

Ethics of Forced Sterilization

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Abstract: Forced sterilization is a form of birth control that involves the use of surgical or non-surgical methods to compulsorily prevent the birth of any unwanted children. The reversal of such methods is nearly impossible or difficult to achieve since they are intended to be permanent. The overall idea of taking away another person's natural ability by force or mandate raises controversy about morality and ethicality. There are those who believe that forced sterilization is a necessary solution to global issues such as overpopulation, hereditary defects, and infectious diseases. Others, however view it as a violation of human rights. This paper will explore the topic of forced sterilization, the effects it has on victims, and whether the reasoning for it is justified. Given the length of this paper it necessary to focus on the two primary reasons driving forced sterilization: the spreading of disease and overpopulation. The paper concludes that governments and physicians should not be able to forcefully sterilize a patient without his or her knowledge or proper consent.

Introduction:

Many people consider children a blessing and are thrilled to start a family. Most parents, especially mothers, are filled with happiness and joy after giving birth to a child. Having a baby gives parents an increased sense of belonging and a more meaningful life. However, amidst the beauty and joys of childbirth, imagine the reactions when parents unexpectedly find out that they can no longer have any more children; that the child they just delivered would be their last because the mother was unknowingly without her permission. Would the parents be more upset that they could no longer have children or the fact that someone took away their reproductive autonomy without consent? This robbing of one's ability and right to reproduce is known as forced sterilization.

Involuntary sterilization, a medical procedure that permanently

ends a person's ability to reproduce without his or her consent or knowledge, is a significant issue in the modern-day world. It is a topic of concern within both industrialized and developing countries. In addition to the prevention of genetic defects, this procedure often takes place as a response to overpopulation, poverty, and rising rates of infectious diseases such as the Human Immunodeficiency Virus or HIV (Nair 1). It is interesting to note that in developing countries, it is primarily the women who are targeted for forced sterilization procedures. *Against Her Will: Forced and Coerced Sterilization of Women Worldwide* is a comprehensive fact sheet by the Open Society Foundations which focuses on the abuse of women, provides a framework as to whether citizens or governments have the right to take away another person's ability to reproduce. The Open Society Foundation (OSF), an organization that aims to promote human rights, democracy, and economic, legal, and social reform, contends that forced sterilization should be treated as an act of torture regardless of the reasoning behind it and recommends ending this practice.

Forced sterilization raises a complex question on its ethicality due to its involvement of social, legal, economic, environmental, and health issues. In order to determine the extent of its ethicality, the benefits and consequences of practicing the procedure must be assessed. While the use of sterilization may be effective in maintaining population size and preventing the spread of disease, the use of force to acquire such outcomes violates a person's bodily autonomy and damages the bond between a patient and a doctor. Neither governments nor physicians should be allowed to perform forced sterilization procedures without the patient's knowledge and proper consent.

Historical Context:

Forced sterilization laws were influenced by the concept of eugenics during the first quarter of the twentieth century. Government-authorized sterilization programs emerged out of Europe and the United States as part of the eugenics movement. The purpose of the movement was to improve the genetic composition of humans by reducing the

reproduction of people with "defective genes" while promoting a higher reproduction of people with desired traits. Those having "defective genes" included people with disabilities, the mentally retarded, the physically deformed, the poor, and certain racial groups (Nazworth). The concept of eugenics, based upon the notion that "like produces like," spread and the movement flourished as people became convinced that hereditary diseases, undesirable traits, and societal ills such as poverty, could be eradicated by getting rid of the "unfit." Many hoped that the usage of compulsory sterilization programs born through the ideology of eugenics would ultimately lead to the betterment of society.

Eventually, towards the end of World War II, the eugenics movement lost support due to its unfair and inhumane treatment of people. It became closely associated with Nazism and many government-sponsored sterilization programs were eliminated in most Western countries (Nair 2). As a result of the eugenics movement, "from 1907 till 1957 about 60,000 people in the USA were sterilized without consent" (Katalinic, Sendula-Jengic, Sendula-Pavelic, and Zudenigo 1). Despite the phasing out of eugenics in Western countries, several developing countries adopted its programs and still use them today. The focus, however, of developing countries in adopting compulsory and involuntary sterilization practices is more about preventing the spread of infectious diseases and reducing overpopulation rather than on eradicating genetic defects. Even though the purpose of forced sterilization is no longer for the sake of eugenics, continuing its practice is unethical because it still involves altering a person's bodily autonomy and damaging the patient-physician bond.

