

TEKMUN'25



Study Guide



UNWOMEN

Agenda 1: Addressing the Issue of Sex-Selective Abortions and Female Foeticide in India

Agenda 2: Examining State-Enforced Reproductive Policies: Forced Abortions and Sterilization of Women in East Turkistan

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1. Introduction

1.1 Letter From Secretary General

Dear Esteemed Delegates,

It is with great honor and excitement that I welcome you all to second edition of TEKMUN. As the Secretary General, I am truly proud to witness the gathering of bright, passionate and globally minded individuals who are ready to discuss, debate and shape solutions to the pressing issues of our time.

TEKMUN was founded with a vision and to create a platform where ideas meet diplomacy, and where every delegate finds their voice. This year we aim to uphold that vision by providing a conference that not only challenges your intellect but also inspires collaboration, empathy and leadership.

Each committee has been carefully designed to reflect the diversity and complexity of international relations. From humanitarian crises to global security, TEKMUN'25 invites you to think critically, speak confidently and act diplomatically.

I extend my deepest gratitude to our dedicated Secretariat, Organizing Team and our Academic Team for their endless efforts in bringing this conference to life. To our delegates, I wish you fruitful debates, new friendships and unforgettable experiences. May TEKMUN'25 be a milestone in your MUN journey and a reminder that your voice matters.

Warm regards,

Sıla Bayram

Secretary General of TEKMUN'25

1.2 Letter From Under Secretary General

Dear Delegates,

It is our great pleasure to welcome you to this UNWOMEN committee. We are Meryem Binay and Fatma Betül Okuyucu from Tenzile Erdoğan Girls Religious High School, and as your Co-USG we are truly honoured to guide your discussions on the agenda: "Examining State-Enforced Reproductive Policies - Forced Abortions and Sterilization of Women in East Turkistan." and "Addressing the Issue of Sex-Selective Abortions and Female Foeticide in India."

Few topics touch the very heart of women's rights and human dignity as directly as this one. The reports of forced IUD insertions, compulsory sterilizations, and coerced abortions remind us that bodily autonomy is not yet a reality for every woman and girl. As members of UN Women, you carry the responsibility to speak for those whose voices have been silenced, to protect reproductive freedom, and to ensure that no government uses demographic goals to violate the rights of its people.

As delegates, you are entrusted with the responsibility to think critically, collaborate effectively, and propose innovative, sustainable solutions. We encourage you to examine deeply into the core of this issue. Engage with the topic passionately, respectfully challenge each other's ideas, and strive for diplomacy that reflects the values of the United Nations.

Remember, true leadership in international relations does not lie in domination of debate, but in the ability to listen, compromise, and act with integrity. The world you simulate here is a reflection of the world we aspire to build and your contributions matter. We look forward to seeing the insightful debates, creative solutions, and inspiring diplomacy that we know you all are capable of delivering.

Warm regards,

Meryem Binay & Fatma Betül Okuyucu

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Under Secretaries General of UNWOMEN

Agenda 1: Addressing the Issue of Sex-Selective Abortions and Female Foeticide in India

1.3 Overview of the Agenda

Female foeticide and sex-selective abortion in India are serious issues that affect human rights and gender equality. These practices are connected to long-standing social and cultural traditions that value sons more than daughters. In many communities, sons are often linked with family honor, financial support, and important religious duties, while daughters may be seen as a financial responsibility. As a result, these beliefs have contributed to an uneven gender balance in different parts of the country.

The problem still persists even after the passing of various legal systems, such as the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act and the Medical Termination of Pregnancy (MTP) Act, both of which are meant to regulate and prevent the misuse of medical technology for sex determination. Yet, after decades of enforcement, sex-selective abortion continues to be prevalent in urban as well as rural India, particularly in the northern Indian states of Haryana, Punjab, and Rajasthan, where preference for a son continues to be the dominant social norm.

According to the National Family Health Survey (NFHS-5, 2019–21), the child sex ratio in India is 929 girls per 1,000 boys, which represents an progressive change over the last few decades. Even though it shows improvement in legal action and a heightening of consciousness, the figures represent a systemic gender imbalance deep-seated in Indian society. The results of these practices are very serious. They can create an unbalanced population, continue gender inequality, and increase problems such as human trafficking and forced marriages.

This agenda examines the historical, socio-cultural, and legal forces behind sex-selective abortions and female foeticide. It requires a unified and multi-pronged action by the Indian

state, civil society, and international actors for the support of women's rights and gender equality.

1.4 Context for UN Women and Global Gender Equality Goals

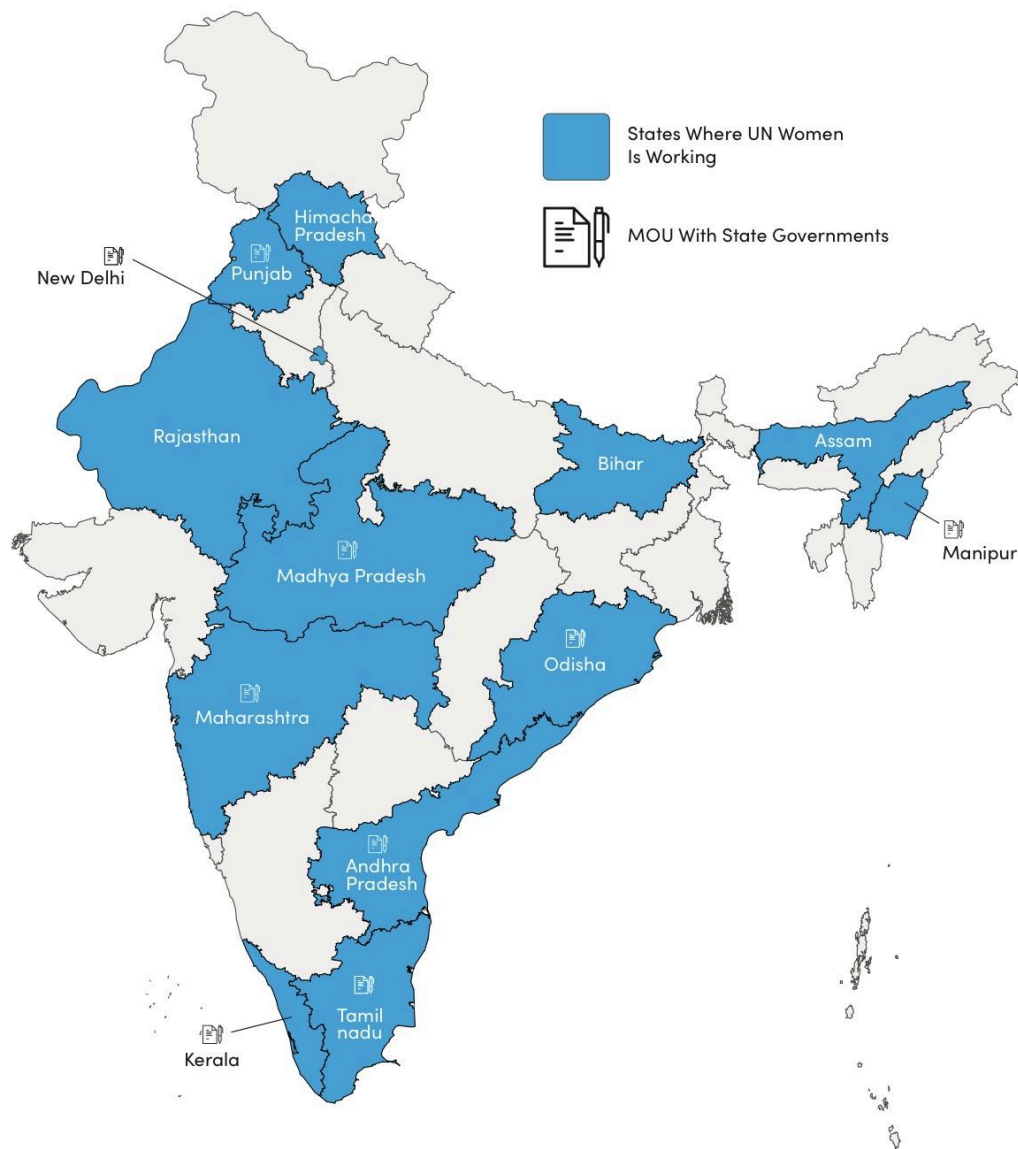
UN Women's mission is about ending discrimination, empowering women, and advancing gender equality in everyday life. In the context of India, this mission applies to the organization's wider objectives of achieving a government that pays attention to women's needs, equal opportunities in health and education, and ending patriarchal regimes that continue violence and discrimination.

