

# SYNTHESIS OF EVIDENCE ON FEMALE STERILIZATION COLLECTED FOR EXPERTS CONSULTATION

A Fine Balance: Contraceptive Choice in the 21st Century

Bellagio, Italy

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## OVERVIEW

### INTRODUCTION

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This document includes the results of three separate inquiries regarding the role of voluntary female sterilization, in preparation for a consultation scheduled for September 4–7, 2012, at the Rockefeller Foundation’s Bellagio Conference Center entitled, “A Fine Balance: Contraceptive Choice in the 21st Century.” The consultation will explore *what* contraceptive choice means in program and operational terms, *why* it is important, and *how* to advocate to policymakers and leaders about the need to broaden options in their programs. The question “How much choice is enough?” will be examined through the specific lens of a particular method, female sterilization. This method was selected as a focal point because it is often at the heart of issues regarding the two conditions for choice—no barriers and no coercion. While female sterilization is the most widely used method, access to it varies greatly among and within regions, and it is the method most often involved in cases of coercion and abuse.

The three inquiries included; a review of published literature regarding female sterilization from the perspective of client experiences and choice; interviews with key informants to obtain perspectives on the role of female sterilization in family planning programs today; and a review of Demographic and Health Survey (DHS data) to establish the current status of and recent trends in use of female sterilization in selected countries and regions. Key findings from each of these inquiries are summarized below.

### LITERATURE REVIEW

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The literature review on female sterilization focused on 193 articles since 2000 identified by searching for key words related to client satisfaction, decision making, knowledge and attitudes, coercion, incidence, and prevalence. Below are highlights from a synthesis of the articles selected from the search:

- Despite the declarations made in the past two decades regarding the importance of individual reproductive rights, instances of sterilization abuse still exist. The legacy and stigma of forced sterilization continues to mar the image of family planning in many developed and developing countries. A common factor in both past and present cases of abuse is that victims tend to be from minority or other disadvantaged subsets of the population. There are recent documented cases of coerced or involuntary sterilization among women from the Roma population in Eastern /Central Asia and HIV-positive women in East and Southern Africa. Vigilance to prevent and address sterilization abuse, once thought an artifact of past programs, remains an important issue in today’s world.
- Even in countries with mature family planning programs, there are significant access barriers to female sterilization. Legal constraints, provider attitudes, and societal pressures pose formidable obstacles on top of the general lack of availability of the method—especially in rural areas and in busy urban facilities.



- Sterilization regret has been explored in numerous studies. The concern is typically about postoperative regret. Overall rates of regret among women who have undergone sterilization are low. The reasons for regret are similar across studies, with risk factors including when the woman is young (under 30) at the time of the procedure, when she makes the decision under duress, when family circumstances have changed, and when someone other than the client suggests the procedure. One study in Zimbabwe compared regret of getting the procedure (2.5%) with regret among women who wanted sterilization but did not get it (40%), prompting the researchers to say it was an ethical imperative to offer this method to women who request it.

## **KEY INFORMANT INTERVIEWS ON CONTRACEPTIVE CHOICE AND FEMALE STERILIZATION**

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Interviews were conducted with 18 key informants from international donor and technical assistance agencies working in reproductive health and family planning. Three important themes consistently emerged:

- The global image of sterilization among international and country leaders is one characterized by a lack of attention. Some believe this is because family planning was a neglected global issue during much of the last decade; others believe it is because other long-acting methods (notably hormonal implants and IUDs) have supplanted the need to provide female sterilization, given their potential to provide effective and lasting contraceptive coverage. Still others suggest that stigma from past abuses is responsible for the overall lack of enthusiasm for the method. Regardless, most agreed that there has been an absence of dialogue and recommended renewed discourse.
- When considering rights and whether the greatest concern associated with sterilization is preventing coercion or preventing access barriers, informants felt that the program context was critical and that a choice between access and coercion is a false dichotomy—both are equally important. Most believed access was a more pressing issue than abuse in today’s programs. However, some cautioned that renewed concern about global population growth and results-based financing of family planning programs might bring new pressures and instances of coercion.
- Most felt that female sterilization still has a role to play in family planning programs, although infrastructure and capacity constraints in low-resource settings will need to be addressed to be able to expand access to this method. The way forward included recommendations to document success stories (such as in Kenya and Malawi), to explore how mobile units can both deliver services and build capacity, and to develop an evidence base on cost and resource trade-offs to support advocacy for repositioning this method.

## **REVIEW OF DATA ON STERILIZATION USE**

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The following are some highlights from a review of sterilization prevalence and unmet need gleaned from DHS surveys and other studies:

- Female sterilization is the most widely used method worldwide—one in five couples use sterilization. However, use is relatively low in Africa, and prevalence rates are stagnant or declining in most regions, except in Latin America and the Caribbean.
- There is a significant level of unmet need for limiting future pregnancies in many countries; in Africa, the overall demand for limiting has been increasing over time.
- In all regions but Latin America, the majority of limiters who are using contraception rely on short-acting and traditional methods.