## Chapter 4

# Law and Policy

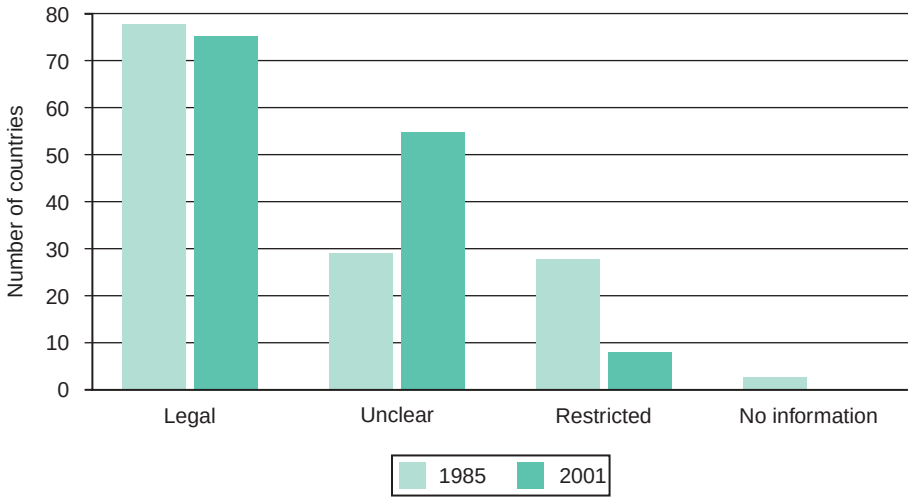
**Highlights:**

- Seventy-four countries have laws that explicitly permit sterilization for contraceptive purposes. In some, legislation or court decisions specifically authorize voluntary sterilization; in others, voluntary sterilization forms part of the country's family planning or population program and is mentioned in documents describing that program; and in others, the predominant legal opinion is that voluntary sterilization is permissible, although no specific law exists.
- In 55 countries, the legal situation is unclear: Either no law deals specifically with sterilization and there is no authoritative interpretation of how existing law encompasses sterilization, or there are conflicting laws or policies dealing with sterilization.
- Eight countries either explicitly or by interpretation forbid sterilization except for therapeutic reasons (i.e., those beneficial to health) or for medical or eugenic reasons. The number of such countries has decreased, however, from 28 in 1985, and in some of these eight countries sterilization still is provided more broadly than the law may formally permit.
- Twenty-five countries require a spouse, parent, guardian, physician, or committee to consent before at least some sterilization procedures are performed, and 24 countries have an age or parity requirement that must be met prior to sterilization.
- Over the past several decades, the trend in laws affecting sterilization has been one of liberalization, with only a few countries having made minor changes that have been generally conservative in nature.

National laws and policies related to sterilization differ from one country to the next, and they may vary within countries for different groups of people. Some nations have chosen to allow liberal access to sterilization, while others have restricted access or made the procedure illegal. As with other health services, formal policies regulating sterilization have been established through legal statutes, government regulations, and medical guidelines. These policies may prohibit, regulate, or permit a particular health service or require that one or more conditions be met before the service may be obtained. International human rights treaties and other international agreements are also a source of law and policy in the area of reproductive health.

Because laws often follow rather than lead practice, actual medical practice may differ across countries with similar laws. This is especially true when laws concern a field that is undergoing basic technological change or when social conditions or policies shift. In the case of voluntary sterilization, the medical, legal, and social climate can be quite significant. Under restrictive laws, the fear of prosecution may inhibit clinicians from performing sterilization procedures, whereas under liberal laws, individuals may have broad access to sterilization services, compatible with their perceived needs and their choice. On the other hand, restrictive or permissive laws may be ignored, depending on social attitudes and provider policies. In short, the relationship between legality and availability is not always predictable. Therefore, the following summary of sterilization laws attempts to describe them in the context of actual practice.

**Figure 4.1. Number of countries where sterilization is legal, where its status is unclear, where availability is restricted, or where there is no information, 1985 and 2001, 137 countries**




## Current Status of Laws on Sterilization

Determining the status of laws on sterilization is made difficult by one major factor: Medical procedures for sterilization, whether performed for therapeutic or contraceptive purposes, have a very short history. Unlike abortion procedures, for example, sterilization procedures were not performed throughout most of recorded history. In addition, many countries only placed a law on the books when it was decided to either prohibit or regulate sterilization—which leaves uncertain the permissibility of a medical procedure on which the law is silent.

Thus, until recently, very little legislation dealt specifically with sterilization. Although preexisting laws were often applied to sterilization, these were usually laws relating to serious bodily harm (such as laws criminalizing violent acts resulting in the loss of reproductive capacity or, more broadly, laws regarding mutilation or destruction of an organ). These were never intended to apply to medical acts performed at client request and for a client's benefit. Further, some countries' laws sharply regulate the sterilization of particular groups, such as the mentally retarded, but nowhere address sterilization in other circumstances. Hence, today, the legality of sterilization is not addressed or is unclear in many countries.

Due to the lack of specific laws governing sterilization in many places, the legal status of the procedure, though clearer than 15 years ago, is still surrounded with considerable uncertainty. Nonetheless, 137 countries[1] may be classified with regard to the status of their sterilization provisions around the years 1985 or 2001[2] (Figure 4.1) into three broad groups.

In the first, the law **explicitly permits sterilization for contraceptive purposes** (with varying conditions) in 74 countries (Table 4.1). These countries themselves fall

[1] For each year (1985 and 2001), we have information on sterilization's legal status for 137 countries (if Croatia and Slovenia are counted separately from Yugoslavia). In some instances, though, countries covered in 2001 did not exist as states in 1985 (such as the Kyrgyz Republic) or had not had information reported in the earlier study (such as Andorra and Liechtenstein). In other cases, countries that were separate in 1985 had merged by the later date (the two Germanies and the two Yemens). Thus, while the number of countries in the two years is the same, there is not an exact one-to-one correspondence between them.

[2] In other chapters of this book, no information is included past 2000. However, as this book was about to go to press, we received new information on sterilization's legal status in two countries (Chile and France) and have included the 2001 information in this chapter.

