

The context of family planning in Peru

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The population of Peru is composed of 28 million inhabitants who are predominantly young city dwellers. Half of all Peruvians are under age of 25 and 76% of the population live in urban areas. In the last 20 years, the public cost of health and family planning has grown and in 2006 it reached 5% of GDP (Peru's Ministry of Health - Memoria 2001-2006) and, as a result of this, health indicators have improved significantly. In the last decade, the total fertility rate (TFR) has fallen dramatically from 3.5 births per woman at the start of the 1990s to 2.6 by 2008. The biggest fall has occurred in rural areas where the TFR dropped from 6.2 in 1992 to 3.7 in 2006. The prevalence of contraceptive methods currently stands at 71% of women in relationships, giving to Peru one of the highest rates of prevalence amongst the countries of Latin America. However, in spite of advances in the field of health, the gap between observed and desired fertility is still one child. Similarly, the recognized gains in the economic area are taking time to reach the neediest sectors, as 36% of the population is still considered to be poor (ENDES 2004 -2006).

Between 1985 and 1990, the first mandate of President Alan García promised to back the creation of a national Family Planning program (FP), but the economic situation of the country and its limited healthcare capacity have prevented this effort from achieving success. In 1991, thanks to external funds (USAID and UNFPA), the National Family Planning Program was officially launched and had, for the first few years, the aim of expanding coverage and increasing contraceptive prevalence (USAID, 2003)

After the 1994 Cairo's Conference, the Ministry of Health's provisions began to include activities which attached importance to the clinical dimensions.

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Nonetheless, little importance was attached to education, prevention, information and communication in terms of sexual and reproductive health. In this way, the foundations were created for sporadic interventions that were not part of a comprehensive population policy program. Meanwhile, the population situation showed that it was necessary for the State to carry out more decisive interventions, despite the low rate of population growth, which had doubled in the previous 20 years, reaching 22.6 million people according to the 1993 census.

In the middle of the 1990s, family planning activities concentrated on just one method for regulating the number of children, the so-called Voluntary Surgical Contraception (VSC). In September 1995, after a peak debate, congress modified an article of the law on national population policy to include VSC as a contraceptive method, in which it was ratified that abortion was not a form of family planning. Accordingly, surgical contraceptive goals were established without taking into consideration the quality of services or the wishes of women or their partners. As a result, serious violations of human rights were generated in campaigns mainly focused on tubal ligation, often in exchange for money, food or other products.

Between 1995 and 2000, the government of Alberto Fujimori increased the funds earmarked for family planning and at the same time undertook an ambitious program to expand the network of health establishments. The Reproductive Health and Family Planning program was created by the Ministry of Health, bringing it in line with international agencies and the proposals of the Cairo's Conference, as well as the 4th Women's World Conference, organized by the UN in September of 1995, where strategies were defined such as access of girls to primary and secondary education as a tool to prevent sexually transmitted diseases, adolescent pregnancy, maternal mortality and to guarantee sexual and reproductive rights for women. At the same time, as a consequence of the Cairo's Conference, North American cooperation funding returned with a more active support for population programs and, from 1995, it has supported the REPROSALUD project in Peru. A budget of around US\$ 20 million was donated by the Manuela Ramos NGO, offering sexual and reproductive health education and loans in 8 of the poorest regions of the country, to women with meager resources, little formal education, and limited use of contraceptives (Cueto, 2006).

In 1996 was created the National Policy Coordination Committee for Family Planning and Reproductive Health. The main subject addressed by this committee was maternal mortality, whose rates at the time had reached 261 deaths for every 100,000 live births. Likewise, the country's high level of fertility stood out, especially in the rural areas, where the national average was 3.4 children per woman. Another worrying figure was the high number of clandestine abortions in Peru which, in

1994, according to private sources, produced 271,000 induced abortions, half of which developed health complications.

In 2003, a budget of US\$ 2.8 million was earmarked for the purchase of contraceptives (which the Ministry of Health had been buying since 1999), which accounted for approximately 70% of annual demand. However, given the political transition being experienced by the country, its economic problems and an evident anti-family planning undercurrent that existed in some groups at the Ministry of Health, it is difficult to imagine that the funds earmarked for the purchase of contraceptives will be increased. Current forecasts show a growing deficit in the funding and inventories of these products (USAID 2003).

The governments that took over between 2000 and 2005 lacked a comprehensive policy on population and sexual and reproductive health. It occurred despite the fact that information related to these matters offered greater opportunities to generate debate on the relationship of development with population policies and sexual and reproductive health policies in the country. The US Agency for International Development (USAID) extended restrictions on help for non-governmental organizations offering information or services related to abortion. In the first few years, the Toledo government (2000 onwards) undid the advances that had been made in the aforementioned areas, and on some occasions the health ministers converted their posts into pulpits in order to attempt to impose their conservative views (associated with the Catholic church). Their aims were few but clear: reject all methods of family planning, prohibit the use of terms like “gender”, to distrust the use of notions such as “sexual and reproductive health” and oppose any form of artificial contraception.

At the beginning of this century, the typical problems of Peruvian politics underwent a positive change; more rational policies with regard to sexual and reproductive health met with the interests of civil society. The Health Minister at the time, Pilar Mazetti, found herself engulfed in a public controversy on women’s rights to emergency oral contraception in which she maintained a firm stance. Initially, in 2001, it had been decided that the so-called “morning-after pill” should be made available free of charge in the Ministry’s health establishments, however, members of congress opposed the measure and attempted to remove Mazetti from her post, accusing her of promoting abortion, which is still illegal in Peru (except in circumstances which put the mother’s life at risk). Mazetti defended herself saying that the morning-after pill was not tantamount to abortion and that it would help poorer women to reduce the number of unwanted pregnancies in Peru, and therefore the number of illegal abortions, which at that time were estimated at 410,000 (Cueto, 2006).

More recently, in 2009, this discussion has resurfaced and a significant retrograde step has become law since the highest body of legal decision-making, the Constitutional Court, resolved that the Ministry of Health could not sell or distribute free of charge the so-called morning-after pill or emergency contraception, putting in serious jeopardy the advances achieved to date, with the aim of diminishing the current rates of clandestine abortion, which independent bodies in 2006 put at 370,000 (Ferrando, 2006).

Interest in and official policies on population and sexual and reproductive health in the country are relatively recent. They only go back to the last few decades of the 20th century. This interest has not always translated into population policies and when it has, it has been characterized by a lack of continuity, fragmentation and the onus of the changing agendas of bilateral and multilateral cooperation organizations, particularly the American development agency.

Since 1985, when the Law on National Population Policy was proclaimed, national population plans have sought to analyze and incorporate demographic changes into the country's public development programs, but little has been achieved. After seven years in which the country had no National Population Plan or institutions capable of managing population issues, now in 2009, an attempt is being made to reintroduce the topic into the national agenda by the Ministry of Women and Social Development. Amongst its aims is the treatment of the demographic dividend, the urban explosion, the scattering of the population, ageing and sexual and reproductive rights. It is hoped that this initiative will help to reduce poverty and social inequality of the country's inhabitants within the framework of human rights (2009 National Population Plan).

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