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Policies around sexual and reproductive health and rights in Peru: Conflict, biases and silence*

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Abstract

This study is aimed at examining how subsequent Peruvian governments, since 1990, have addressed reproductive rights, HIV/AIDS prevention and treatment, and sexual diversity rights, as well as the drastic policy shifts and its many contradictions.

Abortion and contraception consistently generated the deepest public controversies and debates, which made progress in reproductive rights difficult. HIV/AIDS was often portrayed as having the potential to affect everyone, which allowed advocates and activists to achieve some success in advancing HIV/AIDS-related rights. Sexual diversity rights, perceived as a demand made by "others", were generally trivialised and disdained by politicians, officials, and the general population. Positive changes occurred as long as the issue was given a low political and institutional profile.

The analysis of policy-making and programme implementation in these three areas reveals that: (1) Weaknesses in national institutional frameworks concerning reproductive health made it possible for governments to adopt two very different (even contradictory) approaches to the issue within the past 15 years; (2) Policies were presented as rights-based in order to garner political legitimacy when, in fact, they evidenced a clear disregard for the rights of individual citizens; and (3) By favouring low-profile "public health" discourses, and marginalising "the sexual" in official policies related to sexuality, advocacy groups sometimes created opportunities for legal changes but failed to challenge conservative powers opposing the recognition of sexual and reproductive rights and the full citizenship of women and sexual minorities.

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Introduction

In predominantly Catholic Latin America, issues of sexuality and sexual and reproductive health and rights are sensitive, despite the relatively liberal stands recently adopted by the region's governments (Chavkin & Chesler 2006). Such issues carry the potential for sudden controversy and, as such, are used by politicians. Peru's experience between 1990 and 2005 exemplifies this pattern. This study focuses on the discussions and events on sexual and reproductive health, gender, and sexuality, in Peru, between 1990 and 2005, and the roles played by the state and other key stakeholders.

The main arguments of this analysis[1] are threefold:

First, when comparing Peruvian government policies in reproductive rights, HIV/AIDS prevention and treatment, and sexual diversity, we found that reproductive rights are always followed with far more attention and generate deeper public controversies. This is particularly so when the issue of abortion is raised directly or indirectly. Because of the centrality and visibility of reproductive rights debates, progress has been difficult. HIV/AIDS comes in second among public concerns since it is portrayed as a potential threat to everyone and, therefore, deserving concern and sympathy in spite of the prevailing stigma and the presumption of dubious morals. Mixed progress has been made on HIV/AIDS. Sexual diversity rights, perceived as a demand of "others", are treated with disdain by politicians. In sexual diversity rights, positive changes have occurred when a low institutional profile has been maintained.

Second, the policy-making and programme implementation in these areas reveal the weakness of the national institutional framework and, more importantly, the disregard of these policies for the individual as a citizen with rights, although they were framed as rights-based programmes to gain political legitimacy.

Third, by suppressing or marginalising the "sexual" in official policies related to sexuality in favour of a low-profile "public health" discourse, advocacy groups sometimes create opportunities for important legal changes. However, they fail to modify the public agenda, and challenge conservative powers that oppose sexual and reproductive rights and the full citizenship of women and sexual minorities.

Historical and political context

Significant demographic changes have occurred in Peru during the second half of the 20th century. The total number of inhabitants grew almost threefold, from seven million in 1950 to 20 million in the early 1980s, and a wave of migration occurred from Andean rural areas to the coast. By the early 1980s, Lima was

home to about four million inhabitants. The rapid increase of popular demands clashed with an authoritarian state and elicited a new period of crisis.

In the late 1980s and early 1990s, the country experienced hyperinflation, recession, unemployment, and human-rights violations, which affected health services and access to these services by the poor (Arroyo 2000). This deterioration occurred under democratic regimes that were unable to control the terrorist actions of the Maoist Shining Path (Degregori 1990). Another rival guerrilla group, the Túpac Amaru Revolutionary Movement, emerged in Lima and the rainforest. Civilian governments failed to elaborate a strategy to undermine these groups 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, unexpectedly, Alberto Fujimori – of Japanese descent – won the presidential election, running against novelist Mario Vargas Llosa, who led a neoliberal coalition. Shortly after assuming power, Fujimori embraced neoliberal policies to attract investors, and also launched an all-out military attack on terrorist forces. In 1992, a police intelligence unit captured the Shining Path leader, Abimael Guzmán. Fujimori seized the moment to bolster his authoritarian rule – he had dissolved congress and the courts a few months before – and went on to win the 1995 election, and to stand for a third term in 2000 (Levitsky 1999). Human-rights groups, non-governmental organisations (NGOs), and opposition political parties challenged Fujimori's efforts in seeking a third term (that ended with a "victory" of the opposition in 2000) (Crabtree & Thomas 1999). 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 (Taylor 2005).

