Geo-Eco-Trop, 1989, 13 (1-4) 5 - 19

PROVISION FOR ELDERLY PEOPLE IN HONG KONG : SOME INDICATORS FOR ASIA'S NEWLY INDUSTRIALIZING COUNTRIES ?

Subsistance des personnes âgées à Hong-Kong : des indications pour les pays nouvellement industrialisés d'Asie

D.R. PHILLIPS*

RESUME

La croissance rapide du nombre de personnes âgées va augmenter les contraintes sur leurs moyens de subsistance et plus particulièrement sur les services et les logements qui sont mis à leur disposition. Hong Kong est le premier parmi les pays nouvellement industrialisés du Sud-Est asiatique tant du point de vue économique que de celui du vieillissement de la population (plus de 11 % de plus de 60 ans). La capacité des familles de prendre soin de leur aînés a changé. Ce n'est que depuis peu que Hong Kong a envisagé un vaste programme intégré pour remédier à ce problème. l'expérience d'un pays relativement riche ne peut servir de référence pour la plupart des pays du Tiers-Monde mais peut-être de modèle pour les pays nouvellement industrialisés de cette partie du monde..

ABSTRACT

The rapid growth in numbers of elderly people in the newly industrializing countries will throw considerable strain on their resources, particulary in the provision of services and accommodation for this group in society. Hong Kong is a leader amongst the newly industrializing countries of East and Southeast Asia both in terms of economic growth and in terms of its ageing population (more than 11 per cent of its population is more than 60 years old). The ability of families to care for their elderly relatives is changing. Hong Kong has only recently embarked upon a comprehensive and integrated programme to provide a wide range of accommodation and services for the elderly. The experience of relatively-wealthy Hong Kong may not prove to be direct relevance for the majority of poor Third World countries, but it may provide a model for other newly industrializing countries in the region.

INTRODUCTION

There has been a steady increase in the number and proportion of elderly people in the population of most developed countries for a number of decades. Now, this increase is often levelling off in many countries. Today, it is countries in the Third

* Institute of Population Studies, University of Exeter - Exeter EX4 6 DT, UNITED KINGDOM

World which are often starting to experience growth in their elderly populations and this is particulary true amongst those countries sometimes called the *Newly Industrializing Countries* (NICs) (KINSELLA, 1988). There is not an exclusive list of NICs, although Hong Kong, Singapore, Korea, Taiwan, Mexico, Brazil and some nations in Southern Europe are usually included amongst them. It is evident that many of the NICs are in East and Southeast Asia, where many share to a certain extent a common Chinese cultural background and where economic development has been fuelled by the phenomenal growth of Japan (SMITH *et al.*, 1985).

The NICs of the world especially those in Asia have experienced considerable social and demographic changes over the past 15-20 years. In particular, higher standards of living have been associated with better health, lowered infant mortality and increased expectation of life. It is the last-named feature that is of concern to this paper, as the increase in longevity and increased numbers of elderly persons has inevitably required that attention be paid to their social, housing and health care needs. It is recognised that, as people age and particulary as they become very old, they will often become more frail and sometimes become less able to live in 'normal' housing.

Whilst Japan might be felt to be best regional example in Southeast and East Asia of what the NICs might expect in terms of ageing and provision for elderly people, this is not necessarily so. Japan has already moved through its cycle of economic modernization and its population has had a chance to adjust over a somewhat longer period than the NICs may be allowed. In addition, Japan has tended to find itself in something of a difficulty in providing for its increased numbers of old folk. Japan's policies towards health care and social care of elderly people appear to have lagged behind its impressive economic growth in spite of its traditional veneration of age. The Japanese health care system in particular has become over-reliant on institutional care and dependent on hospitals for elderly folk rather than encouraging the development of support services and care in the community which have been in vogue in many other countries (LAWRENCE, 1985; PHILPOT, 1986; MARTIN, 1989).

In Hong Kong, by contrast, the main principle in care for elderly people today has become 'care in the community'. This principle has been established in many other countries in the West and, according to it, the maintainance is sought of elderly people in their own or their families houses or in small units, for as long as possible, by the provision of domiciliary care and support services. The objective is to maintain older people in as normal settings as possible, encouraging self care and care by families, and delaying the time when they might be forced into hospitals, infirmaries or old

folks' institutions. This policy of care in the community has been advocated in Hong Kong since the 1979 review of social welfare in the 1980s and has been reaffirmed since.

