

AGAINST HER WILL

FORCED AND COERCED STERILIZATION OF WOMEN WORLDWIDE



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“Forced sterilization is a method of medical control of a woman’s fertility without the consent of a woman. Essentially involving the battery of a woman—violating her physical integrity and security, forced sterilization constitutes violence against women.”

— United Nations Special Rapporteur on Violence against Women¹

“It’s like I have no life anymore. I won’t be able to have a family. It’s my secret that kills my heart.”

— Ntokozo Zuma,
South Africa

WOMEN ACROSS the globe have been forced or coerced by medical personnel to submit to permanent and irreversible sterilization procedures.² Despite condemnation from the United Nations, cases of forced and coerced sterilization have been reported in North and South America, Africa, Asia, and Europe. Women who are poor or stigmatized are most likely to be deemed “unworthy” of reproduction. Perpetrators are seldomly held accountable and victims rarely obtain justice for this violent abuse of their rights.

Many women rely on voluntary sterilization to control their fertility, but, too often, sterilization is not a choice. **Coerced sterilization** occurs when financial or other incentives, misinformation, or intimidation tactics are used to compel an individual to undergo the procedure. Additionally, sterilization may be required as a condition of health services or employment. **Forced sterilization** occurs when a person is sterilized without her knowledge or is not given an opportunity to provide consent.

Forced and coerced sterilizations are grave violations of human rights and medical ethics and can be described as acts of torture and cruel, inhuman, and degrading treatment. Forcefully ending a woman’s reproductive capacity may lead to extreme social isolation, family discord or abandonment, fear of medical professionals,³ and lifelong grief.⁴

Forced and coerced sterilization occur in many different settings and contexts, but there are commonalities in the environments where the abuse is worst:

- The women most affected are from marginalized populations in their societies.
- Hospitals and governments have weak or nonexistent informed consent policies and procedures to protect patients’ rights.
- Medical personnel are generally not held accountable for human rights and ethics violations.

Racial and Ethnic Minorities

WOMEN BELONGING to racial and ethnic minorities, such as Roma or indigenous populations, may be explicitly targeted for forced or coerced sterilization. Members of the Roma minority have been coercively or forcibly sterilized in the **Czech Republic**,⁵ **Hungary**,⁶ and **Slovakia**.⁷ Many of these cases involve women emerging from a cesarean section to learn that they were sterilized without ever being asked. In other cases, women in labor are told that sterilization is required immediately and are asked to sign a consent form—sometimes hastily handwritten, barely legible, or using an unfamiliar language or Latin terms.⁸

Sterilization to prevent future pregnancy is never a medical emergency. There is always time for medical staff to seek full and informed consent from a woman. In the Czech Republic, the UN Committee on the Elimination of Discrimination against Women (CEDAW) recommends a waiting period of at least seven days between informing the patient about the nature of the sterilization, its permanent consequences, potential risks, and available alternatives, and the patient's expression of her free, prior, and informed consent.⁹

Sometimes the practice is tacitly sanctioned by the government. This can be the case when forced and coerced sterilizations are carried out in public hospitals. While forced sterilization of Roma is no longer systematic, in 2009, the Czech government admitted that the practice may still be occurring.¹⁰ Despite calls from the UN for the Slovak government to accept responsibility for forced sterilizations, the government has yet to acknowledge this pervasive practice or to express regret.¹¹ Victims of forced sterilization have sought justice for this violation of their rights, but the provision of compensation for individual women remains a challenge. Indigenous women in **Peru**, and Roma women in the Czech Republic, Hungary, and Slovakia, are still awaiting official apologies and compensation.¹²

In the **United States**, more than half of the states had some form of eugenics law—some lasting as recently as the 1970s. In 2011, the state of North Carolina formed a task force to consider compensating the surviving victims of forced sterilization. Many of the victims were poor, uneducated, and black. One woman who testified before the task force was 14 when she was sterilized. She said, “I have to get out what the state of North Carolina did to me. They cut me open like I was a hog.”¹³

A Roma Woman's Story

A pregnant Hungarian Roma woman known as “A.S.” sought medical attention after experiencing heavy bleeding. She was told that the fetus had died and she needed an immediate cesarean section. While on the operating table, she was asked to sign a form with a barely legible note written partially in Latin. After the surgery, A.S. asked the doctor when she would be able to become pregnant again. The doctor admitted that he had sterilized her during the surgery, and only then did he reveal that the form she had signed in the operating room was an authorization for the procedure.¹⁴

Women must not be denied the opportunity to give full and informed consent for sterilization because they cannot read or because they are believed to be “poor and stupid.” Offering money or employment to convince poor women to be sterilized is inherently coercive.

