

Religious Fundamentalisms and the Therapeutic Abortion Protocol in Arequipa, Peru

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Foro Regional por los Derechos Sexuales y Reproductivos
Ydalid Rojas Salinas

In Arequipa, one of the most economically active regions of Peru, a coalition of feminist organizations—the Foro Regional por los Derechos Sexuales y Reproductivos (Regional Forum for Sexual and Reproductive Rights)—with the support of medical and legal professional associations, secured the approval of the regional government for a therapeutic abortion care protocol in 2007. However, the Protocol was quickly overturned as a result of the efforts of fundamentalist Catholic groups, which have strong ties to the political groups in power. This case study describes the political context and religious fundamentalism in Arequipa, as well as the process leading to the approval and subsequent nullification of the Protocol. The case study concludes with an analysis of the strategies used both by fundamentalists and the feminist coalition, followed by reflections and proposals for the future.

Introduction: Fundamentalisms in Peru

Fundamentalists are firmly convinced that their beliefs are true. As a result, they endeavour to reassert—through various political mechanisms—a union between the State and religion as a way to impose their discourse on life and reproduction, which stands in strong opposition to sexual and reproductive rights, and demand that it become the official discourse of the State. However, modernization and secularization have lessened religious interference in politics, both in debate and praxis, thereby changing and weakening the church-State relationship in some areas of the world.

Given this new context, fundamentalists—whose pattern of religious militancy causes them to protect and defend their sectarian identity—do not necessarily seek to ensure, as they did up until the 1970s in Peru¹ (and as traditionalists continue to do), that social behaviours faithfully reflect literal interpretations of their doctrines. In response to a context

IMPLEMENTAR PROTOCOLO SOBRE ABORTO TERAPÉUTICO

“Gobierno vulnera los derechos de las mujeres”

an Rights Wato
Estado emita u
colo nacional
vita:
ciones
estins.

Nieto, realda.

tu el abito terapéutico
a regulado por la norma
nario 119 del Código
nder a n aborto legal y
virtualmente imposib
es que Estado peruano
una sea de obstáculos
que pueden amparar
suecho a la terminación
de la concepción, cuando
y riesgo a muerte o daño
ante en a salud.

o estudio es la conclusi
lo realizado por la orga
nización Human Right
observancia los Derec
ta por mujeres en inglés
investigadora responsable
Angela Heimbürger,
que las tribus van desde
información, la ausencia
protocolo nacional, procedi
de aprobación de fun
e para evitar los casos
sistencias donde pueda
aborto, temor a las e
y la creencia generalizan
abortos ilegal.

YÁN A DERECHOS



HAY OPCIONES. Nada puede atentar contra la vida. La ley regula los casos cuando se aplica el aborto terapéutico.



violación de los derechos humanos
fundamentalistas”, afirma el escrito.
Heimbürger precisó que en el
Perú se necesita adoptar un pro
tocolo nacional (diego del fracaso
del documento elaborado por la
región Arequipa). “En el Perú a
diferencia de otros países de Amé
rica Latina se tiene la infraestruc
tura necesaria para empezar a
aplicar el procedimiento, empuce
no se necesita mayor inversión, lo
que falta es la voluntad política”.

CIFRAS

945

embarazos incompatibles
con la vida se dan cada
año en Perú.

350

mil abortos clandestinos
se producen anualmente
en el país.

► Negar la opción del
aborto terapéutico no
disminuyó prácticas
de operaciones
clandestinas.

principales peñales al protocolo son
su duda importante. La ley debe
respetar las decisiones del Estado,
porque los médicos no intervienen
en las decisiones de la iglesia y esta
debería abstenerse de opinar en
asuntos médicos”, sentenció.
Por lo controvertido del tema, es
muy difícil encontrar estadísticas o
testimonios de mujeres a quienes se
ha negado el derecho de pedir la
interrupción legal, sin embargo la
mediosocial registra que, según la

where individual freedoms have a non-negotiable value, religious fundamentalists adopt a program that co-opts the most useful tools of a democratic system (such as freedom of expression, access to technology and to different methods of communication) to capture the attention of and influence both civil society and politicians to their doctrinal ends. Their present situation has caused them to vary their strategies in order to adapt to a secular reality while identifying battlegrounds where they remain vigilant and entrenched. One of these areas is “the defence of life.”

According to a traditional conception of life, religious fundamentalisms argue that life is sacred because it belongs to God. Given this particular interpretation, our lives are protected and regulated by the authorities that represent God on Earth, such as the Catholic church. As a result, any demand for sexual and reproductive freedoms, which are a result of the secularization of the state, creates a reaction among religious fundamentalisms because it constitutes a threat not only to their conservative but also to their exclusionary nature.

In Peru, the Catholic church has been and is the main obstacle for advocacy in the area of women’s sexual and reproductive rights. Recalling its historic position as the spiritual and social support for the country (as conquistador/conqueror and colonizer), the church has positioned itself as the authority that determines—from its particular conception of life—what is right in the area of sexual and reproductive health.

