

CICRED'S SEMINAR

Politics and reproductive health : a dangerous connection

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CICRED

**INTERREGIONAL SEMINAR ON
REPRODUCTIVE HEALTH, UNMET NEEDS AND POVERTY**

**Bangkok, Thailand
November 25-29, 2002**

**POLITICS AND REPRODUCTIVE HEALTH:
A DANGEROUS CONNECTION**

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POLITICS AND REPRODUCTIVE HEALTH: A DANGEROUS CONNECTION

1. ISSUES AND PURPOSE²

After over 5 decades of debate on family planning and reproductive rights, after Cairo and in the era of globalization we would expect that issues relating to reproductive choice, including universal access to information and high quality family planning services in developing countries had been finally settled. By looking at the recent history of family planning in Perú, we hope to shed doubt on this assurance. Perú's policies on family planning and reproductive health have shifted during the past decade from a national priority based on vertical programs stressing female sterilization as the main strategy for poverty alleviation and population control during the Fujimori decade (1990-2000) to conservative fundamentalism under Toledo (2001-today) through the former health minister and current prime minister, whose administration has discontinued promotion of family planning services, banned emergency contraception, stopped services for adolescents and kept abortion illegal, erasing gender and reproductive rights from the official vocabulary.

Some authors have argued that "in most of the developing world, the subject of the population policy debate is no longer whether family planning programs should be established and promoted, but **how such programs are to be implemented**" (Finkle & McIntosh, page 4, 1994, our italics). We would like to question this view by arguing that the "how" is deeply linked to the "why". In other words that the debate but more importantly, actual public policies on family planning and reproductive health in developing countries are still strongly influenced by ideology. Issues such as sterilization, providing contraceptive services to unmarried adolescents, emergency contraception and specially abortion are not only subject to intense debate and diverse policies, but linked tightly to ideological and cultural values and beliefs. In countries with weak public institutions, frail democracies and absence of an independent public career, ideology shapes and governs policies pertaining specially to reproduction and sexual health.

However this conservative backlash is not only a national phenomena. In the era of globalization ideological ties are international and able to shape both national as well as international policies. The follow up to the Cairo international conference will probably be cancelled by the very same international organizations that were behind the 1994 event to avoid losing ground on reproductive rights and family planning issues. UNFPA is suffering its worst financial crisis after President Bush decided last July to cut USA support deeming it guilty by association with China's one child policy despite its own administration report that failed to proof such linkage (Jacobson & Mallik, 2002). USAID international support to family planning is facing strong criticism from the conservative right in the US congress.

² We want to thank Ms. Jimena Mora for her invaluable help in searching the media for relevant news and Ms. Myriam Arriola for her help in designing charts and graphs.

Taking into account this new international and national scenario, we would like to suggest the following issues both as themes requiring further research and as areas that merit special attention in policy formulation:

- a) Ideology and cultural beliefs and values regarding sex, reproduction, marriage and the family are key in shaping national reproductive health policies and programs. However support for research on these issues is meager and instead has concentrated on the “how” assuming that these issues have been settled in favor of gender equity, reproductive choice and informed consent.
- b) There are no effective mechanism for endorsement and compliance with international agreements such as the ones subscribed by 174 nations in the Cairo International Conference on Population and Development or in Beijing regarding gender equity. Thus reproductive health and gender policies and programs are basically shaped at the national level and strongly influenced by the ideology and cultural values of those in power.
- c) In countries with weak public institutions it is up to civil society to avoid discretionary policies in sensitive areas such as human rights, gender equity and reproductive and sexual health and choice. However our understanding on how civil society organizations operate, establish linkages and influence policy is poor. This hinders the effectiveness to support, enhance and consolidate civil society institutions for better governance and assurance of human rights.

We hope to illustrate these assertions by examining the recent development of family planning policies and programs in Perú.

2. PERU: BACKGROUND.

Perú is the fifth largest country in the Americas and the third largest in South America (after Brazil and Argentina) with a territory of 1,285 square kms. After almost 4 centuries of Spanish colonial rule, it became an independent republic in 1821. Perú has 3 main geographic and cultural regions; the coastal area, with 11% of the territory harbors over half the total population (including the capital Lima with almost a third of the population) and is the most western and modernized region; the highlands, cradle of the quechua culture has 26% of the territory and 35% of the population and is based mainly on peasant agriculture and mining and the Amazon region with 63% of the land contains only 15% of the population with an economy based on forestry, ranching and subsistence agriculture.

After a sharp demographic decline during the second half of the 16th century which reduced the native population from around 6 millions to around 350 thousand by 1683 (Rosenblat, 1954), Peru's population grew slowly until the 1950s. The 1940 census reported 6.2 millions; it had taken 400 years for the population to reach its pre-colonial levels. Since the 1950s however a demographic explosion occurred; from 7.6 millions to almost 25.7 millions by 2000. Population increased by 338% in only 5 decades (Graph 1). The causes were a sharp mortality decline (the CDR dropped from 22/1000 to 8/1,000) and high fertility until the late 70s (the CBR was around 48/1000 until the late 60s and fell to 28/1,000 only in the late 90s) (Graphs 2 and 3). Most of this growth concentrated in cities due to high rural-urban migration.

Up to the 1950s the Peruvian society was backward and traditional; 75% of the population was rural, mainly composed by poor peasants; illiteracy comprised 60% of the adult population, IMR was

around 181/1000 and average growth of GDP was 1.89% between 1929-1947 (Aramburú, 1984). By 2000, around 73% of the population is urban, illiteracy has dropped to around 12% of adults; the IMR has fallen to 38/1000 but GDP stills shows an erratic and low growth average (1.71% between 1973-1995). In fact social indicators seem to have improved much more than economic indicators; 28% of the workforce still depends on subsistence agriculture (contributing with only 6% of GDP), and 23% is composed of unqualified urban workers mostly self-employed, contributing only with 11% of GDP. Poverty afflicts 54.8% of Peruvians, and almost 1 in 4 are considered extremely poor, with incomes below the cost of the food basket. (INEI, 2002).

The country has an unstable political record over the last century with frequent military regimes and a weak democracy linked to a recent legitimacy crisis of traditional political parties. Terrorism during the last 15 years claimed over 20,000 lives and contributed to political and economic instability.

3. POPULATION POLICIES AND PROGRAMS

3.1. The Beginnings

Despite dramatic changes in population dynamics since the 1950's, population issues and policies were only timidly formulated after 1975. In fact as late as 1974 under the leftist military regime of Velazco, private family planning programs were shut just months before the Bucarest International Conference on Population. Furthermore, during this first international conference Perú's delegation, presided by a general, joined the group lead by Argentina, China and Argelia that opposed the "controlist" block formed by the USA, western Europe, India, Indonesia and Bengal (Bonfiglio, 1999).

The first sign of official concern on population issues was the "Guidelines for a Population Policy" formulated in September 1976 by the more conservative second phase of the military regime under Morales Bermudez who had ousted Velazco in August 1975. Instrumental to these changes were public health researchers that had promoted demographic studies since the mid 60s in a publicly funded think tank (CEPD) and a group of social scientists working in the National Planning Institute under the leadership of a US educated Jesuit priest. The influence of the Bucarest conference coupled to the results of the 1972 census and the failure of the Agrarian Reform of Velazco to stop rural to urban migration and improve living conditions of the poor also played into this policy change.

The "Guidelines" of 1976 acknowledged the right of couples to determine family size and expressed the need to shape the demographic structure to national security and development goals. However in several press interviews, the Minister of Health rejected "neomalthusian population control" and stated that its contents had been consulted with the Catholic church. (Bonfiglio, op. cit. p. 21). This policy had no practical results since public family planning programs were not implemented nor health or demographic goals established. In fact as late as 1979 the MOH cancelled the "fertility regulation" programs offered in some public hospitals with funding from UNFPA.

During the 5 years of Belaunde's democratic regime (1980-85) that followed 12 years of military rule, the first attempts to institutionalize population policies and family planning programs were initiated. During his first year in office, the National Population Council (CONAPO) was created, a decision that was influenced by prominent physicians from the ruling party. This group, that included economists and social scientists, had been actively involved in research and dissemination of population issues since the mid 70s through two NGOS (AMIDEP and INANDEP). The census of 1981 showed that

population had increased by over 3.5 millions in less than a decade, and the 1977-78 DHS confirmed that fertility was still high at 5.24 children per woman and more importantly that 62% of married women wanted no more children and that fertility was in fact higher in the areas where a larger proportion of women wanted fewer children (Aramburú, 1984). Family planning services, excluding sterilizations, were cautiously re-established in the main public hospitals lead by the Social Security Institute. Private organizations, namely INPPARES, the IPPF affiliate, also resumed contraceptive services including voluntary sterilizations. These internal events coupled to the second International Conference on Population that took place in August of 1984 in Mexico, where the Peruvian delegation presided by the president of CONAPO took a more favorable position towards family planning, lead to the promulgation in 1985 of the National Population Law.

Peru's Population Law established the rights of couples to information and family planning services but excluded, in the same article, sterilization and abortion as contraceptive alternatives. This wording was included as a compromise with the Catholic Church and as a consequence of a strong media campaign lead by conservative catholic groups that included two bishops and several physicians. The focus of this media campaign was INPPARES, the main NGO providing family planning services, but its real target was the new population law. Opposition to family planning had shifted from the Marxist left to the conservative right, and the content from a discussion on development alternatives to ethical and religious considerations. (Bonfiglio, op. cit, p. 48). This change of mind of the marxist left requires further study but it might have been related to the shift of population policy in China towards the one child family (White, 1999), its proximity of the nascent feminist movement in Perú and the recent evidence from fertility surveys that the majority of poor families wanted less children.

Despite these changes in both official institutions and policies, little changed at the services level. Family planning was still restricted to a few public hospitals, sterilization was not offered as a method and few active campaigns on information on reproductive rights were implemented. In fact the largest gap between actual and desired fertility was recorded during those years (Graph 5).

In 1985 the center-left government of Alan Garcia was elected . Shortly after, the young president addressed the issue of rapid demographic growth; "what historic legacy can we leave our children if by 2000 we will have 30 million inhabitants?" was his message during a conference with the business community in 1986. In early 1987 a Presidential Commission on Population was created to prepare the first National Population Program 1987-1990. This program was officially approved in April 1987 and was the first one to establish a demographic goal; reduce population growth from 2.52% in 1987 to 2.2% in 1990. That same year, family planning services were expanded through a grant of 40 million dollars from USAID (24 millions) and UNFPA (16 millions). In 1988 a group of government congressmen launched a legal initiative to change the Population Law and allow voluntary sterilizations as a contraceptive method. This initiative was approved by the lower house in Congress but rejected in the Senate. Again fierce opposition from the Catholic Church and conservative physicians supported by the right wing media jeopardized this policy change. In fact a catholic bishop voiced his opposition to this measure by stating "Why don't politicians castrate themselves?" (La Republica, April 21, 1988). By the end of that year, the economic crisis was widespread (inflation exceeded 2,000%), terrorism from Shining Path was sweeping the country and the government had lost all credibility. Family planning services languished due to lack of funds and mismanagement. The CONAPO faced its the worst crisis since its creation with no projects and serious mismanagement.

