

Sterilizations, IUDs, and Mandatory Birth Control:

The CCP's Campaign to Suppress
Uyghur Birthrates in Xinjiang

By Adrian Zenz



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STERILIZATIONS, IUDS, AND MANDATORY BIRTH CONTROL: THE CCP'S CAMPAIGN TO SUPPRESS UYGHUR BIRTHRATES IN XINJIANG

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Front cover images (in clockwise order): A security camera in front of a propaganda banner in Kashgar, Xinjiang (Source: Reuters); Women from a village in Shule County, Xinjiang work to make embroidery products in a “satellite factory” in November, 2018 (Source: Global Times); Members of the XPCC 2nd division family planning office and family planning service station administer health examinations to minority citizens in a village in Bagrax (Bohu) County, Bayingol Prefecture, Xinjiang (Source: China Times); a demonstrator wearing a mask with the colors of the East Turkestan flag protesting the treatment of Uyghurs in front of the Chinese Consulate in Istanbul, Turkey (Source: AFP); unidentified woman in silhouette; Young Uyghurs study Chinese law at the Atushi Vocational Training Center, Xinjiang (Source: The Sydney Morning Herald).

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Editor's Note:

Dr. Adrian Zenz is one of the world's leading scholars on People's Republic of China (PRC) government policies towards the country's western regions of Tibet and Xinjiang. Research performed by Dr. Zenz in 2017-2018 played a significant role in bringing to light the Chinese government's campaign of repression and mass internment directed against ethnic Uyghur persons in Xinjiang ([China Brief](#), September 21, 2017; [China Brief](#), May 15, 2018; [China Brief](#), November 5, 2018). Dr. Zenz has also testified before the U.S. Congress about state exploitation of the labor of incarcerated Uyghur persons ([CECC](#), October 17, 2019), and was the author earlier this year of an in-depth analysis of the "Karakax List," a leaked PRC government document relating to repressive practices directed against religious practice among Uyghur Muslims ([Journal of Political Risk](#), February 17, 2020).

In this special Jamestown Foundation report, Dr. Zenz presents detailed analysis of another troubling aspect of state policy in Xinjiang: measures to forcibly suppress birthrates among ethnic Uyghur communities, to include the mass application of mandatory birth control and sterilizations. This policy, directed by the authorities of the ruling Chinese Communist Party (CCP), is intended to reduce the Uyghur population in Xinjiang relative to the numbers of ethnic Han Chinese—and thereby to promote more rapid Uyghur assimilation into the "Chinese Nation-Race" (中华民族, Zhonghua Minzu), a priority goal of national-level ethnic policy under CCP General Secretary Xi Jinping.

Based on research in original Chinese-language source materials, Dr. Zenz presents a compelling case that the CCP party-state apparatus in Xinjiang is engaged in severe human rights violations that meet the criteria for genocide as defined by the U.N. Convention on the Prevention and Punishment of the Crime of Genocide.

-- John Dotson (Editor, Jamestown Foundation China Brief)

Introduction

Intrauterine contraceptive devices, sterilizations, and forced family separations: since a sweeping crackdown starting in late 2016 transformed Xinjiang into a draconian police state ([China Brief](#), September 21, 2017), witness accounts of intrusive state interference into reproductive autonomy have become ubiquitous. While state control over reproduction has long been a common part of the birth control regime in the People's Republic of China (PRC), the situation in Xinjiang has become especially severe following a policy of mass internment initiated in early 2017 ([China Brief](#), May 15, 2018) by officials of the ruling Chinese Communist Party (CCP).

After her release from internment, Zumrat Dawut, a Uyghur woman from Urumqi, paid a fine for having had three instead of two children, and was offered free surgical sterilization ([Washington Post](#), November 17, 2019). Threatened with internment if she refused, Dawut submitted to the procedure. Mihrigul Tursun, a Uyghur mother of triplets, said that during detention she and other women were given unknown drugs and injections that caused irregular bleeding and a loss of menstruation cycles ([Associated Press](#), November 26, 2018). U.S. doctors later determined that she had been sterilized ([Nikkei Asian Review](#), August 10, 2019). Rakhima Senbay, a mother of four, was forcibly fitted with an intrauterine contraceptive device (IUD) in what was said to be a routine mandatory procedure prior to her internment ([Washington Post](#), October 5, 2019).



Image: Rural Uyghur women in Hotan Prefecture receive free physical exams (November 2016). The article accompanying this photo describes the details of how gynecological examinations are performed. (Source: [Renmin Wang](#)).

How systematic are such incidents? Do they reflect government policies? What is their impact on minority population growth?

Summary of Major Findings

For the first time, the veracity and scale of these anecdotal accounts can be confirmed through a systematic analysis of government documents. The research findings of this report specifically demonstrate the following:

- Natural population growth in Xinjiang has declined dramatically; growth rates fell by 84 percent in the two largest Uyghur prefectures between 2015 and 2018, and declined further in several minority regions in 2019. For 2020, one Uyghur region set an unprecedented near-zero birth rate target: a mere 1.05 per mille, compared to 19.66 per mille in 2018. This was intended to be achieved through “family planning work.”
- Government documents bluntly mandate that birth control violations are punishable by extrajudicial internment in “training” camps. This confirms evidence from the leaked “Karakax List” document, wherein such violations were the most common reason for internment ([Journal of Political Risk](#), February 2020).
- Documents from 2019 reveal plans for a campaign of mass female sterilization in rural Uyghur regions, targeting 14 and 34 percent of all married women of childbearing age in two Uyghur counties that year. This project targeted all of southern Xinjiang, and continued in 2020 with increased funding. This campaign likely aims to sterilize rural minority women with three or more children, as well as some with two children—equivalent to at least 20 percent of all childbearing-age women. Budget figures indicate that this project had sufficient funding for performing hundreds of thousands of tubal ligation sterilization procedures in 2019 and 2020, with least one region receiving additional central government funding. In 2018, a Uyghur prefecture openly set a goal of leading its rural populations to accept widespread sterilization surgery.

- By 2019, Xinjiang planned to subject at least 80 percent of women of childbearing age in the rural southern four minority prefectures to intrusive birth prevention surgeries (IUDs or sterilizations), with actual shares likely being much higher. In 2018, 80 percent of all net added IUD placements in China (calculated as placements minus removals) were performed in Xinjiang, despite the fact that the region only makes up 1.8 percent of the nation’s population.
- Shares of women aged 18 to 49 who were either widowed or in menopause have more than doubled since the onset of the internment campaign in one particular Uyghur region. These are potential proxy indicators for unnatural deaths (possibly of interned husbands), and/or of injections given in internment that can cause temporary or permanent loss of menstrual cycles.
- Between 2015 and 2018, about 860,000 ethnic Han residents left Xinjiang, while up to 2 million new residents were added to Xinjiang’s Han majority regions. Also, population growth rates in a Uyghur region where Han constitute the majority were nearly 8 times higher than in the surrounding rural Uyghur regions (in 2018). These figures raise concerns that Beijing is doubling down on a policy of Han settler colonialism. [1]

These findings provide the strongest evidence yet that Beijing’s policies in Xinjiang meet one of the genocide criteria cited in the *U.N. Convention on the Prevention and Punishment of the Crime of Genocide*, namely that of Section D of Article II: “imposing measures intended to prevent births within the [targeted] group” ([United Nations](#), December 9, 1948).

Section 1—Ethnic Population Growth Trends in Xinjiang: From “Excess” to Near-Stagnation

1.1 Han Versus Uyghur Population Shares

Since 1949, the Chinese government has increased control over the remote Xinjiang region by dramatically increasing the number of ethnic Han Chinese residents. In 1949, the Han made up only 6.7 percent of the region’s population (291,000 of 4.33 million). [2] By 1978, their share reached 41.6 percent. Han in-migration surged again in the 1990s and early 2000s. Besides growing economic activity of the Xinjiang Construction and Production Corps (XPCC) (a paramilitary settler force that engages especially in agriculture and cotton production), the Great Western Development project, a multi-billion RMB development project initiated by the central government, also led to an influx of Han (Figures 1, 2, 3).

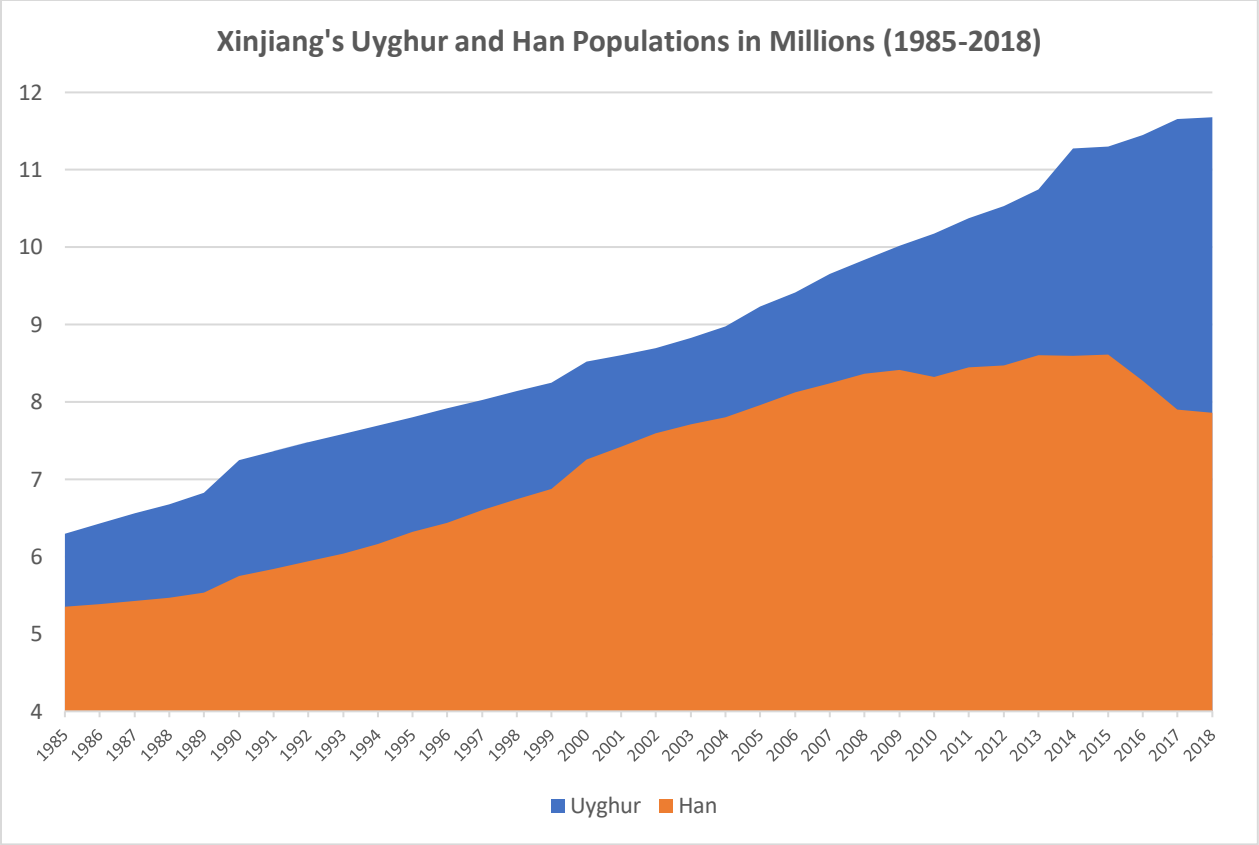


Figure 1. Source: XUAR 1990/2005/2019 Statistical Yearbooks, tables 3-2/4-8/3-8.