The agenda connects with several Sustainable Development Goals (SDGs), that is:

- SDG 5: Empower all girls and women and attain gender equality.
- SDG 3: Encourage well-being and healthy lives for all.
- SDG 10: Reduce inequality between and within countries.

Secondly, it implements international commitments under CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women), which India acceded to in 1993, that obligate the state to move against gender discrimination and ensure access to reproductive rights. The fight against female foeticide is therefore not just a national obligation but also an international commitment in sync with the United Nations' universal agenda for women's empowerment.

UN WOMEN PRESENCE IN INDIA



2. Key Terms and Definitions

- **Sex-Selective Abortion:** Abortion based on the foetus's sex, typically to avoid giving birth to a girl child.
- **Female Foeticide:** Foeticide of a female foetus based on prenatal determination of sex, typically for economic or cultural motives.
- **Patriarchy:** A men-privileging social system that systematically subordinates women in social, economic, and political institutions.
- **A dowry system:** A cultural tradition where the gifts or wealth are transferred from the bride's family to the groom's family, which reinforces the idea of daughters as a financial drain.
- **Gender imbalance:** A condition of population where one gender, typically male, far exceeds the other due to uneven social or cultural customs.
- **Child Sex Ratio (CSR):** The ratio of girls to boys aged 0–6, used to measure gender balance in early child ages.
- **PCPNDT Act:** An Act introduced in 1994 to manage prenatal diagnostic procedures and ban sex determination.
- **MTP Act:** An Act first put into force in 1971 and changed in 2021 to control abortion in specific situations.
- **Beti Bachao, Beti Padhao (BBBP):** A nationwide movement launched in 2015 with the aim of promoting the survival, protection, and education of the girl child.
- **Missing Women:** A term introduced by Amartya Sen to describe the millions of women "missing" due to sex-selective abortions, infanticide, or neglect.

3. Background of the Issue

3.1 Historical and Cultural Context of Gender Preference in India

The origin of son preference in India is rooted in centuries-old tradition under which sons were viewed as carriers of lineage, custodians of family prestige, and providers of economic and social security to parents. Sons were also expected to conduct funeral rituals to secure ancestors' salvation. Daughters, however, were viewed as a burden due to dowry demands and their eventual departure from home after marriage.

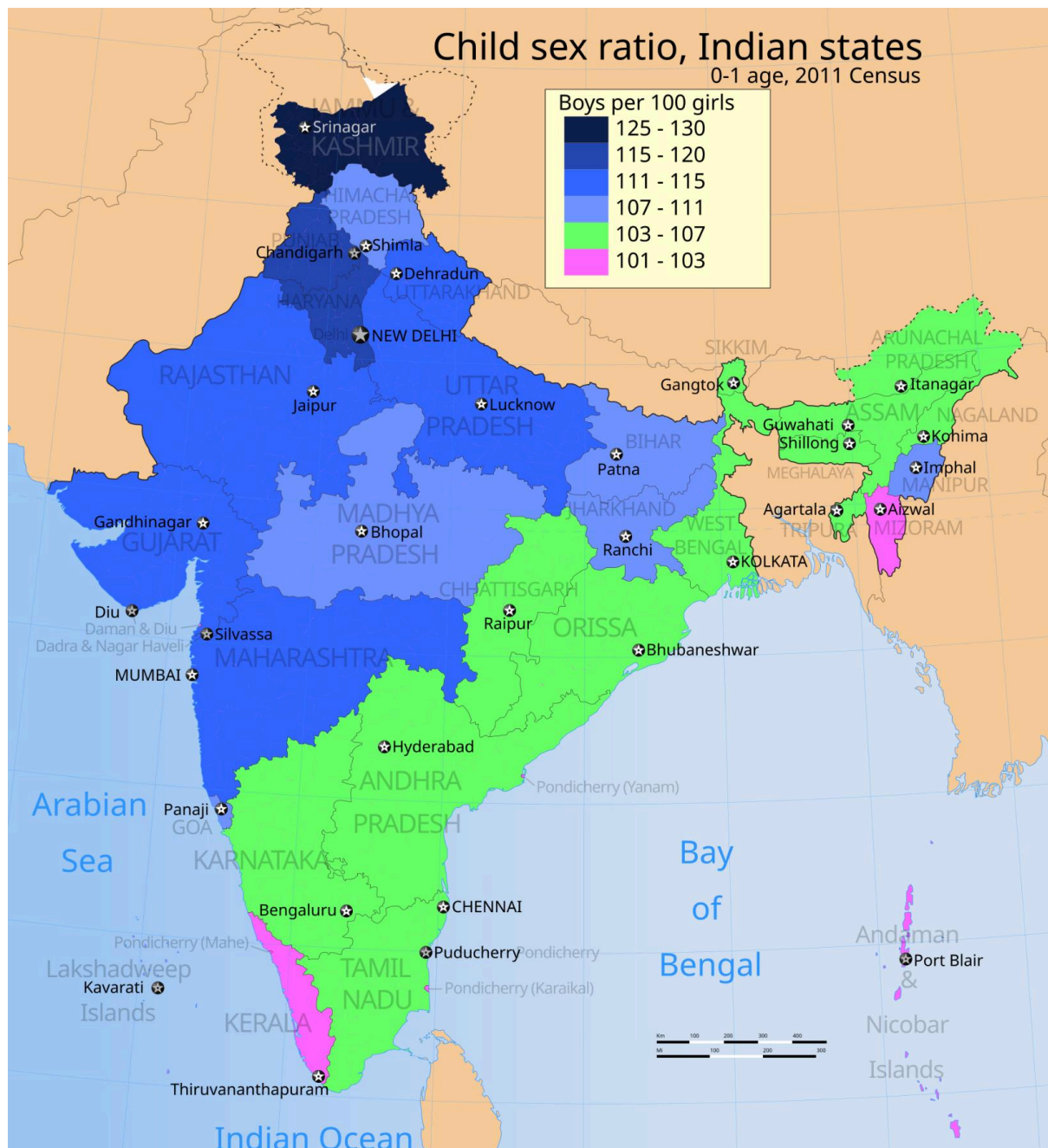
During the colonial period, inheritance laws and property rights were mostly focused on masculine lines, excluding women's economic participation. Following independence, despite the constitution's guarantee of gender equality, patriarchal norms continued to limit women's presence and cemented patriarchal attitudes of favoring male children over females.

