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Family Planning Policies in Peru (1995-2023): Ontological Problems on Fertility and Infertility in Andean and Amazonian Culture

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Abstract

The research proposes a historical analysis of family planning policies in force from 1995 to 2023, with the objective of understanding the problems derived from the Voluntary Surgical Contraception (VSC) program implemented between 1995 and 2000, as well as the current decline of the health system in relation to sexual health and family planning. It addresses the influence of conservative-oriented governments and policies, as well as the interaction with Andean, Amazonian and urban cultural conceptions of fertility and infertility. The methodology employed is historical in nature, with an anthropological and qualitative approach. The findings highlight that policies related to sexuality and family planning in the historical context of the country did not take into account the cultural values and perspectives of local communities, which has contributed to a social gap in the field of public health. It is evident that the mass sterilization policies implemented in Peru during the 1990s suffered from lack of informed consent, pressure and coercion on individuals, having a disproportionate impact on the most vulnerable communities. Therefore, this study seeks to provide guidance and recommendations to address the current problem identified.

Keywords: *Family Planning Policies, Reproductive Health, Ontology, Fertility and Infertility.*

Introduction

Reproductive health and family planning policies have been developed in Peru since the 1980s. The evolution of these policies can be categorized into three periods: a first period between 1995-2000, with a policy that advocated the implementation of non-reversible contraceptive methods and anti-abortion. A second period between 2000-2021, conservative with a large affiliation to religious discourses on the family and sexuality, with policies scarcely directed towards the population and little or no investment. Although there are intermediate periods that, if they have promoted a more progressive sexual health policy and planning, the reach in the population has been deficient. A third period from 2021 to the present day, advocating for a progressive policy, a more effective educational implementation, especially from the biological and cultural logics. Trying to implement greater coverage in health centers, and above all with more scientific information on these issues and expanding specialized personnel.

But laws and protocols, in most cases, are not taking into account the cultural differences that populations hold about the categories of fertility and infertility. In this article we want to analyze these ontologies to bring to light the problems that arise between policies and these populations. Both fertility and infertility are concepts that vary by culture. In the Peruvian case, the virility of people is still a recognizable conception in the number of children they have and in their gender. The nature of infertility is also related to an imbalance in the body, nature or community, not only, as biomedicine would say, with reproductive problems. This being the case, it is important to take into account these cultural conceptions, establishing a communication in the categories of the different cultures. It is true that progress in this 21st century has been greater than in the past, but there is still a lot of work to be done to achieve the objectives set by the country.

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This paper addresses the cultural, social, and political complexities that have influenced the implementation of family planning policies in Peru during the last decades. Since 1995, the country has experienced a number of policies aimed at fertility control and management, many of which have generated controversy, especially in relation to Andean and Amazonian communities. These communities have deep-rooted worldviews on fertility, the role of women, and the balance between humans and nature, which has led to tensions between state policies and traditional cultural practices.

In Andean and Amazonian cultures, fertility is not only linked to biological reproduction, but also has an ontological character, associated with worldview and respect for natural cycles and balance with the environment. This contrasts with state family planning policies, which have been based on public health and population control approaches, often without considering cultural particularities and local perceptions of fertility and infertility. The forced sterilization programs in the late 1990s and early 2000s are a clear example of this dichotomy, which left deep scars on affected communities.

The article examines, from a critical perspective, the ontological problems that arise when family planning policies do not integrate cultural values and local perceptions about fertility. Through the analysis of official documents, ethnographic studies and testimonies of Andean and Amazonian communities, this work seeks to understand the implications of these policies on reproductive autonomy and human rights. In addition, it explores how communities have resisted or adapted these policies based on their particular worldviews, seeking a balance between state interventions and their ancestral beliefs.

The article proposes a more inclusive and culturally sensitive approach to future family planning policies, one that takes into account the ontological values of indigenous communities and ensures respect for their reproductive rights. The objective is to understand the problems derived from the Voluntary Surgical Contraception (AQV) program implemented between 1995 and 2000, as well as the current decline of the health system in relation to sexual health and family planning.