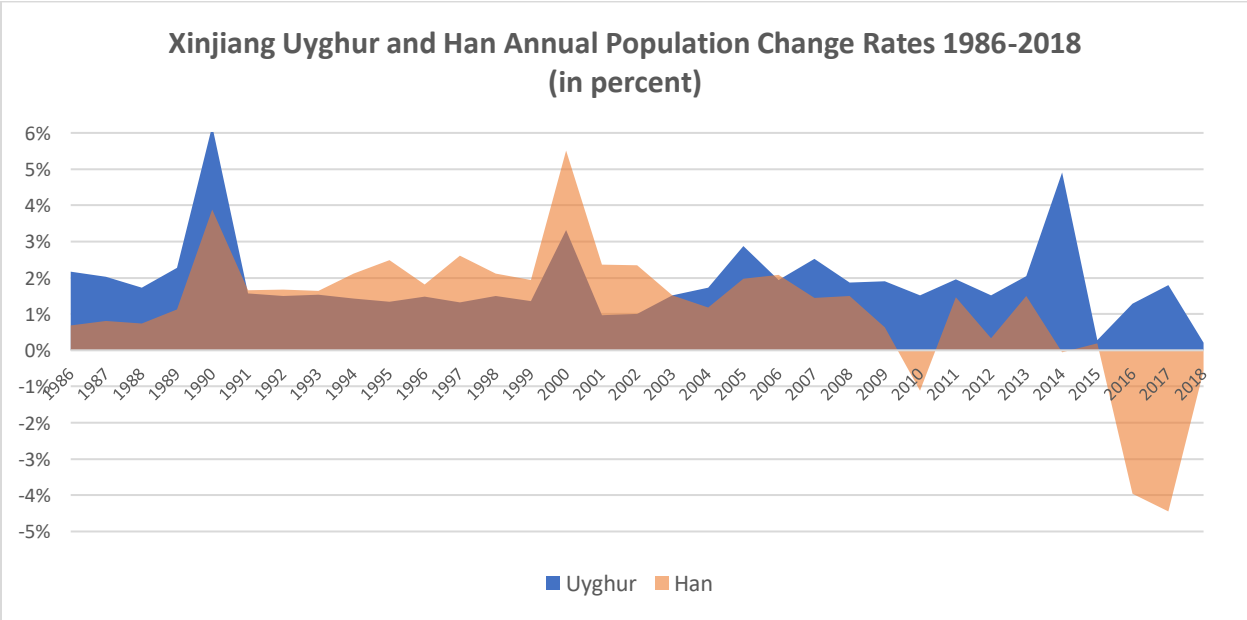


Figure 2. Source: XUAR 1990/2005/2019 Statistical Yearbooks, tables 3-2/4-8/3-8.

By 2018, however, Han population shares had declined to 31.6 percent, due to lower birth rates and out-migration. Han population growth was negative in 2010 (the year following the Urumqi riots) and from 2016,

following intense security measures (see Figure 2). Between 2015 and 2018, Xinjiang’s Han population declined by 754,000. [3] When adding the natural population growth rate of Han majority regions, the decline amounts to an estimated 863,000. [4]

Meanwhile, the Uyghur population surged. In 2010, nine of the top 10 Chinese counties with the highest natural population growth rates were Uyghur or Kyrgyz, with birth rates ranging between 22.0 and 27.6‰ (per mille) – around five times the national average of 4.8‰. [5] Between 2005 and 2015, Uyghur annualized population growth was 2.6 times higher than that of Xinjiang’s Han, outpacing Han growth rates by a greater margin than during any 10-year period since 1965 (see Figure 3).

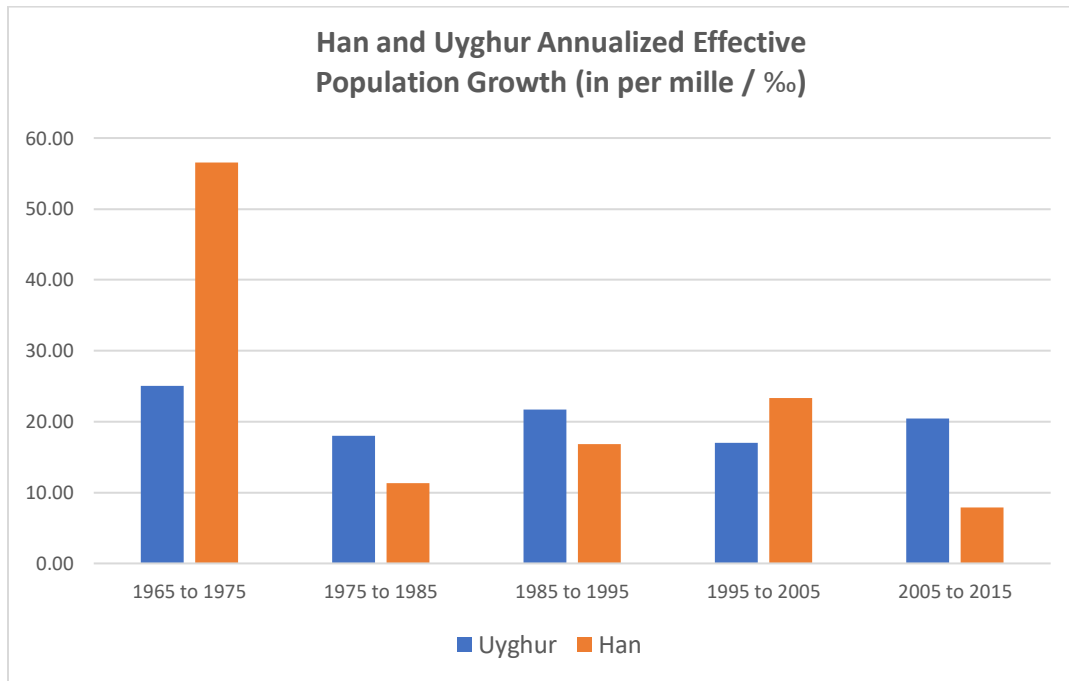


Figure 3. Source: see Figure 2.

Some Uyghur intellectuals have asserted that Beijing undercounts the true number of Uyghurs in Xinjiang by as many 8-10 million—pointing, for example, to many who were born in evasion of family planning policies. [6] However, analysis of official data does not support this. Spikes in the reported population during census years (1990, 2000) reflect more rigorous population counts, while increasingly stringent grassroots population control mechanisms are a likely reason behind the 2014 spike in Uyghur population growth. [7] Annualized Uyghur population growth rates for 1978 to 2016 were 19.2‰, much higher than for the Xinjiang Han (12.65‰) or China in total (9.75‰). [8]

Recently, population in the PRC (to include Xinjiang) has been counted in two different ways. The first is “household registered population” (年末户籍人口, *nianmo huji renkou*) which refers to people who are formally registered as being from Xinjiang under China’s household registration, or “hukou” (户口) system. [9] The second is “permanent resident population” (年末总人口, *nianmo zong renkou* -or- 年末常住人口, *nianmo changzhu renkou*) which refers to the number of people locally residing in Xinjiang by December 31 of each respective year, who have lived in there for at least 6 months (National Bureau of Statistics, October 12, 2018; [Macroeconomic Situation](#), June 2009). The latter term encompasses persons from other parts of China who migrate to another province, typically for work-related reasons. For example, in 2018 Urumqi City

had a 3.51 million permanent resident population, but only a 2.22 million household registered population ([Urumqi City Government](#), June 4, 2019). In Uyghur-dominated prefectures, this difference is very small. [10] The data neither confirms nor contradicts anecdotal accounts of Uyghurs being shifted to prisons in other parts of China, and it is unclear whether such shifts would entail a change in household registration ([Bitter Winter](#), December 17, 2018).

Notably, Xinjiang’s gap between the two types of populations started to appear in 2015, and by 2018 amounted to a staggering 2.03 million (see *Figure 4*). [11] Of these, 1.28 million were reported in Urumqi and 0.71 million in XPCC regions, all regions with Han majority populations (the XPCC figure increased to 0.81 million in 2019; Urumqi’s 2019 figures only report the permanent resident population). [12] Consequently, Xinjiang’s actual Han population share in 2018 can be estimated at 39.8 percent, near its historical peak. [13]

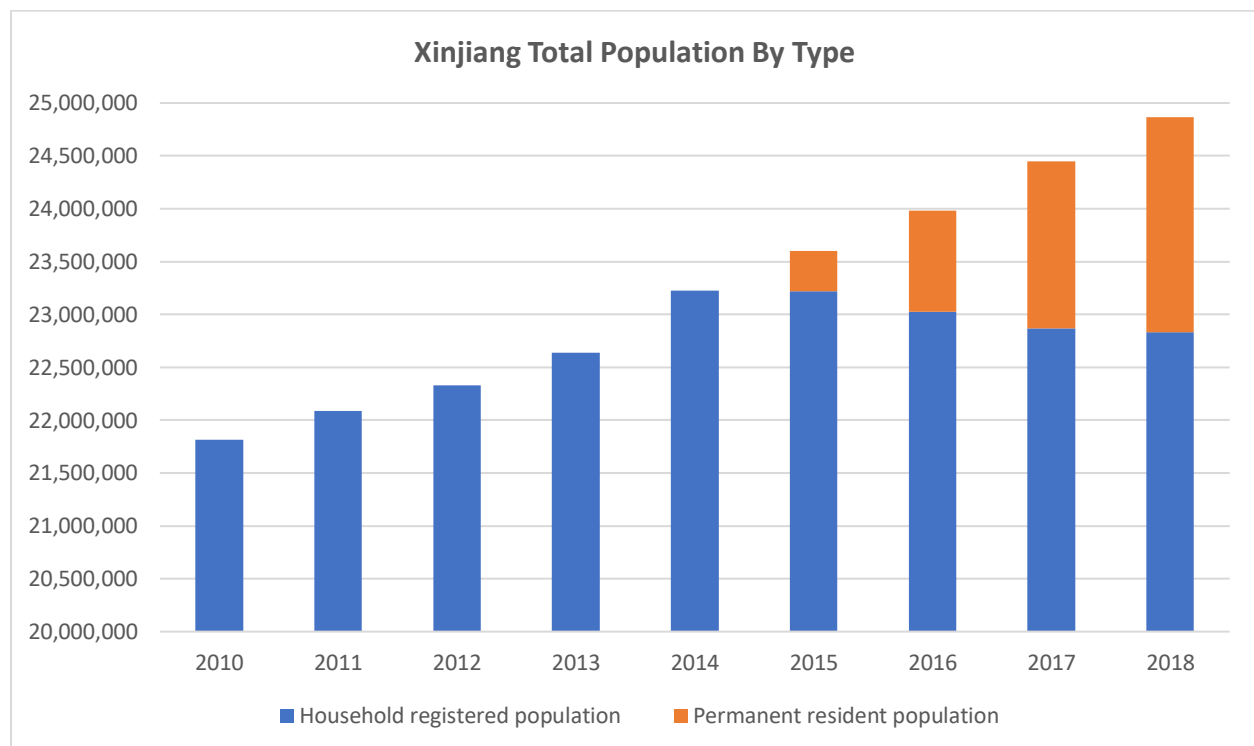


Figure 4. Source: Xinjiang Statistical Yearbooks 2011 to 2019, tables 3-1 and 3-8.

Since no ethnic breakdowns for permanent resident populations are provided, this population counting method effectively conceals a massive influx of Han, many of whom have been lured to Xinjiang with promises of high wages, free housing and other types of subsidies. One XPCC region promised incoming young families from eastern China (aged 18-35 years) 5.8 acres of arable land, government teaching or police jobs that pay up to 102,500 RMB per year, brand new 40-80 square meter apartments (depending on family size) with four years free rent, comprehensive medical benefits, and additional monthly livelihood subsidy payments of up to 1,000 RMB per adult ([XPCC](#), February 13). Many such notices specifically target young families with children.



Image: New housing developments for incoming Han settlers in Wujiacqu City, north of Urumqi. (Image source: [XPCC](#), February 13).

1.2 Population Growth, Religious “Extremism” and Social Stability

Xinjiang’s Han Chinese academic and government circles have consistently described minority population growth as “excessive” (过分, *guofen*). According to a paper published in April 2017 by Li Xiaoxia, Director of the Institute of Sociology at the Xinjiang Academy of Social Sciences, Uyghur population growth rates in regions that have been traditionally dominated by Uyghurs have exacerbated spatial ethnic segregation. With rising population shares, “three types of factors—ethnic, religious and territorial—are becoming superimposed, strengthening the viewpoint that one ethnic group owns a [particular] land area.” This concentration in turn “weakens national identity and identification with the Chinese Nation-Race (中华民族, *Zhonghua Minzu*), [thereby] impacting long-term rule and stability (长治久安, *changzhi jiu’an*)” ([PKU Thesis](#), 2017).

