

Modernization and the status of the rural elderly: continuity under conditions of rapid change in China's Tibet Autonomous Region (TAR)

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Population aging has become a major social problem in China, a nation that now has 118 million elderly aged 65 and older who comprise 9% of the total population.¹ Of these, two-thirds (78 million) live in rural settings, and their numbers and proportions are rising rapidly.² By 2050, it is estimated that China's elderly will increase to 322 million people—the size roughly of the US — and will comprise 24% of China's total population.³ Approximately 212 million of these will live in rural China, which would make China's rural elderly the world's ninth largest country by population.

China's rural elderly have not fared well in the three and a half decades since the country embarked on the socialist market economic system and transformed itself into a fast-paced industrial and urban dominated society, a process that is changing intergeneration relations to the detriment of the rural elderly.⁴ A recent World Bank study, for example, reported that during the period from 1991-2006, the percentage of rural elderly living with adult children has fallen from 70% to just 40%. Since almost none of these rural elderly have had retirement pensions, they have been much more vulnerable than their urban elderly counterparts.⁵ Another study that used four national health surveys concluded that the rural elderly: “[have] poor health; economic security for the aged population is insufficient; and resources for the aged are lacking in rural areas.”⁶

A third study conducted in 2000 in six provinces and sixty-six villages, found that the majority of the elderly continue to have to work in the fields and are struggling to produce just

¹ 2012 World Population Data Sheet, Population Reference Bureau.

² Li and Duncan, 2013.

³ Kaneda 2006: 3.

⁴ Zhang 2009: 197.

⁵ Cai, et. al., 2012: xii.

⁶ Qu et al, 2102: 181.

their basic subsistence,⁷ while a 2005 survey in 31 provinces reported that “45 percent [of the rural elderly] were not living with their children; 5 percent did not know where their next meal would come [from]; 69 percent had just one set of clothes; and 67 percent couldn’t afford medicine.”⁸ Similarly, a study based on extensive fieldwork in a village in Heilongjiang, reported worsening relationships between parents and their adult children due to changes in the younger generation’s understanding of filial piety:

unconditional filial piety which was based on the sacredness of parenthood no longer exists ...a new logic of intergenerational exchange [holds that] if the parents do not treat their children well or are otherwise not good parents, then the children have reason to reduce the scope and amount of generosity to their parents.⁹

The authors of another study contrast the views of Confucius that “the elderly not only want material support, but also emotional support and reverence,”¹⁰ with that of the younger generation, writing,

Contrarily, for the young generation, some of them think that filial piety only requires economic support. In fact many parents commit or attempt suicide not because their children fail to take material care of them, but because they do not show proper respect.¹¹

The difficult situation of many the rural elderly is further illustrated by a rural-urban difference in suicide rates among elderly aged 60-84—82.8 per 100, 000 among rural elderly versus only 16.7 per 100, 000 among urban elderly.¹²

⁷ Pang, et. al. 2004: 91-92

⁸ Zhang 2009: 201 cited from the China Daily in 2006.

⁹ Yan 2003: 177-78.

¹⁰ Confucius 1997:53.

¹¹ Wu 2011:221. See also Ikels 2004.

¹² Philips et al, 2002: 835-40. See also Hu 1995 for an analysis of mother-in-law/ daughter-in-law conflict and suicide.

The causes underlying the breakdown of the extended family and the deteriorating situation of the rural elderly are said to include rapid modernization coupled with China's urban-centered development and urban dominated market economy that have resulted in a massive outmigration of rural youth to cities to search for work and concomitantly, to increasing individualism, declining filial piety and the priority of the conjugal family, (Yan 2003, Zhang, 2009, Wu 2011). At the same time, the one-child family policy and the demographic transition to low fertility has created a new generation of small households. All of this is said to be disadvantaging rural households and worsening the social and economic situation of the rural elderly who nowadays often not only have to provide their own care in old age, but also care for their grandchildren. And they are trying to adapt in the midst of a difficult environment characterized by increasing inflation of necessities and decreasing value of their farm products.¹³

China, however, is a vast country with significant regional and ethnic differences. Broad generalizations about the "rural elderly," therefore, can also mask important internal differences regarding how the processes of modernization and development are unfolding and are affecting people in different geographic and ethnic areas. We will illustrate this issue by presenting a brief overview of the status of the elderly in Tibet based on a study of three farming villages in the Tibet Autonomous Region (TAR). Our findings show that despite the TAR being one of the poorest regions in China, the situation of the TAR's rural elderly is significantly different and more favorable than what has been reported for the Han rural areas, although for some issues the data also reveal that the Tibetan rural elderly face serious problems that parallel those faced by the rural Han elderly.