Poor Women

IN 2009, an **American** woman receiving social assistance filed a lawsuit against a hospital after she was sterilized without her consent while undergoing a cesarean section. Many members of the community rallied in favor of the doctors, calling the victim a “state-check-collecting waste of space” who deserved to be sterilized.¹⁵ Such insulting and discriminatory comments characterize attitudes about poor women in many parts of the world. Women are blamed for perpetuating their own poverty.

Stigma about poverty is even deeper when women engage in criminalized behaviors. For example, Project Prevention is a U.S.-based nonprofit organization that pays women who use illicit drugs to be sterilized or to accept long-term contraception. So far, more than 1,300 women have been sterilized.¹⁶ In 2010, the project expanded to the **United Kingdom**¹⁷ and **Kenya**. In Kenya, project founder, Barbara Harris, offers women living with HIV USD \$40 to have an intrauterine birth control device (IUD) implanted.¹⁸ In its fundraising materials, Project Prevention erroneously claims that this is the only way to reduce the number of babies born with HIV.

In some countries, government-run population control programs target all women, but poorer women—often the most marginalized members of society—are more vulnerable to coercion. Governmental family planning programs do not necessarily condone coercive practices, but when local officials face significant pressure to meet population control targets, they may resort to coercion.

For example, an **Indian** NGO studied so-called “sterilization camps” in Uttar Pradesh and witnessed unconcealed disregard for standards of informed consent. These camps are part of Uttar Pradesh’s family planning program, which at the time of the study, was supported by the World Bank and the U.S. government. Poor, illiterate women were rushed through the consent process. They were asked to put their thumb print on the consent form without being read its content or having the procedure fully explained. Women were informed only about sterilization and no other possible long-term methods of family planning.¹⁹ A new Indian governmental program reportedly pays private sector physicians per sterilization performed. This creates a powerful incentive to coerce sterilization.²⁰

Similar reports are emerging from **Uzbekistan**, where government family planning programs reportedly lead to physicians coercing women or sterilizing them without their consent. Few affected women are willing to speak out for fear of retribution, but in 2010 the Associated Press reported on this practice, stating that some women had been required to produce a “sterilization certificate” in order to obtain employment.²¹

Women Living with HIV

WOMEN LIVING with HIV can live long and productive lives. With proper medication and treatment, the chance that a woman will transmit HIV to a fetus is virtually nonexistent.²² Despite advances in effective and affordable treatment, health care workers regularly coerce HIV-positive women to become sterilized. Such practices have been documented in **Chile**,²³ the **Dominican Republic**,²⁴ **Mexico**,²⁵ **Namibia**,²⁶ **South Africa**,²⁷ and **Venezuela**.²⁸ Anecdotal reports indicate that forced sterilization of HIV-positive women is happening all over the world. In South Africa²⁹ and the Dominican Republic,³⁰ medical workers reportedly misinform women that they are likely to transmit HIV to their fetus if they continue a pregnancy. In reality, forced and coerced sterilization is never a legitimate method to prevent mother-to-child transmission of HIV.

In some cases, women are denied access to medical services unless they consent to sterilization. This may be due to mistaken and discriminatory beliefs that HIV-positive women are not fit to be mothers. Doctors in South Africa have refused to prescribe AIDS medicines to women or to provide abortions unless they first agree to be sterilized.^{31,32} In Namibia and South Africa, women report being pushed to sign consent forms without explanation while they were already in labor and being wheeled to the operating theater.^{33,34} In Chile, women report being sterilized during routine cesarean sections without ever being asked for consent.³⁵ All of these women found out that they had been sterilized after the procedure was completed.

