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Death Preparation among Community-Dwelling Chinese Older Adults in Hong Kong

Andrew Yu

The University of Edinburgh, Edinburgh, United Kingdom

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SUMMARY

Background: Hong Kong is experiencing population aging, but there was little research on death preparation. It is because discussing death is taboo in Hong Kong-Chinese cultural context. For previous research in Hong Kong, respondents were often drawn from special populations, such as hospitals, nursing homes, or universities. This research asked community-dwelling older adults' views on death preparation, to provide a different angle to results collected from nursing homes or hospitals.

Methods: The targeted respondents were people aged 55 or above. 282 questionnaires were collected from the random sampling method in a residential area in Kwun Tong. Respondents were asked whether they would prepare for death, and had attended death education, along with six statements related to anxiety and spirituality.

Results: Only 31.7 percent of the respondents would prepare for death in this study. The result suggested that 92.4 percent of the community-dwelling older adults never attended any life-and-death education. This study found 'feeling uneasy about death' (odds ratio = 11.48, $p < .01$), 'fear of the loneliness of death' (odds ratio = 6.06, $p < .05$), 'setting the final goal of life' (odds ratio = 5.49, $p < .01$), and 'reflecting death' (odds ratio = 2.98, $p < .05$) predicted death preparation.

Conclusions: Medical professionals and elderly service providers could start with education or focus on psychological attitudes to encourage people to prepare for death early, as neither death education nor death preparation is common in Hong Kong.

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1. Introduction

Everyone faces death. However, how to face and prepare for it is a problem. It is vital to prepare for death early. Earlier research found that when a dying patient knows that his life is about to end, it may bring tremendous pressure. They will usually suffer from fear, anxiety, depression, avoidance, denial, anger, and vulnerability.^{1,2} These are common reactions to confronting death.² In the past, it was a very uncommon social habit to prepare for death early.³ However, recent Western studies have found that this situation has changed. For example, previous studies found that Americans are becoming more open to death.^{2,4} More and more Americans plan their funerals in advance.^{5,6}

Hong Kong is experiencing population aging.⁷ 30 percent of the total population aged 55 or above in 2016, and this figure is expected to reach over 40 percent by 2050.^{8,9} However, preparation for death remains rare in Hong Kong today. Death is still a taboo subject that is difficult to be openly discussed in Asian cultures. In Hong Kong, most of the population is Chinese ethnic. In traditional Chinese culture, mentioning death is a sensitive subject and should be avoided.¹⁰ There are many myths about death in Chinese culture, and these myths have led to people's anxiety about death. For example, it is generally believed that discussing death will bring bad luck.¹¹ Chinese folklore depicting the horror of being burned in hell after death and the Yama King (King of Hell in Buddhism) are widely circulated.¹²

Painful death is also considered the karma of past wrongdoing.^{13,14}

Since discussing death is taboo in the Hong Kong-Chinese cultural context, there was little research on death preparation. It is difficult to conduct a study about death in a community setting in Hong Kong as researchers will unlikely be welcomed by the community, such as conservative homeowners. Therefore, for research in Hong Kong, respondents were often drawn from special populations without using a random sampling method, such as hospitals, nursing homes, or universities.^{15–18} These results are difficult to generalize.

The previous non-random sampling surveys conducted in Hong Kong found that anxiety and spirituality (including Christianity and traditional Chinese superstition) would affect the death preparation of college students or middle-aged people.^{17,19} This research tried to understand what factors affect the death preparation of the community-dwelling older adults in Hong Kong. A randomized study in a community-based setting is important. Since Hong Kong is facing an aging population, it is necessary to conduct a study to ask community-dwelling older adults' views on death preparation, so that policy planners and medical professionals can understand how older adults view death and formulate relevant policies to prepare for the aging population.

2. Materials and methods

2.1. Selection of area

The purpose of this article was to study the factors that influ-

* Corresponding author. 50 George Square, Edinburgh EH8 9JU, United Kingdom.
E-mail address: andrew.ck.yu@ed.ac.uk (A. Yu)

ence the death preparation of older adults. Kwun Tong Town Centre was selected as Kwun Tong has the most extensive aging population in Hong Kong. Furthermore, Kwun Tong was one of the first towns developed in the 1970s.²⁰ According to the latest census in 2016, 8,501 people were aged 55 or above in Kwun Tong Town Centre.⁹

2.2. Sampling

The targeted respondents were Chinese people living in Kwun Tong town center aged 55 or above. With the assistance of town councilors, 2,446 households were randomly selected within the sampling frame. All sampled households were visited three times to determine whether there were any eligible respondents in the sampled flats. Of the 2,446 households, 683 were identified with eligible residents, and 282 of 683 were willing to participate. If there were more than one eligible older adult in one household, the ‘next birthday method’ was used to sample one respondent.