Methods and Sample

This article is based on data collected in 2006–09 as part of a collaborative research study with the Tibet Academy of Social Sciences (TASS) that focused on rural economic change, with special emphasis placed on the impact of modernization on households and intergenerational relations. Three rural villages were selected to represent a continuum from relatively wealthy to

¹³ Zhang 2009, p. 200-201.

relatively poor and from more to less impacted by development.¹⁴ Table 1 provides the basic demographic details about the three study villages.

Table 1: Fieldwork demographics, 2006

Village	Households	Population	Mean household size
Sogang	92	665	7.2
Norgyong	124	853	6.9
Betsag	93	712	7.7
Total	309	2,230	7.2

Source: Goldstein, Childs and Wangdai 2008.

Of these three villages, Sogang was the least impacted by modernization and is located in the upper (mountainous) part of a tributary river valley. Norgyong, the intermediate modernization site, is situated below Sogang at lower altitude where the tributary river enters the main Nyang chu river. It is located beside a growing county seat (Panam). A third site, Betsag, is located 10 kilometers south of Shigatse city and was included to represent a wealthy farming village that was more heavily impacted by mechanized agriculture and government development programs since the early to mid-1990s. Despite these differences, the three villages are geographically close, all within a three-hour drive of each other, and they are part of the same Tibetan sub-ethnic (Tib. *Tsang*) cultural and linguistic dialect zone.

The Elderly in Betsag, Norkyong and Sogang

Overall, there were 204 elderly individuals in the three villages, elderly status being defined as individuals aged 60 years and older. These comprise 9.1% of the total population. 35.8% of these elderly live in Betsag, 39.7% live in Norkyong and 24.5% in Sogang. 56.4% of the elderly are women and 43.6% men. In terms of age categories, 63.2% of the elderly are aged 60-69, 29% are aged 70-79, and 7.4% are 80 and older.

From the 204 elderly living in the three villages, 152 (65 men and 87 women,

¹⁴ The research was funded by the National Science Foundation (# 0527500). For discussions of development and ongoing economic transformations in these villages see Goldstein, Childs and Wangdai (2008 and 2010).

representing nearly 75 percent of all elderly residents in the three villages) were chosen to be interviewed. We could not interview everyone because some were too ill or infirm to be interviewed and some were away from the villages during our time of fieldwork. Nevertheless, we tried to interview at least one elderly person from each household that had old folks in residence and in some cases we interviewed two in one household. Among those interviewed, 36.2% were from Betsag, 38.2% from Norkyong, and 27.2% from Sogang; 65 were men (42.8% of the sample) and 87 were women (57.2% of the sample). Table 2 breaks the sample down by age category.

Table 2: Number of elderly in sample by age category in 2006

Age Category	Number	% of total
60-64	49	32.2%
65-69	43	28.3%
70-74	40	26.3%
75+	20	13.2%
Total	152	100%

The interviews with the elderly combined questions that could be quantified (e.g., How do you assess your health?) and open-ended questions that aimed to elicit opinions, attitudes, and experiences. Participant observation was utilized, as well as a series of direct measurements of health status. In addition, we interviewed primary caretakers of the elderly, defined as adult, co-resident sons, daughters, son-in-laws, or daughter-in-laws who spend most of their time in the village (n=73), as well as with people who regularly leave the village to engage in seasonal wage-labor (n=41). To collect more in-depth information, we also selected 15 “focus” households from each village that ranged from poor to rich. Some of these households were selected because they had harmonious inter-generational relations and others because they had conflicts. The elderly in the focus households were interviewed repeatedly to gain in-depth perspectives on the impacts of modernization on aging and household relations.

