



Fig. 1. A Peruvian Family Planning Program mural that reads, "Only you can decide how many children to have."

*Hijacking Global Feminism:
Feminists, the Catholic Church,
and the Family Planning
Debate in Peru*

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FROM 1996 THROUGH 1998, the state-run family planning program in Peru carried out mass sterilization campaigns that targeted women in poor, primarily indigenous, rural communities. The program prioritized sterilization over other forms of contraception, performed surgical contraception under low quality conditions that at times led to the death or serious injury of the patients, and often carried out the sterilizations without first obtaining voluntary informed consent. The sheer number of these sterilizations (217,446 from 1996 through 1998) was achieved in part through a system of quotas that provided little incentive for high quality care.¹ In late 1998, a feminist lawyer investigating abuses in state-run hospitals stumbled upon evidence of problems in the family planning program and began to disseminate her findings to the media. Her action initiated closer scrutiny and ultimately created demands for the program's reform.

Peru's problematic sterilization campaigns of the mid-1990s are in many ways an old story of the instrumental use of women by national planners and international organizations as a means of controlling population growth and promoting economic development. What is remarkable about Peru in 1996 is that these sterilization campaigns took place in strikingly new global and national contexts that appeared to favor women's

reproductive rights. By the late 1990s, a new credo of reproductive rights dominated global population efforts, and Peru had seemingly absorbed this discourse. In 1982, Peru ratified all articles of the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), first adopted by the U.N. General Assembly in 1979. The CEDAW promotes women's equality in political, social, and economic realms, and it is the only human rights convention that affirms women's reproductive rights. At the 1993 U.N. Conference on Human Rights, held in Vienna, and the 1995 World Summit for Social Development, held in Copenhagen, feminist activists were successful for the first time in placing women's rights on the international human rights agenda and women's poverty on the international development agenda. Women's movements were also influential at the 1994 International Conference on Population and Development (ICPD), held in Cairo, and the United Nations 1995 Fourth World Conference on Women, held in Beijing, conferences in which Peruvian feminists were active participants.

Peru's Family Planning Program was significantly reformed on the heels of the Cairo and Beijing conferences. Its guiding documents largely reflected the language and goals agreed upon at Cairo, including a commitment to reproductive healthcare, women's reproductive rights, and the promotion of gender equity. The program's focus on the poorest Peruvians had the potential to dramatically increase access to family planning methods in a country where previously the middle classes and the wealthy were the only ones privileged with access to contraception. In addition, feminists and the government had established a mechanism to monitor the implementation of the "Program of Action" agreed upon at Cairo: a corporative body called the *Mesa Tripartita de Seguimiento al Programa de Acción del Cairo* (Tripartite Board to Monitor the Cairo Program of Action), which included members from the state, civil society, and international institutions.

How, then, was it that abuses reminiscent of past sterilization campaigns, such as those in Puerto Rico, India, and South Africa, could occur in the late 1990s when both international and national circumstances seemed specifically designed to prevent such abuses? In this article, I will show how the Fujimori administration in Peru hijacked the global femi-

nist language developed at Cairo and instrumentally used Peruvian feminists themselves to push a traditional Malthusian population policy that placed national economic development above women's human rights.

The difference between the Peruvian case and similar programs in other countries in the past is that national political actors not only used women to achieve their population goals, but also appropriated national and global feminist discourses to legitimize their actions. Peru's experience with family planning alerts us to the increasingly complex ways that global and national feminist agendas can be coopted for non- or even antifeminist goals. It also demonstrates the need for continual critical monitoring of state actions by feminists, even when these actions may on the surface appear to be positive for women.

INSTRUMENTAL USES OF WOMEN

The instrumental use of women in both economic and population policies has a long history among feminists as well as among international policymakers. By instrumental use of women, I mean targeting particular groups of women for ends that do not necessarily benefit these women themselves. Although feminists have largely moved away from instrumental approaches since the 1990s, the international economic and population establishments have done so much more slowly and less decidedly.

The instrumental use of women in order to achieve broad economic development objectives was initially supported by early feminist scholars and practitioners in the field of women in development (WID). In the 1970s, WID proponents advocated an "equity" approach to women in developing countries, arguing that women's subordinate status inhibited economic development. WID advocates hoped that by strategically linking women's equity to mainstream development concerns, they would be more likely to get equity issues onto policy agendas.² When nonetheless faced with resistance to the equity approach, advocates then promoted an "antipoverty" approach, arguing that targeting women in poverty reduction plans could be an effective means of reducing overall poverty.³ The antipoverty position, like the equity approach, represented a compromise in order to have women at least included in economic development projects. Similarly, in the 1980s and 1990s, a so-called efficiency approach was

attempted; this approach advocated that the use of women's productive capacities would "efficiently" cushion the blows of structural adjustment programs.⁴ All of these approaches brought women into policy discussions regarding economic development, but they also viewed women as mere vehicles through which broader antipoverty or economic development objectives could be achieved. Little attention was paid to the factors that caused women's subordinate position, such as unequal power relations between women and men and discrimination against women.

An instrumental vision of women's roles in economic development was integral to policies promoted by U.S. government agencies and the primary international financial institutions: the World Bank and the International Monetary Fund (IMF). These policies shaped economic adjustment packages that shifted social welfare responsibilities from states to women in families and communities, placing a greater burden on the unpaid economy as a means of rectifying state fiscal imbalances and inflation.

The link between population control and economic development dates back to 1798 when English economist Thomas Malthus argued that population growth, if left unchecked, would outstrip agricultural capacity, leading to a general decline in world living standards. Drawing on the arguments of Malthus and of early-twentieth-century U.S. birth control advocates (including Margaret Sanger), U.S. policy, beginning in the 1960s, pushed population control efforts as intimately linked to economic development in the Third World and thus to U.S. security interests.⁵ (Even now, the United States continues to view Latin American population growth as a security threat, especially as Latin American immigrants to the United States have increased dramatically as a result of Central American wars and regional economic crises in the 1990s.)⁶ U.S. government funding of population control programs has helped to develop a worldwide "population establishment" of diverse governmental and nongovernmental institutions dedicated to population issues. Although many of these international organizations argued for policies that were noncoercive, they still made instrumental arguments, for example, advocating the education of women as a means to reducing population growth.⁷

