Peru

Sexual and Reproductive Rights Policies in Peru: Unveiling False Paradoxes

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Introduction[1]

Issues of sexuality and sexual and reproductive health and rights in predominantly Catholic Latin America are inevitably seen as sensitive, in spite of the relatively liberal stands adopted by the region's governments in recent global forums.[2] Such issues always carry the potential for sudden controversy and as such are used and misused by politicians. In the 1990s, an authoritarian government used a feminist discourse to establish a major surgical contraception program, which was severely criticized by women's and human rights organizations for coercion, lack of informed consent, and medical negligence in the context of numeric program goals. The program had to be stopped due to public outrage and pressure from the unusual

[1] We are pleased to acknowledge the useful comments of Rosalind Petchesky, Richard Parker, Diane di Mauro, Adriana Vianna, Sonia Corrêa, and Anna-Britt Coe. We also thank María Esther Mogollón, Susana Chávez, Jorge Bracamonte, Pablo Anamaría, Jennie Dador, Maria Teresa Arana, Graciela Solís and Miguel Gutiérrez for agreeing to be interviewed for this study in the role of key informants. Mery Vargas and Manuel Díaz helped with key informant interviews.
[2] Chavkin, W., & Chesler, E. (Eds.) (2006). Where human rights begin: Health, sexuality, and women ten years after Vienna, Cairo, and Beijing. New Brunswick, N.J: Rutgers University Press.

confluence of the Catholic Church and women's groups. Later, fundamentalist Catholics in an unstable democratic government alliance used the social concern created by these events to undermine the reproductive health program at the Ministry of Health and to censor terms such as "gender" and "sexual and reproductive rights" in key normative and programmatic public sector documents.

The study is focused on the discussions and events in relation to sexual and reproductive health, gender and sexuality in Peru between 1990 and 2004, and the roles played by the state (particularly the executive and legislative powers) and other key stakeholders (the Roman Catholic Church, international agencies, social movements such as feminist groups, lesbian/gay/bisexual/transgender (LGBT) groups, people living with HIV/AIDS (PLWHA), and professional networks). Besides analyzing the transition in the reproductive health program, the study considers two parallel developments of sexual/reproductive rights and health rights — the political processes resulting in legal changes and the adoption of a broadly supported national HIV antiretroviral program (in spite of uncertainties about management and sustainability), in the context of a revitalized social movement; and, the small but significant legal victories regarding sexual diversity rights in the Constitutional Tribunal and, to a lesser extent, in Congress, in the context of many new LGBT activist initiatives (in spite of prevailing widespread homophobia).

The main arguments of this analysis[3] are threefold:

First, when comparing Peruvian government policies in reproductive rights (including women's access to contraception and abortion), HIV/AIDS prevention and treatment, and sexual diversity regarding rights of bodily integrity or personal autonomy, we found that reproductive

[3] In terms of a methodological approach within the multi-centered framework, this study used qualitative information and secondary sources to collect research data and analyze it from a social science and public policy perspective. A limited number of interviews were conducted with key informants in the Congressional Vigilance program at Manuela Ramos and on the Sexual and Reproductive Rights Vigilance Panel, and with the adjunct ombudsman for women, the former president of the Constitutional Committee in Congress, the president of the Society of Obstetrics and Gynecology of Peru, the health secretariat of the Peruvian Catholic Church, and local activists from DEMUS (women's rights), MHOL (LGBT rights), and PROSA (rights of PLWHA). The study also involved the analysis of secondary data sources: reports from the Congressional Vigilance Office, official legal texts, selected newspaper articles, official texts of programs at the Ministry of Health, and recent academic or policy studies, among others.

rights are always followed with far more attention and generate deep public controversies and debates. This is particularly so when the issue of abortion is raised directly or indirectly. HIV/AIDS comes in second among public concerns since it is portrayed as a potential threat to everyone and therefore deserving of concern and sympathy, in spite of the prevailing stigma resulting from fear of contagion and the presumption of dubious morals. Finally, sexual diversity rights are still perceived as a demand/problem of "others" and hence trivialized and treated with disdain. As a result, mixed progress has been more possible on HIV/AIDS due to the widespread support. In sexual diversity rights positive changes have occurred when a low political and institutional profile was maintained. In reproductive rights centrality and visibility are always present, and progress is more difficult in a context of international conservatism, when backward changes may actually occur.

Second, the policy making and program implementation in these areas reveal the weakness of the national institutional framework, which enabled two very different (even contradictory) approaches to public policy in reproductive health at the turn of the twenty-first-century, and, more importantly, the disregard of these public policies for the individual as a citizen with rights although they were framed as rights-based programs to gain political legitimacy.

Third, by suppressing or marginalizing the "sexual" in official policies related to sexuality in favor of a low-profile "public health" discourse, advocacy groups sometimes create opportunities for important legal changes. By doing this, however, they fail to confront the public agenda and to challenge conservative powers opposing the recognition of sexual and reproductive rights and the full citizenship of women and sexual minorities.

Historical and political context

Three trends of Peruvian social history must be emphasized in this paper — the conservatism of its ruling elites, the prominent role of the Roman Catholic Church both in official circles and cultural values, and the resistance to authoritarian policies. Catholicism became the nation's official religion in the 1530s when the Spaniards conquered the Incas. The con-

quest created a fragmented society divided between powerful colonizers and colonized Indians. This division would later include in its lower ranks populations of African and Asiatic origins. The Viceroyalty, created shortly after the conquest along with an array of religious orders, devoted significant resources to "civilizing" the natives, namely to the eradication of traditional beliefs and practices in the Andes (including pre-Columbus sexuality). During the first 100 years of colonization the native population declined dramatically as a result of new diseases to which natives had no immunity. However, indigenous communities resisted. An open rebellion occurred in 1780 when Túpac Amaru, an Indian leader of Cuzco, and his wife, raised an army that defied the Viceroy (shortly thereafter he was captured and executed by the Spanish authorities).[4]

The origins of conservatism can also be traced to the colonial period when religious orders were proprietors or administrators of extensive agricultural lands and urban premises. The Catholic Church maintained strict control of higher education, marriages, hospitals, and the so-called "forbidden books" through the Inquisition. For example, instead of civil registration records, baptism certificates, for which the Church charged a fee, were the main individual identity documents. Although Peru became an independent republic in 1821, the Church maintained its prominence in a fragmented society dominated by urban elites. During the republic, ceremonial functions of the state were still integrated into the rites of the Catholic Church. The twentieth-century brought the development, mainly in urban centers, of a middle class, workers' unions, and populist political parties that demanded social services and civil registration records. But conservative forces were successful in undermining social reform; for instance, although divorce was recognized it was restricted in the 1930s, and women did not get the vote until the mid-1950s.

A major feature of the twentieth-century was political instability, reflected in a cycle of weak democratic and authoritarian periods. While the Church experienced a critique from within (led by the priest Gustavo Gutierrez, author of *A Theology of Liberation*), religion continued to influence Peruvian culture.[5] For example, on abortion the Church and most Peruvian

[4] For a general history of Peru see: Contreras, C., & Cueto, M. (2000). *Historia del Perú contemporáneo: desde las luchas por la independencia hasta el presente*. Lima: Instituto de Estudios Peruanos; and Klaren, P. (2000) *Peru: Society and nationhood in the Andes*. New York: Oxford University Press.
[5] Gutiérrez, G. (1972). *Teología de la liberación: perspectivas*. Salamanca: Ediciones Sígueme.

politicians believed that it was a crime not only at an individual level but also to the nation because it was under-populated. The scare caused by "overpopulation" in the U.S. of the 1960s never became a major issue in Peru. These developments occurred as the result of significant changes in Peruvian society. The total number of inhabitants grew almost three-fold from over seven million in 1950 to about 20 million in the early 1980s, and in a wave of migration from the rural areas the population began moving from the Andes to the coast and urban areas. By the early 1980s, Lima, with about four million inhabitants, was the main city of the country. The rapid increase of popular demands clashed with an authoritarian state and the elite and elicited a new period of crisis.

Peru became a breeding ground for political strife in the late 1980s and early 1990s when the country experienced hyperinflation, recession, rampant unemployment and grave human rights violations. The deepening crisis affected health services and the access to these services by the poor. According to sociologist Juan Arroyo the public health system was "in a state of collapse" by the late 1980s.[6] This deterioration occurred under democratic regimes that were unable to control the terrorist actions of the Maoist Shining Path. Founded by university professor Abimael Guzmán, Shining Path launched an attacked against public officials and "neutral" civilians in its so-called war of liberation.[7] Another rival guerrilla group, the Túpac Amaru Revolutionary Movement, emerged in Lima and some areas of the Amazon. Civilian governments failed to elaborate a strategy to undermine these political forces and turned to the military, which applied counterinsurgency techniques indiscriminately. Some years later a Truth and Reconciliation Commission estimated that about 70,000 deaths occurred during the period 1980 to 2000, which were attributed to both the terrorists and the military.