2.3. Measurements

Basic demographic information was obtained from each respondent, including age, religious belief, and place of birth. Basic health status (illness and disability) was also obtained. This study did not ask for either personal or household income due to privacy concerns. Six statements about anxiety and spirituality were also asked in this study. Each concept has three, and they are all yes-no questions. Cronbach’s alpha was used to test the internal consistency of each concept. The results reported the internal consistency of each measurement was over 0.7. Since death is a sensitive subject in Hong Kong society, this study avoided asking too many specific questions so as to avoid triggering any bad feelings of respondents. To examine the different factors influencing death preparation, logistic regression was used. The research was approved by the Research Ethics Committee of the College of Arts, Humanities and Social Science of the authors’ institution and was conducted according to the guidelines of the Declaration of Helsinki.

3. Results

3.1. Basic characteristics of respondents

There were 138 males and 144 females enrolled. All the respondents were Chinese. The mean age was 72.7 years old and ranged from 55 to 93. A total of 156 respondents had a long-term illness. 21.2 percent of respondents were born in Hong Kong. The basic characteristics of these respondents are listed in Table 1. Apart from basic demographic information questions, this study also asked one question about death preparation, one question on life and death course, three questions on anxiety, and three questions on spirituality. Since discussing death is sensitive in Asian society, there were missing data in each question. The results showed that just above 30 percent of respondents had ever thought about preparing for death; only 7.5 percent of respondents had attended any life and death course. For questions about spirituality, 41.2 percent of respondents reflected on death; 40 percent of respondents agreed that death is the start of another life. However, only 26 percent of respondents agreed that death drove them to set the final goal of life. For questions about death anxiety, 14.5 percent of respondents felt anxious about death; 20.6 percent of respondents agreed that death equals suffering; only 10.4 percent of respondents feared the loneliness of death.

3.2. Hierarchical multiple regression analysis for death preparation

Hierarchical logistic regression was used to understand the relationship between death preparation, spirituality and anxiety. Four models were established for analysis. Model 1 examined the associations between death preparation and sociodemographic variables, with ‘attending life and death course’ as a control. This model is significant ($\chi^2 = 26.74, p < .001, Nagelkerke R^2 = 0.22$). When death preparation was predicted, it was found that ‘Born in Hong Kong’ was the only significant predictor (odds ratio = 6.57, $p < .001$).

Model 2 examined the associations between death preparation, sociodemographic variables, and spirituality, with ‘attending life and death course’ as a control. This model is significant ($\chi^2 = 45.38, p < .001, Nagelkerke R^2 = 0.35$). The model reported that ‘Born in Hong Kong’ was the only significant sociodemographic predictor (odds ratio = 5.19, $p < .001$). For the spirituality questions, ‘Reflect about death’ (odds ratio = 2.77, $p < .01$) and ‘Death drives me to set the final goal of life’ (odds ratio = 4.75, $p < .001$) were significant predictors. The model reported that ‘attending life and death course’ was a significant control (odds ratio = 6.58, $p < .05$).

Model 3 examined the associations between death preparation, sociodemographic variables, and anxiety questions, with ‘attending life and death course’ as a control. This model is significant ($\chi^2 =$

Table 1
Summary of responses.

	N	Valid %
Gender		
Male	138	48.9
Female	144	51.1
Age		
55–69	110	39.0
70 or above	172	61.0
Mean (SD)	72.7 (8.2)	
Range	55–93	
Illness		
Yes	156	55.3
No	126	44.7
Born in Hong Kong		
Yes	60	21.2
No	222	78.7
Death preparation		
Yes	80	31.7
No	172	68.3
Have you ever attended life and death course?		
Yes	20	7.5
No	246	92.4
Reflect about death		
Yes	98	41.2
No	140	58.8
Death is the start of another life		
Yes	80	40.0
No	120	60.0
Death drives me to set the final goal of life		
Yes	54	26.0
No	154	74.0
Feel uneasy about death		
Yes	34	14.5
No	200	85.5
Death equals suffering		
Yes	44	20.6
No	170	79.4
Fear the loneliness of death		
Yes	22	10.4
No	190	89.6

