

Forced Sterilization and Its Effect on the Reproductive and Sexual Health Rights of WWD (Women with Disability)

Dr Neetu¹, Dr Leena Chhabra², Dr. Rupinder Kaur^{3*}, Dr. Ragini Narain^{4*},
Dr. Prerna Gulati⁵

^{1,2}Assistant Professor, G.D. Goenka University, Gurugram, Haryana-India

³Associate Professor, Chandigarh University, Mohali, Punjab-India

⁴Senior Advocate, High Court Lucknow Bench, Lucknow-India

⁵Associate Professor, IILM University, Greater Noida, U.P. India

*Corresponding Authors: Dr. Rupinder Kaur & Dr. Ragini Narain

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ABSTRACT

Forced sterilization has profoundly impacted the reproductive and sexual health rights of women with disabilities (WWD). It takes away the right of motherhood from women with disabilities (WWD). The trauma of sterilization without consent can lead to long-term mental health issues, including depression, anxiety, and PTSD. This experience often leads women with disabilities (WWD) to distrust medical systems, causing them to avoid healthcare services that could benefit them in the future. Many countries lack adequate legal safeguards against forced sterilization, particularly for women with disabilities (WWD). Where laws exist, enforcement is often weak, and accountability for perpetrators is rare. The forced sterilization of women with disabilities (WWD) is a human rights violation with severe implications for their reproductive and sexual health. Addressing this issue requires a multifaceted approach involving legislative reform, education, advocacy, and comprehensive healthcare services that prioritize the autonomy and dignity of women with disabilities (WWD).

KEYWORDS: Women With Disabilities (WWD), Forced Sterilization, Human Rights, Reproductive and Sexual Health Rights

INTRODUCTION

Physical intimacy and interest in sexual relations is an important issue in physically disable women and prime concern for their caregivers. They are concerned about their personal hygiene, protection from physical abuse, unwanted pregnancies and unwanted children. These care- givers are seeking sterilization or hysterectomy as a solution to all the unwanted problems related to disable women. This systemic sterilization is actually a discrimination against disable women and girls which totally deny their right to explore their sexuality, right to bodily integrity, the woman's right to make her reproductive choices and to experience families. Physically disabled persons are denied this right through forced sterilization not only in India but around world.¹²

MEANING AND DEFINITION OF STERILIZATION

"Sterilization is a permanent method of a birth control. Sterilization procedures for women are called tubal sterilization or female sterilization. The procedure for men is called vasectomy. Sterilization is considered a safe procedure with few complications"³.

¹ Brady, S., Briton, J., & Grover, S. (2001) The Sterilisation of Girls and Young Women in Australia: Issues and Progress. A report commissioned by the Federal Sex Discrimination Commissioner and the Disability Discrimination Commissioner; Human Rights and Equal Opportunity Commission, Sydney, Australia. Available online at: www.wwda.org.au/brady2.htm; Brady, S. (2001) The sterilisation of girls and young women with intellectual disabilities in Australia: An audit of Family Court and Guardianship Tribunal cases between 1992-

² . Available online at: www.wwda.org.au/brady2001.htm

³ <https://www.acog.org/womens-health/faqs/sterilization-for-women>

andmen#:~:text=What%20is%20sterilization%3F,safe%20procedure%20with%20few%20complications.

“Female sterilization blocks the fallopian tubes, which link the ovaries to the womb (uterus). This prevents the woman’s eggs from reaching sperm and becoming fertilized. Eggs will still be released from the ovaries as normal, but they’ll be absorbed naturally into the woman’s body⁴”. Sterilization is an operation which is done by a trained doctor either in the doctor’s office or hospital.

“The forced sterilization is a process to terminate a reproductive capacity of a women to reproduce naturally without her prior and informed consent or understanding of the procedure and its consequences. Forced sterilization constitutes violence against women and is a form of harmful practice that negatively affects women’s physical and mental health and violates their right to reproductive autonomy⁵”.

It is a medical procedure which has serious physical and psychological effects on the person. It is defined as “a process or act that renders an individual incapable of sexual reproduction.”⁶ Forced sterilization means when a person is sterilized without consent. It is an act of violence,⁷ a way to socially control a person and completely an inhuman treatment.⁸

The procedure of forced sterilization is the complete denial of the reproductive rights of Physically disabled women and girls. “It includes complete exclusion from comprehensive reproductive and sexual health care, limited voluntary contraceptive choices, a focus on menstrual suppression, poorly managed pregnancy and birth, involuntary abortion and the denial of rights to parenting. These practices are developed within traditional social attitudes which considers disability as a personal tragedy and a matter for medical management and rehabilitation”.⁹

INTERNATIONAL CONVENTION AND LEGISLATIVE FRAMEWORK

“The Convention on the Rights of Persons with Disabilities and its Optional Protocol (CRPD, 2006, A/RES/61/106)” defines WWD to “include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.