**Table 4.1. Legal status of sterilization, selected countries, 2001**

| Allowed for contraceptive purposes (by specific law or regulation, or by interpretation of relevant laws or regulations) | | | |
|---|---|---|---|
| Andorra (1996) | Fiji | Mongolia (1991) | South Africa (1998) |
| Australia (1977) | Finland (1970, 1985) | Nepal (1988) | Spain (1983) |
| Austria (1974) | France (2001) | Netherlands | Sri Lanka |
| Bangladesh | Germany (1976) | New Zealand (1977) | St. Lucia |
| Botswana | Ghana (1996) | Nicaragua (1996) | Sweden (1975) |
| Brazil (1996) | Honduras (1984) | Niger (1988) | Switzerland (1981) |
| Canada (1979) | Hong Kong | Nigeria (1992) | Tanzania (1994) |
| Chile (2001) | Hungary (1987) | Norway (1977) | Thailand |
| China, People's Republic of | Iceland (1975) | Pakistan (1969) | Trinidad and Tobago |
| China, Republic of [Taiwan] (1984) | India (1986) | Panama (1941) | Tunisia (1973) |
| Colombia (1984) | Indonesia (2000) | Paraguay (1998) | Turkey (1983) |
| Costa Rica (1999) | Israel (1994) | Peru (1995, 1997, 1999) | Uganda (1993) |
| Croatia (1978) | Italy (1978, 1982) | Philippines (1976) | United Kingdom (1972) |
| Cuba (1968) | Kenya (1986) | Portugal (1984) | United States |
| Czech Republic (1971, 1991) | Korea, Republic of (1973) | Puerto Rico (1974) | Vietnam (1989) |
| Denmark (1973, 1976) | Lesotho (1994) | Romania (1989) | Zambia (1965) |
| Dominican Republic (1972) | Liechtenstein (1987) | Russian Federation (1993) | Zimbabwe (1985) |
| Ecuador (1992) | Luxembourg (1978) | Singapore (1974) | |
| El Salvador (1979) | Mexico (1986, 1994) | Slovenia (1977) | |
| **Status is unclear (because information is lacking, obscure, or contradictory)** | | | |
| Afghanistan | Central African Republic | Iraq (1980) | Monaco |
| Albania | Chad | Ireland | Morocco |
| Algeria | Congo, Democratic Republic of | Jamaica | Mozambique |
| Angola | Côte d'Ivoire | Jordan | Oman |
| Argentina | Cyprus | Kuwait | Papua New Guinea |
| Bahrain | Egypt | Lebanon | Poland |
| Barbados | Ethiopia | Liberia | Senegal |
| Belgium | Gambia | Madagascar | Sierra Leone |
| Benin | Grenada | Malawi | Somalia |
| Bolivia | Greece | Malaysia | Swaziland |
| Bulgaria | Guinea | Mali | Syria |
| Burkina Faso | Guyana | Malta | Togo |
| Burundi | Haiti | Mauritania | Yemen |
| Cameroon | Iran | Mauritius | |
| **Allowed for therapeutic, eugenic, medical, or health reasons only** | | | |
| Guatemala | Kyrgyz Republic (1992) | Rwanda (1986) | Sudan (1990) |
| Japan (1948, 1996) | Myanmar (1963) | Saudi Arabia | Venezuela (1971) |

*Note:* Years of known important changes are given in parentheses.

*Sources:* Post-1985: Supplement 4.1. Pre-1985: Ross, Hong, & Huber, 1985.

### Legal Sources (Principal Bodies of Law)

To ascertain the status of the world's sterilization laws, it is helpful to look at how traditional criminal laws have been applied to sterilization in the principal legal systems. Broadly speaking, there are three systems: common law, civil law, and Islamic law.

- Under **common law**, which derives in large part from law developed in England during the Middle Ages and which spread throughout the world through British colonial rule, voluntary sterilization is generally considered legal. Aside from the United Kingdom, common-law countries are found in Anglophone Africa, the Caribbean, South Asia, North America, and Oceania.
- Under **civil law**, which derives from Roman law and strongly influences the laws of the countries of continental Europe, sterilization has historically been considered an offense involving serious bodily injury unless it is specifically authorized by statute. Civil-law countries include most of those in continental Europe, as well as countries in Africa and Latin America formerly under continental European colonial rule. A number of these countries now have statutes specifically authorizing sterilization.
- Under **Islamic law**, the majority opinion is that permanent forms of sterilization are contrary to the purposes of marriage and procreation and thus are not allowed except for health or, in some cases, eugenic reasons. A minority views sterilization for family planning purposes as allowed under certain circumstances, such as to combat high rates of population growth. Islamic law influences the laws of countries of Northern Africa and the Middle East, as well as Asian countries with large Muslim populations. It is important to note, however, that under Islam, law is not fundamentally separated from religion, as it is in many Western countries. While the prevailing view of the five major schools of Islamic law (four Sunni and one Shiite) are central in determining legal issues, the opinions of *mullahs* (religious leaders) also play a role in interpretation. (For a discussion of sterilization under Islamic law, see Stepan, Kellog, & Piotrow, 1981.)

roughly into three broad categories: countries in which legislation or court decisions specifically authorize voluntary sterilization; those in which voluntary sterilization forms part of the country's family planning or population program and is mentioned in documents describing that program; and those in which the predominant legal opinion is that voluntary sterilization is permissible, although no specific laws exist.

The line between the first two categories is not always entirely clear, since, for example, a population program may also be codified as law. Included in the group of countries explicitly permitting sterilization are a few African countries, most large Asian countries, most European countries, and half of those in Latin America and the Caribbean, as well as Australia, Canada, New Zealand, and the United States.

In 55 countries, **the legal situation is unclear.** These have no laws dealing specifically with sterilization and no authoritative interpretation of how existing law encompasses sterilization, or have conflicting laws or policies dealing with sterilization. Included in this category are most African and Middle Eastern countries. Despite the absence of definitive laws dealing with sterilization in these countries, the generalizations made in the sidebar (at left) with respect to the position of the three major legal systems on sterilization can cautiously support reasonable assumptions about the likely legal status of sterilization in countries in this category.

Finally, in eight countries, **the law either explicitly or by interpretation forbids sterilization except for therapeutic reasons (i.e., those beneficial to health) or for medical or eugenic reasons.** In 1985, in contrast, 28 countries fell into this category.

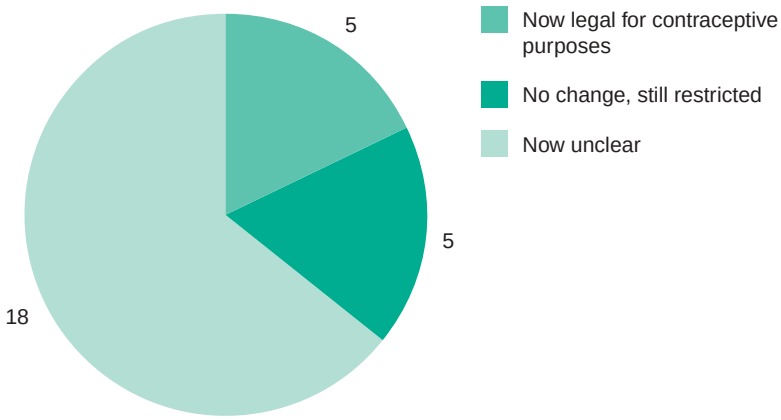
Between 1985 and 2001, the status of the law changed in 23 of these 28 countries: The majority in which changes occurred (Algeria, Bahrain, Belgium, Chad, Egypt, Greece, Iran, Jordan, Kuwait, Madagascar, Mali, Malta, Mauritania, Oman, Somalia, Syria, Togo, and Yemen) went from restricting sterilization either explicitly or by interpretation in 1985 to being unclear about its legal status in 2001 (Figure 4.2). The remaining five (Brazil, Chile, Mongolia, Nicaragua, and Peru) legalized sterilization for contraceptive purposes.

Five nations with laws in 1985 restricting sterilization (Japan, Myanmar, Rwanda, Saudi Arabia, and Venezuela) made no change in their sterilization-related laws. In addition, over the 16-year period, three countries that formerly had unclear legal status or no specific sterilization laws (Guatemala, the Kyrgyz Republic, and Sudan) had by 2001 begun to restrict sterilization (not shown).

