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Poverty and single elders in Hong Kong

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ABSTRACT
This paper proposes a methodology for measuring poverty among people aged 60 years or more and living alone in Hong Kong. It uses a lifestyle approach and is based on an index of subjective perceptions of deprivation consisting of 79 indicators. These cover the main expenditure categories of single elders in Hong Kong: housing, food, clothing, durable goods, fuel and water, entertainment and social activities, medical care and transport. We tentatively identify a poverty threshold of HK $7,000 per month in regard to these expenditure categories. With incomes below $6,000, respondents reduce spending on miscellaneous items and, at incomes of $5,000, they reduce spending on clothing, entertainment and social activities and transport. At incomes below $4,000, they cut down on food, durable goods, and fuel and water expenditure. As incomes drop below $4,000, respondents are forced to cut to a significant degree the 'necessities' of life, in particular food, to make ends meet. Despite this, levels of transfer payments to Hong Kong's eligible single elders are currently below this amount. It is noteworthy that respondents do not reduce housing, medical care, services and 'other' expenses when their incomes are below $7,000 per month. We conclude that Hong Kong's status as a 'tiger welfare regime', and in particular its relatively comprehensive provision of public housing and health care, helps to explain this finding.

KEY WORDS – poverty, single elders, Hong Kong, expenditure, transfer payments.

Introduction

On a global scale the extent of poverty is increasing both absolutely and relatively in maturing industrialised countries, transitional socialist economies and, on the largest scale, in developing countries. Even in those rich countries that would be most able to deal with poverty, the gap between the rich and the poor is widening. The growing extent of poverty, both intra- and inter-nationally is a policy issue closely associated with trends towards globalisation. As a consequence,

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substantial transfer payments to disadvantaged groups is often seen as threatening the long-term viability and sustainability of communities by reducing their competitiveness and flexibility. Rising poverty has been paralleled by increases in the number of older people, a trend well under way in 'old' countries and gaining momentum in many 'younger' countries. Many older people live on inadequate incomes and are dependent on under-resourced transfer payments and public services (Rogers *et al.* 1994; Walker 1992; Owens 1990). Many elders only manage on limited resources because they have access to family support, truer than is generally acknowledged in rich Western countries, and still very important, if declining, in Asian and other societies.

Questions about poverty beg questions of definition, and a sophisticated literature has evolved seeking to define poverty, much of it concerned with poverty as an absolute or relative state, with contemporary opinion weighing in on the side of the latter. While the debate about an appropriate measure of poverty continues, thinking, particularly in industrialised countries, has widened to include concerns less with monetary poverty than with issues of social exclusion, marginalisation, residualisation, isolation and loneliness, and the trajectory of people's labour market position with their fortunes in old age. There is also increasing acceptance that people are poor because they do not have access to decent jobs, and thus the policy challenge has been seen to be the creation of good jobs on a sustainable scale in a globalised environment. Yet these kinds of issues have relatively limited relevance to those who have permanently left the labour force, such as low-income elders, particularly those without adequate family support and dependent on transfer payments. Thus, the measure and alleviation of poverty remains a policy matter of wider relevance.

Hong Kong sits at the crossroads of many academic and policy debates associated with these major economic and social trends. It has one of the highest *per capita* Gross Domestic Products in the world, the upshot of its spectacular economic growth over the last three decades. Although all income groups have enjoyed significant real rises in wages and living standards, Hong Kong is a very unequal society. While it is accurately portrayed as a competitive economy, and thus better able to respond to the challenges and opportunities of globalisation than most, its competitiveness is generally perceived to be declining as its economy matures, a decline that is being accompanied by increasing poverty, most recently associated with the Asian financial crisis.

All these issues raise questions about what it means to be poor in Hong Kong. It is not hard to discern among Hong Kong's elite a

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suspicion of Western welfarism, believing that it has sapped the poor of their will to work and, in some countries, nearly bankrupted the state. They consider it a trajectory that Hong Kong would follow at its peril. This is complemented by a fatalism among the grassroots communities regarding the causes of hardship and disadvantage – you are poor because you are unlucky, not because your society is unjust. In addition, the poverty and hopeless circumstances in which so many people found themselves on arriving in Hong Kong as refugees from mainland China, has provided a counterpoint perspective to poverty quite at odds with Hong Kong's extraordinary and sustained wealth. Nevertheless, Hong Kong is beginning to face problems of social exclusion, marginalisation and residualisation, processes occurring in tandem with moves towards greater democracy, and accelerated as a consequence of the financial crisis. Poverty matters in Hong Kong.

Greater differentiation within the society is also occurring simultaneously with a discernable shift from extended to nuclear families and, arguably, as human relationships become more market-based and privatised, a declining relevance of the Confucian ethic of family responsibility. Hong Kong's inter-generational distribution of wealth has been increasingly skewed towards younger people, reflecting a shift from a manufacturing to a higher-order services economy and the higher real wages accruing to the younger and better-educated, as well as rising real wages generally. While this distribution has been masked to a significant extent as a consequence of continuing Confucian traditions of mutual support and resource sharing, particularly across generations, social and economic trends place the issue of poverty among disadvantaged groups even more firmly on the policy agenda. One group at obvious disadvantage are low income single elders, the focus of this paper.

We have two modest objectives. Drawing on both local and international research (in particular the work of Peter Townsend), and using single elders as a case study, it first proposes a methodology for identifying the income required for Hong Kong's single elders to meet their basic needs and live in some dignity, based on their own perceptions. The second is to apply the principles of our methodology to their main expenditure categories in order to assess the impact of increasing poverty on their living conditions. This permits a brief discussion about the appropriateness of levels of financial support, as well as the impact of existing public policies and services on moderating or exacerbating the circumstances of low-income older people.