Religious Fundamentalism in Arequipa: Contextual Analysis

The Beginnings of the Foro Regional por los Derechos Sexuales y Reproductivos

Between 2001 and 2006, two events of singular importance to women’s sexual and reproductive rights occurred in Peru. First, the government authorized the sale of emergency oral contraception (EC) in private pharmacies, resulting in a debate about whether the Ministry of Health should distribute this anti-conceptive free of charge to low-income women. The Catholic church responded immediately, and shifted the focus of the debate to the possible abortive effects of the pill.

Second, in June 2001, a 17-year-old Peruvian woman, Karen Llantoy, was denied an abortion, although her foetus was diagnosed with anencephaly. Even though since 1924 the Penal Code has allowed therapeutic abortion to save the life and protect the health of the pregnant woman, there was no protocol operationalizing the law and regulating abortion in such cases. This gap enabled the hospital to

argue that genetic malformations were not mentioned in the Penal Code as grounds for abortion and to refuse to perform one. The young woman was forced to continue her pregnancy, endangering her life and negatively impacting her mental health.

These events raised concerns at the Centro de Promoción y Defensa de los Derechos Sexuales y Reproductivos (PROMSEX, Centre for the Promotion and Defence of Sexual and Reproductive Rights), a feminist non-governmental organization that advocates for public policies and legislation supporting the sexual and reproductive rights of the citizens of Peru.² Together with other well-known feminist organizations such as Flora Tristán, Manuela Ramos and DEMUS, PROMSEX defended the free distribution of EC in court, brought Karen Llantoy’s case to the United Nations Human Rights Committee, and launched a campaign to urge the Ministry of Health to implement a medical protocol for similar cases, a proposal that met with many obstacles in governmental bodies such as the Ministry of Health.

As part of its efforts, PROMSEX held a series of workshops in various cities in the interior of the country to share its concerns about the government’s lack of political will in this area of health. In April 2006, it organized one of these workshops in Arequipa,³ attended by many different groups working on women’s rights and independent professionals interested in the issue. As a result of their concern about the government’s attitude, they decided to create the Foro Regional por los Derechos Sexuales y Reproductivos to advocate for these demands at the regional level.⁴

The Foro proposed the following areas for action: (1) organizing academic events on the issues of maternal mortality in the Arequipa region, medical and legal conditions for the use of EC in national health institutions, valid consent for sexual activity, and adolescent sexuality; and (2) formulating and presenting the Plan Regional para la Atención de la Salud Sexual y Reproductiva 2007-2010 (Regional Plan for Dealing with Sexual and Reproductive Health) to the Consejo Regional de Salud (Regional Health Council), which welcomed the proposal and gave its official approval.



Maternal Death in Peru and the Proposed Therapeutic Abortion Protocol

A recent report by Human Rights Watch on the lack of access to therapeutic abortion in Peru observed that the country has the second highest rate of maternal mortality in Latin America, after Bolivia.⁵ The report cites statistics from the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) showing that the maternal mortality rate in Peru is 410 deaths per 100,000 live births.⁶ Interestingly, the report notes that in spite of increases to the gross domestic product (GDP), the percentage of public health expenditure has decreased, indicating that budget cuts are not due to a lack of resources.⁷ Although maternal mortality attributable to septic abortion is estimated at 16%, it is difficult to name an exact figure due to the secrecy with which abortions are performed.⁸

Other reports from 2002 by organizations such as the Centro de la Mujer Peruana Flora Tristán (Flora Tristán Peruvian Woman's Centre) and Pathfinder International calculate the total number of abortions performed each year in the country at 352,000, or one per every live birth.⁹ Given the secrecy that surrounds abortion, it is not clear how many of these women may have had a therapeutic abortion. In Peru, there are no reliable indicators to identify serious or fatal pregnancy-related complications. Records obtained by Human Rights Watch showed an increasing number of therapeutic abortions, primarily performed at emergency obstetrics centres, in greater metropolitan Lima alone.¹⁰

In the Arequipa region, the total fertility rate is 2.1 children per woman.¹¹ In addition, it is estimated that 20,000 clandestine abortions are performed in the region each year, mainly to young women.¹² The maternal mortality rate in the region is 133 maternal deaths per 100,000 live births.¹³

In June 2007, as part of the activities proposed in the Regional Plan for Sexual and Reproductive Health Care and as a result of the Karen Llantoy case, Dr. Mercedes Neves Murillo—coordinator of the Foro and chair of the Arequipa Regional Health Council Committee on Sexual and Reproductive Health—suggested to Dr. Miguel Alayza, regional health manager for Arequipa—the highest health authority in the region—that they begin the process of formulating a protocol to regulate physicians' actions in cases warranting abortion. This initiative also aimed to address the high maternal mortality rates in the Arequipa region.