46.96, $p < .001$, Nagelkerke $R^2 = 0.36$). The model reported that ‘Born in Hong Kong’ was the only significant sociodemographic predictor (odds ratio = 6.31, $p < .001$). For the anxiety questions, all items were significant predictors: ‘Feel uneasy about death’ (odds ratio = 11.38, $p < .01$), ‘Death equals suffering’ (odds ratio = 0.07, $p < .01$), and ‘Fear of the loneliness of death’ (odds ratio = 5.57, $p < .05$). The model reported that the control was not significant.

Model 4 was the overall model. This model is significant ($\chi^2 = 64.43$, $p < .001$, Nagelkerke $R^2 = 0.47$). ‘Born in Hong Kong’ was the only significant sociodemographic predictor (odds ratio = 4.03, $p < .01$). The model reported that the control was not significant. For the spirituality questions, ‘Reflect about death’ (odds ratio = 2.98, $p < .05$) and ‘Death drives me to set the final goal of life’ (odds ratio = 5.49, $p < .001$) were significant predictors. For the anxiety questions, all items were significant predictors: ‘Feel uneasy about death’ (odds ratio = 11.48, $p < .01$), ‘Death equals suffering’ (odds ratio = 0.05, $p < .01$), and ‘Fear of the loneliness of death’ (odds ratio = 6.06, $p < .05$).

4. Discussion

This study was one of the few to attempt to ask questions about death preparation with a sampling method in a residential setting. While only yes-no questions were asked to avoid triggering any negative feelings of respondents on death – a taboo and ominous topic in the Chinese cultural context, the results provided valuable insights to promote death preparation in Hong Kong.

This study found that only 31.7 percent of respondents would prepare for death early. This is far below the research conducted in hospitals and nursing homes. This was expected because community-dwelling older adults are generally healthier and may not need to consider death preparations yet. However, this result has also reflected that Hong Kong people are not enthusiastic about preparing for death, which is related to culture. This study also found that death education should be promoted in Hong Kong. The result suggested that most of the community-dwelling older adults (92.4 percent) never attended any life-and-death education.

This study found that the place of birth was related to death preparation. This has not been found in previous studies. This is probably related to the influx of Chinese refugees after the Second World War. From the 1950s to the end of the 1970s, many people in China fled to Hong Kong due to political problems. This has led to the cultural differences between China and Hong Kong in the post-war baby boom population (also the population surveyed in this study). Those born in China but moved to Hong Kong are more likely to identify with Chinese culture, while people born in Hong Kong generally have more Western and open-minded thinking than those who moved from China.^{20,21}

Regarding the factors that affect the preparation for death, this study found that anxiety (model 3, $R^2 = .36$, $p < .001$) has more variances than spirituality (model 2, $R^2 = .35$, $p < .001$) in predicting preparation for death. Earlier research found that anxiety is related to preparations for death. This study also suggested a similar result to the previous study.¹⁹ The final model showed that anxiety and spirituality had 47 percent of the variances to predict preparation for death (model 4, $R^2 = .47$, $p < .001$). Although the model summary showed that anxiety was more likely to predict death preparation, and the odds ratio of ‘feel uneasy about death’ was 11.48 ($p < .01$), if we look at the result of ‘death equals suffering’, the odds ratio was just 0.05 ($p < .01$). This result shows that although the respondents’ death anxiety could lead to early preparation for death, this anxiety did not come from suffering, because the odds ratio of suffering was very low. Past research indicated that painful death is perceived to be the karma of past wrongdoing, and people will be judged by the Yama King and burned in hell after death.^{11–14} But the results of this study indicated that as society progresses, people gradually become more open and no longer believe in traditional myths. As a result, people today do not necessarily think that death is pain. In fact, only 20.6 percent of respondents agreed that death equals pain. The result of ‘Death is the start of another life’ also proved this. In Chinese folk religion or Buddhism, people have the idea of reincarnation and believe that there will be an afterlife after death. On the other hand, Christianity believes that people are just passing by on

Table 2
Logistic regression analysis of death preparation, anxiety, and spirituality