According to Chinese academics, the perceived link between population growth and compromised national security is not only modulated through ethnic concentration. Li’s paper argues that “excessive population growth” impacts the per capita availability of resources and sources of income, with unmet material desires in turn giving rise to “religious extremism and splittism.” Li charges Uyghurs with ignoring “economic benefit,” instead giving in to “religious hopes” and the “psychological needs of nationalism.” Another publication states that high birth rates in southern Xinjiang are connected with religious beliefs, such as that “the fetus is a gift from Allah, and you cannot control birth and abortion at will” ([Northwest Population](#), 2019). Yet another notes that “it is undeniable that the wave of extremist religious thinking has fueled a resurgence in birth rates in Xinjiang’s southern regions with concentrated Uyghur populations” ([Journal of Ethnology](#), 2016). In sum, the recommendations of these analyses are that population control must be at the heart of the CCP party-state’s social re-engineering project. [14]

In Xinjiang government circles, the relationship between “religious extremism” and population growth appeared to come to the forefront in the summer of 2015. The timing may be linked to the start of the village-

based work team campaign in early 2014 (as mentioned above), as well as the fact that Xinjiang’s reported natural population growth rate for 2014 was the highest since the year 2000. A May 2015 government teaching broadcast on ethnic unity stated that “religious extremism begets re-marriages and illegal extra births” ([Ili Prefecture Government](#), May 21, 2015). That same month, a speech given in the context of Hotan Prefecture’s family planning meeting stated that “de-extremification is an opportunity to eliminate the influence and interference of religion on family planning” ([Hotan Prefecture Government](#), April 16). This “interference” is also mentioned in the *Xinjiang White Paper* (新疆白皮书, *Xinjiang Baipishu*), one of Beijing’s key propaganda documents, which mandates that “religion must not be used to interfere in...family planning” policies ([PRC Central Government](#), July 21, 2019).

1.3 Xinjiang’s Natural Population Growth Trends

A detailed examination of Xinjiang’s natural population growth shows that rates across all minority counties began to decline in 2015—the very year that the government began to single out the link between population growth and “religious extremism” (see *Figure 5*). In 2017, the growth rates for Kashgar and Hotan, which had long exceeded those of the average of all minority counties, fell to that same level. [15] Han natural population growth in 2017 also fell (to 0.26‰), despite the fact that in that year Han birth quotas were raised.

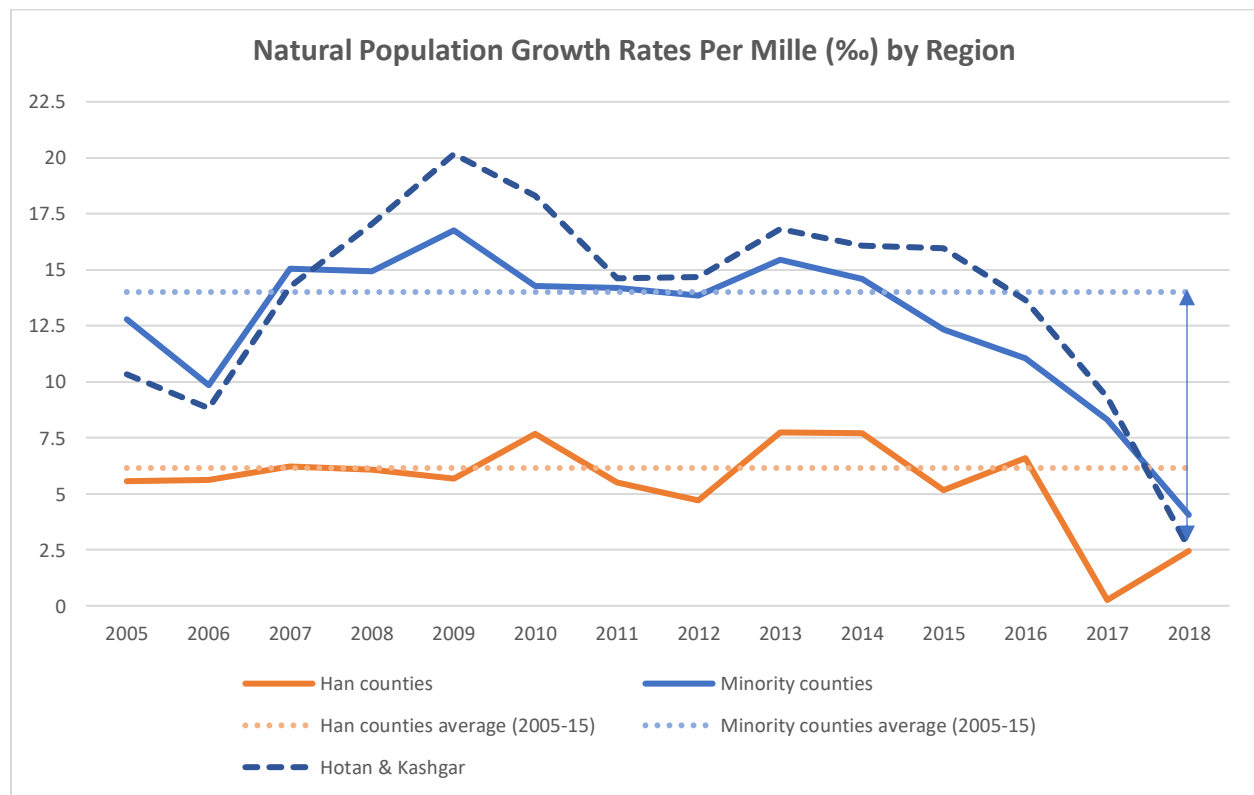


Figure 5. Calculated by the author based on annual Xinjiang Statistical Yearbooks (tables 3-6 and 3-7), and local Social and Economic Development Reports. “Minority counties” have an ethnic minority population share of 50 percent or higher. Combined Han and minority counties growth rates are weighted by population.

In 2018, natural population growth plummeted: to 4.06‰ in all minority regions and 2.58‰ in Kashgar and Hotan. However, net population change (measured by comparing end-of-year total population counts) for

Kashgar and Hotan was even lower, at 0.22‰ (and -0.25‰ for all minority counties). [16] Meanwhile, increases in permanent resident populations boosted estimated net population change in Han majority counties to 7.42‰.

In a drastic reversal of long-standing historic trends, the declines in Uyghur population growth have occurred mainly in the countryside. For example, Keriya County in Hotan had one of Xinjiang’s highest natural population growth rates in previous years, with rates being nearly double those of Hotan City. Its first marked decline occurred in 2016, but the by far most dramatic drop (to -0.49‰) took place in 2018 (see Table 1). In contrast, Hotan City’s 2018 growth rate stood at 4.13‰, 40 percent higher than the 2.96‰ growth seen in the rest of the predominantly rural prefecture (Hotan City, April 25, 2019). Even more dramatic is the difference between the Uyghur-dominated countryside and Han majority suburbs in Hotan City. Gulbagh Residential District (古勒巴格街道), which is 54.1 percent Han, boosted a natural population growth of 15.17 percent in 2018, a full 7.8 times higher than that of Hotan County (Hotan City, November 12, 2019).

	2013	2014	2015	2016	2017	2018
Xinjiang Han regions	7.74	7.71	5.16	6.58	0.26	2.44 (7.42)
Xinjiang minority regions	15.44	14.60	12.34	11.06	8.32	4.06 (-0.25)
Hotan Prefecture	19.07	17.83	17.51	15.79	11.80	2.96 (3.08)
Hotan City	12.26	12.40	14.32	11.11	12.08	4.13 (16.39)
Keriya County	25.84	22.85	21.87	12.74	10.35	-0.49 (-3.82)

Table 1: Natural population growth rates (2018 additionally shows total population change rate in brackets, which includes both household-registered and permanent resident populations).

Sources: Xinjiang Statistical Yearbooks (tables 3-6, 3-7) for respective years.

Notably, recent growth rates are far below official targets. Xinjiang’s 13th Five Year Plan (2016 to 2020) set the maximum natural population growth rate for 2016 to 2020 at 11.6‰, a 0.6‰ increase over the previous 5-year plan (NDRC, May 2016). Hotan Prefecture’s 2015 target was to keep natural population growth below 18‰. For 2016-20, it was lowered to 16.5‰, and for 2019 to 11.38‰. That rate closely corresponds to the mandate to lower 2020 regional growth targets in Xinjiang at least 4 per mille (‰) points below the 2016 level (11.8‰ percent for Hotan) (Xinjiang Health Commission, January 29, 2019). [17] Hotan County lowered its growth target from 16.5‰ in 2017 to 11.59‰ in 2019, but its actual growth rate in 2018 was a mere 2.22‰. [18]

Most recently, Uyghur regions appear to conceal this type of data, indicating its increasing sensitivity. Minority regions that did publish birth rates for 2019 show continued drastic declines between 30 and 56 percent (e.g. Kizilsu Prefecture, April 2; Qira County, June 1; Qiemo County, April 4). For the first time in about two decades, Kashgar Prefecture’s 2019 annual report does not divulge birth, death, or natural population growth rates (Kashgar Prefecture, May 9). The reason for this is apparent: Kashgar’s population declined between 2018 and 2019. While this could be due to out-migration, it might also be caused by extremely low birth rates.

Future developments look bleak. Kizilsu Prefecture, a region dominated by Uyghurs and Kazakhs, set its target birth rate for 2020 at a mere 1.05‰, to be achieved through “family planning work.” [19] This is far below its 2018 and 2019 natural population growth rates of 19.66‰ and 8.18‰. Overall, it is clear that

population growth in 2018 was far below targets; not only because of the mass internment campaign, but also as the result of much more draconian birth control measures.

Section 2 — “Severely Crack Down on Illegal Births”: Xinjiang’s Minority Birth Control Policies and Practices from 2017 to 2019

2.1 Punishing Birth Control Violations with Internment

Prior to 2015, it was common practice for Uyghurs to have children in excess of state-mandated limits. Population planning offices were understaffed and local Uyghur officials frequently flouted birth quotas themselves. When caught, Uyghurs simply paid fines. As Xinjiang’s surveillance state grew and state intrusion into Uyghur families deepened, all this changed drastically. In July 2017 Xinjiang reformed its family planning policy ([Xinjiang Health Commission](#)). Previously, urban Han Chinese were permitted to have one child, while urban minorities could have two. Rural residents could have one additional child: two for rural Han, and three for rural minorities. The new policy removed this ethnic distinction, permitting the Han to have the same number of children as the minorities, while leaving the urban-rural distinction and minority birth quotas unchanged.

Meanwhile, in June 2017 a new expression had begun to surface in Xinjiang’s family planning documents: “severely attack behaviors that violate family planning [policies]” (严厉打击违法生育行为, *yanli daji weifa shengyu xingwei*). [20] From 2017 and especially in 2018, minority regions embarked on a “Special Campaign to Control Birth Control Violations” (违法生育专项治理, *Weifa Shengyu Zhuanxiang Zhili*). [21] It sought to unearth violations dating back to the 1990s, often aiming to punish with particular harshness violations committed after July 28, 2017, the date of Xinjiang’s family planning reform (e.g. [Hejing County Government](#), May 19, 2018). While the centralized inception of these campaigns in 2017 is not clearly reflected in any publicly-available policy document, their continuation and expansion is based on a regionwide directive issued in early 2018, titled “Autonomous Region Health and Family Planning Committee Notice Regarding Continuing to Deeper Implement the Special Campaign to Control Birth Control Violations” (自治区卫生计生委《关于持续深入开展违法生育专项治理工作的通知》/ *Zizhiqu Weisheng Jishengwei Guanyu Chixu Shenru Kaizhan Weifa Shengyu Zhuanxiang Zhili Gongzuo de Tongzhi*). [22] Related county-level “implementation schemes” (实施方案, *shishi fang’an*) were issued in April and May 2018.

The first impact of this campaign was a massive increase in prosecuted birth control violations. Local investigations relied on Personal Information Systems (PIS) with detailed records for every citizen, and in rural areas on the so-called “village-based work” teams which also played a central role in identifying persons for extrajudicial internment. [23] In Qapqal County, this campaign identified 629 violations between September 2017 and January 2018, with the report stating that the region was “resolutely winning the assault on the battlefield of illegal births.” [24] In Zhaosu County, it led to the discovery of 4,359 such violations in 2018 and the first half of 2019. [25] Investigations were to “leave no blind spots” (不留死角, *buliu sijiao*) and to employ “dragnet-style” (拉网式, *lawang shi*) investigations (e.g. [Hejing County Government](#), May 19, 2018).