The Legal and Administrative Context Affecting Implementation of the Therapeutic Abortion Protocol

When a therapeutic abortion protocol was proposed, the legal and administrative context was characterized by:¹⁴

- A. Imprecise and restrictive laws and definitions: Although Article 119 of the Penal Code establishes that an abortion to protect the life and health of the woman shall be exempted from prosecution, the regulations, laws and official protocols do not clarify the circumstances in which therapeutic abortions may be performed.
- B. Lack of therapeutic abortion protocols: The lack of a protocol regulating therapeutic abortion prevents harmonization of medical care and clarification of rules to provide a dimension of humanity and sense to the law.
- C. Case by case approval and consultation procedures: Just as the law is imprecise, there is little clarity at the administrative level in hospitals regarding the process to approve therapeutic abortions. Medical boards charged with determining the seriousness of individual cases operate without guidelines or specific deadlines, or, in other words, without any uniform authorization procedure; as a result, there is no oversight mechanism in place when an abortion request is unjustly denied.¹⁵
- D. Fear of medical negligence lawsuits: The lack of explicit policies and guidelines leaves healthcare professionals in a state of uncertainty and helplessness if they perform therapeutic abortions.¹⁶ As a result, physicians are less likely to apply the exemptions provided for in the Penal Code.
- E. Lack of information about legal abortion: Since there are no policies on providing information to the public, women are not aware of when they can request an abortion or where to do so.

The Religious Context Affecting Implementation of the Therapeutic Abortion Protocol

In Peru, conservative groups with ties to international organizations have created a network with the goal of imposing their particular interests on public policies and weakening protections for sexual and reproductive rights. In 2005, the [Lima Declaration](#) was signed during the Second International Pro-Life Congress.¹⁷ In the declaration, leading international conservative groups agreed to work together to create a strong “pro-life” defence in response to any sexual and reproductive health demands that seemed to be favoured by any branch of government.¹⁸

Below, we describe the nature and characteristics of the groups that opposed implementation of the Therapeutic Abortion Protocol in Arequipa Region.

A. Centro de Promoción Familiar y de Regulación de la Natalidad (CEPROFARENA Centre for the Promotion of the Family and Natural Fertility Control)

This organization has ties to the powerful international organization Vida Humana Internacional (VHI; Human Life International or HLI in English). Its foremost members include well-known Peruvian doctors and ex-government officials, such as the former minister of health, Fernando Carbone.

Its main activities include promoting sexual abstinence (during fertile periods) as a natural contraceptive method, promoting the monogamous heterosexual family as the only and irreplaceable family model, and rejecting abortion in all circumstances. Its work focuses on opposition to OEC, constructing a conservative scientific discourse, and working in media that targets youth.

B. Latin American office of the Population Research Institute (PRI)

PRI is an organization with close ties to conservative parties in the United States Congress. In Peru, its organizational structure is geared towards lobbying government offices, denouncing and discrediting sexual and reproductive rights organizations, and coordinating politically conservative groups.

C. Alianza Latinoamericana para la Familia (ALAFA, Latin American Alliance for the Family)

ALAFA was founded in Venezuela and now has branches in almost all Latin American countries. The organization focuses on the promotion of a model of the family that is monogamous and heterosexual, with a focus on the goal of reproduction. Its work focuses particularly on primary educational centres for boys, girls and youth to promote “healthy sexuality” and discourage any type of “deviance.”

Its publishing office is located in Peru; it wields great influence in the production and distribution of school textbooks into which it inserts its objections to abortion, contraceptive use and gay marriage.

D. Movimiento Sodalicio de Vida Cristiana (Society of Apostolic Life Movement)

This organization was founded in Peru and officially recognized by the Vatican. It has extended its influence beyond the borders of Peru and spreads its doctrines in defence of the traditional family and in opposition to sexual and reproductive rights. Its activities are supported by the most conservative elements of the Catholic church in Peru.

In the Arequipa Region the society is the founder and administrator of one of the most important universities in the region, the Universidad Católica de San Pablo (UCSP), whose academic efforts to organize “scientific” activities promoting the systematic rejection of public health initiatives related to sexual and reproductive rights cannot be overlooked.

