

Invisible women: forced sterilization, reproductive rights, and structural inequalities in Peru of Fujimori and Toledo

Esterilização forçada, direitos reprodutivos e desigualdades estruturais no Peru de Fujimori e Toledo

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ABSTRACT

The paper will analyze the discourses regarding sterilization and reproduction of political and Catholic religious leaders, national and international media and conservative and "progressive" individuals in two different political scenarios: the Fujimori government and the current Toledo democratic regimen. The data comes from different sources, such as official documents, reports from local and international human rights institutions, and the American and Peruvian media. The final goal and challenge is to deconstruct the concept of reproductive rights in the context of political violence, poverty, human rights violations, and economic, gender and ethnic inequalities in Peru.

KEYWORDS: Sterilization, Reproduction, Human rights violations.

RESUMO

O artigo analisa os discursos a respeito da esterilização e reprodução de líderes políticos e religiosos católicos, de meios de comunicação nacionais e internacionais e de indivíduos conservadores e "progressistas", em dois cenários políticos diferentes: o governo de Fujimori e o atual regime democrático de Toledo. Os dados advêm de fontes diferentes, tais como documentos oficiais, relatórios de instituições locais e internacionais de direitos humanos, e dos meios de comunicação de massa norte americanos e do Peru. O objetivo final e o desafio residem na desconstrução do conceito de direitos reprodutivos no contexto da violência, da pobreza, de violações dos direitos humanos e das desigualdades econômicas, políticas, de gênero e étnicas no Peru.

PALAVRAS-CHAVE: Esterilização, Reprodução, Violação dos direitos humanos.

INTRODUCTION

Reproductive and sexual rights are very controversial issues in human rights because they relate to sexual prejudices, social stigma and structural inequalities deeply rooted in societies. Additionally, these rights usually confront the opposition of states, religious leaders, and influential institutions. In a country such as Peru, with a fragile democratic system, where a coup d'état is always a threat, and where there is an ambiguous separation between the state and religion, the exercise of citizenship is many times a luxury reserved only for a privileged minority. In this paper, I will analyze the discourses regarding sterilization and reproduction of political and Catholic religious leaders, national and international media and conservative and "progressive" individuals in two different political scenarios: the Fujimori government and the current Toledo democratic regimen. The data comes from different sources, such as official documents, reports from local and international human rights institutions, and the American and Peruvian media.

I will discuss the following questions: how is Fujimori's sterilization campaign contextualized within the Peruvian structural inequalities? Do social inequalities in Peruvian society legitimize policy of government that violates women and indigenous reproductive and human rights? Was the sterilization campaign part of a shared "common sense" among policymakers, physicians, nurses, and general population regarding the need to sterilized low-income and indigenous women? My final goal and challenge is to deconstruct the concept of reproductive rights in the context of political violence, poverty, human rights violations, and economic, gender and ethnic inequalities in Peru.

1. STRUCTURAL INEQUALITIES IN THE PERUVIAN SOCIETY: INDIGENOUS, MESTIZOS OR CAMPESINOS?

In the Andean region, Spanish conquerors perturbed the indigenous society, pulverized rural communities, installed institutions like the Catholic Church, and imposed a different language and moral values that were not present before. As a consequence of the colonial process, race and ethnicity are domains that have become invisible in Andean countries and particularly in Peru, where talking about race is not only a sensitive topic but also a taboo that creates a hierarchy of bodies based on a very marked symbolic division that implies the subordination of indigenous people and mestizos. Some authors estimate the Quechua-speaking indigenous people as 30-45% of the total Peruvian population (STORAKER, 2001), while others estimate it as half of the total Peruvian population (TAMAYO, 1999).

The differences between indigenous and mestizos is controversial, difficult to define, and makes explicit how race and ethnicity are constructed in the context of social interactions. As De la Cadena (1996) argues, ethnicity is a dynamic concept based on social relationships rather than on fixed biological features. For instance, a man could be mestizo in a rural community and becomes indigenous, cholo o campesino in the city. Campesino/a (peasant) is another classic term used by sociologists during the seventies and in the context of the agrarian reform when class was eclipsed by other factors such as ethnicity and gender. These academics had the intention of building citizenship and eliminating hierarchical racial differences through an economic category. However, campesino/a makes no reference to ethnicity and remains as an external category for the majority of indigenous and mestizo people.

