Forced Sterilizations Devastate Lives in South Africa
By Sonya Hu

Four years ago, a South African woman, already the mother of an eleven-year-old daughter, consulted a private doctor after repeated failed attempts to have a second child. In the doctor’s office, however, she was confronted with the devastating news that her uterus was missing.

Bongekile Msibi, feeling “shocked, shattered, and bewildered,” retraced her steps to the only hospital she had ever been admitted to, Chris Hani Baragwanath, one of the largest healthcare centers in Africa.

There, an obstetrician informed her that her uterus had been removed without her knowledge after she delivered her daughter in 2005.

**New report documents dozens of forced sterilizations**

Msibi is among dozens of HIV-positive women in South Africa whose lives were permanently transformed by forced sterilization.

Sterilization is a medical procedure that irreversibly prevents fertility, either through tubal litigation, where the fallopian tubes are tied, or a hysterectomy, the removal of the uterus. Forced sterilization, however, occurs when a patient is sterilized without freely given and fully informed consent.
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A February 25 report released by the South African Government’s Commission for Gender Equality found nearly fifty women had been forcibly sterilized at 15 state hospitals in the country’s largest provinces, Gauteng and Kwa-Zulu Natal.

The investigation began in 2015 when the Women’s Legal Centre submitted a complaint with the Commission on behalf of the Her Rights Initiative (HRI) and the International Community of Women Living with HIV (ICW). The HRI and ICW documented 48 instances of women being coerced into sterilization procedures between 2002 and 2015.

**Threatened into sterilization**

Many of the women listed in the Women’s Legal Centre’s report were forced to sign the agreements because health care professionals had “threatened not to assist them in giving birth.” The forms were often presented when the victims were suffering from “extreme labour pain,” and the women were frequently told that they would die without the operation. One patient, for example, reported that she was asked to sign the consent form after she had collapsed in the toilet due to labor pains.

Other women did not know that the procedure even took place. Msibi is one such example; she was never given a consent form nor were there any records to show that the procedure had been performed. Another victim, Ms. C, “was never told what exactly had happened to her” and only learned that her fallopian tubes had been cut after she went to a private doctor to inquire about her lack of fertility a few years after the operation.
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An independent 2012 study of 22 instances of forced sterilization in South Africa between 1996 and 2010 further reported that many women were compelled to agree to sterilization in order to access another reproductive service, such as abortion. Other patients were presented with the consent forms when they were already on their way to or in the operating room for other procedures, such as a cesarean section.

**Forced sterilization furthers stigma against HIV**

There have been numerous forced sterilizations of HIV-positive women across the world in an attempt to combat mother-to-child transmission of the virus. According to the American Medical Association, however, this practice further marginalizes these women, who already face substantial discrimination. A lack of access to essential healthcare and social resources has resulted in a disproportionately high prevalence of HIV among already marginalized groups, including members of sexual and racial minorities, victims of poverty, women, and drug users. After receiving an HIV diagnosis, patients, particularly women, are further stigmatized by the cultural assumption that they are irresponsible and promiscuous.

Continued forced sterilization strengthens this myth that HIV-positive women are “unworthy” of having children. In countries that heavily emphasize female fertility, such as South Africa, these women become social outcasts and are even excluded from family activities after being sterilized.
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This problem has been particularly acute in South Africa, which has the largest HIV epidemic in the world. HIV has infected 7.7 million people in South Africa or 20.4 percent of the country’s adult population, and the virus disproportionately affects women, who make up 62.7 percent of cases. The prevalence and devastating impacts of the disease have strengthened the stigmatization of individuals living with HIV and AIDS in the country, particularly black women.

All of the victims described in the Commission’s report were black and HIV positive.

Many of the victims were humiliated by the hospital staff if they refused to sign the forms or asked for clarification. One of the women explained that when she asked what the forms were for, the nurse responded by saying, “you HIV people don’t ask questions when you make babies. Why are you asking questions now? You must be closed up because you HIV people like making babies and it just annoys us.”

A violation of human rights, medical ethics, and law
The United Nations Special Rapporteur on Torture commented that forced sterilization is a “gross human rights and medical ethics violation” and described it as an “act of torture, cruelty, and inhuman and degrading treatment.”

In addition to violating internationally recognized human rights, physicians performing forced sterilizations entirely disregard their duties as medical professionals, according to the American
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Medical Association’s Journal of Ethics. The World Medical Association’s International Code of Medical Ethics prescribes that physicians have a duty to “respect a competent patient’s right to accept or refuse treatment,” “not allow clinical judgment to be influenced by … unfair discrimination,” “respect the rights and preferences of patients,” and “act in the patient’s best interest when providing medical care.”

These obligations are further outlined in South Africa’s own law. Section 12 of the South African Constitution enshrines the right to freedom and security of the person, which encompasses a woman’s right to make autonomous decisions concerning reproductive health. Informed consent is a positive right derived from these constitutional provisions. The South African Sterilization Act of 1998 builds off these ideals, as Section 4 states that the procedure may only be performed if consent is given freely and voluntarily.

The commission noted that its investigation into the Women’s Legal Centre’s complaint was delayed because it was hampered by the “disappearance” of patients’ files and the refusal of hospital staffers to cooperate.

The commission referred its report to the Health Professions Council of South Africa, which litigates against health care practitioners. It also urged the South African Health Ministry to end the practice and compensate victims.
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As sterilization is an irreversible medical procedure, many victims have suffered from severe depression since learning that they will never be able to conceive again. As a result, potential reparations will likely include “holding medical staff accountable and providing affected women with compensation and psychological support,” Women’s Legal Centre Attorney Jody-Lee Fredericks said.
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