Methodology

The methodology used is framed in the historiographical techniques of archival search, data collection and data analysis with a qualitative perspective, which allows us to understand the conceptions about the categories of fertility and infertility in Andean and Amazonian cultures. We have not done a study focused on a single ethnic group, but we speak in a general way of Andean and Amazonian culture even though we know the differences that exist between the different communities (linguistic, artistic, economic or political). In this case, the study differentiates two particular areas: urban or rural. When we say urban we refer to the large cities of Peru, whose population is mostly not native; This does not mean that there are no native populations in the different cities, but it is a way of identifying in a general way two differentiated realities. The selection process of the participants included the following process: First, families who were victims of the forced sterilization policy were identified; Second, the selection of those families, which, in their formation, involved different generations in the same family; Third, the identification of informants with cases of family disintegration, death, and families with a sick member as a result of the application of the policy. 15 families from the different communities of the Puno region participated, to select the information of the health post of the communities was taken into account. The names do not appear in the investigation at the request of the informants, in some of the cases we were authorized only initials of names and surnames.

To collect the testimonies or life stories, the reporter (recorder), field notebook, was used. An interview guide was used with women and men who were affected by the sterilization policy. Another of the instruments used was the in-depth interview in the study areas. On the other hand, documents such as reports, scientific articles and books in relation to population policies and birth control, sterilization and pregnancy control with the use of medicinal plants in the Puno region were reviewed. For data analysis, the Atlas Ti-v14 program was used, the program facilitated the transcription of the answers of each of the informants, as well as the coding and categorization of the testimonies, then proceeded with the organization and interpretation of the information, through an inductive procedure.

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Results and Discussion

The "National Program for Reproductive Health and Family Planning" (PNSRPF) was intended to align itself with international human rights policies, as reflected in Article 16 of the Tehran Conference (1968) (Gallardo, 2016: 9) and women's rights that were being developed in the 90s around the world. Its objectives were to reduce infant and maternal mortality, lack of prenatal care, lack of safe drinking water, increase aid for illnesses and enable 70 per cent of women to access the use of family planning methods. The PNSRPF promised to lower the birth rate to 2.5%, as advised by the International Monetary Fund and the World Bank (Gallardo, 2016; Gallardo, 2017; Gallardo, 2021).

However, the PNSRPF resulted in a eugenic policy (Ballón, 2014a) and a crime against humanity (Tamayo, 1999) or genocide (Inquilla, Carpio, Apaza *et al*., 2022), although justice has not yet been pronounced and remains an open question. What has been clarified is that it seriously aggravated reproductive rights and health itself by not being carried out in accordance with the guidelines of the international legal framework and showing an ethnic component, observing that it focused on the Andean and Amazonian areas, as shown by the interviews that have been collected by various studies (Ballón, 2014a, 2014b; Cerbini, 2008; Special Commission on Voluntary Surgical Contraception Activities A-Q-V, 2002; Goytizolo, 2016; Inquilla, Carpio, Apaza *et al*., 2022; Molina, 2017; Stavig, 2017 and 2022; Tamayo, Dodley, Macassi *et al*., 1998; Tamayo, 1999; Villanueva, 1998; Villanueva, Mantilla, Gianilla *et al*., 1999; Villanueva, Ramos, Velasco *et al*., 2002).

It was directly built by former President Alberto Fujimori, with a vertical structure in which the president himself, the MINSA, the army and some NGOs participated. Fujimori used a modern and feminist discourse to gain the trust of the international community. At the conferences in Cairo (1994), Copenhagen (1995) and Beijing (1995), the former president insisted on the need to build a reproductive health program that would introduce legal abortion, voluntary surgical contraception (AQV) and new contraceptive methods, so that women would have control over their own bodies and to alleviate poverty within the most vulnerable families. as he expressed in the speech made at the congress of Peru, on July 28, 1995 (Gallardo, 2017): It is like this in the undeveloped world that the vicious circle poverty-unwanted child-poverty is reinforced. We have to definitively break this circle, appealing to realistic economic policies, with macroeconomic bases that allow the stability necessary for sustained national development, and, in parallel, with rational demographic policies (Fujimori, 1995: 2). This birth rate policy was approved and applauded by the international community without seeing the possible consequences it could have (Chirif, 2021: 5).