From this perspective, the categories mestizo/a, campesino/a, and indigenous express the complexity of the notion of race and ethnicity in Peru, and they are even more complex if we take into account a gender perspective. While indigenous women wear traditional clothes, speak Quechua or Aymara, and do not migrate to the cities, men wear Western clothes, speak Spanish and constantly migrate to other Spanish-speaking urban areas. Men are identified as "mestizos" while their sisters, mothers and wives remain as "indigenous". Race and ethnicity are written in the female's body more than in the male's body. De la Cadena (1996) summarizes this situation in an illuminating phrase: "women are more indigenous than men", which shows that women are subordinate in different structural and symbolic systems.

The Peruvian structural inequalities has its extreme exemplification in the context of the internal armed conflict occurred between 1980 and 2000, when according to The Truth and Reconciliation Commission (TRC), almost 70,000 Peruvians disappeared, and of the total victims reported, 79 percent were ethnic minorities lived in rural areas (TRC, 2003). As a social impact, this report was a "surprise" for the mainstream urban hegemonic society that never "noticed" this enormous number of disappeared human beings. Was this indifference because almost 80% of disappeared people were mestizos and indigenous?

Peru with 24.6 million inhabitants has been experiencing a growing urbanization that transforms cities into the center of attraction for the poorest populations from rural areas, who search for a home in the urban suburbs by occupying unused land through mass illegal "invasions". Lima, the Peruvian capital, accounts for almost 30% of the total Peruvian population (INEI, 2002). The Peruvian incidence of family living below the level of extreme poverty is manifested differently in urban (4.6%) and rural (36.1%) populations (INEI 2002). In terms of health indicators such as maternal mortality, Peru has the second-highest rate in the Americas after Haiti and one of the worst maternal mortality rates in the world: 265 women die for every

100,000 live births; however, in poor communities such as Huancavelica, the rate is even a more dramatic 713 women (ENDES III, 1996). As Yamin (2003) stated, maternal mortality should be conceptualized as a human rights issue, gender equality and citizenship, which implies more responsibilities for the state and other institutions in women's health. The following analysis shows the complexity and difficulty in the exercise of women's human rights within a context such as Peru with historic dynamics of inequalities.

2. THE FUJIMORI GOVERNMENT DISCOURSE ON REPRODUCTION: POVERTY AND POPULATION

Alberto Fujimori was elected president of Peru in 1990 in the context of collapse of Peru's traditional parties and a spiraling economic crisis. During the earliest years of his government, Fujimori re-inserted the Peruvian economy into the international financial community and re-negotiated debt servicing. However, the decline of inflation did not improve the standard of living of minorities. In 1992, Fujimori suspended the constitution, closed congress, and began to rule by decree – an increasing authoritarianism that was called *dictablanda* (soft-dictatorship). The strong economic growth during 1993-1995 and the capture of the most important leaders of Sendero Luminoso (Shining path) in 1992, configured a discourse of progress and stability supported by the media, Congress, Supreme Court, and many other institutions under Fujimori's control. In 1995, Fujimori won a major victory with 64.6% of the vote popular support that "legitimized" his authoritarian regimen, and he granted amnesty to military personnel involved in human rights abuses (UBC, 2004). Fujimori won a third election in the context of fraudulent signatures and "irregularities", but scandals of corruption and strong local movements forced Fujimori to announce new elections for 2001 and escaped to Japan where he is still protected by the Japanese government.

In terms of reproduction, the earliest Fujimori government discourse was framed in a "progressive" umbrella never seen before in the Peruvian society. Appearing at a United Nations conference on women in Beijing 1995, Fujimori vigorously defended women's access to information and the provision of contraceptive methods, and even gender equity and women's reproductive rights. Fujimori emphasized sexual education and family planning as tools to fight against poverty and for social injustice. Moreover, Fujimori speech decried the Church as an obstacle to progress and called religious leaders "sacred cows" (FUJIMORI, 1999). In this sense, an apparently favorable environment for sexual and reproductive health and even a positive window for sexual and reproductive rights was part of the mid 1990s in Peru. However, at the base of the Fujimori regime discourse was the explicit association between reproduction and poverty as a "vicious circle poverty-unwanted children". Fujimori argued in national and international speeches that Peru had to reduce the family size in order to eliminate poverty, in this sense; the population control was synonymous with progress and modernization.