“Convention On The Rights Of Persons With Disabilities (CRPD)”- Principles of this Convention are:-

1. Live life with dignity and enjoy all the freedom like normal people
2. Non-discrimination
3. Full participation to become part of society
4. Physically disabled should be respectfully accepted by the society as normal people
5. Equality of opportunity
6. Accessibility of all the resources
7. Gender Equality

⁴<https://www.nhsinform.scot/healthyliving/contraception/femalesterilisation#:~:text=Female%20sterilisation%20blocks%20the%20fallopian, Sterilisation%20is%20an%20operation.>

⁵https://eige.europa.eu/publicationsresources/thesaurus/terms/1282?language_content_entity=en#:~:text=Forced%20sterilisation%20constitutes%20violence%20against,their%20right%20to%20reproductive%20autonomy.

⁶ Mosby’s Medical Dictionary, 8th edition, 2009, Elsevier

⁷ FIGO (International Federation of Gynecology and Obstetrics), Contraceptive Sterilization Guidelines, Recommendation

⁸ UN Human Rights Council, Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development : report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Manfred Nowak, 15 January 2008, A/HRC/7/3, [paras.38, 39] See also UN Committee Against Torture (CAT Committee), General Comment No. 2: Implementation of Article 2 by States Parties, 24 January 2008, CAT/C/GC/2 [para.22]; UN General Assembly, Rome Statute of the International Criminal Court (last amended January 2002), 17 July 1998, A/CONF. 183/9 [Article 7(1)(g)].

⁹ L .Dowse, & C. Frohmader, (2001) Moving Forward: Sterilisation and Reproductive Health of Women and Girls with Disabilities, A Report on the National Project conducted by Women with Disabilities Australia (WWDA), Canberra

8. Right to get recognition and preserve their identity

Being the signatory of this convention, India enacted “The Rights of Persons with Disabilities Act, 2016” which defines “person with disability as a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others.”

“The Convention on the Rights of Persons with Disabilities provides a procedure for upholding the rights of disable persons. Article - 23 says that the people with disabilities has right to have a family and to retain their fertility like other normal person. The Committee on the Rights of Persons with Disabilities recommended to ban the surgery and any such kind of treatment without the consent of the patient”.¹⁰

“The Committee on Economic, Social and Cultural Rights has stated that forced sterilization of girls and women with disabilities is a breach of Article-10 of the International Covenant on Economic, Social and Cultural Rights.¹¹ The Human Rights Committee addresses the prohibition of forced sterilization in the International Covenant on Civil and Political Rights under Article -7 which prohibits the torture, cruelty and inhuman or degrading treatment”.

Article 17 - ensures the right to privacy

Article 24 provides special protection to children.¹²

“The Committee on the Elimination of Discrimination against Women has contemplated that the forced sterilization is a transgression of right to consent of WWD which means denial of her right to human dignity.¹³ The Committee has clarified that it is allowed only where there is a grave danger to life or health of a WWD. The United Nations Special Rapporteur on violence against women has explained that forced sterilization is a method of medical control of a

woman’s fertility. It violates the physical integrity of a disable women and constitutes violence against women”.¹⁴

“The Beijing Declaration and Platform for Action (BPA) identifies forced sterilization as an act of violence. It is the rights of female, including WWD (women with disabilities), to found and maintain a family. They also have right to maintain a reproductive health. They can also take decisions related to reproduction freely without any discrimination and violence.¹⁵

Despite the disproportionate impact of gender and disability on women, they did not receive any legislative attention until the enactment of the “Rights of Persons with Disabilities Act, 2016” (‘RPD Act’). The erstwhile Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation). Contained no specific protection of women with Disability.

“The National Policy for Persons with Disabilities, 2006 (‘National Policy’) recognized the vulnerability of WWDs to exploitation and abuse, and proposed educational programmes, employment, rehabilitation services, housing support and financial support for child care”.¹⁶

¹⁰ UN Committee on the Rights of Persons with Disabilities(CRPD Committee), Concluding Observation: Tunisia, para. 29, U.N. Doc. CRPD/C/TUN/CO/1 (2011)

¹¹ UN Committee on Economic, Social and Cultural Rights (CESCRCommittee)General Comment No.5[at par 31]

