood. Nancy, a 61-year-old Pakistani woman from low-income family, said:

> *The NGO used to organize some activities before such as cooking and others um so I used to join those before the pandemic hit. Yeah so basically because I am such a playful and happy person they really enjoyed calling me so whenever there was any activity, they used to ask me to join because I just made everything more fun.*

A few women, despite not knowing how to speak either English or Cantonese, managed to create some sort of social relationship with people they meet regularly at places like parks. Even though they cannot speak with one another they would exchange greetings and try to communicate with hand signals. Kandice, a 71-year-old Nepalese woman, described:

> *Actually I usually go with my friends [Nepalese] and then we share things, and then I can see the Chinese people, Chinese old age people around there but since we cannot communicate we just do hand signals. Sometimes they just touch the ornaments they are wearing, and then they say that its really good, they just use the signal.*

Those who do have social relationships with local Hong Kong Chinese people tend to have formed these relationships during their time in the workforce. It should be noted that all these people who have these friendships with local Hong Kong Chinese people can speak proficient English, and are even conversational in Cantonese. These close social relationships with locals are only formed when there is a means of communicating and opportunities to interact, reiterating the importance of the language barrier. The definition of friendship seems to vary from individual to individual, the research participants expressed that they consider friends are

people whom they have regular contact with. While more fulfilling and active relationships can be formed when there is no language barrier, there are individuals who work around their communication difficulties and still try to interact with one another, indicating that there is a willingness to interact and create friendships, just not the means to.

There was a lack of social relationships with neighbours, however this lack of interaction seems to stem from merely not meeting each other at the right time rather than purposeful avoidance. In most cases, neighbours are acquaintances that exchange pleasantries when they see each other, the lack of interaction is attributed to their neighbours being busy or hurrying to work. In the case of people with active social relationships with their neighbours, some participants would exchange food with their neighbours, and look after each other's children. Social relationships with neighbours are not limited to next-door neighbours but the entire building or neighbourhood as well. Rita, a 71-year-old Nepalese woman, shared how her residential building's management staff also interacts with her:

> *I've never seen my Chinese neighbour around. I have no Chinese, I've never seen Chinese neighbour, but in my building there is Chinese security guard and he always remind her to carry the umbrella whenever there is rain or sun. He usually uses the hand signal where's your umbrella.*

5. Financial challenges facing those from low income family

Older adults aged 65 or over who are in need of financial support are entitled to Old Age Living Allowance (OALA) or the Comprehensive Social Security Allowance (CSSA) and older adults aged 70 or over can attain Old Age Allowance (OAA) also known as fruit money. Among the interviewees, 17 people are on CSSA receiving an average of $5,368 per month. 5 people are on Old Age Living Allowance receiving an average of $3,800 per month. 1 person is on the Working Family Allowance scheme receiving $8,000 every 6 months. Full reliance on social welfare is not enough to sustain the costs that comes with living in an expensive city such as Hong Kong. Older adults are barely able to afford their basic needs. Large households are

especially vulnerable to poverty as there may not be enough people receiving income to support the entire family.

a) Depending on social welfare support

Karen, a 76-year-old Indian woman and her husband also receive CSSA at $4,000 each, however she said it was not enough to sustain both of them:

> *Okay so most of the time it's not you know enough for us because you know, as my husband is quite bad with his health because of his heart problem, he needs a lot of fruits. So, I try to make you know homemade juices for him and you know, every time I just go to supermarket I at you know the minimum I spend is like 2, 300. Even when I tried to save a lot of money, because, you know, obviously the fruits are expensive and you know, our diet is really important. So, most of the time welfare is not enough for us because nowadays the expenses are quite you know big for everyone.*

Veronica, a 77-year-old Indian woman, is completely dependent on her social welfare, and does not take any money from her children who also have economic difficulties. She receives $4,000 from CSSA and notes that is only enough to afford basic needs. She explained:

> *So it does not cover all expenses, like sometimes obviously our bills are paid, but stuff that we need are out of that budget, like sometimes we need some medication or we're having extra expenses in the market because of the inflation. Everything is expensive obviously. So apart from that, even buying clothes, we don't really get enough money to get, you know, buy new clothes. Because obviously, we wear traditional clothes, we just don't buy from the store. We have to buy the fabric and get it stitched or customized so it takes a lot of money and you don't really get to do that.*

Maria, a 79-year-old Indian woman, lives with her daughter and her grandchild in a public

housing. She is receiving OAA. However, the amount she receives, $1,400, is not enough to sustain her and she wishes to apply for CSSA:

> *My daughter is single mother, and if you can help us to get disability allowance like I couldn't see properly. I also have asthma, so I would like to know how to apply.*

Social welfare is not enough to fully sustain an individual living in Hong Kong. Even those who are not from low income families receiving OAA feels the government could support them more. Rose, an 80-year-old Nepalese woman, who was a housewife and is now widowed also wishes she could have a bit more financial support from the government. She received OAA at $2,500. When asked whether she also received any money from her children, she said, "*Yeah. Like $1,000. But it's not enough. Higher is better because everything is so expensive*."

b) Financially dependent on their children

Out of 23 research participants who receive social welfare supports, 18 of them get pocket money from children. There is no set sum of financial support that their children give, in most cases, whenever they are in need of money they will ask their children. As household expenses are also provided by them, they will ask for personal money and money for the household all together. They would ask for $300 or up to $3,000 at a time. Gloria, a 72-year-old Nepalese woman is also supported by her son despite receiving $3,815 of OAA. Daisy (68 years old) and Norman (81 years old) are Indian couples who both receive $3,800 of OALA each. Combined they have $7,600 that they treat as pocket money while other costs are supplemented by their children:

> *So our son, our, our children they look after everything else, they handle everything. They look after all the expenses of the house, you know, from rent to buying ration and stuff like that. So we only use our fruit money as pocket money for, you know, some extra things. But otherwise our son helps us out with everything. They do everything else.*

Even with support from their children and social welfare, it may not be enough to cover all costs. Peter is a 60-year-old Pakistani man who is near retirement, but because his family (wife and son) do not have enough income to support themselves he must continue his job as a night-shift security guard. He said, "*My salary is HK$16,000. I need to survive my family so I need to work.*" He is currently trying to find a day-shift job that provides a salary enough to support his wife and son, but is so far unsuccessful, as such he is forced to continue this job. His wife is a housewife who does not earn any income, a common position to be in for Pakistani women.

For women from low income family, they may choose not to ask for financial assistance from their children as they do not want to burden them, as it is likely their children are also low income. While women from non-low-income families are more open to the idea of asking their children for financial assistance as they have the means to support themselves. Regardless of gender, it is expected of adult children to provide financial support for their parents even if they are receiving additional financial support, just like Daisy and Norman.