This was the social and political context in which the sterilization campaign was designed and executed in Peru and explains in part the difficulties and obstacles that human rights institutions confronted when they discovered and denounced the first cases of forced sterilizations.

3. THE STERILIZATION CAMPAIGN: FERIAS DE SALUD (HEALTH FESTIVALS)

In 1991, Fujimori declared the Year of Austerity and Family Planning and declared the National Program of Population 1991-1995 in which the main goal was the "reduction of the growing population to a level no more than 2% per year by 1995" and an expected global fertility rate of 3.3 children per each woman. In 1992 the Health Ministry instated surgical interventions in case of "reproductive risk," which was the antecedent for sterilizations in public clinics in urban and rural areas of Peru. In 1995, the health policy was modified and sterilization was included as part of contraceptive methods that was provide by the state. The discourse of the right for health and "the importance of the human being over institutions" is the frame in which sterilization became legal in Peru. In this sense, the government campaigns are linked to ethical values, and the state provided to sexual health information and services in family planning and contraceptives to men and women, which included the called Anticoncepción Quirúrgica Voluntaria – AQV (Voluntary Surgical Contraception -VSC). The following table summarizes the historical process of contraceptive methods in Peru from 1996 to 2001.

Table 1:
Contraceptive methods during the Fujimori and Toledo Regimen

Contraceptive Method	Fujimori Regimen					Toledo Regimen	TOTAL
	1996	1997	1998	1999	2000	2001	
IUD	170,487	135,879	105,142	104,695	79,203	70,151	665,557
Pills	151,129	172,925	195,616	246,181	284,948	347,223	1'398,022
Injections	250,344	286,275	322,330	473,903	572,806	657,235	2'562,893
Condom	106,189	101,384	110,235	171,830	165,571	164,779	819,988
Vaginal tablets	38,931	36,249	37,822	45,958	39,211	38,369	236,540
Sterilization	81,762	109,689	25,995	26,788	16,640	11,154	272,028
Vasectomy	6,313	10,397	2,001	1,982	801	510	22,004
Total sterilization and vasectomy	88,075	120,086	27,996	28,770	17,441	11,664	5'977,032

Source: Adapted from a Report by the Defensoría del Pueblo (2002).

As we can observe, the Peruvian Family Planning Program reduced their attention to other contraceptive methods such as IUD and pills and focused in definitive strategies: sterilization and vasectomy. In 1997 the number of sterilizations and vasectomies increased dramatically. This decade is marked by the Fujimori regime's total alienation of many institutions, ranging from the media to the Supreme Court and the Congress. Any kind of opposition to a Fujimori policy was associated with antinationalism, intentions of political instability, and even terrorism.

Julia Tamayo from the feminist NGO Flora Tristán is responsible for the most serious report about the so-called Festivales de la salud (health festivals), which was the name used to describe the sterilization campaign. Tamayo explains how she accidentally "discovers" official goals for sterilizations in public clinics in rural areas. This discovery marked the beginning of her denunciations in local and international scenarios confronting a strong opposition not only by state institutions but also by the media controlled by Fujimori. Tamayo's report uses the fact-finding methodology that seeks to find evidence in order to document the cases . The dramatic conclusion

of her report is that only 10% of the 314,967 women were sterilized with “real” consent. The following analysis describes the campaign in more detail.

Tamayo states in her report the presence of numerical goals for implementation of surgical contraception under the supervision of the Health Ministry, quotes of potential women clients, and incentives for health workers in bonuses of US\$4 to \$10 for every woman brought in for sterilization. Likewise, there was professional promotion for “good” practitioners and the threat of losing promotions and incentives for those who did not fulfill the goals (TAMAYO, 1999).

