

*Fitness, Fertility and Femininity: Making Meaning
in the Tying of Tubes*

*A Feminist Discourse Analysis of
Women's Sterilization*

by

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Abstract

As a contraceptive technology, women's sterilization is a medical event that is uniquely situated in relation to the dominant discursive link between women and reproduction. Intended as a contraceptive option that permanently ends a woman's potential ability to sexually reproduce, women's sterilization presents a significant point for exploring the discursive formation of femininity, and how the concepts thereof relate to broader questions of access, control, and regulation of sterilization and the female sterilization patient. This study uses a Foucauldian feminist theory of discourse to explore such questions in a qualitative discourse analysis of women's sterilization, from both a historical perspective and from within contemporary medical texts. Sterilization has had a particularly tumultuous history in the provision of reproductive healthcare for women; situated within public health and welfare discourse that differentiates the "unfit" from the "fit" reproducers, women have been forcibly sterilized under classist and racist eugenic programs, while subtle yet coercive forms of sterilization abuse continue to occur as inequality of reproductive healthcare access is an ongoing issue for immigrant women, poor women, and women of colour. In light of this historical analysis, as well as the impact of feminist and bioethics discourse upon contemporary medical practice, an analysis of medical texts further explores the association of women with reproduction in the discursive form of the sterilization patient. This study argues that the sterilization patient is situated within a discourse of ideal femininity, associated with normalized forms of mothering, sexuality, and family structure. Given the historical link between the discursive "fit" reproducer, these concepts have continued implications for women's experience of accessing sterilization as a contraceptive option.

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Chapter One

Introduction

Women's Sterilization: Questioning Access, Provision, and *Meaning*

Open the current edition of an obstetrics/gynaecology textbook and, in the first few sentences of the text's chapter on sterilization, one is likely to find the assertion that this form of birth control is the most commonly used contraceptive method by women throughout the world (Lu, 2001; Peterson, Pollack and Warshaw, 1997; Speroff and Fritz, 2005). Women's sterilization has particularly grown in popularity within North America since the 1970s, such that it is currently the most frequently used method of contraception within the United States (Speroff and Fritz, 2005:827), while Canada is thought to have the highest rate of women's sterilization in the Western world (Krishnan and Martin, 2004:16). This apparent consumer embrace of sterilization becomes far more complicated, however, when we consider the specific distribution of policies surrounding, and medical guidelines behind its popularity – for, in doing so, such an analysis raises the issues of not only access to, and provision of, sterilization but also the *meanings behind* such practices. These are the analytical issues from which this thesis has grown.

Consider the medical response to the following observation: within North America, a woman's race and class have been identified in sociological literature as important factors in the increased likelihood of having been sterilized for contraception (Schoen, 2005; Trombley, 1988). Medical literature explains such disparities in terms of "cultural attitudes", in which sterilization is simply "seen as a normal part of the process of childbearing" (Philliber and Philliber, 1985). How it is, however, that sterilization is normalized for particular women and what might this

mean for the medical response to their reproductive healthcare: The question is raised, therefore, as to how the sterilization patient is characterized – along with her assumed reproductive needs and social roles. This question also raises concerns as to the impact of such characterizations upon the provision of sterilization as a contraceptive option for women.

While some studies have been devoted to women's explanations for choosing sterilization (Campbell, 1999; Rindfuss and Liao, 1988), the broader social context in which these explanations are made *and considered medically allowable* is less frequently investigated. As Johanna Schoen (2005) aptly notes, in both historical and contemporary contexts, abusive and coercive public health policies must additionally be considered for their impact on the provision of women's reproductive health care (238-239). Elsewhere, the practices of the medical profession have also been implicated in the coercive control of certain women's fertility over others, raising the bioethical issues of informed consent and questions of voluntarism (Trombley, 1988). Even when a woman has made up her mind to request sterilization, Isobel Allen (1985) has observed that her decision may be met with a belittling medical response that questions her ability to decide upon her own reproductive future – or, she may even simply have her request completely overridden by an opposing medical decision as to what is viewed as “truly” best for the patient (Allen, 1985:54). Clearly, women's sterilization is not particularly available upon demand, nor is the experience of choosing sterilization an unproblematic experience for all women.

The above literature raises numerous issues of sociological curiosity, and has provided the provocative basis upon which the following investigation is built. The most significant issue raised, however, is that of the conceptual links in the above observations: in what way can we analytically tie together the disparities in provision

of women's sterilization with the medical approach to the sterilization patient? One way to rise to this challenge is by considering the particular meanings of *women and reproduction* that are present in this practice. In doing so, this project takes up a feminist discourse analysis of women's sterilization in order to understand how discursive meanings of women and reproduction in this medical event have implications for its provision and access as a contraceptive option. Sue Fisher's (1986) fascinating study of doctor-patient interactions emphasizes the importance of critically investigating in an analytical "web" around the provision of women's reproductive health care – albeit one that remains primarily concerned with the institutionalization of practices (Fisher, 1986:40) and the internalization of sexist images and stereotypes believed by members of the medical profession (Fisher, 1986:156-157). While the following project does take Fisher's basic critical recommendation to heart, it does so from a different theoretical approach in an effort to visualize the "web" as extending beyond the clinic doors. Pulling together the critiques and observations of authors noted above, this project is concerned with understanding how women who seek sterilization are differentially situated within a *discursive web*, in which particular meanings with regard to women's social roles and reproductive needs are ever present and historically-constituted. In doing so, this project retains the basic concern of so many feminist efforts (Fisher, 1986; Schoen, 2005; Shapiro, 1985): to critically investigate the provision of sterilization as a "meaningful" option in women's reproductive health care.

Chapter Overview

What follows is a two-part qualitative analysis, guided by an initial critical engagement with theoretical and methodological considerations. Chapter Two argues

the utility of a feminist discursive approach to analyzing women's sterilization. A Foucauldian theory of discourse is explored as a basis for understanding the *systems of meaning* (or the meaningful "web") associated with women's sterilization, extending beyond a surface reading of language to question the social practices, power relations, and plurality of subject positions that are entailed in this medical event. Feminist analyses on the discursive links between women and reproduction have focused on how particular meanings of reproduction structure particular social practices, including access to contraception. As such, this chapter lays out the theoretical and methodological basis for exploring the discourse of the "appropriate" sterilization patient – the woman whose reproduction is considered terminable – and the structuring of meaningful practices that surround her.

Chapter Three focuses on the historical form of this "appropriate" patient, considering shifting public health discourse and the interrelated issues of race, class, and women's differential situation against the ideal "fit" reproducer. An analysis of women's sterilization in eugenic campaigns and coercive conditions raises the question as to what form and to what extent the normalized subject position of the "fit" reproducer remains a part of discourse in women's contraceptive choice and access. Feminist and bioethics discourse on sterilization and related issues of women's reproductive health are also explored for their part in shifting access strategies and regulatory policy. The analysis of this chapter thus provides a "conceptual web" for linking the characterization of and practices surrounding the sterilization patient to interrelated discursive meanings of women and reproduction.

Finally, Chapter Four presents a discourse analysis of a selection of contemporary medical texts in order to trace the sterilization patient's current discursive form and the meaningful practices of her medical management. This

analysis finds that in informing both consumers and clinicians of the counseling, techniques and assumed outcomes of women's sterilization, medical texts produce particular ideals of femininity and fertility. It is argued that these normalized subject positions differentially structure the experience of accessing sterilization for women, just as particular historical discourses on women and reproduction structured differential access to and application of sterilization in public health practices. This chapter concludes with some final thoughts on the findings of this thesis, as well as directions for future research.

Chapter Two

Theoretical Framework and Methodology

Introduction

The task of this inquiry relies upon the formation and working-through of a number of interrelated questions surrounding women's sterilization. I undertake this task while remaining mindful of a critique of the tendency in sociology to treat only the answers to our questions as the "data" to be analyzed, rather than reflexively presenting the questions themselves as "data" (Smith, 1990:74) – that is, as a culmination of our own critical inquiry in being based upon certain understandings and perspectives. As such, while this chapter culminates in the articulation of the questions to be asked in this project's analysis, it also involves a crucial explication of the ontological and epistemological assumptions which underlie these questions. This approach does not utilize a theoretical framework that determines "what questions should be asked?" in an analysis of women's sterilization, but rather one which postulates "what questions *can* be asked?" of said context given a particular understanding of the social world.

Central to this project is a specific conceptualization of *discourse*, an understanding which informs all stages of this inquiry – not only in terms of theoretical framework, but also with regard to methodological approach. This theory/methods chapter begins with an articulation of discourse from a Foucauldian perspective. While a description of this perspective can be difficult to trace, it is a worthwhile task to describe the characteristics of this theory in order to understand the critical utility of a discursive focus. To further assess the usefulness of Foucault's concepts for a specifically feminist project, I then consider both feminist critiques and

appropriations of Foucauldian discourse theory and methodology. While Foucault has posed problems for many feminist theorists, there remain crucial contributions to feminist analyses as long as the limits and challenges of his discourse theory are acknowledged. An understanding of the feminist take on Foucauldian discourse is the key to positioning the event of women's sterilization as a point of discursive significance: a meeting-ground of multiple and conflicting discourses from which this project draws its central questions. Finally, from this synthesis of theory I consider the methodological features of discourse analysis and the kinds of questions that can be asked in undertaking a discursive analysis of women's sterilization.

As the task of this project is to *critically* analyze women's sterilization as a discursive event which has implications for the provision of women's healthcare (and thus having a material impact on women's lives), this inquiry must begin with a theoretical framework that positions discourse as being more than simply the textuality or the language surrounding women's sterilization. In this context, a useful theory of what discourse is and what its effects are is one which explains it as being "not an abstract set of textual practices, but the grounds on which social relations are organized" (Mills, 2004:82). As such, I begin from a Foucauldian understanding of the characteristics and operation of discourse as a critical theoretical framework. A Foucauldian perspective focuses on discourse as a system of meaning that extends beyond a content-reading of languages to allow us a critical way to question practices, power, and the plurality of social contexts in ways which are useful for approaching the topic of women's sterilization.

A Foucauldian Theoretical Approach: Focus on Discourse

Michel Foucault's work has been enormously influential due in part to his central concept of discourse. A Foucauldian understanding of discourse has remained an area of interest for medical sociologists, feminist theorists, and qualitative sociological methodology, among numerous others (Baxter, 2003; Braidotti, 1996, 1997; Lupton, 1997; Rudolfsdottir, 2000; Sawicki, 1991). There are many appealing reasons for utilizing a Foucauldian theory of discourse for this project; this is in spite of the critique his work has undergone for being vague (Fox, 1997) and unable to achieve a "unified explanatory theory" (Freundlieb, 1994:54), not to mention posing problems for feminist theory (Braidotti, 1991). In light of such critiques, it is necessary to form a careful assessment of Foucault's description of discourse, how it operates, and what its effects are in order to explain the value of adopting a focus on discourse as a guiding theoretical framework. In doing so, Foucault's work on this concept can provide us with numerous insights that are useful for critical sociological inquiry; in pulling together his various and complex ideas, a Foucauldian focus on discourse can be understood as useful for a critical approach to the topic of women's sterilization.

Meaning in Perception and Practice

Foucault varies in his description of discourse, sometimes using the term to mean "the general domain of all statements", sometimes specifically as "an individualizable group of all statements", and sometimes "a regulated practice that accounts for a certain number of statements" (Foucault, 1972:80). Discourse in a general sense – that "general domain of all statements" – is made up of *discourses*, the individualizable groupings of statements. These statements are the boundaries of

meaning on a particular topic: what one is able to say about something. This meaning, however, does not overlie some truthful, authentic existence that can be discovered outside of discourse. In this way, discourses are not just “surface content” or “a mere intersection of things and words” (Foucault, 1972:48-49), nor is it an expression of a previously established synthesis (Foucault, 1972:55) – that is, there is no ready-made meaning that can be “read” from the world. He insists that, “we must not imagine that the world turns towards us a legible face which we would only have to decipher; the world is not the accomplice of our knowledge” (Foucault, 1981:67). But we must realize that, as others have interpreted this argument, “the concept of discourse is not about whether things exist but about where meaning comes from” (Hall, 2001:73). Foucault did not dispute that there are such things as material experiences or existence, but rather he argues that there is no meaning to these things outside of discourse. In this sense, discourses are “practices that systematically form the objects of which they speak” (Foucault, 1972:49). Foucault insists that discourses are not mere surface meaning atop an “authentic” world, nor is everything “just” discourses: rather, he describes discourses as *producing what we know*, as forming the objects of our knowledge. What we know about something will have implications for our social practices; here is where Foucault’s conceptualization of discourse breaks down the dichotomy between language and practice. Discourses as social practices are “embodied in technical processes, in institutions, in patterns for general behavior, in forms for transmission and diffusion, and in pedagogical forms which, at once, inform and maintain them” (Foucault, 1977a:200). So, we can pull together Foucault’s description of discourse thus: discourses are social practices that do not serve to reflect or obfuscate a reality, but rather produce what we know through systems of meaning.

From a Foucauldian approach, a focus on discourse entails a particular form of critical engagement with the statements and social practices associated with a topic. If discourse is the meaningful way by which we make sense of the world, and this meaning is the *limit* of our ability to apprehend the world, then critiques which position statements (expressions of knowledge on a topic) as “misrepresentations of reality”, or social practices surrounding that topic as “inconsistent with lived actualities” are problematic. Rather, by focusing on discourse, the point of critique becomes how statements *produce* a meaningful reality, and how social practices are limited to this realm of meaning. A focus on the discourse of women’s sterilization, then, is not concerned with explicating the meaning surrounding this context in contrast to an “authentic” knowledge about women’s sterilization. Rather than being concerned with the “representations” of women’s sterilization, discourse theory insists on understanding how women’s sterilization is made meaningful, and how social practices are structured around this meaning. A focus on discourse prompts us to question how statements about women’s sterilization are more than simply an overlying linguistic description of reality, or a meaningful construction which is somehow imposed upon true conditions: statements are linked to social practices in a process of meaning production. From this approach, a discursive focus on women’s sterilization entails explicating the statements and practices surrounding this event as producing a particular meaning and thus as structuring the possible forms of behaviour within this context.

Discourse and Power

This is not an unproblematic process of “making meaning”, however. Not all statements are considered simultaneously and equally within the realm of possible

expression. Foucault's theory of discourse argues that this is because *relations of power* circulate within discourse, and in this way particular knowledges and meanings come to be normalized and considered "legitimate" over excluded others (Foucault, 1977a:199). Power is therefore not something that is intrinsically held by persons, but rather relations of power are the effect of discursive struggles over the realm of meaning and production of knowledge. For Foucault, power and the production of knowledge are always linked in a struggle for the production of "truth" (Foucault, 1978); it is the power struggle within discourse that "determines the forms and possible domains of knowledge" (Foucault, 1977b). In this sense, when discourse produces the limits of meaning and the objects of knowledge, it is as a result of productive power struggles to fix those meanings and knowledges as true and legitimate. If power is not simply imposed "from above" or held by a singular source, but rather is distributed throughout and circulates within social relationships, then Foucault's theory of discourse as a point of power transmission also positions discourse as a potential point of power disruption, in that "discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it" (Foucault, 1978:101). To consider power as transmitted through discourse, then, is to also conceptualize discourse as a site of potential resistance and diffusion of power relations, for resistance exists simultaneously in the exercising of power.

A Foucauldian approach to discourse is thus useful for thinking about power relations in the production of knowledge. By focusing on discourse, we can consider the ways in which meanings and practices change over time as the result of power and resistance strategies; this possibility for resistance and change allows for an analysis of the conditions and meanings of discursive shifts. A focus on the discourse

surrounding women's sterilization thus entails a consideration of the shifts in meaning and practice over time, the ways in which power relations are discursively negotiated (rather than imposed) within this social context, and the way that the normalized and legitimated meanings which are associated with women's sterilization are produced as the effects of discursive constructions of "truth" rather than as oppressive strategies or intentions of powerful groups or individuals.

The Plurality of Discourses

A final feature of a Foucauldian theory of discourse concerns the concept of *plurality*. Foucault has described himself as "a pluralist" in forming a theory of discourse, emphasizing the interplay of multiple discourses rather than a singular discursive "system" operating within a given site of social practice (Foucault, 1996:33). In this way, a focus on the discourse of a particular topic involves the possibility for a multiplicity of interconnected and overlapping discourses to be at work in structuring the meaning of that context, for "discourses do not operate in discrete isolation from each other but are always *intertextually* linked; that is, each discourse is likely to be interconnected with and infused by traces of the others" (Baxter, 2003:8). It is important to remember that this infusion of multiple discourses is only a possibility, for discursive formations "can just as well exclude or be unaware of each other" (Foucault, 1981:67), to avoid overlapping contradictory meanings.¹ Not only does a Foucauldian understanding of discourse involve a plurality of discursive meanings, but also a plurality of discursive discontinuities— multiple points of transformation within, without, and between discourses (Foucault, 1996:38). Discourses are therefore also able to interact in multiple ways: they may intersect, exclude, challenge and transform each other.

A focus on discourse thus allows for the possibility of investigating women's sterilization as a site of multiple overlapping meanings and social practices. The value of this perspective for critical inquiry is in its challenge to the idea of being able to isolate a single "cause" or factor in the production of meaning in this event. What Foucault insists upon is a more complex perspective for understanding how the objects of our knowledge are intertextually produced. As such, a focus on discourse calls for an open inquiry to the multiple discourses at work in the context of women's sterilization.

In summary, a theoretical framework which focuses on discourse as conceptualized by Foucault can be understood as a useful critical tool for an inquiry into women's sterilization. To focus on the discourse surrounding women's sterilization is to investigate the meaning of this event as an effect of interrelated textual regulations, as well as a consideration of the practices and behaviours which these meanings structure as normal. The fixing of discursive meaning as normal or as a "truth" is not an unproblematic operation, but rather is the result of power struggles within and between discourses themselves, which are able to shift, exclude, and overlap. Thus a discursive approach to women's sterilization is a theoretical framework which is able to accommodate the possibility of investigating multiple, shifting, interrelated, and conflicting meanings surrounding this social context, and is able to connect these meanings to implications for social practices which structure people's lived experiences.

