
FERTILITY AND FAMILY PLANNING IN RURAL TIBET*

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The conflict over the political status of Tibet¹ has damaged China's relations with the West. Serious accusations have been made about human rights abuses and religious persecution. One of the most consistent of the charges has been that the Chinese government practices coercive family planning in Tibet by imposing strict birth limits and forcing women to undergo abortions and sterilizations.

A highly critical report was jointly submitted to the United Nations in 1998 by the International Committee of Lawyers for Tibet, the Women's Commission for Refugee Women and Children and the Tibetan Centre for Human Rights and Democracy. Based mainly on refugee accounts, it paints a horrific picture of repressive birth control in Tibet, including forced abortions, sterilizations and huge fines and penalties. An example of the many charges is:

The Mission interviewed a male health worker who had fled Chushul in 1997. He described policies that included the summoning of women between the ages of 15 and 49 for sterilization. He reports that in October 1994, every woman who had already had two children was summoned for sterilization (about 300), but due to lack of personnel, only 84 could be sterilized at that time. A woman who disobeyed the summons was subject to a fine. For office workers the fine was deducted from the paychecks. Farm women who could not pay lost their land.²

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¹ Tibet here refers to the Tibet Autonomous Region of the People's Republic of China, not to the ethnic Tibetan areas in Sichuan, Gansu, Qinghai and Yunnan provinces.

² International Committee of Lawyers for Tibet, Women's Commission for Refugee Women and Children and Tibetan Centre for Human Rights and Democracy, "Violence and Discrimination against Tibetan Women", 1998, p. 14.

These charges are vigorously denied by the Chinese government and Chinese researchers.³ Are such reports, then, accurate depictions of life in contemporary Tibet? Is the Chinese government really forcing Tibetans to undergo unwanted abortions and sterilizations to achieve state-set birth limits, and if not, what is the reproductive life of Tibetan villagers really like? We designed and conducted a study to fill this gap in knowledge by examining reproduction, child mortality and contraception on site among a large sample of women living in diverse areas of Tibet.

Research Methods

The data presented here were collected from November 1997 to August 2000 as part of a four-year study on the impact of China's reform policies on rural Tibet, conducted in collaboration with the Lhasa-based Tibet Academy of Social Sciences. Based on government income statistics, the authors' extensive experience and prior contacts in rural Tibet, 13 villages⁴ were selected from four rural townships (*xiang*) in three counties (*xian*) in two of Tibet's seven prefectures⁵ (see Table 1). In order to obtain a mix of cultural situations, we selected villages located in the two major sub-cultural areas of central Tibet (Ü and Tsang). Similarly, to obtain a mix of economic situations, we chose two townships (Kartse and Norgyong) that were situated near county seats and could therefore be expected to have greater educational and economic opportunities, and two located relatively far from county seats (Tsashol and Mag). Official statistics on county-level per capita income in Tibet give some indication of the range of variation represented by the research sites. Of the study's three counties, Panam ranked 17th out of Tibet's 73 counties, Lhundrup ranked 47th and Medrogungka ranked near the bottom at 66th.

Multiple research methods were utilized, including a lengthy household survey, in-depth interviews, informal interviews, focus groups, observation and local records. In addition, a separate, fertility/family-planning survey was administered to all women aged 18 or older living in these areas.⁶ Follow-up interviews were conducted in cases where the initial responses were unclear or inconsistent. All of our fellow researchers and interviewers were ethnic

³ For example, Information Office of the State Council of The People's Republic of China, *Family Planning in China* (Beijing, 1995); and Yan Hao, "Tibetan Population in China: Myths and Facts Re-examined", *Asian Ethnicity*, Vol. 1, No. 1 (March 2000).

⁴ Co-author Ben Jiao conducted independent Ph.D. dissertation research in one of these villages, so for some issues first-hand fieldwork data extends back to 1996.

⁵ Technically, there are six prefectures (in Chinese, *diqu*) and the Lhasa Municipal Region (*shi*). The latter includes a large rural area in addition to the city of Lhasa and is equivalent to a prefecture.

⁶ In addition to the 13 villages investigated in the main study, women from a 14th village in Khartse township were included in the reproductive survey.

Table 1: Breakdown of sample households by prefecture, county and rural township

	No. of households	Per cent of households
<i>Lhasa Municipal Region</i>		
Lhundrup county		
Khartse township	199	25.5
Medrogungka county		
Tsashol township	198	25.4
<i>Shigatse Prefecture</i>		
Panam county		
Mag township	185	23.7
Norgyong township	198	25.4
Total	780	100

Tibetans, and all of the interviews were conducted in Tibetan. The authors selected the research sites themselves and developed the research questions. No information was censored by the Chinese government and no provincial or local government officials accompanied the researchers while they did their fieldwork. Repeated visits were made to all the research sites and the researchers had complete freedom of movement while there. They could visit villagers whenever they wished without having to make prior arrangements. Interviewees were not subject to questioning by local officials after their interviews with us. Finally, the content and conclusions of this paper were not in any way "vetted".

The reproductive component of the study included all 1,749 women aged 15 and older in the study villages. Table 2 presents the distribution of women in the study by five-year age categories. Of these women, 51.2 per cent were married, 2.8 per cent were divorced, 8.9 per cent were widowed and 36.4 per cent were unmarried. Marriage among teenagers was rare—only 2.5 per cent of women aged 15–19 had married; whereas 40.8 per cent of women aged 20–24, 69.2 per cent of women aged 25–29 and 78.5 per cent of women aged 30–34 had married. The median age of the sample was 34 and the average household size was 7.1 people.

Table 2: Distribution of women by five-year age categories

Age category	Number	Per cent
15-18	322	18.4
20-24	180	10.3
25-29	210	12.0
30-34	182	10.4
35-39	183	10.5
40-44	124	7.1
45-49	118	6.7
50-54	111	6.3
55-59	104	5.9
60-64	81	4.6
65-66	60	3.4
70-74	45	2.6
75-79	22	1.3
80 and older	7	0.4
Total	1,749	100.0

Note: Data on the 205 women under 18 were collected indirectly from household interviews.

