

Stérilisation
involontaire au
XXI^e siècle;
Involuntary
sterilisation in
the 21st Century

Sam Rowlands

Department of Medical Science and Public Health

Bournemouth University

Royaume-Uni



Quelques propos en
français ...

Preliminaries

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Definition of involuntary sterilisation

- Removal of a person's ability to reproduce by a surgical procedure without free and informed consent
- In most parts of the world such a procedure is permanent/irreversible as there is no access to reversal
- Synonyms: forced/coerced/non-consensual

Clarification on sex and gender

While, historically, men have been involuntarily sterilised, this meeting is about women and so I will not be referring to men today

Also, I am not including transgender women. I am talking about those who have had their fallopian tubes occluded by a surgical procedure

Countries involved – since 2000

Asia

Bangladesh
Cambodia
China
India
Indonesia
Nepal
North Korea
Sri Lanka
Taiwan
Thailand
Uzbekistan
Vietnam

Africa

Botswana
Dem Rep Congo
Eswatini
Kenya
Malawi
Mozambique
Namibia
South Africa
Tanzania
Uganda
Zambia

Latin America

Brazil
Chile
Dominican Rep
El Salvador
Honduras
Mexico
Nicaragua
Venezuela

N America

Canada
USA

Europe

Czechia
Hungary
Slovakia

Oceania

New Zealand
Pap New Guinea

= 38

Groups targeted

All those of child-bearing age (but marginalised communities are easier to coerce): population control policy

Indigenous and racialised people: considered 'subhuman' by socially dominant group

Women living with HIV: stigmatised

Disabled people: remnants of eugenics

Incarcerated people: 'captive' population

Population control (coerced limitation
of family size)

India



Officially, 'target-free' approach since 1996 - but sterilisation quotas still operate

One-third of women have been sterilised and in up to one third of cases the consent was invalid (Singh et al 2021)

The 2016 Supreme Court case of *Devika Biswas v Union of India* ordered that sterilisation camps should cease and a counsellor should see each candidate

Currently, there are around 3 million sterilisations carried out per year



China



- 1980 – 2015: One-child policy
 - Enforcement devolved to regions; each district had a birth quota; in rural areas, if first child was female, birth-permit for second child could be purchased; motivators went to households and had heart-to-heart ‘discussions’ about intrauterine device insertion or sterilisation; those who did not submit freely to one or the other were subject to coercion
 - 50 – 60% of women were given no information about the sterilisation operation (Greenhalgh & Winckler 2005)
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Indigenous and racialised women

Roma people in Central Europe

- Slovak doctors and nurses known to have negative, stereotypical attitudes about Romani women: notions of hyperfertility, hypersexuality and inability to care for children (Zampas et al 2003)
- Many cases of Romani women being sterilised immediately after the birth of their first child
- Misinformation that sterilisation is a 'temporary measure'
- Examples of medical staff forging patients' signature on consent forms
- Several Czech and Slovak court cases had to be taken all the way to the European Court of Human Rights to secure justice (Stejskalová & Szilvási 2016)

Indigenous people in settler Canada

- Canadian Senate Committee on Human Rights published reports in 2021 and 2022
- Evidence from hearings demonstrated involuntary sterilisations still taking place in six Provinces and two Territories
- Also, still taking place in Québec (Basile & Bouchard 2022)
- Recurrent abuses: lack of informational exchange, reversible alternatives not discussed, consent obtained from third parties or not at all and lack of interpreters for those with language barriers
- At least 5 class actions on behalf of survivors are ongoing

Women living with HIV



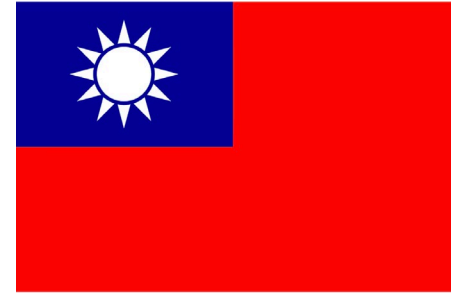
South Africa



- 7.7 million people living with HIV in a population of 60 million
- Antiretroviral therapy widely available
- Mother-to-child transmission no longer a public health problem
- Survey of > 10,000 women showed 7% of those living with HIV had been involuntarily sterilised
- Complaint process started in 2015 on behalf of 48 women of colour forcibly sterilised in public hospitals
- 2020 Department of Health redress package offered was rejected as there was no consultation and did not allow reparations for any further cases identified

Disabled people

Taiwan



- Those with intellectual disability (ID) can be sterilised under the Genetic Health Act 1984 by doctors at the request of the family
- In most countries, now, there are strict safeguards in place; in some countries ID cases have to go to Court (in England and Wales to the Court of Protection)
- It is generally agreed now that, if a person is unable to understand sex and pregnancy, she should live in a protective environment free from sexual abuse, rather than be sterilised



European Union

- Sporadic cases of forced sterilisation occurring
- Only 9 EU Member States explicitly criminalise forced sterilisation
- Human Rights Treaty Monitoring bodies such as CEDAW recommend that forced sterilisation is criminalised



Incarcerated people

United States of America



Female prisoners in California: 150 cases
between 2005 and 2011

Sterilisation of inmates banned in 2014

Predominantly women of colour

Repeat offenders and those currently
pregnant targeted by prison staff

Compensation awarded in 2022: US\$ 4.5
million total budget

Common themes

- Oppression
 - Racism
 - Colonialism
 - White supremacy
 - Patriarchy
 - Misogyny
 - Discrimination
 - Lack of humanity
 - Obstetric violence
 - Medical apartheid
- Classism
 - Ableism
 - Unethical healthcare delivery

➡ *Structural and individual components at play*

Psychosocial sequelae

Loss of *animo* (energy to live)

Feelings of
traumatisation, isolation,
helplessness and
humiliation

Clinical depression, post-
traumatic stress disorder

Stigmatisation (those
living with HIV say stigma
for being rendered
infertile is worse than
that of being HIV+)

Sometimes, changes in
help-seeking behaviour
e.g. reluctance to attend
health services

Deterioration in intimate
relationships (increase in
intimate partner
violence), separation,
divorce

Responses to this type of abuse

- Countries should be held accountable for policies, laws, regulation and practice
- Punishment and incentives in relation to sterilisation as a component of population policy should be prohibited
- Culturally safe education and training for health and social care professionals
- Clinical guidance on consent procedures; avoidance of misinformation, pressure, making sterilisation a condition of access to healthcare
- Sanctions against professionals found to be practising/recruiting for forced sterilisation
- For survivors: statements of regret/apology and access to compensation

Conclusion

- Merci de votre attention
- J'attends vos questions
- N'hésitez pas à me contacter plus tard à: srowlands@bournemouth.ac.uk