The “health festivals” were carried out in the form of massive interventions especially in rural and poor communities where people suffer economical, geographical and cultural barriers to access public health services. According to Tamayo, the majority of forced sterilizations were under “deceit manifesto, coercion or serious threat to women”. This type of intervention was carried out mostly when women were treated for other health situations such as flu, childbirth, vaccination, and even when women were soliciting information about contraceptives from the public clinics. Testimony registered by Johnson (1998) said that Hilaria Supa was sterilized in a rural clinic in the Andes when she went to be treated for the flu. She was given anesthesia and sent to the operation room where physicians tied her tubes without her knowing.

As we previously stated, gender inequality is deeply rooted in the Peruvian society, and it is reflected in different structural indicators such as access to education and symbolic women’s exclusion to the public sphere. In the particular case of sterilization, the VSC was designed to provide surgical intervention to men and women. As Palomino et al (2003) argues, the male fear of lacking virility or even of losing masculinity for not being capable of reproduction are main arguments for the male rejection of definitive contraceptive methods. From this perspective, it is not surprising that even though women fear their husbands’ reactions, especially because a definitive contraception would be associated with potential women infidelity, women were considered the target of the campaign. Tamayo presents a different kind of forced sterilization when male partners consent and “authorize” health practitioners to sterilize their wives or partners after a first female rejection. In these male gender complicity women’s voices were absent and women were not subjects, but only uteruses subjected to control.

Other kinds of coercive strategies that health workers carried out were sterilizations under intimidation and the threat of police intervention, the loss of health services, and even the patient’s deprivation of liberty (TAMAYO, 1999). In this case, a real social mechanism of coercion was executed, and women were isolated and forced by many social actors and forces. In other cases, health practitioners falsified or hid information from the patients, for instance informing that sterilization is the only birth control method available. There are also documented cases of intentional misinformation or verbal manipulation based on the fact that most rural women were not fluent in Spanish and are usually unwilling to discuss with a white Spanish speaker male doctor. Husband of a dead woman, registered by Tamayo (1999), said that the health workers told his wife don't worry, because they can do it right in that moment and that tonight she will be back home cooking and her husband will never realize what happened.

Another form of manipulation was the incentive for women and their families to acquire food and clothes. According to Tamayo health workers, they sometimes give

rice and other meals, and clothing as incentives because they fear not meeting sterilization quotas; and if we take into account the conditions of poverty and extreme poverty of the majority of these families, these "incentives" performed an important role in women's decision. Other women's rights violations were related the procedure, discrimination, lack of respect for women needs, privacy, or the most elemental criteria for the patient's rights. Testimony, registered by Tamayo, said that the health workers always look for the poorest women, especially those who don't understand Spanish. They make them put their fingerprint on a sterilization paper they don't understand because they can't read. If the women refuse, they threaten to cut off the food and milk programs.

An important aspect that comes from different sources is how health workers traditionally marginalize the low income, indigenous and rural women (CLADEM, 1998; TAMAYO, 1999; CRLP, 000). In this sense, during the sterilization campaign, many health workers, whether the white male doctor or the mestiza female nurse, have participated according to their previous discriminatory scripts of total disrespect for women's subjectivities and needs. In many cases, these health workers publicly humiliated poor and indigenous women for their "irresponsibility," for having "too many" children, or for not agreeing voluntary to sterilization.

Women and families from rural communities were not passive actors but rather they denounced and demanded justice in different forums and instances. However, only extreme cases of human rights violations were denounced, such that the death of the patient and other forms of human rights abuses were part of the "natural" structural marginalization of these "minority" populations who were not entitled to human rights. In this sense, in this context of political violence, domestic violence, and traditional women's oppression, talking about informant consent or the respect of women's privacy seems to be a luxury reserved only for middle class, well-educated, white people². On the other hand, the Fujimori government created the social image of a constant threat of the resurgence of terrorism that produced a culture of terror and silence and forged an implicit pact between the mainstream Peruvian society and the Fujimori regime. Many Peruvians preferred to close their eyes and ears to their countryman's suffering, and human rights violations were part of the lamentable but "unavoidable excesses" in the struggle against terrorism and economical crisis, the two main argument of the Fujimori regimen.

