



Involuntary sterilisation as a form of violence against women in Africa

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Abstract

This article examines the meaning and nature of sterilisation. It equally discusses the historical context of involuntary sterilisation and its likely human rights implications. More importantly, it discusses the decision of the Namibian Supreme Court in *Government of Namibia v LM* and argues that the court fails to consider involuntary sterilisation as a form of human rights violation, particularly violence against women. The article contends that given the attendant mental, physical and emotional trauma a woman may suffer upon undergoing forced sterilisation, this would amount to an act of violence against women as recognised under international human rights law.

Introduction

In recent times, documented evidence across Africa shows that women living with human immunodeficiency virus (HIV) have been made to undergo sterilisation without their knowledge or consent. Studies in some African countries including Namibia, Botswana, South Africa and Kenya have revealed that incidences of involuntary sterilisation are often initiated by health care providers without proper counselling or informed consent of women living with HIV (African Gender and Media Initiative, 2012; Essack and Strode, 2012; Gatsi et al., 2010). In many African countries, people living with HIV still encounter discriminatory practices on a daily basis. The situation is worse for women living with HIV who are erroneously believed to be incapable of exercising their sexual and reproductive desires, including raising a family. Consequently, women living with HIV have been subjected to forced or coerced sterilisation. This has raised both legal and ethical concerns in those countries. Sterilisation done with the informed consent of an individual is recognised as a form of birth control. However, when it is carried out without informed consent or knowledge of an individual this may resort in violation of human rights. Experience has shown that vulnerable and marginalised women, particularly those living with HIV or disabilities tend to be targets of involuntary sterilisation. Some of these women are poor with little education and as such are sometimes unable to challenge the violation of their rights. This raises concerns about the lawfulness of this act. It should be noted that sterilisation is an irreversible process which may have lasting mental and psychological effects on a woman.

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