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Itineraries of Sexology in Peru

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ITINERARIES OF SEXOLOGY IN PERU

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ABSTRACT. At a time of increasing re-medicalization of sexuality in the region, where concerns about its social dimensions and the role of culture and structural contexts are becoming less apparent, an exploration of the role played in recent history by other approaches, such as sexology, is particularly relevant. This study intended to assess if, and to what extent, the field of sexology was ever established in Peru. With this goal in mind, the study built a dynamic map of institutional arrangements and academic and clinical practices in Peru that can be linked to that tradition. Document analysis and interviews conducted with key professionals were employed. The history of sexology in Peru is relatively short. Its emergence appears fragmented in the data collected. Its most formal institutional basis, the Peruvian Society of Sexology, was established in 1986, and remained active for 15 years, when the increasing presence of nonmedical professionals challenged medical leadership and produced a medical diaspora. Sexology in Peru faced a number of obstacles to increase its level of professionalization and institutionalization. During the past 25 years, it has proved impossible to find common ground across several diverging points of view to establish a real disciplinary field. This failure may be explained by the limited renovation in leadership that could reunite perspectives across disciplines that are hierarchically positioned in the world of health professions; the failure to establish clear channels of accreditation as sexologists; and most recently, the global decay of sexology as a reference field, vis-à-vis the emergence of alternative concepts such as sexual health and sexual medicine. A theoretical discussion is needed that can formulate, in the Peruvian context, a discourse and a practice that preserve links with the multidisciplinary dimensions of the sexology tradition and at the same time incorporate the diverging perspectives of sexual medicine and sexual health and rights.

KEYWORDS. Sexology, sexual health, sexual medicine, field, institutionalization

INTRODUCTION

During the past two centuries, Western views about sex have experienced significant re-configuration, with the emergence of a biomedical discourse (“human sexuality”) as a central element (Foucault, 1976; Weeks, 1985). This discourse became instrumental in regulating sexuality in rapidly changing social contexts, defined by modernity and the industrial revo-

lution, where reason was believed to dethrone faith as the main force of civilization. The moral discourse on sex, however, never disappeared (Hawkes & Scott, 2005); it rather coexisted with the new biomedical stance on sexual normality and pathology, assumed to be based on nature, the body and brain, and their functioning. As many have pointed out, however, the moral discourse fed into the latter, often transforming “sin” into “sexual deviance” (Foucault).

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As characterized by Weeks (1985), several sources of knowledge have participated in the dynamic formulation of modern sexuality sciences, including early psychopathology, psychoanalysis, colonial anthropology, Kinsey's large population surveys, Masters and Johnson's physiological research, clinical sexology, and critical gender and sexuality studies. Of those, approaches involving a clinical component include, of course, psychopathology (in the late 19th century), psychoanalysis (in the early 20th century), and the modern third wave of sexology (starting in the mid-1960s and more recently evolving into "sexual medicine"; Ariès & Béjin, 1985). As Weeks (1985) points out, sexology destigmatized sexual concerns, was sensitive to social context, and spoke in favor of sexual well-being, although its approach was still positivistic and prescriptive. In contrast, present-day *sexual medicine* and *andrology*, clearly driven by pharmacological developments, are focused on normative sexual performance (Giami, 2004), while *sexual health*, a new nonclinical field, placed in the realm of public health, struggles to become institutionalized globally as distinct from reproductive health (Cáceres, Cueto, & Palomino, 2008).

Given the role of principles and clinical practices of biomedicine in defining social and even legal contexts, as well as in delimiting health, with legal consequences, any serious concern about sexual justice, sexual health, and sexual rights should understand the role played by the biomedical discourse on sexuality. In a region such as Latin America, which subscribed Western biomedical discourse as the hegemonic scientific discourse about health (Giami & Russo, 2008), it implies looking at the presence, consistency, and characteristics of discourses, practices, and institutions linked to the sexology tradition. Additionally, understanding the local histories of sexology may help better assess the modes and strength of implantation of sexual medicine and the role the latter may play in the future vis-à-vis the discourse of sexual and reproductive health and rights in our countries.

