

**Feminism and Fertility:  
Discourse and Policy Disconnect in Fujimori's Family Planning Program**

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Under the authoritarianism of President Alberto Fujimori, the 1990s marked a dark era for human rights in Peru, particularly for women, as a result of state-sponsored family planning programs. Efforts to reduce poverty via a Neo-Malthusian population control ideology contributed to widespread instances of human rights abuses: ethnic discrimination; verbal abuse by healthcare providers; forced sterilization whereby women were frequently tricked, coerced, or threatened into participation; injury; and even death. On the one hand, President Fujimori incorporated international feminist discourse into his own presidential rhetoric to align his population control and family planning policies with a women's rights ideology. Thus, the national population plans and policies contain language aligned with international women's declarations, conventions, and platforms. On the other hand however, the practical implementation of these programs violated the spirit of the policies and exposed already vulnerable populations of women to further marginalization. Such a grave disconnect between the design and implementation phases of development programs demands further investigation.

The events related to the family planning program disasters of Peru under Fujimori have been investigated from a variety of disciplinary, theoretical, and methodological perspectives (Ewig 2006; Rousseau 2007; Boesten 2010; Ewig 2010). However, I offer a new approach this phenomenon—focusing on the tension between the construction of national development plans and the treatment women's health issues in practice—by employing a lens of women's rights discourse and the capabilities approach to development (Nussbaum and Glover 1995; Sen 1999; Nussbaum 2000; Nussbaum 2010). Using the 1995 Beijing Platform for Action, which I argue embodies the basic tenants of the capabilities approach to development, I examine the degree to which the design and implementation of Fujimori's family planning programs aligned with prevailing human rights, women's rights, and human development discourses.

My analysis of the case study material finds high levels of similarity between the Platform and Fujimori's plans but little harmony between the prescriptions delineated in the national plans (as informed by the Platform and, therefore, the capabilities approach to development) and the actual implementation of those programs on the ground. Whereas the Platform called on national governments and multilateral organizations to carry out plans based on participation, respect, and equality, Fujimori's family planning policies, on the whole, were not participatory, did not foster a climate of respect, and exacerbated inequalities among women. I argue, based on Fukuda-Parr's interrogations of global goal setting, that this disconnect between design and implementation outcomes stems, at least in part, from the utilization of targets, quotas, and incentives (Fukuda-Parr 2014; Fukuda-Parr et al. 2014). Identifying and explaining factors that lead to corruptibility of program designs may be useful for ensuring that the ideological and theoretical intent of laws and policies remain present and respected in the implementation phase.

This paper proceeds in three sections. First, I offer an overview of the demographic and political backdrop against which this case unfolds. In the second section, I establish the theoretical and analytical frameworks employed for analyzing this case. I begin by examining the two bodies of theory I employ: (1) the capabilities approach to development as it relates both to health in general and women's health specifically and (2) Fukuda-Parr's work on goals, targets, and quotas. I then create an analytical framework by comparing the text of the 1995 Beijing Platform for Action to the capabilities approach, a process which highlights three key components present in both: participation, respect, and equality. In the final section, I examine the case material from the family planning programs, looking for overlap in either its design or implementation, relative to the three themes identified in the prior section. I then use Fukuda-

Parr's analysis of goals and targets to offer one possible explanation for the complete disharmonization between the plans and their implementation. Ultimately, gaining a fuller understanding of situations in which women's health-related human rights are systematically violated by the government can be instructive for policymaking in the future in working towards policies that are consistent between design and implementation phases.

*Fertility Rates and Rhetoric: Socio-Demographic, Political, and Programmatic Context*

In Peru during the 1990s, poverty, inequality, and various forms of marginalization abounded in both rural and urban areas, and these issues—particularly lack of access to contraception and undesirably high fertility rates—produced particularly serious impacts on women relative to their reproductive health. Many women, especially poor, rural, indigenous women, experienced obstacles in obtaining various methods of birth control. Whereas the 1996 fertility rate for women living in urban areas was 2.8, it was 5.6 in rural areas (CLADEM 1999: 29). Barriers to access, particularly linguistic barriers—whereby Spanish-speaking health care professionals were unable to adequately serve Quechua-speaking women—explain part of this gap (Shepard 2006: 101). Additionally, a survey from the same year indicated that 35% of all births from within the last 5 years were not desired (CLADEM 1999: 29), reflecting a systemic situation that affected both rural and urban women. Mirroring the ubiquity of high fertility, the economic crisis also affected women throughout the country. Nearly half of the population (48%) lived in poverty (CLADEM 1999: 29), and the informal sector accounted for a staggering 52.7% of the total national economy in 1991 (Rousseau 2007: 99). This demographic and economic portrait establishes the sense of urgency that surrounded Fujimori's family planning programs—as Fujimori saw it, this type of unchecked population growth, coupled with a contracting economy, was not a sustainable or desirable situation.