The rest of the paper is divided into three main sections. The first briefly presents some well-known definitions of poverty and different

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ways of measuring poverty. This is followed by a description of our methodology for measuring poverty and its application in the case of low-income single elders in Hong Kong. The final section is a discussion and conclusion.

Defining and measuring poverty

Poverty is difficult to define and, like beauty, lies to some degree in the eye of the beholder (Orshansky 1969). Poverty can be treated as an absolute measure of subsistence levels and basic needs. This approach focuses on people's capacity to survive and, in its narrowest sense, means little more than having a sufficiency of resources to feed oneself and one's dependants. There is an emphasis here on biological needs such as food, water, clothing and shelter, with no allowance for broader social needs and no recognition of social or cultural expectations (MacPherson and Silburn 1998: 4). Examples of such absolute measures include: (i) the United States Social Security Administration's poverty line, primarily based on the money income needed to purchase a nutritionally adequate diet and assuming a percentage of income is spent on food, (ii) Rowntree's measure of poverty based on the price of the basic necessities of living, and (iii) Drewnowski and Scott's definition and operationalisation of basic physical needs by nutrition, shelter and health (Orshansky 1969; MacPherson and Lo 1997).

The idea of poverty as relative in time and space is not new. This view has increasingly become mainstream thinking since the mid-1970s, however, as a consequence in particular of the work of Peter Townsend. He described the poor as individuals, families or groups who:

> lack the resources to obtain the types of diet, participate in the activities and have the living conditions and amenities which are customary, or are at least widely encouraged or approved, in the societies to which they belong. Their resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary living patterns, customs and activities. (Townsend 1979: 31)

Oppenheim (1990) similarly defines poverty as:

> going short materially, socially and emotionally. It means spending less on food, on heating, and on clothing than someone on an average income. … above all, poverty takes away the tools to build the blocks for the future. … your 'life chances'. (Oppenheim 1990: 3, quoted in Alcock 1993: 3)

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Poverty is sometimes simply defined in explicitly relative terms as being less than a certain percentage of, say, median income. The European Union, for example, has proposed a poverty line defined as 50 per cent of average disposable income (Sequeria *et al.* 1996).

There is now broad acceptance that poverty is a relative state. A popular approach is the budget standards approach, which first defines a set of needs and costs them but then, unlike the basic needs or subsistence approach, sees needs as relative in time and space (Renwick and Bergman 1993; Piachaud 1987). Part of Townsend's contribution was to formulate an index of relative deprivation based on lifestyles, estimating poverty by identifying turning points and a 'threshold of deprivation', an approach not without its critics. Piachaud (1981) for example, observes that it is unclear what some of the components of his deprivation index have to do with poverty; indeed, he argues, they might have more to do with tastes than poverty. He also observes that the 'mean deprivation score' for different income groups conceals the variation between people at the same income level, and questions the existence of a turning point or a threshold of deprivation: if diversity in living styles and poverty are relative, one would not expect to find any threshold between the poor and the rest of society. Its existence, he suggests, is intrinsically implausible (Piachaud 1981). Townsend's methodology was quickly refined to measure 'going without' as a consequence of poverty rather than choice. Both income and deprivation criteria are now regarded as important in identifying the poor (Callen *et al.* 1993).

Low income alone, however, does not necessarily result in deprivation, because individuals can live off their savings or off someone else's income. Thus, a measure of access to resources rather than just income is required to measure poverty, particularly in the case of elders who seldom have earned incomes (Ringen 1987). Although measuring deprivation often involves the identification of sets of items or activities widely regarded as necessities, the relationship between indicators is also important (Callan *et al.* 1993). This begins to raise the issue of the dimensions of poverty, its boundary and its depth (Drewnowski 1977).

Measuring poverty in Hong Kong

The Hong Kong Government uses an absolute measure of poverty to set the limit for its Comprehensive Social Security Allowance (CSSA), a *de facto* poverty line that uses the 'basic needs' approach defined, as the amount of money required to enable a person to sustain a standard of living where their basic needs can be met (Hong Kong Government

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1996). Nelson Chow, in one of the first independent attempts to measure poverty in Hong Kong, argued that an absolute measure of poverty was inappropriate given Hong Kong's state of economic development and income and expenditure patterns, and its relative ineffectiveness in reflecting the lifestyle and conditions of poor people. Instead, he formulated a poverty line by assessing the needs and lifestyles of low income families and by identifying the nine items most indicative of poverty (Chow 1982). Lui and Wong (1995) also used a relative measure of poverty in their submission to *Oxfam Hong Kong*, assumed to be the median income of 20 per cent of households with the lowest income. They adopted a qualitative approach to evaluating poverty, holding in-depth interviews with a number of groups regarded as disempowered. An important estimate of relative poverty has been the development of the MASoL (minimum acceptable standard of living) by MacPherson (1994), who used the budget standards approach and incorporated the requirements of diet, clothing, possessions, amenities, services and social life to allow people to play their appropriate roles, participate in relationships and follow customary behaviour (MacPherson and Lo 1997). The lifestyles approach has also been used by MacPherson and Chan (1996), who divided their respondents into four expenditure groups, based on CSSA and MASoL levels and then compared the lifestyles of respondents in these groups. This study also identified the main coping strategies used by respondents in the lower two expenditure groups.

Where does this leave us? First, relative measures of poverty are, in our view, more useful than absolute measures, and Townsend's deprivation index has been an enormously influential tool in measuring relative poverty. We also recognise the need to differentiate deprivation as a consequence of poverty from lifestyle choices, to consider access to resources rather than income, and to evaluate both the boundary and the depth of poverty. We do not subscribe to the view, however, that poverty should be measured on the basis of what is customary – we argue instead that a measure of relative poverty needs to allow for the possibility that most people in a society are poor and poverty is 'customary', and we acknowledge concerns that, in wealthy countries, lack of access to what is customary might well be a measure of inequality rather than poverty.