The above exploration of the features of Foucauldian discourse theory is also necessary for contextualizing this project's intended feminist approach. Many feminist writers have convincingly argued the utility of Foucauldian discourse for critical inquiry. In spite of some important discomforts and disagreements expressed

in feminist engagements with Foucault, a synthesis of these arguments provides a critical, feminist framework for undertaking a discursive analysis of women's sterilization. Keeping in mind the above-noted features of Foucault's discourse theory, I now turn to the feminist aspect of my theoretical perspective.

Forming a Feminist Approach to Discourse Theory

On the analytical level, this project is intended to be aligned with a feminist perspective in the same way that Harriette Marshall and Anne Woollett justify their claim to a feminist intention: by virtue of considering the implications that discursively-produced knowledges and practices have for the experiences of women (Marshall and Woollett, 2000:354). In terms of theoretical framework, however, this project's approach to discursive formations is influenced by feminist theorizing on the utility of a Foucauldian approach. A consideration of these arguments suggests that a *feminist* discursive analysis provides a useful and critical theoretical ground for an understanding of women's sterilization.

First of all, critical feminist inquiry has made particular use of the Foucauldian theory of discourse as producing objects of knowledge. This conceptualization of discourse expands the realm of possible feminist investigation and critique. Feminist writers have taken up the object-formation feature of Foucauldian discourse to be critical of a constructionist perspective: a perspective which creates a dichotomy between "meaning" and "material", with meaning overlaying an authentic reality which remains outside the realm of sociological inquiry (Bailey, 1993; Bordo, 1993; Butler, 1990). This feminist critique has been primarily leveled at a constructionist perspective of gender, noting how such an approach takes issue with concepts such as "femininity" as being socially produced but is at the same time incapable of

considering how this meaning also structures our understanding of bodies as well as the social practices which surround and regulate our material experiences (Bailey, 1993:101). Elizabeth Grosz articulates in a particularly adept way how an understanding of discourse which problematizes this constructionist dichotomy between a meaningful and material world can allow for feminist theory to shift away from notions of “woman’s body” as an oppressive condition to overcome *or* as a source of a special, “more authentic” knowledge (1994:16-17). From a discourse theory perspective, the available sites of critique are opened up to consider the way in which the idea of “woman’s body” *itself*, as an object of knowledge, is produced (that is, made meaningful) that has the effect of structuring social practices and relations.

A feminist consideration of discourse thus has particular utility in providing a theoretical framework for investigating women’s sterilization. A constructionist explanation of women’s sterilization would have the problematic effect that Nina Lykke (1996:22) has identified as restricting feminist critique to the “mere textuality” of this biomedical event – a restriction which forces feminist engagement with scientific topics to remain firmly in the “outsider” realm of the “soft” humanities. A feminist use of discourse theory, however, would focus on an explanation of the meaningful production of the female reproductive body as an object of medical knowledge, and how this meaning organizes the social practices around women’s sterilization. Such a use of Foucaudian discourse theory would thus fulfill Lykke’s challenge to feminist theory “to rethink the world as interaction between material-embodied *and* semiotic (that is, sign producing and communicating) actors and subjects” (1996:27). Extending the basis of feminist critique, discourse theory allows for, in the words of Lykke, a “confrontation” with not only the *language* surrounding

women's sterilization, but also the medical practices thereof as inseparable from the discursive production of meaning.

Feminist theory has made further use of Foucauldian discourse in terms of its conceptualization of power relations. As discussed above, discourse theory challenges an understanding of power as a held possession, imposed from above in a dichotomous relationship between powerful oppressors and the powerless oppressed (Foucault, 1978:94-95). In being structured through and negotiated within discourse, power relations instead are viewed as circulatory and present in everyday relations. Susan Bordo clarifies this critique in noting that, within a Foucauldian discursive approach, "the fact that power is not held by *anyone* does not entail that it is equally held by *all*. It is 'held' by no one; but people and groups *are* positioned differently within it. No one may control the rules of the game. But not all players on the field are equal" (Bordo, 1993:191). Feminist theory has made use of this perspective for the purpose of critiquing arguments that tend to divide power relations into universalized arrangements of victim/victimizer along gendered lines. A Foucauldian understanding of the diffusion of power throughout discourses, rather than being "held" by a homogenized category of oppressors, contributes to feminist theory by challenging the idea of a universal patriarchal power or masculine dominative force (Butler, 1990:5; Ramazanoglu, 1993:9). Rather than operating solely through superstructural impositions, or as the result of a naturalized "male oppression," the concept of power as circulating through discourse allows feminist theory a way to explain power differentials in far more subtle and everyday ways.

A feminist use of discourse theory to investigate women's sterilization would provide a challenge to what Deborah Lupton (1997) terms the "medicalization critique" (94). While she acknowledges that this perspective has been important for

feminists in raising the possibility of inequality in medical encounters and health care delivery, she notes that it is characterized by a “black-and-white portrayal” of patients as the powerless and oppressed victims of the powerful and malevolent medical profession (Lupton, 1997:97). The medicalization critique situates women as passive recipients of a top-down model of power, and characterizes their engagement with medicine as “going along” with or buying into its orders, which are perceived as purely repressive, or even abusive, to women (Jordanova, 1989:16). These arguments leave no room for an analysis of women’s differential choices and negotiation of power within the medial options made available. A feminist discursive approach would not deny that there have been outright instances of coercive and abusive practices in medicine (as will be seen in Chapter Three); however, by characterizing power as circulating through discourses which structure particular relationships, discourse theory allows feminist inquiry the ability to question women’s choice and available options in the event of sterilization.

Finally, related to the issue of power is that of discursive plurality in Foucault’s theory, which emphasizes the various ways in which individuals are situated in relation to a multiplicity of discourses and discursive practices. He cautions that “we must not imagine a world of discourse divided between accepted discourse and excluded discourse, or between the dominant discourse and the dominated one; but as a multiplicity of discursive elements that come into play in various strategies” (Foucault, 1978:100). This concept of discursive plurality can also be understood as useful for feminist inquiry, and in particular for investigating women’s sterilization. Feminist theorist Judith Baxter takes up this understanding of the plurality of discourse to argue how some women are “better placed” than others – more powerfully positioned than others – by their location within particular discursive

contexts (Baxter, 2003:37). In this way, a feminist engagement with discourse explains how no one discursive position or practice can “capture and control” one’s identity in totality (Davies and Gannon, 2005:318) – that is, no one discourse determines the production of a normative subjective position. The interconnectivity of discourses allows us to question points of intersection – for instance, the simultaneous articulation of gender, medical and race discourses – such that explicating the discourse of a given context is never such a reductionist task as pointing to a single discourse within which individuals are variously positioned, but rather a *plurality* of discourses. This concept of plurality is very useful for an analysis of women’s sterilization as it allows for feminist investigation to move beyond a discourse of gender to also consider the ways in which discourses on race, age, and class have structured the practices around this contraceptive technology. As well, a Foucauldian insistence on the interconnectivity of discourses suggests that our analysis of this event can be expanded beyond the realm of medical practices to consider the ways in which discourse in social policy, bioethical theory, and even feminist approaches themselves have contributed to the discourse on women’s sterilization.

The value of Foucauldian discourse theory has certainly not been an agreed-upon stance among all feminist theorists. While the above discussion has tried to explain those features of discourse theory that are most useful for a feminist analysis of this project, many theorists have taken issue with these exact points as being problematic. For instance: feminist critiques of Foucault have claimed that his insistence on plurality leaves feminist politics without a unified front or collective form of resistance (Ransom, 1993). Such a critique would problematize the use of discourse theory in this project by questioning: if the discourse structuring the practices around women’s sterilization are found to contain a normalized subject

position that is problematic for women variously displaced from this norm, how could any changes that would be considered useful for *all* women ever take place given women's infinite differences?

Admittedly, this is quite a problematic critique in the face of this project's goals. It is arguable that the answer to this challenge, however, can actually be found in a more complicated understanding of the Foucauldian insistence on plurality itself. For some feminist theorists, an emphasis on discursive plurality is actually one of the strengths in terms of imagining feminist resistance in a particular context, arguing that it helps to form a "politics of difference" – challenging our insistence on homogenizing categories and the assumptions that come with them (Sawicki, 1991:29). Discursive plurality allows us to see the multiple ways in which women experience power struggles – and herein is the arguable counter to feminist critiques. By recognizing that it is never a case that there is a *single* problematic discourse at work in organizing normalized subject positions for women, then we need not have to come up with any single form of discursive shift. Thus, the question of feminist resistance does *not* involve a difficulty with how to challenge *one* discourse to address the needs of multiply-positioned women, but rather the way in which the various overlapping discourses which structure a particular practice must be challenged. The benefit to feminism is thus the ability to imagine multiple strategies, rather than one grand shift that will address *all* women's needs.

Some feminist theorists have also been very uncomfortable with the Foucauldian argument that all experiences are only made meaningful through discourse – including experiences of the body, which is a position seen as "undermining" a feminist attempt to rally around a commonality of shared experiences in "being female" (Bailey, 1993; Ransom, 1993). A Foucauldian

approach, however, is not an attempt to displace any one theory nor propose any one unifying explanation; in providing a challenge to these feminist theories, discourse theory does not claim a singular unifying “truth”, but simply provides a way to problematize ideas and open up a possible shift. The shifting property of discourse allows us to discard the assumption of feminist theoretical “progress”: the idea that the various “waves” and forms of feminist theory represent a progression towards a more accurate way of feminist theorizing – a more accurate way of addressing women’s needs and representing their experiences. As Mills (2004) notes, a Foucauldian approach to discourse involves looking at history not as a “progression”, but rather for the shifts and discontinuances (54). From a Foucauldian perspective, engagement with social theory is *not* a progressive endeavor, and a feminist use of Foucault is not in order to adopt a perspective which claims to be closer to “truth” in any sense. Jana Sawicki notes that what Foucault offers to feminism is “a critical method which is thoroughly historical and a set of recommendations about how to look at our theories” (1991:29); to see feminist engagement with Foucauldian discourse as “undermining” various alternative perspectives is to miss the possibility of recognizing value in the various features of Foucault’s discourse theory for the task at hand.

The above discussion of Foucauldian discourse theory and the feminist adoption thereof has been to critically evaluate the utility of this perspective as a basis for investigating women’s sterilization. The next step is to explore the reasons *why* this medical event can be understood as a significant point of discursive analysis. This requires an exploration of past feminist discourse analyses which, while not specifically on the topic of sterilization, give insight into the importance of applying a discursive approach to its investigation.

The Significance of Sterilization as a Discursive Event

In taking up a discursive analysis of women's sterilization, one cannot help but feel a bit uncomfortable in realizing that, nearly two decades earlier, Ludmilla Jordanova expressed frustration with continued feminist focus on women's reproductive health – a topic which in medicine itself has been “taken to be definitive of women's lives” (1989:15). While Jordanova may have struggled with the concern of contributing to this focus, some comfort is derived from the argument that a focus on women's sterilization can provide an interesting contrast as an event intended to permanently *end* the reproductive capacity. If, as Jordanova notes, medicine has “defined” woman by her reproduction, what is the meaning surrounding the sterilized (non-reproducing) woman? This is an intriguing question, and one that can be expanded upon when we consider the implications of prior feminist discourse analyses of various aspects of women's reproductive health. A consideration of various findings on the discourse of motherhood, reproduction, and contraceptive technologies raises questions about the discursive meaning of women's sterilization, with particular implications for women's health care provision. As such, women's sterilization is a discursive site that is a significant entry point for critical feminist inquiry.

First of all, discourses on mothering have numerous implications as to the significance of a discursive analysis of women's sterilization. Women are conceptualized “naturally” as mothers and reproducers (Jordanova, 1980:49); indeed, women are considered “incomplete” beings outside of heterosexual intercourse and reproduction (Gatens, 1996:41). Dominant mothering discourses which link

femininity and womanhood to reproduction have been analyzed in multiple feminist projects. In an analysis of pregnancy booklets and handouts, Annadis Greta Rudolfsdottir (2000) examined a discourse of motherhood as “the ultimate accomplishment of mature femininity” (340). Harriette Marshall’s (1991) analysis of parenting manuals similarly identifies a discourse of motherhood as woman’s “ultimate fulfillment” (83). Reproduction, in the dominant discourse, is the primary mark of what a woman is; it is considered woman’s nature to reproduce, and the only way in which she is able to fully achieve a sense of being. The discursive association of fulfilled womanhood with reproduction raises a key question with regard to women’s sterilization. If reproduction is a woman’s “ultimate fulfillment”, is voluntary sterilization discursively constructed as the *end* of womanhood? As a technology of reproductive health, sterilization may well be discursively bound to the reproduction-womanhood link – however, in *ending* reproduction, the question is raised as to how the discourse may differ in this context. The natural association of woman with reproduction conceptually situates sterilization as resulting in a serious loss: a loss of identity and of inherent purpose for women. The implication here for access to and regulation of sterilization is that its administration depends upon a woman’s meeting of some criteria or circumstance such that the denial of her very “nature” (i.e. as a reproducer) is considered acceptable, appropriate, or in some way unproblematic. The question is: what does it take? As such, sterilization is a significant point for analyses in order to determine if and how the discursive meaning and subject positions identified by Rudolfsdottir and Marshall hold.

A further probing of the woman-reproduction link suggests further specificity to this discursive meaning. In associating women with reproduction, the dominant discourse of mothering simultaneously invokes a social context of heteronormativity

and motherhood: assumptions that render heterosexual behaviour and a mothering family role as a social norm. Fulfillment of these relationship and role norms is further defined by criteria imbued with racial and class bias; the valued form of mothering, or the “good” mother, is associated with a white, middle-class image of family structure and mothering (McLaren and McLaren, 1986; Reich, 2005). The “natural” association of women and reproduction can thus be understood as based upon particular criteria with rigid boundaries; boundaries which fall along lines of social stratification with regard to sexual orientation, race and economic status. The significant issue here is that whatever falls outside of the boundaries of normalized, “good” mothering has less of a conceptual link to an image of loss or disruption of *nature*. Situated within a discursive context in which certain forms of reproduction are valued over others, sterilization poses an interesting question as to whether the same criteria that may define “inappropriate” reproduction constitutes the “appropriate” criteria for gaining access to this technology.

As such, an analysis of women’s sterilization would provide answers to some of the questions raised by feminist explications of dominant discourse on in/appropriate reproduction. Many feminist discourse analyses have been concerned with complicating the motherhood discourse discussed above by explicating the qualifying discourse of the “fit” mother – that is, the characteristics of the woman who is suitably prepared for reproduction. In their analysis of pregnancy handbooks, Harriette Marshall and Annette Woollett (2000) explored this discursive formation, noting that the “fit” mother is characterized as one whom individually manages responsibility for a healthy pregnancy in terms of having sufficient economic resources and controlling a “risk-free” lifestyle, as well as being properly educated in and accepting of medical knowledge and intervention. The woman of Marshall and

Woollett's analysis that is "fit to reproduce" is one who takes her role seriously according to specific normalized criteria: she is responsible for managing her own consumption and regulating her surroundings and for turning to the appropriate authorities for knowledge on how to do so. If this is the subjective position normalized for women in anticipation of giving birth, the question is raised as to what sort of discourse is present in the anticipation of contraception – that is, the woman who is "fit to not reproduce". In contrast to the preparations and procedures that are normalized for the mother-to-be, what are the preparations and procedures in the event of seeking sterilization? The significance of a discursive analysis of sterilization, then, is its potential to investigate the difference between the discursively normalized "fit" mother of Marshall and Woollett's analysis and the woman who is discursively constituted as a "fit" candidate for ending reproduction.

Furthermore, discourse analyses of *unfit* mothers add complexity to the questions raised above. In her analysis of "illegitimate" motherhood, Nicole Pietsch (2004) investigates the intersection of discourse on "appropriate" femininity and racial differences. She notes that illegitimate motherhood is associated with unwed mothers, thus the illegitimate pregnancy is the result of "aberrant" social and sexual feminine behaviour; while this is qualified as a condition from which a white woman may recover, black single mothers are unable to overcome their uncontrollable "biology-based pathology" (Pietsch, 2004:69). As noted by Phoenix and Woollett (1991), we can also understand how poor women are characterized as inadequate mothers in the discourse of welfare policy – for instance, through welfare programs which require the children of welfare recipients to be registered as "at risk" (19). These analyses explore how the discourse of (un/fit) reproduction differentiates between women upon the grounds of normalized femininity as intersecting with class

and race, adding further complexity to the questions sterilization poses for feminist inquiry. As discourses of race, class, and “unfeminine” sexuality are a part of the structured meaning and subject positions of inappropriate (unfit) reproduction, sterilization presents an opportunity for analyzing if and in what form these discourses appear in relation to *control* of reproduction.

Additional questions raised by analyses of medical discourse position women’s sterilization as an important point of inquiry. Rosi Braidotti (1996; 1997) takes up a Foucauldian analysis of the links between discourses on mothers, monsters and machines in the context of reproduction and developments in biotechnology. In her analysis, mothers are discursively constituted as having the responsibility for ensuring “normal” reproduction and the conditions thereof (i.e. for ensuring that she does not give birth to a “monster”, an “abnormal” child) (Braidotti, 1996:139; 1997:66-67). As a contraceptive technology, sterilization offers a biomedical means to prevent a woman’s “monstrous” reproduction. Braidotti’s analysis suggests that an investigation of women’s sterilization is significant for understanding reproductive risk-management discourse.

Finally, women’s sterilization can be understood as a significant point of feminist discursive inquiry for, as a medical contraceptive option, the characteristics of the discursively assumed patient will influence its provision. Feminist analyses of the discourse surrounding other contraceptive technologies suggest that the ways in which these discourses structure particular assumed contraceptive users has implications for the options made available to women. Nelly Oudshoorn (1996) traces how discourse surrounding “the pill” in its earliest introduction relied on an idea of woman as universally the same, while new developments in contraceptives were accompanied by a discourse of women’s “choice” and differences. In both discourses

that she identifies, a particular subject is formed: in the former, a “universal woman” as a stable, unvarying category, while in the latter the discursively-constituted user is in need of a variety of contraceptives to choose from based on a varying degree of ability (and responsibility) to properly use the pill (Oudshoorn, 1996). She further notes that the discursively-constituted user of contraceptives within the “choice” discourse is differentiated by race and class, as this discourse distinguishes “between that part of the population deemed worthy of a greater individual choice, and that part in need of stricter fertility control”, such as women of colour and poor women (Oudshoorn, 1996:167). As Oudshoorn’s analysis emphasizes, the discursively characterized user of contraceptive technologies has particular implications for the concept of choice. Sterilization thus presents an opportunity to investigate how this discourse of choice plays out in structuring of its practices and the way in which it is made available as a contraceptive option (and to whom).