Tibetans traditionally practiced monogamy, polygyny and various forms of polyandry, and continue to do so. Polygyny is a marriage in which a husband has two or more wives. Polyandry is a marriage in which two or more males (usually, but not always, brothers), share a bride. Of the 1,060 ever-married women, 81.6 per cent were married monogamously, 15.8 per cent were involved in some form of polyandry and 1.9 per cent were married polygynously. The mean age at first marriage was 22.8 years (standard deviation = 3.9, with a range from 14 to 41). Consistent with this relatively late age at first marriage, the age at which the first child was born was also relatively late at 23.6 years (standard deviation = 4, with a range from 15 to 44).

Fertility

Female fertility will be an important indicator of whether family-planning programs are coercive in Tibet—high fertility will clearly be inconsistent with strict and repressive family planning. Tables 3 and 4 present fertility data collected during the detailed reproductive history interviews that were conducted with all women. Table 3 reveals that the mean number of live births for all women aged 40-44 and 44-49 was 4.6 and 5.2, respectively.

Table 3: Mean number of births and surviving children to all women aged 20-59 (by five-year age categories)

Age category	No. of women	Mean (median) no. live births	Standard deviation	Range of live births	Mean no. live births surviving	Standard deviation
20-24	180	0.5 (0)	0.8	0-3	0.5	0.7
25-29	210	1.7 (2)	1.5	0-6	1.5	1.3
30-34	182	2.7 (3)	1.8	0-7	2.4	1.6
35-39	183	3.4 (3)	2.1	0-8	3.1	1.9
40-44	124	4.6 (5)	3.0	0-14	4.0	2.5
45-49	118	5.2 (5)	3.3	0-15	4.5	2.8
50-54	111	5.9 (7)	3.4	0-13	5.3	3.2
55-59	104	5.9 (5)	3.4	0-12	5.0	3.1
Total	1,212	3.3 (3)	3.0	0-15	2.9	2.6

Note: The information reported by women over 59 years of age was incomplete and has not been included.

Table 4: Mean number of births and surviving children to currently married women aged 20-59 (by five-year age categories)

Age category	No. of women	Mean (median) no. live births	Standard deviation	Range of live births	Mean no. live births surviving	Standard deviation	Per cent of live births deceased
20-24	73	1.1 (1)	0.8	0-3	1.0	0.8	9.1
25-29	144	2.3 (2)	1.2	0-6	2.1	1.1	13.0
30-34	142	3.4 (3)	1.4	0-7	3.0	1.3	11.8
35-39	137	4.1 (4)	1.7	0-8	3.8	1.6	7.3
40-44	93	5.7 (6)	2.4	0-14	5.0	2.0	12.0
45-49	85	6.5 (6)	2.7	0-15	5.6	2.3	13.9
50-54	78	6.9 (8)	2.7	0-13	6.1	2.6	11.6
55-59	63	7.1 (7)	2.8	0-12	6.0	2.6	15.6
Total	815	4.3 (4)	2.8	0-15	3.8	2.4	11.6

Note: The information reported by women over 59 years of age was incomplete and has not been included.

However, since 33 per cent of women aged 20–59 were unmarried, the number of live births to women who were currently married is a better indicator of the level of fertility in this population. Table 4 reveals that the fertility of the women in this study was very high both before and during the post-commune period that began in Tibet in 1980. Currently married women aged 40–44, who were at the start of their reproductive period when the new era began, have averaged 5.7 births. Those aged 45–49 and 50–54 averaged 6.5 and 6.9 live births respectively. This level of fertility is comparable with the fertility of indigenous (non-contracepting) Tibetan groups living in northern Nepal: for example, Nyinba women over 43 years of age averaged 6.3 children⁷ and Limi women over 53 years of age averaged 6.7 births.⁸ This is also comparable to the fertility reported for a group of nomads living in the western part of Tibet where the average for all women aged 50–59 was 5.4 (6.8 for parous women: that is, for those women who had ever given birth).⁹

Other indices corroborate this finding of very high fertility during the post-commune period among our respondents. The crude birth rate (CBR), for example, was also relatively high.¹⁰ The study population's CBR of 23.5/1,000 in 1997 was 38 per cent higher than the 17/1,000 CBR for China as a whole¹¹ and 27 per cent higher than the 18.4 CBR for Tibet in 1997.¹² Similarly, as is typical of high-fertility populations, the age structure of this population was young, with 34.1 per cent of the population being under the age of 15.¹³ While this proportion was not among the highest in the Third World (e.g., neighbouring Nepal and Bhutan both registered 43 per cent), it was higher than the 26 per cent for China as a whole.¹⁴

The percentage of live births that were of third birth order or higher is another important indicator. If forced birth control were in place throughout rural

⁷ Nancy E. Levine, *The Nyinba: Population and Social Structure in a Polyandrous Society*. Ph.D. dissertation, Rochester University, 1977, p. 304.

⁸ Cynthia M. Beall and Melvyn C. Goldstein, "Tibetan Fraternal Polyandry: A Test of Sociobiological Theory", *American Anthropologist*, Vol. 83, No. 1 (1981), p. 8.

⁹ Melvyn C. Goldstein and Cynthia M. Beall, "China's Birth Control Policy in the Tibet Autonomous Region: Myths and Realities", *Asian Survey*, Vol. 31, No 3 (March 1991), pp. 285–303.

¹⁰ The crude birth rate is the number of live births in a population divided by the total population, and multiplied by 1,000.

¹¹ *1998 World Population Data Sheet* (Washington DC: Population Reference Bureau, 1999).

¹² Statistical Bureau of Tibet (ed.), *Xizang Tongji Nianjian 1998* (Tibet Statistical Yearbook, 1998), (Beijing: China Statistical Press, 1998).

¹³ According to the 1990 census, 36.5 per cent of Tibet's population is under the age of 15. Sun Huaiyang and Li Xiru, "The Evolution and Current Status of China's Tibet Population", *Chinese Journal of Population Science*, Vol. 8, No. 2 (1996), p. 225.

¹⁴ *1998 World Population Data Sheet*.

Tibet, there should be few or no women of child-bearing age today who have had three, four or more children, since forced abortions and sterilizations would preclude that. However, of the 131 births that occurred in 1997 to the women in our study, 45.4 per cent were of third birth order or higher, 31.5 per cent were of fourth order or higher and 20.8 per cent were fifth order or higher. Similarly, 70.1 per cent of the 1,110 parous women had given birth to three or more children, 55.9 per cent had four or more, and 41.4 per cent had given birth to five or more.

