

FEATURE


DENIED WOMANHOOD
FORCED CONTRACEPTION

Medical procedure: Health workers allegedly pressure HIV-positive women into sterilisation in an attempt

Hospitals face legal action over sterilisation of 13 women

By STANDARD ON SATURDAY TEAM

Controversy has erupted over claims by 13 HIV-positive women that they were sterilised against their will or without their knowledge.

At least one public facility has threatened to sue a non-governmental organisation that published the claims.

Women reported being bullied, blackmailed or tricked into having their uterine tubes tied to permanently prevent them from having any more children. Another 27 said they were talked into having tubal ligations because they have – HIV – the virus that causes Aids.

The claims were made late last year, two weeks after a group of NGOs held an “education forum” on the issue.

They came to light last week after the release of *Robbed of Choice*, a report prepared by members of the African Gender and Media Initiative (GEM). The allegations have sparked war of words among activists, people living with HIV/Aids and Government officials.

The Government has ordered an investigation that could see doctors charged with criminal offences and reopen debate on informed consent in healthcare.

Investigate matter

“The act is robbery with violence,” Public Health Minister Beth Mugo said and urged the Office of the Director of Public Prosecutions to investigate the matter. How can one sterilise a patient because she is HIV-positive? This is a criminal act and those behind it should be prosecuted immediately.”

An official at the Kenyatta National Hospital (KNH), one of the institutions accused of allegedly conducting forced sterilisations, welcomed the probe saying it will help clear their name.

“We are ready to be investigated,” said Dr John Ong’ech, the KNH assistant director who heads the Gynaecology and Obstetrics Department. “I assure you our records are clean. We want the investigation to be carried out as soon as possible. If not, we shall sue African Gender and Media Initiative.”

Sterilisation is a permanent form of contraception that usually involves cutting or blocking a woman’s fallopian or uterine tubes. The minor

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operation, is 99 per cent effective and is usually performed on women who do not want any more children.

Since HIV-positive women usually have Caesarean sections to reduce the risk of passing the virus to their babies, doctors can easily perform tubal ligations during the same pro-



Personal Initiative for Positive Empowerment Programme co-ordinator Teresia Njoki (right) with member Pamela Andeka Wasa from Mathare, Nairobi. Achieng’ and Andeka underwent forced sterilisation. [PHOTO]

cedure without informing the patient. The incidents in the GEM report go as far back as a decade ago and involve public and private facilities in Nairobi and Kakamega.

Due to limitations in the way the study was conducted, however, it is not clear how prevalent or widespread the alleged abuses are.

Recent demographic and health

surveys have found that about 6.3 per cent of Kenyan adults aged 15-49 – about 1.5 million people – are living with HIV. A large number of these are women of childbearing age.

There are concerns forced sterilisation could see more women avoid reproductive health facilities. Fears of being labelled HIV-positive have already led to more home births and

Family planning

Victims consent was not sought before procedure

Forced sterilisation of women living with HIV (WLWHIV) seems to be happening. The procedure is considered a 99.9 per cent permanent method of family planning.

A report, *Robbed of Choice: Forced and Coerced Sterilisation Experiences of WLWHIV in Kenya*, comes as shocker as 30 women shared their horrific experiences before, during, and after the operation.

The report revealed that consent was routinely sought from the patient when they are in a vulnerable position, while in labour pain and just about to go for a caesarean section and in some instances incentives such as food and milk were offered.

“This is not an emergency procedure it is what I call elective procedure,” said Kenya Ob-

stetrics and Gynaecologists Society vice-chairperson Anne Kihara.

Dr Kihara said that any woman should be free and well informed to choose when to have their babies, whom to have them with, and when to deliver as they have rights on their reproductive career.

“Our practices should be ethical, strive for quality, and professionalism,” she added.

Personal Initiative for Positive Empowerment programme co-ordinator Teresia Njoki has been working with the WLWHIV and has been speaking for these women.

She interviewed 40 women who had undergone the procedure. Thirteen said they were forced. “We had heard and attended seminars of these cases in other parts of Africa, but here

in Kenya it came as a shocker, I thought the number would not exceed two. The 13 are just the ones I interviewed,” she said.

Kenya Legal and Ethical Issues Networks on HIV/Aids Allan Maleche said they would file cases before the constitutional courts to seek declaration that what happened in the health facilities were human rights violations.