The political situation at the time also contributes to a better understanding of the relationship between discourse and practice concerning the sterilization programs. President Fujimori was democratically elected in 1990 but became increasingly authoritarian during his ten years in office. A 1992 *autogolpe* ('self-coup'), in which Fujimori shuttered Congress and subsequently re-wrote the constitution, highlights Fujimori's autocratic tendencies. Because of Fujimori's democratic failures, it was very important for him to gain the trust of large sectors of Peruvian society, such as women, as well as of international governments, like the US, in order to bolster his personal credibility and legitimacy (Schmidt 2006). With these political pressures in mind, Fujimori developed an internationally recognized policy platform for women's rights, and dedicated a large portion of this effort to family planning and women's reproductive rights (Ewig 2006; Rousseau 2007; Boesten 2010; Ewig 2010). Fujimori's attendance as the only man head of state at the Fourth UN World Conference on Women (Beijing 1995) provides further evidence of the president's attention to image-making (Ewig 2006). That Fujimori attended the conference also contributes to the utility of the Beijing Platform for Action as an analytical tool since it is thus certain that Fujimori was familiar with this document created at the conference.

The political events and climate of the 1990s establish the tension observed between Fujimori's rhetoric and his action. On the one hand, these initiatives constructed the impression that the Fujimori regime was one that valued individual rights, especially those of women. Establishing himself as a democratic leader and a champion of liberty was particularly important for Fujimori in the face of serious attacks on his credibility, transparency, and ability to rule democratically. On the other hand, the demographic and economic pressures outlined above compelled Fujimori to pursue a policy line, in practice, that advocated for stalling or reducing population growth by any means necessary. This political contextualization then provides a

partial explanation behind Fujimori's ulterior motives in adopting the prevailing international feminist discourse.

As for the family planning programs themselves, their effects were profound and far-reaching. Although these programs consisted of several components (supposedly including education, counseling, non-permanent contraceptive methods, and tubal ligation), the most widely discussed and impactful element was the performance of tubal ligation without fully free and informed consent. Christina Ewig, political scientist and ethnographer, describes the situation that she encountered in her fieldwork:

Many other rural Peruvian women who underwent state-provided tubal ligations were never transferred to hospitals for the procedure and instead were operated upon in poorly supplied health posts. Many who spoke only Quechua did not understand the procedure as explained in Spanish, nor did they give informed consent for it. Still others died due to the lack of sanitary conditions in which these surgeries took place. (2010: 148)

Ewig contends that over 217,000 sterilizations were performed (on women) throughout the country between 1996 and 1998 (2006: 633).<sup>1</sup> In speaking of the investigations that began in 1999 through the *Defensoría del Pueblo*, Ewig's inquiries show that 157 cases of complaints were investigated, forty-one cases were completely absent of record of consent, and only eleven of the total involved had properly-informed consent, according to the procedures set forth in the Reproductive Health and Family Planning Program (ibid.: 646). Analysis of Ewig's field data underscores the severity of the human rights abuses associated with Fujimori's national programs.

Similar conclusions were reached through the investigations of CLADEM, the Latin American and Caribbean Committee for the Defense of Women's Rights. In 1999, that organization issued an extensive report finding (1) forced sterilization (by trickery, coercion, or

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<sup>1</sup> However, official government goals may have been as high as two million (Shepard 2006: 104).

threat), (2) practices against free and informed consent, (3) practices against the right to health, and (4) practices against the users' rights to make complaints or obtain justice. The data vary as to exactly how many women were affected by the abuses of this family planning program, but the abuses and their impacts ran a wide range from verbal abuse or disrespect to death. The findings of the CLADEM reports indicate that the human rights abuses associated with Fujimori's family planning programs were varied, numerous, and systemic.

*Capabilities, Beijing, and Incentivization: Theoretical and Analytic Frameworks*

Having contextualized the demographic, economic, and political climate during the Fujimori regime, I move now to examine the theoretical and analytic underpinnings of my arguments. My first proposition is that the Beijing Platform for Action (the Platform) stands in harmony with the basic theoretical and philosophical foundations of the capabilities approach to human development. My second proposition is that, although Fujimori's family planning programs aligned with the Platform at the level of discourse, the implementation of those programs diverged greatly from the ideals of the Platform. My final proposition is that this divergence is partially attributable to the use of targets and quotas during the implementation of Fujimori's plans. The theoretical and analytic discussions that follow form the foundations for these three propositions.