In 2008, 230 women living with HIV were interviewed in Namibia about sterilization. Forty of the women (17 percent) stated that they had been coerced or forced into sterilization.³⁶ Similarly, in Chile, a 2004 study of HIV-positive women revealed the widespread use of coercive practices by medical providers to discourage women from becoming pregnant. Fifty-six percent of women surveyed reported being pressured by medical professionals to prevent pregnancy. Of the women who had undergone surgical sterilization after learning their HIV status, 50 percent said they were pressured by medical providers to consent, and 13 percent reported that they never gave their consent for the procedure.³⁷

“In African culture, if you are not able to have children, you are ostracized. It’s worse than having HIV.”

— Jennifer Gatsi,
Namibian Women’s
Health Network

A Voice from Chile

“I learned that they had sterilized me at the time of the cesarean when I awoke from anesthesia a few hours later. I was in the recovery room at the Hospital of Curicó when [the nurse] entered and, after asking me how I was feeling, told me that I was sterilized and that I would not be able to have any more children. . . They treated me like I was less than a person. It was not my decision to end my fertility; they took it away from me.”

— Francisca, Chile³⁸

Women with Disabilities

PEOPLE WITH DISABILITIES are regularly denied even their most basic human rights, including respect for their physical and mental integrity. Medical professionals often do not seek informed consent for sterilization or abortion because they believe people with disabilities do not have the right to refuse medical procedures, people with disabilities should not have children, or people with disabilities do not have the capacity to understand the procedure and its consequences. There is a lack of data on their forced and coerced sterilization and abortion because very often medical professionals do not keep records of the procedures. This disregard for the human rights of people with disabilities perpetuates their dehumanization.

National law in **Spain** and other countries allows for the sterilization of minors who are found to have severe intellectual disabilities.³⁹ The **Egyptian** Parliament failed to include a provision banning the use of sterilization as a “treatment” for mental illness in its patient protection law.⁴⁰ In the **United States**, 15 states have laws that fail to protect women with disabilities from involuntary sterilization.⁴¹ Across the world, adults with disabilities are stripped of their rights (including the right to refuse sterilization) through a process known as guardianship. If a court declares a person “incompetent,” all of her decision-making rights are transferred to a guardian. In many countries, guardianship is both overused and abused. The threshold for declaring a person incompetent is often very low and lacks legitimacy.⁴² People under guardianship are highly vulnerable to forced or coerced sterilization and abortion because they have been stripped of the right to refuse medical procedures.

In many cases, people with disabilities who do not have guardians are also subject to rights abuses. Because of the pervasive stigma about disability, physicians may recommend sterilization or abortion and convince a disabled person’s family members to approve the procedure, regardless of whether they are legally the person’s guardian. Physicians may also perform the procedure at the request of family members who have not consulted the person with a disability. A survey conducted in **India** among women with disabilities revealed that six percent had been forcibly sterilized.⁴³

Voices from Spain

- “I’ve always been afraid to talk about it, I feel very alone.”
- “I have been violated.”
- “The psychological effects are enormous. They rob you of your womanhood.”

– Interviews of women with disabilities⁴⁴

Silent Victims

THE EXAMPLES in this fact sheet are just the beginning. There are likely many cases still unreported, and entire affected populations that remain unidentified. Women living in countries ruled by oppressive regimes may be more likely to experience forced or coerced sterilization, but fear of government retaliation and lack of free association, expression, and information mean that their stories are rarely heard. For example, overtly aggressive local government officials in the Chinese city of Puning detained almost 1,400 elderly people because their adult children refused sterilization. They were to be detained until their children agreed to be sterilized. Many of the detainees were kept in terrible conditions, such as crowded damp rooms with not enough space to even sit down.⁴⁵

Women whose reproductive rights have been violated may not come forward for many reasons, including the following:

- **They have no hope of obtaining a remedy or compensation.** If forced sterilization is not against the law, such as in the case of people with intellectual disabilities in some countries, victims have no means of legal recourse. Or, if forced sterilization is illegal, but women do not feel that their government would be responsive to allegations of involuntary sterilization, they may not come forward.
- **They are ashamed of no longer being able to bear children and wish to keep their status a secret.** Wishing to avoid social stigma and emotional consequences, women who have been forcibly sterilized may try to keep their status a secret.
- **They have low awareness of human rights and the standards of medical ethics.** Women who have been sterilized without their informed consent may not know that this was a violation of international law and medical ethics, and that the health care workers who sterilized them are subject to criminal or other sanctions.
- **They do not know they are sterilized.** It may take years for a woman to realize she has been sterilized if there was no consent form or if a woman was told to sign a consent form without the chance to read it or if the procedure performed was not explained.

“It pains me more knowing that [the doctors] were supposed to ask me, and the answer was supposed to come from me but not from them.”

— Hilma Nendongo,
Namibia

A Grave Violation

By not holding accountable medical practitioners engaged in forced or coerced sterilization or offering compensation and justice to the victims, governments are breaching their obligations to uphold human rights.

GOVERNMENTS ARE in violation of international human rights law when they allow women to be sterilized against their will. Among the fundamental rights governments are required to respect, protect, and fulfill are: the right to be free from torture, and cruel, inhuman, or degrading treatment or punishment; the right to the highest attainable standard of physical and mental health; the right to life, liberty, and security of person; the right to equality; the right to nondiscrimination; the right to be free from arbitrary interference with one's privacy and family; and the right to marry and to found a family.⁴⁶ The United Nations Human Rights Committee recognizes forced sterilization as a violation of the right to be free from torture, and cruel, inhuman, or degrading treatment or punishment and has requested that countries report on specific measures they have taken to combat this practice.⁴⁷

Forced and coerced sterilization can be so severe and discriminatory as to meet the international legal definition of torture. Torture occurs whenever severe pain or suffering is intentionally inflicted on a person for an improper purpose—including any purpose based on discrimination—and with the participation, consent, or acquiescence of the state. Even if there is no improper purpose or intent to cause severe pain and suffering, forced and coerced sterilization can still be considered “cruel and inhuman” or “degrading” treatment.

The right to be free from torture and other cruel, inhuman, or degrading treatment cannot be violated under any circumstance, and governments must take immediate action to address it. This entails putting in place prevention mechanisms, regularly monitoring whether forced and coerced sterilizations are taking place, compensating victims, and punishing perpetrators.

International human rights are also reflected in standards of medical ethics. The World Medical Association International Code of Medical Ethics stipulates that physicians shall:

- always exercise his/her independent professional judgment and maintain the highest standards of professional conduct;
- respect a competent patient's right to accept or refuse treatment;
- not allow his/her judgment to be influenced by personal profit or unfair discrimination; and,
- be dedicated to providing competent medical service in full professional and moral independence, with compassion and respect for human dignity.⁴⁸

Similarly, according to the International Federation of Gynecology and Obstetrics' Guidelines on Female Contraceptive Sterilization:

Only women themselves can give ethically valid consent to their own sterilization. Family members including husbands, parents, legal guardians, medical practitioners and, for instance, government or other public officers, cannot consent on any woman's or girl's behalf.

Women's consent to sterilization should not be made a condition of access to medical care, such as HIV/AIDS treatment, natural or cesarean delivery, or abortion, or of any benefit such as medical insurance, social assistance, employment or release from an institution. In addition, consent to sterilization should not be requested when women may be vulnerable, such as when requesting termination of pregnancy, going into labor or in the aftermath of delivery.⁴⁹

Forced and coerced sterilization are a flagrant violation of international medical ethics and a clear misuse of medical expertise. All women have the right to the decision-making autonomy and information required to give full and informed consent to medical procedures, including sterilization, as mandated by CEDAW.

Moving Forward

FORCED AND COERCED sterilization should be treated like any other form of torture. Remedies must be swift, and should include robust international and national policies stating that coercive practices are unacceptable and that full and informed consent is an indispensable element of all medical treatment.