This categorization of countries should be interpreted with care. Even where voluntary sterilization is officially allowed only for medical or eugenic reasons, it can often be performed for other reasons under this legal umbrella. For example, in Japan (where sterilization is restricted), contraceptive sterilizations are performed routinely, with health reasons given as the justification. Moreover, the distinction between therapeutic reasons and other reasons for sterilization is not always clear. In developing countries, for example, it may be difficult for both the provider and the client to distinguish health reasons from socioeconomic reasons, especially if the client is nutritionally deprived.

Figures 4.1 and 4.3 (page 92) graphically depict the status of laws, showing both worldwide and regional perspectives. Regionally, the proportion of countries where sterilization is legal for contraception varies dramatically. In Sub-Saharan Africa, two-thirds of the countries included here (24 of 37) have laws regarding sterilization that are unclear, and fewer than one-third (11 of the 37) permit sterilization for contraceptive purposes. In Asia, the status of sterilization is unclear in only one country (Malaysia), and sterilization is legal for contraception in more than three-quarters. In the Latin American and Caribbean countries covered, more than half legally permit sterilization for contraceptive purposes, as do most European nations. However, as we noted above, legality may differ significantly from actual practice; thus, in some places where sterilization is restricted to medical or eugenic reasons, a person who desires sterilization for contraceptive purposes may still be able to have one.

**Figure 4.2. Among 28 countries that in 1985 had policies limiting sterilization to medical or health reasons, number where legal status changed from 1985 to 2001**




## Conditions and Limitations

Many governments that allow sterilization for contraceptive purposes or for medical or eugenic reasons have set certain conditions and limitations to obtaining sterilization services (Supplement 4.1, page 100). Twenty-five countries, for example, require the consent of a spouse, parent, guardian, physician, or committee before some sterilization procedures are performed. Twenty-four countries have an age or parity requirement that individuals must meet prior to sterilization.

### Consent of spouse, parent, guardian, or others

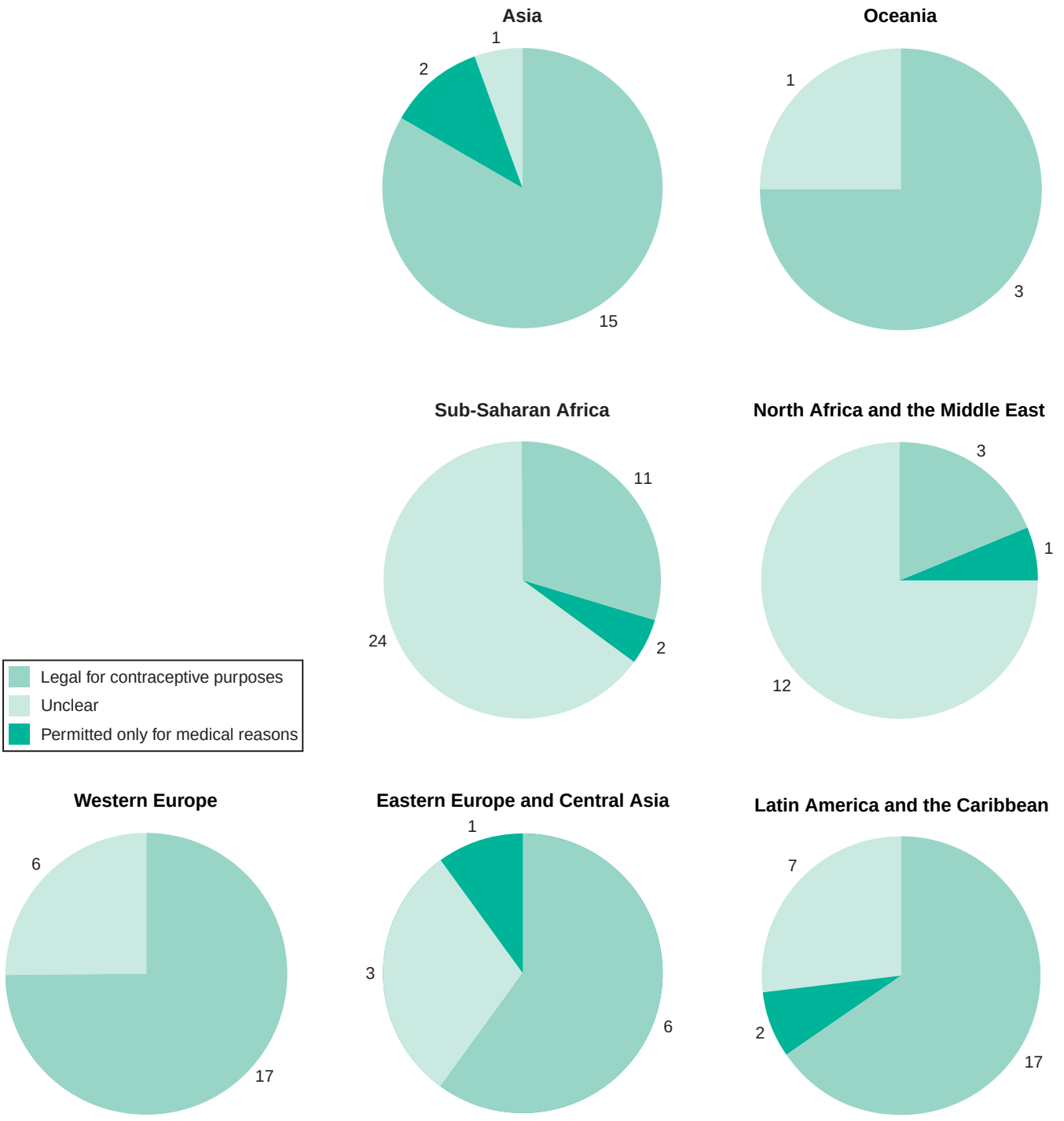
Many countries require spousal consent for voluntary sterilization, countries as widely varied as Brazil, Chile, Ecuador, Guatemala, Honduras, Japan, Niger, the Republic of China (Taiwan), Rwanda, and Turkey. In addition, Finland, Hungary, and Switzerland usually require the spouse to be informed. Most spousal-consent laws are not gender-specific; however, in practice, these laws are more likely to be enforced so as to require that women obtain consent from their husbands than vice versa.

In most countries, as is the case with many other serious medical procedures, minors and the incompetent cannot be sterilized without consent from a parent or guardian, since, to varying degrees, they are not considered able to consent on their own (not indicated in Supplement 4.1). Extraordinary in this respect are requirements in Honduras that the parents or spouse consent to all contraceptive sterilizations and in Norway that the guardian consent to the sterilization of a person younger than 20 (Supplement 4.1). In addition, in a number of developed countries (among them, Australia, Canada, Germany, the United Kingdom, and the United States), questions have been raised as to whether a parent or guardian should be allowed to consent to the sterilization of an incompetent person without court or committee approval. The major concern is that a request for sterilization may be made to satisfy the needs or convenience of the person requesting the sterilization, and may not necessarily be in the best interests of the incompetent person.[3] Courts have reached differing conclusions in such cases. In Croatia, Germany, Slovenia, and South Africa, legislation has been enacted requiring court approval.

In a number of other countries, physicians or committees must certify that certain conditions exist before a sterilization will be allowed. In Croatia, the Czech Republic, Denmark, Finland, Iceland, Norway, Panama, Slovenia, and Sweden, a committee must

[3] Such cases revolve around a concern that parents of an incompetent person may act based on self-interest (e.g., financial, legal liability, etc.) instead of on behalf of the individual.