6. Strong emotional attachment to home country while staying in Hong Kong

When asked how they identify themselves, out of the 19 interviewees from Pakistan, 16 identified themselves as Pakistani, 1 identified as Chinese, 1 identified as Pakistani Chinese, 1 identified as Hong Kong and Pakistani, and 2 did not give an answer. Of the 18 interviewees from Nepal, 15 identified themselves as Nepali, and 3 identified as Hong Kong Nepali. Of the 21 interviewees from India, 5 identified themselves as Indian, 3 identified themselves as Punjabi, 3 as Hong Kong, 2 as Punjabi Hindi, 1 as Indian Hong Kong, 1 as British, and 1 did not give an answer. Table 7 details how the South Asian research participants identify themselves.

Table 7 Self-identification of South Asian older adults

Identity - Pakistan	**No. of People**
Pakistani	16

Chinese	1
Pakistani Chinese	1
Hong Kong and Pakistani	1
No answer	2
Identity - India	
Indian	9
Hong Kong	3
Indian Hong Kong	1
Punjab	3
Punjabi Hindi	2
British	1
No answer	2
Identity- Nepalese	
Nepalese	15
Hong Kong Chinese	3

Whether ethnic minorities feel they are part of Hong Kong's society influences their participation in society and their sense of belonging further denotes the degree of integration into Hong Kong society. The feeling that their participation and action matters and that they feel represented and taken care of in the society they call home. Their participation in society such as social activities shows their feeling of belonging and their willingness to interact with Hong Kong society. The problem with a lack of participation among ethnic minorities is that they do not feel like they are part of Hong Kong society. Non-local born older adults moved here when they were younger for a variety of reasons, in search of new work opportunities, for marriage, and for family. While those who were born and raised in Hong Kong may have a stronger sense of belonging, those who migrated to this city will have varying feelings about their belonging.

a) <u>Hong Kong is a good place to live in with plenty of government services</u>

As compared to their home country, about 95% of them considered Hong Kong is a better place to live in, with the government providing plenty of services to its residents – besides health care

and housing problems. In comparison to his home country, Fred, a 73-year-old Pakistani man, explained that Hong Kong is a much safer society that Pakistan, going as far to say he feared for the personal safety of his life when he lived in Pakistan. Betty, a 62-year-old Indian woman, identifies as belonging to Hong Kong, explaining how Hong Kong is the city she feels comfortable in and is a place where she could spend the most time residing in:

> *Hong Kong. We always say Hong Kong. Yeah, even I…when I go to India I say I don't like India, I don't know why. It's not…I don't like means for 1 week, 2 week is ok for holidays but to live there, I can't even think about it. Hong Kong is home and uh you know where you feel comfortable, it's Hong Kong. I feel comfortable, not only me myself, my whole family. They feel Hong Kong is better than any other place.*

The participants who identified themselves as Hong Konger all have positive relationships with both ethnic minorities and Hong Kong Chinese people. They also had full-time jobs in Hong Kong, a form of participation, and actively see the benefits Hong Kong provides. All of these people have lived almost over half their lives in Hong Kong, working and raising their families in Hong Kong. They confidently identify themselves as citizens of Hong Kong because they feel like they have fully integrated into Hong Kong. Woman like Nancy identified herself based on the perceptions of local Hong Kong Chinese people, her feeling of not being accepted into society will prevent her from fully integrating into Hong Kong despite living in this society for at least a decade.

Minimal social relationships with Hong Kong Chinese hinders full integration into Hong Kong society. A person's quality of life is also dependent on their place in society, as explained by a medical doctor from Health in Action as follow:

> *If you ask me generally about the quality of life I think is it should be the same for different ethnicity, but because we talk about well-being, ah…we talk about good health, we talk about good job, we talk about good environment, uh we talk about um good neighborhood. But when you think about these things and also about*

whether they have uh uh identity, that they are part of the Hong Kong citizens, do they feel the ownership?

b) No intention to return to South Asia, prefer to stay in Hong Kong because of their children

When questioned about their return migration aspirations, it was clearly defined in the question that it is the country/place they choose to reside permanently until death. Those born in Hong Kong tend to choose Hong Kong, however there are additional reasons beyond it being their birthplace. Mark, an 81-year-old Indian man, expressed:

Because Hong Kong is my home, I born in Hong Kong, I spend all my life in Hong Kong, and then so far for me Hong Kong is better than India, because over here I got all my friends, others are just relative, we are living happy, in India, and I go there, and you don't trust, you don't know what will happen you know? Nobody will happy, they only know the money, that's all, but Hong Kong, you are friend, anything happens, they will see how to help you.

Their reasons to stay or return could once again depend on their sense of belonging and which place they define as home. Betty, a 62-Indian woman said, "*Can't even think about it. Can't even think going back to India, for holidays yes, 1, 2 weeks not more than 2 weeks also*." Aside from place of birth, another reason for stay is due to the presence of family and friends, due to the aforementioned cultural value of family support. As they grow older, their adult children will also transition into informal caretakers, and decisions to stay or leave also depend on their children's migration decisions. Bonnie, a 68-year-old Nepalese woman, said she would follow her son. She said:

I have a son only in Hong Kong. So, nobody in Nepal only some relatives there, my sister and all. So, not sure. It all depends on my son because wherever he goes, I want to go there.

Most of the women do not have plans to return to their home countries, whether it is because think of Hong Kong as their home, or because it offers better living conditions, or because of family. Grace, a 72-year-old Nepalese woman, is one of the few women in this study who wishes to return to home country. Currently she lives in Jordan in a flat with her son and daughter-in-law, the building she lives in has no elevators and requires her to walk up three floors. She prefers Nepal as she owns a larger home there. She explained:

> *I really like to go to Nepal and when I go back there I really don't want to come back here. Since I have really big house there and its really nice you know that's why I really like to stay there, I miss my house. Actually I'm worried about my death, if I die in Nepal then there would be lots of relatives, they will come to my death ceremony, they will do everything nicely. But here if I die, then there would be, my son or daughter they might be at work and they might not be able to come. So I'm really worried about that.*

Social relationships with friends and family remain a crucial factor in any decision making in regards to an individual. Another reason for choosing to stay in Hong Kong is the quality of life and services in comparison to their country of origin. Ken, a 74-year-old Pakistani man based his preference on Hong Kong due to its services and benefits compared to his home country of Pakistan:

> *I prefer to stay in Hong Kong with the benefits because in Pakistan they're not able to get all that.*

Karen, a 76-year-old Indian woman prefers to stay in Hong Kong as she can access to more services here. She described:

> *We can't really say in coming few years wherever we want to stay, but for now we are you know, quiet we are really feeling like, you know, convenience to stay in Hong Kong because, you know, we're getting the fruit money or CSSA. Uh but in India, we obviously you know, have to travel and you know, the corona cases are*

spiking up. It's much safer to be in Hong Kong right now. And because we can only go to Hong Kong first to India, our home country for six months before it was just three months. We can't obviously stay longer than that. So, it's really hard for us to you know, take those travel expenses on us and then it's better for us to for now at least to stay in India uh sorry in Hong Kong.

