



# Involuntary sterilization among HIV-positive Garifuna women from Honduras seeking asylum in the United States: Two case reports

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## ABSTRACT

Voluntary sterilization is one of the most widely used forms of contraception by women worldwide; however, *involuntary* sterilization is considered a violation of multiple human rights and grounds for asylum in the United States. Women have been disproportionately affected by this practice. We report two cases of involuntary sterilization in HIV-positive Garifuna women from Honduras who sought asylum in America and were medically evaluated at the request of their attorneys. Key lessons can be drawn from these cases with regard to the importance of medical evaluations in establishing persecution. These include the need for a detailed account of the events surrounding sterilization, radiologic proof of tubal blockage if at all possible, and confirmation of significant and enduring mental distress as a result of the involuntary sterilization. Immigration attorneys and medical evaluators need to be attuned to the possibility of a history of involuntary sterilization among at risk women seeking asylum in the United States.

## 1. Introduction

Sterilization is one of the most widely used forms of contraception around the world.<sup>1</sup> When provided with full, free and informed consent, sterilization is a safe and effective means of controlling fertility.<sup>2</sup> However, when sterilization is involuntary – either coerced or forced<sup>1</sup> – it is considered a violation of a number of fundamental human rights, including the right to health, the right to information, the right to privacy, the right to decide on the number and spacing of children, the right to found a family, the right to be free from discrimination.<sup>3,4</sup> It is also a grave breach of medical ethics.<sup>5</sup> In some countries (including in Asia, Europe and Latin America), coercive sterilization has been used as a means of population control, targeting certain groups, including people living with HIV, people living in poverty, transgender people, ethnic or racial minorities, and women and girls with disabilities.<sup>4</sup> Women and girls with intellectual disabilities have been, and continue to be, particularly targeted by the practice of forced sterilization.<sup>6–8</sup> Overall, women have been disproportionately affected by involuntary sterilization and often face discrimination based on a number of intersecting grounds, including gender, disability, ethnicity/race, and HIV status.<sup>3</sup>

Numerous reports have documented that women living with HIV (WLHIV) in Africa, Asia, Central America and South America have

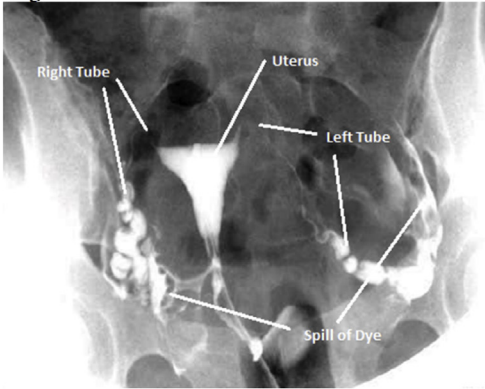
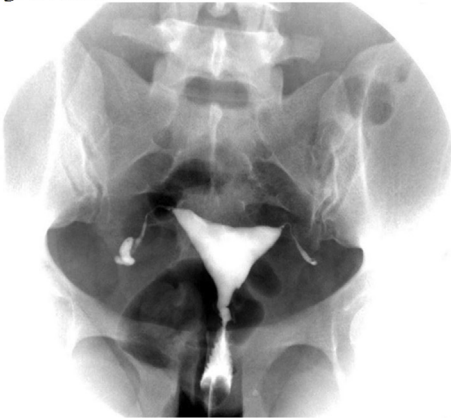

undergone coerced or forced sterilizations.<sup>9</sup> In some cases, women agree to undergo sterilization based on lack of information or on misinformation purposely provided to them by healthcare providers about their choices. In other cases, women have been coerced to sign consent forms for sterilization procedures as a condition for receiving medical care, including medication for HIV treatment, ongoing prenatal services, or obstetrical care during labor and delivery.<sup>9</sup> Forced sterilization has been practiced during cesarean delivery without women knowing.<sup>10,11</sup> There are also reports of parents or spouses giving consent to sterilize women without their knowledge or consent.<sup>12</sup>