**Figure 4.3. Number of countries where sterilization is legal for contraceptive purposes, where it is permitted only for medical reasons, or where its status is unclear, by region, 2001, 133 countries**



approve sterilizations performed for health, eugenic, or socioeconomic reasons. In Brazil and Guatemala, two physicians must approve such sterilizations, and in Honduras, three must do so.

## Minimum age and parity requirements

In the past 15 years, the overall number of countries in which age and parity requirements are placed on legal contraceptive sterilization has changed very little (Figure 4.4). The most notable change is that five countries that did not explicitly allow sterilization in 1985 (Brazil, Hungary, Mongolia, Niger, and the Russian Federation) had by 2001 begun to allow it for contraceptive purposes once age or parity requirements were fulfilled. Of the 23 countries that allowed contraceptive sterilization with a minimum age or parity requirement in 2001, some had gender-specific requirements, while others had more general policies that pertained to all individuals (Supplement 4.1).

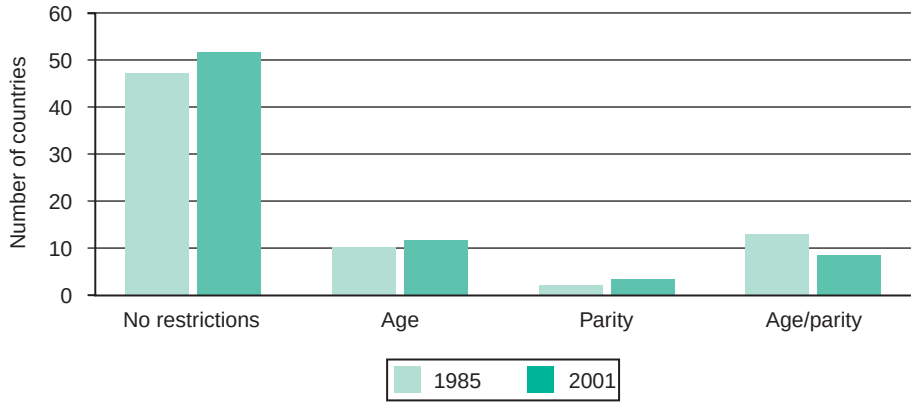
A number of countries have specific age requirements for sterilization. The most common minimum age is 25, and can be found in Austria, Croatia, Denmark, Iceland, Liechtenstein, Norway, Portugal, and Sweden. In Slovenia, the minimum age is 35 (Supplement 4.1). Where sterilization is specifically allowed by statute but no age is mentioned, the age is usually assumed to be that of majority, although in some countries persons younger than the age of majority are considered competent to consent to medical treatment, presumably including sterilization.

Three countries impose parity requirements only, which are based on a person's number of children. In Tunisia, an individual must have four children before obtaining a sterilization for contraceptive purposes. In Panama, a *woman* must have five children, and in Mongolia, she must have "many" children (in these cases, there are no expressed restrictions for men).

Several other countries, however, combine parity and age requirements. One combination of these requirements includes a minimum age for sterilization and a parity requirement for those who are younger than the minimum age. For example, Brazil allows sterilization at age 25 or requires people younger than 25 to have two children before they can be sterilized; Finland has a minimum age of 30 or a requirement that a person have had three children if younger than 30; India requires women to be 20 and men to be 25, or to have had two children if they are younger; and the Russian Federation allows sterilization at age 35, or requires those younger than 35 to have had at least two children. Hungary has more specific requirements, allowing sterilization at age 40, at age 35 if the individual has had three children, or at age 30 if the person has had four.

Many countries do not have a minimum age at sterilization alone, but require both age and parity minimums together. For example, Cuba requires a person to be 32 and

**Figure 4.4. Among countries where contraceptive sterilization was legal, number with various restrictions, 1985 (n=78) and 2001 (n=74)**



to have "several" children; the Czech Republic, age 35 and three children or younger than 35 and four children; the Dominican Republic, 40 and one child, 35 and three children, 30 and five children, or 25 and six children (women only); Ecuador, age 25 and three children; and Honduras, age 35 and one child or age 24 and three children for women, and age 30 and three children for men. Niger has both an age minimum of 35 and a parity requirement of four children for women but only a parity requirement of six children for men.

### Gender of person sterilized

In a number of countries, a gender-based disparity is reflected in the law for those who seek sterilization. As in some examples above, age and parity requirements for sterilization may differ for men and women. For example, legislation regulating sterilization in the Dominican Republic and Panama applies to women only; the laws have no provisions that deal with men. As a result, it is unclear whether men are free to be sterilized without meeting any requirements or if they are prohibited from being sterilized.

### Informed consent and coercion

An issue of major concern in the context of voluntary sterilization is that of informed consent—i.e., whether the sterilization is truly voluntary. Although informed consent is ethically mandated for all surgical procedures and often is legally mandated as well, it is not uncommon to find a specific legal provision on informed consent for sterilization even where the law is otherwise silent. On the other hand, a number of countries include informed consent provisions within their sterilization laws. Brazil, Chile, Colombia, France, Hungary, India, Mexico, Peru, Portugal, South Africa, Uganda, and the United States specifically require persons seeking sterilization to give their informed consent. While not mandating that information be provided, laws in the Dominican Republic and Guatemala require that consent be given. Lesotho's population policy requires counseling.

As a legal matter, informed consent generally requires that the person seeking a medical procedure be provided information on the risks, benefits, alternatives, and characteristics of the procedure and that he or she be subject to no form of coercion when deciding to undergo the procedure. In the case of sterilization, required information would include that temporary methods are available, that the procedure involves surgery, that the surgical procedure involves risks and benefits, that if the procedure is successful the client will not be able to have any more children, that the effect of the procedure is permanent (with a small risk of failure), that the client can change his or her mind and decide against the procedure at any time, and that the procedure does not provide any protection against sexually transmitted infections or HIV. Counseling may also be required, and the person may be required to sign a consent form.

Coercion can take many forms. The most blatant and direct is physically forcing a person to be sterilized. But more subtle—and more prevalent—forms of coercion include psychological pressure applied by medical personnel, government officials, employers, or family members, and incentives or disincentives to sterilization. The latter range from providing monetary awards to offering additional social benefits or tax relief to imposing fines or denying various social benefits. Whether a specific incentive or disincentive is considered coercive depends on the nature of the incentive or disincentive. (For more discussion about informed choice and consent, see Chapter 1.)

## Sterilization Laws in the Developed World

Most developed countries allow voluntary sterilization for contraceptive purposes. In the United States, competent adults (those who are capable of making an informed decision) can undergo sterilization legally in all 50 states and all territories. Federally

funded voluntary sterilization is subject to restrictions on age (a minimum of 21 years) and a waiting period (30 days), but none related to marital status, parity, or spousal consent. While states are allowed to create their own guidelines for state-funded sterilization, some simply follow federal guidelines. No legal restrictions associated with age, parity, marital status, or waiting period apply to privately funded services.[4]

In Canada, voluntary sterilization is available legally for contraceptive purposes without requirements as to age, marital status, parity, or socioeconomic status. Although Japan's Maternal Protection Law specifically allows voluntary sterilization only for health reasons, actual practice differs. The term "health reasons" is interpreted broadly so as to encompass sterilizations performed for contraceptive purposes as well (Muramatsu & Katagiri, 1981).