The second impact was a much more draconian punishment of violations, with three counties specifically mandating extrajudicial internment. On May 30, 2018, Qiemo County (Bayingol Prefecture) issued a notice stating that violations that took place since July 28, 2017, and where women had exceeded the birth quota

by two or more children, must “both adopt birth control measures with long-term effectiveness and be subjected to vocational skills education and training” (同时采取长效节育措施并进行职业技能教育培训, *tongshi caiqu changxiao jieyu cuoshi bingjin jinxing zhiye jineng jiaoyu peixun*) ([Qiemo County Government](#)). The latter phrase is a euphemism for Vocational Training Internment Camps (VTICs), a common form of extrajudicial internment ([Journal of Political Risk](#), November 24, 2019). In Xinjiang, the term “birth control measures with long-term effectiveness” (长效节育措施, *changxiao jieyu cuoshi*) essentially refers to either IUDs (节育环, *jieyu huan*) or sterilizations (结扎, *jieza*). [26]

In Ili Prefecture, Nilka County’s 2019 family planning policy regulations for floating populations state that those who refuse to terminate illegal pregnancies or do not pay related fines are referred to the police authorities, which will “subject such persons to centralized education” (对相关人员进行集中教育, *dui xiangguan ren yuan jinxing jizhong jiaoyu*), a euphemistic shorthand for re-education internment ([Nilka County](#), November 20, 2019). [27] Similarly, in Qapqal County (also Ili Prefecture), a government directive from January 2018 states that families with too many children who are “stubborn” and “refuse to pay fines” are subjected to “education and training” (教育培训, *jiaoyu peixun*), again a shorthand for internment. [28] Both the timing and the contents of this directive are confirmed by the testimony of Gulnar Omirzakh, a Kazakh mother from Qapqal County. Umarzhan received a visit from the family planning office in February 2018, who slapped her with a 17,500 RMB fine and threatened her with internment if she did not pay within three days (Associated Press, forthcoming June 27, 2020).



Image: Members of the XPCC 2nd division family planning office and family planning service station administer a free health examination to minority citizens in a village in Bagrax (Bohu) County, Bayingol Prefecture. These health checks have become ubiquitous, especially in Xinjiang’s minority regions, as a means to control population growth and enforce the thorough implementation of increasingly intrusive birth control measures. (Source: [China News](#), May 17, 2017)

These policy documents confirm evidence from the Karakax List—a leaked government document from Karakax (Moyu) County—where the most frequently cited internment reason was a violation of birth control regulations ([Journal of Political Risk](#), February 17). However, the Karakax List not only proves that internment for birth control violations was not limited to Qiemo, Nilka, or Qapqal; it provides numerous examples where

internment was administered to families who had only had one illegal child. [29] Many of them were interned in the spring of 2018, when the new punishments had been or were about to be enacted. [30] Aptly, Karakax's 2018 government work report stated that "[by] severely curbing behaviors that violate birth control [policies], birth and natural population growth rates declined dramatically." [31]

Some regions specifically mandated that birth control violations that "came about due to the influence of extreme religious thinking" were to be "dealt with severely" (严肃处理, *yan chuli*) ([Fukang County Government](#), May 21, 2018; [Mori County](#), May 20, 2018). Additionally, fines for birth control violations were increased, totaling 3-8 times the average annual disposable income (e.g. [Qapqal County](#), March 9, 2018; [Changji Prefecture](#), October 23, 2018). Those unable to pay were now to be "dealt with through coercive measures" (强制措施予以处理, *qiangzhi cuoshi yuyi chuli*) ([Fukang County Government](#), May 21, 2018; [Mori County](#), May 20, 2018). As indicated above in the Qapqal County notice, these "coercive measures" include internment.

In 2018, minority regions in Xinjiang also deployed mass health exams to identify family planning violations. Campaigns such as "testing all who need to be tested" (体检实现应检尽检, *tijian shixian ying jian jin jian*) were associated with curbing such violations ([Yining City](#), January 22, 2019).

"Zero birth control violation incidents" (违法生育零发生, *weifa shengyu ling fasheng*), a term that was not routinely used elsewhere in the PRC nor in Xinjiang prior to 2018, became a standard family planning target in 2018 and 2019. A particularly strict case here is Hotan Prefecture, a region with a population of 2.53 million, which in 2019 planned to have no more than exactly 21 birth control policy violations. [32] According to Zhaosu County's family planning work report, "zero" violations meant that all involved government units on all levels had to sign solemn pledges promising to achieve that goal. [33] It involved a comprehensive collaboration of the entire state apparatus, including heads of "[double-]linked households" ([双]联护长, *[shuang] lian huzhang*), "grid management staff" (网格员, *wangge yuan*), and the heads of local households.

In 2019, yet another round of investigations began, titled "Special Action Plan of the 'Two Thorough Investigations' of Illegal Births" (违法生育“两个彻查”专项行动实施方案, *Weifa Shengyu "Liangge Checha" Zhuanxiang Xingwei Shishi Fang'an*). [34] Minority counties not only prosecuted further violations, but came under ever greater pressure to implement intrusive birth control methods. Wenquan County, for example, performed 468 "birth control surgeries"—meaning the implantation of IUDs or sterilizations ([Wenquan County](#), August 6, 2019).

2.2 Intrusive Birth Control Measures: IUDs

By 2019, Xinjiang planned for over 80 percent of women of childbearing age in the rural southern four minority prefectures to be subjected to "birth control measures with long-term effectiveness" (长效避孕率, *changxiao biyun lu*). [35] This was to be verified through quarterly IUD checks (see *Table 2*), along with monthly family visits and bi-monthly pregnancy tests. However, "focus persons," those deemed more problematic by the government, were to receive more frequent checks (e.g. [Niika County](#), November 20, 2019).

库木艾日克社区季度查环登记表													
序号	男方姓名	女方姓名	身份证号	采取措施时间	孩子数	第一季度		第二季度		第三季度		第四季度	
						检查时间	结果	检查时间	结果	检查时间	结果	检查时间	结果
1	热合曼·吐	帕提古丽·	652923199109*****	2/16/16	2								
2	塔依尔·阿	再那复古丽	652923198803*****	1/10/15	2								
3	买买提·依	帕提姑力·	652923197301*****	5/7/12	4								
4	艾孜则·阿	热伊莱姆·	652925199507*****	2/18/15	1								
5	玉山江·库	努尔曼古丽	652926199301*****	5/10/15	1								
6	斯迪克江·	吐尔孙阿依	652923198908*****	8/5/15	2								
7	热合曼·依	阿娜古丽·	652923199204*****	12/28/10	2								
8	热合曼·阿	买尔哈巴·	652923199001*****	1/11/14	1								
9	阿布来提·	肉克亚木·	652923199003*****	5/25/13	1								
10	玉苏甫·艾	玛依热·买	652923198604*****	6/5/13	2								
11	吐尔共·吐	买艳木·木	652923198508*****	8/4/15	2								
12	阿布力米提	帕提古力·	652923199111*****	2/10/15	2								
13	木合塔尔·	依米达木·	652923198803*****	2/15/10	3								
14	喀合曼·阿	祖力皮彦·	652923198711*****	2/25/13	2								
15	吐尔地·阿	佐然木·沙	652925198812*****	8/11/15	2								
16	塔依尔·那	帕丽达木·	652923198402*****	3/10/15	2								
17	亚库普·加	萨拉买特·	654125198407*****	3/19/14	2								
18	阿里木·那	胡尔西且·	652923198507*****	3/20/15	2								

Table 2. Quarterly IUD check list for Kumarik District, Payzawat County. Source: District Population Information System (PIS). Names and ID numbers were partially redacted by the author.

At least for ethnic minorities, these measures are not voluntary. For example, Bayingol Prefecture's related stipulation from May 2018 ([Bayingol Prefecture Government](#), May 10, 2018), stated:

After checking... all [women] that meet IUD placement conditions and are without contraindications must have them placed immediately. If there are contraindications, a diagnosis certificate must be issued at a minimum by a level-two health care institution, and follow-up must be strengthened.

Birth control statistics between spring 2017 and autumn 2018 for 12 villages and urban districts in K k Gumbuz District, Kuqa County (Aksu Prefecture) show that 73.5 percent of married women of childbearing age (已婚育龄妇女, *yihun yuling funu*) had IUDs fitted. [36] Clearly, IUDs are not only used for women with three or more children, nor just for those with two children, but also for at least half of those with just one child (see Table 3; compare with Table 2). In 2016, Chorak Tirek Township in Tekes County (Ili Prefecture) similarly had an IUD placement rate of 70.4 percent. [37] By 2018 and 2019, these shares would likely have increased. Nilka County's family planning policy for floating populations in 2019 was to place IUDs on women after their first child ([Nilka County](#), November 20, 2019). [38]

All married women of child-bearing age	Women (of child-bearing age) with no children	...with one child	...with two children	...with three or more children
5,477	695 (12.7 percent)	1,509 (27.6 percent)	2,372 (43.3 percent)	900 (16.4 percent)

Table 3. Family planning statistics from 12 villages and urban districts in K k Gumb z, Kuqa County (Aksu Prefecture).

In 2014, 2.5 percent of net added IUDs in China were fitted in Xinjiang (calculated as placements minus removals). [39] In 2018, as national figures declined, that share rose to 80 percent, far above Xinjiang’s 1.8 percent share of China’s population. [40] Between 2015 and 2018, Xinjiang placed 7.8 times more net added IUDs per capita than the national average.

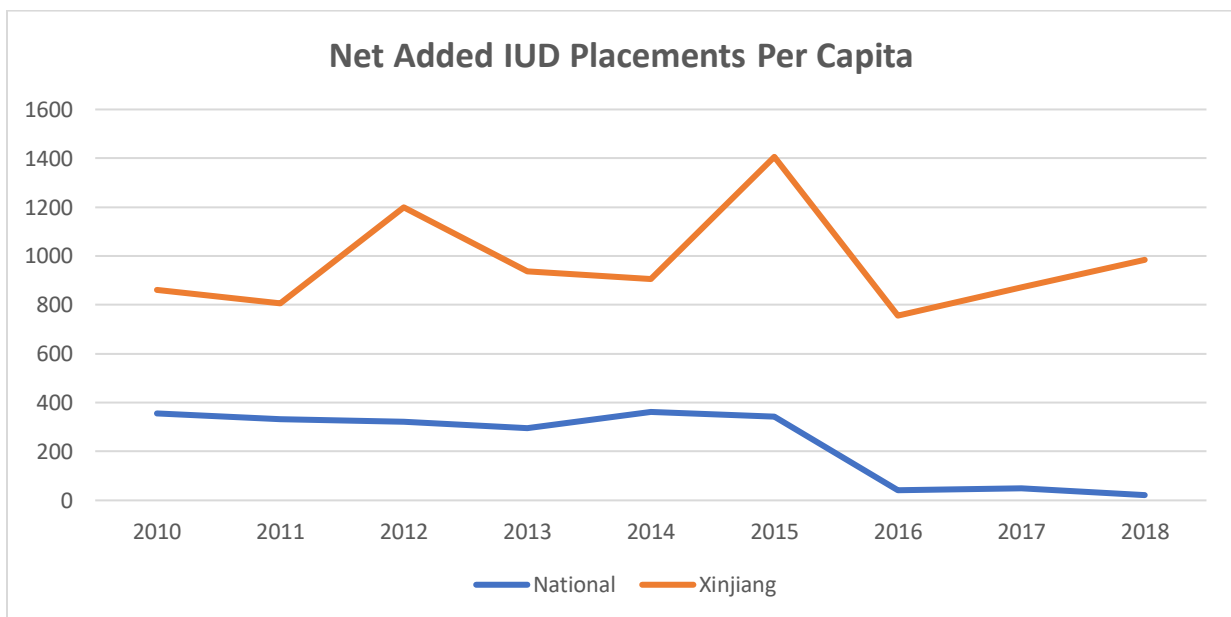


Figure 6. Sources: Annual Health and Hygiene Statistical Yearbooks, tables 8-8-2 (and 7-6-2 prior to 2012). Net added IUD placements are estimated as placements minus removals.