The advent of contemporary medical technology in the latter half of the 20th century, specifically ultrasound and amniocentesis, turned these age-old prejudices into a new kind of gender violence: sex-selective abortion. Couples started employing the use of medical instruments to identify the sex of fetuses, which resulted in large-scale destruction of female fetuses even among middle-class and educated families.

3.2 Emergence of Sex-Selective Practices and Female Foeticide

By the 1980s, affordable ultrasound devices became quite available, making prenatal determination of sex a common practice. Despite the rise in consciousness, the practice persisted in all classes of society. Studies show that sex-selective abortions are not directed to poor or illiterate societies but even to urban and middle-class segments. The trend dedicates

itself to a larger social mindset which confirms economic development does not always refer to gender equality.

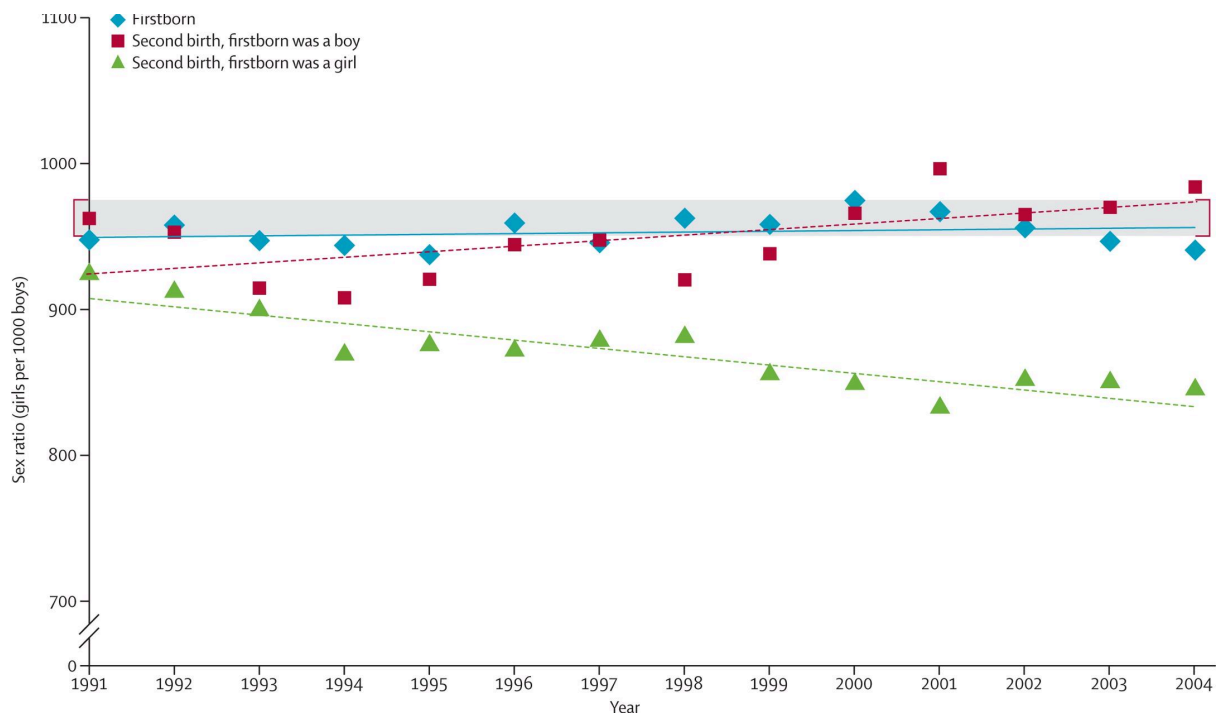


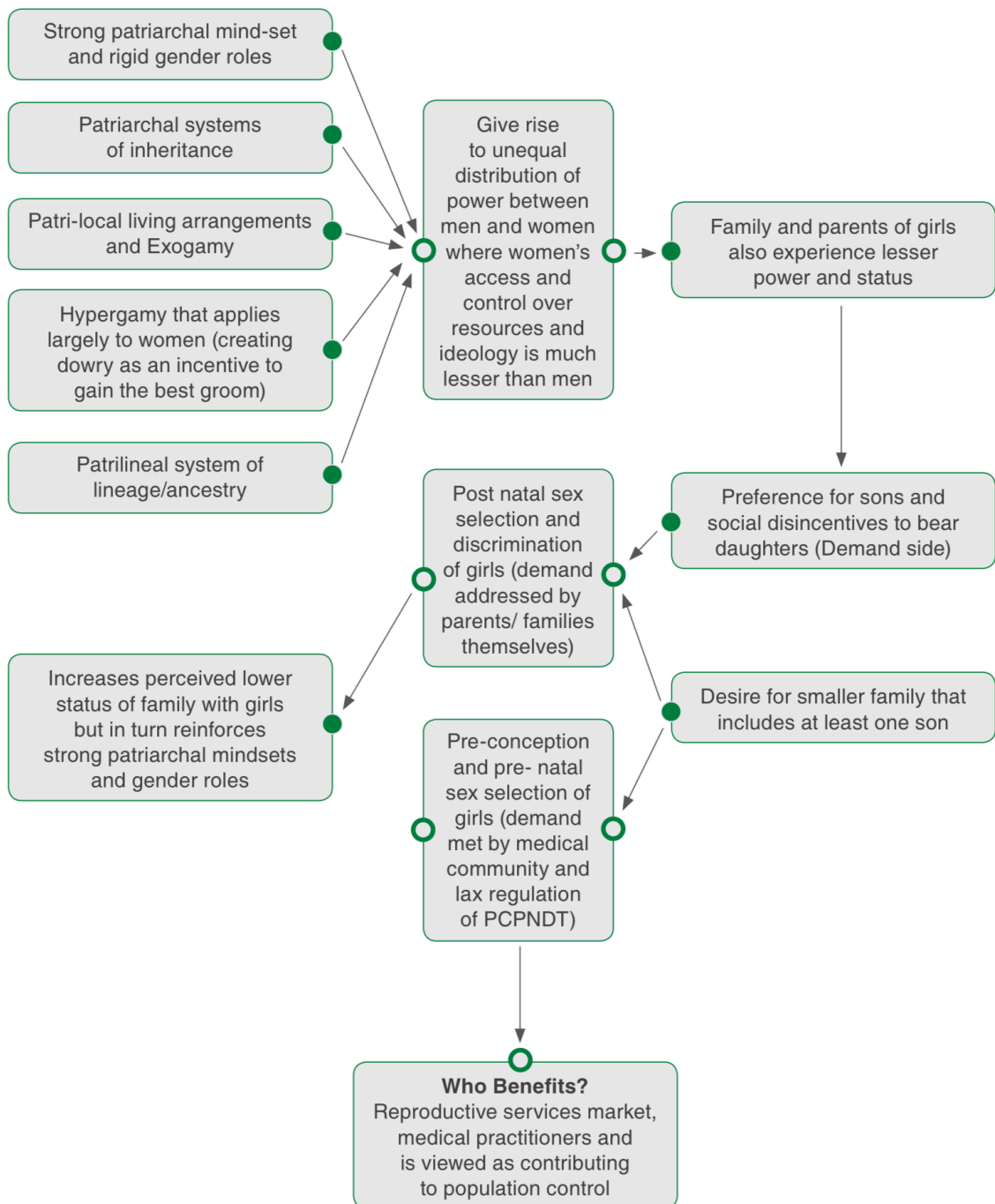
3.3 Current Situation and Statistical Overview