However, the realization that large numbers of old folk will be in need of suppport and, eventually, residential and hospital care is relatively new in Hong Kong. This may be considered somewhat surprising because, since the mid-1950s, Hong Kong has developed one of the most renowned public housing and social welfare programmes in the world. Today, almost one-half of the territory's 5.5 million population live in government-provided public housing (renting or purchasing); free or subsidized education is readily available, health services are amongst the best in the developing world and epidemiological change is progressing rapidly (COLBOURNE, 1976; CHAN, 1986; KWAN & CHAN, 1986; PHILLIPS, 1986, 1988a). The phenomenon of rapid ageing and the associated need for provision for old folk has come as something of a recent surprise for erstwhile juvenile Hong Kong. No doubt, many other Asian NICs will soon come to this recognition as well, as Singapore has recently done (VASOO & TAN, 1985; LEE, 1986), and as have Korea (KOO & COWGILL, 1986) and China (LIANG *et al.*, 1988).

The reason for this recent recognition of the importance of provision for elderly folk is that, until the 1960s, Hong Kong society was very youthful. In mid-1961, the population over 60 years of age was only about 170,000, 5.4 % of the total, and hardly different in percentage terms from the 1920s of 4 % level of persons aged over 60. However, between 1961 and 1971, a relatively rapid growth in the 60 + age group began to become apparent. By mid-1971, 301,000 persons (7.5 % of the population) were in this group and, by mid-1981, 528,000 (10.2 %). The number aged over 60 in mid-1986 was estimated to be about 640,000, or 11.6 % of the population of 5.5 millions. The number of elderly people is expected to reach about 737,000 (12.6 %) by 1990. Therefore, it is evident that in both numerical and proportional terms, the incidence of old age is increasing in the territory of Hong Kong. It is true to say that the problems of ageing populations are currently most acute in Europe, but that the speed and magnitude of fertility decline in East and Southeast Asia mean that ageing will come much more rapidly than was the case in Europe (LEETE, 1987). Hong Kong very aptly illustrates this assertion, which may become one the most important demographic and service provision features of the late twentieth century in this part of the world.

For the above discussion, and for many other research projects in Hong Kong, the age of 60 has been chosen to indicate 'old age'. However, it should be noted that

local definitions vary as they do elsewhere; for example, in Hong Kong, 55 is the age for retirement from public service, 65 for eligibility for the hospital geriatric service and 70 for receipt of old age allowance. People aged 60 and over are generally eligible for places in old folk's homes and hostels and they therefore tend to fall into the category of social and residential care for elderly people, and for this reason many studies in Hong Kong use the 60 years age cut-off (PHILLIPS, 1988b). What such a cut-off does not necessarily highlight is the increasing longevity of older people. In 1961, for example, only 13.8 % of the elderly population was aged 75 years or more; by 1986, this had reached almost 22 %. This trend of increasing longevity is likely to continue and life expectancy in Hong Kong is now among the longest in the world at about 75 years for men and 80 years for women (PHILLIPS, 1986, 1988a).

MODERNIZATION AND A REDUCTION OF FAMILY CARE ?

There has traditionally been a great reverence for aged persons in Chinese societies and, in Hong Kong, China and elsewhere, this has in the past often been expressed in multi-generational households and family care for their elderly members. The older people have often occupied a position of respect and importance in the Chinese family, often having a caring role for the family's children and receiving, in return, care, reverence and affection themselves.

Hong Kong has modernized very rapidly in economic and physical terms since the early 1960s. It has become a thriving manufacturing and financial centre, with considerable economic, social and population mobility being evident. There is a feeling that, during this modernization process, and perhaps as a result of it, Hong Kong families have somehow become less caring towards their elderly folk, or perhaps less well able to care for them (CHOW, 1983; WONG, 1986). This feeling has also persisted in Singapore where academics and officials feel that exposure to Western values and life-styles can to an extent be detrimental to the 'positive' Asian concept of the family as a domestic and caring entity (LEE, 1986).