In Australia, although some doctors are reluctant to perform sterilizations because of the lack of specific statutory authorization, the absence of either statutory or common-law prohibitions allows voluntary contraceptive sterilization to be practiced. Moreover, in 1977, the Royal Commission on Human Relationships recommended that doubts concerning the legality of the operation be removed. Today, substantial numbers of sterilizations are performed. New Zealand permits contraceptive sterilization by statute.

In the United Kingdom, sterilization for contraceptive reasons is a lawful medical service. Vasectomy became explicitly legal in 1972, while female sterilization is considered legal without the need for a specific statute. Elsewhere in Western Europe (Austria, Denmark, Finland, France, Germany, Italy, Luxembourg, the Netherlands, Norway, Portugal, Spain, Sweden, and Switzerland), laws on sterilization have undergone important changes in recent decades and are now favorable toward voluntary sterilization. Statutes and court decisions in individual countries have produced these changes, and an influential international step was taken in 1975, when the Committee of Ministers of the Council of Europe voted that voluntary sterilization should be made available for family planning purposes.

In the majority of the Eastern European countries (Albania, Bulgaria, Croatia, the Czech Republic, Hungary, Poland, Romania, the Russian Federation, and Slovenia), voluntary sterilization either is specifically permitted by law or is not specifically prohibited (and is, therefore, implicitly allowed).

## Sterilization Laws in the Developing World

Over the past 40 years in the developing world, the nature of legislation on voluntary sterilization has undergone a transformation. Increasingly, governments have modified their laws, regulations, and policies to recognize sterilization as an approved method of fertility limitation, as distinct from a purely medical necessity acceptable only in isolated cases. Nonetheless, while change has occurred in many developing countries, the legal status of voluntary sterilization is still unclear in many others, even where the method has become medically and socially acceptable.

The trend toward liberalization is particularly apparent in the developing countries with the largest populations. In the eight countries that contain about two-thirds of the developing world's population (Bangladesh, Brazil, China, India, Indonesia, Mexico, Nigeria, and Pakistan), the situation is as follows:

- China and India, which contain half of the developing world's population, not only make voluntary sterilization available, but also actively encourage it through government policies and programs.
- The policy of Indonesia, the third-largest developing country, has been cautious for religious reasons. While voluntary sterilization for men and women has never been actively promoted, the government allocates funds

[4] One exception is in New York City, where a 30-day waiting period and a moratorium on sterilization for people younger than 21 is required for both publicly and privately funded services.

to support voluntary sterilization through the coordination of a nongovernmental organization. The performance of female and male sterilization is permitted within hospitals and community health centers.

- In both Bangladesh and Pakistan, provisions of the penal codes dealing with intentional bodily injuries are usually not considered applicable to voluntary surgical contraception, and sterilization is generally regarded as lawful. Both governments promote the voluntary sterilization of consenting adults as part of their national family planning programs.
- In Brazil, the government enacted landmark legislation in 1996 permitting voluntary sterilization for family planning purposes when a person is aged 25 or is younger than 25 and has two children, as well as sterilization for health and eugenic reasons. Spousal consent is required. Even before this legislation was enacted, clinicians performed large numbers of sterilizations, many of them in combination with cesarean deliveries, which were reimbursed for women covered under the extensive social security system.
- Although no Nigerian law regulates sterilization, the government has officially reported that sterilization is allowed for eugenic, health, and family planning reasons.
- In Mexico, voluntary sterilization is legal, and the country officially includes it in its family planning program and regulations.

In addition to these countries, Peru is noted for its liberalization of legislation. Until 1995, sterilization was prohibited for contraceptive purposes. Since a 1999 government provision, clients must have two counseling sessions, sign an informed consent document, and wait 72 hours prior to sterilization. Voluntary sterilization services are provided by the state free of charge, through various health facilities.

## Recent Changes in Sterilization Laws

In the past few decades, the trend in sterilization has been toward liberalization, often occurring at a time when voluntary sterilization is incorporated into the national family planning program. Since 1985, only minor changes that are conservative in nature have been made, and in at least one case (in Guatemala) the change in law was contradicted by the government's own practice in its family planning program (Supplement 4.1).

Between 1984 and 2001, 27 countries passed legislation or introduced policies that allowed contraceptive sterilization on request with no conditions, that approved sterilization for family planning purposes subject to certain conditions (usually related to age or number of children), that allowed contraceptive sterilization without specifying whether conditions exist, or that restricted access to sterilization (Table 4.2).

Iran adopted a new penal code based on Islamic law that eliminated provisions from the old penal code authorizing sterilization. The practical effect of this change is unclear, however, since Iran relies extensively on sterilization as part of its family planning program.

The state of Cordoba in Argentina, where the status of sterilization for other than health reasons is unclear, removed from its Law on Professions provisions that prohibited the performance of sterilization.

In addition to making changes in sterilization legislation and policy, some countries have issued amendments or provisions reinforcing their former policies. For example, Vietnam provided that incentives were to be offered for tubal ligations and vasectomies for family planning purposes, while Japan amended its Eugenic Protection Law to remove eugenic grounds for sterilization and changed the law's name to the Maternal Protection Law.

## International Law and Policy Consensus

The laws and policies reviewed above are the sources of authority that most directly permit, restrict, or prohibit sterilization services in each country. Nevertheless, in the

**Table 4.2. Countries with changes in sterilization laws, by type of change, 1984–2001**

| Allows sterilization | Allows sterilization with conditions or limitations | Allows sterilization, yet does not specify whether conditions exist | Restricts sterilization |
|---|---|---|---|
| Andorra | Brazil | Ghana | Guatemala |
| Chile | Republic of China (Taiwan) | Lesotho | Kyrgyz Republic |
| Colombia | Ecuador | Mexico | Sudan |
| Costa Rica | Hungary | Nepal | |
| France | Mongolia | Nicaragua | |
| Liechtenstein | Niger | Paraguay | |
| Romania | Peru | Zimbabwe | |
| Tanzania | Portugal | | |
| | Russian Federation | | |

last decade or more, a body of international law and policy has emerged that, at least in theory, affects the legality of contraception and sterilization at the national level. Nations that have formally signed certain international documents can be deemed bound by their provisions—subject to the limitations laid out in Obstacles to the Enforcement of International Human Rights Law (right). These documents include international human rights treaties and conventions, and the programs of action resulting from United Nations–sponsored international conferences that are signed by the delegates of nation-states and adopted by the General Assembly.

These sources state international law and policy in a form that differs in many significant respects from national law. In particular, these sources often set forth rights or affirmative policy objectives that, depending on the authority and enforceability granted by the national law of a particular country, may establish a legal norm for what the government must provide or allow. In contrast, many national laws are prohibitory in nature.

### Obstacles to the Enforcement of International Human Rights Law

Although international human rights law may establish clear rules on specific topics, including reproductive choice, a number of obstacles obstruct their enforcement:

- Countries that have ratified treaties often express reservations to certain controversial provisions of those treaties, indicating that they do not consider themselves bound by the provisions.
- Certain treaties, including the Women's Convention, have no enforcement mechanisms. (The Women's Convention has a monitoring committee for periodic reviews, which include country reports submitted by governments on the progress they have made.)
- Before the provisions of treaties are enforceable, countries must often adopt them into national laws. A number of countries sign treaties but never enact such laws.
- Although the provisions of conference documents such as those approved at Cairo and Beijing are endorsed by various governments, they have no official legal force.