¹² Human Rights Committee (2000),International Covenant on Civil and Political Rights (CCPR), General Comment No. 28: Equality of rights between men and women, 29 March 2000, CCPR/C/21/Rev.1/Add.10, [at para.11& 20]. ¹³ Committee on the Elimination of Discrimination Against Women (CEDAWCommittee) (1999), General recommendation No. 24: Article 12 of the Convention(women and health),A/54/38/Rev.1, chap. I;[para.22] ¹⁴ Radhika Coomaraswamy(1999), Report of the SpecialRapporteur on Violence Against Women, its Causesand

Consequences: Policies and practices that impactwomen’s reproductive rights and contribute to, cause orconstitute violence against women, (55th Sess.), E/CN.4/1999/68/Add.4 (1999), [para.51]

¹⁵ United Nations, The Beijing Declaration and the Platform for Action: Fourth World Conference on Women, Beijing, China, 4-15 September 1995; A/CONF.177/20/Add.1.[paras. 95-96]

¹⁶ Ministry of Social Justice and Empowerment, National Policy for Persons with Disabilities, (2006) ¹⁷ Convention on the Rights of Persons with Disabilities, Dec. 13, 2006, 2515 U.N.T.S. 3.

The legislative landscape has been significantly transformed by the “Rights of Persons with Disabilities Act, 2016” (RPD Act) which was enacted to give effect to India’s obligations under the “United Nations Convention on the Rights of Persons with Disabilities, 2008” (‘UNCPRD’).¹⁵

Another legislation followed that addressed the rights of persons with mental illness is The Mental Healthcare Act, 2017. It which reflects a rights based approach towards persons with mental illness, provides “mental healthcare and services for persons with mental illness”, and seeks “to protect, promote the rights of such persons.

The Supreme Court of India in *Suchita Srivastava & Anr v. Chandigarh Administration* (2009) laid down the theory of best interest test. The Court also insisted to apply this theory in the cases related to the reproductive health of persons with disabilities. This is decided after cautious exploration of the opinion of the doctors related to the pregnancy as well as social situation of the victim. The opinion of the parents or guardians may be also considered in some situation. The judgment also observed that forced sterilizations is also a violation of the right to equality as guaranteed by the article-14 Indian Constitution. It states that “persons who are found to be in a condition of borderline, mild or moderate mental retardation are capable of being good parents.

In this case, *Devika Biswas V Union Of India* Air 2016 Sc 4405, apex court emphasized the need for informed consent in this case of sterilization. It is also considered that such informal incentive schemes of fixing “sterilization targets” by the state impacts the socially and economically vulnerable the most.

While these judgments have tried to take a progressive stance, access to justice remains a struggle for many.

ISSUES RELATED TO FORCED STERILIZATION OF WOMEN & GIRLS WITH DISABILITY

In 1994, reports of hysterectomies carried out on WWD(women with disabilities) raised a storm. India Today reported that in many cases, this was a joint decision taken by the Maharashtra government, doctors and healthcare providers along with the families of the WWD. Conspicuously, there was no monologue on the rights of WWD’s need for consent on issues which affected their reproductive health. Instead, some doctors stated that “hysterectomy is an accepted form of treatment in such cases”.

A decade later, in 2005, a report by Oxfam Trust surveyed 729 WWD and tried to study the complex issue of sterilization and reproductive health of disabled women. It tried to bring to limelight the deplorable condition in which intellectually disabled women live at home.

In 2011, Human Rights Watch published a briefing paper on “Sterilization of Women and Girls with Disabilities”. It analysed the arguments favouring forced sterilisation which claimed that it was in the “best interest” of WWD. It concluded that sterilisation had little to do with their rights and more to do with social factors such as avoiding inconvenience to caregivers, lack of adequate measures to protect them against sexual abuse and exploitation and lack of appropriate services to support WWD in their decision to become parents.

“In 2017, the Special Rapporteur on the Rights of Persons with Disabilities, Catalina Devandas, stressed that one could no longer ignore the widespread practices of forced sterilisation, abortion and contraception inflicted on girls and young women with disabilities around the world”.

Women and girls with disabilities in India constitute 44 percent of the total population with disabilities.¹⁵ While equal access of WWD to rights and services remains a challenge in India, WWD encounter additional prejudices, discrimination, neglect, violence, and exclusion¹⁶ that hinder their enjoyment of rights. A Human Rights Watch study based on visits to twenty four mental hospitals and State residential care facilities and over two hundred interviews with girls or women with psychosocial disabilities revealed institutional abuses, involuntary treatment, and forced institutionalization.¹⁷

WWD community face many problems in their struggle for equality. Although men and WWD are subject to discrimination based on their disabilities. WWD are more vulnerable because of the discrimination not based on

¹⁵ Percentages have been calculated based on Distribution of disabled by type of disability, sex, literacy status and residence – 2011 <http://www.censusindia.gov.in/2011> census

¹⁶ WWW India Network, Special Chp-1a-Women with Disabilities in India; p-118

¹⁷ “Treated Worse than Animals” Abuses against Women and Girls with Psychosocial or Intellectual Disabilities in Institutions in India, Human Rights Watch Report, 4 (2014)

gender only.¹⁸ WWD are normally presumed as helpless, childlike, dependent, needy, victimized, and passive. They therefore reinforce traditional stereotypes of women.