Whatever the truth of such sentiments, which are of course sociologically somewhat difficult to test because of a lack of earlier empirical research on the topic, it is evident that certain features may act together or independently to reduce the role and potential of the family in Hong Kong in caring for elderly people. Some factors may

be more general to the modernization process as it will ultimately affect other NICs, whilst other factors are unique to Hong Kong. The factors which tend to make it more difficult in Hong Kong for 'the family' to care for elderly people may be summarized as follows :

- average family size is falling and each family today has fewer children available to look after elderly parents
- economic modernization and striving to improve incomes has encouraged high female participation rates in the labour force of over 50 % in 1986; overall unemployment rates are low, leaving few people at home to care for elderly folk
- social and demographic trends have stimulated the growth of nuclear family households; possibly this is a spin-off "western" modernization
- Hong Kong public housing provision has tended, to date, to be in the nature of nuclear family apartments, generally unsuitable or physically too small for multi-generation occupation
- unusually, quite a number of elderly people in Hong Kong are single males, who heve never married because they came to Hong Kong in the years following the 1949 Communist Revolution in China. This age-sex imbalance will gradually reduce in time but, at present, many of these single males have no close relatives living in the territory who might be expected in normal circumstances to care for them
- the political future of Hong Kong, and its agreed changeover from British to Chinese administration in 1997, has led many families to try to establish rights of domicile overseas. Therefore, many young Hong Kong citizens are either working or being educated abroad and this reduces the number of young persons available to care for older parents
- less desirable aspects for modernization include family breakup and divorce. Divorce rates are still relatively low but are increasing, and fragmenting the family care tradition.

Therefore, all these factors and others have tended to lessen the position and ability of many families to care for their older folk. Interestingly, KOO and COWGILL (1986) identify virtually identical trends in Korea in the 1980s (apart from the unique Hong Kong political factors). An additional features in Hong Kong is that there is a strong tradition for the government, subvented (publicly-assisted) agencies and charities to become involved in the provision of medical, social and welfare services. Therefore, it is only natural perhaps that public as opposed to family involvement should grow in the field of provision for the elderly. The Hong Kong Council of Social Service coordinates and generally oversees provision and its members provide

approximately two-thirds of the social welfare services in Hong Kong. It now has a division specifically concerned with services and provision for the aged. Unlike certain other countries, especially those in the West, Hong Kong does not have a blanket social security coverage but prefers to focus on vulnerable groups, of which the elderly is an important one. Indeed, some two-thirds of public assistance expenditure in the mid-1980s was directed towards elderly people. In addition, a wide range of residential and day-care services has evolved.

SERVICES AND HOUSING FOR ELDERLY PEOPLE

Given the guiding principle and objective of care in the community in Hong Kong, a range of support services has been developed to assist older people to live for as long possible in 'normal' or everyday accomodation. These support services may be summarised under the broad heading of day-care services :

(1) Social centres Some one hundred and fifty social centres had been provided by 1991, as 'drop in' and meeting places for elderly folk living locally. Centres' programmes include various group facilities and organized activities.

(2) Multi-service centres are district based and provide various services additional to those in social centres, including canteens, laundry and bathing facilities, community education and home help services. Seventeen centres had been provided by 1991.

(3) Day-care centres, also district-based, are designed to provide services to those elderly folk whose health is such that they require assistance in feeding, dressing, bathing and taking care of themselves but who lack someone at home to help them. They also provide a meeting place, and help to maintain health through physical and mental stimulation. The nine day-care centres opened to date are headed by registered nurses.

These facilities are together designed to help old people live in the community for as long as possible and are planned for expansion in the future. However, there are increasing numbers of older people who find it difficult or impossible to live in normal housing and for whom the government, assisted and voluntary agencies have been recently developing a wide range of residential facilities. That developments are only recent is perhaps suprising in view of Hong Kong's premier role in public housing provision in Southeast Asia; today, almost one half of Hong Kong's population live in some sort of publicly-provided rented or purchased housing (see, for example, DRAKAKIS-SMITH, 1979; HONG KONG GOVERNMENT, 1990). However, this late

development of housing specifically for older people may be explained by the fact that only recently has the rapid increase in elderly persons' numbers been recognized, as noted earlier.

