



WE Party Conference

Kettering 7 – 9 September 2018

Form for Motions

Thank you for submitting your motion to the Women's Equality Party's second Party Conference. Please use this form and ensure you include all the information requested. Submissions that don't adhere to these rules will be rejected automatically. Please see the drafting tips below.

Motions and amendments to those motions and emergency motions for debate may be proposed by a local WE branch (or branches) or by not less than 20 WE members working together. The Party Leader, the Policy Committee and the Steering Committee can also put forward motions.

Motions need to be sent by email to conference@womensequality.org.uk with the subject 'Party Conference Motion' at the latest by 6 July 2018. Emergency Motions on issues that have arisen since 7 July 2018 should be sent in at the latest by 20 August 2018. There will be a chance to submit emergency motions at Conference itself, but such motions will only be accepted if they concern matters that have arisen between 21 August 2018 and the end of Conference.

<p>Title: Encouraging Government to give women equal access to sterilisation as a permanent form of contraception</p>
<p>Proposed by: Hove and Portslade Branch Abi Pattenden, Treasurer</p>
<p>Type of motion: Policy Motion</p>



Motion text:

1 The Women's Equality Party calls on the **Westminster and Holyrood Governments** and **on their**
2 **relevant Departments, and Ministers**, of Health to treat women's choices in terms of permanent
3 contraception through sterilisation on the same terms as they do men's choices. Health
4 professionals who have concerns around 'sterilisation regret', particularly in younger women
5 or those without children, should be educated to understand that research on 'regret' among
6 sterilised women is insufficient, and in some cases shows a higher incidence amongst men
7 who have had vasectomies.

8 The attitude of the UK's healthcare system towards female sterilisation is based on outdated ideas of
9 women's 'biological imperative' and the idea that, as they age, they will inevitably want children. This
10 contradicts research showing that the number of women having children is reducing. Women who
11 wish to remain childless are forced to take hormone-affecting medication, use intrusive
12 barrier methods, abstain, or run the risk of unwanted pregnancy with the difficult decisions this
13 entails. In contrast, men are able to obtain sterilisation younger and with less considerations around
14 their number of offspring. This is partially because vasectomies are cheaper, are seen as 'easier'
15 procedures and are more easily reversible; however, this is because healthcare, still a
16 male-dominated profession, has had a vested interest in men's health. Women who seek
17 sterilisation have to 'prove' their need by going through unsuitable treatments first and are denied
18 agency by being forced to discuss their choice with their male partner. Men face no such
19 requirement.

20 WE will highlight to Government the need for effective research into sterilisation regret and
21 cheaper, simplified, easily reversible, permanent solutions for women. While this research is being
22 undertaken, we will call on the Government to alter guidance on sterilisation criteria, to ensure both
23 genders are given parity and decisions are made on capacity rather than expectations based upon
24 a person's gender.

Motion rationale:

The treatment of women requesting sterilisation (tubal occlusion), compared to men (vasectomy) is an example of systematic unequal treatment. Worldwide, female sterilisation is the most popular method of contraception, having failure rates of less than 5/1,000 procedures¹. The number of women in the UK who are not having children is increasing² and this is to a greater extent than other comparable countries. The reasons for this are complex but include increasing numbers of the 'child-free by choice'³. Yet sterilisation rates in women in the UK are falling⁴.

Although costs of unexpected pregnancy - including terminations - will be £298.6 million between 2013 and 2020⁵, female sterilisations are Low Priority Procedures (LPPs) and (in Brighton and Hove) will only be considered where a woman has spent at least one year using Long Active Reversible Contraception AND found it unsuitable because of clinical contraindication, OR where there are severe side effects

¹<https://www.ncbi.nlm.nih.gov/pubmed/26343930>

²<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletin/s/childbearingforwomenbornindifferentyearsenglandandwales/2016#women-have-fewer-children-than-previous-generations-and-more-of-them-remain-childless>

³<http://www.pewsocialtrends.org/2010/06/25/childlessness-up-among-all-women-down-among-women-with-advanced-degrees/>

⁴<https://www.ncbi.nlm.nih.gov/pubmed/14511963>

⁵<https://www.fpa.org.uk/news/unprotected-nation-cuts-sexual-health-services-cost-uk-%C2%A3136-billion>



AND where vasectomy has been discussed. Guidance for approval for sterilisation suggests vasectomies are lower risk and more successful⁶ although research suggests that sterilisation is safe⁷ and both procedures can be viewed as over 95% effective⁸. However, cost is a factor: vasectomies cost four times less.⁹ Women's health is being placed at detriment (the requirement to spend at least a year 'proving' your need) to save money. Men do not need similar levels of proof. Women are denied agency over their own reproductive destinies as they have to discuss this with their partner; this places women at risk of domestic abuse at particular disadvantage.

