

**Forum:** United Nations Women

**Issue:** Minimizing coerced sterilization as a form of discrimination in female minority groups

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**Position:**

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## **Introduction**

Coerced sterilization is a practice that entails involuntary or pressured removal of a person's ability to reproduce, often through a surgical procedure. When performed without informed consent, sterilization violates an individual's rights and constitutes an act of genocide, gender-based violence, discrimination, and torture. Coerced and forced sterilizations have often been justified by medical personnel as necessary for public health; they have been a manifestation of systemic racism and gender bias in healthcare. For instance, in the early 20th century, medical personnel argued that coerced sterilizations were needed to address hereditary and genetic defects. In the late 20th century, forced sterilizations were considered necessary to address overpopulation. This grave violation of bodily autonomy and reproductive choice has disproportionately impacted women from marginalized communities throughout history.

Minority women are more likely to be stereotyped as unfit mothers or coerced into sterilization due to harmful racial and gender stereotypes. Minority women may be pressured or misled into undergoing the procedure, as they lack the essential information needed to make a consented choice about their reproductive health. They may have restricted access to legal representation, counseling, or support services even in cases when their reproductive rights are violated. Forced and coerced sterilization primarily targets women who are perceived as inferior or unworthy of reproduction. Forced sterilization of marginalized women is part of the existing stigma and discrimination

facing the marginalized population. For instance, in Eastern Europe, Roma women are subjected to severe discrimination not only in healthcare settings but also in education and housing, among others. Coerced sterilization not only deprives women of their reproductive freedom but also perpetuates a cycle of injustice that hinders their social and economic well-being. Addressing this discrimination requires an approach that tackles the root causes of violation of reproductive rights and equality for all women, regardless of their racial or cultural background.

## **Definition of Key Terms**

### **Coerced Sterilization**

The practice of involuntarily or forcibly sterilizing individuals, often without their informed consent. Female sterilization is an operation to permanently prevent pregnancy. The fallopian tubes are blocked or sealed to prevent the eggs from reaching the sperm and becoming fertilized.

### **Reproductive Rights**

The rights of individuals to make informed decisions about their reproductive health.

### **Informed Consent**

The principle is that individuals must be fully informed about a medical procedure or treatment before giving voluntary and informed consent.

### **Socioeconomic Disparities**

Inequalities in access to resources, opportunities, and healthcare based on an individual's or a group's economic status or social class.

## Minority Groups

Social groups that are characterized by attributes such as race, ethnicity, gender, religion, sexual orientation, or socioeconomic status and have historically faced discrimination and marginalized status in society.

## Intersectionality

The concept is that social identities and systems of oppression intersect and overlap, creating unique and compounded experiences of discrimination and privilege. Intersectionality acknowledges that individuals hold multiple, intersecting identities, and these identities influence their experiences and perspectives. For example, a person may experience discrimination differently based on their race, gender, sexual orientation, or socioeconomic status.

## Support Services

Resources and assistance programs designed to help individuals who have been affected by coerced sterilization. These services provide emotional, legal, medical, and sometimes financial support to those who have experienced the traumatic effects of involuntary sterilization.

## Key Issues

### Freedom of decision-making

Reproductive autonomy is a central component of personal freedom and decision-making. It encompasses the ability to make decisions about contraception, fertility treatments, and other reproductive matters. The issue of coerced sterilization involves a violation of freedom of decision-making. The principle of autonomy is expressed through full, free, and informed decision-making and is a central theme in medical ethics. People should be able to choose and to refuse sterilization. Clear guidelines indicating the requirement of informed consent should be available and

well-understood by practitioners and the public, especially the affected populations. An individual's health, social needs, and autonomy in decision-making should be respected in the practice of sterilization.

### Access to medical records

All persons are entitled to know what information is being collected about their health. The right to effective access to information regarding one's health includes access to medical records. The right to respect for privacy and family life includes being able to find out whether or not sterilization has been performed, and the precise procedure used. Lack of access to their medical records makes it hard for individuals to get information about their health status or receive a second opinion or follow-up care, which can block their access to justice.