In Hong Kong, MacPherson's use of the budget standards approach has provided a poverty threshold for single elders. The lifestyle approach has been used successfully in wider studies of poverty in Hong Kong, although it has not been applied to single elders and many of these studies are now dated. There is thus a clear gap: a need to expand

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the lifestyle approach to measuring poverty among single elders, particularly in the context of international thinking and research. It is this approach that has informed our methodology described below.

A measure of poverty among single elders in Hong Kong

This section provides a brief description of our study sample, and presents our proposed methodology for measuring poverty among this group. We also identify their main coping strategies across a range of expenditure categories, permitting us to assess the impact on living standards, given incomes below our defined poverty threshold. For the purposes of this paper, single elders are defined as those aged 60 years or more and living alone. They may of course have spouses, children or other family members, but they do not live with them.

Description

Hong Kong has a young population. Of the total in 1996 of 6.2 million, 890,00 were aged 60 years or over, of whom about 10 per cent were single people. Although the proportion of the population over 60 only increased from 11 to 14 per cent between 1981 and 1996, the absolute increase was 67 per cent; and the absolute increase of single older people was 57 per cent. The 60 plus population is projected to increase quite significantly between 1996 and 2016 as Hong Kong's population ages. Also, the trend towards the nuclear family is expected to result in a large increase in the number of single elders.

Surprisingly little information is available on the access of single elders to resources. The census for example only provides information about income from wages, excluding other sources such as family contributions, state benefits and interest income, sources most applicable to older people. Neither is information available about the extent of savings. However, anecdotal evidence and order-of-magnitude assessments suggest that extensive poverty exists among this group. The extent to which they work is limited, salaries are low, and pensions under-provided (La Grange and Yung 2000). Transfer payments are also generally acknowledged to be inadequate (MacPherson and Lo 1997). Chow (1982) found that elders living alone were the most deprived group, and many were living barely above the subsistence level. These general findings were confirmed by our study.

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While almost no social services are directly targeted at single elders, they access services available to the population at large (both universal and means-tested), as well as services targeted at 'older people'. Indeed they are often the main beneficiaries of services for elderly people. The most important general service available to single elders is the means-tested CSSA, a low income support safety net, providing bare necessities for people in financial difficulty (MacPherson and Lo 1997; Ngan 1993; MacPherson 1994; Liu *et al.* 1996). Elders are also eligible for the Normal Disability Allowance (HK $1,260 per month in 1998) or the Higher Disability Allowance ($2,520 in 1998), a non-means tested allowance for disabled people. Other general services include health care (general and specialist in-patient and out-patient services provided by public clinics and public hospitals and domiciliary nursing services) and public housing. Services available to elderly people specifically include the means-tested Normal Old Age Allowance ($625 per month in 1998) for those aged 65–69, or the non-means-tested Higher Old Age Allowance ($705 in 1998) for those aged 70 or more. Other services include health centres and social centres for older people, multi-service elderly centres, day care centres and an outreach service for older people, as well as various volunteer programmes serving the age group. The Housing Authority has also introduced several housing schemes aimed at reducing the queuing time for allocation of public rented flats to older applicants, and implemented an Estate Liaison Officer Scheme. While this range of services provided is quite extensive, very few low-income (or indeed any) single elders access such a comprehensive range of services (La Grange and Yung 2000).

Study and methodology

During 1998–99, research was conducted into the personal and work histories of Hong Kong single elders, their living conditions, expenditure patterns and strategies for coping with poverty. The aim was to test a methodology and establish, albeit tentatively, a relative poverty threshold for this group. Twenty-four semi-structured, in-depth interviews were conducted with low-income single elders (defined as those aged 60 years or more and with incomes below about $12,000 per month) to identify as exhaustively as possible coping strategies that they used. Both general strategies (such as: avoiding visiting doctors when unwell; eating less) and strategies specific to Hong Kong (foregoing the preparation of Chinese soup; not giving *Lai See* packets at Chinese New Year) were identified. Special care was taken to

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confirm that the coping strategies resulted from limited material resources rather than from tastes and preferences. Special care was also taken to solicit the respondents' perceptions of their ways of coping with poverty. The in-depth interviews permitted us to formulate an index of deprivation based on coping strategies with reference to 11 main expenditure categories: housing, food, clothing, durable goods, fuel and water, miscellaneous, entertainment and social activities, medical, transport, services and others. In all, 79 coping strategies were identified (see Appendix 1 for full details).

On the basis of the in-depth interviews, a questionnaire was designed and over 400 structured, face-to-face interviews were conducted with low-income single elders. This focused on their personal histories, sources of income, expenditure patterns and strategies for coping with low income in the 11 categories identified above. About 85 per cent of interviewees were referrals from organisations providing services to elderly people; the remainder, receiving no services, were identified in bed-space apartments, sitting out areas, and public housing estates.

Interviewers were carefully briefed to ensure that all the respondents' coping strategies were identified, in an effort to provide an exhaustive and complete picture and to avoid distortions and inaccuracies. Special care was taken to identify strategies that were motivated explicitly to save money, rather than being lifestyle or otherwise non-financial strategies (at the crudest level, the difference between being hungry, because there is no money to buy food, and being on a diet). We were very careful on this point: we did not assume that respondents who engaged in particular activities or behaviour did so because they were poor: rather we asked them directly whether such activities and behaviour were the consequence of poverty. All survey questions were carefully phrased to solicit the respondents' subjective views about their situation and their coping strategies. For example, interviewees were not asked whether poverty meant that they sought medical care less often than necessary – in our view they would not have been in a position to make what is essentially a medical judgement – rather, they were asked whether poverty *resulted* in their seeking medical care less often than they perceived necessary or would have liked – a different but also important question, and the focus of this research.