The presence of family and friends is a strong deciding factor in aspirations to stay in Hong Kong, it trumps other deciding factors such as services, ease of communication, and even their own desires to return to their home country.

7. Language barriers in utilizing public health services

Unless it is for special circumstances such as surgeries or consultations, most interviewees visit hospitals and clinics that are close to their place of residence. most interviewees visit hospitals and clinics that are close to their place of residence. Those that live in the Jordan Yau Ma Tei area tend to go to the Yau Ma Tei Jockey Club Specialist Clinic for their regular check-ups, Tuen Mun hospital for those who live in Tuen Mun, North Lantau Hospital for the Tung Chung area, Princess Margaret Hospital for the Kwai Hing area, those who live in Ngau Tau Kwok go to United Christian Hospital, and those who live in Shau Kei Wan or the Eastern area go to Eastern Hospital or Chai Wan Hospital. For matters such as surgeries, they may go to more specific hospitals such as Nancy, a 61-year-old Pakistani woman, who lives in Tin Shui Wai and goes to Pok Oi hospital for regular check-ups but goes to Tuen Mun Eye Clinic for her sight problems and Castle Peak Hospital for her depression. Sam, a 70-year-old Indian man, would go to Queen Elizabeth for his cancer treatments before his remission.

For general health check-ups, they visit every 3 to 4 months, as that is the amount of medication that is given to them every time they visit, and they will only go again when their medication has run out. Special appointments such as surgeries and consultations are based on their appointments given by their medical professional, some wait from one year and some up to three years. Most interviewees attend their medical appointments with a family member, usually their children or grandchildren who act as translators who are able to speak English and Chinese. Only

four interviewees utilise the interpretation services hospitals provide and have an interpreter accompany them to their appointments.

For the women, communication with medical staff can sometimes be difficult so they will bring a person to accompany them that also act as translators. From the low-income group, 8 women bring their husband, 10 women brings their children, and 4 woman goes by herself. From the non-low-income group, 6 women bring their children, 4 women go alone, 4 woman goes with their husband, and 3 women uses the interpretation services at the hospital. Those who go alone are the ones who are proficient in English. However due to the Covid-19 pandemic, this service was temporarily suspended. The lack of communication between doctor and patient creates confusion and could lead to underlying medical conditions being undiagnosed or misdiagnosed. The patient's frustration from not being understood and in turn not understanding the doctor's actions builds mistrust between the two, which may deter them from seeking professional medical help in the future. Nora, a 67-year-old Indian woman, has eye problem. She noted that not all hospitals provide the service, which may cause problems for people that have any communication difficulties. She said:

> *I have asked them and requested them a lot you know many times but they tell me that you know they are unable to provide any because uh eye hospitals don't provide any interpreters so she's not sure why they have stopped all of the sudden but other hospitals still provide her with this service.*

Ben, a 78-year-old Nepalese man, states he is concerned why the doctors have to take large amounts of blood during his blood test but he is unable to ask why due to the language barrier:

> *Actually everything is okay there they take care of my health and I go every 3 months to check up for check-up and for the medicine. But one thing that is a concern is that whenever I go for the blood test they gets a so many blood that means like three to four small bottles so I am wondering why is it necessary to take such amount. I never asked. Because of the language problem we cannot ask anything. Actually I don't know anything maybe they need or doesn't need*

All interviewees that have used public hospitals and medical services all gave positive feedback regarding the staff and services but criticised the waiting time for services. There were two issues regarding waiting times: waiting time on the day of consultation, and waiting time for referrals and future appointments. The longest waiting time to be seen by a doctor can be up to 10 hours, while appointments and referrals can be up to 3 or 5 years. Norman, an 81-year-old Indian man expressed his frustration as follows:

> *We expect them to treat us today if we're sick today and not like, you know, after one year, if we are suffering with pain or back pain today, we want the remedy today and the therapy to start in a day or two, not after, you know, one year appointment, because, you know, obviously that takes a really long and we want like an immediate antidote or some, you know, some therapy or remedies. So that's what we expect from the doctors.*

The long waiting times forces older adults to find their own ways to either maintain their medical conditions and prevent them from deteriorating, or they have to look for other ways of treatment, such as going to a private hospital or returning to their home country for treatment, even though the services there may be expensive or not as effective as Hong Kong's. Norman and his wife both had to replace their kneecaps and had no choice but to return to India to undergo surgery:

> *We are, we are, we are, we are…here for the last 28 years. And uh recently they give the uh long dates. So we go to India and replace the both knees. What they are, if you ask here they will probably give a long date. Sometime, our people, just for the long period, they just go to India to get the remedy from there. Otherwise it won't be very good.*

Karen, a 76-year-old Indian woman had multiple issues with her teeth and jaw. She was not able to receive assistance from public health services and could afford little in private clinics:

> *I've only been to the private doctor because the government one is not able to help me much. But I did take medication from there once. And when I've been to*

the private doctor uh they ask for a lot of money it's the expenses are quite high and we cannot afford it so there's no any solution for me to get out of it.

Some participants had never been to a hospital in Hong Kong before as they would bring her own medication from their home country. Sally from Hong Kong Christian Service also noted:

And they cannot trust, I also share in goodlab and they cannot trust the medical system in Hong Kong, some of them. So that's why um some elderly, um they, you know, like bring medicine from their hometown and then uh they just take their medicine for years, you know, even though they're living in Hong Kong. But they take….you know the medicine from their hometown. So they just take it, uh but they don't see uh the doctor in Hong Kong. So some of them, they also have this kind of problem, yeah.

8. The importance of family-based care in South Asian old age experience

One of the defining characteristics of South Asian culture is its values placed on the importance of family and its family-based system. It is almost a given that adult children will take care of their ageing parents. They act as their parent's translators, financial support, and main caregivers, especially when their parents are new arrivals to Hong Kong. Rebecca, a 64-year-old Indian woman stated that it is a child's duty to take care of their parents as they grow older:

Yes government also have the duty but when there is nobody uh…to take care of that, they, I believe that they should take they should go for the help for the government, but when the children are supportive why go at least they this they are liable for the parents to take care. As a culture also but as human being also if the children are well off why not they should take, yeah and uh they know that I will not try to take help until.