Alejandro Toledo, the head of a new centrist political coalition, won the presidential poll that year (Barr 2003), bringing hope for democratisation, economic recovery, and judicial independence. However, he presided over governmental mismanagement, lacked a solid political base, and quickly became unpopular. Partially because of the inconsistency of his regime, Toledo maintained a temporary alliance with physicians related to the ultraconservative groups Opus Dei and *Sodalitium Cristianae Vitae*, which consistently imposed their religious views on sexual and reproductive health policies. Despite its weakness and blurred alliances, the Toledo administration staggered on, until elections in 2006.

Developments in reproductive rights

Sexuality and reproduction are political issues that bring together stakeholders, powers, and interests. Over the last 30 years, policies on women's bodies, sexuality, and reproductive capacities, have corresponded mainly with the interests of the state and other powerful entities, such as the Catholic Church and conservative groups.

Main actors

The state and political elites. Political elites have often approached population policies from two positions, pro-natalist/ultraconservative or anti-natalist. Among administrations that were pro-natalist, Velasco Alvarado's military regime (1968–1975) prohibited all state family-planning services (Clinton 1984), when most politicians, on both the left and the right, opposed family-planning. Starting a trend towards modern population policies, in 1976, Morales Bermúdez's military government enacted a Population Policy that recognised, "the right of individuals to determine family size". In 1980, the government of Belaúnde Terry created the National Population Council. In 1985, a National Population Policy Law promoted, "the right of individuals and couples to make free, informed and responsible decisions regarding the number and timing of children". The law excluded abortion and sterilisation as birth-control methods, although it obliged the state to provide post-abortion care.[2]

The feminist movement. The struggle for the recognition of women's human and reproductive rights emerged during the 1970s. The feminist movement played a crucial role in initiating the debate on the sexual and reproductive freedoms of women. By the 1980s, feminist organisations were already active in Peru. Their agenda, with regard to sexual and reproductive rights, centred on the right to self-determination with respect to women's bodies, sexuality, and reproduction, which they linked with demands for social justice and women's participation in public debates on health policies. They rejected all methods of birth control that violate individual liberties, and called for decriminalisation of abortion, sex education, and free access, for men and women, to contraception within health services, including surgical sterilisation. In addition, feminist organisations called for the improvement in living conditions and changes in the status of women in society (Palomino 2004).

The Catholic Church. Even before the surge of a feminist discourse, the Church hierarchy and conservative Catholic leaders sought to stir up fears that modern contraception encouraged promiscuity and destroyed family values. This position has remained unchanged and alive in current policy debates. However, as demographic and health surveys indicate, the Church is fighting a lost cause with regard to contraception. The use of modern contraceptive methods increased from 31% in 1992 to 41% in 1996, 50% in 2000, and 46.7% 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 (Defensoría del Pueblo 2002). These contraceptive prevalence rates are quite high, considering the religious and political resistance to fertility regulation, and the fact that more than 80% 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 highlighted what they see as the abortive nature of certain contraceptive methods

(IUDs, hormonal contraceptives) as a means of attacking contraception as a whole and preventing initiatives intended to relax abortion laws.

Debates in the early 1990s: Abortion

While abortion in Peru has triggered intense debates, the policy outcomes of these debates have been weak. Abortion is only legal when the life of the woman is in danger. During the early 1990s, consultations leading to the reform of the 1924 Criminal Code were initiated. The reform bill proposed decriminalising abortion not only when the woman's life was in danger,[3] but also in order to terminate pregnancy before 12 weeks if the pregnancy was the result of rape. The conservative sectors and the Church struggled to prevent the approval of the bill. The Archbishop of Lima fiercely attacked any congressional people daring to defend the bill. In defense of the initiative, feminist organisations emphasised what they saw as the discriminatory nature of illegal abortion for poor women, questioned the legitimacy of motherhood imposed by violence (El Comercio 1990; Página Libre 1990), and demanded observance of the constitutional principle separating the Church and the State (Caretas 1990).

The Peruvian College of Physicians, as well as leading intellectuals and artists, supported the decriminalisation of abortion. After more than a year of debate, public opinion was also mainly in favour. However, the final outcome of the discussions would be a major disappointment among supporters of this cause. Political pressure from the Church and conservative leaders of professional associations, such as the Lima College of Lawyers, prevented the decriminalisation of abortion in cases of rape in 1991. A three-month penalty, for having an abortion resulting from rape continued to act as a symbolic sanction (Palomino 2007).