Despite decades of activism and legal efforts, India is still out of stability with regard to gender. NFHS-5 (2021) reports that India's overall sex ratio at birth has marginally improved but that several states such as Haryana (879), Punjab (895), and Gujarat (901) are far below

the natural rate of 950. UNFPA (2022) reports that India has close to 46 million "missing" women, the largest in the world.

The government's signature Beti Bachao, Beti Padhao scheme has certainly positively affected society to the value of the girl child, but reports, such as a 2022 audit by The Hindu, show that most of the money spent on the program is wasted along with the publicity and not intervention at the community level. The transformation requires altering cultural attitudes, improving access to education, and integrating women into the labor force and decision-making institutions.





4. Legal and Policy Framework

4.1 The Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act

The PCPNDT Act, 1994, is India's primary law against sex determination and selective abortion. It was passed after it was realized there was widespread misuse of the application of ultrasound technology to determine sex at the time of pregnancy. It forbids determination and disclosure of a fetus's sex except for legitimate medical grounds. It also makes registering all genetic counseling and diagnostic centers compulsory, imposes penalties for non-registration, and authorizes inspections to track related crimes.

Rural districts have poorly trained officials to neglect clinics, whereas urban districts has hidden private medical practitioners. Furthermore, corruption, popular ignorance, and state-national coordination deficiencies also contributes to its efficiency. Improving accountability, transparency, and grass-root monitoring are some of the essential steps toward making the Act work.

4.2 National and Regional Government Initiatives

The Beti Bachao, Beti Padhao (BBBP) program, launched in 2015, is India's best-known campaign against female foeticide. It generally lies on three necessary norms, multi-sectoral intervention, and enforcement with the aim of improving the child sex ratio and girls' education. Its slogan, "Save the Daughter, Educate the Daughter," is an expression of national determination to change attitudes towards daughters.

Other national programs are fiscal incentive programs such as Sukanya Samriddhi Yojana, which encourages families to save for the future of girls through tax-free savings accounts, and Dhanalakshmi Scheme, which offers conditional cash transfer to daughter-giving families to encourage education and prevent early marriage. A few states — Rajasthan, Madhya

Pradesh, and Gujarat — have published announcements that reward families for raising daughters and punish failure to comply with the PCPNDT Act.

Despite such programs, awareness has increased and school enrollment among girls has been the same way, but their coverage is still uneven.

4.3 International Laws and Human Rights Conventions

The Indian commitment to gender equality can be seen in acts like CEDAW (1993) and involvement of international platforms such as the Beijing Declaration and Platform for Action (1995) and the Cairo Programme of Action (1994). These platforms are guaranteeing reproductive autonomy, and promote the girl child's rights.

International agencies like UNFPA and WHO have provided technical assistance for improving maternal health care, providing better gender data, and improving anti-discrimination campaigns. The international community realizes that female foeticide cannot be taken as health policy problem but as an issue of justice and equality.

5. Past Actions by the International Community

5.1 United Nations' Involvement and UN Women's Action

The United Nations, led by UN Women and UNFPA, has been the major help in India's gender equality agenda. Since 2011, UN agencies have collectively activated gender-sensitive topics and education reform campaigns. UN Women works with national ministries as well as state and local governments to improve awareness, training workshops, and leadership courses for women from beginner level to advanced.

Ipas Development Foundation, Population Council, and Centre for Enquiry into Health and Allied Themes (CEHAT) aim to develop healthcare delivery systems and bring reproductive services within reach in a safe, legal environment.

These NGOs arrange awareness workshops in the countryside and semiurban regions, provide legal support to whistleblowers, and collaborate with health workers to ensure ethical practice. Grass root movements have also employed social media and grass-root networks to resist gender stereotyping and influence parents to treat their daughters with equal respect.

5.3 Evaluation of Impact of Previous Action

Regarding this global act, the outcomes were mixed. Programs like BBBP were able to change some fixed preconceptions in urban areas but have not yet made an impact on rural cultures where patriarchal dominance is the strongest. Evidence shows that campaigns focus more on visibility — posters, advertisements, and slogans — than on community engagement.

The Indian state recognizes female foeticide as a national crisis that diminishes both human rights and demographic coherence. The state needs to balance these issues with regional cultural sensitivities and federal diversity. Critics do think, however, that without more significant legal transformation and social mobilization, these steps risk becoming symbolic and not transformational.



6.2 Role of Neighboring States and Regional Actors

South Asian regional neighboring states — Pakistan, Bangladesh, and Nepal — are also faced with identical issues of gender-biased sex selection. Regional cooperation by institutions such as SAARC (South Asian Association for Regional Cooperation) allows the nations to be more productive in monitoring, education, and reproductive health.

6.3 Global Actors and Advocacy Groups

International non-governmental organizations and development partners like UNFPA, WHO, UNICEF, and Amnesty International support India with funding, policy review, and technical

support. They emphasize that the female foeticide requires not just national efforts, but collaborative worldwide stance and sustained political will.

7. Challenges and Root Causes

7.1 Cultural Norms and Patriarchal Systems

Patriarchal culture continues to shape cultural attitudes in society. Daughter birth is associated with economic strain and social embarrassment in most households, while son birth is a reason to brag about, for it is often associated with family honor and dominant social status.

7.2 Economic and Social Factors

Economic dependence is another common concern maintaining gender discrimination. Sons are viewed as future breadwinners who will provide for their parents, while daughters are burdens who will get married and leave home, in the eyes of many families. Their limited access to education and employment also defends this issue.

7.3 Misuse and Accessibility of Technology

While medical technology has improved prenatal care, it has also been applied towards the misuse of gender selection. Illegal sex-determination tests are offered under the guise of routine checkup in unregistered clinics in urban, semi-urban areas. Frequent availability of portable ultrasound scanners makes monitoring the job impossible. With this, in the meantime, medical ethics education must be strengthened among professionals to make them accountable.