Equally indicative of the absence of birth limits since the 1980s is the fact that the fertility of local officials was high. The average number of surviving children for the 20 local village heads, many of whom were Communist Party members and some of whom were Party secretaries, was 5.1 children. Of these 20 officials, 70 per cent had four or more children and 60 per cent had five or more.

These fertility data are inconsistent with the presence of forced birth control in the 14 villages in three counties that we studied, and therefore suggest there is no general program of forced birth control in rural Tibet.

Mortality

Child mortality is an important dimension of family-planning research, since reductions in child mortality are often followed some years later by voluntary decreases in birth rates. As could be expected in a remote area such as Tibet, most of the deaths of children born to women in the study occurred before the age of six. Of the 637 children who had died, 57.7 per cent died in infancy (less than one year old) and 21.8 per cent in early childhood (1–5 years of age). However, on the whole, despite limited access to modern medicines and maternal/child health facilities,¹⁵ women did not report high infant and child mortality. For example, 65.2 per cent of parous women had no children die, 21.2 per cent had one child die, and only 13.6 per cent had two or more children die.

Table 4 presents the average number of births and surviving children to currently married women aged 20–59. The mortality among children ranged from 7.3 per cent to 15.6 per cent, and the average was 11.6 per cent. In other words, 88.4 per cent of the children born to currently married women aged 20–59 survived. For all women in our study, the percentage of children who died was 12.9 per cent. These results are similar to those of a recent survey of 1,499 Tibetan women that reported a figure of 13.2 per cent.¹⁶

¹⁵ An important exception to this is a vaccination program, which has been implemented widely. Chinese sources report that since 1986 about 85 per cent of Tibetan children have received inoculations against childhood diseases such as polio, diphtheria, pertussis, tetanus and measles (Xinhua News Broadcast, "White Paper on Tibet", 24 February 1998, translated in FBIS Document No. FTS19980224001061). All of the groups we studied had received vaccinations.

¹⁶ Nancy S. Harris, P. B. Crawford, Yeshe Yangzom, Lobsang Pinzo, Palden Gyaltzen and Mark Hudes, "Nutritional and Health Status of Tibetan Children Living at High Altitudes", *New England Journal of Medicine*, Vol. 344, No. 5 (February 2001), pp. 341–7.

This level of mortality is moderate to low in comparison with indigenous Tibetan populations in northern Nepal who also lack modern health care: for example, in Limi as of 1976, on average 43 per cent of the children born to women in the study had died.¹⁷ Similar findings were reported for the Nyinba of northwest Nepal, where 54.3 per cent of all such children had died.¹⁸ Fieldwork conducted in a relatively poor pastoral nomadic population in western Tibet between 1986 and 1988 also revealed a higher rate of mortality, at 26 per cent.¹⁹

These data suggest that the populations investigated in this study have experienced a marked decrease in mortality—but not fertility—as compared with traditional Tibetan societies in Nepal and presumably Tibet in the pre-1959 era. However, relative to other groups in China, the 12.9 per cent mortality rate among the offspring of all women in our sample is high. For example, Chinese statistics for 1990 indicate that child mortality rates for the Han Chinese, Koreans, Mongols and Hui were only 2.6 per cent, 5.5 per cent, 6.8 per cent and 8.6 per cent, respectively.²⁰

This combination of high fertility and moderate mortality rates means that women of all ages in our sample had many surviving children. For example, Table 4 shows that the mean number of live births to currently married women aged 20–59 is 4.3, and the mean number of surviving children to these same women is 3.8. Married women aged 40–44, 45–49, 50–54 and 55–59 had, respectively, 5, 5.6, 6.1 and 6.0 children still alive. The data therefore reveal that married women have far more surviving children than the 2.1 needed for couples to replace themselves in the next generation.

¹⁷ Beall and Goldstein, "Tibetan Fraternal Polyandry", p. 8. These high rates were constant throughout the age cycle: 49 per cent for women aged 25–29, 45 per cent for those aged 30–34, 39 per cent for those aged 35–39, 43 per cent for those aged 40–44 and 43 per cent for those aged 45 and older.

¹⁸ Levine, *The Nyinba*, p. 304. Traditional Tibetan groups in Nepal also had much higher *infant* mortality rates. For example, a recent study of two ethnic Tibetan villages in northern Nepal found infant mortality rates of 23 per cent and 21 per cent. Geoff H. Childs, *A Cultural and Historical Analysis of Demographic Trends and Family Management Strategies among the Tibetans on Nubri, Nepal*, Ph.D. Dissertation, Indiana University, 1998. By contrast, our own study population reported an infant mortality rate of only 7.4 per cent (N = 4,945 births). Overall, though, China's infant mortality rate of 3.1 per cent is less than half that of our study population.

¹⁹ Goldstein and Beall, "China's Birth Control", pp. 297–8. Like the villagers in this study, these nomads were being vaccinated.

²⁰ Tianlu Zhang and Mei Zhang, "The Present Population of the Tibetan Nationality in China", *Social Sciences in China*, No. 15 (Spring 1994), p. 57. This paper also reports that 17.4 per cent of children born to Tibetan women aged 15–64 had died. This is higher than we found. Data also derives from Jianhua Shi and Shuzhang Yang, "Fertility Status in the Tibet Autonomous Region", in National Population Census Office under the State Council and the Population Census Office of the Tibet Autonomous Region (eds), *Tibetan Population in China Today* (Beijing, 1992), pp. 266–82.

It should also be noted that we found no evidence of higher female than male infant mortality (unlike the case in inland China). Of the 366 infants in our study who died, 33 per cent were female and 55 per cent were male (12 per cent were unidentified by sex). As a result, the study population's sex ratio favoured females slightly (2,805 to 2,778).²¹ Similarly, 36 per cent of the deaths among all of the children in our study were female and 52 per cent were male (12 per cent were unidentified by sex).

Family-Planning Programs

Although minority peoples in China are generally permitted to reproduce at higher levels than the Han Chinese, family-planning programs do exist in Tibet and are becoming an important component of rural society.