Debates in the late 1990s: The surgical contraception programme

According to Fujimori, poor women should also be able to regulate their fertility. For the first time in history, in the mid-1990s, Peruvian public hospitals offered free contraceptive services (previously, women could access these services only if they are under a serious health risk). The US Agency for International Development (USAID), the UN Population Fund (UNFPA), and the UK Department for International Development (DFID) provided generous funds for population programmes, for strengthening the AIDS programme, and for post-abortion care.

However, between 1996 and 1997, the Fujimori regime, concerned because there had been no major reduction of acute poverty or unemployment in the country despite the World Bank's structural adjustment policies, abandoned its population policies on reproductive health in favour of a coercive intervention that enticed poor women into irreversible surgical procedures. The government established numerical targets for its contraceptive services. During the second half of the 1990s, the reduction of the fertility rate among poor rural women, from 6.2

in 1992 to 4.3 in 2000 (Instituto Nacional de Estadistica e Informática [INEI] 1992, 1996, 2000), became the supposed success of Fujimori's population policy. The actual reduction of this rate, however, likely resulted from a variety of factors, in addition to the public-health policies.

While Fujimori had made compromises on reproductive health issues with conservative groups to gain control of Congress during his first administration (1990–1995), the 1995 elections gave him a comfortable majority. The change in tone in his relationship with the Church became clear in his inauguration speech, when he announced the legalisation of surgical contraception and "women's full access to contraception", using the global feminist discourse on reproductive rights to "cloak" his coercive population control policy (Palomino 2004; Ewig 2006). As predicted, in late 1995, the Peruvian Congress legalised surgical sterilisation (of women and men) as a fertility regulation method. Many progressive groups supported the decision in the hope that this was a first step of comprehensive reproductive-health programmes – after all, Fujimori had signed the Beijing World Conference on Women's Platform for Action; launched a new sexuality education programme in schools; created the Ministry for the Promotion of Women and Human Development; and established a Public Ombudsman Office on Women's Rights, all of which appeared to fulfill feminist demands.

However, the rapid implementation of sterilisation services, alongside deficiencies in staff training and equipment, led to the implementation of these services in substandard conditions, usually resulting in medical complications (Latin American Committee for the Defense of Women's Rights [CLADEM], CRLP 1998; Defensoría del Pueblo 1998; CLADEM 1999; Defensoría del Pueblo 1999). Oral contraceptives were intentionally withheld to promote permanent sterilisation. Deception, food or clothing incentives, and humiliating threats against poor women were used to obtain consent even from post-menopausal women. Little was done in terms of quality monitoring, informed consent, counseling, or follow-up care. The numeric goals forced various establishments to set quotas. Facing job loss if the rigid quotas were not achieved, or a bonus if they were, many local health facilities complied (CLADEM 1999). Approximately 250 000 women were sterilised in the mid-to-late 1990s by the Fujimori regime (Coe 2004; Miranda & Yamin 2004).

The policy was unacceptable to some donors, who tried to force a change behind closed doors. USAID, the most important bilateral organisation in this field at an official level, only supported population and sexual-reproductive programmes that had little relationship with sterilisation practices (Coe 2004). Some feminist NGOs spent time searching for evidence to denounce the surgical contraception activities of the government. Findings in the Tamayo investigation, sponsored by the Latin American Committee for the Defense of Women's Rights (CLADEM), were reported by some newspapers and the Ombudsman's Office. Tamayo looked at a number of issues, such as the political practices and directives leading to forced sterilisation, including surgical sterilisation targets, the use of

incentives, little time for people to consider the decision to be sterilised, pressure on staff to meet those targets, and sterilisation of women based on partner consent (CLADEM 1999: 41–44). In 1997, the Ombudsman on Women's Rights began its own investigation and, by the end of that year, announced that women had been sterilised against their will or without their knowledge, and that young women had died because of post-surgical complications (Defensoría del Pueblo 1998; Zauzich 2000). The Catholic Church and conservative Catholic leaders used the same evidence to advance their own agenda, calling for an end to all family-planning services.

In the same way that feminists and the state presented their case for contraception, the Church pushed the argument that sex should be confined to marriage for the purposes of extending the family. The Peruvian Episcopal Commission even framed this notion as a 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" (Peruvian Episcopal Commission of the Catholic Church 2005). However, this conception of human rights regards couples as legally recognised units with specific rights, and ignores the power relations within (Iguiñiz 2007).