In this context, our research questions focused on exploring whether a field of sexology

was ever constituted in Peru, and if so, its origins, the meanings attached to it, and the path it has followed to date. For this endeavor, we used Bourdieu's concept of "field" (Bourdieu & Wacquant, 1992¹; i.e., a network, or a configuration of objective relations between positions).

METHODS

A qualitative approach was carried out, based on the following procedures.

Systematic Document Search and Identification

A systematic search was conducted through the following procedures: Google (and Academic Google) and local library and database (SciELO, ProQuest, Redalyc, Biblioteca Virtual de la Universidad Católica) searches for the periods prior to 2000, with the words: Peru and (Sex or Sexuality or Sexology or Sexual, Sexologists, Peruvian Sexologists); visits to Web sites of national institutions previously identified as related to sexology in Peru; and visits to local medicine and psychology school Web sites (Universidad Peruana Cayetano Heredia, Universidad Nacional Mayor de San Marcos, Universidad Nacional Federico Villareal, and Pontificia Universidad Católica del Perú) for identification of courses potentially related to sexuality and sexual health and direct download of syllabi and curricula. All these documents were systematically collected and organized for a subsequent content analysis.

Sampling of Informants and Conduct of In-Depth Interviews

Based on advice from individuals whose names most often emerged in the systematic searches, a longer list of potential interviewees was elaborated to ensure gender, generation,

¹According to Bourdieu, "field" is defined as an area of socialization and sociability, which is related, voluntarily or involuntarily, with agents that are organized into different interests: education, health, arts, disciplines, and institutions. These centers of interest define specific areas of interest, which arise from different positions (Bourdieu, 1997).

and disciplinary diversity. In-depth interviews focused on experiences, values, and perceptions of professionals who at some point had been linked to the field of sexology in Peru. The professionals included 15 men and 5 women. The interviewees were chosen if they met any of the following criteria: (i) They were or had been part of the Peruvian Society of Sexology (SPS for its Spanish name) or any other institution related to the field of sexology; (ii) they called themselves “sexologists”; or (iii) they were recognized as having taken salient part in discussions on sexuality in the 1980s and 1990s. Nineteen were located in Lima-Callao; 13 were not institutionalized and 7 had intermittently been members of the SPS. Interviews were transcribed to develop a content analysis.²

Data Analysis

Data analysis focused, in principle, on: institutional landmarks (e.g., foundation of institutions); existence of academic publications and topics covered; existence of training/accreditation programs and discourse employed by those publications and topics; role of individual leaders; and evidence of either strengthening or decay of institutions over time, and the factors related to it (e.g., individual leaders, role of various disciplines within the sexology umbrella). As it was being conducted, analysis was open to the addition of new emerging categories.

FINDINGS

Historical Overview

Historically, during the 20th century in Peru, the point of view of sex as a moral issue was largely sustained by conservative Catholics, while medical practitioners incorporated the “scientific” view of sexuality, which they con-

sidered free from any moral prejudice.³ An original sexological discourse was never developed in Peru; rather, publications of the 1980s reflect alignment to the European and North American fields (Gill, 1992; Loli, Aramburú, & Paxman, 1987).

Emerging scientific ideas of sexuality from dominant sexologists in the North were absorbed in Peru by medical experts (gynecologists and psychiatrists) in the same manner that occurred in Brazil (Gianni & Russo, 2008). These physicians translated sexuality into sexual dysfunctions and various kinds of syndromes (Hawkes & Scott, 2005), highlighting what Weeks calls “biological imperative mysteriously located on the genitals” (1998, p. 16). On the other hand, ideas about sexuality were nurtured by the premises of feminism around female sexuality (Pateman, 1995) and the Peruvian debate on family planning and sex education.

Throughout the 1980s and 1990s, Peru experienced greater openness to those topics at the social and political level (Cáceres et al., 2008), which may have facilitated the institutional emergence of sexology as defined by the founding of the “Peruvian Society of Sexology” (SPS) in 1986. The driving force of the nascent SPS had essentially been a group of physicians and prominent psychologists, who until a few decades ago, were mostly male. The founders included four gynecologists, four urologists, four psychiatrists, six psychologists, and two other professionals (one social worker and one educator).⁴ At first, the SPS welcomed mainly physicians; later, professionals from other fields

³In this regard, it is interesting to analyze the discussions in the Peruvian Congress in the middle of the last century, concerning the control of prostitution. There, we can see the two competing discourses and interesting discussions about the need to regulate prostitution as being necessary for the relief of male sexuality and its abolition by the more conservative political sectors.

