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AN INITIATIVE BY **SUSS**
SINGAPORE UNIVERSITY
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Intercontinental Alliance for Integrated Care (IAIC) Multi-Region Study Report

A Study on Perceptions of Ageing and Ageing
Well: Exploring Older Adults' Experiences and
Coping Strategies Across Regions





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This international report brings together perspectives from Canada, Mainland China, Hong Kong SAR, Singapore, and the United Kingdom to understand what ageing means for older adults living in very different societies, policy environments, and cultural traditions. Despite this diversity, a shared story emerges. Across all five locations, ageing is experienced not only as a physical process but as an emotional and relational journey shaped by people's ability to remain independent, stay connected, and find meaning in everyday life.

In Canada, older adults highlight the value of autonomy, community belonging, and accessible healthcare. Many describe taking active steps to maintain well-being, yet rising living costs, regional inequities in services, and risks of isolation, especially in rural areas, create uncertainty. Older adults express a desire for coordinated support that strengthens their ability to age in place.

China's rapid demographic transition, combined with deep cultural traditions, shapes a distinctive experience of ageing. Older adults emphasise both resilience and the continuing importance of family, even as changing family structures and migration patterns make care more complex. Many adapt creatively to maintain independence, while uneven access to services and the digital divide present daily challenges.

In Hong Kong SAR, financial stability, housing constraints, and caregiving responsibilities strongly influence the experience of ageing. Older adults value emotional closeness with family, yet they increasingly rely on community centres, peer groups, and faith based networks for social support and engagement.

Singapore's older adults describe ageing as a process that is both relational and deeply personal. They aspire to remain self-directed and purposeful, drawing on family relationships, community programmes, and adaptive strategies to stay engaged even as health and financial concerns grow more significant with age.

In the United Kingdom, older adults value independence but often depend on a combination of family, community initiatives, and public services. Many balance concerns about physical and cognitive decline with proactive efforts to stay active, connected, and purposeful. Uneven access to services, age based discrimination, and pressures on health and social care systems shape their everyday realities.

Across all five settings, several universal themes emerge. Older adults express a strong desire to preserve autonomy, maintain meaningful relationships, and continue contributing to family and community life. They rely on resilience, acceptance, and self-management to navigate change. At the same time, financial insecurity, strained care systems, digital exclusion, and social isolation remain common barriers.

Together, these insights underline a global priority. Ageing well requires environments that protect personal agency, strengthen social and community connection, ensure financial and physical security, and recognise the ongoing contributions of older adults. As societies age, policies and communities must evolve to support people in living not only longer lives, but lives defined by dignity, intention, and a continued sense of authorship over their own stories.



Everyday Anchors of Ageing Well

Morning rituals like tai chi, tea gatherings, gardening, and quiet walks are more than habits. They are small acts of purpose. Across cultures, these daily rhythms give structure and meaning to later life, reinforcing continuity and self-worth.

Such routines sustain both body and spirit, quietly shaping how older adults experience well-being.

ONE JOURNEY DIFFERENT STORIES

In China, 72-year-old Mr. Zhang starts each morning with tai chi in the park, surrounded by familiar neighbours he has seen for decades. After that, he joins his regular tea group at a neighbourhood teahouse. Just nearby, 75-year-old Mrs. Chen spends most of her day at home with the television on. She does light housework, watches dramas, and rarely interacts with others outside her immediate family.

In Singapore, 70-year-old Madam Lee walks to the nearby Active Ageing Centre. She takes part in basic exercise sessions, stays on for health talks, and enjoys chatting with the regulars afterward. Meanwhile, 76-year-old Uncle Goh remains mostly in his flat, reading the Chinese newspaper and watching variety shows. He goes out only, when necessary, usually for medical appointments.

In the United Kingdom, 75-year-old Mr. Harris visits a local community hub several times a week. There, he works on small woodworking projects with other older adults and enjoys friendly chats over tea. Elsewhere in the same town, 78-year-old Mrs. Wilson lives alone and depends on meal deliveries and a weekly volunteer phone call for most of her human contact.

In Canada, 69-year-old Mrs. Patel leads chair yoga sessions at her community centre, staying on for multicultural programmes that keep her socially connected. By contrast, 72-year-old Mr. Thompson spends most of his time at home, watching the news quietly and looking out from his window with limited interaction.

In Hong Kong, 71-year-old Mr. Wong starts his morning with a brisk walk along the harbourfront before meeting friends at a nearby *cha chaan teng¹ for milk tea and pineapple buns. Nearby, 74-year-old Mrs. Lau tends to her balcony plants, listens to Cantonese opera on the radio, and spends quiet afternoons watching her favourite TV dramas.

These contrasts, within the same region as much as across continents, point to a crucial reality. Ageing is a shared human experience, but how it plays out in everyday life varies widely, from bustling city parks to quiet suburban flats, from community centres to temple grounds. Across regions and cultures, older adults navigate later life in ways that reflect their environments, social networks, and personal preferences.

These glimpses into daily life reveal the many textures of growing old. Some spend their days in active engagement with others; others move through familiar routines in solitude. Taken together, these moments remind us that there is no single way to age, only stories, shaped by time, place, and the quiet cadence of daily life.

¹ A cha chaan teng is a uniquely Hong Kong-style café, often described as a cultural symbol of the city's everyday life.

The Numbers Behind the Narratives

Global Ageing at a Glance (WHO, 2025)

- In 2020, the global population aged 60+ surpassed that of children under five.
- By the mid of 2030s, those aged 80+ will outnumber infants.
- By the 2070s, individuals aged 65+ will exceed all children under 18.

The story of the century is not just that we are living longer but that societies must learn to support life at every age.



The Silver Surge

Taken as a whole, these everyday stories reflect the diverse and evolving realities of growing older in a world where longevity is fast becoming the norm rather than the exception. The numbers behind this trend reveal a compelling narrative. In 2020, for the first time in human history, the global population of people aged 60 and above surpassed that of children under five (World Health Organization, 2025). By the mid-2030s, those aged 80 and above are projected to outnumber infants, and by the late 2070s, individuals aged 65 and over will exceed the total number of children under 18.

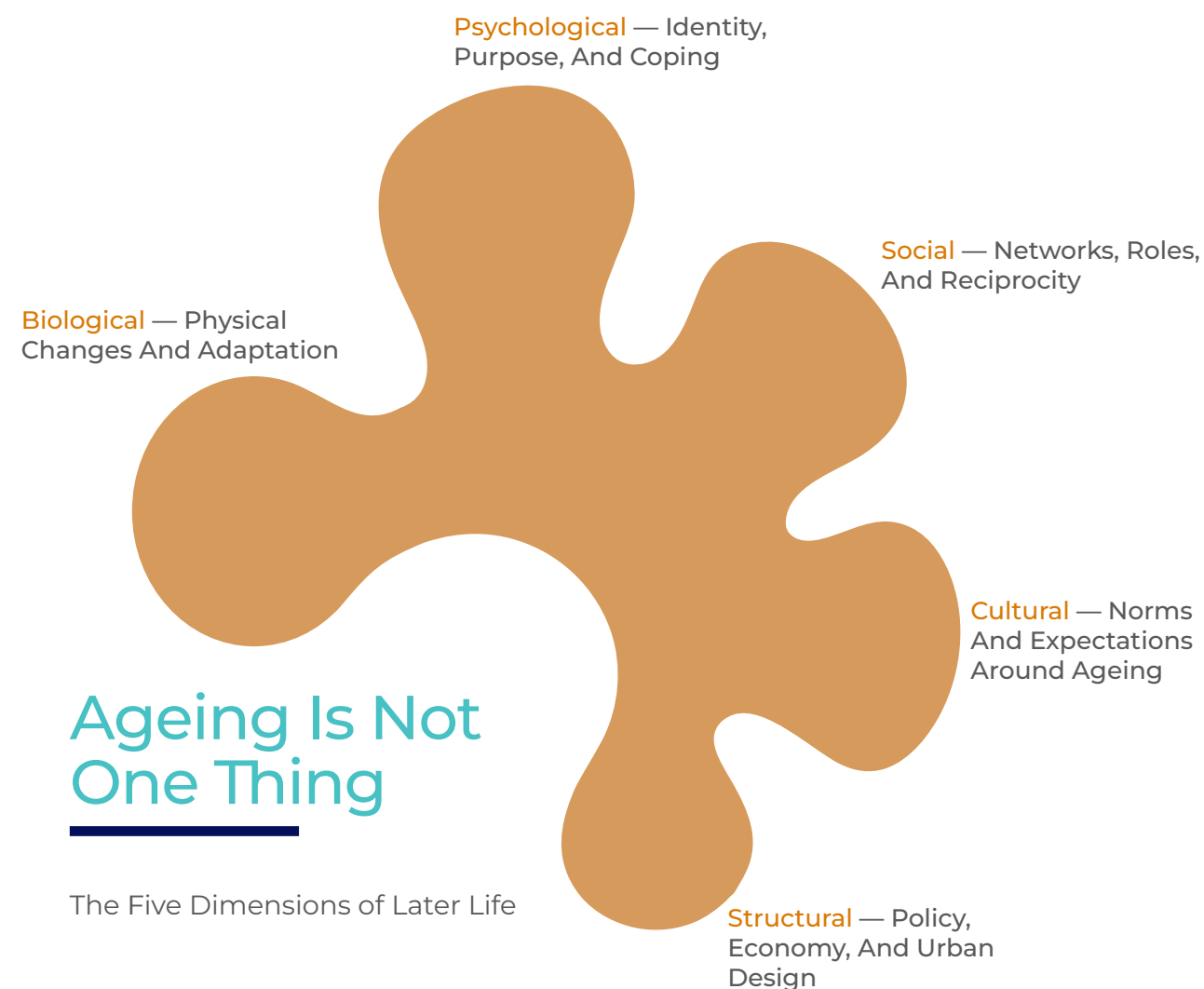
But these figures are more than just statistics. They signal a fundamental shift in the human lifespan, and in the very structure of societies. Even countries currently experiencing youth-driven growth will soon encounter the realities of an ageing population. This demographic shift is not just about numbers. It challenges long-standing assumptions about work, caregiving, retirement, and what it means to live with purpose and dignity in later life.

As we navigate this demographic transition, the lived experiences of individuals like Mr. Zhang, Madam Lee, Mr. Harris, and Mrs. Patel become more than just personal stories; they serve as signposts for the future. Their everyday lives offer valuable insight into what it means to age with dignity, resilience, and purpose across different cultural contexts. These experiences play a critical role in shaping inclusive, age-friendly societies, ones that recognise both the vitality and vulnerability that come with growing older. As the world continues to age, how we respond will shape not only the lives of today's older adults but also the futures we all move toward.

From Peripheral Concern To Global Imperative

Yet despite these sweeping demographic changes, ageing remained on the margins of scientific inquiry for much of human history. While philosophers have long reflected on ageing as a lens into human existence, mortality, and meaning, the scientific community often regarded it as little more than nature's way of making room for the next generation. It was not until the mid-20th century, spurred by dramatic gains in life expectancy across Europe, North America, and later Asia that ageing began to attract sustained scholarly attention.

What had long been viewed as an inevitable biological decline gradually came to be recognised as a complex, multi-faceted process shaped by genetics, environments, behaviours, and social structures. This growing body of research continues to reshape how we understand the ageing experience and, crucially, how we plan for a future where growing old is not merely a matter of survival, but of thriving. No longer dismissed as a passive descent into frailty, ageing has emerged as one of the most critical social, economic, and policy issues of the 21st century, with profound implications for how societies are organised.



The Ageing Mosaic

After all, ageing is anything but one dimensional. Biologically, it is a process of change, viewed by some as inevitable decline, but by others as a remarkable journey of adaptation and resilience. Psychologically, it shapes how we see ourselves, influences our confidence and purpose, and redefines how we navigate the shifting emotional landscapes of later life. Socially, it transforms our roles, relationships, and contributions, often opening new possibilities for meaning, mentorship, and connection. Chronologically, ageing is simply the passage of years, yet the meaning of those years is layered with rich complexity, hope, and challenges that vary across cultures and individuals.

This complexity is illustrated by the Baltimore Longitudinal Study of Ageing (BLSA), the longest-running scientific study of human ageing in the United States, established in 1958 under the National Institute on Ageing (Ferrucci, 2008). Its findings overturn many of our common assumptions. Ageing, it turns out, does not inevitably lead to diseases like diabetes, hypertension, or dementia. Many conditions we often blame on ageing are caused by specific disease processes, not by ageing itself. Even more striking is that there is no universal timetable for ageing; each person's journey is unique. In fact, older adults display far greater variation in change and development than younger people. Genes, lifestyle choices, health conditions, and life experiences all shape the pace of ageing, meaning that the journey of growing older can look entirely different from one person to another, and even change for the same person over time. In this way, ageing is not a predictable script but a dynamic story, written uniquely by each individual, shaped by our bodies, our choices, our cultures, and the relationships that surround us.

Ageing is far more than a biological clock ticking within us. It is a lived experience shaped by the environments we inhabit, the people we engage with, and the meanings we assign to later life. As Diehl et al. (2014) argue, our perceptions and experiences of ageing are profoundly influenced by social surroundings. Relationships with family, friends, neighbours, and communities are not only central to well-being in later life but shape our development across the life course (Dannefer & Settersten, 2010).

Though our life paths are influenced by cultural norms, societal expectations, and personal histories, we are far from passive passengers on this journey. According to Settersten and Gannon (2005), individuals exercise “agency within structure” (p.36), actively authoring their stories through choices, relationships, and constructed meanings.

Ageing, then, is not merely something that happens to us. It is a dynamic journey of decision-making, adaptation, and aspiration, unfolding within cultural, economic, and social frameworks. It is both a personal story and a collective reflection of our times. At its core, ageing stands as a testament to the enduring interplay between who we are, the choices we make, and the world that gives those choices meaning.

The Study at a Glance

Participating Regions: Canada, Mainland China, Hong Kong SAR, China, Singapore and the United Kingdom

Led by: Intercontinental Alliance for Integrated Care (IAIC)

The Study in Focus: Purpose, Questions, and Participating Regions

This report presents findings from research conducted across five regions — Canada, Mainland China, Hong Kong SAR, China, Singapore and the United Kingdom — exploring how people perceive ageing. As founding members of the Intercontinental Alliance for Integrated Care (IAIC), these regions share a common commitment to building inclusive ecosystems for ageing populations and contributing meaningfully to global discussions on integrated care.

Each region conducted its own data collection and analysis independently because the raw data could not be shared between regions. As a result, each region will present its findings in a separate chapter. Because the scope and methodology of data collection may differ across regions, the number of participants and analytical approaches may also vary. For instance, the United Kingdom will report its qualitative findings in this edition, with quantitative results to be published next year.

Looking ahead, new members of the IAIC will undertake the same study in the coming year. The Alliance will continue to release findings progressively, expanding the global understanding of perceptions of ageing and strengthening cross-regional learning over time.

The study was conducted against the backdrop of a major global demographic transformation. In the Asia-Pacific region alone, the number of people aged 60 and above is projected to more than double, from 535 million in 2015 to 1.3 billion by 2050. Similar

Study Focus

- How older adults perceive ageing and ageing well
- How perceptions differ by age, gender, and socioeconomic status
- How individuals cope with transitions and challenges

trends are emerging across other regions, placing increasing pressure on healthcare systems, labour markets, intergenerational relationships, and broader social structures. As societies adapt, it becomes essential to understand how individuals perceive the ageing process, how these views are shaped, and what implications they carry for personal behaviour, societal engagement, and policy development.

Most existing research on perceptions of ageing has focused primarily on Western societies, leaving significant gaps in understanding how broader contextual forces such as demographics, economic development, and social structures shape the ageing experience elsewhere, particularly in Asia. While some studies have incorporated Asian populations to examine cross-national differences (e.g., Löckenhoff et al., 2009; Vauclair et al., 2017), many stop at broad generalisations and do not delve into the lived realities and personal perspectives of older adults. This study helps to bridge that gap by capturing the perspectives of individuals living in diverse national contexts with distinct demographic characteristics, providing a more inclusive and comprehensive understanding of what it means to grow old in today's rapidly changing world.

Historically, research has tended to oversimplify East-West differences, assuming that collectivist Eastern societies, with traditions like filial piety, naturally hold more positive attitudes towards ageing than individualistic Western societies. Yet, findings have been far from consistent. Some studies suggest Eastern countries view ageing more



positively (Levy & Langer, 1994), while others report the opposite (Luo et al., 2013; North & Fiske, 2012; Vauclair et al., 2017). Research suggests population ageing and socioeconomic development may play a more important role in shaping how ageing is understood and experienced in both Eastern and Western contexts than shared cultural values (Löckenhoff et al., 2015).

As societies modernise, industrialise, and adopt new technologies, the social status of older adults often declines. The wisdom and skills of older generations can become undervalued as younger people adapt quickly to digital innovations and globalised economies (Nelson, 2005). Additionally, economic pressures linked to population ageing, such as rising old-age dependency ratios, shape societal attitudes towards older adults (North & Fiske, 2012; Vauclair et al., 2016). These complexities highlight the need to move beyond simplistic East-West binaries and instead examine cultural values through a more nuanced lens, recognising the diversity within and across societies.

When nations modernise, industrialise, and embrace digital technologies, the societal role of older adults also undergoes significant change. In rapidly evolving, youth-oriented economies that prioritise digital proficiency, the accumulated knowledge and experience of older generations may be overlooked or undervalued (Nelson, 2005). Concurrently, economic pressures such as rising old-age dependency ratios can frame public narratives, influencing whether older adults are viewed as valuable contributors or potential burdens (North & Fiske, 2012; Vauclair et al., 2017; Westerhof et al., 2023).

Together, these developments underscore the importance of moving beyond binary comparisons and instead focusing on the dynamic interplay of demographic shifts, social expectations, and economic realities. By doing so, this study provides new insight into the evolving landscape of ageing and offers an evidence base for developing more responsive, forward-looking strategies to support older adults around the world.

This study intentionally moves away from framing its analysis around traditional East-West cultural comparisons. In an increasingly globalised world, cultural boundaries have become more porous, with values, behaviours, and social expectations shaped by a confluence of global influences rather than rigid cultural archetypes. The binary classification of cultures as “Eastern” or “Western” often fails to capture the hybrid realities and contextual complexities that define how ageing is experienced today. As such, the study focuses instead on broader contextual factors such as socioeconomic change and demographic trends which offer a more meaningful lens through which to understand the diverse and evolving experiences of ageing across different settings.

Stages of Later Life

Why age groups matter (55–64, 65–74, 75–84)
Later life is not a single stage.

Distinct phases bring different strengths and needs.

Why Age Groups Matter in Understanding Ageing

A key strength of this study lies in its decision to treat older adults not as a homogenous group, but as individuals navigating different life stages. While this may appear to be a straightforward choice to segment participants into three distinct age brackets: 55–64; 65–74; and 75 and above, it carries significant implications for understanding ageing and designing responsive policies and interventions.

After all, ageing is not a linear process. Its complexity becomes more apparent when we examine how individuals experience different transitions based on their life circumstances. For those aged 55–64, this phase often involves continued employment or preparations for retirement. Many are focused on navigating career changes, securing financial stability, and addressing early health concerns. This period can also bring competing responsibilities, such as supporting ageing parents or dependent children, while reflecting on how to meaningfully shape the next stage of life.

Individuals in the 65–74 age range are typically transitioning into or adjusting to retirement. This stage often involves redefining identity beyond professional roles, exploring new sources of purpose such as part-time work, volunteering, or family caregiving and maintaining autonomy and social engagement. However, retirement is not experienced uniformly. Economic circumstances or personal motivations may lead many to remain in the workforce in formal or informal roles, extending their period of economic and social activity.

For those aged 75 and above, the ageing journey often centres on adapting to more significant changes in health, mobility, and everyday routines. This phase may bring increased care needs, shifts in independence, and the emotional toll of losing long-time companions. Yet, even as these challenges emerge, many older adults in this stage continue to draw deeply on reserves of resilience, wisdom, and emotional strength. These strengths allow them to navigate daily life with intention, retain a sense of independence, and stay connected to what matters most, showing that even with increasing challenges, later life can still be shaped by agency, purpose, and dignity.

Why it matters:

- 55–64: Planning & preparation — work, finances, early health.
- 65–74: Reinvention — identity beyond employment; volunteering and care.
- 75+: Resilience — adapting to health changes while sustaining connection.

While older adults within the three age brackets may not experience ageing in the same way, and these experiences can vary significantly not only by life stages but also across regions, the distinctions remain useful for identifying broad trends and designing age-appropriate interventions. This approach avoids treating older adults as a monolithic group, instead recognising them as individuals whose needs, priorities, and strengths evolve over time and are shaped by different national and personal contexts.

The use of age segmentation also aligns with a generational, or cohort-based, perspective. People born in different time periods have lived through unique economic, technological, and social conditions that shape their views on ageing. Today’s 75-year-olds, for example, may have experienced very different education systems, employment structures, and gender norms than those currently in their mid-50s. These formative experiences influence how each group defines ageing, what they value, what they fear, and how they prepare for the future.

By acknowledging these differences, the study avoids overly generalised assumptions and offers a more layered understanding of later life. This enables the development of policies and programmes that are better aligned with the distinct needs, priorities, and aspirations of each age group. In doing so, it also contributes to reshaping societal narratives, positioning ageing not merely as a story of decline, but as a continuum of change: a phase of planning and growth for those aged 55–64, reinvention and renewed purpose for those 65–74, and resilience and adaptation for those 75 and older.

Why This Study Matters

One of the study’s most significant contributions is its emphasis on centering the voices of older adults. By foregrounding their lived experiences and lay perspectives on what it means to age well, the study moves beyond abstract or academic definitions, presenting a more grounded and inclusive understanding of ageing, one that reflects the values, priorities, and aspirations of older individuals themselves.

Furthermore, by facilitating collaboration across participating regions, the study deepens the global understanding of ageing. It reinforces the notion that ageing is not merely a biological process, but a social journey shaped by evolving expectations, life experiences, and the systems in which people age. Finally, the study offers insight into what is often referred to as the paradox of ageing, the observation that many older adults report high levels of well-being despite physical or functional limitations.

The Paradox of Ageing

Many older adults report high levels of well-being despite physical limitations. Psychologists call this the “paradox of ageing” — the finding that satisfaction often increases with age, even as physical health declines.



Living Longer, But Living Better?

This paradox underscores the complex and deeply personal nature of ageing. While ageing is a journey shared by all, the experience unfolds differently for each individual. Ageing is shaped not merely by the number of years lived, but by how we perceive and make sense of those years. These perceptions carry profound consequences. They go beyond reflecting reality; they help shape and construct it, often leading to self-fulfilling prophecies (Westerhof et al., 2023). People who hold more positive views of their own ageing tend to experience better physical health, stronger mental well-being, and even longer lifespans (Levy et al., 2002; Westerhof & Barrett, 2005). Those who feel younger than their chronological age often report greater life satisfaction and remain more engaged with family, work, and community.

Conversely, negative perceptions of ageing are associated with steeper declines in cognitive and physical health, reduced daily functioning, and diminished memory performance. These beliefs can sap motivation to engage in health-promoting behaviours, creating a cycle of decline (Robertson et al., 2016; Warmoth et al., 2016). They also impact social participation. Older adults with negative views are more likely to withdraw from social interactions, increasing their risk of isolation, loneliness, and reduced access to emotional and cognitive support (Guarnera et al., 2023).

Moreover, perceptions of ageing shape how individuals cope with life's challenges. Those with positive self-perceptions tend to adopt adaptive strategies such as problem-solving, seeking support, and reframing difficulties. In contrast, those with negative views often turn to avoidance, denial, or resignation, undermining resilience and overall well-being.

What, then, shapes these perceptions of ageing?

Why it matters:

- Emotional regulation improves with age.
- Priorities shift from ambition to meaning.
- Gratitude, acceptance, and connection deepen over time.

Personal and Social Influences

Perceptions of ageing are shaped by a combination of health, lifestyle, and psychological factors. Engaging in regular physical activity and effectively managing chronic conditions enhance independence and self-worth, fostering more positive views of growing older (Andrews et al., 2017). Psychological resources such as resilience, optimism, and cognitive flexibility further influence whether individuals perceive ageing as a process of continued growth or inevitable decline (Sabatini et al., 2021).

Social connections play an equally important role. Ageing does not occur in isolation; frequent, meaningful interactions with family, friends, and community strengthen a sense of belonging, identity, and purpose. These relationships offer emotional support and reinforce older adults' sense of relevance. Conversely, the loss of such connections, whether through relocation, bereavement, or mobility limitations, can contribute to loneliness, social disconnection, and psychological distress (Newman & Zainal, 2020).

Life transitions also shape how ageing is experienced. Events such as retirement, caregiving, and grand-parenthood can bring fulfilment and meaning but may also challenge one's sense of identity and purpose. The ability to make sense of these changes and reframe them positively is crucial in determining whether such transitions enhance or diminish perceptions of ageing (Kornadt et al., 2022).

Socio-Cultural Influences

Beyond individual and social factors, the broader cultural environment powerfully shapes how ageing is understood and valued. In many Western societies, ideals of “successful ageing” tend to emphasise independence, productivity, and youthfulness, benchmarks that may marginalise those who do not meet them. In contrast, many Eastern contexts prioritise interdependence, filial duty, and respect for elders as sources of wisdom and social continuity (Makri & Giannouli, 2022; Kornadt et al., 2022). Within traditional South Asian societies, older adults are often revered for their experience, moral insight, and advisory roles within families and communities (Chaudhry et al., 2015).

Central to these cultural frameworks is the concept of meta-stereotypes—how older adults believe they are perceived by others. When older individuals feel respected and appreciated, their mental and physical health improves; conversely, perceived marginalisation can reduce morale and self-worth and may even impair cognitive and physical functioning (Fasel et al., 2021). These dynamics demonstrate how cultural narratives and societal attitudes directly influence the everyday experiences and quality of life of older adults.

Structural and Environmental Influences

Structural and environmental conditions further shape the experience of ageing. Economic systems, labour market opportunities, and healthcare accessibility all affect how older adults see themselves and how they are viewed by society. In contexts where older adults remain active in the workforce, they are often perceived as capable and valuable contributors. In contrast, in rapidly ageing societies where social and welfare systems face strain, older individuals may be portrayed as economic burdens, reinforcing ageist stereotypes and intergenerational tension (Kornadt et al., 2022; North & Fiske, 2015).

Economic security is a cornerstone of ageing well. Financial stability provides autonomy, access to essential services, and the ability to make meaningful life choices. Equally important is access to high-quality healthcare, which supports chronic disease management and overall well-being (Hilton et al., 2012; Swift & Steeden, 2020). The presence of age-friendly environments, spaces that are safe, inclusive, and accessible, also enables older adults to remain active and socially engaged, thereby enhancing resilience and quality of life.

Future-Oriented Influences

Finally, how individuals envision their future selves, referred to as anticipatory perceptions, significantly shapes their current attitudes and behaviours. Expectations regarding future health, cognitive ability, financial security, and social roles influence how people act and make decisions in the present. Those who anticipate a positive ageing trajectory are more likely to adopt proactive habits such as maintaining physical activity and social engagement, while those who expect decline may disengage prematurely, reinforcing negative outcomes (Furstenberg & Popkin, 2002).

In essence, ageing is not merely a biological or chronological process. It is a lifelong narrative constructed through how people live, connect with others, are perceived by society, and imagine their futures.



What Shapes Perceptions of Ageing

Our views of ageing are not fixed — they are formed through the interplay of personal, social, cultural, and structural influences. These perceptions determine whether ageing feels like decline or development.

Coping with Ageing: Insights Across Contexts

Building on these insights, it becomes clear that perceptions of ageing are not merely abstract beliefs. They are lived through the everyday actions, decisions, and coping strategies of older adults. Ageing is inevitably accompanied by physical decline, illness, loss, and other life challenges. Yet, it is also a dynamic process of adaptive regulation, in which individuals draw upon personal and contextual resources to navigate change. The strategies older adults adopt reflect not only their individual agency but also the influence of broader social expectations and environmental conditions that vary across countries.

These perceptions significantly influence how individuals navigate the challenges of later life. Far from being passive recipients of decline, older adults actively adapt to adversity, demonstrating resilience and flexibility. In doing so, they shape their own ageing trajectories through continuous adjustment and meaning-making.

This capacity for adaptive coping is evident in the diverse ways older individuals across countries respond to the realities of growing older, often through creative, resilient, and contextually grounded approaches. In Singapore, for instance, Shiraz et al. (2020) found that many older adults remain physically active through daily routines that support their health and independence. They also engage in lifelong learning to keep their minds sharp and to maintain social connection, including the acquisition of digital skills to stay in touch with family and friends. Many derive a strong sense of purpose through acts of contribution, whether volunteering or supporting family members, reinforcing their sense of meaning and strengthening their social ties.

Beyond practical and social strategies, spiritual practices also play a key role in how older adults cope with the uncertainties of ageing. In the same study, Shiraz et al. (2020) found that spirituality and prayer served as powerful sources of hope, optimism, and emotional resilience. For many older individuals, faith provided a sense of peace and acceptance, especially in the face of illness, grief, or psychological stress. Prayer not only offered comfort and emotional stability but also fostered a sense of belonging through connection to religious communities, enhancing both emotional and social well-being.

Why it matters:

- Personal: Health, resilience, and optimism shape confidence in later life.
- Social: Relationships and belonging reinforce identity and purpose.
- Cultural: Values and traditions define what “ageing well” means.
- Structural: Economic security and access to care influence autonomy.
- Future-oriented: Expectations about later life guide choices made today.



These patterns of resilience are not unique to Singapore. Tkatch et al. (2017) similarly found that many older adults, despite managing multiple chronic conditions, still perceived themselves as healthy and engaged. This apparent disconnect between objective health status and subjective perceptions of well-being underscores the powerful role that beliefs, attitudes, and adaptive strategies play in shaping the lived experience of ageing.

In Korea, coping strategies similarly reflect cultural values and societal attitudes towards ageing. Choi et al. (2021) observed that some older adults engaged in psychological adaptation and acceptance, reframing ageing as a time for inner growth rather than decline. Others maintained active social engagement through work, hobbies, and community participation to preserve dignity and purpose. Some intentionally adopted stereotype-disconfirming behaviours, demonstrating competence and vitality to challenge ageist stereotypes. Yet, the study also revealed a strong sense of resignation among many older adults, who internalised negative cultural perceptions of ageing, with some expressing that becoming dependent on others was worse than death itself.

In sum, these insights affirm that older adults are active agents in navigating the challenges of ageing. Through practices such as prayer, continuous learning, caregiving, social engagement, and reframing adversity. They draw on a rich array of personal strengths, cultural norms, and spiritual traditions to preserve meaning, identity, and connection even in the face of illness, loss, or social pressures. Recognising and understanding these diverse coping strategies provides insightful guidance for policymakers, practitioners, and communities seeking to create environments that enable older adults to age with dignity, purpose, and resilience.

Living Well, Ageing Well. A Broader Narrative for Later Life

These reflections on how older adults actively shape their ageing trajectories invite a re-examination of how ageing has traditionally been conceptualised. For much of the 20th century, ageing was framed through a deficit model, one that portrayed later life as a period of inevitable decline, dependency, and social withdrawal. This perspective is reflected in the disengagement theory, which suggested that it was both natural and acceptable for older adults to retreat from social roles and public life.

In contrast, contemporary views have shifted toward a more positive and dynamic understanding of ageing. This evolution is exemplified by the rise of the activity theory and continuity theory, which emphasise ongoing engagement, social participation, and the maintenance of identity and roles across the life course. The World Health Organization's (WHO) concept of active ageing reflects this broader orientation. It defines active ageing as "the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age." Importantly, it encompasses not only employment and physical activity but also social, cultural, spiritual, and civic participation. This multi-dimensional framing is closely aligned with the idea of ageing well, which moves beyond physical health to include meaning, purpose, and personal growth in later life.

For decades, however, the dominant model in gerontology was Rowe and Kahn's (1987) biomedical model of "successful ageing," which narrowly defined success as the absence of disease and disability, high physical and cognitive function, and active engagement with life. While influential, this model has been criticised for imposing rigid criteria that fail to account for the diversity and complexity of ageing experiences. It frames ageing as a binary outcome; either one ages "successfully" or one does not, ignoring the continuum of experiences and the resilience, fulfilment, and adaptation that many older adults demonstrate, even in the face of illness or disability (Angus & Reeve, 2006; Martinson & Berridge, 2015).



Recent research offers a more inclusive and human-centred understanding of what it means to age well. A systematic review of lay perspectives across 13 countries found that while physical health and independence remain important, older adults also prioritise social engagement, a positive outlook, cognitive vitality, and spirituality (Reich et al., 2020). These findings underscore that ageing well is not simply about maintaining health, but also about adapting to life's changes, cultivating resilience, and sustaining purpose and connection regardless of geographic or cultural context.

This shift from a prescriptive model of "successful ageing" to a more fluid notion of "ageing well" reflects broader changes in how later life is understood. Scholars such as (Ryff, 1989) have emphasised psychological dimensions of well-being, including autonomy, personal growth, and purpose in life. Baltes and Baltes' (2010) Selective Optimization with Compensation (SOC) model further illustrates how older adults adapt to losses by focusing on what remains meaningful and compensating for what has been diminished. Similarly, Pruchno et al. (2015) advocate a resilience-based framework, viewing successful ageing not as the absence of adversity but as the capacity to navigate and adapt to it.

Building on these insights, Waddell et al. (2025) and others propose replacing "successful ageing" with "ageing well" as a more inclusive and culturally sensitive term. Unlike the former, which can inadvertently stigmatise those who fall outside its narrow parameters, "ageing well" acknowledges that growing older is a socially constructed and contextually shaped process. It recognises the plurality of goals, values, and conditions that define later life across different settings and individuals.

Because ageing well is shaped by societal norms, policy environments, and individual expectations, it is crucial to examine how it is understood across various countries and from the perspectives of older adults themselves. What constitutes "ageing well" in one context may differ significantly from another, especially in societies that emphasise interdependence, acceptance of decline, or spiritual fulfilment over productivity and independence (Lamb, 2014).

Collectively, this broader and more nuanced understanding of ageing carries important implications for policy and practice. It calls for interventions that go beyond promoting physical health to also foster psychological resilience, social connection, and environmental equity. Most importantly, it invites the building of societies where older adults, regardless of their health status, cultural background, or socioeconomic condition, can find meaning, live with dignity, and continue to grow. Rather than measuring ageing by a binary standard of success or failure, we are urged to see it as a lifelong, evolving journey shaped by individual agency, relational bonds, and the contexts in which people live.

From Successful Ageing to Ageing Well

The understanding of ageing has evolved from a narrow biomedical focus to a holistic, inclusive view. Earlier models, like Rowe and Kahn's "successful ageing," defined success as freedom from disease, high function, and productivity. Today, research and lived experience show that ageing well is not about avoiding decline. It is about adapting, connecting, and finding purpose throughout life's later stages.

Why it matters:

- Health is one dimension, not the whole story.
- Resilience and meaning are key to thriving in later life.
- Policies must value inclusion, dignity, and diversity in ageing.



What This Study Aims to Uncover

At its core, ageing well is about enabling individuals to live their later years in ways that are personally meaningful, supported by communities and systems that honour and celebrate the diversity of ageing experiences. Guided by this understanding, the present study seeks to explore how older adults perceive ageing, what ageing well means to them, and how they cope with the transitions and challenges of later life.

Examining both perceptions of ageing and ageing well is essential, as the former often shapes the latter; how individuals view the ageing process can influence their expectations, behaviours, and overall sense of well-being. By understanding these perceptions alongside the strategies older adults use to adapt, the study aims to generate deeper insights into how varied social, economic, and policy contexts influence the lived experience of growing older, and what it takes to support people in ageing with dignity, resilience, and purpose.

Ageing Well: A Shared Responsibility

Ageing well is not solely an individual pursuit. It is a collective achievement shaped by families, communities, and societies.

As populations age, the challenge is not only to extend life, but to enrich it.

Why it matters:

- Older adults are contributors, not dependants.
- Supportive environments foster dignity, purpose, and growth.
- Global collaboration enables shared learning and inclusive progress.



Many Voices, One Purpose

Ageing is far more than a biological inevitability. It is a deeply human journey, shaped by how people perceive, interpret, and adapt to the passage of time. The rationale for this study is clear. As populations around the world age rapidly, there is an urgent need to understand the experiences of older adults in all their complexity, not only the difficulties they face, but also the resources, strengths, and coping strategies that enable them to thrive. By exploring how older adults perceive and experience ageing across diverse contexts, this study sheds light on both universal threads and culturally unique perspectives, enriching our global understanding of what it means to age well.

The implications are profound. These findings call for policies and interventions that go beyond addressing physical health to also foster psychological resilience, social connection, and spiritual well-being. They urge us to recognise older adults as active agents of their own lives, whose voices, strengths, and aspirations must shape the systems and societies around them. Only then can we create environments where older adults can continue to grow, contribute, and live with dignity and purpose.

Equally important, this study highlights the power of international collaboration. By bringing together insights from different regions, it allows us to learn from one another's experiences and co-create solutions that are globally informed yet locally grounded. This spirit of collaboration strengthens our collective ability to respond to the opportunities and challenges of ageing populations, ensuring that no society is left to face them alone.

In the end, the message is clear: ageing well is not just an individual endeavour, but a societal and global commitment. As we look to the future, it is our shared responsibility to ensure that later life is not merely endured, but embraced as a time of continued growth, fulfilment, and contribution for older adults everywhere whether it is Mr. Zhang greeting dawn in the park, Madam Lee engaging with her community, Mr. Harris building with purpose, Mrs. Patel leading others with strength, or Mr. Wong finding connection over morning tea in Hong Kong's cha chaan teng. Their lives are not exceptions, but reminders of what is possible when societies create the conditions for people to age not just longer, but better.



Study Overview

This collaborative research initiative investigated how older adults' perceptions of ageing and their coping strategies are influenced by personal, social, and cultural factors. The overall aim was to understand how these perceptions differ across settings and to identify the contextual and demographic factors contributing to these differences.

Using a shared conceptual framework, research teams from Canada, Mainland China, Hong Kong SAR, China, Singapore and the United Kingdom each conducted independent local studies guided by common research questions. Each team collected and analysed its own data within its cultural and social context, producing stand-alone findings. While the methodological principles were aligned across regions, comparative analysis was not undertaken, as the raw data could not be shared across sites due to data governance and ethical constraints.

Collectively, these studies form the first phase of a broader international collaboration to generate evidence-based insights for promoting healthy, meaningful, and dignified ageing. The collective findings will inform future research, policy, and programme development to support the well-being of older adults globally.

The study addressed the following questions:

1. What are the perceptions of older adults regarding ageing across the following domains in the sampled regions:
 - a. Family and close relationships
 - b. Friendships and social connections
 - c. Religion and spirituality
 - d. Leisure and volunteer activities
 - e. Personality and self-management
 - f. Financial stability and money management
 - g. Work and career and
 - h. Physical and mental health, fitness, and appearance
2. How do demographic factors of older adults influence their perceptions of ageing in sampled regions?
 - Are there any mean differences in the perceptions of ageing for older adults across three age groups (i.e., 55-64, 65-74, and 75-84)?
 - Are there any mean differences in the perceptions of ageing for older adults between males and females?
 - Is there an interaction effect between age groups and gender on the perceptions of ageing?
3. Is socioeconomic status (SES) related to older adults' perceptions of ageing, and how does this relationship show similarities or differences across regions?
4. What is the rank order of the importance of ageing well in the eight domains for each region? What are the top three important domains of ageing well in each region? What are the similarities and differences across the sampled regions?
5. How do older adults from different age groups cope with the challenges of ageing?

M E T H O D O L O G Y



Research Design

A mixed-methods approach was adopted across regions, except in the United Kingdom, which carried out only the qualitative component, and in Hong Kong SAR, which carried out only the quantitative component. Although guided by a common framework, the design allowed each regional team to adapt methods to local contexts. This flexibility was necessary to ensure that the study remained feasible, culturally appropriate, and methodologically robust across very different settings. Regions faced diverse circumstances such as variations in cultural norms, ethical requirements, participant accessibility, language needs, and research infrastructure which made a uniform protocol impractical.

Allowing teams to tailor procedures enabled them to choose data-collection tools, sampling strategies, and analytical techniques suited to their environment, maintain data quality, and operate within local regulatory and resource constraints. Consequently, data collection procedures, sample sizes, and analytical techniques varied between regions.

Each team organised participants by gender and by age groups (55–64, 65–74, and 75–84 years), except in Hong Kong SAR, where participants were grouped by gender and only two age brackets (55–64 and 65–74) due to difficulties recruiting adults aged 75–84. This approach allowed for a nuanced examination of how perceptions of ageing and coping strategies varied across demographic groups.

All regional teams obtained ethics approval from their respective Institutional Review Boards or equivalent bodies, ensuring participant protection, informed consent, and research integrity.

Participant Recruitment and Sampling

Either a quota-based or a snowball convenience sampling approach was adopted in the participating regions to ensure that recruitment remained flexible and feasible across diverse local contexts. These non-probability sampling strategies were chosen because they allowed regional teams to reach older adults efficiently, even in settings where comprehensive sampling frames were unavailable or where formal recruitment channels were limited. Quota sampling helped maintain representation across key demographic groups, while snowball convenience sampling enabled access to participants through trusted community networks, particularly those who might otherwise be difficult to reach. Notably, sample sizes ultimately varied due to regional contexts and recruitment feasibility. For example, Hong Kong’s sample included only four participants in the 75–84 age group, reflecting demographic realities and logistical constraints in that setting.