In public discourses Fujimori's health ministers attacked the criticisms to the VSC campaign as part of an "international conspiracy" and local enemies who "do not care for poor people's health" or even reduced the women dead to numbers or statistics; "only 18 women dead" said the Health Minister Aguinaga as if life could be quantified or this number were nor big enough to be denounced (MOGOLLÓN, 2003). In a discourse in the United Nations, Fujimori ridiculed and prosecuted to the organizations that have been denounced the forced sterilizations saying that these organizations were displeased because they did not receive budgetary support from state (MOGOLLÓN, 2003). Many Peruvian and international institutions echoed the Fujimori discourses as their own. However, there were also feminist groups, journalists, NGOs, and other human rights movements that amplified women's contested voices and linked the fight for democracy with the respect for elemental human rights.

From the documented cases we can state that there is sufficient data to confirm human rights abuses and human rights violations in the Fujimori sterilization campaign or so-called "Family Planning Program". However, the analysis of the

consequences and how different actors used this information challenge us to deconstruct the notion of reproductive rights in this specific cultural and political context.

4. THE ROLE OF THE U.S. IN THE STERILIZATION CAMPAIGN: POLITICAL AND ECONOMIC EFFECTS

USAID has activities in Peru since the 1960 to the present. During the 1970s and 1980s, several million dollars were provided by USAID for the establishment of family planning centers in Peru, and by the 1990s, project amounts increased to the tens of millions of dollars (Africa 2000 Media Group 2003). Funding from the U.S. government supported sexual and reproductive health programs run by both NGOs and the State. In this sense, through different governments the U.S. provided funding for different programs in reproductive and sexual health. The Family Fujimori Planning Program was part of these agreements.

From the data analyzed we do not find enough evidence that the U.S. government participated directly in the forced sterilizations campaigns during the Fujimori regime. Interestingly, conservative political leaders and conservative media in Peru and the U.S. implicated the United Nations Population Fund (UNFPA) as directly responsible for the forced sterilization. As a conspicuous leader of the Population Research Institute argues "UNFPA brought not only special financing but also demographic goals, for the focalized reduction of the Peruvian population" (LIFESITE, 2000). This "evidence" was the basis of the withhold of funding of the Bush administration to any other kind of family planning program in Peru, and it is a real threat to sexual and reproductive health in other regions in the world. Conservative American politicians passed the Tiahrt Amendment in U.S. Congress that prohibits U.S. funds from going to NGOs that support coercive contraceptive programs. Under this political umbrella, any other kind of family planning program and sexual and reproductive health, are without economic support. The conservative American politician discourses condense the local and international Bush policy: "Americans are overwhelmingly opposed to forced abortion. Thank you, President Bush for defunding the UNFPA because of its support of forced abortion" (MOSHER, 2003).

Important members of the current Bush Administration compare "forced abortion" and "forced sterilization" in Peru and China and use these arguments to cut all funding to UNFPA that are contrary to its policy and ideology of the Abstinence Only Campaign (in 2002 Bush cut \$34 million for UNFPA arguing forced abortion in China). Consequently with this American policy, current conservative Peruvian politician are making efforts to reduce contraception to "natural" methods and eliminate other methods considered "abortionist" or even "sinful" by the conservative Church. How do these political and economic contexts affect sexual and reproductive health programs in poor countries such as Peru? What are the implications for the construction of reproductive rights if only abstinence and "natural" contraceptive methods are offered to men and women?

5. THE CATHOLIC CHURCH: MUTILATION, SIN, AND GENOCIDE.

When indigenous people and mestizos from Ayacucho, the epicenter of the political violence in the Peruvian Andes, knocked the Church door looking to protect their lives from Sendero Luminoso and the state, the bishop Cipriani said literally that los derechos humanos son una cojudez (human rights are rubbish) and that the "Church is not the place for seeking justice". Cipriani was also one of the most prominent opponents to the sterilization campaign and any other kind of contraceptive initiative. This conservative and influential leader called young women who have sex outside marriage "prostitutes."

Tamayo's report calls our attention to a concrete example of a women's human rights violation. However, the Catholic Church's opposition to the women's access to contraceptive methods is also a reproductive rights violation that needs to be addressed in the discussion of human rights. The voluntary access to definitive methods such as sterilization and vasectomy, as part of the contraceptive alternatives for women and men, is a reproductive right that any person or institution should impede its exercise. In the Latin American context and due to the ambiguous division between the state and the Church, it is not a redundancy to always be alert about the conservative movements that are trying to impose their agenda in public health. In this sense, it is important to emphasize that the practices of sterilization and vasectomies are not a human rights violation by themselves, but only coercion or involuntary participation constitute abuses or violations.

