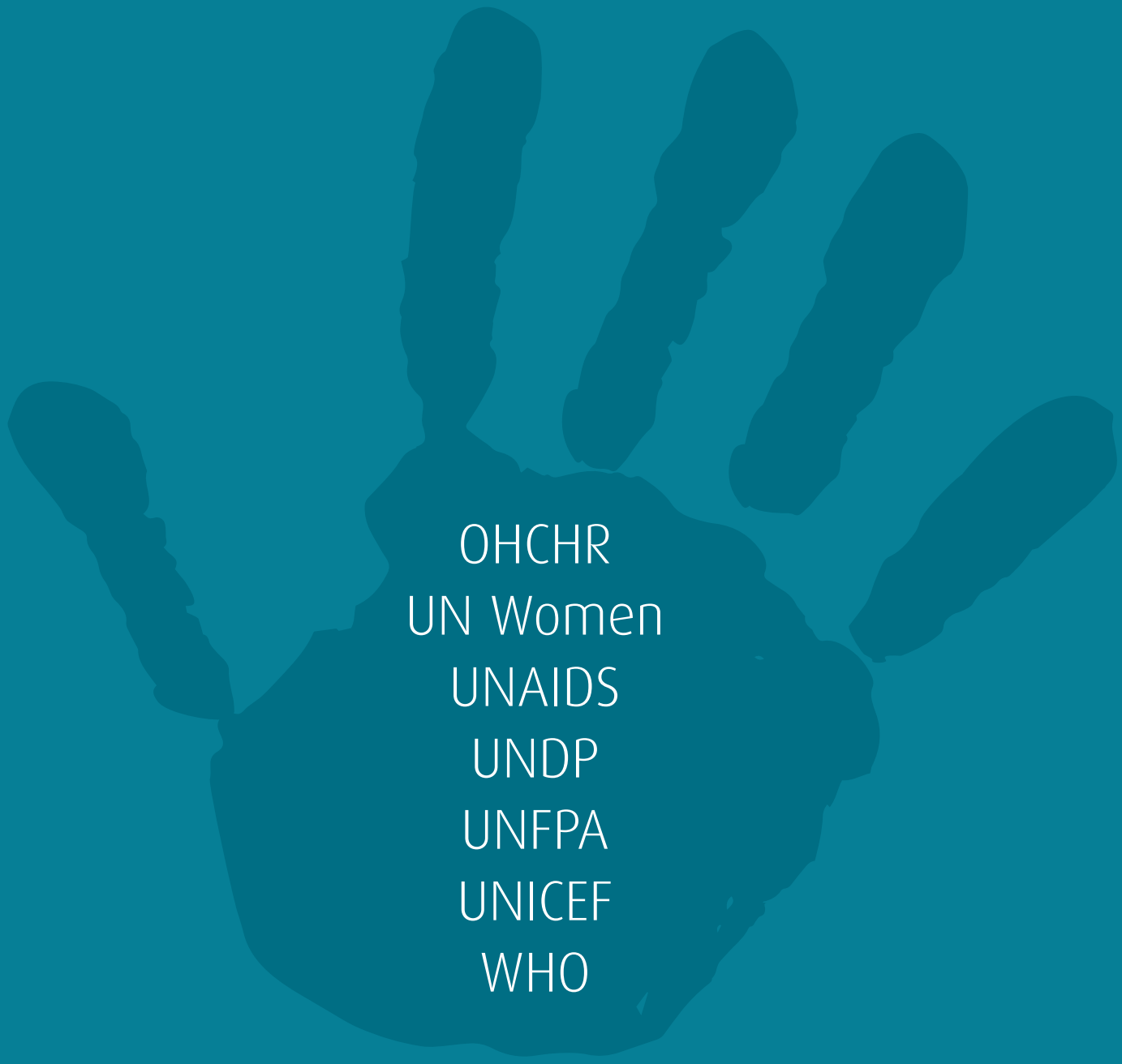
Eliminating forced, coercive and otherwise involuntary sterilization

An interagency statement



OHCHR
UN Women
UNAIDS
UNDP
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WHO

World Health Organization

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OHCHR, UN Women, UNAIDS,
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Acronyms and abbreviations

CRPD	United Nations Convention on the Rights of Persons with Disabilities
OHCHR	Office of the High Commissioner for Human Rights
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Introduction

Among other contraceptive methods, sterilization is an important option for individuals and couples to control their fertility. Sterilization is one of the most widely used forms of contraception in the world *(1)*. When performed according to appropriate clinical standards with informed consent, sterilization methods such as vasectomy and tubal ligation are safe and effective means of permanently controlling fertility *(1–5)*. In this document, sterilization refers not just to interventions where the intention is to limit fertility – for example tubal ligation and vasectomy – but also to situations where loss of fertility is a secondary outcome.