Our survey is not based on a random sample of Hong Kong's population of low-income single elders except that respondents represent the geographical distribution of single elders in Hong Kong (based on districts). First, this was because there is no accessible sampling frame of single elders, particularly if face-to-face interviews are required. Secondly, we were dependent on the help of local

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organisations providing services to elderly people to provide interviewees – and most felt that identifying willing respondents who met our basic requirements of living alone, aged 60 or more and of a low income, was challenging enough. Simply put, finding respondents of specified sex, income, age and level of education was not regarded by most participating organisations as practicable. As a consequence of our sampling strategy, we have more 'young old' than 'old old', and there are more recipients of state benefits than among single elders at large. No way was found to compare the income resources of respondents with that of the wider population, as the census only provides information about salary income and this makes its estimates of the incomes of elders particularly problematical and unreliable. Our conclusions therefore need to be evaluated with caution.

Great care was taken to estimate the respondents' financial resources accurately, that is the money available to them each month rather than just income (however, for ease of readability, we refer subsequently to 'monthly income' rather than 'monthly financial resources'). So we included government transfer payments (CSSA, Old Age Pensions, Disability Pensions, other allowances), private pensions, interest on investments, contributions in cash or kind from family and others, and drawing down of savings. We did not include the provision of rent-free accommodation (which was only available to a very small number of respondents). Respondents were advised that the interviews were for research purposes only. Furthermore, all interviewers were carefully trained to explore sources of income thoroughly.

As Appendix 1 shows, the coping strategies were judged more or less severe in terms of their impact on living conditions. In order to permit the aggregation of the coping strategies of each respondent, each of the 79 strategies was assigned a score between 1, for those with little or no presumed impact on living standards, to 5, for those with the most drastic impact. This score is intended to reflect the degree of hardship, from inadequate expenditure due to limited income.

A total of 11 strategies were judged to have little or no impact on living standards and were assigned a score of 1 (*e.g.* buying food at specific times when it is cheaper, buying cheaper clothes, or engaging in free-of-charge pastimes such as visiting public gardens or playing chess). We assume that even if elders were to adopt all these coping strategies (producing a total score of 11), they would still be enjoying an adequate standard of living, and that this degree of coping represented the efficient management and use of income with little or no impact on living standards, rather than living in poverty with all the attendant psychological and health-related problems. The use of more

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TABLE 1. *Mean coping score of different income groups*

Monthly income	Mean 'degree of coping' score
$6,000–$6,499	30.10
$6,500–$6,999	21.18
$7,000–$7,499	11.50
$7,500–$7,999	7.00
$8,000 or over	6.53

drastic or of a greater number of strategies would of course result in a score higher than 11, which we presumed to be an indication of deprivation, albeit to greater or lesser extent. On this basis we decided that a score of 11 represented a threshold, above which respondents were having to cope with the consequences of poverty. The mean 'degree of coping' scores of different income groups was calculated and an ANOVA analysis and LSD *t*-test undertaken to identify the income level below which the 'degree of coping' was significantly higher than this standard score of 11. This then is our proposed poverty threshold for single elders.

Poverty threshold for single elders

Table 1 shows that respondents with incomes between $7,000 and $7,499 had a mean coping score of 11.5, *i.e.* while they engaged in some strategies to save money, these are not regarded as sufficiently serious to put them below the poverty threshold. Thus, single elders with incomes above $7,000 are regarded as enjoying a decent living standard with relatively few worries about meeting their basic needs or suffering undue hardship because of a shortage of money.[1]

Table 2 clearly shows that the extent to which respondents were using coping strategies increases as income is reduced, except for respondents in the $1,000–$1,999 income group, who have a lower mean than the $2,000–$2,999 group. However, the LSD *t*-test showed that the means of these two groups are not statistically different, and so we can conclude that coping scores generally increase with decreases in income.

Coping with poverty

Lower-income respondents tend to have higher coping scores than those with higher incomes. This would result either from using a

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TABLE 2. *Analysis of coping scores at different income levels*

Monthly income	n	Mean 'degree of coping' score	Standard deviation	95% confidence interval
Below $1,000	8	56.15	37.77	24.57–87.73
$1,000–$1,999	12	41.67	14.65	32.36–50.98
$2,000–$2,999	120	45.68	23.07	41.51–49.85
$3,000–$3,999	187	41.39	21.16	38.34–44.44
$4,000–$4,999	40	38.25	26.38	29.81–46.68
$5,000–$5,999	10	26.11	16.77	14.12–38.11
$6,000–$6,999	13	25.52	17.11	15.18–35.86
$7,000–$12,000	12	8.30	8.23	3.07–13.53
Total	402	40.78	23.20	38.50–43.05

$F = 6.69$ (7,394) $p < 0.001$.