### Historical Trauma

Trauma can be transmitted from one generation to the next. Coerced sterilization has had profound effects on female minority groups, contributing to historical trauma that persists across generations. Forced sterilization denies women the right to make decisions about their bodies and reproductive futures. This loss of control over a fundamental right of life contributes to feelings of powerlessness. Coerced sterilization, can potentially influence gene expression through epigenetic mechanisms. Epigenetics refers to changes in gene activity that do not involve alterations to the underlying DNA sequence but can be influenced by environmental factors and life experiences. It disrupts cultural continuity within female minority groups, and the disruption can lead to a sense of cultural loss and disconnection. Women who have undergone coerced sterilization may experience a range of psychological consequences, including depression, anxiety, post-traumatic stress disorder (PTSD), and a diminished sense of self-worth. Women who reported female sterilization had nearly 2.5 times the odds of reporting poor mental health compared to those not reporting female sterilization. These psychological effects can be passed down to subsequent generations; this also directly affects women's experiences of

motherhood and identity, the trauma associated with being forcibly sterilized can lead to complex emotions surrounding fertility, family planning, and the ability to fulfill roles as mothers within their communities.

### **Stereotypes and Bias**

Stereotypes about minority groups can lead to the notion that individuals from these communities are unfit for parenthood. This can result in differences in treatment based on race and gender. If healthcare providers hold biased views, they may be more likely to recommend or perform sterilization procedures on women from minority groups, perpetuating discriminatory practices. Minority women often face stereotypes that falsely assume they have excessive fertility, contributing to the perception that they need to be controlled through sterilization. This stereotype can be rooted in historical and harmful ideologies related to population control. Coerced sterilization has affected 20 million people since 1973 in the US. Stereotypes that believe that individuals from these groups cannot afford to raise children and coerced sterilization may be seen as a means to address economic concerns. If there is a belief that individuals from minority groups are less capable of making informed decisions, providers may fail to inform them about the consequences of sterilization or coerce them into the procedure. This leads to disregard for the importance of obtaining informed consent

### **Detrimental Impact on Women.**

Coerced sterilization poses immediate and long-term risks to women's physical and mental health. Surgical procedures conducted in non-sterile environments can lead to infections and excessive bleeding. Long-term effects include disruptions in hormonal balance, menstrual irregularities, and early menopausal symptoms. The psychological impact of coerced sterilization is profound, contributing to anxiety, depression, and emotional distress, affecting overall well-being. Surgical complications such as organ damage further compound health risks. Irreversible methods used in coerced sterilization permanently eliminate reproductive autonomy, preventing women from conceiving in the

future. The consequences extend beyond the individual, subjecting women to stigmatization within their communities, and fostering feelings of isolation and shame. Social alienation may result as women deal with disconnection from societal norms and reproductive roles.

## **Major Parties Involved and Their Views**

### **United States**

The landmark *Buck v. Bell* decision in 1927, rendered by the United States Supreme Court, established a troubling legal precedent for state-sanctioned sterilization and marked a dark chapter in the history of reproductive rights. The case involved the forced sterilization of Carrie Buck, a young woman deemed "feeble-minded," and the decision upheld Virginia's eugenical sterilization law. (Virginia's eugenical sterilization law, officially known as the Virginia Sterilization Act, was enacted in 1924 and remained in effect until 1979. This law was part of a broader eugenics movement that gained popularity in the early 20th century, advocating for the improvement of the human population by controlling reproduction and eliminating individuals deemed unfit or undesirable.) This decision set the stage for widespread coerced sterilization practices, disproportionately affecting marginalized groups, including people of color and those with disabilities.

In the decades following the *Buck v. Bell* decision, coerced sterilizations became more prevalent, often under the guise of eugenics programs aimed at purifying the gene pool. African American and Latina women, along with women from other minority communities, were disproportionately targeted. State-sponsored programs, both overt and covert, subjected individuals to sterilization without informed consent, perpetuating systemic discrimination and violating fundamental human rights.

Revelations of these coercive practices began to emerge in the latter half of the 20th century, sparking legal action and advocacy efforts. Civil rights organizations,

reproductive justice advocates, and affected individuals came forward to shed light on the extent of the abuses and the lasting impact on victims. Initiatives such as the Eugenics Victims Compensation Program sought to address the historical injustices by acknowledging the harm caused, both personally and collectively, to victims and their communities.

