

THE AMAZONIAN PEOPLES' RESOURCES
INITIATIVE:
Promoting Reproductive Rights and
Community Development in the Peruvian
Amazon

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[R]eproductive rights . . . rest on the recognition of the basic right of couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health . . . [taking] into account the needs of their living and future children and their responsibilities towards the community. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for . . . community-supported policies and programmes in the area of reproductive health. . . .

Programme of Action adopted at the International Conference on Population and Development, Cairo, 1994, Paragraph 7.3

Founded in 1995, the Amazonian Peoples' Resources Initiative (APRI) is a human rights organization working

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with rural and indigenous communities in the Peruvian Amazon. In partnership with Minga-Peru, a community-based women's health organization, APRI has four primary programs. First, APRI-Minga trains a network of local women and works with them to provide reproductive health education in their communities. Second, APRI-Minga disseminates culturally appropriate reproductive health information through radio broadcasts aired throughout Loreto, Peru's largest Amazonian department. Third, APRI-Minga enhances educational opportunities by providing scholarships and technical support to indigenous teacher training and graduate university programs. Finally, APRI-Minga provides income-generating opportunities that enable rural families to meet their subsistence needs and to invest in the development of their communities. By providing culturally and gender sensitive reproductive health education in conjunction with community-based development opportunities, APRI-Minga's programs ensure that individuals and couples have the confidence and the material conditions to control their own fertility. A fundamental principle of APRI's work is that the ability to make reasonable reproductive health decisions is dependent on the exercise of all human rights—civil, political, economic, social, and cultural.

National and Regional Context

Determined to improve Peru's socioeconomic "development," the Fujimori government launched an aggressive family planning campaign in 1995. In light of high fertility rates and high levels of maternal and child mortality in rural Andean and Amazonian communities, the Peruvian Ministry of Health imposed stringent numerical requirements on medical providers serving those communities, with an emphasis on terminal contraceptive methods. One strategy devised for complying with the quotas in rural areas were monthly "fairs" (*ferias*) offering a host of health care services, including tubal ligations and vasectomies. These fairs became notorious for coercive service delivery, substandard surgical procedures, and a lack of postoperative supervision.¹

By mid-1998, in response to national and international pressure from reproductive and human rights organizations,

the Ministry of Health explicitly prohibited the fairs, formally renounced its policy of numerical quotas, and instituted a series of reforms designed to ensure informed consent, quality of care, and provision of information. The extent to which these new policies have been actually implemented is a point of controversy, and the government's program continues to be criticized for its centralism, hasty execution, and tendency to vacillate between competing objectives.²

While birth rates have decreased significantly in Peru since the initiation of the family planning campaign, this decline is not reflected in rural areas.³ Access to services remains extremely limited in rural communities throughout much of Peru, particularly in Amazonia, where service delivery, if available at all, is generally poorly orchestrated and largely unmonitored. Moreover, the collective memory of women's experiences of uninformed or coerced sterilization procedures is still fresh. As a result, indigenous communities are suspicious of any actions by the state or external actors that concern their fertility. Women intuit that these programs have less to do with a concern for their well-being than with a continued policy of cultural assimilation and containment.

The Amazonian region of Peru has over 66 linguistically and culturally distinct indigenous societies, with the strongest concentration living in the department of Loreto.⁴ APRI-Minga's programs are located principally in Loreto, a region that accounts for approximately one fourth of the national territory (134,000 square miles). Due to its size, geographical isolation, and lack of transport infrastructure, Loreto remains the least "developed" of Peru's departments. Poorly documented and under-reported, the fertility rates in Loreto are thought to range between 7.4 and 11.2, and infant mortality fluctuates between 99 and 153 per 1000 live births.⁵

The situation in Loreto exemplifies the understanding that improved reproductive health conditions cannot be achieved only through increasing services and information. Rather, reproductive health programs must work to enable women to develop their self-esteem while simultaneously promoting gender equity by involving men as stakeholders

in family planning decisions. This entails involving community participants in all stages of program design and implementation. Furthermore, in indigenous communities, reproductive health programs must respect a plurality of values while enlisting community support to challenge harmful practices such as child marriage, intimate violence, and sexual abuse. APRI-Minga regards partnership not merely as local people practicing and learning what they are told, but as a process in which program participants articulate their own priorities and aspirations and we work together to devise solutions.

APRI-Minga Partnerships: Facilitating Community Dialogue

For the past two years, APRI-Minga has broadcast a radio program; *¡Bienvenida Salud!*, which provides primary and reproductive health education. Broadcast three evenings a week for 25 minutes to an audience of more than 800,000, *¡Bienvenida Salud!* discusses reproductive health themes through a mix of “socio-dramas” (mini soap operas), testimonials, interviews with medical professionals, and popular regional music. Given Loreto’s poorly developed transport infrastructure and its dispersed residential pattern, an effective reproductive health media education strategy must utilize radio as a primary means of communication. Throughout rural Loreto, audiences rely on the radio not only as a means of information, but also to send greetings and redress community concerns. APRI-Minga receives more than 100 letters a month from *¡Bienvenida Salud!* listeners and tapes scores of interviews during monthly visits to the communities. Letters come from communities located as much as 15 days away by river travel. In response to the low literacy rates of Loreto’s audience, APRI-Minga created a network of community-based correspondents who regularly tape-record hours of testimonials and send in local news reports on community health activities and on how the audience practices what they learn from the radio program and how they identify with the themes presented on the air. The production staff uses the letters, news reports, and taped interviews as a basis for choosing program themes. In this way,

¡Bienvenida Salud! plays a critical role in disseminating health education and facilitating dialogue and ultimately social change.