Chinese IUDs are designed so that they can only be removed through surgical procedures by state-approved medical practitioners, with unauthorized procedures being punished with prison terms and fines (XJEIC, September 13, 2012). [41] The approximately \$223,175 (1.6 million RMB) worth of IUDs in a 2019 Xinjiang Health Commission procurement bid for “free” birth control services were all “without strings,” thereby precluding self-removal. [42]

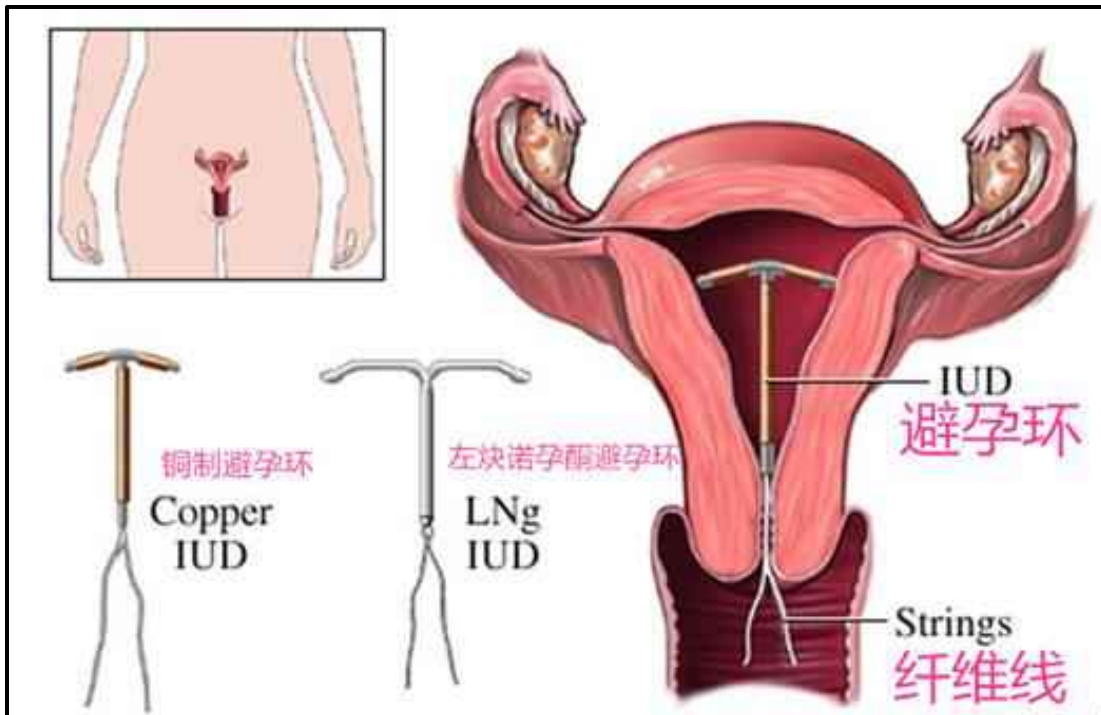


Figure 7: Xinjiang’s Health Commission procured four types of IUDs with different shapes in 2019, all of them without strings. The illustration above demonstrates how the IUDs are intended to work. (Image source: <http://archive.is/wip/6fpCH>)

2.3 Intrusive Birth Control Measures: Sterilizations

Historically, sterilizations have been uncommon in Xinjiang. In the Kuqa County sample described above, only 1.5 percent of women of childbearing age had been sterilized in 2017 and 2018 (and 2.1 percent in the 2016 Tekes County case). Between 2010 and 2015, Xinjiang’s average number of sterilization surgeries per 100,000 of the population stood at 20.2, six times lower than the national average of 123.1. As noted by Han Chinese academics, the region’s Muslim minorities are reticent towards such procedures—however, such sensibilities now matter little.

In 2018, Tursunay Ziyawudun, a Uyghur lady from Kunes (Xinyuan) County, reported that her fellow female camp detainees either underwent surgical sterilization or were given medication that stopped their menstrual periods (RFA, October 30, 2019). That year, Zumrat Dawut was offered “free” surgical sterilization and threatened with internment if she refused. According to her Uyghur doctor, her tubal ligation sterilization procedure was done in the irreversible way (by cutting the tubes), and this was common for Xinjiang’s minorities.

The related initiative of “Free Technical Family Planning Services to Farmers and Pastoralists” (农牧民计划生育免费技术服务项目, *Nongmumin Jihua Shengyu Mianfei Jishu Fuwu Xiangmu*) has been in place for several years (e.g. [Hejing County](#), 2014). [43] Beginning in late 2017, this project began to feature in the family planning documents of numerous regions ([Kashgar City](#); [Hotan City](#); [Tekes County](#); [Bole City](#); [Qitai County](#)). In 2018, the year that Dawut was forcibly sterilized, Kizilsu Prefecture published this blunt statement, explicitly linking the “free birth control surgery” campaign with an intention to move towards mass sterilizing rural populations:

Guide the masses of farmers and herdsmen to spontaneously carry out family planning sterilization surgery, implement the free policy of birth control surgery, effectively promote family planning work, and effectively control excessive population growth. [44]

In 2019, Xinjiang’s Health Commission’s family planning budgeted a generous \$16.7 million (120 million RMB) for this project. [45] The project provides free “birth control surgeries” (节育手术, *jiayu shoushu*) to all four southern regions in Xinjiang—to include health checks, IUD services, abortions, and sterilizations—with the aim to reduce these regions’ 2020 birth and population growth rates by “at least” 4 per mille points below the 2016 level.

Numerous local family planning documents testify to the ubiquitous nature of this initiative from 2018, but especially in 2019 and 2020—the author has identified related project descriptions for those two years that specifically mention free sterilization procedures in at least eight minority counties (see Appendix A). [46] However, two 2019 county budgets indicate that the program serves as a cover for a campaign of mass sterilization in rural Uyghur regions. In Guma (Pishan) County, the 2019 family planning budget plan called for 8,064 female sterilizations (结扎, *jieza*)—as well as 5,970 IUD placements, 4,281 IUD removals, 81,152 pregnancy tests, and 157,301 IUD checks. [47] These figures are listed in a table titled “project performance indicators,” and are referred to as “numerical indicators” for “project completion.” The same (2019) figures for Hotan City are even more drastic. While expecting to fit only 524 IUDs, the region was scheduled to administer 14,872 female sterilizations (Hotan City, March 20, 2019). [48] The region’s public documents bluntly state this as a “target” (目标) to be achieved. [49]

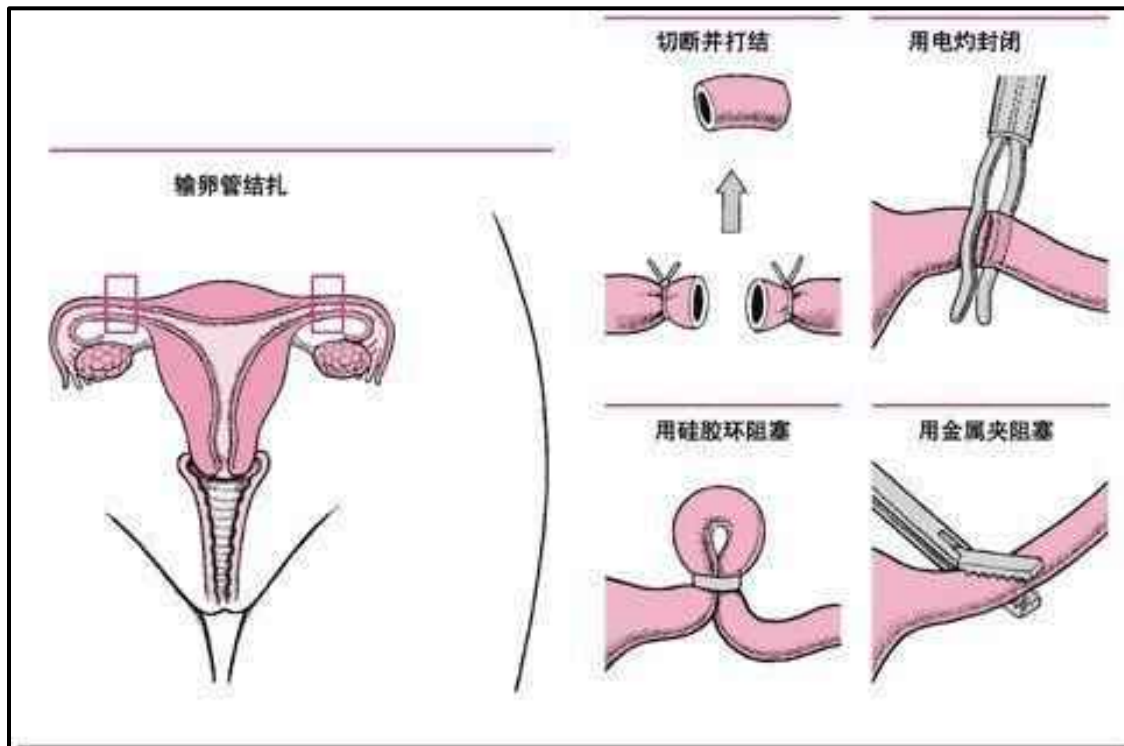


Figure 8: Tubal ligation sterilization (输卵管结扎, *shuluanguan jieza*), which can be reversible or irreversible. (Image source: <http://archive.is/LwFcs>.)

Nationwide, per capita sterilization procedures plummeted after the national family planning reform, which from January 2016 permitted Chinese citizens to have two children ([China Brief](#), February 28). In sharp contrast, sterilizations in Xinjiang surged in 2017 and 2018 (see *Figure 9*). However, on a per capita basis, overall figures remain far below those of the two Uyghur regions. Between 1998 and 2018, China sterilized a combined total of 2,557 persons per 100,000 of the total population; but in a single year, Guma County and Hotan City scheduled to sterilize 2,998 and 7,322 respectively (see *Figure 10*). In 2018, Xinjiang sterilized 1.1 percent of all married women of childbearing age. For 2019, Hotan City was scheduled to do the same to 34.3 percent of such women, and Guma County to 14.1 percent of them. For 2020, the Xinjiang Health Commission budget featured another \$19.5 million (140 million RMB) for the same project. [50]

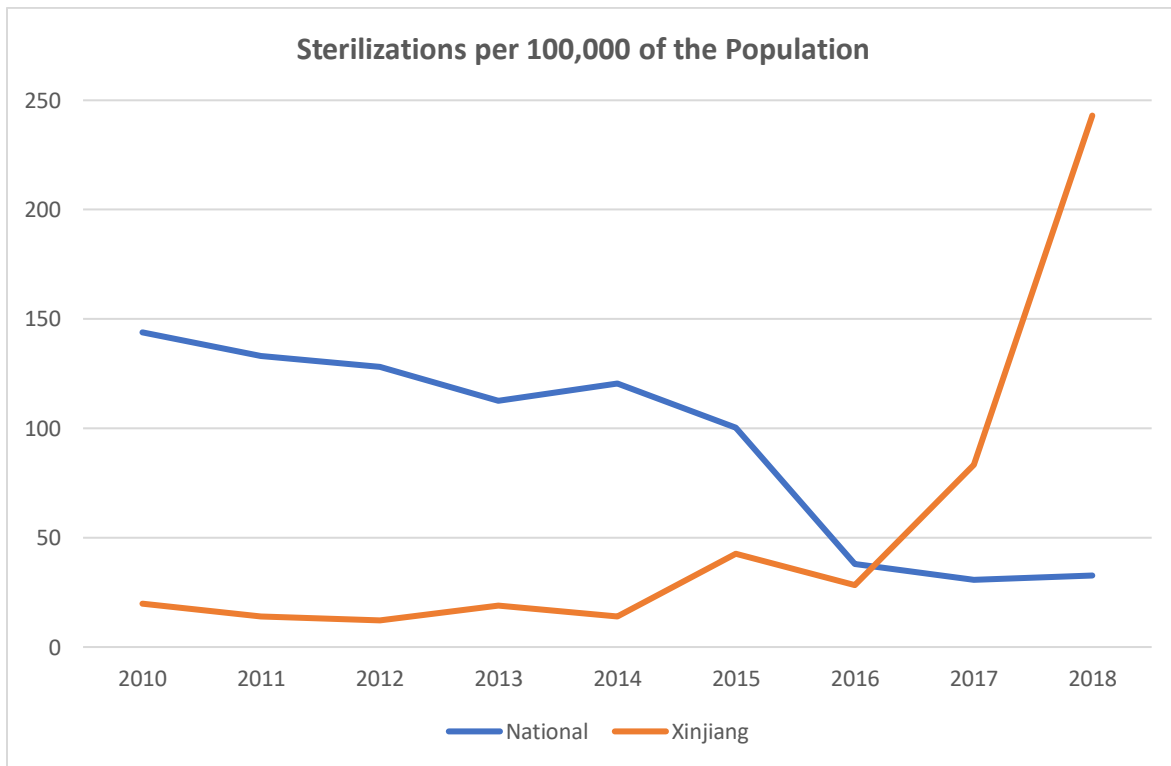


Figure 9. Source: 2011-2019 Health and Hygiene Statistical Yearbooks, table 8-8-2.

