

DEDICATION

*I would like to dedicate my thesis
to my beloved grandparents*

STATEMENT OF AUTHENTICATION

I certify that the work presented in this thesis is, to the best of my knowledge and belief, original except as acknowledged in the thesis. I hereby declare that I have not submitted this material, either in whole or part, for a degree at this or any other institution.

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Fung Kuen Koo

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Date

PREFACE

This study explores the attitudes of older Chinese people from Hong Kong who are living in Australia towards physical activity. The research was a natural outcome of my own life experience and also from working in this field. I was born in Hong Kong and lived in Shamshuipo, a district with an ageing population, for over thirty years. Over that time, I witnessed many adult neighbours change from being healthy to frail, from being physically self-sufficient to being physically dependent, from being socially active to being homebound. That made me sad, particularly because I saw these self-same changes happening to my grandparents.

I was brought up by my grandmother as my mother needed to work. Other than doing housework and looking after grandchildren, playing *mahjong*¹ with neighbours was my grandmother's favourite entertainment. When I was around 13 years old, my grandmother underwent two operations for uterine and breast cancer. She tried to treat herself and relieve pain by using traditional Chinese medicine and other alternative methods. When it became clear that these methods were not working, she became depressed and reclusive. At the final stage of her life, she isolated herself in a neighbour's vacant unit and lived like that until the day she passed away.

My grandfather was very upset by her death. He was a very independent man but he suddenly began suffering from a lung problem, which forced him into early retirement. Rather than enjoying that state, he mourned losing his earning capacity and role of decision maker in the family. He would stand in a corridor, brooding over the meaning of his life. As his granddaughter and a nurse, I became my grandfather's loyal listener. Just when he was in danger of going into a terminal decline, he began doing physical activity in a park every morning. That suddenly gave him a new lease of life. Apart from the physical benefits, the social contacts he made put him into a much more positive frame of mind. Telling me about the friends he met in the park became a new topic of animated conversation. Although he suffered increasingly from heart disease and diabetes, he nonetheless experienced a wonderful time with family and fought tenaciously for life right up to his last breath.

¹ *Mahjong* is a gambling game for four players that originated in China. The closest Western analogue is probably the card game gin rummy. Both games involve selecting or discarding units to score points by forming groups or runs of similar units (Wikipedia, 2005).

After migrating to Sydney, I worked for an old man, Mr Stephen Chan, as his private nurse for three years. He had also migrated from Hong Kong and had been in Australia for more than 20 years but had suffered from the effects of stroke for over half that time. Although he was housebound and had to use a walking stick and wheelchair, he kept his regular social activity every week and performed physical activity every morning in his bed to keep him healthy. His willing spirit made him want to live to 100 so that he could witness his grandchildren getting married and having children. However, his too weak flesh let him down and he passed away in 2002 at the age of 86. Still, I admired him greatly for his positive attitude towards life.

In contrast, several of my Chinese friends who have their aged parents living with them, report that the old people complain about the difficulties of adapting to cultural, social and environmental differences they encounter in Australia. As a result the parents are often totally reliant on their children and often tend to avoid ever leaving the house. That made me wonder if the complaints of my friends and their aged parents are the voice of many other Hong Kong Chinese in Australia. With a background in geriatric nursing, public health and health education, I became very interested in finding out what the reasons were for the contrasts between Mr Chan and my friends' older parents.

Being impatient of older Hong Kong Chinese people living in Australia is not helpful. Their particular historical and cultural experiences should be respected and each person treated as a valued individual. They have a right to voice their needs, to show their abilities, and gain recognition from this society. Failure to enjoy these rights would mean that they never experience equity and equality in Australia. Furthermore, it is unfair for older Hong Kong Chinese people to have to accept being labelled “a disadvantaged ‘big’ group” attached to them by society in Australia.

