

Demographic Situation in Xinjiang-Uigur Autonomous Area in the Last Quarter of the Twentieth Century

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Received date: May 05, 2016; Accepted date: June 20, 2016; Published date: June 24, 2016

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Citation: Buyarov DV, Kireev AA, Druzyaka AV. Demographic Situation in Xinjiang-Uigur Autonomous Area in the Last Quarter of the Twentieth Century. Global Media Journal. 2016, S3:03

Abstract

The article examines the changes in the demographic situation in Xinjiang-Uigur Autonomous (XUAA) area of China in 1980-90-ies and analyzes the demographic factors of the development of national minorities living in the region and the national policy of China. The priority is given to the policies and activities of the Central Government of China aimed to the control and regulation of demographic evolution of the region. Xinjiang is the largest national autonomous area of China where ethnic minorities account for about 20 million people, most of whom are represented by the Uighur ethnic group. Uighurs are an original Turkic-speaking people, which traditionally tends to national and political independence. Sunni Islam had had a great influence on the development of the ethnic group for a long time. Accordingly, the religion has influenced and influences the demographic situation in the region. A peculiarity of Uighur families is their focus on having many children as children are seen as the will and mercy of Allah. However, such position meets opposition from the central government of China, which seeks to limit the birth rate. Even some of the benefits towards the Uighur population, which allow them to have two, and in some cases, three children, do not solve the problem of national discontent. Due to various reasons, including the population policy, Xinjiang remains the most explosive region of China. The demographic situation in XUAA in the context of historical development is considered to be one of the key factors in the growth of Uighur separatism.

PRC. Xinjiang is one of the five national autonomous regions of China. According to the 2000 census, about 20 million people represented 47 nationalities live there. The largest of them are listed in Table 1.

Table 1: Nationalities of XUAA.

Nationality	Population	% of the total number
The Uighurs	8,345,622	45.21
The Xinjiang	7,489,919	40.58
The Kazakh	1,245,023	6.74
The Dungan	839,837	4.55
The Mongolians	168,894	2.9
The Kighiz	158,775	0.86
The Dunsian	77,070	0.38
The Tajiks	39,493	0.21
The Sibo	34,566	0.19
The Manchurians	19,493	0.11
The Tutzia	15,787	0.08
The Uzbeks	12,096	0.06
The Russians	8,935	0.048
The Miao	7,006	0.038
The Tibetans	6,153	0.03
The Chuangs	5,642	0.02

Keywords: Xinjiang-uigur autonomous area; Demographic evolution; National minorities; The uighurs; The xinjiang; National policy

Introduction

Xinjiang-Uigur Autonomous area is one of the biggest and at the same time sparsely populated territorial entities of the

After the founding of XUAA in 1955, the share of national minorities in the population of the area began to decline. By 1982, the proportion of the Xinjiang in the province increased to 40.4%. Before the 1970s population growth was mainly due to mechanical growth, but in 1970-80-ies this process was carried out also due to the natural increase, including the Xinjiang population [1].

Dynamics of the population of Xinjiang in the 1980s (Table 2) shows not only an increase in the number of Xinjiang people, but also the quantitative growth of the representatives of the so-called national minorities.

Table 2: Changes in population of the largest ethnic groups in XUAA (thous. people) (Xinjiang nyantszyan, 1993; Xinjiang Tongji nyantszyan, 1990).

	1982	1984	1987	1989	1991
Total population of XUAA	13,082	13,441	14,063	14,542	15,280
The Xinjiang	5,284	5,346	5,430	5,532	5,769
The Uighurs	5,956	6,170	6,582	6,827	7,217
The Kazakh	904	964	1,034	1,087	1,138
The Dungan	568	588	626	659	689
The Mongolians	118	121	190	136	142
The Kirgiz	113	119	131	138	144

The percentage increase in the number of the Xinjiang, including the migration flows, in comparison with the change in the number of national minorities, was not too significant. In particular, the growth of the Uighur population was 2.5 times higher than that of the Xinjiang. However, the actual increase in the number of Chinese in Xinjiang has traditionally perceived very painful by the Uighurs.

Methods

In the work we used methods of historical, political, comparative system analysis that allows to encompass an interdisciplinary field of research topics, combining historical, political, regional and economic aspects. Moreover, in the study we used empirical approaches: quantitative and predictive methods. Method of the research also included the collection and study of statistics, general scientific and specialized works on Russian, Chinese and English.