The Catholic Church was one of the first voices that denounced forced sterilizations during the Fujimori regimen. However, catholic leaders had a different agenda from the human rights movements that also claimed for forced sterilizations. In terms of the analysis of discourses, it is really interesting to observe how the Church integrates into its discourse many notions that come from the human rights framework. In the name of freedom, religious leaders denounced the whole family planning campaign, "it violates our people's freedom" said the Bishop of Peru to the local and international media. It would be interesting to ask this leader the meaning of freedom in the context of the Peruvian structural inequalities. For indigenous Peruvian women freedom is not enough to assure the exercise of their human rights, indigenous women need also equality and social justice.

A strong metaphor used by the religious leaders to condemn sterilization was mutilation. In the Peruvian media the archbishop of Lima accused Fujimori of promoting mutilation among the poor and also addressed the notion of health risk that creates a more complex discourse with arguments of discrimination, health and freedom. Bermudez (2003) registered that authorities manipulate the needy by buying consciences with material awards, and making the women accept the risk of being mutilated for the rest of their lives.

Is the woman the mutilated subject, or is it the fetus as a "human being" who is considered mutilated? Who is the subject of the Catholic claims? What are the effects in the reproductive arena to associate definitive methods with "mutilation"? What are the meanings of sterilization for the Church and for other conservative politicians? As we can see in the case of Bangladesh, the enormous opposition from the international media, particularly in the American media, eclipsed the fact that this method is a very small percentage in comparison to 41 percent presented in the United States (PILLSBURY, 1990).

Catholic Church leaders have vigorously opposed the family-planning campaign because it promotes "artificial" forms of birth control, which is contrary to the Church's moral values. Peruvian Catholics were warned that they will be committing a "grave sin" if they choose sterilization. Sin, guilt, and shame are main ethical values that the Catholic Church used in order to discourage their pilgrims from planning and controlling their reproduction. From this perspective, sterilization as abortion is considered "sin," and "sinners" are not the entitled subjects of rights.

Another metaphor used by religious leaders was genocide. Once again, who were the killed? Were those more than 200 thousand indigenous women, or were more than 200 thousand unborn "human beings"? Who was the subject of concern for the religious leaders, the women or the potential "mothers"? The Catholic Church re-creates the notion of life even before conception because they are condemned a potentiality that these sterilized women will be pregnant and that these potential pregnancies will end up in birth. The Catholic Church imposes its notion of "life" to judge sin and create guilt among its pilgrims. If genocide is the metaphor to describe sterilization, how would Latin American women negotiate between their religious values and their needs in term of access to contraceptives? How can we think about sexual rights and reproductive rights in a semi-secular state?

6 THE TOLEDO DEMOCRATIC REGIME: FREEDOM VS. EQUALITY?

Alejandro Toledo is the first indigenous person to be elected president of Peru in 2001. Toledo grew up in a poor rural Andean community, and he started as a shoe shining boy and became a respected international economist. The Toledo government meant the return of Peru to a democracy and an important shift in terms of human rights, as evidenced by the support to the True Commission in the case of victims of political violence. Toledo also agreed to settle the case and acknowledged its legal responsibility for the victim's unlawful sterilization and death during the Fujimori regime. However, in terms of sexual and reproductive rights, Toledo's government represents the return to conservative policies and to the traditional presence of the Church in state policy.

Influential members of the Toledo party are prosecuting to penalize to those responsible for the last sterilization campaign. Interestingly, these members are linked directly to the most conservative catholic movements who oppose any kind of "artificial" contraceptive method. As visionary members of the Center for Reproductive Rights were concern about a second women's right violation for low-income and indigenous women (CRR 2002), the Peruvian government is using the findings of the women's rights violations during the past regime as a tactic to diminish women's family planning options. The current Toledo policy related to reproductive health limits condom access, it discourages women and men from using "artificial" contraceptive methods, and it opposes directly IUD and the morning-after pill alleging that these methods are "abortionist." In a clear opposition to sexual and reproductive health, Carbone, a conservative health minister, explicitly cut the gender perspective from the family planning program and asked publicly to refocus attention on "important" diseases and vaccination rather than on sexual and reproductive health or family planning (MOGOLLÓN, 2003). In this scenario of a health and illness hierarchy, where sexual and reproductive health are relegated to "superficial" concerns, it is not difficult to portray the role of sexual and reproductive

rights as secondary concerns. I think from the analysis of these policies the importance of linking discourses about health and the conception of human rights is clear. In the Peruvian context, traditional biomedical and religious approaches to sexual health are contrary to the real exercise of sexual and reproductive rights.