The Implementation Of The Voluntary Surgical Contraception (AQV) Subprogramme, 1995-2000

The implementation of the subprogramme (AQV) was carried out mainly in the peripheral areas, where the Andean and Amazonian peoples are located. He thus intended to make use of the AQV to reduce the number of children that these populations had. This required the collaboration of doctors and nurses, NGOs and, in some cases, the army.

The Ministry of Health (MINSA) was directly responsible for the subprogram, led by the deputy ministers of health: in 1993 Eduardo Yong Motta, in 1996 Marino Costa Bauer and in 1999 Alejandro Aguinaga. From this institution, different quotas were drawn up on the number of sterilizations that had to be carried out per year and per hospital. These, according to the Ministry, were formulated to know the impact index of the program, the economic needs and the human material that had to be allocated for its implementation. The total figures, according to the Health Sector Budget Project, would be 287,511 interventions (1996-2001), and 14 deaths were reported as a result of the interventions carried out. According to the Ombudsman's Office Report 69, a total of 272,028 women and 22,004 men were sterilized (1996-2001). This figure coincides with the research of Tamayo and Zauzich with a total of 260,874 interventions (1996-2001).

The testimony of another Doctor, without mentioning his name, explains that during the time of the AQV campaign:

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All programs had goal indications, and compliance with them was part of our professional obligation. […] Then came the goal indications for tubal ligations. When we were told that these methods should be preferred, the goal indications for other methods simultaneously disappeared. Many patients practiced other methods, that is, we had to discourage them from giving them up. The only thing we had in mind was to reach our goal for this year and in this way we reached extraordinarily high numbers of patients operated on daily (Zauzich, 2000: 58).

Apart from health personnel, attraction actions were generated that were defined as "health festivals" or "recruitment campaigns". These "festivals" were intended to attract young women of childbearing age to sign up for AQV. Large tents with different activities were usually organized. The personnel required usually consisted of a person in charge of the MINSA, another from the Peruvian Institute of Social Security (IPSS), two local people from the health department, two people for entertainment and two communicators, in addition to members of different NGOs and personnel from the police or armed forces. This "recruitment" systematically violated the right to information, since they signed papers that were not translated, so many women authorized the sterilizations without knowing what they were signing. On other occasions they were offered money, food or health resources, directly threatened with a fine, or forced to think about an impoverished economic future. All under an advertisement that clearly linked having many children with poverty, emphasizing that having two children was the perfect family plan, such as the message of an AQV campaign banner in San Ramón, Chanchamayo (Department of Junín): We decided to have only two children, that's why we chose the tubal ligation method and we are happy! Or how the testimony of Mrs. Magda Materos tells us: "There were posters where poor people appeared at the top with many children, who did not plan their family: they were all skinny, even her dog; at the bottom you could see the man and the woman with two children and a nice house, even the dog was fat... this implied that someone was poor because he had more children" (Zauzich, 2000: 56).

Problems Arising From the Practices of the AQV Subprogram in Quechua and Aymara-Speaking Populations

The practices carried out by the AQV subprogramme produced different problems in the Andean and Amazonian populations of a cultural, economic or demographic nature.

The main problem would be the distancing of these people from the medical system, producing a rupture in terms of their trust. In most cases where problems have arisen from sterilizations, users have preferred not to return to health posts or hospitals. On other occasions, they have come, but their testimonies argue that distrust, leaving evidence of a barrier that continues to exist today between these health personnel and the communities, as we can see in the testimony entitled "case 3", by not revealing their identity:

I was pregnant and my husband took me to the medical post to give birth. They put a blister on me and I fell asleep. […] Months passed and I couldn't get pregnant, even though I didn't take care of myself. After some time I talked to my husband and he told me that, when they put the blister on me to sleep, the nurse and the doctor who treated me took me to another office. Here they told him (my husband) that they were going to give him money in exchange for sterilizing me and he accepted by signing a document without consulting me. When I received the news I felt anger and sadness, I started crying and cursed them. Why, how did some professionals have to do that to me? Now I do not go to the post, nor do I have confidence in doctors (Report by D. 2016 in Inquilla, Carpio, Apaza et al., 2022: 38).

