WE Party Conference

Kettering 7 – 9 September 2018

Title: Calling on the Government to give women equal access to sterilisation as a permanent form of contraception

Proposed by: WE Hove and Portslade Branch
Proposer: Abi Pattenden

Type of motion: Policy Motion

Motion text:

The Women's Equality Party calls on the Government and the Department of Health to treat women's choices in terms of permanent contraception through sterilisation on the same terms as they do men's choices. Health professionals who have concerns around 'sterilisation regret', particularly in younger women or those without children, should be educated to understand that research on 'regret' among sterilised women is insufficient, and in some cases shows a higher incidence amongst men who have had vasectomies.

The attitude of the UK's healthcare system towards female sterilisation is based on outdated ideas of women's 'biological imperative' and the idea that, as they age, they will inevitably want children.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

WE will highlight to Government the need for effective research into sterilisation regret and cheaper, simplified, easily reversible, permanent solutions for women. While this research is being undertaken, we will call on the Government to alter guidance on sterilisation criteria, to ensure both genders are given parity and decisions are made on capacity rather than expectations based upon 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 procedures[1]. The number of women in the UK who are not having children is increasing[2] and this to a greater extent than other comparable

[1] https://www.ncbi.nlm.nih.gov/pubmed/26343930

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

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 falling[4].

Although costs of unexpected pregnancy - including terminations - will be £298.6 million between 2013 and 2020[5], 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 AND where vasectomy has been discussed. Guidance for approval for sterilisation suggests vasectomies are lower risk and more successful[6] although research suggests that sterilisation is safe[7] and both procedures can be viewed as over 95% effective[8]. 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 years[10]. 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 symptoms[11] - 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; a lack of research into procedural simplification; ability to produce successful female reversals; and understanding of regret. WE should campaign for increased research into these areas and while we are, communicate to health professionals that prevailing 'wisdom' is inaccurate. Women should have equality to control their ability to reproduce.

References:

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

[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

[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

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