In 1990 an unexpected turn of events was prompted by the election of a new president. Alberto Fujimori, who was of Japanese descent, won the elections running against Mario Vargas Llosa, a novelist who led a neoliberal coalition. Shortly after assuming power, Fujimori embraced neoliberal and authoritarian policies dictating an economic shock treatment based

[6] Arroyo, J. (2000). *Salud, la reforma silenciosa: políticas sociales y de salud en el Perú de los 90*. Lima: Universidad Peruana Cayetano Heredia, Facultad de Salud Pública y Administración.
[7] Degregori, C. I. (1990). *El surgimiento de Sendero Luminoso: Ayacucho, 1969-1979*. Lima: Instituto de Estudios Peruanos.

on radical free-market rules and privatization of public companies to attract foreign investors. Fujimori also launched an all-out military attack on terrorist forces. In 1992, almost independently from the government, a small police intelligence unit captured Guzmán, which marked the beginning of the end for Shining Path. Fujimori seized the moment to bolster his authoritarian rule – he had dissolved Congress and the courts a few months before – and he went on to win the 1995 election and to stand for a third term in 2000, which ended with a formal, short-lived "victory."[8]

Fujimori relied heavily on his chief advisor Vladimiro Montesinos, who was later implicated in the bribing of owners of TV stations and opposition leaders, and in organizing death-squads. Juan Luis Cipriani, an Opus Dei provincial archbishop and later cardinal of the country, who dismissed any human rights considerations in the fight against terrorism, seconded Fujimori's autocratic policies. However, human rights groups, NGOs, and opposition political parties challenged Fujimori´s authoritarian rule and cynical arguments in seeking a third term accusing the regime of fraud, corruption, outrageous control of elections, and fuelling a growing economic crisis.[9]

Late in 2000 Fujimori resigned following a major bribery scandal involving himself and Montesinos, which implicated them in money laundering operations through bank accounts all over the world. Fujimori resigned by fax from Japan, claiming dual Japanese/Peruvian nationality to avoid extradition. A transition government, headed by the leader of Congress Valentín Paniagua, a moderate constitutional lawyer, presided over new elections that took place in April 2001.[10]

Alejandro Toledo, the head of a new centrist political party formed by diverse coalitions among which were conservative Catholic groups, won the presidential poll that year.[11] Great hopes for democratization, economic recovery, fighting corruption, and judicial independence came with Toledo. However, he lacked political and health priorities, presided over

[8] Levitsky, S. (1999). Fujimori and Post-Party Politics in Peru. *Journal of Democracy*, 10:3, pp. 78-92.
[9] Crabtree, J., & Thomas, J. (Eds.) (1999). *El Perú de Fujimori: 1990-1998*. Lima: Universidad del Pacificon.
[10] Taylor, L. (2005). From Fujimori to Toledo: The 2001 elections and the vicissitudes of democratic government in Peru. *Government and Opposition*. 40: 565-600.
[11] Barr, R. R. (2003). The persistence of neopopulism in Peru? From Fujimori to Toledo. *Third World Quarterly*. 24:6: 1161-1178.

governmental mismanagement, lacked a solid political base, and made ineffectual decisions that made him unpopular after only a few years in power. Partially because of the inconsistency of his regime, Toledo maintained an alliance for a number of years with Luis Solari and Fernando Carbone, physicians allied with the ultraconservative groups Opus Dei and *Sodalitium Cristianae Vitae*. Solari was Minister of Health and, replaced by Carbone, became Prime Minister a few months later, maintaining a strong position in the government from mid-2001 to late 2003. Both men were consistent in working to impose their religious views on gender equity and sexual and reproductive health policies. Despite its weakness and blurred alliances, the Toledo administration staggered on until elections in 2006.

This brief historical context provides a basis for the events we will describe and analyze in the subsequent sections.

Developments in reproductive rights

Without doubt, sexuality and reproduction are political issues that bring together stakeholders, powers, and interests. The history of such policies and their implementation over the last 30 years shows that the policies on women's bodies, sexuality, and reproductive capacities have corresponded more to the interests of the state and other powerful entities, such as the Catholic Church and conservative groups, than to the needs and rights of women.

Main actors

The state and political elites: Political elites have approached population policies largely from two positions, pro-natalist/ultraconservative or anti-natalist. In certain cases pro-natalist population policies were launched to generate employment and increase population size as a strategy to protect national security. In other cases they reflected opposition to pressure exerted by the United States for South American countries to introduce birth-control policies. Among administrations that were pro-natalist the military regime of Velasco Alvarado, inaugurated in 1968, prohibited all state family planning services.[12] The political arena was opposed to family planning services, a position that reflected not only the government's view but also that of other political groups on both the left and the right of the political spectrum.

[12] Clinton, R. (1983). El contexto de formación de la política de población en el Perú. En: Antecedentes de la política peruana de población, varios autores, pp. 47-74. Lima: CONAPO.

The military government of Francisco Morales Bermúdez, which came after the Alvarado regime, enacted a timid Peruvian Population Policy in 1976 that recognized "the right of individuals to determine family size."[13] In 1979 the Reproduction Regulation Service at the Ministry of Health was suspended. This measure brought protests from one of Peru's earliest feminist organizations, Action for the Freedom of Peruvian Women (ALIMUPER), which denounced it as unfair because women were refused "the right to decide on issues regarding their own bodies." ALIMUPER was also active in proposing the decriminalization of abortion at the start of the 1980s.[14]

In 1980 the government of Belaúnde Terry created the National Population Council and reactivated the Reproduction Regulation Service. In 1985 the National Population Policy Law was introduced with objectives that included the promotion of "the right of individuals and couples to make free, informed, and responsible decisions regarding the number and timing of children with the support of health education centers." In language typical of the 1974 Population Conference in Bucharest this law excluded abortion and sterilization as birth-control methods and established the obligation of the state to provide post-abortion care.[15]

The Feminist Movement: The struggle for the recognition and enforcement of women's human and reproductive rights first appeared on the public agenda during the 1970s. The feminist movement was one of the main influences in initiating the debate on the sexual and reproductive freedoms of women. Demands around such issues as the right to self-determination, sexuality, and reproduction were linked with demands for social justice and women's participation in the public debate on policies that affect their bodies and lives.

By the 1980's there were already active feminist organizations in Peru. Their agenda with regard to sexual and reproductive rights centered on the recognition of the right to self-determination with respect to women's bodies, sexuality and reproduction. While they rejected all

[13] In fact, the policies of both Morales-Bermudez and Belaúnde followed the Population Conference of Bucharest (1974). In the 1980s and 1990s Latin American family planners associated with IPPF often used Peru as an illustration of a country with liberal stances, which since the 1970s had been fighting against the Church and the pro-natalist military. This occurrence is relevant also because it shows how international agreements had political influence long before Cairo.

[14] Palomino, N. (2004). *Las organizaciones feministas y los derechos reproductivos. Informe de investigación*. Lima: UPCH.

[15] "The state adopts appropriate measures, coordinates with the Ministry of Health to help women to avoid abortion. It provides medical and psychological support to those that have suffered." Law No. 346.

methods of birth control that violate individual liberties they called for the decriminalization of abortion, sex education, and free access for men and women to contraception within the health service, including surgical sterilization. In addition, feminist organizations called for the improvement in living conditions and changes in the status of women in society,[16] like the right to participate in public policy decisions.

The Catholic Church:[17] Even before the surge of a feminist discourse on these issues the Church hierarchy and conservative Catholic leaders sought to stir up fears that modern contraception would encourage sexual promiscuity and destroy family values. Throughout the years this position has not changed; in fact this conservative stance remains alive and active in current policy debates. However, the figures collected by demographic and health surveys in Peru indicate that in the case of contraception the Church is fighting a lost cause. The use of modern contraceptive methods increased from 31 percent during the years 1991 and 1992 to 41 percent in 1996, 50 percent in 2000 and 46.7 percent in 2004. The downturn seen in 2004 can be explained by a reduction in public health service contraceptive supplies during the Solari and Carbone administration.

These contraceptive prevalence rates are quite high considering the religious and political resistance to fertility regulation and the fact that more than 80 percent of the Peruvian population is Roman Catholic. It is not surprising therefore that abortion would quickly become the main target of moral conservatism. In recent years, the hierarchy of the Catholic Church has constantly highlighted what they see as the abortive nature of certain contraceptive methods (IUDs, hormonal contraceptives) as a means of attacking contraception and preventing any initiative intended to relax abortion laws.

Debates in the early 1990s: Abortion[18]

While in Peru throughout the years abortion has triggered the most intense debates, the policy outcomes of these debates have been weak. Legally abortion is only permitted when the life of the mother is in danger. The illegality of abortion in Peru must be analyzed against the background of the country's maternal mortality rates, which are amongst the highest in

[16] (1987, May 22). El movimiento feminista opina: Es un acto de desesperación pero. *El Peruano*.

[17] For more on the advocacy activities and positions in global and local sexuality politics and rights of the Catholic Church, see also in this publication: Girard, F. Negotiating sexual rights and sexual orientation at the UN, and, Nowicka, W., The struggle for abortion rights in Poland.

[18] See also in this publication: Nowicka, W., The struggle for abortion rights in Poland.

Latin America. The prohibition of abortion does not prevent growing numbers of women from resorting to the procedures, as demonstrated by the measurements conducted by Ferrando and Singh and Wulf in the late 1980s.[19] In 1994, the national estimate of the number of clandestine abortions was of 271,000 and for the year 2000 it was 350,000.[20] While these figures seem to suggest an increase, comparisons are difficult because conditions for estimates over time have changed, as has the number of women in the reproductive age group. However, the fact that figures remain high in spite of illegality indicates that women continue to resort to abortion.

During the early 1990s advocacy for the decriminalization of abortion in cases of rape was initiated in the context of consultations leading to the reform of the 1924 Criminal Code. The reform bill proposed decriminalizing abortion not only when the mother's health or life was in immediate danger,[21] but also in order to terminate pregnancy before 12 weeks if it was the result of rape and if the mother consented. The conservative sectors and the Church struggled hard to prevent its introduction. The Archbishop of Lima fiercely attacked any congresspersons who dared to defend or approve the bill.

In defense of the initiative feminist organizations[22] emphasized what they saw as the discriminatory nature of illegal abortion for women in poverty. They also formulated an ethical approach on true freedom from a human rights standpoint and called into question the meaning of motherhood imposed by violence.[23] Representatives of these organizations demanded observance of the constitutional principle that separates the Church and the state, and spoke of the need for a secular state where policy responded to the needs of individuals and not religious beliefs.[24]

[19] Singh, S. & Wulf, D. (1991). Calculation of levels of abortion in Brazil, Colombia and Peru based on hospital records and fertility surveys. In: *Perspectivas Internacionales en Planificación Familiar*, Número especial, pp. 14-19. New York, U.S.A.

[20] Alan Gutmacher Institute. (1994). *Aborto clandestino: una realidad latinoamericana*. New York: Alan Gutmacher Institute; Ferrando, D. (2002). El aborto clandestino en el Perú, hechos y cifras. Lima: Flora Tristán, Pathfinder. The number of abortions per 100 live births rose from 42 percent to 54 percent, but the annual rate per 100 women at fertile age remained constant at 5.2 percent (Ferrando, 2002:26).