3.2. The Fujimori Decade: the first five years.

In July 1990 a complete stranger to Peruvian politics, Alberto Fujimori a mathematician and university professor, was elected president defeating Mario Vargas Llosa, one of Peru's most prominent writers. Fujimori took over a devastated economy, plagued by hiperinflation (800% in 1989), corruption and increasing terrorist activity. Just 3 months after taking office, the new president announced a "birth control policy" not only because of demographic reasons, but as a way to "provide equal opportunity of access to contraception for the poor". The traditional demographic argument was thus complemented by one based on equal rights and focused on the individual and the family. However the wording revealed the signs of a vertical, authoritarian style that was to be the main weakness of the program in years to come.

Once again conservative catholics, lead this time by their highest authorities the archbishop of Lima rejected this initiative by stressing support to "responsible parenthood" but only through "natural methods". He declared in November 1990, "...artificial contraceptives is a correction intended by man on God's plan; and ¿ Who is man to correct it?". A survey made by an independent firm earlier that same month showed that 82% of Peruvian catholics approved the use of "artificial" contraceptives and that 41% were using them. (cited in Bonfiglio, op. cit, p. 84).

By the end of that year, the bishop of Chimbote, known as the "bishop of shanty towns" published a book opposing family planning and using a typical leftist argument; "demographic imperialism" claiming that international aid from the World Bank and USAID was tied to birth control programs. Further opposition came from right wing parlamentarians and the Supreme Court, whose collision path with Fujimori ended in the destitution of all its magistrates in April 1992.

Despite the fact that 1991 was declared by the government "Family Planning Year" the lack of public funds, the focus on economic policies to reduce high inflation, the war against terrorism (Shining Path leader Abimael Guzman was finally captured in September 1992) and legal barriers against sterilizations kept the national family planning program progressing at a very low pace. CPR among married women had increased slowly from 32% in 1978 to 41% in 1981; 46% in 1986 and 57% in 1992. (Graph 7). However traditional methods such as rhythm and withdrawal comprised almost half of total prevalence even in 1992. (Ferrando, 1995). This same source estimated that 60% of all births were unwanted and that half of them ended in induced abortions, despite it being illegal in Peru. (op, cit, page 104-105). Maternal mortality was a regional high at 261 deaths per 100 thousand live births and average age of deceased mothers was 29 years (Vallenas, 1993). Fertility differentials were huge; college educated women had a below-replacement TFR; 1.9 while illiterate women (around a fourth of women aged 12 and older) had a TFR of 7.1. Reproductive rights were real only for the wealthiest more educated sectors of Peruvian society (Aramburu, 1995).

The second phase; 1995-2000.

In this context of verbal support for family planning, diminishing terrorist activity, economic recuperation and shortly after the Cairo conference, Fujimori won his re-election in April 1995 with 64% of the votes. His closest rival got only 22%. During his opening speech in Congress, the re-elected president announced stronger support for a "birth control" national program. Lima's archbishop, who had supported Fujimori's rival candidate during the 1990 election, declared that

“artificial” contraceptives were abortive just one day after the president’s acceptance speech.(El Comercio, July 29, 1995). A few weeks later the Bishop’s National Conference issued a public proclamation repeating their opposition to artificial methods, implying international pressures behind this policy and denounced the authoritarian character of birth control.

That same year, in September, with 70 favorable votes and 23 against, Congress approved a modification to the National Population Law of 1985 that allowed sterilization to be offered as a family planning method. This measure amounted to a war declaration with the catholic right. Both civilians and church authorities launched an intense media campaign opposing the measure. The president called them “sacred cows” and stressed the fact that church-going rich people were using the very same methods the church wanted to ban for the poor. Catholic bishops responded by stating that the government “would not succeed in shutting them up”. Specially active in this debate were members of Opus Dei, a conservative catholic civil organization who had and has prominent members in Peruvian politics. Interestingly, the debate cut across partisan lines; opposition to a strong family planning program included members of the ruling party as well as from the opposition; support also came from both sides. The Medical Association also supported this change, although a few fundamentalists catholic physicians (the same ones who had opposed the population law of 1985) declared strongly against it, The leftist groups were mainly quiet as were the feminists. General opinion was clearly in favor of these changes; 79% approved public support to all family planning methods and 52% thought the church’s opposition was mistaken. (quoted in Bonfiglio, op. cit. p. 129).

Two other events need to be briefly mentioned. In September 1995 Fujimori, unexpectedly, decide to attend the World Summit on Women and Development in Peking, China. He was the only male head of State present and made a firm declaration in favor of women’s choice in reproduction and as a measure in the war against poverty. His declarations received broad international and national attention. The second event was the initiation in early 1996 of a sex education program in public high schools. This time however, the catholic bishops conveyed a more cautious message; the Church would not oppose sex education in schools if the teaching materials were reviewed to include family and parenting values. The Government agreed through the Minister of Education; the first versions of the teaching materials were stopped and revised. A temporary truce had been reached.

This debate which raged for almost a year in the media was unprecedented in Perú for several reasons;

- a) It was the first time a president opposed the catholic church in a direct confrontation. The larger issue of the non-religious nature of the State was a crucial element in this debate.
- b) The debate cut across political boundaries and affiliations and was based more on cultural believes and religious orientation.
- c) There was a mixture of arguments from both sides; the government used as arguments reproductive rights (providing the poor with the same opportunities the rich had) and economic arguments (family planning as a key intevention to reduce poverty). The Catholic Church and its advocates turned both to religious considerations (tubal ligation and vasectomies are equivalent to murder since they interfere with God’s plan) or pseudo-scientific arguments; vasectomies are equivalent to castration and tubal ligation to mutilation as well as the traditional leftist argument about “demographic imperialism”.
- d) The ample public support for these policies that however was not reflected in the media, who seemed more interested in polarizing the debate by giving equal coverage to both sides. This was clearly a case of the “silent majorities”.

Program Changes

Starting in 1995 and as a direct result of Fujimori's interest and direct involvement in the program, key changes were made in the National Family Planning Program (NFPP). Among the main ones were:

- a) Public funding increased significantly and for the first time exceeded international aid. Between 1994 and 1997 total funds increased over ten times from less than 2 US million dollars to 21.5 millions US. Strong national and international criticism starting in 1997 dried up international support starting in 1998. Public spending also decreased after 1998 but at a slower pace (Graph 8).
- b) Program management and goals were set at the local level. Fujimori attended planning meetings with regional health directors and the regional NFPP coordinators stressing his personal interest in the program. In a vertical bureaucracy response was swift.
- c) Four independent maternal and reproductive health programs were integrated under the NFPP; Maternal Health, Adolescent Health, and Cervical Cancer Prevention.
- d) Contraceptive procurement and logistics was handed to private firms under public contracts with USAID and UNFPA support.
- e) An intense information campaign was launched involving both counseling and service provision. Mobile MOH teams performed tubal ligations in improvised clinics and tents in the rural areas.
- f) All family planning services, including contraceptives and sterilizations, were provided free of charge.

The impact of these program changes in number of acceptors per year in the NFPP was dramatic (See Graphs 9 and 10). Between 1994 and 1997 condom users rose from less than 40 thousand to over 75 thousand; acceptors of oral contraceptives rose from 70 thousand to 150 thousand; use of injectables saw the largest growth, from around 50 thousand to over 265 thousand per year, IUD insertions rose from around 100 thousand to 140 thousand per year and tubal ligations quadrupled from 18 thousand to over 80 thousand.

As noted before, CPR had been increasing steadily since 1986 (from 46% to 57% of MWRA in 1991), in fact during these years CPR rose by 2% per year. By 1996 it rose to 64% and reached 69% in 2000 (Graph 7). This slower growth during the Fujimori years, could be explained by the fact that contraceptive prevalence was already moderately high and thus harder to raise. The most important changes were in method mix and in the shift away from traditional methods, which dropped from 50% to 27% of total CPR between 1986 and 2000. The two methods that showed sharp increases during this period were injectables which rose from 2% to 22% and tubal ligations that rose from 13% to 19% of CPR (Graphs 7 & 12). Precisely around the issue of sterilizations was the controversy that finally contributed to halt Fujimori's population program.

The Issue of Forced Sterilizations.

Between 1993 and 1999 over 314 thousand tubal ligations and 18 thousand vasectomies were performed by public health services. Peaks were reached in 1996 and 1997 with 82 thousand and 110 thousand tubal ligations respectively. In early 1996 and then again at the beginning of 1997 Fujimori had personally participated in workshops with the local health directors to stress the

government's priority for family planning and sterilizations. It was unusual for a president to attend this type of meetings. The message was clear: the president had a personal interest in family planning, and specially in what was considered the most cost effective methods; sterilizations. During a breakfast between UNFPA's director general, Ms. Nafis Sadik and 4 Ministers organized by CONAPO in July 1996 the prime minister Yoshiyama explained the economic reasons for reducing population growth. He seemed doubtful when Ms. Sadik stressed the need for contraceptive choice. Later the prime minister declared to the press "The government cannot reduce poverty efficiently if poor families continue having 7 children in average" ("Gestión", July 12, 1996).

In public declarations the president and government officials stressed informed choice and denied any type of coercion. However since mid 1996 and through 1999 criticism and accusations of forced sterilizations grew consistently. Initially it was the same voices from conservative catholics and bishops who gradually shifted from religious arguments to questioning the way these procedures were being performed. Close links of the catholic church through their parishes with even the most isolated towns provided the information network on which these denounces were based. What was new to this controversy is that since late 1996 and with greater strength and loudness in 1997, feminist organizations and human rights groups joined in their opposition to the way the program was being carried out. National criticism became international since early 1998 when CLADEM (The Latin American and Caribbean Committee for Women's Rights) issued a public statement accusing Fujimori's family planning program of a systematic campaign of female sterilization based on false promises, coercion and abuse, specially in the poorest rural areas of the country. In February 1998 a sub-committee of the US Congress held an open session to discuss USAID's involvement in supporting Perú's family planning program. This sub-committee was chaired by Chris Smith congressman known for his pro-life and conservatism, who wanted to stop USAID support for the NFPP equivalent to 7.2 million dollars per year. His accusations were based on a field report carried out by Mr. Joseph Rees who had visited Perú in January, invited by Dr. Solari, medical advisor of the Peruvian bishops. The MOH of Perú presented a document in Washington during that session that stressed informed choice, the small number of complications and detailed changes being implemented to ensure informed choice and improve quality of counseling and services.