A final context that serves well to highlight the overlap of medical and broader social discourse is the dominant conceptualization of infertility. Given the view that the natural role of woman is to reproduce, the failure to do so is heavily imbued with social stigma. Treated as a disease for which intervention is “medically necessary” (Shivas and Charles, 2005:195), infertility is associated with a sense of desperation to find a medical solution (Pfeffer, 2006). Once again, sterilization can be seen as a break in the dominant conceptual association between women and reproduction. If infertility is a “medical disability” (Spallone, 1989:70), to be feared, treated, and socially-stigmatized, what does it mean for a woman to actively seek infertility? Sterilization raises the question as to when infertility is considered a medical *solution* rather than a *problem*. There is, of course, another side to the dominant views of infertility, for just as there are boundaries to the dominant perception of the “good”

mother (i.e. the “good” reproducer), so too are there are boundaries to the conceptual association of infertility with social stigma. Paralleling the normalized social valuation of particular forms of mothering (i.e. reproduction), only in particular circumstances is infertility conceptualized as problematic. Access to medical treatment of infertility is restricted to the affluent (Leonard, 2002), while family forms that follow the “natural” heterosexual norm are also favoured in obtaining difficult and intensive fertility programs (Spallone, 1989). As Stanworth (1987) notes, women who are most likely to have fertility problems are least likely to be able to access the medical means to address their reproductive difficulties – i.e. women of low socioeconomic status, whose reproductive health may be adversely affected by untreated medical conditions and lack of nutrition. The conditions in which infertility is not considered a medical problem is therefore telling in terms of the criteria for accessing sterilization – which is, essentially, medically-induced infertility. The discourse of infertility as a disability or correctable condition appears to only be a concern for a population similar to that which is also conceptualized as the “good”, valuable, and worthy mother; within this discursive context, a woman’s proximity to the dominant view of the valuable reproducer – the same whose infertility is a tragedy – is potentially present in the discourse of sterilization: the end to reproduction. By questioning this differentiation, it is clear that in the medical event of sterilization there is great potential for an analysis of the assumed characteristics of the patient in relation to the dominant woman/reproduction link: in other words, to the dominant reproductive discourse.

Contextualized within prior feminist discourse analyses on women’s reproductive health, sterilization can be understood as a significant point of critical inquiry for expanding and explaining the questions raised by these contexts. The task

required is to conceptualize how a discourse analysis of sterilization could be designed with the aim to address the implications discussed above. This chapter has thus far been concerned with exploring the theoretical utility and significance of a feminist discursive approach to investigating women's sterilization. I now turn to the methodological considerations of undertaking such an analysis, which forms the basis of the chapters to follow.

The Method of Discourse Analysis

It is difficult, if not impossible, to distinguish a systematic methodology for analyzing discourse as a separate task from the actual description of discourse theory. In this qualitative approach, there simply are no cut-and-dry methodological rules or formula available to process the kind of detail that discourse analysis requires (Potter and Wetherell, 1994:59). In light of this, a return to Foucault's own analyses of discourse can be useful for understanding the methodology that this perspective requires; similarly, examples of engagement with discourse theory in feminist work are an invaluable source of direction. The purpose of the above theoretical discussion has been to explain the usefulness of a feminist discursive analysis for critically investigating women's sterilization. This chapter now finally considers what kinds of questions such an analysis can pose, and given these conditions, what questions *should* be asked in this project in order to fulfill its task: to contribute to feminist critiques of the provision of and access to reproductive healthcare for women.

Foucault's own explanations of what is entailed in an analysis of discourse are as close to a set of systematic guidelines as one can ask for. Methodologically speaking, Foucault has described the process of discourse analysis as a three-part project: first, describe the discourse of the past as a "monument" rather than for the

purpose of commentary; seek the discourse's conditions of existence; and finally refer the discourse "to the practical field in which it is deployed" rather than the individual that produced it (Foucault, 1996:40). This entails a need for a historical perspective: *not* in order to argue its "correctness" or to offer interpretations of it (which would be the commentary Foucault warned against), but rather to describe its features in order to identify any shifts that have happened since. The analysis must then consider the conditions which make the investigated discourse possible – the social practices, policies, interrelated discourses, and structures which sustain its meaning. The final task involves situating the discourse within a field of practice in order to understand its effects, rather than to understand the intentions (unconscious or not) behind its articulation by a human agent. What is required in an analysis of discourse, in sum, is a historical perspective, a description which goes beyond language (to consider the policies, structures, and other social conditions of discursive existence), and a focus not on intentions but rather on the practical effects the discourse has.

For an understanding of how this three-point methodology can be applied to a feminist study of women's sterilization, I turn to an example proposed by the Foucauldian feminist theorist Jana Sawicki (1991). Although she was concerned with articulating a critical feminist approach to the "new reproductive technologies" of fertility *enhancement* rather than the contraceptive event of sterilization, Sawicki's method provides an excellent model for the project at hand. Sawicki argues that a Foucauldian feminist analysis of the practices and discourse of new reproductive technologies (such as in-vitro fertilization) would involve their explication "as the outcome of a myriad of micro-practices, struggles, tactics and counter-tactics", focusing not only on "dominant discourses and practices" of medicine, but also those of "law, religion, family planning agencies, the insurance and pharmaceutical

industries, the women's health movement, and social welfare agencies", which are all interconnected and in historical struggles with one another to affix meaning (1991:81). Here Sawicki's method is well matched to Foucault's first two steps of discourse analysis in using a historical approach and in considering the plurality of co-existing meanings that condition the appearance of a discursive form. Sawicki's analytic model further involves a consideration of how a discourse of technological intervention in pregnancy creates "specific types of abnormality or deviancy" and "construct new norms of healthy and responsible motherhood" (1991:84): For instance, mothers who are "unfit" for fertility treatments, "negligent" mothers, and a characterization of women unfit to be mothers. Foucault's third and final methodological requirement is fulfilled in considering how these normalized subjectivities structure the practices around access to new reproductive technologies. Although Sawicki described the above analytic steps in the context of an imagined project, she provides a methodological model for a Foucauldian feminist approach to women's sterilization in both the similarity of her proposed topic and feminist concern with exploring the impact of discursive meaning and practices upon women's healthcare.

Thus the methodological structure undertaken in this project is to begin with an analysis of the shifting historical meanings around women's sterilization, examining the discourse of past public policy around women's sterilization. Additionally, this involves a consideration of developments in feminist and bioethics discourse as a part of the "conditions of existence" for discursive meaning surrounding women's sterilization. In this way, a historical analysis of intertextually-related discourses provides an understanding as to how discursive meaning in the past has shaped practices of women's sterilization. From this context, I finally turn to an

analysis of contemporary medical literature on women's sterilization in order to explicate the available subject positions for women undergoing this procedure, and the implications that these normalized conditions have in structuring women's access to sterilization as a contraceptive choice.

The analysis of this project thus consists of two separate methodological foci: first, a consideration of the discourse in public policy as well as feminist and bioethics theory in relation to women's sterilization, involves a methodological focus on the historical understanding of the shifting web of discursive practices and meanings surrounding sterilization as a contraceptive option for women. This contextual, historical analysis is then followed by a focus on the meanings produced within contemporary medical text as a data source. The later half involves particular methodological considerations which set this analysis apart from other text-as-data approaches, such as content analysis. In dealing with text, a Foucauldian focus on plurality becomes particularly important, for as a part of discourse, "texts are always infused and inscribed with traces of other texts" (Baxter, 2003:53); as such, a medical text never presents a single isolated discourse of its own – there are always intertextual traces of discursive meaning to be considered as well. In analyzing the discourse of the text, therefore, our method is to identify the kinds of subject positions made normative by *overlapping* discursive characteristics: for instance, normative femininity in simultaneous articulation with sexuality and class (Cranny-Francis, Waring, Stavropoulos, and Kirkby, 2003:100). Additionally, this intertextually structures the logical organization of this analysis in presenting the textual data after a historical analysis in order to suggest the impact of other discursive shifts, such as the bioethical response to public medical policies.

A further methodological consideration is presented by the fact that there is no singular type of “medical text” which can be considered definitive of the discursive field. In his own analysis of medical discourse, Malcom N. MacDonald (2002) has pointed to the problems in limiting a discursive analysis to one single type of text, arguing that this limits our understanding of how different genres “function collectively to constitute a field” (448-449). If the goal in turning to text is to examine the discourse on women’s sterilization within the biomedical field, then it is important to consider the diverse genres of the field as well. For this reason, I examine multiple sources of medical writing in two different forms: textbooks intended for the instruction of medical students and as practical references for clinicians, and handbooks on contraceptive options intended as consumer information. These two genres vary in their assumed audience (life-science students and practicing medical professionals versus women exploring their contraceptive options); however, taken together an analysis of these genres will produce a more thorough explication of medical discursive meaning.

While the method of textual analysis in this project is purely qualitative and far from the structured organization of other text-as-data approaches, the proposed method is still orderly and in agreement with the preceding theoretical considerations of the task of a feminist Foucauldian perspective. This project is certainly not proposing anything new in looking at medical texts for its “data”, and indeed in doing so with a concern for women’s reproductive health, I am only contributing to one of the earliest points of feminist inquiry (Jordanova, 1989). The bulk of this prior literature, however, has tended to take a different approach to text than that which is undertaken herein; as the “rules” for discourse analysis of text are vague, a contrast with this literature can at least help to illustrate what this project does *not* intend to

undertake in its methodology. Consider the textual analyses of feminist scholar Emily Martin (1997; 1999), who also approached medical texts with the intention of analyzing their “meaning”. While Martin famously took up explications of “medical metaphors” and value-laden meanings in biomedical texts, her analyses are limited to how the medical texts’ “ways of describing events are but one method of fitting an interpretation *to the facts*” (Martin, 1997:35, emphasis added). She argues that it is “biology’s *refusal*” to take up descriptions other than “stereotypes” of gender that is problematic for women (Martin, 1999:24). Martin’s critique poses problems for analyzing a connection between text and the shaping of a produced reality. What is clear in her methodology is that her approach to “reality” is as an objective, factual realm outside of the mere surface “interpretation” of text. This epistemology leaves us with no way to understand how the meaning of the text structures the material practices that women encounter in the medical event. Even more problematically, by characterizing the meaning in the text as an intentional, interest-serving activity, such an analysis isolates a singular source or “cause” of the text. Martin’s method is thus to approach text as the evidence in uncovering some deeper biomedical strategy or essence. A project such as Martin’s is, of course, valuable in pointing to an obviously significant area for feminist investigation, and contributes much to the project of challenging the realm of science as a point for social inquiry and critique. The method of such an analysis, however, provides an extremely limited ground for feminism to articulate a link between language and problematic *practice*, and a reductionist vision as to what the “solutions” would entail.

In light of these various and important considerations, this project’s method of analysis is ordered around two broad points of inquiry: 1) the discursive formation of the female sterilization patient, and 2) the connection of this discursive meaning to

social practice. In a historical, textual, and multi-context approach, the questions asked in analyzing the discourse are: what are the characteristics of the un/acceptable sterilization patient, and what are the implications of this structured subject position for women's experiences in accessing sterilization as a contraceptive choice? The central concern is to identify the kinds of subject positions made normative by discourse (Cranny-Francis *et al.*, 2003) – not only in terms of the contemporary conditions, but also historically. Such an understanding of past shifts in the answers to the above question of subjectivity helps us to understand how present subjective positions have been historically formed by intersecting discourse and practices, as well as how they may yet possibly change (Baxter, 2003:31). As Sawicki notes, the goal of identifying subject positions “is necessary if individuals are to have more control over how their medical needs are satisfied” (1991:92).

Summary

An understanding of Foucauldian discourse theory, feminist use thereof, the questions raised by prior feminist discursive engagement, and the questions able to be investigated by discourse methodology all frame the significance of a discursive analysis of women's sterilization. This chapter has argued that the features of Foucauldian discourse theory offer a useful approach for a feminist investigation of the meanings surrounding women's sterilization. As discourse theory allows for an understanding of connection between the production of meaning and the structuring of social practices, it entails a means for critical examination of access and procedural issues in obtaining sterilization. The purpose of such analysis is to address the questions raised when women's sterilization – as a contraceptive technology, as an end to fertility – is juxtaposed against a wealth of feminist literature on the discourse around issues of women's *reproduction*. In both the historical and textual analyses to

follow, these questions are explored through a discursive analysis of the sterilization patient and the meaningful practices her form entails.

ⁱ Though, as noted by Cranny-Francis and colleagues (2003), contradictory discourses can certainly be articulated at the same time.

Chapter Three

Situating Women's Sterilization

Introduction

In order to provide a historical context for questioning the discursively constructed female sterilization patient, this chapter analyzes the shifting historical discourse on and surrounding women's sterilization. There are three interrelated areas of discursive development which are significant to note here: that of the broader social historical context, feminist debates, and bioethical arguments. These discourses are always referential to and effecting one another and as such it is difficult to entirely separate their analyses into three distinct discussions. Nevertheless, this chapter considers each in turn in order to suggest the ways that discourse on women's sterilization shifts and changes over time, variously structuring women's experiences of obtaining sterilization – in doing so, this chapter seeks to situate contemporary medical practices as part of an ongoing discursive process.

As the central purpose of this investigation is to determine the discursive construction of the “appropriate” sterilization candidate, this chapter begins with an analysis of the historical characterization of a woman's suitability for this procedure within the broader context of public health and welfare. The historical context that precedes contemporary medical discourse is important to consider as a precursor to each newly-published clinical guideline and consumer booklet penned on the topic of sterilization as a contraceptive option – in other words, the basis upon which contemporary discourse has developed. In terms of the development of policies and practices, it is further important to consider the ways in which feminist discourse has engaged with the topic of women's sterilization and the ways in which reproductive

technologies have been directed, deployed and debated. Feminist lobbying around birth control rights and critiques of reproductive medicine have contributed to and shaped a particular discursive environment around women's sterilization, forming various positions in terms of its "appropriate" application and potential problems. In this way, developments in feminist discourse can be analyzed as integrated with, in response to, and as an initiator of shifts in the broader discourse of women's reproductive health, with significant implications for an analysis of contemporary sterilization discourse. Finally, this chapter considers recent developments in bioethical arguments in order to understand the impact of history on contemporary legal regulations.

While we can never pin-down all aspects of a discourse in its entire complexity, it is necessary to "make reference to broader discourses, acknowledge the location of individual texts in larger bodies of texts, and pay some attention to three-dimensionality" (Phillips and Hardy, 2002:10). The previous chapter illustrated how sterilization is situated within a discourse linking women to reproduction in a way that suggests differential treatment of the female sterilization patient based on her proximity to dominant discursive ideals of femininity. This chapter's purpose is thus to demonstrate the underlying research premise that women's sterilization is an event rich in potential for examining how it is that particular discourses on women will shape the provision of reproductive health care. A historical consideration of sterilization follows in order to demonstrate how in both policy and practice, women have faced forced, coerced, and the denial of sterilization on the basis of particular discursive linking of women and reproduction.

The Historical Context

As a reproductive health technology, sterilization has had an extremely complicated and unsavory historyⁱ. From the turn of the 20th century onward, sterilization has been fraught with instances of problematic policy and practices, primarily in terms of the key advocates for this contraceptive method, the regulations surrounding its application and the differential enforcement thereof, as well as the questionable extent to which it has historically been offered as a reproductive “choice”. While this project is concerned with an understanding of contemporary discourse surrounding the *voluntary* sterilization patient, in the past sterilization has not always been accessible (or avoidable) as a voluntary contraceptive option. As such, of major concern to this project is an understanding of the characteristics of the female sterilization candidate that emerges from this analysis of the historical discourse: not only in terms of learning what has historically constituted the criteria to be met by the suitable sterilization candidate, but also for the purpose of investigating how and to what extent discourses and practices change over time in the development of contemporary voluntary sterilization. Furthermore, a historical analysis of sterilization discourse, rife with instances of coercion and controversy, is important to consider as a precursor informing the discursive development of current standards of bioethical codes in assuring sterilization as a contraceptive *choice* and, as will be addressed in the final chapter, the current medical practices and procedures of the texts which this project utilizes as its data set. An analysis of the historical sterilization patient raises questions as to what extent and in what form is her image present in the medical text of today; and the implication that the meanings surrounding this image has for structuring women’s experience of and access to sterilization as a contraceptive option.

The “Unfit” Reproducer: Early Eugenics Campaigns and Compulsory Sterilization

In the late 1800s to the early 1900s, the sterilization patient was primarily defined through a rising concern over *eugenics*. The mandate of the eugenic movement was to “improve” the population by eliminating the reproductive capacity of socially-undesirable populations (Critchlow, 1999). The definition of such undesirables was extremely broad; among those considered “unfit” for reproduction were the “feeble-minded”, the mentally-disabled (Grekul, Krahn and Odynak, 2004), those with medical conditions thought at the time to be hereditary (such as epilepsy), the criminal, and the poor (Franks, 2005:70). Compulsory sterilization laws, such as those adopted in Indiana, California, North Carolina (Stern, 2005), British Columbia and Alberta (Park and Radford, 1998) allowed health, judicial and social welfare workers with access to such populations to petition for an individual’s sterilization as justified on the basis of eugenic “unfitness”. When applied to women, this definition of “unfit” produced a very specific profile of the female patient considered appropriate for reproductive control: women who would not or could not adhere to particular gender norms in terms of mothering and sexual behaviour.

Eugenic sterilization campaigns had a distinctly gendered effect. Under compulsory sterilization policy, women were considered the preferred target (Carey, 1998). This preference can be understood as being based directly upon a discourse of the normal, “natural” roles of women in the family and in society. As noted in the discussion above, women are discursively linked to reproduction; this link becomes clear when we note the gendered differences in rates of compulsory sterilization. In data gathered from case files under the Alberta Sexual Sterilization Act (1928),

women were highly over-represented in the compulsory sterilization of the intellectually-disabled (Grekul, Krahn and Odynak, 2004). Viewed as the primary source through which “undesirable” characteristics are carried on (that is, through reproduction – a biological, scientific appeal lending further authority to the practice [Franks, 2005]), women’s fertility was disproportionately regulated. Furthermore, while viewed as primarily responsible for reproduction, women have also been traditionally upheld as responsible for the *quality* of reproduction. Specifically, women have been responsible for ensuring the moral health and care of the family and, by extension, the moral health of the public (Plechner, 2000). The normalized role for women was to uphold particular moral standards in order to imbue further generations with similar morality. When a woman fails to meet such standards she is considered unfit to reproduce, for she will be unable to fulfill her role as moral guardian.