Community Promoters

APRI-Minga works with a network of women and girls as promotoras comunitarias (community promoters), leaders who mobilize their communities to assert greater control over their health, their fertility, and their social welfare. The promotora model is based on the belief that training individuals has a multiplier effect. The promotoras, who were originally identified through the letters they wrote to *¡Bienvenida Salud!*, participate in training workshops that combine consciousness-raising with vocational skills. On return to their communities, the promotoras share what they have learned with a network of eight to thirty women. The male partners of some of the promotoras have asked APRI-Minga to convene workshops on intimate violence and women's rights. Many of the promotoras report that their relationships with their spouses have improved dramatically as the men have become more aware of the importance of women's health and empowerment. The effectiveness of the community promoter program depends on a nuanced understanding of the ways in which women experience their reproductive lives: as mothers, daughters, lovers, workers, and politically engaged agents.

In an effort to strengthen the prospects for community development, the promotoras have implemented income-generating projects in their communities with APRI-Minga technical and financial support. These projects, which include integrated fisheries, sewing and shoemaking collectives, boat mechanical repair, and carpentry workshops, have been designed by each promotora on the basis of her community's needs and her own individual strengths.

Community Education

An integral part of APRI-Minga's program is the provision of opportunities for intercultural education at the primary, secondary, and professional levels. At the primary and secondary school levels, APRI-Minga works with the

Indigenous Teachers Training Program in Iquitos to increase indigenous girls' participation in secondary schools. This initiative examines the challenges to girls' education and designs flexible programs that facilitate continued attendance in secondary school. As in many parts of the world, formal education for girls in this region depends largely on generational influences and community commitment to equal educational opportunities. Intercultural and bilingual education increases community participation and parental involvement in the schooling of children.

In 1998, APRI-Minga initiated a masters' degree program in Amazonian studies at the Universidad Nacional Mayor de San Marcos in Lima, Peru. The first of its kind in Peru, this program combines social and natural science perspectives to promote an interdisciplinary understanding of the challenges and prospects facing contemporary Amazonian societies. The degree combines a program on sustainable development with courses in social history, anthropology, ecology, gender studies, population, and reproductive health. Currently, the program has ten students from professional, science, and humanities disciplines whose research explores topics from the reintegration of indigenous communities in the aftermath of Peru's civil war to traditional midwifery practices among indigenous women.

Challenges and Future Prospects

APRI-Minga's comprehensive approach to improving reproductive health is not without difficulties. One challenge is to secure funding. Although population is increasingly seen as an issue involving both service provision and gender equity, the funding pool for empowerment programs is significantly smaller than funding for service provision. Empowerment-focused programs like APRI-Minga's are under pressure to show results, but proving rapid and quantifiable returns is often at odds with the true spirit of participation and partnership. Investing in individuals and communities is a slow process, one that does not fit neatly into segmented "issue areas" as defined by funding agencies.

A second challenge is integrating global health principles of gender equity and empowerment with indigenous cultural practices. Recently, three Aguaruna teacher-trainees supported by APRI-Minga at the Indigenous Teachers Academy recorded a socio-drama that they had written for *¡Bienvenida Salud!* discussing the problem of suicide among young women in their communities. As members of one of the largest and most powerful Amazonian indigenous societies, the three Aguaruna women provided APRI-Minga with an opportunity to initiate dialogue calling attention to harmful cultural practices. The socio-drama described the suicide of a 10-year-old girl protesting forced sexual relations with an elder relative and the attempted suicide of a 14-year-old girl protesting her impending marriage. The radio broadcast included testimonials from community elders in the Aguaruna language and interviews with social workers addressing the health dimensions of attempted suicide. In concluding the broadcast, the women affirmed their cultural values but denounced the fact that these young women had to resort to such extreme measures to express their wishes. They concluded with a compelling statement against forced marriage and intimate violence, calling instead for open dialogue and a space in which young people could be accorded rights and a voice in a gerontocratic society.⁶ APRI-Minga has since produced three additional broadcasts that deal with indigenous cultural practices harmful to women and girls. The broadcasts are aired when the teacher-trainees return to their communities so that they can convene focus groups and stimulate discussion about the socio-dramas.

As this example indicates, implementation of the principles expressed in the global reproductive rights movement are continually negotiated and reframed within specific cultural contexts. Indigenous communities negotiate the terms of gender equity, intergenerational relations, and political accountability on a daily basis. Rather than condemning indigenous peoples to a state of rigid conservatism—as societies frozen in aspic—the ICPD mandate enables concerned practitioners to formulate reproductive health concerns into

a framework with which the people who are the targets of family planning programs can identify. The above challenges notwithstanding, it is increasingly clear that a comprehensive community-development approach is a viable way to improve reproductive health conditions and promote human rights in rural Amazonian communities.

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