TABLE 3. *Analysis of mean score of individual coping strategies at different income levels*

Monthly income	n	Mean (Score of individual coping strategies)	Standard deviation	95% confidence interval
Below $1,000	8	2.44	.65	1.90–2.99
$1,000–$1,999	12	2.08	.40	1.83–2.33
$2,000–$2,999	120	2.10	.29	2.05–2.16
$3,000–$3,999	187	2.08	.38	2.03–2.14
$4,000–$4,999	40	1.87	.45	1.73–2.02
$5,000–$5,999	10	1.82	.39	1.54–2.11
$6,000–$6,999	13	1.90	.43	1.65–2.16
$7,000–$12,000	12	1.70	1.12	.99–2.42
Total	402	2.05	.43	2.01–2.09

$F = 4.43$ (7,394) $p < 0.001$.

greater number of strategies or from using more *drastic* strategies, or from a combination. To measure the degree to which respondent used drastic strategies (indicated by higher scores in the range 1 to 5), we calculated the respondents' average score per coping strategy (*i.e.* the total coping score divided by the number of coping strategies). Table 3 shows that, with two insignificant exceptions, lower income respondents have significantly higher mean scores than those of the higher-income groups. This permits the general conclusion that lower-income respondents tend to use more drastic coping strategies to make ends meet. It should, however, be noted that the difference between the means of the lowest and highest income groups (0.74) is comparatively small, so, while the mean tends to decrease with increases in income,

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TABLE 4. *ANOVA analysis – number of coping strategies at different income levels*

Monthly income	n	Mean (number of coping strategies)	Standard deviation	95% confidence interval
Below $1,000	8	24.70	15.57	11.69–37.71
$1,000–$1,999	12	20.36	7.66	15.50–25.23
$2,000–$2,999	120	21.34	9.88	19.55–23.13
$3,000–$3,999	187	19.90	10.02	18.46–21.35
$4,000–$4,999	40	18.75	10.61	15.36–22.14
$5,000–$5,999	10	13.17	7.67	7.69–18.66
$6,000–$6,999	13	12.82	7.98	7.99–17.64
$7,000–$12,000	12	5.14	4.26	2.43–7.85
Total	402	19.49	10.32	18.48–20.50

$F = 6.05$ (7,394) $p < 0.001$.

this decrease is very modest. This is confirmed by the relatively low correlation between the mean score of individual coping strategies and income ($r = -0.25$, $p < 0.001$). A larger sample size would have been useful.

The next stage of our analysis was to compare the *number* of coping strategies used by single elders in different income groups. Table 4 shows that, with one insignificant exception, respondents in lower-income groups tended to use a greater number of coping strategies than higher-income groups and that this difference is highly significant ($p < 0.001$). Further, the difference between the mean of the highest and the lowest groups is quite large: a difference of nearly 20 coping strategies. This is further confirmed by the negative and comparatively high correlation between the number of coping strategies and income ($r = -0.31$, $p < .001$).

To summarise, income is more closely related to the *number* rather than the *severity* of coping strategies. Thus, lower-income respondents tend to use a greater number of strategies rather than a number of more drastic ones. On the whole, the mean scores of both number and severity of strategies increases as incomes decrease.

Individual expenditure groups

The next stage of our analysis was to explore whether single elders prioritised the ways in which they cut expenses. In other words, did income have a significant impact on the 'degree of coping' with regard to the 11 expenditure categories? For this analysis,[2] each coping

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strategy was given a score and the individual scores within a particular expenditure category were added together to form the 'degree of coping' score. An ANOVA analysis was used again to compare the number and severity of coping strategies of respondents in different income groups for each expenditure category, and the LSD *t*-test was used to compare the mean score of respondents with incomes above our poverty threshold ($7,000) with the other income groups, in order to identify the critical income level below which the average coping score of each expenditure category began to rise. The results of the ANOVA analysis are summarised in Table 5.

Housing. Housing strategies included living in public temporary housing, squatter huts, bed-space apartments or cage homes, or sleeping rough. The ANOVA analysis shows that the housing coping scores of different income groups are not statistically significant. This is possibly explained by Hong Kong's large public housing programme which provides accommodation of a reasonable standard at subsidised rents to many lower-income families. Single elders are given priority in the allocation of rented public housing, for example under the Single Elderly Persons Priority Scheme. What further favours lower-income single elders in applying for rented public housing is the definition of household income in determining the eligibility for rented public housing. This primarily includes income from work, dividends and interest income, but it excludes family contributions and old age and disability allowances – major sources of income for low-income single elders in particular. Indeed, many single elders who do not work may be eligible for rented public housing even though they may have comparatively high incomes, subject to their assets being below the asset limit. It should be noted, however, that many less sophisticated single elders are unaware of their eligibility for and indeed privileged access to public housing, or are unable or unwilling to apply. Thus many low-income single elders live in very poor quality but inexpensive private-sector housing, including bed-space apartments and squatter huts, with rents that are often no less than for significantly better-quality public housing. It is also noted that respondents did not list living in poor-quality rented housing or occupying cheap housing as a coping strategy – and our methodology did not permit us to prompt respondents about what their coping strategies were.

Food. Respondents had a wide range of strategies to reduce their food expenditure, from buying cheaper food and consuming food provided

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TABLE 5. *ANOVA analysis – mean coping scores of major expenditure categories*

Monthly income	n	Food	Clothing	Durable goods	Fuel and water	Miscell-aneous	Entertainment/ Social	Medical	Transport	Services	Other
Below $1,000	8	13.25	6.63	5.37	9.38	3.12	4.97	6.45	2.3750	2.1250	2.1125
$1,000–$1,999	12	9.17	5.30	4.08	7.17	1.50	3.00	4.50	4.0725	1.7500	.8783
$2,000–$2,999	40	11.53	5.88	6.58	9.07	1.85	4.59	6.02	4.2750	2.3278	1.2830
$3,000–$3,999	40	8.99	4.32	3.94	5.40	1.96	3.02	5.24	3.3750	1.6500	1.0538
$4,000–$4,999	22	5.86	4.42	3.23	3.86	2.23	2.70	4.44	3.3182	1.5000	.9545
$5,000–$5,999	11	5.59	3.45	2.82	2.08	1.73	1.45	3.36	2.2573	.9091	1.1818
$6,000–$6,999	12	3.58	3.17	2.68	3.00	1.33	2.42	3.50	2.1667	1.8425	1.2067
$7,000–$12,000	12	1.83	1.00	1.17	.33	.17	.35	1.38	.2500	.7692	.7117
Total	157	8.23	4.52	4.21	5.66	1.79	3.11	4.77	3.1892	1.7290	1.1333

by charitable organisations or others, to severer adjustments such as not eating enough each day or scavenging for food. Unlike housing, the extent to which respondents employed food coping strategies to get by is significantly related to income: the mean number of coping strategies increases (with one exception) with reductions in income ($p < 0.001$). We may therefore conclude that lower income respondents adopted a greater number of, and/or more drastic, food coping strategies than higher income respondents. The mean food coping score of the group living above our poverty line ($7,000–$12,000) is 1.83, suggesting that they adopted on average fewer than two food coping strategies. It is evident, however, that respondents with an income below $4,000 cut food expenditure to a significant degree in order to make ends meet.