[21] The Criminal Code of 1924 recognized abortion as legal only to preserve the health or life of the pregnant woman. The previous code included the diluted concept of abortion, *honoris causa*, to protect the honor of the woman (Rosas, 1997:106).

[22] Such organizations included *Centro de la Mujer Peruana Flora Tristán, Movimiento Manuela Ramos*, DEMUS (*Colectivo de Derechos Reproductivos*), CLADEM (Latin American Committee for the Defense of Women's Rights), among others.

[23] CLADEM. (1990, July 15). Aborto y violación: el acuerdo es possible. *El Comercio*; (1990, July 15). En extenso comunicado grupos feministas se pronuncian sobre legalidad del aborto por violación. *Página Libre*.

[24] (1990, July 23). Momento de decisión. Fondo, trastorno y aristas del aborto en el Perú, un problema embarazoso que se debe discutir con realismo ¿y las violadas? *Caretas*.

The Peruvian College of Physicians and leading intellectuals and artists came out in support of the decriminalization of abortion, and after more than a year of public debate, public opinion was also mainly in favor. However, the final outcome of the debate would be a big disappointment among women committed to this cause. Political pressure from the Church and the more conservative leaders of professional associations such as the Lima College of Lawyers, in opposition to the Peruvian College of Physicians, succeeded in preventing the approval of the decriminalization of abortion in cases of rape in 1991. The three-month penalty for having an abortion continued to act as a symbolic sanction obliging women to endure pregnancies resulting from rape or non-consented insemination.[25]

One of the biggest setbacks for those in favor of the decriminalization of abortion was the approach taken by the 1993 Constitution. Some time before, conservative forces had proposed a constitutional reform to classify unborn children as individuals and treat abortion as homicide. This proposal was rejected and instead the recognition of the "unborn child"[26] was introduced into the 1993 Constitution, which stated that unborn children shall be "entitled to all the rights that may benefit them." The introduction of legal status for the unborn child in the constitution placed at risk any legal initiative for relaxing the laws regarding induced abortion.

Debates in the late 1990s: The surgical contraception program[27]

Official discourses of the mid-1990s supported women's right to contraceptives since, according to Fujimori, poor women should also be able to access services to regulate their fertility. For the first time public hospitals in Peru offered free contraceptive services (previously, women could access these services only if they had a serious health risk). Moreover, in 1997 a law recognized domestic violence as a crime, usually directed against married women, and a year later a law secured the right of pregnant teenagers to finish their secondary

[25] Palomino, N. (2004). *Las organizaciones feministas y los derechos reproductivos. Informe de investigación*. Lima: UPCH

[26] Everyone has the right to life, to identity, to have their physical, psychological and moral integrity respected, to freedom to develop, and to well being. The unborn child is entitled to all rights that may benefit them (Article 2, Amendment 1, 1993 Constitution). The Constitution of 1979 established that "those about to be born are considered to be born in all aspects that favor them."

[27] See also in this publication: Girard, F., Negotiating sexual rights and sexual orientation at the UN, p. 319; Ramasubban, R., Culture, politics, and discourses on sexuality: A history of resistance to the anti-sodomy law in India, pp. 104-105; Vianna, A. R. B., & Carrara, S., Sexual politics and sexual rights in Brazil: A case study, pp. 31-33; Le Minh, G., & Nguyen, T. M. H., From family planning to HIV/AIDS in Vietnam: Shifting priorities, remaining gaps, pp. 285-289.

schooling. Many of these initiatives were eagerly supported by the United States Agency for International Development (USAID), United Nations Population Fund (UNFPA) and the U.K. Department for International Development (DFID), which provided generous funds for population programs and to strengthen the AIDS program and post-abortion care in Peru.

However between 1996 and 1997 the Fujimori regime, obsessed with reducing poverty rapidly by any means available, abandoned its population policies and programs on reproductive health in favor of a coercive and focused anti-choice intervention that enticed poor women into irreversible surgical procedures. The decision was partly prompted by the fact that there had been no major reduction of acute poverty or unemployment in the country, despite the close implementation of World Bank directives for structural adjustment, privatization of public companies, and market-oriented policies.[28] The government secretly determined numerical targets for its contraceptive services and bribed or posed undue pressure on women of poor rural areas and shantytowns. These were usually indigenous women with little or no schooling who had to accept sterilization from a regime that was hoping these drastic measures would contribute to its goal of poverty reduction.

During the second half of the 1990s, the reduction of the fertility rate among poor rural women, which was then about six children (see Table 1), became the main goal of Fujimori's population policy. The actual reduction of this rate in the past 15 years, however, most likely resulted from a variety of socio-demographic and cultural factors, in addition to the effects of public health policies.

While Fujimori had formed a coalition with conservative groups to gain control of Congress during his first administration (1990-1995), and consequently had made compromises on reproductive health issues, the 1995 elections gave him a comfortable majority. The change in tone in his relationship with the Church and its traditional issues became clear in his inauguration speech when he announced the legalization of surgical contraception and "women's full access to contraception" and referred to the Church hierarchy as "sacred cows who are

[28] For a more detailed analysis and overview of these global neoliberal policies, see also in this publication: de Camargo, K., & Mattos, R., Looking for sex in all the wrong places: The silencing of sexuality in the World Bank's public discourse.

against progress." As Ewig has pointed out, Fujimori used the global feminist discourse on reproductive rights to "cloak" his coercive population control policy.[29]

As predicted, in late 1995 the Peruvian Congress legalized surgical sterilization of women and men as a fertility regulation method. Many progressive groups and individuals supported the decision in the hope that this was a first step of a comprehensive reproductive health program — after all Fujimori had participated in the Beijing Fourth World Conference on Women that year and signed its Platform for Action, the Ministry of Education had launched a new sexuality education program in schools and the new Ministry for the Promotion of Women and Human Development (PROMUDEH), and a new Public Ombudsman office on Women's Rights had been established, all of which appeared to fulfill feminist demands. Moreover government officials sought the participation of feminist NGOs, such as *Movimiento Manuela Ramos*, to validate the new guidelines for sexuality education in schools and train schoolteachers.

Table 1: Evolution of the Total Fertility Rate in Peru

Source / Year	Total Fertility Rate (for the 3 years prior to survey)		
	National	Urban	Rural
DHS 1986	4.1	3.1	6.3
DHS 1991-1992	3.5	2.8	6.2
DHS 1996	3.5	2.8	5.6
DHS 2000	2.8	2.2	4.3
DHS 2004	2.4	2.0	3.6

Source: INEI, Peru, Encuesta Nacional de Demografía y Salud (ENDES or DHS),1986; ENDES 1991-1992; ENDES 1996; ENDES 2000; ENDES 2004.

[29] Ewig, C. (2006). Hijacking global feminism: The Catholic Church and the family planning debacle in Peru. *Feminist Studies*, Summer; Palomino, N. (2004). *Las organizaciones feministas y los derechos reproductivos. Informe de investigación*. Lima: UPCH.

However, the Ministry of Health had not ensured sufficient staff training nor appropriate equipment renovation for the implementation of sterilization services in a short period of time. Overworked surgical personnel, usually general medical practitioners, filled the gap conducting sterilization procedures in substandard conditions, which usually resulted in medical complications. Oral contraceptives were intentionally withheld to promote permanent sterilization. Deception, food or clothing incentives, and humiliating threats against poor women of rural areas were other coercive methods used to obtain consent.

Among the victims were women with no children and post-menopausal women. There was little done in terms of checking medical histories, quality of service, informed consent, counseling, or follow-up care. In order to fulfill the obligatory targets set by a dictatorial regime and facing the loss of jobs if the rigid quotas were not achieved, many local health facilities adopted abusive measures that violated women's rights. Taking into account the low salaries of the Ministry of Health, the bonus offered to health workers who reached the targets was another stimulus. It is estimated that some 200,000 women were sterilized in the mid-1990s by the Fujimori regime's Ministry of Health.[30] The Peruvian state established numeric goals at the national level, exclusively for surgical sterilization, with quotas assigned by the establishment and by staff members. In many places, particularly in rural areas, this led to a disregard of women's informed consent and of adequate quality of care, as documented by Tamayo and reports of the Ombudsman's Office.[31]

As this restrictive policy was unacceptable to some donors, they tried to force a change behind doors.[32] As Anna-Britt Coe has demonstrated, USAID, the most important bilat-

[30] Coe. A. B. (2004, November 12). From anti-natalist to ultra-conservative: Restricting reproductive choice in Peru. *Reproductive Health Matters*, 12(24), pp. 56-69.

[31] Defensoría del Pueblo, Anticoncepción Quirúrgica Voluntaria I. Casos Investigados por la Defensoría del Pueblo, Lima, 1998. La Aplicación de la Anticoncepción Quirúrgica y los Derechos Reproductivos II. Casos Investigados por la Defensoría del Pueblo, Lima, 1999. Anticoncepción Quirúrgica Voluntaria III Casos Investigados por la Defensoría del Pueblo, Lima, 2002. CRLP, CLADEM Silencio y complicidad. Violencia contra las mujeres en los servicios públicos de salud en Perú. Lima, 1998. CLADEM Nada personal. Reporte de derechos humanos sobre la aplicación de la anticoncepción quirúrgica en el Perú 1996-1998, Lima, 1999.