## Sources of international law and policy

The body of international human rights law has expanded significantly over the past several decades. First, countries have adopted international treaties such as the International Covenant on Civil and Political Rights (UN, 1967a), the International Covenant on Economic, Social, and Cultural Rights (UN, 1967b), and, more recently, the Convention on the Elimination of All Forms of Discrimination against Women (Women's Convention) (UN, 1980) and the Convention on the Rights of the Child (UN, 1989). On a regional basis, countries have also ratified the European Convention on Human Rights (Council of Europe, 1950), the American Convention on Human Rights (OAS, 1970), and the African Charter on Human and Peoples' Rights (OAU, 1982). These treaties are legally binding on countries that have ratified them.

Second, countries have participated in a series of human rights–related conferences convened by the United Nations and have endorsed conference documents adopted by the conferences. Such conferences extend back to the International Conference on Human Rights (held in Teheran in 1968) and in the mid-1990s culminated in a series of six conferences, including the World Conference on Human Rights (held in Vienna in 1993), the International Conference on Population and Development (held in Cairo in 1994), and the Fourth World Conference on Women (held in Beijing in 1995). Although not legally binding, the documents adopted at these conferences constitute globally accepted policy norms, and countries that have endorsed them have undertaken a commitment, however general, to abide by their principles.

### Sterilization under International Law

The status of voluntary sterilization under international law is not explicit. The procedure of sterilization is specifically referred to in relevant treaty and document provisions only once, and this is in the context of coercive family planning practices. On the basis of this reference and other language condemning the use of violence and supporting informed consent, it is fair to conclude that under international legal standards, there are rights against forced sterilization and, when someone is undergoing sterilization, he or she has the right to be provided with full informed consent about the procedure. In addition, laws that set different conditions for sterilization based on gender clearly are unacceptable under treaty provisions that guarantee the equality of men and women.

Whether international law unequivocally supports a right to choose sterilization is more problematic. On the one hand, considered together, the Women's Convention and conference documents guarantee a broad right to decide freely on reproductive matters and to have access to the full range of safe and effective family planning methods of choice. On the other hand, this right, although broad, is qualified, in that access is to be given only to "acceptable" methods.

## The right to reproductive choice and family planning

One aspect of this expansion of the body of international human rights law has been to establish a right to reproductive choice. Such a right finds indirect support in a number of treaty provisions guaranteeing specific rights (Cook, 1995; Packer, 1996). Among these are the right to marry and form a family, the right to the highest attainable standard of health, the right to receive and impart information, the right to the benefits of scientific progress, the right to the enjoyment of private and family life, and the right to liberty and security of the person. Although these rights are somewhat abstract in nature and do not deal specifically with reproduction, they have been applied to reproductive self-determination and decision making.

International human rights law also contains direct support for a right to reproductive choice (Freedman & Isaacs, 1993). (More detail concerning international law and sterilization is given at left.) Such support dates as far back as 1968, when the International Conference on Human Rights adopted a declaration endorsing a right "to determine freely and responsibly the number and spacing of . . . children" (UN, 1968). This right has subsequently constituted the core of the right to reproductive choice under international law and has been reiterated in numerous conference declarations. In 1979, it was incorporated into a formal treaty, the Women's Convention. Countries that ratified the convention undertook to ensure, on the basis of equality of men and women, the "same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education, and means to enable them to exercise these rights" (UN, 1980). The Convention also commits such countries to ensure access to information and advice on family planning and access to health care and services, including those related to family planning.

This right to reproductive choice has been elaborated in programs of action adopted at the international conferences on population and women, convened in Cairo in 1994 and Beijing in 1995, respectively (UN, 1994; UN, 1996). In addition to reaffirming the language in the Women's Convention, the declarations further define the nature of family planning and related services to which individuals have a right. These include access to safe, effective, affordable, and acceptable family planning methods of their choice. The declarations repeatedly emphasize the importance of making available a full and comprehensive range of contraceptive methods.

These programs of action also address coercion and informed consent. Both provide that the right to reproduction includes the right to make decisions concerning reproduction free of discrimination, coercion, and violence, as expressed in human rights documents. Consent is to be informed and voluntary, and family planning programs in particular are to be based on informed free choice; reliance on quotas, incentives, and targets is discouraged. The Beijing document specifically refers to forced sterilization in the context of condemning the use of coercion and violence.

Thus, the developing norms of international human rights law have established a right to reproductive choice. Anchored in the Women's Convention, supported by relevant provisions of other international and regional treaties, and elaborated upon in a series of recent international conference documents, this right consists of the right of individuals to universal access to a full and comprehensive range of family planning methods, to decide freely and responsibly on the number and spacing of their children. This right is to be exercised with informed consent, free of coercion, and without discrimination on the basis of sex.

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**Supplement 4.1. Current legal status of sterilization, any consent requirements, and source of information on status, by country**

| Country | Current status | Consent needed (other than from client) | Source |
|---|---|---|---|
| **Asia** | | | |
| Bangladesh | Legal for contraceptive reasons | | Population policy (feature of policy) |
| China, People's Republic of | Legal for contraceptive reasons (local laws provide incentives and disincentives) | No consent requirements | Family planning program (feature of program) |
| China, Republic of (Taiwan) | Legal for contraceptive reasons; act also authorizes for eugenic and health reasons | Spouse (for contraceptive reasons only) | Eugenics Protection Act (1984) |
| Hong Kong | Legal for contraceptive reasons | | By interpretation of existing law or regulation |
| India | Legal for contraceptive reasons when man is aged 25 or when woman is aged 20–45; lower age limits may be relaxed if couple has two children | No consent requirements | Guidelines for voluntary sterilization (1986) |
| Indonesia | Legal for contraceptive reasons; acceptors must be married | | Ministry of Health, Decree No. 8/ Menkes (2000) |
| Japan | Legal for health reasons only (yet widely performed) | Spouse | Eugenic Protection Law, as amended (1948, 1996) |
| Korea, Republic of | Legal for contraceptive reasons | | Family planning program (feature of program) |
| Malaysia | Legal for health reasons only | Two physicians | |
| Mongolia | Legal for contraceptive reasons when woman has many children; policy also authorizes for eugenic reasons | No consent requirements | Population policy (1991) |
| Myanmar | Legal for health reasons only | Board | Penal Code (1963) |
| Nepal | Legal for contraceptive reasons | | Population policy (1988) (feature of policy) |
| Pakistan | Legal for contraceptive reasons | | Family planning program (1969) (feature of program) |
| Philippines | Legal for contraceptive reasons | No consent requirements | Presidential Decree amending the Philippine Medical Care Act of 1969 (1976) |
| Singapore | Legal for contraceptive reasons | No consent requirements | Voluntary Sterilization Act (1974) |
| Sri Lanka | Legal for contraceptive reasons | | Family planning policy (feature of policy) |
| Thailand | Legal for contraceptive reasons | | Family planning policy (feature of policy) |
| Vietnam | Legal for contraceptive reasons | No consent requirements | Public Health Law (1989) |
| **Oceania** | | | |
| Australia | Legal for contraceptive reasons | No consent requirements | Interpretation of existing law or regulation (depending on state) |
| Fiji | Legal for contraceptive reasons | | Family planning program (feature of program) |
| New Zealand | Legal for contraceptive reasons | No consent requirements | Contraception, Sterilization, and Abortion Act (1977) |