RESIDENTIAL SERVICES

Today, housing-related shemes divide broadly into those for old folk whose sole need is for suitable specialist acommodation and those for people who are less able-bodied, and require assistance with meals and social care. For the first group, there has been a longstanding shortage of specialist accommodation, particularly for single elderly people who are relatively active. Therefore, a range of schemes has evolved designed to provide accommodation only (rather than personal and social care) : this includes a priority scheme for allocation of public housing units to families with an elderly member; units for single elderly persons in public housing; shared flats in public housing for unrelated elderly people and, finally, compassionate rehousing (a category not specifically aimed at the elderly).

The priority scheme for public housing for families who have with them an elderly member is an initiative of the Housing Department aimed at fostering the traditional Chinese reverence for age, referred to earlier, which current housing policy has to an extent thwarted. Under this scheme, a family with an elderly member applying for public housing receives an earlier allocation than they would otherwise. By contrast, the single elderly scheme recognizes that many elderly people will wish or need to live alone, and some three hundred units are being allocated annually for this purpose. The shared flats scheme enables related or unrelated groups of older people to apply jointly for the tenancy of a flat in public housing and this is also helpful for able-bodied people who do not have a family to live with.

SHELTERED HOUSING

Of greater interest for the future development of accommodation for more active elderly people than the foregoing schemes is the plan to extend the provision of sheltered accommodation In the West, such schemes for "assisted independent living" have become very important. They aim to provide safe and suitable accommodation for active old people, who wish the security of having a warden or housekeeper on call for medical and personal emergencies. In Hong Kong, initially two sheltered

housing schemes were experimented with, run by the Social Welfare Department, these involving groups of flats purchased in private residential blocks. Management problems have led to the abandoning of further purchases of private apartments and, in future, sheltered housing is to provided directly in public housing estates. Each new public housing estate of over 3000 flats will have a sheltered housing unit of 100-150 places, operated by the Housing Department. The first of these units was opened in 1987, in the new town of Sha Tin. The fact that it is now under the auspices of the Housing Department emphasises that this scheme is a housing rather than a care initiative, and aimed at active and able older people who will live as part of the community, but who are in need of appropriate accommodation and possibly emergency suppport.

This sheltered housing initiative is of great importance and will in future replace the provision of hostels for able-bodied old folk in public housing estates. The sheltered housing scheme is expected to become the major future form of accommodation for able-bodied elderly people and as such it deserves close monitoring, as its example may be of considerable utility for other countries in the region.

HOSTELS

At present, ther is a range of hostel provision, most being located in public housing estates and run by welfare agencies. The majority of hostels are fully subvented by the government and the fact that they have a bigger staff establishment than is envisaged for the sheltered schemes enables them to provide homes for elderly people who need some support and supervision in addition to acommodation. There are currently over 3000 places in some twenty hostels. About 1300 places are in self-care accommodation, in which the residents care for themselves and prepare their own mels. However, some 2000 places have meals serices as well as residential provision and these are therefore suitable for more frail and dependent persons, who may be unable to do their own food shopping or who lack the manual dexterity to prepare their food. These hostel places essentially provide a bed and rest area within shared rooms (often two or three persons sharing) in a section providing or without meals, according to the individual's requirements.

PROVISION FOR MORE DEPENDENT ELDERLY PERSONS

However good the community support services and specialist residential provision may be, it is widely recognized that a proportion of people, increasing with age, will not be able to look after themselves. Such people will come to need more or less daily and even constant care, supervision, feeding and personal attention. Indeed, Hong Kong, like Japan, China and Korea, is finding itself with an expanding population of more-dependent old folk for whom significant amounts of social and medical care are necessary.

The two main types of scheme in Hong Kong for such people are homes for the aged and care-and-attention homes. Homes for the aged are a form of group housing for old people who are unable to live alone and who need a significant amounts of personal care. These people would be too dependent to be able to maintain themselves effectively in sheltered accommodation and probably even in hostels, although the overlap in abilities between the residents of homes for the aged and those of the meals sections of some hostels is often considerable.

Tab. I : Mid-year totals of numbers of elderly persons on the Social Welfare Department's central waiting list (July each year).