[32] For more on the local influence of international donor policies, see also in this publication: Vianna, A. R. B., & Carrara, S., Sexual politics and sexual rights in Brazil: A case study, p. 40; Ramasubban, R., Culture, politics and discourses on sexuality: A history of resistance to the anti-sodomy law in India, pp. 102, 114; Beresford, B., Schneider, H., & Sember, R., Constitutional authority and its limitations: The politics of sexuality in South Africa, p. 238; Le Minh, G., & Nguyen, T. M. H., From family planning to HIV/AIDS in Vietnam: Shifting priorities, remaining gaps, pp. 281-283.

eral organization in this field at an official level, was willing to support only population and sexual-reproductive programs, which had little relationship with sterilization practices.[33]

With regard to the women's movement, it must be noted that during the 1990s there was a process of greater institutionalization among feminist non-governmental organizations. New vigilance and advocacy strategies were implemented as a result of a stronger influence on public policies. For example, *Reprosalud*, a five-year project later extended for five additional years and implemented by the *Movimiento Manuela Ramos* with USAID funding, was oriented to rural women from the poorest departments in Peru and sought to increase their demand for reproductive health services.[34] While *Reprosalud* obtained an unprecedented level of funding for activities implemented by feminist NGOs, it also implied some level of political dependence on controversial USAID policies by a section of the women's movement. Chief among these was the "global gag rule" reinstated by U.S President George Bush during his first days in office in January 2001, which prohibits USAID and its implementing agencies from supporting not only organizations that provided abortion services, but even those that made referrals, counseled or advocated for safe, voluntary abortions.[35] While the "gag rule" was not in place during 1996, USAID was already being influenced by the political pressure that was being exerted by U.S. Congress representatives on international affairs in the reproductive health field. When the gag rule was re-established all non-governmental organizations under a contract with USAID had to accept it. According to Mollman and Chavez, the gag rule affected the abortion debate in Peru to the extent that feminist NGOs with a clear position in favor of the decriminalization of abortion were silenced.[36]

Another important field of action for feminist NGOs was participation, in collaboration with international networks, in the major United Nations Conferences held in the 1990s: Conference on Environment and Development (Rio de Janeiro, 1992); Conference on Human

[33] Coe, A. B. (2004, November 12). From anti-natalist to ultra-conservative: Restricting reproductive choice in Peru. *Reproductive Health Matters*, 12(24), pp. 56-69.

[34] Anderson, J. (2001). Tendiendo puentes. Calidad de atención desde la perspectiva de las mujeres rurales y de los proveedores de los servicios de salud. Lima: Movimiento Manuela Ramos.

[35] Coe. A. B. (2004, November 12). From anti-natalist to ultra-conservative: Restricting reproductive choice in Peru. *Reproductive Health Matters*, 12(24), p. 56-69; CRLP. (2003, July). The Bush global gag rule: Endangering women's health, free speech, and democracy. Item: F033, http://www.crlp.org/pub_fac_ggrbush.html

[36] Mollman, M. & Chávez, S. (2003). La regla de la mordaza y la acción política en la lucha por la despenalización del aborto. Cuaderno de debate, Centro de la Mujer Peruana Flora Tristán, Lima.

Rights (Vienna, 1993); International Conference on Population and Development (Cairo, 1994); Fourth World Conference on Women (Beijing, 1995).[37] The strong participation of Peruvian feminists in the Cairo and Beijing conferences[38] institutionalized, to a certain extent, the feminist movement's political agenda, and, paradoxically, reduced the scope of its demands to the defense of the progress already achieved. The feminist agenda was definitely not the same as that of the United Nations but many subsequent strategies of feminist organizations from the second half of the decade were related to the implementation of government commitments.[39] The process also involved the participation of a number of former feminist activists in governmental offices, multi-sectoral committees, and even cooperation agencies. This change in institutional faces combined with relative support for government positions to upgrade the reproductive health program made it difficult to adopt a critical distance from the Ministry of Health and to develop a shared critical perspective about its policies and programs. This combination of factors reduced the radical political edge of the 1980s discourse on reproductive freedom and women's control over their own bodies.

Feminist NGOs spent some time researching and compiling the evidence necessary to denounce the surgical contraception activities of the government. Though the findings in the Tamayo investigation sponsored by the Latin American Committee for the Defense of Women's Rights (CLADEM) were not immediately and fully recognized by the mainstream press, they would eventually be picked up by some newspapers and the Ombudsman's Office. The research looked at a number of issues such as the political practices and directives that led to forced sterilization, including: surgical sterilization targets; the use of incentives; practices that violated the principle of informed consent; lack of time for people to consider the decision to be sterilized; pressure on staff contracted to meet those targets; and sterilization of women simply with the approval of their partner. The research also highlighted a disregard for health rights, medical risks and sound medical practices and recovery procedures, and the use of practices contrary to user rights. Furthermore user complaints were not properly

[37] For analysis and an overview of women's participation in UN global processes, see also in this publication: Girard, F., Negotiating sexual rights and sexual orientation at the UN.

[38] The Centro de la Mujer Peruana Flora Tristán played a leadership role in the preparatory process leading to the Beijing Conference through Gina Vargas, who assumed the coordination of Latin American NGOs.

[39] Grupo Impulsor Nacional Mujeres por la Igualdad Real. (1997). Salud reproductiva en el Perú. In *Del Compromiso a la Acción. Después de Beijing, qué ha hecho el Estado Peruano*, pp. 83-104. Lima.

addressed. All of these arguments were set within the framework of human rights and government obligations.

In 1997, the Ombudsman on Women's Rights began its own investigation of the policy and, finally, at the end of that year the scandal hit the newspapers, which denounced forced government-sponsored sterilization in rural areas. They reported that women had been sterilized against their will or without their knowledge and that young mothers had died because of post-surgical complications.[40] At that point, conservative Catholic leaders, including some physicians, used the evidence to advance their own agenda, calling for an immediate end to all family planning services. They found an echo in U.S. anti-choice groups and their counterparts in the U.S. Congress who followed closely any possible participation of USAID in the Peruvian surgical contraception program. Some of them even claimed that USAID had unknowingly funded sterilization practices and a congressional investigation was ordered to determine the involvement of the bilateral agency in the abuses in Peru.

Catholic Church representatives managed to secure a great deal of press exposure from the surgical contraception affair strengthening their political and institutional role and cementing their position as moral guides for the country. Through the constant questioning of the shortcomings of Fujimori's family planning policies the more conservative sectors called into question all contraceptive methods and reproductive related issues. In the same way that the feminist movement and the state presented their case for contraception, so the Church put forward its opposing viewpoint. The Church stated that sex should be confined to marriage and only for the purposes of extending the family. It is also interesting to note that the Peruvian Episcopal Commission alludes to freedom of choice: "The Catholic Church considers morally unacceptable…family planning services that do not respect the freedom of married couples, or the dignity and human rights of participants."[41] However, its conception of human rights regards the couple as a legally recognized unit with specific rights and it does not recognize the power relations that exist within couples;[42] thus, the Church defends matrimony as indissoluble.

[40] Zauzich, M-C. (2000). Perú: política de población y derechos humanos: Campañas esterilización 1996-1998. Lima: Comisión Alemana Justicia y Paz.

[41] Retrieved October 9, 2005, from http://www.iglesiacatolica.org.pe/cep/docum/310805.htm.

[42] Iguiñiz, R. (2001). Enemies or allies: The feminist - religious debate over Peruvian family planning in the 1990's. Washington D.C: LASA.

After facing national and international pressure, in March of 1998 the Peruvian Ministry of Health acknowledged the existence of problems. However, it denied the existence of an official policy of quotas for sterilization and blamed the abuses on a few local doctors and regional directors. The Ministry also pledged to reform its sterilization services and improve its family planning program. But although sterilization targets were discontinued, subtler forms of violations occurred in the next few years; for example, informed consent and counseling were weak in contraceptive services. As a result of the confusing situation created in the final years of the Fujimori regime, efforts to advance reproductive health and rights moved slowly and progressive NGOs were not clear about their own goals and priorities in this area.

In the late 1990s, with the reproductive health actors somewhat divided, many social movements started to focus on the increasingly clear mechanisms of illegal influence on political institutions to eliminate their independence and, more importantly, to secure a third term for Fujimori. Feminist leaders together with other social activists prioritized a return to democracy and new organizations emerged, including *Mujeres por la Democracia* (MUDE) and the *Movimiento Amplio de Mujeres* (MAM).[43] These new groups became increasingly active between 1999 and 2000, and participated in the Marcha de los 4 Suyos in July of 2000, protesting against Fujimori's self-proclaimed re-election. A few months later Fujimori would leave Peru for his "no-return" trip to Japan.

Debates 2001-2005: On "gender" and "reproductive rights"

After eight months of a transitional government (November 2000-July 2001), which approved a norm for the provision of emergency contraception in public health services, Alejandro Toledo assumed the presidency. Between 2001 and 2003 Toledo's government surrendered its authority over the Ministry of Health. As part of the political debts he had to pay to the diverse array of groups that supported his candidacy, he offered the Ministry to authoritarian far-right conservative Catholic groups that were very much against former anti-natalist population policies. Their power in government came because some of their leaders were part of the initial clique of Toledo's ruling party. To make matters worse, in the indecisiveness characterizing his government, as Anna Britt Coe has underlined, President

[43] Palomino, N. (2004). *Las organizaciones feministas y los derechos reproductivos. Informe de investigación*. Lima: UPCH.

Toledo did not clarify his position with regard to contraceptive services, reproductive health and women's rights.[44]

Among the medical leaders of these far-right conservative groups were Luis Solari (Toledo's first Minister of Health and later Prime Minister) and Fernando Carbone (Minister of Health between 2002 and 2003).[45] Both left in place a number of key officials in the Ministry of Health and both worked in concert with sympathetic U.S. congressmen such as Chris Smith and Henry Hyde and U.S. anti-choice groups such as Human Life International. They were also favored by the fact that international donors were wary of supporting reproductive health activities in Peru because they were under siege in their home countries.[46] Similarly, while not a U.S. agency, UNFPA relied heavily on U.S. funding, and also became subject to pressures from conservatives in the U.S. Congress, which resulted in increasingly weak political stands. In addition, U.S. foreign policy for Peru under the Bush administration began to emphasize the "war on drugs" over all other development programs, and to de-emphasize all U.S.-sponsored public health assistance.

Solari and Carbone moved quickly to apologize for the Ministry's abuses during the government of Fujimori and virtually discontinued sterilization activities in the public health services. They also used these abuses to justify the incorporation of their interpretations of religion into public policy, which implied the questioning of scientific evidence published in mainstream academic journals and showed little regard for individual choice. For example, they used opportunities in the media to condemn premarital sex and homosexuality and to question the use of condoms, which were portrayed as not only immoral but also unsafe in terms of individual and public health. Reproductive technologies and drugs were also discredited.