South Asian children act as informal caretakers. Sally from Hong Kong Christian Service observed that almost all the ethnic minority members at her service centre are taken care of by their children. She said:

> *Yes. They all are maximum of them are their children, like uh daughter, or maybe a son, or maybe uh a son in law, or maybe daughter in law. And some of them are grandchildren also. Yeah, some of them are grand- grandchildren, but uh they are eighteen years or above. So most of them like because like in Nepali community, uh they live in extended family. So uh uh maybe their uh daughter, if parents are living with daughter then daughters are working and also son in law working, they do not have uh time to bring them to hospital then uh if they have grandchildren, then the uh uh the grandchildren, uh you know, escort them to the hospital yeah.*

Ken, a 74-year-old Pakistani man, fully depends on his family to communicate with others and does not leave his house if there is no one to accompany him. He said:

> *So the communication is a problem for me, but I don't really go out alone unless my daughter is with me. So most of the time, my grandsons and my, you know, my daughter, they're always with me there to help me out with communication. So I'm really thankful to them that they helped me out. But I don't really you know, come upon communication problems because I don't really go alone outside.*

If there are no children to take care of them, couples usually take care of each other. Katherine, a 76-year-old Indian woman also relies on her husband to financially support her and act to accompany her to appointments, now that her husband has retired they are entirely dependent on social welfare. Katherine said:

> *Okay so most of the time it's not enough for us because you know, as my husband is quite bad with his health because of his heart problem, he needs a lot*

of fruits. So, I try to make homemade juices for him and you know, every time I just go to supermarket. I spend like $2, 300.

When questioned about their thoughts on care homes, all participants rejected the idea and instead plan on growing old at home. When asked about who would take care of them, their replies would be their children, as mentioned earlier. All confident in the fact that as they grow older their children will take care of them. They have not even considered going to a care home as it is not a cultural norm and even seen as offensive. Nora, a 67-year-old Indian woman said:

Like, typical Chinese family in the old days, their kids will take care of them. If their kids are not, then their brother's kids because big houses, so they will take care of them, that person.

9. Civil society activism in assisting and empowering South Asian older adults

a) Providing health care support

Established in 2011, Health In Action is a registered NGO in Hong Kong that promotes social justice through the lens of health equity especially among ethnic minorities. It provides health screening, health ambassador training and health symposium for ethnic minorities from low-income families. A major problem that hinders South Asian older adults' daily lives is the language barrier, and stemming from that is information access. A medical doctor from Health in Action described:

Health information access is one of the very important um…I would say is the policy or the reflection of whether the government really include the ethnic minority into the public service, because a lot of social service, a lot of ah benefit even some kind of the benefit that they can apply, they don't know. And so um…uh this cannot raise their quality of life, because ah research already show that ethnic minority is one of the major group in Hong Kong, the poverty level higher than the general public.

Health In Action has been offering health screening to South Asian ethnic minorities with a view to have early intervention for chronic diseases. Through health talks on topics such as healthy diets and pain management, Health In Action aims to modify the lifestyle of South Asians so that they can improve their health performances. However, efforts to help change their habits are difficult, according to Loretta, a Pakistani volunteer from Health In Action, as they are offended easily when they hear something they do not like. They are also less likely to communicate with people they do not trust, deterring older adults to maintain a healthy lifestyle and to seek medical help.

Christian Action Integrated Services for Ethnic Minorities Service Centre is a unit of Christian Action that has been providing social supports to ethnic minorities especially Indians, Pakistanis, and Nepalese in Yau Tsim Mong areas since 2009. According to Teresa, a social worker from Christian Action, female older adults, especially Muslim women, have more serious health conditions due to their lack of knowledge of their health, or do not see it as a serious issue. Many of them are aware they have chronic conditions, but do not place importance in them, which can be explained partially due to their religious beliefs. They believe that illness is a suffering given by God. Therefore, Christian Action has been taking a pro-active role in providing a multitude of health-related services to South Asian older adults as explained by Teresa as follows:

> *We organize so many programs like outing, health check-up like, every Tuesday we have two hours with some elderly people, 2-4, and that with uh like ot-other other organization help us like UCN and then Hong Kong University help us, do some health talk and health checkup, and every last uh Tuesday, we have health checkup, yesterday we have 62 people, elderly people, they do the whole whole-body checkup. And it's for free of charge and also like we try to organize uh twice a month outing for them.*

Health check-ups are a common service provided by a multitude of NGO's, highlighting the gaps that need to be addressed in the public health service in their services to ethnic minority older adults. According to an NGO worker from HK SKH Lady MacLehose Centre, the lack of ethnic minority staff, especially female ethnic minority staff in public hospitals and clinics would also

deter Pakistani women from accessing health services. She said she knew many cases that the Pakistani women might hesitated to go to the hospitals when they were sick. Their lack of knowledge, communication, and trust are all deterrents from the public health service that NGO's need to supplement or help with.

b) Providing capacity building programmes

In 2019, Hong Kong Christian Service started The Support to Ethnic Elderly Project which aims to enhance older adults' knowledge to access to public services and to strengthen their social support networks in the community. It acts as middlemen to connect their service users to relevant organizations and services they may need, such as assisting in public housing applications, social welfare applications. Providing them with extra support is helpful, but helping them to navigate the different services on their own increases their own independence at the same time allowing NGO's to have more resources and time to help others. Sally from Hong Kong Christian Service described:

> *We have a different kind of programs that um we created in our project. Like um…uh one is a capacity building uh program. So where normally our elderly, they come to the center and then they joined the program. So in capacity building program is a kind of program that we normally give them some information about uh elderly social services, elderly policy, elderly information or more or less like health topics also or what is going on in uh Hong Kong. You know like um there are so many schemes nowadays um and the government is providing so many elderly, they are not really aware of those kind of schemes and even though they heard about it but they are not sure how to apply they don't know anything about this kind of um information.*

After the age of 60, many South Asian older adults are entirely dependent on social welfare and their children's support. This situation not only forces older adults to lose their socio-economic independency, but also puts their children under pressure to provide for their parents. Loretta from Health in Action explains that it is not the unwillingness of Pakistani women that bars them

from working, but rather the circumstances they are in; their educational level is too low, so they cannot find jobs to support themselves and their families. They are good at arts and crafts so she suggests NGOs and the government could help find ways to sell their crafts and create a way for them to earn some income so that they can support their families. She explained:

> *They're very good at like cooking and that type of stuff. So why not provide them an opportunity they're good at, and then they can train other fellow uh…EM or other ladies, those who want to learn the skill, but don't know how to do it. So this type of stuff can also work them and help them out to, eliminate poverty, and then uh increase the sense of belonging and their independence.*

Ethnic community associations and NGOs are a bridge to facilitate relationships between locals and ethnic minorities of Hong Kong. They played crucial roles during the Covid-19 pandemic when concerns regarding information access were raised. NGOs hold workshops and activities for a local elderly day care centre and their service users, sharing their cultures with food and religion. Religious places such as the Sikh Temple and Mosques are not only places for worship but serve as places to gather and socialize as well. They offer social activities such as volunteering services and a place to gather for those who wish to spend time away from home or to meet people.