Malthusian population principles also had a strong regional presence in Latin America and a national presence in Peru, where many elites believed

that indigenous, African descent, and other poor populations hampered national progress. In the 1920s and 1930s, the emerging Latin American state health systems promoted eugenics through such means as the requirement of prenuptial medical certifications, which barred the marriage of the physically or mentally "unfit." In the 1930s, eugenics also became part of state immigration policies, as countries sought to attract white, European immigrants. However, despite these policies and dramatic population growth in the 1940s through the 1960s, Peru did not yet have a well-defined population policy. This began to change in 1968 when the revolutionary military government of Juan Alvarado Velasco shaped a pronatalist population policy that coincided with Catholic tradition, while also reacting against what was perceived as imperialist interference by the United States, which was actively promoting population control in Latin America. In 1976, however, the less militant government of General Francisco Morales Bermúdez reversed the pronatalist stance and outlined Peru's first official population control program. It included access to artificial contraception, considered procreation to be the decision of the couple, and advocated "responsible parenthood," a Catholic concept outlined in 1974 in which couples are encouraged to freely decide the size of their families. This first official policy also endorsed the Malthusian idea that population control was a prerequisite to sustained economic development.⁸

It was not until the mid-1980s, under President Alán García of the Alianza Popular Revolucionaria Americana Party (APRA), that state-funded family planning was established, although still understood as a matter of economic development. In 1985, the García government passed a national population law that emphasized the Catholic Church's position of responsible parenthood, but also established the right to a choice of contraceptive methods and individuals' rights to be free of manipulation or coercion in matters of family planning. In the debates over this law, the government accepted the church's position against abortion and sterilization. The government then developed the National Population Program 1987-1990, which outlined goals for reducing fertility rates and achieving contraception coverage and made some limited economic resources available for implementation. Subsequently, family planning

programs were created in Peru's social security and state-run public health systems. Notably, the National Population Program was a component of the National Plan for Development.⁹

CAIRO AND BEIJING

Although the population establishment was first challenged by those who advocated for women's reproductive rights at a World Population Conference, held in Bucharest in 1974, a significant change in official discourse around population dates back only to 1994 and the International Conference on Population and Development held in Cairo. From the view of population control as a means to security and economic development, the international discussion shifted to an approach that considered women's reproductive rights and gender equity as well as population control and environmental impact.¹⁰ Access to reproductive health services, for all women and men, was one objective of the accords, and reproductive rights were explicitly linked with human rights. At Cairo, reproductive health was defined as:

a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.¹¹

The Cairo conference also stated that reproductive rights are "human rights." The Cairo accords clearly succeeded in placing women's reproductive health and rights onto the population agenda, and in dampening previous emphases on overpopulation.

Yet, did this shift at Cairo represent a true watershed, or is the population establishment skillfully invoking feminist discourse while maintain-

ing the same fundamental objective of population control? Anthropologist Ines Smyth has suggested that the definition of "reproductive rights" for the population establishment differs from feminist understandings. She explains that, whereas "the notion of self-determination in childbearing" became central to feminist definitions of reproductive rights by the late 1980s, the population establishment in the early 1990s equated reproductive rights with consumer choice in family planning options. In other words, she argues that the population establishment interpreted reproductive rights as a kind of free market rather than as a fundamental human right. Betsy Hartmann, Director of the Population and Development Program at Hampshire College, criticized the Cairo agreements themselves as leaving open the way for narrow, technocratic interpretations of reproductive health. Thus, feminist scholars expressed concern that fundamental concepts of international feminist discourse, such as reproductive rights, had been appropriated, manipulated, and used instrumentally by institutions and individuals for their own agendas.¹²

Family planning policy in Peru under the administration of President Alberto Fujimori illustrates this instrumental pattern. The Fujimori administration utilized international feminist discourses on reproductive health and rights, and alliances with Peruvian feminists themselves, to cloak a traditional population control agenda. Less than a year following the Cairo accords, during his second inauguration speech in 1995, Fujimori announced a major change in Peru's population policy. He proclaimed a concerted "struggle against poverty" and promised family planning would play a critical role in this new initiative.

Fujimori's political power at this point in time was strong. Congress had been newly reconstituted, following Fujimori's closure of that body and a brief rule by decree in 1992. Although Fujimori's self-coup in 1992 was viewed poorly by international observers, nationally, the president was lauded for taking a forceful position against the worst economic crisis in Peru's history and against guerrilla insurgents who had led a decade-old civil war.¹³ Riding on this wave of popularity, President Fujimori reinforced his commitment to family planning. As the only male head of state to address the United Nations Fourth World Conference on Women in Beijing, and "as part of its policy on social development and the fight

against poverty," Fujimori announced that his "government has decided to carry out an integral strategy of family planning that confronts openly, for the first time in the history of our country, the serious lack of information and services available on the matter."¹⁴ This announcement of expanded family planning was an attempt to win the favor of Peruvian feminists who had substantial national visibility in 1995 due to the conference and its preparatory meetings. Fujimori had arrived at the Beijing conference at a critical moment—when conservative actors like the Catholic Church were attempting to roll back some of the rights established in the Cairo accords. His announcement at the conference led to what some observers have called "an implicit alliance" between Fujimori and some feminists in civil society, although others remained wary of the Fujimori agenda, which, overall, was mixed on women's issues.¹⁵

The Beijing speech also garnered Fujimori badly needed kudos from the international community. His outspoken support of women's reproductive rights appeared to be a democratic gesture, assuaging those countries that had looked unfavorably upon Fujimori's earlier dismissal of Peru's congress. After his 1992 "self-coup," the U.S. Agency for International Development (USAID) had pulled funding for its two major health programs in Peru, one of which was for family planning.¹⁶ Fujimori's new policy served to shore up international alliances and win tacit approval, if not financial backing, for its program from important bi- and multilateral agencies, such as USAID.

At Beijing, Fujimori, dressed in blue jeans and tennis shoes, not only shed the traditional formal attire of presidents and U.N. delegates, but also shed Peru's traditional governmental alliance with the Catholic hierarchy on issues of artificial contraception. This significant expansion of family planning services in Peru was made possible by a conflict between the Fujimori government and the Peruvian Catholic hierarchy dating to rifts during Fujimori's 1990 election campaign. Although the Catholic hierarchy is opposed to artificial contraception in general, it particularly opposes surgical forms of contraception, which it views as mutilation of the body. Surgical sterilization had been illegal in Peru, except in cases where pregnancy was considered a mortal risk. But just days before the Beijing Women's Conference in September 1995, after lively debate, the Fujimori-dominated

congress passed legislation that legalized "voluntary surgical contraception," creating more dissent between the church and the government. Fujimori's Beijing announcement proceeded to take direct aim at the church, accusing "the Catholic hierarchy" of trying at all costs "to prevent the Peruvian State from carrying out a modern and rational policy of family planning" that would help "the poorest sectors of our population."¹⁷

This speech, portraying his government as modern and the church as irrational and backward, heightened tensions between the two and led the Peruvian bishops to proclaim the government family planning initiative as a "satanic" proposal that would turn "the entire country into a whorehouse."¹⁸ Despite this vehement church opposition, the government proceeded to expand access to state-provided contraceptive services, including "voluntary" vasectomies and tubal ligations.