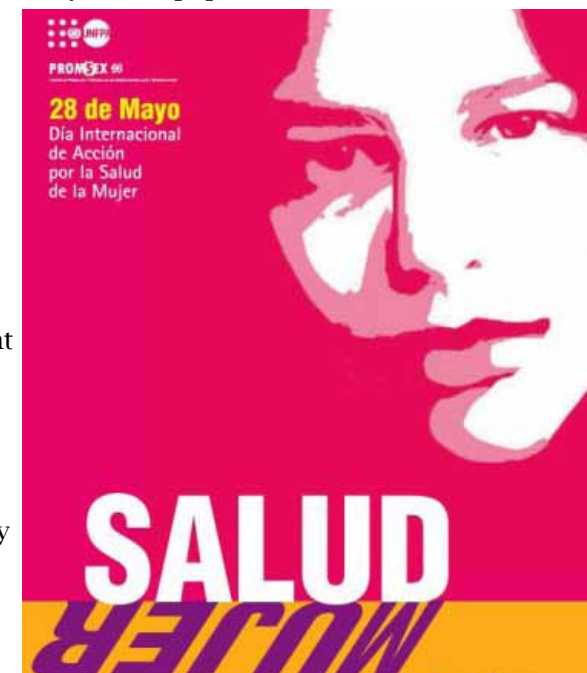
The government of Peru has given this university the responsibility of formulating the Programa Nacional de Formación y Capacitación Permanente (National Continuing Education and Training Programme, PRONAFCAP), which will train school teachers for the Unidad de Gestión Educativa Norte (North Educational Management Department, under the Regional Education Management Office of Arequipa) on the “humanistic” values the university extols.

Additionally, the UCSP, through the Centro de Ayuda para la Mujer (Support Centre for Women, CAM) provides services to pregnant women. Of course, given the beliefs governing the centre, abortion is never a service option.

A range of professionals with ties to other movements, such as Opus Dei, have recently allied themselves with the society’s causes. These professionals include doctors who teach medicine in the leading universities in the city of Arequipa or work in the EsSalud National Hospital.¹⁹

On observing the list of members of the UCSP board, one understands immediately why this university has so much influence, as many of its members were or are part of the economic and political power structure. Many have chaired the boards of important companies and industries in the Arequipa Region.

The success of all these groups can also be attributed to the church’s strong influence as a guiding authority for the moral conduct of the citizens of Peru. Where it is hegemonic, as is the case in Peru, the doctrine of the Catholic church operates as a force



for *internal* social cohesion in societies. The natural result is the creation of *externally directed* hostility and confrontations. Those who question the church's exclusionary mandates, whether based on their own Catholic beliefs or from outside the church, are the objects of this hostility.

Analysis of the Foro's Strategies

To ensure the implementation of the Therapeutic Abortion Protocol, the Foro proposed strategies to raise awareness about the issue among concerned professionals and to increase scientific and legal support for the formulation of the Protocol. Towards this end, the Foro invited the Regional Health Management Office to co-organize two workshops for medical professionals specializing in gynaecology and obstetrics, during which the participants would address the issue and feed into the development of the Protocol.²⁰ These workshops were held in September and November 2007 and were attended by representatives from the medical association, officials, and specialists from the Regional Health Management Office and EsSalud.

As a result of these workshops, on December 26th, 2007, the regional health manager decided to approve the Protocolo para el Manejo de Casos de Interrupción Legal del Embarazo (Case Management Protocol for Legal Abortion) with Regional Management Resolution No. 751-2007-GRA/GOB/GR.D6.

For various bureaucratic reasons, this resolution was not announced to the public until a month later. In anticipation of the possible reaction of conservative groups with ties to the Catholic church in the city, the Foro decided to co-ordinate a formal announcement by the professional associations in the region that had been involved in the issue. The goal was to demonstrate the legal, medical and scientific support for the Protocol. Ten professional associations in Arequipa and the Sociedad Peruana de Obstetricia y Ginecología (Peruvian Society for Obstetrics and Gynaecology) - Arequipa Affiliate supported the Regional Health Management Office's resolution establishing the Protocol.²¹

On February 5th, 2008, the Regional Health Management Office announced the Protocol to an audience of officials and media representatives. It stated that the Protocol would fill the technical gaps in the law (referring to Article 119 of the Peruvian Penal Code) and provide guarantees and certainty to health providers, who as a result, would be able to clearly identify conditions that endanger the lives of women and that are the grounds for legal termination of pregnancy.

A few days later, in response to the first criticisms directed at the regional health manager, the president of the region, Dr. Juan Manuel Guillén

Benavides, supported the Protocol with the following written statement to the press:

Therapeutic abortion has been legal since 1924... Its use cannot be left to the discretion of physicians, but must be regulated... The Protocol approved in Arequipa is intended to fill this legal gap. Someone needs to do it.²²

The church's response was not slow in coming. A coalition formed by the archbishop of the city, the Sodalicio de Vida Cristiana and [Proyecto Esperanza](#)²³ led the struggle to overturn the Protocol. Thanks to the public support²⁴ of organizations such as the already mentioned CEPROFARENA, PRI and ALAFA, this coalition orchestrated an impressive display of articles in local newspapers, television and radio interviews, sermons in churches and public schools managed by the church, marches in the street to defend the "rights of the unborn child," political actions to deny supporters of the Protocol access to the media, statements by "pro-life" doctors' and lawyers' groups based on a capricious interpretation of the principles of bioethics and criminal law, and finally, repeated meetings between the leader of the Catholic church in Arequipa—Monsignor Javier del Río Alva—and the regional president with the goal of overturning the resolution authorizing the Protocol.