8. Possible Solutions and Policy Recommendations

8.1 Legal Enforcement and Monitoring Systems

To enforce the PCPNDT Act better, the government should increase monitoring and use online systems to report violations. Diagnostic centers should be checked regularly. Protecting whistleblowers, especially for health workers, and creating independent forces to oversee the system can help reduce corruption. Courts should also complete cases faster to create real deterrent penalties.

8.2 Education and Awareness Campaigns

Education remains the most valued aspect of social change. Gender sensitivity and gender equality must be incorporated in school curricula from primary school to further levels of education . The national and local governments can join hands with opinion leaders, community leaders, and media to reverse patriarchal thinking. Advertisements and marketing campaigns for celebrating successful women as well as young women achievers of early ages can transform popular thinking and everyday social media streams can make gender equality a new normal.

8.3 Economic Empowerment of Women

Financial independence is one of the strongest tools against discrimination on grounds of gender. Expanding microfinance programs, professional courses, and business enterprises among women can stem economic dependency on men. Encouraging businesses to employ women and offering equal pay will help redefine social attitudes toward the economic role of women.



8.4 Amend the Medical Termination of Pregnancy (MTP) Act

Even after its 2021 change, the MTP Act is mostly provider-focused, giving preference to medical approval rather than women's agency. Mechanized to shield doctors from responsibility in the first place, the law still mandates third-party approval and restricts abortion services to certain situations.

To break the deeply engraved false judgements, the changes must follow like:

1. Acknowledge abortion as a reproductive right, available on demand after consultation with a trained gynecologist.
2. Remove the demand for multiple medical approvals or third-party permissions.
3. Strengthen public information campaigns.

The changes align with UN Women and WHO standards that give priority to bodily autonomy, well-informed consent, and universal reproductive healthcare.

9. Questions a Resolution Must Answer (QARMAs)

1. How can India effectively enforce the PCPNDT Act?
2. What type of public education can reduce son preference and promote gender equality?
3. How may UN Women and national institutions best cooperate to enhance access to safe, legal abortion care?
4. Which economic reinforcements may best oppose financial motivations for female foeticide?
5. How can best global practices on reproductive rights be adapted to India's social and cultural context?

10. Conclusion

Sex-selective abortion and female foeticide are not merely a demographic ill but also a social and moral ill. They point out how consistently gender inequality remains in society despite all the reform over decades. Legislation like the PCPNDT and MTP Acts is needed, but it must be accompanied by changes in society through education, empowerment, and awareness.

Realising actual equality will be a collective effort - of governments, communities, and individuals. Economic empowerment of women, reproductive autonomy, and ending patriarchal norms are not just human rights obligations but also must be mainly valued for India's sustainable growth and social stance.

Agenda 2: Examining State-Enforced Reproductive Policies — Forced Abortions and Sterilization of Women in East Turkistan

1. Introduction

1.1 Context of the Agenda

Reproductive rights are fundamental aspects of women's autonomy, dignity, and equality. However, state-enforced reproductive policies have often undermined these rights, particularly when implemented under coercive or discriminatory frameworks. In East Turkistan (also known as the Xinjiang Uyghur Autonomous Region of China), numerous reports have surfaced over the past decade documenting forced abortions, sterilizations, and the imposition of intrauterine devices (IUDs) on Uyghur and other Turkic Muslim women.

These allegations suggest that reproductive control has been used not merely as a demographic tool, but as a means of social and cultural suppression. The question intersects several policy domains: public health and reproductive care; counter-terrorism and domestic security rhetoric used to justify controlling governance; minority protection and cultural rights; and international criminal and human-rights law. According to multiple international investigations, including the Office of the United Nations High Commissioner for Human Rights (OHCHR) 2022 report and independent NGO research by Human Rights Watch and Amnesty International, such practices may constitute violations of international human rights and could potentially amount to crimes against humanity if proven.

The agenda seeks to examine these policies within a broader global framework, addressing how governments' demographic objectives can intersect with women's reproductive freedoms and cultural identity.

1.2 UN Women's Relevance and Human Rights Implications

UN Women plays a crucial role in advocating for women's bodily autonomy and promoting the elimination of all forms of discrimination and violence against women. Forced abortions and sterilizations directly violate several core principles upheld by UN Women, including gender equality, reproductive freedom, and the right to make informed decisions about one's body.

From a human rights perspective, these practices contradict key international standards such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Beijing Platform for Action (1995), and the Universal Declaration of Human Rights (1948), all of which affirm women's rights to health, security, and dignity.

By discussing this agenda, the UN Women committee aims to strengthen international accountability mechanisms, highlight the lived experiences of affected women, and promote actionable recommendations that uphold reproductive justice for all.

2. Key Terms and Definitions

Forced Abortion: The termination of a pregnancy without the free and informed consent of the woman, often carried out through coercion, intimidation, or state policy.

Forced Sterilization: A permanent medical procedure performed without a woman's consent, aimed at preventing future pregnancies. Recognized as a violation of bodily autonomy and human rights.

Reproductive Rights: The rights of individuals to make informed decisions about reproduction, including access to family planning, maternal healthcare, and freedom from coercion.

East Turkistan: (Xinjiang Uyghur Autonomous Region) A region in northwest China, home to the Uyghur Muslim minority and other Turkic ethnic groups. Reports of human rights violations have drawn international concern.

Cultural Genocide: The systematic suppression or destruction of a group's culture, language, and traditions, sometimes through indirect means such as demographic control.

Bodily Autonomy: The right of every individual to make decisions about their own body without external control or coercion.

CEDAW: The Convention on the Elimination of All Forms of Discrimination against Women; an international treaty adopted by the UN in 1979 to ensure equality and protect women's rights globally.

3. Background of the Issue

3.1 Background: East Turkestan and China's Policies

China's northwestern region of Xinjiang (called "East Turkestan" by Uyghur activists) is home to over 10 million Uyghur, Kazakh and other Turkic Muslim minorities. Under Xi Jinping, Xinjiang became the site of an unprecedented security crackdown. By 2010 the Xinjiang authorities reported installing 40,000 CCTV cameras across the region. Analysts document a widespread surveillance apparatus, face-scanning checkpoints, street cameras and neighborhood police posts monitoring daily life in Uyghur areas. Beginning in 2014, Beijing launched a "Strike Hard" counter-terror campaign in Xinjiang, leading to 2017-2019 in mass internment of Uyghurs and other Muslims in so-called "re-education" camps. Researchers and witnesses report that, alongside indoctrination and forced labor, these policies have included forced birth-control: forced abortions, intrauterine device (IUD) implants and sterilizations of Uyghur women. For example, official data show that from 2015–2018 the birth rate in majority-Uyghur prefectures (Hotan and Kashgar) dropped a lot by over 60%. These tools underpin a wider campaign that officials admit includes "forced sterilization" and family-planning enforcement on Muslims.

China justifies these policies as countering extremism. In Xinjiang it criminalized many aspects of Muslim life (religious education, mosque attendance, Islamic veils, etc.) as "terrorist" acts. Under Party Secretary Chen Quanguo (2016–2021), the region saw a vast expansion of party-state control: door-to-door checks, political "loyalty" screenings and forced Communist Party study. Simultaneously, China aggressively pushed population-control measures in Uyghur areas, even as it relaxed birth limits for Han Chinese elsewhere. By official admission, Xinjiang's natural population growth rate fell from ~1.6% to 0.26% in just 2015–2018 (a collapse of 84% in two southern Uyghur prefectures). This

demographic crash aligns with leaked orders from family-planning departments targeting mass sterilizations of Uyghur women.