After facing national and international pressure, in March of 1998, the Peruvian Ministry of Health acknowledged the existence of problems and pledged to reform its sterilisation services and improve its family-planning programme. It denied, however, the existence of quotas for sterilisation and blamed the abuses on a few local doctors and authorities. Although sterilisation targets were discontinued, subtler forms of violations, such as weak informed consent and counseling for contraception continued to occur.

In the late 1990s, important feminist leaders prioritised a return to democracy and new organisations emerged, including *Mujeres por la Democracia* (MUDE), and the *Movimiento Amplio de Mujeres* (MAM) (Palomino 2004). These new groups became active between 1999 and 2000, and in July of 2000, protested 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, which approved the provision of emergency contraception in public-health services, Alejandro Toledo assumed the presidency in mid-2001. Until 2003, the Ministry of Health was controlled by authoritarian far-right conservative Catholics, who were against former anti-natalist population policies. In line with his overall indecisiveness as president, Toledo did not clarify his position regarding reproductive health (Coe 2004). Luis Solari (Toledo's first Minister of Health and later, Prime Minister) and Fernando Carbone (Minister of Health between 2002 and 2003)[4] left a number of key officials in the ministry and worked in concert with US anti-choice congressmen and groups such as Human Life International. These alliances were favoured because some international donors were stopping assistance for reproductive

health due to criticisms in their home countries (Coe 2004). Similarly, UNFPA, relying heavily on US funding, became subject to pressures. In addition, US foreign policy for Peru, under the Bush administration, began to emphasise the "war on drugs" over all other health and development assistance.

Solari and Carbone quickly apologised for the Ministry's abuses during Fujimori's government, which they used to justify the incorporation of their religious views into public policy, and virtually discontinued sterilisation activities in the public-health services. Their views about 'premarital' sex, homosexuality, reproductive technologies or condom use questioned scientific evidence and showed disregard for individual choice. Moreover, they discretely censored terms like "gender", "sexual and reproductive rights" and "sexual orientation" in all official documents. Abstinence and the rhythm method were promoted as the only safe family-planning methods, and the traditional role of women as obedient wife and devoted mother was emphasised. In this they found an ally in Lima's Catholic Archbishop and Opus-Dei member, Juan Luis Cipriani (Chávez & Cisneros 2004). As a result, the Ministries of Health and of Women removed all official programmes designed to advance gender equity and reproductive-health services. In the negation of reproductive rights, the traditional family was used as the articulating element for social policies. Conservative officials at the Ministry for Women and Social Development formulated a National Family Policy, 2004–2011, to strengthen traditional values.

Modern contraceptives, condoms, and post-abortion care almost disappeared from public hospitals. Carbone attempted to remove the IUD from the Ministry's protocol for contraceptives on the basis that it was an abortifacient. Pressured by Solari, Congress named 26 March the "National Day of the Unborn Child". Carbone issued a resolution aimed to "protect the life and health of all children from conception until their natural death, officially registering them as unborn children". This norm was never implemented, although never rescinded. Eventually, after a campaign led by the Monitoring Group on Sexual and Reproductive Rights,[5] which examined the negative impacts of the Solari and Carbone policies combined with the Solari cabinet credibility crisis, both ministers resigned. Civil society and the Public Ombudsman demanded an adequate contraceptive supply, deplored the increase in unsafe abortions, and demanded that Toledo stop the Solari/Carbone policies. In an unexpected turn of events, a new Health Minister, Pilar Mazzetti, appointed in February 2004, was supported by a network of health-related civil society organisations called *Foro Salud,* which included the Monitoring Group on Sexual and Reproductive Rights. Mazzetti quietly moved to reverse the radical practices of the far right. Although she did not launch an aggressive campaign for free choice, she denounced the misinformation campaign on contraceptives, boosting her support from NGOs and progressive health groups. A new opportunity for Peruvian women's increased access to abortion care in specific circumstances emerged with the decision of the United Nations Commission on Human Rights, which ruled in favour of Karen Llantoy, an adolescent who was denied the possibility of

interrupting an anencephalic pregnancy and even forced to breastfeed her anencephalic daughter during the four days that she lived (UN Human Rights Committee 2005).

In spite of their importance, public debates on sexual and reproductive rights, for the most part, occupy positions of secondary importance on the agendas of political parties, which never had a clearly established position regarding public reproductive health services. Since many political parties in Peru lack any real grassroots support and have very little political clout, they often prefer to ingratiate themselves with the Church.