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AUTHOR'S CONTRIBUTION FROM THIS THESIS

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ABSTRACT

This study explores the health beliefs and preventive health behaviours of older Hong Kong Chinese people resident in Australia. Participation in physical activity was used as the case study. There were two frameworks used to shape the research. Because of their perceived influence on the health beliefs and practices of Hong Kong Chinese people, the traditional Chinese philosophies of Confucianism, Taoism, and Buddhism provided the philosophical framework. The Theory of Planned Behaviour provided a theoretical framework for understanding the target group's preventive health behaviour. Data was collected by means of in-depth interviews, participant observation and case study. Twenty-two informants were interviewed, their transcripts analysed, summarised and typologised, identifying six states of physical activity participation. Findings demonstrated that this target group possessed a holistic view of health, with food taking a special role in preventive care and self-treatment at times of illness. The Cantonese terms used to denote “physical activity” caused confusion among the target group. Most interpreted it as meaning deliberate planned body movement, strength-enhancing activities or exercise, although some did see it as including mundane daily activities and chores. Lack of time, no interest and laziness were reported as the main reasons for low participation in deliberate planned physical activity. Cultural, social and environmental determinants were the intrinsic and extrinsic factors influencing attitudes toward physical activity, as well as perceived social supports and perceived control over physical activity participation barriers. To a large extent, these interactive determinants of health were rooted in the three traditional Chinese philosophies mentioned above. The thesis concludes by arguing that rather than simply advocating activities designed for other populations, health promotion strategies and education need to create links to the traditions of this target group and also clarify their conception of physical activity.

ABBREVIATIONS

CSB	Chinese-speaking Background
ESB	English-speaking Background
GP	General Practitioner
HBM	Health Belief Model
HPA	Habitual Physical Activity
NESB	Non-English-speaking Background
NSW	New South Wales
OWM	Orthodox Western Medicine
PA/Ex	Physical Activity/Exercise
SCT	Social Cognitive Theory
SES	Socioeconomic Status
SMRs	Age-standardised Mortality Rates
TCM	Traditional Chinese Medicine
TPB	Theory of Planned Behaviour
TRA	Theory of Reasoned Action
TV	Television

Note: In order to avoid confusion and to promote precision, all Chinese words and terms used in this thesis have been italicised, even though some such as Tai Chi have virtually been incorporated into the English language and nowadays are not commonly italicised in English texts.

OPERATIONAL DEFINITIONS

Cantonese-speaking Medical General Practitioner

An ethnic Chinese general practitioner trained in Western medicine who speaks Cantonese.

Concept of Age

A broad meaning of being old encapsulating the Chinese philosophical view of older Chinese people, including life but not a purely cognitive explanation.

*Kung Fu,
Mahjong,
Qi,
Qi Kung,
Tao,
Taoism,
Tai Chi;
Yin/Yang,
Yum Cha*

A difficulty with citing some Chinese terms is that while they are more commonly used, in fact they are based on Mandarin phonetics or there is a discrepancy in the way they appear in roman script. However, an attempt has been made in this thesis to exclusively use Cantonese, because that is the major language of Hong Kong, although some exceptions have been made, and the terms listed in the left column are based on Mandarin phonetics or other types of romanisation. The romanisation of Cantonese terms is used for all the other Chinese terms. It will be seen that superscript numbers are attached to several Cantonese words used in the text. This is because many Cantonese words have to be spelled exactly alike in roman script, while in speech they are differentiated by tones which can make the meaning quite different. The superscript denotes the different Cantonese tones for words with different meanings but which are spelled in the same way. So for example, *yen¹* means “cause” while *yen⁴* denotes “people”.

Orthodox Western Medicine

Western medicine and technologies based on the bio-medical model.

Physical Activity

Any unplanned or planned bodily movement produced by skeletal muscles, resulting in energy expenditure. After the findings are analysed, from Chapters 5 to 7, physical activity and exercise are used interchangeably and are written as PA/Ex in order to describe what the informants viewed as the meaning of physical activity.

Traditional Chinese Medicine

All kinds of Chinese medicine and therapeutic practice.

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