The object of this study is the population of the Xinjiang-Uygur Autonomous Area of China. The subject of the study is the policy of the central government of the PRC to the XUAA and the dynamics of demographic changes in this region. The study of the demographic characteristics of the population of a specific region on the basis of statistical data and state legislation laws allows to understand better the meaning of many historical facts. Methods of historical demography help to look anew at the already well-known historical events.

Results

At the end of 1980 the 3rd All-China conference on Population dedicated to demographic problems was held. Many participants of the conference paid special attention to the situation in XUAA. In their opinion, the natural conditions, settlement features and remote areas made it difficult to birth control. So it was proposed to use the policy of late marriages

and later births. But this practice has become brought to life much later, after encountering a significant dissatisfaction among non-Xinjiang.

Almost all national minorities in XUAA, which are more than the half of province's population are Muslims. Religious rules have a significant influence on the development of the demographic situation. One of the religious reproductive attitudes of Islam is early marriages, sometimes closely related. In the mid-1980s the average age of marriage among the Uighurs was 17 years old. At the same time, marriages were not rare, when the girl was 14 years old and less. The proportion of closely related marriages in the three southern districts of XUAA, where Uighurs predominate, was 17.7% among the representatives of this nationality. Accordingly, early marriages lead to early births. So in 1986, the birth rate among 15-19 year olds Uighurs was 71‰ [2].

One of the important indicators of demographic evolution is infant mortality. In 1980-ies infant mortality in ethnic minority areas was higher than in the whole country. So in 1982 the infant mortality rate in Xinjiang was 106‰, and on the south of the province it reached up to 150-200‰ [3]. But overall the standardized mortality rate of Uighurs was lower. In the same period it was 11.12‰ [3]. Increased mortality among the Uighur population in comparison with the Xinjiang has several reasons. Firstly, it is an underdeveloped level of medical care. Most of the XUAA population lives in remote from the city districts. Although in the 1980 national areas were ahead in average Chinese figures on the number of hospital beds and doctors per capita, but it is not affected significantly on children's health. Secondly, it is a high birth rate among women of ethnic minorities; it is about 2 times higher than that of the Xinjiang. So the higher birth rate will inevitably entail increased mortality of women in childbirth and babies. Third, it is rather high cost of medical services, which not every Uighur family can afford.

The second traditional setting of Muslims is many children. Birth control policy pursued by the central government always came up against by the opposition from the Chinese Muslims. This was due not only to the fact that having children was perceived as a "sovereign grace sent by Allah," but some considerations of economic expediency. Many of Uighur families involved in traditional farming, children from an early age learn to work and used as assistants. Nevertheless, the policy of the Chinese authorities promoted some reduces of fertility among Muslims. Xinjiang officials managed to connect to the propaganda the preachers - Akhuns, some of them, by example, even consented to sterilization. Tax benefits granted to families without violating the demographic program played a role too. The results of this policy manifested by the early 1980s, for example, the fertility rate of Uighurs in Urumchi fell from 5.3 to 2.6 by 1983. But at the same time in the 1980s there was a steady growth of the Uighur population in the province; it was 21%, which could not be a major concern of the Chinese authorities. Total fertility rate in XUAA by 1987 was 3.75 [4].

The policy of birth control in China has been secured at the constitutional level. Article 25 of China's Constitution states:

"The State shall plan the birth rate, in order to align the country's population growth with plans for economic and social development" (Constitution of the PRC, 1982). Since early 1980s a new program of family planning has influenced on large national minorities. So in 1983, the Standing Committee of the Council of People's Xinjiang Uygur Autonomous Area adopted a new version of Article 9 of the Marriage Law of the PRC in 1980. It was: "Among the national minorities it is also need to plan the birth rate... family planning for the Xinjiang and national minorities should have differences. With regard to the Xinjiang, it should be more strictly, for minorities it is necessary to allow certain concessions" [3]. The wording of Article had a declarative character. In 1986, Xinjiang Uygur Autonomous Area Party Committee, following the line with the policy of the central government of the PRC on Family Planning, demanded that among the non-Xinjiang nationalities province began a more effective promotion of family planning. Soon they moved from appeals to actions. By 1987, in Xinjiang nearly 500 thousand women, representatives of national minorities were subjected to various measures to limit fertility [5]. It was 30% from all non-Xinjiang marriage women. However, the new demographic policy has not brought the desired effect and the birth rate in families of ethnic minorities remained high. The rate of increase of non-Xinjiang population, not only did not decrease, but even increased.