In the mid-1970s, when family planning was introduced in Tibet, the targets were Han Chinese couples (mostly cadres) and Han Chinese married to Tibetans. The guidelines allowed these couples two children, but these limits were not strictly enforced.²² Tibetans at that time had no limits, the policy calling only for education and anti-natalist propaganda:

First propagandize and then implement; first [carry out the family planning policy] for Chinese [who live in Tibet] and then minority nationalities; first for cities and towns and then for agricultural and nomad areas; [the policy will be] strict for Chinese but loose for minority nationalities.²³

In 1983 a family-planning policy was explicitly applied for the first time to Tibetans. The new rules stipulated that urban Tibetan cadres and workers in government enterprises should have only two children and that fines and penalties would be imposed if couples exceeded this limit. One Tibetan urban cadre whom we interviewed recalls how this policy was implemented at his Lhasa office:

When I graduated from the Central Nationalities Institute in mid-1986, the family planning policy had already begun at my office ... At that time we were told that Tibetans were encouraged to have one child, but that it was all right to have two children so long as we spaced births three years apart. We were also told that if a couple exceeded the two-child limit, the extra child would not receive either a residence card or health-care benefits and would later have a hard time going to school and getting a job in the government sector. In addition, the couple would be fined and would not get salary rises for a certain period. On the other hand, if a couple was willing to sign a one-child certificate, the mother would get a one-year

²¹ The sex ratio for the population of Tibet, according to the 1990 census, was 97.4 males for every 100 females (Sun and Li, "The Evolution", p. 225).

²² Tanzin Zhang and Xiangming Zhang, *Dangdai Zhongguo de xizang* (Contemporary China's Tibet), (Beijing: Dangdai Zhongguo Chubanshe, 1991), pp. 494-7.

²³ Ibid.

post-partum recuperation vacation with full salary [normally a woman received only six months rest with full salary], and the child would receive preferences in terms of going to school, getting a job in the government, and being assigned a job near the parents. In reality, however, my office did not implement these rules strictly, and workers were not penalized if they had three children [i.e., if they exceeded the limit by one]. Consequently, since the time I joined the office only two workers have had their salary reduced, in both cases after they had their fourth child. Their salary reductions were 17 yuan per month [roughly 1 per cent] for a period of three years. Their children, however, were not penalized. They received their residence cards and were able to go to school normally.

This account highlights the difficulty of trying to analyse family planning by studying government regulations. At all levels (prefecture, county, rural township, work unit, etc.) there is considerable flexibility regarding how to implement regulations, or whether to do so at all. In the above case, for example, the new regulations were enforced but the rule was changed by the work unit to begin only *after* the third child.

In 1984 birth limits were extended to rural Tibet for the first time, when it was announced that Tibetan farmers and herders in central Tibet should only have three children (no limits were placed on those in border areas).²⁴ However, here again there was a disjunction between the formal regulations and the reality. Informal discussions with many villagers revealed that birth limits were not being enforced.²⁵

Beginning in the early 1990s, however, the Lhasa government ordered greater emphasis on family planning in rural areas. The new campaign to expand the scope of family planning took place at the same time that Tibet began a program to alleviate poverty by 2000, and in part was linked to it. The reason for the increased emphasis on rural areas was articulated clearly in an official document on family planning released a few years later in 1996. It stipulated that:

in poor areas it is a common situation that "the more poor someone is, the higher the number of births, and the higher the number of births, the more poor" ... In 1990, when the fourth population census was carried out, the whole Region had a population of 2,196,000. This had increased to 2,389,000 people in 1995. At this rate of increase, the population will increase by 250,000 before the end of this century. This will exert new pressure on the backward Tibetan economy. If we do not pay attention to the matter of population and do not carry out family planning and do not speed up taking steps to increase population quality, it will definitely

²⁴ Ibid.

²⁵ Although some local cadres and Chinese journalists publicly stated in the mid-1980s that 80 per cent of Tibetan farmers and herders were starting to adhere to the family planning policy, a leading Chinese sociologist examined these assertions and concluded that these were based on exaggerations made by local cadres seeking to impress their superiors. Ma Rong, *Xizang de renkou yu shehui* (Population and Society in Tibet), (Beijing: Tongxin Publishing House, 1996).

affect the goal of achieving progress and prosperity for the Tibetan nationality ... From the early 1980s to the present our region has put the priority of family planning on cities and towns. At present, among people there the concept of giving birth has radically changed, and the birth rate is close to the national rate. Family planning work has basically been on the correct path. However, the population in cities and towns is only 12 per cent of the whole region's population ... The key ... is to rationally adjust and control the increasing speed in the agricultural and pastoral population's growth ... Therefore, together with stabilizing family planning work in cities and towns we must promptly turn the priority of our work to the agricultural and pastoral areas and actively and safely implement family planning work in those areas.²⁶

The new campaign retained the previous 1983 limit of three births per woman for rural areas and extended the two-child birth limit to all Tibetans in the urban sector as well as to rural township-level officials. It called for greater efforts to persuade women to use birth control. For the first time coercion was used in rural areas in the form of disincentive programs—fines and penalties for the households of women who exceed the three-child birth limits. Lhundrup county, for example, announced that households who have a fourth child would be fined 150 yuan and any welfare benefits would be removed for two years. For a fifth child, the fine was set at 250 yuan and, if the household was on welfare, it would lose benefits for four years.

However, individual prefectures and counties were given considerable autonomy in deciding how to proceed. Many factors, such as the distance from a county seat, the availability of medical facilities at county hospitals and the enthusiasm of county and rural township leaders, influenced how the campaign has been implemented. Thus, although family-planning activities increased in both Khartse township in Lhundrup county and Mag township in Panam county, Panam county opted to replace the three-child birth limit with a rule allowing women from rich families to have four children, middle-income families three children, and poor families two children. And whereas Lhundrup county started the new campaign in 1993, Panam county began it only in 1995. More significant is the divergence in the use of economic disincentives and penalties. In rural Khartse township, for example, local officials decided to replace the 150–250 yuan fine with one of only 55 yuan regardless of how far over the limit a birth was. Similarly, township officials decided not to withdraw welfare benefits, and poor households who exceeded the birth limit continued to receive welfare. Even more striking, *no-one had ever been fined* in the three other rural townships in our study.