Clothing. Some respondents adopted a mild strategy such as buying cheaper clothes, and others the severe strategy of picking up discarded clothes. As with food expenditure, so the use of clothing coping strategies significantly increased as incomes declined, with two exceptions ($p = 0.002$). However, the LSD *t*-test shows that the mean clothing coping scores of the $1,000–$1,999 and $3,000–$3,999 groups are not significantly lower than those of the next higher group. The mean clothing score of respondents living above our poverty line ($7,000–$12,000) is 1.00, which implies little or no impact on living standards. Respondents with incomes of $5,000 and below have significantly higher mean scores than those with incomes above our poverty threshold, implying that they have a significantly lower living standard in relation to clothing consumption.

Durable goods. Strategies to stretch money spent on durable goods ranged from making do with old, low-quality goods to more severe strategies such as picking up abandoned goods. Our analysis indicates that the need for coping strategies also increases as income declines ($p < 0.001$). Respondents with incomes above our poverty threshold utilise a mean of 1.17 coping strategies which is therefore our benchmark of little real impact on living standards. The LSD *t*-test shows that respondents with incomes below $4,000 utilise significantly more durable goods coping strategies than the comparison group, and therefore have a significantly lower living standard in relation to durable goods consumption than those with incomes above $7,000.

Fuel and water. Strategies to reduce spending on utilities ranged from using cheaper fuels for cooking, to taking cold baths all year and

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avoiding or minimising the use of electrical appliances or even lights. The ANOVA analysis indicates that the use of fuel and water coping strategies significantly increases as incomes decrease ($p < 0.001$). Respondents with incomes above $7,000 utilised a mean of about 0.3 coping strategies. Using this figure as the threshold of adequacy, the LSD *t*-test found that respondents with an income below $4,000 utilised a significantly greater number of and more drastic fuel and water coping strategies than the group above the poverty threshold.

Miscellaneous expenditure. Four strategies in this category were identified: using goods given by others, buying cheaper goods, using less, and going without. Although the ANOVA analysis is significant ($p = 0.027$), this expenditure category is different from most others because the mean scores of respondents do not increase as incomes decline and the relationship between income and coping seems random. This may be a consequence of the way we have categorised miscellaneous expenses, which included toilet paper, soap and washing powder and, while total expenses in this category are not great, there may be little room to cut costs. We also speculate that personal idiosyncrasies and preferences may help to explain this finding.

The reference group with incomes above our poverty threshold utilised a mean of only 0.17 coping strategies, much lower than the other groups. The LSD *t*-test shows that, with one exception, respondents with incomes below $6,000 had a significantly higher mean score. We therefore suggest that single elders with incomes below $6,000 are cutting miscellaneous expenditure to a significant degree when compared with those with incomes above $7,000. This may be because buying such items is less important than, say, buying food, and therefore miscellaneous expenses are cut first as incomes drop below our poverty threshold.

Entertainment and social expenditure. As might be expected, money spent on entertainment and social activities was found to decrease significantly as incomes declined ($p < 0.001$). Coping strategies to reduce expenses included engaging in cheaper or free pastimes, to not using the television and/or radio to cut the electricity bill. It is noted, however, that although there is a general trend, the LSD *t*-test shows that respondents in the $1,000–$1,999 and $5,000–$5,999 groups did not have higher means than the next highest income group. The mean entertainment and social activities coping score for the reference group living above the poverty threshold is 0.35 (which is lower than the food

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and clothing categories, a result we would not have expected). The income level below which the mean score is significantly higher is $5,000. This is higher than the income level for food and durable goods and this might be attributable to the fact that entertainment is less important than food and other necessities to low-income elders.

Medical care. Strategies identified by respondents to reduce medical expenses range from the most common strategy of using public clinics to delaying or even avoiding perceived necessary medical treatment. Like housing, the ANOVA analysis of the medical coping scores of different income groups is not significant at the 0.05 level. This suggests that even respondents with incomes above our poverty threshold would choose to use public services and would be unable to afford private medical care. This does not reflect substantial hardship, because publicly-provided medical care in Hong Kong is comprehensive and of high quality, the usual complaints notwithstanding, and is used extensively by the population at large. It is perhaps not surprising then that the ANOVA analysis is not significant, given the availability of affordable and effective public medical services to all citizens in Hong Kong.

Transport. In line with a number of other expenditure categories, the mean of transport coping strategies increases as incomes decline ($p = 0.001$). Although the mean of the transport coping score increases with a decrease in income until an income level of $2,000, the LSD *t*-test suggests that this is not statistically significant. The mean transport coping score for respondents with incomes above our poverty threshold is 0.25. The LSD *t*-test identifies $5,000 as the critical income level below which there tend to be significantly higher mean coping scores.

Personal services. The personal services coping score did not increase significantly with decline in income ($p = 0.245$). We propose two explanations for this, one that some personal services (such as having a haircut) are relatively inexpensive and are only needed occasionally, and the other that some personal services (such as having a broken window repaired) would be undertaken by the Housing Authority for public tenants and by at least some private landlords, and would therefore reflect the conditions under which housing is provided.