REPRODUCTIVE HEALTH OR MALTHUSIAN CONTROL?

Despite conflicts with the church, it is evident from Fujimori's placement of family planning within his broader "struggle against poverty" that he viewed family planning as a means to poverty reduction, rather than to women's rights. However, his use of international feminist forums such as Beijing and his citation of feminist-influenced development accords created the impression that the policy would balance poverty reduction objectives with reproductive rights, especially since Fujimori explicitly cited the Cairo accords in legal documents pertaining to population policy in Peru.

Peru's revised program, outlined in the document "Reproductive Health and Family Planning Program 1996-2000," was largely in line with the Program of Action agreed upon at Cairo. It was intended not only to revise Peru's earlier family planning policies but also to end the mismanagement and corruption that had led to the threat of termination by international aid agencies.¹⁹ The revised plan followed Cairo in defining reproductive health as "the condition of complete physical, mental and social well-being that men and women require in order to develop reproductive functions with security during all periods of life."²⁰ This plan, in considering family planning a priority within overall reproductive health, modified the Cairo approach only in its reference to the Catholic concept

of "responsible parenthood" and in its inclusion of "modern and secure" forms of contraception.

Peru's revised plan also echoed Cairo in naming gender equity as a goal to be achieved through equal rights for both sexes and "health services that will diminish the barriers that limit women's access to quality care." The plan attempted to ensure warm interactions between caregivers and clients, high quality attention, and respect for clients' self-determination within their cultural values. Finally, as already noted, for the first time, this family planning program included the option of sterilization as a contraceptive choice.²¹

And yet, the document contained some important flaws, which were later identified by Peru's *Defensoría del Pueblo* (human rights ombudsperson's office). The *Defensoría* decided that program documents set goals that ran counter to full reproductive rights and that resources were inadequate for effectively implementing the plan. Among fifteen goals for service provision, the *Defensoría* required a change in three in March 1998 after an investigation by the *Defensoría*, congress, and a special commission named by the Ministry of Health. The changes involved lowering the goal of "reaching" 50 percent contraceptive coverage of all women in their fertile years and 70 percent of married women in their fertile years, to "making the effort to reach" these same numbers of women. In the second change, the original goal of making contraception available to 60 percent of adolescent women in a relationship was changed to also avoid unwanted adolescent pregnancies. The third change revised the goal of assuring that every woman who gives birth in a health establishment leave the establishment using some form of birth control, to individually counseling postpartum women on the family planning options available. Furthermore, family planning was isolated from programs that addressed other aspects of reproductive health, such as adolescent health, women's healthcare, infant care, AIDS and other sexually transmitted diseases, and cervical cancer.²²

The revised family program seemed to reflect the Cairo agreements. In addition to the president's rhetoric about women's rights and the echo of the Cairo language, advertising for the family planning program appeared feminist in emphasizing the rights of women and couples to choose the

number of their children. A newspaper ad for the program read: "There are those who still do not understand that Peruvian women, or the couples in Peru, have the right to choose."²³ These factors produced an image of a progressive government program that favored individual liberties and reproductive well-being for women and men.

However, other government documents reveal that the upper echelons of the Fujimori government—the presidency and the prime minister's office—viewed family planning principally as a tool for economic development, with little regard for the promotion of reproductive health or rights. The fact that these high-level authorities privileged sterilization over other forms of contraception was not only contrary to the norms of reproductive health agreed upon at Cairo, which required a choice of contraceptive methods, but also exposed their orientation toward population control. An influential document entitled "Basic Social Policy Guidelines," developed in 1993 by the prime minister's staff, projected dramatic population growth for Peru and argued that this increase, if left unchecked, would outstrip the economy's ability to provide adequate employment and basic social services. Although this document does not offer a specific population control strategy, it does provide justification for such a policy based on economic and demographic trends.²⁴

Another document, "Social Policy: Situation and Perspectives," discussed family planning services more explicitly, as one of a number of "goods" to be distributed to the neediest communities. This approach had the potential to expand access to family planning methods to the poor, who had not previously been served. However, the document also demonstrated the government's clear preference for sterilization over other methods of family planning. One of the thirteen indicators for success of social policies was the number of "people who opt for a permanent method of family planning." No indicator for any other form of contraception was included. Thus, the number of surgical sterilizations performed became one of only thirteen criteria for the evaluation of the Fujimori administration's struggle against poverty.²⁵

Clearly, the primary goals of the family planning program under Fujimori were economic growth and poverty reduction, not reproductive health and rights. The government logic was that a reduction in popula-

tion would lead to an increase in GDP per capita. Thus, elite, primarily white, male policymakers sought control of women's bodies as a means of meeting their goals of economic growth.

These policy goals contributed to the record of mounting abuses. The president pressured family planning program staff to meet sterilization quotas, and the precarious working conditions of state health employees led to low quality care and human rights abuses. As the documents discussed above demonstrate, the state used the number of women sterilized as an indicator of successful poverty alleviation. According to former program staff members, the family planning advisor, Eduardo Yong Motta, appointed by the president, would contact the program weekly to set increased quotas for surgical sterilizations. Furthermore, the president or Yong Motta would attend the program's weekly meetings to monitor achievement of the quotas. Fujimori even met directly with subregional directors of the health system to promote local surgical sterilizations.²⁶

Another factor contributing to the heavy pressure to sterilize women was the precarious position of state health employees, who were largely hired on contracts that were renewed based on sterilization quotas. If quotas were not met, these employees risked losing their jobs at a time when health professionals were abundant in Peru but health sector jobs were few. Furthermore, some were given financial incentives to meet or beat the quotas in local sterilization campaigns.²⁷

Analysis of government propaganda reveals that it was not only women's bodies, but *poor and indigenous* women's bodies that were the object of these campaigns and of Peru's family planning program more generally. Unlike the feminist-inspired advertisements described above, this second strand of propaganda was not distributed to the general Peruvian populace. Instead, it targeted the low-income and poor clientele of state-run public health clinics, emphasizing that more children would cause greater poverty.