The definitions of the “unfit” female reproducer often relied upon vague justifications of “feeble-mindedness”; this feeblemindedness, however, can be understood as directly linked to traditional discourse on gender roles. As Schoen (2005:76) notes, sexually active single women were at risk for being deemed “feeble-minded” and therefore appropriate candidates for compulsory sterilization – a woman’s sexuality was considered a sign of “unfitness” when it fell outside of the appropriate expressions (i.e. bound within a married context). Women who were seen as “promiscuous” in being sexually active outside of wedlock were viewed as sexually-deviant and unable to control their own fertility (Carey, 1998:82); their failure to adhere to morally-constituted gender norms made their fertility a danger or social threat in that such deviance was feared to be passed on should they reproduce. Being a prostitute could also result in a woman’s definition as feeble-minded, and

thus subject to institutionalization and subsequent sterilization (Noll, 1998); reproduction out of wedlock, or the act of spousal abandonment were also evidence of feeble-mindedness within eugenic discourse (Park and Radford, 1998) – both being considered violations of proper behaviour for the morally-upright woman.

The discourse of eugenic campaigns variously situated women on the basis of their ability to live up to gender ideals *as well as* their particular class. Poor women are less able to hide their failure to live up to a discourse of ideal motherhood, being in greater contact with social welfare agents and other state surveillance (Reich, 2005), and therefore at greater risk for having their behaviours exposed and defined as evidence of unfitness or “feeble-mindedness”.

The ways in which women could be defined as feeble-minded thus resulted in significant gendered differences in the history of eugenic sterilization. While compulsory sterilization was eventually challenged as unnecessary, degrading, and even cruel for men who had been incarcerated or institutionalized (Jackson, 2001:53), there was a comparative lack of criticism for the sterilization of “unfit” women; rather than being seen as a punishment, women’s eugenic sterilization was viewed “as a benefit to society” (Carey, 1998:94). As a judge involved in a young woman’s eugenic sterilization case once noted, “the principle that sanctions compulsory vaccination is broad enough to cover cutting the Fallopian tubes” (Torpy, 2000:3). Here the compulsory sterilization of the “unfit” woman is paralleled with mass campaigns against *disease*; compulsory sterilization policies were intended to protect against society’s “infection” by women viewed as inferior in their ability to produce socially-desirable offspring. The association of this ability with gender ideals is clear in women’s attempts to negotiate their exposure or access to sterilization amidst the discourse of such rigorous campaigns. As Schoen (2005:96) notes, a woman’s

successful avoidance of compulsory sterilization relied on her ability to appeal to public health officials in terms of her ability to live up to discursively normalized womanhood: when a woman could offer proof of “good behaviour” in obeying a male head of household, remaining within the home, and fulfilling domestic duties, she could avoid forcible sterilization. Compulsory sterilization for the “public good” was thus dependant upon a woman’s proximity to discursively constructed feminine ideals in terms of not only moral ideals of sexual expression and reproduction, but also in terms of appropriately feminine gender roles within the family.

It is further important to note that during this time of eugenic sterilization policy, the ability of women to actively choose sterilization as a contraceptive option was highly restricted. Even when the explicit eugenic requirement of “feeble-mindedness” fell out of favour in the post-war era, regulations surrounding voluntary sterilization made it nearly impossible for certain women to access this option. For instance, the “120 Formula” automatically excluded younger women and/or women with few or no children, for under this policy a woman could be considered for sterilization only if the number of her children multiplied by her age equaled 120 (May, 1995); this would mean that a 30 year-old woman would have to have 4 children before sterilization would be available as a birth control option, while a 40 year-old woman with two children would not meet the criteria. Outside of compulsory sterilization policies, the 120 Formula ensured that sterilization was only made available for women whose age was measured against the fulfillment of a set reproductive “bar” with a particular number of children. Women considered to be “fit” reproducers – that is, whose reproduction would not be considered a threat to the quality of the social stock, and were not considered under compulsory sterilization policies – were unable to access sterilization as a reproductive choice. Married

women and middle-class women were denied access to sterilization, even in the circumstance that a woman's health would be jeopardized should she become pregnant (May, 1995:114-115; Powerly, 1996). In order to obtain sterilization, women had to appeal to eugenics boards by highlighting characteristics known to result in sterilization; this was often a humiliating process, for in order "to justify their desire for sterilization, women told stories of ill health, poverty and overburdened motherhood" while social workers would "emphasize their client's alleged inferiority and promiscuity" in attempts to secure sterilization as an extremely limited and highly regulated option (Schoen, 2005:138). Women who had not fulfilled their discursively constructed reproductive "destiny" – the naturalized, conceptual link between women and reproduction – were unable to access a means to limit their fertility unless they could convince authorities they were "unfit". At a time when other birth control methods were in high demand but often of questionable safety and efficacy, as well as restricted in terms of accessibility and information (McLaren and McLaren, 1986), women voluntarily seeking to be sterilized utilized the discourse of the "unfit" reproducer as a means of obtaining a highly-regulated procedure. Women who did *not* seek sterilization, however, continued to experience restrictions on their fertility long after feeble-mindedness justifications had disappeared, for while blatant sterilization abuse through eugenic arguments ceased, the differential outcomes for women on the basis of the "fit" reproducer did not.

Contemporary Coercion: How Little Has Changed

A post World War II North America saw what Jerry Menioff terms a "reversal of attitudes towards eugenic sterilization programs due to the reprehensible association with Nazi Germany's own eugenic programs to sterilize persons deemed

“inferior” reproducers (2001). From a discourse analysis perspective however, while the eugenic campaigns and policies may have been dropped, there remain discourses which structure the differential circumstances from which women access reproductive choices, resulting in the continued overrepresentation of those women previously defined as “unfit” to reproduce. The second half of the 20th century saw a shift in sterilization practices as an outright eugenics discourse to practices that Clarke (1984) has characterized as having the effect of “subtle sterilization abuse” (189). Women were often misinformed about the dangers and permanence of sterilization, were offered the procedure directly after abortion or giving birth, were required to undergo sterilization as a condition for welfare benefits or medical services, and sometimes were simply never told that they had been sterilized at all (Shapiro, 1985).

The increased access to birth control options that followed heavy lobbying in the 1960s and 1970s was mainly to the benefit of white, middle-class women who could afford access to such options, and “while many minority and working-class women also clamored for greater reproductive control, they often found themselves combating the reverse perception, namely, that they were destructive over-breeders whose procreative tendencies needed to be managed” (Stern, 2005:201-202). The dominant discourse characterized poor and minority women’s behavior as actually opposite to their demands being made; clearly, certain women’s reproductive choices were considered more of a priority than others. The early 1970s saw a “sterilization explosion” in the US as a combined result of state funding bans being lifted for sterilization in 1968, while a ban on abortion funding remained firmly in place (Trombley, 1988:182-183). While it is likely that many women were able to benefit from having greater access to sterilization as a contraceptive option, the conditions in which it was made available raise the question of coercion. The overrepresentation of

working and lower-class women in sterilization statistics was ensured by neglecting to implement informed-consent guidelines for sterilization at the same time as making it an economical option (Trombley, 1988:183). Further conditions such as requiring women to be sterilized in order to obtain or maintain welfare benefits (Plechner, 2000:85) or to remain in better-paying jobs (Nelson, 2003:159-160) disproportionately impacted women of lower socioeconomic status. Lower and working-class women's reproduction has been discouraged through such structural limitations that question the extent to which sterilization became a "voluntary" option. These structural requirements have the same effect as prior eugenic campaigns in that women who do not fit a middle-class model face restrictions in terms of their fertility, regardless of their desires. Here we see the continued effect of the view that there are certain "fit", deserving women whose reproductive choices are more valuable, while others are seen as simply adding to the state burden or public harm; women who do not fit a white, middle-class standard tend to be relegated to the later category.

This effect is further illustrated in policies that listed sterilization as a requirement for seeking assistance with pregnancy from federally-funded practitioners (Nelson, 2003:73). Such policies have been justified by accusing women of having children simply for the purpose of attaining welfare benefits (Thomas, 1998:425); thus, their sterilization saves the state from deliberate attempts at "welfare fraud". The discourse of poor women's reproduction has thus been situated as an unfair attack upon or threat to public well-being. The image of reproduction as a "money-making scheme" stands in direct contrast to the maternal, normalized ideals of women's reproduction for the "natural" sake of womanly fulfillment. The sterilization of poor women is thus rendered acceptable through her failure to adhere to discursively normalized motherhood.

Related to the issue of class in the definition of women in need of reproductive “management” is that of race and ethnicity. Critical literature has highlighted disproportionate rates of sterilization among African American women (Nelson, 2003), Native American women (Carpio, 2004; Torpy, 2000), Canadian immigrant women (Chater, 1991) and Puerto Rican American women (Lopez, 1997). Due to structural social barriers, women of a minority status are overrepresented in the population that accesses US public healthcare; in this context, women have reported being misinformed about the permanence of sterilization or not fully educated about the availability of alternative birth control options, calling into question the extent to which a fully-informed choice to sterilize had been made (Shapiro, 1985:89). Similarly, in her work with Toronto’s Immigrant Women’s Health Centre, Nancy Chater (1991) has noted that immigrant and non-English speaking women have reported coercive sterilization practices in being misled or not sufficiently informed by their doctors about the procedure’s permanence (55-56). In the intersection of class and race, the sterilization of women who do not fit the white, middle-class criteria of the “fit” reproducer has continued in *effect* if not in the form of outright eugenic policy.

A similar effect has persisted with regard to a woman’s proximity to the image of the “good mother”. In judicial recommendations and sentencing conditions, sterilization has been used as a means to prevent the reproduction of women who do not fit the “good mother” ideal. In the U.S., sterilization has been a condition of sentencing for convicted women in particular, even when a man was convicted in the same case (Steinbock, 1996:64). Interestingly, this sterilization requirement may take place for a woman even when the charges are not related to children or child harm in any obvious way, such as in cases of forgery or robbery; while not directly connected

to poor parenting, these offenses connect a woman to the image of unfit morality (Henley, 1993:126). David Meyers (2006:37) notes a particularly illustrative case from 1966:

Here again, a twenty-one-year-old girl was offered the 'choice' between submission to sterilisation and immediate probation, and a six-month jail term, which was the maximum penalty for her offence of being in a room where narcotics were being unlawfully and knowingly used. The subject had two daughters – one illegitimate – on welfare. It was her first offence and her probation report recommended straight probation. The municipal court judge, however, added on the sterilisation requirement at the probation hearing without apparent reason.

Although upon appeal to the Superior Court the sterilization requirement was removed (Meyers, 2006:37), other women have not been so successful in avoiding such circumstances. Drug treatment programs that offer cash incentives for sterilization operate under the assumption that drug-addicted women will gladly trade their reproductive capacity for cash, preventing the reproduction of “drug moms” (Shivas and Charles, 2005). Failing to adhere to the mothering ideals of family care and moral standards, drug-addicted women and women convicted of crimes are expected to surrender their reproductive capacity; their inappropriate deviation from the good mother model situates such women as appropriate sterilization candidates.

As this historical analysis demonstrates, a discourse of femininity is ever-present in the context of women’s sterilization. Whether explicit within eugenics programs or implicit in the effects of structural/conditional limitations, the woman discursively constructed as the “appropriate” sterilization patient has variously been defined as a woman who has deviated from the dominant discourse of the “fit” reproducer: an image characterized by the dominant, naturalized image of the white, middle-class, married, morally-upright mother. Rather, she is the woman whose fertility is a social problem; in such circumstances, sterilization is not considered a

“loss” of individual choice or denial of individual desires, but a public benefit. What this analysis of the historical discourse illustrates is that women’s sterilization engages with particular normalized, dominant definitions of woman’s expected roles, behaviours, and social status, and it indicates that one’s proximity to these norms will impact the provision of sterilization as a contraceptive option.

Shifting Feminist Discourse: Historical Development and Impact

Within the broader historical context analyzed above, feminist discourse has developed in ways to grapple with the observed impact on women’s circumstances and to critically explain their experiences. The discursive shifts in feminist arguments can be understood in relation to the broader social discourse of its time and also as *interrelated* to said discourse in terms of negotiating changes in practice and policy. First wave, liberal, radical, socialist, and post-modern approaches have all engaged with such critiques, but are quite different in terms of their discursive characterizations. From early feminist birth control struggles to the “second wave” and the diversity of perspectives that grew from its critiques, feminist activism in birth control and reproductive health has had particular implications for considering access to and provision of sterilization on the basis of various and shifting discursive characterizations of women.

Early feminist birth control activism in the first half of the 20th century was explicitly tied to the above-noted discourse of eugenics. This position was epitomized in the arguments of Margaret Sanger, a prominent birth control advocate and founder of the American Birth Control League (later renamed Planned Parenthood). Sanger’s advocacy for women’s birth control was framed within a eugenics argument that characterized “fit” reproducers from the “unfit” poor and disabled (Franks, 2005:40).

While Sanger fought for birth control as a way for “fit” women to pursue sexual freedom and a life unburdened by childrearing, she was at the same time a strong supporter of forced sterilization programs in order to curb the reproduction of populations considered *societal* burdens (Franks, 2005:239-240). In this way, first wave feminist discourse on birth control very clearly constructed two particular subjectivities for women in need of contraceptive options: the “fit” woman who would benefit from the personal freedom of unburdened sexual expression, and the “unfit” woman whose fertility posed a concern for society at large (and thus whose forcible reproductive control was justifiable). While early feminist work such as Sanger’s has been enormously important for advancing women’s struggles to obtain birth control, its discursive strategy was to situate reproductive control as “a right for the privileged but a duty for the poor” (Chater, 1991:48).

This disparity continued into “second wave” liberal feminist critiques of the 1960s with heavy lobbying for birth control and abortion options. While eugenic sterilization had fallen from the discourse, the circumstances of poor and disabled women had not yet been fully incorporated into feminist critique. While the elimination of *restrictions* on voluntarily accessing sterilization (such as the 120 rule) have primarily been attributed to feminist work (Hodgson and Ward, 1981:528; Tong, 1997), these changes contributed little to addressing involuntary and abusive policies: the liberalization of sterilization saw to it that the dropping of the 120 rule by 1969 coincided with coercive sterilization of poor and minority women (Torpy, 2000). In response to these disparities, socialist feminist organizations such as the Committee to End Sterilization Abuse (CESA) formed in the 1970s in the US in order to lobby for guidelines around sterilization provision, arguing that the intersection of class and race plays a part in a woman’s ability to access reproductive control (Nelson, 2003).

Recommendations such as set waiting times between the request for sterilization and the procedure itself were proposed in an attempt to strike a balance in concern for “*protection of all women against individual convenience and preference*” (Clarke, 1984:198, italics author’s own). CESA also recommended that “the idea of sterilization must originate from the patient” (Nelson, 2003:143) in order to be certain that the decision was “completely” voluntary. While many of CESA’s policy recommendations were put in place by the US federal department of Health, Education and Welfare (Franks, 2005:186), they were met with intense feminist critique for restricting access-on-demand (Kaplan and Tong, 1994:127). As well, the unknown extent of enforcement and monitoring of the guidelines were questionable in terms of actually preventing coercive and abusive circumstances for women’s sterilization (Franks, 2005:186). The “protection” of women versus “preference” of choice was clearly not an easy balance to obtain; for socialist feminists, the discursive construction of some women as more susceptible than others to sterilization abuse due to structural issues of race and class raised difficult questions of victimization and vulnerability – questions that were not easily answered by policy changes.

Victimization and vulnerability formed particularly strong themes in radical feminist discourse, though in a quite different form. In expressing critiques of medical intervention in reproduction and in questioning the technological products, priorities and practices of the medical profession, radical feminist approaches have relied upon a discourse of women as victims of the powerful, professional, and inherently masculine realm of medicine – a discipline conceptualized as being at odds with women’s interests. As Sue Rosser notes, “access to and control of these procedures is in the hands of men, which means that the procedures may also be used to manipulate women’s sexuality” (1992:144-145). The implication is that if reproductive

technologies were in the hands of *women*, there would be no need to question the issues of control and access. Women “buy into” this male-centric power relationship not out of choice, but rather “because we have been brainwashed. The information and education we get is one-sided and male-centred and the hidden conviction creeps into our own minds that men and their technology must be better than our own body and our own experiences with it” (Klein, 1987:69). Accordingly, “voluntarily” choosing to sterilize is a questionable activity as the grounds upon which women access this technology are problematic not only in relation to the structural policies of access, but rather more broadly as an issue of internalized gendered norms. While it is easy to critique these arguments on the grounds of being essentialist (Berer, 1986), and while the “add women and stir” approach has yet to show that women will alter medical practices by their increased presence in the profession (Plechner, 2000), it is important to consider the products of such discourse: for their time, radical feminist arguments represented an important breaking-point in questioning the supposed neutrality of biomedical intervention in women’s reproduction. In an attempt to grapple with and “blow the whistle on” the abuses (and potential abuses) of reproductive technologies, radical feminist arguments exposed the ways in which eugenic discourses continued to be a part of women’s reproductive health technologies. Drawing parallels between the Nazi eugenic programs and the future effects of *in-vitro* fertilization as producing “perfect” offspring (Corea, 1993), radical feminist Gena Corea argued strongly that reproductive technologies hold negative implications for women. The very titles of her work highlight the way in which Corea argued that women were conceptualized in relation to medicine: as inventions of Man (*Man-Made Women* [1987]) and passive, biomechanical objects (*The Mother Machine* [1988]). The discourse of this form of radical feminism has certainly been

problematic in reinforcing the value of women as directly connected to their reproduction, but also allowed for a shift to occur in feminist critique by questioning the authority of biomedicine to direct the technologies of reproductive health. What is important to consider here is the way in which radical feminist concern for the “victimization” of women by medicine has prompted skepticism about the altruism and gendered impact of reproductive health technologies.