⁴Daniel Aspilcueta, Miguel Excebio, Dr. Alejandro Barreda, Miguel Gutierrez (obstetrician–gynecologists [OB-GYN]); Edwin Reyes, Alberto Tejada, Fuad Hirsh, José Antonio Arruz (urologists); Julio Figueroa, Luis Pérez, Wenceslao Flores, María Raguz, Stuart Oblitas, Estrelia Nizama (psychologists); Susana Giesecke, René Flores, Fernando Maestre, Alfonso Medoza (psychiatrists); and Nancy Palomino (educator) and Gisella Delgado (social worker).

²Krippendorff (1990) refers to content analysis as the “. . . set of methods and research techniques to facilitate the systematic description and interpretation of the semantic and formal components of all types of messages in order to make valid inferences about the collected data . . .” (translation by the authors).

(e.g., midwives, psychologists, educators, and social scientists) joined. During approximately 15 years of active life, the SPS hosted useful and popular debates among professionals in the field, often focused on population and family planning policies and sex education programs. Conservative positions and more progressive views were confronted, as were biomedical, psychotherapeutic, and other sociocultural standpoints. The SPS also benefited from the visit and contributions of renowned Latin American sexologists.⁵

In 2000, medical professionals in the SPS distanced themselves from the SPS claiming that it had “lost its essence”—probably due to its increasing number of nonmedical members and the imminent election of a psychologist as the institutional president; and months later, they founded the Peruvian Society of Medical Sexology. In 2001, under the chairmanship of psychologist Luis Perez, the SPS organized the 10th Latin American Congress of Sexology in the city of Cuzco, Peru. After that, the society reduced its activity, and over time, it slowly deinstitutionalized itself and left just a few “individual professionals” with low power and representativeness. In subsequent years, the SPS entered a period of hibernation, from which so far it has failed to recover. Various associations have emerged since, including the Peruvian Association of Medical Sexology and the Association for Sexology, Sociology, and Sex Education, which did not complete its process of institutionalization.

Another phenomenon may have diverted the focus away from sexology: Since the mid-1990s, a number of young Peruvian researchers started to conduct research on HIV and sexually transmitted infections, which often involved measuring prevalence and risk factors for those conditions. Research was often based on surveys and qualitative methods. Because the predominant disciplinary perspectives were infectious disease epidemiology and psychology, social epidemiologists and social scientists be-

came increasingly involved (Cueto, 2001). Ever since, Peru has become one of the key centers of HIV research in the region and a global hub for research on HIV among men who have sex with men and transgender women (Cáceres & Mendoza, 2009; Konda, Cáceres, & Coates, 2008). It is possible that this academic prominence competed with the potential development of an academic field of sexology as well.

In conclusion, although the current status of a scientific discourse on sexuality in Peru shows the coexistence of autonomous, even confrontational spaces such as “sexology,” “sexual medicine,” “medical sexology,” and from civil society, “sexual health and rights” (in theory including HIV programming), these areas were never exclusively under the sole tutelage of sexology. In contrast, they were configured independently due to the failure of the earlier institutional anchor (i.e., the SPS) to consolidate a unitary field. Even the pharmaceutical industry has been heavily involved, not in the structuring of sexology (Giarni, 2004), but in support of the independent stance of andrology.

Conceptions of Sexology

According to the documentary analysis and interviews with professionals, views were clearly divided between the medical specialists (including psychiatrists) and the psychologists. Furthermore, educators, midwives, and nurses working in this field were perceived as members of “minor disciplines.”