Moreover these right-wing ministers discretely censored terms like "gender," "sexual and reproductive rights," and "sexual orientation" in all official Ministry documents. Abstinence

[44] Coe, A. B. (2004). From natalist to ultraconservative: Restricting reproductive choice in Peru. *Reproductive Health Matters*, 12: 24, pp. 56-69.
[45] Both were very close to the *Sodalitium Christianae Vitae*, a conservative clerical Catholic organization founded in Peru in 1971, as well as its non-clerical branch, the *Movimiento de Vida Cristiana*.
[46] Coe, A. B. (2004). From natalist to ultraconservative: Restricting reproductive choice in Peru. *Reproductive Health Matters*, 12: 24, pp. 56-69.

and natural means of family planning were promoted as the only safe methods for youngsters and heterosexual married couples. In addition, they resorted to an entrenched notion in Peruvian society, the role of women in the family as mainly motherhood, obedience to their husbands and devotion to their children. In this they found an ally in Lima's Catholic Archbishop and Opus-Dei member Juan Luis Cipriani. The argument sought to appeal to the conservative values of Peruvian society and to the survival strategies of the poor, in which the family had been an important resource, and promoted obedience to, and subordination and domination by, older males.[47] This position was openly criticized by a number of NGOs that worked in the field of reproductive rights as well as by a number of medical doctors.

As a result the Ministry of Health and PROMUDEH (renamed MIMDES [Ministry for the protection of Women and Human Development] under Toledo) removed all official policies and programs designed to advance gender equity and reproductive health services. In the negation of reproductive rights the traditional family is used as the articulating element for social policies. The Peruvian legal framework continues to defend marriage and make its dissolution difficult. Conservative officials at the Ministry for Women and Social Development have formulated a National Family Policy (2004-2011), which seeks to strengthen traditional values and make a family focus crosscutting in all policies. Family rights are considered in opposition to individual rights, disregarding internal power imbalances as well as potential situations of gender violence.

Modern contraceptives, condoms, and post-abortion care almost disappeared from public hospitals. In 2002 Carbone attempted to remove the IUD from the Ministry's protocol for contraceptives on the basis that it was an abortifacient. As a result of a proposal by Solari, Congress named March 26 as the National Day of the Unborn Child.[48] In May 2003, Carbone issued a Ministerial Resolution creating the National Unborn Child Registry through the Regulations on the Organization and Functions of the Health Directorates nationwide. This resolution aimed to "protect the life and health of all children from the moment of

[47] Cávez, S. (2004). 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: Centro de la Mujer Peruana Flora Tristán.

[48] For further examples of fetal politics, see also in this publication: Vianna, A. R. B., & Carrara, S., Sexual politics and sexual rights in Brazil: A case study, p. 33; Nowicka, W., The struggle for abortion rights in Poland, pp. 179-181.

conception until their natural death, officially registering them as unborn children and recognizing their constitutional rights." This norm was never implemented, although it has not been rescinded.

Eventually both ministers resigned after an intense campaign led by the Monitoring Group on Sexual and Reproductive Rights,[49] which examined and reported the negative impacts of the Solari and Carbone policies, combined with the Solari cabinet credibility crisis. Civil society and the Public Ombudsman demanded an adequate supply of resources for contraceptive services, deplored the increase in unsafe abortions, and demanded President Toledo stop the Solari/Carbone policies. In an unexpected and unclear turn of events a new Health Minister, the neurologist Pilar Mazzeti, was appointed in February of 2004. Mazzeti had a strong clinical background and was supported by a new network of health related civil society organizations called *Foro Salud*, which included the Monitoring Group on Sexual and Reproductive Rights as a thematic workgroup. She quietly moved to reverse the radical practices of the far right. Although she did not launch an aggressive campaign for women's rights and free choice, she denounced the misinformation campaign on contraceptives boosting her support from NGOs and progressive medical and health groups. A new opportunity for Peruvian women's increased access to abortion care in specific circumstances has emerged with the recent decision of the United Nations Commission on Human Rights in favor of Karen Llontoy, an adolescent who was denied the possibility of interrupting an anencephalic pregnancy. Llontoy was even forced to breastfeed her anencephalic daughter during the four days the baby survived.[50]

In spite of the importance of sexual and reproductive rights for people's lives and well-being, this issue has not resonated in the public sphere. Public debates on such subjects occupy, for the most part, positions of secondary importance on the agendas of political parties. The political parties in Peru did not, and still do not, have a clearly established position with respect to government-sponsored reproductive health services or to sexual and reproductive rights in general; the opinions expressed by political leaders reflect their personal positions and are

[49] The monitoring group began its advocacy when Toledo took office in 2001 and installed the far right Minister of Health. Over two years the group built broader alliances, including the media, and was thus able to make it politically infeasible for Toledo to continue with these policies.
[50] CCPR/C/85/D/1153/2003. (2005, November 17). Human Rights Committee, International Agreement for Civil and Political Rights.

not officially endorsed by their parties. The lack of an established position by the political parties with respect to reproductive rights has not been studied, which may be due to the divisive nature of these issues or because it is thought that issues connected with people's private lives are less important than broader political ones. This omission by political parties creates the risk of leaving the issues of reproduction and sexual freedom open to moral regulation and the influence of religious groups. This situation goes hand in hand with the fact that many political parties in Peru lack any real grassroots support and have very little political clout so they often prefer to ingratiate themselves with the Church.

Developments in HIV/AIDS

In 1983, about two years after AIDS was identified in the U.S., the first case appeared in Peru. At that time, only a few Peruvians were aware of this terrible disease. In its early years HIV/AIDS posed a two-fold challenge to Peruvian scientists, physicians, health workers and the population at large. In the first place, little was known about the disease; there were no means for its diagnosis, treatment, or prevention, nor were there specific policies in place. Second, it was linked to a debate on sexuality, an intimate topic that was hardly discussed openly in Peruvian society. The first AIDS studies and initiatives aimed at meeting the challenges arising from the medical side, and at mitigating the social stigma.

Between 1983 and the early years of the twenty-first-century, there were three often overlapping stages of HIV/AIDS policies in Peru. Despite their often intermittent, incoherent, and precarious nature, these policies followed an independent path set by the social and political context in which they emerged, and by the studies and initiatives of various individuals and organizations.

An initial stage in the history of HIV/AIDS policies runs from 1983 through 1987 when two short-lived commissions and a government program were organized to address the new disease. During those years official decisions were influenced by initiatives from physicians, scientists, journalists, and a few individuals living with AIDS. The media spread panic and anxieties about "sexual promiscuity," and presented the disease as coming from outside the country or from marginal segments of society such as gay men working in hair salons

and prostitutes. Both physicians and scientists, notably Raul Patrucco from the University Cayetano Heredia, confirmed the disease had arrived in Peru, and explained its natural history and the means to diagnose it. A powerful and unexpected institutional actor in the initial official activities to identify HIV was NAMRID, a modern U.S. Navy laboratory set up in Lima that conducted a large study and performed the functions of epidemiological surveillance during the years of the Alan García regime, when the country faced one of the deepest economic and social crises of its history. Towards the end of his administration, in 1990, García authorized a conservative law on AIDS that attempted to impose control over gays and other minorities groups "to control the epidemic."[51]

Governmental activities in this first stage assumed that AIDS was a biomedical issue that specialists might control through diagnostic tests and bio-safety measures in health facilities, while warning the population to avoid "risky" groups or behaviors.[52] As would become clear later, the attempt to define AIDS as a biomedical concern and the very notion of "risk" were soon swamped by reality. Another difficulty faced by AIDS workers was the attempt to de-emphasize the disease through comparisons with the country's morbidity and mortality rates for other preventable conditions. Then as now, many thought that AIDS should not become a priority for the Peruvian public health system overburdened as it was with widespread troubles such as diarrhea and respiratory infections, which for some seemed more relevant, less costly to resolve, and easier to treat.

A second stage started in 1988 when the Special AIDS Control Program (PECOS) was established in the Ministry of Health, but in its early years it was limited by scarce resources, few personnel, and little political commitment. This stage concluded in 1996. During these years, the first government official with specific responsibility for HIV/AIDS was appointed.

More importantly, the first activists and volunteers emerged, some of who were people living with HIV/AIDS (PLWHA). The latter began coming together in non-governmental organizations that provided medical care. They worked for greater access to medical services and for

[51] Cueto, M. (2001). *Culpa y Coraje. Historia de las políticas sobre el VIH/Sida en el Perú*. Lima: CIES, UPCH.

[52] For more on policy effects on "risk" groups like MSM, sex workers, and PLWHA, see also in this publication: Bahgat, H. & Afifi, W. Sexuality politics in Egypt, pp. 65-66; Ramasubban, R. Culture, politics, and discourses on sexuality: A history of resistance to the anti-sodomy law in India, pp. 94, 98-100; de Camargo, K. & Mattos, R. Looking for sex in all the wrong places: the silencing of sexuality in the World Bank's public discourse, pp. 368-389; Le Minh, G. & Nguyen, T. M.H. From family planning to HIV/AIDS in Vietnam: Shifting priorities, remaining gaps, pp. 299-300.

some basic rights such as confidentiality, counseling, and autonomy. In this second stage, the influence of Jonathan Mann's office in the World Health Organization began to be felt in Peru but produced no major change in the official response to the disease. The local officials and NGO members who joined official initiatives were confronted with diminishing interest for the disease in the media and a rising economic and political crisis in the country. The limitations of PECOS reflected those of a Peruvian state that had crumbled at the end of the 1980s and began rebuilding with the introduction of structural adjustment policies at the start of the 1990s.

The emergence of new institutional players in the early-to-mid 1990s, such as UNAIDS under the leadership of Peter Piot, was an occasion for renewed perspectives, tension, and struggles. The second stage was marked by a confrontation between PECOS and *Vía Libre*, an AIDS non-governmental organization that brought together a number of leaders from the medical and research communities and people living with HIV/AIDS. The history of tensions between the state and private-health organizations underlines the difficulties in undertaking joint health efforts against sexually transmitted diseases (STDs) in Peru. One of the assumptions under which PECOS operated was the conviction that disseminating adequate information about the disease would suffice to create "rational" behaviors, in particular among risk groups like teenagers. Official government policies at the time were not only restricted to information dissemination, but also intended, as reflected in a 1990 law to "control" potential "agents" of the disease. *Vía Libre* was very much against this law.