Type of service required	1980	1981	1982	1983	1984	1985	1986
Care-and-Attention Homes	1363[1]	683[2]	716[2]	2091	2670	3380	4683
Old People's Homes (inc. meals places in hostels)	964	991	1064	1529	1925	1926	2146
Hostels (self-care places)	1285	1536	1498	1268	1233	1385	1368
Aged Blind Accommodation	120	179	200	204	221	324	397
Total	3732	3389	3478	5092	6049	7015	8594
Annual Percentage Increase[3]	-	-	-	-	18.8 %	16.0 %	22.5 %

Notes : 1. 1980 : new centralization of waiting list from various soures
2. Incomplete date; do not inclue all numbers of persons waiting for accommodation known to all sources (these were included in phases). All data sources were centralized by 1983. Pre-1983, Medical and Health Services Department waiting lists are not included.
3. Percentage increase calculated only from 1983 after which year data are more reliable and relate to waiting list totals.

Source : Hong Kong Government Social Welfare Department.

Care-and-attention (C and A) homes provide for the yet more dependent elderly people, who are in need of some amount of nursing care (nominally, up to two-and-a-half hours per week). Some one-dozen C and A homes to date provide about 1400 places. In the future, the Housing Deartment will provide premises in public housing estates for older people, with C and A homes annexed to the facilities, in order that a more integrated approach to care may be achieved.

It is in this C and A homes (and homes for the aged) sector that the shortfalls in provision are currently most acute. At present, the planning norm is to provide five places in C and A homes per 1000 persons aged 60 and over, but even this modest target is not yet being achieved. It is in this sector that the number of people on the Social Welfare Department's central waiting list for accommodation of the elderly that the largest percentage increases have recently become evident. Table I shows that the waiting list for hostels has remained reasonably steady in the mid-1980s; by contrast, demand for places in C and A homes has grown annually by 28 % between 1983-84, 27 % (1984-85) and 39 % (1985-86). This trend is likely to continue with the rise in numbers of 'older' elderly folk, and the inevitable increase in dependency among them. Shortfalls in this sector will probably persist until the mid-1990s, at least.

In Hong Kong, certain homes have provided combined facilities, for example, some hostel places and some sections for care-and-attention within the same building. This can be a useful means of maintaining elderly people in deteriorating physical condition within familiar environments. However, shortages of space in C and A sections, and complex waiting-list rules can mean that individuals are transferred in and out of some homes instead of being allowed to progress through them. This might be inevitable, given the current bottlenecks in supply of C and A provision and places in infirmaries (see below).

The next stage of dependency can be the removal of a very frail old person to an infirmary (a type of geriatric hospital). This is, of course, not a greatly favoured option, particulary in the light of modern policies for deinstitutionalization of such care, but it is at present almost inevitable given the growth in numbers of frail old folk and the shortage of specialist personnel and accommodation for them. For example, the government health service in the mid-1980s had only one consultant (specialist) in geriatric medicine; he encouraged the development of geriatric day hospitals to ease the burden of growing dependency and to help re-integration into the community of those old folk for whom this is possible.

However, the shortage of infirmary places, along with C and A beds, is very pressing. This causes problems as more dependent persons in need of infirmary or C and A care might be left for lengthy periods in less-appropriate homes or hostels, where staffing levels and facilities mean that they cannot be given the correct levels of appropriate attention. This can lead, of course, to frustrations among caring staff, administrators and doctors, and to a lower quality of provision for frail elderly people. It is to this sector that considerable attention is being directed and is also greatly needed.

THE GROWTH OF PRIVATE HOMES

The preceding discussion has focused on provision by the public sector, and publicly-subvented sector. However, in Hong Kong, a mixed economy exists in housing, health and social care. In addition to those provided by the public sector, there are private doctors, clinics and hospitals and, recently, the private sector has become a source of growing importance in care of the elderly. This is hardly surprising, given the philosophy of free entreprise in the territory and the tradition of many Hong Kong families of looking towards their own provision.

The growth of the private sector's influence in care of elderly people cannot be fully explored here but this paper should make reference to the phenomenon of growing numbers of private homes for the aged. This is of relevance to the other Asian NICs whose welfare systems are not always as extensive as Hong Kong's where the growth of private homes has really only come to the attention of the Social Welfare Department since the early 1980s and, since then, they have been monitoring development. Therefore, increasing numbers of private old folk's home have been identified and this may give something of a misleading impression of their growth rate. There is at present neither any statutory requirement for private homes to register with any official authority, nor for them to provide any set standards of care. Therefore, their precise numbers and provision are really only estimates.