The message of the new campaign was a continuation of past themes, in that it emphasized both the health and economic advantages of smaller families. The new campaign not only increased publicity about contraception and birth control, but made more effective contraceptive methods such as the IUD (interuterine

²⁶ Document No. 5, Party Committee of Tibet, 1996.

device) and sterilization (tubal ligation) more readily available to villagers. County governments started to bring contraception to the villagers by occasionally organizing travelling medical teams to provide the more complicated contraceptive operations at rural township centres. Women previously had to travel to cities such as Lhasa and Shigatse.²⁷

There are no strong cultural impediments to the use of contraception in rural Tibet from either an ethical or religious perspective. The exception is abortion, which is considered the taking of life and is strongly disapproved of.

Two examples, one from Ngamring county, where Goldstein and Beall are conducting longitudinal research with nomads, and the other from our research in Panam county, illustrate how the campaign worked. In 1992, as part of Ngamring county's plan to spread family planning, a local rural township government decided to improve access to sterilization operations by organizing a truck to take nomad women to the county hospital (a day's drive). The township focused on very poor women, women in their thirties and forties with many children, and especially very poor women with many children. One 27-year-old "welfare" mother with three children whom the researchers knew well was urged by local officials to undergo sterilization for both economic and health reasons. The officials argued that continuing to have children when her household could not provide them with food and decent clothing was bad for the parents, the existing children and the unborn child. The woman and her husband agreed, but were very apprehensive about the operation because they feared what would happen to the family if the woman became unable to work as a result of complications. Ultimately, after several rounds of urging by the local Party secretary, a respected local nomad, she agreed, although she could have refused as did some other poor women. However, when the doctor examined her at the county hospital it was decided that her health was too poor to undertake a sterilization procedure, so in the end she was sent home with a supply of pills, and later fell pregnant again.

A similar experience occurred when a mobile family-planning team headed by a female Chinese gynecologist travelled through Panam county in May 1996. Interviews at our research site in Mag township revealed that before the team arrived, the local Women's Federation member visited all 14 non-contracepting married women who had three or more children to educate them about the advantages of controlling their births and to encourage them to be sterilized when the team arrived. Eight of the 14 went for operations and, of these, one was refused by the doctor because of poor health and sent home with contraceptive pills.

In both these cases, local officials exerted pressure but did not use the threat of penalties to force compliance. However, for poor women on welfare, one can easily visualize how persuasion could become coercion. And although it is sometimes difficult to pinpoint when this line is crossed, the shift is very clear in Lhundrup county where a new regulation explicitly threatens to cut off welfare

²⁷ Panam county's People's Hospital, for example, was not able to perform sterilization operations until 1995.

benefits to women who are not sterilized after having three children. Even so, in the areas we studied in Lhundrup, welfare had not been stopped, and interviews and discussions with officials and villagers revealed no examples of forced contraception in either our large sample or in the nomad area we studied in western Tibet. If there are such examples, the data in this study suggest they are exceptions to the rule.

All of the counties in our study used a birth-quota system whereby a target number of births was passed from the authorities in Lhasa to the prefecture and then to the counties and rural townships. For example, in 1996 Mag township was given a quota of 14 births per 1,000 people (1.4 per cent), which meant that 63 births were allowed for the population of 4,467. In turn, Mag township informed one of its villages it could have nine births (based on its population of 674). Financial rewards were given to the township leaders for meeting targets, and in theory penalties were imposed if targets were not met, although no-one could recall an instance of a penalty being levied.

The new family-planning campaign has led one county in our sample to expand the system of township birth targets by calculating specific birth limits for individual women. In 1996 Panam county introduced a lottery to apportion quotas to women in each village. Married women with fewer children than the limit were eligible to be in the lottery.²⁸ However, if women who had already reached or exceeded the birth limit became pregnant, they were not stopped from giving birth despite the elaborate system of targets. If their inclusion pushed the village over its birth allocation, officials explained that they could deal with it in several ways. One was to “borrow” on paper unused allocated births from other villages in the township. If the entire township’s allocation of births had been exceeded, officials indicated that they could “borrow” unused birth allocations from other townships so that targets would be met. Alternatively, officials could doctor the statistics to appear to comply with the target, or simply exceed the target quota and not receive a reward that year for family planning.

In reality, therefore, this elaborate system was a façade. Even in areas where births were calculated down to the level of individual women, all who were pregnant were able to give birth regardless of how many children they already had. No formal or informal discussions with villagers about family planning, birth limits or local problems revealed even a hint of forced abortions, despite open complaints about many other aspects of rural life and government rules. Similarly, when women were asked in the reproductive survey about what

²⁸ All such women were automatically part of the lottery whether or not they were pregnant and there was no system of individual women having to secure permission to get pregnant. In cases where a pregnant married woman did not win one of the birth permits, the permit of a non-pregnant woman would be transferred on paper to the pregnant woman. In 1996, for example, 10 married women in one village were eligible for an additional child in the sense that they had less than the established birth limit. The village itself was allowed to have nine births, but ended up with four unused “allocated” births since only five of the eligible women were actually pregnant.

happens when someone gets pregnant with a child who would be above the limit, not one said that they would have to undergo an abortion or be sterilized.

The policy of family-planning targets and fines, therefore, was not fully operative. Given the discretion local areas had over family planning, many were still not fining women for excess births, and in those areas that were, the level of fines was too low to act as a serious deterrent. A fine of 55 yuan or even 150 yuan, for example, will not motivate women to cease reproducing if they or their families see it in their interests to do so. It is not surprising, therefore, to find that local records from one rural township in Lhundrup county revealed that 50 per cent of the women fined in 1996–97 had already been fined at least once since 1993.

In other words, while Tibetan government's campaign has increased family planning in rural areas, it is not being strictly enforced by Chinese standards. Moreover, it has been handicapped by a shortage of funds and personnel. The government has been unwilling (or unable) to provide contraceptive devices and procedures either for free or at a nominal price. We found that only pills were given to women without cost, but one of the most popular methods, female sterilization, was relatively expensive: in the summer of 2000, this procedure cost about 90 yuan in Panam county. This was almost twice the cost of a fine for an additional child in Lhundrup.

An unexpected finding in this regard is the interest of rural women and their families in using family planning. The new family-planning campaign has met with considerable voluntary acceptance by rural women and their families.