Although these radical critiques of “new” reproductive technologies did not tend to consider sterilization (an old practice by the time Corea was writing), it was implicated in the radical discourse of reproductive *control* of women. This point is further developed in post modern and international feminist discourse, which has complicated the issues of coercion and control in reproductive health by emphasizing what Sue Fisher terms “the contextual web” (1986) surrounding their access and provision. The structure of the medical profession itself acts as a barrier, as just one of many points of access, with doctors acting as “gatekeepers” to reproductive technology (Hartmann, 1984), making decisions based on professional standards and medical policy as to what is “best” for patients (Fisher, 1987). Feminist critique has also sought to move beyond the primary doctor-patient level to consider the ways in which reproductive technologies are situated within the processes of state healthcare provision. A woman's choice of and ability to access reproductive technologies is constrained by state-structured availability, for “the state responds to women’s demands in the area of reproductive care selectively, in terms of its own priorities with respect to population policy, health expenditure and political pay-off” (Stanworth, 1987:12). Indeed, the above analysis of the broader social history of sterilization has been drawn primarily from more recent feminist literature concerned with the overlapping layers of institutional intervention and broader social processes

that shape how reproductive technologies are accessed (Schoen, 2005). This development in feminist discourse has characterized medical policies and practices as shapeable, and highlights how state-selectivity of healthcare provision varies with shifts in public discourse. Understanding of the structural layers of access to reproductive technologies thus accounts for the multitude of institutional practices and processes that can potentially change over time. Within this development in feminist discourse, the sterilization patient is a woman variously situated in relation to a *history* of multiple and overlapping social relations and constraints.

The concern for historical context in feminist discourse has similarly become a part of contemporary bioethical discourse – although with very different implications for addressing the policy and practice of sterilization access. As Emily Jackson has argued, the law is involved in birth control in three ways: in managing access to its technologies, in being called upon to settle disputes when these technologies fail, and in questioning the voluntary nature of its application (2001:13). The discourse of law and medicine work in combination to produce meaningful subject positions for women (Thomson, 1998:178), and as such it is important to consider the meanings produced in legal debates around sterilization. As sterilization is a contraceptive technology with a sordid past, the legal discourse surrounding this method mainly consists of bioethical debates. The particular implications for shaping medical practice in terms of what will be considered ethical decisions and best practices with regards to women's sterilization.

Bioethics and the Implications for Medical Discourse on Women's Sterilization

Paralleling recent feminist concern for historical context, bioethics discourse develops in relation to concerns with past decisions. Elizabeth S. Scott has analyzed

within contemporary bioethical discourse a “preoccupation with correcting the abuses of the past” (2002:419), in which involuntary sterilizations were legally sanctioned. Famous cases of forced sterilization such as *Buck v. Bell* (1927) – in which a young single mother was court-ordered institutionalized and sterilized on the basis of her “feeble-mindedness” – are constantly cited in ethics literature (Menioff, 2001; Meyers, 2006). This tendency for legal debates to focus around cases of outright abuse, however, has had a particular effect in terms of discursively situating the meaning of reproduction. Elizabeth Scott (2002) notes that laws in the US context have developed in ways that “treat sterilization as an infringement on the right to procreate, rather than as a means of exercising the right not to procreate” (420). The legal prohibitions and restrictions of sterilization hold the assumption of “the right to procreate” above all other rights (Furrow, Jonson, Jost and Schwartz, 1991:90), including contraception. This is a particularly interesting discursive context when we consider the dominant association of women with reproduction: that is, woman’s assumed desire for maternal fulfillment above all other interests. Reinforcing the dominant discourse of reproduction as a primary desire of utmost importance, bioethical discourse may play into medical procedure and practice in interesting ways: if sterilization is discursively situated as a “rights violation”, women seeking sterilization voluntarily today may well be facing significant barriers to obtaining sterilization. (Though, as the above historical analysis has suggested, this may be the case only for particular women discursively situated as “valuable” reproducers: that is, whose right to reproduce is recognized as valid). It is further significant to note that if the bioethical emphasis is on sterilization as an infringement of the “right to reproduce” rather than an ethical concern with contraceptive rights, the discourse suggests an emphasis on *reactive* means to address women’s sterilization rather than

preventative in terms of managing conditions of abuse, choice and coercion. As discussed above, women whose rights to reproduce have been violated via sterilization without being informed about the procedure or offered alternative contraception measures are more likely to be those less able to legally address this infringement (as legal action is costly and time-consuming).

The emphasis in bioethics discourse on correcting past abuse has also had important implications for the suggested ways to address ethics issues in sterilization. This is most starkly illustrated in Lawrence J. Kaplan and Rosemary Tong's (1994) argument that ethical debates around sterilization would be resolved if reversal procedures improved (138). Clearly the ethical issue at stake here is not the bodily violation and deception faced by women in abusive and coercive instances of unknown or misinformed sterilization. Rather, the emphasis in bioethics is on problematizing sterilization in terms of its contraceptive outcome as a potential "harm" or unwanted consequence. Here again, the dominant discourse of reproductive rights over contraceptive access is present. Developing out of a concern for problematic practices of the past, bioethical debates thus conceptualize reproduction as being of *fundamental importance* to women – a familiar discursive refrain. As ethical practice entails a concern for sterilization as a potential harm and emphasizes reproductive over contraceptive "rights", the medical response to women seeking sterilization is thus an interesting point of inquiry in being shaped by these guidelines – while, at the same time, historical overlapping meanings of "fitness" and femininity are potentially present in the reasserted discursive association of women and reproduction.

Summary: Situating Sterilization

This chapter has focused on situating sterilization within three interrelated discursive contexts: that of broader public health and welfare, feminist critique, and bioethical developments. The purpose herein has been to explore how it is that shifting discursive meaning structures the practices and policies surrounding the provision of sterilization as a contraceptive choice. Historically, the female sterilization patient has been related to discursively constructed norms of *femininity* in structuring the grounds upon which this contraceptive option will be available. When consideration is given to the broader historical context of women's sterilization, it is clear that the differential access to and application of this technology relies upon particular concepts of normalized "womanhood" in relation to reproduction – concepts which, as a view of the past has demonstrated, will variously impact women of differential social circumstances. Feminist discourse has played an important role in relation to women's sterilization, variously supporting dominant eugenics discourse, shaping sterilization access policy, and problematizing the authority of medical intervention in women's reproductive health. Finally, bioethical discourse has developed as a response to historical sterilization abuse in ways that reinforce a dominant association between women and reproduction.

In light of these discursive themes, emphases and impacts, the following chapter analyzes the characterization of the female sterilization patient within medical texts in order to identify the dis/continuities of these overlapping and shifting meanings in contemporary medical discourse.

ⁱ The history presented here is drawn exclusively from a North American context. This is necessary for several reasons: first, the medical texts to be examined in the discursive analysis to follow are limited to publications available in North America. To widen the historical context to an international scope would risk the inclusion of incidents and policies of questionable relevance in terms of the development of publications examined in the textual analysis to follow. Additionally, international contraceptive practices and population control policies, including historical sterilization controversies,

have primarily been analyzed as the result of North American colonialism (de Arellano and Seipp, 1983). A North American focus will therefore uncover some of the underlying arguments that became an eventual international export. Furthermore, a comparison between “developed” and “developing” nations is problematic in creating a sense of separate “worlds” vaguely defined by political, industrial and economic development, which has the effect of glossing over issues of control and stratified access *within* “developed” and “developing” contexts themselves. The aim of this project’s exclusively North American focus is to highlight said stratification, inequality, and social control as it holds implications for North American women of differential social circumstances. In doing so, the extent to which the so-called “developed” world possesses equality of health care access and individual reproductive freedom becomes questionable.

Chapter Four

Women's Sterilization: The Medical Discourse

Introduction

This chapter explores the discourse of women's sterilization from two different sources of medical knowledge and authority: medical textbooks and user's guides to contraceptive methods (books written by medical professionals that are intended to inform women of their contraceptive options). Publications were chosen based on the "presence of the patient" in the literature: as the goal is to question the discourse surrounding the sterilization patient, articles reporting on statistical studies of techniques or new developments in technology, for example, were unhelpful in the search for an understanding of the discursive medical approach to the sterilization candidate. Rather, only literature that discusses, describes, characterizes, and/or addresses the patient in some way was selected for the following analysis of discursive themes. Furthermore, only texts which had particular emphasis on the *female* patient were considered for analysis: thus, only textbooks that focus on obstetrics and gynecology are included, as are contraceptive guides primarily intended for women exploring their options. (Although, interestingly, there was no issue with having to discard a user's guide to contraception for describing men's options at the expense of insufficiently describing women's, and in three of the four user's guides included in this analysis, while men's contraceptive options were noted, the reader of the text was assumed to be a woman). The following analysis was conducted using only medical texts published within the past 20 years (from 1987 onward), the texts of this analysis serving as a contemporary contrast to the prior discursive exploration of developments in bioethics, feminist critiques, and past sterilization practices. The

1980s were a time of considerable critique of reproductive technology (Berer, 1986), as well as legal debate around sterilization policy and practice (Institute of Law Research and Reform, 1988). Considering text from only the late 1980's onward, a focus strictly on historically-recent medical texts thus allows for an analysis of continuities and shifts in discursive themes in light of the previous chapter's contextual "background".

This chapter questions contemporary medical discourse as to the ways in which women seeking sterilization are conceptualized and the meaningful practices surrounding sterilized women's medical experiences. The analysis begins by focusing on the characterization of the appropriate sterilization patient, including the discursive construction of her suitability for the procedure as well as her reasons for wanting sterilization. In this analysis, the medical discourse conceptualizes women as inherently desiring "reproductive fulfillment", in spite of a woman's expressed desires for sterilization. Given this conceptualization, an analysis of procedural discourse for medically managing the sterilization patient indicates that the discursive characterization of women as primarily desiring to reproduce influences the practices, procedures and choice of techniques in addressing her desire for sterilization. Finally, medical texts are examined in terms of the discursive results of women's sterilization, including women's assumed reactions to the procedure; herein, the discourse of femininity as associated with reproductive ability is a palpable conceptual link. This chapter analyzes the discourse surrounding the sterilization patient, therefore, in order to understand how the form of this discursively constituted subject position structures particular medical practices and responses.

Characterizing the Appropriate Patient: Family Completion and Valid Choices

The discourse of the appropriate patient in medical textbooks and journal articles involves instructions to clinicians as to the expected reasons why a woman may be seeking sterilization, while user's guides are resource books on contraception that present information in a way that helps the reader decide whether she should view sterilization as an option ("this method is for you if..."). In all medical literature examined, the appropriate sterilization candidate is characterized by a normalized subjectivity of woman's *fulfilled reproductive role* in producing a "complete" family via pregnancy. In describing the patient considering sterilization as a contraceptive option, a woman is characterized as an ideal candidate for this procedure when she "has completed her family" (Vatin, 2000:336). In clinical guides and textbooks, she is linked to a sense of accomplishment and finality in having produced her "complete" family size (Symonds and Symonds, 1998:209; Jain, 2001:260); user's guides to contraception similarly inform the reader that "it is for women who have completed their families" (The Society of Obstetricians and Gynaecologists of Canada, 2000:98) and that one "should choose this method only if you are sure you do not want to have any *more* children (Pasquale and Cadoff, 1996:189, emphasis added). Furthermore, in nearly all medical textbooks examined, the timing of sterilization is described in relation to pregnancy. As a procedure, the timing for a woman's sterilization is described as being "performed concurrently with pregnancy termination (cesarean section, vaginal delivery, or induced abortion) or on an interval basis" (Gilstrap, Cunningham and Vandorsten, 2002), where "interval" refers specifically to a few weeks *after* giving birth (Gupta, Mire and Khan, 2001; Pavone and Burke, 2007; Symonds and Symonds, 1998). Only one clinical textbook notes that sterilization may be performed "at a time unrelated to pregnancy" (Peterson, Pollack and Warshaw,

1997:530) as a possible option, while only one consumer guide informs the reader that she could be sterilized “at a time unrelated to pregnancy or delivery” (Pasquale and Cadoff, 1996:185). One medical textbook attempts to inform the clinician that sterilization “can be done at any time”, but then goes on to describe the procedure only in instances that related to pregnancy and birth (Cunningham, Grant, Leveno, Gilstrap, Hauth, and Wenstrom, 2001). With few exceptions, the timing of sterilization – the fulfilled “completion” of one’s family – is associated with giving birth or the apparent realization at the time of abortion that no further pregnancies are desired. A closer examination of the idea of “family completion”, however, reveals that this basis for a woman’s sterilization is actually quite problematic in the literature.

In spite of citing “family completion” as an acceptable reason for a woman’s desire for sterilization, medical discourse characterizes this as a highly suspect state. When the clinician has further details about her family, a patient’s insistence that her family is complete may not be viewed as a sufficient reason for granting access to sterilization. This is illustrated most clearly in *Core Clinical Cases in Obstetrics and Gynaecology: A Problem-Solving Approach* (Gupta *et al.*, 2001), a medical text in which “case studies” are presented to guide clinical practitioners through the appropriate professional means of addressing the typical medical problems they may encounter. One such scenario describes a woman presenting with the statement “My family is complete and I now wish to be sterilized” – however, her definition of “complete” is rendered questionable by the response advised in the text. Although she is described as having three children already, the fact that they are all male children signals a warning to the clinician that this “could lead her to regret her decision in the future” (72). The “completeness” of childbearing as defined by *a woman herself* is

thus rendered invalid in the medical discourse, a reason characterized as suspicious in terms of its potential changeability as a self-defined state. Contraception user's guides warn women who are considering sterilization that "the death of a child can create a strong wish to reverse an occlusion" of one's fallopian tubes (Winikoff and Wymelenburg, 1997). Medical textbooks instruct the clinician that pregnant women seeking to be sterilized should be encouraged to consider "the possibility that the child may not be of the desired sex or may not survive" (Byrn, Guardia, Isquierdo and Sedlacek, 1992:179), and thus sterilization will render her unable to "truly" complete her family. Clinical guides further emphasize the importance of counseling women on the potential for wishing to have additional children should she enter a new relationship (Lu, 2001). In the discourse of the ideal or appropriate candidate for sterilization, the extent to which a woman has ever *truly* completed childbearing is thus characterized as always a question or conflict in medical discourse.

The appropriate sterilization candidate is also a woman who is characterized as undergoing sterilization for the "right" (albeit suspect) reason of having completed her family rather than for the "wrong" reason of an emotional reaction. The discourse in textbooks and user's guides clearly indicate that women may be making the decision to sterilize not based on rational thought, but as an emotional response wrought by some stressor in their lives. In spite of what a patient may be presenting as her reasons for desiring sterilization, the clinician is warned that she may be seeking this procedure as a reaction to an unstable relationship, such as an emotional response to a marital separation (Gupta *et al.*, 2001:72). User's guides to contraceptives similarly admonish women that sterilization "is never the answer to problems in a relationship. Do not think it will solve your lack of interest in sex, his lack of interest, stop you quarrelling, make you happier" (Szarewski and Guillebaud, 1998:219).

Medical textbooks also advise clinicians that women may be seeking sterilization because they are “frightened” of other contraceptive methods, turning to sterilization “before they really want to” (Speroff and Darney, 2001:363). The discourse of the sterilization patient thus renders her choice as potentially invalid in being an emotional reaction (out of despair or fear) rather than a rational consideration; the potential candidate does not fully comprehend the implications of sterilization and is acting based on emotions rather than *knowledge*. In one particularly striking instance, the desire for sterilization is characterized as being the result of a woman’s bleak outlook with regard to her reproductive future. A scenario is described for the reader to identify with, in which a woman insists: “I know I haven’t had any children, but I don’t want any. I’ve never met any man I thought I’d want a child by”; this scenario is answered by the text’s comforting refrain, “Yes, but he might just turn up tomorrow” (Szarewski and Guillebaud, 1998:219), and as such sterilization is a poor choice. In a heteronormative discourse that “Mr. Right” may be waiting right around the corner – ready to change a woman’s mind about what she may “think” she knows about her reproductive desire – this response encourages a woman to consider her choice as a mere emotional reaction to the apparently unhappy (i.e. unpartnered) circumstance. In all of these emotional circumstances described, the patient’s expressed wishes are viewed as potentially clouded by emotional elements or invalid as a stress-triggered reaction, rendering such choices in need of questioning to ensure that sterilization is what is “truly” desired. Only when this decision is ascertained can a patient be considered an appropriate sterilization candidate.

The medical discourse of the sterilization patient, then, relies heavily on a discourse of reproduction as woman’s *default desire*. Reproduction is discursively conceptualized as a woman’s primary, innate wish in spite of her own expressed

choices (“I don’t want any children”) or definitions (“my family is complete”). In other words, woman’s “natural” desire for reproduction is characterized as always potentially overriding her expressed desire for contraception. The woman wishing to be sterilized, then, must be able to present in a convincing manner that she has been able to *overcome* this discursively-constructed default desire and has made her choice regardless of “emotional” circumstances (the loss of a relationship or fear of other contraceptives).

While the appropriate sterilization candidate is situated within a medical discourse that insists upon woman’s primary desire for reproduction, her medical assessment involves a discourse of woman’s inherent reproductive “value” to a male partner. As a part of the process of ascertaining a woman’s suitability for sterilization, medical textbooks prescribe extensive pre-operative counseling as an essential process for making certain that her choice is what she “truly” wants, as is the presence of her (male, long-term) partner at such counseling sessions (Speroff and Fritz, 2005:847; Filshie, 1999:143; Peterson *et al.*, 1997:530). Curiously, this is even recommended in instances where a woman’s relationship status may not be the most ideal circumstance for mutual-partner counseling, in that “young women in unstable relationships need special attention in counseling, and both partners should participate” (Speroff and Darney, 2001:383). It is not clear, however, how a woman is supposed to encourage her partner to attend sterilization preoperative counseling if the relationship is indeed unstable, and insisting on her appearance at counseling with an estranged or otherwise difficult partner may place a woman in danger in situations of partner violence. In user’s guides, the process of accessing sterilization is always in reference to the ideal of having an agreeable partner: in describing how a woman is able to get sterilization, the reader is admonished that “You have to discuss it with

your partner who should fully support your decision” (The Society of Obstetricians and Gynaecologists of Canada, 2000:98). While some texts do note that a partner’s consent is not a legal or “official” requirement to obtaining sterilization (Dorine, 1998:933; Winikoff and Wymelenberg, 1997:166), the participation of a woman’s partner is nevertheless characterized as ideal in assessing the suitability of sterilization as an option – one text even notes that while it is not a legal necessity, “a spouse is often requested to sign” a “dedicated consent form” prior to a woman’s undergoing sterilization (Filshie, 1999:144) as a token of agreement. In these recommended practices, then, the discourse of others’ interests invested in woman’s reproductive capacity is apparently continual in spite of spousal permission restrictions being removed as a legal requirement. The ideal sterilization candidate is thus a woman who can demonstrate that she has not only sufficiently considered the implications of sterilization for herself by citing medically-worthy, valid reasons for her choice, but also for her male partner, even in cases of relationship instability when partner communication may be impossible. In the following analysis, the implications of these discursive constructs in terms of providing medical services to women are explored.