Starting in late 1997 a third player entered the scene, the Ombudsmen office, lead by a highly respected and impartial lawyer, started its own enquires into the sterilization issue. Through several reports during 1998, 92 cases of complaints were reported which increased to 156 by early 1999. Complaints included lack of signed consent forms, insufficient information on reversibility, complications, lack of follow up and unfortunately 15 deaths.

To respond to these pressures and accusations, MOH authorities started in early 1998 several changes that included:

- a) Program targets and wording was modified; instead of "...ensuring that 100% of women accept a contraceptive method after delivery" the new program established that "...100% of women receive individual counseling on contraception at post-partum". Another significant change was that the target on CPR and TFR was worded in terms of unmet need.
- b) Counseling for sterilizations was improved trough revised guidelines that stressed informed choice, irreversibility and surgical risks. A waiting period of 72 hours was established between counseling and procedure and two signed consent forms required. Spouse consent

was not required but for illiterate persons, a literate witness had to certify that he/she had understood the procedure and freely request it.

- c) Training was intensified and certification of providers was established with no less than 10 procedures for surgeons eliminating mobile teams. A 24 hour mandatory observation period was established and 2 post-procedure check ups required.
- d) Information material and training on periodical abstinence was introduced in training of providers.

These changes were announced to a Congress Committee by the Health Minister in two hearings in January and March 1998. However the political scenario was changing quickly against Fujimori. His manipulation for a third re-election, increasing accusations of corruption and violation of human rights by his main advisor Montesinos and the slower pace of economic growth after the "El Niño" climatic phenomena of early 1998 meant a very unstable political and economic scenario. Family planning was associated with authoritarianism and fear of sterilization was widespread among poor couples. Acceptors of VSC dropped by 68.5% ; from 110 thousand in 1997 to around 26 thousand in 1998 and 1999. Permanent damage had been done to the issue and the NFPP.

In April and June 2000 general elections took place with Fujimori running for a third time. Despite initial polls showing his rival Toledo to be ahead, Fujimori was declared the winner and took office in July. Fraud was evident and corruption was demonstrated through a video aired on September that showed his main advisor, Montesinos, paying off a bribe to the mayor of Callao. Fujimori fled the country in November 2000 after massive demonstrations in Lima and other cities of Perú. Montesinos was captured and sent to a military prison. What followed is perhaps one of the most bizarre chapters of recent political history; hundred of video tapes showing pay offs, manipulation and plotting of the presidential advisor with prominent politicians, businessmen, media owners, entertainers, judges, military officers etc. etc. were aired through open TV for over a year. A climate of mistrust, indignation and disbelief permeated the country. This set the stage for the most recent chapter of the unfortunate story of family planning in Perú.

4. THE CONSERVATIVE BACKLASH

In July 2001 after 16 months of a transitional government, A. Toledo was elected president of Perú. Behind him were several groups, but one of the strongest one was lead by L. Solari, a conservative catholic physician that had acted in the past as medical advisor to the Episcopalian Conference of Bishops. He was appointed Health Minister during the first year of the new government and then became prime minister. He belongs to a civil confessional group named "Sodalicios" the equivalent of a domestic Opus Dei. Dr. F. Carbonne, also of the same group and close friend to the prime minister head currently the MOH.

Although in public declarations both have stated that their own religious beliefs will not interfere with providing reproductive health services, independent sources, namely a report of November 2002 from the Ombudsmen office indicate that:

- a) Education and promotion of reproductive health and family planning has been stopped damaging access to accurate information specially among poor rural women.
- b) Several health facilities report lack of contraceptives or late provision of them.

- c) Several public hospitals and centers are refusing to provide tubal ligations or vasectomies, either by referring patients to distant hospitals or by charging for these procedures.
- d) Given this diminishing priority and access to permanent methods, some physicians re offering their patients these services in their private clinics, increasing cost and limiting reproductive choice and rights.
- e) Emergency contraception, that was legally approved as part of free family planning services during the transition government, has been stalled by he current MOH authorities based on legal technicalities and moral arguments.
- f) Free distribuion of condoms is being restricted as denounced by AIDS prevention and support advocates.

In general health policies under this administration, in contrast with other social programs, are characterized by a lack of transparency, participation and gender equity.

In Congress, an investigation commission on forced surgical contraception during the Fujimori era was formed in October/01. The commission's report concludes that "...there are indications that presume crimes against individual freedom, physical integrity, association to commit crimes and genocide" (VSC Comission report, June 2002, p. 110). The commission recommends derogating the law that allows surgical sterilization as a family planning method.

Feminist groups and advocates for reproductive rights have reacted against this report indicating that despite the fact that irregularities and abuses existed during the Fujimori regime concerning the NFPP, the accusation of genocide is unsustainable and more importantly, openly disagree with prohibiting voluntary sterilization as a family planning method. This report was signed by 2 of the three members and Congress did not accept it for legal action. Its president, a conservative catholic physician resigned to his political party as a result of being unable to obtain their support in congress to act on it. Another commission has been formed, this time with members from 3 different political groups, to substantiate this report. Their final decision is still pending.

The final element in this never ending story is the organization of over 150 institutions and 1,200 individual members, in a civil society health network called FOROSALUD. Born during the last months of Fujimori's authoritarian regime, this civil society movement has been acting as the "watchdog" of the current health policy and is represented in the National Health Council, a 9 member group that oversees public health policies and programs. This is perhaps one of the few bright lights in the recent and unfortunat process of health policies and in particular reproductive health in Perú.

5. LESSONS LEARNED

What can be learned from these complex, contradictory and poorly understood processes? More importantly, what can be done about them, considering that real persons, specially poor women have suffered in the process either because of forced and poor quality sterilizations and presently because of lack of access to reproductive health services? First

We must declare our incompetence to answer these questions fully. Perhaps what we can do is suggest some issues involving both research needs and policy implications.

- a) Reproductive and sexual health policies and programs are still being shaped by the ideology of those in power. This is not only a phenomena of poor developing countries as recent events in US international policy shows. However the consequences of either authoritarian politics or conservative fundamentalism afflict specially the poor of developing countries where reproductive health depends on public health information and services.
- b) Our understanding of the linkages between ideology and reproductive health and how it shapes policies and programs is to say the least, insufficient. Much research and funding has gone into the “how” of reproductive health and family planning programs ignoring the fact that the how is closely linked to the “why”. This also means that understanding and promoting sexual and reproductive rights should be a priority for the political and cultural sustainability of these policies and programs.
- c) Opposition to family planning and reproductive health policies and programs, at least in Latin America, has shifted from the Marxist left to the conservative catholic right. Thus it is not related to development theories but to deeply held cultural believes regarding sexuality, the family, gender and cultural issues. Frequently these beliefs cut across political lines and affiliations. Our understanding of how these values are formed and transmitted to new generations of leaders is crucial to ensure more humane and consistent policies regarding reproductive and sexual rights.
- d) Civil society movements can and should have an increasing role in shaping, advocating and watching over policies dealing with civil and economic and social rights. In developing countries however many of these movements lack links with the poorer sectors, work in isolation from each other and are either suspicious or removed from political parties. Many also depend heavily on international donors for their operations.

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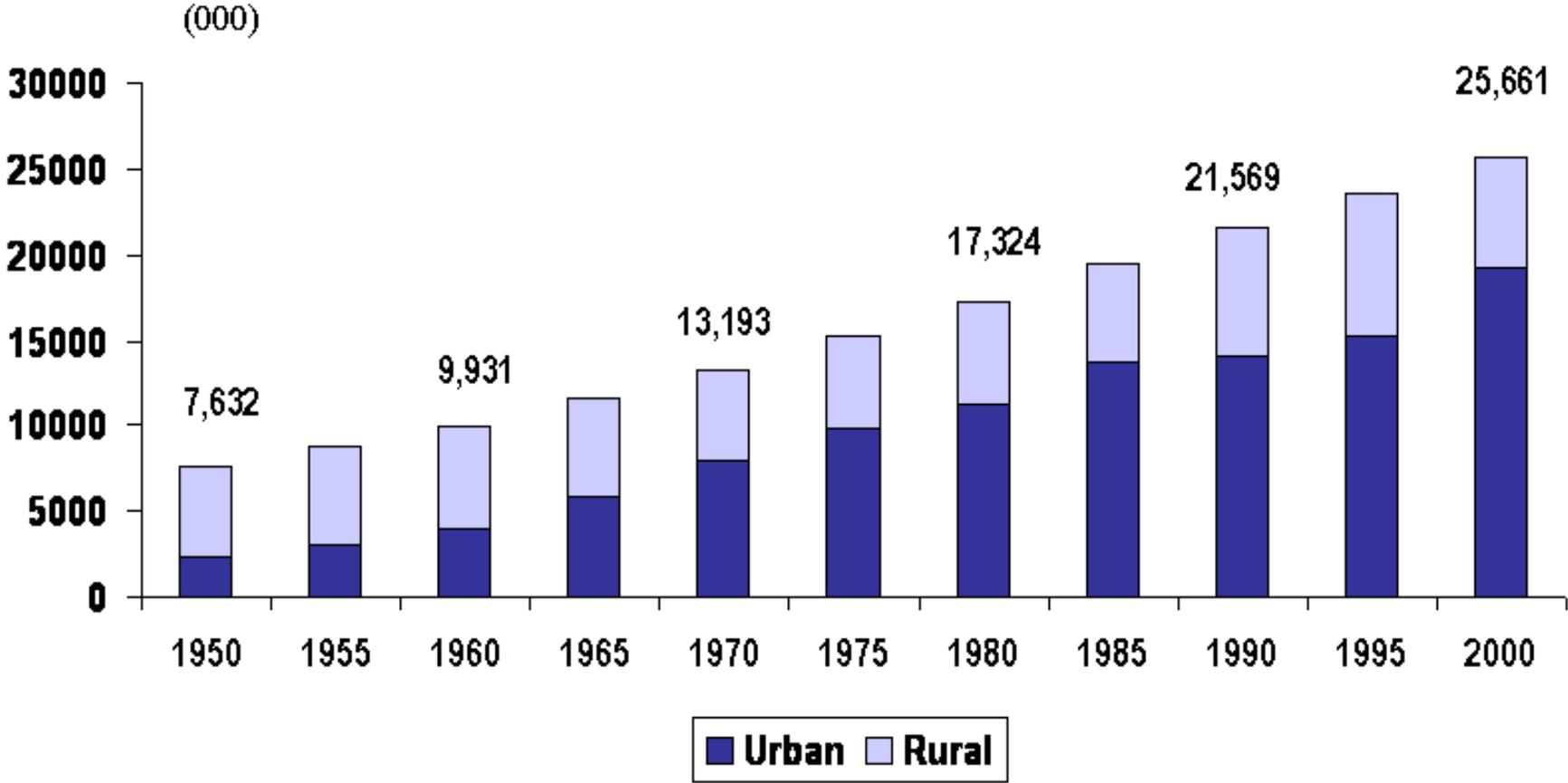
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CHRONOLOGY