Contraceptive Use

In our survey, 92 per cent of all village women aged 30–44 knew of at least one method of contraception and 76.1 per cent knew of four or more methods ($n = 489$). Among the currently married women, 81.4 per cent ($n = 372$) of those aged 30–44 knew of four or more methods. This knowledge was being put to use. Of the 515 currently married women aged 25–44, 52.6 per cent reported they were using contraception, as were 58.1 per cent of the currently married women aged 30–44.

The most common method used by women aged 25–49 was the IUD (34 per cent), followed by sterilization (tubal ligation) (31 per cent), norplant (19 per cent), pills (13 per cent) and injections (3 per cent). In addition to these methods, abortion was also available in urban hospitals, but it was not recommended by officials as a method of contraception, and villagers say it is used only rarely as a last resort by young women who get pregnant out of wedlock and do not want to marry the father or have an illegitimate child. The high use of IUDs and sterilizations reflects the belief that these are less likely to have side effects that would interfere with work and are the best safeguard against an unwanted pregnancy since they do not require repetitive use of contraceptives.

As expected, the most likely potential acceptors of contraception were women who had already borne many children: 52 per cent of currently married women began using contraception only after they had four or more children. The type of contraceptive also varied with age. Older women were using more

effective and permanent invasive methods. Only 16.7 per cent of contracepting women aged 20–24 used sterilization or IUDs, while 65.3 per cent of women aged 30–34 did.

Consequently, a somewhat paradoxical situation exists in Tibet, where both high fertility and the relatively high use of modern contraceptive methods coexist in rural areas. In part, this is explained by the relatively short time that intensive family planning has been operative—roughly 5–7 years. For example, 77.7 per cent of the women had begun using family planning only since 1993. And of those who started using family planning at that time, 47.2 per cent had four or more children when they began. Similarly, local records from Khartse township, where the new campaign started in 1993, revealed that while only five women had been sterilized between 1988 and 1992, 22 underwent such operations in the four years between 1993 and 1996.

A key question, therefore, is whether attitudes toward family size and the cost and value of children are changing in rural Tibet. Does the high prevalence of contracepting women reflect simply the initial success of a family planning program that is fulfilling an unmet need among women with many children, or are attitudes changing in favour of fewer children?

Women's attitudes toward the number of children desired are important in any examination of fertility and family planning. When women were asked what their ideal number of children would be, the average was 3.4 ($n = 1,174$), with only 35.5 per cent answering four or more children. That is relatively low given that currently married women aged 45–49 actually gave birth to an average of 6.5 children. However, further questions revealed that women drew an important distinction based on income, observing that the ideal for a woman from a prosperous household was 5.7 children, for a middle-income woman it was 4.0 children, and for poor households only 2.5 children. Rural Tibetans desired many children but saw a link between the economic status of households and the feasible number of children: the richer the household the more children it could afford to have.

In one village in Panam county, a woman with three children had been sterilized by a family-planning team in 1995 because, as her husband explained, the family had little land and were not earning any income outside the village. The husband added that if he had been able to find other work, he would have preferred to have had six children. In the same village, a 33-year-old woman with four surviving children said she recently started using an IUD because she had many children and very little land. She said that she and her husband had made the decision themselves. When asked why some households say they want five or six children and others only three or four, her father-in-law replied: "It depends on the amount of land and animals. Those who want more children have more fields and animals". Similarly, a 37-year-old married woman with two children (a son and daughter) explained that she had been sterilized because the four of them held only one person's share of land and were very poor. They felt they could not afford more children. Such comments were typical and revealed an explicit assessment of the cost and value of having children. The final example is that of a 24-year-old woman from the village who was sterilized in 1999 although she

only had one child. Sterilizing a young woman with only one child is extremely unusual, but this was the junior wife in a sororal polygynandrous household (in which four brothers took two sisters as wives), and the elder wife, her sister, had already borne five surviving children. Consequently, it was decided that the *household as a whole* could not afford any more children.

Decollectivization and the Cost of Children

In the early and mid-1980s, rural communes and state farms in Tibet were dissolved and the "household responsibility system" was introduced. Land was generally divided equally among all the members of the commune on a one-time basis.²⁹ A child born the day after land division received no land share and a household that had a share-holding member who died the day after division did not lose that share. The household, as in the pre-commune era, again controlled its own production and marketing. However, as in the rest of China, households only had the right to use, not own, the land, and its sale was not permitted.

In the years since decollectivization, high fertility, moderate to low mortality and low contraceptive use has generated substantial population growth in rural Tibet. Local statistics indicated that the population of Mag township increased by 28 per cent from 1980 to 1995. Khartse township experienced a 10.6 per cent increase in population in the shorter period of 1989 to 1998.

Table 5: Per capita landholdings at Lhundrup, Medrogungka and Panam county research sites, 1997-98

	At decollectivization		At 1997-98		Per cent decline
	Households	Mu per capita	Households	Mu per capita	
Lhundrup county	165	5.0	199	4.3	14.5
Medrogungka county	171	2.6	198	2.1	21.1
Panam county	340	2.9	383	2.2	25.5
Total	676	3.3	780	2.7	19.9

Source: Compiled from survey interviews.

One consequence, as Table 5 reveals, is that the per capita landholdings of rural Tibetans in our study decreased by 19.9 per cent (with a range from 14.5 per

²⁹ The former state farm site in our study (Khartse township) was an exception to this norm, as it gave non-workers a share that was only 77 per cent as large as that of workers.

cent to 25.5 per cent). This decline was actually higher since as much as 5 per cent of the arable land was reported to have been lost to new housing sites. This decrease is likely to continue because children born after land division are now starting to come of age, marry and establish their own households. At current fertility and mortality rates, they will reproduce at far higher than replacement level. However, there is virtually no extra land to lease, as very few Tibetan villagers have permanently migrated to urban areas. Yields, moreover, are not increasing substantially despite the government's mandated high use of chemical fertilizers. Only 19 per cent of the households reported that their yields were considerably higher than during the collective era. The majority, 55.9 per cent, said yields were a little higher and 18.8 per cent said they were the same or less.