*(cont'd.)*

**Supplement 4.1. Current legal status of sterilization, any consent requirements, and source of information on status, by country *(cont'd.)***

| Country | Current status | Consent needed (other than from client) | Source |
|---|---|---|---|
| **Oceania *(cont'd.)*** | | | |
| Papua New Guinea | Unclear | | |
| **Latin America and the Caribbean** | | | |
| Argentina | Unclear (in practice, reported only for health reasons) | | |
| Barbados | Unclear | | |
| Bolivia | Unclear (but practiced) | | |
| Brazil | Legal for contraceptive reasons when aged 25, or when <25 with two children; law also authorizes sterilization for health and eugenic reasons | Spouse; in case of sterilization for noncontraceptive reasons, two physicians must consent | Law on family planning (1996) |
| Chile | Legal for contraceptive reasons | No consent requirements | Resolution of Ministry of Health (2001) |
| Colombia | Legal for contraceptive reasons | No consent requirements | Resolution on fertility regulations (1984) |
| Costa Rica | Legal for contraceptive reasons | No consent requirements | Decree creating an interinstitutional commission on health and reproductive and sexual rights (1999) |
| Cuba | Legal for contraceptive reasons when aged 32 with several children | No consent requirements | Ministry of Public Health Regulations (1968) |
| Dominican Republic | Legal for contraceptive reasons when woman is aged 40 with one child, or aged 35 with three children, or aged 30 with five children, or aged 25 with six children (pertains to women only). Regulations also authorize sterilization for health or eugenic reasons | | Regulations of Ministry of Health (1970s) |
| Ecuador | Legal for contraceptive reasons when person is aged 25 with three children; code also authorizes sterilization for eugenic and health reasons | Spouse | Code of Medical Ethics (1992) |
| El Salvador | Legal for contraceptive reasons for any person of fertile age; instructions also authorize sterilization for health reasons | No consent requirements | Instructions of Ministry of Health and Social Assistance on Contraception (1979) |
| Grenada | Unclear | | |
| Guatemala | Legal for health reasons only (yet commonly performed for contraceptive purposes) | Spouse; two physicians | Ethics Code (1991) |
| Guyana | Unclear | | |
| Haiti | Unclear | | |
| Honduras | Legal for contraceptive reasons when woman is aged 35 with one child, or 24–34 with three children, or when man is aged 30 with three children; resolution also authorizes sterilization for therapeutic reasons | Parents or spouse; in sterilization for therapeutic reasons, three physicians must consent | Resolution of the Ministry of Health on Sterilization (1984) |

*(cont'd.)*

**Supplement 4.1. Current legal status of sterilization, any consent requirements, and source of information on status, by country *(cont'd.)***

| Country | Current status | Consent needed (other than from client) | Source |
|---|---|---|---|
| **Latin America and the Caribbean *(cont'd.)*** | | | |
| Jamaica | Unclear (yet widely performed) | | |
| Mexico | Legal for contraceptive reasons | No consent requirements | General Health Law (1983); Health Regulations (1986); Family Planning Regulations (1994) |
| Nicaragua | Legal for contraceptive reasons | | Population policy (1996) (feature of policy) |
| Panama | Legal for contraceptive reasons for women with at least five children and in difficult socioeconomic conditions | Sterilization board | Law permitting sterilization (1941) |
| Paraguay | Legal for contraceptive reasons | | Family planning manual (1998) |
| Peru | Legal for contraceptive reasons; person must undergo two counseling sessions, sign an informed consent document, and wait 72 hours prior to sterilization | No consent requirements | Law on population policy (1995); law on health (1997); Ministry of Health Resolution (1999) |
| Puerto Rico | Legal for contraceptive reasons | No consent requirements | By interpretation of existing law or regulation |
| Saint Lucia | Legal for contraceptive reasons | | By interpretation of existing law or regulation |
| Trinidad and Tobago | Legal for contraceptive reasons | | |
| Venezuela | Legal for eugenic and health reasons only | | Code of Medical Ethics (1971) (may not have legal force) |
| **North America** | | | |
| Canada | Legal for contraceptive reasons | No consent requirements | By interpretation of existing law or regulation |
| United States | Legal for contraceptive reasons | No consent requirements | State laws |
| **Western Europe** | | | |
| Andorra | Legal for contraceptive reasons | No consent requirements | Law amending the Penal Code (1996) |
| Austria | Legal for contraceptive reasons when aged 25, or when <25 for health reasons | No consent requirements | Act amending the Penal Code (1974) |
| Belgium | Unclear (but practiced) | | |
| Cyprus | Unclear | | |
| Denmark | Legal for contraceptive reasons when aged 25; law also authorizes sterilization for woman <25 if pregnancy would pose threat to life or threaten serious and permanent injury to health; for social and eugenic reasons; and only for very special reasons among persons <18. (Law does not apply to sterilization to cure physical disease.) | In sterilization for social or eugenic reasons, a committee must consent | Law on sterilization and castration (1973); Ministry of Justice Order and Circular (1976) |

*(cont'd.)*

**Supplement 4.1. Current legal status of sterilization, any consent requirements, and source of information on status, by country *(cont'd.)***

| Country | Current status | Consent needed (other than from client) | Source |
|---|---|---|---|
| **Western Europe *(cont'd.)*** | | | |
| Finland | Legal for contraceptive reasons when person is aged 30, or has three children, or lacks other methods to prevent pregnancy; law also authorizes sterilization for health, eugenic, or social reasons; law permits sterilization for persons <18 only for cogent reasons | In sterilization for contraceptive reasons when person is aged 30 or has three children, one physician must consent; in sterilization for those lacking other method, two physicians must consent; in sterilization for health reasons, two physicians must consent; in sterilization for eugenic or social reasons, National Board of Health is required to consent. Spouse is to be informed in all cases | Law on sterilization, as amended (1970, 1985) |
| France | Legal for contraceptive reasons after a waiting period of four months | No consent requirements | Law No. 2001-588 (2001) |
| Germany | Legal for contraceptive reasons | No consent requirements | Court decision (1976) |
| Greece | Unclear | | |
| Iceland | Legal for contraceptive reasons when aged 25; law also authorizes sterilization for health, socioeconomic, or genetic reasons | Two physicians must consent in sterilization for health or genetic reasons; one physician and one social worker must consent in sterilization for socioeconomic reasons | Law on sex education, sterilization, and abortion (1975) |
| Ireland | Unclear | | |
| Italy | Legal for contraceptive reasons | No consent requirements | Law on social protection of motherhood and on voluntary abortion (1978); Supreme Court decision (1982) |
| Liechtenstein | Legal for contraceptive reasons when person is aged 25; code also authorizes sterilization for noncontraceptive reasons | No consent requirements | Penal Code (1987) |
| Luxembourg | Legal for contraceptive reasons | No consent requirements | Law on regional centers for sex education and abortion (1978) |
| Malta | Unclear | | |
| Monaco | Unclear | | |
| Netherlands | Legal for contraceptive reasons | No consent requirements | By interpretation of existing law or regulation |
| Norway | Legal for contraceptive reasons when person is aged 25; law also authorizes sterilization when person is aged 18–25 and has health (women only), socioeconomic, or eugenic reasons, or when person is <18 and has imperative reasons | Approval of sterilization board is required when person is <25 and is sterilized for health, socioeconomic, or eugenic reasons; guardian must also consent if person is <20 | Law on sterilization (1977) |

