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Surgical sterilization, regret, and race: Contemporary patterns ☆

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ABSTRACT

Surgical sterilization is a relatively permanent form of contraception that has been disproportionately used by Black, Hispanic, and Native American women in the United States in the past. We use a nationally representative sample of 4592 women ages 25–45 to determine whether sterilization continues to be more common and consequential by race for reproductive-age women. Results indicate that Native American and Black women are more likely to be sterilized than non-Hispanic White women, and Hispanic and Native American women are more likely than non-Hispanic White women to report that their sterilization surgeries prevent them from conceiving children they want. Reasons for sterilization differ significantly by race. These findings suggest that stratified reproduction has not ended in the United States and that the patterns and consequences of sterilization continue to vary by race.

1. Introduction

The second most common form of contraception in the United States is surgical sterilization. Not all sterilizations, however, are performed for contraceptive reasons. Sterility, the inability to have (additional) children, is frequently the consequence of treating a health condition that might make pregnancy or childbearing difficult or impossible. An estimated 10.3 million American women are sterilized in the U.S. (Chandra et al., 2005). From the mid-1960s through the mid-1980s, sterilization changed from being an unpopular method of contraception to being the favored method for over 40% of contracepting couples (Bumpass, 1987).

Yet sterilization rates vary by race, with Black and Native American women twice as likely as White women to have undergone tubal sterilization (Volscho, 2010). The differential rates are particularly surprising given that women who identify as belonging to a marginalized racial/ethnic group are less likely to have health insurance, receive reproductive health care, or be satisfied with the quality of their health care (Ebrahim et al., 2009). The over-representation of women from racial/ethnic minority groups among women who are sterilized raises the possibility of "stratified reproduction" (Colen, 1990; Ginsburg and Rapp, 1991). Stratified reproduction describes how reproduction is structured across social and cultural

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boundaries in ways that provide some women more ability to realize their reproductive goals than other women. In an attempt to understand disproportionate racial sterilization patterns, Shapiro et al. (1983) outlined several competing theories that we draw from in this study. This stratification could be the result of medical bias or social pressure to limit fertility. It could also be the result of socioeconomic factors that prevent women from being able to afford as many children as they would like to have or of health disparities related to socioeconomic status (SES) or lifestyle behaviors. On the other hand, differential sterilization rates could simply reflect differential childbearing and family structure patterns or fertility limitation desires by race. In order to shed light on the racial dynamics of sterilization rates, it is essential to try and determine why women undergo sterilization surgery and whether the surgery prevents them from having desired children.

In this study, we use data from the National Survey of Fertility Barriers (NSFB), a survey of 4787 women that is representative of reproductive age women in the United States. We measure patterns of sterilization, reasons for sterilization, and unrealized desires for a wanted child due to sterilization by race/ethnicity. The study includes sterilization, regret, and race for all surgeries resulting in female sterilization. There are five racial groups with sufficient numbers of cases for analyses (e.g., Black, Hispanic, White, Asian, and Native American), and we limit the sample to heterosexual women. We include women whose partners had a vasectomy because partner situation could explain racial differences in sterilization experiences. Because many characteristics associated with fertility differ by race/ethnicity, we include socioeconomic status (e.g., education and household income); life course (e.g., age, relationship status, employment and education status); fertility history (e.g., pregnancy before age 18, history of unplanned pregnancy, number of children, partner vasectomy); and values/attitudes (e.g. religiosity, importance of motherhood,[1] importance of career, and importance of leisure) in our analyses. We include additional sterilization characteristics (e.g., type of surgery, time since sterilization, young age at sterilization, and reasons for sterilization) in the analysis of sterilization regret.

1.1. Historical and contemporary reproduction

Female sterilization surgery is a technology with the potential to either enhance or reduce control over reproduction (Schoen, 2005). Sterilization can offer women a sense of reproductive control and empowerment if freely chosen, but many women have been surgically sterilized as a result of overt or subtle coercion, often at the time of having a child (Gutierrez, 2008; Lawrence, 2000; Lopez, 2008; Schoen, 2005; Solinger, 2005; Stern, 2005; Torpy, 2000). Reproductive politics has always been part and parcel of the process of racial formation in the U.S. (Roberts, 1997; Solinger, 2005). Negative characterizations of sexuality and reproductive behavior of less privileged social groups of women continue to be used to justify both the meaning of racial categories and differential treatment of less privileged racial groups (Chavez, 2004; Hartouni, 1994; Roberts, 1997; Solinger, 2005; Szkupinski-Quiroga, 2007). There are documented connections between sexuality, reproduction, and racial formation among Black Americans (Roberts, 1997; Collins, 2000). Before Emancipation, Black women were exploited economically for their labor and ability to produce offspring as slaves, as well as sexually by White men (King, 1988). Collins (2000) posits that negative stereotypes about female slaves' hypersexuality and hyperfertility provided a justification for their sexual exploitation. Black women today live with these lingering stereotypes in the form of negative public images that depict Black women as sexually promiscuous or aggressive; overly fecund and irresponsibly having too many babies; and neglectful, lazy mothers (Collins, 2000).

In more recent U.S. history, there is evidence of overt and subtle coercion leading to sterilization among Mexican American (Gutierrez, 2008), Puerto Rican (Lopez, 2008), Native American, and Black women (Solinger, 2005). From the 1920s through the 1970s, scientists and doctors who deemed certain women "unsuitable" to reproduce followed eugenic logic and coerced those women to become sterilized, regardless of their desire for more children. From the 1950s through the 1970s, these tactics were especially aimed at marginalized women, including Black, Native American, Hispanic, immigrant and poor women of all racial groups, including White women (Gutierrez, 2008; Lawrence, 2000; Lopez, 2008; Schoen, 2005; Solinger, 2005; Stern, 2005; Torpy, 2000). Medical personnel and government employees who believed individual women and society as a whole would be better off restricting reproduction primarily to White women with more economic means often pressured or coerced marginalized women into sterilizations (Bell, 2009; Roberts, 1997; Stern, 2005; Torpy, 2000). In addition, women who were not explicitly coerced into surgical sterilization still often felt economic pressure to have fewer children than they wanted, due in part to a dearth of policy supports such as paid maternity leave and expensive child care, and they often felt they had access to few options other than sterilization for limiting births (King and Meyer, 1997; Solinger, 2005).

In the United States, raising children can be costly. The Health and Human Services' "Poverty Guidelines" suggest that the cost is around $4000 a year (HHS, 2013). One major reason that women seek abortions is the concern that they cannot afford to care for a(nother) child (Finer et al., 2005). The common idea that children, particularly single women having children when they are young, causes poverty is not supported by evidence (Lichter and Crowley, 2002). Yet recent proposed and realized policies target women's fertility as a way to address poverty (Cozzarelli et al., 2001). For example, during the 1990s, 35 states proposed financial reimbursements for women on welfare who were implanted with a long-term birth control method, Norplant (Thomas, 1998). Currently, 23 states have implemented family caps for welfare recipients, which limit

[1] Though we apply attitudes and values of religiosity and importance of motherhood as causally prior to sterilization, the process or outcome of sterilization could also shape attitudes and values, particularly the importance of motherhood, and should be examined in future studies with longitudinal data.