Forced and coerced sterilization violate the rights of some of society's most stigmatized members. Pervasive discrimination against marginalized groups, coupled with inadequate law, policy, and practice create environments in which forced and coerced sterilization continue largely unchecked.

Governments, medical professionals, UN agencies, and donors, must act to:

- **Immediately prohibit** coercive and forced medical practices.
- Take steps to **ensure all women enjoy full sexual and reproductive rights** and have access to a full range of acceptable reproductive health services.⁵⁰
- Create and **implement standards of medical practice**, policy statements, procedural guidelines, and protocols by and for medical professionals on how to prevent forced and coerced sterilizations.

“[Forced sterilization] is a misuse of medical expertise, a breach of medical ethics, and a clear violation of human rights. We call on all physicians and health workers to urge their governments to prohibit this unacceptable practice.”

— Dr. Wonchat Subhachaturas, President, World Medical Association⁵¹

The right to be free from torture and other cruel, inhuman, or degrading treatment cannot be violated under any circumstance, and governments must take immediate action to address it.

- **Create safeguards** against violations, including allowing for sufficient time between the explanation of the sterilization procedure to the patient and the time when consent is sought, not seeking consent while a woman is in labor, mandating informed consent be transmitted verbally and in writing, translating all forms into relevant languages, stipulating that sterilization cannot be a condition of receiving other treatment or employment, and abolishing spousal consent requirements.
- **Monitor public and private health centers** which perform surgical sterilization to ensure patients provide fully informed consent to this procedure, with appropriate sanctions in place in the event of a breach.
- Put in place **review mechanisms** to ensure that donors are not underwriting coercive or forced practices.
- Set up mechanisms to **thoroughly investigate allegations** of forced or coerced sterilization.
- **Ensure redress** for women whose reproductive capacity has been forcibly ended. This includes ensuring that statutes of limitations do not prohibit women who find out they were sterilized years after the procedure from seeking redress.
- Where possible, **reverse forced and coerced sterilizations**.⁵²

Health facilities are mandated to provide care, especially to society's most vulnerable people. When hospitals and clinics allow forced and coerced sterilizations, these facilities become places of abuse and torture. The medical profession should take collective responsibility for ending this abuse which is the very antithesis of health care. Advocates and donors should support efforts to inform affected communities of their rights and help victims receive justice. Government leaders must make strong and clear commitments to end coercive practices in health care.

“Women are often provided inadequate time and information to consent to sterilization procedures, or are never told or discover later that they have been sterilized. Policies and legislation sanctioning non-consensual treatments... including sterilizations... violate the right to physical and mental integrity and may constitute torture and ill-treatment.”

— United Nations Special Rapporteur on the Right to Health⁵³

ENDNOTES

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- 2 Sterilization is a permanent contraceptive method. Surgical sterilization involves an operation in which the fallopian tubes are cut or blocked in order to prevent fertilization. Medical and chemical sterilization are non-surgical methods that involve either the placement of a coil in the fallopian tubes or the administration of a medication that causes the fallopian tubes to seal.
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- 4 See, e.g. J. Gatsi, J. Kehler, and T. Crone, *Make It Everybody's Business: Lessons Learned from Addressing the Coerced Sterilization of Women Living with HIV in Namibia* (2010).
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- 11 See UN Committee on the Elimination of All Forms of Discrimination against Women, Concluding comments of the Committee on the Elimination of Discrimination against Women UN Committee on the Elimination of Discrimination against Women: Slovakia, CEDAW/C/SVK/CO/4, July 17, 2008, para. 45, <http://www2.ohchr.org/english/bodies/cedaw/docs/co/CEDAW-C-SVK-CO-4.pdf> (retrieved June 13, 2011).
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- 47 Human Rights Committee, Equality of rights between men and women (article 3): 03/29/2000, CCPR General Comment No. 28. Sixty-eighth session, 2000. See paragraphs 11 and 20.
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- 53 UN Human Rights Council, Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover, A/64/272, August 10, 2009, para. 55, <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N09/450/87/PDF/N0945087.pdf?OpenElement> (retrieved June 14, 2011).