Developments in HIV/AIDS

In 1983, two years after AIDS was identified in the US, the first case appeared in Peru, when few Peruvians were aware of the disease. At that time, little was known about the disease, and it became linked to a debate on sexuality, then as now, a sensitive topic. The first AIDS studies and initiatives were aimed at meeting the challenges arising from the medical side and at mitigating the social stigma.

During the first stage of HIV/AIDS policies (1983–1987), two short-lived commissions and a government programme addressed the new disease. 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 transvestites working in hair salons, and prostitutes. Governmental activities assumed that AIDS was a biomedical issue, that specialists might control through diagnostic tests and biosafety measures in health facilities, while warning the population to avoid "risky" groups or behaviours. There was also an attempt to de-emphasise the disease through comparisons with the country's morbidity rates for other preventable conditions.

The second stage of HIV/AIDS policies (1988–1996) began with the establishment of the Special AIDS Control Programme (PECOS) in the Ministry of Health, which had only limited resources, staff, and political commitment. During these years, the first AIDS government official appeared on the scene, as well as the first activists and volunteers, some of whom were people living with HIV/AIDS (PLWHA). The latter, organised as NGOs, providing medical care and demanding basic rights, such as confidentiality, counseling, and autonomy. The Global Programme on AIDS, in the World Health Organisation, also became active, but its influence in Peru was minimal. These years were marked by a confrontation between PECOS and *Vía Libre*, an AIDS NGO formed by medical researchers and PLHA. PECOS operated under the assumption that disseminating adequate information about the disease would encourage "rational" behaviours. Official government policies, at the time, also intended, as reflected in a 1990 Law approved under Garcìa's government, to "control" potential "agents" of the disease. Many NGOs were against this law.

The third stage of policies (1996–2000) commenced with the inception of a modern AIDS Programme, which then became a National Programme for

Sexually Transmitted Diseases and AIDS Control (known by its Spanish acronym PROCETSS). An almost independent unit of the Ministry of Health, PROCETSS incorporated members of *Via Libre* to neutralise their critiques of the government. A well-funded programme, PROCETTS established free services for STI screening and care, with offices in several provincial cities. A new law prevented discrimination, established mandatory counseling, and protected AIDS patients' confidentiality. This stage was an improvement in the efficiency, sophistication, and breadth, of government measures to tackle HIV/AIDS. However, it was not without criticism. To some, it hurt the political dimension that HIV/AIDS activists embraced in their struggle during the previous stage. Moreover, the programme adopted a clearly biomedical/individualistic approach to prevention, and disregarded the focus on vulnerability that the new United Nations Joint AIDS Programme had promoted. It also neglected the issue of free access to antiretrovirals, which was starting to be addressed in neighboring countries.

A fourth period (2000-present) starts with PROCETSS' dismantlement in the final months of the Fujimori regime, due to the lack of support from NGOs, AIDS activists, and human rights groups. Toledo's government adopted a low profile and, in that context, Carbone attempted to reduce public trust in condoms by taking advantage of recent news on the detrimental effects of the spermicidal nonoxynol-9 in condoms. Conversely, in the early 2000s, activism for treatment access reemerged, led by the *Colectivo por la Vida*, a consortium of NGOs and PLWHA groups. *Peruanos Positivos*, the Peruvian Network of PLWHA, was constituted.

The UN General Assembly Special Session on AIDS, in New York in 2001, marked 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 attempt, a national proposal was approved by GFATM, in 2003, with a total budget of some US$24 million for HIV/AIDS and US$26 million for TBC. Simultaneously, the Ministry of Health had been working to establish technical norms for treatment provision and, in May 2004, officially launched a national antiretroviral treatment (ART) programme, which, under strong initial support from the GFATM project, would eventually become funded solely with domestic funds.

The national governance modality required by the GFATM, namely, the "country coordination mechanism", has had an impact on interactions among actors in decision-making processes regarding HIV/AIDS, 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, where power was shared by a larger, but limited, group of actors.

During the design process of the GFATM-funded HIV Project, the Ministry of Health made decisions that implied responsibility in the eventual implementation of the proposal at the local level. Funding for such participation was offered as a financial counterpart, mostly from the National Treasury. However, the Ministry

of Health possibly overestimated the cost of rapidly implementing a national ART programme. This had negative consequences on logistical systems, as well as on normative activities, including regulation of the implementation of other GFATM-funded project tasks. Given the efforts around the new treatment programme, prevention activities lost priority.

A year after its inception, the National ART programme had achieved coverage for 50% of those who needed treatment but were not receiving it. Two and a half years later, coverage reached 90%. Congress modified the AIDS legislation in 2004, making ART 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 ART to people who could not access it, despite the cost.