A third stage commenced in 1996 with the inception of PROCETSS, a modern STD and AIDS control program, though its first accomplishments were preceded by initiatives of the last of the PECOS directors. PROCETSS, an almost independent unit of the Ministry of Health, incorporated the leaders of Via Libre in exchange for neutralizing their critiques of the government. In this period the official program received a spike in funding, established clear protocols, procedures, and regulations for health professionals throughout the country, and created offices in several provincial cities. The recommendations of international health organizations, especially UNAIDS, were closely observed, while modern regulations prevented discrimination, established mandatory counseling before and after testing, and protected the confidentiality of AIDS patients. In addition PROCETTS and NGOs lobbied successfully for a new modern law on AIDS, which was approved by Congress in 1996.

Although discrimination against people living with AIDS did not vanish automatically from health facilities, PROCETSS brought forward other critical aspects in a successful health intervention, including training STD professionals, building greater understanding of teenage sexual perceptions and practices and the physical and cultural factors that make poor women more vulnerable to the disease, and the design of wiser and more persuasive strategies to modify people's behavior patterns. Most of the changes that took place at the time were the result of the incorporation of several *Vía Libre* members into the PROCETSS staff. It is clear that this step accounts for a temporary change in the efficiency, modern approach, and growth of government measures to tackle HIV/AIDS.

However, this initiative was not without criticisms. To some it hurt the political dimension that HIV/AIDS activists tried to bring to their struggle in the previous stage. For others the problem was that an authoritarian director managed the program behind closed doors, just as it started to monopolize a number of efforts that were previously performed by various organizations. Moreover, the program decided to say or do nothing with regard to free access to antiretrovirals, which was becoming a major issue in developing countries. Lastly, from a political viewpoint, it has been held that health programs operating as islands of modernity within authoritarian regimes, as was President Alberto Fujimori's, are not viable or sustainable in the long run.

PROCETSS was first beheaded and later dismantled in the final months of the Fujimori regime. An important detail in the decline of PROCETSS was the lack of support from NGOs, AIDS activists, and human rights groups, which can be explained by the authoritarian style of its directorship and the fragmentation of the AIDS activist community. However, in the first years of the twenty-first-century, a re-emergence was observed in the movement in conjunction with the general revitalization of social mobilization against Fujimori's second re-election bid. New groups emerged and a larger network, the *Colectivo por la Vida*, a consortium of NGOs supporting access to treatment together with PLWHA groups, took the lead in pro-access activism. Shortly afterwards, *Peruanos Positivos*, the Peruvian Network of Persons Living with HIV/AIDS, was to be constituted.

The AIDS program became a "risk reduction" activity with a low profile. In 2002, Carbone attempted to reduce public trust in condoms, the key HIV prevention device. Taking advantage of recent news on the detrimental effects of the spermicidal nonoxynol-9 in condom protective effects against sexually transmitted infections, Carbone appeared in the media encouraging people to rely on abstinence and fidelity rather than on condoms for HIV/STD prevention.

The UN General Assembly Special Session on AIDS (UNGASS) in New York in 2001 marked the start of a new political climate for HIV/AIDS funding, which eventually led to the creation of the Global Fund for AIDS, Tuberculosis and Malaria (GFATM). After a first, unsuccessful submission of a national proposal to the GFATM, a more representative mechanism with representatives of civil society called CONAMUSA was constituted and a new proposal was formulated, which requested support in HIV/AIDS, Tuberculosis, and the dual infection. It was submitted to GFATM in 2002, and early in 2003 both the HIV/AIDS and Tuberculosis components were approved for implementation with a budget of some US$24 million for HIV/AIDS and US$26 million for TBC. Simultaneously the Ministry of Health had been working on the establishment of technical norms for treatment provision and in May 2004 it officially launched a highly active antiretroviral treatment (HAART) program, which, after strong initial support from the GFATM project, would eventually become funded solely with domestic funds.

The coordination and governance modality required by the GFATM, namely the "country coordination mechanism" (called CONAMUSA in Peru), has had an impact on the interactions among actors in HIV/AIDS decision-making processes, by intensifying communication across stakeholders and forcing the public sector to listen to other sectors. However, given the speed of the process and the relative weakness of some of the actors, a new equilibrium emerged whereby power was shared by a larger but limited group of actors. In particular, the participation of members of affected communities has been for the most part subordinated given their lower level of formal education, their own lack of cohesion, and the customary practices of incorporation and persuasion of other more powerful actors.

During the design process of the HIV intervention project, the Ministry of Health made decisions that implied a big share of responsibility in the eventual implementation of the

proposal in the health services. Funding for such participation was offered as a financial counterpart from the National Treasury. However, the Ministry of Health overestimated its capacity to respond to the logistic and administrative requirements of the rapid implementation of the national HAART program. This has had negative consequences at various levels: logistical systems have been overwhelmed; efficiency in other areas under its responsibility has decreased, namely prevention activities and, more generally, normative functions, including those needed to regulate the implementation of other GFATM-funded project activities by sub recipients; and a distortion in the demands for efforts around health problems other than HIV/STDs.

A year after its inception in May 2004, the National HAART program had achieved coverage of 50 percent of those who needed treatment. It intends to raise such coverage to almost 100 percent. Congress modified the 190 AIDS Law in 2004, making HAART a right. At the same time, however, it made HIV testing of pregnant women mandatory, supposedly as a measure of protection for the unborn child. There was hardly any opposition in Congress to the provision of HAART to people who could not access it, in spite of the significant funding required. However, Congress does not normally take into account the budgetary implications of propositions and the Executive Power will always, in practice, reserve the right to fail to respect the law when it can persuade others of a lack of funds to cover expenses. Normally the affected groups must bring a claim for a legal right to be respected.

Developments in sexual diversity rights

The situation of sexual diversity rights in Peru is not easy to characterize, since certain aspects of the social and legal status of LGBT communities may be regarded as progressive or as having undergone significant improvement in the last decades, while others still reflect deep social exclusion. The 1924 Penal Code legalized homosexual acts between consenting adults,[53] but homosexuality has remained heavily stigmatized in the local culture, with regional and class-related variability. The various parts of the country have different perspectives on homosexuality, which reflect diverse levels of exposure to global cultures as well as the experience of indigenous cultures with varying degrees of integration with Spanish culture.

[53] As stated in the Peruvian Penal Code of 1924.

In addition to this, in the middle classes homosexuality was understood as sexual acts between persons of the same sex, while in poorer settings it was interpreted as the adoption of gender and sexual norms attributed to the opposite sex, becoming a trait associated with "feminine" men and "masculine" women rather than with their sexual partners.[54] In the media, depictions of homosexuality were restricted to transvestites and "feminine" men for a long time, and references to homosexuality in the news were usually in lists of "moral vices" that also included prostitution, drug abuse, and crime. For most of the twentieth-century, homosexuality was a clandestine experience among professionals in the middle classes, who might even marry and have children. Information on homosexuality among specific individuals was largely the subject of rumors and misused for blackmailing political, commercial, or social adversaries, in keeping with the Peruvian saying, "God forgives sin, not scandal."

For the most part, LGBT activism in Peru started early in the 1980s, with the constitution of the Movimiento Homosexual de Lima (MHOL). At that time, MHOL was mainly a small middle-class movement connected to the local intellectual/artistic elite and with the *Centro Flora Tristán*, a prominent feminist NGO. At this point, MHOL adopted the rhetoric of post-Stonewall North American gay activism and implemented consciousness-raising workshops derived from the model of 1970s feminism. Mostly male at its inception, MHOL maintained close relations with the all-female Self-Consciousness Group of Feminist Lesbians (GALF), some of whose members became MHOL assembly members in the late 1980s. Conversely, the participation of transgender persons (including male travesties) was weak and would remain so for more than a decade reflecting the prevailing stigma of transgender persons within the middle-class gay community.

The parallel emergence of the AIDS epidemic, clearly concentrated on men who have sex with men (MSM) in Peru,[55] had important effects in the history of sexual diversity rights here, as in most of the world. It made LGBT activism more visible and pushed international funders to MHOL for HIV-prevention work and, later, for organizational strengthening.

[54] Caceres, C., & Rosasco, A. (1999). The margin has many sides: Diversity among men who have sex with other men in Lima. *Culture, Health and Sexuality* 1(3), pp. 261-276.
[55] Cáceres, C. HIV/AIDS among men who have sex with men in Latin America and the Caribbean: A hidden epidemic? AIDS 2002, 16 (*Suppl.* 3): S23-S33.

MHOL obtained its first grant in 1985 with support from NOVIB, a Dutch development agency. As a prerequisite to receive the funds MHOL needed to assume the structure of a "not-for-profit private organization," not the best option for a social movement given that it implied a closed membership and less flexibility to relate with its base.[56] MHOL received direct support from USAID in 1988 to establish an information hotline, and hold a counseling program and safer sex workshops for the local gay community. Almost simultaneously it received support from NORAD for organizational development. The epidemic also drew the attention of the state (i.e. Ministry of Health) and the media to the gay movement; both entities considered the movement a stakeholder and key informant.

Given these successive grants, MHOL was able to establish several services — medical, legal, communications, a documentation center, training — in the late 1980s and early 1990s. Late in the 1980s a serious internal conflict took place between two factions on whether to emphasize MHOL's connections to broader groups of LGBT people (albeit less political and more entertainment-oriented) or to take a more sophisticated and politicized, yet elitist, approach to LGBT politics (adopted by most of the MHOL founders and their colleagues from GALF). In 1989 MHOL-Perú was dissolved and the *Movimiento Homosexual de Lima* legally established with an assembly comprising most of the members of the more political faction of MHOL-Perú and some of the GALF members. MHOL's increasing visibility around 1990 facilitated a strong connection with the International Lesbian and Gay Association, and in the early 1990s it took over the association's Latin American regional secretariat. This enhanced international role created local tensions, which eventually led to the migration of the MHOL president and the resignation of its executive director.