Spread of Diseases:

Physicians who practice forced sterilization in order to prevent the spread of disease risk ruining bonds with their patients. This relationship between a physician and their patient is one of significant importance. In order for the physician to provide optimal care in accordance to his professional responsibilities, a patient's trust must exist in the relationship. If this trust is broken, then there will be harmful

mental and physical consequences.

A mental consequence of breaking the trust between a physician and a patient could possibly be depression. Practicing forced sterilization procedures can cause this disorder as, “many patients describe becoming depressed after finding out they could no longer have children” (Turley). Some victims of forced sterilization, especially those who are looking forward to having children, immediately experience depression once they realize that they can never again become pregnant. Many feel that their lives are incomplete because the opportunity to start or raise a family has been lost. This situation is made worse by the fact that the physician, a qualified professional to whom one has entrusted with his or her own well-being, is responsible. Not only would the physician be looked at differently, but a fear of future medical treatments or of health professionals could become instilled in victims as well. An interview with an HIV-positive woman from Namibia reflects how the fear of sterilization can discourage a person from seeking medical services as she shares that, “my main concern is how the hospital will treat me because I refused sterilization. They know I am HIV positive and I am afraid now” (“The Forced and Coerced Sterilization of HIV Positive Women in Namibia” 9). Deterring an HIV-positive individual from seeking proper treatment or counseling can worsen his or her condition and thus increase the risk of transmitting the virus.

There are, however, some people who support the use of forced sterilization. These advocates consider merely having infectious diseases, such as HIV, as a reason to put the procedure into practice. HIV is a retrovirus, which if left untreated, can cause AIDS, short for Acquired Immunodeficiency Syndrome. The virus, caused by the exchange of bodily fluids, leads to a progressive failure of the human immune system. This, in turn makes a person more likely to acquire opportunistic infections and cancer tumors that would not normally affect someone with a working immune system. Tragically, an exchange of bodily fluids makes it possible for a newborn to acquire the HIV virus from the mother during childbirth.

HIV/AIDS is most prevalent in developing countries and is among the leading causes of death in the world. Currently, there are about 34 million people worldwide that are living with HIV. Of the total 34 million people infected with the virus, approximately 95% are from developing countries (Boyle). This is because these nations lack access and knowledge about contraceptives due to their low-income economies and limited educational resources. As a result, many people in developing countries often cannot afford modern contraceptives and are unaware of the benefits to using them. In addition, many young people have misleading conceptions about contraceptives because of their upbringing and culture. For example, “[several] young women said they were reluctant to use modern contraceptive methods because they perceived them as intended for married women...[and] many women also feared having others find out they were using contraceptives, because they would be known to be having sex, or thought of as being unable to bear children later on” (Harding). Such misconceptions about the purpose and supposed consequential effects of contraceptives are all based upon cultural views and upbringings, leading to a lack of contraceptive use and in turn, a higher frequency of HIV/AIDS and other sexually transmitted diseases.

Due to the high prevalence of HIV/AIDS and infectious diseases in developing countries, these are the places where forced sterilization procedures are most commonly found. Some people believe that since the disease is a leading cause of death globally, those infected with HIV cannot live long or productive lives. Thus, they view forced sterilization as a solution in preventing the spread of HIV disease in future generations. Advocates of forced sterilization argue that it is unethical for people living with HIV to consciously spread the infection to their children through reproduction. They may justify forced sterilization practices by asking whether it is morally sound for a woman to conscientiously reproduce and risk transmitting HIV to her child. These advocates affirm that “HIV-positive women are not fit to be mothers” (Open Society Foundation 5), especially because they