*The Capabilities Approach to Development*

The capabilities approach to development, most closely associated with Amartya Sen and Martha Nussbaum, envisions development as a human-centered process based on augmenting people's abilities and opportunities. Sen encapsulates the guiding philosophy behind the capabilities approach when he presents the tensions between agency and freedom along the path to addressing human need and deprivation: "Indeed, individual agency is, ultimately, central to

addressing these deprivations. On the other hand, the freedom of agency that we individually have is inescapably qualified and constrained by the social, political and economic opportunities that are available to us” (1999: xii). Thus, Sen presents the removal of constraints and the expansion of freedoms and capabilities as both a means to and an end of development. This approach to development is not predicated on the notion that all individuals could or should arrive at precisely the same outcomes in life but rather on the idea that we, as a global community, have the obligation to strive for equality of opportunity by providing all people with the tools necessary to obtain their goals in life.

While both Sen and Nussbaum speak of capabilities generally, as a constellation of abilities and opportunities that allow people to pursue life courses as they see fit, these authors also provide specific treatments of health as a capability. For his part, Sen says that health is a type of “social opportunity,” social opportunities being “the arrangements that society makes for education, health care and so on, which influence the individual’s substantive freedom to live better” (1999: 38). Thus, all elements of the health care system—from building national plans and facilities to investing in the training of staff and new technologies—are tied to people’s health as a capability. Nussbaum takes a similar line of reasoning when she constructs health as one of the social bases of capabilities. These social bases are delivered by governments and, in the case of health, provide the infrastructure and technologies that help people to form the foundations of a healthy and productive life (2000: 81-82). However, Nussbaum is quick to qualify that while governments can work to create equitable systems for the provision of health care—that is, to make the conditions of good health *available* to everyone—they cannot actually guarantee health.

These discussions of health as a human capability are particularly pertinent to the family planning programs in Peru as a result of their relationship to women's reproductive health. As Nussbaum explains, women's health requires particular attention within the capabilities approach as a direct result of the discrimination that women often face: "If we turn to the very basic arena of health and nutrition, there is pervasive evidence of discrimination against females in many nations of the developing world" (2000: 3). To begin addressing these inequalities in the foundational aspects of health (and other spheres of human life), Nussbaum creates a specific list of capabilities. The second item on her list of ten "Central Human Functional Capabilities" is "bodily health," which includes a specific reference to reproductive health (ibid.: 78). For discussing reproductive health, Nussbaum borrows the definition conceived at the 1994 International Conference on Population and Development:

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to produce and the freedom to decide if, when, and how often to do so. (ibid.)

These conceptualizations of women's reproductive health and reproductive rights as a basic human capability should then be identifiable in Fujimori's national-level plans.

### *Beijing and the Capabilities Approach*

Having identified the key components of the capabilities approach as it relates to questions of general health and women's health, I will begin building an analytical framework with which to analyze the case of Peruvian women in Fujimori's family planning program, based on the 1995 Beijing Platform for Action. This Platform, the fruitful culmination of discussions held at the Fourth UN World Conference on Women, outlines both the origins of the many difficulties facing women at that time as well as potential solutions to be implemented by

national governments, in coordination with multilateral organizations and NGOs. The document identifies and heavily criticizes non-participation, a lack of respect, and inequality—all of which then impede the development of capabilities—as primary drivers of women’s marginalization. Although the Platform identifies twelve critical areas of women’s interests (such as women and poverty, violence against women, women and the economy, women and armed conflict, etc.), I focus on Section C of the Platform, titled “Women and Health.”<sup>2</sup>

Within the opening articles, the text of Section C declares, “health is essential to leading a productive and fulfilling life, and the right of all women to control all aspects of their health, in particular their own fertility, is basic to their own empowerment” (Art. 92). The theoretical connection between the Platform and health as a foundational human capability immediately becomes clear. Reproductive rights can and should be a vehicle through which women make decisions about their own lives. These normative prescriptions, however, do not align with reality for many women, and the document notes that, “Women are frequently not treated with respect, nor are they guaranteed privacy and confidentiality, nor do they always receive full information about the options and services available” (Art. 103). Thus, the Platform takes an approach of conceptualizing women’s health holistically, taking their emotional wellbeing into account as well, when issuing policy guidelines and prescriptions.

My analysis of the Platform through a capabilities approach oriented lens revealed several similarities between this document and the concepts pertaining to the work of Sen and Nussbaum. Three such commonly occurring ideas were the promotion of participation, respect, and equality. Concerning the theme of non-participation, the Platform states within Strategic

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<sup>2</sup> Other sections of the document, such as Section B on women’s education, also incorporate issues of women’s health, but my analysis here is restricted to the analysis of Section C because of its explicitly stated focus on women’s health.