During more than one Sunday sermon and in various media outlets, Monsignor Javier del Río Alva called the regional health manager "Satan" and said he should not be allowed to keep his position for one more day for endangering "the life of innocent creatures."

In response to this outpouring of insults aimed at advocates for the Protocol, Foro members organized statements from civil society organizations; disseminated the official statements of national and international scientific, medical and legal communities in support of the Protocol; encouraged the publication of articles by specialists in the local newspapers; and gave interviews on independent television and radio channels to clarify the issue.

Taking into account that the church sought any means to undermine our efforts, accusing us of nothing short of being infanticidal, we felt the need to strengthen our links with the Bar Association, the Medical Association and distinguished independent professionals who shared our position and were willing to publicly disagree with the church.

However, at this point the church had already started a campaign of coercive diplomacy targeting important individuals (former heads of the professional associations involved and subject-matter specialists) to implore that they retract their statements or at least avoid speaking publicly about the issue in order not to make powerful enemies.

The official position of the Arequipa Medical Association, which had been firmly supportive at the outset, began to waver. Only a few prominent members of the organization stood firm in their support from beginning to end.²⁵

In contrast, the Arequipa Bar Association did not give in to the pressure of the archbishop and reaffirmed its position in support of the Protocol. It was one of our main allies because of our shared conviction that the new instrument had all the legal protection necessary for its implementation.²⁶

However, the church had a considerable advantage over us in economic terms, which made it possible for them to buy time and headlines in most media outlets. There was also no lack of political lobbying in this area, resulting in frequent restrictions in our access to print and other media. In our case, our main financial support came from feminist organizations based in Lima, especially PROMSEX.

Unfortunately, the pressure exerted by the hierarchy of the Catholic church had more impact than the medico-technical and legal arguments, and on February 21st, 2008, Health Management Resolution No. 109-2008-GR/GRS/GR-OAJ, temporarily suspending the Protocol, was issued. The resolution recognized that the Protocol was a legal document in its conception and technically sound, however, it also decreed that, due to the debate it had caused, it had to be submitted for review by two organizations with an interest in the issue: the Public Defender's Office and the Pan-American Health Organization.

In response to this misguided decision, the Foro publicly stated its concern that moral prejudices, misinformation and pressure from the Catholic church had affected decisions regarding public policies that affected the life and health of women in the Arequipa Region.

On March 23rd, 2008, the Foro sent a letter to the regional president, Dr. Juan Manuel Guillén, expressing its regret that the Protocol had been suspended and requesting him to act quickly to reverse the temporary suspension. The same day, 19 women's organizations and networks sent a similar letter to the regional health manager, Dr. Miguel Alayza. We are still waiting for a formal response to our requests.

Monsignor del Río Alva had succeeded in getting the Protocol partially suspended by suggesting that the Public Defender's Office needed to issue an opinion on the measure; he was confident that his relationship with that institution would guarantee it would not find the Protocol acceptable. However, this was not what occurred. Long before these events, the Public Defender's Office had drafted a report on the issue, which stated:

The Public Defender's Office deems that approval of the Protocol is, as of this date, a question before the Ministry of Health, which should address the issue immediately and in light of international instruments and domestic legislation.²⁷

However, with the assistance of his allies in the capital of Peru, the archbishop had access to a report by a different governmental body which took another line. To date we have still not been able to access copies of this report. The Área Legal de la Presidencia del Consejo de Ministros (Legal Department of the Head of the Council of Ministers) stated in this technical-legal report from May 2007 that a protocol regulating therapeutic abortion violated constitutional law because it affects the fundamental right to life of the foetus. The report went on to declare that any procedure that limited a fundamental right must be approved or authorized by a law issued by the National Congress.²⁸ Thus, what should have been a public health matter was transformed into a constitutional battle.

Although this was merely a legal opinion, among many other opinions on the constitutionality of the law allowing therapeutic abortion, the president of the region used the report as the legal basis for his declaration on April 30th that overturned the resolution issued by the Regional Health Management Office approving the Protocol. He chose to do so the day before the most important religious holiday in the city, the Day of the Virgin of Chapi, the patron saint of Arequipa.

On the same day, in coordination with other civil society organizations, the Foro launched the campaign, "[El aborto terapéutico es legal y puede salvar tu vida, cuéntanos tu historia](#) (Therapeutic abortion is legal and can save your life; tell us your story)," to collect testimonies from women who had undergone abortions. In response, the Foro, via the Public Defender's Office, sent a formal communication to the previous Peruvian minister of health, Hernán Garrido-Lecca Montañez, requesting he address the need for a protocol regulating therapeutic abortion in the circumstances permitted by the Penal Code.²⁹

For its part, on May 15th, 2008, PROMSEX and the Instituto de Defensa Legal (IDL, Institute for Legal Defence) submitted an injunction to the court requesting that the Ministry of Health approve a national therapeutic abortion protocol. The Legal Clinic at the Universidad Católica de Santa María submitted an *amicus curiae* brief in support of the injunction.³⁰ The *amicus* brief provided the judges with information about the legal scope of therapeutic abortion. (By June 2010, the case had reached the court of appeal.) In parallel, on May 5th, 2009 PROMSEX exercised the Right of Petition and requested in writing that the minister of health, Dr. Oscar Ugarte Ubilluz, approve the "Guía Técnica para la Atención Integral de la Interrupción Terapéutica del Embarazo de Menos

de 22 Semanas (Technical Guide for Integrated Care for Abortion before 22 Weeks).” This request was submitted just before the May 28th, 2009 celebration of the International Day of Action for Women’s Health.