Local partners, community organisations, and service networks played a crucial role in this process, drawing on their established relationships, cultural knowledge, and trusted access to community members to recruit older adults who were willing and able to participate. Their involvement was essential for reaching individuals who might otherwise be difficult to contact such as socially isolated older adults, those with limited digital access, or those hesitant to engage with formal research channels. Eligible participants were aged 55 to 84 years, were citizens or permanent residents of their region, and were physically and cognitively capable of completing the survey or interview. Screening and interviewer assessments ensured that participation was voluntary, informed, and ethically sound.

In total, 2072 participants were recruited across all sites, with a mean age of 68.48 years. The sample comprised participants from Singapore (N = 902), Mainland China (N = 363), Hong Kong SAR (N = 105), and Canada (N = 720). A more detailed breakdown of gender distribution within each age group is presented in Table 1.

Table 1.
Gender Distribution by Age Group Among Survey Participants

Age groups	Total		55-64 years old		65-74 years old		75-84 years old	
Gender	Male	Female	Male	Female	Male	Female	Male	Female
Singapore	438	458	159	160	149	158	136	140
Mainland China	97	266	32	92	49	128	16	46
Hong Kong SAR, China	37	68	11	37	26	31	0	0
Canada	177	522	51	150	66	194	60	178

For qualitative data collection, in each sampled region, approximately 15 to 20 participants were selected from among the survey respondents who had consented to participate in interviews. Notably, no interviews were conducted in Hong Kong. Detailed demographic information is presented in Table 2.

Table 2.
Gender Distribution by Age Group Among Interview Participants

Age groups	Total		55-64 Years Old		65-74 Years Old		75-84 Years Old	
Gender	Male	Female	Male	Female	Male	Female	Male	Female
Singapore	7	8	2	3	3	3	2	2
Mainland China	8	8	2	1	5	6	1	1
Canada	4	16	2	4	0	5	2	7
United Kingdom ¹	4	14	1	4	2	5	1	5

1 Gender was not specified by one UK interviewee aged 55–64.

Participant Inclusion and Exclusion

In each sampled region, participants were eligible for inclusion in the study if they: (1) were between 55 and 84 years of age; (2) demonstrated sufficient physical and mental capacity to participate in interviews and complete surveys (either digitally or in paper format); and (3) provided informed consent. Exclusion was based on a two-step screening process to ensure ethical participation. First, individuals self-reporting key exclusionary conditions (e.g., advanced illness or pronounced cognitive impairment) were not invited to participate. Second, during the consent process, interviewers assessed participants for observable signs of confusion, disorientation, or inability to engage meaningfully. If such signs were present, the interviewer, following established ethical protocols, exercised discretion to discontinue participation and exclude the individual from the study.

Procedure

Data collection combined online and face-to-face modes to maximise accessibility. Surveys were administered using the Qualtrics platform, with trained research staff available to assist participants who required support. Face-to-face sessions were crucial for individuals with limited digital literacy or language barriers.

Regional teams received standardised training on ethical protocols, data handling, and administration procedures to ensure consistency. For interviews, participants chose their preferred setting, such as their home, a community centre, or a virtual call. Institutionalised participants were interviewed with coordination and consent from facility staff and families. All interviews were conducted privately, and participants received a token of appreciation (up to SGD \$25, adjusted locally).

Measurements

The study employed validated, cross-culturally relevant instruments with acceptable internal consistency across regions.

To ensure the suitability and accessibility of the instrument for the study population, a thorough tool validation process was conducted. Initial drafts of the questionnaires were extensively reviewed and discussed by the research team, who proposed new items, refined existing ones, and recommended the removal of questions considered less relevant or redundant. Following this internal review, the revised questionnaires were evaluated by two external experts, one in psychology and one in public health, to assess face validity. In addition, internal consistency analyses were also performed to determine the reliability of the measures based on 34 responses collected at the tool validation phase. As a result of this process, minor wording changes were made to better accommodate older adult respondents, additional response options were incorporated to improve comprehensiveness, and four items were removed based on internal consistency findings.

Questionnaires were translated and validated in major local languages to ensure cultural and linguistic accuracy. Table 3 lists the language versions used by each participating region (three items removed from perceptions of ageing questionnaire, one item removed from personal mastery questionnaire).

Table 3
Questionnaire Language Versions Across Participating Regions

Regions	Questionnaire Language version
Singapore	English, Chinese (Simplified)
Mainland China	Chinese (Simplified)
Hong Kong SAR, China	English, Chinese (Traditional)
Canada	English, French, Hindi, Korean, Dori, Farsi

Perception of ageing

A total of 26 items were employed to measure the older adults' perceptions of ageing, adapted from Kornadt and Rothermund (2011). The items encompass eight key dimensions: a) family and close relationships (3 items, e.g., "I have a harmonious relationship with my family."), friendships and social connections (3 items, e.g., "I can easily make new friends."), religion and spirituality (3 items, e.g., "I have a close relationship with my faith"), leisure and volunteer activities (5 items, e.g., "I have few opportunities for volunteer activities."), personality and self-management (2 items, e.g., "I am open-minded and tolerant."), financial stability and money management (2 items, e.g., "I provide financial support to other people"), work and career (4 items, e.g., "I have a positive attitude towards retirement"), and physical and mental health, fitness, and appearance (4 items, e.g., "I can stay mentally and physically fit by being active.") as eight dimensions.

Participants were asked to rate their level of agreement with each item on a 4-point scale ranging from 1 ("strongly disagree") to 4 ("strongly agree"). A "Not applicable" option was also provided and was recoded as missing data for analysis.

Resilience

The resilience measure, which assesses the ability to bounce back or recover from adversity, was adapted from the Brief Resilience Scale (Smith et al., 2008). This scale consists of six items (e.g., "It does not take me long to recover from a stressful event."), with participants indicating their level of agreement with each statement on a 4-point scale ranging from 1 ("strongly disagree") to 4 ("strongly agree").

Personal mastery

Six items from the Pearlin Mastery (PM) Scale (Pearlin et al., 1981) were adopted to assess one aspect of psychological coping resources (e.g., mastery, or self-efficacy). Example items include, "Sometimes I feel that I am being pushed around in life" and "I often feel helpless in dealing with the problems of life.". Participants were asked to rate their level of agreement with each item on a 4-point scale ranging from 1 ("strongly disagree") to 4 ("strongly agree").

Covariates

Two covariates were included in quantitative analyses—socioeconomic status (SES) and self-rated health—based on prior evidence linking these factors to perceptions of ageing and well-being (Barrett, 2003; Henchoz et al., 2008). SES was computed as a composite of educational attainment, marital status, and perceived financial situation. Health status was assessed using a single self-reported question ("How would you rate your overall health in the past 30 days?").

Data Analysis

Each regional team managed its own data cleaning, coding, and analysis, following a shared protocol developed by the coordinating team in Singapore to maintain broad methodological alignment. All quantitative data analyses were performed using SPSS. Qualitative data were analysed thematically within each region to uncover context-specific insights into ageing perceptions and coping strategies.

Given the independent nature of data management, no cross-regional comparative statistical analyses were performed. Instead, each region's findings are presented separately in this volume. The United Kingdom's chapter reports qualitative results only, with quantitative findings to follow in a future release.

Question 1 was examined through both quantitative and qualitative methods. The quantitative part employs standardised self-report survey questionnaires on ageing perceptions developed by Kornadt and Rothermund (2011). These survey questionnaires measure senior adults' perceptions of ageing across eight domains: (a) family and close relationships, (b) friendships and social connections, (c) religion and spirituality, (d) leisure and volunteer activities, (e) personality and self-management, (f) financial stability and money management, (g) work and career, and (h) physical and mental health, fitness, and appearance. Descriptive statistical analyses were conducted to calculate the mean scores for each domain.

To complement the quantitative data, the qualitative part consists of semi-structured interviews with senior adults across participating regions to explore their culture-specific perceptions of ageing above and beyond the present eight domains. The interview data were analysed using thematic analysis to identify underlying patterns and meanings.

Question 2 was examined using quantitative methods. The analysis proceeded in two stages. First, preliminary analyses included descriptive statistics and correlations between ageing perceptions, age groups, and gender were conducted in each region. Second, within each region, a series of 3×2 ANCOVA models were conducted to examine the effects of age group (three levels: 55–64, 65–74, and 75–84) and gender (two levels: male and female) on participants' ageing perceptions across eight subdomains, while controlling for SES and health status. Each ANCOVA model tested the main effects of age group and gender, as well as their interaction on ageing perceptions. When a significant interaction effect was detected, simple main effects analyses were subsequently performed.

Question 3 was addressed using quantitative methods. Within each region, correlation analyses were conducted to examine the associations between SES and perceptions of ageing.

Question 4 was examined through both quantitative and qualitative methods. To identify the top three domains that contribute to older adults' perceptions of ageing well, participants were required to complete a ranking task of the eight ageing perception domains developed by Kornadt and Rothermund (2011). Descriptive analyses were conducted to identify the overall ranking patterns and predominant domains, and to further examine how these patterns varied by age group and gender within each region.

Question 5 was examined using a qualitative method, involving semi-structured interviews followed by thematic analysis.



CANADA AGEING IN CONTEXT

EXECUTIVE SUMMARY

Canada is entering a period of profound demographic change as the share of older adults grows rapidly across regions and communities. With increasing longevity and declining fertility, the country faces new pressures related to health care demand, financial preparedness, social inclusion, and workforce participation among older adults. Yet, these shifts also offer an opportunity to reimagine how ageing can support continued contribution, well-being, and autonomy across the life course.

Older adults in Canada describe ageing as a process shaped not only by physical change but also by evolving relationships, expectations, and roles within families and communities. They place strong value on maintaining independence and personal choice, while recognising that financial stability, health, and supportive social networks are essential foundations for ageing well. Experiences vary across income levels, geographic regions, and cultural groups, revealing significant disparities in access to resources, long term care options, and community support.

Family and community ties remain important, although many older adults express concern about social isolation, especially in rural areas and among those living alone. Health is consistently prioritised, and many respondents report taking proactive steps to maintain physical and cognitive well-being. At the same time, financial pressures related to housing, retirement income, and the rising cost of living create uncertainty for a substantial proportion of older Canadians.

These insights highlight the need for policies that strengthen income security, expand accessible community based services, promote healthy ageing, and foster social participation. A coordinated national approach that recognises regional diversity and cultural differences will be essential. Ageing well in Canada ultimately depends on enabling older adults to maintain agency, connection, and stability while continuing to contribute meaningfully to society.





Introduction

Canada is a high-income, multi-cultural country that is ageing rapidly. As of 1 July 2025, nearly one in five residents (19.5%) was aged 65 or older, and the median age, which was 40.3 years in July 2024, has only recently edged down as younger immigrants arrive and reshape the age profile (Statistics Canada, 2024b, 2025a). Life expectancy has also rebounded following the COVID-19 pandemic: in 2023, life expectancy at birth was about 81.7 years, while Canadians aged 65 could expect, on average, an additional 19.6 years (men) and 22.2 years (women) of life (Statistics Canada, 2024a, 2025a).

Economically, Canada offers relatively high living standards but also marked inequalities. The median after-tax income for families and unattached individuals was CAD \$70,500 in 2022 (Statistics Canada, 2024c). At the same time, poverty measured using the Market Basket Measure rose from 9.9% in 2022 to 10.2% in 2023, with 5.0% of Canadians, or around 1.95 million people, living in deep income poverty, which is defined as income below 75% of the poverty line (Statistics Canada, 2025b, 2025c). People living alone, one-parent families, and recent immigrants (fewer than five years in Canada) experience particularly high rates of both poverty and deep poverty, highlighting key groups at socio-economic risk.

Canada is highly urbanized, with about 81.9% of residents living in urban areas (Lemelin-Bellerose, 2023). Internet use is widespread: in 2025, an estimated 95.2% of Canadians were internet users (DataReportal, 2025). Yet high levels of access can mask deep digital divides. In 2020, roughly 76% of households in census metropolitan areas had access to download speeds of 50 Mbps or higher, compared with only 48% of households outside these areas (Statistics Canada, 2021). Indigenous communities, older adults, people living in rural and remote settings, and those with lower incomes or education levels are more likely to face unreliable or low-quality connectivity (Lamb et al., 2023). As more services, information, and social contact move online, these gaps directly affect how older Canadians connect, participate, and age well.

Canada's population of older adults is also ethnically and culturally diverse. Approximately 30% of older adults are immigrants (Islam & Gilmour, 2023). In 2017–2018, 4.6% of the population identified as East or Southeast Asian, 3.1% as South Asian, 1.3% as Black, 0.7% as West Asian or Arab, 0.3% as Latin American, and 2.3% as belonging to other ethnic or cultural backgrounds; about 1.9% of older adults identified as Indigenous (First Nations, Métis, or Inuit) (Public Health Agency of Canada, 2020).

These demographic patterns intersect with what are often referred to as the social determinants of health, which include factors such as income, education, employment, culture, discrimination, trauma, and social exclusion (Public Health Agency of Canada, 2024). For older adults, especially Indigenous Peoples, LGBTQ communities, Black Canadians, and other marginalized groups, these determinants shape both health outcomes and day-to-day experiences of ageing. Culture and migration histories also matter: age at migration, years lived in Canada, and the cultural context of both origin and receiving societies influence how older immigrants define “healthy ageing,” life satisfaction, loneliness, and purpose (Ji et al., 2022; Shooshtari et al., 2020; Stick et al., 2021; Wu & Penning, 2015).

Statistics Canada data indicate that immigrants who arrived as adults and have lived in Canada for more than 20 years are more likely to report loneliness than their Canadian-born peers (Islam & Gilmour, 2023). Research suggests that for many, migration disrupts social networks and brings language barriers and the stress of adaptation, increasing the risk of isolation (De Jong Gierveld et al., 2015; Johnson et al., 2019). Culture, in turn, is a key determinant of social participation and inclusion (Li et al., 2024), and also shapes central concepts such as “healthy ageing,” “life satisfaction,” “wisdom,” and “ageism” (Alrashidi et al., 2025; Shooshtari et al., 2020).

Family relationships sit at the heart of many of these dynamics. In Canada's multicultural context, what “family” means, who is included, and how support is provided vary across cultural traditions. For some non-Western families, multi-generational living and strong expectations of family care in later life remain common (Alrashidi et al., 2025; Kadowaki et al., 2020). Other older adults, such as some Latin American immigrants, may prefer to live independently or with a spouse, but still close to relatives for support (Carson, 2024). Within the broader Canadian culture, ageing in place, assisted living, and long-term care (LTC) are all socially recognized options. Even so, 96% of older adults report taking active steps to avoid relocation to LTC facilities (Canadian Medical Association & National Institute on Ageing, 2021), underscoring the importance of autonomy and familiarity.

For older immigrants, navigating the health and long-term care system adds another layer of complexity. Accessing appropriate LTC services can be difficult, especially for those who are unfamiliar with the system or who face language barriers (Scott et al., 2022; Wang et al., 2019). For individuals who do not speak English or French, expressing needs and understanding available supports can be challenging, leading to delayed care, unmet needs, and increased risk of social isolation.



Canada's health-care system provides universal coverage for physician and hospital services under the Canada Health Act, meaning medically necessary care is publicly funded rather than paid out-of-pocket (Health Canada, 2025). The federal government finances health services through the Canada Health Transfer and sets broad principles, and also funds certain services such as Indigenous health and veteran care. However, provinces and territories organize and regulate most services, including aged care. They determine who is eligible for LTC and home care, which services are covered, and how quality is monitored.

For older adults, continuity of care is delivered through a mix of LTC facilities, home-based services, and informal care from family and friends (Canadian Institute for Health Information, 2025). Historically, public spending has favoured institutional care. In recent years, however, there has been growing emphasis on community-based, integrated models that support ageing in place and recognize the vital role of families and informal caregivers (Giosa et al., 2022).

This country chapter examines how older adults in Canada experience ageing within this broader demographic, social, and policy landscape. It draws on survey and qualitative data from a study of older adults in multiple Canadian cities and forms part of a larger international research initiative on perceptions of ageing and ageing well.

Samples and Demographic Information

In Canada, 702 older adults took part in the survey. The sample was predominantly female (74.4%), with males representing 25.2%. Participants were distributed across three age groups: 28.8% were aged 55–64, 37.2% were 65–74, and 34.0% were 75–84.



The group was highly multicultural. Just over half of participants identified as Asian (53.1%), followed by White/European descent (36.5%), Hispanic/Latino (6.7%), Middle Eastern (2.0%), Indigenous (0.9%), and African (0.7%). Participants were born in 57 different countries. The most common countries of birth were Canada (n = 236), China (n = 139), Hong Kong (n = 57), and the Philippines (n = 51), reflecting a rich diversity of migration histories and cultural backgrounds.

In terms of marital status, 55.6% were married, 17.1% widowed, 15.0% separated or divorced, and 10.1% never married. With increasing age, the proportion of married participants fell, and the proportion of widowed participants rose, particularly in the 75–84 age group, where only 5.4% had never married.

Most participants were retired and not working (66.8%), consistent with the age profile. Educational attainment was comparatively high: 65.3% reported high levels of education, with 26.6% holding a bachelor's degree and 15.4% a master's degree. Only 4% had primary school or no formal education.

Financially, 63.0% of participants described their financial situation as adequate, though more than one-third (34.8%) reported some level of financial inadequacy.

Self-rated health was generally favourable: 51.7% reported good health, 43.2% fair health, and 4.6% poor health. A majority (67.2%) reported having no major diseases, and 26.1% reported no chronic conditions, though these proportions declined with age.



Data Collection Approach

Most survey data were collected in person at community centres, neighbourhood houses, senior centres, LTC homes, churches, and, occasionally, in public spaces. The majority of respondents lived in Vancouver, with additional participants recruited online in Saskatoon and Toronto.

To deepen understanding of how older adults interpret ageing, the survey was complemented by qualitative methods. Twelve older adults participated in interviews, conducted in person or online, sometimes with a spouse or adult child. One focus group with eight older adults took place during a community workshop. All sessions were audio-recorded, and two researchers were present to facilitate and observe. Transcriptions were produced by two researchers to ensure accuracy. Interviews and focus group discussions conducted in Chinese, Cantonese, Korean, and Spanish were translated into English before thematic analysis. Throughout the process, attention was paid to achieving balance across age, gender, and ethnic backgrounds.

Table 1
Sociodemographic Characteristics of Canada Participants at Baseline

Baseline characteristic	Overall Age Group		55-64 Age Group		65-74 Age Group		75-84 Age Group	
Gender								
Female	522	74.40%	150	73.90%	194	74.60%	178	74.50%
Male	177	25.20%	51	25.10%	66	25.40%	60	25.10%
Ethnicity								
African	5	0.70%	3	1.50%	2	0.80%		0.00%
Asian (e.g., Chinese, Indian, Japanese, etc.)	373	53.10%	114	56.20%	146	56.20%	113	47.30%
Indigenous/First Nations/Aboriginal	6	0.90%	1	0.50%	3	1.20%	2	0.80%
Hispanic/Latino/Latin American	47	6.70%	23	11.30%	14	5.40%	10	4.20%
Middle Eastern	14	2.00%	6	3.00%	3	1.20%	5	2.10%
White/European Descent	256	36.50%	56	27.60%	91	35.00%	109	45.60%
Pacific Islander	1	0.10%			1	0.4		
Marital status								
Married	390	55.60%	125	61.60%	151	58.10%	114	47.70%
Widowed	120	17.10%	12	5.90%	35	13.50%	73	30.50%
Separated/Divorced	105	15.00%	34	16.70%	34	13.10%	37	15.50%
Never married	71	10.10%	23	11.30%	35	13.50%	13	5.40%
Employment status								
Working full-time	90	12.80%	77	37.90%	12	4.60%	1	0.40%
Working part-time	49	7.00%	34	16.70%	13	5.00%	2	0.80%
Retired but working part-time	58	8.30%	16	7.90%	30	11.50%	12	5.00%
Retired and not working	469	66.80%	57	28.10%	196	75.40%	216	90.40%
Homemaker/never worked	25	3.60%	14	6.90%	6	2.30%	5	2.10%
Educational level								
No formal education	10	1.40%	5	2.50%	2	0.80%	3	1.30%
Primary school	18	2.60%	1	0.50%	7	2.70%	10	4.20%
Secondary school	107	15.20%	22	10.80%	36	13.80%	49	20.50%
Post secondary/ Professional Certifications/ Qualifications	102	14.50%	24	11.80%	41	15.80%	37	15.50%
Diploma	94	13.40%	28	13.80%	36	13.80%	30	12.60%
Bachelor's Degree	187	26.60%	57	28.10%	76	29.20%	54	22.60%
Postgraduate Diploma	43	6.10%	14	6.90%	14	5.40%	15	6.30%

Baseline characteristic	Overall Age Group		55-64 Age Group		65-74 Age Group		75-84 Age Group	
Master's Degree	108	15.40%	40	19.70%	35	13.50%	33	13.80%
Doctorate's Degree	27	3.80%	11	5.40%	10	3.80%	6	2.50%
Self-rated financial situation								
Inadequate	51	7.30%	24	11.80%	16	6.20%	11	4.60%
Somewhat Inadequate	193	27.50%	55	27.10%	81	31.20%	57	23.80%
Adequate	442	63.00%	118	58.10%	160	61.50%	164	68.60%
Self-reported health condition								
Poor	32	4.60%	9	4.40%	13	5.00%	10	4.20%
Fair	303	43.20%	78	38.40%	119	45.80%	106	44.40%
Good	363	51.70%	114	56.20%	127	48.80%	122	51.00%
Medical Health Status								
No chronic disease	183	26.10%	83	40.90%	61	23.50%	39	16.30%
No major disease	472	67.20%	149	73.40%	172	66.20%	151	63.20%

Note: Listwise deletion was used for the descriptive analysis, which is why the total Ns and percentages do not always align across variable.

Key Findings

Descriptive Statistics of Perceptions of Ageing in Canada

Table 2 presents the descriptive statistics for older adults’ perceptions of ageing across eight subdomains. Among older adults in Canada, all domains showed mean scores above 2.5, indicating that participants generally agreed—more than they disagreed—about feeling successful in each area of aging well. The strongest confidence in aging well was reported in family and close relationships (M = 3.20), followed by physical and mental health (M = 3.13) and personality/self-management (M = 3.11). These consistently high ratings across all age groups suggest that Canadians aged 55–84 view supportive relationships, maintaining health, and managing one’s behaviour and emotions as central to feeling successful as they age.

Moderate confidence was observed in friendships and social connections, religion and spirituality, work and career, and leisure and volunteer activities (M = 2.82-3.02), indicating steady but less prominent contributions to their sense of aging well. The lowest confidence emerged in financial stability (M = 2.56), suggesting that many older Canadians feel less successful in money management than in other life domains.

Table 2
Descriptive Analysis of Older Adults’ Perceptions of Ageing in Canada

Ageing Perceptions	Overall Age Group		55-64 Age Group		65-74 Age Group		75-84 Age Group	
	M	SD	M	SD	M	SD	M	SD
(a) Family and close relationships	3.20	.60	3.19	.64	3.18	.59	3.24	.58
(b) Friendships and social connections	3.02	.59	3.01	.54	3.02	.60	3.04	.61
(c) Religion and spirituality	2.89	.72	2.92	.71	2.87	.78	2.87	.68
(d) Leisure and volunteer activities	2.82	.54	2.76	.51	2.85	.56	2.84	.55
(e) Personality and self-management	3.11	.47	3.14	.47	3.08	.45	3.13	.48
(f) Financial stability and money management	2.56	.53	2.63	.49	2.49	.55	2.58	.53
(g) Work and career	2.88	.44	2.91	.44	2.79	.45	2.90	.41
(h) Physical and mental health, fitness, and appearance	3.13	.44	3.18	.46	3.12	.46	3.10	.41

Zero-order Correlations between Demographic Factors, Perceptions of Ageing, and Coping Strategies

Across all domains of aging well, age and gender show very weak or no correlations, meaning these factors do not meaningfully influence how confident older adults feel in each area. In contrast, health status and socioeconomic status (SES) show consistent and meaningful associations with most domains.

Table 3

Correlation Analysis between Demographic Factors, Perceptions of Ageing, and Coping Strategies in Canada

	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Family	3.20	.60	-														
2. Friendships	3.02	.59	.381**	-													
3. Religion	2.89	.72	.184**	.321**	-												
4. Leisure	2.82	.54	.267**	.438**	.133**	-											
5. Personality	3.11	.47	.342**	.322**	.071	.365**	-										
6. Finance	2.56	.53	.267**	.258**	.151**	.299**	.325**	-									
7. Work	2.88	.44	.375**	.246**	.196**	.170*	.372**	.312**	-								
8. Physical	3.13	.44	.349**	.374**	.098*	.423**	.523**	.392**	.465**	-							
9. Age	69.58	8.21	.037	.007	.024	.069	-.02	-.048	-.077	-.061	-						
10. Gender	.75	.44	.014	.146**	.068	.039	.036	.043	.021	.033	.002	-					
11. Health status	2.47	.58	.227**	.236**	.128**	.256**	.221**	.301**	.278**	.491**	-.079*	-0.024	-				
12. SES	2.21	.42	.243**	.054	.013	.189**	.211**	.361**	.179**	.255**	-.110**	-.104**	.215**	-			
13. Resilience	2.18	.48	-.280**	-.297**	-.058	-.381**	-.528**	-.274**	-.392**	-.430**	-.025	.015	-.183**	-.202**	-		
14. Mastery	2.91	.48	.312**	.295**	.057	.428**	.469**	.299**	.341**	.548**	-.081*	.056	.282**	.268**	-.579**	-	
15. Satisfaction	3.13	.65	.388**	.384**	.173**	.348**	.372**	.365**	.390**	.488**	.021	.044	.243**	.139**	-.360**	.445**	-

Note. Family = Family and close relationships, Friendships = Friendships and social connections, Religion = Religion and spirituality, Leisure = Leisure and volunteer activities, Personality =Personality and self-management, Finance = Financial stability and money management, Work = Work and career, Physical = Physical and mental health, fitness, and appearance.

Male code as 0 and Female coded as 1. *p < .05, **p < .01

Age and gender differences in ageing perceptions

After controlling for SES and health status, age group and gender did not significantly influence six of the eight domain scores, with the exceptions of friendships and social connections and financial stability. No significant interactions between age group and gender were observed across any domain. Specifically, females reported significantly higher confidence than males in the friendships domain (mean difference = 0.217, $p < 0.001$), indicating that women in these age groups feel more successful and satisfied with their social connections (Table 4).

For the financial domain, females reported significantly higher confidence than males (mean difference = 0.110, $p = 0.011$) (Table 5). This difference was significant only among married ($p = 0.045$) and never-married ($p = 0.022$) participants, whereas widowed and divorced males did not report greater financial insecurity than their female counterparts. This suggests that gender differences in perceived financial confidence in late adulthood may be influenced by marital status, with married and never-married men feeling less confident financially than women in the same groups, while the gap disappears among widowed and divorced older adults.

Differences in family and close relationships

The ANCOVA assessing the effects of age, gender, and their interaction on family scores showed no significant main effect of age, $F(2, 652) = .786, p = .456$, partial $\eta^2 = .002$. The main effect of gender was also not significant, $F(1, 652) = 1.369, p = .242$, partial $\eta^2 = .002$. Likewise, the age $\times$ gender interaction was non-significant, $F(2, 652) = .721, p = .487$, partial $\eta^2 = .002$, indicating that neither age nor gender, nor their interaction, meaningfully predicted perceptions of family and close relationships. Sample sizes vary across ANCOVA models due to missing values on specific dependent variables. Analyses were conducted using listwise deletion for each model.

Differences in friendships and social connections

The ANCOVA examining age, gender, and their interaction on friendship scores showed no significant main effect of age, $F(2, 657) = .226, p = .798$, partial $\eta^2 = .001$. Gender had a significant effect, $F(1, 657) = 16.296, p < .001$, partial $\eta^2 = .024$, indicating that males and females differed in their perceptions of friendships. The age $\times$ gender interaction was not significant, $F(2, 657) = .597, p = .551$, partial $\eta^2 = .002$, suggesting that the influence of gender on friendship perceptions did not vary across age groups. Pairwise comparison shows that females reported significantly higher friendships and social connection scores than males, with an adjusted mean difference of .217 (SE = .051, $p < .001$).

Table 4
Pairwise Comparisons of Gender Difference in Friendships and Social Connections Across Age Groups

(I)Gender	(J)Gender	Mean difference(I-J)	SE	p-value
Male	Female	-.217**	.051	<.001
Female	Male	.217**	.051	<.001

Note. * $p < .05$, ** $p < .01$

Differences in religion and spirituality

The ANCOVA evaluating religion scores showed no significant main effect of gender, $F(1, 618) = 2.763, p = .097$, partial $\eta^2 = .004$. The main effect of age group was also not significant, $F(2, 618) = .465, p = .629$, partial $\eta^2 = .002$. In addition, the interaction between age group and gender was not significant, $F(2, 618) = .855, p = .426$, partial $\eta^2 = .003$, indicating no combined effect of age group and gender on perceptions related to religion.

Differences in leisure and volunteer activities

The ANCOVA revealed no significant main effect of gender on religion scores, $F(1, 618) = 2.763, p = .097$, partial $\eta^2 = .004$. The main effect of age group was also not significant, $F(2, 618) = .465, p = .629$, partial $\eta^2 = .002$. In addition, the interaction between age group and gender was not significant, $F(2, 618) = .855, p = .426$, partial $\eta^2 = .003$, indicating that neither age nor gender meaningfully predicted perceptions related to leisure and volunteer activities.

Differences in personality and self management

The ANCOVA revealed no significant main effect of gender, $F(1, 653) = 3.289, p = .070$, partial $\eta^2 = .005$, and no significant main effect of age group, $F(2, 653) = 1.645, p = .194$, partial $\eta^2 = .005$. The interaction between age group and gender was likewise not significant, $F(2, 653) = .662, p = .516$, partial $\eta^2 = .002$, indicating that neither age nor gender meaningfully predicted perceptions related to personality.

Differences in financial stability and money management

The ANCOVA revealed a significant main effect of gender, $F(1, 646) = 6.586, p = .011$, partial $\eta^2 = .010$. However, age group was not significant, $F(2, 646) = 1.993, p = .137$, partial $\eta^2 = .006$, and the gender $\times$ age-group interaction was also not significant, $F(2, 646) = 1.740, p = .176$, partial $\eta^2 = .005$. Pairwise comparisons show that females reported significantly higher financial stability and money management scores than males, with an adjusted mean difference of .110 (SE = .043, $p = .011$).

Table 5
Pairwise Comparisons of Gender Difference in Financial Stability and Money Management Across Age Groups

(I)Gender	(J)Gender	Mean difference(I-J)	SE	p-value
Male	Female	-.110*	.043	.011
Female	Male	.110*	.043	.011

Note. * $p < .05$, ** $p < .01$

Differences in work and career

The ANCOVA revealed no significant main effect of gender, $F(1, 219) = 0.009, p = .924$, partial $\eta^2 = .000$. The main effect of age group was not significant, $F(2, 219) = 0.782, p = .459$, partial $\eta^2 = .007$. The gender $\times$ age group interaction was also not significant, $F(2, 219) = 0.597, p = .551$, partial $\eta^2 = .005$, indicating that neither age nor gender meaningfully predicted perceptions related to work and career.

Differences in physical and mental health, fitness and appearance

The ANCOVA examining perceptions of physical health, fitness, and appearance showed that the main effect of age group was not statistically significant, $F(2, 644) = 2.369, p = .094$, partial $\eta^2 = .007$. Similarly, gender did not significantly predict these perceptions, $F(1, 644) = 1.933, p = .165$, partial $\eta^2 = .003$. The interaction between age group and gender approached significance, $F(2, 644) = 3.004, p = .050$, partial $\eta^2 = .009$. Overall, these results suggest that neither age nor gender alone significantly influenced perceptions of physical health.

Perceptions of Ageing in Canada

Overall, perceptions of ageing were shaped by demographic and socio-economic factors, including age, gender, ethnicity, education, and financial situation.

Ethnic differences

White participants tended to report more positive perceptions in the leisure and volunteer activities domain, suggesting they felt more active, confident, and socially engaged in this area. At the same time, they reported lower scores on spirituality and religion, indicating that faith-based practices and religious communities may play a less central role in their sense of ageing well. Latino and African participants placed strong emphasis on family relationships as a core element of ageing well, reflecting cultural values that privilege close family support, interdependence, and intergenerational ties.

Asian participants did not score higher than other ethnic groups in any domain. Notably, they reported the lowest scores for “mastery of life” yet the highest scores for “resilience.” This pattern may reflect cultural norms that emphasize endurance, acceptance, and persistence in the face of adversity—qualities that can support coping even when individuals feel less in control of circumstances.

Age difference

Age differences in perceptions of ageing were most evident for “mastery of life.” Only the oldest age group (75–84 years) showed lower scores in this domain, suggesting that this stage of life may mark a turning point at which some older adults begin to experience a stronger sense of reduced independence and control. As one 82-year-old White male participant reflected:

“Ageing, to me, means losing some of the abilities I’ve always taken for granted. This really became apparent when I was around 70 to 75. I’m 82 now, and up until that point, ageing wasn’t much of an issue. If you had asked me these same questions 15 years ago, they wouldn’t have felt nearly as relevant, because back then, I was still close to my peak—probably around 60, when I was in great physical shape, going on long day hikes every week. I couldn’t do that now. So, for me, ageing is something that only truly began about 5 to 8 years ago.”

Socio-economic differences

Educational level and financial situation were strongly linked to perceptions of ageing across multiple domains. Participants with higher education and better financial status tended to hold more positive views of ageing, particularly in relation to leisure, self-management, and health. Those who perceived their financial situation as inadequate were more likely to associate ageing with constraint, reduced opportunity, and worry about meeting basic needs.



Quantitative data thus provided a broad map of how different groups think about ageing. The qualitative findings added depth and nuance, showing how these perceptions are woven into everyday life and how older adults themselves understand what it means to age well.

Table 6
Rank Order of the Importance of the Eight Subdomains of Ageing Perception in Canada

Rank	Subdomain	M	SD
1	Family and close relationships	2.04	1.503
2	Friendships and social connections	3.65	1.701
3	Physical and mental fitness, health and appearance	3.66	2.282
4	Financial stability and money management	4.33	1.814
5	Personality and self-management	4.88	1.598
6	Religion and spirituality	5.2	2.574
7	Leisure and volunteer activities	5.35	1.55
8	Work and career	6.89	1.485

Note. Ranked from the highest to the lowest percentage.



Table 7
Rank Order of the Importance of the Eight Subdomains of Ageing Perception in Canada by Age Group and Gender

Age Group	Gender	Rank	Subdomain	M	SD
55-64	Male	1	Family and close relationships	1.69	1.158
		2	Friendships and social connections	3.9	1.674
		3	Physical and mental fitness, health and appearance	3.96	2.309
		4	Financial stability and money management	4.53	1.927
		5	Personality and self-management	4.82	1.74
		6	Religion and spirituality	5.16	2.703
		7	Leisure and volunteer activities	5.63	1.704
		8	Work and career	6.31	1.597
55-64	Female	1	Family and close relationships	2.25	1.611
		2	Physical and mental fitness, health and appearance	3.46	2.241
		3	Financial stability and money management	3.99	1.856
		4	Friendships and social connections	4.24	1.924
		5	Personality and self-management	4.82	1.801
		6	Religion and spirituality	5.09	2.682
		7	Leisure and volunteer activities	5.61	1.348
		8	Work and career	6.55	1.675
65-74	Male	1	Family and close relationships	1.92	1.197
		2	Friendships and social connections	3.58	1.576
		3	Physical and mental fitness, health and appearance	3.85	2.489
		4	Financial stability and money management	4.2	1.858
		5	Personality and self-management	4.72	1.585
		6	Leisure and volunteer activities	5.2	1.549
		7	Religion and spirituality	5.62	2.611
		8	Work and career	6.92	1.225
65-74	Female	1	Family and close relationships	2.11	1.594
		2	Friendships and social connections	3.64	1.639
		3	Physical and mental fitness, health and appearance	3.66	2.213
		4	Financial stability and money management	4.28	1.827
		5	Personality and self-management	4.97	1.57
		6	Religion and spirituality	4.99	2.62
		7	Leisure and volunteer activities	5.33	1.503
		8	Work and career	7.03	1.532

Age Group	Gender	Rank	Subdomain	M	SD
75-84	Male	1	Family and close relationships	1.66	1.149
		2	Friendships and social connections	3.46	1.695
		3	Physical and mental fitness, health and appearance	3.64	2.022
		4	Personality and self-management	4.45	1.426
		5	Financial stability and money management	4.73	1.601
		6	Leisure and volunteer activities	5.25	1.947
		7	Religion and spirituality	5.8	2.323
		8	Work and career	7	1.388
75-84	Female	1	Family and close relationships	2.07	1.588
		2	Friendships and social connections	3.16	1.474
		3	Physical and mental fitness, health and appearance	3.7	2.408
		4	Financial stability and money management	4.5	1.749
		5	Personality and self-management	5.03	1.438
		6	Leisure and volunteer activities	5.15	1.531
		7	Religion and spirituality	5.23	2.445
		8	Work and career	7.15	1.259

Note. A score of 1 indicates the highest level of importance, whereas a score of 8 indicates the lowest level of importance.

When asked to rank the importance of the eight domains for ageing well, all age and gender subgroups prioritized family and close relationships. This result may be partially influenced by questionnaire design, as “family” appeared first. Even allowing for this, qualitative data clearly show that family remains central to many older adults’ definitions of a good old age.

Beyond family, three domains consistently ranked highly across subgroups:

- Friendships and social connections
- Physical and mental health, fitness, and appearance
- Financial stability and money management

The prominence of physical and mental health and financial stability is noteworthy, given that these items appeared later in the questionnaire. Their sustained high rankings suggest that participants view health and financial security as foundational conditions for ageing well, rather than optional extras.

Patterns were broadly consistent across age and gender, with only minor variations. This alignment across groups suggests a shared core vision of ageing well in Canada: staying connected, remaining healthy in body and mind, and feeling financially secure enough to live with dignity and choice.

Across all age groups and genders, the ranking of the eight subdomains showed no notable changes, indicating a consistent pattern in how participants prioritized family, friendships, physical and mental health, financial stability, personality, religion, leisure, and work (Table 7).

How Older Adults in Canada Experience Ageing

Drawing on interviews and focus groups, the following sections illustrate how older adults in Canada interpret and navigate ageing across the eight domains. Quotes are used to highlight “voices from the ground.”

Family and Close Relationships

Family and close relationships emerged as the strongest driver of life satisfaction among participants. Positive family ties were closely associated with better self-rated health, higher socio-economic status, and greater mastery of life. Several participants described how relationships previously marked by conflict had evolved into sources of strength and healing in later life. One participant, reflecting on a difficult relationship with a parent, explained that ageing brought emotional maturity and the ability to revisit painful histories:

“We both benefit from having a positive relationship with each other. It’s really a beautiful thing, and all it took was for me to say things happened, which were not good, and we don’t need to talk about them, but I just need you to say ‘Yes, they did’, and we can just carry forward.”

For this participant, reconciliation was not about dwelling on the past, but about acknowledgment and shared commitment to move forward. This renewed relationship was linked to a more hopeful outlook on life.

Family roles also influenced how some participants understood their own identity and mastery. A married participant described feeling that their sense of self shifted depending on the situation:

“That question ‘who am I’ is very much situation dependent. It changes if I am with my family, then I am now the patriarch, or matriarch.”
Here, responsibility for family care and guidance reinforced a sense of competence and leadership, underscoring how family can be a key space where older adults continue to exercise agency.

Interestingly, resilience scores were negatively correlated with the perceived quality of family relationships, while mastery scores were positively correlated. One possible interpretation is that individuals who grow up or age with less dependable family support may develop resilience in other ways—through self-reliance, friendships, or community involvement—whereas those embedded in strong family networks may draw their sense of mastery from being central figures within those relationships.

Friendships and Social Connections

Across the sample, social connection was seen as a cornerstone of ageing well. Participants consistently emphasised the importance of friends and community, both for emotional well-being and mental health.

Gender differences were visible here. Women, in particular, described actively cultivating and sustaining friendships. One female participant shared:

“I try to get out more, to get out more, rather than just being separated. Right now, we don’t have many acquaintances, but I try to meet people our own age with whom we can do activities and go out, and that’s basically it. Trying to find friends who are our age and our same age.”

Another described a network of friends spanning countries and life stages:

“I just appreciate whatever time or anything they [my friends] give

to me, and that’s it. I have a lot of good friends who are just close. If I needed anything, they’ll just jump on a plane or something. And they come, and we talk a lot, and they call me a lot, and check up on me, and I check up on them.”

Male participants also highlighted the protective role of social ties. One noted:

“You have the opportunity to meet other people like you and do some activities like exercising and parties... So those kinds of things keep you connected, and the most important thing is not to feel isolated because it could harm your mental health.”

Taken together, these accounts reinforce the survey findings: friendships and social connections are viewed as essential for life satisfaction, cognitive engagement, and emotional resilience.

Religion and Spirituality

Religion and spirituality played a more nuanced role. Quantitatively, this domain was modestly related to health status but showed little association with mastery, socio-economic status, or overall life satisfaction. For some participants, religion was peripheral; for others, it was a central pillar of purpose.

One participant simply stated:

“I don’t really have a faith that I rely on. I rely on myself.”
For others, faith provided structure, hope, and stability in the face of uncertainty:
“You have peace in your life, you kind of have a guide, like, kind of the directions. I have a lot of friends, too, [and] they’re just kind of aimless in life... from the beginning, I always have meaning. Not that my life is perfect, but you have a purpose. I have kind of a purpose and meaning in my life. I don’t feel meaningless, I don’t feel like I get depressed.”