3.2 Overview of China's Population Control Policies

The demographic strategy of the People's Republic of China (PRC) has evolved significantly over the past half-century. In the late 1970s and early 1980s, faced with concerns about rapid population growth, China instituted the highly-publicised “One-Child Policy,” beginning formally in 1980. Under this policy, families were in many cases restricted to having only one child, though exceptions existed for rural settings or ethnic minorities. The enforcement mechanisms included incentives for compliance, economic penalties for violation, widespread use of contraception, and in certain cases coercive measures including forced abortions and sterilizations.

As of 2015, the official policy shifted to a Two-Child Policy, and later to a Three-Child Policy in 2021, in response to concerns over an aging population, shrinking workforce and

falling fertility rates. However, these changes on paper do not entirely reflect the diversity of policy-implementation across China's vast territory, particularly in minority and border regions.

The broader shift can be seen as moving from discouraging childbearing to now encouraging births, but the legacy of strict family-planning control remains potent in some regions.



3.3 Reports of Forced Abortions and Sterilization in East Turkistan (Xinjiang)

Evidence indicates that Xinjiang authorities treated Uyghur women's fertility as a security issue. Official planning documents (widely leaked) set explicit sterilization targets for 2019: for example, the city of Hotan (2.5 million pop.) budgeted 14,872 sterilizations (14% of all 18–49 year-old women) in that year. In neighboring Guma county (pop. 322,000) the 2019 targets were 5,970 IUD implants and 8,064 sterilizations. In other words, local cadres aimed to subject 14–34% of all married Uyghur women to sterilization or IUDs in a single year.

Nationally, Adrian Zenz's analysis shows Xinjiang planned to apply IUDs or sterilization to $\geq 80\%$ of women of childbearing age in key southern Uyghur prefectures by 2020.

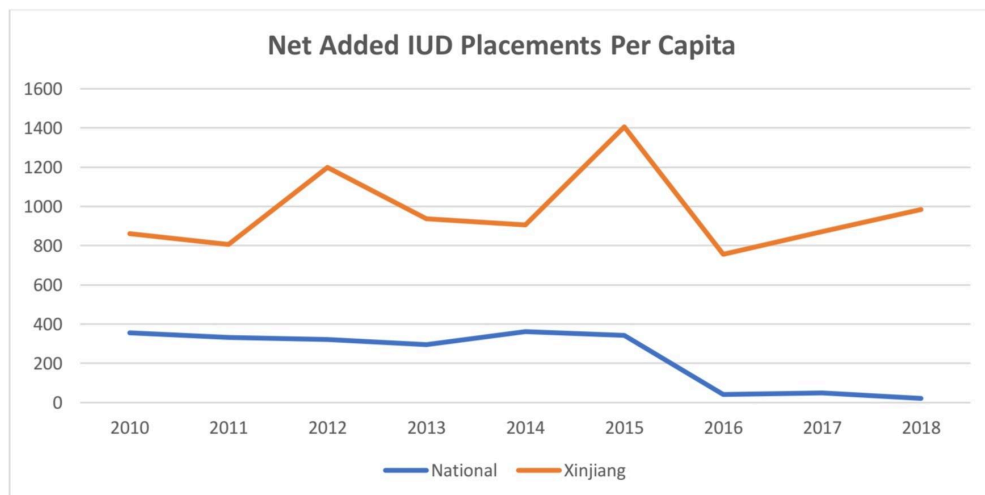


Figure 6. Sources: *Annual Health and Hygiene Statistical Yearbooks*, tables 8-8-2 (and 7-6-2 prior to 2012). Net added IUD placements are estimated as placements minus removals.

These compulsory targets had dramatic results. Chinese yearbooks indicate that the Uyghur-majority birthrate halved between 2017 and 2019. Zenz and others calculate that population growth fell $\sim 84\%$ in southern Uyghur regions from 2015–2018. Chinese officials publicly blamed this on “voluntary” family-planning, but internal documents and survivor testimony tell a different story. Former detainees report being given unidentified shots that stopped their menstruation, forced IUD insertions before internment, and sterilization surgery under pressure. Numerous women were reportedly threatened with return to camp if they refused sterilization.

Together these facts meet one legal definition of genocide, by the point of some states like US. By UN law, imposing measures “to prevent births” in a target group is genocide. Scholars note that China’s documented birth-control campaign matches that criterion. As Zenz argues, Uyghur birth rates were stable even during China’s Cultural Revolution, so the recent plunge signals deliberate policy. Human Rights Watch and others now say China’s actions likely constitute genocide or crimes against humanity, citing the scale of sterilizations and other abuses.

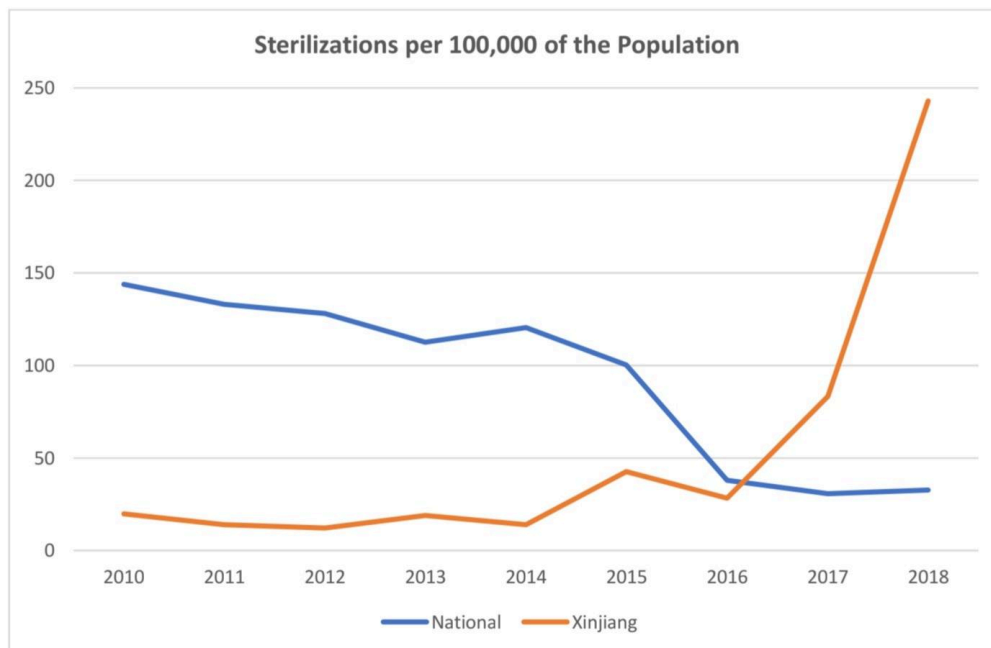


Figure 9. Source: 2011-2019 Health and Hygiene Statistical Yearbooks, table 8-8-2.