Reflections on the Strategies Employed

A look back at events allows us to recognize the success of the particular strategies employed to engage political actors with decision-making power, as in the case of the Regional Health Management Office. Although the Protocol was in force for a short time in Arequipa, for the first time the region took on the task of formulating and implementing a protocol that the Ministry of Health had not dared to develop for fear of being politically undermined by the leadership of the Catholic church. In this respect, we commend the courage with which Dr. Miguel Alayza acted as the regional health manager for Arequipa.

In addition, although our alliances with professional associations were vital in facing the onslaught of the Catholic church, we believe that we should have worked to strengthen these ties from the beginning of the process of formulating the Protocol, by inviting these groups to be a part of that process. It was in the midst of adversity—when the church was attacking us almost daily in the news—that we identified those who truly shared our principles and who our false allies were.

Additionally, although the overturning of the Protocol was not a measure we had foreseen, we were able to move the struggle with the church from the sphere of the media to the judicial area, where—in spite of everything—we still hope judgment and reason will outweigh moral prejudice and absolutist visions. We originally had high hopes for the courts. In spite of the controversy surrounding the issue, the Constitutional Court had ruled that the distribution of free emergency contraception by the Ministry of Health was constitutional. However, in November 2009, the Court reversed its position: the Ministry is now prohibited from distributing emergency contraception for free in Peru, which has set a worrisome precedent for our petition to the court.

As we already pointed out, in Peru and even more in Arequipa, Catholicism is monopolized by conservative groups with enormous influence over public opinion. We learned many lessons about the way the members of these groups act. Since colonization, they have been forging a network of political and economic ties that remain strong in spite of the increased secularization of the state. Due to their lobbying efforts and their political networks, conservative fundamentalist groups have been able to directly influence the formulation of public policies, thereby affecting the secular nature of the state without a greater basis than the hackneyed discourse, “defence of life.”³¹

The “pro-life” label is the engine of the new discourse of these fundamentalist groups. They integrate it into the democratic debate by declaring themselves “defenders of life,” which simultaneously creates an opposition made up of those whom they accuse of “encouraging death.”³² But the concept of life (as defended by fundamentalists absolutely and excluding any possibility of exceptions, such as therapeutic abortion)³³ refers to a life controlled or regulated by religious institutions that protect it from any political or legal threat.

Looking Ahead

If there is anything the different religious fundamentalisms have in common, it is that they subscribe to world visions that are diametrically opposed to the premises underlying human rights. For human rights, the centre of the world and of life is the human being (anthropocentric vision) and therefore each person has the right and freedom to construct and design his or her life according to his or her conscience; for fundamentalists, the world and life revolve around the idea of their god. According to this belief, a human being is not an end in and of itself, but merely a medium that has come to Earth to play out the plans designed by the Supreme Being.

Taking into account the strategies used by fundamentalists to stay current in a new secular context (which we described earlier), we have identified the importance of taking into account aspects such as access to the information that political actors utilize before making and/or announcing decisions (information that fundamentalists have access to because of their network of social and work relationships with governing groups); knowledge about the motivations, weaknesses and interests of the political actors responsible for channelling feminists’ demands, as well as their families’ ties to Catholic groups; and identifying also the relationships between fundamentalist actors and the media and the judiciary. In addition, it is important that we have the support of international organizations that support our beliefs and finance our work. It is also critical that we create sustainable agreements through common agendas with different civil society groups and professional associations. All of these strategies can be pursued by feminist groups that face religious fundamentalisms in other contexts.

Recognizing that these local, national and international groups are the



primary obstacle to secular measures in support of public health has been a valuable lesson.

Finally, the best conclusion to this piece could be the expression of the Spanish philosopher Fernando Savater, who described the current need to disassociate human rights from religious belief that attempts to subjugate them:

Effectively, in political or legal questions, God should maintain institutional silence, which cannot truly be a serious loss to one capable of speaking directly to the hearts of men and of illuminating their minds.³⁴

Endnotes:

¹ The republican period in Peru, which continued until the third quarter of the 20th century, was dominated by a classist political elite and systematic exclusion of certain populations. Jaris Mujica, *Los Grupos Conservadores en el Perú*, Lima, Peru: PROMSEX, 2008: 3.

² For more information, see the PROMSEX case study on its research into fundamentalist religious groups in Peru.