From this perspective, Toledo regime is controversial and dilemmatic for many human rights activists because the group of politicians who are denouncing the past sterilization campaign are strongly linked to the most conservative groups of the Catholic Church. Interestingly, these conservative members are using the same Catholic leader's argument: "genocide" to oppose other kind of reproductive and sexual health programs (contraceptive methods, STDs and HIV/AIDS). Solari, an important Toledo's party leader said in direct relation to family planning campaigns: "No one has the right to intervene in people's life this way [...] It is criminal". Once again, the discourse of "freedom" is used to oppose people's rights to access to information and services. Once again, freedom is deconstructed in a way that excludes equality, social justice, and human rights.

As we can see, metaphors and discourses about reproduction are in constant creation and transformation in the Peruvian context, in some cases these social meanings change and incorporate other discourses that are seemingly progressive. As Fujimori presented record statistics on sterilization as a "success", the Toledo government presents the increase number of "natural methods" as a triumph of its family planning campaign. An official newspaper summarizes this "triumphalistic" current discourse: "the number of people who used natural methods such as rhythm, billing and maternal nursing increased from 73,447 women in 2000 to 82,839 in 2001 and 102,908 women in 2001" (CRUZADO, 2003).

Another powerful discourse presented among conservative and even "progressive" members of the Peruvian society is women's victimization. From this perspective women are subjects to be protected, which has the direct effect in women's disempowerment because they are not entire adults and citizens, and others (the state, the Church or a simply a man) have the responsibility and the right to protect them. Despite the seeming benefit to women, the discourse of victimization is strong and subtle at the same time, and is deeply rooted in a gender-unequal society such as the Peruvian. This discourse is even more dangerous when the victim is not a pregnant woman but a "mother" or a "child". In this situation, the biomedical authoritative knowledge (JORDAN, 1997), the Church, the Law and the state are self-proclaimed defenders of the "victims" and create different mechanisms and discourses to control bodies and limit the exercise of individual rights.

Another important aspect to consider is that the human right framework does not necessarily assure a reproductive rights perspective and less even, a gendered approach. For instance, a progressive activist in human rights and ethnic discrimination compares the sterilization campaign in Peru with other eugenic policies such as the German of Hitler in order to call attention in a racist and discriminatory state policy over oppressed ethnic minorities.

From this perspective, sterilization as abortion is part of imposed "international capitalist agenda" through a eugenic policy that seeks to limit the reproduction of indigenous population and promote the reproduction of the hegemonic groups (DE LAS HERAS, 2003). However, in this apparently "progressive" approach, social class and ethnicity overshadow gender inequalities and make invisible women's

reproductive rights expressed in the free choice for abortion or definitive contraceptive methods such as sterilization.

FINAL THOUGHTS

The field of reproductive rights is a more comprehensive than the mere ability to decide fertility and its timing. As Figueroa (2003) argues, these rights also involve questioning traditional notion of motherhood as an obligatory life project for women and, in parallel, fatherhood as a necessary part of men's life. In the complex Peruvian context, reproductive rights have to be deconstructed taking into account women's and men's needs and the cultural and structural factors that can facilitate or impede the exercise of these rights.

From the data analyzed, we observe real human rights violations in women choices and the right to decide voluntarily and without coercion regarding their reproduction in the Fujimori sterilization campaign. There is also strong evidence that sustains the state's participation in the sterilization campaign through established quotes, national goals, incentives and punishment for health workers and for women and their families.