At the same time, the cost of living in rural areas has increased because prices of manufactured goods, foodstuffs and farm inputs such as fertilizers have risen. For example, the cost of deep-dressing fertilizer rose by 107 per cent between 1988 and 2000, and the prices of sugar, tea, cooking oil and rice increased, respectively, by 133 per cent, 188 per cent, 336 per cent and 400 per cent between 1984 and 2000. By contrast, the price farmers received for their barley over the period 1985–98 increased by only 56 per cent.³⁰ As the government phases out subsidies for social services, extra taxes and fees are also being imposed locally: fees related to schooling, village heads' salaries and health-care insurance have been introduced. Because of a number of factors such as the freedom of farmers to work their own land and the elimination of state taxes, 94 per cent of households said that their livelihood had improved. However, parents have still felt increasing pressure to plan carefully for their household's and children's future. A village-level Women's Federation official highlighted the perceived connection between economics and family size when she explained: "During the commune era, no matter how many children a family had, food was provided by the production team. Therefore, at that time not many families used birth control".

Farmers in rural Tibet are dealing with these changes in a number of ways. Arable land is the key resource in a household's control and it is not surprising that the traditional Tibetan value of maintaining a family's land intact across generations is still strongly valued. A critical juncture for most families occurs when their sons and daughters marry.

Children who leave the village as brides or grooms normally do not get any land. For example, in one village that we studied, 41 of 51 women who had married since decollectivization had married into families in other villages. Similarly, 86 per cent of the males who married out went to families in other villages. These out-marrying males and females received no land at all, even though 37.8 per cent of them lived within easy walking distance of their natal

³⁰ Local records and an unpublished manuscript titled *Xizang wu jia zhi* (Tibet Merchandise Price History).

village.³¹ Children who remarried within their village may receive a share of the household's property, although usually not an equal share. In one village in our study, only five of the twelve females and males who married within their village received land, and in each of these cases they received less than a full person's share. In the 10 cases of family partition since decollectivization in one village, the new household received on average 41 per cent less land per capita than the main household.

In addition to trying to conserve land across generations through inheritance restrictions, marrying one's sons in a fraternal polyandry union was another strategy employed in some areas, since it minimized the likelihood that sons will divide the family's property and concentrated male labour within the family.³² Putting a son in a monastery is another way of taking care of a son without having to give him land, although this is not necessarily the main reason why parents make sons monks.

Farm families are also increasingly resorting to seeking non-farm wage labour to generate supplementary income. Many people go off to towns and cities in search of work for three or four months a year, usually between the planting and harvest seasons. In 1997–98, for example, 48.8 per cent of the households had at least one member working in the non-farm sector. A total of 27.2 per cent those aged 20–34 and 44 per cent of all males in that age group were involved in some form of non-farm work. Among the off-farm workers, 52 per cent were engaged in manual labour, 26 per cent in skilled craft work, 18 per cent in business, 4 per cent in government jobs and 1 per cent in ritual work.

However, rural Tibetans have to compete with the tens of thousands of Han and Hui migrant labourers who have come to Tibet seeking work. Two of the most consistent complaints we heard from Tibetan villagers were about the hard times they faced competing for jobs with the Han Chinese, and the relatively low wages they received when they found work. The median annual income from non-farm work for households with at least one member engaged in such work was only 1,280 yuan, and there have been only a few cases where a villager has done well enough in an urban area to set up a household there.

Many villagers, therefore, are deciding that the cost of rearing large families is too high, and our research suggests that this calculus is what underlies the relatively high use of contraception. For many families, limiting the number of children in their households has become yet another strategy to address their problems.

³¹ These children did, however, receive varying amounts of grain, clothing, and so on.

³² For a concise discussion of the logic of Tibetan polyandry see Melvyn C. Goldstein, "When Brothers Take a Wife", *Natural History*, March 1987. See also Ben Jiao, *Socio-Economic and Cultural Factors Underlying the Contemporary Revival of Fraternal Polyandry in Tibet*, Ph.D. Dissertation, Case Western Reserve University, 2001.

Conclusion

The new emphasis on family planning in Tibet began in the early to mid-1990s at a time when villagers were becoming increasingly worried about declining land per capita, children reaching a marriageable age, and the increasing costs of production and subsistence. The cost of large families was highlighted by the way land division was implemented and the manner in which the migrant labour market has developed in Tibet. Without enough land to provide grown children (especially sons) with an adequate stake at marriage, and without any way to buy, lease or open up new land, having many children became problematic. Households started using a number of traditional strategies such as limiting inheritance and marrying polyandrously so as to avoid dividing land into ever smaller plots. Many families decided to limit the number of children in their households, resulting in a surprisingly rapid voluntary adoption of birth control methods since the early to mid-1990s.

However, it is hard to assess whether this increasing acceptance of family planning will lead young rural women to limit their fertility to three, let alone two, births. Our interviews revealed clearly that women think that having many children is good if a household is prosperous, and virtually all want at least three or four children unless the household is very poor. On the other hand, there is some evidence of a desire among younger women for fewer children. For example, whereas women aged 18–19 and 20–29 reported that 2.9 children was ideal, women aged 30–39, 40–49 and 50–59 on average desired 3.3, 3.8 and 4.0 children, respectively.