In 1988, the Xinjiang government adopted the "Provisional Regulations on regulation of fertility among ethnic minorities." The essence of this document was to:

1. Establish conditions for the marriage and the birth of children. So the age limit for entering into marriage was administered: for women - not earlier than 18 years, for men - 20 years. Also a limit on the number of children in the family was set. Families living in the cities were allowed to have two children. The third child was allowed under certain conditions: the presence of disabled children (disabled from birth); the second marriage if the couple had a child; if among the brothers only one had a child; if one of the spouses worked in the mines or the mines for three years and continue to work; if one of the spouses live outside the country. Families living in the farming and pastoral areas, allowed to have three children, and even a fourth child, if they were not boys.

2. The introduction of incentives and penalties. A certain amount of benefit for child care for families, followed the rules of family planning, was established. For those who have a late marriage, provides for additional leave. In addition, for the care of sick children up to 10 years to one of the working spouses paid leave up to 45 days per year. At the same time, those rights are not respected, were subjected to financial penalties. For the first extra child for 7 years withholds 10% of wages, and for each subsequent child - 5%.

3. Establishing protective measures against pregnancy. For example, women who have an abortion, paid leave, in the case of adverse effects after surgery - provided financial assistance. At the same time, women who had more than three children in cities and four in rural areas were placed on a special

account [6]. As always, monitor the implementation of these rules was the lead to excesses and abuses.

In practice, couples have to wait a quota on birth of a child within 3-4 years after marriage. Otherwise, the family was imposed a fine of 30 thousand yuan. Quite often, women are simply forced to have abortions. For example, in 1991 in the Kashgar district it was made 18765 induced abortions, and more than 50% of them were Uighur women [7].

Suffice harsh methods yielded some results. Thus, according to official sources, in 1990 under the supervision of officials it was 77% of all births, and by 2001 this figure was already 98% (Ethnic women in Xinjiang have new concept of birth control). However, according to foreign Uighur news agencies, these figures do not correspond to reality.

In many ways, the demographic situation depends on the quality of life, which is determined by the development of health and education. By 1978, the number of medical institutions in the ethnic minority areas was 14%, and the medical staff - 11.3% of Chinese indicators. However, in some areas quantitative indicators were below average. At the beginning of the 1980s Chinese authorities are beginning to move on to the recruiting seeks health care professional staff and the abandonment of the use of "barefoot doctors", i.e. persons who had no medical training. It is also beginning to create special secondary schools of national medicine.

However, actually in the 1980s, in Xinjiang there is no significant improvement in health development, including not only qualitative, but also quantitative indicators. In the next decade, there have been positive changes. By 2001 in Xinjiang Uygur Autonomous Area there were 7309 health care facilities, including 1357 hospitals. On average for every 10 thousand people were for 35 hospital beds. The number of health care workers was 97.5 thousand people [8]. However, only 33.6 thousand people were from the representatives of national minorities.

According to official data, the number of hospital beds and medical personnel per thousand people in Xinjiang is more than the national. But the real figures are not a hundred per cent, which, incidentally, is not hidden by the Chinese authorities. For example, planned immunization covers only 85% of the population. Only 50% of women living in rural areas give birth in hospitals. In urban areas the figure is 90%. With regard to children, the systematic health protection is covered 70% in the city and 30% in rural [8].

One of the factors affecting the health and demographic situation in the XUAA are the nuclear weapons testing. Since 1961 at Lobnor testing area, located in 800 km from Urumqi 6 nuclear tests was conducted, with a total force of the 20 million t explosions. From this moment, the local population has been observed the increase in cancer, birth defects and deaths from unknown disease, referred to as "the disease number one" and "the disease number two" that develop on suspicion from the development of bacteriological weapons. General human losses amount to about 200 thousand people [7]. According to the Japanese professor Gao Tian Chun, the largest explosion was made in November 17, 1976, with the

force of 4 million tons. Although it was underground, from the "nuclear dust" 190 thousand people were killed, but from the radiation 1 million 290 thousand people were damaged. In 1980, tests conducted on the surface of the ground and in the air [9].

According to Chinese authorities, to improve the demographic situation also affects the education system, which contributes to the "quality" of the population. By the 1980's level of education in ethnic minority areas could not be considered as satisfactory. But by the 2000's the situation in the autonomous region has changed. So the number of primary schools has increased to 6220, the high until 1929, the number of universities increased to 21 and the number of students was 110 thousand people [8]. In 1989 in Xinjiang University studied 17.5 thousand students - representatives of national minorities. Also for the national minorities special courses were opened [10]. According to official data, the number of illiterates among the young and middle-aged people dropped to 2%.