DATE	PERU: NORMS AND REGULATIONS
1985	
July 6	National Population Policy Bill, issued; human rights stated therein: * Rights apply since conception * Family forming and privacy are protected * Free choice on the number of children * Free choice on birth control method * Right to proper information granted
1993	
	The Constitution grants that the National Population Policy will foster a responsible mother- and fatherhood.
1995	
August 17	Ministerial Resolution N° 572 - 95 - SA/DM: "Establishes that the attention on Family Planning must be charge - free in every Ministry of Health facility.
September 9	Voluntary Surgical Contraception (VSC) legalized
1996	
	Directoral Resolution N° 001 - DGSP - 96: "Pertaining to peoples free choice of contraceptive method" VSC's Norms and Procedures Manual - First edition
February 29	Directoral Resolution N° 001 - DGSP - 96: " It is established that VSC procedure does not requiere partners authorization"
1997	
November 4	Ministerial Resolution N° 495 - 97 - SA/DM: " Approval of the National Guide on Reproductive healthcare attention"
1998	
	Directoral Resolution N° 002 - DGSP - 98: "Family Planning counselorship manual approved"
January 26	Directoral Resolution N° 01 - 98: "Research on the use of VSC approved"
February	Norms and Procedures for VSC activities - Second edition.
March 6	Ministerial Resolution N° 076 - 98 SA/DM: " Modification of the mission, goals and aims on the Healthcare and Family Planning Program".
November 6	Ministerial Resolution N° 440 - 98 SA/DM: "Regulations for the qualification of VSC surgeons approved" Ministerial Resolution N°439 - 98- SA/DM: "Regulations for the qualification of facilities approved"
1999	
February 8	Ministerial Resolution N°048 - 99 - SA/DM: " Training events for MINSa employees"
May 20	Norms and Procedures for VSC activities - Third edition.

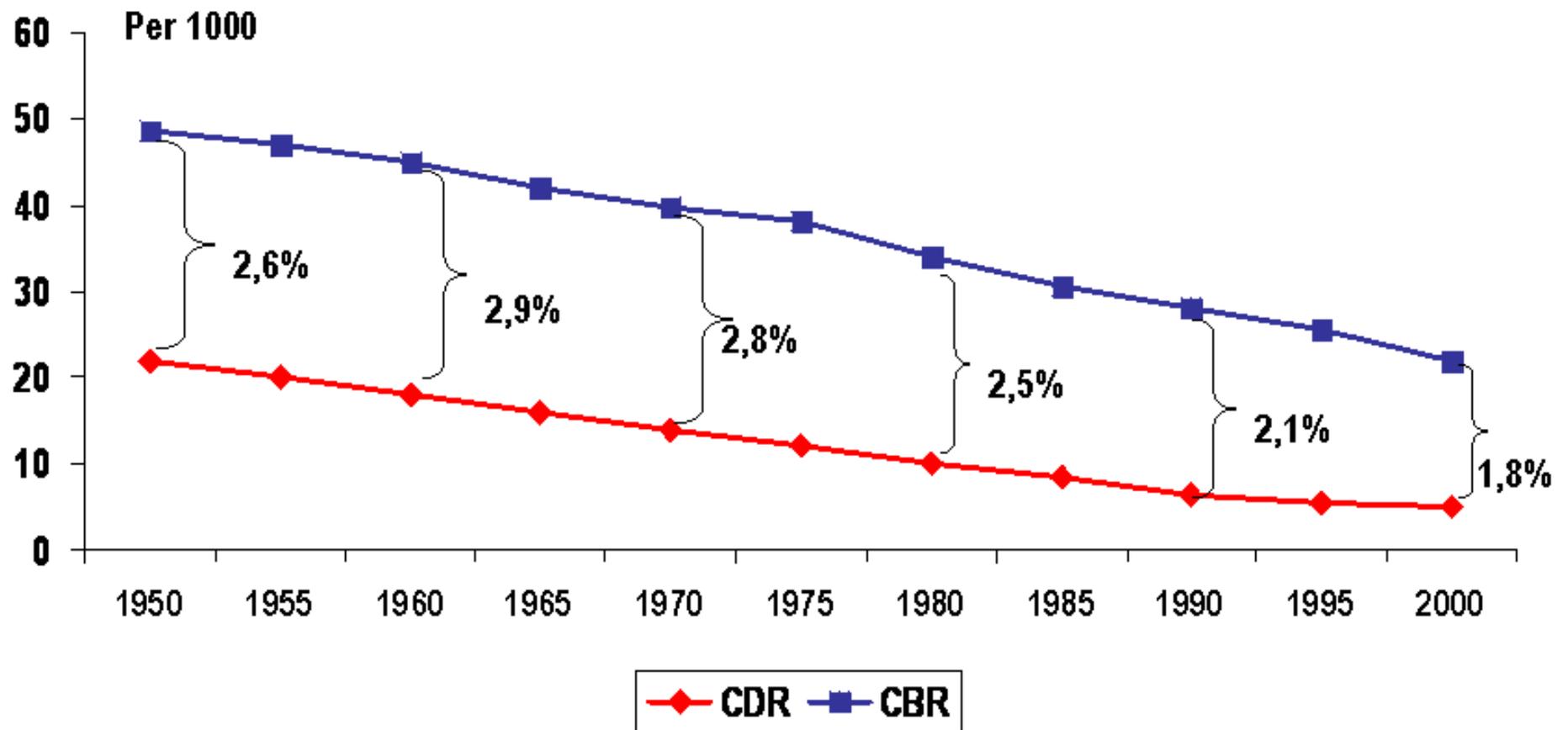
Graph 1

PERU: Population Growth by Area, 1950 - 2000



Graph 2

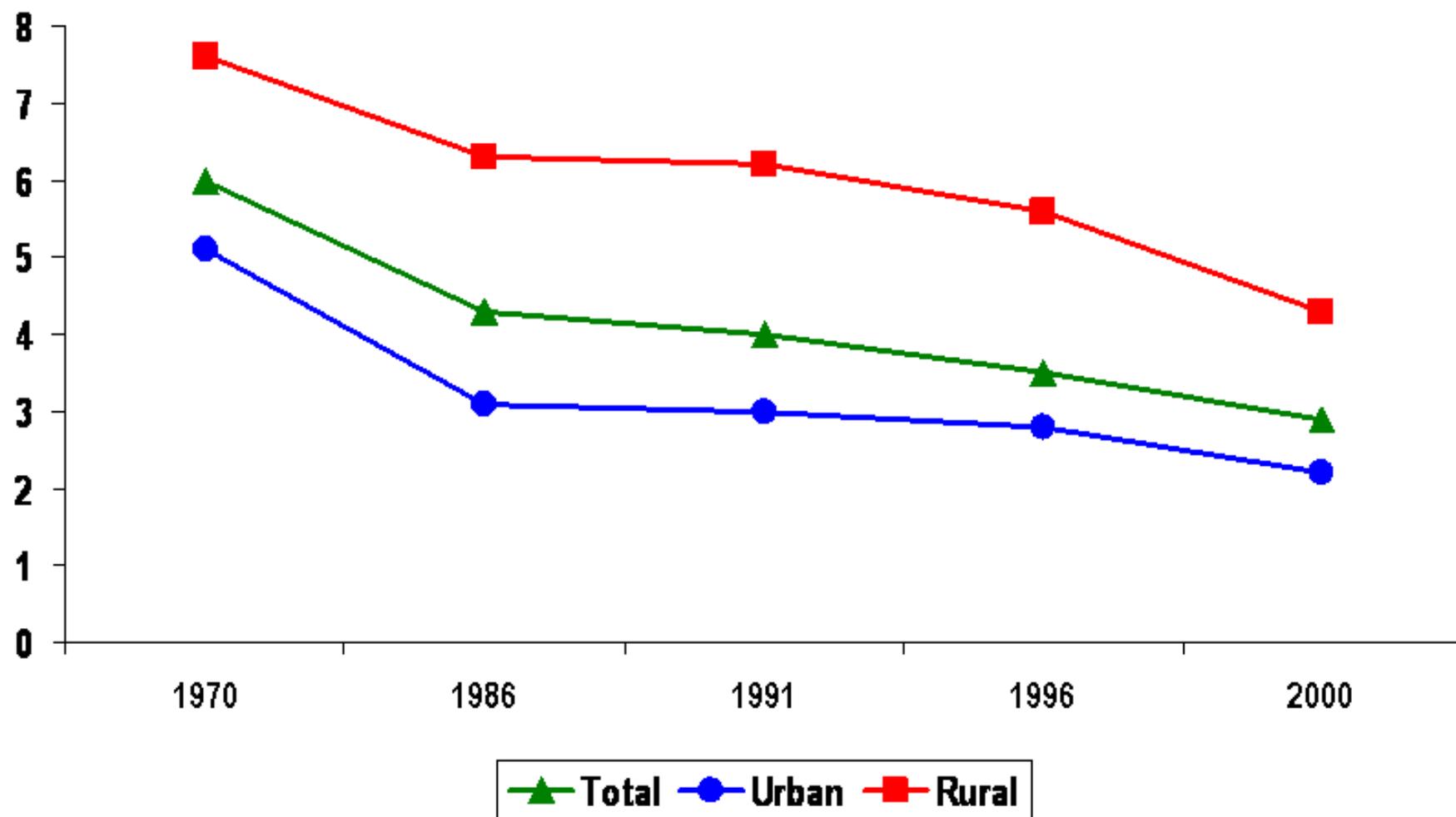
PERU: CBR, CDR, and Natural Increase 1950-2000