Posters and large calendars, which hung in the waiting areas of state health clinics, typically depicted two contrasting pictures side by side. In Lima's poor neighborhoods, the posters featured a happy, clean family with a boy and a girl in a house with a neatly kept green yard juxtaposed against a picture of a straw shack jammed with a family with many sad children in a dusty, dirty neighborhood (fig. 1). The poster reads: "Only

you can decide how many children to have." At times, these posters only showed the picture of squalid conditions, with the slogan: "For Life and Health. FAMILY PLANNING. Only you can decide."

The contrasting images of poor and middle-class urban life sent the message that fertility control could lead to an elevation in class status. Lima is situated in a desert, and in some poor neighborhoods, water for cooking and bathing is brought in by truck and delivered and stored in large metal drums. Only the wealthy could afford the irrigated green lawns, flowers, and trees depicted in the small-family picture. The children in this family are dressed in school uniforms and hold books in their arms, indicating they have been able to pay the fees for uniforms and materials.

In a rural province in the department of Ayacucho, the billboard pictured in figure 2 was clearly racialized. On the right side of the billboard, in the center of the "O" in the word "NO," a typical rural highland indigenous family is depicted with mother and daughter wearing traditional skirts and long braided hair. The parents' faces express panic and exhaustion, apparently due to the five children surrounding them. The billboard contrasts this family of seven with a family of four who appear to be of European descent: the parents are tall and fair and the mother's short-cropped, curly hair is blonde. The mother's Western-style dress is clearly impractical for the physically demanding agricultural work of rural Ayacucho. Finally, the better-off white family has two boys and no girls. Girls in rural areas of Peru are less valued and are often considered a burden. This billboard implies that family planning could lead to only having sons.

The billboard telescopes a racialized message. By controlling one's fertility, one will "Live Happily" as the billboard states—and apparently simultaneously become white and lose indigenous cultural traditions.



Fig. 2. A Peruvian Family Planning Program mural in a rural province in Ayacucho.

The proposed transformation is also gendered. In rural Peru, women protect and preserve indigenous cultural traditions, and only the mother and daughter in the pictured indigenous family maintain traditional dress. The proposed transition to "whiteness" then imposes a much greater burden on women, who have also been more resistant to giving up their cultural traditions.

Sterilization campaigns especially targeted poor, uneducated, indigenous women who had little access to artificial contraception and who were easily deceived by staff members seeking to fulfill quotas or receive financial rewards. Not only did these conditions militate against genuinely voluntary and informed consent in reproductive health services, but they reflected the class and racial biases of the Peruvian elite, from whom policymakers were drawn.

UNCOMFORTABLE ALLIES

In 1996 and 1997, Giulia Tamayo, a lawyer with the feminist human rights group, Latin American and Caribbean Committee for the Defense of Women's Rights (CLADEM), was the first to expose patient grievances with the government family planning program. Her report documents 243 cases of sterilization under questionable circumstances in nineteen departments²⁸ and led Peru's *Defensoría del Pueblo* to launch a full investigation of the program that identified systematic deficiencies in gaining voluntary and informed consent for surgical sterilization. Of 157 cases investigated in 1999, forty-one had no consent procedure at all. Of the ninety cases that took place when a consent procedure was part of the program's policy, it was not used by staff in seventy-one. Finally, of the nineteen cases where the consent form was used, it was filled out properly only eleven times.²⁹ Consent forms and updated manuals on sterilization procedures were not prepared and distributed prior to the launching of the program, and when they were produced, they were not distributed to all health centers and posts in a timely manner, or sometimes at all. Moreover, the *Defensoría* found twenty-seven different consent forms, many of which were confusing.³⁰

The *Defensoría* investigated twenty-four cases of death or serious injury as a result of surgical sterilization and found the majority due to low-quality

care: a lack of sanitary conditions and thus infection, poor medical practices, including damage to other bodily organs during the procedure, or a lack of follow-up care, among other reasons. From 1996 to 1998, the *Defensoría* documented sixteen deaths as a result of female sterilizations, a rate of 7.35 deaths for every 100,000 operations.³¹

A few attempts were made to address the abuses in the family planning program, but members of the president's party or his ministers denied any wrongdoing. Two women congressional members (Beatriz Merino of the Frente Independiente Muralizador and Anel Townsend of the Unión por el Perú), who had in the past supported women's political rights, demanded that the Women's Commission of the Congress take action and investigate the quotas for sterilizations and other abuses. The commission did begin an inquiry, including visits by commission members directly to health centers. However, the head of this commission, Luz Salgado, a staunch member of the president's party (Cambio 90/Nueva Mayoría), defended the program and vehemently denied the existence of quotas. The Minister of Health did the same when called upon to testify.³²

Thus, groups in civil society resorted primarily to outside means to demand change in the government family planning policy. An unusual alliance began to coalesce in opposition to the program: the Catholic hierarchy and Peruvian feminists. Juan Julio Wicht, a Peruvian priest and intellectual, active in debates on population, stated in an interview in 1998: "The institutions and the parties are very debilitated. All that is left is the press and the media."³³ Indeed, in 1998-1999 few mechanisms of accountability existed in Peru because the Fujimori regime had grown increasingly authoritarian. For feminists, the task of responding to government abuses was made more complex by their implicit alliance with Fujimori since Beijing and their explicit engagement with the state and international population agencies through the *Mesa Tripartita*.

The hierarchy of the Catholic Church, which had opposed the family planning program from the start, took advantage of the newspaper reports of program abuses to launch its own campaign against government-provided family planning services. The church hierarchy ferreted out stories of abuses in the family planning program and provided these to the media. Cardinal Augusto Vargas Alzamora appeared on television

news and made regular statements to the major newspapers denouncing the family planning program.³⁴ Vargas and his successor Cardinal Luis Cipriani also used Sunday masses to sway the public against the program and pressure the government. In addition, religiously conservative congressional members, such as Rafael Rey, a member of the conservative Catholic Opus Dei, demanded an investigation of the program on religious grounds.³⁵ Church agitation against the program led to the inclusion of "natural" family planning methods in the family planning program's array of contraceptive choices.

