

FORCED STERILIZATION AND COERCED CONTRACEPTION: TOWARDS A MULTINATIONAL AGENDA

WEB DISCUSSION EXECUTIVE SUMMARY REPORT – APRIL 2022¹

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Non-consensual control over women's reproduction comprises a continuum of practices including Forced Sterilization and Coerced Contraception (FSCC), which refer to forcibly or coercively ensuring that women are no longer able to procreate permanently or temporarily. In Canada, recent revelations have demonstrated these practices persist,² while in Indonesia, the government continues to strengthen agreements with companies and migrant-receiving countries that limit the reproductive rights of migrant women workers.³ Moreover, in Peru, after 25 years, women who underwent forced sterilization keep pursuing justice.⁴

Our project, *Forced Sterilization and Coerced Contraception: Towards a Multinational Agenda*, is directed by a team comprised of academics and advocates from Canada, Indonesia, and Peru, and supported by funding from the Kule Institute for Advanced Study at the University of Alberta, Canada. One of our primary objectives is to examine the contemporary history and global scope of FSCC to propose best practices for studying this topic. From October to November 2021, we hosted multilingual web-discussions with researchers and advocates, policymakers and private sector representatives, women with lived experience, and healthcare professionals from Canada, Indonesia, and Peru. The conversations revolved around the characteristics of FSCC implementation in each country; how the governments, companies, or individual health professionals were engaged with FSCC; survivors' expectations of justice; the short- and long-term effects of FSCC; and the best practices to engage women who have undergone FSCC in respectful and culturally safe research. We share highlights of the discussion here.

FSCC web-discussion: Women with lived experience: In Indonesia today, women are being coerced to use contraceptives as a requirement for work abroad and upon returning home for holidays. Both the State and recruitment agencies collude to routinize long-term contraceptive injection practices. In Peru, women narrated how they were tricked, manipulated, and abused by healthcare professionals to undergo sterilizations. Women expressed their desire to include

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² Collier R. (2017). Reports of coerced sterilization of Indigenous women in Canada mirrors shameful past. *CMAJ* 189(33): E1080-1081.

³ Aryanty, R. I., & Widyantoro, N. (2019). *Sexual and Reproductive Health Services in Indonesia: An Analysis of Equality, Quality and Accountability*. Developing Alternatives with Women for New Era. <https://dawnnet.org/wp-content/uploads/2021/01/Sexual-and-Reproductive-Health-Services-in-Indonesia-An-Analysis-of-Equality-Quality-and-Accountability-Discussion-paper16.pdf>

⁴ Amnesty International. (2021, June 11). *Perú: El derecho a la justicia de las víctimas de las esterilizaciones forzadas no prescribe*. Amnesty International. <https://www.amnesty.org/download/Documents/AMR4642682021SPANISH.pdf>

more voices in any FSCC research to show the diversity of the lived experiences and the urgency of working together.

Marala (Indonesia, woman with lived experience): I had irregular menstruation and maybe I got a little more emotional, because menstruation was already irregular and that affected my emotions. In the long run, I think some people still can't get pregnant and that brings disappointment in the couple.

FSCC web-discussion: Researchers and advocates: FSCC in the three countries is contextualized by, and a result of, structural systems such as racism, settler colonialism, state violence, biopower, vulnerability in relation with the land, gender discrimination, and unequal access to justice. Moreover, a common theme in Canada, Indonesia, and Peru is the involvement of government and healthcare providers in the provision of FSCC. Notably, while in Canada and Peru Indigenous women or Indigenous descendant women have been the main targets of FSCC programs, currently in Indonesia women migrant workers face coerced contraception to prevent pregnancies while working in their destination countries.

Ana (Canada, researcher/advocate): Systematic racism, colonialism, desire for lands and resources, displacing people or keeping populations down, poverty capitalism, governments medical profession [...] Alberta is a province that had openly eugenics policies in the middle of the last century.

FSCC web-discussion: Policymakers and private sector: Participants from Indonesia connected the reproductive capacity of women with the government's plan to provide talent through human resources. They maintained that the use of contraceptive methods for migrant workers is a suggestion not a compulsory rule, even though it is a requirement to work abroad. In the case of Peru, participants highlighted the quotas implemented by the government and the use of physical and emotional force by the healthcare professionals against women. They also contextualized the FSCC's development and its nationwide implementation under a dictatorship government.

Esther (Peru, policymaker): Yes, many sisters have already died and continue to die. We hope for justice and that many times we have told all the governments to ask for forgiveness for all the women, but racial discrimination continues to exist. [...] So, justice is very slow here in Peru.

FSCC web-discussion: Healthcare professionals: In Indonesia, FSCC is identified as something from the past, where women in poor conditions were coerced to take a contraceptive method after childbirth to help them overcome poverty. In the case of Peru, the participant commented on how massively the implementation of the FS program was through the actions of the healthcare professionals.

Ricardo (Peru, healthcare professional): No training, no particular recruitment of certain individuals to do this. It was just you did it and the gynecologists who were going

to do the procedure were going to do it in the brutal way that they did it and sort of naturally. [...]

Recommendations: Recommendations focused on three areas:

(1) accountability, the importance to identify all the people involved in the implementation of the FSCC and to recognize the role they played;

2) research, continuing to conduct research that contributes to women's efforts to generate social memory and demands for justice, in a respectful way and in consultation with participants; and

(3) health care system, highlighting processes of informed consent in support of women's reproductive and sexual rights

With all this information, we hope to contribute to the survivors' claim for justice, highlighting their concerns and their requests to ground and propel further action by academics, activists, civil society, and policymakers.