Like any other contraceptive method, sterilization should only be provided with the full, free and informed consent of the individual. However, in some countries, people belonging to certain population groups, including people living with HIV, persons with disabilities, indigenous peoples and ethnic minorities, and transgender and intersex persons, continue to be sterilized without their full, free and informed consent *(6–16)*. Other individuals may also be at risk of coercive sterilization, such as persons with substance dependence *(17, 18)*. While both men and women are subject to such practices, women and girls continue to be disproportionately impacted *(9, 19, 20)*.

Sterilization without full, free and informed consent has been variously described by international, regional and national human rights bodies as an involuntary, coercive and/or forced practice, and as a violation of fundamental human rights, including the right to health, the right to information, the right to privacy, the right to decide on the number and spacing of children, the right to found a family and the right to be free from discrimination *(21,* para 23; *22*, para 27; *23*, para 36; *24,* para 31; *25*, para 24m; *26; 27,* paras 37 and 38; *28,* paras 31 and 32; *29,* paras 33 and 34; *30,* para 38; *31*, para 34 and 35; *32; 33,* para 18). Human rights bodies have also recognized that forced sterilization is a violation of the right to be free from torture and other cruel, inhuman or degrading treatment or punishment *(34; 35*, para 60).

International human rights bodies and professional organizations have explicitly condemned coercive population policies and programmes, noting that decisions about sterilization should not be subject to arbitrary requirements imposed by the government *(36–38)* and that states' obligations to protect persons from such treatment extend into the private sphere, including where such practices are committed by private individuals, such as health-care professionals *(35,* paras 15, 17, 18 and 22; *39)*. Coerced and/or forced sterilization of women has also been characterized as a form of discrimination and violence against women *(25,* para 24m; *37; 40,* para 22; *41*, para 23a; *42,* para 28, 31 and 36; *43*, paras 51–56). Any form of involuntary, coercive or forced sterilization violates ethical principles, including respect for autonomy and physical integrity, beneficence and non-maleficence *(37, 44)*.

This statement aims to contribute to the elimination of forced, coercive and otherwise involuntary sterilization. It reaffirms that sterilization as a method of contraception and family planning should be available, accessible, acceptable, of good quality, and free from discrimination, coercion and violence, and that laws, regulations, policies and practices should ensure that the provision of procedures resulting in sterilization is based on the full, free and informed decision-making of the person concerned. It highlights guiding principles for the prevention and elimination of coercive sterilization and provides recommendations for legal,

policy and service-delivery actions. It is based on scientific evidence, draws on lessons learnt from historical and contemporary practices, and is anchored in international human rights norms and standards.

The statement uses the terms "involuntary", "coercive" and "forced" depending on the context and in line with how human rights, professional and ethical bodies have described specific practices.

Background

Coercive and involuntary sterilization with the aim of improving the genetic constitution of the human species became an instrument of population and public health control during the heyday of eugenics, between 1870 and 1945 *(45, 46)*. In the early 20th century, laws permitting and encouraging coercive sterilization were passed in many countries, including Germany, Japan and the United States of America. Many hundreds of thousands of people, particularly those with disabilities or from ethnic, religious and other minorities, were sterilized without their consent *(45–52)*. In the years after the Second World War, most countries reformed their laws and practices, abandoning eugenic sterilization and strengthening the requirements for informed consent. However, in some countries it took longer to move away from eugenic sterilization *(53–56)*.

During the period from the 1960s to the 1990s, coercive sterilization has been used in some countries (including in Asia, Europe and Latin America) as an instrument of population control, without regard for the rights of individuals *(57–59)*. A range of incentives or coercive pressures have been employed to secure agreement to sterilization, including offers of food, money, land and housing, or threats, fines or punishments, together with misleading information. Under some government programmes, rewards have been provided for health workers who met sterilization targets, while those who missed the targets were at risk of losing their jobs *(7, 60, 61)*. People living in poverty, indigenous peoples and ethnic minorities have been particularly targeted by such programmes *(7, 44, 61)*. In many countries, information is not made available in accessible formats and local languages, and informed consent is not obtained before these procedures are carried out *(62)*. Moreover, these procedures may be carried out in unsafe and unhygienic conditions, without follow-up care