He said they will also seek for declarations and directions from courts to have Government officials involved stopped and circulars issued by Minister for Medical Services, Anyang’ Nyong’o, on the matter.

“This is a human rights violation because the psychological suffering they have faced as human beings and we shall be seeking damages,” said Maleche

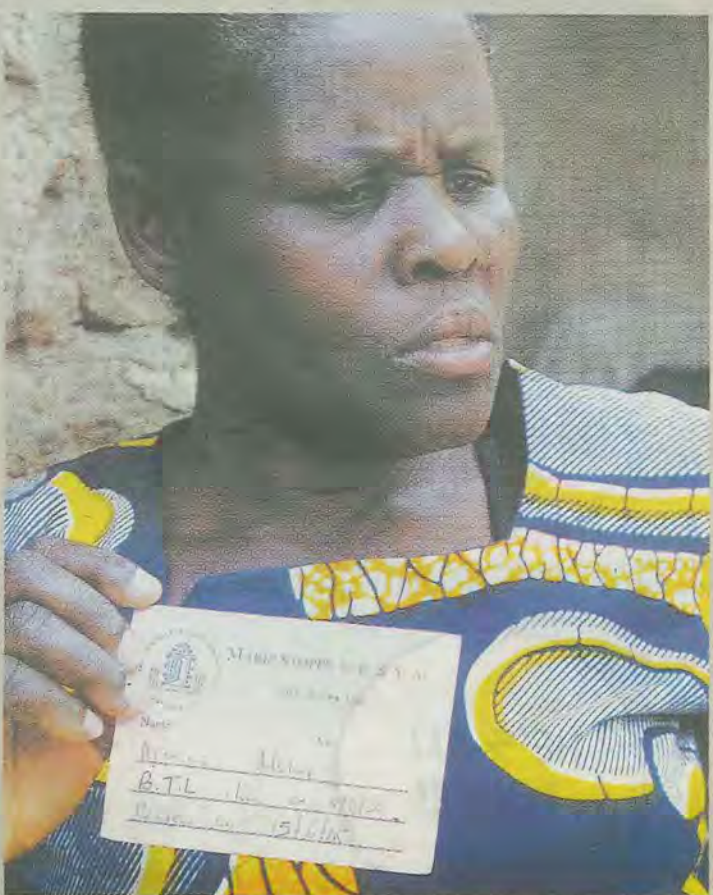
to stem the tide of children born with the virus – currently at 13,000 a year



Ruth Achieng' (left) from Kibera, and
ROSES OMUSULA/STANDARD]

Facilities implicated

- KNH, Marie Stopes International, Medicine San Frontiers' Blue House are among the health providers that allegedly performed tubal ligation on the victims
- Although KNH verbally denied the charges, Medicine San Frontiers' Blue House said they would look into it
- Marie Stopes gave a written response saying they do not engage in such unethical activities
- Tubal ligation is considered 99.9 per cent permanent family planning method
- Reported health complications caused by the post-tubal ligation included severe abdominal and back pains, inability to control urine, and heavy menstrual flows or none at all
- Sterilisation is a permanent form of contraception that usually involves cutting or blocking a woman's fallopian or uterine tubes
- The minor operation, is 99 per cent effective and is usually performed on women who do not want any more children



Ms Pamela Andeka displays a medical report during a press conference in Nairobi.

maternal deaths in some parts of the country, including Nyanza where HIV prevalence is at 16 per cent.

Ong'ech suspects some NGOs were being funded by conservative American groups to spread false allegations. "There should be investigations into who is funding these NGOs," he said, adding that some of their claims are obviously false.

Consented freely

He says one case involving KNH concerns a woman who consented freely to a tubal ligation after four Caesarean sections. (Women who undergo multiple C-sections often develop scar tissue and higher risk of complications in further surgeries). Ong'ech said her claims of being coerced or not being properly informed, were found to be false.

Doctors and other health workers could be pressuring HIV-positive women into sterilisation in an attempt to stem the tide of children born with the virus – currently at 13,000 a year.

Reports indicate that HIV-positive women fail to take ARVs when pregnant and opt to deliver their babies at home. Claims of forced sterilisation could make the problem worse, as more women stay away from hospitals.