In response to the revelations of coerced sterilizations, especially those targeting African American and Latina women, there has been a growing recognition of the need for reparations and redress. Efforts have been made to compensate victims for the harms they suffered and to acknowledge the violation of their human rights. Moreover, there has been a call for comprehensive legal reforms and policy changes to ensure that such discriminatory practices are unequivocally condemned and prevented in the future.

## Peru

In the 1990s, Peru confronted a deeply troubling reproductive health scandal that centered on coerced sterilizations, particularly impacting indigenous women. This egregious violation of human rights occurred within the context of government-led family planning campaigns, during which numerous women were subjected to sterilization procedures without their informed consent. The scale of the abuse prompted widespread condemnation and shed light on the intersection of reproductive rights, discrimination, and systemic issues facing vulnerable populations.

Peru's government response to the coerced sterilization scandal has evolved over time. Initially met with denial, the government later acknowledged the abuses, recognizing the grave violations of human rights and the severe impact on affected individuals and communities. The acknowledgment marked a critical step toward addressing the historical wrongs and fostering a more transparent and accountable approach to reproductive health practices.

Efforts to provide justice and reparations to the victims have been multifaceted. Legal investigations were initiated to identify those responsible for orchestrating and implementing coerced sterilizations. This legal accountability process aimed to hold individuals accountable for their roles in the scandal, contributing to a sense of justice for the victims. Additionally, policy reforms were undertaken to strengthen safeguards against coercive reproductive practices, emphasizing the importance of informed consent and ensuring that such violations do not recur.

## India

Reports have highlighted targeted campaigns that disproportionately impact marginalized communities, raising serious concerns about human rights violations and the infringement of reproductive autonomy. The issues surrounding coerced sterilization in India are complex, often entwined with the historical pursuit of population control and family planning initiatives.

The coerced sterilization campaigns in India have been marked by instances where individuals, especially women from marginalized communities, have faced pressure or coercion to undergo sterilization procedures. These campaigns, at times, have been driven by population control goals, leading to ethical and human rights dilemmas. Such practices not only violate the principles of informed consent but also perpetuate systemic discrimination, exacerbating existing socio-economic disparities.

In response to these challenges, India has undertaken various measures to address coerced sterilization and promote reproductive rights. Legal reforms have been initiated to strengthen safeguards against coercive practices and ensure that family planning procedures are conducted in accordance with ethical standards. These reforms emphasize the necessity of obtaining informed consent from individuals, recognizing it as a fundamental right in the realm of reproductive health.



Awareness campaigns have played a crucial role in India's response to coerced sterilization. These campaigns aim to educate the public, healthcare providers, and policymakers about the importance of respecting individuals' reproductive rights and the necessity of obtaining voluntary and informed consent in family planning practices. By fostering a culture of awareness, India seeks to create an environment where individuals, especially women, can make informed choices about their reproductive health without external pressure.

### South Africa

South Africa has grappled with significant issues related to coerced sterilization, particularly impacting women from disadvantaged backgrounds. This reproductive rights challenge has sparked a multifaceted response from the country, reflecting a commitment to safeguarding reproductive rights, advocating for human rights, and empowering women with knowledge about their rights - the roots thought to be during the Apartheid era, where discriminatory policies and practices were widespread. Some reports suggest that coerced sterilizations were carried out as a means of controlling the population of certain racial or ethnic groups, especially black South African women.

The response in South Africa includes crucial legal reforms designed to create a protective framework for reproductive rights. These reforms aim to explicitly prohibit coerced sterilization, ensuring that individuals have the right to make informed decisions about their reproductive health without facing coercion or discrimination. By enacting and enforcing laws against coerced sterilization, South Africa seeks to create a legal environment that upholds the principles of human rights and dignity for all citizens, regardless of socio-economic status.