Objective C.1<sup>3</sup> that governments and other organizing agents must make every effort to “include women, especially local and indigenous women, in the identification and planning of health-care priorities and programmes” (Art. 106.c). The document also urges for indigenous participation in the form of incorporating traditional approaches to medicine into the new policies in programs. Specifically, Article 109.j urges governments to “[a]cknowledge and encourage beneficial traditional health care, especially that practised by indigenous women, with a view to preserving and incorporating the value of traditional health care in the provision of health services, and support research directed towards this aim.” While this second point concerning the incorporation of traditional medicines into national plans may conjure some controversy, the spirit of participation nevertheless remains important, particularly in the context of indigeneity, which also characterizes the Peruvian case.

As for fostering a climate of respect, the Platform indicates that many non-physical aspects to women’s health—privacy, confidentiality, the right to information, respectful relationships with medical staff—have been marginalized in many efforts to improve women’s health. The Platform thus considers it a priority that new policies and programs “Ensure that all health services and workers conform to human rights and to ethical, professional and gender-sensitive standards in the delivery of women’s health services aimed at ensuring responsible voluntary and informed consent” (106.g). While many of the sub-articles address women as a whole, several lines also point to specific issues of discrimination and disrespect as they affect women along ethnic and class lines. For example, Article 107.a mentions interventions that would benefit poor women of ethnic minorities as a result of their more challenging initial conditions: “Give priority to both formal and informal educational programmes that support and

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<sup>3</sup> Strategic Objective C.1: “Increase women’s access throughout the life cycle to appropriate, affordable and quality health care, information and related services.”

enable women to develop self-esteem, acquire knowledge, [and] make decisions on and take responsibility for their own health [...].” The Platform’s specific mention of “informal” educational programs calls attention to the ways in which poor and indigenous women, because of pre-existing discrimination and marginalization, will need additional attention and efforts in order to bring them up to a level of health opportunities that is equal to that of the lesser-marginalized populations.

Finally, the Platform highlights the inequalities both between men and women and among various groups of women. With regard to reproductive equality between men and women, several sub-articles discuss equal opportunities for educating and providing contraception for both men and women, indicating that reproduction and family planning should not be considered solely the burden or responsibility of women. Article 107.a, for example, highlights the need to “educate men regarding the importance of women’s health and well-being.” Much of the inequality among women, as in the prior section dealing with respect, is related to geographical and socioeconomic disparities or the marginalization of different minority ethnic groups. Article 109.h, which discusses research and information objectives, states that governments must “Provide financial and institutional support for research on safe, effective, affordable and acceptable methods and technologies for the reproductive and sexual health of women [...].” The emphasis on the affordability and acceptability or appropriateness of reproductive technologies means that governments must consider ways to make the highest quality and most appropriate forms of contraception available to all women, regardless of their income. Contraceptive methods that are not safe, effective, affordable, or acceptable contribute to the further marginalization of vulnerable populations and the exacerbation of pre-existing inequalities among women.

Given its emphasis on participation, respect, and equality—all of which relate directly to building women’s capabilities—I argue that the Platform is indeed grounded in ideals similar to those of the capabilities approach and therefore serves as a solid analytical tool for evaluating the compatibility of Fujimori’s programs with the capabilities approach. This framework will allow for a comparison of both the design and implementation of Fujimori’s family planning programs with the platform and, therefore, with the capabilities approach. Such an alignment would be desirable for Fujimori, given his foundering national and international reputation and his struggle to maintain legitimacy. If Fujimori were to use international human rights, development, and women’s rights discourses as the foundation of his national population program, he surely would gain credibility and trust from national governments and international organizations that also espoused such ideals.

#### *Quotas, Incentives, and the Perversion of Intent*

Because it is necessary to understand both the formal and substantive impacts—that is, both the design and implementation—of Fujimori’s family planning programs, this section deals with what has been put forward as one possible explanation for discrepancies between the ideological underpinnings of various development projects and the ways in which they are implemented. Fukuda-Parr’s research suggests that overemphasis on numerical targets—and the quotas or incentivization schemes that are often employed to achieve them—can pervert the original spirit of the overarching goals or action plans. The work of Fukuda-Parr and her colleagues focuses primarily on global goals, specifically the Millennium Development Goals. However, because the findings of their work revolve around the national-level interpretation (or misinterpretation) of international-level goals and targets, their research parallels the case of the Peruvian

government attempting to interpret and enact the prescriptions put forward by the Beijing Platform for Action.