In addition to providing help, providing the means to live on their own in Hong Kong is a goal of NGO's as well. Ethnic minority older adults are highly dependent on others in their daily lives, leaving them vulnerable. Teaching them the means to live independently and be self-sufficient in Hong Kong makes them less likely to be taken advantage of and increases their participation in Hong Kong society beyond their own communities.

DISCUSSION

Wong *et al.* (2018) and Chui *et al.* (2019) proposed a culturally-inclusive age-friendly cities framework by highlighting the structural, attitudinal and knowledge barriers that Nepalese older adults encounter when accessing long-term care services in Hong Kong. They argued that although Nepalese older adults shared similar physical and psychological needs as Hong Kong Chinese elderly, they did not enjoy the same level and ease of access to social and health services as their ethnic Chinese counterparts (Wong et al. 2018: 21 Chui et al. 2019:464). Chiu et al. (2019) argued that the lack of cultural sensitivity within public services and the lack of knowledge of information prevents ethnic minority older adults from accessing the services they are entitled to as residents of Hong Kong. While the first to study this underrepresented group, they have raised concerns of the transferability of their findings to other ethnic minority groups. The South Asian community is host to a myriad of cultures, and this diversity creates unique differences that disallows a homogenous consensus on the ageing experience of ethnic minority older adults (Victor and Zubair 2015). This study examined the constituents of quality of life among South Asian (Indian, Pakistani, and Nepalese) older adults' in Hong Kong by exploring their economic security, health and well-being, and participation in society.

1. Importance of family, health and financial status components to quality of life

Quality of life as an indicator of wellbeing is complicated and complex to quantify in research due to its utilisation of multidimensional approaches that combines the objective and subjective evaluations of an individual's life condition (Phillips, Arjouch, Hillcoat- Nallétamby, 2010). Quality of life can be objectively evaluated through an individual's health condition, living standards, and financial circumstances, however this is all also subjective to their own perceptions of their wellbeing and expectations, further underpinned by the cultural and situational values around them. If quality of life is to be used as a measurement to dictate policy development then it is crucial to utilise the voices of older adults to understand the physical and social structure of their lives (Shin, 2014). For the South Asian older adults in this study, health,

family and money are the main constituents of quality of life. Health was a central component for quality of life because it was a frequently mentioned component in the interviews, thereby demonstrating the importance of health in quality of life of South Asian older adults in Hong Kong. Hypertension, cholesterol, arthritis were the most commonly reported health conditions across both men and women, while diabetes was more commonly reported among women. Conditions such as gout, uric acid, and back pain were only reported among the women as well. Previous studies coincide in stressing the prominent weight of health among the various quality of life domains from the perspectives of older adults (Seymour et al. 2008).

The research participants of this study also emphasized great importance to family, specifically to children and partners, and financial status, when asked to name the main factors that contributed to their quality of life. Family members are always seen as informal caregivers for minority older adults, especially when family is able to provide them "with special resources through cultural norms which dictate strong ties among family members" (Gratton and Wilson 1988: 84). In this research, all of the South Asian research participants, especially the women coming from low-income families, heavily relied on the financial and practical supports from their husband/wife and children. This is especially the case when they went to see doctors in the public hospitals where they needed interpretation. In Hong Kong Chinese context, many older adults live in elderly home. However, all research participants rejected the idea of care home and instead plan on growing old at home. In accordance with their cultural norms, the concept of sending aged parents to care homes is almost non-existent, and looked down-upon, with some saying it is a sin. When asked about who would take care of them, their replies would be their children. Values of family heavily influences perceptions and aspirations for the future. Confident and secure in the knowledge of their children's care and aid will alleviate any worries for the future. Our results are consistent with previous research on quality of life in old age. Bowling (1995) found that the relationships with family and health were the main dimensions of quality of life from the individuals' perspective.

2. **Various challenges facing South Asian older adults: Marco, meso, and micro levels of analysis**

Being older and having a migration background produce a double (Dowd and Bengtson 1978) or even triple threat due to age, migration background and additionally disadvantaged situations (Norman 1985). Different factors at macro, meso and micro levels shape ethnic minority older adults' vulnerabilities and the possibilities to deal with adverse situations (Ciobanu *et al*. 2017). These factors interact and increase ethnic minority older migrants' likelihood of vulnerability, especially in terms of their quality of life in the host society.

a) Language barrier and challenges in utilizing interpretation services at public hospitals

At macro level, minority older adults have low utilization rate of the elderly services even if they are in need (Damron-Rodriguez *et al*., 1995). The language barrier that exists between medical professionals and ethnic minority older adults extend to their own care at home, the information and care labels on medications are only printed in English and Chinese, as such they may not know which medications to take on their own. Many ethnic minorities do not speak English and even less speak Cantonese, however health information provided by the governments is rarely in languages other than English and Chinese, despite a substantial ethnic minority population in Hong Kong. They may also not have the means to access information through typical means such as media and only rely on word of mouth from their own communities. With the Covid-19 pandemic, information is ever-changing and updating. With translation of materials it is often delayed or inaccurate, potentially impacting their health and making them vulnerable and particularly exposed to the pandemic.

This research also found that the issue of trust among service providers in health and social services may also prevent older adults from seeking help. Health conditions and health services may also be unique to different ethnic groups. Cultural norms or religious values regarding gender may deter ethnic minorities from accessing public health service which may be detrimental to their health, for example Muslim women would highly prefer a female doctor or nurses to see to their care. Moreover, a lack of information access not only makes female older adults vulnerable. It is already established that ethnic minority older women may not be as educated as the younger generation. While children are engaging full time employment outside, most female older adults stay at home and find it difficult to gain access to news or information

and remain poorly uneducated. They need to be empowered and given the opportunity to go out into society and learn.

b) Family networks and resources and ethnic community

South Asian older adults' experience draws attention to the cultural meaning of ageing. The cultural aspect of quality of life is particularly relevant due to the effect of ethnic characteristics and cultural codes on the life outcomes of ethnic minorities. Expectations, norms, and systems of meaning could stem from cultural and religious orientations, creating cultural codes that influence behaviours over the life course (Phillips, Arjouch, Hillcoat- Nallétamby 2010). They may create practices and habits that assists or deters healthy lifestyles. Religious practices of vegetarianism within Buddhism may prove beneficial in future health outcomes. Values of intercommunity support may foster protective factors through social relationships. Customs of modesty could prevent or delay medical treatment for a Muslim woman due to a lack of female doctors. The reciprocal interaction between individual and environment warrants further understanding of cultural codes beyond its effects on an individual's quality of life to include its influence or adaptions within a minority community in a majority population (Koehn and Kobayashi 2011). Specific cultural codes may raise the need for extra or specialised attention in public policy, and also to understand the protective factors that support this group (Ciobanu, Fokkema and Nedelcu 2017). The dynamics within the intersecting structures of gender, ethnicity, and age could leave certain groups vulnerable due to the restrictions imposed upon them that limits their access to resources (Ajrouch and Abdulrahim 2014).