The marital status of the sample elderly is seen in Table 3. Altogether, 45.4% were married with their spouse alive, 41.4% were divorced or widowed, and 13.2% were never married. However, the data show very different marital patterns for male and female elderly. Fewer female elderly were living with their spouse (33% versus 61.5%), more were widowed or divorced (44.8% versus 36.9%) and many more were never married (21.8% versus 1.5%). The

disproportionate number of never-married elderly women is due to the local preference for fraternal polyandrous marriages which relegate some women to spinsterhood.¹⁵

Table 3: Age Category by Sex and Marital Status

Age Category	Males			Females		
	Spouse Alive	Widowed or Divorced	Never Married	Spouse Alive	Widowed or Divorced	Never Married
60-64	16 (72.7%)	6 (27.3%)	0 (0.0%)	13 (48.1%)	9 (33.3%)	5 (18.5%)
65-69	14 (73.7%)	5 (26.3%)	0 (0.0%)	12 (50.0%)	7 (29.2%)	5 (20.8%)
70-74	9 (50.0%)	9 (50.0%)	0 (0.0%)	2 (9.1%)	17 (77.3%)	3 (13.6%)
75+	1 (16.7%)	4 (66.7%)	1 (16.7%)	2 (14.3%)	6 (42.9%)	6 (42.9%)
Total	40 (61.5%)	24 (36.9%)	1 (1.5%)	29 (33.3%)	39 (44.8%)	19 (21.8%)

NOTE: percentages are for within age group and sex.

Given this background, let us now discuss the living situation of these elderly.¹⁶

The Status of the Tibetan Rural Elderly

The status of the elderly is a crucial aspect of any investigation of how change is affecting the elderly and their households. However, it is too limiting to conceptualize status as only, or primarily, prestige and social standing, since that ignores other important aspects such as income, authority and health which vary independent of each other. Consequently, we will utilize five of the nine categories developed by Goldstein and Beall (1981) who argued that the concept “status” should be disaggregated:

- household status (the type of household situation in which the elderly reside)
- economic status (the resources and wealth controlled by the elderly)
- authority status (power and authority exercised in the community and household)
- activity status (the work and activities actually performed by the elderly)
- social status (the degree to which the elderly are satisfied with their personal situation)

Household Status

¹⁵ For discussions of Tibetan polyandry and its corollary, a high frequency of female non-marriage, see Goldstein (1976, 1981), Ross (1984), Ben Jiao (2001), and Childs (2008 ch.3).

¹⁶ Although there are important differences regarding the situation of the elderly in the three villages, these will be examined in a separate paper. Here, the findings will be presented collectively for all three villages.

At the time of our study (2006-09), pensions were not present for farmers in rural areas in Tibet, so one of the most critical factors affecting the security and well-being of elderly was their living arrangements. This study found the situation of the elderly in rural Tibet is very different from that reported above for China as a whole. For example, in contrast to the above cited World Bank's finding that only a minority of the rural elderly live with their adult children,¹⁷ in our three study villages the integrity of the traditional corporate extended household has remained intact with 96% of the elderly living in households with at least one son, daughter, or adopted child. And unlike some areas in rural inland China where the household's land obtained at decollectivization was not retained by the household when a member died (Miller 2002), in our study villages, the land a household obtained at decollectivization, remained in the household not only when a member died, but also when household members married outside of the village. These rural households, moreover, as was seen in Table 1, were large, containing on average 7.2 individuals. Only a single couple was living separate from other household members because conflicts with a co-resident child and daughter-in-law prompted a split. Only four individuals were living alone (Table 4). Three of the four elderly living alone were in their 60s and one in her 80's. All were females who had never married.