Other ways. Similarly, the 'other' coping scores do not increase significantly with decline in income ($p = 0.229$). As the celebration of birthdays, festivals and the Chinese New Year necessitates expenditure

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TABLE 6. *Monthly income level at which mean coping scores are significantly higher than respondents with incomes above $7,000*

Category of Expenditure	
Housing	–
Medical	–
Services	–
Other	–
Miscellaneous	$6,000
Clothing	$5,000
Entertainment and social activities	$5,000
Transport	$5,000
Food	$4,000
Durable goods	$4,000
Fuel and water	$4,000

only occasionally, lower-income respondents may not have to use a greater number of and/or more drastic coping strategies to reduce such expenses. In addition, these kinds of occasions may be less important to single elders and may not be celebrated by higher-income as well as lower-income respondents. We regard borrowing as a quite drastic coping strategy (rated 4), but we note that it is one that is not extensively used, not even by very low-income respondents. This might reflect a reluctance to borrow under any circumstances.

Table 6 provides a summary of the conclusions of this analysis and suggests an interpretation of the response of single elders to increasing impoverishment. At no point do they reduce housing, medical, services and 'other' expenses as their income decreases. As income declines to below $6,000 however, it appears that they start to reduce miscellaneous expenses by using a greater number of and more drastic coping strategies. As incomes decline below $5,000 they start to reduce spending on clothing, entertainment and social activities and transport. As incomes decrease below $4,000, they cut expenditure on food, durable goods and fuel and water expenditure. This indicates that they have priorities, and it is particularly noteworthy that, as incomes drop below $4,000, respondents are forced to cut substantially even the necessities of life. Reducing spending on food and fuel and water are the last resort to make ends meet.

Discussion and conclusion

Drawing on international and local studies, and in particular on the pioneering work of Townsend, this paper has proposed a methodology

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for measuring poverty among single elders in Hong Kong. It has applied a lifestyle approach, by formulating an index of deprivation based on personal perceptions of ways of coping with poverty and that comprises of 79 indicators grouped into 11 expenditure categories. It was primarily developed by conducting in-depth interviews with 24 low-income single elders. Over 400 structured interviews were conducted and a poverty threshold of $7,000 per month was identified as the minimum required by single elders to enjoy a decent style of living. Our research suggests that single elders do prioritise their spending as incomes decline below the poverty threshold.

It is noteworthy however that two of the most important expenditure categories, housing and medical care, do not appear to be income-sensitive. This indicates the influence of Hong Kong's 'tiger welfare regime'. This can be characterised as comprising large-scale investment in the social infrastructure (such as housing and medical care) and low levels of transfer payments (such as pensions and unemployment benefits). The family and the community are assumed to care for those unable to care for themselves – hence the official adoption of a Confucian ethic reduces the pressure for comprehensive transfer payments to disadvantaged groups.

Hong Kong has one of the largest public housing programmes in any market economy country: about half the population lives in subsidised accommodation provided by the state. The extent to which single elders have transferred over time from marginal private rented housing (single rooms, cocklofts and bed-spaces) to the public sector is striking (the former declining from 41 to 16 per cent between 1981 and 1996, and the latter increasing from 22 to 46 per cent over the same period). Most respondents lived in public housing (59 per cent), about a quarter in private rented housing (23 per cent), a small proportion owned their homes (12 per cent), and the remainder lived rent free or had their rent paid for by others. This is not to suggest that low-income single elders are all well housed, rather that the quality of housing is not necessarily lower for income groups below our poverty threshold of $7,000. When even an income of $7,000 would afford only very rudimentary and poorly regulated housing in the private sector, housing expectations are extremely low. Hong Kong also provides almost no continuum of care for elderly people with regard to housing requirements, and there is a significant under-provision of residential care places – yet respondents gave almost no indication that they had any expectations about accessing housing services tailored to their needs.

Health care, like housing, is heavily subsidised in Hong Kong, and it is generally accepted that the quality is relatively high. Respondents

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made extensive use of public clinics and hospitals and, while we do not suggest that all low-income single elders receive adequate medical care, the extent and use of public services does suggest that self-perceived access to care is not lower among those low-income groups. Indeed it is likely that elders with incomes well above our poverty threshold also make extensive use of public medical services, particularly given that many of their ailments are difficult to treat and require ongoing monitoring and care. Waiting times for specialist consultations are long, including those of importance to older people such as Geriatrics and Ophthalmology, and the average length of specialty visits tends to be short (Harvard Team 1999).

In comparison with the provision of housing and health care, the financial resources of single elders, including transfer payments, are low enough to create significant hardship, including an inability to meet basic needs. The standard rate of the CSSA in 1998 was $2,555 per month (with special grants for rent, telephone and emergency alarm for those judged eligible taking the rate to about $3,000). However, according to our poverty threshold, living on this amount causes major hardship for respondents and does not appear to permit them to meet even basic needs. Our research is therefore (and expectedly) in line with the conclusion of other researchers (Chow 1982; MacPherson and Chan 1996; Macpherson and Lo 1997) that in Hong Kong transfer payments are inadequate and result in very poor living conditions. Since Chow's research in 1982, the degree of poverty in which older people live has changed little. Our findings raise potentially interesting questions about why single elders cope with poverty in the way they do, but this would be the subject of further research.

Appendix 1: Scoring the 79 coping strategies

The use of each coping strategy is given a score, ranging from 1, for those with little or no impact on the quality of life, to 5 for strategies which may have most serious adverse impact on the life of the single elders concerned. While the weightings may be imprecise and subjective, they allow us to calculate the total extent of coping for each respondent. This reflects the degree of hardship resulting from inadequate expenditure due to limited income.