3.4 Demographic and Cultural Impacts

The combined effect of the above policies and their implementation in Xinjiang has broad demographic, cultural and human-rights implications.

Demographic impact: The steep decline in birth-rates in Uyghur-majority areas suggests a rapid demographic shift. For example, government data showed a fall in Xinjiang's overall birth-rate from 15.88 per 1 000 in 2017 to 10.69 in 2018. In majority-indigenous county-areas declines of over 50 % in a single year were documented.

Cultural impact: Such demographic changes carry implications for the cultural continuity of the Uyghur and other Turkic Muslim populations. Scholars suggest that enforced lower birth-rates among a minority group may contribute to the erasure or dilution of cultural identity, language, and traditions.

Gender and reproductive justice: In the wider context of China's family-planning history, the use of forced or coercive reproductive control has been linked also to gender-imbalances and female-trafficking. The situation in Xinjiang may both reflect and intensify reproductive injustices.

Psychological and social effects: Women in the region report fear, surveillance and trauma in connection with reproductive controls, which has knock-on effects for community trust, family structure and social cohesion.

Collectively, these impacts suggest that the issue goes well beyond individual family planning and touches on minority rights, cultural survival and state policy-driven demographic engineering. For the committee dealing with this agenda, it is crucial to consider not only the immediate health and rights violations but also the longer-term social and cultural consequences.



4. Timeline of Key Events

- 2009 (July) – Urumqi riots: violent unrest in Xinjiang’s capital leads to a harsher security posture. Within months, the regional government institutes “strike hard” anti-terror campaigns and expands surveillance (e.g. mandatory real-name registration for phones).

- 2013–2014 – A series of attacks (e.g. Kunming subway stabbing) lead Beijing to militarize Xinjiang. In March 2014, Xi Jinping formally launches the “Strike Hard Campaign against Violent Terrorism”. China begins building large “vocational training” centers (later called camps) and detaining growing numbers of Uighurs.
- 2015 – May 1: China’s World Bank-backed “vocational training and education” project in Xinjiang is approved (a later point of controversy). 2015 also saw local bans on Islamic veils and growing party control.
- 2016 – The government rolls out biometric controls: collection of DNA, iris scans and facial data on all Xinjiang residents begins. In fall 2016 the XUAR advertises 30,000 new police and informant positions to expand neighborhood policing.
- 2017 – January: Xinjiang’s Justice Department orders the creation of “transformation through education” centers in southern Xinjiang. By mid-2017 these detention camps are filling with Uyghurs from across the region. On August 13, China’s UN delegation (via official Hu Lianhe) confirms to the CERD Committee that Xinjiang is using “vocational training centers” for deradicalization (first official acknowledgement of the camps).
- 2018 – Western media report extensively on Xinjiang camps and mass detentions. Over the year, refugees and journalists publish testimony of forced IUDs, sterilization surgeries and births disrupted in camps. By late 2018, Chinese state statistics and Zenz’s data show an 84% drop in population growth in Uyghur areas.
- 2019 – International reaction splits: In July 2019, 37 countries (including Russia, Saudi Arabia, Pakistan, and many African states) sign a UN letter supporting China’s Xinjiang policies as counter-terrorism measures. Simultaneously, 23 nations send letters to the UN urging China to respect human rights (e.g. calling for camp inspections). In some parliaments (Canada, Netherlands) lawmakers condemn China’s abuses. Domestically, leaked budgets and documents (later analyzed by Zenz) reveal the campaign of forced sterilizations described above.
- 2020 (mid) – Evidence of sterilization confirmed. In June–July 2020 Adrian Zenz publishes a study (Jamestown & Foreign Policy) using Chinese government data to expose the mass birth-control plan. Chinese authorities deny forced sterilization, blaming falling births on routine family-planning. By December 2020, 39 UN members publicly criticize China, while 45 back China’s policies. The US and EU prepare sanctions.

- 2021 (Jan–Mar) – Genocide declarations and sanctions: On January 19, 2021 the US State Department formally declares that China’s treatment of Uyghurs “constitutes genocide”. Within weeks the UK, EU, Canada and US impose sanctions on Chinese and regional officials for Xinjiang abuses. The UK Parliament’s Uyghur Tribunal and US Congress debate genocide; many Western lawmakers call for accountability. China retaliates by sanctioning several foreign officials and MPs.
- 2022 (Jan) – French Parliament (Assemblée nationale) passes a non-binding resolution calling the Uyghur actions “genocide and crimes against humanity”. President Macron, while avoiding the word “genocide” in diplomatic terms, reiterates that France raises Xinjiang concerns at all high-level meetings. The EU finalizes measures to block imports of goods made with forced Uyghur labor.

5. International Reactions and Key Country Policies

United States: The U.S. has led Western condemnation. In 2018–19 it passed the Uyghur Human Rights Policy Act and sanctioned individual Chinese officials and entities involved in Xinjiang repression. In early 2021 Secretary of State Blinken declared China’s actions in Xinjiang to be “genocide and crimes against humanity”. The U.S. also banned imports of Xinjiang cotton and imposed visa restrictions on officials tied to the camps. However, critics note that the Trump administration initially held back on sanctions (seeking a trade deal). Overall, Washington has made Xinjiang a major human-rights issue: President Biden’s team continues most of the previous sanctions and has announced investigations of forced-labor goods from Xinjiang.

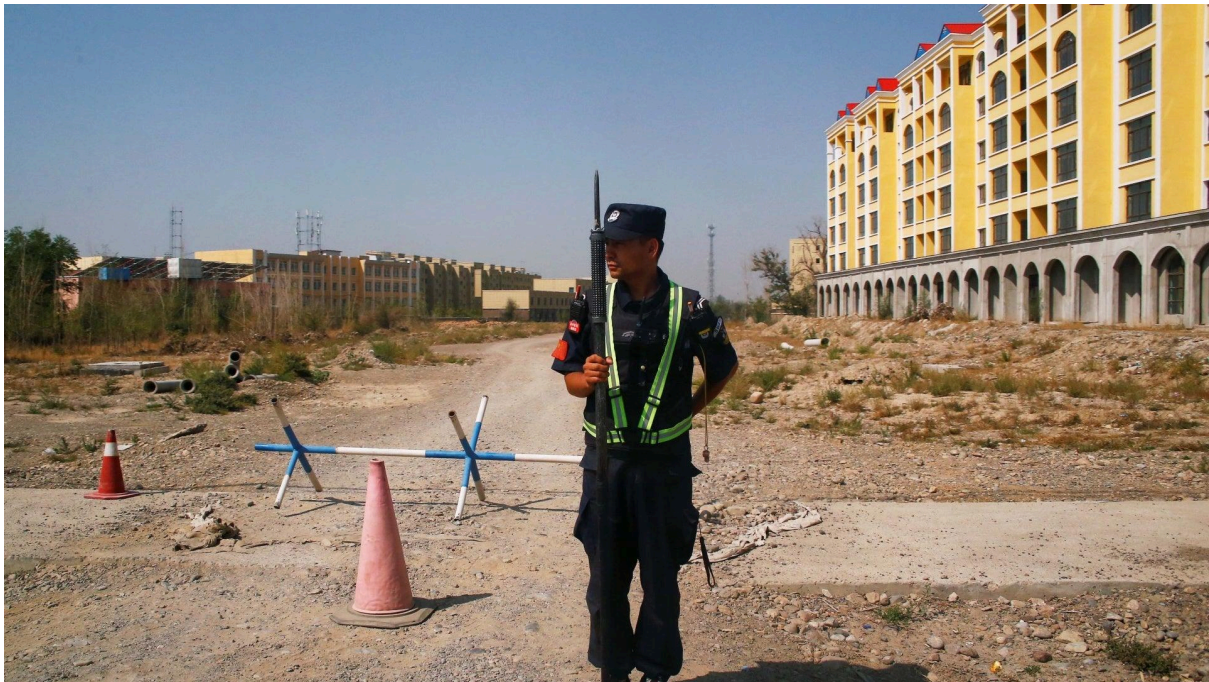
Russia: By contrast, Russia has fully backed Beijing. In July 2019 Russia (with Saudi Arabia and 35+ other states) signed a UN letter praising China’s counter-terrorism and “vocational training” measures in Xinjiang. Moscow treats Xinjiang as China’s internal affair and has rejected Western criticism. Given the Russia–China “no limits” partnership and shared grievances against the West, Russia has had no incentive to challenge China on East Turkestan. Russian media echo China’s framing that the camps are deradicalization centers. In sum, Russia remains silent on the abuses, implicitly condoning China’s approach.