The disciplinary divide was reflected, in part, on a conceptual divide, where three approaches to sexuality could be described: (a) a biomedical and physiological approach, more frequent among physicians, which constructs sexology as responding to medical “problems,” focusing on sexual dysfunctions in men and women, mainly concentrated on the reproductive organs and on heterosexual couples; (b) a psychological and behavioral approach, more frequent among psychologists, which also focuses on sexual dysfunctions as mental problems, mainly of heterosexual couples; and (c) a sexual and reproductive health approach, proposed by selected professionals from all groups,

⁵These included Luis María Aller Atucha (Argentina), Osvaldo Quijada (Chile), and Octavio Neyra Giraldo (Colombia), among others.

with an emphasis on social scientists and public health researchers, which conceptualizes human beings as holistic, attached to their culture and environment from the perspective of rights and gender equity, and which focuses on sexuality instead of sexology.

The configuration of sexology has been confined to the biomedical approach, from the clinical point of view and also from the perspective of psychotherapy. This approach is now dominated by andrology and sexual medicine, supported closely by the pharmaceutical industry. Psychotherapy (subaltern in the field) relies primarily on sex therapy and clinical sexology. As we can observe, there are a few fragile areas of confluence.

The other framework is sexual and reproductive health, born from the demographic discussions of the early 1980s and the struggles of the women's movement. After the International Conference on Population and Development (ICPD) in Cairo, Egypt, in 1984, the discussion on sex education and contraception among women was recodified from a sociocultural perspective, in the language of sexual and reproductive rights, the feminist, and sexual diversity social movements; both the academic and the activist standpoints were taken into account.

In parallel, ideological positions can be mapped as well. On the one hand, moral conservatism (including opposition to comprehensive sex education and resistance to the de-pathologization of homosexuality) is closer to medicalized sexology, despite the fact that most urologists and gynecologists conceptualize sexology as a neutral scientific field devoted to solving problems related to male and female sexual organs.

On the other hand, a libertarian moral perspective is clearly related to a sexual and reproductive rights framework, including comprehensive adolescent sex education, sexual diversity rights, gender equity, and intercultural topics.

It should be noted that a group of sexologists from various backgrounds, mostly psychologists or psychiatrists, are regular guests of TV or radio programs and can be defined as forming a me-

dia cluster of sexologists. Likewise, professionals from several disciplines, mainly psychologists and psychiatrists, have developed private Web sites that offer information and counseling on sexual issues. All these professionals constitute opinion leaders about these topics; generally, they subscribe to a clinical sexology perspective, often from a conservative moral standpoint.

Partnerships, Institutions, and Training Programs Related to Sexology

Although two associations represent nominally the field of sexology, these associations lack regular operations, so that the true degree of institutionalization of the field is fairly limited at this time. According to Bourdieu (1994), an institution must be an area of interest in which specific social agents interact. If institutions representing sexology in Peru do not show this, then the field can be considered atomized into individuals or micronetworks.

As described earlier, the SPS was founded in 1986 by a combination of physicians, psychologists, and other professionals. After the diaspora of its former medical associates who resisted becoming a minority under the leadership of psychologists, it is no longer active, although nominally it remains as the local affiliate of the Latin American Federation of Societies of Sexology and Sex Education (FLASSES). The Peruvian Society of Medical Sexology was founded by those physicians who left SPS, convinced that they needed a physician-only sexological institution. It gathered 15 professionals, most of which were from the medical sciences (gynecologists), whose unique purpose at that time was to organize monthly lectures on topics of medical sexology for the general public.

In addition to both associations, the Institute of Promotion of Responsible Parenthood (INPPARES for its Spanish acronym) is the only professional organization historically linked to the SPS that remains in operation. INPPARES was one of the first institutions to integrate the SPS, and its director was also president of the SPS. It is a not-for-profit nongovernmental organization focused on sexual and reproductive health. Created in 1966, it has been a local

associate of the International Planned Parenthood Federation. Since early in its history, INPPARES promoted family planning, and in the context of the ICPD in 1994 it became an institution focused on improving sexual and reproductive health. In addition, INPPARES manages a reproductive health clinic, a center for young people and adolescents, and a men's clinic. Now the institute sees its mission as focused on sexual and reproductive health for development at the individual and community level. INPPARES's work includes research, publications, and courses on health care and education. It brings together professionals from the medical, psychological, and social sciences, as well as educators and social communicators. Thus, their participation in the field of sexology has been significantly reduced.