For several years during the 1990s, in part due to a financial crisis, MHOL scaled back its operations and became a part of a new network of NGOs working on AIDS, the Peruvian HIV/AIDS Network (Red SIDA-Perú). MOHL also started to accept sub-contracts, which excluded involvement in political discussions or program design, from the National AIDS Control Program to implement HIV-prevention activities among MSM. With limited funding, and in the context of political demobilization that characterized the Fujimori years,

[56] Moreover, due to fears of legal problems that could delay the process, a strategy was adopted to avoid a reference to the *Movimiento Homosexual de Lima* and, instead, to simply refer to "MHOL-Perú" as the new institution's name.

MHOL remained open and kept a low profile. Only one political event stands out during the early 1990s: a proposition by Congressman Julio Castro, a left-wing physician, to legalize same-sex marriage.[57] This proposition was presented in a rather candid fashion and did not involve the weakened LGBT movement. Not surprisingly, it failed completely.

The re-emergence of the social movement towards the end of the decade also established the basis for a renewed, diversified LGBT movement.[58] In this phase several new elements could be identified:

1. Emergence of an ever-increasing number of groups including groups outside of Lima that developed from the HIV peer promotion programs on MSM implemented by the local health directorates;

2. In Lima, the emergence of groups within universities and others aligned to specific political traditions (e.g. left-wing groups), locations (local groups in peripheral areas), or leisure preferences (e.g. "bears," "leather groups," etc.). Interestingly, the issue of HIV has remained distant to their interests for the most part, probably as a result of a desire to separate sexual diversity activism from HIV/AIDS;

3. Proliferation of both electronic and face-to-face dialogues and the increasing theoretical sophistication of activist thinking and exchanges, in part related to the emergence, with the new millennium, of academic programs on gender, sexuality, and sexual health;

4. Building of alliances with a variety of actors including women's organizations, sexual health NGOs, PLWHA organizations, and human rights institutions. These alliances departed from the positive experience of social mobilization that led to the fall of Fujimori in 2000.

Among the most important recent events, a series of legislative propositions have been raised, some of which have been successful. Early in Toledo's government, in the context of planning advocacy for a number of constitutional amendments, the idea of adding an explicit

[57] Interview with Jorge Bracamonte, LGBT activist from MHOL.
[58] Interviews with Jorge Bracamonte, LGBT activist from MHOL, and Pablo Anamaria, PLWHA activist from PROSA.

mention of sexual orientation to the list of causes of discrimination from which there should be constitutional protection was posed by a historical supporter of LGBT issues, left-wing Congressman Diez-Canseco. In this the Congressman collaborated with the Group for Non-discrimination on Grounds of Sexual Orientation, a coalition formed by various LGBT, women's, and human rights organizations to promote "an inclusive constitution." This initiative failed as a result of political compromises in Congress, but the coalition remained in place with its focus now on "an inclusive legislation." It started to gather signatures in support of a comprehensive proposition to prevent discrimination on grounds of sexual orientation, and to visit parliamentarians and their advisors in search of support. In late 2003 a new proposition for the legalization of gay civil unions was raised by a Fujimori partisan, although this initiative seemed to be a smoke screen and was not even supported by the LGBT movement.

That same year, MHOL received a two-year grant from the British Council to undertake a series of activities to strengthen the national LGBT movement. These activities were implemented successfully although not without tensions given the tremendous growth experienced by the movement in a short period of time. The project ended in mid-2005 with the first national LGBT meeting, where regional representatives were elected to a national steering committee. By the end of 2005 MHOL was set to receive a new grant from HIVOS, another Dutch donor, to continue promoting the development of a national LGBT movement. Dutch donors such as HIVOS and NOVIB, plus the British under the Labor Party government, have been supportive of inclusive policies and programs oriented to sexual minorities.

In early 2005 Cecilia Tate, a Congresswoman and government partisan, publicized a new anti-discriminatory legislative initiative and was invited to address the Panel for Non-discrimination on Grounds of Sexual Orientation, after which a new channel of coordination was established with her. Finally, between 2004 and 2005 Congress approved a new Code of Constitutional Procedures, developed by the Congressional Committee on Constitutional Affairs, which included sexual orientation as a cause of discrimination against which citizens should be protected. Similarly, the Constitutional Tribunal declared in a historic decision that four aspects of the Military Justice Code violated the constitution, including one that designated homosexual activity while on duty as a crime. The decision made it clear that

there should be no difference between heterosexual or homosexual activity before the law and the state should not intervene in the sexual lives of people.

On the negative side conservatives have dominated the Congressional Committee on Health Affairs since the Toledo inauguration. In 2004, they tried to block Peruvian support for the Brazilian resolution on sexual orientation as a human right at the U.N. Commission on Human Rights.[59] In a letter to the Ministry of Foreign Affairs these conservative forces suggested that the right to a sexual orientation would open the door to pedophilia, a perspective that was not discussed given Brazil's decision to withdraw the resolution. Moreover, in June 2005 they reacted angrily to an invitation to the opening ceremony of the First National LGBT Encounter, calling the invitation an insult in spite of the fact that the British Ambassador was going to give a special address.

Interpreting commonalities and divergences

The struggle for sexual and reproductive rights in Peru is set within a still fragile democratic system subject to abrupt changes and complex social tensions. The social, cultural and political history of Peru has been framed by systems of exclusion, which are now starting to be questioned and broken. However, there still remains a great deal to change. The emergence throughout the twentieth-century of social movements seeking changes in the hegemonic gender and sexuality structures, and the efforts of communities whose rights had been left aside, have led to great advances. Among women, progress in the fields of education, labor, the law, and politics is evident, and even access to reproductive health services has improved significantly. Sexual violence is increasingly being seen as a crime, despite a continuing tendency to determine the severity of the offence in accordance with the victims' sexual conduct or identity, their relationship to the aggressor (marital rape was only recognized in 1991), and the cause for the violence. The Truth Commission collected testimonies that demonstrated the systematic use of rape by the armed forces during the period of armed conflict. Many of these crimes went unpunished, especially in those cases where the aggressors had social or political influence and the victims did not. More recently the killings of several gay, other men who have sex with men, and male-to-female transgendered people, perpetrated in the

[59] For details, see also in this publication: Girard, F. Negotiating sexual rights and sexual orientation at the UN, pp. 339-349.

late 1980s by the Tupac Amaru Revolutionary Movement, became public[60] and was widely repudiated, at least at the level of discourse.

While cultural norms around sexual diversity have a long way to go to become truly inclusive, the visibility and legitimacy of those who are sexually different has significantly improved in the last two decades. Public perceptions of people living with HIV/AIDS have also improved. All these cultural changes both reflect and influence legal and political changes.

Probably one of the last battlegrounds in the system of power based on gender and sexuality is the control of one's own body. A "macho," sexist, and homophobic culture based on the defense of the traditional family unit and a hierarchical gender system, is in conflict with the changes being promoted through new ways of thinking, which seek greater social acceptance of diversity, the rule of a secular state, and the enhancement of citizen rights.

Such changes not only originate from intellectuals and activists but also from the mobility of social classes, migratory processes and urban growth, the technology revolution, and communication globalization. New factors further complicate these changes, which remain largely unstudied within Peruvian society. These factors include increased migration of people and health personnel, increased international commerce, and the intense application of neoliberal economic policies, the effects of which are not necessarily visible. Other factors include the emergence of new forces such as different types of social movements, sexual subcultures, and various artistic groups that exist throughout the different social strata creating a mix of diverse cultural expressions within Peru. Sexual practices within the different social groups are also rapidly changing and breaking dominant social standards, even if they do not always radically question the relationships of power in the area of sexuality.

This study is focused on three themes: reproductive health and rights, sexual rights (with an emphasis on sexual diversity), and HIV/AIDS, linked perhaps to the most relevant public policies in this period, and also to the most visible political actions by citizens. Common sense brings those issues together as related to sexuality and the control of the body. However, each has its own specificities in terms of social history, stakeholders, dominant dis-

[60] Retrieved July 14, 2006, from http://www.ilga.org/news_results.asp?LanguageID=2&FileCategory=29&ZoneID=19&FileID=638.

courses, and resistance projects. While this happens in many places of the world, contrasts take a specific configuration in each context.

In the last 15 years in Peru, the reproductive rights debate has been at its most intense and conflicted, and has gone through three phases: mobilization for the decriminalization of abortion (early 1990s); implementation of a mass governmental program focused on surgical contraception (mid-to-late 1990s) which, given its poor consideration of ethical issues, generated strong opposition from the feminist movement as well as the Catholic Church; and the conservative backlash which used the sterilization scandal to attack reproductive health more generally.

Conversely the debate on sexual diversity rights has been peripheral and sporadic with a high level of conflict among a more limited set of actors (mainly the Church, activists, and a few politicians). Here, the community (including the media) seems to observe rather than support any specific perspective, with a tendency towards slowly accepting sexual minorities on grounds of benevolence and tolerance in keeping with a new international trend, although with initial signs of the development of a concept of sexual rights.

Finally, the debate on HIV/AIDS clearly shows that HIV work was greatly simplified when it was taken out of the field of sexuality and placed in the field of disease, which enabled practical interventions and dampened further discussions on a positive view of sexuality and its relationship with prevention work.[61] This became much more evident when treatment access became the main focus of attention and discussions, if any, were centered on budgetary affairs but never on "the right to treatment access."

Interviews and materials reviewed provide evidence for our first analytical argument, in the sense that each field has achieved variable levels of progress although the points of departure, the challenges, and the possibilities were different. The problematic trajectory of the reproductive rights agenda responds both to the remarkable effort made by transna-

[61] Cáceres, C. (2003). La Pandemia del SIDA en un mundo globalizado: Vulnerabilidad, subjetividad y los diálogos entre la salud pública y los nuevos movimientos sociales. En C. Cáceres, M. Cueto, M. Ramos, & S. Vallenas, (Eds.) *La Salud como Derecho Ciudadano: Perspectivas y Propuestas desde América Latina*. Lima: UPCH.

tional conservatives to develop and implement coherent strategies to counter the progress achieved, and to the compromises resulting from the Cairo and Beijing discussions, which imposed limitations on demands at the local level. Moreover, this process took place in a context of an apparently sincere pro-women's rights rhetoric from Fujimori, and limited interest on the part of most politicians to assume a strong position in defense of sexual and reproductive rights since they were aware of the difficulty of addressing this subject in public discourse. The aggressive stand of the Catholic Church, and the intrinsic abstraction of "sexual and reproductive rights" made it unwise to embrace progressive causes, although it was clear that new contraceptive technologies were usually well received by the population, and even abortion was widespread in spite of the stigma.