A number of factors compromised feminist responses to the abuses in the family planning program.³⁶ First, feminists faced the dilemma of speaking out against a program for whose expanded services they had advocated for decades. Criticizing the family planning program ran the risk of harming the cause of reproductive rights in the public eye and placed feminists in the unsavory position of apparent agreement with the Catholic hierarchy. Second, they faced the political problem of criticizing a very popular government. Third, feminists themselves were divided. Although some backed the regime, most did not; and among Fujimori's feminist opponents, some felt that problems in the family planning program were secondary to the larger fight against an authoritarian regime.³⁷ Feminists' positions were further complicated by the involvement of Peru's three major feminist organizations—Manuela Ramos, Flora Tristán, and the Red Nacional de Promoción de la Mujer—in the *Mesa Tripartita*. These feminist organizations were caught in a web of political and financial relationships with the Peruvian state and the international population agencies. Their dependence both on good relations with the state and on financial support from international population agencies compromised their ability to speak out directly and quickly against abuses in the state family planning program.

The *Mesa Tripartita* was intended to represent the interests of the state, international institutions, and civil society in determining specific steps to carry forward the Cairo accords. The brainchild of the Latin American Women's Health Network, it was successfully implemented in Peru as a result of the combined efforts of the groups Flora Tristán and Manuela Ramos.³⁸ Its first steps, in 1997 and 1998, were to map out existing activities

of the government, civil society, and international agencies in the field of reproductive health. The three sectors then prioritized which aspects of the Cairo agreements would be implemented immediately.³⁹ Finally, the *Mesa* developed indicators and mechanisms to monitor the implementation of the accords.

Some feminists felt that "the space decidedly allowed feminists to enter and present initiatives, or at least to promote debate and make proposals." Moreover, it was a means of holding the state accountable to the Cairo accords.⁴⁰ The *Mesa* was seen by these sectors as a means to influence an authoritarian regime otherwise closed to input from civil society. Other feminists outside the *Mesa* disagreed with its premise altogether, arguing that reproductive rights should not be negotiated.

When abuses in the family planning program came to light, feminists in the *Mesa* had the difficult task of demanding government accountability, while still preserving the institution as an important access point for information, communication, and negotiation. Some feminists in the *Mesa* felt that their role was to defend the state family planning program. According to one, "[In the *Mesa Tripartita*] the majority of people did not have a clear idea of their role as 'civil society'; on the contrary, they had the idea that 'we are all part of the Family Planning Program' and therefore, the enemies of the Program are our enemies."⁴¹ Manuela Ramos needed to maintain good relations with local government health offices for the success of its multi-million dollar reproductive health project, *Reprosalud*, while simultaneously defending women's rights. Moreover, *Reprosalud* was financed by USAID, which also sat on the board of *Mesa*. USAID, for its part, was concerned about the Peruvian family planning program, especially when its abuses were brought to light. However, as a bilateral agency, it was committed to working with the government to improve the program.⁴² Due to Manuela Ramos's relationships with the state and USAID, speaking out against the family planning program was risky. Similarly, the Red Nacional de Promoción de la Mujer received a good portion of its financing from the U.N. Population Fund (UNFPA), which directed the *Mesa Tripartita*.⁴³ UNFPA's response to abuses in the family planning program, similar to USAID's response, was to work more closely with government administrators to improve the program, rather than critique

it. According to some observers, the dependency of the Red Nacional on UNFPA financing moderated the feminist organization's approach.⁴⁴ Thus, for some feminists, the connection with the state and international agencies that the *Mesa* provided, although initially designed to empower feminists, instead undermined their autonomy and ability to speak critically.

The three feminist NGOs in the *Mesa* attempted to hold to a middle position between protecting advances in family planning and pushing the *Mesa* to respond to the problems in the program. Some followed the UNFPA lead and sought to use the *Mesa* to work with the government in improving its family planning practices. The feminist organizations debated whether each case of questionable sterilization ought to be brought to the *Mesa* for negotiation or whether new cases should be taken directly to the *Defensoría del Pueblo* for investigation.⁴⁵ Over time, and with pressure from other feminists, feminists in the *Mesa* became more outspoken. Representatives of Manuela Ramos, for example, eventually asked for the resignation of the minister of health. Overall, however, these feminist organizations responded to the abuses in family planning only slowly. The web of relations that they had with the state and international population agencies compromised their ability to hold the state accountable to the Cairo accords.

Feminist groups not involved with the *Mesa* spoke out most strongly against the abuses in the family planning program. Some lobbied Congress to utilize its constitutional powers to oversee the ministries. Some supported the *Defensoría del Pueblo* in an effort to strengthen this institution as a mechanism of horizontal accountability.⁴⁶ The *Defensoría* documented the cases of death, uninformed consent, and other irregularities in the program. It made accurate information available and spoke out as an independent voice within the state, demanding an end to the sterilization campaigns, a waiting period prior to the surgeries, and the revision of some family planning documents. However, the *Defensoría's* powers of enforcement were limited to publicizing and denouncing the government's errors.

Ultimately, CLADEM and a consortium of smaller Peruvian NGOs appealed to an international source of accountability, the United Nations. The U.N. Committee on Elimination of Discrimination against Women,

which oversees signatories' adherence to CEDAW, called upon Peru to justify its family planning policy, after receiving a critical report on the policy prepared by CLADEM's Lima office, the Center for Reproductive Law and Policy in New York, and the Lima office of the Center for the Defense of Women's Rights (DEMUS).⁴⁷ The government sent representatives of the Women's Ministry to respond to the questioning. Although the U.N. action was effective in forcing the government to explain its actions publicly for the first time, this approach depended on Peru's voluntary agreement to abide by international accords and offered no guarantee for future compliance. The feminists who did speak out against the government did so in an increasingly authoritarian political context. By the late 1990s, the Fujimori government censored much of the media and denied its opponents basic civil and human rights. In 1998, Giulia Tamayo, the activist who first broke the story of abuses in the program and who was a central figure in bringing them to the attention of the CEDAW committee, was physically threatened, her home broken into, and videos of testimonials that she had been gathering as evidence of wrongdoing in the family planning program were stolen.