Universities offer regular courses at the graduate level with sexology or sexuality content in careers such as medicine or clinical psychology. For example, a course offered to gynecologists, with a focus on reproductive health, incorporates a special mention in sexology or "sex therapy," although the courses are not intended for specialization in sexology. In these courses, the curricula still show a preponderance of medical and psychological aspects, but also an incipient focus on sexual rights, depending on which institution organizes the course. On the other hand, the only training course for sex therapists has increased its added value by becoming a certificate program in sexual and reproductive health, with the support of the National University Federico Villareal in Lima.

Definitions of the Field of Sexology Among Sexologists

From the analysis of data collected in in-depth interviews, four distinct definitions of the field of sexology were identified. The first group of professionals defined sexology as a comprehensive science or practice focused on the broader field of sexuality, so that the sexologist is trained in a number of connected issues.

Sexology is a science that studies sexuality and all the components around it; it is more

complex because it deals with behavior and is related to biological and social factors and many other elements influencing the exercise of sexuality, their study, and analysis. (OB-GYN)

A second definition of sexology focuses on the management of sexual problems and therapies, broadly defined (e.g., including sex therapy), as described by this psychiatrist who also alluded to the more general definition stated earlier:

There are two classical approaches: Pragmatic or functional sexology is more concerned with dysfunctional aspects of sexuality, and therefore it is interested in re-education techniques, in addition to sex therapy; then there is another more encompassing concept that views sexuality as a more complex [discipline] that covers all other dimensions of human lives (. . .). I would say it has gone from an overly pragmatic conception of sexology to a more comprehensive conception of a broadly defined sexuality. (psychiatrist)

A third definition relates sexology exclusively to sexual dysfunctions, medically defined and treated. Some practitioners from the medical sciences link sexology to "sexual medicine" and refer to very specific issues and areas of treatment. Those professionals, presently self-identified as "andrologists," however, recognize that, strictly speaking, their practice differs from sexology. They regard sexual medicine as the provision of treatment and rely on new pharmaceutical products.

(. . .) Now, the field of sexual medicine has opened up considerably, because we are finding the physiological basis for sexual problems. In general, female sexual dysfunction and male sexual dysfunction are both the focus of andrology . . . Then, those working in this field are andrologists or urologists specializing in sexual medicine (. . .) [but] it is useless if you do not have an organic [problem] and if you do not correct its physical dimension. (urologist)

Another group of professionals conceptualize sexology as the area of study and care of

sexual behavior, and they propose a significant distinction between the mental and organic aspects.

Sexology has to do with sexual behavior, but when we talk about organic issues, we talk about medicine; it is a very different thing . . . Now, if we understand it as clinical care, which is a universal concept, then the relationship with patients is essential. (psychologist)

Following that argument, some respondents, mainly psychotherapists, regard sexology as a complementary field incorporating both medical and psychological disciplines. They seem to propose that organic problems are dealt with by gynecology and urology. Conversely, the object of sexology is the array of psychological problems of sexual content that may or may not have an organic basis. In consequence, they do not accept the legitimacy of sexual medicine as a new form of practicing sexology, because for them, the roots of sexual problems are in people's minds. If there is an organic basis, such an organic basis can be treated by traditional medical specialties, with no need of a new medical discipline.

Some people consider that different names and practices coexist: sexuality, sexology, clinical sexology, medical sexology, sexual health, sex therapy. However, clinical sexology would be more appropriate for psychology and psychiatry, while sexual medicine would be the medical counterpart. Those two would be the key concepts of present-day sexology.

