

Forced Sterilization of Women in Situations of Structural Vulnerability: Ongoing Human Rights Violations from a Gender Perspective in Occupational Therapy and Occupational Science

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Background

- **Forced or coerced sterilization is condemned by the United Nations:**
 - Disproportionately affects women with disabilities, Indigenous women, women living with HIV, and women in poverty.
 - Rooted in eugenics, colonialism, and population control.



Study Aim

Critically examine forced sterilization in Chile and Canada:

- (i) mechanisms of coercion and the denial or distortion of informed consent.
- (ii) institutional responses and regulatory gaps.
- (iii) the impacts of these practices on everyday life, social roles, and participation, from an occupational justice perspective within Occupational Therapy & Occupational Science

Method

Critical qualitative multi-source documentary study:

- Three corpora:
 1. Literature review (WoS, 2014–2024)
 2. UN Treaty Body Reports (CEDAW, CRPD, CCPR, CAT)
 3. Documented Case Studies (Chile & Canada)
- **Thematic analysis** (Braun & Clarke, 2006)



Key Findings

Theme 1

Institutional
Control over
Feminized
Bodies

Theme 2


Denial or
Distortion of
Informed
Consent

Theme 3

Legal
Invisibility and
Professional
Silences

Theme 4

Occupational
Impacts and
Human Rights
Violations



Institutional Control
over Feminized Bodies

Theme 1

Is justified through biomedical and paternalistic discourses that assume women cannot exercise “appropriate” motherhood.

- In Chile, medico-moral narratives mark disability or HIV as signs of maternal unfitness.
- In Canada, forced sterilization is embedded in a broader system of medical colonialism and population control aimed at Indigenous women.



Denial or Distortion of Informed Consent

Theme 2

- Sterilization is frequently performed during times when patients cannot make autonomous decisions, such as during C-sections, postpartum, under sedation, or in severe pain.
- Information provided to patients is often incomplete or biased, leaving out alternatives, risks, or the irreversibility of the procedure.
- Indirect coercion arises from medical hierarchies, fear, and stigma, especially for disabled people or those living with HIV.
- Communication barriers and lack of accommodations further weaken consent, making signed forms alone an unreliable indicator of true informed consent.



Legal Invisibility and Professional Silences

Theme 3

In Chile:

- Forced sterilization is not clearly defined as a crime.
- Systems for punishment and compensation are weak or limited.

In Canada:

- There has been some recognition of forced sterilisation and related lawsuits.
- Government and legal responses vary by province and are fragmented.
- There are few strong penalties or sanctions.

In health professions (including Occupational Therapy):

- Ethical codes and training rarely address forced sterilization in depth.
- Key issues are not sufficiently examined, such as:
 - Informed consent
 - Disability
 - Colonialism and its ongoing effects
 - Reproductive justice



Occupational Impacts and Human Rights Violations

Theme 4

- **Psychological harm:**
 - Forced sterilization causes distress and disrupts a woman's sense of identity.
- **Loss of meaning:**
 - Women often lose a sense of purpose and life meaning after being forcibly sterilized.
- **Social exclusion:**
 - It can lead to isolation and exclusion from family and community roles.
 - Occupational injustice: Occupational Science views these outcomes as a severe form of injustice.
- **Denied autonomy:**
 - This injustice centers on the denial of bodily autonomy and self-determination over one's life path.



Occupational Justice Perspective

- **Loss of bodily autonomy and self-determination**
 - Disruption of roles, participation, and life projects.
 - Forced sterilization as extreme occupational injustice (occupational alienation).

Forced sterilization persists as structural violence in both countries:

- Urgent accountability and reparations for reproductive injustices.
- Implications for practice: we must actively engage in reproductive justice work.
- Comprehensive reparations should include both material support and symbolic recognition and redress.
- Transformative frameworks must center bodies, autonomy, participation, and occupational justice.
- Critically denouncing harmful practices is presented as both a political act and an ethical duty for those who view occupation as a human right.

Conclusions & Implications

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