Within the family, one of the most common problems derived from sterilizations is the breakdown of marriage. The fact that women are unable to conceive children is perceived by the Andean population as having a negative impact on the daily activities of sterilized women, who, on the other hand, suffer the grievance and offenses of the rest of the community, which distrusts them, insults them and excludes them. In the case of sterilized men, their lack of virility would be the consequence of this process of isolation, ending with the breakdown of the marriage or their flight from the community. According to research conducted by Inquilla et al., (2022), it is observed that both women and men who have been sterilized continue to have sex with other people, despite knowing that they cannot conceive children. This phenomenon suggests the existence of motivations and needs in people's sexual lives beyond reproduction, which can be studied in future research on sexuality and interpersonal relationships. The following testimony explains how the sterilized woman is linked to the health of the man:

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For our community it is not a problem to have more children, but the health agents say that having more children is an expense and it will be a problem, they will have nowhere to live, because there is no more land, that is what the health agents justify and the young women believe and are convinced and have their tubes tied. They just stop sick all the time, it sure affects the operation they have had. Of course, men do not look so sick, but over time they will still get sick because we have been born all complete, so we cannot play with our bodies (Inquilla, Carpio, Apaza et al., 2022: 40).

The testimony explores a community's perceptions and practices in relation to reproduction, health, and reproductive decisions. It emphasizes cultural beliefs, external influences (such as the opinion of health workers), and gender implications in reproductive decisions. The health implications of contraceptive procedures and how these decisions affect the health and well-being of women in the community could also be explored.

Another problem observed by researcher Alejandra Ballón in her fieldwork in Piura (2012) is that women who had been subjected to tubal ligations could not perform their textile work well with the *kaywa* or backstrap loom technique. This pre-Hispanic technique consists of women tying a loom at waist height, with a blow being necessary to adjust the threads, directing the force towards the belly. After the operation, interviews reveal that in many cases they have abandoned this work due to pain. From the operations, the women assert that they limit this practice to exceptional occasions, affecting the family and community economy. Adding to this is the cultural loss, since there is no generational transmission of textile knowledge. In addition, the disappearance of this space produces a loss of cohesion for women, who by weaving express their inner world, as well as the ontology of their people (Ballón 2013; Gallardo, 2016).

AQV policies have also generated a drastic negative demographic situation in some communities, the birth rate has been reduced and the ageing of the population is remarkable, affected at the same time by migratory factors where the abandonment of the countryside is becoming increasingly latent (Gallardo, 2016: 41). In the digital newspaper *Mezclateconmigo*, where the journalist Sara Cuentas interviews Josefa Ramírez Peña, on March 25, 2015, all of the above is summarized: - "What consequences did the sterilizations have within the families of women?"

When women, once sterilized, did not get pregnant, partners abandoned them. That situation relegated and violated them. That is, they not only suffered the physical and mental consequences in their body, but also in their vital relationships, due to total abandonment. […] Above all, those women who, finding it impossible to continue working, were forced to send their daughters to the big cities to work as domestic workers. And they only stayed with the youngest children until they grew up (Inquilla, Carpio, Apaza et al., 2022: 48).

Family Planning Policies Following the National Reproductive Health and Family Planning Program (PNSRPF), 2000-2023

Unlike the previous stage, the policies carried out later had a conservative cut, resulting in little information on family planning by the State and leaving Peruvians devoid of effective tools.

During the government of Alejandro Toledo, a far-right policy was implemented that restricted access to sexual health services, such as emergency contraception, condoms, and post-abortion care. This measure was accompanied by the promotion of the Catholic discourse, which promoted a heterosexual family model as the only valid one, discriminating against other forms of family. Abstinence was promoted as the main method of HIV prevention, natural methods were prioritized, and any reference to gender equality was omitted. These provisions can be observed in the MINSA Health policies during the period 2002-2012. Likewise, the Ministry of Education excluded sex education from its curriculum (Coe, 2006; Lorenzo, 2017).