According to other sources the number of illiterates was significantly higher. Among the national minorities in 1990 illiterate men were 15.4%, women – 19.4% [10]. These figures, which seem to be more real, and not only due to the resettlement of ethnic minorities in remote areas, their economic status, but also the fact that the education in the national languages was underfunded. For example, Xinjiang schools spent 65% of school education budget and 35% is allocated to schools of national minorities, which make up more than the half of the population of the province. In general, it can be argued that the education system in XUAA is aimed at acculturation of ethnic minorities.

Beginning of a new period in the national and as a consequence of China's demographical policy is associated with the 3rd Plenum of the CPC Central Committee 11th Legislature (December 1978). After the plenum almost all the settings of the CPC in the national question, except in relation to regional autonomy were gradually criticized.

Firstly, the installation on "ethnic fusion" was rejected. How begin to consider the Chinese scientists': socialist society - is not the era of the fusion of nationalities or their disappearance; it is an era of shared prosperity and era of overall development [11,12].

Secondly, the national question has ceased to be treated as a class. In an article published in the "People's Daily" was recognized that the identification of the national question with the class used for artificial sharpening of the class struggle among the non-Xinjiang peoples.

Third, it was recognized as an error the transfer of the center of gravity of the struggle with great - Xinjiang nationalism in the struggle against local nationalism. Since the Xinjiang population is the majority, therefore, the focus should have been given to the struggle against Chinese nationalism.

Finally, the principle of equality of nationalities has been confirmed in the new Constitution of the PRC in 1982 and the Law of the PRC on regional national autonomy in 1984.

According to Article 4 of the Constitution, "the State shall guarantee the legal rights and interests of ethnic minorities, protects and develops the relationship of equality, unity and mutual assistance of nationalities». Article 48 of the Autonomy Act states that "governments of ethnic autonomous areas provide all the nationalities of the area the implementation of equality" [13]. Declarative statements about equality did not mean that they will be implemented in practice, but, at least, showed about the revision of directions. The central government has been taking a number of new measures.

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Demographic evolution of Xinjiang in the 1980s was associated with a number of serious problems. On the one hand, China's central government was trying to correct the mistakes that were made in national politics during the "Cultural Revolution" that ended in 1976. On the other hand, the changes taking place very slowly, with insufficient funding, in the absence of real democracy and by authoritarian methods. This is not always and not fully taking into account national specifics of the region in which minorities accounted for more than half of the total population. Regarding the government's differentiated approach to the demographic development of the Xinjiang and non-Xinjiang population of Xinjiang was not comprehensive and does not solve all the problems of national minorities. Moreover the encourage of Chinese migration, hard practices and policy of acculturation contributed to the growth of latent discontent periodically expressed in the national unrest. Thus, a national policy in XUAA CPC in the 1980s contributed to a certain increase in latent conflict, as a factor of Xinjiang separatism.

At the same time in the 1980s positive changes were observed in the area of health development in ethnic

autonomous areas. A part of the "barefoot doctors" as a result of years of practice reached a post-secondary level. Article 40 of the Law of the PRC on regional national autonomy (1984) stated that the need to develop modern medicine and traditional medicine of non-Xinjiang nationalities as well as a special attention was paid to the strengthening of preventive measures and sanitation. By the end of 1980s in the national regions worked for more than 470 thousand medical personnel. By the end of 1989 in all areas of national autonomy of China, there were 31,931 health care institutions. 16,711 of them were in the five autonomous regions of provincial level. Number of health personnel working in the national regions reached 478 thousand people, of whom more than 160 thousand were representatives of national minorities [13].

The proof of a particular medicine development for 1990s years the situation of health in the XUAA can serve as an example. In 1949, Xinjiang had only 54 medical facilities and 696 hospital beds, so it was 1.6 medical beds and 0.19 doctors per 10 thousand people, also only a few cities and towns have health authorities. In 2008, Xinjiang had already 7238 health structures, including 1,629 hospitals, 93.6 thousand hospital beds, 43.8 thousand doctors, there are 36 hospital beds and 21 doctors per 10 thousand people. Significantly reduce the percentage of the incidence of various infectious diseases. Since the mid-70s in XUAA experiment planned vaccination began to conduct. In 2008, the mortality rate of the population, according to official figures, amounted to 4.88‰, and the mortality rate among infants – 29.76‰, average life expectancy is 72 years. Medical conditions have improved in the agricultural and pastoral areas; it has formed a three-tier (county, district, village) health service network. In 2003, in the villages of Xinjiang began to carry out a system of a new type of medical care on a cooperative basis, by 2008, this system has already joined 89 counties, the total number of people employed in agriculture, covered by the system, has reached nearly 10 million people.