Table 4 : Living arrangement of Elderly sample

Household Status	Number (%)
Living Alone	4 (2.6%)
Living with Spouse Only	2 (1.3%)
Living within Household	146 (96.1%)

Economic Status

Economic status, that is to say, the resources and wealth controlled by the elderly, is another of the critical factors impacting the life of rural elderly. At one level, the economic status of the elderly is a reflection of the economic situation of their households, so we asked the elderly in our sample about this. As is shown in Table 5, 12.9% of the 141 who responded said their household was upper middle in wealth, 39.7% said middle, 41.8% said lower middle and only

¹⁷ Cai, et. al., 2012: :xii.

5.7% said their household was poor. Almost all elderly, therefore, were living in households that were not impoverished according to their own self-assessment.

Table 5: Household Economic Status as assessed by the elderly¹⁸

Economic Status	Upper Middle	Middle	Lower Middle	Poor
Number (%)	18 (12.8%)	56 (39.7%)	59 (41.8%)	8 (5.7%)

However, assessing the rural elderly’s economic status in Tibet is complicated because for peasants with land, corporate extended households are still the norm as they were in the traditional era. In such families income generated by any of its members is considered to be part of a single family account that is managed by the head of the household (HHH) or *kyimdak*. Consequently, if other household members need money, they have to request it from the HHH. The elderly, therefore, even in rich households, lose control over cash once they relinquish the position of HHH. Therefore, being part of a relatively affluent household does not necessarily mean that an elderly person has what he considers to be adequate access to the household’s income. This, in fact, is a serious issue for many in our study. While almost all in our sample of elderly (86.5%) said that it was important for the elderly to have their own cash, 62% said they did not have any cash of their own. However, it should be noted that an important change occurred after our study was completed that will impact that situation positively. A new government rural pension system was begun in October 2009 on a trial basis and then quickly expanded to all rural elderly by 2012, including those in the TAR. This rural pension program initially provided all elderly 60 years or older with a pension of 55 yuan per month, and then increased the amount to 90 yuan per month in 2012.¹⁹

Authority Status

As mentioned earlier, in every Tibetan household there is an overall HHH who controls the

¹⁸ It should be noted that the elderly in our sample assumed responsibilities for their households during the commune period when wealth was stigmatized. Being conditioned by the past may help explain why no elderly reported their household as being “wealthy” even though some were, and why the vast majority (81.5%) reported being in the middle and lower middle quintiles.

¹⁹ In June 2011, a parallel pension program called the Urban Residents Social Pension Policy (URSPP) was begun for elderly urban residents without official pension schemes. (LU 2012:5)

household's wealth and decisions about farming, selling, and the allocation of the household's labor force. There is also a female HHH (nangma) who is in charge of intra-household affairs such as food stores, cooking, and domestic chores. Our data show that half of the elderly (49.2% of the males and 50% of the females) were still functioning as HHH, but the numbers holding that position declined with age. Table 6 presents HHH by age category and shows that up to age 64, 79.8% of the elderly were still HHH. The percentage decreased to 57.1% among those aged 65-69, and to only 30% among those aged 70-74. At age 75 and above nobody acted as HHH.²⁰

Table 6: Number of Elderly living as Head of Household (by age category)

Age Category	Kyimdag or Nangma	Not Kyimdag or Nangma	% Kimdag or nangma in age category
60-64	39	10	79.6%
65-69	24	18	57.1%
70-74	12	28	30.0%
75+	0	20	0%

Being the HHH is important since it is associated with control over the household's labor and cash in the case of males, and over food production and distribution in the case of females, so relinquishing that position results in less power and control within the household and renders them more dependent. As such, there is reluctance to relinquish the HHH positions, but at the same time there is pressure to do so, since the HHH's son is earning the household's essential cash income and also generally handling more modern economic activities like bank loans, e.g., for a truck or tractor or a new house.

Activity Status

Another type of dependency involves activity. Activity status assesses the ability of the elderly to do everyday tasks, as measured in gerontological research by "activities of daily living." This measure consists of seven self-care tasks that are presented in Table 7. We found that over 90%

²⁰ In some cases the elderly HHH turned over some authority to their son before they officially relinquished their power.

of the elderly interviewed were able to perform these tasks independently, with the exception of going up and down stairs, which was slightly lower (86%).