Treating the Sterilization Patient: Techniques and the Dilemma of Totality

Once a woman has been medically deemed an acceptable candidate for sterilization, the physician’s options in terms of sterilization technique are varied. Medical textbooks describe a profusion of means for occluding the fallopian tubes to prevent pregnancy, including cutting, clipping, electrically and chemically cauterizing, and blocking the tubes. There appears, however, to be a discursive tension in the literature with regard to hysterectomy and sterilization technique: on

one hand, the removal of the uterus in conjunction with tubal occlusion is potentially useful in that “it removes a *functionless organ* and prevents carcinoma of the corpus or cervix” (Byrn *et al.*, 1992:180, emphasis added). On the other hand, the permanence of a hysterectomy is characterized as problematic, for “the totality of sterilization by hysterectomy completely eliminates future childbearing, and, in today’s transient, changeable society, such finality is not a very viable option” (Israel, 2002:486). Hysterectomy can be considered beneficial in addition to tubal occlusion by removing an organ seen as having no further function (other than becoming diseased) or purpose if procreation is not possible, yet the fact that hysterectomy is irreversible is problematic in “today’s society” where women’s life conditions (and, apparently, women’s subsequent reproductive desires) are implied to be changeable and varying in contrast to the “stability” of former ways of life. When hysterectomy is mentioned, therefore, it is generally to characterize hysterectomy as an *inappropriate* technique for sterilization unless there is a further medical need to justify its removal (Cunningham *et al.*, 2001:1559), such as uterine disease.ⁱ

With regard to the method of tubal occlusion as well, there is a debate between *effectiveness* of the procedure being considered and the possibility for *reversing* the operation in the future. In spite of insisting that the patient be counseled on the irreversibility of tubal occlusion, clinical textbooks went on to qualify for the clinician which methods provided “good chances” of irreversibility, such as clips which squeeze the fallopian tubes rather than cut them (Speroff and Darney, 2001:378). Due to the potential request for reversing a sterilization, “procedures associated with greater reversibility potential should be considered” in the clinician’s decision of which method to use (Vatin, 2000:337), and procedures such as electrocauterization that destroy larger pieces of the fallopian tubes are “not generally recommended for

women under 25, or those of low parity” (Cunningham *et al.*, 2001:1559). One text even notes that procedures are sometimes not followed according to medical guidelines by “removing only one cm of fallopian tube (rather than the recommended five cm) in order to increase the likelihood that any future attempt at tubal reanastomosis [reconnection] would be successful” (Gilstrap *et al.*, 2002:384). Contraception user’s guides reassure the reader that “some clinicians prefer to occlude the narrowest part of the tube whenever possible, in order to preserve the greatest amount of tissue – *just in case* the patient someday wants to have her sterilization reversed” (Winikoff and Wymelenberg, 1997:171, emphasis added). Techniques which destroy larger parts of the fallopian tubes are more effective in providing a permanent contraceptive solution; however, techniques which allow for greater chances of rehabilitating the tubes are characterized as preferable practice based on a discourse of women’s changing desires – particularly associated with youth and fewer children, both indications of not yet having truly “completed” one’s family.

In deciding upon an appropriate technique, then, the “just in case” provision discursively situates women as always potentially indecisive and fluctuating when it comes to reproduction, utilizing statistics on reversal requests as “evidence” of women’s changeability (Vatin, 2000). As noted in the discussion above of the appropriate sterilization patient, women’s default desire to reproduce is assumed here to override the desire for permanent contraceptive assurance *even after medical counseling and assessment have allowed her to proceed with sterilization*. One particular text, which was too old to be included in the contemporary analysis but nevertheless was useful for contrasting with contemporary practice, succinctly describes the technique debate with the question: “Should the possibility of reversibility be *sacrificed* for an increased assurance of contraceptive effectiveness?”

(Richart and Darabi, 1977:178, emphasis added). Within a continued discourse of women's primary association with reproductive desires, then, "sacrificing" reversibility continues to be an undesirable practice or is a question to be considered.

Finally, in discussing the techniques of tubal occlusion, a discourse of woman's *bodily* drive to reproduce was apparent in the text. Apart from her (inherent) reproductive desires, woman's body itself is conceptualized as determined to fulfill its "reproductive destiny". In describing the cutting of the fallopian tubes, a user's guide to contraception warned the potential sterilization patient that "unfortunately, the separated ends of the tubes seem to have *a great desire* to rejoin each other, and will do so given the slightest opportunity" (Szarewski and Guillebaud, 1998:223, emphasis added). A discourse of woman's inherent drive to reproduce is characterized in the apparent sentience of her fallopian tubes, which desire to reconnect against all medical intervention. Woman's body works against her to restore its "natural" fertile state, if the proper precautions are not taken. This conceptualization of women's bodily desires is significant in conjunction with the above-noted discursive concern for providing women with sterilization techniques that enhance reversibility "just in case": if a woman's tubes will reconnect given the slightest chance, it would seem that the greater concern in medical discourse is not for failure to occlude a patient's tubes sufficiently, but rather to avoid ruling out the possibility for future tubal reversal. Providing women with a total loss of fertility is thus situated as an uncomfortable task in the medical discourse. The following analysis explores medical discourse with regard to sterilization outcomes to further understand this discomfort.

Sterilization Outcomes: Fertility/Femininity, Regret, and Pathology

In discussing the outcomes of women's sterilization, medical texts situate sterilization within a discourse of women's *loss*, *regret*, and *pathology*: loss is linked to woman's lost femininity in being no longer fertile; regret is characterized as an emotional response to the apparent trauma of her contraceptive choice; and woman's sterilized body becomes pathological in its medically-altered sterilized state. While the literature presents these outcomes as only "potential" results or side effects and not necessarily as the universal experience of all sterilized women, the descriptions of these outcomes contribute to the conceptual link between women's reproductive capacity and a particular form of femininity, distinguishing the "natural" and functional fertile woman from the pathological sterilized woman.

A discourse of lost femininity as associated with sterilization is apparent in both user's guides as well as medical textbooks. This discourse locates the concern with femininity within the sterilized woman herself, characterizing her experience of loss as an individual, internal problem to be dealt with and overcome on her own. One user's guide presents the discourse of lost femininity as both a reason for not being sterilized as well as a potential outcome. In a checklist designed for women to decide whether sterilization is the "right" choice for them, the guide insists: "You have to sit back and rethink: If you are sterilized, you will not be able to become pregnant any more. Do you really want this?" The first item to follow in the checklist encouraged the reader to question "Will I feel like less of a woman if I am sterile?" (The Society of Obstetricians and Gynaecologists of Canada, 2000:101). No reassurance is offered for the reader in her consideration of this question, and no explanation is given for why a woman would feel this way. Under a checklist of potential sterilization outcomes, womanhood is noted again in the phrase "I do not feel like a real woman

any more” (The Society of Obstetricians and Gynaecologists, 2000:102). The reader is warned that, should she be sterilized, a “side effect” of losing her fertility is the potential perception of the loss of womanhood. Again, no explanation is presented in terms of social pressures or gender roles – rather, this outcome is presented as a potential experience for a sterilized woman. Women are also warned that, in losing their fertility, they may lose the ability to feel interested in sex: sterilization is explained as potentially dampening the “thrill” of pregnancy risk-taking that a young and still fertile woman experiences, or that her partner may feel she has rejected him in being able and yet no longer willing to become pregnant (Szarewski and Guillebaud, 1998:218). The loss of fertility through sterilization, then, is discursively linked to further jeopardizing a young, still fertile woman’s relationship and sexual pleasure. Woman’s reproductive capacity is thus conceptualized not only as essential to her sense of “womanhood”, but more specifically to her ability to maintain a (heterosexual, long-term) relationship and experience pleasure.

Medical textbooks further elaborate on the discourse of sterilization and loss of identity, characterizing the loss of femininity in being sterilized as an individual pathology or problem. As one medical text warns the clinician, “fertility is so intimately associated with femininity for many women that they cannot easily relate to the loss of the reproductive function” (Vatin, 2000:338). This discourse associating fertility and femininity appears to characterize the loss of one’s sense of womanhood as “all in one’s head;” the outcome of sterilization as being potentially deeply disturbing. In losing her reproductive function, a woman becomes, in this way, dysfunctional: the association of femininity with fertility is characterized as a personal identity issue, causing a woman to be unable to “relate” to her new, sterilized body. As a result, the recommended solution is counseling (Vatin, 2000:338) – a solution on

an individual basis. The discursive link between femininity and fertility, then, is not only present in medical discourse, but is present in such a way that pathologizes the woman characterized as experiencing this loss.

The term “sterilization regret” was pervasive in the medical textbooks examined, and is repeatedly discussed as a potential outcome of a woman’s sterilization (Lu, 2001; Symonds and Symonds, 1998; Peterson *et al.*, 1997; MacKay, 1991). The discourse of regret situates this outcome as a widespread and problematic issue, in one instance describing regret as “a public health problem” (Vatin, 2000:336). As such, a concern for identifying women at risk for regret has been emphasized in the literature, with associations drawn between youth and regret (Filshie, 1999; Lu, 2001) and sterilization timing in relation to pregnancy and abortion (Gilstrap *et al.*; Vatin, 2000). In doing so, the medical discourse characterizes the indecisiveness of youth and emotional instability of pregnancy as causal factors in women’s making regrettable choices. Implied in this discourse is the concept that rational (i.e. not pregnant) and mature women are less likely to choose the “mistake” of sterilization. Only one medical textbook noted the potential outcome of regret in relation to *not* being sterilized, acknowledging that, “on the other hand, some proportion of women who do not choose sterilization may also experience regret, due to unintended pregnancies or side effects of reversible contraceptive methods” (Gilstrap *et al.*, 2002:394). Nevertheless, within this multiplicity of discourses, regret is normalized as a loss of continued fertility – the discursively-constructed primary desire of women.

In contraception guidebooks, the discourse of regret was clearly associated with women’s *inherent desire* for reproduction. Consider the discourse of regret in

this excerpt clarifying for women who are debating which partner ought to be sterilized:

A man who is widowed or divorced in his late forties will often go on to form a new relationship with a woman considerably younger than himself. She may not yet have had children and is likely to be disappointed when she finds out he has had a vasectomy. A woman in the same position could not have children any more anyway, so she is less likely to regret her sterilization. Similarly, if a man is married to a woman much younger than himself, it would often be more sensible for him to have a vasectomy, since he may die while she is still young enough to have more children. (Szarewski and Guillebaud, 1998:221)

The experience of sterilization regret is always discursively linked to women's potential childbearing and disappointment at the loss of this potential.ⁱⁱ Within this discourse of regret, women are advised to choose the option that would "make the most" of their childbearing potential, maximizing their reproductive opportunity. To do otherwise is characterized as being "less sensible" or even, as the above example suggests, a waste when a woman still has "valuable" fertile years ahead of her. Furthermore, a particular kind of relationship is normalized in which older men form new relationships with "considerably younger" women, thus obtaining the most reproductive "value" from their new relationship. As women are discursively characterized as primarily interested in having children (if not now, then in the future) the failure to maximize one's childbearing potential, subsequently, will lead to the regret of sterilization as a poor decision.

Finally, a discussion of potential sterilization outcomes in medical literature involves a discourse of women's *pathology* following sterilization. While texts disagree in terms of the causes and findings of studies, many texts note the existence of a "post-tubal syndrome" or "post-sterilization syndrome" in which menstrual dysfunction, pain, or otherwise "abnormal" behaviour of the reproductive organs is cited as taking place (Gilstrap *et al.*, 2002; Peterson *et al.*, 1997; Vatin, 2000). In

pathologizing the experience of women's reproductive health post-sterilization in terms of a "syndrome" associated with their contraception, however, a discursive link is forged between sterilization and abnormal or "unnatural" reproductive health. Regardless of the varying findings in studies and literature debates, the association of an abnormal syndrome with sterilization discursively recalls a pathologized disruption to women's "natural" state of fulfilled reproduction.

In describing the potential outcomes of women's sterilization, medical discourse primarily focuses on issues of loss, regret, and dysfunction: a loss of identity that was rooted in a woman's reproductive capacity, a regret at the inability to fulfill a woman's "primary desire" to reproduce, and a dysfunctional body responding to the medical intervention in woman's "natural" state of reproduction. It is little wonder, then, that given this plethora of misfortune and abnormality that women are conceptualized as risking in undergoing sterilization, that one text described how "the most encouraging and satisfying type of tubal reparative surgery is the reversal of a previous tubal sterilization procedure" (Marrs, 1986:491). Given women's apparent primary desire to reproduce, the correction of an unnaturally-induced barrier to this ability has the meaning of being the "most satisfying" in medical discourse: a righting, it would seem, of reproductive wrongs.

The above analysis has been concerned with demonstrating how the form of the discursively-constituted sterilization patient structures particular meaningful medical practices and procedures in the event of seeking sterilization. As prior chapters have argued, however, the "sterilization patient" is not ever simply caught in a discourse of gender and reproduction; rather, interrelated discourse on race and class are also ever-present in the discourse of women and reproduction. Although detecting an explicit discourse on race and class was unexpected in contemporary medical

literature, the following section provides some tentative suggestions based on the few instances of differentiation between sterilization patients that were observed.

Women's Class and Race: Further Considerations in Sterilization Discourse

Both class and race have been discussed in prior chapters as major issues in qualifying the discourse of “good” motherhood, resulting in historical disparities in sterilization abuse as well as contemporary issues in instances of coercive sterilization (Schoen, 2005). Unfortunately, in being limited to a discourse analysis of medical texts, this analysis is unable to determine the extent to which differences in patient socioeconomic status or racial/ethnic background will influence the medical response in terms of practices and recommendations; the textbooks used in this analysis are contemporary publications and contain no direct, explicit reference to a discourse of poor women as “unfit” reproducers or racial minorities as in need of greater reproductive control than white women. It is interesting to note, however, that despite all expectations there were actually two instances when a woman’s race and class appear in the literature examined, and that the contexts of these discussions are such that suggest their implicit relationship to familiar discourse on race/class and reproduction.

Firstly, poor economic status is cited as a potential reason for choosing to sterilize, while a *change* in socioeconomic status is a potential reason for a woman regretting sterilization. As one user’s guide to contraception notes in an appeal to the economics of sterilization, “although this method is expensive at first, you never have to spend another penny on birth control after a tubal ligation. The longer you have it, then, the more economical it becomes” (Pasquale and Cadoff, 1996:188). Sterilization, then, is discursively situated as an economical bargain – particularly if a

woman makes use of it earlier in life. However, as one medical textbook noted, “poor financial circumstances can be highly motivating towards sterilization. Clients should be aware of the potential for improved circumstances in the future” (Filshie, 1999:143). Contraception is clearly characterized as appropriate or desired by patients in the circumstance of tight finances, but sterilization may not be as, in the future, finances may improve. As economic status is discursively linked with desirable reproduction and capable, “fit” motherhood, this is an interesting medical response. Similarly, future improvement in financial status “can create a strong wish to reverse an occlusion” of one’s fallopian tubes (Winikoff and Wymelenberg, 1997:170). While this also plays into a discourse of woman’s reproduction being an inherent and primary drive, financial security appears as a qualifying condition for “reawakening” that desire. Given the right (socioeconomic) conditions, then, a woman’s “strong wish” to reproduce will override her prior decisions. While this does appear to conflict with the discourse of poor women as unable to or too irresponsible to control their own reproduction (Stern, 2005), the discursive linking of a reawakened reproductive desire with financial improvement would suggest that women who remain economically disadvantaged do not similarly experience that “strong wish” to reverse their sterilization – or indeed to have babies at all. As others have noted, the infertility of poor women and their desires to have children have often been neglected in the provision of healthcare (Leonard, 2002) – that improved finances are characterized as an issue in *regretting* the decision to sterilize, problematizing sterilization as a contraceptive option for the economically-improved woman, is an interesting discursive echo.

Race appears in the text only briefly, but in a way that is important for critical analysis. For reasons unknown or unelaborated upon in the medical textbooks, one

briefly notes a higher failure rate (i.e. pregnancy after being sterilized) has been associated with black women (Lu, 2001:651), while another cites (non-white) “ethnicity” as being associated with a greater likelihood of regretting the decision to sterilize (Dorin, 1998:936). It is interesting to note that race is thus only mentioned in instances where *continued* reproduction is either desired (in the case of regret) or actually occurs in spite of medical efforts (in the case of failed sterilization). Both of these instances provided no further elaboration for their inclusion in the literature, nor elaboration of the studies upon which the statements were based. Obviously there is no way to probe the text for further discourse analysis of these instances; however, recalling the discursive link between racial minorities and overpopulation, one cannot help but notice how closely these instances come to contributing to a discourse of non-white women as “prolific” and stubborn reproducers, whose fertility is difficult to control (Shapiro, 1985) or whose reproduction is viewed as taking advantage of state-provided benefits (Thomas, 1998:425). While the explicit discussion of race and class was extremely limited in the text analyzed, the context in which these discussions did appear is arguably interesting enough to suggest that sterilization discourse remains connected to particular discourse on race, class and reproduction.

A Final Note on Intertextuality: Seeking Traces of Feminist and Bioethics

Discourse

Finally, given the discursive “background” explored in the previous chapter with regard to feminist and bioethical issues, it is important to note in the analysis of medical text the extent to which these intertextual links are present as a part of shifting practices and policy over time. Bioethical concerns are clearly present in the above-noted discourse of informed-consent; however, while medical textbooks

emphasize the bioethics-informed concern for consent, as well as other considerations such as the importance of having interpreters and disability services provided when needed (Byrn *et al.* 1992:182), none of the medical textbooks examined include any discussion of historical sterilization abuses or contemporary evidence of coercive practices. The “history of sterilization” is presented strictly in terms of technique development and the rise of sterilization popularity (Gilstrap *et al.*, 2002; Peterson, Pollack and Warshaw, 1997:529-530). The texts note that “it is unethical and illegal to perform tubal sterilization without the patient’s knowledge or against her wishes” (Lu, 2001:646), and though these practices are meaningful as part of a bioethics discourse, the development of these ethical standards is not discussed.