Curiously absent from the debates over family planning in the 1990s were the voices of the women most affected. Poor, rural, and indigenous women did not collectively organize to voice their opinions on family planning policy. Instead, their voices were primarily heard in the individual testimonials collected by Tamayo and the *Defensoría del Pueblo*. The collective response of indigenous and peasant women came much later, in 2001, from the "Mujeres de Anta"—twelve peasant and Quechua-speaking women of Anta in the department of Cuzco. Organized by the feminist organization, Movimiento Amplio de Mujeres, these rural women traveled from Cuzco to Lima to demand compensation for the sterilization abuses that they suffered at the hands of the family planning program.⁴⁸

Peru is notable among countries with large indigenous populations for its lack of an indigenous movement and organization. The strongest rural organizations to emerge in the 1990s were the *rondas campesinas*, or peasant militias, that were formed in self-defense against the threat of the revolutionary guerrilla movement called the Shining Path. The *rondas*, with their mostly male membership, did not address family planning policy, perhaps

due to perceiving it as a personal and female issue. Furthermore, many of the *rondas* supported the Fujimori government. Finally, many rural and poor women, at least apparently, "prefer" sterilization as a contraceptive choice. In fact, a major argument in favor of Fujimori's family planning program was that its emphasis on sterilization was a logical response to a large and long-standing unmet demand. Although there are no statistics to prove what the real demand for sterilization was, in a context of few alternatives and of material deprivation, some poor women in Peru as elsewhere in Latin America did see sterilization as a reliable method to end cycles of unwanted pregnancies.

LEGACIES AND CONCLUSIONS

As a result of the efforts of feminist whistle-blowers, the proactive position of the *Defensoría del Pueblo*, as well as international agencies, Peru's family planning program was substantially overhauled in 1999. Moreover, demand for family planning options continued to be strong in post-Fujimori Peru.⁴⁸ However, the Fujimori program's legacy of population control tactics did damage the cause of reproductive rights. In 2001, Peruvians elected Alejandro Toledo president of Peru by a very small margin, following President Fujimori's flight into exile due to a corruption scandal and following a brief transition under Valentín Paniagua. Due to his weak political support, Toledo sought allies among conservative Catholic politicians. Toledo's first two health ministers belonged to conservative sects; his first minister of health, Luis Solari de la Fuente, to the Sodalicio de Vida Cristiana, and his second, Fernando Carbone Campoverde, to Opus Dei. Both Solari and Carbone actively sought to reduce reproductive rights in Peru, in part by taking advantage of the family planning scandals of the 1990s. In his writings prior to becoming minister of health, Solari asserted that a "social alliance" bound "Northern nations" with feminists interested in controlling birth rates. In 2001, Solari introduced legislation, which never passed, that would have allowed healthcare providers "conscientious objection" to carrying out any medical act against their personal moral or ethical views. He also introduced successful legislation that made "The Day of the Unborn" an official national commemorative day.⁴⁹

When Fernando Carbone became minister, he reopened the steriliza-

tion debate, claiming that under Fujimori there had been 300,000 cases of forced sterilization. His attempt to hold Fujimori accountable was based on questionable facts with an obvious underlying political agenda. Clearly Carbone sought to use the family planning scandal under Fujimori to severely weaken state family planning in Peru. Moreover, he did so by again invoking international rhetoric, this time of human rights. He labeled Fujimori's family planning actions as "genocide" and set up a "truth commission" to investigate them.⁵¹ Under Solari and Carbone, many health ministry personnel, including those who worked in reproductive health, were replaced by religious conservatives. Minister Carbone banned the use of the word "gender" in any health ministry documents, reflecting the Catholic hierarchy's opposition to the term.

In its 2002 and 2005 investigative reports on family planning in Peru, the office of the *Defensoría del Pueblo* found that since 2001 there had been an increase in health establishments denying both access to surgical sterilization and full information on the range of contraceptive methods available. It also found that since 2001, stocks of contraception in state health establishments decreased, and patients were being charged for contraception, in violation of Peruvian law. Moreover, the *Defensoría* found that the ministry had refused to make the emergency contraception pill (legalized in 2001 before Toledo took office) available in public health establishments.⁵² Carbone also argued that intrauterine devices were abortive and attempted to remove them from public health centers. A congressional commission in 2002 called for making voluntary surgical sterilization again illegal. In 2003, the Ministry of Health implemented a "Peru-Life Strategy" which emphasized the "rights" of the unborn.⁵³ The effects of these policies became apparent in national statistics on contraceptive use in 2003 and 2004. Peruvians' use of all artificial forms of contraception dropped by 26 percent between 2002 and 2004. The dramatic drop is likely due to instances of illegal fees, some doctors' refusals to provide contraception, and perhaps most importantly, Solari and Carbone's refusals to restock state contraceptive supplies.⁵⁴

In 2003, feminists and public health activists successfully lobbied Toledo to remove Carbone from the ministry. Again, rights language was invoked, this time to support sexual and reproductive rights. This second wave of

battles over family planning again underlines how global human rights and feminist discourses were employed to shape national political agendas. The succeeding health minister, Pilar Mazetti, who was appointed in 2003, actively repaired the damage done by her predecessors to state family planning programs. That damage was extensive: religious conservatives gained direct power within the Ministry of Health and significantly weakened the state family planning program. Their influence on public and governmental attitudes outlasted the conservative ministers.

The family planning debacle in Peru raises theoretical questions in three areas: first, the relationship between feminists and the state and the viability of mixed state-civil society-international institutions like the *Mesa Tripartita*; second, the relationship between urban middle-class feminists and poor indigenous women; and third, the consequences of the instrumental use of global feminist language.

In terms of state-feminist relations, the family planning debacle demonstrates the need for multiple feminist locations. Although the Peruvian feminists who participated in the *Mesa* were constrained by their relationship with the state and international population agencies, the same relationships allowed them access to information on state policy and practices. In the increasingly authoritarian context of Peru in the late 1990s, the ties that feminists forged with the state were in fact some of the only bridges that existed between the state and Peruvian civil society. The *Mesa* was therefore a key point for information and negotiation that other groups, such as labor unions, lacked altogether. Yet, as this article has made clear, participation in the *Mesa* also limited the extent to which these feminists could be critical. On the other hand, feminists outside the *Mesa*, who were free of compromises with state and international agencies, were key in bringing international attention to the national problem of sterilization campaigns. In what Margaret Keck and Kathryn Sikkink call the "boomerang pattern," these feminists responded to an authoritarian national context by using international mechanisms to pressure the state.³⁹ I conclude, therefore, that both pragmatic feminist groups that are willing to interact with the state and autonomous radical feminist groups able to strongly criticize state actions are essential to the success of feminist policy positions.⁴⁰

In Peru's family planning program, as I have shown, a hidden popula-

tion control agenda was masked by the disingenuous use of feminist discourse. Recognition of this agenda was not obtained through administrative monitoring but through actual observations of the program in action in remote rural villages. Such efforts require state cooperation coupled with an autonomous base for investigation and contestation as well as a willingness to move beyond the urban centers to observe the effects of policies in remote areas. The fact that it took over a year for abuses in the family planning program to be discovered indicates a lack of connection between Peruvian feminist NGOs and the rural indigenous women they hoped to serve. Peruvian feminists are concentrated in Lima, and poor and indigenous women are poorly represented in the feminist movement; government cooptation of feminist discourse was facilitated by feminists' own relative privilege.