Similar to previous studies in different societies (e.g. Chappell 2007), this study found that culture and religion play an important role in the South Asian older adults' perceptions of ageing and growing old and how they find comfort. Religion is a major component of belief that guides perspectives towards ageing. It is believed that ageing does not matter as it is a natural process that cannot be stopped, and it is in God's hands, a belief mostly shared among Pakistanis and Indians. Positive responses about ageing and growing old are due to their feelings on their current circumstances such as family. They are comforted by the fact that their families are with them and they will be taken care of. Conversely, those who are worried about growing older

have fears such as their health condition worsening, or faced with the dilemma of staying in Hong Kong or returning to their home country.

Ethnic community associations and NGOs are a bridge to facilitate relationships between locals and ethnic minorities of Hong Kong. They played crucial roles during the Covid-19 pandemic when concerns regarding information access were raised. NGOs hold workshops and activities for a local elderly day care centre and their service users, sharing their cultures with food and religion. Religious places such as the Sikh Temple and Mosques are not only places for worship but serve as places to gather and socialize as well. They offer social activities such as volunteering services and a place to gather for those who wish to spend time away from home or to meet people. Despite the assumption that women may not have as much social interaction as men, the participants have similar daily routines regardless of gender, they all have a lot of free time as many of them no longer work, with the exception of two men and two women. When not completing household chores or doing any caretaking, they will often seek out the company of co-national friends. Most of their social relationships are composed of people from their own communities.

c) Strong emotional attachment to home country while staying in Hong Kong for their local-born children/grandchildren

Quality of life goes beyond tangible possessions such as money and health. Their participation in society indicates their cohesion into society and is dependent on their sense of belonging. The feeling that their participation and action matters and that they feel represented and taken care of in the country they call home. Their participation in society such as politics or other social activities shows their feeling of belonging and their willingness to interact with Hong Kong society. The problem with a lack of participation among ethnic minorities is that they do not feel like they are citizens of Hong Kong. Non-local born ethnic minorities moved here when they were younger for a variety of reasons, in search of new work opportunities, for marriage, and for family. While those who were born and raised in Hong Kong may have a stronger sense of belonging, those who migrated to the country will have varying feelings about their belonging.

This is evidenced by the results how they self-identified themselves. All non-local-born research participants identified themselves as Indian/Pakistani/Nepalese.

Two main reasons were identified in this research why the research participants still live in Hong Kong even they have strong emotional attachment to home country, firstly, their children and/or grandchildren have their families in this host society. As stressed before, almost all research participants heavily relied on the social and financial supports from their children in Hong Kong such as accompanying them to see doctors at hospitals and providing them pocket money. Secondly, in comparison between the government services provided by Hong Kong and their home country, all of them expressed that the public services, especially the health care services, in Hong Kong is better although they still complained about the long-waiting time and the challenges in utilizing interpretation services at the public hospitals.

3. Civil society activism in assisting and empowering South Asian older adults

In order to enrich the old age experiences of the South Asians, NGOs provide services of arranging activities and outings for their members, to create social activities and interaction among their members. However, service providers have observed that most of these activities are attended by women. Pakistani members are less likely to attend social activities as a large part of their days are taken up by religious activities. Pakistani women's involvement with NGOs do not go beyond practicalities such as getting information or resources from them, and tend to focus on religious activities rather than social activities. In the case of Pakistani women, they are open to activities with other women of all nationalities, and are only hesitant to join when it is of mixed gender. In the case of Nepalese and Indian women, service providers expressed that there is a lesser gender divide within their culture where men and women are more comfortable with interacting with each other, and as such are more likely to participate in social activities. Their divergent experiences in social relationship impose different impacts on their subjective quality of life in Hong Kong (Nazroo *et al.* 2004). Age is a contributing factor in forming social relationships. Because many older adults are no longer working, they have a lot of free time. However, barriers such as language or health conditions could deter them from leaving the house. While social relationships with local Hong Kong Chinese people remain peaceful and

friendly, Hong Kong Chinese still lack an understanding and appreciation of South Asian culture.

4. Resilience and adaptive capacity of South Asian older adults

Finally, this research also identified some resilience and adaptive capacity of South Asian older adults in Hong Kong. Many participants expressed that despite not knowing how to speak either English or Chinese, they managed to create some sort of social relationship with people they meet regularly at places like parks. Even though they cannot speak with one another they would exchange greetings and try to communicate with hand signals. The long waiting times in medical systems forces older adults to find their own ways to either maintain their medical conditions and prevent them from deteriorating through changing eating habits such as eating more vegetables and do more outdoor exercises with their friends at parks, or they have to look for other ways of treatment, such as going to a private hospital or returning to their home country for treatment, even though the services there may be expensive or not as effective as Hong Kong's.

5. Conclusion

In conclusion, this research argued that South Asian older adults, due to their old age and ethnicity, are being marginalised in mainstream Hong Kong Chinese society. This is especially the case for the female older adults and for those who come from low-income families. In Hong Kong, South Asian older adults have been experiencing multiple challenges, namely deteriorating health conditions, knowledge barrier in health care service, reducing economic resources, living in unfavourable housing condition, and lack of social participation in Hong Kong society. These challenges have imposed negative impact on their ageing experience in Hong Kong. However, South Asian older adults have been utilizing their co-ethnic and family networks as well as the services provided by ethnic community associations, religious organisations, and NGOs to cope with the challenges in old age.

POLICY IMPLICATIONS AND RECOMMENDATIONS

Language barriers, cultural barriers, and lack of socio-economic independency are the main challenges facing the South Asian older adults in Hong Kong. While the NGOs have been trying to provide supporting services for South Asian older adult despite limitation, the government should take a more proactive and cultural sensitive approach to remove the challenges facing the South Asian older adults in Hong Kong. Based on the research findings, the research team suggests the following four strategies in order to foster the development of a multicultural active ageing policy in Hong Kong:

1. **Establishment of language and cultural interpreter training schemes**

   Individual NGOs such as Christian Action have been providing community interpreter training to ethnic minorities. However, they may not be able to deliver a consistent level of qualities of the interpretation services to ethnic minorities in public services. Therefore, an accreditation system for interpreters in ethnic minority languages (including Hindi, Urdu and Nepali in this case) should be established. In Australia and the United Kingdom, the interpretation in public service is provided and governed by relevant authorities (e.g. Translation and Interpretation National under the Department of Immigration and Border Protection in Australia and National Register of Public Service Interpreters in the United Kingdom). These authorities offer instructions and guidance for each step of the interpretation, from preparing the interpreter, interview booking, to the start and during the interviews. The guidelines aim to ensure ethnic minorities have equal rights to access to interpretation in public services.