Table 7: Activities of Daily Living among the elderly sample

Functional Ability	Performs Independently	Performs with Assistance	Unable to Perform	Don't have to do
Can get in and out of bed	143 (94.1%)	9 (5.9%)	0 (0.0%)	0 (0.0%)
Can feed oneself	151 (99.3%)	1 (0.7%)	0 (0.0%)	0 (0.0%)
Can wash oneself	149 (98.0%)	2 (1.3%)	1 (0.7%)	0 (0.0%)
Can walk up/down stairs	130 (85.5%)	19 (12.5%)	3 (2.0%)	0 (0.0%)
Can walk to neighbors	139 (91.4%)	6 (3.9%)	7 (4.6%)	0 (0.0%)
Can dress oneself	148 (97.4%)	4 (2.6%)	0 (0.0%)	0 (0.0%)
Can go to toilet oneself	143 (94.1%)	9 (5.9%)	0 (0.0%)	0 (0.0%)

Another basic component of activity status concerns the ability of the elderly to do more strenuous activities such as working in the fields and carrying water from the well to their houses. As seen in Table 8, although less than 30% of the elderly could do farm work or fetch water, 71.5% responded that they can do some work with domestic animals which requires less strength and endurance.

Table 8: Work Activities among the elderly sample

Functional Ability	Performs Independently	Performs with Assistance	Unable to Perform	Don't have to do
Can do farm work	33 (22.0%)	26 (17.3%)	90 (60.0%)	1 (0.7%)
Car fetch water	36 (25.7%)	22 (15.7%)	82 (58.6%)	0 (0.0%)
Can do animal work	108 (71.5%)	21 (13.9%)	21 (13.9%)	1 (0.7%)

Differences, however, became apparent when the responses were stratified by age and sex as seen in Table 9. Only 7.1% of the women compared to 41.5% of the men were able to do farm work.²¹ Similarly, only 17.1% of women compared to 37.9% of men reported that they could carry water. On the other hand, 81.5% of men and 64% of women could still do chores associated with domesticated animals. Table 9 also shows a strong relationship between age and

²¹ Culturally, women do not plow, but they do many other types of farm work such as weeding and irrigating the fields.

functional abilities. For example, very few men (12.5%) can perform farm chores independently after reaching age 70, even though two-thirds can still work with domesticated animals.

Table 9: Work Activities by age and sex

Are you able to do farm work?					
sex	age	performs independently	performs with assistance	unable to perform	don't have to do
males	60-64	68.2%	13.6%	18.2%	0.0%
	65-69	47.4%	10.5%	42.1%	0.0%
	70+	12.5%	33.3%	54.2%	0.0%
	all males	41.5%	20.0%	38.5%	0.0%
females	60-64	19.2%	38.5%	42.3%	0.0%
	65-69	4.2%	12.5%	83.3%	0.0%
	70+	0.0%	0.0%	97.1%	2.9%
	all females	7.1%	15.3%	76.5%	1.2%
Are you able to do animal work?					
sex	age	performs independently	performs with assistance	unable to perform	don't have to do
males	60-64	95.5%	4.5%	0.0%	0.0%
	65-69	84.2%	10.5%	5.3%	0.0%
	70+	66.7%	25.0%	8.3%	0.0%
	all males	81.5%	13.8%	4.6%	0.0%
females	60-64	92.6%	7.4%	0.0%	0.0%
	65-69	73.9%	13.0%	13.0%	0.0%
	70+	36.1%	19.4%	41.7%	2.8%

	all females	64.0%	14.0%	20.9%	1.2%
Are you able to fetch water?					
sex	age	performs independently	performs with assistance	unable to perform	don't have to do
males	60-64	68.4%	5.3%	26.3%	0.0%
	65-69	23.5%	23.5%	52.9%	0.0%
	70+	22.7%	4.5%	72.7%	0.0%
	all males	37.9%	10.3%	51.7%	0.0%
females	60-64	42.3%	19.2%	38.5%	0.0%
	65-69	15.0%	35.0%	50.0%	0.0%
	70+	0.0%	11.1%	88.9%	0.0%
	all females	17.1%	19.5%	63.4%	0.0%

These work limitations illustrate the importance of living with one's children and the difficulties faced by elderly who live alone. For example, an elderly woman in our sample who was living alone could not get her own water and managed only because neighbors voluntarily brought it for her. In another case in a different area, there was a non-ambulatory crippled woman for whom the local village head (cun zhang) made a rule stipulating that each household by turns had to bring the women water and fuel (dung). Being dependent on others was a major concern of the elderly.