Human rights advocacy has played a pivotal role in addressing coerced sterilization in South Africa. Civil society organizations, activists, and advocacy groups have worked tirelessly to raise awareness about the issue, highlighting the experiences of

affected women and underscoring the broader implications for human rights. By amplifying these voices and engaging in public discourse, advocates aim to build support for policy changes, legal reforms, and societal attitudes that reject coerced sterilization as a violation of human rights.

Empowering women with knowledge about their rights is a central component of South Africa's strategy to combat coerced sterilization. Initiatives have been implemented to provide women, especially those from disadvantaged backgrounds, with information about reproductive health, family planning options, and their rights in healthcare settings. By fostering an informed and empowered citizenry, South Africa seeks to ensure that women can actively participate in decisions regarding their reproductive health and resist any attempts at coercion. Knowledge also played a pivotal role in issues entailing from women not knowing about consent, like cases involving a lack of informed consent, with women undergoing sterilization procedures without fully understanding the nature of the intervention or its irreversible consequences. In some instances, women were coerced into signing consent forms, or the forms were not provided in languages they could understand.

South Africa's experience with coerced sterilization underscores the intersectionality of factors contributing to these practices, including socio-economic disparities. Women from disadvantaged backgrounds may be more vulnerable to coercive practices due to systemic inequalities and barriers to accessing quality healthcare. Recognizing these complexities, South Africa's ongoing efforts emphasize the need for comprehensive approaches that address both the discriminatory practices and the root causes contributing to them. Coerced sterilization not only infringes upon women's rights to decide when and if to have children but also contributes to broader issues of gender inequality. It reinforces power imbalances, denying women control over their reproductive autonomy and perpetuating systemic discrimination.

**Development of Issue/Timeline**

Date	Event	Outcome
1927	Buck v. Bell Decision: The U.S. Supreme Court ruled in favor of forced sterilization, upholding a Virginia law allowing the sterilization of individuals considered "unfit," laying the groundwork for coerced sterilization practices.	Legal precedent set, endorsing coerced sterilization.
1940s-1970s	Eugenics Movement: Coerced sterilization programs were implemented in various countries, targeting marginalized groups, including women of color and those with disabilities, as part of misguided eugenic policies.	Widespread human rights abuses, significant harm to affected communities.
1970s	Revelations of Abuses: Reports and investigations begin to expose abuses in coerced sterilization, especially against Indigenous, Black, and Latina women in the United States, revealing a violation of human rights.	Increased awareness; calls for accountability and justice.
1994	International Conference on Population and Development (ICPD): The ICPD in Cairo highlights reproductive rights as human rights, emphasizing the need to eliminate coerced sterilization and ensure informed consent in family planning practices.	Recognition of reproductive rights; global commitment to ending coerced sterilization.
2007	Peru's Reproductive Health Scandal: Reports surface of widespread coerced sterilizations of	Public outcry, demands for justice and

	indigenous women during the 1990s, leading to increased international awareness and condemnation.	accountability.
2014	UN Committee Against Torture Report: The UN Committee Against Torture raises concerns about coerced sterilization, calling on countries to prevent, investigate, and punish such acts as a form of gender-based violence.	International pressure for legal reforms; increased scrutiny.
2019	Resolution at the UN Human Rights Council: A resolution is adopted, urging states to end coerced sterilization, protect the rights of women, and ensure accountability for human rights violations in the context of family planning.	Diplomatic commitment to ending coerced sterilization; potential for policy changes.
2021	Ongoing Advocacy: Civil society organizations, activists, and affected communities continue to advocate for an end to coerced sterilization, pushing for legal reforms, awareness, and justice for victims.	Ongoing efforts for policy change, awareness, and justice.

## Previous Attempts to Solve the Issue

### Guidelines by World Health Organization (WHO)

The World Health Organization's (WHO) guidelines on preventing and addressing coerced sterilization have played a significant role in combating this harmful practice worldwide. These guidelines, released in 2020, provided a comprehensive framework for governments, healthcare providers, and civil society organizations to take action to

prevent coerced sterilization and ensure that women and girls have the right to make informed decisions about their reproductive health.