Another participant, reflecting on migration and loss, shared:

“I’m very religious, I’m Catholic. It’s not like they’re going to be there every Sunday, but I think this has strengthened me, and I say [this] when that state of sadness comes over me.”

These accounts suggest that while religion and spirituality are not universally prioritized as markers of ageing well, they can serve as powerful mediators of mental health and meaning for those who are religiously engaged.

Leisure and Volunteer Activities

In the survey, White participants scored higher on leisure and volunteering. However, interviews revealed high levels of engagement across ethnic groups, particularly as older adults adapted to Canadian norms around volunteering and community service.

Participants described volunteering as a way to give back, create positive narratives about themselves, and build a sense of belonging. A Latino male participant explained:

“And there [with volunteering], we give back in part what we have received. These old people from the same time gave us the opportunity to do that. [Volunteering is] well-designed so that it’s truly contributing in some way to the country and, in other ways, to the same people, because they would feel like they’re giving back, they belong, they are creating a legacy, what they feel is a kind of joy.”

Another White female participant framed volunteering as an expression of personal growth and confidence:

"I thought I might like to work with seniors, so I went to my local senior centre and volunteered for a little while and found that I actually do, and I get a lot of satisfaction out of that... And just for more confidence in myself and my abilities and how I live my life, and who I am."

Others created their own opportunities to connect neighbours and share skills. One Asian male participant said:

"I organize many activities voluntarily, and make some hiking club, fishing club, and farming neighbours, and sharing some skills or sharing our neighbours. My time is the best quality to many people."

Across these accounts, leisure and volunteering are less about filling time and more about contribution, identity, and mastery.

Personality and Self-Management

Personality traits and self-management strategies emerged as critical resources for ageing well. Many participants described a determination to remain as independent as possible, including by attending social activities, managing their own health, and adapting to change.

One participant shared a simple but powerful strategy:

"I try to get out more, to get out more, rather than just being separated."
Others focused on managing genetic or health risks through deliberate lifestyle choices.

A White female participant, aware of a family history of osteoporosis, explained:

"I was aware of what I could do for my health, which would keep me in better condition. Making sure that I walk, that I'm doing weight bearing, that I'm taking enough calcium and vitamin D, and that I'm eating properly. Just being aware of those things that are not good, such as drinking and smoking. I don't smoke, and I never smoked. And I was aware."

Another participant highlighted the need to keep learning, particularly around new technologies such as artificial intelligence:

"I think it's always seeking to innovate because, evidently, we are undergoing tremendous changes in terms of what technology means. And so, for us, artificial intelligence is something very mysterious, difficult to understand. However, it's essential that we get into it to understand it and really know what it is and understand that it might affect us."

For many, self-management was about attitude, which involved accepting limitations while still challenging oneself, staying curious, and continuing to adapt.

Financial Stability and Money Management

Financial security strongly influenced whether older adults perceived ageing positively. For many, stable income and savings reduced stress and enabled participation in valued activities.

A Latino male participant reflected on ageing and security through the lens of migration:

"Another important thing is security for people our age—social and economic security. It gives us peace of mind. While being healthy and being with family are priorities, another element is security, which gives us a foundation. By social security, I mean health. In my country, health insurance is extremely expensive."

Others pointed to the selectivity of retirement communities and the importance of pension coverage:

"We're in a retirement community, and as a retirement community, it's also rather selective of people who can afford to move here. A pension plan is important for being able to support yourself. But for some people, they are barely hanging on till they are 65 and can get an old-age supplement."

These accounts underscore how financial stability underpins other domains of ageing well. Without adequate resources, housing, healthcare, and social participation all become more precarious.

Work and Career

Most survey participants were already retired, so quantitative data in this domain were limited. Interviews, however, revealed rich narratives about work, retirement, and changing identities.

For some, retirement brought new freedom and enjoyment, even among those who had initially feared boredom or loss of social contact. A former nurse explained:

"I find, as I'm older, because I was a nurse, and I stood all the time and walked all the time, but I'm not like that anymore. I try, but it's easier to sit a bit, especially if you're watching YouTube, or you're focused on something, or reading, or something like that. So, yeah, I try to do that, but it's not as easy."

Another participant described continuing to work in a specialized field, not out of financial necessity but to preserve engagement and purpose:

"But I've been actively involved in the work I was doing, fuel standards, ever since. And I'm still a bit involved. So I haven't totally retired."

Others linked work and ageing to broader concerns about discrimination and equality:

"Other things, for instance, we are aware of the bad effects of racism, discrimination by race, but we need to diminish the effect of discrimination by age as well, mainly in the working field and labour field."

Together, these accounts suggest that work continues to matter in later life, sometimes as a source of identity and purpose and sometimes as a space where older adults seek recognition and fairness.

Physical and Mental Health, Fitness, and Appearance

Across the sample, physical and mental health were perceived as central to ageing well, alongside financial stability and social connection. Participants understood that health inevitably changes with age but emphasized acceptance and adaptation rather than denial.

One participant explained:

“Yes, I can no longer do the things I used to do. Or it takes me longer to do, or I can’t do it as long as I did in the past. So, ageing well is doing everything we possibly can with what we’re able to do.”

Another reflected on the cognitive and physical adjustments needed:

“From a physical perspective, the first thing is to realize that you’re really ageing, that you’re losing physical abilities, as well as mental abilities, and that you have to try to balance it with what you call it. You have to do fewer things than you used to do, because now you can’t do that, and realize that this is normal.”

In both the survey and qualitative data, the ability to adapt, including pacing oneself, reframing expectations, and focusing on what is still possible, emerged as a crucial dimension of ageing well.



DISCUSSION AND IMPLICATIONS





How Older Adults in Canada Experience Ageing

The Canadian findings highlight ageing as a deeply relational and contextual process. Older adults' experiences are shaped by family and friendship networks, migration histories, cultural norms, socio-economic resources, and the broader policy environment. Three cross-cutting themes emerged:

1. Independence and the Support Required for Ageing Well
2. Cultural Transition and Comparison with the Culture of Origin
3. Proactive Preparation for Ageing

Independence and Support Required for Ageing Well

Participants described ageing well as a balance between independence and support. Good health was seen as the foundation, but it was not enough on its own. Financial security, strong family and friendship ties, accessible housing, and reliable community and health services were also viewed as essential.

One participant captured the central role of security:

"Security for people our age—social and economic security—gives us peace of mind."

Another highlighted how a provincial rent subsidy programme transformed daily life:

"In British Columbia—and in some other places too—there's a government program called SAFER. It's an acronym for a rent subsidy that helps reduce housing costs. My rent has been cut in half because of it, which is a real bonus and gives me peace of mind."

Family support was equally important, especially when family members lived far away. One couple explained:

"So then, our family is not right with us, but we do use technology to remain closely connected with them. So we're talking with family, either by email, by messaging, by phone call, we're talking to someone in the family 2 or 3 times a week."

At the same time, participants pointed to gaps in community and health services that made it harder to age in place. One noted the cost of emergency transport and challenges in booking accessible transit:

"Ambulance is \$85 above... handyDART cannot be booked today for emergency, must be booked one week."

Taken together, these narratives show that independence in later life is not about "Going it alone." It relies on public policies and community infrastructures that reduce financial strain, support mobility, and provide reliable access to care.

Cultural Transition and Comparison with the Culture of Origin

For many immigrant participants, ageing unfolded at the intersection of cultures. They described navigating between long-standing traditions from their countries of origin and new norms in Canada, particularly around family roles, social support, and state responsibilities.

One older man, who migrated later in life, reflected on what was gained and what was lost:

"I lived in my country for 78 years and carry all my memories with me. Migrating as a senior isn't easy. I think, back there in Venezuela, I wouldn't have this situation or the benefits I have now, like Social Security. So, I appreciate what I have even more, while still feeling a yearning for what I left behind. I understand that back there, it simply wouldn't have been possible, and that gives me a sense of satisfaction—I enjoy and value what I have every day."

At the same time, participants emphasized the importance of recreating cultural continuity through communities and ethnic networks. One Korean participant described organizing activities for fellow immigrants:

"Usually I organize many activities voluntarily, and make some hiking club, fishing club, and farming neighbours, and share some skills or share our neighbours, and my time is the best quality to many people. So take care of each other in the Korean community, in this Canadian society. It's very important, I think, because we don't have a family, much family here."

These accounts show that cultural adaptation can be both a challenge and a resource. While separation from family and familiar systems can generate loneliness and stress, culturally grounded communities and organizations can provide belonging, mutual aid, and continuity.

Proactive Preparation for Ageing

A recurring theme across interviews was the importance of preparing for ageing: financially, physically, emotionally, and socially. Participants spoke about exercise, diet, savings, volunteering, and lifelong learning as part of an ongoing project of "getting ready" for later life.

One participant described daily efforts to maintain health and prevent cognitive decline:

"I generally eat well... I'm trying to be more consistent with an exercise programme, just to build up stamina in my bones... I think exercise is one of the things... that could be helpful with Alzheimer's. I don't drink. I don't smoke. I'm doing the best I can, I guess."

Others emphasized mental stimulation and memory:

"We must practice our memory. Last winter, I recited 300 Tang poems and 200 Song Cis. I am forcing myself to learn one song each week. Do not define yourself as having low memory due to ageing."

Overall, older adults did not see ageing as a passive process. They described conscious choices to keep learning, stay active, and plan ahead, even as they recognised that not everything could be controlled.

Recommendations for Canada

Building on these findings, several directions emerge for policy and practice in Canada. These recommendations are informed by the observed perspectives and coping strategies of older adults during the surveys and interviews. Addressing financial, social, cultural, health, and technological needs holistically and inclusively can help older adults maintain independence, purpose, and quality of life.

Expand Accessible Financial and Social Support Programmes

Efforts should focus on increasing awareness of and participation in existing financial supports for older adults, including rent subsidies, income supplements, and prescription assistance programs. At the same time, access to mobility and emergency transport services, such as handyDART and ambulance services, should be improved to ensure they remain accessible and reliable. Furthermore, targeted outreach should be strengthened to address inequities among vulnerable populations, including recent immigrants, older adults living alone, and those residing in rural or remote communities.

Promote Culturally Inclusive Services

Community-based programs should be supported to help immigrant and Indigenous older adults maintain cultural continuity, providing opportunities such as language-specific activities, cultural clubs, and meaningful volunteer roles. Cultural safety and humility should be embedded across long-term care, home care, and primary care settings, addressing the diverse needs of ethnically varied populations. Collaborating with ethnocultural organisations can further support the co-creation of culturally welcoming and inclusive communities.

Encourage Health and Lifelong Learning Programmes

Programmes should be developed and expanded to integrate physical activity, cognitive engagement, and social connection for older adults, whether in community centres, libraries, or online spaces. Initiatives that build resilience and confidence, such as memory workshops, self-management courses, and peer-led support groups, should be promoted to help older adults maintain their independence and autonomy. At the same time, intergenerational learning should be encouraged, giving older adults opportunities to share their skills and knowledge while gaining new meaning and purpose.

Leverage Technology to Maintain Connections

Technology can enhance the well-being of older adults by supporting independence in daily life, creating opportunities for communication that reduce social isolation and loneliness, and helping them stay connected to a rapidly evolving world. When technology is co-created with older adults, it is more likely to reflect their preferences, needs, and expectations, ensuring that it is intuitive, accessible, and truly useful. This collaborative approach not only improves usability but also empowers older adults, giving them a sense of control and confidence in engaging with digital tools that enrich their everyday lives.

Implications for Policy, Practice, and Research

The Canadian findings underscore that ageing well is not only about longevity; it is about continuing to live with agency, connection, and security. Policies and programmes can support this by:

- Protecting financial and housing security. Expanding and simplifying access to income supports and affordable housing helps older adults maintain independence and reduces stress that undermines well-being.
- Embedding cultural and linguistic inclusion. Services that reflect the realities of immigrant and Indigenous older adults—through language access, cultural practices, and co-design—can reduce barriers and strengthen trust.
- Investing in community-based, preventive approaches. Integrating physical activity, cognitive health, and social engagement into everyday community life can support resilience and delay the onset of more intensive care needs.
- Recognising older adults as partners. Involving older adults as co-designers, facilitators, and leaders in programmes—rather than only as participants—supports mastery, dignity, and social value.

From a research perspective, the study highlights the value of cross-country comparison. Bringing Canadian data into dialogue with findings from other countries, including sending and receiving societies for immigrants, can deepen understanding of how culture and migration shape perceptions of ageing well. For example, comparing Chinese domestic data with data from Chinese immigrants in Canada could reveal how migration affects loneliness, mastery, and family expectations.



Future studies could:

- Evaluate the effectiveness and equity of financial and social support systems for older adults, particularly among marginalized groups.
- Test the impact of culturally tailored interventions on mental health, social inclusion, and perceptions of ageing among immigrant and Indigenous older adults.
- Examine technology initiatives that are co-designed with older adults and assess their effects on physical, cognitive, and emotional well-being.
- Conduct longitudinal research to track proactive ageing behaviours—such as health maintenance, social participation, and lifelong learning—and their relationship to independence and quality of life across diverse populations.

Together, these directions can inform holistic approaches that support older adults in Canada to age not only longer, but better, with dignity, purpose, and the ability to remain the authors of their own lives.



Author Contribution

Canada: Ageing in Context

Lillian Hung (Principal Investigator / Canadian Lead)

University of British Columbia
lillian.hung@ubc.ca

Dr. Habib Chaudhury (Canadian Co-Lead)
Simon Fraser University
chaudhury@sfu.ca

Yong Zhao
University of British Columbia
drzhao78@mail.ubc.ca

MAINLAND CHINA AGEING IN CONTEXT

EXECUTIVE SUMMARY

China is undergoing a profound demographic transition as its older population expands rapidly and ages at a pace faster than many high income societies. Older adults describe ageing not simply in terms of physical change but through shifts in relationships, expectations, and their capacity to maintain autonomy. Health and the ability to manage daily life remain the strongest foundation of dignity, with many expressing a deep desire to stay self-sufficient for as long as possible. The fear of losing independence, especially through disability or cognitive decline, outweighs fear of ageing itself.

Family continues to be the emotional anchor of later life. Older adults derive fulfilment from harmonious family relationships, respect from children, and the achievements of grandchildren. At the same time, many hold clear expectations that the state should ensure economic stability, accessible healthcare, and equitable long term care support. This reflects a dual model of responsibility in which emotional support is located within the family, while structural care is expected from public systems.

Older adults also seek opportunities to remain engaged, active, and socially connected. Participation in community activities contributes to a sustained sense of purpose and competence, helping them navigate the transition out of formal work. Psychological strategies such as acceptance, gratitude, and maintaining a calm mindset support well-being. National pride emerges as a unique source of meaning, linking personal optimism with a broader narrative of national progress.

Together, these insights highlight the importance of strengthening integrated community care, expanding preventive health and social participation pathways, and ensuring reliable public support systems that protect autonomy, emotional security, and dignity in later life.



Introduction

Population Ageing Profile

China's demographic transformation has entered a decisive and complex phase. By the end of 2025, the population aged 60 and above reached nearly 300 million, representing 21.1 percent of the total population. The national life expectancy now stands at 78.6 years, reflecting major achievements in health, education, nutrition, and social development since the late twentieth century (National Health Commission of the People's Republic of China, 2024).

However, these demographic successes have brought new challenges. China is ageing earlier and faster than most developed economies, and this transition is occurring before the country has reached high-income status. This situation, often described as “ageing before affluence,” means that China faces the difficult task of supporting a large older population without yet possessing the fiscal or institutional resources of wealthier nations.

The implications of this transition are broad and structural. An ageing population will influence healthcare demand, employment patterns, intergenerational relationships, and social security sustainability. Yet it also presents a unique opportunity: to pioneer a model of ageing that integrates the strengths of traditional family-based care with modern community, institutional, and technological systems.

Socioeconomic Indicators

China's economic achievements over the past four decades have been extraordinary. In the first three quarters of 2023, the national per capita disposable income reached RMB 32,509, reflecting 5.1 percent year-on-year growth. Urban residents earned RMB 42,991 on average, while rural residents earned RMB 17,686, revealing a substantial income ratio of approximately 2.4 to 1 between urban and rural areas (National Bureau of Statistics of China, 2025).

The national urbanisation rate now stands at 67 percent, marking the world's largest and fastest movement of people from rural to urban areas (China Economic Net, 2024). Urbanisation has improved access to services and infrastructure, but it has also created regional disparities. Many rural older adults have been left behind as younger family members migrate to cities, resulting in isolation, reduced care access, and diminished family contact.

China's rapid digital transformation is equally striking. As of December 2024, the country recorded 1.108 billion internet users, with an internet penetration rate of 78.6 percent (Ministry of Industry and Information Technology of the People's Republic of China, 2025). Digitalisation has reshaped public administration, health service delivery, and social communication. Yet, for many older adults, especially in rural areas, limited digital literacy has created new forms of inequality. Bridging this “grey digital divide” is now an urgent priority for inclusive ageing in a digital era.



Cultural Norms and Family Structures

Cultural values remain central to how ageing is experienced and understood in China. The Confucian virtue of filial piety, or xiao (孝), which emphasises respect, gratitude, and responsibility toward one's parents, continues to shape family relationships and caregiving expectations (Huai, 2025). For centuries, elder care was the family's moral duty, and multi-generational households were seen as ideal.

However, social and demographic changes have transformed these traditions. The “4-2-1” family structure, a legacy of the one-child policy, means that one adult child may be responsible for supporting two parents and four grandparents (Song, 2013). This inverted care pyramid places heavy emotional, financial, and logistical pressure on middle-aged adults, especially those balancing careers and childcare.

Urban migration has further disrupted intergenerational living arrangements. While filial piety remains a strong moral foundation, its practical expression is evolving. Many older adults no longer expect full-time co-residence but instead prioritise emotional closeness and mutual respect. Modern interpretations of filial piety emphasise companionship, empathy, and shared care responsibilities supported by the state and community.

Health and Care System Overview

China has made major progress in expanding healthcare access and developing an ageing-responsive care infrastructure. By the end of 2024, 1.327 billion people were covered under basic medical insurance, maintaining a participation rate close to 95 percent and achieving near-universal health coverage (National Healthcare Security Administration, 2025).

Innovations such as the Medical Insurance Wallet now allow insured individuals to transfer medical funds across provinces and between family members. The growing integration of artificial intelligence, big data, and telemedicine has improved the efficiency and accessibility of healthcare services.

The National Long-term Care Insurance Service Catalogue (Trial) (National Healthcare Security Administration, 2025) represents an important step toward building an integrated care model. It establishes uniform standards for eligibility, benefits, and service quality, and it encourages the development of long-term care infrastructure at both the community and institutional levels.

However, challenges remain. There are significant disparities between urban and rural healthcare facilities, a shortage of professional caregivers, and uneven implementation of community-based care. Strengthening preventive health services, expanding rehabilitation resources, and investing in professional training will be essential to meeting the needs of a rapidly ageing population.

Samples and Demographic Information

A total of 392 questionnaires were collected from older adults aged 55 years and above across community centres, neighbourhood committees, and residential organisations. After a rigorous data validation process, 363 valid responses were retained for analysis.

The sample included 124 participants aged 55–64 years, 177 aged 65–74 years, 62 aged 75–84 years. Women constituted 73.3 percent of the sample, consistent with national patterns of longer female life expectancy.

Most participants were married (82.6 percent), though widowhood was common among the oldest-old. The majority were retired and not working (82.6 percent), with 7.4 percent engaged in paid employment. Educational attainment varied: 45.7 percent had completed secondary school, 21.8 percent held professional certificates, and 18.5 percent held diplomas. Self-reported financial status showed that 66.7 percent considered their income adequate, while 27.8 percent reported some level of difficulty. Regarding health, 45.7 percent rated their health as good, 45.2 percent as fair, and 9.1 percent as poor. Overall, the sample represented a relatively healthy and socially stable ageing cohort.

Detailed information on the sample composition is provided in Table 1.

Table 1 Sociodemographic Characteristics of China Participants at Baseline

Baseline characteristic	Overall Age Group (N = 363)		55-64 Age Group (N = 124)		65-74 Age Group (N = 177)		75-84 Age Group (N=62)	
Gender								
Female	266	73.30	92	74.20	128	72.30	46	74.20
Male	97	26.70	32	25.80	49	27.70	16	25.80
Ethnicity								
Asian	363	100	124	100	177	100	62	100
Marital status								
Married	300	82.60	110	88.70	145	81.90	45	72.60
Widowed	51	14.00	7	5.60	28	15.80	16	25.80
Separated/Divorced	9	2.50	6	4.80	2	1.10	1	1.60
Never married	3	.80	1	.80	2	1.10	-	-
Employment status								
Working full-time	23	6.30	19	15.30	2	1.10	2	3.20
Working part-time	8	2.20	6	4.80	2	1.10	-	-
Retired but working part-time	27	7.40	13	1.50	12	6.80	2	3.20
Retired and not working	300	82.60	85	68.50	158	89.30	57	91.90
Homemaker/never worked	5	1.40	1	.80	3	1.70	1	1.60
Educational level								
No formal education	2	.60	1	.80	-	-	1	1.60
Primary school	21	5.80	6	4.80	8	4.50	7	11.30
Secondary school	166	45.70	51	41.10	91	51.40	24	38.70

Baseline characteristic	Overall Age Group (N = 363)		55-64 Age Group (N = 124)		65-74 Age Group (N = 177)		75-84 Age Group (N=62)	
Post secondary/ Professional Certifications/ Qualifications	79	21.80	26	21.00	37	2.90	16	25.80
Diploma	67	18.50	23	18.50	32	18.1	12	19.40
Bachelor’s Degree	24	6.60	14	11.30	8	4.50	2	3.20
Postgraduate Diploma	3	.80	3	2.40	-	-	-	-
Master’s Degree	1	.30	-	-	1	.60	-	-
Doctorate’s Degree	-	-	-	-	-	-	-	-
Self-rated financial situation								
Inadequate	20	5.50	6	4.80	11	6.20	3	4.80
Somewhat Inadequate	101	27.80	49	39.50	42	23.70	10	16.10
Adequate	242	66.70	69	55.60	124	7.10	49	79.00
Self-reported health condition								
Poor	33	9.10	10	8.10	15	8.50	8	12.90
Fair	164	45.20	56	45.20	80	45.20	28	45.20
Good	166	45.70	58	46.80	82	46.30	26	41.90
Medical Health Status								
No chronic disease	101	27.80	44	35.50	48	27.10	9	14.50
No major disease	294	81.00	105	84.70	143	8.80	46	74.20

Data Collection Approach

A cross-sectional, mixed-methods design was used, combining quantitative survey data with qualitative responses. Participants were recruited from urban and suburban areas through senior centres and community-based outreach.

Trained interviewers conducted the data collection process, applying quality control procedures and ensuring confidentiality. All respondents provided informed consent, and data were screened for missing or inconsistent information to ensure reliability.

Key Findings

Overall Perceptions of Ageing

Table 2 presents the descriptive statistics for older adults' perceptions of ageing across eight subdomains. Overall, participants reported the highest mean scores in family and close relationships ($M = 3.29$, $SD = .57$) and personality and self-management ($M = 3.26$, $SD = .56$), indicating generally positive perceptions in these domains. In contrast, leisure and volunteer activities showed the lowest mean score ($M = 2.65$, $SD = .60$), suggesting more limited perceived opportunities or engagement in this aspect of later life.

Across age groups, perceptions were largely consistent across domains, with a slight tendency toward more negative views as age increased—most evident in physical and mental health, fitness, and appearance, where scores declined from $M = 2.94$ ($SD = .45$) in the 55–64 group to $M = 2.79$ ($SD = .41$) in the 75–84 group. Notably, an opposite pattern emerged in the work and career domain, where the oldest group (75–84 years) reported a higher mean score ($M = 3.01$, $SD = .49$) than the younger groups (55–64: $M = 2.94$, $SD = .48$; 65–74: $M = 2.96$, $SD = .56$). This pattern suggests that continued work engagement or a sustained sense of career identity may remain salient even in later life.

Descriptive statistics are presented in Table 2.

Table 2
Descriptive Analysis of Older Adults' Perceptions of Ageing in China

Ageing Perceptions	Overall Age Group		55-64 Age Group		65-74 Age Group		75-84 Age Group	
	M	SD	M	SD	M	SD	M	SD
(a) Family and close relationships	3.29	.57	3.32	.49	3.29	.64	3.24	.53
(b) Friendships and social connections	3.14	.61	3.06	.54	3.18	.67	3.15	.53
(c) Religion and spirituality	2.81	.71	2.87	.64	2.80	.74	2.76	.75
(d) Leisure and volunteer activities	2.65	.60	2.61	.61	2.68	.59	2.63	.60
(e) Personality and self-management	3.26	.56	3.23	.50	3.29	.60	3.25	.55
(f) Financial stability and money management	3.15	.58	3.17	.52	3.15	.61	3.13	.63
(g) Work and career	2.96	.51	2.94	.48	2.96	.56	3.01	.49
(h) Physical and mental health, fitness, and appearance	2.89	.43	2.94	.45	2.89	.42	2.79	.41

Zero-order Correlations between Demographic Factors, Perceptions of Ageing, and Coping Strategies

The results of correlations among demographic factors, perceptions of ageing, and coping-related variables are presented in Table 3. As shown in Table 3, the eight subdomains of ageing perceptions were significantly and positively interrelated ($r_s = .227$ to $.708$, $ps < .01$), indicating that more favourable perceptions in one domain were consistently associated with positive views in others. The strongest intercorrelations emerged among family and close relationships, friendships and social connections, personality and self-management, finance and money management, work and career, and physical and mental health, fitness, and appearance ($r_s = .532$ to $.708$, $ps < .01$), reflecting high internal coherence across core life domains.

Age was positively correlated with friendships and social connections ($r = .107$, $p < .05$). Gender (higher values indicating one group) showed a significant positive correlation with leisure and volunteer activities ($r = .191$, $p < .01$). Health status was positively correlated with physical and mental health, fitness, and appearance ($r = .273$, $p < .01$).

Socioeconomic status (SES) was significantly positively associated with religion and spirituality ($r = .159$, $p < .05$), friendships and social connections ($r = .121$, $p < .05$), finance and money management ($r = .114$, $p < .05$), and work and career ($r = .20$, $p < .05$).

Resilience exhibited strong positive correlations with nearly all ageing perception subdomains ($r_s = .147$ to $.41$, $ps < .05$ or $.01$), with the strongest links to work and career ($r = .41$, $p < .01$), physical and mental health, fitness, and appearance ($r = .343$, $p < .01$), personality and self-management ($r = .336$, $p < .01$), friendships and social connections ($r = .302$, $p < .01$), and family and close relationships ($r = .288$, $p < .01$).

Personal mastery was significantly positively correlated with all eight subdomains ($r_s = .12$ to $.444$, $ps < .05$ or $.01$), most strongly with physical and mental health, fitness, and appearance ($r = .444$, $p < .01$), personality and self-management ($r = .383$, $p < .01$), and friendships and social connections ($r = .357$, $p < .01$). This pattern suggests that participants with a stronger sense of mastery (i.e., greater perceived control) tended to hold more positive perceptions of ageing, whereas those who felt less capable reported more negative ageing perceptions.

Life satisfaction showed moderate to strong positive correlations with most ageing perception domains ($r_s = .18$ to $.435$, $ps < .01$), particularly work and career ($r = .435$, $p < .01$), family and close relationships ($r = .417$, $p < .01$), finance and money management ($r = .371$, $p < .01$), personality and self-management ($r = .351$, $p < .01$), and physical and mental health, fitness, and appearance ($r = .323$, $p < .01$).

Table 3

Correlation Analysis between Demographic Factors, Perceptions of Ageing, and Coping Strategies in China

	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Family	3.29	.57	-														
2. Friendships	3.14	.61	.708**	-													
3. Religion	2.81	.71	.388**	.407**	-												
4. Leisure	2.65	.60	.227**	.403**	.326**	-											
5. Personality	3.26	.56	.662**	.639**	.418**	.3**	-										
6. Finance	3.15	.58	.558**	.532**	.402**	.258**	.653**	-									
7. Work	2.96	.51	.64**	.63**	.589**	.308**	.613**	.601**	-								
8. Physical	2.89	.43	.396**	.368**	.279**	.283**	.492**	.388**	.315**	-							
9. Age	67.63	6.95	-.008	.107*	-.117	.081	.074	.024	.058	-.062	-						
10. Gender	.73	.44	.013	.081	.019	.191**	.102	.064	.095	.024	.031	-					
11. Health status	2.37	.64	.027	.059	.083	.024	.082	.024	-.056	.273**	-.076	.083	-				
12. SES	2.06	.37	.115	.121*	.159*	.018	.065	.114*	.2*	.058	-.011	-.093	.101	-			
13. Resilience	2.86	.42	.288**	.302**	.147*	.066	.336**	.214**	.41**	.343**	.016	-.001	.089	.173**	-		
14. Mastery	2.93	.44	.316**	.357**	.104	.12*	.383**	.216**	.23*	.444**	.037	-.077	.122*	.117*	.516**	-	
15. Satisfaction	3.13	.51	.417**	.412**	.223**	.18**	.351**	.371**	.435**	.323**	-.011	-.007	.132*	.119*	.366**	.366**	-

Note. Family = Family and close relationships, Friendships = Friendships and social connections, Religion = Religion and spirituality, Leisure = Leisure and volunteer activities, Personality =Personality and self-management, Finance = Financial stability and money management, Work = Work and career, Physical = Physical and mental health, fitness, and appearance.

Male code as 0 and Female coded as 1. **p* < .05, ***p* < .01

Age and Gender Differences in Ageing Perceptions

Eight sets of 3 × 2 ANCOVA were conducted to evaluate the effects of three age groups and gender on each subdomain of ageing perceptions, while controlling for SES, and health status.

Differences in Family and Close Relationships

The results of the 3 × 2 ANCOVA indicated no significant main effect for age group, $F(2, 355)^1 = .014$, $p = .986$, partial $\eta^2 = .000$, no significant main effect for gender, $F(1, 355) = .016$, $p = .898$, partial $\eta^2 = .000$, and no significant interaction between age group and gender, $F(2, 355) = .939$, $p = .392$, partial $\eta^2 = .005$, on perceptions of family and close relationships. This suggests that perceptions of family and close relationships are consistent across different age groups and genders, indicating that neither age nor gender significantly influences individuals' views in this domain.

Differences in Friendships and Social Connections

The results of the 3 × 2 ANCOVA indicated no significant main effect for age group, $F(2, 355)^2 = 1.982$, $p = .139$, partial $\eta^2 = .011$, no significant main effect for gender, $F(1, 355) = 2.795$, $p = .095$, partial $\eta^2 = .008$, and no significant interaction between age group and gender, $F(2, 355) = .221$, $p = .802$, partial $\eta^2 = .001$, on perceptions of friendships and social connections. This suggests that perceptions of friendships and social connections are consistent across different age groups and genders, indicating that neither age nor gender significantly influences individuals' views in this domain.

Differences in Religion and Spirituality

The results of the 3 × 2 ANCOVA indicated no significant main effect for age group, $F(2, 241)^3 = .402$, $p = .669$, partial $\eta^2 = .003$, no significant main effect for gender, $F(1, 241) = .485$, $p = .487$, partial $\eta^2 = .002$, and no significant interaction between age group and gender, $F(2, 241) = .605$, $p = .547$, partial $\eta^2 = .005$, on perceptions of religion and spirituality. This suggests that perceptions of religion and spirituality are consistent across different age groups and genders, indicating that neither age nor gender significantly influences individuals' views in this domain.

Differences in Leisure and Volunteer Activities

The results of the 3 × 2 ANCOVA indicated a significant main effect for gender, $F(1, 355)^4 = 8.029$, $p = .005$, partial $\eta^2 = .022$, but no significant main effect for age group, $F(2, 355) = .277$, $p = .758$, partial $\eta^2 = .002$, and no significant interaction between age group and gender, $F(2, 355) = .897$, $p = .409$, partial $\eta^2 = .005$, on perceptions of leisure and volunteer activities.

A follow-up pairwise comparison of estimated marginal means was conducted to examine the gender difference in perceptions of leisure and volunteer activities. The results showed that female senior adults exhibited a significantly more positive perception of leisure and volunteer activities compared to their male counterparts, with a mean difference of .220, $p = .005$. More detailed information can be found in Table 4.

Table 4

Pairwise Comparisons of Gender Difference in Leisure and Volunteer Activities

(I)Gender	(J)Gender	Mean difference(I-J)	SE	p-value
Male	Female	-.220*	.078	.005
Female	Male	.220**	.078	.005

Note. **p* < .05, ***p* < .01

1 Missing values were handled using listwise deletion (complete case analysis). Cases with incomplete data for any variable included in the ANCOVA model were excluded, leading to a smaller sample size than the initial 363.
2 Missing values were handled using listwise deletion (complete case analysis). Cases with incomplete data for any variable included in the ANCOVA model were excluded, leading to a smaller sample size than the initial 363.
3 Missing values were handled using listwise deletion (complete case analysis). Cases with incomplete data for any variable included in the ANCOVA model were excluded, leading to a smaller sample size than the initial 363.
4 Missing values were handled using listwise deletion (complete case analysis). Cases with incomplete data for any variable included in the ANCOVA model were excluded, leading to a smaller sample size than the initial 363.

Differences in Personality and Self-Management

The results of the 3 × 2 ANCOVA indicated no significant main effect for age group, $F(2, 355)^1 = .501$, $p = .606$, partial $\eta^2 = .003$, no significant main effect for gender, $F(1, 355) = 1.375$, $p = .242$, partial $\eta^2 = .004$, and no significant interaction between age group and gender, $F(2, 355) = 1.090$, $p = .337$, partial $\eta^2 = .006$, on perceptions of personality and self-management. This suggests that perceptions of personality and self-management are consistent across different age groups and genders, indicating that neither age nor gender significantly influences individuals' views in this domain.

Differences in Financial Stability and Money Management

The results of the 3 × 2 ANCOVA indicated no significant main effect for age group, $F(2, 355)^2 = .016$, $p = .984$, partial $\eta^2 = .000$, no significant main effect for gender, $F(1, 355) = 1.317$, $p = .252$, partial $\eta^2 = .004$, and no significant interaction between age group and gender, $F(2, 355) = .342$, $p = .711$, partial $\eta^2 = .002$. This suggests that perceptions of finance and money management are consistent across different age groups and genders, indicating that neither age nor gender significantly influences individuals' views in this domain.

Differences in Work and Career

The results of the 3 × 2 ANCOVA indicated no significant main effect for age group, $F(2, 118)^3 = .540$, $p = .584$, partial $\eta^2 = .009$, no significant main effect for gender, $F(1, 118) = 1.373$, $p = .244$, partial $\eta^2 = .012$, and no significant interaction between age group and gender, $F(2, 118) = .764$, $p = .468$, partial $\eta^2 = .013$, on perceptions of work and career. This suggests that perceptions of work and career are consistent across different age groups and genders, indicating that neither age nor gender significantly influences individuals' views in this domain.

Differences in Physical and Mental Health, Fitness, and Appearance

The results of the 3 × 2 ANCOVA indicated no significant main effect for age group, $F(2, 355)^4 = 2.210$, $p = .111$, partial $\eta^2 = .012$, no significant main effect for gender, $F(1, 355) = .078$, $p = .780$, partial $\eta^2 = .000$, and no significant interaction between age group and gender, $F(2, 355) = .261$, $p = .770$, partial $\eta^2 = .001$, on perceptions of physical and mental health, fitness, and appearance. This suggests that perceptions of physical and mental health, fitness, and appearance are consistent across different age groups and genders, indicating that neither age nor gender significantly influences individuals' views in this domain.

1 Missing values were handled using listwise deletion (complete case analysis). Cases with incomplete data for any variable included in the ANCOVA model were excluded, leading to a smaller sample size than the initial 363.
2 Missing values were handled using listwise deletion (complete case analysis). Cases with incomplete data for any variable included in the ANCOVA model were excluded, leading to a smaller sample size than the initial 363.
3 Missing values were handled using listwise deletion (complete case analysis). Cases with incomplete data for any variable included in the ANCOVA model were excluded, leading to a smaller sample size than the initial 363.
4 Missing values were handled using listwise deletion (complete case analysis). Cases with incomplete data for any variable included in the ANCOVA model were excluded, leading to a smaller sample size than the initial 363.

Rank Order of the Importance of the Eight Subdomains of Ageing Perception

The descriptive analyses identified the eight subdomains of ageing perceptions ranked by Chinese older adults in order of importance (lower mean scores indicate higher perceived importance). The top three subdomains were family and close relationships ($M = 1.62$, $SD = 1.01$), physical and mental health, fitness, and appearance ($M = 3.30$, $SD = 2.36$), and friendships and social connections ($M = 3.73$, $SD = 1.71$). The least important were work and career ($M = 6.08$, $SD = 1.63$) and religion and spirituality ($M = 6.75$, $SD = 1.94$).

A notable exception was observed among males aged 75–84, for whom the top-ranked subdomain was friendships and social connections ($M = 3.31$, $SD = 1.401$), followed by physical and mental health, fitness, and appearance ($M = 3.80$, $SD = 2.336$), and family and close relationships ($M = 1.38$, $SD = .806$) still ranked first but with a lower mean than in other groups. More detailed ranking information can be found in Table 6.

Table 5
Rank Order of the Importance of the Eight Subdomains of Ageing Perception in China

Rank	Subdomain	M	SD
1	Family and close relationships	1.62	1.01
2	Physical and mental health, fitness, and appearance	3.30	2.36
3	Friendships and social connections	3.73	1.71
4	Financial stability and money management	4.32	1.71
5	Personality and self-management	4.83	1.61
6	Leisure and volunteer activities	5.04	1.57
7	Work and career	6.08	1.63
8	Religion and spirituality	6.75	1.94

Table 6
Rank Order of the Importance of the Eight Subdomains of Ageing Perception in China by Age Group and Gender

Age Group	Gender	Rank	Subdomain	M	SD
55-64	Male	1	Family and close relationships	1.44	1.11
		2	Physical and mental health, fitness, and appearance	3.24	2.46
		3	Friendships and social connections	3.84	1.85
		4	Leisure and volunteer activities	4.69	1.51
		5	Financial stability and money management	4.93	1.41
		6	Personality and self-management	5.2	1.54
		7	Work and career	5.52	1.96
		8	Religion and spirituality	6.53	1.98
55-64	Female	1	Family and close relationships	1.63	.83
		2	Physical and mental health, fitness, and appearance	3.27	2.32
		3	Financial stability and money management	3.81	1.61
		4	Friendships and social connections	3.99	1.95
		5	Personality and self-management	5.04	1.50
		6	Leisure and volunteer activities	5.09	1.60
		7	Work and career	5.95	1.75
		8	Religion and spirituality	6.78	2.05
65-74	Male	1	Family and close relationships	1.55	.89
		2	Physical and mental health, fitness, and appearance	3.38	2.42
		3	Friendships and social connections	3.72	1.72
		4	Financial stability and money management	4.58	1.49
		5	Personality and self-management	4.85	1.66
		6	Leisure and volunteer activities	4.87	1.76
		7	Work and career	6.05	1.64
		8	Religion and spirituality	6.78	1.91
65-74	Female	1	Family and close relationships	1.74	1.26
		2	Physical and mental health, fitness, and appearance	3.28	2.30
		3	Friendships and social connections	3.58	1.56
		4	Financial stability and money management	4.31	1.85
		5	Personality and self-management	4.81	1.62
		6	Leisure and volunteer activities	4.95	1.52
		7	Work and career	6.4	1.53
		8	Religion and spirituality	6.67	1.94

Age Group	Gender	Rank	Subdomain	M	SD
75-84	Male	1	Family and close relationships	1.38	.81
		2	Friendships and social connections	3.31	1.40
		3	Physical and mental health, fitness, and appearance	3.8	2.34
		4	Personality and self-management	4.13	1.77
		5	Financial stability and money management	4.8	1.78
		6	Work and career	5.4	1.40
		7	Leisure and volunteer activities	5.73	1.39
		8	Religion and spirituality	7.29	1.86
75-84	Female	1	Family and close relationships	1.58	.62
		2	Physical and mental health, fitness, and appearance	3.23	2.61
		3	Friendships and social connections	3.8	1.65
		4	Financial stability and money management	4.43	1.73
		5	Personality and self-management	4.5	1.65
		6	Leisure and volunteer activities	5.34	1.52
		7	Work and career	6.12	1.40
		8	Religion and spirituality	6.82	1.82

Note. A score of 1 indicates the highest level of importance, whereas a score of 8 indicates the lowest level of importance.

Rank Order of the Importance of the Eight Subdomains of Ageing Perception in China by Age Group and Gender



How Older Adults Cope with the Challenges of Ageing

Through in-depth interviews with participants aged 61 to 76, the study identified five interconnected themes: (1) Health and Self-Sufficiency – The Absolute Cornerstone of a Happy Later Life; (2) Family Harmony and Intergenerational Affection – The Core Source of Emotional Fulfillment; (3) Social Participation and Personal Autonomy – Achieving Self-Worth Older adults desire more than passive care; they seek to prove their value and capabilities through social engagement and autonomous choices; (4) Economic Security and Expectation of State Responsibility – The Source of External Security; (5) Contentment, Gratitude, and National Pride – The Elevation of Life Attitude.

