Editorial

# Involuntary sterilisation

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Various ideologies, promoted from the late 19th Century until well into the second half of the 20th, have contributed to practices of involuntary (forced) sterilisation, especially of those considered to be somehow 'undesirable' and a 'burden to society'. Imperialism, capitalism and patriarchy have all influenced social and economic standards by which people and their fertility are valued.[1] Neo-Malthusianism, too, advocated coercive sterilisation practices prior to the Second World War, an uncomfortable truth for the family planning movement which began joining forces with the population movement in 1952. However, from this time forward, both movements were signed up to the principle of voluntarism. For more than a century, there has been a pervasive bias towards involuntary sterilisation of women, which reflects their long-standing subordination and relegation to an inferior societal status.

Involuntary sterilisation began as a punitive measure for criminal behaviour, especially in the USA.[2] Eugenics then became a strong movement, but mostly being translated from theory to practice only in countries without a strong Catholic ethic, where it was backed by scientists and opinion leaders, and then put on a legal footing by political authorities. Two-thirds of US states and some Canadian provinces took up eugenics; sterilisation formed part of negative eugenics, that is stopping those considered to be 'degenerate' in some way from reproducing. People with either physical or mental disabilities were identified as targets for sterilisation, in particular those 'failing' western-design intelligence tests.[3] Eugenics carried out in Nazi Germany was based on a US model.[2] Eugenic sterilisations were also performed in other European countries.[4] Both Marie Stopes and Margaret Sanger advocated eugenic sterilisation.

After the Second World War, people were sterilised as part of population policies[5] and as discrimination against ethnic minority groups.[6] Other specific marginalised groups have been targeted, including women living with HIV[7] and those from transgender and intersex communities.[8]

Common to all involuntary sterilisation is an abuse of power and preying on vulnerable groups. It has been carried out both within legal systems that had specific statutes for

eugenic sterilisation *and* outside the legal system - where society turned a blind eye, there was a lack of enforcement by authorities or in a covert manner. In countries with sterilisation laws, such laws have often been 'creatively' interpreted. When state policies are ruthlessly enforced, professionals can get caught up in a target/quota system.[5] Alternatively, when minority groups are frowned upon by much of society, professionals' actions can be seen merely as an extension of public opinion.

However, international human rights have gradually crystallised over the last seven decades or so and are nowadays enshrined in clear-cut laws of international standing.[9] Transgressions of human rights will be taken to regional courts. Even though not all courts yet find that individuals or groups have been discriminated against, judgments are now being made against defendants on the basis of invalid consent to sterilisation.[9]

Having been sterilised against one's will is highly stigmatising, often even more so than being considered and treated as belonging to a low-status group such as indigenous peoples or those living with HIV. Although loss of the ability to bear children generally cannot be reversed (usually unfeasible in low-resource countries or many years after the event), it has become apparent that reparations not only give people restorative justice, but in a small way also some peace of mind[10]. However, it may be many years before admission that the injustices actually occurred is forthcoming, let alone giving any redress. Governments of most countries eventually award some monetary compensation, but the symbolism of an apology may be a step too far for some. Public apologies have been forthcoming in North America and Scandinavia, but not in European countries such as the Czech Republic, Hungary and Slovakia. Expression of regret by a government on behalf of a previous administration, even decades after the event, is to be encouraged. Governments that continue to refuse to apologise may find that ultimately they are sued by the victims, as is happening at the moment in Japan.[2]

Other survivors find some kind of solace in 'going public'. A number of them have published articles, spoken to the media, written about their experience or even embarked on a lecture circuit.[3] Although not compensation as such, venting one's feelings and making sure that as many people as possible learn of the injustice inflicted gives some small measure of redress.

Dissemination of information about past abuses has also been possible through carefully-researched documentaries about involuntary sterilisation; Puerto Ricans[11] and Chicanos in Los Angeles[12] telling their stories brings alive the historical abuses to a modern-day audience in a way that the written word cannot. A British film-maker is about to release a documentary about the gross injustices visited upon tens of thousands of Native American women in the USA in the 1970s.[13]

Have these abuses now stopped? Sadly not. Twenty-first Century reports of forced sterilisation have been identified from 38 countries (Poster#58, European Society of Contraception & Reproductive Health Congress, Budapest, May 2018). There are exceptions to the general trend towards rights-based population policies. Sterilisation camps are to be phased out in India, but more than a million sterilisations with dubious consent processes are still taking place each year.[14] Although China has now switched to a two-child population policy, forced sterilisations continue there. Coerced sterilisation after two children is also widespread in Uzbekistan.[15] A report last year from the Canadian province of Saskatchewan showed endemic coercion of indigenous peoples.[16] The situation has come full circle in the USA: judges have included sterilisation as part of a plea bargain or traded it for reduced sentences.[17]

The right to decide on the number and spacing of one's children is set out in several international treaties.[9] Clinicians and social workers should ensure they work to current national or international guidance on sterilisation. While sterilisation is an important means of fertility control and should be offered as an option when appropriate, people must be properly informed about it and choose it according to their own free will.[6]

**Competing interests**

None declared

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