Fukuda-Parr et al. recognize that global goals, such as the Millennium Development Goals or, in the Peruvian case, the Beijing Platform for Action, bring certain benefits that declarations and conventions do not. Namely, they elicit concrete behavioral changes from governments and their people. However, many of the same traits that make the goals function well on one level—“simplification, reification, and abstraction”—are also detrimental when it comes to achieving the goals with their original intentions intact (Fukuda-Parr 2010: 118). Fukuda-Parr argues, “the powers of simplification, reification and abstraction lead to broader unintended consequences when the goals are misinterpreted as national planning targets and strategic agendas [...]” (ibid.). This description seems to match the Peruvian case quite closely. Whereas the Platform listed family planning and access to contraceptives as a strategic objective, it did so from a standpoint of women’s health and women’s rights—women’s control over their own bodies is not merely a means to achieve population control but rather a desirable and inherently beneficial end itself. Fujimori’s interpretation, however, seems to have latched on to that strategic objective without internalizing its philosophical and theoretical foundations.

One scenario in which goals stand as particularly vulnerable to inadvertent misinterpretation—or, worse, willful manipulation—is when their implementation is facilitated by targets, quotas, and incentives. While such policy tools can surely have a positive impact on the attainment of goals, the possibility for manipulation and unintended consequences requires closer examination. Fukuda-Parr explains that, “the power of numbers has led global goals to many unintended consequences as they become used for purposes for which they were not designed” (2014: 128). She also mentions the ways in which some of the global goals have been

interpreted by national governments as means rather than ends, which obscures the philosophical grounding of many rights and capabilities:

The MDGs do not distinguish between ends and means, and treat some material means as ends. Capabilities are a freedom to be and do what an individual would value (Sen 1999). They are ends with intrinsic value and are important objectives of development for that reason. They are not to be confused with means, particularly material means such as income or schools, which have no intrinsic value but only instrumental value (2014: 127).

If policymakers and medical professionals conceptualize women's rights to control their reproductive processes merely as a means to control population and improve the economy, rather than as an intrinsically valuable end-goal as a capability, it is far more likely that policies will assume a whatever-means-necessary approach (including such underhanded means like bribery or coercion) to reach the targets and goals laid out in the national plans.

*Peruvian Policies and Practice: Design and Implementation Relative to the Platform*

With these theoretical and analytical platforms established, I now evaluate the case study material to determine the degree to which the principles of participation, respect, and equality were incorporated into both the design and the implementation phases of Fujimori's family planning programs. I find that while these elements sometimes appear in the official documents of the president's family planning programs, they are markedly absent from the process of implementing the policies on the ground. Furthermore, the abundant evidence of both official and unofficial quota systems provides grounds for arguing that the programs were corrupted as a result of the tendencies suggested by Fukuda-Parr and her colleagues.

*Participation*

The clearest discrepancy between plans for participation and actual participatory practices can be seen in the example of the involvement of women's social movement groups and NGOs in the president's programs. The government enlisted representatives from several

key women's groups to assist in crafting these national programs (Ewig 2010). However, their input was marginalized, and, in the implementation phase, Fujimori's programs followed a "paternalistic model of 'community participation'" whereby community organizers were enlisted to assist in the implementation, but only according to strict guidelines laid out by the government: "This lack of participation in setting goals combined with the [Ministry of Health's] strong focus on productivity and meeting targets, result[ed] in providers treating health promoters as mere agents to help them increase coverage" (Shepard 2006: 104). It thus seems as though Fujimori understood the value of citizen participation in principle but not in practice.

The voices of the women's rights discourse were thus dwarfed by those of the population control discourse. Whereas these women community promoters joined the project with the aim of fostering women's rights and wellbeing, the doctors and nurses of the program merely appropriated their voluntary labor to achieve a concrete end: sterilize as many women as possible, in order to meet weekly quotas. External actors, such as USAID, also supported this means-based approach and non-participatory perspective from outside the country. USAID, in line with population control concerns (rooted in a neo-Malthusian and economic perspective), began a policy of making aid delivery contingent upon the inclusion of restrictive population control policies within development packages (Boesten 2010: 76). Given Fujimori's need to align himself with powerful external allies like the US and given the country's dire economic situation and resultant dependency on international aid, it is no surprise that questions of user and community participation fell a distant second to these political and economic considerations.

### *Respect*

Even more striking than the non-participatory attributes of Fujimori's family planning programs was the flagrant lack of respect enacted against the mainly poor, indigenous women

participants. Of course, no ministry-level government plan would codify disrespect of citizens as an intentional element of a program. However, a confluence of two factors—pre-existing racism and medical providers’ perceptions of sterilizing as many women as possible to be the objective of the program—created a climate of discrimination and disrespect. Going back to the Platform, the document calls on governments to approach women’s reproductive rights programs with particular concern for “privacy, confidentiality, respect and informed consent” (Art. 35). At the level of discourse and in official documentation, these concerns were present in the Peruvian case. For example, the director of Centro Flora Tristan<sup>4</sup> at the time described the role of women’s organizations as “ensuring that service providers are respectful of women’s concerns, of their right to informed choice, and of their rights as research subject” (García-Moreno and Claro 1994: 50-51). Thus, at least some actors involved were sensitive to the importance of respect for women as a necessary characteristic of the family planning initiatives.