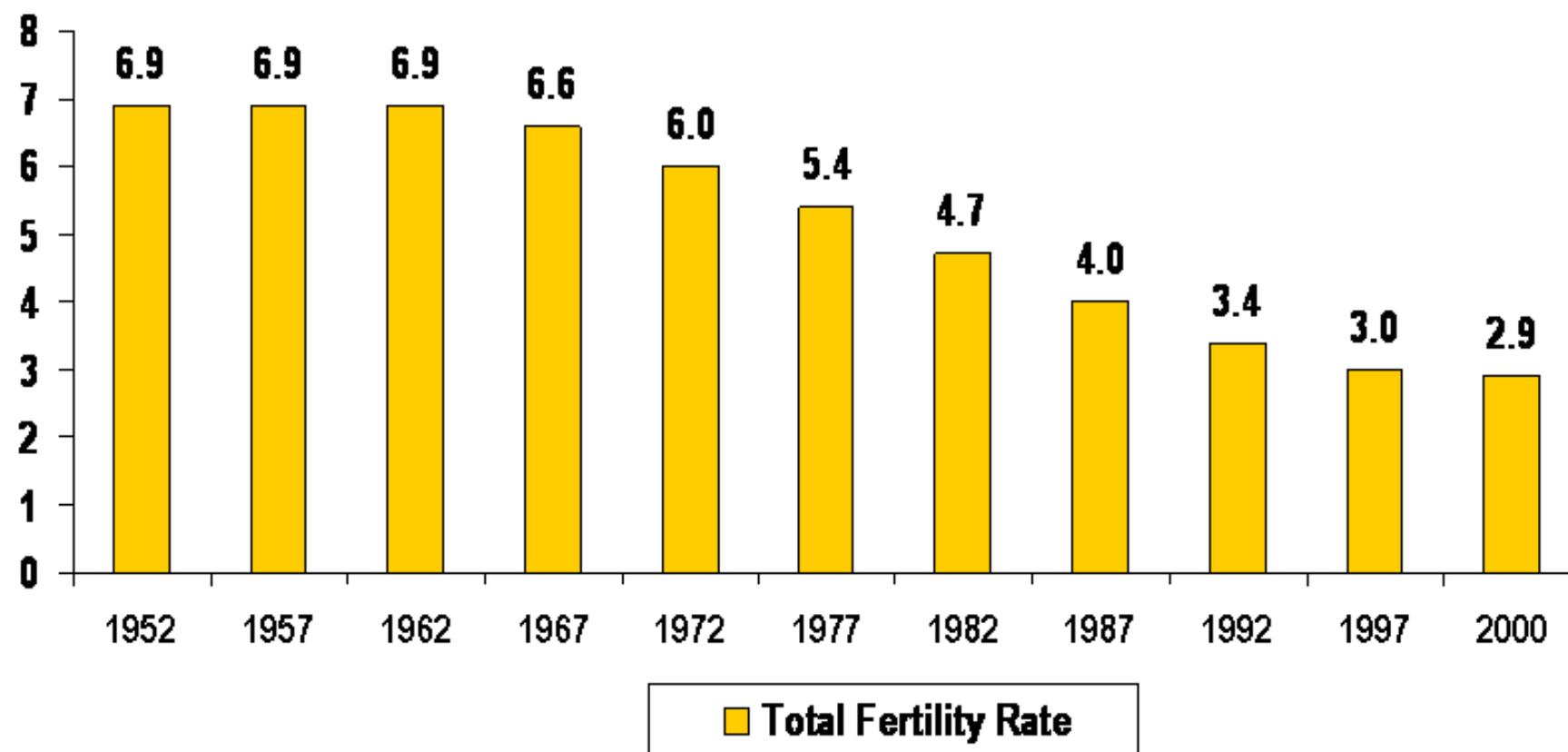
Graph 3

PERU: Fertility Trends, 1970-2000

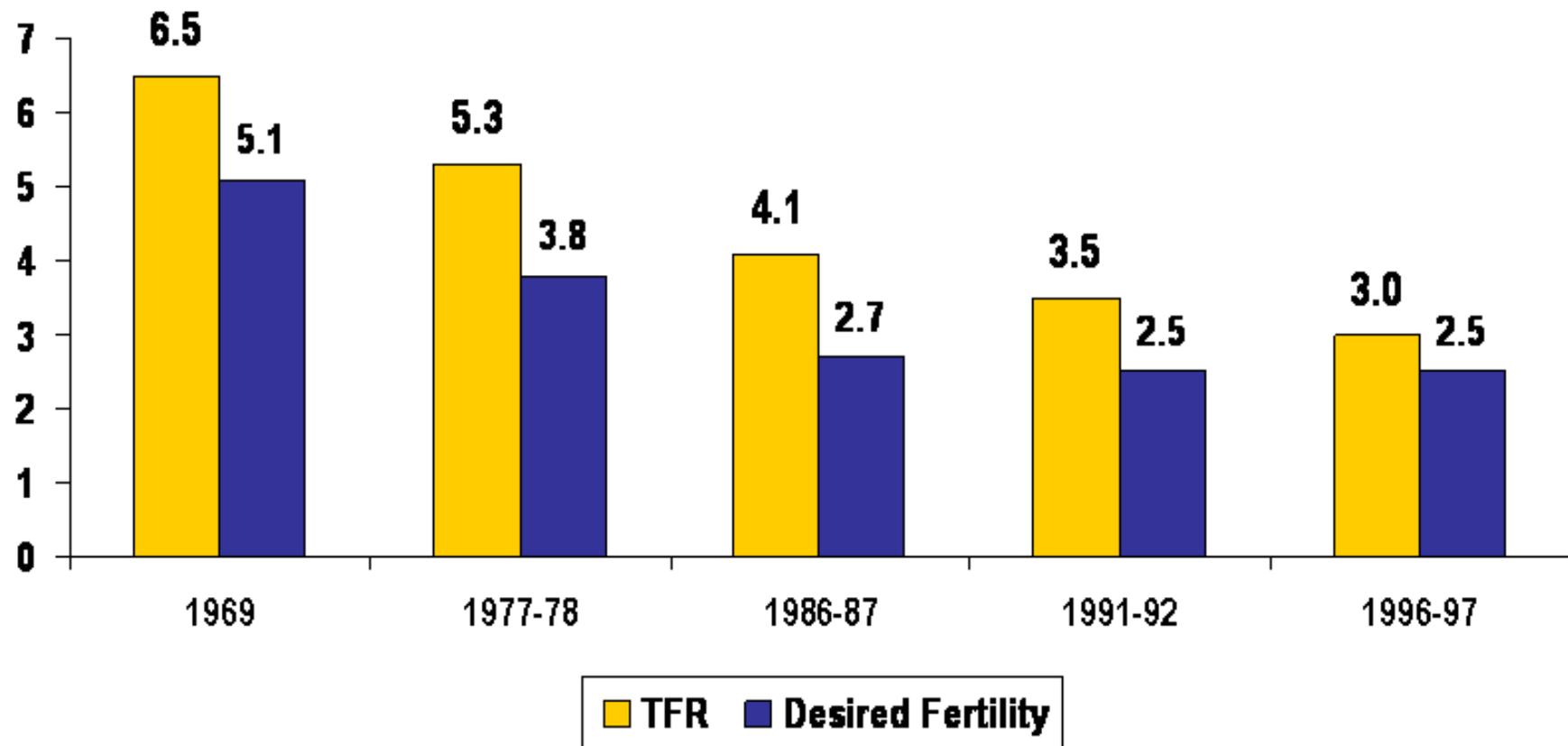
TFR (Children/Woman)