The agenda of sexual diversity rights has long been perceived as political utopia to the extent that for a long time politicians allowed themselves to react to any progressive proposition in this direction with politically incorrect jokes. That discursive marginality, however, made it possible for some positive changes to take place when a low-profile strategy was adopted. At times of greater visibility, such as the discussion around the Brazilian resolution or the debate on same-sex marriage generated by the 2005 Spanish law on this topic, the Church has reacted strongly against sexual diversity rights. Even its furious opposition to a discourse on gender is portrayed as resulting from the "secret purpose" of creating new genders, a direct allusion to transgender persons and homosexuality. In any event, the belief among many people that this is a minority issue, as well as the impact of international changes, has presented an opportunity for positive change.

Finally, the higher impact of work on HIV/AIDS results also from a strong international movement for access to treatment and rejection of structural exclusion of the most affected communities, but also from the conceptual transformation of HIV/AIDS from a moral problem into a health and human rights issue. In the absence of strong activism for other diseases, we are witnessing the paradox of higher expenditure on HIV/AIDS than in other chronic diseases. When talking about caring for people living with HIV/AIDS at this stage, references to people's sexuality and diversity are suppressed. Even PLWHA activism, in a country where HIV is highly concentrated among MSM, chose for a long time to avoid referring to their sexuality and seemingly obtained positive results.

As much as divergences from the articulation of these processes tell us, commonalities contribute to a more complete understanding of their political meanings, opportunities, and challenges. In this regard we found evidence for our second argument in relation to what these phenomena have in common. From different angles and in different degrees, those three issues address sexual autonomy and the legitimacy of sexualities that do not conform to the heterosexual, reproduction-oriented framework of hegemonic discourse. Note that this discourse differs from both the evolving legal framework (which is much more susceptible to the influence of international instruments) and people's common practices. The fact that emergency contraception, abortion, same sex practices, and sex work are all very common is not a problem; the goal is to keep them away from what is acceptable in the public discourse on moral values. In other words, the issue is not to eliminate "sin" from the world, but to keep it sinful, shameful, clandestine, and morally inferior.

Emergency contraception, abortion, same sex practices and sex work are realities, but they are not legitimate; they must submit to the power and benevolence of traditional institutions, especially the Church, which always reserve the right to act upon immorality. Moral surveillance is, after all, the main reason of existence for many of these institutions. Since sexual and reproductive rights relate to the autonomous and legitimate exercise of an individual's sexuality, institutions protecting moral values undermine the conception of these rights by all means possible. In the last few years, the development of notions around "the unborn" and the attempts to equate their rights to those of human beings represent a smart utilization of progressive instruments (human rights perspectives) to hamper a specific group of rights, namely, those of women as autonomous moral agents.

Without doubt, the excesses of Fujimori, Solari, and Carbone, far from representing a contradiction, share this refusal to recognize sexual and reproductive rights. While Solari and Carbone represented a Catholic fundamentalist perspective, Fujimori departed from an extremist utilitarian and pragmatic point of view, where the goal was the reduction of poverty through demographic control and individual rights were merely legal barriers that had to be tackled. In that context, the manipulative utilization of pro-women's rights rhetoric was a cynical strategy to gain support from civil society. At a different level, Catholic fundamentalists also made use of the human rights framework to attack the surgical contraception

program as genocidal and, surreptitiously, to undermine the reproductive health program in its entirety. No one thought that the democratizing response of the next government would cause setbacks in the provision of the services and programs for which the feminist movement had fought for several decades. Interestingly, a somewhat opposite trend was observed in Solari and Carbone with regard to HIV/AIDS; while they showed veiled opposition to promoting safe sex and condom use, particularly among "high risk" groups, subsequently they had no problem in supporting the formulation of an AIDS project for funding from the GFATM, nor in co-funding a national HAART program.

The apparent paradox of a transition from an extreme neo-Malthusian approach to a Catholic fundamentalist policy only illustrates that, above all, the main absence was that of citizens' rights. In both cases of authoritarian paternalism, ensuring appropriate informed consent was not a priority. A second element to note is the extreme weakness of institutional systems and programs (particularly in the health sector), which allowed for radical programmatic variation. Moreover, the undermining of sexual and reproductive health programs during the Solari/Carbone period was set against international trends and also opposed the national legal framework, so that it needed to occur silently through self-censorship of health providers who knew what the preferences of those in power were, and also through betrayal and rumors. Solari and Carbone always denied in public what was an open secret in the Ministry of Health. So, again, after a relatively strong reproductive health program during the Fujimori period, the partial dismantling of the program can only be understood if institutional weakness is taken into consideration.

The role of international actors and trends should be discussed further. With respect to reproductive health policies, the analysis is particularly difficult since specific actors have not been necessarily consistent in their perspectives vis-à-vis different subjects over the years, and hence the consequences of their actions have varied. Since this was not the primary focus of this study, we feel that more definite conclusions deserve a separate, specific study.

With regard to sexual diversity rights, international events, actors, and especially the media have generally played a more positive trend setting role. While stereotypical and commercially oriented, the profusion of positive LGBT characters and themes in films and TV shows

is contributing to a normalization of sexual diversity, particularly among those with access to cable TV. At a more official level, new international instruments recognizing sexual rights, as well as positive legal changes in other countries, are sending a clear message to local lawmakers and judges. Opposition to positive changes is usually limited to the Vatican, locally expressed by Peru's Catholic hierarchy.

International trends with regard to HIV/AIDS were even more favorable, at least until recently. Since the UNGASS meeting in 2001, as was the case in other countries, local activists perceived that they were working in a climate favorable towards access to treatment, in spite of the high cost implications and sustainability concerns. The establishment of a funding mechanism such us the GFATM and the various negotiation processes to reduce the cost of antiretroviral drugs also converged to transform the plans for a HAART program into a political need with little opposition. It should be noted, however, that this process has had a cost, reducing the visibility of sexuality and vulnerable groups and hampering prevention.

Finally, something should be said on the evolving public perception of these various issues. In Peru abortion is very difficult to accept on moral grounds, and the reproductive rights discourse on autonomy is often considered frivolous and lacking compassion. However, many women pragmatically accept abortion when concrete cases are considered. Emergency contraception is considered a handy alternative to abortion, and consequently unlikely to be rejected as "abortive." Opposition from the Church is considered normal and not taken into account for personal decisions. This view extends to contraception in general, including sterilization; as long as people receive adequate information and are allowed to choose, they value the existence of contraceptive methods and will use them regardless of religious criticisms.

With regard to sexual diversity, an intense process of reconfiguration of public representations of homosexuality is taking place. Visibility of the sexually diverse has never been higher or more positive either. In a discursive context of increasing inclusiveness, sexual minorities are likely to see a slow but irreversible process of recognition, which implies a challenge to discriminatory ideas and jokes normalized in everyday language.

Interestingly, the social representation of HIV/AIDS remains mixed in various ways. It is still treated as a plague in spite of increased awareness of its treatable character. Many people

report they feel vulnerable but often that concern is not reflected in their sexual practices. People living with HIV/AIDS are as much rejected and excluded, as they are the objects of compassion, at least at the discursive level. In public policy, however, it seems that the majority approves inclusive, effective AIDS-control programs that include treatment and comprehensive care, reflecting an interest for ensuring a new standard of care for a disease that "could affect anybody."

Conclusion

In spite of their contradictory nature, the reproductive health policies of the second half of Fujimori's government and the first half of Toledo's administration share some commonalities. During the transition from coercive anti-natalist to ultra-conservative reproductive health policies in Peru there was little regard for gender equity and reproductive rights. In one way or another the actions of both administrations hindered the development of these rights and created the conditions for weak public spaces to debate their policies. Under Fujimori health providers were forced to perform non-voluntary sterilization in inadequate and unsafe conditions and with little attention to women's rights. During the first half of Toledo's mandate the far right was free to dismantle and discour age reproductive services. Reproductive options and human rights, particularly those of poor and indigenous women, were violated by the Peruvian state in two different forms.

This negation of reproductive rights, in a context of institutional weakness that allowed temporary powers to prevail over professional standards, corresponds to the events that took place in relation to sexual diversity and to HIV/AIDS. Progress in sexual diversity rights has occurred for the most part in the privileged spaces of the Constitutional Tribunal or the Constitutional and Justice Committees in Congress. It has also been observed in a slow but significant improvement of public attitudes towards diversity, largely related to international trends in the media and legal frameworks. However, sexual diversity rights are publicly embraced by only a handful of parliamentarians. The politically correct discourse still favors silence, and the conservatives, led by the Church, retain ample latitude to speak against homosexuality. It looks like the "sin" is being slowly forgiven, at the cost of a low profile.

Similarly, the HIV/AIDS agenda experienced unprecedented progress once the focus changed from prevention to access to treatment. In a country where access to expensive chronic therapies is still limited by work and economic status, international support for increased access, as well as the desexualization of persons living with HIV, contributed to the operation of a well-organized campaign for access. While this campaign spoke of health rights, consensus was easier to the extent that even the religious conservatives could connect from a charity standpoint.

By considering the trajectories of these different but related subjects in the recent experience of Peru, we have found that, more than their obvious differences, their shared connections to sexual autonomy illustrate the complexity of hegemonic sexual and reproductive norms. They also show that traditional forces seek control of public discourse as a main strategy to impose an official morality or to legitimize public policies. Now that the extreme situations recently experienced in terms of access to reproductive health have apparently been resolved, social movements must develop new ways to advance the discussion of sexual and reproductive rights in the public space, since barriers to progress remain, for the most part related to the inability to talk about choice, diversity, and pleasure with the same legitimacy as discussions about the family, "the unborn," and fidelity. Similarly, we must construct the conditions for a stronger institutional framework that ensures professional standards according to international scientific and legal standards and avoids public policies that depend on the beliefs, or mores, of officials in power.