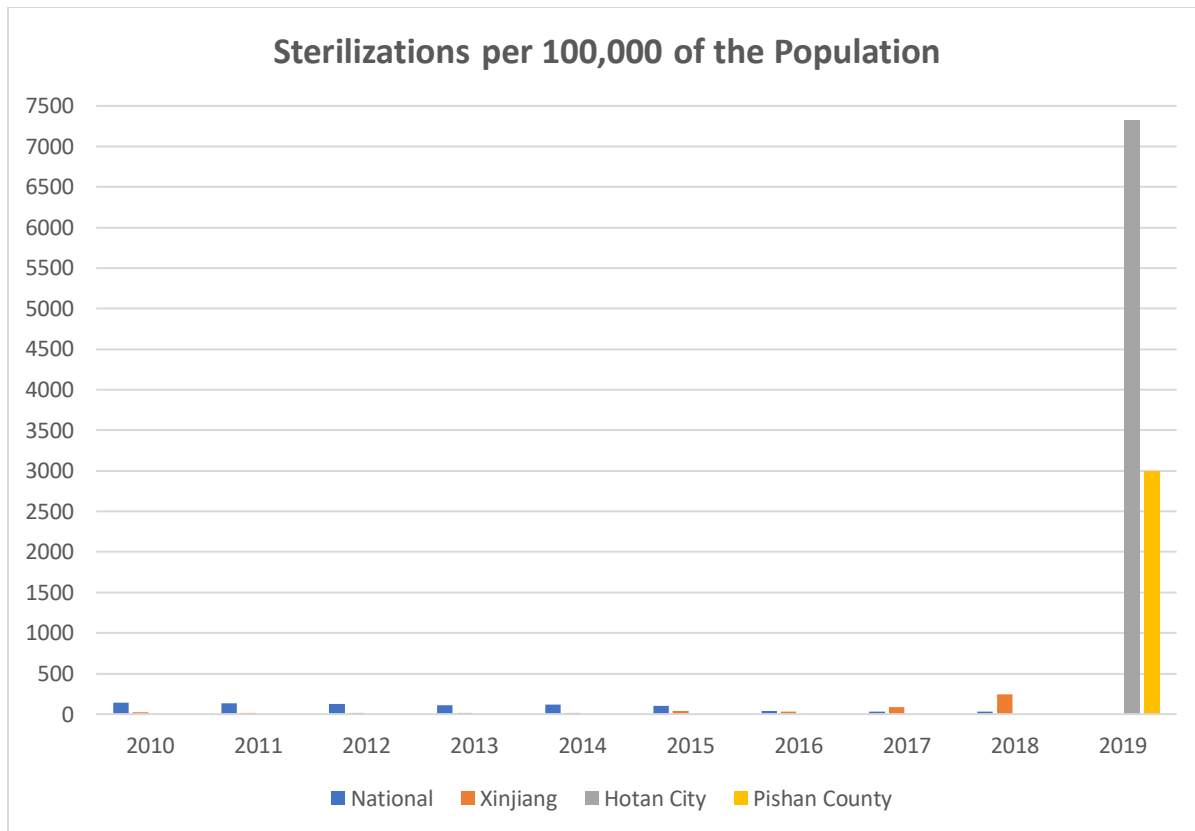


Figure 10. Sources: see figure 6; regional 2019 family planning budgets (scheduled figures).

Overall, it is possible that Xinjiang authorities are engaging in the mass sterilization of women with three or more children. Nilka County’s family planning policy for floating populations in 2019 stated that women with three or more children should be sterilized ([Nilka County](#), November 20, 2019). In past decades, women throughout China were pressured to submit to sterilization procedures once they had the maximum permitted number of children (e.g. [Washington Post](#), October 29, 2015).

The targeted four southern Xinjiang regions have an estimated 1.64 million married females of childbearing age. [51] According to the 2010 national census, 19.7 percent of Uyghur females in China (nearly all of whom live in Xinjiang) had three or more children. This is slightly more than the 16.4 percent for the Kuqa County sample (see *Table 2*) and likely more representative of rural Uyghurs, given that that sample included urban districts and that Kuqa has had a much lower natural population growth rate than many other Uyghur counties. [52] Research by a Han academic even cites a 36.1 percent share for Kashgar Prefecture, a figure that is quite close to Hotan City’s 34.3 percent sterilization target ([Journal of Ethnology](#), 2016). Several document caches show that in 2018, local governments kept spreadsheets titled “Southern Xinjiang’s Four Regions and Prefectures Family Planning—Situation of Families’ Implementation of the Sterilization Measure” (新疆四地州计划生育家庭落实结扎措施情况表, *Nan Jiang Sidizhou Jihua Shengyu Jiating Luoshi Jieza Cuoshi Qingkuang Biao*). [53]

In addition, rural women who “voluntarily” opt for sterilization after their second child, and hence forgo having a third child, receive one time payments of up to \$700 (5,000 RMB) and ongoing annual cash rewards ([Xinjiang Health Commission](#), January 5, 2018). [54] In 2019 and 2020, Xinjiang’s Health Commission

budgeted \$104.7 and \$102.4 million (750.4 and 733.9 million RMB respectively) for birth prevention award monies, including rewards for “voluntary” IUD placements and sterilizations. [55]

The 2019 budget figures for Guma show that sterilization procedures were expected to constitute 75 percent of the free birth control services project budget, with 50 percent of all expenses being covered by county co-funding. Even if we assume more conservative figures for the entire project and take into account the fact that the regionwide project also covers other expenditures, the resulting funds are sufficient to cover potentially up to nearly 200,000 tubal ligation sterilization procedures (priced at 600 RMB each). [56] Depending on a number of unknown variables, this figure could be considerably higher, also given that at least some Uyghur regions receive additional central government funding in the form of direct “central to local special transfer payments” for the promotion of “full coverage of free surgeries for women of childbearing age”. [57] In any case, it is likely that the project will continue beyond 2020, until the state’s birth prevention targets are reached.

Based on Xinjiang’s 2019 birth rate, we can broadly estimate Kashgar and Hotan’s 2019 combined average birth rate at 6.2‰. If accurate, then only about 3.0 percent of their married women of childbearing age would have given birth that year. [58] Consequently, 97.0 percent of these women could not or would not get pregnant and deliver a child. When adding up IUD placement shares of 70-73 percent (regional cases discussed above), which would have increased by 2019, and Guma and Hotan City’s 2019-2020 sterilization targets, one arrives at shares of “long-term effective birth control measures” that are potentially significantly higher than the official target figure of 80 percent.

2.4 Evidence of Increased Menopause and Widowhood During the Internment Campaign

Another piece of disturbing evidence, albeit only for a particular location, pertains to shares of women in menopause or widowhood. First, former female detainees have testified to drugs or injections given during internment that caused them (and other women) to lose their menstrual periods or experience increased bleeding. Numerous Uyghur county family planning documents list “long-term effective pregnancy prevention [drug] injections” (长效避孕针, *changxiao biyun zhen*) as part of their services. Kashgar City and Bagrax (Bohu) County specify that they inject the drug Depo-Provera (狄波—普维拉, *Dipo Yipu Weila*). [59] About 60 percent of women who are given Depo-Provera injections experience irregular bleeding, 50 percent have their menstrual cycles stop after 12 months of taking it (some much sooner), most experience a decreased sex drive, and a return to fertility can take up to 18 months after injections are stopped. [60] The drugs administered in internment camps may be more directly targeted at suppressing menstrual cycles.

Second, around 75-90 percent of those interned are men (most of them between the ages of 25 and 49), meaning that if any of them should die as a result of internment conditions, married women of childbearing age would experience a disproportionate increase in widowhood ([Journal of Political Risk](#), November 24, 2019).

Local government data for approximately 7,400 such women from K k G mbez District indicates an abnormal increase in the share of women who were widowed or in menopause. [61] Typically, women aged 18 to 49 are not widowed unless husbands fall seriously ill or have accidents. Between late July 2016 and late January 2017, figures were nearly unchanged regarding the percentages of women who were either: (a) infertile and in possession of a related government certificate (原发不孕, *yuancha buyun*); (b) were in menopause; or (c) were widowed. However, between late January 2017 and late March 2018, these shares

increased by 124.4 percent, 106.0 percent and 116.5 percent respectively (see Figure 11). [62] Many of these increases began in the summer of 2017, when the internment campaign was in full swing.

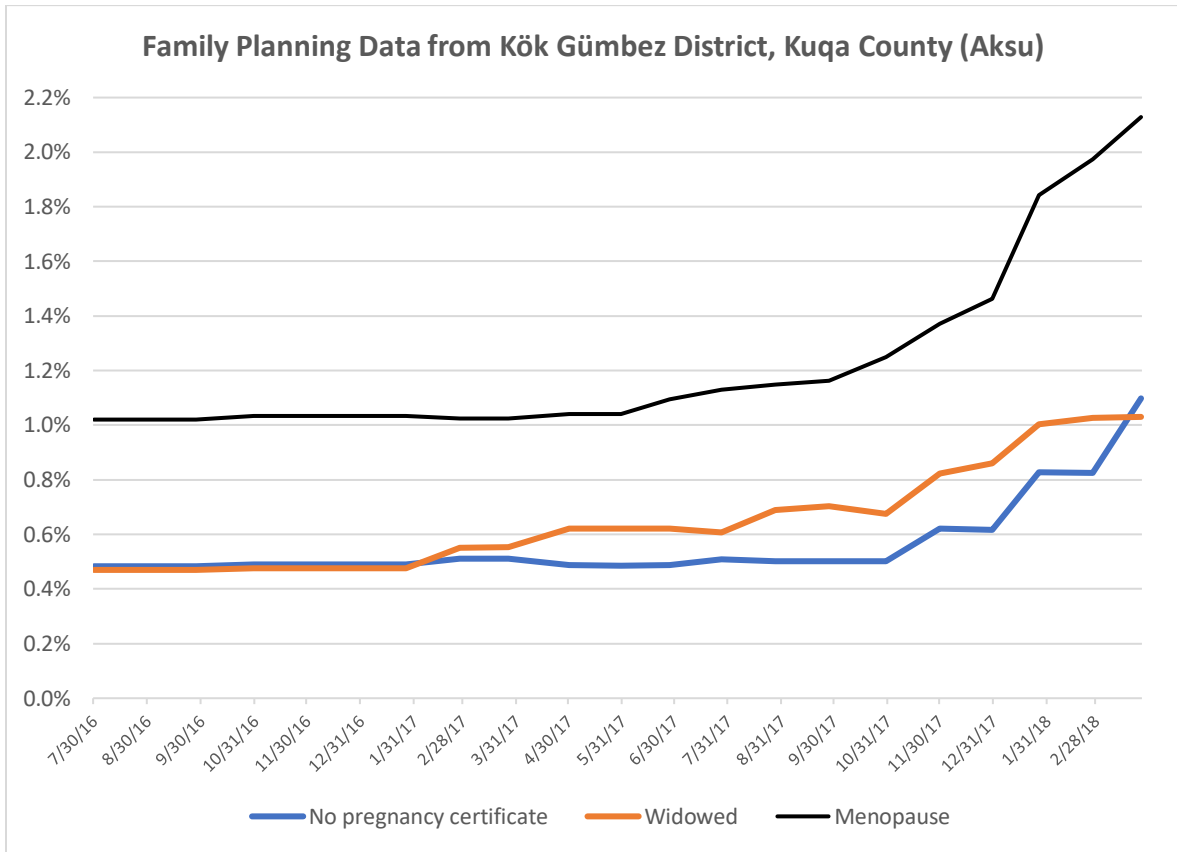


Figure 11. Source: Local government birth control statistics (避孕药具使用、发放及库存情况表).

Despite the limited sample size, this dataset confirms existing testimonies and raises serious questions about the consequences of internment for minority populations.

Conclusions

CCP authorities have long sought to manage China’s population. Stringent birth controls were relaxed in early 2016 and now even include state encouragement for two-child families ([China Brief](#), February 28). However, the evidence presented in this paper gives serious cause for concern regarding PRC state policies directed towards population control in Xinjiang. Developing regional disparities between Uyghur and Han population change rates, the apparent impact of the internment drive, and an apparent campaign of mass sterilization in at least two Uyghur regions should give the global community major cause for concern.

The population control regime instituted by CCP authorities in Xinjiang aims to suppress minority population growth while boosting the Han population through increased births and in-migration. Draconian measures that impose surgical birth control methods enable the state to increase or decrease minority population growth at will, akin to opening or closing a faucet. Additionally, regional authorities actively encourage interethnic marriages ([SupChina](#), August 7, 2019), in an effort to dilute Uyghur cultural identity and promote assimilation

into the “Chinese Nation-Race” (中华民族, *Zhonghua Minzu*). In tandem, these three strategies appear to undergird a wider game plan of ethno-racial domination.