The events surrounding the family planning program in Peru demonstrate the complex ways in which conservative forces can appropriate feminist discourses disseminated in global (and national) arenas and even manipulate feminists themselves. The Peruvian case may be sobering, but we must keep in mind what Rosalind Petchesky aptly notes: although transnational activists often find their words and work appropriated, their work and words have also opened up "new strategic possibilities."⁴¹ Advances in reproductive rights have been made in Peru, in large part due to the work of transnational and national activists. The fact that these gains have been tempered by opponents is the inescapable reality of politics. For feminists, appropriation of feminist discourse requires a continual effort to be precise about their own definitions, to critically observe the usage of these discourses, and to be willing to hold those who use these discourses accountable to their political intentions. Feminists must be on the leading edge of either defending or redefining particular concepts before others redefine them in undesirable ways.

NOTES

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- For a critique of the education/fertility connection, see Patricia Jeffery and Roger Jeffery, "Silver Bullet or Passing Fancy? Girls' Schooling and Population Policy," in *Feminist Visions of Development: Gender Analysis and Policy*, ed. Cecile Jackson and Ruth Pearson (London: Routledge, 1998), 239-58.
- Alfredo Guzmán, "Para Mejorar la Salud Reproductiva," in *La Salud Peruana en el Siglo XXI*, ed. Juan Arroyo (Lima: Consorcio de Investigación Económica y Social, U.K. Department for International Development, and AID's Policy Project, 2002), 190. The Peruvian church position on responsible parenthood was first outlined in the document *Familia y Población* published by the Episcopado Peruano, 19 Mar. 1974, cited in Alberto Varillas and Patricia Mostajo, *La Situación Poblacional Peruana: Balance y Perspectivas* (Lima: Instituto Andino de Estudios en Población y Desarrollo, 1990), esp. 380.
- Varillas and Mostajo, *La Situación Poblacional*, 322-23; Guzmán, "Para Mejorar la Salud Reproductiva"; Varillas and Mostajo, *La Situación Poblacional*, 383.
- See Sandra D. Lane, "From Population Control to Reproductive Health: An Emerging Policy Agenda," *Social Science and Medicine* 39 (September 1994): 1303-14; Ines Smyth, "Gender Analysis of Family Planning: Beyond the 'Feminist vs. Population Control' Debate," in *Feminist Visions of Development*, 217-38; and Harriet B. Presser and Gita Sen, *Women's Empowerment and Demographic Processes: Moving beyond Cairo* (New York: Oxford University Press, 2000).
- Program of Action of the International Conference on Population and Development*, chap. 7, "Reproductive Rights and Reproductive Health" (Cairo, 1994), www.unfpa.org/icpd/icpd_poa.htm#ch7.
- Smyth, "Gender Analysis of Family Planning," 228-30; Hartmann, *Reproductive Rights*, 136-39.
- In 1990, Peru was experiencing the worst economic crisis of its history, with inflation at 7,650 percent per year. Instituto Nacional de Estadística e Informática, *Perú: Compendio Estadístico, 1991-1992* (Lima: Instituto Nacional de Estadística e Informática, 1992).
- From the original speech in Spanish delivered by President Fujimori to the United Nations Fourth Conference on Women, 15 Sept. 1995, Beijing, China. My thanks to U.N. staff for the fax of the original speech in Spanish and to Heather Roff for her assistance in obtaining it from the United Nations. English translations are by the author.
- Rosa María Alfaro, *Agendas Públicas de Género. Inicios de una Nueva Etapa Pública: Entre Dificultades, Dilemas y Avances* (Lima: Consultoría de Inserción e Impacto de las Contrapartes de la Fundación Ford, 1996), cited in Maruja Barrig, "La Persistencia de la Memoria: Feminismo y Estado en el Perú de los 90" (Lima: Proyecto Sociedad Civil y Gobernabilidad Democrática en los Andes y el Cono Sur, Fundación Ford, 1999). I am indebted to Nancy Palomino for her insights into Peruvian feminists' reactions to Fujimori at the Beijing conference.
- Interview with former official (Anonymous 6) of the Family Planning Program, 12 Aug. 1998, Lima. All interviews are with author.
- President Fujimori to the U.N. Fourth Conference on Women.
- Quotes by bishops in "Peru's Family Planning Fight Forgets the Poor," *National Catholic Reporter* 31 (October 6, 1995), 11.
- Anonymous 6, interview.
- Ministerio de Salud, "Programa de Salud Reproductiva y Planificación Familiar" (Lima: Ministerio de Salud and U.N. Population Fund, 1996), 5.
- Ibid.*, 30; 28-29.
- See Ministerio de Salud, "Programa de Salud Reproductiva" (26-27) for original wording of service provision goals and Ministerial Resolutions 089-98-SA/DM and 076-98-SA/DM for the changes. Information on other programs, from Anonymous 6, interview.
- Ads like this ran frequently in 1998. The line quoted is from a full-page ad that ran in *El Sol*, 21 Jan. 1998.
- "Lineamientos Básicos de la Política Social" (Lima: Primer Ministro, 1993).
- "Política Social: Situación y Perspectiva a Agosto 1997," Documento de Trabajo, 21 Aug. 1997. Internal report of the Comisión Interministerial de Asuntos Sociales. Unnumbered page in Appendix E titled, "Comisión Interministerial de Asuntos Sociales: Indicadores de Seguimiento." Neither tubal ligation or vasectomies are technically irreversible; however, the surgery required to reverse these procedures is essentially unavailable to the poor in Peru. One former family planning staff member