Table 7
Demographic information of the interviewees, as well as age and gender distribution

Age Groups	Total		55-64 Years old		65-74 Years old		75-84 Years old	
Gender	Male	Female	Male	Female	Male	Female	Male	Female
Mainland China	8	8	2	1	5	6	1	1

The Pursuit of a Happy Later Life in China: A Thematic Analysis of Older Adults' Coping Strategies

This report is based on a qualitative analysis of in-depth interview data from older adults in China (aged 61 to 76). It aims to identify and distill core perspectives on the nature of a “Happy Later Life” and the most significant sources of “Joy and Pride.” The analysis yielded five interrelated themes.

Core Thematic Analysis Results

Health and Self-Sufficiency – The Absolute Cornerstone of a Happy Later Life

Across China, older adults consistently emphasised that good health is the foundation for a meaningful later life. Many regarded physical well-being as the essential prerequisite for independence and dignity. As one participant shared, Grandpa Cao, 61, “how to stay healthy is what matters most.” Another echoed this priority, with Grandpa Ji, 75, stating simply, “physical health.” For some, this aspiration was expressed repeatedly and with clarity, such as the wish voiced by Grandma Lee, 73: “I just hope for health, I just hope for health.” Health was closely associated with self-sufficiency. Older adults frequently described independence in daily activities as central to dignity. As expressed by one interviewee, Grandpa Cao, 61, “being able to manage and take care of myself would be even better.” Another participant reinforced this, with Grandpa Pei, 69, remarking on the importance of “being able to manage myself, not suffer.” For many, autonomy was fundamental, reflected in the comment by Grandma Yu, 73: “First and foremost is being healthy and self-sufficient. Everything else is secondary.”

Concerns about losing this autonomy were widespread. One participant, Grandpa Lei, 74, expressed the hope to “not need others to wait on me, and not get Alzheimer.” These reflections highlight the strong desire to maintain control and capability throughout later life.

Family Harmony and Intergenerational Affection – The Core Source of Emotional Fulfilment

Family relationships form a central source of emotional well-being for older adults in China. Many participants associated happiness with the health and unity of their loved ones. As one interviewee explained, Grandpa Lee, 70, happiness comes from “family members being healthy and complete.” Others emphasised the importance of “family harmony,” as described by Grandma Zheng, 69, or the value of companionship from a spouse, as reflected in the words of Grandpa Lei, 74: “having my spouse by my side.” For some, pride came from seeing their children thrive, as described by Grandpa Liu, 62: “children being good, and family members being good.”

Filial piety also remains important. One participant explained that respect from children is the essential requirement: “As long as our children respect us and don’t make us angry, that’s enough,” shared by Grandma Lee, 73.

Grandchildren were frequently mentioned as a key source of fulfilment. A vivid example came from Grandma Lee, 73, who shared with pride: “The thing that makes me happiest is that my grandson is extremely promising [smiley face]... he is now interning at You’anmen.” Others valued daily interactions, as expressed by Grandpa Wang, 66: “It’s nice to see the kids and grandkids together.”

Social Participation and Personal Autonomy – Achieving Self-Worth

Many older adults emphasised the importance of remaining engaged in social life and retaining personal agency. Participating in community activities or contributing to society offered feelings of purpose and enjoyment. As described by one interviewee, Grandma Lee, 73: “I enjoy participating in these social activities.” Similarly, Grandma Lu, 68, expressed the hope to “participate in some social activities, given my capability.”

Autonomy in managing daily life was also central to participants’ sense of well-being. Several expressed satisfaction in being able to decide how they spend their time. As shared by Grandma Zheng, 69: “do whatever I want,” and by Grandma Liu, 74: “being able to live a life where I can do as I please.” For some, autonomy also meant the freedom to travel or move about independently. As explained by one participant, Grandma Yu, 73: “Going wherever I want to go, traveling if I want to, doing whatever I want to do.”

Economic Security and Expectation of State Responsibility – The Source of External Security

Economic stability was another foundation of confidence and comfort in later life. Many participants took pride in financial independence, with pensions serving as a reliable source of security. As shared by one participant, Grandma Hao, 64: “The day I receive my retirement pay is the happiest day.” Another noted a stable household income, with Grandpa Wang, 66, stating: “I get over 6,000 [Yuan] in retirement, and my spouse gets over 8,000.”

Expectations around the state’s role were also strong. Several participants raised questions about the government’s future responsibilities in elder care, particularly given demographic changes. As expressed by Grandma Hao, 64: “Will the State be responsible for elderly care in the future? I don’t know if they will.” For others, this expectation was clear and direct. As stated by Grandpa Lee, 66: “The State should be responsible for my old age. The State should introduce a policy.”

Concerns about public services were also noted. One participant, Grandma Liu, 76, questioned recent “medical reform,” while another, Grandpa Lee, 66, highlighted the need for services such as meal delivery or call-for-help support.

Contentment, Gratitude, and National Pride – The Elevation of Life Attitude

Many older adults described adopting a mindset of calmness, acceptance, and gratitude as they aged. Several expressed the importance of maintaining perspective. As shared by one interviewee, Grandpa Cao, 61: “a very peaceful mindset... not to dwell on those things.” Another reflected on adapting to life circumstances, with Grandma Liu, 74, noting: “Don’t expect too much... Just do whatever makes you happy.”

Gratitude toward the broader social environment was also evident. One participant, Grandma Niu, 65, appreciated the stability and convenience of daily life, noting: “life outside is good... it’s convenient to see a doctor.”

National pride emerged as a particularly strong emotional theme. As expressed by one participant, Grandma Hao, 64: “The nation is good, that makes me happiest.” Another shared a similar perspective, with Grandpa Pei, 69, stating: “The nation is strong [smiley face]... When the nation is strong, we live good lives.”

DISCUSSION AND IMPLICATIONS

Constructing a Model of Active Ageing in the Chinese Context

This discussion explores how Chinese older adults articulate their aspirations for a fulfilling later life and how they construct a culturally grounded model of active ageing through cognitive, emotional, and behavioural strategies.





Primacy of Health: Self-Sufficiency as the Foundation of Dignity and Autonomy

Across participants, health was consistently framed as the essential foundation for personal dignity and autonomy—not just a physical state but a defining resource for maintaining identity in later life.

Self-Sufficiency and Personal Agency

Older adults frequently emphasised the central importance of managing their own daily lives. As one participant shared, Grandpa Cao, 61, “how to stay healthy is what matters most.” This view was echoed by others who regarded independence as non-negotiable. As expressed by one interviewee, Grandma Yu, 73, the ability to manage one’s own life remains the most crucial determinant of happiness. Their narratives reflect a strong need for perceived control: even as physical abilities decline, the ability to maintain self-care routines allows older adults to preserve autonomy and guard against role loss.

The Shift in the Focus of Fear

Participants’ concerns about illness were driven not by fear of death but by the threat of losing independence through disability or cognitive impairment. As one participant noted, Grandpa Lei, 74, “not getting Alzheimer’s” was a key hope. For many, pursuing health was about being able to “live as oneself”—to maintain choice, dignity, and the routines that reflect personal identity.

The Symbolic Meaning of Mobility

Mobility emerged as a particularly meaningful symbol of autonomy. As one participant explained, Grandma Yu, 73, being able to “go wherever one wants” or “travel if one wants” represents both freedom and capability. Another participant summarised this sentiment clearly, with Grandma Zheng, 69, emphasising the desire to “do as they please.” Mobility thus serves as a tangible expression of self-efficacy and independence in everyday life.

Dual-Contractual Demands: Balancing Family, Economic Security, and State Responsibility

Chinese older adults expressed expectations shaped by the interplay between traditional family values and modern social protection systems. Their experiences reveal a dual set of implicit contracts regarding who should provide support in old age.

Family: Emotional Anchor and Intergenerational Value Projection

Family emerged as the most stable emotional pillar. As described by one participant, Grandma Zheng, 69, family harmony remains essential for well-being. Filial piety also remains strong; as shared by one interviewee, Grandma Lee, 73, respect from children is the minimum expectation. At the same time, intergenerational pride especially in grandchildren played a significant role in shaping older adults’ sense of meaning. As one participant expressed, Grandma Lee, 73, grandparents often see their descendants’ success as an extension of their own identity and achievement, reinforcing continuity across generations.

State: Expectations for Security and Social Equity

Participants also conveyed strong expectations of the State. As described by one interviewee, Grandpa Lee, 66, the State “should be responsible” for ensuring old-age support. Concerns about system reforms such as those expressed by Grandma Liu, 76 highlight the desire for reliable and equitable services. Satisfaction with pensions further illustrated these expectations; as one interviewee noted, Grandpa Wang, 66, having a stable income is seen as a deserved right tied to national development rather than a welfare benefit.

The Ambiguity of the “Dual Contract” Boundary

Combined, these expectations reveal a blurred boundary between family and state responsibility. Older adults want emotional support from family, but they expect long-term care and financial security to be guaranteed by public systems. This highlights the need for integrated models that support families—such as caregiving subsidies—while expanding community services, including meal delivery and call-for-help systems, to reduce caregiving strain.





Continuation and Reconstruction of Value: Meaning Through Contribution, Adaptation, and Collective Identity

Retirement did not diminish older adults’ desire to contribute or find meaning. Instead, many actively reconstructed their sense of value through participation, adaptation, and alignment with broader social narratives.

Social Participation: Rebuilding Competence After Role Loss

Community engagement played an important role in helping participants maintain competence and purpose. As expressed by one interviewee, Grandpa Lee, 70, involvement in activities provides joy and pride. This was similarly noted by Grandma Lu, 68, whose participation in social activities helped shift their identity from “being cared for” to “contributing.” Such experiences rebuild self-worth and reinforce a sense of belonging.

Cognitive Reframing: Psychological Adaptation Through Acceptance

Many older adults employed cognitive reframing to maintain psychological well-being. As one participant shared, Grandma Liu, 74, “not expecting too much” helps preserve emotional balance. Another interviewee emphasised the importance of a calm mindset, with Grandpa Cao, 61, describing the value of maintaining a “peaceful mindset.” These forms of reframing support acceptance of physical changes and strengthen subjective well-being mirroring patterns observed in Singapore.

National Pride: Integrating Personal Identity Into a Larger Narrative

A notable theme unique to the Chinese context was the integration of national pride into personal well-being. As one participant said, Grandma Hao, 64, “The nation is good, that makes me happiest.” Another participant echoed this sentiment, with Grandpa Pei, 69, stating that when “the nation is strong,” individuals “live good lives.” Linking personal fate to national progress provides a powerful anchor that enhances meaning and fosters collective identity.

Integrating and Elevating the Chinese Model of a Happy Later Life

Together, these insights reveal a multi-layered model of happy later life shaped by cultural heritage, historical experiences, and contemporary shifts. Chinese older adults draw on self-sufficiency, family bonds, social contribution, psychological adaptation, economic rights, and national identity to construct a distinctive approach to active ageing.

Structural Summary of the Model

Structural Layer	Core Elements	Psychological Value
Foundation Layer (Rigid Needs)	Health, Self-Sufficiency	Dignity, Autonomy
Core Layer (Emotional Anchor)	Family Harmony, Filial Piety, Intergenerational Affection	Belonging, Value Continuation
Expansion Layer (Self-Realization)	Social Participation, Personal Autonomy, Contentment	Competence, Freedom, Peace
Security Layer (External Support)	Economic Foundation, State Pension Policy	Security, Social Equity



Key Takeaways and Recommendations Within The Local Context

Bai Zhi Fang Community and You'anmen Community have developed comprehensive elderly care service systems aligned with the Beijing Elderly Care Service Regulations, scheduled for implementation in 2025 (Standing Committee of the People's Congress of Beijing Municipality, 2025). Both communities follow the policy principle of establishing “home-based care as the foundation, community support as the anchor, and the integration of medical care and elderly care.” Their approaches demonstrate how local districts are translating regulatory frameworks into grounded, community-level practice.

In Bai Zhi Fang Community, the regional elderly care service centre serves as the core platform for delivering integrated support. Through this centre, meal assistance services, traditional Chinese medicine consultations, and smart care terminals are combined to strengthen community-embedded elderly care. Meanwhile, You'anmen Community has prioritised deeper collaboration between elderly care institutions and medical facilities. Examples include setting up medical clinics within senior apartments and creating a direct “green emergency channel” with You'anmen Hospital to ensure timely access to care. Both districts have also implemented the “Several Measures to Strengthen Service Guarantees for the Elderly,” which advance home adaptation subsidies for ageing in place and promote the deployment of smart care devices aimed at enhancing safety and independence (Beijing Civil Affairs Bureau, 2024).

These developments align with the broader direction outlined in the Beijing Municipal Plan for the Development of Elderly Care Services during the 14th Five-Year Plan Period. The plan sets clear targets for expanding community-based service capacity: by 2025, no fewer than 1,200 community elderly care service stations must be established citywide, and at least 1,000 neighbourhood mutual-aid points must be developed in rural areas under a “centre-based, station-supported, point-extended” model (Beijing Municipal Working Committee on Ageing, 2021). At the same time, subsidies for elderly people living with disability or financial hardship will be strengthened, and pilot programmes for long-term care insurance will continue to advance. To support these objectives, policies need to direct additional resources toward underserved regions, streamline the application processes for subsidies, and increase investment in rural elderly care facilities.

The plan also requires community health service centres to reach at least 80 percent compliance with integrated medical-elderly care service standards by 2025. It promotes the expansion of home care beds, the enhancement of smart elderly care systems, and the accelerated implementation of age-friendly adaptations for digital technologies. Translating these goals into practice will involve improving coordination between community care stations and medical institutions, enabling faster referral pathways, and establishing smart care support points to help older adults navigate digital services. The plan further recognises a shifting landscape of elderly needs—from basic survival-oriented demands to more development-oriented expectations—highlighting the importance of establishing systematic evaluation and supervision mechanisms for elderly care services and encouraging integration with health, cultural tourism, and related industries (Beijing Municipal Working Committee on Ageing, 2021).

Future research should respond to these directions by examining the differentiated needs of various elderly groups, developing rigorous indicators for evaluating the accessibility and effectiveness of services, and exploring practical pathways for integrating community elderly care with adjacent sectors. Such research can support the evolution of a more responsive, holistic service ecosystem.



Taken together, China’s approach to active ageing extends beyond enabling older adults to “live long.” It is equally concerned with supporting them to maintain personal autonomy, enjoy meaningful family and social relationships, and continue deriving a sense of purpose within the broader societal and national narrative. Achieving this vision requires policies that balance individual agency, family responsibility, and reliable public support systems, ensuring that older adults can truly experience a “happy old age” shaped by cohesive policy design, strong community care, and meaningful opportunities for participation.



Author Contribution

China: Ageing in Context

HUAN FAN
School of Nursing, Capital Medical
University, Beijing, China
huanf_sy@163.com

EJUN LIU
School of Nursing, Capital Medical
University, Beijing, China
liujune66@163.com

LIWEI JING School of Nursing,
Capital Medical University, Beijing,
China 20200030@ccmu.edu.cn

LIU SUN
School of Nursing, Capital
Medical University, Beijing, China
sunliuccmu@163.com

HUAN KANG
School of Nursing, Capital
Medical University, Beijing, China
215937186717@163.com

JINGE ZHANG
School of Nursing, Capital
Medical University, Beijing, China
3zjg25802580@163.com

CHENYANG LI
School of Nursing, Capital Medical
University, Beijing, China
20220037@ccmu.edu.cn

HONG KONG SAR, CHINA AGEING IN CONTEXT

EXECUTIVE SUMMARY

Hong Kong SAR, China is experiencing one of the most rapid demographic transitions in the world, driven by rising longevity, persistently low fertility, and a shrinking labour force. As the population moves toward ultra-aged status by 2031, older adults' financial security, family relationships, and health emerge as core determinants of well-being. Findings from a quota sample of 105 adults aged 55–74 reveal that financial stability is the most important domain of ageing, followed closely by close family relationships and physical and mental health. Women consistently prioritise financial security—reflecting gendered retirement vulnerabilities—while men place greater emphasis on family ties. Despite positive self-rated health and moderate chronic disease burden, seniors express limited focus on leisure, volunteering and employment, suggesting structural constraints such as caregiving duties, high living costs and limited age-friendly spaces.

Psychosocial resources play a vital role: resilience, mastery, and socioeconomic status are strongly associated with more favourable ageing perceptions and higher life satisfaction. Conversely, individuals with lower SES or diminished sense of control report less positive attitudes toward ageing. Age and gender differences across most subdomains were modest, indicating that vulnerability profiles rather than age alone better predict ageing experiences.

These insights highlight key policy priorities: strengthening income protection and financial capability, supporting family-based and community-based care in tandem, investing in psychological empowerment and self-management, and reducing barriers to leisure and meaningful later-life work. Building a holistic ecosystem that integrates financial, social, and health supports will be essential to advancing Hong Kong's long-term vision of ageing in place and ensuring that later life is characterised not by constraint, but by autonomy, dignity and participation.



Introduction

Hong Kong SAR, China is one of the world's most densely populated cities and is widely recognised as a leading international financial centre. Its “one country, two systems” governance framework, rule of law, deep capital markets and strategic gateway role between Chinese Mainland and global investors have helped the territory achieve a high per capita income and maintain competitiveness in the Global Financial Centres Index. With a population of about 7.53 million people and a land area of just 1,114.57 sq km (Census and Statistics Department, 2025; Lands Department, 2025), the urban fabric is intensely vertical and resource constrained. English and Chinese are both official languages, reflecting its colonial heritage and global orientation. The combination of rapid economic development, limited land, a globally connected service economy and a rapidly ageing population creates unique policy challenges and opportunities.



Demographic and Cultural Landscape

With a population density exceeding 6,700 persons per km² (Census and Statistics Department, 2025; Lands Department, 2025), Hong Kong's population is overwhelmingly ethnic Chinese with small communities of multiple ethnicities, with over 70% of them are South and Southeast Asian (Census and Statistics Department, 2022). Cantonese is the everyday vernacular while Mandarin and English are widely used in business, education and law. Traditional Confucian values emphasise respect for elders and filial piety, encouraging multi-generational households and close inter-generational ties.

Ageing Trends and Projections

The number of residents aged 65 or above has risen rapidly—from about 1.49 million in 2021 to 1.76 million in 2024 (Census and Statistics Department, 2025). By 2031, it is projected to officially become an ultra-aged society, where more than 28% of its population will be aged 65 and above (Census and Statistics Department, 2023). The old age dependency ratio is expected to climb from 467 elders per 1 000 working age people in 2021 to 757 per 1 000 by 2046, while the median age will rise from 47.3 to 55.5 years over the same period (Census and Statistics Department, 2023).

With one of the highest life expectancies in the world and also one of the lowest fertility rates, which is only 772 births per 1,000 women (Census and Statistics Department, 2023), Hong Kong is expecting an unprecedented ageing trend in the next few decades, placing the territory among the fastest ageing societies in Asia and the world.

Health and Longevity

Hong Kong's residents enjoy some of the world's longest life expectancies: in 2024 life expectancy at birth was 82.8 years for males and 88.4 years for females (Centre for Health Protection, 2025). These gains reflect high survival rates, low infant mortality and sustained investments in public health. In fiscal year 2023/24, total health spending amounted to HK\$251 billion—around 8.3% of GDP—or about HK\$33,334 per person; with public expenditure and private expenditure each taking about half of the total (Health Bureau, 2025). Primary care is delivered through public General Outpatient Clinics (GOPCs), private general practitioners, District Health Centres (DHCs), and community health programmes led by the Department of Health. DHCs, established across all districts as part of the primary care reform provide preventive screening, chronic disease management, allied health rehabilitation, health coaching, and navigation to community resources. They support early detection of hypertension, diabetes, frailty and dementia risk, and coordinate with NGOs to promote self-management among older adults. Complementing this, the Elderly Health Care Voucher Scheme provides each resident aged 65 or above with HK\$2,000 per year (accumulating up to HK\$8,000) to purchase private primary care services; in 2024 it was extended to designated facilities in the Greater Bay Area to benefit around 1.78 million eligible seniors (Social Welfare Department, 2025)

The Social Welfare Department offers a broad range of subsidised long-term care services comprising community care services (CCS) and residential care services (RCS) to elderly citizens with verified long-term care needs. These needs are assessed through the Standardised Care Need Assessment Mechanism for Elderly Services. The services include residential care homes for the elderly (RCHes), day care centres, home care services, and carer support programmes. Income support includes the non-means-tested Old Age Allowance (HK\$1,640 per month for residents aged 70+) and the means-tested Old Age Living Allowance for residents aged 65+, which cannot be claimed concurrently (Social Welfare Department, 2025). Affordable mobility is promoted through the HK\$2 public transport concession scheme, allowing residents aged 60 or above and persons with disabilities to ride buses, ferries and rail services for HK\$2 per trip (Transport Department, 2025). These programmes complement the universal public healthcare system and encourage healthy and active ageing.



Fertility and Family Dynamics

Hong Kong has one of the world's lowest fertility rates: 772 births per 1,000 women (Census and Statistics Department, 2023). Delayed marriage, high housing and childcare costs, long work hours and educational aspirations underpin this trend. Consequently, the working age population is shrinking relative to the older adults.

Most seniors continue to live in domestic households—about 95 % of people aged 65+—yet living arrangements are changing. In 2021 around 13 % of seniors lived alone, 27.3 % lived with a spouse only, 31.6 % lived with a spouse and children and 18.3 % lived with children only (Census and Statistics Department, 2023). The number of households consisting solely of older persons increased by 71 % between 2011 and 2021 to 382,620, and roughly 44,871 of these households employed foreign domestic helpers, an 85 % rise from 24,246 in 2011, highlighting growing reliance on migrant caregivers (Census and Statistics Department, 2023).

As a result, the older adults economic dependency ratio, the number of senior citizens per labour force member is projected to increase from 0.37 in 2022 to more than 0.51 in 2030, and 0.65 in 2046 (Census and Statistics Department, 2023), suggesting increasing burden for the working-age individuals as they will bear more responsibilities in supporting the rising older adults expenditure.

Cultural Norms and Evolving Elder Care Models

Filial piety to elders remain strong cultural ideals, and government policies encourage multi-generational living through public housing allocations. However, rapid social change, and smaller families are transforming traditional caregiving arrangements. Many older people now live independently or with a spouse, and reliance on foreign domestic helpers for daily assistance has grown. The Elderly Services Programme Plan (ESPP) acknowledges these realities and calls for training, financial aid, emotional support and respite services for family carers and domestic helpers, with a preference for home based community care over centre-based models (Elderly Commission, 2017).

Community engagement initiatives such as the Jockey Club Age-friendly City Project (2015–2021) demonstrate how cross sector collaboration can foster supportive environments. Backed by HK\$191 million from the Hong Kong Jockey Club Charities Trust and partnered with four gerontology institutes, the project delivered more than 140 district based programmes, trained over 2 500 “age friendly ambassadors” and reached about 3.9 million participants (Jockey Club Age-friendly City Project, 2025). All 18 districts joined the WHO Global Network for Age friendly Cities and Communities, and the project has been recognised internationally as a best practice for promoting physical accessibility, social participation and civic engagement across generations (Jockey Club Age-friendly City Project, 2025).



City Ageing Policies and Innovations

Hong Kong's overarching philosophy is "ageing in place as the core, with institutional care as back-up" (HKSAR Government, 2023). The Community Care Service Voucher (CCSV) Scheme, piloted in 2013 and regularised in 2023, exemplifies a user centred "money follows the user" approach: eligible elders can purchase community care services of their choice with co-payments linked to income, and subsidies can reach up to 95 % of service costs (Social Welfare Department, 2025).

The ESPP identifies core principles—dignity, quality of life, age friendliness, active and productive ageing, users' choice, shared responsibility, financial sustainability and social inclusion—and outlines four strategic directions: strengthening community care and health promotion to reduce institutionalisation; enabling informed choices and timely access to quality services; promoting integrated delivery across sectors; and ensuring financial sustainability (Elderly Commission, 2017). Policies encourage development of age friendly environments with accessible facilities, lifelong learning opportunities and intergenerational programmes, alongside training and respite for family carers and domestic helpers. To address rising dementia and end of life care needs, the plan advocates early detection, multidisciplinary collaboration, workforce training and advance care planning.

Healthcare Transformation and Integrated Care

Hong Kong's demographic shift is driving a fundamental reorientation of the healthcare system from hospital-centred treatment to preventive, community-embedded and integrated long-term care. Recent developments in the District Health Centre network illustrate this shift: DHCs now serve as proactive community gateways for chronic disease management, health promotion and early intervention, linking residents to multidisciplinary teams and neighbourhood-based services. In parallel, advances in End-of-Life policy and practice including enhanced community palliative support, advance care planning initiatives and cross-setting collaboration demonstrate growing commitment to continuity of care across the later-life trajectory.

Programmes such as the Dementia Community Support Scheme and community palliative initiatives exemplify how general practitioners, specialists, allied health professionals, social workers and volunteers can coordinate seamlessly across sectors. Their emphasis on delaying functional decline, reducing avoidable hospitalisation and supporting ageing in place aligns with the broader long-term care vision that integrates medical, psychosocial and caregiving supports. Education, shared decision-making and caregiver empowerment are central to ensuring that older adults and families retain agency throughout the care journey.

From a long-term care perspective, these developments signal a transition toward a more cohesive ecosystem where primary care, community services and social care work in concert rather than in parallel. As the population ages further, the effectiveness of Hong Kong's health system will increasingly depend on strengthening this integrated care architecture particularly its capacity to respond to chronic, progressive and multi-morbidity conditions with continuity, coordination and person-centred support.

Lifelong Learning and Employment

Lifelong learning is central to healthy ageing. Since 2007 the Elder Academy Scheme has offered older adults courses in schools, universities and community colleges. The Government injected an additional HK\$80 million in the 2023 Policy Address, adding 15,000 places and expanding intergenerational learning opportunities (HKSAR Government, 2023). Internet use among seniors rose from 13.1% in 2012 to 81.8% in 2022; while smartphone ownership grew from 6.9% in 2012 to 90.7% in 2022 (Legislative Council Secretariat, 2023), prompting the launch of the “Smart Silver” Digital Inclusion Programme in December 2024 (Digital Policy Office, 2025). With HK\$100 million in funding over three years, the programme consolidates earlier ICT outreach initiatives, establishing 40 community-based help desks across all 18 districts, conducting at least 300 mobile training sessions and equipping at least 18 000 elders with digital skills for safe participation in online life (Digital Policy Office, 2025).

Hong Kong has no statutory retirement age. For civil servants recruited since 2015 the retirement age is 65 for civilian grades and 60 for disciplined services, with options for extension. To encourage employment of mature workers, the Employment Programme for the Elderly and Middle aged (EPEM) provides subsidies to employers who hire job seekers aged 40 or above and offer on the job training. Employers hiring persons aged 60+ can claim up to HK\$5 000 per month per employee for six to 12 months; those hiring persons aged 40–59 can claim up to HK\$4,000 per month for three to six months (Labour Department, 2025). A re-employment Allowance pilot introduced in July 2024 pays eligible job seekers aged 40+ HK\$10,000 after six months of full-time employment and another HK\$10,000 after twelve months, while employers can continue to access extended EPEM subsidies (Labour Department, 2025).

A Social Vision for Ageing Well

Hong Kong's demographic transformation presents profound challenges but also opportunities to redefine later life. Community care vouchers, targeted allowances and transport concessions enhance autonomy and participation; age friendly city initiatives and digital inclusion programmes show how cross sector collaboration can make dense urban environments accessible and welcoming for people of all ages. Lifelong learning and flexible employment opportunities empower older adults to continue learning, volunteering and working. Yet the ESPP acknowledges shortages of healthcare and social care workers, rising dementia prevalence and the need for caregiver support. Realising a social vision for ageing well will require sustained investments in preventive health and social infrastructure, inter-generational solidarity and innovation to ensure that ageing is not perceived as a crisis but embraced as a shared opportunity for enrichment and community building.

To understand how these aspirations translate into real-world experiences, it is essential to examine them through the lived realities of older adults. The findings presented here are anchored in the Hong Kong context and form part of a larger research initiative that examined older adults' perceptions of ageing and ageing well, as well as the strategies they use to cope with the challenges that accompany later life.



Samples and Demographic Information

A quota sampling strategy stratified by gender and age group (55–64 and 65–74) resulted in 105 older adults residing in Hong Kong. Slightly more than three fifths were women ($\approx 65\%$) and just under two fifths were men ($\approx 35\%$). All participants were of Chinese ethnicity, reflecting Hong Kong's demographic composition. The size of the sample was shaped by practical factors, such as limited time and resources and the challenges involved in recruiting older adults in this setting.

Most respondents were married, though widowed, separated/divorced and never married individuals were also represented. Retirement was common: a large proportion reported being retired and not working, while smaller numbers were still working full time or part time. Educational attainment was generally modest; the largest group had completed secondary school, with smaller numbers holding primary education, professional qualifications, diplomas or university degrees. Most participants rated their financial situation as adequate, though a notable minority perceived it as somewhat inadequate or inadequate, consistent with concerns about old age poverty in Hong Kong. Self-reported health was primarily in the fair–good range, and chronic disease prevalence appeared moderate, indicating that many respondents were managing health issues typical of later life.



Table 1
Sociodemographic Characteristics of Hong Kong Participants at Baseline

Baseline characteristic	Overall Age Group (N = 105)		55-64 Age Group (N = 48)		65-74 Age Group (N = 57)	
Gender						
Female	68	64.76	37	77.08	31	54.39
Male	37	35.24	11	22.92	26	45.61
Ethnicity						
African	/	/	/	/	/	/
Asian (e.g., Chinese, Indian, Japanese, etc.)	105	100.00	48	100.0	57	100.00
Indigenous/First Nations/ Aboriginal	/	/	/	/	/	/
Hispanic/Latino/Latin American	/	/	/	/	/	/
Middle Eastern	/	/	/	/	/	/
White/European Descent	/	/	/	/	/	/
Pacific Islander	/	/	/	/	/	/
Marital status						
Married	65	61.90	30	62.50	35	61.40
Widowed	4	3.81	1	2.08	3	5.26
Separated/Divorced	13	12.38	4	8.33	9	15.79
Never married	23	21.90	13	27.08	10	17.54
Employment status						
Working full-time	13	12.38	12	25.00	1	1.75
Working part-time	15	14.29	10	20.83	5	8.77
Retired but working part-time	15	14.29	11	22.92	4	7.02
Retired and not working	60	57.14	13	27.08	47	82.46
Homemaker/never worked	2	1.90	2	4.17	0	.00

Baseline characteristic	Overall Age Group (N = 105)		55-64 Age Group (N = 48)		65-74 Age Group (N = 57)	
Educational level						
No formal education	1	0.95	0	.00	1	1.75
Primary school	3	2.86	2	4.17	1	1.75
Secondary school	34	32.38	13	27.08	21	36.84
Post secondary/Professional Certifications/Qualifications	14	13.33	4	8.33	10	17.54
Diploma	11	10.48	8	16.67	3	5.26
Bachelor's Degree	23	21.90	14	29.17	9	15.79
Postgraduate Diploma	1	0.95	0	.00	1	1.75
Master's Degree	15	14.29	7	14.58	8	14.04
Doctorate's Degree	3	2.86	0	.00	3	5.26
Self-rated financial situation						
Inadequate	7	6.67	6	12.50	1	1.75
Somewhat inadequate	38	36.19	20	41.67	18	31.58
Adequate	60	57.14	22	45.83	38	66.67
Self-reported health condition						
Poor	3	2.86	2	4.17	1	1.75
Fair	53	50.48	27	56.25	26	45.61
Good	49	46.67	19	39.58	30	52.63
Medical Health Status						
No chronic disease	41	39.05	19	39.58	22	38.60
No major disease	91	86.67	42	87.50	49	85.96

Key Findings

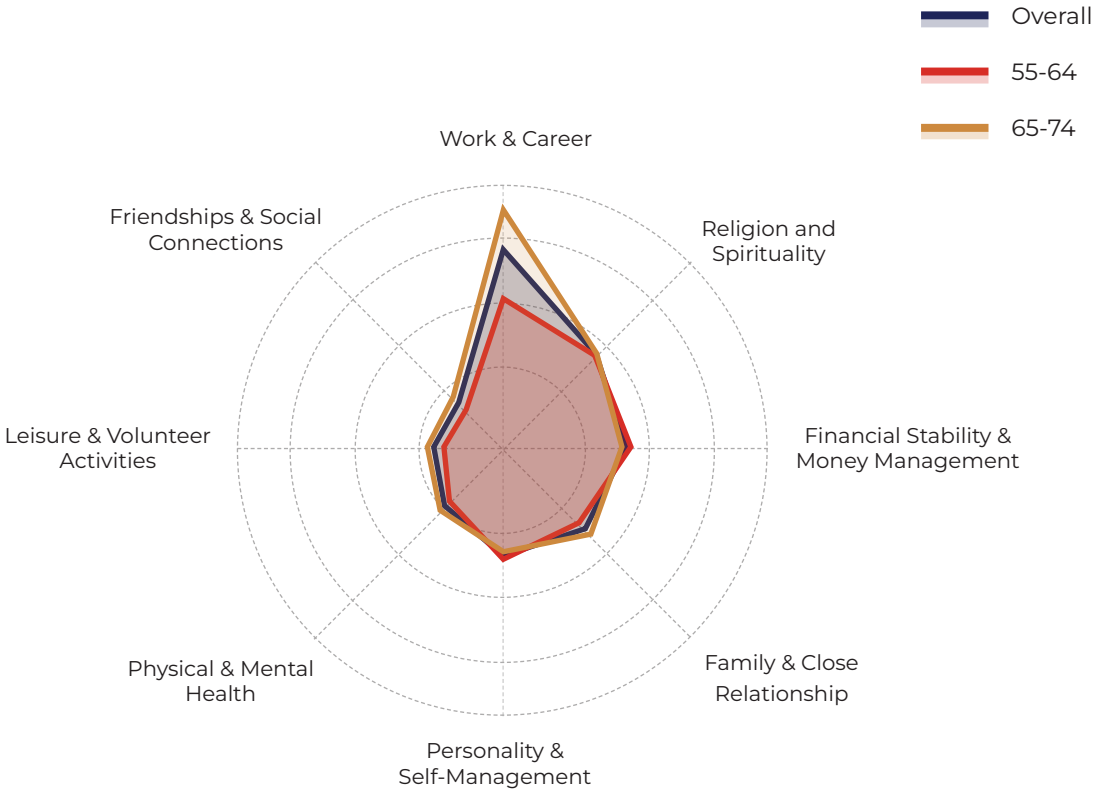
Descriptive Statistics of Perceptions of Ageing in Hong Kong

Table 2 presents means and standard deviations for older adults' perceptions of ageing across eight subdomains. Scores are on a 1–5 scale, with higher values indicating more favourable perceptions. The overall means suggest that Hong Kong seniors held generally positive views of ageing, particularly regarding work and career ($M \approx 3.66$), religion and spirituality ($M \approx 3.27$), financial stability and money management ($M \approx 3.22$). Family and close relationships ($M \approx 3.18$) and personality and self-management ($M \approx 3.14$) also received relatively high ratings, highlighting the importance of kinship and self-efficacy. In contrast, leisure and volunteer activities received the lowest mean score ($M \approx 2.91$), indicating perceived limitations in opportunities for recreational or volunteer engagement.

Table 2
Descriptive Analysis of Older Adults' Perceptions of Ageing in Hong Kong

Ageing Perceptions	Overall Age Group		55-64 Age Group		65-74 Age Group	
	M	SD	M	SD	M	SD
(a) Family and close relationships	3.18	.57	3.13	.63	3.23	.51
(b) Friendships and social connections	2.87	.61	2.81	.74	2.92	.48
(c) Religion and spirituality	3.27	.83	3.26	.87	3.28	.80
(d) Leisure and volunteer activities	2.91	.63	2.85	.72	2.95	.56
(e) Personality and self-management	3.14	.44	3.16	.46	3.12	.42
(f) Financial stability and money management	3.22	.57	3.25	.54	3.20	.60
(g) Work and career	3.66	.83	3.37	.82	3.90	.76
(h) Physical and mental health, fitness, and appearance	2.99	.44	2.95	.46	3.03	.42

Perceptions of Ageing Among Older Adult in Hong Kong



Zero-order Correlations between Demographic Factors, Perceptions of Ageing, and Coping Strategies

Table 3 displays zero order correlations among the eight ageing perception subdomains and key demographic and coping variables: age, gender, health status, socioeconomic status (SES), resilience, mastery and life satisfaction. Overall, perceptions of ageing were positively intercorrelated, indicating that favourable views in one domain tended to align with favourable views in others. The strongest correlations occurred among family and close relationships, friendships and social connections, personality and self management and physical and mental health ($r_s \approx 0.30\text{--}0.54$), suggesting internal consistency in positive ageing perceptions.

SES correlated positively with personality and self management and physical and mental health ($r_s \approx 0.14\text{--}0.38$), implying that higher socioeconomic resources may support better self care and health perceptions. Resilience and mastery exhibited moderate positive correlations with most ageing perception domains, particularly personality and self management ($r \approx 0.35$ for resilience; $r \approx 0.35$ for mastery) and physical and mental health ($r \approx 0.46$ for resilience; $r \approx 0.44$ for mastery), indicating that individuals with greater adaptive capacity and perceived control tend to hold more positive views of ageing. Conversely, mastery displayed negative correlations with age ($r \approx -0.14$) and leisure ($r \approx -0.25$), suggesting that older participants and those less engaged in leisure activities felt less control. These patterns mirror Singapore's findings, where mastery and resilience were important correlates of positive ageing perceptions.

Table 3

Correlation Analysis between Demographic Factors, Perceptions of Ageing, and Coping Strategies in Hong Kong

	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Family	3.18	.57	-														
2. Friendships	2.87	.61	.55**	-													
3. Religion	3.27	.83	.45**	.48**	-												
4. Leisure	2.91	.673	.27**	.29**	.33**	-											
5. Personality	3.14	.44	.28**	.24*	.27**	.27**	-										
6. Finance	3.22	.57	.18	.10	.30**	.33**	.31**	-									
7. Work	3.66	.83	.40**	.30**	.19	.20*	.23*	.12	-								
8. Physical	2.99	.44	.28**	.13	.08	.32**	.38**	.14	.31**	-							
9. Age	64.74	5.31	.08	.11	-.04	.03	-.05	-.03	.29**	.01	-						
10. Gender	.65	.48	.18	.06	.06	.09	.12	.17	.11	.03	-.26**	-					
11. Health status	2.44	.55	.07	.12	-.09	.11	.11	-.12	.27**	.43**	.05	-.10	-				
12. SES	2.09	.41	-.01	.02	-.04	.22*	.14	.15	.12	.26**	-.08	.10	.22*	-			
13. Resilience	2.73	.40	.22*	.29**	.14	.32**	.32**	.12	.42**	.44**	.17	.26**	.29**	.25*	-		
14. Mastery	2.27	.39	-.12	-.17	-.22*	-.25**	-.28**	-.20*	-.42**	-.52**	-.11	-.13	-.35**	-.15	-.59**	-	
15. Satisfaction	2.90	.58	.27**	.31**	.17	.33**	.26**	.28**	.44**	.37**	.20*	.15	.34**	.24*	.25**	-.54**	-

Note. Family = Family and close relationships, Friendships = Friendships and social connections, Religion = Religion and spirituality, Leisure = Leisure and volunteer activities, Personality =Personality and self-management, Finance = Financial stability and money management, Work = Work and career, Physical = Physical and mental health, fitness, and appearance.

Male code as 0 and Female coded as 1. *p < .05, **p < .01

Age and Gender Differences in Ageing Perceptions

This section analyses how perceptions of ageing differ by age group (55-64 and 65-74 years) and gender in Hong Kong. The analyses used eight 3 × 2 ANCOVAs to test the association of age and gender on each subdomain of ageing perception while controlling for socioeconomic status (SES) and self-reported health status. SES was a composite of educational level, marital status and financial status. The dependent variables were: (1) family and close relationships, (2) friendships and social connections, (3) religion and spirituality, (4) leisure and volunteer activities, (5) personality and self-management, (6) financial stability and money management, (7) work and career and (8) physical and mental health, fitness and appearance.

Descriptive statistics (Table 2 of the underlying report) indicated that most subdomains showed small increases in mean scores with age, suggesting that older adults often viewed ageing more positively than younger participants.

However, inferential tests revealed only a few significant differences, and most gender differences were small.

Differences in family and close relationships

The results for the ANCOVA indicate no significant effects for age group, $F(1, 99) = 1.24, p = .27$, partial $\eta^2 = 0.12$, a significant effect for gender ($F(1, 99) = 4.32, p = .04$, partial $\eta^2 = 0.42$), and no significant interactions between age group and gender, $F(1, 99) = 1.18, p = .67$, partial $\eta^2 = .002$ on first subdomain of family and close relationships.

Although the interaction was not statistically significant, follow-up simple main-effects comparisons were examined to understand gender differences within each age group. With alpha adjusted to .018 to control for Type I error, significant gender differences were observed only in the 65–74 age group, $p = .04$, whereas no differences were observed in the 55–64. Full pairwise statistics are shown in Table 4.

Table 4
Pairwise Comparisons of Gender Difference in Family and Close Relationships Across Age Groups

Age group	(I)Gender	(J)Gender	Mean difference(I-J)	SE	p-value
55-64	Male	Female	-.20	.20	.30
	Female	Male	.20	.20	.30
65-74	Male	Female	-.31*	.15	.04
	Female	Male	.31*	.15	.04

Note. * $p < .05$, ** $p < .01$

Differences in friendships and social connections

The ANCOVA revealed no significant effects: age group, $F(1, 99) = 0.892, p = .347$, partial $\eta^2 = .009$; gender, $F(1, 99) = 0.887, p = .349$, partial $\eta^2 = .009$; and the age group $\times$ gender interaction, $F(1, 99) = 0.000, p = .976$, partial $\eta^2 = .000$.