As a result of the improvement of health care a significant increase of non-Xinjiang Chinese population began to be observed. Life expectancy at 13 national minorities exceeded the average level in the country 71.4 years, while it exceeded in 7 nationalities the average in Xinjiang - 73.34 years.

However, there were a number of negative trends. In 1980-90-ies infant mortality remained high. With the average level in China, equal to 34.8‰, in 7 nationalities, it was higher than the 100%. They are Kirghiz-162.84‰, the Uighurs – 151.6‰, the plans – 132.65‰, the nu - 125 98‰, the Tibetans-125.42‰, the Lahu -110.06‰ and the Huny – 106.61‰ [14]. In many non-Xinjiang nationalities infant mortality is lower than that in 7 nationalities, but higher than the national average. The reasons for the high levels of infant and child mortality are economic underdevelopment, low literacy levels, inadequate health care, and others. From 1996 to 2008, infant mortality decreased by 62% and became to be 5‰ among children born in hospitals. Among the children born at home, it is equal to 17‰. As a rule, they are the children of non-Xinjiang nationalities.

According to official data, the policy of birth control is carried out systematically, effectively and doesn't meet the resistance from the Uighur population. Yet in 1990, only 77% of births were under the control of the authorities, in 2001 this figure increased to 98% (Ethnic women in Xinjiang have new concept of birth control). This means that approximately 110,000 families of ethnic minorities decided to have two or three children. However we should remember that the statistics of the Chinese authorities and the Uighur organizations are different and distorts the real picture.

Discussion

By the end of the 1990s 60 laws was adopted, mainly those laws relate to national issues. About a half of the administrative regulations, which were approved by the State Council, were also aimed at solving national problems, among which are adopted in 1993, "Regulations on the work of the authorities in the national parishes" and "Regulations on solving the problems of non-Xinjiang nationalities in the cities." As an example, a regulation, as the "Additional Terms of XUAA for the implementation of the PRC Law on Marriage" (1983), according to it the minimum age of marriage act of non-Xinjiang people is 20 years for men and 18 for women, while for the Xinjiang it is 22 years and 20 years accordingly. Also according to the adopted laws in the XUAA Uigur and other ethnic groups allowed to have two or three children.

An important part of the national policy of the government of China in Xinjiang is the assimilation of proved itself in a number of other regions. The government is encouraging intermarriages between the Uighurs and the Chinese, who are stimulated by both materially and benefits for births that are registered as ethnic Chinese [15-18]. An important role in the containment of fertility among non-Xinjiang takes propaganda, education of the population in the spirit of party systems. Local authorities are encouraged to convince non-Xinjiang that the decline of fertility is in their interest [16].

The practical application of legislation underpinning in the national autonomy has its results: thanks to the reforms and the local laws, it is possible to take into account the specifics of national regions and indigenous nationalities. But in practice, we see that the real rights of non-Xinjiang peoples were punished.

On the Xinjiang began to hope to reduce the population pressure in the eastern regions. Promote this must a fair and flexible policy of birth control in Xinjiang aimed at improving the quality characteristics of the population. First of all, the policy is aimed at improving its educational and professional level [17-20]. At the same time such a policy is reasonable to differentiate in the minority areas. Also it began to develop evidence-based programs migration, backed by financial support from the eastern and central parts of the country. Many programs are in development, and we can only hope that its implementation will serve as a constructive contribution to the development of Xinjiang. Such a strategy can help to solve many problems. For example, the early development of the rich natural resources of national regions,

to ensure social and political stability in the border area, will open up new prospects for easing overcrowding in the eastern provinces of China.

Conclusion

The last quarter of the twentieth century, in connection with the reforms of Deng Xiaoping becomes a time of dynamic changes in the People's Republic of China. These changes are manifested in Xinjiang-Uigur Autonomous area. The growth of birth rate among ethnic minorities increases. In these circumstances, the Chinese government is taking measures not only on its control, and to reduce it. It is only natural that such a policy is a sharp rise in discontent on the part of non-Xinjiang peoples and especially the Uighurs. All this is happening against the background of internal issues and policies of Signification of XUAA. In turn, the policy of assimilation of national minorities contributes to the growth of separatism. A considerable range of social and economic problems, bound with ethnic and religious backgrounds and the influence of international relations, make Xinjiang oasis of potential instability. In this region overlap the interests of the Muslim and Chinese civilization, as well as US and Russian interests. The national policy of the central government in the Xinjiang Uygur Autonomous Region, which includes demographic regulation only, impedes the development of separatism (not eliminating it) and relatively stabilized situation, not eliminating the problem.

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