Ideas on women's biological imperative also play a part. Published guidance focuses on risk, yet women's testimony reveals they are routinely rejected on grounds of age and childlessness, while their partners qualify for vasectomies despite being in the same circumstances. This 'you're bound to change your mind later' justification for refusal is unacceptable. Health procedures should be predicated on the prospective patient's capacity now, not intangible futures. Estimates of regret following female sterilisations vary (showing more research is needed), but rates as low as 0.9% have been recorded. Research into vasectomies has found a reversion rate of 2% within 10 years¹⁰. Potentially, vasectomies are the 'regrettable' procedure. Vasectomies are more easily reversible. A privileging of male medicine by the male-dominated health community - comparable to differing outcomes of heart attacks, due to a lack of understanding of women's symptoms¹¹ - may be at work here.

In 2016, WE committed to working for equality in healthcare and medical research. This area is an example of where women are being treated detrimentally - due to misperceptions over procedural efficacy; lower costs for equivalent men's healthcare; and a lack of research on procedural simplification; ability to produce successful female reversals; and understanding of regret. WE should campaign for increased research into these areas and while this is ongoing, communicate to health professionals that prevailing 'wisdom' is inaccurate. Women should have equality to control their ability to reproduce.

<https://www.ncbi.nlm.nih.gov/pubmed/26343930>

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/childbearingforwomenbornindifferentyearsenglandandwales/2016#women-have-fewer-children-than-previous-generations-and-more-of-them-remain-childless>

<http://www.pewsocialtrends.org/2010/06/25/childlessness-up-among-all-women-down-among-women-with-advanced-degrees/>

<https://www.ncbi.nlm.nih.gov/pubmed/14511963>

<https://www.fpa.org.uk/news/unprotected-nation-cuts-sexual-health-services-cost-uk-%C2%A3136-billion>

<https://www.gp.brightonandhoveccg.nhs.uk/low-priority-procedures-lpps-information-clinicians>

<https://www.ncbi.nlm.nih.gov/pubmed/26343930>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1646249/?page=3>

<https://www.ncbi.nlm.nih.gov/pubmed/2920844>

<https://www.fsrh.org/documents/cec-ceu-guidance-sterilisation-cpd-sep-2014/>

<https://www.bhf.org.uk/heart-health/conditions/heart-attack/women-and-heart-attacks>

Motion Guidelines

⁶ <https://www.gp.brightonandhoveccg.nhs.uk/low-priority-procedures-lpps-information-clinicians>

⁷ <https://www.ncbi.nlm.nih.gov/pubmed/26343930>

⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1646249/?page=3>

⁹ <https://www.ncbi.nlm.nih.gov/pubmed/2920844>

¹⁰ <https://www.fsrh.org/documents/cec-ceu-guidance-sterilisation-cpd-sep-2014/>

¹¹ <https://www.bhf.org.uk/heart-health/conditions/heart-attack/women-and-heart-attacks>



Please see the [‘Guidelines for submitting motions and amendments’](#) and the [‘2018 sample motion’](#) documents that you can refer to when you are writing your motion.

Drafting tips:

- 1) Please use succinct and precise language.
- 2) Your motion, if passed, will become the official policy of the Women’s Equality Party.
- 3) Because of this, you should word the motion as if you are speaking as the Women’s Equality Party, not as someone asking the Women’s Equality Party to change something.
- 4) If your motion is calling for something to change, and you believe a specific body (e.g. the Government, the Advertising Standards Authority etc.) can achieve that change by e.g. revising a law, you should call upon that body to do or agree to the specific thing you believe is necessary to create the change you want.
- 5) Please refer to the way in which WE’s existing policies relate to your motion, giving specific details.
- 6) Please back up your case with examples and, where possible, references to existing research or press on the issue, which the Agenda Committee and Policy Committee may read.

***Glossary**

A **Motion** is a proposal for discussion and possible adoption as a resolution.

A **Policy Motion** is a proposal to reaffirm the policy of the Party or adopt a new policy.

A **Business Motion** is a proposal about the internal work of the Party.

An **Emergency Motion** is a proposal put forward after the deadline for standard motions is past to address an issue that has come up in the meantime. Emergency motions may only deal with Policy, not Party business.