Developments in sexual diversity rights

The situation of sexual diversity rights in Peru is not easy to characterise, since certain aspects of the social and legal status of LGBT communities may be regarded as progressing, while others still reflect social exclusion. Homosexual acts between consenting adults were legalised in the 1924 Penal Code.[6] However, homosexuality has remained stigmatised in the local culture, with regional and class-related variations. In addition, in modern sectors, homosexuality is understood as sexual acts between persons of the same sex, while in traditional settings, it is interpreted as the adoption of gender and sexual norms attributed to the opposite sex, for instance, "feminine" men and "masculine" women (Cáceres & Rosasco 1999). In the media, depictions of homosexuality are restricted to transvestites and "feminine" men. In news media, homosexuality is usually portrayed as a "moral vice" associated with prostitution, drug abuse, and crime. Information on homosexual identity is the subject of rumours, and misused for blackmailing political, commercial, or social adversaries, in keeping with the Peruvian saying: "God forgives sin, not scandal".

LGBT activism in Peru started early in the 1980s, with the Movimiento Homosexual de Lima (MHOL). At that time, MHOL was mainly a small, middle-class movement, connected to the local intellectual/artistic elite. Initially, MHOL adopted the rhetoric of post-Stonewall US gay activism, and implemented consciousness-raising workshops derived from the model of 1970s feminism. Mostly male at its inception, it maintained a close relation with the all-female Self-Consciousness Group of Feminist Lesbians (GALF), some of whose members became MHOL members in the late 1980s. Conversely, the participation of transgender persons (including male travesties) was weak, and would remain so for almost two decades, reflecting the stigma of transgender persons within the middle-class gay community.

The parallel emergence of the AIDS epidemic, which was affecting men who have sex with men (MSM), in Peru (Cáceres 2002), had important impacts on sexual diversity rights. It made LGBT activism more visible, and prompted international funders to support MHOL for HIV-prevention work. MHOL

obtained its first grant in 1985, with support from NOVIB, a Dutch agency. As a prerequisite to receive the funds, MHOL had to restructure as a "not-for-profit private organisation", a challenge for a social movement, since it implied a closed membership and less flexibility to relate with its base.[7] In 1988, MHOL received support from both USAID (to establish an information hotline, and hold safe sex workshops) and from NORAD (for organisational development). In the early response to the AIDS epidemic, both the Ministry of Health and the media considered the movement a stakeholder and key informant.

With these grants, MHOL established medical, legal, and other services. Late in the 1980s, an internal conflict took place between two factions, on whether to emphasise MHOL's connections to a broader LGBT base (albeit, more entertainment-oriented), or to take a more politicised, yet elitist, approach to LGBT politics. In 1989, MHOL was legally re-established, with an assembly comprised of mostly members of the more political faction, and some of the GALF members. MHOL's 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. The enhanced international role created local tensions. For several years during the 1990s, MHOL scaled back its operations and became part of a new network of NGOs working on AIDS, the Peruvian HIV/AIDS Network (Red SIDA-Perú). MHOL also accepted subcontracts from the National AIDS Control Programme, which constrained its involvement in political discussions or programme design. With limited funding, and in the political demobilisation context that characterised the Fujimori years, MHOL kept a low profile. Only one political event stands out during the early 1990s: a failed proposition by Congressman Julio Castro, a left-wing physician, to legalise same-sex marriage.[8]

The re-emergence of the social movement, towards the end of the decade, established the basis for a renewed, diversified LGBT movement.[9] In this phase, several new elements could be identified: (1) emergence of a number of LGBT subgroups (e.g. former health promoters, students, left-wing groups, etc.); (2) proliferation of electronic and face-to-face dialogue and increasing theoretical sophistication of activist thinking and exchanges, related to the emergence of academic programmes on gender, sexuality and sexual health; and (3) building of alliances with a variety of actors, including women's organisations, sexual-health NGOs, PLWHA organisations and human rights institutions.

Among the most important recent events, a series of legislative propositions have been raised, some of which were successful. Early in Toledo's government, left-wing congressman, and supporter of LGBT issues, Diez-Canseco, called for "an inclusive Constitution" that would recognise sexual orientation as a cause of discrimination in need of constitutional protection. This initiative failed, as a result of political compromises in Congress, but a coalition remained in place, with the focus on "an inclusive legislation". The coalition gathered signatures in support of a comprehensive proposition to prevent discrimination on the grounds

of sexual orientation, and visited parliamentarians and their advisors in search of support.

In 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. The Constitutional Tribunal also ruled that the distinction between homosexual and heterosexual acts in the Military Justice Code violated the Constitution.