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Appendix 1:

		Score
Housing:		
1.	Live in public temporary housing	3
2.	Live in squatter housing	3
3.	Live in bed-space apartment or cage-home	4
4.	Street-sleeping	5
Food:		
1.	Buy cheaper food	1
2.	Eat food given by organizations or others	1
3.	Buy at specific times when it is cheaper	1
4.	If type of food becomes expensive, buy less and vice versa	1
5.	Seldom or never eat outside (or only if others pay)	2
6.	Try not to buy non-staple food (e.g. biscuits, soft-drinks)	2
7.	Never or seldom prepare Chinese soup	2
8.	Divide food for one meal into several meals	3
9.	Eat less main dish, more rice	3
10.	Buy poorer quality food	3
11.	Eat less or have insufficient food each day	5
12.	Have less than three meals per day	5
13.	Scavenge for food	5
Clothing:		
1.	Buy cheaper clothes	1
2.	Make one's own clothes	1
3.	Clothes given by organization/others	1
4.	Not buy new clothes, only wear old ones	3
5.	Mend clothes and continue wearing them	4
6.	Pick up abandoned clothes	5
Durable Goods:		
1.	Use donated furniture/electrical appliances	1
2.	Tolerate old, low quality furniture/electrical appliances (which can still be used) because cannot afford new ones	1
3.	Use/share goods included in rent	2
4.	Use goods owned by others (e.g. neighbours)	2
5.	Try to repair broken furniture/electrical appliances, don't replace them because cannot afford it/them	2
6.	Buy second hand electrical appliances/furniture	2
7.	Live without some 'important' electrical appliances (e.g. TV, radio, refrigerator) because cannot afford it/them	4
8.	Pick up abandoned furniture/electrical appliances	4
Fuel and Water:		
1.	Use cheaper fuels (e.g. Kerosene, electricity) for cooking	1
2.	Fuel and water expenses paid by others	1
3.	Avoid/reduce preparation of Chinese soup	2
4.	Don't buy some electrical appliances to save electricity and water	3
5.	Get water from public convenience/bathe in public convenience or public bathroom	3
6.	Don't take hot water bath even in winter	4
7.	Avoid turning on lights or using electrical appliances	4
8.	Use light from television for lighting	4
9.	Avoid using water	4
Miscellaneous Expenses:		
1.	Use goods given by others	1
2.	Buy cheaper brands	1
3.	Use less	2
4.	Go without some cleanser because cannot afford	3

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	Entertainment and Social Activities:	Score
1.	Join cheaper activities	1
2.	Only participate in activities part or wholly paid for by others	1
3.	Engage in free-of-charge pastime (going to gardens, playing chess)	1
4.	Do not give presents when visiting others' home	1
5.	Part (or all) of expenses is to be paid by others when meeting friends or relatives	1
6.	Don't buy newspaper everyday	1
7.	Read newspaper at the elderly centre	1
8.	Reduce entertainment that requires money/join activities only if have money	2
9.	Reduce the number of times meet friends or relatives	2
10.	Do not read newspaper	2
11.	Join activities only if they are free-of-charge, will not join activities that charge money	3
12.	Reduce watching television or listening to radio in order to save electricity	3
Medical Care:		
1.	Go to public clinic/a Chinese doctor/other free doctors	1
2.	Take medicine bought from medical shops when sick	3
3.	Take medicine left over from previous medical consultation	3
4.	Delay going to see a doctor when sick	4
5.	Avoid going to see a doctor when sick	5
Transport:		
1.	Use cheaper transport (e.g. bus)	1
2.	Don't go far to reduce transport expenses	2
3.	Reduce need to travel (e.g. visiting friends/relatives)	2
4.	Walk where possible	3
Services:		
1.	Have hair cut at cheaper places (e.g. street-stalls) or at places that are free-of-charge (e.g. at elderly centre)	1
2.	Go to Mainland China to buy/get services	1
3.	Cut own hair	2
4.	Repair windows or electrical appliances oneself	2
5.	Don't repair windows or electrical appliances immediately when broken	4
Other:		
1.	Celebrate birthday if paid for by others	1
2.	Sometimes celebrate birthday, only if have money	1
3.	Don't celebrate birthday	1
4.	Sometimes celebrate festivals, only if special food is given by others or organizations	1
5.	Sometimes celebrate festivals, if have money	1
6.	Don't buy special food to celebrate festivals	1
7.	Sometimes give red-packets during Chinese New Year if have money to do so	1
8.	Be more frugal during Chinese New Year in order to be able to give red-packets	1
9.	Don't give red-packets during Chinese New Year because have no money to do so	2
10.	Borrow from others (in the last year)	4

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NOTES

1 There are of course limitations to our data which should be taken into account. Our proposed poverty threshold is only to the nearest $1000 income group but if the sample size had been greater a more refined threshold could have been found. Another is the treatment of respondents with incomes above $7,000. A more accurate way to derive the poverty threshold would have been to use the LSD *t*-test to compare the coping scores of the $7,000–$8,000 group, since they had a mean score of around 11. However, there were too few such cases, and therefore respondents with incomes over $7,000 (going up to $12,000, the maximum) were combined. This of course means that our poverty threshold may be slightly higher than it should be. However, because the threshold is established to the nearest $1,000, these two effects are likely to offset each other, providing us with some confidence in the reliability of our poverty threshold. The ANOVA analysis showed that there are significant differences within the means shown in Table 1.

2 In order to find out whether single elders have priorities in cutting different expenditures, we limited our analysis to respondents not receiving CSSA, because CSSA single elders may have different allowances and fee-exemption specific to certain expenditures which might distort their behaviour.

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