It seems that, by mid-1986, more than 3000 places were being provided in almost 100 private old people's homes. This is an increase of about 23 % in the first six months of 1986 alone, but this could in fact merely represent increasingly efficient identification of the existence of private homes. The average size of homes was about thirty residents, although sizes of homes ranged from some ten to ninety residents. Charged levied by homes also varied greatly as did standards of care and provision,

although in the current absence of compulsory registration of private homes this is difficult to measure precisely.

A voluntary code of practice, based in part on that developed for private home in Britain, has been introduced and was being reviewed in 1987. Whether or not private homes in Hong Kong voluntarily and effectively adopt its recommendations will to an extent determine whether the government will introduce legislation to regulate this sector. Some hope that legislation on standards and care will be introduced, others fear that this might stifle or strangle this growing sector which is contributing importantly to care in the territory; regulations might also drive the private sector underground, and make it very hard to monitor and control.

No doubt the private homes sector will prove to be profitable in Hong Kong in view of the pressure on public provision. However, given the volatile state of the local property maket, the private homes sector could come under considerable threat if home owners were to feel that more profits could be gained by, say, selling their properties or putting them to different uses. The private sector does, however, seem to be more geographically responsive to demand than much public provision. The bulk of new public sector provision for older folk is, and will be, in the new towns of the New Territories, the erstwhile rural parts of Hong Kong which have undergone rapid urbanization since the mid-1970s (HONG KONG GOVERNMENT, 1990; PHILLIPS & YEH, 1987).

Much demand for accommodation has come from residents of the older urban areas who wish to keep their elderly relatives living close to them. The private homes have therefore grown strongly in areas of Kowloon and Hong Kong Island. Indeed, about 18 % of private homes for the elderly are to be found in Kowloon, where there are virtually no homes for the aged or C and A homes. Nevertheless, some 52 % of private homes have been opened in the New Territories, since this is where the largest number of premises have become available in recent years. Overall, some 43 % of homes for the aged and 63 % of C and A homes are in the New Territories, where are to be found only 28 % of the 60+ population of the territory (LO, 1984, provides a discussion of the distribution of elderly persons in the territory). This suggests that there is a considerable spatial mismatch of supply and demand for accommodation for elderly persons. The private sector may take advantage of its greater flexibility in the future to develop strongly in the older urban areas and fill the gaps indicated above.

CONCLUSION

This paper has attempted to illustrate how Hong Kong, a relatively wealthy Newly Industrializing Country, has been responding to a recent rapid increase in its aged population. This increase has come about at it time when, because of a number of economic, social, political and housing factors, many Chinese families have been less able than previously to take care of their elderly relatives. The Hong Kong Government, via its Medical, Housing and Social Welfare Departments, has striven to improve conditions for older folk by developing a range of day care services to support the more able-bodied elderly people in the community. This has been in line with its policy of care in the community which is, of course, in vogue in many countries.

However, with increasing age often comes increasing dependence and many residential and care settings for more dependent old folk have had to be developed. These have included hostels, homes for the aged (with and without the provision of meals), care-and-attention homes for those requiring a limited amount of nursing assistance and, for the most dependent people, infirmary care. The current major shortages in provision have been identified in the latter categories (C and A homes and infirmaries) which provide care for more dependent elderly people. This is a cause for concern since it may result in dependent old folk being kept in inappropriate accommodation. Such conditions can lead to their suffering stress and even bodily harm and the shortages are frustrating for the staff who are caring for dependent elderly people but who may not have the facilities or skills required to tend them properly. Therefore, these types of accommodation are being developed as rapidly as possible within the public sector.

Finally, as in many countries in the developed world, a private sector of accommodation for elderly people is developing strongly. Similar trends have also been noted in Singapore, the NIC often compared with Hong Kong in this region. The private sector may well fill both quantitative and locational gaps in public sector provision. However, at present, there is no legal or formal regulation of the private sector. It is currently being monitored and a voluntary code of conduct for private homes may well be made more formal in the future.