   Although the Hong Kong Hospital Authority also provides interpretation services, as highlighted in this research, the accessibility of such service is in great doubt. Therefore, it is suggested that an accreditation system for interpreters should be established by collaborating with academic institutions in Hong Kong. A holistic review on the current service provision should be conducted among all the stakeholders including the key ethnic minority groups, social workers, existing interpreters, frontline officers at various

government departments, and the frontline medical practitioners at Hong Kong Hospital Authority. Home Affairs Department should ensure the qualities of the interpretation services by offering professional certification which includes trainings on communication skills, interpretation competence, professionalism, use of terminologies in public services. The establishment of the accreditation system officially recognized by the government might enhance the professional image of minority language interpreters, thereby attracting more young people from key ethnic groups (Indian, Pakistani, and Nepalese in this case) to become community language interpreters.

Codes of ethics including professional conduct, confidentiality, competence, impartiality, accuracy, clarity of role boundaries, maintaining professional relationships, professional development and solidarity (Australian Institute of Interpreters and Translators, 2012). Complain and appeal mechanisms should be established. The authority should also set up review mechanism to collect comments and recommendations from relevant stakeholders in order to maintain and improve interpretation services in long run.

According to the research findings, South Asian older adults are less likely to communicate with people they do not trust. Most talks of mental health are still a bit of a taboo within many South Asian cultures, leading to older adults' not understanding the effects of their environment on their mental health. Untreated mental illness can lead to more serious health problems. It is recommended that elimination of stigma, shame, and embarrassment around receiving treatment should be achieved through enhancing mental health education by the Health Department to both South Asian older adults and their caregivers. It is suggested that the language and cultural interpreters should spread relevant government health information to ethnic minority older adults during their regular medical check-ups at the public hospitals. With the right representation ethnic minorities are more likely to trust the government and the relationship between the two parties can be improved.

2. Strengthening medical outreach services to ethnic minority older adults

Based on the research findings, many South Asian older adults especially the women are unaware of their deteriorating health conditions. To enhance early diagnosis and management, a holistic care service for South Asian older adults in their neighbourhoods is recommended. The medical outreach services allow medical practitioners gain a better understanding of the living environment of South Asian older adults, and can help facilitate communication with their families who are their caregivers. This is important to treatments for the patients. Because most of their social relationships are composed of people from their own communities, the authority should collaborate with ethnic community associations, religious bodies, and NGOs in arranging medical outreach services to South Asian older adults in different neighbourhoods.

The Social Welfare Department commissioned three NGOs to establish three outreaching teams for ethnic minorities to proactively reach out to ethnic minorities in need with mainstream welfare services. To further utilize the functions of the outreaching teams in providing preventive measurements to ethnic minority older adults, it is recommended that the design and implementation of outreaching medical programme should involve the family members (in particular, the family caregivers) by understanding the family caregivers' needs and concerns in proving caregiving services to their ageing parents. Family caregiving is a part of active ageing as it allows older adults to age in place, also alleviating the burden residential services face. If the government aims to adopt an active ageing strategy regarding the care for their older adult population, they must provide assistance to families who do not have enough resources to do so (Equal Opportunities Commission, 2020). The outreaching teams should also establish a good working relationships with ethnic community leader and the language and cultural interpreters as well as recruiting volunteers from the minority community in the information dissemination process. Most importantly, the outreaching teams should ensure that the location of the program (if home visit is not possible) in ethnic neighbourhoods where minority older adults can easily access and congregate.

3. Promoting ethnic minority female older adults in social enterprises

This study found that most female older adults faced more economic insecurity than male older adults. However, it is not the unwillingness of the women such as Pakistani that bars them from working, but rather the circumstances they are in; their educational level is too low, so they cannot find jobs to support themselves and their families. Many of them are good at arts and crafts. In order to engage with ethnic minorities and economically empower female older adults, it is recommended that the government should strengthen promoting SIE Funds in South Asian communities so that the leaders of ethnic community associations are aware of the funding scheme that can help the female older adults to set up social enterprises for selling their arts and crafts. Improve coordination among public entities at different levels in implementing the projects.

In order to empower female older adults from ethnic minorities, it is necessary to equip them with the necessary skills needed in social enterprise. In collaboration with NGOs, providing basic business skills training is a key step in empowering female older adults from ethnic minorities in social enterprises. The essential entrepreneurship skills are grouped under four main themes, including 1) technical skills, 2) managerial skills, 3) entrepreneurial skills, and 4) personal maturity skills. Active ageing highlights the importance of life-long learning. By promoting female older adults from ethnic minorities in social enterprises, this arrangement can not only economically empower the female older adults, but also enlarging their social relationships with different people in Hong Kong.

4. Recruiting and supporting caregivers from South Asian countries

This research found that one of the defining characteristics of South Asian culture is its values placed on the important of family and its family based system. Adult children should take care of their ageing parents. However, many of the adult children need to work and the ageing parents especially those who have health problems need someone to take care of. Hong Kong Chinese caregivers may not be capable in taking care of South

Asian older adults due to language barriers and cultural differences. It is recommended that the government should consider to recruit caregivers from South Asian countries who speak same language as the older adults. Similar to the Pilot Scheme on Training for Foreign Domestic Helpers in Elderly Care, the authority should also provide free professional trainings to South Asian caregivers.

5. **Promoting ethnic minority neighbourhood support scheme**

All research participants rejected the idea of living in care homes. Another alternative to care homes is a neighbourhood support scheme where friends or ethnic minorities can live together in a flat and support one another with occasional care visits. This is can be in the form of non-subdivided senior housing, where a building is all for older adults to live in and staffed with services such as a small clinic, a food hall, and prayer rooms. This allows South Asian older adults to have independence while having some support from their own people and professionals.

Housing is a major social problem in Hong Kong. According to the South Asian research participants, many of them attributed their well-being and happiness to their housing conditions. In South Asian culture, it is expected of adult children to care for their ageing parents and even share the same accommodation. However, it may be a bit difficult to accomplish in Hong Kong. To support the aspect of ageing in place, when applying for public housing, larger families or older adults of South Asian have the option to be given housing near each other; whether it is flats next to each other, different floors of the same building, or even adjacent buildings. This allows them to be close to people that could take care of them and ask for help if needed.