Planned simple effects ($\alpha = .018$) and pairwise comparisons ($\alpha = .008$) showed no significant gender differences within either age group. For 55–64, $MD = -0.131, SE = 0.213, p = .540$; for 65–74, $MD = -0.123, SE = 0.166, p = .459$. Full pairwise statistics are shown in Table 5.

Differences in religion and spirituality

The ANCOVA indicated no significant effect of age group, $F(1, 99) = 0.470, p = .792$, partial $\eta^2 = .001$, no significant effect of gender, $F(1, 99) = 0.281, p = .597$, partial $\eta^2 = .003$, and no significant interaction between age group and gender, $F(1, 99) = 0.002, p = .961$, partial $\eta^2 = .000$, on perceptions of religion.

Given that the interaction was nonsignificant, follow-up simple effects were examined descriptively only. Using the adjusted $\alpha = .018$, no gender differences were found in either the 55–64 age group ($MD = -0.089, SE = 0.292, p = .762$) or the 65–74 age group ($MD = -0.107, SE = 0.226, p = .638$). Full pairwise statistics are shown in Table 6.

Differences in leisure and volunteer activities

The ANCOVA indicated no significant effect of age group, $F(1, 99) = 0.425, p = .516$, partial $\eta^2 = .004$, no significant effect of gender, $F(1, 99) = 0.782, p = .379$, partial $\eta^2 = .008$, and no significant interaction between age group and gender, $F(1, 99) = 0.204, p = .653$, partial $\eta^2 = .002$, on leisure participation.

With $\alpha = .018$ for simple effects, no significant gender differences were found within the 55–64 age group ($MD = -0.060, SE = 0.217, p = .785$) or the 65–74 age group ($MD = -0.184, SE = 0.168, p = .279$). Full pairwise statistics are shown in Table 7.

Differences in personality and self management

The ANCOVA results indicated no significant effect of age group, $F(1, 99) = 0.000, p = .994$, partial $\eta^2 = .000$, no significant effect of gender, $F(1, 99) = 1.509, p = .222$, partial $\eta^2 = .015$, and no significant interaction, $F(1, 99) = 0.364, p = .548$, partial $\eta^2 = .004$, on daily management abilities.

Using $\alpha = .018$, no gender differences were observed in the 55–64 group ($MD = -0.175, SE = 0.151, p = .249$) or the 65–74 group ($MD = -0.060, SE = 0.117, p = .611$). Full pairwise statistics are shown in Table 8.

Differences in financial stability and money management

The ANCOVA indicated no significant effect of age group, $F(1, 99) = 0.168$, $p = .683$, partial $\eta^2 = .002$, no significant effect of gender, $F(1, 99) = 2.477$, $p = .119$, partial $\eta^2 = .024$, and no significant interaction, $F(1, 99) = 0.750$, $p = .389$, partial $\eta^2 = .008$, on financial management.

With $\alpha = .018$ for simple effects, no significant gender differences were found for the 55–64 age group ($MD = -0.300$, $SE = 0.194$, $p = .126$) or the 65–74 age group ($MD = -0.087$, $SE = 0.151$, $p = .565$). Full pairwise statistics are shown in Table 9.

Differences in work and career

The ANCOVA indicated a significant effect of age group, $F(1, 99) = 10.922$, $p = .001$, partial $\eta^2 = .099$, and a significant effect of gender, $F(1, 99) = 4.558$, $p = .035$, partial $\eta^2 = .044$, but no significant interaction, $F(1, 99) = 0.000$, $p = .992$, partial $\eta^2 = .000$, on employment-related activities.

Although the interaction was nonsignificant, simple effects were examined descriptively. Using $\alpha = .018$, no significant gender differences were found in either the 55–64 age group ($MD = -0.357$, $SE = 0.263$, $p = .178$) or the 65–74 age group ($MD = -0.353$, $SE = 0.204$, $p = .086$). Full pairwise statistics are shown in Table 10.

Differences in physical and mental health, fitness and appearance

The ANCOVA indicated no significant effect of age group, $F(1, 99) = 0.451$, $p = .504$, partial $\eta^2 = .005$, and no significant effect of gender, $F(1, 99) = 0.200$, $p = .656$, partial $\eta^2 = .002$. The age group $\times$ gender interaction was also nonsignificant, $F(1, 99) = 0.142$, $p = .707$, partial $\eta^2 = .001$, indicating that physical activity levels did not differ meaningfully by age group, gender, or their combination.

Because the interaction was nonsignificant, simple effects were examined descriptively. With $\alpha = .018$, no gender differences were observed in the 55–64 age group ($MD = -0.103$, $SE = 0.137$, $p = .454$) or the 65–74 age group ($MD = -0.038$, $SE = 0.106$, $p = .725$). Full pairwise statistics are shown in Table 11.

Rank Order of the Importance of the Eight Subdomains of Ageing Perception

Descriptive analyses ranked the eight ageing domains from most to least important. In the Hong Kong sample ($N = 105$), financial stability and money management was rated most important (mean rank 2.74), followed by family and close relationships (mean rank 2.96) and physical and mental health, fitness and appearance (mean rank 3.43). Leisure and volunteer activities (mean rank 6.06) and work and career (mean rank 6.42) were least important. These rankings differed somewhat from the Singaporean pattern, where family relationships topped the list. Across age groups and genders (Table 2 of the underlying report), distinct patterns emerged:

- Male participants aged 55–64 and 65–74 ranked family and close relationships as most important, highlighting the centrality of kinship ties among men in mid-life.
- Female participants aged 55–64 and 65–74 prioritised financial stability, consistent with research showing that financial security strongly influences life satisfaction in Hong Kong.

Overall, these data suggest that although economic security is a central concern for many Hong Kong seniors, family relationships and health remain highly valued, particularly among men. Leisure, volunteering and formal employment were consistently ranked lower, perhaps reflecting a cultural emphasis on family and self-reliance rather than public or institutional engagement.

Table 12
Rank Order of the Importance of the Eight Subdomains of Ageing Well Perception in Hong Kong

Rank	Subdomain	M	SD
1	Financial stability and money management	2.74	1.65
2	Family and close relationships	2.93	1.82
3	Physical and mental health, fitness, and appearance	3.43	2.10
4	Personality and self-management	3.85	1.76
5	Friendships and social connections	4.92	1.53
6	Religion and spirituality	5.55	2.44
7	Leisure and volunteer activities	6.05	1.40
8	Work and career	6.52	1.89

Note. A score of 1 indicates the highest level of importance, whereas a score of 8 indicates the lowest level of importance.

Rank Order of the Importance of the Eight Subdomains of Ageing Perception in Hong Kong

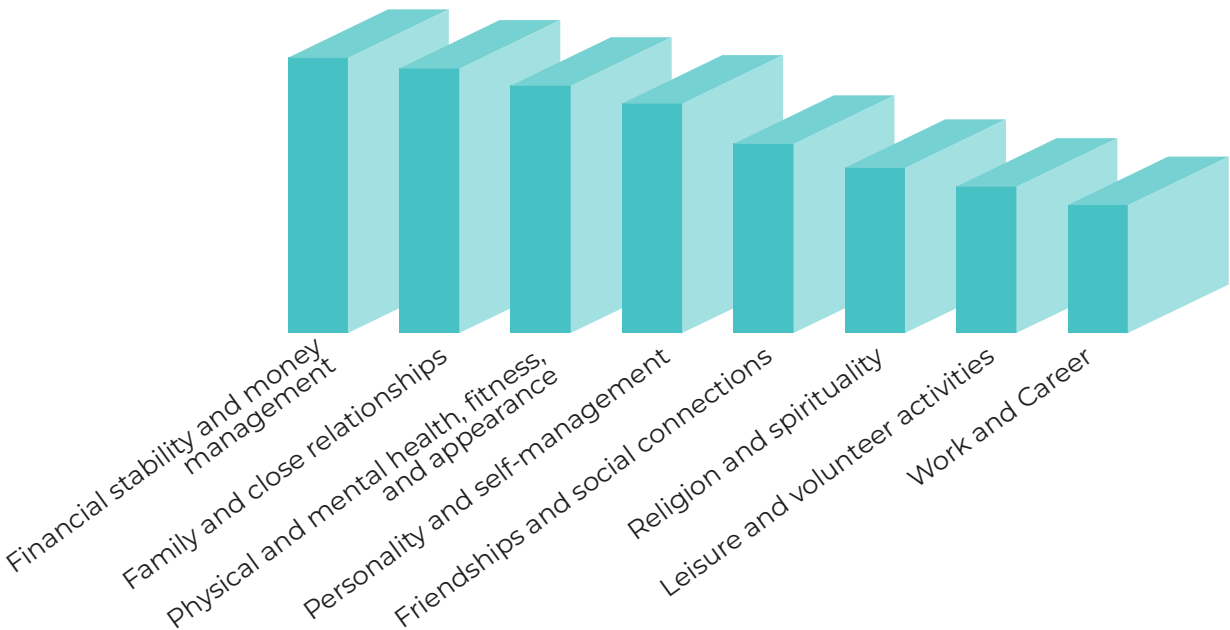
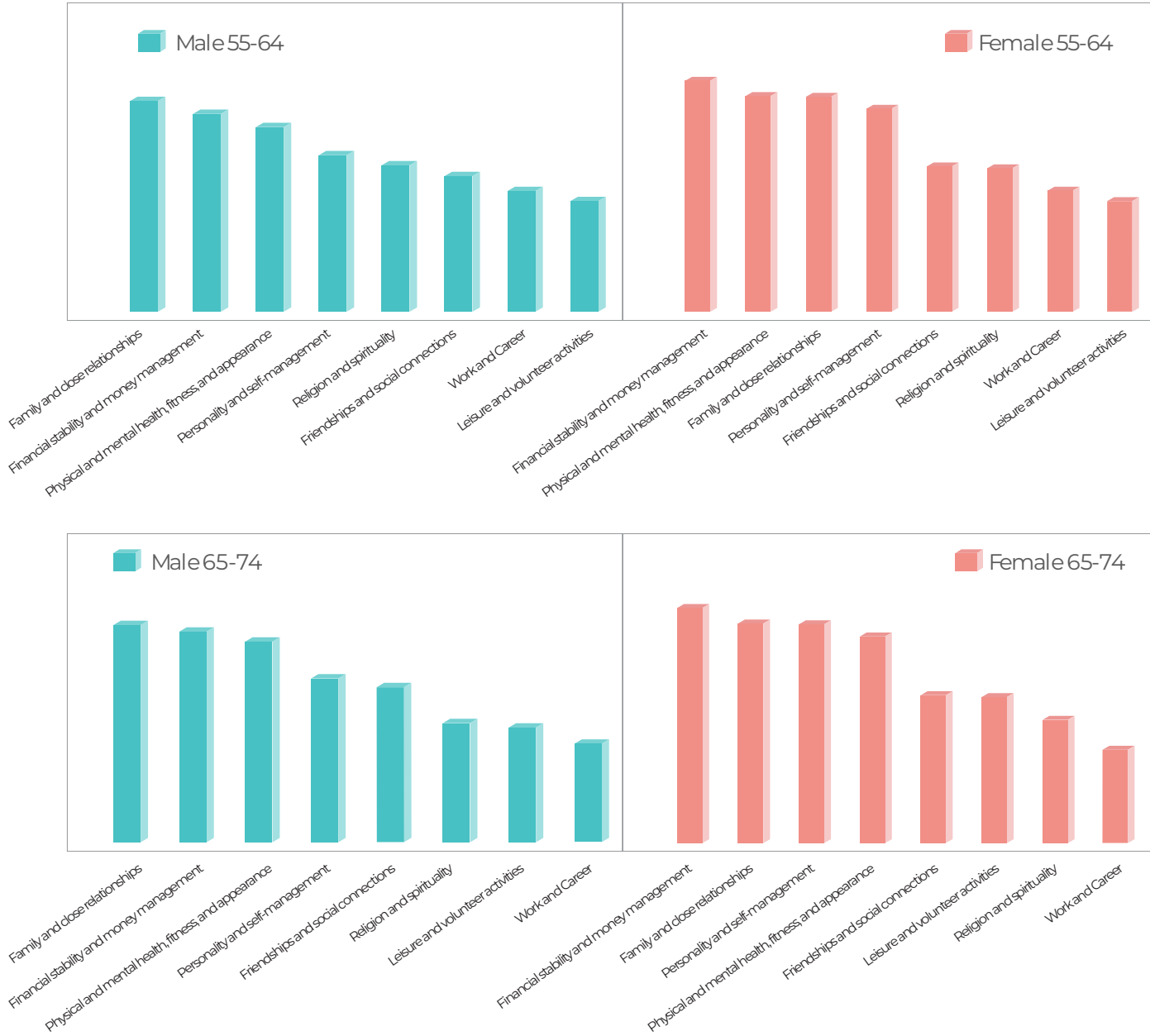


Table 13
Rank Order of the Importance of the Eight Subdomains of Ageing Perception in Hong Kong by Age Group and Gender

Age Group	Gender	Rank	Subdomain	M	SD
55-64	Male	1	Family and close relationships	2.64	1.75
		2	Financial stability and money management	3.09	1.97
		3	Physical and mental health, fitness, and appearance	3.55	2.07
		4	Personality and self-management	4.55	1.75
		5	Religion and spirituality	4.91	3.15
		6	Friendships and social connections	5.27	1.79
		7	Work and career	5.82	2.18
		8	Leisure and volunteer activities	6.18	1.08
55-64	Female	1	Financial stability and money management	2.65	1.70
		2	Physical and mental health, fitness, and appearance	3.14	1.75
		3	Family and close relationships	3.16	1.79
		4	Personality and self-management	3.54	1.87
		5	Friendships and social connections	5.38	1.38
		6	Religion and spirituality	5.46	2.45
		7	Work and career	6.16	2.02
		8	Leisure and volunteer activities	6.51	1.26
65-74	Male	1	Family and close relationships	2.54	1.61
		2	Financial stability and money management	2.77	1.39
		3	Physical and mental health, fitness, and appearance	3.12	2.32
		4	Personality and self-management	4.38	1.42
		5	Friendships and social connections	4.65	1.52
		6	Religion and spirituality	5.88	2.30
		7	Leisure and volunteer activities	6.04	1.66
		8	Work and career	6.62	1.77
65-74	Female	1	Financial stability and money management	2.71	1.72
		2	Family and close relationships	3.10	2.04
		3	Personality and self-management	3.52	1.81
		4	Physical and mental health, fitness, and appearance	4.00	2.27
		5	Friendships and social connections	4.48	1.51
		6	Leisure and volunteer activities	5.45	1.26
		7	Religion and spirituality	5.61	2.35
		8	Work and career	7.13	1.61

Note. A score of 1 indicates the highest level of importance, whereas a score of 8 indicates the lowest level of importance

Rank Order of the Importance of the Eight Subdomains of Ageing Perception in Hong Kong by Age Group and Gender



DISCUSSION AND IMPLICATIONS



Ageing in Hong Kong: independence, family and financial security

Descriptive analyses show that financial stability and money management topped the ranking of ageing concerns among Hong Kong elders, and close relationships followed, while physical and mental health ranked third. These patterns suggest that, in the context of Hong Kong's high living costs and limited pension coverage, economic security is considered fundamental to ageing well. Past research has linked financial worry to life satisfaction among Hong Kong elders, particularly women, who traditionally have fewer formal retirement protections (Chen & Sun, 2023). In the present study, women across the 55–64 and 65–74 age groups still prioritised financial stability, whereas men emphasised family bonds. This gendered divergence may reflect men's greater reliance on spouse and children for care, while women anticipate financial vulnerability.

Although monetary concerns dominated, family relationships remained central. Male participants aged 55–74 ranked family highest, and across the sample, support from family members contributed more to life satisfaction than support from friends. This underscores the relational nature of ageing in Chinese societies: elders want to remain connected and relevant within intergenerational networks, even as they strive for financial independence.

Health, personality and coping resources

The physical and mental health ranked third in importance, and meanwhile respondents rated their health status positively overall, with most reporting no major diseases, showing that the Hong Kong elderlies put emphasis on their health. Correlation analyses showed that resilience and satisfaction were significantly positively associated with most ageing-perception domains, suggesting that older adults with better coping capability are often those with better ageing perceptions and experiences. Socioeconomic status also correlated positively with physical and mental health, suggesting that financial resources enable better health status.

Leisure, volunteering and formal employment: lower priority but nuanced perceptions

Leisure and volunteer activities and work and career were considered the least important domains. Several explanations emerge. First, high cost of living and limited public space constrain recreational opportunities for elders, making such activities seem unattainable. Second, many participants remain engaged in informal caregiving or part-time work out of necessity rather than choice, perceiving employment as a means to financial security rather than a source of identity.

Implications for policy and practice

The pattern of findings has several implications for ageing policy, community programming, and frontline practice in Hong Kong.

Strengthening income security and financial literacy for older adults

First, the centrality of financial stability and money management underscores the need to strengthen income security and financial literacy for older adults. Women's prioritisation of financial stability suggests that existing pension and retirement protection schemes may not adequately address gendered life-course inequalities in employment, caregiving, and savings. Policy measures could include enhancing the generosity and coverage of non-contributory schemes, improving access to low-fee financial advisory services, and tailoring financial education programmes to older women with interrupted work histories or limited formal education. Community agencies and social workers can integrate basic financial capability-building into casework, group work, and pre-retirement planning, particularly for caregivers and widowed or divorced older women.

Balanced support towards family- and community-based care needed

Second, the high importance placed on family and close relationships, alongside the finding that family support contributes more to life satisfaction than friendships, highlights the enduring role of family in Hong Kong's ageing experience. At the same time, the relatively low ranking of friendships and leisure suggests that older adults may not be fully leveraging peer networks and community participation. Policy and practice should therefore aim to support both family-based and community-based care. This includes caregiver support services, respite care, family counselling, and intergenerational programmes that help families communicate about expectations, financial decisions, and care roles. In parallel, neighbourhood-based initiatives (e.g., mutual-help groups, interest-based clubs, community dining schemes) can provide alternative sources of emotional and instrumental support, especially for those who are single, childless, or living apart from adult children.

Services focusing on empowerment should be enforced

Third, the strong associations between resilience, health, and positive ageing perceptions point to the value of interventions that enhance psychological resources and self-management skills. Rather than focusing solely on disease management, services can emphasise building older adults' sense of control, problem-solving skills, and capacity to navigate complex systems (e.g., health, social welfare, housing). This can be achieved through strengths-based casework, psychoeducational groups on self-management of chronic conditions, and peer-led programmes where older adults share coping strategies and lived experiences. Given the negative relationship between mastery and both age and low leisure engagement, promoting accessible, low-cost leisure activities—such as walking groups, community arts, or volunteering—may help older adults maintain a sense of agency and purpose.



Barriers of “Active Ageing” limit older adults from leisure and employments

Fourth, the low ranking of leisure, volunteering, and formal employment as priorities suggests that “active ageing” agendas in Hong Kong cannot simply assume that older adults will automatically embrace these opportunities. Structural barriers such as high living costs, lack of age-friendly public spaces, and ongoing caregiving responsibilities may limit the feasibility of leisure and formal volunteering, even when older adults recognise their benefits. Policymakers should therefore address these constraints through urban planning (e.g., age-friendly public spaces, community centres near public housing), flexible and meaningful volunteering roles, and workplace policies that accommodate part-time, low-stress, or project-based work for older adults who wish or need to remain economically active. Social workers can help older adults identify roles that align with their skills and preferences, framing later-life work and volunteering as avenues for contribution and recognition rather than solely as income sources.

More attentions needed for vulnerability profiles than solely on ages

Finally, the overall pattern of modest age and gender differences in perceptions, combined with clear socio-economic and psychological gradients, suggests that targeting vulnerability profiles may be more important than focusing on chronological age alone. Older adults with lower SES, poorer health, and lower resilience or mastery are likely to experience more negative ageing perceptions and lower life satisfaction, even within the same age band. Screening tools in primary care, community centres, and social work settings can incorporate brief measures of financial strain, perceived control, and resilience to identify those at risk of poorer ageing experiences. Integrated interventions combining financial advice, health promotion, and psychosocial support could then be tailored to these groups.

In sum, supporting positive ageing in Hong Kong requires a multi-layered approach that (1) secures basic economic foundations, especially for women; (2) sustains and re-negotiates family care relationships while expanding community networks; (3) invests in psychological and self-management capacities; and (4) reduces structural barriers to leisure, volunteering, and later-life work. These strategies align with older adults' own priorities as revealed in this study and can guide the design of more responsive, culturally attuned ageing policies and services.



Author Contribution

Hong Kong SAR: Ageing in Context

Prof. LOU, Weiqun Vivian
The University of Hong Kong
wlou@hku.hk

Prof. Angela YM Leung
The Hong Kong Polytechnic University
angela.ym.leung@polyu.edu.hk

Leung Lok Hei
The University of Hong Kong
hemanl@hku.hk

SINGAPORE AGEING IN CONTEXT

EXECUTIVE SUMMARY

Singapore's rapid shift into a super-aged society brings both significant challenges and an opportunity to redefine ageing with dignity, autonomy, and purpose. With one of the world's longest life expectancies and fastest ageing trajectories, the country now faces a pivotal moment where preserving agency, meaning the ability of older adults to make choices and direct their own lives, becomes central to ageing well.

Older adults view ageing less as physical decline and more as a relational experience shaped by how others respond to them, changes in social roles, and rising awareness of physical or cognitive shifts. Their greatest priority is to remain independent physically, financially, and emotionally. Although challenges intensify after age 75, the fear that concerns them most is losing control over daily routines, support, and living conditions.

Across generations, family relationships, health, and financial stability remain the most important aspects of ageing. A strong sense of mastery supports positive ageing, while gender differences persist. Women tend to stay socially engaged longer, while men are more likely to become isolated after retirement. Adults in their mid-seventies and beyond experience notable physical decline but often greater acceptance and emotional steadiness.

Older adults cope by reframing ageing with acceptance, maintaining social networks, managing health and finances, adapting to limitations, and finding meaning through faith, service, and purposeful routines.

These insights call for systems that protect choice, encourage co-creation, support gradual retirement, and recognise gendered needs. Ultimately, ageing well in Singapore means remaining the author of one's own life, supported by structures that enable autonomy, purpose, and meaningful contribution.



Introduction

Singapore, a small island nation located at the southern tip of Southeast Asia, is globally admired for its remarkable economic transformation. Since gaining independence in 1965, it has evolved from a developing port city with limited natural resources into a world-class financial, trade, and innovation hub. Today, Singapore consistently ranks among the top countries globally for competitiveness, ease of doing business, and economic freedom (World Economic Forum, 2019; IMD, 2025).

This success reflects effective governance, strategic urban planning, a strong emphasis on education and workforce development, and an open, trade-oriented economy that connects East and West. Yet as the nation continues to prosper, it now faces one of its most defining challenges — a rapidly ageing population.

A Diverse and Densely Populated Society

With a population of approximately 6 million, Singapore is also one of the most densely populated countries in the world. Its multi-cultural society comprises predominantly Chinese residents, who account for about 74.3% of the citizen and permanent resident population, alongside a sizeable Malay community making up 13.5% and an Indian community comprising 9.0%. Other ethnic groups, including Eurasian, constitute around 3.2% of the population (Singapore Department of Statistics, 2020).

Malay is Singapore's national language, reflecting its historical and cultural roots in the region, while English serves as the main working language for business, administration, and education. Mandarin and Tamil, together with Malay and English, are recognised as official languages, reflecting Singapore's inclusive approach to its cultural diversity.

This rich mix of ethnicities and languages shapes how Singapore approaches ageing and elder care, with policies that honour cultural traditions while fostering inclusivity and social cohesion across its diverse population.

The Rapid March Towards a Super-Aged Society

Singapore's demographic landscape is changing at an unprecedented pace. In 2010, around 10% of the population was aged 65 and above; by 2015, this had risen to 13.1%, and it is projected to reach 20.7% by 2025 (Chan & Tan, 2025). By 2026, Singapore is expected to officially become a super-aged society, where more than 21% of citizens are aged 65 and above. Looking further ahead, by 2030, one in four Singaporeans will be in this age group (Ministry of Health, Singapore, 2023).

This transformation has occurred much faster than in many developed countries. France took 115 years to progress from an “ageing” to an “aged” society, Sweden 85 years, and the United States 69 years. Singapore achieved this transition in just 19 years, reaching “aged” status in 2017 and projected to become “super-aged” by 2026 (Ministry of Health, Singapore, 2023).

Such rapid ageing is both a sign of progress and a call to action. It underscores Singapore's success in improving life expectancy, healthcare, and social development while highlighting the need for new systems that can support an older population with dignity and purpose.

Longevity and Healthy Ageing

Singaporeans enjoy one of the highest life expectancies in the world, averaging 83.0 years in 2023 (Singapore Department of Statistics, 2024). Women live longer, at an average of 85.2 years, compared with 80.7 years for men. According to the World Health Organization, Singapore's healthy life expectancy reached 73.6 years in 2021, meaning residents spend most of their lives in good health (WHO, 2025).

This achievement is grounded in a robust public health system, high-quality primary care, and a long-term commitment to preventive health. Initiatives such as regular screening programmes, chronic disease management, and national health campaigns have been instrumental in promoting longevity and healthy ageing.

Low Fertility and Changing Family Structures

Yet, while Singaporeans are living longer and healthier lives, the nation faces a contrasting demographic challenge—persistently low fertility and changing family structures. Singapore's total fertility rate fell to approximately 0.97 in 2023, far below the replacement rate of 2.1 and among the lowest globally (Singapore Department of Statistics, 2024). This decline has been driven by factors such as delayed marriage, high childcare costs, demanding work cultures, and housing pressures. These trends have significant implications for the country's future workforce, economic productivity, and social support systems, underscoring the need for policies that promote family formation and strengthen intergenerational support as Singapore navigates its ageing future.

Traditions and Emerging Realities in Elder Care

Culturally, ageing in Singapore is deeply influenced by Confucian traditions of filial piety, with family historically playing a central role in elder care (Teo et al., 2006). Multi-generational households remain common, and public policies continue to reinforce family-based caregiving as a social norm. Programmes such as the newly introduced Family Care Scheme encourage children to live near or with their ageing parents, offering housing grants and priority access to support intergenerational living arrangements (Housing Development Board, 2024).

Rapid urbanisation, evolving social aspirations, and smaller family sizes are reshaping Singapore's traditional models of elder care (Teo et al., 2006). Increasingly, more seniors are living alone or only with their spouse. According to the Singapore Department of Statistics, about 10.2% of residents aged 65 and above lived alone in 2020, up from 8.2% in 2010, reflecting a gradual increase over the decade as family structures become smaller and more nuclear (Singapore Department of Statistics, 2022). This demographic trend highlights the importance of strengthening formal care services, community networks, and social inclusion initiatives to prevent isolation and support older adults in maintaining dignity and independence.

Policy Innovations for Ageing Well

Singapore's ageing strategy has evolved over decades. Early efforts in the 1980s and 1990s promoted family responsibility, but by the 2000s, the government recognised the need for a holistic, society-wide approach.

A major milestone was the Action Plan for Successful Ageing, launched in 2015 and refreshed in 2023. The plan envisions seniors leading active, secure, and meaningful lives, supported by initiatives in health, housing, lifelong learning, and social participation (Ministry of Health Singapore, 2023). Elder-friendly neighbourhoods, senior activity centres, and barrier-free community spaces are now integral parts of urban design, promoting inclusion and connection.

Housing policies have also evolved. The Enhancement for Active Seniors (EASE) scheme, introduced in 2012, provides subsidised home modifications such as grab bars and slip-resistant flooring to support ageing in place (Housing & Development Board, n.d.).

Financially, Singapore recognises its pioneers through programmes like the Pioneer Generation Package, which provides healthcare subsidies and Medisave top-ups for citizens born before 1950 (Ministry of Finance, 2014). These measures ensure that older Singaporeans can age with dignity, security, and respect.

Healthier SG and Integrated Care

A cornerstone of Singapore's current health strategy is Healthier SG, launched in 2023. The initiative shifts the healthcare system from hospital-centric care toward preventive, community-based health management. Residents are encouraged to enrol with a family doctor who supports their long-term health goals, monitors chronic conditions, and coordinates care across providers (Ministry of Health, Singapore, 2023).

Complementing Healthier SG is Singapore's broader effort to integrate health and social care, developed progressively over the past decade. The Community Networks for Seniors (CNS) initiative, launched in 2016 under the Action Plan for Successful Ageing, brings together community partners, grassroots organisations, and government agencies to proactively engage seniors, conduct home visits, and provide coordinated social and health support. CNS reflects Singapore's shift from fragmented service delivery to a person-centred, community-based model (Civil Service College, 2019).

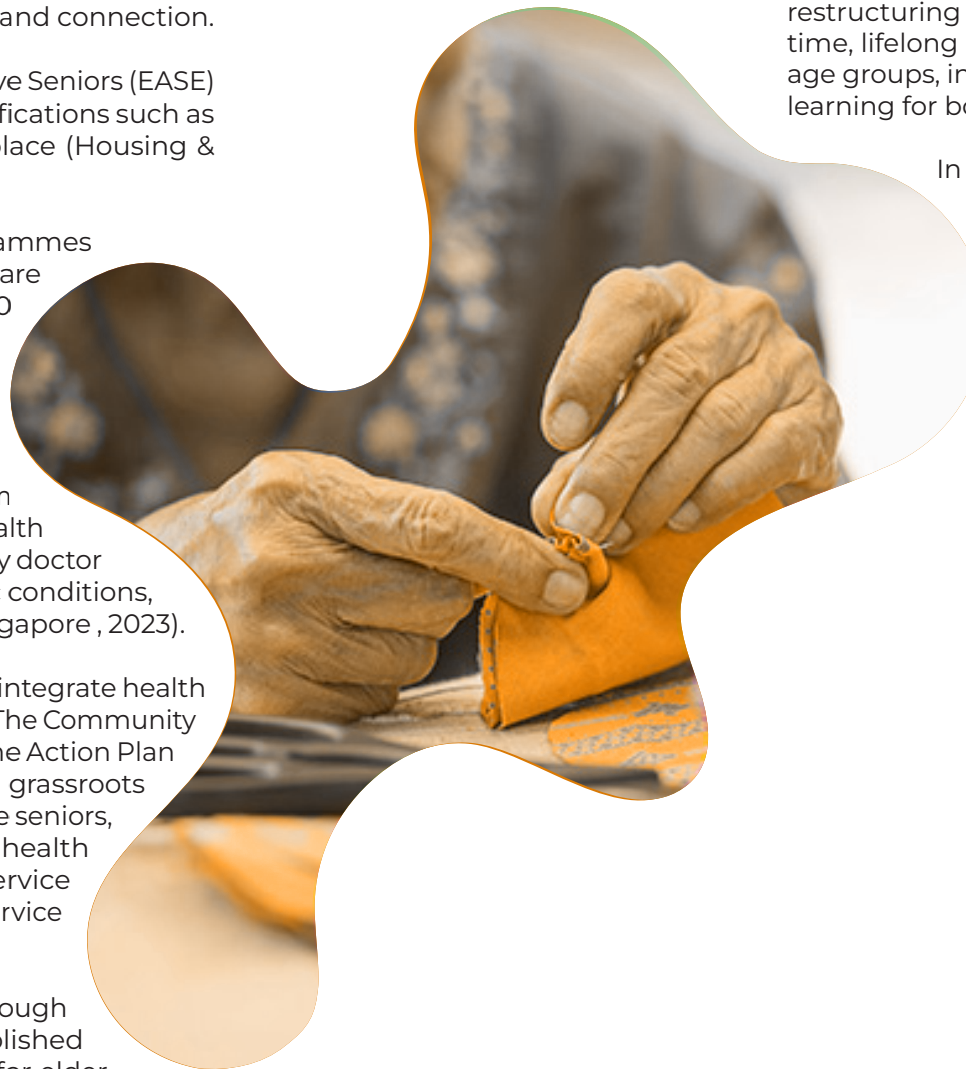
Efforts to support seniors have been further strengthened through initiatives such as the Silver Generation Office (SGO), established in 2014 to coordinate outreach and volunteer engagement for elder support (Ministry of Health, Singapore, 2024). The Dementia-Friendly Singapore (DFSG) initiative, launched in 2016 by the Agency for Integrated Care (AIC), has also expanded nationwide after early pilots in towns such as Yishun and Queenstown, training community members to recognise and assist persons living with dementia (Agency for Integrated Care, 2023).

Lifelong Learning, Employment, and Emerging Micro-Jobs

Singapore's commitment to ageing well extends beyond health and care to include lifelong learning and continued economic participation. This focus has evolved over the past few decades in response to changing workforce structures, educational needs, and demographic realities.

The concept of lifelong learning in Singapore gained policy traction in the late 1990s and early 2000s, as the country recognised the need to keep its workforce competitive amid globalisation and technological change. The Skills Redevelopment Programme, launched in 1996, encouraged workers in restructuring industries to upgrade their skills and remain employable. Over time, lifelong learning initiatives broadened to support participation across all age groups, including older adults, highlighting the importance of continuous learning for both employability and active ageing (Civil Service College, 2019).

In 2015, Singapore introduced the SkillsFuture movement, marking a major policy milestone. SkillsFuture provides Singaporeans with subsidised opportunities to develop new competencies across diverse fields such as digital skills, languages, and professional development. The initiative promotes a culture of continual learning throughout life, enabling individuals including seniors to stay engaged, adaptable, and socially connected (SkillsFuture Singapore, n.d.).



Evolving Employment Policies for Older Workers

Singapore's employment policies have evolved in tandem with demographic shifts, reflecting the nation's commitment to supporting older workers. Under the Retirement and Re-employment Act, employers are required to offer re-employment to eligible workers upon reaching the statutory retirement age. Since July 2022, the retirement age has been set at 63 and the re-employment age at 68, underscoring the government's intention to help older adults remain economically active for longer (Ministry of Manpower, n.d.). Looking ahead, the government plans to progressively raise these ages to 65 and 70, respectively, by 2030, in line with Singapore's broader active ageing goals (Ministry of Manpower, 2023).

These policies are complemented by financial incentives that encourage employers to retain and hire senior workers. The Senior Employment Credit provides wage offsets to employers who hire Singaporean workers aged 60 and above, helping to defray employment costs and promote age-inclusive workplaces (Inland Revenue Authority of Singapore, n.d.). Together, these measures reflect Singapore's commitment to valuing the contributions of older adults and fostering a workforce that supports participation across all ages.

Emergence of Micro-Jobs for Seniors

Singapore has recently begun piloting micro-jobs as a flexible employment model to support seniors who prefer short-term, low-commitment work opportunities. In 2023, community and voluntary welfare organisations launched initiatives that match older adults with small-scale, task-based assignments, such as neighbourhood support and community engagement activities. These pilots aim to help seniors stay economically and socially active while earning supplementary income in roles that suit their interests and energy levels (Agency for Integrated Care, 2023).

Alongside these innovations, Singapore continues to record strong senior employment participation. In 2022, the employment rate for residents aged 55 to 64 reached 70.6 per cent, reflecting ongoing policy efforts to extend working lives and promote active ageing (Ministry of Manpower, 2023). Together, these developments demonstrate Singapore's commitment to creating inclusive and adaptable employment opportunities that value the contributions of older adults and support their continued engagement in society.



A Social Vision for Ageing Well

At the heart of Singapore's approach lies a powerful recognition: ageing is not merely a health or economic challenge, but a profound societal opportunity. It is about fostering dignity, choice, and continued contribution throughout later life. Singapore understands that older adults are not passive recipients of care, but active citizens and individuals with aspirations to pursue, skills to offer, and wisdom to share. Its policies spanning health, housing, employment, education, and community support are woven together to create an environment where seniors can remain engaged, independent, and connected to the pulse of society.

Yet Singapore acknowledges that it does not have all the answers. Ageing well is not a destination, but an ongoing journey, one that demands constant learning, adaptation, and innovation to keep pace with the changing needs and dreams of its seniors. In embracing this journey with humility and determination, Singapore is shaping a future where ageing is not met with fear or resignation, but welcomed as a stage of growth, inspiration, and renewed purpose. It is building a society where every person, regardless of age, is valued and where the contributions of older adults continue to enrich and strengthen the nation for generations to come.

To understand how these aspirations translate into real-world experiences, it is essential to examine them through the lived realities of older adults. The findings presented here are anchored in the Singapore context and form part of a larger research initiative that examined older adults' perceptions of ageing and ageing well, as well as the strategies they use to cope with the challenges that accompany later life.

Samples and Demographic Information

In Singapore, a quota convenience sampling strategy was employed based on gender and age group, yielding an initial sample of 1,050 participants. After cleaning the data to remove incomplete or invalid responses, the final sample included 902 participants. Detailed information on the sample composition is provided in Table 1, which presents the participants' sociodemographic characteristics, including gender, ethnicity, marital status, employment status, educational level, financial situation, and physical health status.



Table 1
Sociodemographic Characteristics of Participants

Baseline characteristic	Overall age group (N = 902)		55-64 age group (N = 319)		65-74 age group (N = 307)		75-84 age group (N = 276)	
Gender								
Female	458	50.8	160	50.2	158	51.5	140	50.7
Male	444	49.2	159	49.8	149	48.5	136	49.3
Ethnicity								
African	-	-	-	-	-	-	-	-
Asian (e.g., Chinese, Indian, Japanese, etc.)	885	98.1	316	99.1	301	98.0	268	97.1
Indigenous/First Nations/Aboriginal	15	1.7	1	.3	6	2.0	8	2.9
Hispanic/Latino/Latin American	1	.1	1	.3	-	-	-	-
Middle Eastern	1	.1	1	.3	-	-	-	-
White/European Descent	-	-	-	-	-	-	-	-
Pacific Islander	-	-	-	-	-	-	-	-
Marital status								
Married	635	70.4	258	80.9	223	72.6	154	55.8
Widowed	125	13.9	13	4.1	33	10.7	79	28.6
Separated/Divorced	65	7.2	22	6.9	21	6.8	22	8.0
Never married	77	8.5	26	8.2	30	9.8	21	7.6
Employment status								
Working full-time	262	29.0	187	58.6	65	21.2	10	3.6
Working part-time	141	15.6	61	19.1	54	17.6	26	9.4
Retired but working part-time	47	5.2	7	2.2	29	9.4	11	4.0
Retired and not working	386	42.8	47	14.7	130	42.3	209	75.7
Homemaker/never worked	66	7.3	17	5.3	29	9.4	20	7.2
Educational level								
No formal education	80	8.9	3	.9	16	5.2	61	22.1
Primary school	348	38.6	72	22.6	131	42.7	145	52.5
Secondary school	289	32.0	122	38.2	109	35.5	58	21.0
Post secondary/ Professional Certifications/ Qualifications	60	6.7	37	11.6	15	4.9	8	2.9
Diploma	71	7.9	46	14.4	23	7.5	2	.7
Bachelor's Degree	35	3.9	26	8.2	9	2.9	-	-

Baseline characteristic	Overall age group (N = 902)		55-64 age group (N = 319)		65-74 age group (N = 307)		75-84 age group (N = 276)	
Postgraduate Diploma	2	.2	2	.6	2	-	-	-
Master's Degree	14	1.6	10	3.1	2	.7	2	.7
Doctorate's Degree	3	.3	1	.3	16	.7	-	-
Self-rated financial situation								
Inadequate	29	3.2	12	3.8	7	2.3	10	3.6
Somewhat inadequate	192	21.3	70	21.9	63	20.5	59	21.4
Adequate	681	75.5	237	74.3	237	77.2	207	75.0
Self-reported health condition								
Poor	42	4.7	10	3.1	11	3.6	21	7.6
Fair	386	42.8	115	36.1	122	39.7	149	54.0
Good	474	52.5	194	60.8	174	56.7	106	38.4
Medical health status								
No chronic disease	438	48.6	211	66.1	148	48.2	79	28.6
No major disease	847	93.9	312	97.8	279	90.9	256	92.8

Key Findings

Descriptive Statistics of Perceptions of Ageing in Singapore

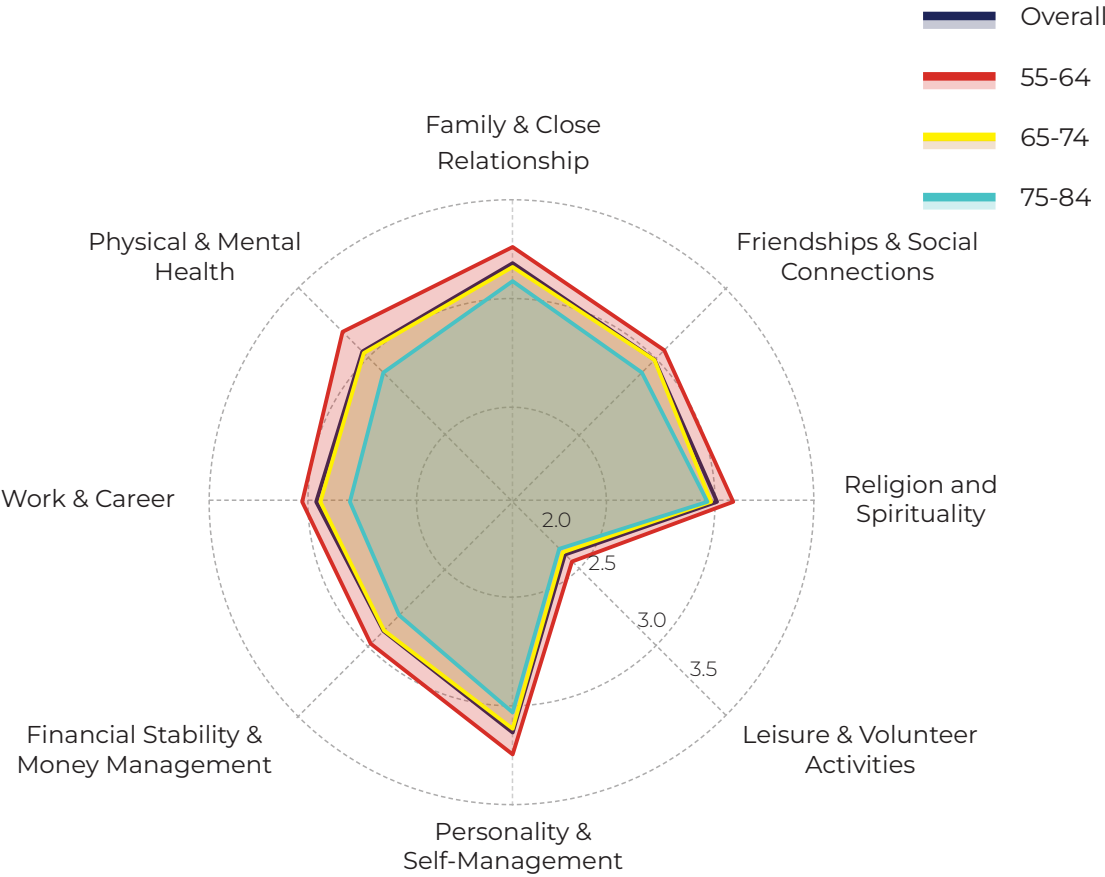
Table 2 presents the descriptive statistics for older adults' perceptions of ageing across eight subdomains. Overall, participants reported the highest mean scores in family and close relationships (M = 3.19, SD = .43) and personality and self-management (M = 3.15, SD = .39), indicating generally positive perceptions in these domains. In contrast, leisure and volunteer activities showed the lowest mean score (M = 2.37, SD = .45), suggesting more limited perceived opportunities or engagement in this aspect of later life.