Surprisingly, however, there did appear to be discourse of “liberating” sterilization as a reproductive choice that could be considered in line with liberal feminist demands – albeit a discourse lacking any acknowledgement of women’s own efforts to shape the policies around sterilization that the previous chapter has discussed at length. This was certainly an unexpected find, and thus warrants further inquiry. Consider the following example:

With approximately 700,000 women a year currently choosing voluntary sterilization, it is obvious that *this is a procedure that women not only want, but demand*. Despite this clear mandate, there are still an excessive number of federal rules and regulations that mainly serve to discourage voluntary sterilization among financially underprivileged women. This is done by threatening to sever federal funding to the organizations that provide these services. These restrictive practices will likely appear as ridiculous to future generations as will the men (*certainly not women*) who devised and promulgated them (Cunningham *et al.*, 2001:1556, emphasis added).

This seemingly-feminist discourse of “liberating” the restrictions on sterilization is one that obfuscates the medical profession, public policy, and gendered norms and expectations in reproduction responsibility as having any impact on disparities in

sterilization numbers; rather, the popularity of women's sterilization is conceptualized as a result of catering to women's "demands". Such a discourse appears to express a feminist concern for the contraceptive desires of women – particularly in the apparent concern for poor women's access to sterilization being hindered by "restrictive practices". What is completely ignored here, however, is feminist concern for coercive encouragement of poor women's sterilization. Furthermore, women's involvement in designing sterilization access guidelines in order to protect poor and minority women from sterilization abuse are efforts that are rendered entirely invisible. While concern for women's contraceptive options has certainly been a part of feminist lobbying, as has removal of other problematic restrictions on sterilization, this is less of a *critical* feminist discourse than one which neatly cuts women's historical involvement from shaping public policy around reproduction.

The discourse of "liberating" sterilization for women is also present in descriptions of removing various policies characterized as outdated and restrictive. Historical discussions included the lifting of restrictions such as mathematical formulas (Speroff and Fritz, 2005:836) and the abandonment of "traditional institutionalized restriction of sterilization to women with medical indications, advanced age, or high parity" (Nelson, 1996:287). The practices of *contemporary medicine*, however, were never questioned as restrictive; today's medical practice is conceptualized as simply meeting "women's demands". It is, however, the discursive meaning produced in the medical practice of meeting those "demands" that this chapter has been concerned with.

Summary

This chapter has explored the discursive characterization of the woman seeking sterilization and the ways in which the medical practices surrounding her are based upon her particular conceptualization. Linking women with an inherent reproductive desire, medical discourse in the recommended counseling, techniques, and assumed outcomes of women's sterilization produces a continued association of fertility with femininity, of womanhood with reproductive fulfillment. Traditional gendered discourse, such as themes of heteronormativity and the "emotional" instability of women are also present in the gendered medical discourse of women seeking sterilization; class and race are also present in a discourse of differentiation. While an intertextual link to bioethics discourse is apparent in the medical literature examined, the influence of feminist discourse is apparent only as a means of obfuscating medical responsibility for structuring access to sterilization and women's experiences thereof. As this chapter has demonstrated, the discursive form of the sterilization patient will entail particular forms of medical management – practices that, in turn, produce particular discursive meanings on women and reproduction.

Conclusions, Future Directions, and Final Thoughts

Historical and textual analyses suggest that particular meanings of women and reproduction are present in the discourse surrounding the sterilization patient – in particular, ideals of femininity and "fitness" to reproduce. A historical analysis illustrates how public health discourse has varied in form and practice over time, due in part to feminist and bioethical influence; however, contemporary text would suggest the continuation of ideals associating women with reproduction, including the related issues of class and race in particular ways. Within contemporary medical

discourse, the sterilization patient is characterized within a discourse which perpetually links women to a reproductive “destiny” and ideals of fulfilled feminine identity through reproduction – the result being particular recommended practices within clinical texts, while user’s guidelines encourage one to question one’s own decision to be sterilized. Furthermore, this is a reproductive “destiny” and feminine identity which historical practices of both abusive and coercive sterilization on the basis of ability, race, sexual behaviour, and class would suggest is only available to women who are discursively situated as “fit” reproducers. As evidenced in historical practice and the recommended practice of medical text, the sterilization patient is thus situated within particular discursive meanings that structure her access to and provision of reproductive healthcare.

Given the importance of sterilization as a potential contraceptive choice for women, this medical event represents an important point of feminist discursive inquiry. While this project has been concerned with questioning history and text, further investigations are required in order to understand the discursive meaning in practice of providing women with sterilization. While medical texts situate the sterilization patient within discourse on reproduction and feminine ideals, the discourse of doctors who provide sterilization surgery would provide a comparison with the official recommendations “on the books.” A study of doctor-patient interactions surrounding the event of sterilization (from the time when a patient first requests information to when the decision is accepted by her doctor and finalized) would provide further insight, particularly to understand instances which are less likely to appear in text, such as differential treatment along lines of class and race. To understand the impact of these meaningful practices, women’s engagement with medical discourse would also provide further insight into their reasons for choosing

sterilization. Sterilization counseling literature has suggested that women encounter a discourse in which their decision to sterilize are belittled and not taken seriously (Allen, 1985:84) – a finding which the above chapter has suggested in the analysis of text. What would be interesting to investigate, however, is if and how this discourse structures women’s own discursive practices and the extent to which this engagement results in women’s particular counter discourses in negotiating their reproductive healthcare choices.

It would also be crucial to consider cases in which sterilization is not sought, but rather is recommended by medical authorities as the best course of action – and the disparities in this practice of preserving certain women’s reproductive capacities over others. In her study of interactions between doctors and patients in women’s reproductive health clinics, Sue Fisher (1986) offers insight into the decisions made by doctors and the differences in patient treatment as a result. She observed that the recommended course of action when a patient presented with abnormal cells in her PAP smear result varied from woman to woman in a particular pattern, finding that “older women who had their families, poor women, minority women, women who were on welfare, women who had had multiple abortions, and women who had had several children without being married seemed more likely to have hysterectomies recommended” (Fisher, 1986:32) – findings which similarly correspond to disparities in sterilization practices and recommendations. Hysterectomy results in a woman being sterilized as well – a consequence seemingly considered more beneficial (or at least in some way less problematic) for these women whom are more likely to have this course of action recommended. Hysterectomy as a medically-defined best course of action results in sterilization more often for *certain* women, suggesting that discursive ideals and meanings that are at play in this medical practice situate some

women's continued reproductive capacity as somehow less worthy of preservation than that of others.

One of the most interesting case studies Fisher notes is that of "Marta", a young, married, Mexican-American woman with three children: referred to the clinic after abnormal cells were detected in a routine post-partum PAP smear check-up, Marta's doctor initially recommended a hysterectomy. Marta subsequently had an abortion and coinciding tubal ligation before the recommended hysterectomy could be carried out; interestingly, the doctor dropped the initial recommendation, and she was instead simply treated with freezing surgery to remove the abnormal cells (Fisher, 1986:49-50). It is notable that this singular case of Fisher's sample in which a woman with several children did *not* undergo a hysterectomy to treat her abnormal cells (Fisher, 1986:50) was an event contingent upon her already having sought sterilization as *contraception*. This case study suggests that the pattern Fisher observes in terms of women who are more likely to be treated with hysterectomy is that the sterilization "side effect" of their abnormal cell treatment is actually an integral consideration in the provision of this treatment – when sterilization is already "taken care of", as in Marta's case, then other means of treatment are suddenly made available. Recall the preceding historical and medical text analyses: Marta's race and family size situate Marta within particular reproduction discourses, wherein her family is considered "complete" while her race relates to discourse on "fit" motherhood as well as "irresponsible" or unchecked reproduction. This case study illustrates how, even in the event of accessing other kinds of reproductive health care (in this instance, treatment of an abnormal PAP smear result), the issues raised in a discursive analysis of women's sterilization are present in medical practice in potentially structuring treatment availability and options – a point at which a feminist

discourse analysis can provide an understanding of the complex relationship between discourse and practice in impacting upon women's lives.

The purpose of this inquiry has not been to build a case for either greater liberation or more restricted freedom on sterilization access for any particular discursively-situated group of women; rather, the point has been to explore and argue the linkages between shifting characterizations of women granted access to (or lined up in the crosshairs of) sterilization as an (in)voluntary option and the meaningful practices entailed in this process. This project has analyzed women's sterilization by its taking direction from Foucault's inquisitive wish: "For so many uncertainties I would like to substitute the analysis of the discourse itself in its conditions of formation, in the series of its modifications, and in the play of its dependencies and correlations" (Foucault, 1996a:43). Sterilization presents numerous "uncertainties" to feminist inquiry of the extensively discussed and debated woman-reproduction link. As a technology of reproductive health that is steeped in a history of abusive and coercive strategies, sterilization is at the same time an important option in women's limited array of contraceptive methods. While a discourse perspective insists upon exploring the meanings produced in the practice of tying of tubes, an integration of *feminist* concerns with the discourse perspective allows for an understanding of how the shifting and complex forms these meanings take are correlated to and dependent upon associations of femininity and fertility – with women's reproductive healthcare at stake as a result.

ⁱ This conclusion in the hysterectomy "debate" is in direct contrast, however, to the observations of Sue Fisher (1986), whose work on patient-doctor interactions illustrates how, in *practice*, the decision to recommend sterilization via hysterectomy is not restricted to patients presenting with uterine diseases alone. Rather, a woman's childbearing history in having already "had" her family, her "older" age, and her lack of desire for future children were all cited in the decision to recommend women for hysterectomy – uterine disease was only a part of the decision in terms of its *potential return* (Fisher, 1986:29-30). In such instances, the concern that a woman may "change her mind" was not a part of the discourse, and the totality of a hysterectomy was presented to the patient as positive. It would seem, therefore, that the decision to remove the uterus rather than occlude the fallopian tubes is not nearly as

clear-cut as the medical text appears to rule on, suggesting that hysterectomy is only a debatable issue in the instance of women deemed young and with “incomplete” families – women considered to have not yet fulfilled their reproductive potential.

ⁱⁱ It is interesting to note that the emotional response of regret and “disappointment” is only linked to the woman of this situational example. While an in-depth comparison between the discourse of men’s and women’s sterilization is beyond the scope of this analysis, a significant difference was found in the descriptions of men’s and women’s sterilization outcomes: women were described in terms of “regret” (i.e. an emotional or traumatized response), while the only indication given of men’s dissatisfaction with sterilization was simply in description of men as actively seeking sterilization reversal: there was no trace of a similar male-centred sterilization regret “syndrome” (see, for example, Speroff and Fritz, 2005). One particularly illustrative example is found in the following fictional scenario of a user’s guide to contraception: A husband agrees to have a vasectomy and take on the role of contraception in his marital relationship, only to have his wife decide to go back on the pill in order to alleviate what are described as painful and embarrassing menstrual episodes. The now-sterilized husband’s only expression at this turn of events is, “why did I bother?” (Szarewski and Guillebaud, 1998). Here the male sterilization patient’s only regret is for the effort expended in seeking his vasectomy, while his decision around desiring contraception in the relationship is never displaced. A woman is warned in this example to carefully consider giving up her role as primarily responsible for contraception in the relationship, lest her husband “needlessly” expend his effort in the (likely) event that she changes her mind. It is further interesting to note that even in literature specifically addressing the question of regret over vasectomy as discontinuing fertility, the discussion was concerned with *women’s* regret at their male partner’s sterilization in comparison to women’s regret of tubal occlusion (see, for example, Jamieson and Hillis, 2002).

References

- Allen, Isobel (1985) *Counseling Services for Sterilisation, Vasectomy and Termination of Pregnancy*. London: Policy Studies Institute.
- Bailey, M.E. (1993) "Foucauldian feminism: Contesting bodies, sexuality and identity." Pp. 99-122 in Caroline Ramazanoglu (Ed.) *Up Against Foucault: Explorations of Some Tensions between Foucault and Feminism*. London: Routledge.
- Baxter, Judith (2003) *Positioning Gender in Discourse: A Feminist Methodology*. Hampshire: Palgrave Macmillan.
- Berer, Marge (1986) "Breeding Conspiracies: Feminism and the new reproductive technologies." *Trouble and Strife*, 9:29-35.
- Bordo, Susan (1993) "Feminism, Foucault and the politics of the body." Pp. 179-202 in Caroline Ramazanoglu (Ed.) *Up Against Foucault: Explorations of Some Tensions between Foucault and Feminism*. London: Routledge.
- Braidotti, Rosi (1991) "Bodies, Texts and Powers." Pp. 76-97 in *Patterns of Dissonance: A study of women in contemporary philosophy*. Cambridge: Polity Press.
- Braidotti, Rosi (1996) "Signs of Wonder and .Traces of Doubt: On Teratology and Embodied Differences." Pp. 135-152 in Nina Lykke and Rosi Braidotti (Eds.) *Between Monsters, Goddesses and Cyborgs: Feminist Confrontations with Science, Medicine and Cyberspace*. London: Zed Books.

- Braidotti, Rosi (1997) "Mothers, Monsters, and Machines." Pp. 59-79 in Katie Conboy, Nadia Medina, and Sarah Stanbury (Eds.) *Writing on the Body: Female Embodiment and Feminist Theory*. New York: Columbia University Press.
- Butler, Judith (1990) *Gender Trouble*. London: Routledge.
- Byrn, Francis W., David K. Guardia, Luis A Izquierdo, and Thomas V. Sedlacek (1992) "Sterilization." Pp. 179-182 in *Obstetrics and Gynecology: The Clinical Core*. Philadelphia: Lea and Febiger.
- Campbell, A. (1999) *Childfree and Sterilized: Women's Decisions and Medical Responses*. London: Cassell.
- Carey, Allison (1998) "Gender and Compulsory Sterilization Programs in America: 1907-1950." *Journal of Historical Sociology*, 11(1):74-105.
- Carpio, Myla Vicenti (2004) "The Lost Generation: American Indian Women and Sterilization Abuse." *Social Justice*, 31(4):40-53.
- Chater, Nancy (1991) "Unexamined History Repeats Itself: Race and Class in the Canadian Reproductive Rights Movement." *Fireweed*, 32:44-73.
- Corea, Gena, Renate Duelli Klein, Jalna Hanmer, Helen B. Holmes, Betty Hoskins, Madhu Kishwar, Janice Raymond, Robyn Rowland, and Roberta Steinbacher (1987) *Man-Made Women: How new reproductive technologies affect women*. Indianapolis: Indiana University Press.
- Corea, Gena (1988). *The Mother Machine: Reproductive Technologies from Artificial Insemination to Artificial Wombs*. London: The Women's Press Ltd.

- Corea, Gena (1993) "Introduction: First Words." Pp. 13-22 in Gwynne Basen, Margrit Eichler and Abby Lippman (Eds.) *Misconceptions: The Social Construction of Choice and the New Reproductive and Genetic Technologies*. Hull, Quebec: Voyageur Publishing.
- Cranny-Francis, Anne, Wendy Waring, Pam Stavropoulos, and Joan Kirkby (2003) "Ways of Reading." Pp. 89-138 in *Gender Studies: Terms and Debates*. Hampshire, Palgrave Macmillan.
- Critchlow, Donald T. (1999) *Intended Consequences: Birth Control, Abortion, and the Federal Government in Modern America*. New York: Oxford University Press.
- Cunningham, F. Gary, Norman F. Grant, Kenneth J. Leveno, Larry C. Gilstrap, John C. Hauth, and Katharine D. Wenstrom (2001) "Sterilization." Pp. 1555-1562 in *Williams Obstetrics* (21st Edition). New York: McGraw-Hill Medical Publishing Division.
- Davies, Bronwyn and Susan Gannon (2005) "Feminism/Poststructuralism." Pp. 318-325 in Bridget Somekh and Cathy Lewin (Eds.) *Research Methods in the Social Sciences*. London: Sage Publications.
- de Arellano, Annette B. Ramirez and Conrad Seipp (1983) *Colonialism, Catholicism, and Contraception: A History of Birth Control in Puerto Rico*. Chapel Hill: University of North Carolina Press.
- Dorin, Maxine H. (1998) "Tubal Sterilization." Pp. 933-936 in Lila A. Wallis, Anne S. Kasper, George Gordon Reader, Dorothy M. Barbo, Willa Brown, Orli R. Etingin, and Carol C. Nadelson (Eds.) *Textbook of Women's Health*. Philadelphia: Lipincott-Raven Publishers.

- Filshie, G. Marcus (1999) "Female and male sterilization." Pp. 139-148 in Ali Kubba, Joseph Sanfilippo, and Naomi Hampton (Eds.) *Contraception and Office Gynecology: Choices in Reproductive Health Care*. New York: WB Saunders.
- Fisher, Sue (1986) *In the Patient's Best Interest: Women and the Politics of Medical Decisions*. New Brunswick, New Jersey: Rutgers University Press.
- Fisher, Sue (1987). "Doctor-Patient Communication: A social and Micro-Political Performance." *Sociology of Health and Illness*, 6(1):1-29.
- Foucault, Michel (1972) *The Archaeology of Knowledge and the Discourse on Language*. New York: Pantheon Books.
- Foucault, Michel (1977a) *Language, Counter-Memory, and Practice*. Ithica, New York: Cornell University Press.
- Foucault, Michel (1977b) *Discipline and Punish: The Birth of the Prison*. New York: Vintage Books.
- Foucault, Michel (1978) *The History of Sexuality: An Introduction (Volume 1)*. New York: Vintage Books.
- Foucault, Michel (1981) "The Order of Discourse." Pp. 48-79 in R. Young (Ed.) *Untying the Text: A Post-Structuralist Reader*. London: Routledge and Kegan Paul.
- Foucault, Michel (1996) "History, Discourse and Discontinuity", pp. 33-50 in Sylvère Lotringer (Ed.) *Foucault Live (Interviews, 1961-1984)*. New York: Semiotext(e).
- Fox, Nick J. (1997) "Is there life after Foucault? Texts, frames and *differends*." Pp. 31-50 in Alan Petersen and Robin Bunton (Eds.) *Foucault, Health and Medicine*. London: Routledge.