believe that these women have committed a great wrong by knowingly spreading the disease. However, it is not necessarily true that people with HIV cannot live long and productive lives or that they will always transmit the disease if they were to have children. According to the fact sheet by the Open Society Foundations, it is possible for infected people to have healthy babies and “With proper medication and treatment, the chance that a woman will transmit HIV to a fetus is virtually nonexistent” (Open Society Foundations 5). An example of medication or treatment that is effective against HIV infection is the use of antiretroviral drugs. Antiretroviral drugs slow down further damage to the immune system by reducing the loss of T-cells (cells that help the body fight diseases), which the HIV virus destroys. Through the use of such drugs, an individual with HIV can remain well for many years and live a productive life. Antiretroviral treatments have also been proven to significantly minimize the risk of transmission during childbirth: “...results from the Pediatric AIDS Clinical Trials Group Protocol 076, [a federally funded study in 1994], showed that zidovudine chemoprophylaxis reduced prenatal transmission of HIV by nearly 70 percent” (Rose). Some critics of antiretroviral drugs argue that the use of such drugs is costly and complex. From this, one may infer that people in developing countries will have a difficult time accessing them. This, however, is not necessarily true. There are several antiretroviral prophylaxis regimens that are short, simple, effective, and inexpensive (Mofenson 721). In addition, there are generic antiretroviral medications that are affordable and more accessible for areas with poorer resources. These generic antiretrovirals are said to be “exactly the same as those made by large pharmaceutical companies, but significantly cheaper” due to fewer production and manufacturing costs (“Reducing the Price of HIV/AIDS Treatment”).

Therefore, having HIV is not a legitimate reason for doctors to force a person to undergo sterilization. A forced sterilization procedure would make patients lose trust in their physicians. Without trust, the physician-patient bond will be broken. While severing this bond may

help prevent the spread of HIV, it can also potentially cause the patients to not only become depressed but, more importantly, may cause them to fear other medical professionals and procedures. Rather than inhibit the spread of infectious diseases, the fear of medical attention would instead accelerate the frequency and spread of such diseases because more and more people will avoid necessary medical treatment. Therefore, it is not worth the risk to sterilize a person without his or her knowledge and permission.

Overpopulation:

According to some, having HIV may be a legitimate reason to make a person undergo forced sterilization. But what about the problem of overpopulation? Overcrowding is thought by many to be a justification for practicing forced sterilization. Overpopulation is described as a condition where the carrying capacity of the earth or habitat is exceeded by the number of organisms living in it. This condition is regarded to be undesirable since it negatively impacts a country’s economy; overpopulation results in inflation, scarcity of resources, and unemployment. Factors that contribute to the problem of overpopulation are high birthrates, lack of education, and certain cultural influences regarding contraceptives (Malthus).

A high birthrate is very common in developing countries. This is generally due to the reality of people in developing countries having little access to contraceptives, resulting in an increased birthrate, which then leads to a growth in population size. As a population size grows, a country’s resources are consumed more rapidly, which in turn causes many citizens living in the country to have fewer necessities for survival such as food, water, and shelter. With the consequence of not having enough resources for so many people, governments are often led to implement some sort of policy that addresses overpopulation, such as forced sterilization.

A lack of education also attributes to high birthrates leading to overpopulation. The educational systems of developing countries are not nearly as advanced and highly-funded as first-world countries and

often do not meet the requirements of a quality education. Developing countries have low budgets and cannot afford to provide people with a more sufficient education. Thus, people in developing countries are less knowledgeable about the benefits of contraceptives and risks of unprotected sex.

Religious and cultural influences also play a role in causing overpopulation. In some religions and cultures, the usage and concept of contraceptives are rejected and are considered to be taboo. Orthodox Roman Catholics, for example, view procreation as the primary purpose of marriage and sexual intercourse. Therefore, contraception violates that purpose because it destroys any potential to produce new life (Srikanthan and Reid 2). This view of Roman Catholics reflects how certain religions or cultures can lead to a higher birthrate and an increase in population size. With population sizes becoming unmanageable, some governments resort to using extreme forms of birth control, such as forced sterilizations. Contraceptives, however, drastically lower birth rates. Without the usage of contraception overpopulation is far more likely to occur.