Whether Hong Kong, a relatively wealthy and a geographically confined place, may prove to be an example to be followed in care for elderly people for poorer Third World countries is debatable. Its resources and the extent of its existing public sector

health and welfare provision are already considerable and much greater than those which might realistically be expected in many poor countries. However, it is almost certain that the other relatively well-to-do newly industrializing countries of east and southeast Asia are going to experience (and are already experiencing) similar demographic ageing to that witnessed in Hong Kong. In addition, as they rapidly modernize, it may well also be that their family care for elderly people will deteriorate. Evidence from some indicates that this is already occuring. If such conditions continue, this group of countries will almost certainly find Hong Kong's experience in care for elderly persons to be very worthy of further investigation and, possibly, emulation.

REFERENCES

CHAN, K.L., 1986. Demographic setting of Hong Kong : development and implications. In : *Hong Kong Society : A Reader* edited by A.Y.H. KWAN & D.K.K. CHAN. Writers' and Publishers' Cooperative, Hong Kong, 11-14.

CHOW, N.W.S., 1983. The Chinese family and support of the elderly in Hong Kong. *The Gerontologist*, 23, 584-588.

COLBOURNE, M.J., 1976. The pattern of disease in Hong Kong. *The Bulletin : Journal of the Society of Community Medicine of Hong Kong*, 7, 1, 7-26.

DRAKAKIS-SMITH, D., 1979. *High Society : Housing Provision in Metropolitan Hong Kong*. Centre of Asian Studies, University of Hong Kong.

HONG KONG GOVERNMENT, 1990. *Hong Kong 1990.* Government Printer, Hong Kong.

KOO, J. & COWGILL, D.O., 1986. Health care of the aged in Korea. *Social Science and Medecine*, 23, 12, 1347-1352.

KINSELLA, K., 1988. *Aging in the Third World.* International Population Reports Series P-95, n° 79, US Dept. of Commerce, Bureau of the Census.

KWAN, A.Y.H., & CHAN, D.K.K., 1986. *Hong Kong Society : A Reader.* Writers' and Publishers' Cooperative, Hong Kong.

LAWRENCE, T.L., 1985. Health care facilities for the elderly in Japan. *International Journal of Health Services*, 15, 677-697.

LEE, S.N.C., 1986. Dimensions of ageing in Singapore. *Journal of Cross-Cultural Gerontology* 1, 239-254.

LEETE, R., 1987. The post-demographic transition in East and South East Asia : similarities and contrasts with Europe. *Population Studies*, 41, 187-206.

LIANG, J., TU, E.J.C. & CHEN, X., 1986. Population aging in the People's Republic of China. *Social Science and Medicine*, 23, 12, 1353-1362.

LO, C.P., 1984. The geography of the elderly in a modernizing society. *Singapore Journal of Tropical Geography*, 5, 1-20.

MARTIN, L.G., 1989. The graying of Japan. *Population Bulletin*, 44,2,1-42.

PHILLIPS, D.R., 1986. Urbanisation and health : the epidemiological transition in Hong Kong. *In : Proceedings of the Second International Seminar on Medical Geography*, edited by C. PALAGIANO, Edizioni RUX, Perugia, Italy, 287-299.

PHILLIPS, D.R., 1988a. *The Epidemiological Transition in Hong Kong.* Centre of Asian Studies, University of Hong Kong.

PHILLIPS, D.R., 1988b. Accommodation for elderly persons in newly industrializing countries : the Hong Kong example. *International Journal of Health Services*, 18, 2, 255-279.

PHILLIPS, D.R. & YEH, A.G.O., (eds), 1987. *News Towns in East and Southeast Asia : Planning and Development*, Hong Kong, Oxford University Press.

PHILPOT, T., 1986. Elderly people in Japan : respect due ? *Community Care,* October, 631, 16-18.

SMITH, M. *et al.*, 1985. *Asia's New Industrial World*, Methuen, London.

WONG, S.L., 1986. Modernization and Chinese culture in Hong Kong. *China Quarterly*, June, 106, 306-325.

VASOO, S. & TAN, B.H., 1985. *Status of Ageing in Singapore.* Singapore Council of Social Service, Singapore.