Across age groups, perceptions were largely consistent across domains, with a slight tendency toward more negative views as age increased.

Table 2
Descriptive Analysis of Older Adults' Perceptions of Ageing in Singapore

Ageing perceptions	Overall Age Group		55-64 Age Group		65-74 Age Group		75-84 Age Group	
	M	SD	M	SD	M	SD	M	SD
(a) Family and close relationships	3.19	.43	3.27	.45	3.17	.45	3.10	.34
(b) Friendships and social connections	3.00	.42	3.07	.43	3.00	.44	2.91	.38
(c) Religion and spirituality	3.02	.39	3.10	.44	2.99	.38	2.97	.33
(d) Leisure and volunteer activities	2.37	.45	2.42	.45	2.35	.43	2.33	.45
(e) Personality and self-management	3.15	.39	3.26	.46	3.13	.37	3.05	.30
(f) Financial stability and money management	2.91	.42	3.00	.47	2.90	.37	2.80	.40
(g) Work and career	2.98	.42	3.05	.43	2.96	.36	2.81	.48
(h) Physical and mental health, fitness, and appearance	3.06	.42	3.20	.47	3.05	.39	2.91	.35

Perceptions of Ageing Among Older Adult in Singapore



Zero-order Correlations between Demographic Factors, Perceptions of Ageing, and Coping Strategies

The results of zero-order correlations among demographic factors, perceptions of ageing, and coping-related variables are presented in Table 3. The eight life domains exhibited small to moderate positive intercorrelations ($r_s = .15-.52$, $ps < .01$; Cohen, 1988), with two exceptions: leisure and volunteer activities was not significantly correlated with family and close relationships or with physical and mental health, fitness, and appearance.

Resilience and personal mastery showed a moderate positive association ($r = .52$, $p < .01$), and both were positively correlated with multiple ageing-perception domains. Socioeconomic status (SES) was positively correlated with several ageing-perception domains ($r_s = .17-.33$, $ps < .01$). Life satisfaction showed small positive correlations with physical and mental health, fitness, and appearance, SES, and personal mastery ($r_s = .16-.20$, $ps < .01$), and a negative correlation with age ($r = -.23$, $p < .01$).

Table 3

Correlation Analysis between Demographic Factors, Perceptions of Ageing, and Coping Strategies in Singapore

	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Family	3.19	.43	-														
2. Friendships	3.00	.42	.395**	-													
3. Religion	3.02	.39	.394**	.393**	-												
4. Leisure	2.37	.45	.053	.307**	.166**	-											
5. Personality	3.15	.39	.515**	.454**	.485**	.167**	-										
6. Finance	2.91	.42	.209**	.354**	.304**	.307**	.430**	-									
7. Work	2.98	.42	.441**	.279**	.341**	.146**	.399**	.304**	-								
8. Physical	3.06	.42	.513**	.240**	.240**	.054	.451**	.156**	.448**	-							
9. Age	68.49	8.11	-.145**	-.116**	-.119**	-.084*	-.198**	-.197**	-.179**	-.257**	-						
10. Gender	.51	.50	.019	-.032	.057	.151**	-.043	-.047	-.059	.002	-.007	-					
11. Health status	2.48	.59	.171**	.050	.062	.053	.064	.091**	.154**	.322**	-.180**	-.051	-				
12. SES	1.92	.36	.301**	.181**	.167**	.168**	.249**	.244**	.291**	.330**	-.333**	-.116**	.283**	-			
13. Resilience	2.88	.31	.306**	.306**	.239**	.019	.404**	.275**	.368**	.388**	-.091**	-.154**	.155**	.169**	-		
14. Mastery	2.85	.32	.364**	.274**	.253**	.062	.365**	.178**	.401**	.450**	-.183**	-.111**	.177**	.276**	.524**	-	
15. Satisfaction	3.36	.54	.141**	.069*	.061	.018	.047	-.035	-.009	.201**	-.231**	.038	.125**	.164**	.013	.165**	-

Note. Family = Family and close relationships, Friendships = Friendships and social connections, Religion = Religion and spirituality, Leisure = Leisure and volunteer activities, Personality =Personality and self-management, Finance = Financial stability and money management, Work = Work and career, Physical = Physical and mental health, fitness, and appearance.

Male code as 0 and Female coded as 1.

* $p < .05$, ** $p < .01$

Age and Gender Differences in Ageing Perceptions

Eight sets of 3 × 2 ANCOVA were conducted to evaluate the effects of three age groups and gender on each subdomain of ageing perceptions, while controlling for SES, and health status.

Differences in Family and Close Relationships

The results of the 3 × 2 ANCOVA indicated no significant main effects for age group or gender, nor was there a significant interaction between age group and gender on the perceptions of family and close relationships. This suggests that perceptions of family and close relationships are consistent across different age groups and genders, indicating that these factors may not significantly influence individuals' views in this context.

Differences in Friendships and Social Connections

The results for the 3 × 2 ANCOVA indicated significant main effects for age group, F (2, 892) =4.611, p = .010, partial η² = .010, but no gender or a significant interaction between age group and gender on the perceptions of friendships and social connections.

A follow-up one-way ANCOVA was conducted to examine pairwise mean differences among the three age groups. The results showed that senior adults aged 55-64 exhibited a significantly more positive perception of friendships and social connections compared to their counterparts in the 75-84 age group, with a mean difference of .110, p = .002. However, no significant differences between other pairs of age groups. More detailed information can be found in Table 4.

Table 4
Pairwise Comparisons of Difference in Friendships and Social Connections Across Age Groups

(I)Age group	(J) Age group	Mean difference(I-J)	SE	p-value
55-64	65-74	.048	.034	.155
	75-84	.110*	.036	.002
65-74	55-64	-.048	.034	.155
	75-84	.062	.035	.079
75-84	55-64	-.110*	.036	.002
	65-74	-.062	.035	.079

Note. *p < .05, **p < .01

Differences in Religion and Spirituality

The results for the 3 × 2 ANCOVA indicated significant main effects of age group F (2, 892) =5.082, p =.006, partial η² = .011, and gender F (1, 892) =5.740, p =.017, partial η² = .006, but no significant interactive effect between age group and gender on the perceptions of religion and spirituality.

Given the non-significant interaction, no simple main-effect analyses were conducted. Instead, two follow-up one-way ANCOVAs were conducted to examine pairwise mean differences among the three age groups and gender separately.

Using age group as the grouping variable, the results indicated that senior adults aged 55-64 exhibited a significantly more positive perception of religion and spirituality compared to their counterparts in the 65-74 age group, with a mean difference of .096, p = .002, and compared to those in the 75-84 age group, with a mean difference of .079, p = .018. More detailed information can be found in Table 5.

Table 5
Pairwise Comparisons of Difference in Religion and Spirituality Across Age Groups

(I)Age group	(J) Age group	Mean difference(I-J)	SE	p-value
55-64	65-74	.096*	.031	.002
	75-84	.079*	.033	.018
65-74	55-64	-.096*	.031	.002
	75-84	-.017	.032	.610
75-84	55-64	-.079*	.033	.018
	65-74	.017	.032	.610

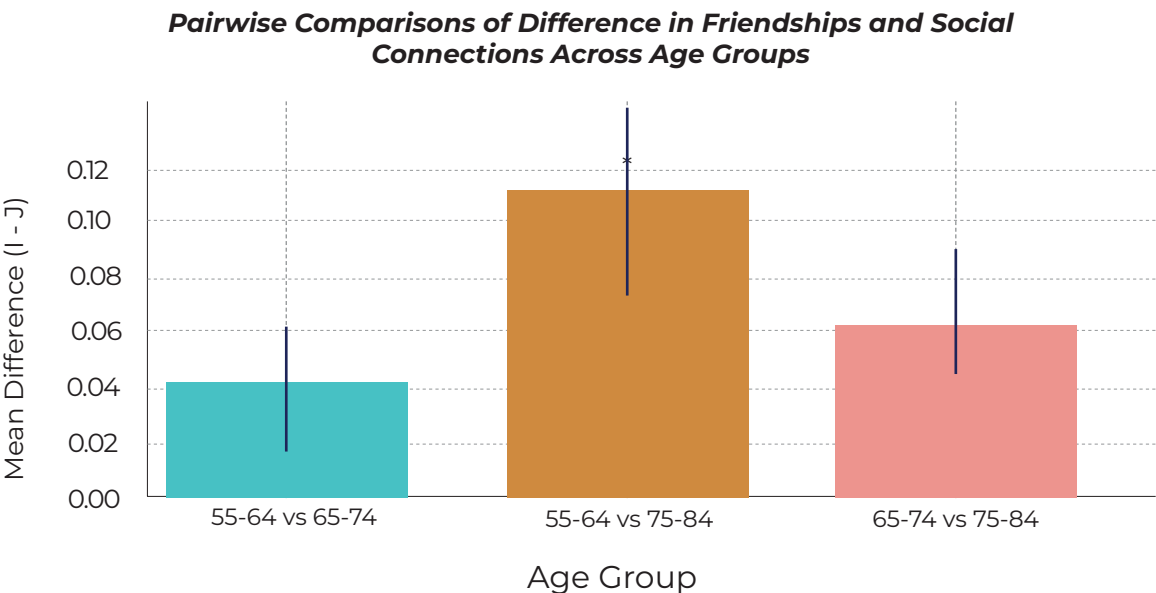
Note. *p < .05, **p < .01

Using gender as the grouping variable, the results indicated that females tended to have more positive perceptions of religion and spirituality, with a mean difference of .060, p = .019. More detailed information can be found in Table 6.

Table 6
Pairwise Comparisons of Gender Difference in Religion and Spirituality

(I)Gender	(J)Gender	Mean difference(I-J)	SE	p-value
Male	Female	-.060*	.026	.019
Female	Male	.060*	.026	.019

Note. *p < .05, **p < .01



Note: Bars represent mean differences (I-J); error bars denotes ± 1 SE *p < 0.5.

Differences in Leisure and Volunteer Activities

The results of the 3 × 2 ANCOVA indicated a significant main effect for gender, $F(1, 870) = 28.281, p < .001$, partial $\eta^2 = .031$, but no significant main effect for age group or interaction between age group and gender on the perceptions of leisure and volunteer activities.

A follow-up one-way ANCOVA was conducted to examine pairwise mean differences between males and females. The results showed that female senior adults exhibited a significantly more positive perception of leisure and volunteer activities compared to their male counterparts, with a mean difference of .156, $p < .001$. More detailed information can be found in Table 6.

Table 6
Pairwise Comparisons of Gender Difference in Leisure and Volunteer Activities

(I)Gender	(J)Gender	Mean difference(I-J)	SE	p-value
Male	Female	-.156**	.030	< .001
Female	Male	.156**	.030	< .001

Note. * $p < .05$, ** $p < .01$

Differences in Personality and Self-Management

The results for the 3 × 2 ANCOVA indicated significant main effects for age group, $F(2, 894) = 9.854, p < .001$, partial $\eta^2 = .022$, but no gender or a significant interaction between age group and gender on the perceptions of personality and self-management.

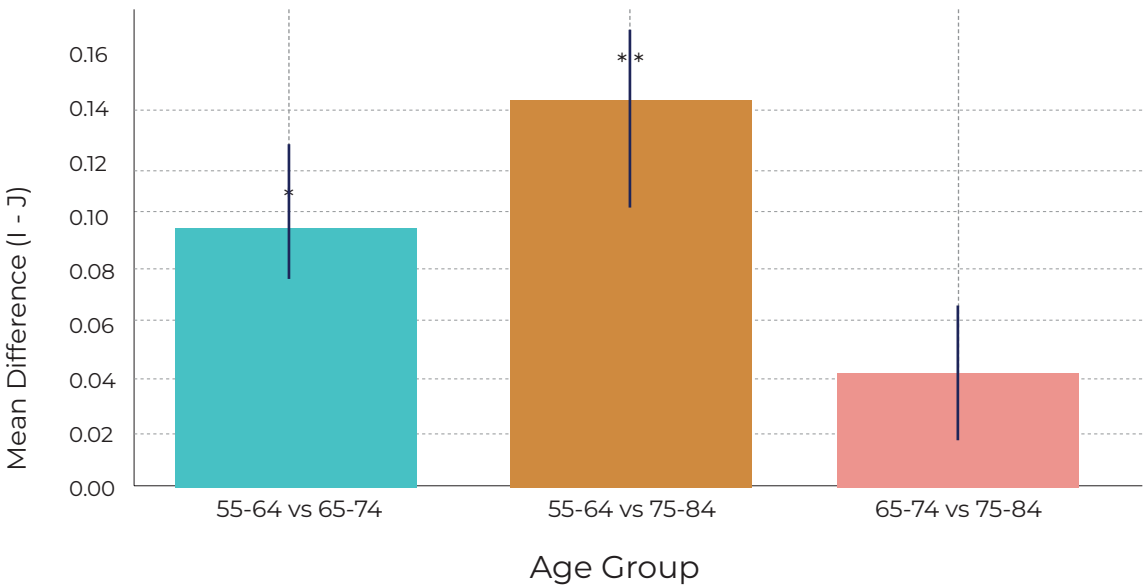
A follow-up one-way ANCOVA was conducted to examine pairwise mean differences among the three age groups. The results showed that senior adults aged 55-64 exhibited a significantly more positive perception of personality and self-management compared to their counterparts in the 65-74 age group, with a mean difference of .093, $p = .002$, and compared to those in the 75-84 age group, with a mean difference of .141, $p < .001$. No significant differences between other pairs of age groups. More detailed information can be found in Table 7.

Table 7
Pairwise Comparisons of Difference in Personality and Self-Management Across Age Groups

(I)Age group	(J) Age group	Mean difference(I-J)	SE	p-value
55-64	65-74	.093*	.031	.002
	75-84	.141**	.033	<.001
65-74	55-64	-.093*	.031	.002
	75-84	.048	.032	.135
75-84	55-64	-.141**	.033	<.001
	65-74	-.048	.032	.135

Note. * $p < .05$, ** $p < .01$

Differences in Personality and Self-Management Across Age Groups



Note: Bars represent mean differences (I-J); error bars denotes ± 1 SE ** $p < 0.1$.

Differences in Financial Stability and Money Management

The results for the 3 × 2 ANCOVA indicated significant main effects for age group, $F(2, 893) = 6.034, p = .002$, partial $\eta^2 = .013$, but no gender or a significant interaction between age group and gender on the perceptions of financial stability and money management.

A follow-up one-way ANCOVA was conducted to examine pairwise mean differences among the three age groups. The results showed that senior adults aged 55-64 exhibited a significantly more positive perception of financial stability and money management compared to their counterparts in the 75-84 age group, with a mean difference of .122, $p = .001$. No significant differences between other pairs of age groups. More detailed information can be found in Table 8.

Table 8
Pairwise Comparisons of Difference in Financial Stability and Money Management Across Age Groups

(I)Age group	(J) Age group	Mean difference(I-J)	SE	p-value
55-64	65-74	.062	.033	.062
	75-84	.122*	.036	.001
65-74	55-64	-.062	.033	.062
	75-84	.060	.035	.082
75-84	55-64	-.122*	.036	.001
	65-74	-.060	.035	.082

Note. * $p < .05$, ** $p < .01$

Differences in Work and Career

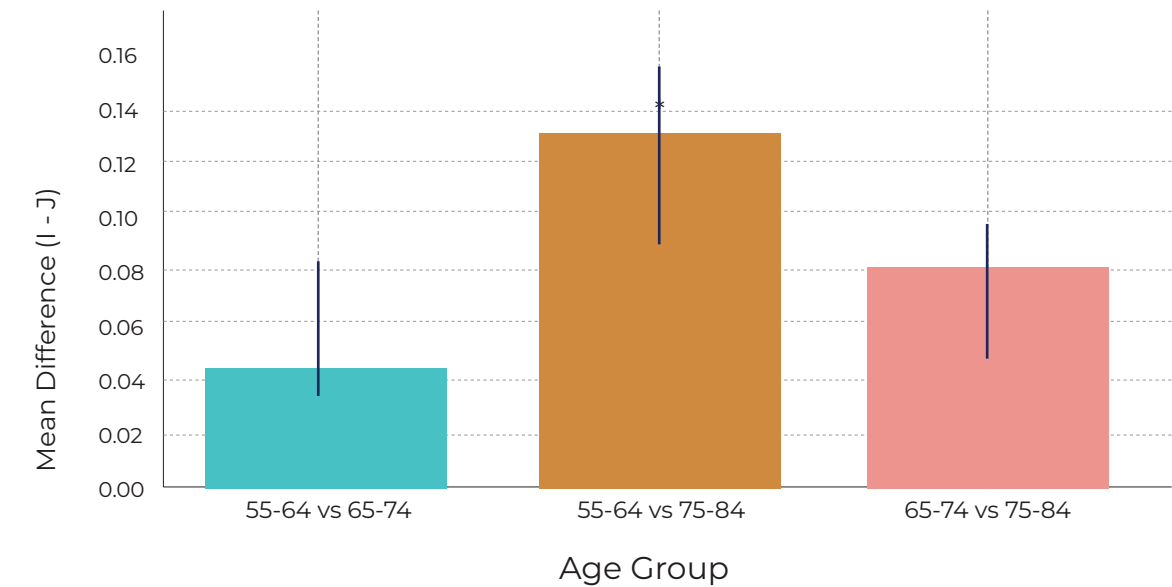
The results for the 3 × 2 ANCOVA indicated significant main effects of age group, $F(2, 592) = 3.702$, $p = .025$, partial $\eta^2 = .012$, but no significant main effect of gender or interaction between age group and gender was found for perceptions of work and career.

A follow-up one-way ANCOVA was conducted to examine pairwise mean differences among the three age groups. The results indicated that senior adults aged 55-64 exhibited a significantly more positive perception of work and career compared to their counterparts in the 75-84 age group, with a mean difference of .133, $p = .006$. However, no significant differences between other pairs of age groups. More detailed information can be found in Table 9.

Table 9
Pairwise Comparisons of Difference in Work and Career Across Age Groups

(I)Age group	(J) Age group	Mean difference(I-J)	SE	p-value
55-64	65-74	.047	.037	.208
	75-84	.133*	.049	.006
65-74	55-64	-.047	.037	.208
	75-84	.087	.049	.077
75-84	55-64	-.133*	.049	.006
	65-74	-.087	.049	.077

Note. * $p < .05$, ** $p < .01$



Note: Bars represent mean differences (I-J); error bars denotes ± 1 SE ** $p < 0.1$.

Differences in Physical and Mental Health, Fitness, and Appearance

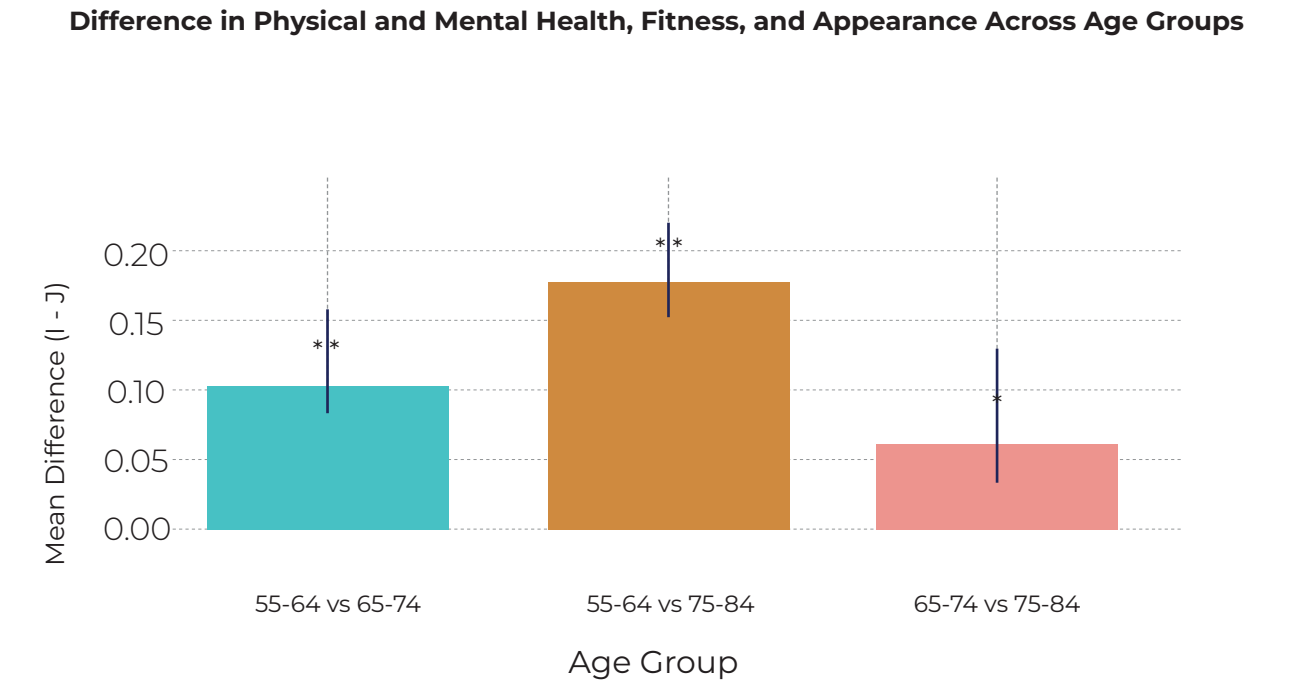
The results for the 3 × 2 ANCOVA indicated significant main effects for age group, $F(2, 894) = 14.606$, $p < .001$, partial $\eta^2 = .032$, but no gender or a significant interaction between age group and gender on the perceptions of personality and self-management.

A follow-up one-way ANCOVA was conducted to examine pairwise mean differences among the three age groups. The results showed that senior adults aged 55-64 exhibited a significantly more positive perception of physical and mental health, fitness, and appearance compared to their counterparts in the 65-74 age group, with a mean difference of .109, $p < .001$, and compared to those in the 75-84 age group, with a mean difference of .178, $p < .001$. Additionally, senior adults aged 65-74 exhibited a significantly more positive perception of work and career compared to their counterparts in the 75-84 age group, with a mean difference of .069, $p = .032$. However, no significant differences between other pairs of age groups. More detailed information can be found in Table 10.

Table 10
Pairwise Comparisons of Difference in Physical and Mental Health, Fitness, and Appearance Across Age Groups

(I)Age group	(J) Age group	Mean difference(I-J)	SE	p-value
55-64	65-74	.109**	.031	<.001
	75-84	.178**	.033	<.001
65-74	55-64	-.109**	.031	<.001
	75-84	.069*	.032	.032
75-84	55-64	-.178**	.033	<.001
	65-74	-.069*	.032	.032

Note. * $p < .05$, ** $p < .01$



Note: Bars represent mean differences (I-J); error bars denotes ± 1 SE ** $p < 0.1$.

Rank Order of the Importance of the Eight Subdomains of Ageing Perception

The descriptive analyses identified the three domains that contributed most to older adults' positive perceptions of ageing. These were family and close relationships (M = 2.02, SD = 1.24), physical and mental health, fitness, and appearance (M = 2.43, SD = 2.03), and financial stability and money management (M = 2.43, SD = 2.03), and financial stability and money management.

Across age groups and genders, a generally consistent rank order emerged, except among males aged 75-84. For this group, the top-ranked domains were physical and mental health, fitness, and appearance (M = 1.94, SD = 1.80), family and close relationships (M = 2.16, SD = 1.31), and financial stability and money management (M = 3.73, SD = 1.49). More detailed ranking information can be found in Tables 12 and 13.

Table 11
Rank Order of the Importance of the Eight Subdomains of Ageing Well Perception in Singapore

Rank	Subdomain	M	SD
1	Family and close relationships	2.02	1.24
2	Physical and mental health, fitness, and appearance	2.43	2.03
3	Financial stability and money management	3.60	1.57
4	Friendships and social connections	4.76	1.51
5	Personality and self-management	5.29	1.74
6	Religion and spirituality	5.37	1.86
7	Leisure and volunteer activities	6.14	1.45
8	Work and career	6.41	2.00

Note. A score of 1 indicates the highest level of importance, whereas a score of 8 indicates the lowest level of importance.

Rank Order of the Importance of the Eight Subdomains of Ageing Perception in Singapore

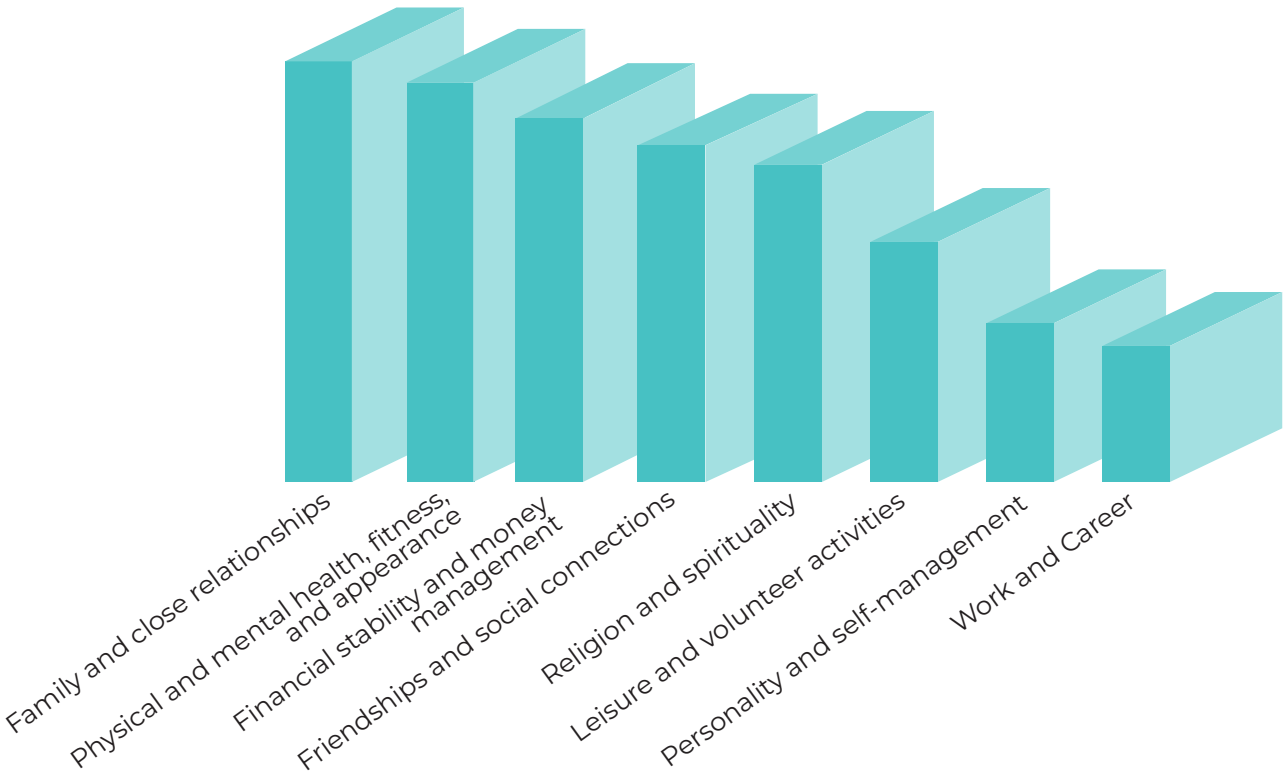


Table 12
Rank Order of the Importance of the Eight Subdomains of Ageing Perception in Singapore by Age Group and Gender

Age Group	Gender	Rank	Subdomain	M	SD
55-64	Male	1	Family and close relationships	2.21	1.39
		2	Physical and mental health, fitness, and appearance	2.56	2.0
		3	Financial stability and money management	3.09	1.42
		4	Friendships and social connections	5.11	1.62
		5	Work and career	5.14	2.14
		6	Personality and self-management	5.55	1.65
		7	Religion and spirituality	5.75	1.97
		8	Leisure and volunteer activities	6.59	1.23
55-64	Female	1	Family and close relationships	1.90	1.08
		2	Physical and mental health, fitness, and appearance	2.69	2.13
		3	Financial stability and money management	3.43	1.47
		4	Friendships and social connections	4.88	1.45
		5	Personality and self-management	5.26	1.75
		6	Religion and spirituality	5.33	2.18
		7	Leisure and volunteer activities	6.20	1.34
		8	Work and career	6.30	1.96
65-74	Male	1	Family and close relationships	2.17	1.33
		2	Physical and mental health, fitness, and appearance	2.46	2.05
		3	Financial stability and money management	3.53	1.63
		4	Friendships and social connections	4.65	1.52
		5	Personality and self-management	5.23	1.76
		6	Religion and spirituality	5.27	1.82
		7	Leisure and volunteer activities	6.06	1.55
		8	Work and career	6.63	1.93
65-74	Female	1	Family and close relationships	1.89	1.19
		2	Physical and mental health, fitness, and appearance	2.81	2.22
		3	Financial stability and money management	3.87	1.67
		4	Friendships and social connections	4.55	1.50
		5	Religion and spirituality	4.98	1.91
		6	Personality and self-management	5.10	1.78
		7	Leisure and volunteer activities	5.89	1.61
		8	Work and career	6.91	1.70

Age Group	Gender	Rank	Subdomain	M	SD
75-84	Male	1	Physical and mental health, fitness, and appearance	1.94	1.80
		2	Family and close relationships	2.16	1.31
		3	Financial stability and money management	3.73	1.49
		4	Friendships and social connections	4.64	1.35
		5	Personality and self-management	5.19	1.70
		6	Religion and spirituality	5.24	1.81
		7	Leisure and volunteer activities	5.88	1.32
		8	Work and career	7.22	1.50
75-84	Female	1	Family and close relationships	1.89	.95
		2	Physical and mental health, fitness, and appearance	2.04	1.57
		3	Financial stability and money management	4.22	1.69
		4	Religion and spirituality	4.54	1.75
		5	Friendships and social connections	4.57	1.35
		6	Personality and self-management	5.33	1.69
		7	Leisure and volunteer activities	5.88	1.37
		8	Work and career	7.53	1.238

Note. A score of 1 indicates the highest level of importance, whereas a score of 8 indicates the lowest level of importance

Rank Order of the Importance of the Eight Subdomains of Ageing Perception in Singapore by Age Group and Gender



How Older Adults Cope with the Challenges of Ageing

Drawing on in-depth interviews with *participants aged between 56 and 84, the findings reveal that coping is not a single act but an evolving process that develops over time and across life stages. Five interrelated themes were identified: (1) acceptance and reframing of ageing; (2) maintaining social connections and community involvement; (3) preserving independence and autonomy; (4) managing physical health and adaptation; and (5) finding purpose, faith, and meaning.

Although the same themes emerged across all participants, their emphasis shifted with age. Participants in their fifties and early sixties focused on adjustment and balance, while those in their late sixties to eighties expressed greater acceptance, spirituality, and gratitude. Collectively, their narratives illustrate the evolving nature of coping with ageing over time.

Acceptance and Reframing of Ageing

Across participants¹, acceptance emerged as a key coping strategy in dealing with ageing. Rather than viewing ageing as decline, many reframed it as a natural stage that brings calmness, self-awareness, and perspective. As Yong, 68, explained, “We cannot avoid having pain, but we must learn how to manage it. Managing it well is very important.” His words reflect a clear awareness that ageing involves both loss and adaptation, and that mental strength is essential to navigate these changes.

Similarly, Mei, 62, described a transition from striving to acceptance, explaining, “Being happy and contented, you know, no more aspiring to strive for things... accept things that come along and make the best out of it.” For her, ageing well involved emotional balance and the ability to find satisfaction in simplicity rather than constant ambition.

Boon, 84, articulated this process of adjustment as deliberate and mindful: “Good ageing takes planning. I thought about this and I planned it. So, I don’t say I enjoy growing old, but I am enjoying my retirement as much as I can.” His reflection illustrates that ageing well is not accidental but an outcome of foresight and acceptance.

For Loong, 59, acceptance and preparation for ageing were also influenced by observing his father’s experiences. He reflected, “My dad is an introvert, so it’s not easy for him to reach out to people.” As a result, observing his father’s few friendships and strong attachment to family deepened his appreciation of the importance of nurturing close family relationships in later life.

¹ All participant names mentioned in this report are pseudonyms used to ensure confidentiality.

Maintaining Social Connections and Community Involvement

Social relationships were consistently described as essential to well-being and a central coping resource in later life. Many participants recognised that as they age, their social circles naturally contract due to friends' passing, mobility issues, or changing lifestyles. Nevertheless, they expressed a strong determination to remain socially connected and engaged.

Fang, 56, acknowledged this challenge, explaining, "As we grow old, our social circle may become smaller because friends pass on... we need to widen our circles, get to know new people, though it's very difficult". Her account encapsulates the dual challenge of loneliness and the effort to stay connected, demonstrating perseverance despite social loss.

Loong saw social connection as a conscious priority, noting, "Connection with family, close friends, but even not-so-close friends as well, I think is something that I need to make a priority." His approach suggests that emotional well-being in later life requires active effort in maintaining relationships. He also observed gendered differences in social ageing, stating, "For whatever reason, it seems like women are better at maintaining relationships... whatever effort there is to get the older men to be as engaged as the older women probably would be a good thing."

Aik, 60, highlighted the importance of social engagement beyond family ties: "Of course, we cannot rely on families, because kids, they have their own life as well... I told myself that I need to also have my own friends too. Over these two years, I have in my way to return to society; to join some community... within the group of volunteers, we make friends." Her words reflect an intentional effort to rebuild community, demonstrating how social involvement serves both emotional and practical coping functions.

Social engagement, whether through volunteering, neighbourhood initiatives, or simple family gatherings, was seen as a protective factor against isolation. For these older adults, connection was not only about companionship but also about sustaining a sense of belonging, identity, and purpose.



Preserving Independence and Autonomy

The desire to maintain independence, physically and financially, was among the prominent and emotionally salient themes. Independence was equated with dignity, self-worth, and freedom of choice. Participants expressed a deep need to retain control over their lives, even as physical limitations emerged.

Hoon, 68, stated plainly, "Financial independence is key. Those who are not financially independent have to stay with their children—forced to." Her words underscore how autonomy and financial security are intertwined. Similarly, Seng, 68 shared, "I don't want to impose on the children. I like to save money. I don't like to be immobile, or wheel-chair bound."

These sentiments reveal that independence is not merely a practical matter, but a deeply emotional one tied to a sense of dignity and self-respect. Loong echoed this value through a focus on preparation and prudence, explaining, "The key to our financial health is more around the savings side of things." For him, saving and planning were acts of empowerment and foresight that allowed for a smoother transition into later life.

Boon extended this idea to a broader philosophy, asserting it is "important to take ownership of our ageing." His remark conveys that ageing well entails taking ownership of one's life and engaging actively with changing circumstances.

Across participants, autonomy emerged as both a goal and a mindset, one that reflects resilience, foresight, and the desire to age with self-determination rather than dependency.

Managing Physical Health and Adaptation

Physical change was universally acknowledged as a major challenge of ageing, yet participants demonstrated resilience and creativity in managing these transitions. Many spoke about physical decline openly but emphasised proactive adaptation rather than defeat.

Loong observed, "The downside is really the lack of energy, drop in energy. I still exercise very frequently, I'm active, but my level of energy and what I can do is definitely less than it was 10 years ago." Despite recognising these limitations, he continued to exercise and volunteer, reflecting a determination to remain engaged and active.

Aik described her experience vividly: "Physically, I see myself growing horizontally... despite going through a lot of exercise, my body metabolism rate slows down... my joints and my knees are giving way." Yet she remained optimistic, sharing, "I still have to stay positive... just remind myself every time it's only a number. Most importantly, how I look at life. Life goes on." Her attitude reflects a cognitive reframing of ageing, a shift from loss to acceptance and perseverance.

Hoon expressed a similar adaptive mindset, saying she is "more careful about the food" that she eats. She "cannot indulge anymore." This awareness demonstrates how lifestyle modification becomes a strategy of control and self-care. Loong's reflection, "Preparation for ageing should start young," reinforces the belief that ageing well is the result of habits cultivated earlier in life. Collectively, participants emphasised the interconnection between physical health and mental adaptability, noting that the ability to adjust is central to coping well with the challenges of ageing.

Finding Purpose, Faith, and Meaning

Faith, purpose, and meaning served as important anchors that helped participants cope with the uncertainties of ageing. For some, spirituality and a sense of purpose provided strength, stability, and direction in later life.

Mei described how faith shapes her approach to life: “I just leave it up to the Lord... I take care of my body and my soul and my mind.” Her spiritual beliefs offered comfort and acceptance, enabling her to focus on maintaining well-being rather than fearing decline.

Aik found meaning through acts of contribution and service, stating, “By offering that, apart from returning to society, within the group of volunteers, we make friends.” For her, community service represented both connection and purpose, two key ingredients of psychological well-being.

Boon spoke to the significance of small, everyday achievements: “There are no big, big achievements, but you must go for the little things. Little things keep you going.” His words exemplify a perspective shared by many of the oldest participants who valued presence, gratitude, and simplicity more than ambition.

Hoon also expressed fulfilment rooted in gratitude and self-sufficiency, reflecting, “We reap the fruit of our labour in our younger days... so we are more financially independent.” For her, meaning lay in recognising the rewards of a life lived with discipline and foresight.

Together, these reflections show that a sense of purpose, whether grounded in faith, service, or gratitude, provides older adults with stability, emotional resilience, and motivation to live meaningfully.



Coping Across Age Groups

When comparing across age groups, a clear trend emerged. Participants in their late fifties, such as Loong and Fang, were mainly focused on preparation, maintaining their careers, managing their health, and strengthening social connections. They viewed ageing as a stage to plan for rather than something to fear.

Those in their early sixties, such as Aik and Mei, demonstrated an increasing sense of acceptance and self-awareness. Their coping focused on maintaining balance by staying physically active, nurturing social connections, and engaging in reflection and faith.

By their late sixties, participants such as Hoon, Yong, and Seng emphasised independence, financial security, and adapting to health changes as central to their well-being. The oldest participants, including Boon, described ageing in terms of acceptance, gratitude, and peace. For them, coping was less about exerting control and more about finding harmony, contentment within limitations, and appreciation of everyday moments that give life meaning.

DISCUSSION AND IMPLICATIONS



How Older Adults in Singapore Experience Ageing

For older adults in Singapore, ageing is not merely a story of physical decline. It is about identity, agency and the ongoing effort to preserve independence, control and the ability to decide how each day is lived. What matters most is not the number of years they have lived, but how long they can continue to live on their own terms.

Ageing Is Felt in Relationships, Not Just in the Body

Many older adults first recognise ageing not through their bodies, but through their interactions with others. They experience it both from within and through the responses they receive. Most say they did not feel old at sixty or even sixty-five. Awareness often arrived through small social moments—when a stranger offered them a seat on the train, when someone called them “Auntie” or “Uncle” instead of “Miss” or “Mister,” or when others stepped in to help before they asked. These gestures, though kind, signal a subtle shift in how people see them and how much autonomy they are perceived to have.

At the same time, they start to notice quiet changes within themselves. Their energy no longer lasts the entire day. Memories take longer to surface, and conversations require greater focus. They recognise these not as losses, but as signs that their bodies have begun to move with time rather than against it. From this point, many older adults begin to live with greater intention. They exercise not to grow stronger, but to stay mobile and able to move independently. For them, it is about maintaining what they have rather than striving for more. Even those who enjoy rich, flavourful food begin to eat more moderately, not because they must, but because it helps them remain independent for as long as possible. They want to wake when they choose, go where they wish, eat what they enjoy and accept help only when they decide it is needed. At this stage of life, moderation becomes a practical way to protect future choices. The goal is simple: to remain in control of daily life for as long as possible.