³ Arequipa is the capital of one of the 24 regions into which Peru is divided. According to the eleventh population census and the sixth housing census, both conducted in 2007, it is the second largest city in Peru, with a population of 1,170,330. Its annual average growth rate is 1.6%, according to the Instituto Nacional de Estadística e Informática (National Institute of Statistics and Information). The city's contribution to the gross domestic product (GDP) of Peru is 5.7%, and its GDP is the second highest in the country.

⁴ Thanks to the initiative of PROMSEX and Asociación Humanidad Libre (Free Humanity Association) which vitalized the Foro, the group organized and gained force under the co-ordination of Dr. Mercedes Neves Murillo. The Red Nacional de Promoción de la Mujer (National Network for the Promotion of Women), Foro por la Equidad de Género (Forum for Gender Equity), the Association of Obstetricians, and independent professionals from the fields of medicine, psychology and law also became involved.

⁵ Human Rights Watch, *Tengo derechos, y tengo derecho a saber. La falta de acceso al aborto terapéutico en el Perú* (English version: *My Rights, and My Right to Know: Lack of Access to Therapeutic Abortion in Peru*), New York: HRW, July 2008.

⁶ UNICEF, "At a glance: Peru," 26 Feb. 2004.

⁷ Compared to the health systems in other countries in the region with similar per

capita income, Peru's health system is underfunded. Physicians for Human Rights (PHR). *Deadly Delays: Maternal Mortality in Peru: A Rights-Based Approach to Safe Motherhood*, Cambridge, MA: PHR, 2007: 9.

⁸ Luis Távora, "Estado actual de la mortalidad materna en el Perú," *Ginecología y Obstetricia*, vol. 45(1) 1999: 38-42.

⁹ Delicia Ferrando, *Clandestine Abortion in Peru: Facts and Figures 2002*, Lima: CMP Flora Tristán, 2002.

¹⁰ Twenty-six therapeutic abortions were documented in 2002, 41 in 2003, 24 in 2004, 215 in 2005 and 699 in 2006. Email from Marco Polo Bardales Espinoza, Oficina General de Estadísticas e Información of the Ministry of Health, 16 Oct. 2007.

¹¹ Instituto Nacional de Estadística e Informática, *Primeros Resultados Perú: Crecimiento y distribución de la población, 2007*, Lima, June 2008, Chapter 3: Distribución espacial de la población por departamento, 17.

¹² *Ibid.*

¹³ From 2000 to 2006, it is estimated that in Arequipa, there were 15 cases of preventable maternal deaths and eight inevitable maternal deaths (Presentation by Dr. Miguel Alayza Angles, regional health manager, at the public hearing on the Sexual and Reproductive Rights Act in Arequipa, 2007).

¹⁴ HRW, *op. cit.*: 17.

¹⁵ Statements from doctors illustrate the situation: "[making a decision in each case] depends on each shift, on what each doctor decides," "There have been very few cases [of therapeutic abortion].... They are subject to the logic of each service provider." (From interviews with physicians in private practices, Lima, June and July 2007). HRW, *op. cit.*: 25.

¹⁶ Public hospitals do not have medical negligence insurance. Each physician must pay his or her own and is responsible for legal expenses if a suit is brought.

¹⁷ Editor's Note: The Congresos Internacionales Provida (International Pro-Life Congresses) are regional meetings convened by Human Life International. These meetings bring together anti-choice groups from across Latin America and beyond to discuss and develop policies and platforms. The Second International Pro-Life Congress was held in Lima, Peru, and organized locally by CEPROFARENA.

¹⁸ Jaris Mujica, *op. cit.*

¹⁹ EsSalud is the name for Peruvian Social Security.

²⁰ These workshops—held in September and November 2007—would not have been possible without the ongoing support of and co-ordination with PROMSEX, which provided the academic and scientific support necessary for the success of our activities. Dr. Luis Távora, a member of this association's board of directors and former president of the Peruvian Society of Obstetrics and Gynaecology, taught at the two workshops and provided immeasurable support for the drafting of the Protocol.

²¹ Signatories: Consejo Regional V del Colegio Médico del Perú (Fifth Regional Council of the Medical Association of Peru), Colegio de Abogados de Arequipa (Bar Association of Arequipa), Colegio de Enfermeros de Arequipa (Arequipa Association of Nurses), Colegio Regional de Obstetras de Arequipa (Regional Association of Obstetricians of Arequipa), Colegio de Psicólogos de Arequipa (Arequipa Association of Psychologists), Colegio Químico Farmacéutico (Association of Pharmaceutical Chemists), the Colegio de Odontólogos (Association of Odontologists), Colegio de Químicos (Association of Chemists), Colegio de Trabajadoras Sociales (Association of Social Workers), Colegio de Tecnólogos Médicos del Perú (Association of Medical Technologists of Peru) and Sociedad Peruana de Obstetricia y Ginecología - Filial Arequipa (Peruvian Society of Obstetrics and Gynaecology, Arequipa Affiliate).