	Model 1			Model 2			Model 3			Model 4		
	B	OR	95% CI	B	OR	95% CI	B	OR	95% CI	B	OR	95% CI
Constant	-1.63	0.20***	0.06–0.86	-3.27	0.04***	0.02–0.65	-1.64	0.19**	0.06–0.69	-2.82	0.06***	0.05–1.52
Sociodemographic												
Male	-0.07	0.94	0.21–1.55	0.16	1.16	0.28–2.86	-0.10	0.91	0.19–1.46	-0.41	1.12	0.24–2.68
Age (70 or above)	-0.00	1.00	0.34–2.52	0.05	1.05	0.42–4.09	-0.21	0.82	0.24–1.98	0.28	0.67	0.24–2.94
Illness	0.48	1.61	0.56–3.57	0.56	1.75	0.79–6.38	0.27	1.32	0.55–3.72	1.40	1.33	0.63–5.88
Born in Hong Kong	1.88	6.57***	3.30–27.90	1.66	5.19***	3.15–41.70	1.84	6.31***	2.44–21.49	0.67	4.03**	2.05–31.03
Have religion	0.11	1.11	0.60–4.14	0.58	1.79	0.83–10.75	0.39	1.48	0.65–4.81	1.52	1.96	0.89–15.28
Control												
Attended life and death course	1.37	3.92	1.34–29.00	1.88	6.58*	2.79–141.01	1.17	3.23	0.77–19.84	1.09	4.57	1.67–82.65
Spirituality												
Reflect about death				1.02	2.77*	2.34–28.54				1.09	2.98*	2.57–42.34
Death is the start of another life				0.36	1.43	0.42–5.00				0.02	1.02	0.22–4.39
Death drives me to set the final goal of life				1.56	4.75***	2.34–29.28				1.70	5.49***	3.49–89.94
Anxiety												
Feel uneasy about death							2.43	11.38**	0.81–46.21	2.44	11.48**	0.93–114.70
Death equals suffering							-2.64	0.07**	0.01–1.05	-2.92	0.05**	0.00–0.45
Fear of the loneliness of death							1.72	5.57*	0.30–9.08	1.80	6.06*	0.09–30.91
Model Summary												
Nagelkerke R^2		.22			.35			.36			.47	
χ^2		26.74			45.38			46.96			64.43	
p		< .001			< .001			< .001			< .001	

Notes: * $p < .05$, ** $p < .01$, *** $p < .001$. B = coefficient; CI = confidence Interval; OR = odds ratio; Reference = No.

earth and will go to heaven after death. However, the insignificant results indicated that this kind of thinking might be fading away; the descriptive result also showed that only 40 percent of respondents agreed that there is an afterlife after death.

For the older adults in Hong Kong today, death anxiety may be related to their psychological attitude. This study showed that the odds ratio of 'Fear of the loneliness of death' was 6.06 ($p < .05$). Although only 10 percent of the sample agree with the loneliness of the afterlife, the loneliness of death predicted death preparation at a significant level. This result is worthy of reflection. Since it is still taboo to discuss death in Chinese society, it will be difficult for people to discuss their worries about death. The relationship between people's loneliness after death and preparation for death may therefore be significant. This study also found that reflecting on death leads to early preparation for death (odds ratio = 2.98, $p < .05$), which showed that a positive psychological attitude is important to some extent. In addition, although only 26 percent of the respondents in this study agreed that death had driven them to set their final goal in life, the odds ratio from the regression analysis was 5.49 ($p < .001$). This showed that medical professionals and elderly service providers could start with education or focus on psychological attitudes to encourage people to prepare for death early, as neither death education nor death preparation is commonplace in Hong Kong. For instance, the government and the Hospital Authority should promote the concept of 'good death' and death preparation in the public community. Furthermore, there should be more training and resources for healthcare professionals to promote death education in the community as well. This is very important as healthcare professionals are the frontline when it comes to informing the public about all medical options. It will be good if people have some early thoughts about how to travel through this last journey of life peacefully and leave a fond memory among those who treasure them in their lives. After all, death is the common destiny of all human beings.

5. Limitations

While the sample of this research was drawn from a residential area in Hong Kong with a random sampling method, this study was cross-sectional in its design and was exploratory in nature (only simple yes-no-questions were asked due to feasibility), thus limiting the ability to identify strong implications. Findings do however demonstrate a need for the consideration and development of best practices for death preparation.

Conflicts of interest

No potential financial and non-financial conflicts of interest to disclose.

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