

STERILISATION ACT NO. 44 OF 1998

[ASSENTED TO 27 AUGUST, 1998]
[DATE OF COMMENCEMENT: 1 FEBRUARY, 1999]

(English text signed by the President)

This Act has been updated to *Government Gazette 27702* dated 22 June, 2005.

as amended by

Sterilisation Amendment Act, No. 3 of 2005

ACT

To provide for the right to sterilisation; to determine the circumstances under which sterilisation may be performed and, in particular, the circumstances under which sterilisation may be performed on persons incapable of consenting or incompetent to consent due to mental disability; and to provide for matters connected therewith.

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Preamble.—RECOGNISING that the Constitution protects the rights to bodily and psychological integrity of persons which includes the right to make decisions concerning reproduction and the right to security in and control over their bodies;

RECOGNISING that both women and men have the right to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation; and

WHEREAS the inability to give consent should not automatically entail the loss of constitutional rights and whereas it is necessary to ensure that mentally disabled persons are able to exercise these rights as far as possible;

THEREFORE, in order to restore, protect and promote the human dignity of persons, in particular those who are incapable of consenting or who are mentally disabled, by ensuring that decisions about sterilisation are made in a manner that is responsible and considerate.

1. Definitions.—In this Act, unless the context indicates otherwise—

“**consent**” means the consent contemplated in section 4;

“**medical practitioner**” means a person registered as such in terms of the Health Professions Act, 1974 (Act No. 56 of 1974);

“**Member of the Executive Council**” means a member of the Executive Council responsible for health in a province;

“**Minister**” means the Minister of Health;

“**nurse**” means a person registered as such in terms of the Nursing Act, 1978 (Act No. 50 of 1978), and who holds a qualification in psychiatry;

“**prescribed**” means prescribed by regulation made under this Act;

“**psychiatrist**” means a person registered as such in terms of the Health Professions Act, 1974 (Act No. 56 of 1974);

“**psychologist**” means a person registered as such in terms of the Health Professions Act, 1974 (Act No. 56 of 1974);

“**social worker**” means a person registered as such in terms of the Social Work Act, 1978 (Act No. 110 of 1978);

“**sterilisation**” means a procedure whereby a person could be permanently rendered incapable of fertilisation or reproduction.

[Definition of “sterilisation” amended by s. 1 of Act No. 3 of 2005.]

2. Persons capable of consenting.—(1) A person may be sterilised if he or she is—

- (a) capable of consenting; and
- (b) 18 years of age or above.

[Sub-s. (1) substituted by s. 2 (a) of Act No. 3 of 2005.]

(2) A person capable of consenting may not be sterilised without his or her consent.

(3) (a) Sterilisation may be performed on a person who is under the age of 18 years if failure to do so would jeopardize the person’s life or seriously impair his or her health.

[Para. (a) substituted by s. 2 (b) of Act No. 3 of 2005.]

(b) Section 3 (1) (a) and (2) will apply with the necessary changes.

(c) A person contemplated in paragraph (a), may be sterilised if—

- (i) consent is given by a person who is lawfully entitled to give consent; and
- (ii) an independent medical practitioner who, before a panel is convened in terms of section 3 (2), has consulted with the person to be sterilised and has provided a written opinion to the effect that the sterilisation is in the best interest of that person.

[Para. (c) added by s. 2 (c) of Act No. 3 of 2005.]

3. Person incapable of consenting or incompetent to consent due to mental disability.—(1) Sterilisation may be performed on any person who is incapable of consenting or incompetent to consent—

- (a) upon a request to the person in charge of a hospital and with the consent of a—
 - (i) parent;
 - (ii) spouse;
 - (iii) guardian; or
 - (iv) curator;
- (b) if a panel contemplated in subsection (2) after considering all relevant information, including—
 - (i) the person's age;
 - (ii) whether there are other safe and effective alternatives to sterilisation;
 - (iii) the person's mental and physical health and wellbeing;
 - (iv) the potential effect of sterilisation on the person's mental and physical health and wellbeing;
 - (v) the nature of the sterilisation procedure to be performed;
 - (vi) the likelihood that the person will become capable of consenting to sterilisation;
 - (vii) whether the sterilisation is in the best interests of the person to be sterilised; and
 - (viii) the benefit which the person may derive from sterilisation, concurs that sterilisation may be performed; and