Gradual Shifts in Later Life

As the years progress, the instinct to protect agency grows stronger. Quantitative findings demonstrate that declines across domains—physical health, work and career, self-management, financial stability, and social connection—progress gradually with age rather than dropping sharply after seventy-five. Older adults aged 75–84 consistently report less positive perceptions than those aged 55–64, indicating a cumulative, steady shift rather than an abrupt decline. This aligns with qualitative accounts of diminishing energy, reduced mobility, and quieter social networks emerging progressively over time.

Women in this stage often remain emotionally engaged through caregiving, volunteering, and community activities, an involvement that is strongly reflected in the qualitative accounts. The interviews also suggest that some men may feel more isolated after retirement, especially if most of their relationships were tied to work. However, the quantitative findings show no gender differences in friendships or family connections. Taken together, this means that men and women are not necessarily unequal in social connection; they simply engage in different ways. Women tend to be more active in spiritual and community settings, while men’s social well-being depends more on whether they built relationships outside the workplace.

What They Are Protecting Is Not Youth, but the Right to Choose

Most older adults do not fear ageing. Many even look forward to retirement, a time when they can finally slow down and live on their own terms. What matters most is not the number of birthdays celebrated but whether they can still decide how each day unfolds—when to wake up, what to eat, whether to rest or go out, and when to accept help. They welcome age as long as they remain the ones directing their lives.

What they resist is not the passage of time, but the loss of control that sometimes comes with it, the moment when others begin to decide for them, even with good intentions. For many, ageing is not marked by physical milestones but by the quiet turning point when their ability to choose starts to be negotiated. It is at that moment, when independence begins to be questioned, that ageing truly feels real.

Mastery Is the Anchor That Sustains Well-Being

Mastery, the belief that one can still shape one's life, remains one of the strongest predictors of well-being in later life. Quantitative findings show that mastery is strongly correlated with resilience ($r = .52$) and positively associated with multiple ageing domains, from self-management to physical health. Qualitative accounts add depth to this picture: older adults who believe their actions still matter tend to stay connected with others, feel more satisfied, and continue doing things that bring them purpose and joy, even as their bodies change. Mastery is not about controlling every outcome but about holding on to the sense that life is still influenced by one's choices. Those who retain this belief remain active, engaged, and intentional, reflecting a broader theme of preparation, adaptability, and maintaining control throughout the ageing process.

In contrast, those who disengage early are not always the frailest. More often, they are people who begin to feel that their choices no longer count, that life is happening to them rather than being shaped by them. When that sense of agency fades, motivation, confidence and connection often fade with it. Maintaining mastery is therefore not only psychological; it is protective. It keeps older adults invested in living, giving them both the reason and the strength to participate fully in life.

Older Adults Understand This Instinctively

Older adults emphasise planning, financial prudence and staying physically active as ways to preserve autonomy. Quantitative findings support this instinct: socioeconomic status correlates positively with multiple ageing domains ($r_s = .17-.33$), reinforcing the link between financial preparedness, perceived health and sustained independence. Many older adults describe preparing early, saving while they are still strong, maintaining their health and organising their lives as ways to remain in control and avoid becoming overly dependent on others. Preparedness, therefore, is not only practical but also psychological. It offers confidence, dignity and the reassurance that they can continue shaping their own lives as they navigate later life.

They also understand that independence must be protected long before it is tested. This is why they emphasise planning ahead, keeping the body moving, managing finances wisely and maintaining relationships. Each of these small acts reinforces their sense of agency—the belief that they still have a say in how life unfolds. For them, ageing well is an active process that requires preparation, awareness and adaptability. It is not about avoiding help altogether but about choosing when and how to receive it. This ability to keep shaping their own lives gives them dignity, confidence and peace of mind.

Working Does Not Always Diminish with Age. It Evolves in Meaning.

For some older adults in Singapore, work continues to offer purpose, routine, and social engagement. Qualitative interviews reveal that those who continue working beyond traditional retirement value contribution over ambition. However, quantitative findings show that adults aged 75–84 report the least positive perceptions of work and career, significantly lower than younger groups. This suggests that while meaningful work persists for some, it becomes less central or less accessible for many as they enter advanced age. Thus, work evolves in meaning but tends to diminish in perceived relevance among the oldest adults.

For some older adults in Singapore, work does not end with age; it simply changes in meaning. Continuing to work, even part-time, allows them to stay connected, purposeful and engaged with the world. Among those who remain in the workforce beyond seventy-five, many describe work as a source of satisfaction rather than stress. It gives structure to their days and a sense of contribution. Quantitative findings support this shift. While older adults rate work positively, it ranks lower in life importance, reflecting how meaning endures even as priorities evolve.

For some, continued work is driven by family or financial responsibility. For others, it comes from a deeper desire to stay useful and to pass on what they know. In later life, work becomes less about ambition and more about legacy. It is no longer about achieving more but about sharing and teaching what has been learned.

Purpose, however, does not depend solely on paid work. Many find meaning through volunteering, caregiving or mentoring. In every form, the motivation is the same: to stay relevant and to keep shaping life rather than being shaped by it.

Even as physical abilities change, many aspects of well-being remain stable. Across age groups, older adults report steady feelings of financial confidence and spiritual grounding. What tends to weaken first is not purpose, but the sense of control, the belief that their choices still hold weight. Protecting that sense of agency, through work, service or everyday decisions, is therefore central to ageing well.



Ageing Is Generational.

Ageing extends beyond the private realm. It is a shared social experience that is observed, learned, and passed down from one generation to the next. Children watch how their parents grow older, how they manage their health, how they stay connected and how they accept or resist help. Through these everyday observations, families learn what ageing means and what it should look like. Many older adults today are ageing the way their parents did, often without realising it. They repeat patterns in how they eat, how they manage independence and how they respond to care. Their children, in turn, will do the same. One participant shared, “My father aged well, but he was very introverted. He did not keep strong connections beyond immediate family. Watching him has made me realise that I must be more intentional about staying connected to relatives and friends, even if they are not very close.”

In this way, ageing becomes a legacy. It is not just personal but generational. The question is no longer only “How will I age?” but “What am I teaching about ageing through the way I live now?”

To age well is therefore not just to live longer, but to remain recognisably oneself, to keep making choices and to set an example for those who are watching. For many older adults, ageing well is as much about passing on a way of living as it is about sustaining their own. It is an act of authorship that extends beyond the self, shaping not only one’s final years but also how future generations come to understand resilience, compassion and grace.



Ageing Well Is Not About Avoiding Dependence. It Is About Delaying the Loss of Choice

Ageing well is not about avoiding dependence entirely but about delaying the loss of choice for as long as possible. To age well in Singapore is to live longer while staying true to oneself. Dignity is not defined by the condition of the body but by the preservation of authorship, the continuing ability to make one’s own decisions and to live with intention.

Most older adults are not trying to resist dependence completely. They are working to postpone it, maintaining independence for as long as their mind and will allow. For them, ageing is not passive decline but an active process of self-authorship, a lifelong effort to protect control and preserve the right to decide how life is lived, right up to the moment when that responsibility must be shared with others.

This mindset shapes not only how they think about ageing but also how they live it. It guides their choices, their routines and their relationships, grounding them in a quiet but powerful belief that to age well is to live with agency, meaning and care for themselves and for those who will follow their example.

Implications for Ageing Policy and Practice in Singapore

The experiences of older adults in Singapore highlight an essential truth: ageing well is not only about living longer but about continuing to live with agency, the ability to make decisions, exercise control, and shape one's own life. Policy and practice must therefore aim not only to support older adults when decline occurs, but to protect this sense of agency long before that stage arrives. These recommendations are evidence-informed, grounded in observed associations between mastery, independence and well-being rather than direct causation.

Begin Preparing Before Decline Sets In

Support for ageing must begin well before any visible signs of decline, not after. Evidence consistently shows that losses in confidence, mobility, mental sharpness and social connection often emerge when people feel they no longer have control over their lives. By the time this sense of agency fades, re-engagement becomes far more difficult.

Preparation must therefore start early while individuals are still active, curious and capable of making thoughtful choices about their future. This is when people can most effectively build the physical, social and emotional foundations that sustain independence and well-being in later years.

In practical terms, early preparation involves creating opportunities and programmes that promote mobility, financial autonomy, social connection and future care planning. Such initiatives help individuals understand their options before needs arise, empowering them to make informed decisions rather than respond to crises. Starting early turns ageing from something that happens to people into something they can direct with purpose.

It Is Never Too Early to Plan for Ageing

Ageing, like any other major life stage, benefits from thoughtful preparation. Just as individuals plan for their education, career or retirement, they can—and should—plan for how they wish to age. Thinking about ageing early does not mean anticipating decline; it means envisioning how one wants to live meaningfully and independently in later life.

Planning ahead allows people to make choices that reflect their values, build supportive networks and design environments that will sustain their well-being as their needs evolve. This mindset shift, viewing ageing as a phase to plan for, not react to, is essential. It encourages individuals to consider questions such as: What gives my life purpose? How do I want to stay connected? What kind of support systems will I need later on?

Proactive planning ensures that decisions about health, housing and community participation are made from a position of strength rather than crisis. By embedding ageing preparation into lifelong education, employment practices and public health initiatives, Singapore can foster a culture where growing older is seen as an active, empowered process rather than a passive one.

Protect Agency, Not Just Provide Activities

Many community initiatives for older adults focus on keeping them occupied. While activities are valuable for engagement, they are not enough on their own. What older adults value most is agency, the sense that they still have a voice and can shape their own lives. Programmes should therefore shift from a participation model, where people are invited to attend, to an authorship model, where they are invited to shape.

Even small changes can make a significant difference: allowing participants to decide the timing of sessions instead of assigning them, offering leadership or mentoring roles rather than passive attendance, or inviting them to help plan activities for others. These gestures communicate trust and respect. They affirm that older adults are partners in community life, not just recipients of services. Preserving agency is not a theoretical goal—when older adults feel heard and involved, their confidence, health and willingness to participate all improve.





Make Retirement a Gradual Transition

Retirement in Singapore, as in many countries, is still treated as a sudden transition—from being fully responsible to being no longer needed. Some older adults describe feeling unprepared not because they are unwilling to stop working, but because the shift happens too abruptly. Their identity, once defined by contribution and purpose, is disrupted overnight.

Policy and workplace structures should therefore make retirement a gradual process rather than a single event. Phased retirement allows older workers to reduce their hours while mentoring younger colleagues, serving in advisory roles or contributing to specific projects. This approach helps preserve confidence and allows older adults to pass on their knowledge in meaningful ways.

Such pathways benefit not only individuals but also organisations and society as a whole. Retaining older workers in purposeful roles preserves valuable expertise, strengthens intergenerational learning and reframes ageing as continued contribution rather than withdrawal. In this vision, retirement is not an ending but an evolution, a stage of life where purpose shifts from advancement to legacy, where the desire to contribute remains strong even as responsibilities change.



Recognise That Men and Women Age Differently

While ageing experiences vary across individuals, gendered patterns emerge in specific domains. Quantitative results show that women report more positive perceptions in spirituality and leisure/volunteer activities, whereas men do not differ significantly from women in family relationships, friendships, physical health, or work perceptions. These nuances suggest that programmes should be responsive to domain-specific gender differences rather than assuming broad gendered ageing trajectories.

Ageing is not experienced in the same way by everyone. Men and women often face later life differently because of the social roles, expectations and relationships that have shaped their lives. Recognising these differences is essential to building inclusive, effective ageing policies and community programmes.

Women often remain engaged through caregiving, religious groups and neighbourhood networks. These connections allow them to stay emotionally active and continue contributing even as their physical energy changes. Their sense of identity often grows through service, empathy and belonging.

Men, on the other hand, are more likely to experience isolation once they leave the workforce particularly if their social identity was closely tied to employment. Quantitative findings highlight this pattern through differences in leisure and family engagement rather than across all social domains. Men often respond better to hands-on, practical forms of engagement such as mentoring younger men, repairing equipment, facilitating exercise groups or supporting community operations.

A one-size-fits-all approach cannot meet these different needs. Gender-sensitive pathways that reflect how men and women derive meaning are critical for sustaining agency and connection. When older adults are supported in ways that align with their lived experiences, they are more likely to stay active, purposeful and emotionally resilient.



Empower Older Adults as Contributors, Not Just Recipients

A key shift needed in Singapore's ageing landscape is how society perceives older adults. They should not be viewed only as dependents or beneficiaries, but as contributors with valuable skills, knowledge and insight. Many older adults express a strong desire to give back—to teach, mentor, coordinate and serve. Community spaces such as Active Ageing Centres, Residents' Networks, religious organisations and neighbourhood associations can be reimagined to reflect this. Rather than designing programmes for older adults, these spaces can create opportunities led by them. Older adults can take on roles as facilitators, teachers, mentors or peer supporters, using their experience to strengthen the very communities they are part of.

This approach transforms the social environment. When older adults are invited to contribute, they remain engaged, valued and dignified. They see themselves not as burdens but as active participants in Singapore's ongoing story. Empowerment, in this sense, is not symbolic; it is practical and deeply human. It sustains motivation, strengthens mental health and fosters respect across generations.

A Broader Vision

The overarching aim of ageing policy and practice in Singapore should go beyond meeting immediate needs. It should focus on enabling older adults to maintain authorship over their lives. Older adults thrive when they are able to continue making choices, contributing meaningfully, and staying connected to others. When systems and structures protect this capacity, ageing becomes not a process of decline but a continuation of purpose and engagement. Ageing well means remaining the author of one's own life — having the freedom, confidence, and support to live with dignity and self-direction.

A society that safeguards agency enables its older citizens to keep shaping the world around them, not from the margins but as active participants. This is what it means to age well in Singapore: to live not only longer, but with purpose, autonomy, and the continuing ability to shape one's own story.



Author Contribution

Introduction

Associate Professor Justina Tan
Singapore University of Social Sciences
Vice President, Office of the Vice President
(Strategic Partnership & Engagement)

Xiong Feng
Singapore University of Social Sciences
Research Scientist

Methodology

Xiong Feng
Singapore University of Social Sciences
Research Scientist

Associate Professor Justina Tan
Singapore University of Social Sciences
Vice President, Office of the Vice President
(Strategic Partnership & Engagement)

Singapore: Ageing in Context

Associate Professor Justina Tan
Singapore University of Social Sciences
Vice President, Office of the Vice President
(Strategic Partnership & Engagement)

Xiong Feng
Singapore University of Social Sciences
Research Scientist

UNITED KINGDOM AGEING IN CONTEXT

EXECUTIVE SUMMARY

This report offers an integrated understanding of ageing in the United Kingdom by combining national policy context with the lived experiences of older adults. It highlights how demographic change, structural pressures, and individual perspectives intersect to shape what it means to age well in contemporary Britain.

The UK population is ageing rapidly, with the proportion of people aged 65 and above expected to rise significantly in the coming decades. This shift is placing increasing strain on health and social care systems. Life expectancy has improved, yet healthy life expectancy remains uneven across regions and income groups. The National Health Service faces growing challenges from higher demand, limited resources, and workforce shortages. Alongside this, the social care system remains underfunded and heavily dependent on unpaid carers, prompting national efforts to improve integration between services. Older adults also navigate changes in work, learning, and technology. Policies encourage extended working lives, but many older workers still encounter age based discrimination and unstable employment conditions. At the same time, innovation in digital health and age friendly environments is expanding, supported by organisations committed to improving independence and well-being in later life.

Qualitative insights from older adults reveal concerns about physical and cognitive decline, balanced by proactive approaches to maintaining health. Autonomy and independence emerge as central to dignity, while social connections play a key role in emotional well-being. Participants describe evolving identities in retirement and emphasise the importance of purpose through volunteering and learning. Financial pressures, ageism, and variable access to services further shape their experiences.

The report concludes that ageing well in the UK requires coordinated policies that support health, independence, financial security, social participation, and community connection.





The United Kingdom (UK) is a high-income nation comprised of four countries: England, Scotland, Wales, and Northern Ireland. Having led the world's first industrial revolution, its economy has since transitioned to become service-led, with major strengths in finance, technology, and higher education. The UK's socio-economic landscape has been significantly shaped by its history, including its imperial past and prior membership of the European Union.

A notable and defining achievement of the post-war era was the creation of the National Health Service (NHS) in 1948. Founded on the principle of providing care that is comprehensive, universal, and free at the point of delivery, the NHS remains a pillar of British identity and a key institution in the lives of its citizens. The UK consistently ranks highly for the quality of its universities and scientific research, providing a strong foundation for innovation.

Introduction

The UK has a population of approximately 69 million people, with significant variations in population density, particularly between the urbanised south-east of England and the rural areas of Scotland, Wales and Northern England. It is a diverse, multi-ethnic, and multicultural society, a reality shaped by centuries of immigration, particularly from Commonwealth countries.

English is the most widely spoken and official language of the United Kingdom, with Welsh, Irish and Scottish Gaelic also de jure official languages in Wales, Northern Ireland, and Scotland, alongside English.

Culturally, attitudes toward ageing are complex. While family ties remain important, there is a strong ethos of individualism and an expectation that the state will provide a robust safety net in old age. Unlike cultures with a deep-rooted tradition of multi-generational households, the prevailing norm in the UK is for older people to live independently for as long as possible. However, the reality is that informal care provided by family members, neighbours and friends, forms a strong basis of the care system for older people, a contribution that is often emotionally and financially taxing for the caregivers themselves.

Ageing Trends and Projections

The UK is an ageing society, a trend that is clear and accelerating. As of 2024, an approximate 19% of the population is aged 65 and over. By 2050, it is anticipated that one in four people in the UK will be aged 65 and over. The pace of this demographic transition, while not as rapid as in nations such as Japan and Singapore, is significant and relentless. The most dramatic growth is expected in the "oldest old" cohort (those aged 85+), the group with the most complex health and care needs. This steady, long-term shift is the primary driver for policy reform across health, social care, and the economy.

Health and Longevity

The UK has achieved significant gains in longevity. Life expectancy at birth is approximately 79 years for males and 83 years for females. However, a crucial challenge lies in the disparity between life expectancy and healthy life expectancy (the number of years lived in good health), which is considerably lower. Furthermore, significant regional inequalities exist in these figures. Data from the Chief Medical Officer's 2023 annual report demonstrates a significant correlation between deprivation and health outcomes, with females living in England's most deprived areas having a healthy life expectancy that is almost 19 years shorter than those in the least deprived areas. The UK's older population is also rapidly diversifying in its ethnic and LGBT+ makeup, while also seeing a projected rise in disability and a high prevalence of unpaid caregiving roles, particularly among disadvantaged groups.

The National Health Service (NHS) is the primary institution responsible for the nation's health. It is funded through general taxation and is free at the point of use. Its structure is based on a primary care system led by General Practitioners (GPs), who act as gatekeepers to secondary care services in hospitals. The NHS runs comprehensive preventive initiatives, including national cancer screening, vaccination programmes, and public health campaigns. Despite its universal coverage, the NHS faces immense and continuous pressure from rising demand, workforce shortages, and a persistent political debate over the adequacy of its funding and its overall efficiency. A 10-year strategy designed to make the health service more integrated, proactive, and digitally enabled was recently launched.

Fertility and Family Dynamics

For decades, a quiet but profound transformation has been reshaping the foundations of family life in the United Kingdom. The total fertility rate has consistently fallen below the 2.1 replacement level needed to maintain a stable population, a statistic that reflects deep-seated societal shifts. This is not an isolated trend but the result of evolving social norms and economic realities; the financial calculus of raising children has grown more challenging, while greater opportunities for women in higher education and the workforce have reshaped personal and professional aspirations. As a result, traditional milestones of marriage and family formation have been postponed or redefined across the country.

This sustained low fertility, unfolding alongside remarkable increases in longevity, creates a direct and growing pressure on the systems of care for older people. At a national level, this is captured in the rising old-age dependency ratio. Official projections show a future where a shrinking working-age population is tasked with generating the tax revenue required to support a growing number of retirees. This immense fiscal pressure is the primary driver behind government policy to raise the State Pension age, which, having already risen to 66, is now legislated to reach 67 by 2028 and is projected to rise to 68 by the mid-2040s.

Simultaneously, the trend towards smaller family sizes and greater geographical mobility means informal support is eroding. With fewer adult children, who often live further away for their own careers, the capacity for families to provide the hands-on, daily care that ageing parents may need is diminishing. This structural change inevitably amplifies the demand for formal, state-supported, or privately funded care solutions, creating a widening gap between the needs of an ageing population and the resources available to support them.



Cultural Norms and Evolving Care Models for Older People

While the National Health Service (NHS) provides medical treatment free at the point of use, the daily, practical support an older person falls under a separate system known as social care. This structural divide shapes the entire experience of ageing in the country.

The vast majority of care in the UK does not happen in a formal setting at all; it is carried out by unpaid family and friends. Millions of people provide the support for loved ones, a contribution for which the state offers only a modest benefit known as the Carer's Allowance for those in the most intensive caring roles. In stark contrast to the universal promise of the NHS, formal social care, run by local authorities, is a world defined by strict means-testing. Only those with the lowest levels of income and savings qualify for state support for home-care visits or a place in a residential facility. This system is widely acknowledged to be in a state of crisis, crippled by chronic underfunding, a fragile market of private providers, and severe workforce shortages.

This chronic instability in social care creates a direct and damaging knock-on effect for the health service, leading to delayed hospital discharges and avoidable admissions. Recognising this damaging disconnect, the NHS 10-Year Health Plan makes integrated, community-based care a central ambition. Through the development of Neighbourhood Health Services, the plan aims to bring together health and social care professionals to deliver proactive support closer to home—helping older people stay well, avoid hospital admissions, and prevent crises before they occur.



National Ageing Policies and Innovations

The UK government is pursuing a multi-faceted strategic response to its ageing demographic. This approach acknowledges that a successful response requires action across finances, the physical environment, and innovation.

A core element of this strategy focuses on providing a baseline of financial security. The State Pension system serves as the foundational income for older people, supplemented by the means-tested Pension Credit, which acts as a crucial safety net to protect the most vulnerable from poverty.

Beyond individual finances, the strategy recognises that the physical environment is critical for well-being and independence. Through the UK Network of Age-friendly Communities, part of a global World Health Organization initiative, towns and cities are actively encouraged to adapt their infrastructure. This includes promoting safer housing, accessible public transport, and inclusive public spaces that prevent social isolation and empower older people to remain engaged participants in their communities.

Perhaps the most forward-looking pillar of the UK's approach is its concerted push to drive innovation, an ambition that directly supports the digital transformation agenda at the core of the NHS Long Term Plan. The plan's vision for a more proactive and personalised health service hinges on empowering people to manage their own health through digital tools, remote monitoring, and better data integration. This has created a powerful synergy with the growing "Age-Tech" market, stimulating the development of technologies that support independent living and better management of long-term conditions. This national ambition is embodied by institutions such as the National Innovation Centre for Ageing (NICA). Based at Newcastle University, NICA functions as a vital national hub, connecting researchers, businesses, and older citizens to co-design and test the products and services that will define the future of ageing well, translating strategic goals into tangible, real-world solutions.



Healthcare Transformation and Integrated Care

For years, the structural wall between the UK's health and social care systems has created a damaging disconnect, leaving older people navigating a fragmented and inefficient landscape of care. The immense pressure this fragmentation creates was articulated in a 2024 independent investigation of the NHS. The report concluded that the UK's ageing demographic is the single biggest driver of demand on the NHS, a pressure that is being critically worsened by underfunding in the social care sector, which is struggling to meet rising public demand.

In direct response to this challenge, the previous government's NHS Long Term Plan established a new direction, championing a major policy push towards integration. This vision is now being implemented across England through the establishment of Integrated Care Systems (ICSs).

The core philosophy of an ICS is to tear down the historic silos between services, by shifting the focus from reactively treating sickness in hospitals to proactively managing the health and well-being of an entire local population. To achieve this, they bring together NHS hospitals and GPs with local authorities and community organisations, tasking them with planning and funding services jointly. This new collaborative model is fostering key innovations on the ground: Multi-disciplinary teams: At the heart of the ICS model is the principle of breaking down professional barriers to wrap services around an individual. These teams bring doctors, community nurses, social workers, and therapists together to create a single, holistic care plan for older people with complex needs, preventing them from falling through the cracks between systems.

Social prescribing: Recognising that health is profoundly influenced by factors like loneliness and financial stress, ICSs have championed social prescribing. This allows GPs and other professionals to refer patients to a dedicated "link worker," who connects them with non-clinical, community-based support, anything from a walking group or debt advice service to a local choir, to improve well-being and reduce reliance on medical services.

Dementia-friendly communities: The principle of integration also extends beyond formal services and into the fabric of society. Championed by charities such as the Alzheimer's Society, this national initiative encourages businesses, transport providers, and public services to raise awareness and make practical changes. This whole-society approach ensures that people living with dementia are supported not just by the health system, but by the entire community in which they live.

Lifelong Learning and Employment

UK policy increasingly promotes longer, healthier working lives. The abolition of the default retirement age removed routine, age-based exits from employment and reinforced protections against age discrimination under the Equality Act 2010. Employers are encouraged to adopt age-inclusive practices—flexible working, reasonable adjustments for health conditions, and line manager training—to retain experience and skills.

Access to skills is a second pillar. Adult education and training—ranging from community learning and modular higher education to apprenticeships and Skills Bootcamps—enable upskilling, retraining and career transitions in mid and later life. Public employment services have piloted “mid-life MOTs” and targeted support for over-50s, helping individuals review work, health and finances and plan next steps.

Collectively, these measures aim to counter involuntary labour market exit, reduce long-term sickness absence, and narrow inequalities by enabling people to work longer by choice, with adequate support.

Emerging Trends: Micro-Jobs and Flexible Work

Employment among people aged 50 and over is becoming increasingly significant, with far-reaching implications for workforce planning, inclusion, and policy development. Notably, around 30% of gig economy workers in the UK are aged 50 and above, often engaged in roles such as driving, delivery, personal services, and desk-based tasks. This sector remains predominantly male, especially in driving roles where men account for up to 70% of the workforce. While gig work offers flexible income opportunities, it frequently lacks stability, underscoring the importance of promoting flexible arrangements within standard employment contracts to enhance fairness and security.

Self-employment is another growing trend among older adults. Those aged 65 and over now represent the largest segment of the self-employed, comprising 35% of this group. Among individuals aged 50 to 64, self-employment has seen a modest rise—from 16.9% to 17.2% over the past year—suggesting a gradual increase in entrepreneurial activity later in life.

Broader employment trends also reflect a steady upward trajectory. In 2025, the employment rate for 50–64-year-olds reached 71.6%, marking a 0.7 percentage point increase from the previous year and continuing a long-term rise that began in the mid-1990s. Although there was a dip following the 2019 peak of 72.6%, likely due to economic disruptions, the overall direction remains positive. However, employment rates drop sharply as individuals approach State Pension Age (SPa). In 2025, 42.1% of 65-year-olds were still in work, but this figure fell to 29.3% by age 66. Despite this decline, the numbers represent a notable improvement over the past decade, with employment among 65-year-olds rising from 27.5% in 2015 to 42.1% in 2025. These trends highlight the growing participation of older adults in the workforce, while also drawing attention to the vulnerabilities they face—particularly the reliance on insecure gig work and the challenges of maintaining employment as retirement age approaches. Employment among people aged 50 and over, with important implications for workforce planning, inclusion, and policy.



A Social Vision for Ageing Well

The UK’s vision for active and healthy ageing centres on independence, dignity and participation. Delivering this vision requires coordinated action: enabling healthy longevity through prevention and early support; redesigning homes, neighbourhoods and transport for accessibility; tackling poverty and insecurity in later life; and fostering inclusive narratives that challenge ageism. Technology—remote monitoring, digital care plans and assistive devices—should be co-designed with older adults and embedded in community-based models, ensuring no one is excluded by cost or digital barriers.

Integrated Care Systems can serve as local conveners across the NHS, social care, housing, voluntary and business sectors to deliver place-based strategies. National charities and foundations provide evidence and advocacy, while universities and innovation centres translate research into scalable solutions. The demographic, health, and policy trends outlined in ‘United Kingdom: Ageing in Context’ provide essential context for understanding the lived experiences captured in ‘Study Overview’.

Together, these perspectives highlight the interplay between structural factors and individual adaptation strategies, informing holistic approaches to ageing policy.

Lived Experienced Insights Study Overview

This qualitative study was jointly conducted by Royal Holloway University of London and Newcastle University. Ethics approval was obtained from the lead institution (SUSS IRB) and the Ethics Review Board at Royal Holloway. Three research assistants developed recruitment materials and a short screening survey to support purposive sampling. Nineteen participants were recruited through libraries, community centres and the Newcastle University Older People Recruitment site. Informed consent was obtained prior to one-to-one interviews conducted online or by phone. Interviews were audio-recorded and transcribed using AI tools. The semi-structured guide was adapted from a larger project and piloted for UK relevance. Transcripts were coded with Copilot; initial coding by age group preceded a combined analysis to identify similarities and differences across participants. Data were thematically coded across ten categories and synthesised into five overarching themes. Visual tools such as coding matrices and thematic maps supported analysis.

Participant Profile

A total of 19 participants were interviewed. Six were aged between 55 and 64 years, seven between 65 and 74, and six were over 75 years. 4 people identified as male, 14 identified as female and 1 person identified with no gender. 18 identified as white/European descent and 1 person Asian. Participants came from different areas of the UK (figure 1) and had different marital statuses (figure 2).

Figure 1

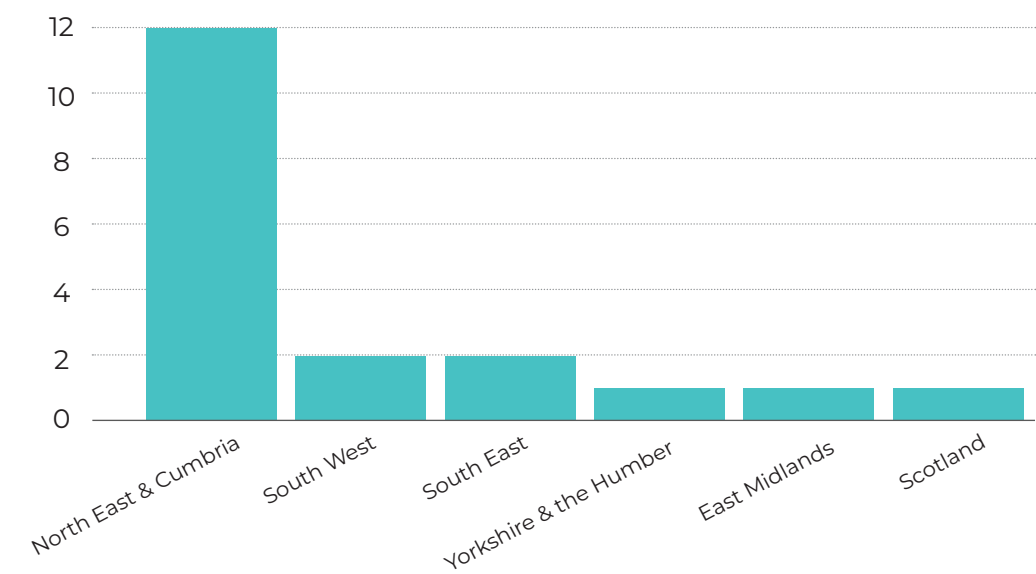
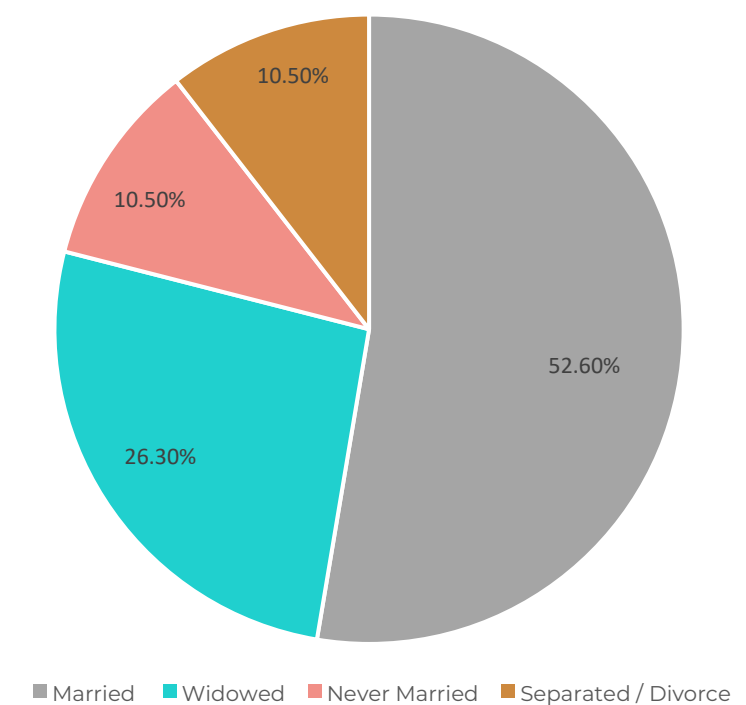


Figure 2

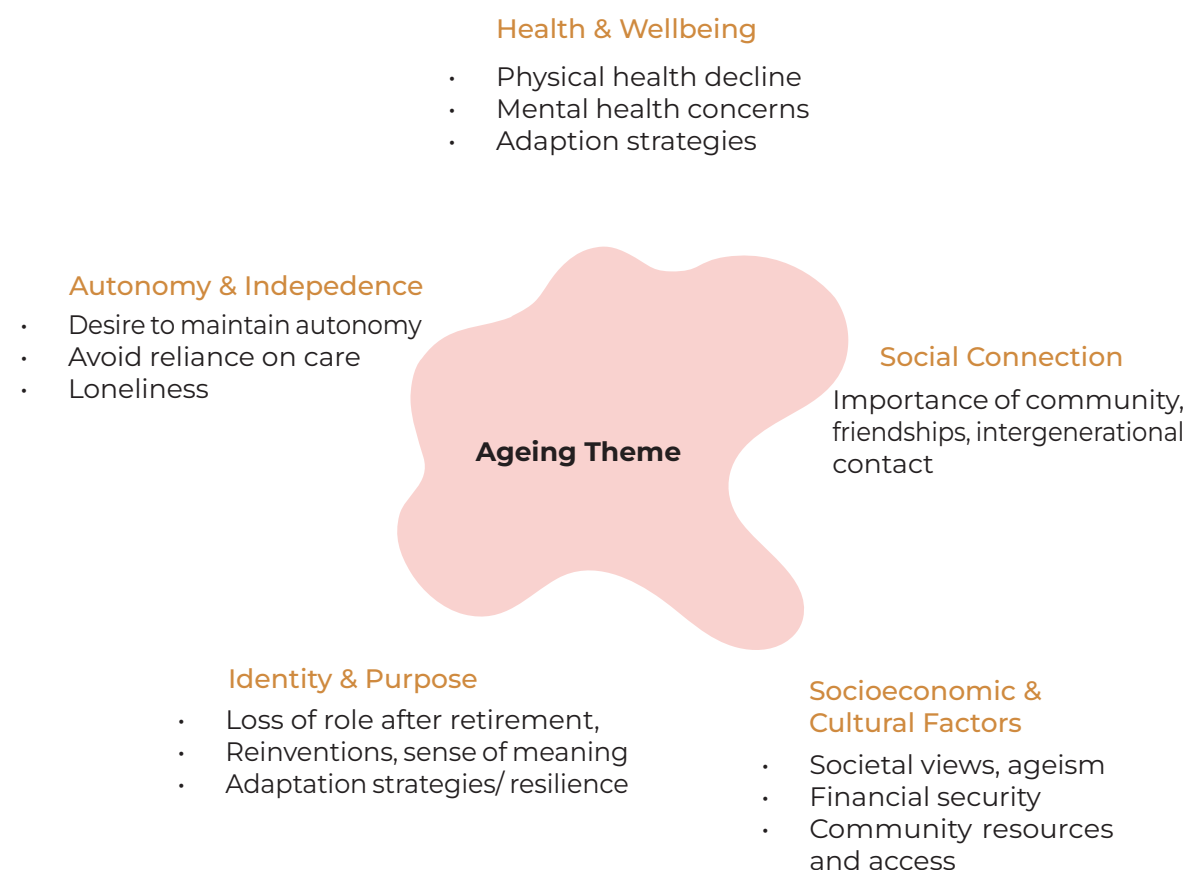


Codes Across Interviews

Transcripts were coded and the following ten codes were common across interviews:

- Physical Health Decline (aches, stiffness, reduced flexibility, slower recovery).
- Mental Health Concerns (dementia fears, memory lapses, anxiety about isolation).
- Independence (maintaining autonomy; avoiding reliance on care).
- Social Connection (community, friendships, intergenerational contact).
- Financial Security (pensions, savings, lifestyle impacts).
- Purpose & Identity (retirement transition, reinvention, meaning).
- Positive Aspects of Ageing (freedom, confidence, time for hobbies).
- Cultural Perceptions (ageism, invisibility, shifting social views).
- Adaptation Strategies (activity, diet, planning, technology adoption).
- Retirement Transition (emotional adjustments; planning activities).

Thematic analysis revealed five overarching themes: Health and Wellbeing, Autonomy and Independence, Social Engagement, Identity and Purpose, and Socioeconomic and Cultural Factors.



Health and Wellbeing

This theme reflected a spectrum of perspectives across age groups. At one end, there was concern about physical and cognitive decline, as expressed by Amy: “Achy bones and not being able to get up off chairs as quickly as you’d like,” and Barry: “My capabilities are less, my brain is slower.” In contrast, others emphasised proactive strategies to combat ageing or adapt to a changing body, as Mary noted: “Exercise and sensible eating keep me going.” On the most positive end of the spectrum, Jade and June highlighted the empowering role of activity: “Keeping active is my way of fighting ageing,” and “Cycling gives me freedom and health.”

Autonomy and independence

The emerging dominant theme was the desire to avoid reliance on others and concern for loss of partners and friends. Mary: “I worry about being alone when my partner passes away.” For some, this reflected a wish to protect family members from caregiving responsibilities, as Amy states: “I don’t want my kids to have to look after me.” For others, it centred on maintaining independence, control, and personal choice, as seen in Beth’s comment: “I value doing things on my own,” and Larry’s concern: “I fear losing control over my decisions.” Kath summarised this sentiment succinctly: “Not to rely on people is very important.”

Social connection

This theme underscored the central importance of social connection, evident across all quotes. It spans close family ties, as Amy reflected: “The joy of your grandchildren is something else,” to broader networks, as Barry notes: “Having a good social network of friends.” Social connection emerged not only as a source of motivation but also as an avenue for productivity and purpose, illustrated by Chris and June: “Community events keep me going,” and “Volunteering gives me purpose.” These connections ranged from deep relationships with family and friends to opportunities for meeting new people in person, as Kath emphasised: “The ability just to get out and meet people is so helpful.” They also extended into digital spaces, with Brenda observing: “Digital communities help me feel connected.” Intergenerational concept featured from Beth: “It feels good when younger people ask for my advice.”

Identity and purpose

This theme highlighted the tension between awareness of ageing and the persistence of a younger self-identity. Many participants acknowledge growing older yet continuing to feel youthful, as Barry reflected: “I still keep doing the things I enjoyed since I was a teenager,” and June added: “I don’t really feel as though I’m ageing. I just feel me.” In contrast, others experienced ageing as a shift in identity, as Amy observed: “It takes away a big part of your identity.” Across these perspectives, the importance of purpose emerged strongly. Kath emphasised: “Having a sense of purpose after retirement matters,” while Dan reframed identity through new roles: “Purpose comes from helping others now.” This illustrates how resilience often involved positive reframing and lifelong learning, key strategies for adapting and reimagining oneself in later life.

Socio-economic and cultural factors

This theme encompassed three key areas. First, financial security emerges as a consistent concern across all age groups, reflected in Barry’s comment: “Financial security went a long time ago.” Participants expressed worries about spending, transitioning from work, and managing future costs. Second, there was the perceived value of older people within society, particularly in the UK compared to other cultures. Amy observed: “Older people are not thought of as important as in other societies,” a sentiment closely linked to ageism, as Brenda notes: “Ageism is still very real in workplaces.” Finally, community resources were highlighted, with participants pointing to reduced access and service limitations, as Kath remarked: “Services are harder to access now.” While institutional support appeared to be diminishing, digital solutions were increasingly preferred as alternatives.

Differences by Age Cluster

Although all participants contributed insights across the five overarching themes, certain themes emerged as more prominent within specific age clusters, reflecting distinct life-stage priorities and challenges.

Age Group: 55–64 Years

Participants in this cluster expressed heightened concern about declining health, particularly physical limitations and the onset of chronic conditions. This aligned with their transitional phase from mid-life to older adulthood, where maintaining vitality became a pressing issue. Transitioning out of work was another dominant theme, with individuals navigating identity shifts and the psychological impact of leaving long-held professional roles. Concerns about societal views of ageing and ageism in the workplace were strongly voiced, highlighting perceived marginalization and reduced opportunities. To counter these challenges, participants emphasised resisting ageing through proactive strategies such as exercise, healthy eating, and lifestyle adjustments aimed at preserving autonomy and self-worth.

Age Group: 65–74 Years

This cluster demonstrated a strong orientation toward resilience, adaptation, and lifelong learning. Participants highlighted the necessity of acquiring new skills, particularly digital competencies, to remain socially connected and avoid isolation. The adoption of technology was seen as essential for maintaining relationships and accessing services. Autonomy remained a central concern, with individuals striving to balance independence with emerging health needs. Engagement in volunteering, hobbies, and community activities was frequently cited as a means of sustaining purpose and identity during retirement.