Health Status

Health status and health care for rural elderly throughout China is a topic of major concern. Table 10 reveals that 21.3% of the Tibetan elderly reported their health status was very good or fairly good, and another 35.3% said it was average, but, a sizable proportion, 43.3%, reported it was fairly bad or bad. In addition, there were important differences in reported health by gender. While 35.4% of the males reported their health status as very good or fairly good, only 10.6% of the

women did. Similarly, whereas 52.9% of women reported their health was fairly bad or bad, only 30.8% of men did.

Table 10: How would you evaluate your own health?

Health Assessment					
	very good	fairly good	average	fairly bad	bad
males	15.4%	20.0%	33.8%	20.0%	10.8%
females	5.9%	4.7%	36.5%	34.1%	18.8%
total	10.0%	11.3%	35.3%	28.0%	15.3%

To gain a slightly different perspective, we asked each person to assess their health in relation to others of their age. Table 11 shows that most people—especially males—felt they were at least as healthy or healthier than others their age.

Table 11: How would you rate your health compared to others your age?

Health Assessment				
	better	same	worse	can't say
males	52.3%	30.8%	16.9%	0.0%
females	18.8%	40.0%	38.8%	2.4%
total	33.3%	36.0%	29.3%	1.3%

The study also included a sub-investigation conducted by Professor Cynthia M. Beall that measured a number of health status variables with a sample of a sample of 106 people 60+ years of age and, as a control, 77 younger people aged 30–59. Health indicators were examined through a number of non-invasive measures such as lung function (pulmonary function through “forced

expiratory volume,”) blood pressure, height, weight, vision, hearing and cognitive ability.

One of the important health indicators, pulmonary lung function, was investigated through tests to assess the lung’s ability to take in and release air. The amount of air forcibly exhaled in one second is called the Forced Expiratory Volume at 1 second (FEV1) and that exhaled in six seconds is called the Forced Expiratory Volume at 6 seconds (FEV6). Their ratio (FEV1/FEV6) is an indicator of pulmonary health. Low ratios may reflect conditions that affect breathing such as chronic obstructive pulmonary disease (COPD). Men and women 60+ had lower averages than the younger control group and 57% of older men and 52% of older women reported symptoms of COPD including chronic cough, phlegm production, or breathlessness for three or more months.

Height and weight were measured to establish “body mass index” (BMI, kg/m²) and the results also suggest poor health since a substantial proportion of the older men and women weighed less than a healthy body weight relative to their height.

Blood pressure measurement, as seen in Table 12, revealed substantial hypertension and prehypertension. For example, 34% of women 60+ years of age were hypertensive (BP 140+) for systolic blood pressure and 33% were hypertensive for diastolic blood pressure (BP<80), whereas only 28% were normal for systolic and 32% for diastolic blood pressure. Men 60+ exhibited less hypertension with 29% being hypertensive for systolic and 25% for diastolic blood pressure. 43% of men were normal for systolic BP and 49% for diastolic blood pressure. Regardless of the gender difference, overall, hypertension was widespread and a major health problem.

Table 12. Proportion of men and women with normal or optimal blood pressure, prehypertension or hypertension.