These findings raise serious concerns as to whether Beijing’s policies in Xinjiang represent, in fundamental respects, what might be characterized as a demographic campaign of genocide per the text of Section D, Article II of the *U.N. Convention on the Prevention and Punishment of the Crime of Genocide*.

About the Author:

Adrian Zenz is a Senior Fellow in China Studies at the Victims of Communism Memorial Foundation, Washington, D.C. (non-resident), and supervises PhD students at the European School of Culture and Theology, Korntal, Germany. His research focus is on China’s ethnic policy, public recruitment in Tibet and Xinjiang, Beijing’s internment campaign in Xinjiang, and China’s domestic security budgets. Dr. Zenz is the author of Tibetanness under Threat and co-editor of Mapping Amdo: Dynamics of Change. He has played a leading role in the analysis of leaked Chinese government documents, to include the “China Cables” and the “Karakax List.” Dr. Zenz is an advisor to the Inter-Parliamentary Alliance on China, and a frequent contributor to the international media.

**Appendix A: Overview of County-Level Implementations of the Project Initiative
“Free Technical Family Planning Services to Farmers and Pastoralists”**

Region	Details	Reference(s)
Yingjisha County (2018)	Project name: 农牧民计划生育免费技术服务项目 Project description: Free birth control services in a region with 59,387 married women of childbearing age, including: IUD placements / removals, abortions, sterilizations, IUD and pregnancy checks. Expected to perform 1,429 free surgical procedures. Project funding: Xinjiang government: 340,000 RMB, county: 0 RMB	https://bit.ly/3dJnWBS
Sabayik District (Urumqi, 2018, 2020)	Project name: 农牧民、流动人口计划生育免费技术服务项目 Project description: Free birth control services, including: IUD placements / removals, abortions, sterilizations, IUD and pregnancy checks. Project funding (district): 152,900 RMB in 2018, 100,000 RMB in 2020	http://archive.is/wip/pRU0g http://archive.is/wip/q4Q1v
Tashkorgan County (2018)	Project name: 计划生育手术免费服务项目 Project description: Free birth control services, including: IUD placements / removals, abortions, sterilizations, IUD and pregnancy checks, for a target group of 8,825 rural women. Project funding (county): 57,000	http://archive.is/wip/RA69C (item 52)

Yopurga County (2018)	Project name: 计划生育免费技术服务经费项目 Project description: Free birth control services to the target group of 33,947 women, including: IUD placements / removals, abortions, sterilizations, IUD and pregnancy checks. Project funding (county): 218,000	岳普湖县计生委 2018 年绩效自评表-计划生育免费技术服务经费项目.xls
Shawan County (Dec 2018)	Project name: 农牧民计划生育免费技术服务 Project description: Free birth control services, including: IUD placements / removals, abortions, sterilizations, IUD and pregnancy checks, with the goal of maintaining the population growth rate at current levels or lower. Project funding: n/a	http://archive.is/n6ATv
Hotan City (2018 and 2019)	Project name: 农牧民免费技术服务 Project descriptions: 2018: IUD placements, removals, abortions, sterilizations 2019: full range of technical services, specific targets: 524 IUD placements, 14,872 female sterilizations Project funding (county): 100,000 RMB	https://bit.ly/2X6BPUj https://bit.ly/2TaucLf
Guma (Pishan) County (2019)	Project name: 农牧民计划生育免费技术服务项目 Project description: 8,064 female sterilizations, 5,970 IUD placements, 4,281 IUD removals, 81,152 pregnancy tests, 157,301 IUD checks Project funding (county, including other components): 3.2m RMB	http://archive.is/F86ts and https://bit.ly/3fOCTEH
Yining County (2018, 2019, 2020)	Project name: 农牧民计划生育免费技术服务实施方案 Project description: provide free birth control surgeries, including IUD placements, abortions, sterilizations, subcutaneous implantations, IUD checks, pregnancy checks. Project funding (county): in 2018/19: 799,000 RMB, 2020: 742,000 RMB.	http://www.xjyn.gov.cn 伊宁县卫生和计划生育委员会2019/2020年部门预算公开
Kashgar City (2019 and 2020)	Listed responsibility: 对农牧民进行计划生育免费技术服务 Project description: n/a Project funding: n/a	https://bit.ly/2WWOcSQ and https://bit.ly/2zF6YGk
Kuqa County (2019)	Project name: 农牧民免费技术服务、孕前优生健康项目 Project description: Free birth control services to 110,000 persons, including: IUD placements / removals, abortions, sterilizations, IUD and pregnancy checks.	https://bit.ly/2zCxiki

	Project funding (county): 431,680 RMB	
Keriya (Yutian) County (2019)	Project name: 计划生育免费服务经费 Project funding (county): 50,000 RMB	https://bit.ly/2WwKNLo
Awati County (2019)	Project name: 免费服务全县农牧民 Project description: n/a Project funding (county, including other components): 500,000 RMB	https://bit.ly/3cw2twa
Yuli County (2019)	Project name: 农牧民计划生育免费服务 Project description: Free birth control services, including: IUD placements / removals, abortions, IUD and pregnancy checks. Increase birth control method adoption rates. Project funding: 30,000 RMB (county), 90,000 RMB (prefecture)	http://archive.is/wip/GUpD3
Xinyuan County (2019)	Project name: 计划生育免费手术 Project description: Provision of free birth control services to a target population of 45,600. Project funding: 428,500 RMB (county)	https://bit.ly/37Wnyyt
Yecheng County (2019)	Project name: 2019 年农牧民计生技术免费服务经费 Project description: Free birth control services and four annual checks for each of the 86,000 women of childbearing age. Project funding (county): 680,300 RMB.	https://bit.ly/3g3oYdV (download page: http://archive.fo/wip/s9tXb)
Taxkorgan County (2019)	Project name: 农牧民实施计划生育手术免费服务项目 Project description: Free birth control services for 8,825 persons, including: IUD placements / removals, abortions, sterilizations, IUD and pregnancy checks. Project funding (county): 55,500 RMB	http://archive.is/s8d41 (item no. 52) https://bit.ly/2T6SHsG
Urumqi County (2019)	Project name: 农牧民免费计划生育技术服务经费 Project description: Free birth control services, including: IUD placements / removals, abortions, sterilizations, IUD and pregnancy checks. Project targets: 8,190 IUD checks, 9,424 pregnancy checks, 150 IUD placements. Project funding (county): 160,000 RMB	https://bit.ly/2yYZ4HW (original source: www.wlmg.gov.cn)
Gaoxin District, Urumqi City (2019)	Project name: 农牧民计划生育免费技术服务经费 Project description: unspecified free services. Project funding (district): 250,000 RMB	http://archive.is/wip/cW5bF and https://bit.ly/2Tlgs0l

Tekes County (2019)	<p>Project name: 计划生育服务 (for rural and urban residents)</p> <p>Project description: Free birth control services, including: IUD placements / removals, abortions, sterilizations, IUD and pregnancy checks.</p> <p>Target figures: IUD placements 1,174, IUD removals 171, 489 abortions, 26,263 IUD checks, 16,691 pregnancy checks, 38,352 instances of administering contraceptive drugs.</p> <p>Project funding (county): 397,100 RMB</p>	<p>https://bit.ly/3fOsn0p (original source: http://www.zgtps.gov.cn)</p>
Baicheng County (2019, 2020)	<p>Project name: 农牧民计划生育免费技术服务经费</p> <p>Project description: Provide free pregnancy prevention and birth control technical services (避孕节育技术服务), including IUD placements and sterilizations to a target group of 23,577 women.</p> <p>Project funding (county): 100,000 RMB</p>	<p>https://bit.ly/2NpRzNN, https://bit.ly/366GObt</p>

Notes

[1] Gulbagh Residential District in Hotan City: 15.17‰, Hotan County: 2.22‰. Sources: see main text body.

[2] Source: Xinjiang 1990 Statistical Yearbook, table 3-1.

[3] Calculated based on Han household registered population figures (Figure 1).

[4] See Table 1. Xinjiang's Han numbered 8.6 million at the beginning of 2015, and the cumulative natural population growth rate from 2015 to 2018 amounted to 14.51‰.

[5] FN Source: National Census by counties, 2000 and 2010 census, tables 3.

[6] See <http://archive.is/wip/wVypQ> (English translation: <https://bit.ly/2WtANm6>) and p.113 in Gladney, Dru. 2004. *The Chinese program of development and control, 1978–2001*. In S. F. Starr (Ed.). (2015). *Xinjiang: China's Muslim borderland*. London and New York: M. E Sharpe.

[7] This was the year when Xinjiang's prior party secretary, Zhang Chunxian, initiated a campaign to send 200,000 cadres to investigate conditions in rural minority regions ([Xinjiang Daily](#), February 18, 2014).

[8] Between 1949 and 2016, Xinjiang's Uyghur grew by an annualized average of 18.8‰. Uyghur population in 1949: 3.29 million, 1978: 5.55 million, 2016: 11.45 million. Source: Xinjiang Statistical Yearbook 1990 table 3-2, 2019 table 3-8.

[9] The two terms used are “end of year population” (年末人口), found in the Xinjiang Statistical Yearbooks (e.g. 2019, table 3-5), or “end of year household registered population” (年末户籍人口), as labelled in Urumqi City's Social and Economic Development Report ([Urumqi City Government](#), June 4, 2019).

[10] Consequently, statistical sources from e.g. Kashgar, Hotan and Aksu only publish the total household-registered population. Local government spreadsheets from Kuqa County (Aksu Prefecture) show that permanent residents made up only 2.9 percent of the total population. Of a total population of 12 districts in 2017 and 2018 of 25,688, the household registered population stood at 24,952. This data comes from a cache of over 25,000 local government files obtained by the author in 2019. For further details, see [Journal of Political Risk](#) (November 24, 2019).

[11] *Xinjiang 2019 Statistical Yearbook*, tables 3-1 and 3-8.

[12] There is no ethnic breakdown for permanent residents. A small number of these may have been Uyghurs who were forced to return to their original home regions from other parts of China in 2017 and 2018. However, it is unclear whether they had changed their household registration when they left Xinjiang in the first place, or whether their household registration was changed upon return to Xinjiang. While Xinjiang's XPCC population also increased, their numbers are already included in Xinjiang's overall household registered population ([Urumqi City Government](#), June 4, 2019; [XPCC Government](#), April 26). Urumqi's 2019 figures only cite the permanent resident population ([Xinjiang Government](#), June 8).

[13] While it is possible that citizens move their household registration to another province, converting their status in Xinjiang to that of permanent residence, the vast majority of permanent residents can be estimated to result from in-migration.

[14] The November 2013 publication of an academic from Shehizi University in Xinjiang calculated strong negative correlations between high minority population growth, average GDP and level of education ([Sociology of Ethnicity](#), April 26, 2017). The author specifically recommended the "all-out development of bilingual and vocational education", instilling in children a desire for pursuit of "development". This recommendation turned out to be prophetic.

[15] All combined Kashgar and Hotan figures cited in this report are weighted based on total populations.

[16] Source: XUAR 2018/19 Statistical Yearbooks, tables 3-7.

[17] Sources: <https://www.xjht.gov.cn/tupian/uploadfile/201608/20160830103513180.doc> (alternative archived download at <https://bit.ly/2AtvZ7K>), <http://archive.is/0bhME> and <http://archive.is/wip/14oif>.

[18] Sources: www.xjht.gov.cn/article/show.php_itemid=117388.html, <http://archive.is/wip/ufT10> and <http://archive.is/ufT10>.

[19] Original Chinese: "通过 2020 年计划生育工作，人口控制明显，全州人口过快增长和违法生育得到有效控制，人口出生率和人口自然增长率同比下降 7.13 和 6.4 千分点". Given that the region's 2019 birth rate stood at 8.18 per mille (<http://archive.is/APGgL>), the mandated 7.13 per mille reduction results in a 2020 target birth rate of 1.05 per mille. Source: www.xjkz.gov.cn. Archived download at <https://bit.ly/2CbUJalz>.

[20] It arose in tandem with a directive titled "Suggestions Regarding Strengthening and Improving Family Planning Work in Southern Xinjiang's Four Regions and Prefectures" (关于加强和改进南疆四地州计划生育工作的意见). This directive does not appear to be publicly accessible.