I believe that the following areas belong to the field of sexology: first of all, clinical sexology, which is dedicated to everything that has to do with sexual problems, whether the so-called sexual disorders, dysfunctions, identity disorders, paraphilias, sexual orientation, and other non-adaptive sexual problems. Another area is educational sexology: Sexology is a science, because it uses the scientific method and because it has an object of study (. . .). Another area should be sexual health, which is incorporated into sexual and reproductive health. Sexual health has to do with community sexology. Then, sexual health

should address health and not disease as many projects do. (psychologist)

Clinical sexology occupies the entire field of education and training. It covers the whole area of human sexual development . . . the whole area of normal sexual behavior: masturbation, sexual intercourse, sex partners, sexuality in childhood, puberty, middle age, menopause, elderly sexuality, pathology, paraphilias and sexual dysfunctions, identity issues. (psychiatrist)

With regard to the concept of sexual health, the group of professionals embracing more comprehensive sociocultural approaches defines sexual health as it was defined in the ICPD in Cairo in 1994, moving closer to an approach of sexual and reproductive rights.

I will give you an example, the issue related to a more open attitude toward sexuality, like sexual relations outside of marriage. If you do not marry, is it no longer sacred, no longer valid? To have a less rigid vision, what is wrong with masturbating? Thinking that masturbation causes certain diseases is not true. How can we prevent HIV/AIDS, which can be very serious? How can we show tolerance towards gay or lesbian people, develop a less homophobic vision, promoting rights, and human rights, sexual and reproductive rights? (OB-GYN)

However, not everyone agrees with these propositions:

I do not believe in sexual rights, sexual rights are an aberration. It is a total distortion of a balanced perception of sexuality, I do not believe in sexual rights at all (. . .). Sex is something that is inscribed in human nature, I do not need to learn anything to act sexually. First, I act because I am prepared, as a computer, I [act based on] a software and a hardware and my behavior is influenced by my philosophical perception of life, how I see myself, how I see people; my duties and the culture in which I live determine my behavior. I do not know where the rights fit. It is a complex issue; I cannot synthesize it in a few words. But I find that so-called sexual rights distort the concept of sexuality, leading to a level of abstraction

that does not correspond to the reality of people's sexual behavior. (psychiatrist)

The Status of Sexology in Peru From the Point of View of Professionals

For many respondents, the field of sexology is in crisis, mainly because there is neither research nor sexological practice and partly because an institutional framework is missing. Another group of professionals consider that a field of sexology is not necessary and that physicians and psychiatrists may play that role.

I feel that there is a deep crisis and there is less participation. On the other hand, there is another crisis because we do not investigate, we do not ask questions nor find answers to those questions, so we do not built theories, nor confirm theories. (OB-GYN)

According to these informants, the discussion on sexology in Peru focuses on two disciplines involved in the field—medicine and psychology—and the physiological and psychological approaches to explaining the sexual response. Clearly, there is a tension between physicians and psychologists.

What generally happens is that sexuality was taken by psychologists, psychiatrists, due to the fact of mental problems related to sexuality. (OB-GYN)

No, I do not want to become a member, because it is a society that belongs to the Medical College, and I think that in the field of sexuality, physicians have little to do. (psychologist)

Respondents acknowledge the different professional perspectives; some feel that multi-disciplinary approaches are useful but they can also affect the legitimacy of sexology as a "science."

... But it is usually a dispute among gynecologists, psychologists, sexologists, and andrologists. And at the end of the day, it is very important, because it is a multi-disciplinary discussion that usually we have to handle personally. I work with psychol-

ogists, with biologists and gynecologists. (urologist)

The weak institutionalization had caused that any attempt to professionalize the practice had been reduced to some university courses for medical or psychology students, rather than comprehensive training for sexologists.

Unfortunately, there is no majoring in sexology. You teach sexology because you like it, or have read about it, but there is no school of sexology, there is no career of sexology. (OB-GYN)

Some respondents consider that the institutional weakness of sexology is worsened by the role of some sexologists who either have their own radio or TV shows, or who often appear in the media, whose opinions have a high impact on public opinion and, according to some, do not necessarily reflect a rigorous view of sexual science.

Some professionals talk and talk and talk and say nothing, and unfortunately, people believe in those guys. (psychologist)

Now, anyone can talk about sex; the issue is that if you put in a camera, you will have an audience. We should be careful, sex sells. From all points of view and all aspects, we have to be careful that the information provided is evidence-based. (urologist)

Networks and Publications

Regarding existing networks in the field of sexology, some of the professionals interviewed are still related to FLASSES, while other physicians and psychiatrists are affiliated with the Peruvian Society for Sexual Medicine, which is not registered at the Medical College. Currently, professional networks and associations have little operation.