Systolic BP				
sex	age	% Optimal or normal (< 120)	% Pre-hypertension (120-139)	% Hyper-tension (140+)
male	40-59	66%	31%	3%
	60+	43%	28%	29%
female	40-59	71%	19%	10%
	60+	28%	34%	38%
Diastolic BP				
sex	age	% Optimal or normal (< 80)	% Pre-hypertension (80-89)	% Hyper-tension (90+)

		normal (< 80)	(80-89)	(90+)
male	40-59	45%	41%	14%
	60+	49%	25%	26%
female	40-59	54%	25%	21%
	60+	34%	32%	33%

In summary, indicators of the functional and health status of the people 60 years of age and older showed a high proportion of individuals with poor pulmonary function, symptoms of COPD, and widespread hypertension. This is a challenge for the current health care system since the out of pocket costs of the current health insurance system makes health care seeking expensive for many elderly, particularly for more serious illnesses that require hospitalization. This challenge will increase as population aging escalates in the Tibet Autonomous Region in the coming decades.

Social Status

For the elderly, one of the most critical issues affecting their quality of life is how they are treated in their households. In our sample, the elderly generally rated their status at home positively. 60.0% said their status was high, 28.1% said it was medium, and only 11.9% said it was low (Table 13). However, as with other variables, there was a gender difference with 67.2% of the men responding their status was high compared to only 53.5% of the women. Similarly, 14.1% of the women reported their status was low, compared to 9.4% of the men. When status is broken down by age category, up to age 74 most elderly (60-68%) rated their status as high. However, from age 75 on, their status declined markedly which is most likely related to the process of passing the HHH positions to the younger generation resulting in a loss of power.

Table 13. How would you rate your status at home?

sex	age	high	medium	low
males	60-64	71.4	23.8	4.8
	65-69	68.4	15.8	15.8
	70-74	66.7	27.8	5.6

	75+	50.0	33.3	16.7
	all males	67.2	23.4	9.4
females	60-64	50.0	33.3	16.7
	65-69	55.6	38.9	5.6
	70-74	70.0	15.0	15.0
	75+	22.2	55.6	22.2
	all females	53.5	32.4	14.1
total	60-64	60.0	28.9	11.1
	65-69	62.2	27.0	10.8
	70-74	68.4	21.1	10.5
	75+	33.3	46.7	20.0
	all total	60.0	28.1	11.9

We asked several other questions to assess how the elderly perceived their status at home. Table 14 reveals that the elderly overwhelmingly felt their children and grandchildren were polite to them with only 5.2% of the sample saying that they were never or rarely polite. Similarly, the elderly reported that youth in general were also polite, with only 8.4% reporting that youth were rarely or never polite.

Table 14: Elderly Perspectives on Youth Politeness

	Are your children and grandchildren polite to you?	Are youths polite to you in public?
Never	2.6%	6.9%
Rarely	2.6%	1.5%
Sometimes	6.0%	6.9%

Most of the time	6.8%	10.7%
Always	82.1%	74.0%

Table 15 shows the responses to a similar question and again reveals that most elderly felt that their children treated them like they should according to tradition. Between 13.6 and 20.9% said they did not feel treated as they should all the time or sometimes.

Table 15. Do children treat you like they should?

sex	yes	no	sometimes
males	86.4%	11.9%	1.7%
females	79.1%	11.9%	9.0%
total	82.5%	11.9%	5.6%

While our data show that overall the situation of the elderly was relatively good as they were living in extended families that were not impoverished and thus appear more secure, and satisfied than the reports of elderly Han in rural China, there were a number of problems in our study families beneath the surface. As Wu (2010) indicated above for neidi China, the rural elderly not only want material support, but also emotional support and respect from the younger generation, and our data revealed many instances where some felt they were not receiving this. For example, when asked whether the treatment the elderly received when they were ill was the same, worse or better as compared to what the younger generation received, 44.6% said they were treated worse (Table 16). Similarly, when the elderly were asked to compare the treatment of elderly when they were young with the treatment they are receiving now, only 24.8% said the treatment was better now and 24.1% said it was worse (Table 17

Table 16: Compared to the younger generation, how are you treated by household members when you are ill?

	treated better	same treatment	treated worse

sex			
males	0.0%	51.4%	48.6%
females	1.8%	56.1%	42.1%
total	1.1%	54.3%	44.6%

Table 17: Compared to the way the elderly were treated when you were young, how are you treated nowadays?