²² *La Republica*, 24 Feb. 2008.

²³ An organization with headquarters in Chile, which identifies itself as “a support program for men and women who have lost a child before its birth, especially due to induced abortion, and are suffering from post-abortion syndrome. These services are provided by professionals who are welcoming, understanding and trustworthy, with the spiritual support of priests or ministers, according to the faith of the person. The organization’s goal is to facilitate the process of accepting, reconciling and welcoming the pain of losing a child.” In Arequipa, Proyecto Esperanza has ties to the UCSP.

²⁴ On November 8th, 2009, in the regional newspaper, *El Pueblo*, various organizations affiliated with the Catholic Church, such as those mentioned above, publicized their support for the criminalization of abortion, which is currently on the political agenda.

²⁵ Dr. Enrique Taco Flores, president of the Peruvian Society of Obstetrics and Gynaecology, Arequipa Affiliate, and Dr. Julio Castro Gómez, national head of the Medical Association of Peru, were two such individuals. The latter reaffirmed the official position of the presidents of the Regional Councils of the Medical Association in support of a Therapeutic Abortion Protocol during an official visit to the city of Arequipa for an academic event about abortion.

²⁶ Led by Dr. Hugo Salas Ortiz, this association supported two important publications on the issue. The first was the work of Dr. José Caro Jhon, a well-known specialist in criminal law, from Lima; the second was the work of Dr. Juan Carlos Valdivia Cano, a specialist in philosophy of law and constitutional law, head of the legal clinic for public interest actions at the Universidad Católica de Santa María. The university was also an important ally at the beginning of the process.

²⁷ [Informe de Adjuntía \(Bureau Report\) No. 001-2008-DP/ADDM](#), (Primer Reporte de la Defensoría del Pueblo sobre el cumplimiento de la Ley de Igualdad de Oportunidades entre Mujeres y Hombres/First Report of the Public Defender’s Office on enforcing the Equality of Opportunities for Women and Men Act), Mar.-Dec. 2007, Lima, Peru: 29.

²⁸ Presidencia del Consejo de Ministros, “[Informe No. 373-2007-PCM/OAJ](#),” Ministry of Justice of Peru, 30 May 2007.

²⁹ Defensoría del Pueblo, Oficio (Official Letter) No. 18-2008/DP-ADDM.

³⁰ *Amicus curiae* (friend of the court) is a Latin phrase used to refer to the participation of a third person who is not a party to a case, who voluntarily offers his or her opinion on a point of law or other related issue to assist the court in resolving the matter before it. The decision whether to admit an *amicus* brief generally lies with the discretion of the court.

³¹ Homilies are full of sentences such as the following: “How could anyone want to decriminalize the murder of innocent children?” The Spanish philosopher Fernando Savater responds to this question as follows: “What is this idea of defending life, without qualification, fanatically?” (p. 194). “In the first place, a foetus is not a child, which, in spite of needing assistance, possesses a certain autonomy that a foetus by no means possesses. Neither is a foetus innocent, because it does not have the capacity of being guilty.” (p. 193). Fernando Savater, *Las razones del militarismo y otras razones*, Barcelona: Editorial Anagrama, 1984. Categorizing anyone who supports the Therapeutic Abortion Protocol as “infanticidal” or “murderers” is an act of bad faith, and comparing the death penalty with abortion, even more so.

³² Those who oppose this discourse are automatically converted into agents of a “pro-death” agenda.

³³ Juan Carlos Valdivia Cano, a teacher and lawyer, adds self-defence as an exception. Interview published in *Semanario Regional del Sur El Búho*, 7 Oct. 2008.

³⁴ Savater, *op. cit.*

Author Bio:

Ydalid Rojas Salinas is a lawyer, graduate of the Universidad Nacional de San Agustín of Arequipa, and member of the Foro Regional por los Derechos Sexuales y Reproductivos–Arequipa. She was awarded second place in the Second Legal Essay Contest on the Topic of the Secular State, organized by the Comité de América Latina y el Caribe para la Defensa de los Derechos de la Mujer (CLADEM, Latin American and Caribbean Committee for the Rights of Women) in 2004, and first place for the Ibero-American Essay Award on the Topic of Secular Freedoms, organized by Colegio Mexiquense, A.C. and the Red Iberoamericana por las Libertades Laicas (Ibero-American Network for Secular Freedoms) in 2006. Currently she is completing a master’s degree in global ethics at the Department of Philosophy of the University of Birmingham (2009-2010), United Kingdom, with a scholarship from the Ford Foundation.

Organizational Bio:

The **Foro Regional por los Derechos Sexuales y Reproductivos – Arequipa**, is a network of groups, organizations and independent professionals that advocate for women’s rights and/or sexual and reproductive health. Its main objective is to advocate for public policies that support the sexual and reproductive freedoms of women in Arequipa Department in Peru. The current co-ordinator is Dr. Mercedes Neves Murillo.
