

Female Sterilization and Cognitive Disability in the United States, 2011–2015

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Overview:

Access to reproduction and sterilization are shaped by socioeconomic status, race, and ethnicity; of these methods, female sterilization¹ is one of the most common contraceptive options in the United States.

Documenting differences in rates of sterilization through the lens of disability improves understanding of sterilization patterns and helps everyone better combat the historic remnants of prejudice and discrimination against women with disabilities.

Historical Context

Forced reproductive sterilization was historically used to limit the reproductive autonomy of marginalized people in the United States, including minorities, poor people, immigrants, prisoners, and people with disabilities. At the height of the U.S. eugenics movement in the early 20th century, most involuntary sterilizations were performed on institutionalized women with cognitive or multiple disabilities. Although we cannot assume every single case of sterilization or hysterectomy is involuntary or oppressive, this heightened rate of sterilization among women with cognitive disabilities is still troubling, especially given available alternatives.

Study Objective:



To compare female reproductive sterilization between women who (1) do not have a disability; (2) have non-cognitive² disabilities; (3) have cognitive disabilities



terms*

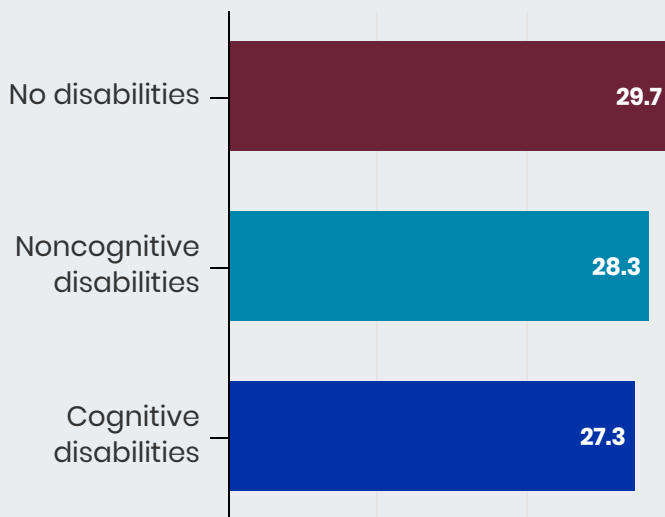
- ¹ Sterilization: a procedure that prevents pregnancy by blocking the fallopian tubes.
 - ² Non-cognitive disabilities: these disabilities include sensory and physical disabilities.
 - ³ Cognitive disabilities: disabilities that affect the way
 - ⁴ you understand things
- Hysterectomy: operation to remove a woman's uterus.



Key Findings

- Women with cognitive disabilities experienced different patterns of sterilization than women with no disabilities – even when accounting for age, race and ethnicity, education, health insurance, poverty, marital status, parity, and health status.
- Women with cognitive disabilities are 1.5x more likely to be sterilized.
- Women with cognitive disabilities were sterilized more than 2 years younger.
- Women with cognitive disabilities were 2.6x more likely to have had a hysterectomy.⁴
- There were no differences in sterilization patterns between women with non-cognitive disabilities and women without disabilities.

Comparing age of sterilization across disability status



This graph shows adjusted age of female sterilization by disability status in years.

Women with no disabilities had an adjusted age of sterilization at 29.7 years; women with noncognitive disabilities had an adjusted age of sterilization at 28.3 years; and women with cognitive disabilities had an adjusted age of sterilization at 27.3 years.

Dataset: National Survey of Family Growth, 2011–2015, a nationally-representative survey focused on family life, reproductive health, and other related areas.

Sample: Women aged 15–44 who were not pregnant or trying to become pregnant, not already medically or surgically sterile (e.g., postmenopausal), and without male partners who were medically or surgically sterile (n=9,971).



Women with cognitive disabilities were 1.5 times more likely to be sterilized than women without disabilities, even accounting for other characteristics.



Implications & Limitations



Women with cognitive disabilities were 1.5 times more likely to be sterilized than women without disabilities, even accounting for other characteristics.



Women with cognitive disabilities were more likely to receive a hysterectomy instead of less invasive sterilization procedures.



Women with cognitive disabilities were sterilized more than 2 years younger than women with no disabilities, and at an earlier age than those with sensory or physical disabilities.

Implications

Our findings show a heightened rate of sterilization among women with cognitive disabilities compared to women without cognitive disabilities. Since there are many different kinds of effective alternatives available today, this pattern is potentially alarming.

Women with cognitive disabilities experience sterilization at a younger age and a heightened rate of hysterectomy, even compared to women with other types of disabilities.

Health care services and the U.S. healthcare system might consider these implications when offering equal, unbiased, and comprehensive reproductive health care to women with and without disabilities.

Limitations

The National Survey of Family Growth excludes institutionalized populations, who could have more severe disabilities and experience different rates of sterilization.

Disability variables in this analysis are from self-reported data, rather than verified clinical diagnosis.

Reasons for sterilization and hysterectomy procedures were not available in this dataset. While we speculate that the historical remnants of the eugenics mindset rather than purely medical reasons may drive sterilization (given that rates are higher even accounting for socioeconomic and health statuses), this area should be explored further in future research.

Adapted from:

Henan Li, PhD, MS; Monika Mitra, PhD; Justine P. Wu, MD, MPH; Susan L. Parish, PhD, MSW; Anne Valentine, MS; Robert S. Dembo, MS. (2018). Female Sterilization and Cognitive Disability in the United States, 2011-2015. *Obstetrics & Gynecology*. 132(3):559-564.