sex	treated better	same treatment	treated worse	don't know
males	27.0%	34.9%	23.8%	14.3%
females	23.0%	28.4%	24.3%	24.3%
total	24.8%	31.4%	24.1%	19.7%

Moreover, when the elderly were asked whether they got a special place to sit at meals, a visible display of respect in Tibetan households, 27.8% said they never did. Similarly, 23.0% said they were never served food first, and 32.8% said no one ever fixed their bed for them. And in our in depth interviews, changing attitudes to filial piety can be seen indirectly from incidents that were mentioned, for example, an elderly mother who said that when she asked her daughter-in-law for a special food, she was hurt when the daughter in law gave her a lecture about how expensive everything was nowadays. Similarly, when we asked the elderly if they give advice to their son and daughter in law on household matters, many said that they did not for fear it would generate an argument and create a bad environment. Some went further to indicate that because of this they would not give advice even if they were asked. While problem situations like this are in the minority, it does suggest that changes in adherence to the traditional obligation of filial piety are underway.

Discussion

The TAR has undergone the same array of large-scale changes experienced by the rest of China, such as the replacement of communes with a socialist market economy, rapid modernization and extensive urban development. However our research reveals that the situation of the elderly in rural Tibet is clearly better than that reported for the rural elderly elsewhere in China with respect to a number of key factors such as living situation, authority, and household economics.

The most straightforward explanation for this would be that *rural* Tibet has not experienced the rapid modernization that other parts of rural China have experienced in the three and a half decades since decollectivization in 1979-81. That explanation, however, does not fit the facts. Rural Tibet, as exemplified by our study villages, has in fact undergone a dramatic parallel transformation from a local economy dominated by farm income to one where non-farm cash income predominates. As in the rest of rural China, this has come about because dependence on income from farm production became less and less efficacious so rural households had to look outside the farm and village to find work that would provide cash income. As a result, there has been an exponential growth in the number of village youth and young adults who go out of the village for part of the year to work as manual laborers, drivers, carpenters, masons and so forth. At present, every household in the three villages sends at least one person for work as a migrant laborer, with the exception of those without young adults to send or those too ill to go. Many households now send two members as migrant laborers and some even three. Labor migration in Tibetan villages is also not a new phenomenon, but has been gaining momentum since the 1990s. In 1997, 57.8% and 40.3 % of Norgyong and Sogang's households were sending at least one member to do migrant labor; by 2006 those proportions had increased to 90.2% and 90.3%.²²

The scope of rural Tibetan migrant laborers, however, is different than that of Han migrant workers because rural Tibetans are in essence limited to seeking work within the Tibet Autonomous Region since very few speak fluent Chinese. Nevertheless, even with this restriction, going for migrant labor has generated large amounts of non-farm cash income as we reported in previous papers.²³ What is significant in our rural Tibet sample, however, is that

²² Goldstein et al, 2008, p. 522

²³ For detailed analysis of this transition see Goldstein, Childs and Wangdai, 2008 and 2010.

this major transformation of the rural household economy has not destroyed the integrity of the corporate household which remains basically intact. For example, the youth who go out to earn non-farm income continue to see themselves as full members of their natal households. While the youth who are going out to earn cash income have seen their status and influence within the household increase as a result of their important economic contributions, they still relinquish their earnings to the HHH. In other words, they are not just sending back some income to help their natal households, they are participating fully in the household economy managed by their HHH.²⁴

Consequently, the presence or absence of large-scale modernization and development per se cannot adequately explain the differences between the Tibetan and Han rural elderly since these are the matrix in which change and adaptation is taking place in both areas. Rather, it is differences in the local nature of modernization and development together with significant differences with regard to a complex set of social, cultural and religious values and institutions, e.g., fraternal polyandry and the joint paternity of children, that have been interacting to maintain the efficacy and productivity of extended households and a greater adherence to the traditional moral obligation of filial piety. How these forces have evolved and interact nowadays, and how they are changing, however, is beyond the scope of this paper and will be addressed in a separate article.

²⁴ Sometimes the HHH will give some of the cash back to the worker who earned it for his personal use, e.g., buying cigarettes, etc.

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