However, numerous narratives collected from poor, rural, indigenous women recounting their experiences were punctuated by instances of gross disrespect. In one example, a nurse judged an indigenous woman harshly when, attempting to obtain consent for sterilization, remarked, “even though you are like rabbits, you won’t have children” (Ewig 2010: 148). Hurtful comments such as this played into pre-existing notions of indigenous people as inferior Others and as utterly incapable of controlling their own fertility without sterilization. Such attitudes were present among physicians as well, a fact illustrated when one doctor (a head physician in fact) remarked in an interview, “These women are ignorant. We just bribed them; they consented if we gave them a bit of money for their basic needs” (Boesten 2010: 74).

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<sup>4</sup> Centro Flora Tristan (CFT), founded in 1979, is one of the oldest and most recognized women’s rights organizations in Peru. With offices in Lima and in other departments, CFT is a leader in research and publication within the Peruvian feminist movements and focuses on a variety of issues such as women’s political, economic, and reproductive rights.

Several scholars who conducted fieldwork related the implementation of the programs found a distinctly hierarchical, paternalistic, and racist relationship between healthcare providers and patients (Ewig 2006; Rousseau 2007; Boesten 2010; Ewig 2010). Jelke Boesten, whose work examines intersections of gender, economics, and development, concluded after her extensive fieldwork that “health care personnel often mistreated women on the assumption that poor and indigenous women were too ignorant to care, too stupid to understand, and too powerless to protest” (2010: 96). Observations such as this one provide irrefutable evidence for the troubling disconnect between policy and practice in the case of Fujimori’s family planning programs.

### *Equality*

A final element for consideration involves the question of equality. The Platform specifically mentions interventions that work to erode inequalities both between men and women and among women themselves by targeting the most vulnerable groups of women, typically meaning poor, indigenous women in rural areas or in urban slums (Art. 109.h, for example). Regarding interventions to achieve greater equality between men and women, the Platform suggests that both genders receive equal information and opportunities to access contraception (Att. 107.a). However, because the government-issued quotas focused only on sterilization, “local health care personnel did not inform the partners equally on birth control, but imposed methods on women without much explanation” (Boesten 2010: 96). Presumably, health care providers attempting to meet quotas perceived women as easier targets for the sterilization agenda because of their historical lack of agency, voice, and empowerment, when compared to men. The Platform in fact warns against the retrenching of these tendencies: “Health policies and programmes often perpetuate gender stereotypes and fail to consider socio-economic disparities and other differences among women and may not fully take account of the lack of

autonomy of women regarding their health” (Art. 90). Doctors and nurses then participated in the perpetuation of these stereotypes (and, indeed, further exacerbated their effects) by focusing their sterilization and contraceptive efforts mainly on women, who were less likely to refuse unwanted procedures or to demand further explanation.

Regarding inequalities that exist among different groups of women, the Platform states, “A major barrier for women to the achievement of the highest attainable standard of health is inequality [...] among women in different geographical regions, social classes and indigenous and ethnic groups” (Art. 89). Thus, Fujimori’s family planning agenda ideally would address these issues of geographical, socio-economic, and ethnic inequalities to ensure that the most marginalized women in particular would receive the greatest attention in order to address pre-existing inequalities. Indeed, this attention to inequality was factored into the national program. Mobile sterilization units and rural sterilization fairs constituted part of the efforts to reach the most remote women—the poor, indigenous women of rural regions (Rousseau 2007: 108; Boesten 2010: 81), where the fertility rates were precisely twice as high as in other areas (CLADEM 1999: 29). However, asymmetry of information and linguistic barriers meant that, although these family planning interventions were most frequently made available to rural women, the lack of quality and care that attended the mobile units and rural health posts again reinscribed the rural women in positions of marginality.

### *Deciphering the Discrepancies*

At the level of the national administration, it is clear that Fujimori’s deeper concerns with population control and its economic impacts explain some of the willful misinterpretations of the Platform. At a more local level, however, these same concerns of politics and economy would not have been present. What then accounts for the discrepancies between the egalitarian and

respectful rights-based approach of the planning documents and the deleterious ways in which those goals were implemented on the ground? I suggest that the national-level establishment of targets and the utilization of quotas to incentivize the attainment of those targets played a significant role. Fukuda-Parr's analysis of the Millennium Development Goals supports this assertion.