I only know of two societies. There is no other one. There is great interest in participating; I always find people who ask me 'when can we meet?'; 'when will be the next meeting?' But there is no impetus. (psychiatrist)

No, no, in Peru, I do not remember a sexuality (or sexology) network, and if there was one, I do not know well. (OB-GYN)

I do not participate much. I know there is a society of sexology; I think the president . . . at a time, was a psychologist. He invited me to a conference, but [it was] so many years ago! I participate in so many different activities, I cannot remember (. . .). No, I have participated several times in activities of the society, but I do not know if I belong to it. I participated in some activities, I have been invited, but I cannot remember if I signed up. Actually, I do not participate actively; I am not an active member. (psychiatrist)

In terms of publications and scientific research, a state of inaction has prevailed in the last 10 years.

For many years, there have been no publications. (OB-GYN)

In the handbook of psychiatry, there will be a chapter of sexual disorders. (psychiatrist)

National publications are scarce; there is no opportunity to publish. (urologist)

Participation of the Pharmaceutical Industry

The significance of the pharmaceutical industry in the field is related to the entry of products to improve the male sexual response. This has significantly increased the focus on adult men, who generally tended not to seek health care—even less, on sexual matters.

I was very good in that regard, now Pelé appears selling sex on television. He opened the door and that openness is good, because people talk; it is no longer an issue to talk with a physician in private, now it is a matter you can discuss with several people. At the end, that is what motivates (. . .) what moves people to say 'I'll undertake a treatment and I'll see if it's really good or not.' I think that's a revolution, and that, from my point of view, is a positive contribution. (urologist)

The pharmaceutical industry also plays an important role regarding the sponsorship of meetings and associations.

Q: How do laboratories participate?

They sponsor events (. . .) I'm not saying that everyone, but it is an element that has generated growth in the field. (urologist)

However, among some professionals—mainly psychologists—there is a critical stance toward the pharmaceutical industry whose main aim, they say, is to increase sales of certain products, which would be ethically questionable.

Drug therapy reduces symptoms, reduces problems, and is as good as psychiatry; therefore, there are, happily, fewer psychiatrists. The psychiatrist numbs the patient, drug therapy hides the symptom (. . .). [I]t exploits people's needs and fantasies. (psychologist)

Viagra is now what barbiturates or sedatives were in the past; that is, palliatives for people to face life. (psychologist)

The pharmaceutical industry does not have much to do here, since the investment is very low, given the role of generic medicines and patients' low capacity to pay for drugs. I think it is not bad, but it could become bad if you lose the ethics. That is the problem: As long as ethical standards are met there is no problem. (urologist)

CONCLUDING REMARKS

The findings described above lead us to conclude that the field of sexology is poorly established in Peru. More precisely, it never completed its institutionalization process when sexology was a fully legitimate professional discipline, and such institutionalization is unlikely to be completed now that even the World Association of Sexology changed its name to the World Association of Sexual Health, while simultaneously new medical subspecialties start to flourish with the enthusiastic support of the pharmaceutical industry.

Internationally, sexology was constituted as sexual science inside a “niche of nature” (Weeks, 1998). However, the field of sexology did not evolve as a unitary field, because it has historically involved people from various disciplines (physicians of various specialties, psychologists, midwives, nurses, and various kinds of researchers), working on sexuality at distinct levels (e.g., clinical, educational, health promotion) and with different, sometimes incompatible, approaches and moral perspectives. At the end of the 20th century, while many professionals kept calling themselves sexologists, some preferred to call themselves, on the clinical side, sex therapists, andrologists, or simply psychiatrists, gynecologists, or urologists. Simultaneously, those focused on sex education, sexual health, or sexuality research referred to their original professions and described their kind of work in sexuality (e.g., an epidemiologist working on sexual health; an educator working on sex education).