- also indicated to me that surgical sterilization was considered to be a more cost-effective means of providing family planning. Barrig, "La Persistencia," also found this connection.
26. Anonymous 6, interview.
 27. See "Médico admite campaña del gobierno," *El Comercio*, 23 Feb. 1998, and "Denuncian en EE.UU. plan de esterilización," *El Sol*, 25 Feb. 1998, for doctors' testimonies of these contract obligations. Local sterilization campaigns and financial incentives were documented in the three volumes of reports published by the Defensoría del Pueblo, *Anticoncepción Quirúrgica Voluntaria*, vol. 1, *Casos Investigados por la Defensoría del Pueblo, Informe Defensorial 7* (Lima: Defensoría del Pueblo, 1998); *La Aplicación*, vol. 2; and *La Aplicación de la Anticoncepción Quirúrgica y los Derechos Reproductivos*, vol. 3, *Casos Investigados por la Defensoría del Pueblo, Informe Defensorial 69* (Lima: Defensoría del Pueblo, 2002). Campaigns and incentives were also well-documented in Peruvian newspapers, and I witnessed financial incentives to staff during site visits to rural health centers in 1999.
 28. CLADEM, *Nada Personal: Reporte de Derechos Humanos sobre la Aplicación de la Anticoncepción Quirúrgica en el Perú, 1996-1998* (Lima: CLADEM, 1999).
 29. The twenty-six remaining cases involved complaints about procedures that did not require consent (Defensoría del Pueblo, *La Aplicación*, 2: 43-45).
 30. Defensoría del Pueblo, *La Aplicación*, 2; interview with health center nurse midwife, 23 Feb. 1999, Ayacucho; Defensoría staff member Julissa Mantilla, personal communication, 20 Jan. 1999, Lima.
 31. Defensoría del Pueblo, *La Aplicación*, 2: esp. 289. For comparison, the risk ratio of tubal ligation in the United States is 3.9 per 100,000 procedures. Vasectomies carry a much lower risk of 1 per 100,000. See Gregory L. Smith, George P. Taylor, and Kevin F. Smith, "Comparative Risks and Costs of Male and Female Sterilization," *American Journal of Public Health* 75, no. 4 (1985): 370-74.
 32. "Comisión de la Mujer visitó centros de salud," *El Comercio*, 26 Jan. 1998; "Congresistas piden investigar compañías de esterilización," *El Comercio*, 13 Jan. 1998; presentations by Minister of Health, Marino Costa Bauer before the commissions of Health, Population, and the Family; and Women, Human Development, and Sports, 16 Jan. 1998 and 10 Mar. 1998. See also, "Entrevista a Marino Costa Bauer," *El Comercio*, 3 Apr. 1998.
 33. Interview with Juan Julio Wicht, 13 Nov. 1998, Lima.
 34. Cardinal Vargas was interviewed on the show "Panorama" of Panamerican Television, 12 Apr. 1998. See also, "La ley divina está por encima de las leyes humanas," *El Comercio*, 8 May 1998. On Cardinal Cipriani see, "La sociedad debe proteger la vida," *Cambio*, 5 Apr. 1999.
 35. "Demandan que se paralicen campañas de esterilización," *El Comercio*, 26 Jan. 1998.
 36. Interviews with Celeste Cambria, and Fresca Carrasco, 15 Apr. 1998, Lima, former representatives of Flora Tristán and Manuela Ramos, respectively, to the *Mesa Tripartita*, 16 Mar. 1998, Lima.
 37. Interview with Ana Gúezmes, 28 June 2005, Lima. This position was particularly strong among feminists in Flora Tristán.
 38. Carrasco, interview.

39. Cambria, interview; and Carrasco interview.
40. Carrasco, interview.
41. Unnamed member of the *Mesa*, quoted in Barrig, "La Persistencia."
42. USAID official, personal communication, July 2000, Lima.
43. Interview with Rogelio Fernández Castilla, UNFPA-Peru Representative, 16 May 1998.
44. Nancy Palomino, personal communication, June 2005, Lima.
45. María Jennie Dador, personal communication, 20 June 2005, Lima.
46. Giulia Tamayo, personal communication, 20 Apr. 1998, Lima.
47. CLADEM/CRLP/DEMUS, "Derechos Sexuales y Reproductivos de las Mujeres en el Perú," *Reporte Sombra, elaborado para la Décimo Novena Sesión del Comité para la Eliminación de Todas las Formas de Discriminación Contra la Mujer* (June 1998).
48. María Esther Mogollón, "Peruanas esterilizadas por la fuerza reclaman justicia," *Cinac Noticias*, 2003, www.cinacnoticias.com/noticias/03mar/03030504.html. In response to the Mujeres de Anta, President Toledo granted women negatively affected by the sterilization campaigns free state health insurance under the *Seguro Integral de Salud* (Integral Health Insurance Plan).
49. As of 2000, 25.5 percent of sexually active women were inadequately protected against unwanted pregnancy (*Encuesta Nacional Demográfica de Salud Familiar* [Lima: Instituto Nacional de Estadística e Informática, 1996 and 2000]).
50. Susana A. Chávez, "Cuando el Fundamentalismo Se Apodera de las Políticas Públicas: Políticas de Salud Sexual y Reproductiva en el Perú en el Período Julio 2001-Junio 2003" (Lima: Flora Tristán, 2004), 33; 34; 36.
51. *Ibid.*, 44.
52. Defensoría del Pueblo, *La Aplicación* 3, and *Supervisión de los Servicios de Planificación Familiar*, vol. 4, *Casos Investigados por la Defensoría del Pueblo, Informe Defensorial 90* (Lima: Defensoría del Pueblo, 2005); Defensoría del Pueblo, *Anticoncepción Oral De Emergencia. Informe Defensorial 78* (Lima: Defensoría del Pueblo, 2004).
53. Chávez, "Cuando el Fundamentalismo," 42; 47; 37.
54. Defensoría del Pueblo, *Supervisión de los Servicios*, 46-47. Percentage calculated from raw figures provided by the Defensoría: 1,411,646 in 2002 to 1,047,521 in 2004.
55. Margaret E. Keck and Kathryn Sikkink, *Activists beyond Borders: Advocacy Networks in International Politics* (Ithaca, N.Y.: Cornell University Press, 1998).
56. Geertje Lycklama à Nijeholt, Joke Sweibel, and Virginia Vargas, "The Global Institutional Framework: The Long March to Beijing," in *Women's Movements and Public Policy in Europe, Latin America, and the Caribbean*, ed. Geertje Lycklama à Nijeholt, Virginia Vargas, and Saskia Wieringa (New York: Garland, 1998), 25-48; Dorothy McBride Stetson and Amy Mazur, eds., *Comparative State Feminism* (Thousand Oaks, Calif.: Sage, 1995).
57. Rosalind Pollack Petchesky, *Global Prescriptions: Gendering Health and Human Rights* (New York: Zed Books, 2003), 27.