*(cont'd.)*

**Supplement 4.1. Current legal status of sterilization, any consent requirements, and source of information on status, by country *(cont'd.)***

| Country | Current status | Consent needed (other than from client) | Source |
|---|---|---|---|
| **Western Europe *(cont'd.)*** | | | |
| Portugal | Legal for contraceptive reasons when person is aged 25; law also authorizes sterilization for therapeutic reasons when person is <25 | No consent requirements | Law on sex education and family planning (1984) |
| Spain | Legal for contraceptive reasons | No consent requirements | Law legalizing sterilization (1983) |
| Sweden | Legal for contraceptive reasons when person is aged 25; law also authorizes sterilization for eugenic, health (women only), or sex-change reasons, when person is aged 18–25 | National Board of Health and Welfare must consent in sterilizations for non-contraceptive reasons | Law on sterilization (1975); circular on sterilization (1975) |
| Switzerland | Legal for contraceptive reasons | Spouse must be consulted | Guidelines of Swiss Academy of Medical Sciences (1981) (not technically binding) |
| United Kingdom | Legal for contraceptive reasons | No consent requirements | National Health Service Family Planning Amendment Act (1972) (covers men only; there is no law for women) |
| **Eastern Europe and Central Asia** | | | |
| Albania | Unclear | | |
| Bulgaria | Unclear | | |
| Croatia | Legal for contraceptive reasons when aged 35; law also authorizes sterilization for health and eugenic reasons | In sterilization for noncontraceptive reasons, a commission must consent | Law on implementing the right to decide on the birth of children (1978) |
| Czech Republic | Legal for contraceptive reasons when aged 35 with three children, or <35 with four children; law also authorizes sterilization for health and genetic reasons | Technical Commission | Law amending the Law on the Protection of Public Health (1991); Ministry of Health Instruction (1971) |
| Hungary | Legal for contraceptive reasons when person is aged 40, or aged 35 with three children, or aged 30 with four children; decree also authorizes sterilization for genetic or health reasons | Approval of Genetic Counseling Service is required in sterilization for genetic reasons; approval of hospital or clinic department is required in sterilization for health reasons; spouse is to be informed of sterilizations for contraceptive or health reasons | Decree of Ministry of Health on Sterilization (1987) |
| Kyrgyz Republic | Legal for medical reasons (women only) | No consent requirements | Law on health (1992) |
| Poland | Unclear | | |
| Romania | Legal for contraceptive reasons | No consent requirements | Order repealing abortion restrictions (1989) |
| Russian Federation | Legal for contraceptive reasons when person is aged >35 or has two children; law also authorizes sterilization for health reasons | | Law on public health care (1993) |

*(cont'd.)*

**Supplement 4.1. Current legal status of sterilization, any consent requirements, and source of information on status, by country *(cont'd.)***

| Country | Current status | Consent needed (other than from client) | Source |
|---|---|---|---|
| **Eastern Europe and Central Asia *(cont'd.)*** | | | |
| Slovenia | Legal for contraceptive reasons when person is aged 35; law also authorizes sterilization for health reasons | Health Commission must consent for health reasons | Law to implement free choice in birth of children (1977) |
| **North Africa and the Middle East** | | | |
| Afghanistan | Unclear | | |
| Algeria | Unclear | | |
| Bahrain | Unclear | | |
| Egypt | Unclear | | |
| Iran | Unclear (yet promoted by government for family planning purposes) | | |
| Iraq | Unclear (restrictions were reportedly cancelled in 1980) | | |
| Israel | Legal for contraceptive reasons | No consent requirements | National Health Insurance Law (1994) |
| Jordan | Unclear | | |
| Kuwait | Unclear | | |
| Lebanon | Unclear | | |
| Morocco | Unclear | | |
| Oman | Unclear | | |
| Saudi Arabia | Legal for therapeutic reasons only | | Uncodified Islamic law in force |
| Syria | Unclear | | |
| Tunisia | Legal for contraceptive reasons when person has four children | | Presidential statement (1973) |
| Turkey | Legal for contraceptive reasons | Spouse | Law on population planning (1983) |
| Yemen | Unclear | | |
| **Sub-Saharan Africa** | | | |
| Angola | Unclear | | |
| Benin | Unclear | | |
| Botswana | Legal for contraceptive reasons | | By interpretation of existing law or regulation |
| Burkina Faso | Unclear | | |
| Burundi | Unclear | | |
| Cameroon | Unclear | | |
| Central African Republic | Unclear | | |
| Chad | Unclear | | |
| Congo, Democratic Republic of (Zaire) | Unclear | | |
| Côte d'Ivoire | Unclear | | |
| Ethiopia | Unclear (yet sterilization is widely practiced as a family planning measure, with no requirements) | | |
| Gambia | Unclear | | |

*(cont'd.)*

**Supplement 4.1. Current legal status of sterilization, any consent requirements, and source of information on status, by country *(cont'd.)***

| Country | Current status | Consent needed (other than from client) | Source |
|---|---|---|---|
| **Sub-Saharan Africa *(cont'd.)*** | | | |
| Ghana | Legal for contraceptive reasons | | Ministry of Health Reproductive Health Services Policy (1996) |
| Guinea | Unclear | | |
| Kenya | Legal for contraceptive reasons | | Population Policy Guidelines (1986) (implied) |
| Lesotho | Legal for contraceptive reasons | | Population policy (1994) (feature of policy) |
| Liberia | Unclear | | |
| Madagascar | Unclear | | |
| Malawi | Unclear | | |
| Mali | Unclear | | |
| Mauritania | Unclear | | |
| Mauritius | Unclear | | |
| Mozambique | Unclear | | |
| Niger | Legal for contraceptive reasons when woman is aged 35 with four children or when man has six children; ordinance also authorizes sterilization when woman's life is endangered | Spouse | Ordinance on contraception (1988) |
| Nigeria | Legal for contraceptive reasons; also permitted for health and eugenic reasons | | Official Report of the Nigerian Government (1992) |
| Rwanda | Legal for health reasons only; person must have three children | Spouse | Instruction on maternal and child health and family planning (1986) |
| Senegal | Unclear (yet performed) | | |
| Sierra Leone | Unclear | | |
| Somalia | Unclear | | |
| South Africa | Legal for contraceptive reasons | No consent requirements | Sterilization Act (1998) |
| Sudan | Legal for medical reasons only | | Decree on population policy (1990) |
| Swaziland | Unclear (yet performed) | | |
| Tanzania | Legal for contraceptive reasons | | Policy Guidelines on Family Planning (1994) |
| Togo | Unclear | | |
| Uganda | Legal for contraceptive reasons | Spousal consent is required (implied) | Policy Guidelines on Family Planning (1993) |
| Zambia | Legal for contraceptive reasons | | |
| Zimbabwe | Legal for contraceptive and therapeutic reasons | | National Family Planning Council Act (1985) (implied) |

*Notes:* Empty space means that no information was found. Almost all countries that allow sterilization for contraceptive purposes allow it for other purposes as well. These purposes have been noted only when the specific law authorizing sterilization mentions them.

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