Given the low level of institutionalization of sexology in Peru, this loss of appeal of “sexology” as a reference field, and of “sexologist” as a professional label providing prestige, was altogether more likely to occur quickly. The choice of “sexologist” as a descriptor of one’s profession was not a necessary condition to become an informant in this study, and in fact, some of them had never used that descriptor for their work. It is possible that among some interviewees, “sexology” was regarded as a secondary reference field with some residual academic prestige, and hence, it could occasionally be accepted to describe one’s work. In other words, the potential symbolic power of sexology, in spite of its lack of a strong institutional referent and its vagueness, may have led some professionals who felt free to interpret it in the ways most convenient to them, to accept it as a brand name in specific circumstances.

Taking into account this partial and inconsistent embracement of the term “sexologist” as a descriptor among professionals involved, two groups of “sexologists” can be identified.

The first group is related to professionals clinically focused on sexual problems or dysfunctions, including: (a) a small

group of physicians (nonpsychiatrists), for the most part trained abroad, who do not consider themselves to be sexologists anymore (or never did so) because of their expertise and professional loyalties as urologists or andrologists focused on “sexual medicine”; (b) psychologists who do consider themselves to be sexologists, who were often trained locally in courses and seminars and who have a practice as counselors or sex therapists; (c) psychiatrists, who mainly call themselves as such and provide a combination of psychotherapeutic and pharmacological treatment to their patients, with referrals to other physicians if needed.

The second group includes researchers (e.g., epidemiology, demography, psychology, social science) and nonclinical practitioners (e.g., educators, managers of sexual and reproductive health programs). Attachment of this group to the sexology networks within and outside Peru is much weaker.

Sexology in Peru is primarily a practical, rather than academic, field, aimed at “solving problems” (mostly within a heterosexual paradigm) and not at understanding the broader field of sexuality and its interactions with other aspects of life. Its feeble institutionalization has made room for more traditional organizations such as the Society of Obstetrics and Gynecology or the Society of Urology, which maintain a more active existence, to focus on traditional concerns of sexology but from a predominantly biomedical approach. Moreover, in Peru, the field of sexology is now a field of individuals who mostly operate on their own, despite the fact that they often have other jobs at universities, private institutes, and even the state (e.g., ministries of health and education). For a long time, a weakening force has been so-called “mediatic sexology,” where “celebrity” sexologists often reinforce a sensationalistic view of this discipline, although lately, some have helped disseminate the concepts of sexual and reproductive health and rights.

The geographic concentration in Lima of referents of all disciplines related to sexology is particularly relevant. There have been attempts to develop the field in other major cities such as Arequipa or Cuzco, but they did not crystallize,

for the most part due to academic centralism and the small market that most inner cities in the country offered to a sexological practice.

In conclusion, sexology as such in Peru failed to reach institutionalization at the time of its global rise, and this is less likely to occur now. Reasons for this include some not specific to Peru, such as: (a) the originally loose character of the discipline resulting from its multidisciplinary profile; (b) its increasing medicalization, which reduces room for peaceful multidisciplinary work and emphasizes the historical hierarchy between physicians and other professionals; and (c) possibly increasing divisions between those who embrace a paradigm of sexual health and rights and those who only focus on patients and dysfunctions (who, often, are morally conservative as well). Among other reasons that are specific to this country, we hypothesize: (a) Its emergence in Peru did not respond to public demand; rather, it was configured in relation to international academic ties of individual professionals who never succeeded in building a local academic; (b) the prominence of research on HIV may have competed with sexology's appeal among young professionals potentially interested in academic work on sexuality, who opted for involvement in HIV work; (c) the conservative Catholic tradition, which was never replaced by a secular scientific medical tradition, and rather coexists with it, and which has constantly boycotted progress of the sexual health and rights agenda.

In spite of all limitations, it was possible to explore the real or symbolic presence of sexology and identify diverse professional perspectives, of which multiplicity is simply plotted within a more general framework that encompasses the issue of sexuality (professionally, ideologically, and geographically). Interestingly, the role of present-day biomedical sexologists seems increasingly confined to individual-level clinical practice, mainly on the grounds of their own disregard of sexuality policy debates. Ironically, that strategic decision of sexual medicine practitioners to avoid political presence might enable a slow but hopefully successful deployment of a sexual and reproductive health and

rights discourse in Peruvian public policy in the years to come.

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