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.¹⁹ 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.²⁰

Across the globe, women with disabilities are advised, or indeed coerced into surgical procedures under the pretext of convenience and physical safety, violating their bodily autonomy and consent over their sexual and reproductive rights, often by those closest to them. Frequently, when these women are minors or are deprived of legal capacity, guardians, parents, or doctors may make the decision on their behalf”. “Even when they are not deprived of legal capacity, they may be pressured to undergo sterilization based on false assumptions about their sexuality and ability to parent, or based on the desire to control their menstrual cycles.”

Forced sterilization also occurs in order to ‘better manage’ menstruation and personal hygiene. Adolescent girls with disabilities often cannot comprehend their menstruation cycles. Some refuse to wear pads, feel extremely uncomfortable, and soil their clothes — all bringing further ‘embarrassment’ to their parents. This often causes parents to be violent toward their children until they learn how to manage themselves.

This procedure is grave violations of human rights and medical ethics and can be considered as inhuman, tortuous and cruel. Forcefully ending a woman’s reproductive capacity may lead to extreme social isolation, family discord or abandonment, fear of medical professionals and lifelong grief.²¹

“India has at least 11.8 million women and girls living with disabilities, according to the 2011 census. These numbers appear to be underestimates, since the census enumerated persons under seven categories, while the Rights of Persons with Disabilities Act (RPWD) legislated in 2016 recognizes twenty-one categories of disabilities”.

“Sections 10 and 25 of the act stipulate that the State must ensure persons with disabilities have access to appropriate information regarding reproductive and family planning, and provide “sexual and reproductive healthcare especially for women with disability.”

“India ratified the CRPD (2007), however efforts at enabling policy environment are disappointing, even after 10 years. Rules for RPDA2016 have not yet been notified by federal governments. In 2006, the Ministry of Health issued guidelines for sterilization which state that women and men should be between the ages of 22 and 49 and of sound state of mind so as to understand the full implications of sterilization.”

¹⁸ Rannveig Traustadottir, Women with Disabilities: Issues, Resources, Connections Revised, The Center on Human Policy, Syracuse University (June, 1997) www.independentliving.org/docs3/chp1997.html

¹⁹ Mental Disability Advocacy Center, Guardianship and Human Rights in Hungary: Analysis of Law, Policy, and Practice (2007).

²⁰ United Nations Enable, Factsheet on Persons with Disabilities, <http://www.un.org/disabilities/default.asp?id=18> (retrieved June 14, 2011)

²¹ Against Her Will: Forced And Coerced Sterilization Of Women Worldwide

<https://www.opensocietyfoundations.org/uploads/62505651-2c58-4c12-a610-46499e645a2c/against-her-will20111003.pdf>

The problem in India is perpetrators are seldom held accountable and victims rarely obtain justice for this violent abuse of their rights despite of various international conventions prohibiting and condemning forced sterilization. Finally, it becomes necessary to implement a systematized change against the problem of forced sterilization amongst disabled women. "It is time for the judiciary to be more accessible to the needs of such vulnerable groups, which can be achieved by facilitating remedial action and creating an independent grievance redressal mechanism for reporting such cases, and for the government to be more responsive to the needs of the disabled community by ensuring their due inclusion in the social health benefit schemes and family planning programs".

CONCLUSION

India has in conformity with these conventions, enacted legislations to protect the rights of the WWD. But there is lack of harmony among these legislations and there are no proper penal provisions which could hold liable and punish those abusing the reproductive and sexual rights of the women with disability. India should ensure that:

- The WWD must enjoy the same bodily autonomy and equal physical and reproductive rights as those enjoyed by their counterparts without any such disability.
- The existing governmental and Hospital policies in India with regard to informed consent policies and procedures for sterilization of disabled women patients' rights should be according to the UN and other international Conventions.
- The legislations in India should protect women with all kinds of disability from non- consensual and forced sterilization.

Lastly, bringing a shift in the mind-set of the society cannot be achieved without public discourse because it is equally important for people to acknowledge this problem rather than dismissing it as a subject too taboo for Indian society.

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