The guidelines emphasize the importance of informed consent by stating that "sterilization should never be forced or coerced, and women and girls should have the right to make informed and voluntary decisions about whether or not to undergo the procedure." They also recognize the prevalence of coerced sterilization amongst female minorities such as marginalized communities, women with disabilities, and women living in poverty. Through this, the WHO guidelines have helped to raise awareness of the issue and encourage more government action for women's reproductive rights such as enacting laws and policies prohibiting coerced sterilization across various countries. For example, these guidelines have helped countries such as Peru, Romania, and Guatemala implement legislation to raise government awareness and monitoring for addressing and preventing related violations.

### **The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW):**

This convention was adopted in 1979 and has been ratified by 193 countries. The CEDAW primarily aims on eliminating any discrimination against women, as well as holding both state and non-state actors accountable for any of their actions. This convention is recognized as a key treaty for women's equality and rights, therefore also described to be an international bill of rights for women. The CEDAW prohibits all forms of discrimination against women, including coerced sterilization.

Article 16 of CEDAW specifically states that "States Parties shall take all necessary measures to eliminate all forms of discrimination against women in the field of health care." The inclusion of this article within the convention has been effective in increasing awareness regarding coerced sterilization, encouraging the implementation of

laws and legislation related to women's autonomy and reproductive health across member nations, and increasing country's monitoring of related human rights violations.

## **Possible Solutions**

### **Increasing the provision of reproductive education**

A critical aspect of minimizing coerced sterilization involves increasing the awareness and education amongst women and girls about reproductive rights, including the right to be free from non-consensual sterilization, their reproductive options, legal rights, and so forth. This education can be integrated within school curriculums to help equip young girls with the relevant knowledge required to better understand this issue as a whole. Moreover, through this increased awareness, women will be able to better recognize and resist coercion as well as seek support if they have been affected by the issue.

Furthermore, increased awareness aims to decrease stigmatization in society, therefore empowering women to speak up and seek the support they require. For example, increased education can be coupled with the creation of various organizations and groups that aim to provide a platform of women to share their stories and struggles, advocate for their rights, and provide mutual support. Therefore, the increased provision of education can help prevent the issue as well as help women that have been affected by coerced sterilization by encouraging them to open up.

### **Accessibility to reproductive healthcare services and facilities**

Ensuring that women and girls have access to comprehensive reproductive healthcare services is essential for minimizing coerced sterilization as a form of discrimination. This includes providing information about reproductive health, counseling on contraception and family planning options, and access to safe and effective contraception. Access to these services can empower women and girls to make informed

decisions about their reproductive lives, increase awareness of their situation and options, and overall reduce their vulnerability to coerced sterilization.

In addition, addressing the physical barriers to accessing healthcare services and facilities is also crucial for enhancing the overall reproductive healthcare access. These barriers can include poverty, transportation difficulties, and discrimination, all of which are especially endured by female minority groups. Therefore, both governments and healthcare providers can address these barriers by providing financial assistance for transportation and healthcare services, translating information and services into multiple languages, and training healthcare providers to recognize and address cultural biases. This can allow increased catering of these services and facilities to female minority groups, enabling them to access the relevant resources required to minimize coerced sterilization.

### **Works Cited**

Ezer, Tamar, and Tizra Leibowitz. “Why a UN Statement Is a Powerful Tool to Stop Forced Sterilization.” *Opensocietyfoundations.org*, 2014,

[www.opensocietyfoundations.org/voices/un-powerful-tool-stop-forced-sterilization](http://www.opensocietyfoundations.org/voices/un-powerful-tool-stop-forced-sterilization).

Leason, Jennifer. “Forced and Coerced Sterilization of Indigenous Women.” *Canadian Family Physician*, vol. 67, no. 7, College of Family Physicians Canada, July 2021, pp. 525–27,

<https://doi.org/10.46747/cfp.6707525>.

Patel, Priti R. “Forced Sterilization of Women as Discrimination.” *Public Health Reviews*, vol. 38, no. 1, Springer Science+Business Media, July 2017,

<https://doi.org/10.1186/s40985-017-0060-9>.

World Health Organization. *Annual Report - Commissioner of Internal Revenue*. 1869,

[www.who.int/publications/i/item/9789241507325](http://www.who.int/publications/i/item/9789241507325).