The practice of coerced or forced sterilization has been well documented in a number of Central and South America countries, including the Dominican Republic,<sup>13</sup> Venezuela,<sup>14</sup> Chile,<sup>10</sup> El Salvador, Honduras, Mexico and Nicaragua.<sup>15</sup> Kendall and Albert, in a 2015 study of 285 women living with HIV from four Central American countries (El Salvador, Honduras, Mexico and Nicaragua), found that about 25% reported that their healthcare providers pressured them to undergo sterilization.<sup>15</sup> Women who were either diagnosed with HIV during prenatal care or had a pregnancy after diagnosis were almost six times more likely to be pressured by their healthcare providers to undergo the procedure. To coerce sterilization, healthcare providers reportedly told the women that their HIV status annulled their right to choose their

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<sup>1</sup> Coerced sterilization occurs when misinformation, intimidation tactics, financial incentives, or access to health services or employment are used to compel an individual to accept the procedure. Forced sterilization occurs when a person is sterilized without her or his knowledge or without informed consent. Source: Open Society Foundation. Against her will: forced and coerced sterilization of women worldwide. New York: Open Society Institute; 2011.

Hysterosalpingograms	Radiographic Findings
<p><b>Image A: Normal HSG</b></p> 	<p><b>Image A</b></p> <p>Findings show a normal HSG. The uterine cavity is filled with delineation of the both fallopian tubes, including the fimbriated ends. The contrast dye is shown spilling into the intra-abdominal cavity, indicating patency of the both tubes.</p>
<p><b>Image B: HSG of Ms. A</b></p> 	<p><b>Image B</b></p> <p><u>Findings:</u> The right fallopian tube fills almost completely to the fimbriated end. The distal ¼ of the tube is dilated suggesting a mild hydrosalpinx. There is no intra-peritoneal spill of contrast from the right tube. The left fallopian tube is foreshortened, however it is normal in caliber. There is no evidence of intra-peritoneal spill on the left.</p> <p><u>Impression:</u> Capacious uterine cavity, multiple persistent filling defects in the endometrial cavity suspicious for polyps. Bilateral tubal obstruction. The fimbriated end of the right tube is dilated compatible with a mild hydrosalpinx. The left tube is foreshortened and has a blunted end.</p>
<p><b>Image C: HSG of Ms. B</b></p> 	<p><b>Image C</b></p> <p><u>Findings:</u> Approximately 2.5 cm of the right tube fills and demonstrates a blunted end and is suspicious for a previous salpingectomy. The left fallopian tube fills for approximately 4 cm however there is no evidence of spill from the left tube. There is venous intravasation of contrast seen bilaterally, however around the left tube there is lymphatic intravasation.</p> <p><u>Impression:</u> Capacious uterine cavity. Probable bilateral tubal ligations. There is venous and lymphatic intravasation bilaterally.</p>

**Fig. 1.** Images A, B & C: Compared to normal findings on hysterosalpingogram (Image A), HSGs studies on both Ms. A (Image B) and Ms. B (Image C) revealed bilateral tubal obstructions, substantiating their history of involuntary sterilization. *Images provided courtesy of Richard Katz, MD of East River Medical Imaging, PC, New York, NY.*

contraceptive method as well as the number and spacing of their children; used misinformation about the consequences of a subsequent pregnancy on the women's and children's health; and initially denied them medical services necessary to prevent vertical HIV transmission. Healthcare providers also sometimes undertook sterilizations during cesarean delivery without the women's knowledge.

In Central America, Honduras has the highest concentration of HIV/AIDS cases with an estimated adult HIV prevalence of 1.5%.<sup>16</sup> Recently, the HIV/AIDS epidemic has intensified along Honduras' northern coast, particularly affecting the Garifuna, an ethnic minority group of African descent, who have a reported prevalence of 8%.<sup>16</sup> The Garifuna are widely discriminated against and have suffered ongoing systemic human rights violations and abuses—including issues related

to land rights, housing, water, health care and education, as well as attacks and intimidation in reprisal for their efforts to defend their human rights—by the Honduran government.<sup>17,18</sup> Honduran women, despite the enactment of national laws that accord them the same legal rights and status as men, still experience extensive discrimination and are subject to various forms of violence and violations of their sexual and reproductive rights.<sup>17,19</sup> In particular, Garifuna women face multiple forms of discrimination across all aspects of social, political and economic life.<sup>18,20</sup> Garifuna women who are living with HIV (WLHIV) suffer the additional burden of stigmatization and discrimination.

We report two cases of involuntary sterilization in HIV-positive Garifuna women from Honduras who sought asylum in the United States and were medically evaluated at the request of their attorneys.

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