Graph 4
PERU: TFR 1952 - 2000

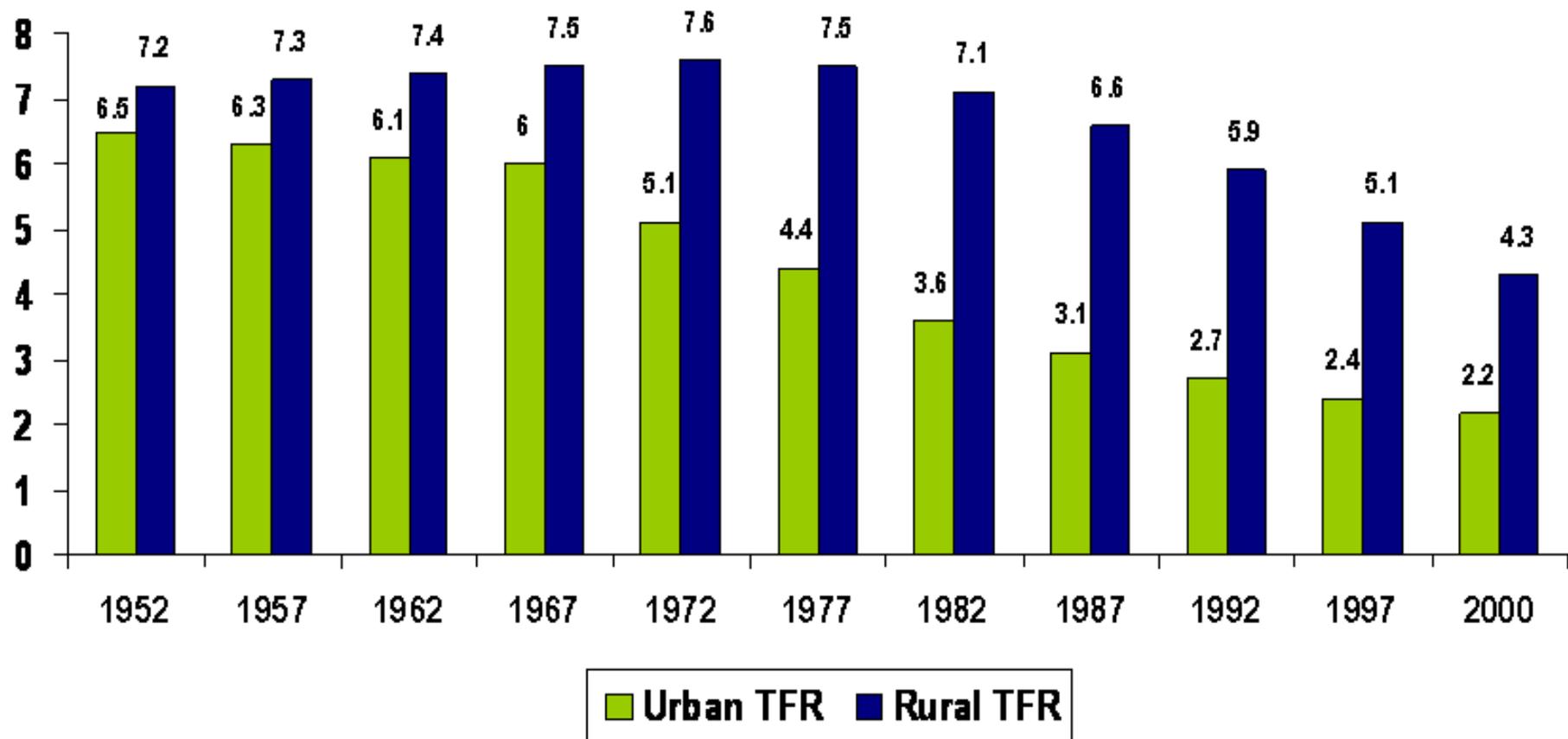


Graph 5
PERU: Fertility Trends, 1969 - 1997

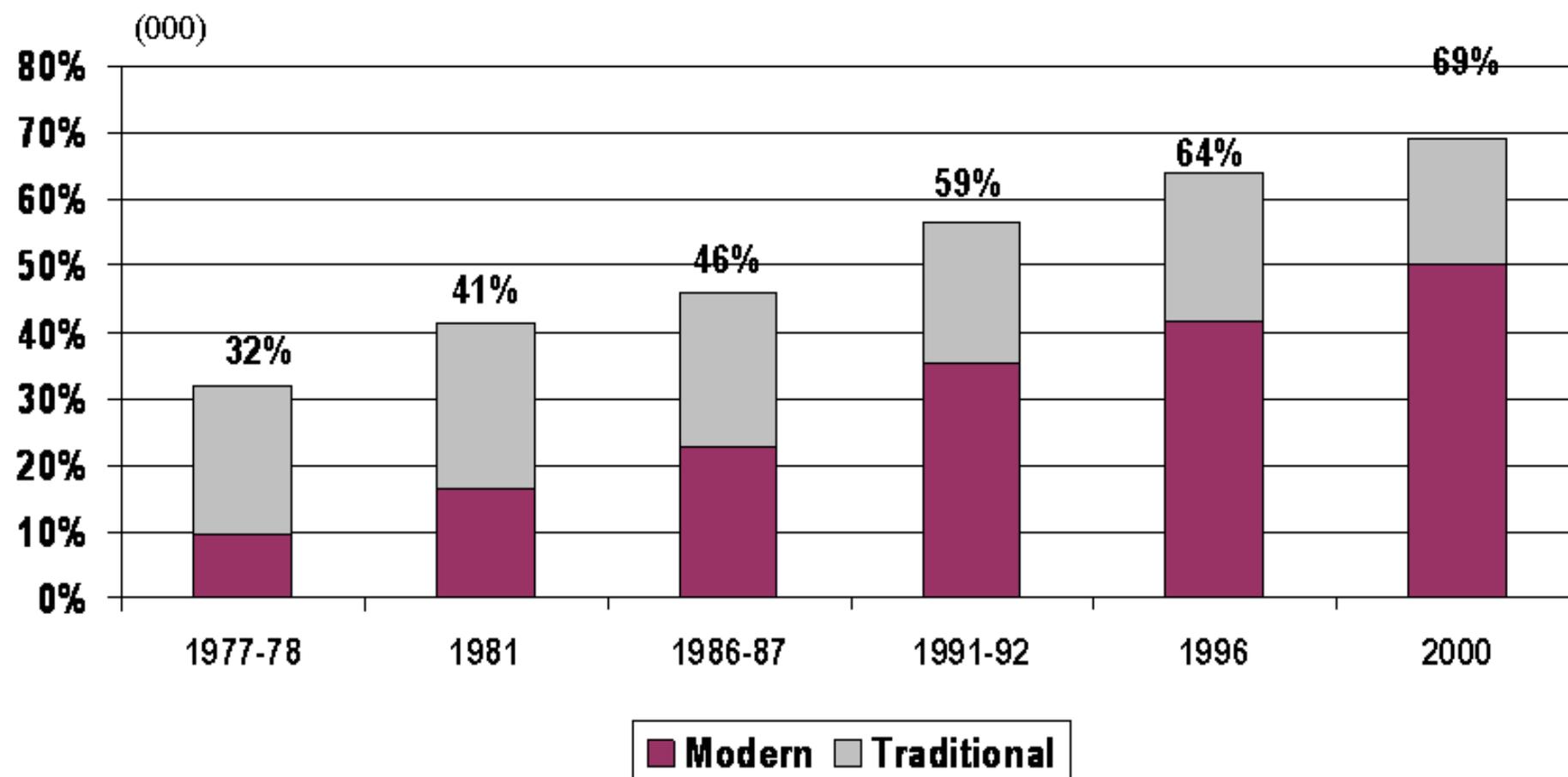


Graph 6

PERU: Trends in Rural and Urban Fertility

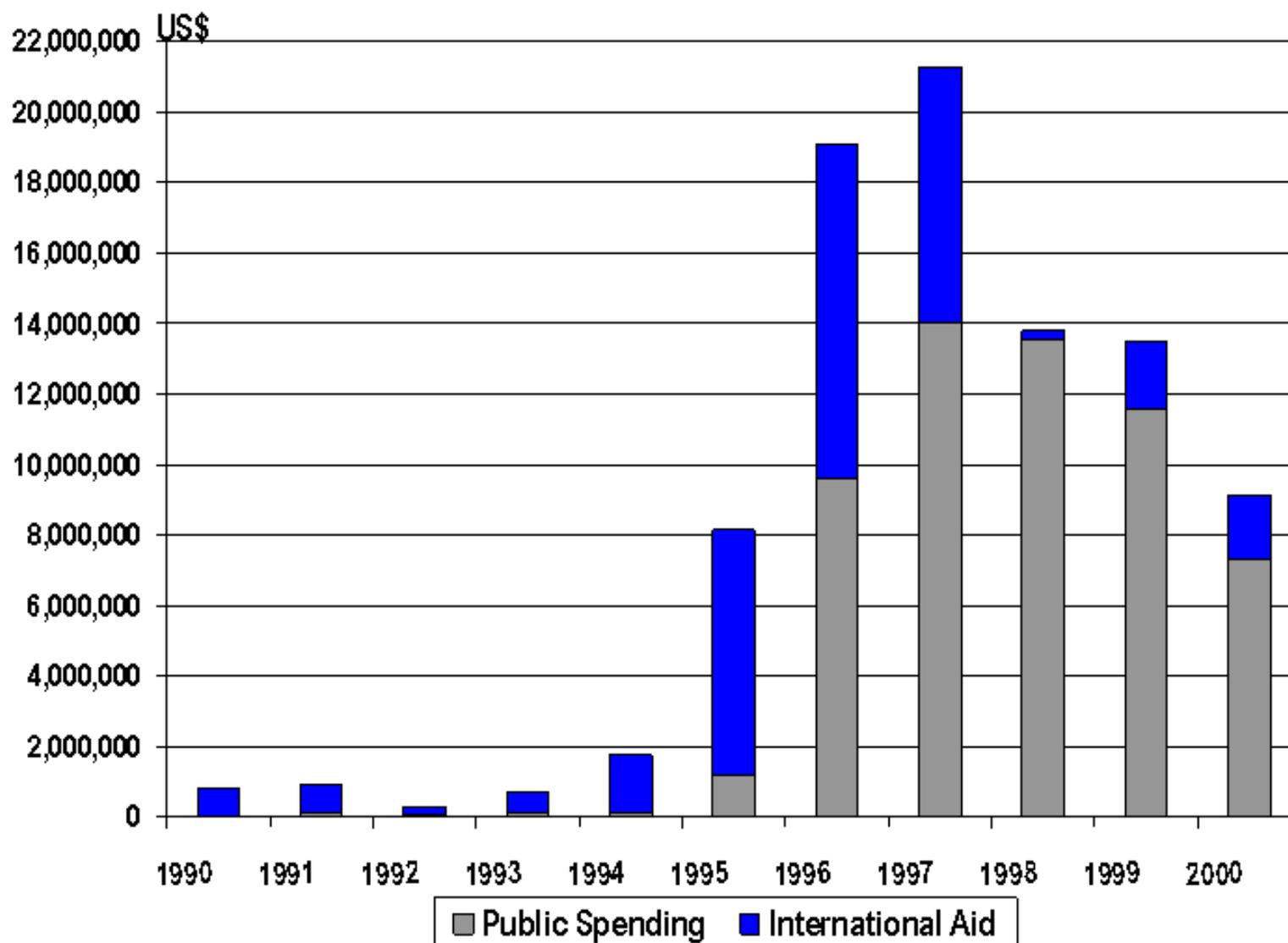


Graph 7
PERU: Contraceptive Prevalence



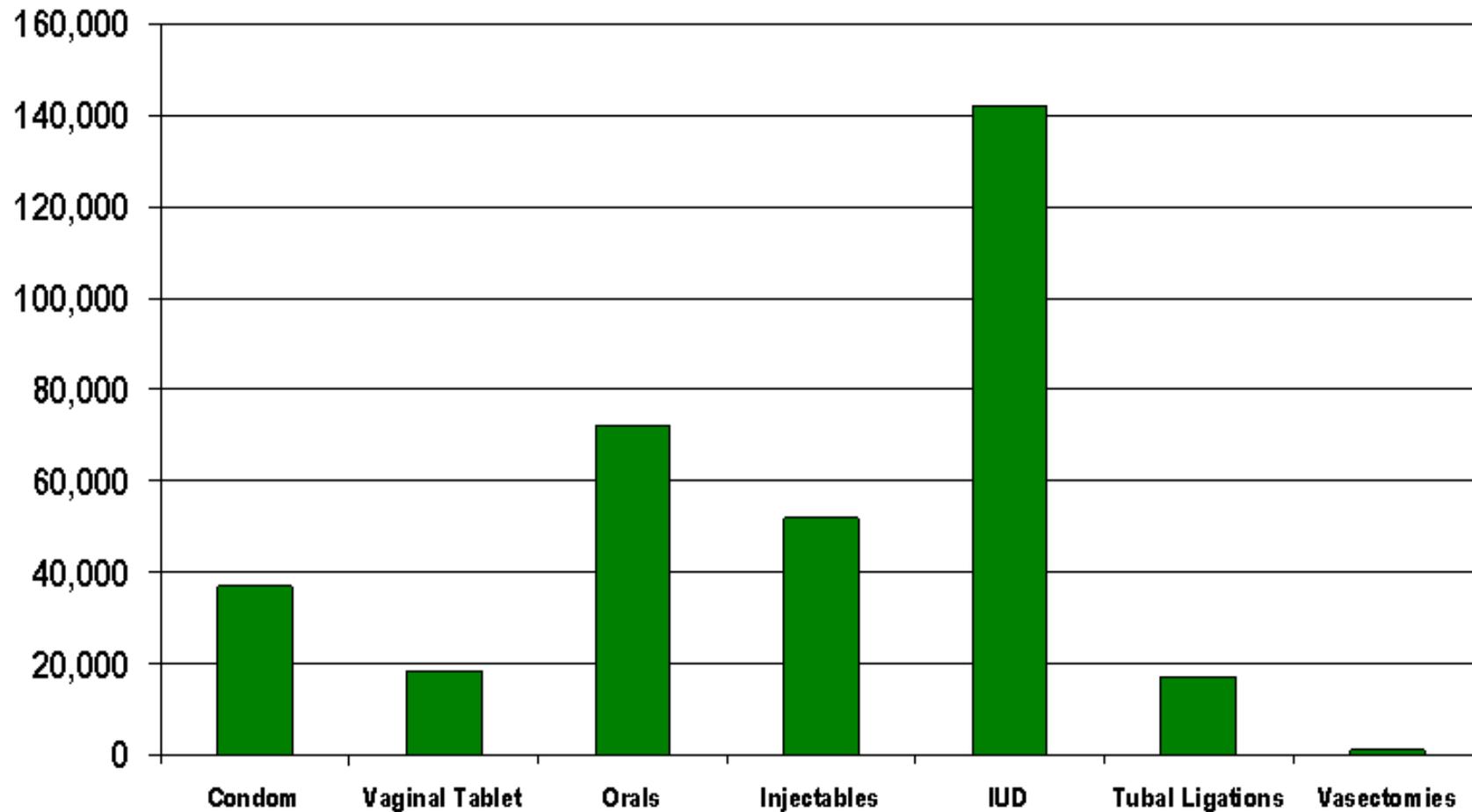