On the negative side, conservatives have dominated the Congressional Committee on Health Affairs since the Toledo inauguration. In 2004, they sent a letter to the Ministry of Foreign Affairs, to block Peruvian support for the Brazilian resolution on sexual orientation as a human right at the UN Commission on Human Rights, suggesting that the right to a sexual orientation would open the door to pedophilia. In June 2005, they reacted aggressively to an invitation to the opening ceremony of the First National LGBT Encounter, where the British Ambassador was going to give a special address.

Discussion

The struggle for sexual and reproductive rights in Peru is set within a fragile democratic system, subject to abrupt changes and complex tensions. The social, cultural, and political history, of Peru has been framed by systems of exclusion, which are now starting to be questioned. The emergence, throughout the 20th century, of social movements seeking changes in the hegemonic gender and sexuality structures, has led to great advances. Among women, progress in the fields of education, labour, law, and politics, is evident, and, even in reproductive health, access to services has improved significantly. Sexual violence is increasingly seen as a crime (marital rape was recognised in 1991). The Truth Commission demonstrated the systematic use of rape by the armed forces during the period of armed conflict.[10] More recently, the killings of several MSM, perpetrated in the late 1980s by the Tupac Amaru Revolutionary Movement, were repudiated (ILGA 2005).

While cultural norms around sexual diversity have a long way to go to become truly inclusive, visibility and legitimacy of those who are sexually different has significantly improved in the last two decades. Public perspectives on PLWHA have also improved. These cultural changes reflect and influence political changes, which not only originate from intellectuals and activists, but also from the mobility of social classes, migratory processes, urban growth, and communication globalisation. New factors playing a role are increased international commerce, neoliberal economic policies, and new types of social movements and sexual subcultures that exist throughout the different social strata, creating a mixture of diverse cultural expressions within Peru.

In the last 15 years in Peru, the reproductive rights debate has been intense, going through three phases: mobilisation for the decriminalisation of abortion (early 1990s); implementation of, and opposition to, a mass governmental programme focused on surgical contraception (mid-to-late 1990s); and the

conservative backlash, which used the sterilisation scandal to attack reproductive health, more generally. Conversely, the debate on HIV/AIDS shows that HIV debates became simpler when they left the field of sexuality and entered the field of disease and treatment (Cáceres 2003). Finally, the debate on sexual diversity rights has been peripheral, with a high level of conflict among a more limited set of actors (mainly Church, activists and politicians). Here, the community (including the media) seems to observe, rather than support, a specific perspective, with a tendency towards accepting sexual minorities.

From this overview, of the struggle for sexual and reproductive health and rights in Peru, we can identify three analytical arguments. First, the problematic trajectory of the reproductive rights agenda responds both to the remarkable effort made by transnational conservatives, to develop and implement coherent strategies to counter the progress achieved, and to compromises resulting from the Cairo and Beijing discussions, which imposed limitations on demands at the local level.

Second, this process occurred in a context of Fujimori's pro-women's rights rhetoric, a limited interest, among most politicians, to assume a strong position in defense of sexual and reproductive rights. The aggressive stand of the Church, and the intrinsic abstraction of "sexual and reproductive rights", made it unwise to embrace progressive causes, although new contraceptive technologies were usually well received by the population, and even abortion was widespread.

Third, the higher impact of work on HIV/AIDS results from a strong international movement for access to treatment, and rejection of structural exclusion of the most affected communities, and also the conceptual transformation of HIV/AIDS from a moral problem into a health and human rights issue.

The commonalities across reproductive rights, HIV/AIDS, and sexual diversity rights, contribute to an understanding of political meanings and challenges. All three issues address sexual autonomy, and the legitimacy of sexualities, that do not conform to the heterosexual, reproduction-oriented framework of hegemonic discourse. Note, 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.

These issues exist, but must submit to the power and benevolence of traditional institutions, which always reserve the right to act upon immorality. 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. Attempts to equate the rights of "the unborn", to those of human beings, represent a smart utilisation of human rights ideas to hamper the rights of women as autonomous moral agents.

Undoubtedly, Fujimori, Solari, and Carbone, all failed to recognise sexual and reproductive rights. While Solari and Carbone represented a Catholic fundamentalist perspective, Fujimori departed from an extremist utilitarian point of view, where the goal was the reduction of poverty through demographic control, and individual rights were legal barriers to be tackled. In that context, the manipulative utilisation of pro-women's rights rhetoric was a cynical validating strategy. At a different level, Catholic fundamentalists also made use of the human-rights framework to attack the contraception programme, and, surreptitiously, to undermine the reproductive-health programme in its entirety. No one thought that the democratising response of the next government would cause setbacks in the provision of the programmes 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, subsequently they found no problem in formulating an AIDS project to seek funding from the GFATM, or in co-funding a National ART Programme.