United Kingdom: The UK government has been highly critical of Xinjiang abuses. London co-sponsored UN statements condemning the camps and has repeatedly called for China to allow UN access. In March 2021 the UK (along with EU, US, Canada) imposed Magnitsky-style sanctions on four senior Xinjiang officials for “gross human rights violations” against Uyghurs. Parliamentarians and the Uyghur Tribunal have cited evidence of forced sterilizations and family separations. The UK Foreign Office publicly said it is “gravely concerned” by reports of forced sterilisation of Uyghur women. Britain has not officially invoked the term “genocide” (preferring legal process), but has labeled the situation one of the gravest rights crises since WWII. Notably, China responded to UK sanctions by blacklisting several UK MPs and academics.

France: France’s response combines public censure with caution. In January 2022 the National Assembly overwhelmingly adopted a motion declaring China’s Uyghur policy to amount to “crimes against humanity and genocide”. However, President Macron and ministers stop short of using the term “genocide” officially, calling instead for investigations. Macron has said France raises the Uyghur issue in all talks with Beijing. Paris has worked on EU-wide measures, such as banning imports of goods made with forced labor, as a response. After the parliamentary resolution, China condemned the French move and imposed sanctions on several French lawmakers.

China: The Xinjiang region’s authorities, backed by the People’s Republic of China government, maintain that all family-planning measures such as intrauterine devices, sterilisation procedures, or “birth quotas” are entirely voluntary and uniformly applied across ethnic groups, insisting that reports of coercion are made up stories planned by “anti-China forces”. They assert that the dramatic decline in birth-rates among minority populations merely reflects socio-economic development, urbanisation, adult labour participation, and the full implementation of regulations previously relaxed for ethnic minorities, rather than a targeted campaign. Furthermore, Beijing contends that Xinjiang’s programmes are justified by legitimate national-security priorities especially counter-terrorism and deradicalisation efforts and therefore fall within its sovereign right to govern internal affairs without external interference.

Lastly, China argues that independent analysts (such as Adrian Zenz) rely on selective, mis-interpreted data, and that official statistics still show minority population growths at levels comparable to or higher than Han Chinese in the region, thereby disproving any intention to suppress birth-rates of a particular group



Other countries: Many Western democracies (Canada, Netherlands, Belgium, Czech Republic) have passed resolutions condemning Xinjiang abuses. By contrast, a majority of UN member states have either supported China or stayed neutral: in 2019, 54 countries (including China, Russia, Saudi Arabia, most African and Muslim-majority nations) defended China's Xinjiang policy at the UN Human Rights Council, while only 23 urged change. Notably, several OIC (Islamic) member states such as Pakistan, Indonesia, Iran have largely avoided public criticism, influenced by China's economic ties and counter-terrorism narrative. This split reflects global geopolitics: U.S. and EU allies press Beijing on human rights, whereas China's partner states accept its "security" rationale or remain silent.

6. Recent Status

In the most recent assessments of the situation in the Xinjiang Uyghur Autonomous Region (East Turkestan), major international bodies and human-rights organisations continue to raise alarm over alleged state-enforced reproductive policies targeting Uyghur and other Turkic Muslim women. According to the Human Rights Watch World Report 2025, the Chinese government's broad "counter-terrorism" and assimilation campaigns in Xinjiang persist, including highly restrictive controls on travel, religion and personal freedoms of Uyghur women. Similarly, the United Nations Office of the High Commissioner for Human Rights (OHCHR) has affirmed previous findings that policies may amount to "serious human rights violations," including forced sterilisation and birth-control pressures in the region.

Additionally, the UK Government's Country Policy and Information Note (July 2025) states that Muslims (including Uyghurs) in Xinjiang "are likely to face a real risk of persecution or serious harm from the state." On the legislative front, the United States House Bill 2349 (March 25 2025) proposes to designate residents of Xinjiang as "Priority 2 refugees of special humanitarian concern." Finally, one recent news item: in September 2025, Xi Jinping visited Xinjiang and emphasised the need to "maintain social stability" and urged increased technological development in the region, reinforcing Beijing's current policy approach.

7. Possible Solutions

The committee may want to start the discussion with the following five helpful suggestions to help delegates come up with effective and creative solutions: setting up a separate UN Women–UNFPA team for surprise hospital visits and private consent checks; creating a secure and fully anonymous multilingual reporting hotline and app run from Geneva; setting up a dedicated trust fund supported by voluntary donations to provide medical and psychological support for affected women; requiring all states to publish annual reproductive-health data broken down by race; and giving countries that show full respect for voluntary family planning over several years positive incentives like more development assistance or trade privileges.

8. Questions a Resolution Must Answer (QARMAs)

1. What mechanism can the UN or relevant agencies implement to monitor and verify voluntary consent for reproductive procedures (such as IUD placement, sterilisation or abortion) in regions like East Turkistan/Xinjiang?
2. How can member states and international organisations design a safe-reporting system for survivors of coercive reproductive practices, taking into account language, ethnicity and protection from retaliation?
3. What policy framework should be included in a resolution to ensure that women from ethnic minorities have equal access to reproductive health services, free from coercion and discrimination?
4. How can the international community support capacity-building at a local level (including education, training of health-workers and community outreach) to ensure reproductive rights are protected in regions with language and cultural barriers?
5. In cases where demographic engineering (which is changing population on purpose) may be suspected, what steps should a resolution include to ensure transparency and data-access (disaggregated by ethnicity, sex and region) and protect the privacy of individuals?
6. What multilateral partnerships (UN Women, WHO, UNFPA, civil society, affected communities) could be mobilised to provide immediate and long-term assistance to women impacted by state-enforced reproductive policies?

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