[Para. (b) substituted by s. 3 (b) of Act No. 3 of 2005.]
- (c) if the person is mentally disabled to such an extent that such a person is incapable of—
 - (i) making his or her own decision about contraception or sterilisation;
 - (ii) developing mentally to a sufficient degree to make an informed judgement about contraception or sterilisation; and
 - (iii) fulfilling the parental responsibility associated with giving birth.

(2) The person in charge of a hospital contemplated in subsection (1) must upon request, as prescribed for sterilisation, convene a panel which will consist of—

- (a) a psychiatrist, or a medical practitioner if no psychiatrist is available;
- (b) a psychologist or a social worker; and
- (c) a nurse.

(3) Where a person to be sterilised is in custodial care, no member of the panel may be an employee of the custodial institution.

(4) If sterilisation is to be performed in a private health care facility, the members of the panel may not be employees of, or have a financial interest in, that facility.

(5) The person performing the sterilisation must ensure that the method of sterilisation used holds the least health risk to the person on whom sterilisation is performed.

(6)

[Sub-s. (6) deleted by s. 3 (c) of Act No. 3 of 2005.]

(7) For the purposes of this section, “**mental disability**” means a range of functioning extending from partial self-maintenance under close supervision, together with limited self-protection skills in a controlled environment through limited self care and requiring constant aid and supervision, to restrained sensory and motor functioning and requiring nursing care.

[S. 3 amended by s. 3 (a) of Act No. 3 of 2005. Sub-s. (7) substituted by s. 3 (d) of Act No. 3 of 2005.]

4. Consent.—For the purposes of this Act, “**consent**” means consent given freely and voluntarily without any inducement and may only be given if the person giving it has—

- (a) been given a clear explanation and adequate description of the—
 - (i) proposed plan of the procedure; and
 - (ii) consequences, risks and the reversible or irreversible nature of the sterilisation procedure;
- (b) been given advice that the consent may be withdrawn any time before the treatment; and
- (c) understood and signed the prescribed consent form.

[Para. (c) substituted by s. 4 of Act No. 3 of 2005.]

5. Place where sterilisation may take place.—(1) Sterilisation contemplated in section 3 (1) may be performed only at a facility designated in writing for that purpose by the member of the Executive Council.

(2) The member of the Executive Council may designate any facility in terms of subsection (1) subject to such conditions and requirements as he or she may consider necessary for achieving the objects of this Act.

(3) The member of the Executive Council may, if the conditions or requirements contemplated in subsection 2 are not complied with, withdraw any designation under this section after giving reasonable notice of the intended withdrawal to the person in charge of the facility in question.

6. Keeping of records.—The person in charge of a facility referred to in section 5 or a person designated for such purpose must be notified as prescribed of every sterilisation performed in that facility and must keep a record of every such sterilisation.

7. Delegation.—(1) The member of the Executive Council may in writing, on such conditions as he or she may determine, delegate to the head of a provincial department of health any power conferred upon him or her under this Act.

(2) The member of the Executive Council is not divested of any power delegated by him or her.

8. Regulations.—The Minister may, after consultation with the members of the Executive Council, make regulations relating to any matter which he or she may consider necessary or expedient to prescribe for achieving the objects of this Act.

9. Offences and penalties.—Any person who contravenes or fails to comply with the provisions of this Act is guilty of an offence and liable on conviction to a fine or to imprisonment for a period not exceeding five years.

10. Repeal of laws.—This Act repeals any law relating to sterilisation which applied prior to the commencement of this Act.

11. Short title and commencement.—This Act is called the Sterilisation Act, 1998, and comes into effect on a date fixed by the President by proclamation in the *Gazette*.



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