- Franks, Angela (2005) *Margaret Sanger's Eugenic Legacy: The Control of Female Fertility*. North Carolina: McFarland and Company, Inc., Publishers.
- Freundlieb, Dieter (1994) "Foucault's Theory of Discourse and Human Agency." Pp. 152-180 in *Reassessing Foucault: Power, Medicine and the Body*. London: Routledge.
- Furrow, Barry R., Sandra H. Jonson, Timothy S. Jost, and Robert L. Schwartz (1991) *Bioethics: Health Care law and Ethics*. St. Paul, Minnesota: West Publishing Co.
- Gatens, Moira (1996). "Woman and her Doubles: Sex, Gender and Ethics." Pp. 29-45 in *Imaginary Bodies: Ethics, Power and Corporeality*. London: Routledge.
- Gilstrap, Larry C., F. Gary Cunningham, and J. Peter Vandorsten, (2002) "Female Sterilization." Pp. 379-396 in *Operative Obstetrics (2nd Edition)*. New York: McGraw-Hill Medical Publishing Division.
- Grekul, Jana, Harvey Krahn, and Dave Odynak (2004) "Sterilizing the 'Feeble-minded': Eugenics in Alberta, Canada, 1929-1972." *Journal of Historical Sociology*, 17(4):358-384.
- Grosz, Elizabeth (1994) "Refiguring Bodies." Pp. 3-24 in *Volatile Bodies: Towards a Corporeal Feminism*. Indianapolis: Indiana University Press.
- Gupta, Janesh K., Gary Mire, and Khalid S. Khan (2001) *Core Clinical Cases in Obstetrics and Gynaecology: A Problem-Solving Approach*. New York: Oxford University Press, Inc.
- Hall, Stuart (2001) "Foucault: Power, Knowledge and Discourse." Pp. 72-81 in *Discourse Theory and Practice: A Reader*. London: Sage Publications.

- Hartmann, Betsy (1987). *Reproductive Rights and Wrongs: The Global Politics of Population Control and Contraceptive Choice*. New York: Harper and Row, Publishers, Inc.
- Henley, Madeline (1993) "The Creation and Perpetuation of the Mother/Body Myth: Judicial and Legislative Enlistment of Norplant." *Buffalo Law Review*, 41:703-777.
- Hodgson, Jane E. and Renée Ward (1981) "Provision and organization of abortion and sterilization services in the United States." Pp. 519-545 in Jane E. Hodgson (Ed.) *Abortion and Sterilization: Medical and Social Aspects*. London: Academic Press Inc. (London) Ltd.
- Institute of Law Research and Reform (1988) *Sterilization Decisions: Minors and Mentally Incompetent Adults: Report for Discussion No. 6*. Edmonton, Alberta: Institute of Law Research and Reform.
- Israel, Robert (2002) "Female Sterilization: Choice of Technique." Pp. 485-488 in Daniel R. Mishell Jr., T. Murphy Goodwin, and Paul F. Brenner (Eds.) *Management of Common Problems in Obstetrics and Gynecology (Fourth Edition)*. Massachusetts: Blackwell Science Inc.
- Jackson, Emily (2001) *Regulating Reproduction: Law, Technology and Autonomy*. Oxford: Hart Publishing.
- Jain, John K. (2001) "Contraception, Sterilization, and Abortion." Pp. 254-263 in Alexander F. Burnett (Ed.) *Clinical Obstetrics and Gynecology: A problem-based approach*. Massachusetts: Blackwell Science Inc.
- Jamieson, Denise J. and Susan D. Hillis (2002) "A Comparison of Women's Regret After Vasectomy Versus Tubal Sterilization." *Obstetrics and Gynecology*, 99(6):1073-1079.

- Jordanova, Ludmilla (1980). "Natural Facts: A Historical Perspective on Science and Sexuality." Pp. 42-69 in Carol P. MacCormack and Marilyn Strathern (Eds.) *Nature, Culture, and Gender*. Cambridge: Cambridge University Press.
- Jordanova, Ludmilla (1989) *Sexual Visions: Images of Gender in Science and Medicine*. New York: Harvester Wheatsheaf.
- Kaplan, Lawrence J. and Rosemary Tong (1994) *Controlling Our Reproductive Destiny: A Technological and Philosophical Perspective*. Cambridge, Massachusetts: The MIT Press.
- Klein, Renate Duelli (1987) "What's 'new' about the 'new' reproductive technologies?" Pp. 64-73 in Gena Corea, Renate Duelli Klein, Jalna Hanmer, Helen B. Holmes, Betty Hoskins, Madhu Kishwar, Janice Raymond, Robyn Rowland and Roberta Steinbacher (Eds.) *Man-Made Women: How New Reproductive Technologies Affect Women*. Indianapolis: Indiana University Press.
- Krishnan, Vijaya and Kelly Martin (2004) "Contraceptive Sterilization Among Canadians, 1984-1995." *Canadian Studies in Population*, 31(1):15-31.
- Leonard, E.B. (2002) "Reproductive Technology and the Politics of Social Control." Pp. 75-115 in *Women, Technology, and the Myth of Progress*. New Jersey: Prentice Hall.
- Lopez, Iris (1997) "Agency and Constraint: Sterilization and Reproductive Freedom Among Puerto Rican Women in New York City." Pp. 157-171 in Louise Lamphere, Helena Ragoné and Patricia Zavella (Eds.) *Situated Lives: Gender and Culture in Everyday Life*. New York: Routledge.

- Lu, Michael C. (2001) "Tubal Sterilization." Pp. 645-653 in David M. Gershenson, Alan H. Decherney, Stephen L. Curry, and Linda Brubaker (Eds.) *Operative Gynecology*. Philadelphia: W.B. Saunders Company.
- Lupton, Deborah (1997) "Foucault and the medicalisation critique." Pp. 94-110 in Alan Petersen and Robin Bunton (Eds.) *Foucault, Health and Medicine*. London: Routledge.
- Lykke, Nina (1996) "Between Monsters, Goddesses and Cyborgs: Feminist Confrontations with Science." Pp. 13-29 in Nina Lykke and Rosi Braidotti (Eds.) *Between Monsters, Goddesses and Cyborgs: Feminist Confrontations with Science, Medicine and Cyberspace*. London: Zed Books.
- MacDonald, Malcom N. (2002) "Pedagogy, pathology and ideology: the production, transmission and reproduction of medical discourse." *Discourse and Society*, 13(4):447-467.
- MacKay, H. Trent (1991) "Contraception, Abortion, and Sterilization." Pp. 3-22 in Kenneth R. Niswander and Arthur T. Evans (Eds.) *Manual of Obstetrics: Diagnosis and Therapy*. Boston: Little, Brown and Company.
- Marrs, Richard P. (1986) "Tubal Surgery." Pp. 481-498 in Daniel R. Mishell and Val Davajan (Eds.) *Infertility, Contraception, and Reproductive Endocrinology*. Oradell, New Jersey: Medical Economics Company, Inc.
- Marshall, Harriette (1991) "The Social Construction of Motherhood: An Analysis of Childcare and Parenting Manuals." Pp. 66-85 in Ann Phoenix, Anne Woollett and Eva Lloyd (Eds.) *Motherhood: Meanings, Practices and Ideologies*. London: Sage Publications.
- Marshall, Harriette and Anne Woollett (2000) "Fit to Reproduce? The Regulatory Role of Pregnancy Texts." *Feminism and Psychology*, 10(3):351-366.

- Martin, Emily (1997) "Medical Metaphors of Women's Bodies: Menstruation and Menopause." Pp. 15-41 in Katie Conboy, Nadia Medina and Sarah Stanbury (Eds.) *Writing on the Body: Female Embodiment and Feminist Theory*. New York: Columbia University Press.
- Martin, Emily (1999) "The Egg and the Sperm: How Science Has Constructed a Romance Based on Stereotypical Male-Female Roles." Pp. 15-28 in Sharlene Hesse-Biber, Christina Gilmartin and Robin Lydenberg (Eds.) *Feminist Approaches to Theory and Methodology*. New York: Oxford University Press.
- May, Elaine Tyler (1995) *Barren in the Promised Land: Childless Americans and the Pursuit of Happiness*. New York: BasicBooks.
- McLaren, Angus and Arlene Tigar McLaren (1986) *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1997*. Toronto: Oxford University Press.
- Menioff, Jerry (2001) "The Past and Present of Sterilization." Pp. 39-52 in *Law and Bioethics: an Introduction*. Washington, DC: Georgetown University Press.
- Meyers, David W. (2006) "Compulsory Sterilization and Castration." Pp. 26-47 in *The Human Body and the Law: A medico-legal study*. New Brunswick: Aldine Transaction.
- Mills, Sara (2004) *Discourse: The New Critical Idiom*. London: Routledge.
- Nelson, H. Preston (1996) "Sterilization." Pp. 287-293 in G. David Adamson and Daniel C. Martin (Eds.) *Endoscopic Management of Gynecologic Disease*. Philadelphia: Lippincott-Raven Publishers.
- Nelson, J. (2003) *Women of Color and the Reproductive Rights Movement*. New York: New York University Press.

- Noll, Steven (1998) "The Sterilization of Willie Mallory." Pp. 41-57 in Molly Ladd-Taylor and Lauri Umansky (Eds.) *"Bad" Mothers: The Politics of Blame in Twentieth-Century America*. New York: New York University Press.
- Oudshoorn, Nelly (1996) "The Decline of the One-Size-Fits-All Paradigm, or, How Reproductive Scientists Try to Cope with Postmodernity." Pp. 153-172 in Nina Lykke and Rosi Braidotti (Eds.) *Between Monsters, Goddesses and Cyborgs: Feminist Confrontations with Science, Medicine and Cyberspace*. London: Zed Books.
- Park, Deborah C. and John P. Radford (1998) "From the Case Files: Reconstructing a history of involuntary sterilization." *Disability and Society*, 13(3):317-342.
- Pasquale, Samuel A. and Jennifer Cadoff (1996) *The Birth Control Book: A Complete Guide to Your Contraceptive Options*. New York: Ballantine Books.
- Pavone, Mary Ellen and Anne Burke (2007) "Fertility Control: Contraception, Sterilization, and Abortion." Pp. 343-354 in Kimberly B. Fortner, Linda M. Szymanski, Harold E. Fox, and Edward E. Wallach (Eds.) *The John Hopkins Manual of Gynecology and Obstetrics (Third Edition)*. Philadelphia: Lippincott Williams and Wilkins.
- Peterson, Herbert B., Amy E. Pollack, and Jeffrey S. Warshaw (1997) "Tubal Sterilization." Pp. 529-547 in John A. Rock and John D. Thompson (Eds.) *Te Linde's Operative Gynecology (8th Edition)*. Philadelphia: Lippincott-Raven Publishers.
- Pfeffer, Naomi (2006) *The Stork and the Syringe*. Cambridge: Polity Press.

- Philliber Susan G. and William W. Philliber (1985) "Social and Psychological Perspectives on Voluntary Sterilization: A Review." *Studies in Family Planning*, 16(1):1-29.
- Phillips, Nelson and Cynthia Hardy (2002) *Discourse Analysis: Investigating Processes of Social Construction*. Thousand Oaks, CA: Sage.
- Phoenix, Ann and Anne Woollett (1991) "Motherhood: Social Construction, Politics and Psychology." Pp. 13-27 in Ann Phoenix, Anne Woollett and Eva Lloyd (Eds.) *Motherhood: Meanings, Practices and Ideologies*. London: Sage Publications.
- Pietsch, Nicole (2004) "Un/titled: Constructions of Illegitimate Motherhood as Gender Insurrection." Pp. 65-78 in Andrea O'Reilly (Ed.) *Mother Matters: Motherhood as Discourse and Practice*. Toronto: Association for Research on Mothering.
- Plechner, Deborah (2000) "Women, Medicine, and Sociology: Thoughts on the need for a critical feminist perspective." *Health, Illness, and Use of Care: The Impact of Social Factors*, 18:69-94.
- Potter, Jonathan and Margaret Wetherell (1994) "Analyzing Discourse." Pp. 47-66 in Alan Bryman and Robert G. Burgess (Eds.) *Analyzing Qualitative Data*. London: Routledge.
- Powderly, Kathleen E. (1996) "Contraceptive Policy and Ethics: Lessons from American History." Pp. 23-33 in Ellen H. Moskowitz and Bruce Jennings (Eds.) *Coerced Contraception? Moral and Policy Challenges of Long-Acting Birth Control*. Washington, D.C.: Georgetown University Press.

- Ramazanoglu, Caroline (1993) "Introduction." Pp. 1-28 in Caroline Ramazanoglu (Ed.) *Up Against Foucault: Explorations of Some Tensions Between Foucault and Feminism*. London: Routledge.
- Ransom, Janet (1993) "Feminism, difference and discourse: The limits of discursive analysis for feminism." Pp. 123-146 in Caroline Ramazanoglu (Ed.) *Up Against Foucault: Explorations of Some Tensions Between Foucault and Feminism*. London: Routledge.
- Reich, Jennifer A. (2005) "Enemies of the State: Poor White Mothers and the Discourse of Universal Human Rights." Pp. 57-78 in Sharon M. Meager and Patrice Diquinzio (Eds.) *Women and Children First: Feminism, Rhetoric, and Public Policy*. Albany: State University of New York Press.
- Richart, Ralph M. and Katherine F. Darabi (1977) "Female Sterilization." Pp. 178-187 in Roy O. Greep and Marjorie A. Koblinsky (Eds.) *Frontiers in Reproduction and Fertility Control: A Review of the Reproductive Sciences and Contraceptive Development*. Cambridge, Massachusetts: The MIT Press.
- Rindfuss, Ronald R. and Futing Liao (1988) "Medical and Contraceptive Reasons for Sterilization in the United States." *Studies in Family Planning*, 19(6):370-380.
- Rosser, Sue (1992) *Biology and Feminism: A Dynamic Interaction*. New York: Twyane Publishers.
- Rudolfsdottir, Annadis Greta (2000) "'I Am Not a Patient, and I Am Not a Child': The Institutionalization and Experience of Pregnancy." *Feminism and Psychology*, 10(3):337-350.
- Sawicki, Jana (1991) *Disciplining Foucault: Feminism, Power, and the Body*. London: Routledge.

- Schoen, Johanna (2005) *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare*. Chapel Hill: The University of North Carolina Press.
- Scott, Elizabeth S. (2002) "Sterilization of Mentally Retarded Persons: Reproductive Rights and Family Privacy." Pp. 379-438 in Bonnie Steinbock (Ed.) *Legal and Ethical Issues in Human Reproduction*. Burlington, VT: Ashgate/Dartmouth Publishing Company.
- Shapiro, Thomas M. (1985) *Population Control Politics: Women, Sterilization, and Reproductive Choice*. Philadelphia: Temple University Press.
- Shivas, Tricha and Sonya Charles (2005) "Behind Bars or up on a Pedestal: Motherhood and Fetal Harm." Pp. 183-201 in Sharon M. Meager and Patricia Diquinzio (Eds.) *Women and Children First: Feminism, Rhetoric, and Public Policy*. Albany: State University of New York Press.
- Smith, Dorothy E. (1990) *The Conceptual Practices of Power: A Feminist Sociology of Knowledge*. Toronto: University of Toronto Press.
- Spallone, Patricia (1989) *Beyond Conception: The New Politics of Reproduction*. London: MacMillan Education.
- Speroff, Leon and Philip D. Darney (2001) "Sterilization." Pp. 363-391 in *A Clinical Guide for Contraception (3rd Edition)*. Philadelphia: Lippincott Williams and Wilkins.
- Speroff, Leon and Marc A. Fritz (2005) "Family Planning, Sterilization and Abortion." Pp. 827-859 in *Clinical Gynecologic Endocrinology and Infertility*. Philadelphia: Lippincott Williams and Wilkins.

- Stanworth, Michelle (1987) "Reproductive Technologies and the Deconstruction of Motherhood." Pp. 10-35 in Michelle Stanworth (Ed.) *Reproductive Technologies: Gender Motherhood and Medicine*. Cambridge: Polity Press.
- Steinbock, Bonnie (1996) "The Concept of Coercion and Long-Term Contraceptives." Pp. 53-78 in Ellen H. Moskowitz and Bruce Jennings (Eds.) *Coerced Contraception? Moral and Policy Challenges of Long-Acting Birth Control*. Washington, D.C.: Georgetown University Press.
- Stern, Alexandra Minna (2005) *Eugenic Nation: Faults and Frontiers of Better Breeding in America*. Berkeley: University of California Press.
- Symonds, E. Malcom and Ian M. Symonds (1998) "Contraception and sterilization." Pp. 203-213 in *Essential Obstetrics and Gynaecology (Third Edition)*. New York: Churchill Livingstone.
- Szarewski, Anne and John Guillebaud (1998) *Contraception: A User's Handbook*. Oxford: Oxford University Press.
- The Society of Obstetricians and Gynaecologists of Canada (2000) *Sex Sense: Canadian Contraception Guide*. Ottawa: The Society of Obstetricians and Gynaecologists of Canada.
- Thomas, Susan L. (1998) "Race, Gender, and Welfare Reform: The Antinatalist Response." *Journal of Black Studies*, 28(4):419-446.
- Thomson, Michael (1998) "Rewriting the doctor: medical law, literature and feminist Strategy." Pp. 173-188 in Sally Sheldon and Michael Thomson (Eds.) *Feminist Perspectives in Health Care Law*. London: Cavendish Publishing Limited.

- Torpy, Sally J. (2000) "Native American Women and Coerced Sterilization: On the Trail of Tears in the 1970s." *American Indian Culture and Research Journal*, 24(2):1-22.
- Tong, Rosemary (1997) *Feminist Approaches to Bioethics: Theoretical Reflections and Practical Applications*. Boulder, Colorado: Westview Press.
- Trombly, Stephen (1988) *The Right to Reproduce: A History of Coercive Sterilization*. London: Weidenfeld and Nicolson.
- Vatin, Marc (2000) "Female Sterilization." Pp. 336-340 in Michel E. Rivlin and Rick W. Martin (Eds.) *Manual of Clinical Problems in Obstetrics and Gynecology*. Philadelphia: Lippincott, Williams and Wilkins.
- Winikoff, Beverly and Suzanne Wymelenberg (1997) "Female Sterilization: Tubal Occlusion." Pp. 163-190 in *The Whole Truth About Contraception: A Guide to Safe and Effective Choices*. Washington, D.C.: Joseph Henry Press.