The act of forced sterilization by governments to lessen overpopulation violates a person's bodily autonomy. An individual should be able to make his or her own decisions with regard to their own well-being because they are the one who will be undergoing the procedure and it is they who will experience its effects. Taking away the ability to be responsible for one's own body due to overpopulation raises question about morality and ethicality. This is because having bodily autonomy is considered to be a natural right and many believe that placing society's long term interests before individual rights is anathema (Potts). Overriding a person's bodily autonomy can cause severe pain for the person and make his or her well-being much worse than it was before forced sterilization. For example, India, one of the most populated countries in the world is facing controversy for using foreign-aid intended for family planning to fund forced sterilization procedures. Indian authorities are reported to be using manipulation and deception to

forcibly sterilize Indian men and women. Some authorities even threaten to withhold food or other essential resources as a way to coerce families into consent. These families are led to believe that sterilization is their only option for means of survival. In addition to being pressured to become sterilized, several victims experience long-term health problems and infections after undergoing the procedure. Some have even bled to death during operations (Newman). Victims in developing countries are more prone to such infections and injuries because of the lack of proper equipment and the poor sanitary and medical conditions under which sterilization procedures are performed. The situations in India reflect how invading upon a person's bodily autonomy to perform a forced sterilization can lead to severe pain and health complications.

Due to the pain and injuries victims experience after operation, forced sterilization can be regarded as a form of torture and cruel punishment. The Open Society Foundation considers the procedure to be a grave violation of fundamental rights as governments are in danger of violating "human rights laws when they allow women to be sterilized against their will" (Open Society Foundations). This is because some countries have set national standards that list forced sterilization as a "crime against humanity." In Article 7 of the Roman Statute of the International Criminal Court, for example, forced sterilization is placed in the same category as "rape, sexual slavery, enforced prostitution, forced pregnancy" and other forms of sexual violence ("Rome Statue of International Criminal Court"). Just like in cases of rape and sexual slavery, the practice of forced sterilization takes away a person's bodily autonomy through coercion, physical force and abuse of authority. Forced sterilization violates one's natural right to reproduce by preventing a person from making a decision or choice about his or her own body.

Even though overpopulation is a serious environmental and economic issue, it does not justify putting forced sterilization into practice. There are other affordable and more humane methods that can be used to quell population size. For example, family planning programs

that do not promote forced sterilization but rather encourage and provide voluntary birth control, educate people about the risks of unprotected sex, and provide counseling to those with sexually transmitted diseases are effective in fighting overpopulation problems. Iran's family planning program that was introduced in 1989 demonstrates the success of such methods. Through an extensive network of health workers, the program provided free contraceptive services to Iranian citizens. As a result, the fertility rate of the country "...declined from more than five births per woman in the late 1980s to just two in 2000" (Bongaarts and Sinding 2). Iran's successful voluntary family planning program reflects how the use of forced sterilization is unnecessary and that coercing people to undergo the procedure is not the only mean to preventing overpopulation. Even though providing free contraceptives can be costly, it is not as costly or as brutal as forcing people to get sterilized. Forced sterilization methods, surgical or nonsurgical, are intended to have permanent results. Therefore, the cost of undergoing a sterilization procedure would be significantly greater than the use of contraceptives, such as condoms or birth control pills. The money that is used to fund forced sterilizations can instead be used towards free contraceptives for citizens. The cost of free contraceptives would also be considerably small in comparison to the consequences which result from overpopulation. Most importantly, the use of voluntary family planning will prevent governments from violating a person's bodily autonomy.

Conclusion:

The spread of infectious diseases and overpopulation are globally problematic issues, but they do not provide legitimate reasons that justify the practice of forced sterilization. While sterilizing people by force may be effective in lowering transmission rates of disease and quelling population size to an extent, the downfalls of implementing such procedures outweigh its benefits. A person's body is violated and the bond between a physician and a patient will be damaged in the process. Harming a person's reproductive system and damaging the patient-physician bond can cause the person's well-being to be worse than before

being sterilized. The victim can become depressed for not having the ability to reproduce anymore or for being treated unfairly through force. If victims have infectious diseases, they may avoid getting the treatment they need out of fear of medical professionals that was developed from being forced sterilized. As a consequence, infectious diseases are even more likely to spread rather than be cured or prevented. Placing society's long-term interests before individual rights is not worth the mental and physical pain or suffering that the victims of forced sterilization experience. To strip a person of choice and cause them mental and physical trauma is equivalent to torture, which is a serious crime against humanity. There is no justification for forced sterilization to be practiced, when there are other safer, affordable, and more humane methods of preventing the spread of disease and excessive population growth. Family planning programs, free contraceptive services, and the use of generic antiretroviral medications are some of the solutions that can effectively prevent the spread of diseases and help quell overpopulation without the need to implement forced sterilization procedures. Therefore, neither governments nor physicians should have the ability to take away a person's natural right to reproduce merely because it is in society's best interest.

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