PUBLIC DISSEMINATION

1. Research findings were virtually presented in an international conference in March 2022. Details are as follows:

   Shum, T.C.T. (2022) "Ageing in a multicultural society: a qualitative study of quality of life among the South Asian older adults in Hong Kong" In The Asian Conference on Aging & Gerontology (AGen 2022) The International Academic Forum, Tokyo, Japan, 29-31 March 2022.

2. The research team is preparing a manuscript for submission to journals such as *Journal of Applied Gerontology*.

3. A policy brief highlighted main and impactful findings of the project will be conveyed to the media, NGOs, and ethnic community associations.

4. A press conference has been organized by the research team to disseminate the research findings on 14 October 2022.

CONCLUSION

This study provided detailed qualitative data and discussion about quality of life among South Asian (Indian, Pakistani, and Nepalese) older adults in Hong Kong. It revealed the constituents of quality of life by exploring their economic security, health and well-being, and participation in society. For the South Asian older adults in Hong Kong, staying with family, having good health, and meeting basic needs are the important components for them to have a good life in Hong Kong. These three elements are interrelated with each other. Family, especially their adult children play an important role in their ageing experience. Adult children take care of their ageing parents and they also act as their parent's translators, financial support, and main caregivers. Their living conditions also determines their health and psychological conditions in old age. In the case of women who became housewives, they do not have many reasons to venture out of their homes, while men may have more chances to interact with all sorts of different people. With housewives as the main caretakers of the home, the most interaction they get with local Hong Kong Chinese people would be from people in wet markets and at the hospital while some of them would interact with the Hong Kong Chinese at different NGOs.

The findings of this study underlined the meaning of changes in old age and familial care preferences among South Asian older adults. Perceptions of ageing and growing old can be linked to culture and religion. The general consensus is that the ageing process is natural and inevitable, and there is no use in worrying about it. Children will take care of them at homes as they grow older and they rejected the idea of living in care homes. All interviewees that have used public hospitals and medical services all gave positive feedback regarding the staff and services but criticised the waiting time for services. Ethnic community associations and religious organizations play a facilitating role in maintain and improving the quality of life among the South Asian older adults.

The accounts of South Asian older adults in this research clearly demonstrated that this group of marginalized population possess different degrees of resilience and adaptive capacity to solve their everyday life problems in old age. This research also highlighted some policy recommendations in the domains of health maintenance, security of living, and social

participation which aim to foster the development of a multicultural active-aging policy in Hong Kong. Since family plays an important role in the ageing experience of South Asian older adults in Hong Kong, further research should be conducted on the needs and concerns of their adult children in providing caregiving services to their ageing parents.

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APPENDIX 1

Towards a multicultural active ageing policy: A qualitative study of quality of life among South Asian older adults in Hong Kong

Individual interview script

Background

1. Can you tell me a little about yourself? How old are you? Where do you come from? What is your ethnicity? Can you speak/do you understand Cantonese?

Quality of life

2. What does it mean for you to have a good life?
3. Which component do you feel is the most important for you to have a good life?
4. Have you heard of the term "quality of life"? If so, what does it mean to you?
5. What does a typical "day in the life" for you look like?
6. How do you feel about ageing?

Social relationships and neighborhood

7. Where do you live? What are the conditions and how much is the rent? Who do you live with?
8. Do you have any family here? Do you have others that depend on you?
9. How did you find the accommodation?
10. Why did you choose this living location?
11. Who do you go to when you need help?
12. Do you see other people often? Do you have any Hong Kong Chinese friends?
13. How's your relationship with your Hong Kong Chinese neighbors?
14. What do you do when you need to talk about something – or when something is bothering you?

Participation, belonging, and identity

15. How long have you been living in Hong Kong?

16. Were you born in Hong Kong?
    Or
    When and why did you migrate to Hong Kong?

17. What benefits and challenges are there living in Hong Kong?

18. Do you visit [country name]? Do you still have family or friends there? Do you keep in contact with them?

19. What do you think about Hong Kong and Hong Kong Chinese?

20. How do you identify yourself in Hong Kong? Indian Chinese? Pakistani Chinese? Nepalese Chinese?

21. What do you do in your free time? What types of social activities do you engage in? Volunteer? Who do you spend time with?

Physical health and psychological conditions

22. Does your health affect your daily life? If so, how does a typical day change depending on your health? Pain, vision, hearing?

23. On a scale of 1–10, how would you rate your health condition now?

24. Can you tell me two to three words that describe your health condition now?

25. What types of things help you keep calm and peaceful?

26. How easy or difficult is it for you to bounce back or recover from a stressful or difficult time?

27. What types of things or services do you use to take care of your health? Any financial, transportation, medication, personal needs?

28. What do you think about the services you are currently using? Do you have any suggestions on how they could improve?

29. What do you need that you currently don't have to take care of your health or live in a healthy way?

Financial circumstances

30. Are you currently working? If yes, do you earn enough to support yourself? If no, who do you go to for support? Government benefits? Children?

31. Who supports you in all aspects of your life? Family in Hong Kong/hometown/other countries, Hong Kong government, NGOs, religious bodies, associations, agencies? Do you have enough support from them?

32. How did you find this association/NGO? What do these people and/or associations provide for you?

33. How can these associations/NGO and the Hong Kong government support you more?

Future plans

34. On a scale of 1–10, how would you rate your current life conditions?

35. How do you think your life will change in the coming five to ten years? Worries or fears as you grow older? Will you return to your home country?

36. As you get older will you stay at home or go to a care home? If you will stay at home who will take care of you?

APPENDIX 2

Towards a multicultural active ageing policy: A qualitative study of quality of life among South Asian older adults in Hong Kong
Interview script for NGO workers

1. Can you tell me about the background of your organization?

2. What is your role and what are the major services provided by your organization to South Asian older adults in Hong Kong?

3. What do you think it is like to be a South Asian older adult in Hong Kong today?

4. Have you heard of the term 'quality of life'? If so, what do you think that entails for South Asian older adults?

5. Do you think Hong Kong is a friendly place for South Asian older adults? What are some benefits and challenges for them living in Hong Kong?

6. What impact does getting older have on South Asian older adults' physical and mental abilities in their daily lives? How would this affect their quality of life?

7. How important is social contact in terms of a South Asian older adult's quality of life in Hong Kong? Where do you think they are getting social contact? If they don't, what is stopping them?

8. What implications do you believe an ageing society such as Hong Kong will have on South Asian older people's quality of life in the future? Do you think your role and the NGO as a whole will evolve? How do you believe your role as a NGO worker will further enhance the quality of life among South Asian older adults in the future?

9. What do you think is the role of Hong Kong government in maintaining their quality of life? What are your thoughts on their current efforts and policies? What could they do to support this organisation and South Asian older adults more?