The Ministry of Health's Reproductive Health and Family Planning Program (1996-2000), authored by with President Fujimori in conjunction with his advisors, translated the discourse of the Beijing Platform and the women's rights movements into concrete goals. Three of these goals are of particular importance. First, the Ministry aimed for specific rates of contraceptive coverage for both married and unmarried women in years of fertility: 70 percent coverage for married women and 50 percent for unmarried (Ewig 2010: 110). A second goal was to provide at least 60 percent of adolescent married women with contraception (ibid.). The final goal of particular concern was to ensure that every woman who gave birth in a hospital was provided with some form of contraception upon leaving the premises (ibid.). If these goals had been conceptualized as a means by which to augment women's reproductive rights and to remove women's bodies from politics, perhaps the outcomes would have been different. However, because of an extensive system of quotas and incentives, these goals were interpreted as a means to other ends—ends to be achieved, no matter the cost.

The quota system constructed around the sterilization of poor, indigenous Peruvian women was based on both positive reinforcement and intimidation or threats. According to another interview conducted by Christina Ewig, the president and his advisors convened weekly to establish new quotas and to determine which municipalities had succeeded or failed for the week (2010: 151). If the quotas were met, medical professionals could receive goods, money, or

positive performance evaluations (Ewig 2006: 644; Boesten 2010: 81). The women beneficiaries could also receive food, clothing, or other goods as a reward for their compliance and participation in the programs (Boesten 2010: 81). On the other hand, when staff failed to fulfill the quotas, they were threatened with termination or demotion. Because staff members' contracts were tied to their performance records and because performance was partially gauged by the number of sterilizations performed, doctors and nurses were in danger (or, at least, were made to believe that they were in danger) of losing their jobs (Ewig 2006: 644; Ewig 2010: 152). Practices such as these shift the focus from the improvement of women's health rights and capabilities to questions of personal gain.

Both the positive and negative incentivization schemes tied to the sterilization quotas contributed to the perversion of the spirit of the goals of the Platform and even of the national plans themselves. In an anonymous interview, one doctor acknowledged these flaws in the program implementation and claimed that he was aware of some doctors who "overstepped the norms in order to fulfill a quota and touched people who should not have been touched" (Ewig 2010: 152). This type of critical reflexivity was either not present during the implementation phase or was curtailed by the incentivization schemes. Because the actions of healthcare providers were motivated by targets, quotas, and incentives of either kind—rather than by a genuine awareness of and concern for women's rights—, the way in which the national program was implemented "provided little incentive for high quality care" (Ewig 2006: 633). The relationship between quotas and abusive practices, such as those that coexisted in the Peruvian case, provide additional empirical evidence for the contention of Fukuda-Parr et al. that goals, targets, and quota systems all contribute to the misinterpretation, of development strategies between the development and implementation phases of projects.

### *Conclusions*

In the years following the investigations of CLADEM and the *Defensoría del Pueblo*, the Fujimori regime made amendments to several key goals in the Ministry of Health's Reproductive Health and Family Planning Program in order to reduce the incidence of such harmful impacts on women in the future. Most of the alterations to the document involved the rewording of goals. In the goal that dealt with contraceptive coverage rates (to reach 70% of married women in fertile years and 50% of unmarried women in fertile years), "reach" was replaced with "making the effort to reach" (Resolución Ministerial 089-98-SA/DM). The goal that aimed to reach contraceptive coverage of 60% for married adolescent women was reformed to strive to simply avoid unwanted adolescent pregnancies (*ibid.*). Finally, the goal of providing every woman who visits the hospital for reproductive related purposes leave with some form of contraception was amended to say that all women must receive individual counseling about their contraceptive options (*ibid.*). Although these alterations may seem minor, and certainly insufficient as reparations to the women harmed in the programs, they nevertheless reflect progress in the right direction and a recognition of the ways in which goals can be perverted during implementation.

Ultimately, the Peruvian case illustrates the importance of ensuring the continuity of theoretical and philosophical foundations throughout the long transition from global goals to national policies to local implementation. When the actors designing or implementing development programs lose sight of a rights- and capabilities-based perspective, the consequences can be disastrous and bring about more harm than good. This case also illustrates the ways in which global rights and capabilities discourses can be appropriated by national leadership in service of ulterior motives, such as improving the national economy or even achieving self-aggrandizement. Further research should explore more deeply the content of

presidential discourse and its impact on the creation and implementation of national development policies. Additionally, the role of feminists and members of the women's movement in the family planning programs of the 1990s remains to be fully understood. Attending to broader research questions such as these may clarify further the factors that contributed to the sterilization debacle so as to better account for, and thereby avoid, them in future family planning programs.