In the two regimen analyzed there are complex images, metaphors and discourses about reproduction presented in different actors and institutions in which we can observe biomedical knowledge, religious values, prejudice, racism, structural exclusion, and even apparent "progressive" discourse in different personal and institutional agendas. The conservative health ministers in the Toledo regime are evidence that not only social factors, but also specific social actors shape the meaning of reproductive and social rights beyond the meanings contained in discourses, documents, and laws referring to them. As we can observe, there are changes and continuities in the discourse of the state, of the Church and of other institutions but there is an inalterable constant: the human and reproductive rights violation experienced by the men and women in both Fujimori and Toledo governments.

Beyond the fact that the Fujimori sterilization campaign was an unquestionable case of human rights violation, it is controversial to admit that within this regime of a strong human right violation, there was a more favorable environment for reproductive rights than in the current democratic regimen. The Toledo regime is protects the human rights of the victims of political violence, but its conservative leaders limit the exercise of men's and women's elemental reproductive and sexual rights. What does this controversy mean for reproductive and human rights? Are women's rights different from other human rights? How does the Peruvian sterilization campaign challenge the concept of reproductive rights and how we can deconstruct this concept?

Human rights and reproductive rights have to be attached as indissoluble issues and we need to be alert that democracy in Latin America does not imply full citizenship and social justice. Women's rights in Peru have been violated independently of the type of political regime. Moreover, if we stated that citizenship is the proper framework for discussing sexual and reproductive rights, we need to redefine the concept of democracy in context such as Latin America where democracy many

times is reduced to the right to vote, and the possibility of a real secular state is threatened by the power of the Church.

In dictablanda (soft-dictatorship) or incipient democracy, a complex mixture of cultural silences and complicities mask the incidence of women's human rights abuses and violations in public health services and in the domestic sphere. The relationship between health workers and usuarias (clients) is shaped by discrimination, racism and different levels of abuse by the health providers. In the domestic sphere, sexual and psychological abuses are deeply rooted in the Peruvian society. The perverse result is that only a small number of women denounce the violations of their rights, and if they do, usually police discourage them to prosecute the offenders. In this sense, the real dimension of women's abuse and violence in public and domestic domains is still unknown.

It is almost "common sense" among people who work in sexuality, gender, reproduction, and related issues that these domains imply relational processes, and they are not isolated events in men's and women's lives. However, it is still dilemmatic the way in which these relational processes would be implemented. For instance, among many academics and activists who work in masculinities it sometimes seems that womanhood is considered by "default" a gendered subject and that only men have to deconstruct their masculinities. This fragmented perspective hides the fact that women also need to deconstruct their femininities in inter-intra gender relationships. Linking this perspective to the sterilization campaign, it is important to note that these low-income indigenous and mestiza women have families, partners, and social context that shaped their responses to this dramatic event. In this sense, a human rights approach has to consider women in their cultural and social context.

In terms of structural inequalities, it is important to consider inside the Andean region different systems that operate together such as ethnicity, race, class and gender. Peru is characterized by fragile democratic systems and structural inequalities that are portrayed in the bodies of those ethnic "minorities": "indigenous" and "mestizos" that are in fact majorities in numeric terms, but are excluded in their own country by economic, social and racial factors. How do the Peruvian men and women build and negotiate their identities, citizenships and sexual and reproductive rights in this fragile democratic system?

How can we define a common agenda among different "progressive" movements and institutions in context such as Peru? What do feminists, GLBTQQ, human rights activists, sexual and reproductive health NGOs, and ethnic activists have in common? Every group experience different kinds of discrimination and isolated domains such as class, gender or ethnicity do not create magic alliances. The human rights framework seems to be an important space to construct minimum common agendas. However, gender inequalities and sexual and reproductive rights must be addressed under the umbrella of human rights.

Finally, this particular human rights violation challenges academics and activists to take into account more comprehensive theoretical and methodological frameworks. In this sense, it is important to consider a qualitative approach that refocuses on the subject as a center of the discussion. The "victims" are not numbers or statistics, but rather they have faces and names and these testimonies and experiences should be

used as collective and historical memory in order to remember these human rights violation and not repeat them in future generations.

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¹ As the Inter-American Commission on Human Rights states, in Peru the rape of an adult woman is an "offense subject to reconciliation" that minimizes the offense and suggest that rape is considered a purely sexual offense, a private matter, and not a crime that affects all society insofar as it violates fundamental rights that the state should protect (IACHR, 2002).