Graph 8

PERU: Financing Family Planning, 1990-2000

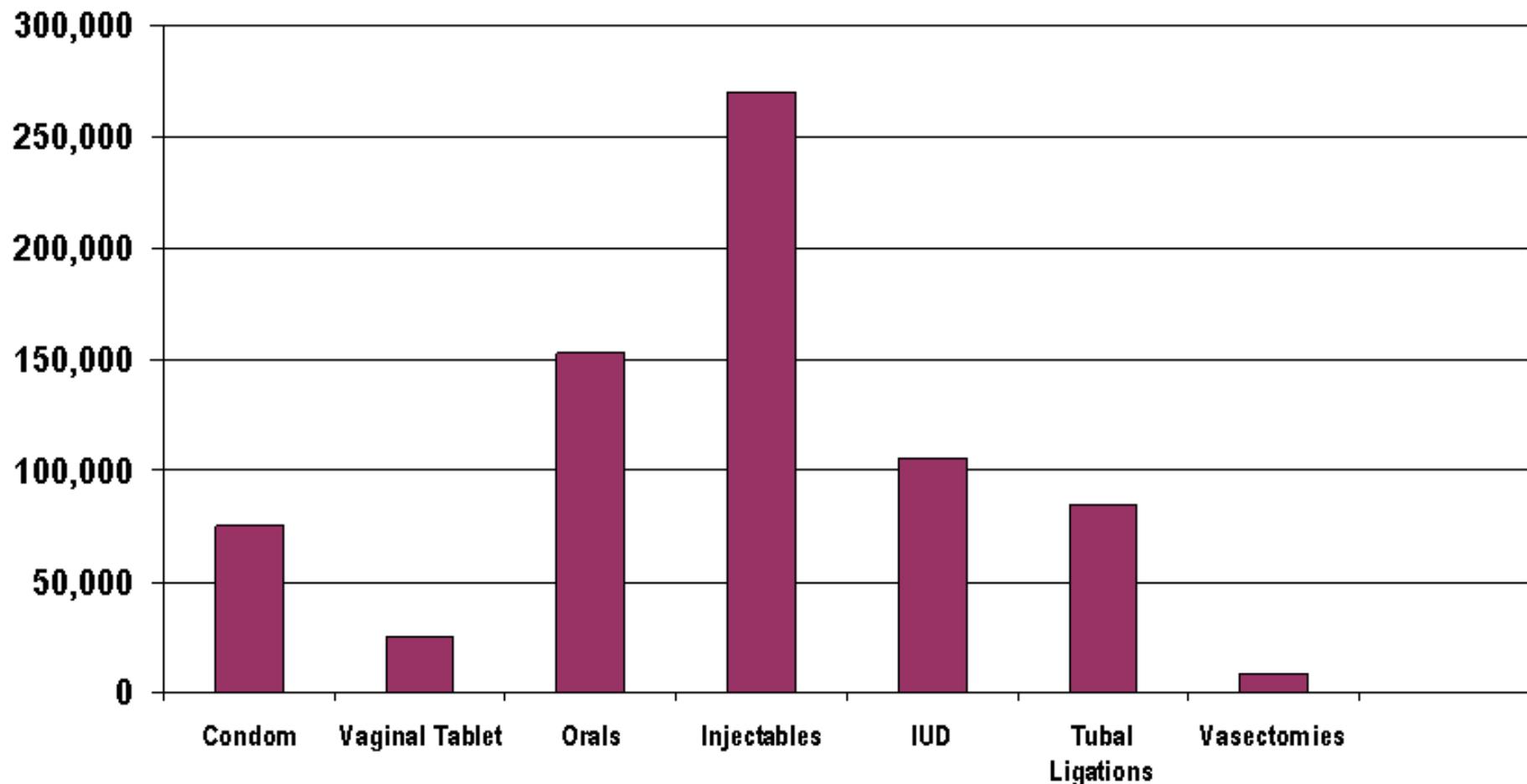


Graph 9

PERU: Family Planning Acceptors, MOH 1994

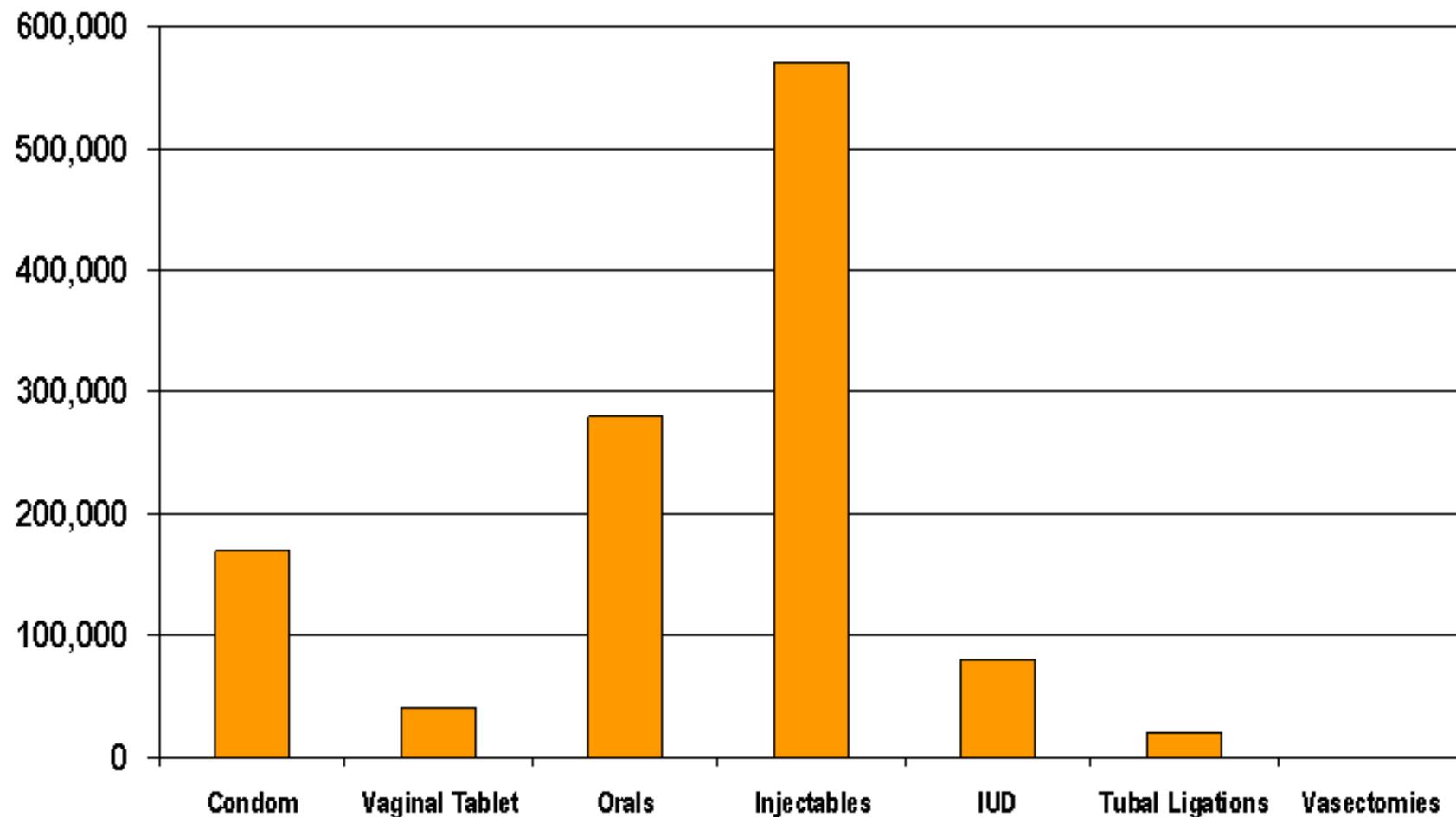


Graph 10
PERU: Family Planning Acceptors, MOH 1997

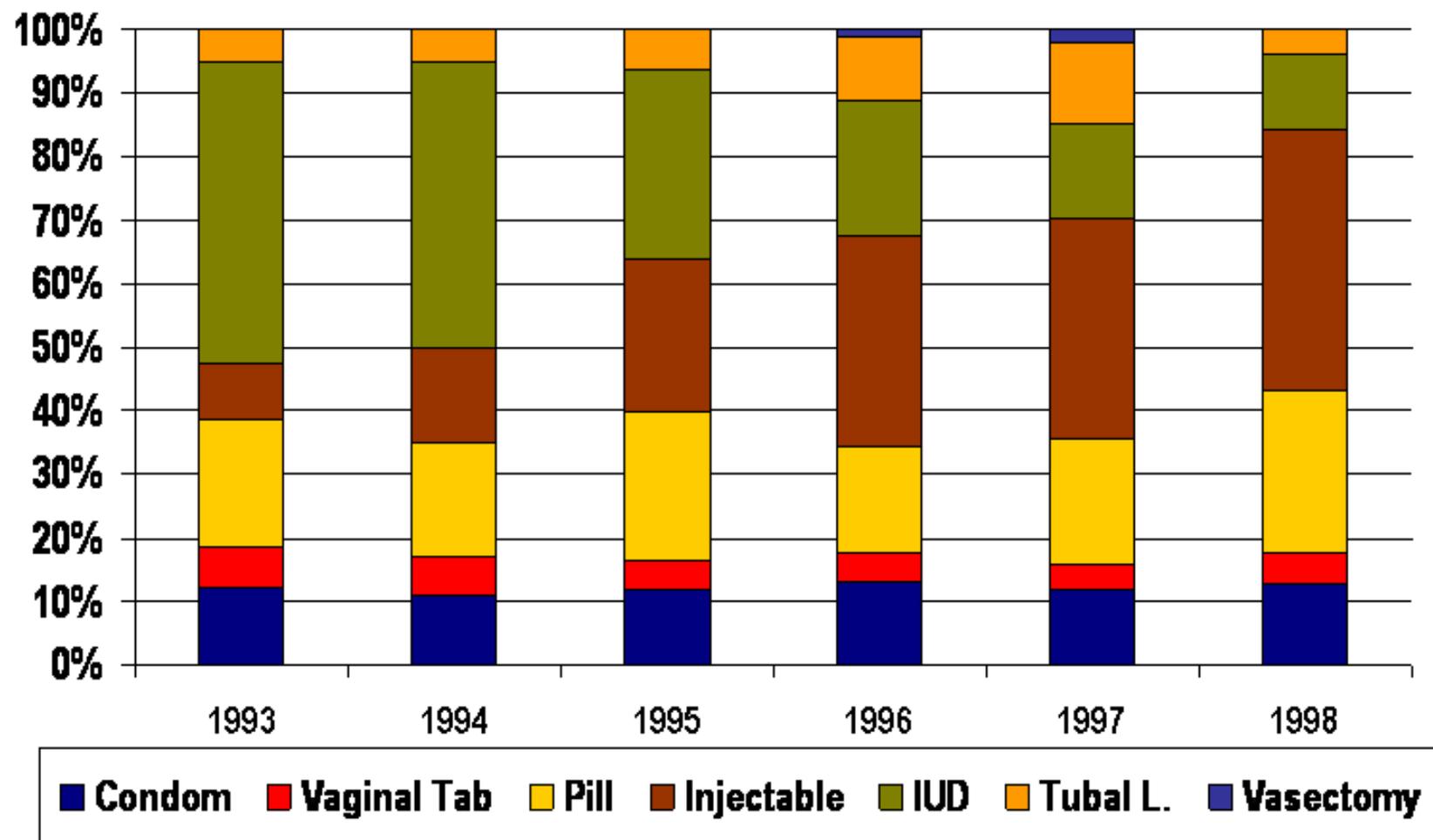


Graph 11