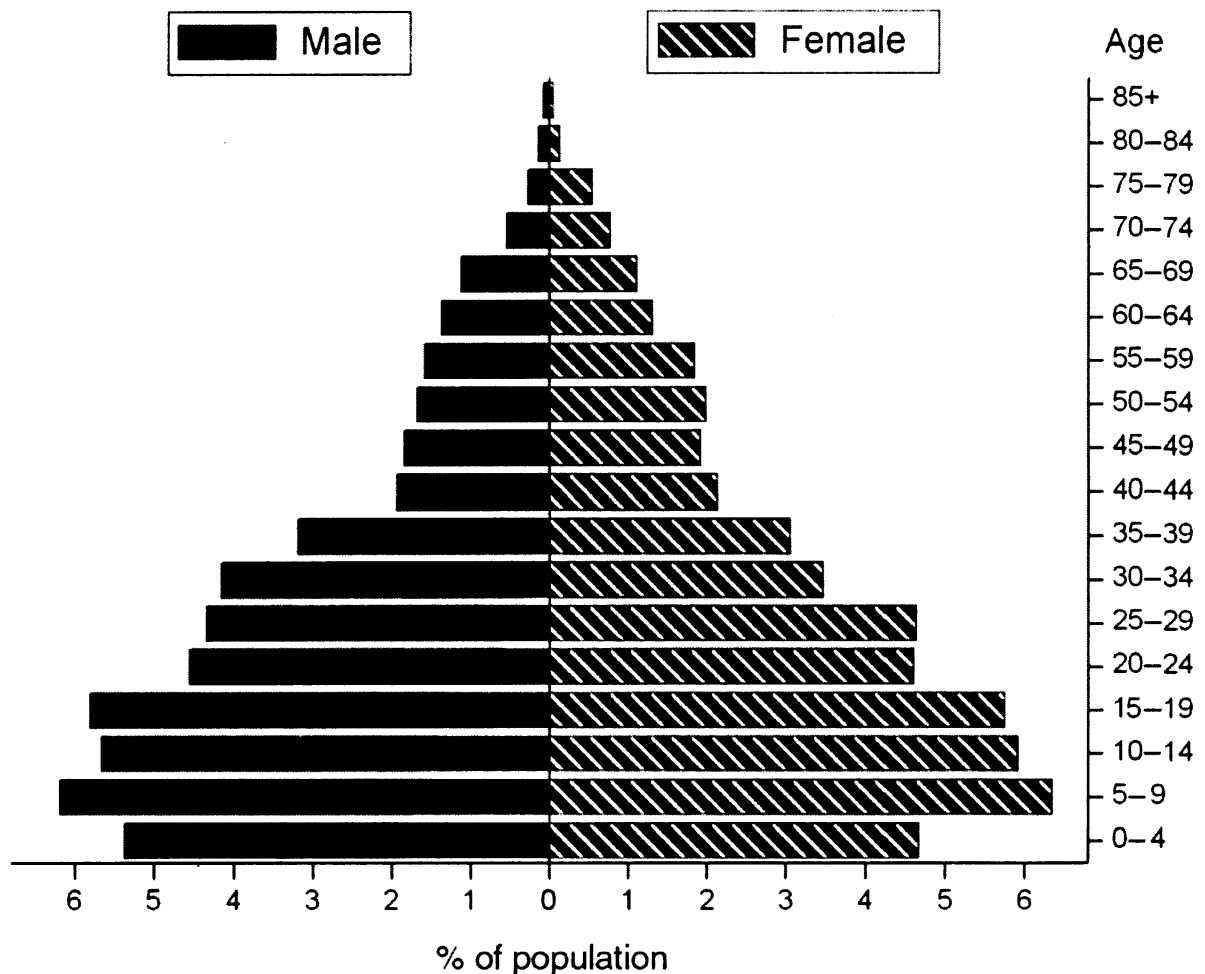
When we asked currently *non*-contracepting women whether they were planning to use family planning in the future, only 34.6 per cent said they were. Young women appeared the most willing: 75 per cent of women with one child who were aged 20–29, and 47.6 per cent of those aged 30–39, said they will use family planning in the future. Among women with three children, 91.2 per cent of those aged 20–29 and 63.9 per cent of those aged 30–39 said they will use family planning in the future. The reasons they gave for this were mainly economic: that too many children would bring hardship to the household, that their household did not have enough land or that they wanted to get rich and fewer children will facilitate this. Another reason is also probably pertinent here. There has been evidence from elsewhere in the world that when the child mortality rate drops markedly, this is followed some years later by a voluntary decline in the birth rate as young couples come to realize that almost all of their children will survive to adulthood.

The marked contraction in the proportion of children aged 0–4 years in the age pyramid in Figure 1 suggests that a shift to lower fertility may already be in progress. However, it is also clear that if young women continue to reproduce in conformity to the age-specific fertility rates of all women in 1997, they will end up averaging 3.6 children when their reproductive years are finished.³³ Thus, to

³³ This measure is called the total fertility rate in the demographic literature.

lower Tibet's rural fertility rate further, young women will need to use birth-control methods more extensively and effectively in the coming years than older women have before them.

Figure 1



There was no evidence in any of the sites we studied that Lhasa is applying a two-child birth rule in rural Tibet in line with the rest of China. Although a recent Tibet Information Network report stated this policy is in place, when Ngamring county, which was cited in the report, was visited, no such rule was evident.³⁴ The Ngamring county government had made a strong effort to increase the use of family planning in the 1990s, but in the summer of 2000 (after the report appeared) no local nomads or officials in the areas we studied had heard anything about a two-child limit, nor had any of the officials we spoke with at the Ngamring county seat. And finally, no fines had been imposed for fourth and higher births. It is not inconceivable that China will at some point attempt to implement a two-child limit in rural Tibet, but for the present, it is not doing so.

³⁴ Ngamring county is the site of a longitudinal study of pastoralism that two of the authors, Beall and Goldstein, began in 1986. They have revisited two nomad townships there many times, most recently in 1997, 1998 and 2000, together with a co-author, Ben Jiao.

In fact, the government is not even effectively enforcing the current three-child limit.

Socio-economic changes have created structural problems that are focusing rural Tibetans' attention on the increasing cost of extra children. This, in combination with a more active family-planning program, appears poised to produce decreases in completed fertility for the younger generation of women—particularly if the cost of contraceptives is decreased and availability is further improved. However, it is difficult to envisage a two-child family being attained without a substantial expansion of the scope and level of disincentive programs.

This study highlights the dangers of using refugee reports and anecdotal evidence to interpret highly politicized situations. Ironically, the important issue with respect to reproduction and family planning in rural areas of Tibet is not forced abortions and sterilizations, but rather Tibetan peasants' own changing evaluation of the costs and benefits of having large families.

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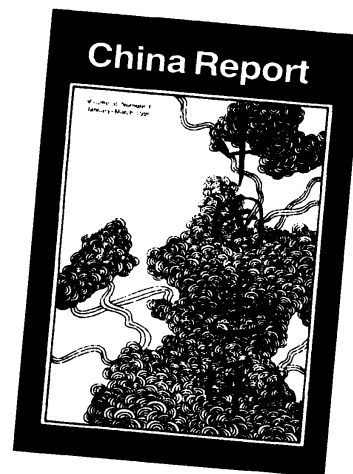
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