Age Group: 75+ Years

For participants over 75, themes of loss and bereavement were particularly salient, reflecting the cumulative impact of widowhood and the passing of peers. Maintaining dignity and autonomy in the face of increasing dependency was a recurring priority. A philosophical shift toward “living for today” emerged, with participants valuing meaningful relationships and experiences over material concerns. This group often articulated a reflective stance, emphasising gratitude, acceptance, and the importance of sustaining emotional well-being through social ties and spiritual or personal beliefs.



Cross-cutting Themes and Implications

Financial concerns were evident across all age groups, underscoring the universal anxiety about economic security in later life. Participants also stressed the importance of staying connected, both physically and digitally, to family, friends, and broader networks. Digital engagement was not only a practical tool for communication but also a symbol of adaptability and relevance in a rapidly changing world.

DISCUSSION AND IMPLICATIONS



Discussion

This study explored perceptions of ageing through thematic analysis, revealing five overarching themes: Health and Well-being, Autonomy and Independence, Social Engagement, Identity and Purpose, and Socioeconomic and Cultural Factors. These findings align with existing literature on ageing, while offering nuanced insights into the lived experiences and adaptive strategies of older adults.

Participants expressed a continuum of experiences regarding physical and cognitive health. Concerns about decline—such as aches, stiffness, and memory lapses—echo previous research highlighting the salience of health-related anxieties in later life (World Health Organization [WHO], 2020). However, proactive strategies, including exercise and dietary improvements, were frequently cited as mechanisms for maintaining vitality, supporting evidence that lifestyle interventions can mitigate age-related decline (WHO, 2020). Notably, some participants reframed ageing positively, viewing physical activity as empowering rather than compensatory. This suggests that health narratives are not uniformly deficit-oriented but can reflect resilience and agency.



The desire to maintain independence emerged as a dominant theme, consistent with theories of self-determination in ageing (Deci & Ryan, 2012). Participants articulated fears of dependency, particularly in the context of bereavement or functional decline, and expressed a strong preference for preserving decision-making autonomy. This resonates with findings that autonomy is a critical determinant of psychological well-being in older adults (Bowling, 2014). Interestingly, some participants framed independence as a moral responsibility to avoid burdening family members, indicating that autonomy is intertwined with relational ethics.

Social connection was identified as central to well-being, encompassing family ties, friendships, and community involvement. These findings corroborate the role of social capital in promoting health and longevity (Holt-Lunstad, 2021). Participants emphasised both in-person and digital interactions, suggesting that technology-mediated communication is increasingly integral to sustaining social networks in later life. Intergenerational engagement was highlighted as particularly meaningful, reinforcing the value of reciprocal relationships across age cohorts.

The transition to retirement and ageing prompted reflections on identity continuity and transformation. While some participants reported a persistent sense of self, others experienced identity disruption, particularly linked to loss of occupational roles. This aligns with literature on role exit and identity renegotiation in later life (Moen, 1996). Purpose emerged as a protective factor, with volunteering and community involvement serving as avenues for meaning-making. These findings underscore the importance of fostering opportunities for purposeful engagement to support psychological resilience.

Financial security was a pervasive concern, influencing lifestyle choices and mental well-being. This reflects broader structural challenges associated with pension adequacy and cost-of-living pressures (Organisation for Economic Co-operation and Development [OECD], 2021). Cultural perceptions of ageing, including ageism and perceived invisibility, were salient, particularly among women. Such experiences mirror global discourses on age-related discrimination and its psychosocial consequences (Ayalon & Tesch-Römer, 2018). Participants also noted diminishing access to community resources, juxtaposed with growing reliance on digital solutions, highlighting a dual trend of institutional retrenchment and technological adaptation.

These findings have practical implications for health policy and service design. Interventions should prioritise holistic approaches that integrate physical health promotion, autonomy support, and social connectivity. Programs fostering intergenerational exchange and digital literacy may mitigate isolation, while strategies addressing financial insecurity and ageism are essential for equity in ageing. Future research should examine how these themes intersect across diverse cultural and socioeconomic contexts to inform inclusive ageing policies.



Implications and conclusions

Demographic trends, combined with lived experiences, point to the need for systemic change across health, social care, employment, and community infrastructure.

First, the growing participation of older adults in the labour market—through employment, self-employment, and gig work—demands a rethinking of workforce strategies. While later-life work offers economic and social benefits, reliance on insecure gig roles exposes older workers to volatility and limited protections. Policies should prioritise age-inclusive employment practices, flexible yet secure contracts, and targeted support for entrepreneurship in later life. Initiatives such as mid-life career reviews and lifelong learning programmes must be scaled to enable smooth transitions and sustain purpose beyond traditional retirement.

Second, health and care systems must move decisively toward integration and prevention. The NHS 10-Year Health Plan provides a framework for proactive, community-based models, but implementation must be accelerated and aligned with local realities. Multi-disciplinary teams, social prescribing, and dementia-friendly communities are promising innovations that should be embedded within neighbourhood-level strategies. These approaches must also address the persistent gap between life expectancy and healthy life expectancy, ensuring equitable access to preventive care and rehabilitation. Third, the qualitative findings underscore autonomy, social connection, and identity as central to ageing well. Policies should therefore extend beyond clinical care to encompass housing, transport, and digital inclusion. Investment in age-friendly environments and technology co-designed with older adults will be critical to reducing isolation and enabling independence. At the same time, tackling ageism, both cultural and institutional, remains essential for fostering dignity and participation.

Finally, financial insecurity and uneven access to community resources highlight structural vulnerabilities that cannot be solved by health policy alone. Cross-sector collaboration linking government, employers, civil society, and innovation hubs will be key to creating resilient systems that support longevity. Research should continue to explore intersectional experiences of ageing, ensuring that strategies reflect diversity in ethnicity, gender, and socioeconomic status.



Author Contribution

United Kingdom: Ageing in Context

Professor Alexandra Palombi
Royal Holloway University of London
Alexandra.Palombi@rhul.ac.uk

Professor Matthew Prina
Newcastle University
Matthew.Prina@newcastle.ac.uk

CONCLUDING CHAPTER

Perceptions of Ageing and Ageing Well Across Regions

This concluding chapter brings together the Canada, Mainland China, Hong Kong SAR, China, Singapore and United Kingdom chapters to offer an integrated view of how older adults understand ageing and ageing well. It synthesises the quantitative ranking of the eight domains from Canada, China, Hong Kong and Singapore with qualitative accounts from Canada, China, Singapore and the United Kingdom, and considers what these combined insights mean for policy, practice and future work. Viewed collectively, the findings sit within a wider body of work that understands ageing as a multi-dimensional process shaped by biological, psychological, social, cultural and structural influences rather than simply biological decline (Ferrucci, 2008; Diehl et al., 2014). They also reflect the idea that people exercise “agency within structure,” actively shaping their own trajectories while being constrained and enabled by the environments in which they live (Settersten & Gannon, 2005).

Perceptions of ageing across the eight domains

Family and close relationships

In all five regions, family and close relationships sit at the emotional core of what it means to age well. In Canada, China and Singapore, family emerges as the central pillar of later life. Older adults in these regions describe family as a source of security, companionship, obligation and meaning. They want to remain relevant to their children and grandchildren, and they often make sense of their ageing through what they can still do for family, rather than only through their own bodily changes. This centrality of family support echoes broader evidence that close relational ties are crucial to well-being and identity in later life, and that social relationships shape development across the life course (Diehl et al., 2014; Dannefer & Settersten, 2010).

In Canada, where migration and multi-culturalism are prominent, family takes more diverse forms. Some older adults live in multi-generational households, while others live alone but maintain close contact through visits and digital communication. For some, family includes relatives overseas as well as friends who have become like family over time. Family is seen as a vital buffer against loneliness, housing insecurity and worries about health. These diverse arrangements mirror evidence that ageing experiences are deeply shaped by migration histories, transnational ties and the availability of both kin and “chosen” family networks.

In China and Hong Kong, family is described very strongly through ideas of filial piety and intergenerational reciprocity. Older adults expect a degree of emotional closeness and practical support, but they are also highly aware of the pressures faced by younger adults. Many say explicitly that they do not want to demand too much, given long working hours and high living costs. There is a careful balance between reliance and restraint. Family is often depicted as the foundation of a harmonious life, and even older adults who live alone emphasise the importance of frequent contact and moral support from children.

In Hong Kong, these expectations are set against intense economic and spatial pressure, and older adults are particularly sensitive to the housing and financial constraints faced by the younger generation. These findings complicate simple assumptions that collectivist societies naturally hold uniformly positive attitudes toward older adults; they support more recent work suggesting that demographic pressures and economic change can erode older people’s social status even where filial norms remain strong (Luo et al., 2013; North & Fiske, 2012; Vauclair et al., 2017; Löckenhoff et al., 2015).

In Singapore, awareness of ageing is often first noticed through personal physical changes. Older adults describe becoming more conscious of ageing when they tire more easily, develop new aches or find themselves adjusting their pace. Retirement and changes in daily routines can also heighten this awareness. At the same time, family remains a strong motivator to stay healthy, to plan finances and to remain independent in order not to burden the next generation. This interpretation resonates with research showing that anticipatory perceptions of later life and concern about being a burden can powerfully shape present behaviour and planning (Furstenberg & Popkin, 2002; Westerhof et al., 2023).

In the United Kingdom, family appears within broader themes of social engagement, identity and autonomy. Partner relationships, adult children and grandchildren are described as anchors that give life continuity in the face of health decline and bereavement. At the same time, not everyone has close family. Divorce, estrangement, childlessness and geographical distance mean that for some older adults, friendships and community ties take on the emotional role of family. This variation reflects the wider argument that ageing is not a singular script but a mosaic of trajectories, shaped by changing social norms, labour markets and family forms.



Across all five settings, family is not just a structural arrangement but a key lens through which ageing is interpreted. Differences lie in expectations of co-residence, the balance between family and state responsibility, and how older adults negotiate the desire to receive support with the wish not to be a burden. These cross-regional patterns reinforce calls in the literature to move beyond binary East–West distinctions and instead attend to the interaction between demographic, economic and cultural forces in shaping family roles in later life (Lamb, 2014; Makri & Giannouli, 2022).

Friendships and social connections

Friendships and social connections are widely valued, although they are generally ranked slightly below family in regions where rankings were collected. They are described as important both as a direct contributor to ageing well and as a coping resource when health, finances or family relationships are under strain. This emphasis on social connection echoes findings that many older adults maintain or even increase levels of subjective well-being despite physical decline, a phenomenon sometimes described as the “paradox of ageing” (Westerhof & Barrett, 2005; Levy et al., 2002). Emotional regulation, selective investment in meaningful relationships and a narrowing of social circles to emotionally significant others are all thought to underpin this pattern.

In Canada and the United Kingdom, friendships and broader social connections are particularly important for older adults who do not live with family or whose children live far away. Community centres, lifelong learning programmes, ethnic associations, sports clubs, religious congregations and volunteer groups all function as hubs of social life. Older adults emphasise the importance of having someone to talk to, share meals with and rely on in an emergency. In multi-cultural communities, these social connections also help preserve language, culture and familiar food, which are themselves sources of comfort and continuity.

In the United Kingdom, friendships and social connections similarly act as crucial buffers, particularly for those who live alone or have limited family contact. Older adults engage in community groups, social clubs, religious communities and volunteering, and they stress the importance of feeling known and recognised in their local environments. These patterns echo evidence that social engagement, positive self-perceptions of ageing and opportunities for contribution are strongly associated with better physical and mental outcomes in later life (Levy et al., 2002; Reich et al., 2020).

In China and Singapore, everyday social contact often centres on relatively local and familiar networks. In China, neighbourhood ties and community activities play an important role, especially in urban areas. Many older adults participate in group exercises, dancing in public squares, or chatting with neighbours. These activities provide companionship, a sense of belonging and informal mutual aid, with friendships built around shared routines and shared space.

In Singapore, friendships provide continuity as life circumstances change. Older adults describe the pleasure of chatting over meals, participating in activities and sharing jokes. At the same time, they acknowledge that friendships can thin out in later life. Around the mid-seventies, illness, mobility difficulties, caregiving duties and bereavement begin to limit social activity. At this stage, some older adults rely more heavily on family, while others become at risk of isolation, especially men whose social networks were previously centred on paid work.

These observations align with research linking perceptions of ageing and social participation to later-life health and well-being and highlight how social withdrawal can be both a risk and an adaptive response depending on context (Robertson et al., 2016; Newman & Zainal, 2020).

In Hong Kong, friendships and social connections are appreciated but consistently seen as less critical than family. This reflects cultural emphasis on kinship as the central support system. Structural conditions also make maintaining broad social networks difficult. Dense housing, crowded environments, long working hours of family members and limited age-friendly public spaces constrain opportunities for casual socialising. As a result, some older adults describe modest and predictable social routines, such as meeting familiar faces in nearby parks or markets, rather than broad or varied networks. This illustrates how urban design and environmental context can shape social engagement, echoing arguments that age-friendly environments are a key pillar of ageing well (Hilton et al., 2012).



Across the different study sites, friendships and social connections are both fragile and resilient. They are fragile because health problems, financial pressures and urban design can easily reduce opportunities to meet. They are resilient because older adults actively seek out ways to connect, using community programmes, religious gatherings, neighbours and increasingly digital platforms to sustain relationships. This capacity to adapt and rebuild networks reflects a broader picture of older adults as active agents rather than passive recipients of decline.

Religion and spirituality

Religion and spirituality occupy a nuanced place in perceptions of ageing. In the ranking data, this domain tends to fall in the middle or lower range, yet in narratives religion and spirituality often play a quiet but significant role in how older adults cope and make meaning.

In Canada and the United Kingdom, religious and spiritual life is highly diverse. Some older adults are deeply involved in churches, mosques, temples or other faith communities that offer worship, social networks, charity and a sense of moral purpose. Others describe themselves as spiritual rather than religious, or as humanist, and find meaning in nature, art or reflective practices. For immigrant older adults, religious communities are often a central place to speak their own language, eat familiar foods and maintain traditions. In the United Kingdom, some older adults are embedded in long-standing faith communities where worship is closely intertwined with volunteering, pastoral care and social events, while others locate meaning in more individualised practices such as time in nature, creative pursuits or reflective journalling.

In China and Hong Kong, religion and spirituality are often less visible in formal terms but are not absent. In China, the religion and spirituality domain appears at the bottom of the ranking. However, philosophical and cultural ideas that serve similar functions are very evident in the qualitative material. Older adults often speak about harmony with nature, acceptance of fate, modest expectations and contentment with a simple life. They also express pride in national progress and social stability, which contributes to a sense of gratitude in later life. These ideas are not always labelled as religion, but they function as broader frameworks of meaning. In Hong Kong, religion and spirituality are also ranked relatively low. For some, volunteering or helping others is explicitly framed as an expression of faith, and religious institutions can provide concrete social support and community even when religion is not ranked as a top priority.

In Singapore, many older adults describe faith as an internal compass that helps them face uncertainty, loss and physical decline. Religious practice, whether through prayer, rituals, temple or church attendance or meditation, is often linked to feelings of peace, gratitude and acceptance. For some, faith provides a framework for understanding suffering, for seeing later life as a time to cultivate virtues, and for caring not only for the body but also for the mind and soul. Even when religion is not ranked as highly as family, health or finance, it is described as an important personal resource. This resonates with research showing that spirituality and prayer can function as powerful sources of hope, emotional regulation and resilience in later life, particularly when facing illness or grief (Shiraz et al., 2020).



Across the five settings, religion and spirituality may not be the first domain older adults mention when defining ageing well, but they underpin resilience. They offer ways to make sense of hardship, to cultivate acceptance and to motivate service to others. In doing so, they contribute to the broader pattern described in the literature in which meaning-making and values-based frameworks support positive adaptation in the face of age-related change (Ryff, 1989; Baltes & Baltes, 2010).

Leisure and volunteer activities

Leisure and volunteer activities are consistently ranked among the least important domains when older adults are asked what contributes to ageing well. Yet they appear very positively in many of the narratives, especially when health, time and finances allow participation.

In Canada, Singapore and the United Kingdom, leisure and volunteering are strongly associated with healthy and active ageing when circumstances permit.

In Canada, older adults talk about hobbies, travel, cultural events, sports and arts activities. Volunteering is common and often highly valued, whether in schools, hospitals, religious organisations, charities or neighbourhood projects. For many, volunteering provides identity, structure and interaction once paid work ends, although financial constraints, rural location, caring responsibilities and health concerns can limit opportunities.

In Singapore, leisure and volunteering are ranked low but described as meaningful when possible. Older adults enjoy simple pleasures such as walking in parks, chatting with friends over tea, reading, gardening and occasionally travelling. Volunteering gives some a sense of usefulness and contribution, whether through helping at community centres, supporting religious organisations or assisting neighbours, but paid work, caregiving, health constraints and transport barriers often limit regular participation.

In the United Kingdom, leisure and volunteering similarly support a sense of purpose and social connection. Older adults participate in clubs, cultural events, sports, creative activities and a wide range of voluntary roles, and for some these become central to identity and daily structure after retirement or bereavement.

In China, leisure is usually described in terms of accessible and low-cost activities. These include participation in public square dancing, group exercise, games and socialising in parks or community centres. Although this domain ranks relatively low, these everyday activities clearly support social connection and mental stimulation. Volunteering is less formal and more likely to appear as mutual aid among neighbours and extended family.

In Hong Kong, leisure and volunteer activities rank at the bottom of the list. They are seen as desirable but often unrealistic in the face of high living costs and housing pressure. Many older adults continue to take on childcare, domestic tasks or informal work to support the household. Public spaces are crowded and not always age-friendly, and fee-based activities can be too expensive. As a result, leisure is often modest, home based and solitary, such as watching television or walking in nearby areas.



Across these settings, leisure and volunteer activities are appreciated, but older adults frequently view them as conditional on more basic needs being met. When health, finances and family responsibilities are manageable, leisure and volunteering enhance well-being and give life richness and variety. This perspective departs from narrow biomedical notions of “successful ageing” that emphasise high function and constant activity (Rowe & Kahn, 1987). Instead, it supports more inclusive understandings of ageing well that foreground personal meaning, choice and contextual constraints (Angus & Reeve, 2006; Reich et al., 2020; Waddell et al., 2025).

Personality and self-management

Personality and self-management refer to internal capacities and habits that shape how older adults respond to change. Across regions, this domain covers ideas such as resilience, mastery, adaptability, self-discipline and the ability to organise life in ways that protect autonomy.

In Canada, Singapore and the United Kingdom, older adults emphasise proactive adaptation and self-regulation. In Canada, they talk about staying physically active, mentally engaged and socially connected, planning ahead for retirement, housing and future care, and learning to use digital technology as a self-management tool for communication, banking, accessing services and managing health information.

In Singapore, self-management is closely linked to a sense of agency. Older adults emphasise planning ahead, moderating diet, exercising regularly and making thoughtful decisions about housing and finances. Many say that ageing well does not simply happen on its own but requires deliberate choices over many years, and they describe psychological strategies such as focusing on what they can still do rather than on losses, and practising gratitude.

In the United Kingdom, older adults likewise emphasise adaptability and self-regulation. They describe pacing activities, accepting help where needed and revising expectations in light of health changes or bereavement, often drawing on emotional strategies such as humour, reframing and focusing on achievable goals. These accounts mirror evidence that emotional resilience, optimism and cognitive flexibility are associated with more positive perceptions of ageing and better outcomes (Sabatini et al., 2021).

In China, personality and self-management are coloured by cultural values of diligence, restraint and perseverance. Older adults often see their current situation as the result of a lifetime of hard work and careful living. Ageing well is associated with maintaining a calm temperament, avoiding unnecessary conflict, keeping to routines and appreciating what one has. This domain is not ranked as high as family or health, but it runs quietly through many accounts.

In Hong Kong, the connection between self-management and positive ageing is particularly clear in the analysis. Older adults who feel a stronger sense of control over their lives tend to report more positive experiences across a number of domains. Strategies include careful money management, frugal spending, continued work when needed and active management of health conditions. There is strong interest in programmes that build confidence and practical skills, such as health education, financial literacy and guidance in navigating services.



In every region, personality and self-management operate as a bridge between structural conditions and individual experience. They cannot fully overcome financial hardship, health problems or discrimination, but they influence how older adults perceive challenges and how they make use of available resources. This bridging role echoes theoretical models that emphasise selective optimisation with compensation, in which individuals adapt to losses by focusing on valued domains and finding creative ways to maintain function and meaning (Baltes & Baltes, 2010; Pruchno et al., 2015).

Financial stability and money management

Financial stability and money management are highly salient for older adults in all four survey regions and also feature prominently in the qualitative accounts from the United Kingdom. They shape not only material conditions but also feelings of security, independence and dignity.

In Canada, China and Singapore, financial stability is seen as essential but positioned differently in relation to family and health. In Canada, financial stability is ranked fourth, after family, friendships and health. Older adults benefit from a combination of public pensions, private retirement savings and, in some cases, housing assets. Yet, many still face concerns about housing affordability, transport costs and health-related expenses not fully covered by public programmes. Immigrant older adults, Indigenous older adults and those with interrupted work histories are particularly vulnerable, making financial security central to debates about income supports, access to benefits and the design of age-friendly communities.

In China, financial stability is important but is placed after family, health and friendships. Many older adults have modest pensions and rely partly on support from children. Economic security is often understood in relation to modest expectations, and those who feel they can cover basic needs and occasional small pleasures consider themselves to be managing reasonably well. Pride in national development and improved living standards compared with earlier generations also contributes to a sense of financial progress, even where absolute incomes remain low.

In Singapore, financial stability ranks just below family and health. Many older adults take pride in being financially self-reliant, talking about working hard and saving over many years, paying off housing loans and planning their use of savings and pension schemes, while also worrying about healthcare costs, the possibility of needing long-term care and the risk of outliving their savings.

In Hong Kong, financial stability and money management sit at the top of the ranking of domains that contribute to ageing well. Older adults are acutely aware of the high cost of living, limited pension coverage and the possibility of old-age poverty. Many continue to work in later life out of necessity, and those without strong savings or supportive family networks express anxiety about housing, basic expenses and future care. Financial worries can overshadow other aspects of ageing and help explain why leisure and volunteering are ranked so low.

In the United Kingdom, older adults talk about pensions, cost of living and worries about future care and housing. Some rely heavily on the state pension, others on occupational pensions or savings. The rising cost of essentials and uneven access to secure, decent work in mid-life contribute to anxiety about later life. For a subset of older adults, especially those in insecure self-employment or with low lifetime earnings, financial instability is a major source of stress.



Considered across all four regions surveyed, these findings highlight that financial stability is both a foundation for ageing well and a major area of vulnerability. It intersects with gender, class, migration history and policy design, and shapes how much choice and control older adults feel they have. This is consistent with wider evidence that economic security and the broader policy environment significantly shape both attitudes toward older people and their own self-perceptions, with implications for intergenerational relations and ageism (North & Fiske, 2015; Swift & Steeden, 2020; Kornadt et al., 2022).

Work and career

Work and career occupy a modest place in perceptions of ageing. In all four survey regions, work and career are ranked lowest or near the bottom as contributors to ageing well. Yet, work continues to matter for identity, social contacts and financial security.

In Canada and the United Kingdom, later life work experiences are diverse. Some older adults are fully retired and do not wish to return to paid work. Others continue in self-employment, consultancy or casual work. For some, this provides interest, structure and autonomy; for others, particularly those with limited pensions, work in later life is a financial necessity and can be precarious and stressful. There are clear concerns in the United Kingdom about older adults in insecure and poorly protected forms of self-employment or gig work.

In China and Singapore, older adults tend to frame work in relation to earlier life stages and to family roles.

In China, many look back on work as a contribution to family and v, but once retired their focus shifts toward family care, health and community activity. Paid work is not commonly depicted as a desired feature of old age, although informal caregiving and domestic work remain substantial.

In Singapore, older adults generally do not believe that continued paid work is essential for ageing well once basic financial needs are met. Many say that work was more central earlier in life, while in later life other domains such as family, health and social connection come to the fore. Quantitative findings show that adults aged 75–84 hold the least positive perceptions of work and career, suggesting that it becomes less central or less accessible in advanced age. At the same time, work can be valued when it is flexible, meaningful and chosen rather than required, and older adults who are still working may express satisfaction with part-time or less demanding roles that give structure and social interaction without the pressures of full-time employment.

In Hong Kong, work is often framed primarily as a financial necessity rather than as a source of fulfilment. Older adults who continue to work frequently do so in low paid or informal roles, sometimes in physically demanding conditions. This reality helps explain why work is consistently ranked low, even though it occupies a significant portion of daily life for some.



Overall, work and career no longer define ageing well for most older adults in these studies. However, the conditions under which older adults exit the labour market and any opportunities for dignified, flexible involvement in work still have important implications for financial stability, self-worth and everyday structure. This reinforces critiques of productivity-centred models of successful ageing and supports broader notions that value multiple forms of contribution, including unpaid care and community engagement (Martinson & Berridge, 2015; Lamb, 2014).

Physical and mental health, fitness and appearance

Physical and mental health, fitness and appearance emerge as core domains of ageing well in every region. In the ranking data from Canada, China, Hong Kong and Singapore, health consistently appears within the top three domains. Qualitative narratives from all five regions underscore its central importance.

In Canada and the United Kingdom, concerns about chronic illness, pain, cognitive decline and mental health are common, but older adults also emphasise proactive management. They engage in walking, group exercise, sports, gardening and other activities, and they talk about mental stimulation through reading, puzzles, classes and social interaction. Access to health care and rehabilitation is important, but so is personal commitment to active lifestyles and self-management within the limits of health.

In China and Singapore, health is often articulated through the language of balance, moderation and responsibility to family. In China, regular routines, sufficient rest, simple diets and light exercise are emphasised, and many older adults express a desire to avoid becoming a burden to family members by staying as healthy and self-sufficient as possible, while accepting that some decline is inevitable.

In Singapore, many describe a shift over time from trying to improve health toward trying to maintain existing capacity. They focus on practical measures such as regular exercise, watching diet, going for check-ups and avoiding falls. The period after about seventy-five is often experienced as a threshold when declines in strength, confidence and mastery become more noticeable, and when social networks may shrink if mobility is reduced.

In Hong Kong, health is highly valued and seen as closely linked to resilience and socio-economic status. Those with better income, housing and access to health care often find it easier to maintain an active lifestyle. Older adults describe balancing the management of chronic conditions with efforts to stay active within limited space and time.



Across all five settings, older adults recognise that health underpins independence, mobility and the ability to enjoy relationships and activities. Poor health can undermine financial security, restrict social connections, limit participation in leisure and volunteering and weaken confidence. Good or manageable health, even in the presence of some chronic conditions, supports independence, participation and a sense of living well. This is consistent with a growing body of work that frames ageing well not as freedom from illness, but as the capacity to adapt to health challenges while maintaining purpose and engagement (Reich et al., 2020; Baltes & Baltes, 2010).

Ranking of domains and coping strategies

Ranking of domains across Canada, China, Hong Kong and Singapore

Only four regions in this study collected quantitative rankings of the eight domains: Canada, China, Hong Kong and Singapore. Despite their very different welfare regimes, demographic histories and family systems, the rank orders display striking convergence. In all four, family and close relationships occupy the top two positions, health is consistently placed in the top three and financial stability always lies within the top four. By contrast, work and career regularly occupy the bottom position, and leisure and volunteer activities cluster in the lower half of the rankings. Personality and self-management and religion and spirituality sit in mid-range positions, suggesting that they are valued but not prioritised above relational, health and financial concerns when older adults are asked to make explicit trade-offs.

Within this broad pattern, each region exhibits distinctive emphases that reflect local structures and norms. In Canada, family and close relationships are ranked first, followed by friendships and social connections and then physical and mental health, fitness and appearance. Financial stability and money management are ranked fourth, with personality and self-management, religion and spirituality, leisure and volunteer activities and work and career following in that order. The relatively high priority accorded to friendships suggests that, in a mobile and multi-cultural society where kin may be geographically dispersed, non-family networks play a particularly important role in supporting ageing well.

In China, family and close relationships are again placed first, reinforcing the centrality of kin ties. Physical and mental health, fitness and appearance are ranked second, friendships and social connections third and financial stability and money management fourth, with personality and self-management next. Leisure and volunteer activities, work and career and finally religion and spirituality occupy the lower positions. This configuration underlines the enduring salience of family and health, while also indicating that financial security is important but is often assessed through the lens of modest expectations and intergenerational support.

In Hong Kong, the ranking order shifts to place financial stability and money management in first position, followed by family and close relationships and then physical and mental health, fitness and appearance. Personality and self-management is ranked next, followed by friendships and social connections, religion and spirituality, leisure and volunteer activities and work and career at the bottom. This pattern reflects the high cost of living, limited pension provision and pervasive anxiety about old-age poverty in Hong Kong. The prominence of finance helps explain why leisure and volunteering are viewed as comparatively low priorities, and why work is often framed primarily as an economic necessity.

In Singapore, family and close relationships occupy the top rank, followed by physical and mental health, fitness and appearance and then financial stability and money management. Friendships and social connections come next, followed by personality and self-management, religion and spirituality, leisure and volunteer activities and work and career in last place. This configuration mirrors strong norms of family responsibility, the importance of health for maintaining independence and a policy environment that emphasises individual and family self-reliance alongside state schemes.



Viewed together, these rank orders suggest a shared model of ageing well in which relational security, health and financial stability form the core foundations, while internal traits, spiritual life, leisure activities and paid work are organised around them in more flexible ways. Differences in the relative position of domains reflect variations in pension systems, labour markets, housing costs, welfare structures and cultural expectations. The dominant position of financial stability in Hong Kong, the comparatively high ranking of friendships in Canada and the consistently low ranking of work across all four regions are all shaped by these broader contexts. At the same time, the recurrent prominence of family, health and finance is consistent with international syntheses of lay perspectives that highlight physical functioning, autonomy, social engagement and security as key components of ageing well.

Coping strategies that older adults use

Across all four study settings, older adults describe a rich repertoire of strategies for managing the challenges of ageing, drawing on resources in each of the eight domains. Although the specific forms these strategies take vary by cultural, structural and economic context, three broad themes run through the material: a strong emphasis on agency and self-management, a reliance on relationships as key coping resources and the centrality of meaning-making in sustaining resilience. Together, these strategies reflect what has been described in the wider literature as adaptive regulation in later life, in which individuals adjust goals, expectations and behaviours in response to changing capacities and contexts while striving to preserve purpose, dignity and connection (Baltes & Baltes, 2010; Pruchno et al., 2015).

In Canada, older adults frequently frame coping in terms of proactive planning and adaptation. They describe maintaining employment where possible in the years leading up to retirement, strengthening financial security, arranging suitable housing and staying physically active and mentally engaged through learning and community participation. For immigrants, coping also involves navigating new systems, building language skills and locating culturally familiar spaces such as ethnic centres or religious institutions. Digital technologies are widely used to sustain contact with children and grandchildren, access services and manage health and finances, illustrating how anticipatory perceptions and future-oriented thinking shape present behaviour and engagement.

In China, coping tends to be closely tied to routine, moderation and the maintenance of harmony. Older adults emphasise regular daily schedules, moderate diet, light exercise and sufficient sleep, and they place strong value on mutual support with neighbours and extended family, including the exchange of information, small gifts and practical help. Psychological strategies centre on cultivating contentment, avoiding unnecessary worries and focusing on appreciation for improvements over the course of their lifetime. Many highlight the importance of reducing conflict and maintaining peace within the family, even when this means keeping some worries to themselves.

In Singapore, coping strategies evolve across the life course. In the late fifties and early sixties, many focus on preparation: sustaining employment where possible, strengthening financial planning, adopting healthier lifestyles and investing in social relationships. In the mid-sixties and early seventies, coping centres on balancing activity and rest, recalibrating expectations and finding new forms of purpose through caregiving, hobbies or part-time work. Among those in their late seventies and beyond, coping often entails accepting physical decline, drawing more heavily on family and community support and cultivating peace and gratitude in daily routines. Across these phases, religious belief, self-management habits and family support form an interconnected web of resources.

In the United Kingdom, adaptation is a central theme across all age groups. Those in their sixties speak of adjusting work trajectories, engaging in health-promoting behaviours and exploring interests that might sustain purpose beyond retirement. Older adults in their seventies and eighties emphasise pacing activities, accepting help when needed and reshaping their identity following bereavement, retirement or the onset of chronic illness. Strategies include focusing on what they can still do, breaking tasks into manageable parts, remaining socially connected and using humour and reflection to maintain perspective. Some also draw on spiritual or reflective practices, particularly when managing loss or serious illness.



Seen across all four settings, these region-specific accounts point to a common underlying pattern. Older adults do not present themselves as passive recipients of care but as active agents who anticipate and manage change, negotiate constraints and draw creatively on the resources available to them. Family, friends, neighbours, religious communities and community organisations function as crucial coping infrastructures, particularly where formal supports are limited, or family networks are stretched. Meaning-making, whether rooted in religious faith, national pride, cultural values of harmony and modesty or personal philosophies of acceptance and gratitude, helps to integrate experiences of loss and change into a coherent narrative. Together, these strategies demonstrate a shared orientation towards resilience, flexibility and pragmatism, even amid substantial structural constraints and diverse life histories.

Broad Synthesis and Implications

When the findings from the five regions are considered together, a broadly consistent picture of ageing well emerges alongside important local variations. In all of the regional chapters, ageing well is not defined simply by the absence of disease or the presence of material comfort. Instead, it involves a combination of agency, connection and security. Older adults want to continue making decisions about their own lives, to maintain as much independence as possible and to feel that they still matter to others. They want to be embedded in relationships with family and community, and they want to feel reasonably safe financially and physically. This resonates strongly with contemporary conceptualisations of ageing well that move beyond the narrow criteria of “successful ageing” to include purpose, social participation and psychological resilience (Ryff, 1989; Reich et al., 2020; Waddell et al., 2025).

The consistent ranking of family, health and financial stability at the top of the eight domains underscores their foundational role. At the same time, qualitative accounts show that personality and self-management, spirituality, friendships, leisure and work remain important as the ways through which older adults express identity, exercise agency and cope with change. This integrated picture reflects the five dimensions of later life—biological, psychological, social, cultural and structural—identified in wider theoretical work on ageing, and underlines how these dimensions intersect in practice.

The chapters point to several shared implications. One implication is the importance of supporting agency as a central goal of policy and practice. This includes encouraging and enabling preparation in mid-life and early older age, such as financial planning, health promotion and future care planning. It also includes designing services that involve older adults not only as participants but as co-creators and leaders. Community initiatives that invite older adults to help design programmes, mentor peers or lead activities can strengthen mastery and self-worth, aligning with calls to move from top-down service delivery toward more participatory, empowerment-based approaches.

A second implication is the need to address structural inequalities that limit the ability to age well. Financial insecurity, housing instability, gaps in pension systems, unequal access to health and social care and inadequate transport and built environments all constrain choice. Canada’s focus on income and housing, China’s reliance on family support, Hong Kong’s emphasis on financial security, Singapore’s concern with the affordability of health care and long-term care, and the United Kingdom’s attention to pension adequacy and the cost of living all point to the centrality of structural supports. Policies that ensure basic security and reduce uncertainty create the conditions in which personal resilience and family support can flourish. This direction is consistent with evidence that economic and environmental contexts substantially shape both perceptions and realities of ageing, including the emergence of ageist narratives when older adults are framed primarily as economic burdens (North & Fiske, 2015; Kornadt et al., 2022).

A third implication is the value of community-based and culturally responsive solutions. In Canada and the United Kingdom, diverse cultural and ethnic backgrounds call for services that recognise differences in language, tradition and expectations. In China, Hong Kong and Singapore, rapid social change is reshaping family patterns and expectations of intergenerational support. Community organisations, religious institutions, neighbourhood groups and digital platforms all have roles to play in bridging gaps, fostering social connections and ensuring that older adults from different backgrounds can access relevant supports. This reflects broader calls to move beyond universal prescriptions and respond to the contextual, culturally embedded nature of ageing experiences (Lamb, 2014).

A fourth implication concerns the growing role of digital technology. Across contexts, older adults are increasingly using digital tools to maintain contact, access information and manage daily tasks. At the same time, digital exclusion remains a risk, particularly for those with lower education, low income, sensory impairments or limited access to devices and connectivity. Efforts to support ageing well need to address both digital inclusion and alternative non-digital pathways to services and social connection.

Finally, the chapters collectively underline the importance of tackling ageism. Negative stereotypes of older adults as dependent, resistant to change or a burden to society can undermine both policy design and individual self-perception. Research on meta-stereotypes—how older people think others see them—shows that feeling devalued or invisible can harm both mental and physical health (Fasel et al., 2021; Westerhof et al., 2023). The narratives in all five regions show older adults as active, reflective and committed to contributing to family and community. Policies and public messaging that highlight their roles as caregivers, volunteers, workers and community leaders can help shift perceptions and support more inclusive approaches.



Limitations and Future Directions

While the findings presented across the five chapters are rich and informative, several limitations must be acknowledged.

First, the studies are not nationally representative. Sampling approaches and sample sizes vary. In some regions, participants were recruited through community organisations or specific channels, which may over-represent older adults who are already engaged and under-represent those who are more isolated, in poor health or in institutional settings. The United Kingdom chapter, in particular, is based on a small qualitative sample that provides depth but cannot support generalisation.

Second, most of the data are cross-sectional. They capture perceptions and experiences at one point in time, which makes it difficult to distinguish between age effects and cohort effects or to track how perceptions and coping strategies evolve as individuals move through later life stages. Longitudinal research is needed to understand how combinations of health behaviours, financial decisions, work histories, social participation and self-management strategies influence outcomes over time. This aligns with calls in the wider literature for life-course and cohort-sensitive approaches to ageing research.

Third, although the eight domains were designed to allow comparison across sites, they may not fully capture culturally specific meanings. For example, religion and spirituality as a domain may not reflect philosophical or secular frameworks of meaning in settings where organised religion is less salient. Leisure and volunteering, defined in relatively formal terms, may overlook informal mutual aid and contributions that are embedded in family and neighbourhood life. Terms such as mastery, personality and self-management may also carry different connotations in different languages and cultural contexts.

Fourth, direct comparison across regions is complicated by differences in study design. Only Canada, China, Hong Kong and Singapore collected quantitative rankings of the eight domains. The United Kingdom chapter contributes a complementary qualitative perspective but cannot be placed within the same numerical framework. There are also differences in age ranges, gender balance and ethnic composition across samples.

Finally, the voices of some groups remain under-represented, including very old adults, older adults in long-term care institutions, those with significant cognitive impairment, those living in rural and remote areas and some minority and Indigenous populations. The experiences of older adults whose lives are shaped by multiple disadvantages such as poverty, disability, racial discrimination or long-term displacement require closer attention.

These limitations point directly to important future directions. Future research can build on the current findings by conducting longitudinal and mixed-methods studies that follow older adults over time and examine how the interplay of health, finance, work, social connections, self-management and spirituality influences trajectories of ageing. Comparative work that looks at similar cultural groups in different policy environments, such as migrants and their counterparts in countries of origin, can shed light on how structures and cultures interact.

There is also scope for intervention research that tests the effectiveness of policies and programmes recommended in the chapters, such as financial education initiatives, age-friendly neighbourhood developments, integrated health and social care models, empowerment-based health promotion and co-designed community activities. Evaluations should pay attention to equity, ensuring that interventions benefit not only relatively advantaged older adults but also those at greater risk of exclusion.

Measurement tools may also need refinement to reflect emerging realities of later life, such as the role of digital technologies, unpaid caregiving responsibilities, environmental concerns and experiences of ageism. However, comparability across countries should be preserved where possible, so that shared patterns and unique features can continue to be identified.

Most importantly, future work should continue to centre the voices of older adults themselves, not only as participants but also as advisors and partners in designing research and policy. Their insights into what matters in later life, and how to balance independence with interdependence, are critical for building societies that value and support people across the life course.





Conclusion

Across Canada, China, Hong Kong, Singapore and the United Kingdom, older adults describe ageing as a complex process that is at once personal and deeply social. Despite diverse histories, cultures and policy systems, their visions of ageing well converge on a shared core. To age well is to remain connected to family and community, to preserve as much physical and mental capacity as possible, to feel reasonably secure financially and to retain a sense of agency and purpose.

The eight domains used in this study help make these elements visible and comparable. Family and close relationships and physical and mental health consistently anchor perceptions of ageing well. Financial stability is both a priority and an ongoing concern. Friendships, personality and self-management, religion and spirituality, leisure and volunteer activities and work and career all play supporting roles that differ in emphasis across settings, but together they present an image of later life that is active, reflective and adaptive.

Older adults across all five contexts show that they are not simply recipients of care or policy. They are planners, decision makers, caregivers, volunteers, workers, neighbours and community members. They prepare for the future, adjust to change and find ways to live meaningfully even in the face of loss. These lived realities echo and extend contemporary understandings of ageing as an ongoing, contextually shaped process of adaptation, resilience and growth rather than a simple story of decline (Baltes & Baltes, 2010; Reich et al., 2020). For governments, service providers and communities, the message is clear. Supporting ageing well requires attention to both structures and stories. It calls for secure incomes, accessible health and social care, age-friendly built environments and inclusive digital and social infrastructures. It also calls for programmes and policies that respect and expand the agency of older adults, invite them into co-design and leadership and recognise the diversity of pathways through later life.

If societies can respond to these insights with creativity and commitment, ageing can be seen less as a period of inevitable decline and more as a stage of continued growth, contribution and meaning for individuals, families and communities.

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