Meanwhile, activists insist the claims are true and plan to sue the

Government. "We had already heard about (forced sterilisation) and attended seminars in other parts of Africa," says Teresia Njoki, an activist who interviewed 40 women who have had tubal ligations and says 13 of them were coerced.

"But here in Kenya, it came as a shocker. I thought the number would not be more than two (of the 40)," she said.

Similar cases have been reported in Swaziland, South Africa and Namibia. Last month, three HIV-positive women claiming \$122,000 each for "physical and mental pain" won a

significant victory in a court in Namibia when a judge ruled they were forced into sterilisation without informed consent. The tubal ligations were performed as part of Caesarean sections meant to protect their babies.

The court decision is expected to trigger a flurry of similar litigation across the continent. The consequences for access to reproductive healthcare that will result, however, are not yet clear to anyone on either side of this new battle.

– Additional reporting by Lonah Kibet

Reproductive health/ LONAH KIBET

Women recount pain in doctors hands

Some of the more disturbing claims in the 'Robbed of Choice' report involve illegal sterilisations performed without the patient's knowledge.

For example, Selina, a mother of two claims she was sterilised at the Kenyatta National Hospital in 2000, after her husband signed the forms approving her C-section and tubal ligation. It is not clear if he was aware the sterilisation was to be performed since he later left her when she could not have any more children.

Jane, a mother of four who was allegedly sterilised at the Kakamega General Hospital in 2004, says her husband talked a doctor into performing tubal ligation to punish her "for only giving birth to daughters".

However, she admits that she kept her HIV status a secret from him and he only found out when a doctor at the hospital told him.

Other women sterilised at public hospitals say doctors or other health workers either threatened to withhold C-sections or used other forms of pressure to get the men to sign the forms.

Some say the forms were brought to them when they were in advanced stages of labour and could not give informed consent.

The stories told by Pamela Andeka, 42, and Ruth Achieng', 30, suggest some of the women gave uninformed consent or were sterilised during emergency surgery following pregnancy complications. This puts to question some claims of coercion.

Andeka is a widowed mother of five from Nairobi's Mathare slum. She had her first three children in 1988, 1992 and 1998 before her husband died of HIV-related complications in 2002.

The eldest of the three is HIV-positive and, like Andeka, on anti-retroviral medication provided by the Blue House Clinic, a Médecins Sans Frontières (MSF) facility in Mathare.

Two years after her husband's

death, Andeka had unprotected sex with a man she met and got pregnant. She turned for help at Blue House, which specialises in pre-natal care and prevention of mother-to-child transmission.

Nine months later, she delivered a healthy set of twins at the Pumwani Hospital.

She further claims that when she took her children to Blue House, she was told they would not get medical attention or food supplements unless she could prove her tubes were tied.

MSF, the group behind Blue House, says it is investigating claims by Andeka and other women. "Instead of my children suffering and not getting milk (in a free feeding programme) I decided to have the operation done by Marie Stopes International," she said. Andeka says she regrets having had the procedure.

"That pain is something I would not want any woman to undergo," she says. She adds that meeting and talking to other HIV-positive women who have had tubal ligation has been therapeutic. She can now openly speak about her status and encourage others like her to take charge of their reproductive health.

Consequences

"Women living with HIV can have healthy, virus-free children," she says. "I am proof of that. I have two healthy twins as living proof." She warns pregnant HIV-positive women not to be pressured into getting their tubes tied. "The doctor or health worker should be clear about the consequences of the operation."

Achieng', who lives in Kibera, got to know she was HIV-positive shortly after having her first child at 19.

Her HIV-status was confirmed during pre-natal care and she was put on a seven-month course of antibiotics to prevent infection and raise her CD4 (white blood helper cell) count high enough that she could start taking ARVs.

Achieng' conceived in 2004 but did not tell the doctors or seek treatment to prevent HIV transmission to the child.

The pregnancy ended in a miscarriage and she conceived again. This time the pregnancy almost ran the full term. But one day, late in her pregnancy, she passed out and was rushed to KNH.

Achieng' says she regained consciousness one week later, having lost the baby. Three days after she woke up, a doctor asked her whether she was aware of her HIV status.

"I told him I knew I was positive and he said it was not right for me to give birth given my condition," she says. "He told me that I would give birth to a HIV positive baby and that is why they had closed my womb."

“The doctor said in my condition I would give birth to a HIV positive baby and that is why they had closed my womb.”
– a victim, Ruth Achieng