[21] E.g. Ruoqiang <http://archive.is/wip/FILkS>, Qiemo <http://archive.is/TKjX8>, Hejing <http://archive.is/dYrk5>, Urumqi (Midong) <http://archive.is/wip/iGaGS>. Start in 2017: Xinyuan (originally at www.xjyl.gov.cn/info/1068/127325.htm, alternatively at <http://archive.is/wip/qgPKn>), Qapqal (originally at www.xjyl.gov.cn/info/1068/127191.htm, alternatively at <http://archive.is/wip/iPIRT>), Tekes (originally at www.zgtks.gov.cn/info/1009/23849.htm, alternatively at <http://archive.is/wip/5wjQ2>).

[22] Issued as 2018 no.2 document (新卫计生基层发〔2018〕2号). See e.g. <http://archive.is/111ml>. The original text of this directive is not publicly available.

[23] PIS: see e.g. <http://archive.is/iGaGS>. The work teams were instructed to go out in the mornings and discuss and debate their findings in the evenings ([Journal of Political Risk](#), February 17, 2020, section 3.4). The Qapqal report likewise states: "村级将违法生育专项治理工作列入早派工晚研判重要内容".

[24] Original source: www.xjyl.gov.cn/info/1068/127191.htm. As social media post: <http://archive.is/wip/iPIRT>. Alternative download at <https://bit.ly/2WY4C4Q>. For a detailed study of internment camp terminology, see <https://www.jpolorisk.com/wash-brains-cleanse-hearts/>.

[25] Original source: www.zhaosu.gov.cn/info/1247/23295.htm. Alternative archived download at <https://bit.ly/2Z5uiaG>.

[26] See e.g. <http://archive.is/wip/uX06n> or <http://archive.is/wip/n6ATv>. In theory, long-term effective birth control measures also include subcutaneous implants (皮下埋植). However, their adoption rate in

Xinjiang is extremely low (Xinjiang Statistical Yearbooks tables 3-10). Local government birth control statistics between spring 2017 and autumn 2018 for 12 villages and urban districts in Kuqa County (Aksu Prefecture) do not show a single such case among a total of 5,477 married women of childbearing age.

[27] Shorthand for 集中教育转化, see e.g.

<http://web.archive.org/web/20200518194533/http://www.xjks.gov.cn/content/downloadAttachment.shtml?id=567&attachmentUrl=/user/cms/www.xjks.gov.cn/2018/10/12/1539274041849.pdf>. It should be noted that floating populations (流动人口) are a harder to control population group, whose treatment especially in regards to family planning and population control is akin to other “focus groups” (重点全体) such as ethnic minorities. In numerous family planning budgets, measures for such populations and for rural minority areas are not uncommonly identical (or highly similar), and/or part of the same project (see also examples of this in Appendix A).

[28] Original source: www.xjyl.gov.cn/info/1068/127191.htm. As social media post: <http://archive.is/wip/iPIRT>. Alternative download at <https://bit.ly/2Wy4C4Q>. For a detailed study of internment camp terminology, see <https://www.jpolorisk.com/wash-brains-cleanse-hearts/>.

[29] In these cases, this violation was the only stated reason for internment.

[30] Between March and May 2018, 36.0 percent of all those shown in the Karakax List as interned for birth control reasons were put into camps, as opposed to 22.5 percent of all detainees regardless of reasons (figures only pertain to those with a stated internment date). In May 2018, at least some regions also specifically mandated that all birth control violations since 1981 were now subject to “comprehensive clean-up investigations” (全面清理清查; [Qapqal County Government](#), June 14, 2018).

[31] Chinese. 严厉打击违法生育行为，人口出生率和人口自然增长率大幅下降. Source: <http://archive.is/hlcZi>.

[32] Download page: <http://archive.is/14oif>. Alternative archived download at <https://bit.ly/2Z27WXD>.

[33] Original source: www.zhaosu.gov.cn/info/1247/23295.htm. Alternative archived download at <https://bit.ly/2Z5uiaG>.

[34] E.g. Hejing County (originally at www.xjhj.gov.cn/Government/PublicInfoShow.aspx_ID=33456.html, alternative download at <http://archive.is/wip/sH4es>), Bortala Prefecture (<http://archive.is/fojYP>), Urumqi (<http://archive.is/iGaGS>), Zhaosu County (originally at www.zhaosu.gov.cn/info/1247/23295.htm, alternatively at <https://bit.ly/2Z5uiaG>).

[35] Download page: <http://archive.is/hfGL6> (file 2019 年自治区卫生健康委员会机关及直属（管）单位绩效目标.xls). Original download link:

http://www.xjhfdc.gov.cn/system/_content/download.jsp?urltype=news.DownloadAttachUrl&owner=1191139272&wbfileid=35608. Archived download of the spreadsheet: <https://bit.ly/31FcsWE>.

[36] These region’s total population at the time was 25,688. This data comes from a cache of over 25,000 local government files obtained by the author in 2019. For further details, see [Journal of Political Risk](#) (November 24, 2019).

[37] 5,448 of 7,738 married women of childbearing age. 161 women had been sterilized. Original source: www.zgtks.gov.cn/info/egovinfo/1001/govinfo_pub/details_gov/01061433X-/2018-0820446.htm. Archived page: <https://bit.ly/3cBlpZq>

[38] See also note [27]. Zumrat Dawut stated that in Urumqi, IUDs were mandatory for all women who have had two children, but that IUD placement regulations in Uyghur regions in southern Xinjiang were much stricter, with UID placement requirements being ubiquitous.

[39] Source: 2015 and 2019 *Health and Hygiene Statistical Yearbooks*, table 8-8-2.

[40] 2019 *China Population and Employment Yearbook*, table 1-1.

[41] See e.g. <https://onlinelibrary.wiley.com/doi/pdf/10.7863/jum.2010.29.7.1093>.

- [42] <http://web.archive.org/web/20200424153412/https://zcy-gov-open-doc.oss-cn-north-2-gov-1.aliyuncs.com/1014AN/659900/10006124058/201911/2236685d-38cb-4c56-81e1-50f7fa5f0f68>
- [43] Free “family planning” services for China’s rural populations have been in place for years, and in Xinjiang since 2004, based on the 新疆维吾尔自治区农牧民计划生育免费技术服务实施办法 (CNKI, 2004). Xinjiang’s 2017 revision of the family planning regulation specifically mentions the right to such free services ([Xinjiang Health Commission](#), 2017).
- [44] Original Chinese: “引导广大农牧民群众自发进行计划生育绝育手术，实施节育手术免费政策，有效推进计划生育工作，有效控制人口过快增长”. Download page: <http://archive.is/ZDatc>. Archived download for the Word document: <https://bit.ly/2YLKVXp>.
- [45] Spreadsheet download: <http://web.archive.org/web/20200514143056/http://xjhfp.gov.cn/system/resource/storage/download.jsp?mark=OTczMjg2ODhEREYzRTU0NEI2OURBNTk3NzA5RkYwMDQvNUExMURFNzkvNTZFMDA=>. Overview and download page: <http://archive.is/PuDIV>. An earlier 2016 iteration was funded with 73.3 million RMB (source: <http://archive.is/wip/tuiiF>).
- [46] Yining City conducted a special 2 month initiative between July and September 2019, during which “free” birth control surgeries were provided. Sources: <http://archive.is/wip/UBteJ>.
- [47] Source: Guma County government website, download page at <http://archive.is/F86ts>, file 皮山县计生委.pdf contained in archive at <http://www.ps.gov.cn/Upload/main/InfoPublicity/PublicInformation/File/2019/03/04/201903041238580250.rar>. Alternative archived download at <https://bit.ly/3fOCTEH>. For both Guma County and Hotan City, the 600 RMB price tag shown in the respective government planning documents indicates that these are female sterilizations (输卵管结扎), which throughout Xinjiang are budgeted at a standard 600 RMB per procedure, while male sterilizations (输精管结扎) are budgeted at 220 RMB. See e.g. <http://archive.is/wip/m2b9x>.
- [48] Source: <http://web.archive.org/web/20200514171345/https://www.hts.gov.cn/file/upload/201904/02/161938677.pdf>.
- [49] Download page: <http://archive.is/LqXLF>. Alternative archived download at <https://bit.ly/3fOqdxw>.
- [50] Download page: <http://archive.is/wip/Z2gke>. Original download link: <https://www.hts.gov.cn/file/upload/201911/22/232405667.rar>. Archived download of the original compressed folder at <https://bit.ly/3e9ugmW>. Archived download of the specific PDF at <https://bit.ly/2BkgPSN>.
- [51] Source: *Xinjiang 2019 Statistical Yearbook*, table 3-9, assuming a 21.3 percent share of married females of childbearing age among a combined rural population (乡村人口) of 7.72 million.
- [52] E.g. for 2015 a rate of 9.48‰, versus averages for Aksu, Kashgar and Hotan of 18.41‰, 26.06‰ and 17.27‰ respectively.
- [53] This data comes from a cache of over 25,000 local government files obtained by the author in 2019. For further details, see [Journal of Political Risk](#) (November 24, 2019).
- [54] Compare the same policy in Aksu’s Shayar (Shawan) County: <http://archive.is/wip/SP9vP>
- [55] 2019 figure: spreadsheet download at <http://web.archive.org/web/20200514143056/http://xjhfp.gov.cn/system/resource/storage/download.jsp?mark=OTczMjg2ODhEREYzRTU0NEI2OURBNTk3NzA5RkYwMDQvNUExMURFNzkvNTZFMDA=>; overview and download page: <http://archive.is/PuDIV>. 2020 figure: download page: <http://archive.is/LqXLF>. Alternative archived download at <https://bit.ly/3fOqdxw>.
- [56] The regionwide project also covers monthly subsidies for rural family planning propaganda workers (which are additionally co-funded from local budgets). If half of the regionwide project budget was earmarked for birth prevention services, 60 percent of these funds were available for sterilizations (versus

75 percent in Guma), and county co-funding averaged 20 percent (versus 50 percent in Guma), then this would amount to sufficient funds to perform $117,000,000 / 600 = \text{approx. } 195,000$ tubal ligations. This would result in the sterilization of approximately 11.9 percent of all such women. Since co-funding may additionally also be provided by the respective prefectures as well as the central government, these are fairly conservative estimates. For example, Hotan Prefecture's 2018 regionwide budget specified 72.9 million RMB for "family planning services" (计划生育服务; source: <http://archive.is/wip/CMD8K>). In 2019, Kashgar Prefecture 2019 spent 63.3 million RMB on this budget item, and for 2020 it budgeted: 74.3 million RMB on it (source: <http://www.kashi.gov.cn/UploadFiles/News/2020/5/202005261307401203.zip> or <http://web.archive.org/web/20200618164959/http://www.kashi.gov.cn/UploadFiles/News/2020/5/202005261307401203.zip>; archived download of the PDF at <https://bit.ly/2NblHes>).

[57] Original Chinese: "中央对地方专项转移支付项目" for targets such as "育龄妇女免费手术覆盖率 100%". Kizilsu Prefecture received 1.33 million RMB in 2019 for birth prevention measures and such a propagation of free surgeries. Source: www.xjkz.gov.cn. Alternative download at <https://bit.ly/3fzUJdK>.

[58] 2019 figure estimated by taking the averaged weighted 2018 birth rate of Hotan and Kashgar of 8.16‰ and reducing it by the most recent drop in Xinjiang's overall birth rates (from 10.69‰ in 2018 to 8.14‰ in 2018).

[59] Kashgar City (2018): spreadsheet titled "服务中心重大公共卫生项目 2018 年度财政预算绩效自评表", source: www.xjks.gov.cn. Alternative archived download: <https://bit.ly/3cUQjxh>. Bagrax County (2017): www.xjbh.gov.cn/publicity_bhxzfxqk/zcjd_zcjd/40149/index.html. Alternative archived download: <https://bit.ly/2Mvv1KL>.

[60] See <https://www.rxlist.com/progesterone-injection-drug.htm>, https://www.accessdata.fda.gov/drugsatfda_docs/label/2010/020246s036lbl.pdf, <https://www.webmd.com/sex/birth-control/birth-control-depo-provera>.

[61] Source: This data comes from a cache of over 25,000 local government files obtained by the author in 2019. For further details, see [Journal of Political Risk](#) (November 24, 2019).

[62] 2010 census data shows Kuqa County's share of widows among women over 15 at 7.7 percent, Aksu's at 7.2 percent, and Xinjiang's 7.0 percent (2010 census by county, table 7).