The apparent paradox of a transition from an extreme "neo-Malthusian" approach to a Catholic fundamentalist policy 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 weakness of institutional systems and health and social programmes, which allowed for radical programmatic variation. Moreover, the undermining of sexual and reproductive health programmes, during the Solari/Carbone period, was set against international trends, and also opposed national legal frameworks, so it needed to occur silently, through self-censorship of health providers.

With regard to sexual diversity rights, international events, actors, and the media, have played a more positive role. While stereotypical and commercially oriented, the profusion of positive LGBT characters and themes, in films and TV shows, is contributing to a normalisation of sexual diversity. At a more official level, new international instruments recognising sexual rights, as well as positive legal changes in other countries, are sending a message to local lawmakers and judges. Opposition to positive changes is usually limited to the Vatican, locally expressed by the Catholic hierarchy.

International trends, with regard to HIV/AIDS, were even more favourable, 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 favourable towards access to treatment, in spite of high cost implications and sustainability concerns. The establishment of a funding mechanism, such as the GFATM, and the negotiation processes to reduce the cost of antiretroviral drugs, converged to transform the plans for an ART programme into a political need, with little opposition, although at the expense of reducing the visibility of sexuality and vulnerable groups, and hampering prevention.

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 commonalities. The actions of both administrations hindered the development of gender equity and reproductive rights, and undermined public spaces to debate their policies. Under Fujimori, health providers were forced to perform non-voluntary sterilisation in unsafe conditions, and with little attention to women's rights. During the first half of Toledo's mandate, the far right was free to discourage reproductive services. People's reproductive options and human rights, particularly those of poor and indigenous women, were violated by the Peruvian state.

This negation of reproductive rights, in a context of institutional weakness, that allowed temporary powers to prevail over professional standards, can be paralleled to events in relation to sexual diversity and to HIV/AIDS. Progress in sexual diversity rights has occurred mostly 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 few parliamentarians. The politically correct discourse still favours silence, and the conservatives, led by the Church, retain ample latitude to speak against homosexuality.

Similarly, the HIV/AIDS agenda experienced unprecedented progress once the focus changed from prevention to treatment access. In a country where access to expensive chronic therapies is still limited by income, international support for increased access, as well as the desexualisation of PLWHA, contributed to the operation of an organised 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 strategy to impose an official morality. Now that these extreme situations have apparently been resolved, social movements must develop new ways to advance the discussion of sexual and reproductive rights. Barriers to progress remain, for the most part, in the inability to give equal legitimacy to notions of choice, diversity, and pleasure, as is already given to notions of family, "the unborn" and fidelity. Similarly, stronger institutions, according to international scientific, human rights and legal standards, must be consolidated.

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Notes

[1] In terms of a methodological approach, this study used qualitative information and secondary sources to collect research data and analysed it from a social science and public policy perspective. A limited number of key informant interviews were conducted. Interviewees included: Congressional Vigilance programme at Manuela Ramos; the Monitoring Group on Sexual and Reproductive Rights, the adjunct ombudsman for women; the former president of the Constitutional Committee in Congress; the president of the Society of Obstetrics and Gynaecology of Peru; the health secretariat of the Peruvian Catholic Church; and key 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 texts of law; selected newspaper articles; official texts of programmes at the Ministry of Health; and recent academic or policy studies, among others.

[2] "The State adopts appropriate measures, coordinates with the Ministry of Health to help women avoid abortion. It provides medical and psychological support to those that have suffered" PERU (1985).

[3] The Criminal Code of 1924 recognised abortion as legal only when its aim was to preserve the health or life of the pregnant woman. The previous code included the diluted concept of abortion "honoris causa" to protect the honour of the woman (Rosas 1997: 106).

[4] Both were very close to the *Sodalitium Christianae Vitae*, a conservative clerical Catholic organisation, founded in Peru in 1971, as well as its non-clerical branch: the Movimiento de Vida Cristiana.

[5] The monitoring group began to conduct advocacy when Toledo took office in 2001 and installed the far right Ministers of Health. Over the course of two years, it built broader alliances, including with the media, and was able to make it politically unfeasible for Toledo to continue with these policies.

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

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

[8] Interview with Jorge Bracamonte, LGBT activist from MHOL.

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

[10] 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 go unpunished, especially where the aggressors have social or political influence and the victims do not.

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