## References

- Boesten, Jelke. 2010. *Intersecting Inequalities: Women and Social Policy in Peru, 1990-2000*. University Park, PA: The Pennsylvania State University Press.
- Comité de América Latina y el Caribe para la Defensa de los Derechos de la Mujer (CLADEM).. 1998. *Silencio y Complicidad: Violencia Contra las Mujeres en los Servicios Públicos de Salud en el Perú*. Lima: Centre for Reproductive Rights
- .1999. *Nada Personal: Reporte de Derechos Humanos Sobre la Aplicación de la Anticoncepción Quirúrgica en el Perú, 1996-1998*. Lima: CLADEM.
- Ewig, Christina. 2006. "Hijacking Global Feminism: Feminists, the Catholic Church, and the Family Planning Debacle in Peru." *Feminist Studies* 32(3): 632-659.
- . 2010. *Second-Wave Neoliberalism: Gender, Race, and Health Sector Reform in Peru*. University Park, PA: The Pennsylvania State University Press.
- Fukuda-Parr, Sakiko. 2014. "Global Goals as a Policy Tool: Intended and Unintended Consequences," *Journal of Human Development and Capabilities* 15(2): 118-131.
- Fukuda-Parr, Sakiko, Alicia Ely Yamin, and Joshua Greenstein, Eds. 2014. "The Power of Numbers: A Critical Review of Millennium Development Goal Targets for Human Development and Human Rights," *Journal of Human Development and Capabilities: A Multi-Disciplinary Journal for People-Centered Development* 15(2-3): 105-117.
- García-Moreno, Claudia and Amparo Claro. 1994. "Challenges from the Women's Health Movement: Women's Rights versus Population Control." Pp. 47-62 in *Population Policies Reconsidered: Health, Empowerment, and Rights*. Edited by Gita Sen, Adrienne Germain, and Lincoln Chen. Boston, MA: Harvard University Press.
- Getgen, Jocelyn. 2009. "Untold Truths: The Exclusion of Enforced Sterilizations from the Peruvian Truth Commission's Final Report," *Boston College Third World Law Journal* 29(1): 1-34.
- Hartmann, Betsy. 1995. *Reproductive Rights and Wrongs: The Global Politics of Population Control*. Boston, MA: South End Press.
- Jain, Anrudh and Judith Bruce. 1994. "A Reproductive Health Approach to the Objectives and Assessment of Family Planning Programs." Pp. 193-209 in *Population Policies Reconsidered: Health, Empowerment, and Rights*. Edited by Gita Sen, Adrienne Germain, and Lincoln Chen. Boston, MA: Harvard University Press.
- MINSA (Ministerio de Salud). 1996. Programa de Salud Reproductiva y Planificación Familiar 1996-2000. Lima, Peru: MINSA.

- . 1998. "Resolución Ministerial 098-98 SA/DM: Modifican el Título V del 'Programa de Salud Reproductiva y Planificación Familiar 1996-2000.'" Lima, Peru: *El Peruano*.
- Nussbaum, Martha C. and Jonathan Glover, Eds. 1995. *Women, Culture, and Development: A Study of Human Capabilities*. Oxford: Clarendon Press.
- . 2000. *Women and Human Development: The Capabilities Approach*. Cambridge: Cambridge University Press.
- . 2010. "Women's Capabilities and Social Justice," *Journal of Human Development: A Multi-Disciplinary Journal for People-Centered Development* 1(2): 219-247.
- Schmidt, Gregory D. 2006. "All the President's Women: Fujimori and Gender Equity in Peruvian Politics." Pp. 150-177 in *The Fujimori Legacy: The Rise of Electoral Authoritarianism in Peru*, edited by Julio Carrión. University Park, PA: Pennsylvania.
- Sen, Amartya. 1999. *Development as Freedom*. New York: Alfred A. Knopf.
- Shepard, Bonnie. 2006. *Running the Obstacle Course to Sexual and Reproductive Health: Lessons from Latin America*. Westport, CT and London: Praeger.
- Reichert, Elisabeth. 1998. "Women's Rights are Human Rights: Platform for Action," *International Social Work* 41: 371-384.
- Rousseau, Stephanie. 2007. "The Politics of Reproductive Health in Peru: Gender and Social Policy in the Global South." *Social Politics: International Studies in Gender, State and Society* 14(1): 93-125.
- United Nations. 1996. *Platform for Action and the Beijing Declaration*. Fourth World Conference on Women: Beijing, China. 4-15 September 1995. New York: Department of Public Information, United Nations.