PERU: Family Planning Acceptors, MOH 2000

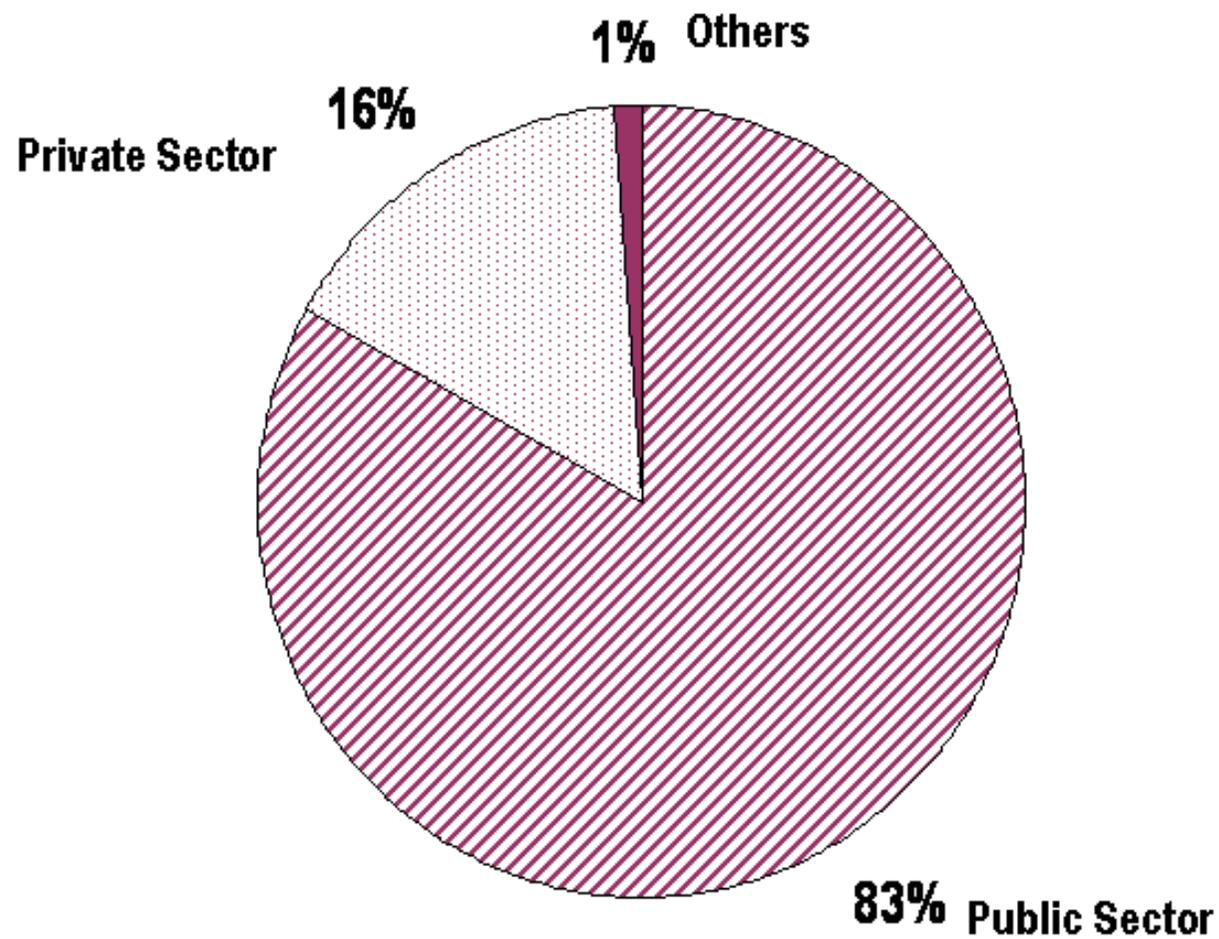


Graph 12
PERU: Public Sector Method Mix, 1993-1998



Graph 13

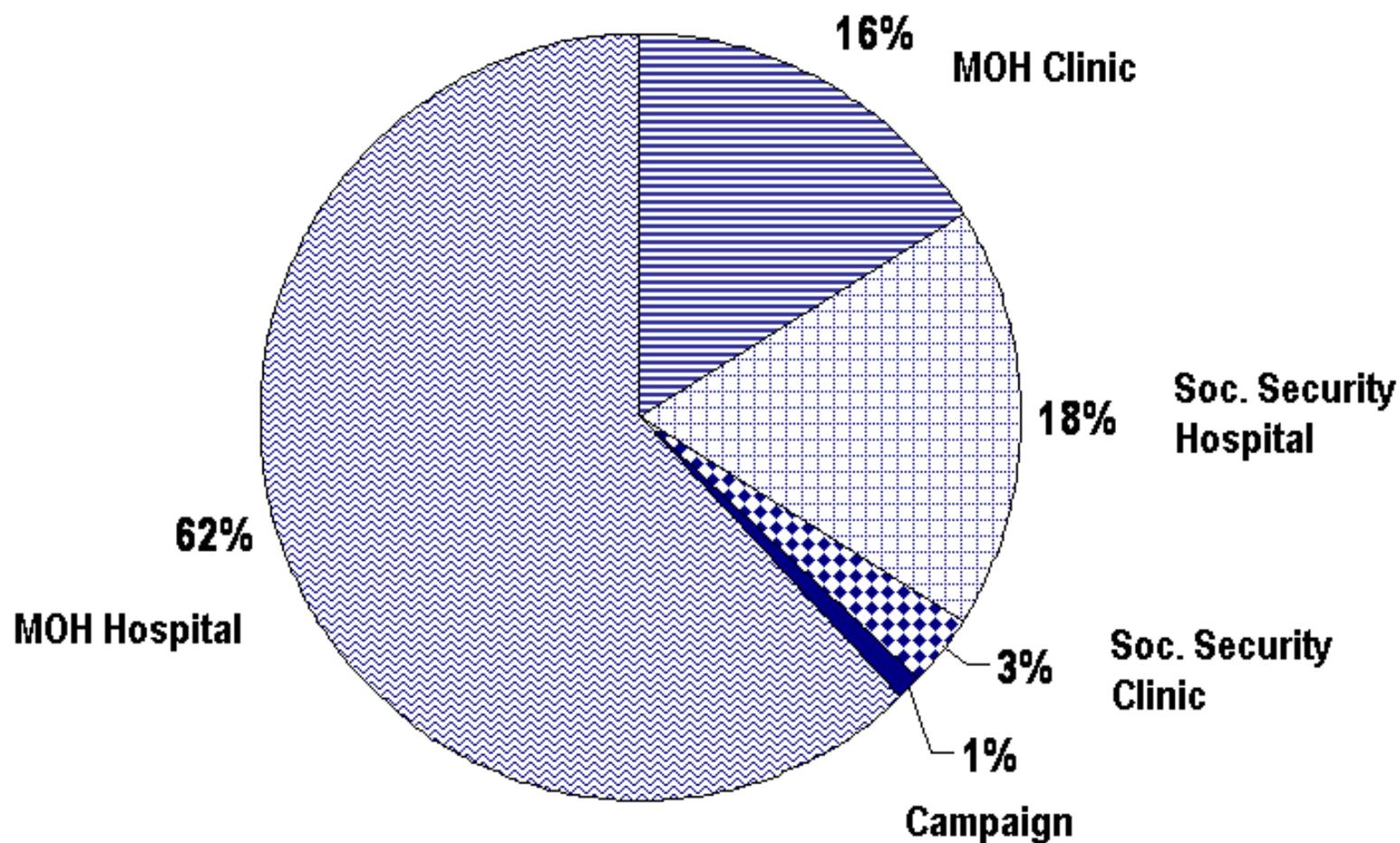
PERU: Female Sterilizations by Provider



Source: DHS 2000, p. 68

Graph 14

PERU: Female Sterilizations – Public Sector



Source: DHS 2000, p. 69