In 2004, the pressures exerted on President Toledo led to a change in the composition of his cabinet, replacing members with others of ultraconservative tendencies. In this context, Dr. Pilar Mazetti assumed the position of Minister of Health (MINSA) and proceeded to reverse previous policies, focusing on the improvement of sexual and reproductive health services. These actions are reflected in the document published in the same year under the title "Comprehensive Program for Sexual and Reproductive Health", which details various contraceptive methods, both natural and artificial, such as periodic abstinence, barrier

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methods, hormonal contraceptives, progestogen injectables, intrauterine devices, emergency contraception and oral contraception.

In addition, this program includes an informative manual on sexually transmitted infections (STIs) and other diseases related to sexual and reproductive health. An action protocol was also established to address violence against women. This participatory approach is evidenced in the meetings held with 15 organizations belonging to the Sexual and Reproductive Rights Monitoring Board (Coe, 2006: 67), showing a direct commitment to the population in the promotion of sexual and reproductive health.

Since 2004 there have been no major variations, but it is worth mentioning the introduction of two directives added in 2021. The first, entitled: "*Health Directive for Care in Sexual and Reproductive Health Services during the Covid-19 Pandemic*", which establishes the indications to guarantee access to Sexual and Reproductive Health Services in the context of the pandemic. The second, the "*Technical Health Standard for the Prevention and Elimination of Gender-Based Violence in Health Facilities That Provide Sexual and Reproductive Health Services*", whose purpose is to eliminate gender-based violence in health services, establishing regulations based on scientific evidence, promoting respect, and disseminating the importance of complaints from those affected within health services (MINSA, 2021b: 1).

As Dr. Hugo González, representative of the United Nations Population Fund (UNFPA) in Peru, explains, the use of modern contraceptive methods has been maintained in the last 20 years, with its percentage being 39.6% in women between 15-49 years old. According to the Demographic and Family Health Survey (INEI, 2020: 140-141), one in two births in the last five years was unwanted. Socioeconomic and cultural factors also seriously affect the choice of modern contraceptive methods, with the regions of Puno, Huancavelica, Cajamarca, Ayacucho, Áncash, Junín and Loreto showing that women use them less.

Currently, in Peru, sex education continues to be relegated in the school curriculum, despite the efforts made by the Ministry of Education with the introduction of the program "The Guidelines for Comprehensive Sex Education for Basic Education" in 2021. The different programs implemented to date have failed to achieve the objectives of interculturality, gender equality and sexual freedom, which has led to the proliferation of problems such as sexual violence, gender violence, homophobia, racism, forced marriages, teenage pregnancies and the increase in Sexually Transmitted Infections (STIs).

These problems are closely related to the deficient application of Comprehensive Sex Education (CSE) policies. Most of the educational institutions that do not comply with the implementation of CSE are those of Catholic and Evangelical orientation. In these schools, not only is CSE teaching omitted, but advances in modern contraceptive methods are also rejected, opposition to abortion is promoted, and the traditional conception of the family is perpetuated. Greater financial resources, greater political will, the inclusion of compulsory sex education subjects in the secondary education curriculum, teacher training on CSE issues, coordination with community partners and greater economic investment are needed to achieve effective results in this area.

Andean and Amazonian Ontology on Fertility and Infertility

Health and disease are directly related to fertility and infertility, since for Andean and Amazonian cultures, health corresponds to the ability to carry out daily activities, work on the farm or with livestock, fishing, textile processing, cooking, raising children, pregnancy, sexual relations (Nicahuate, 2007). In the words of the Asheninka community: "*Atekatsite rootaki eero akimiro akatsiwaete awatsaki, kametsa aweshireya, antawaete, añaatsatya, ashimaate, akini antamiki, maawoni akowiri oetarika anteri*" [Health means being healthy and not having ailments in the body, having the desire to work, play, fish, hunt...] (Nicahuate, 2007: 112).

According to the ontology of these peoples, disease is defined as the inability to carry out daily activities and is linked to an "imbalance" with the community environment, whether with human communities, nature (called *sallqa in Aymara*) or deities (known as *huacas in Aymara*). In their worldview, all these entities are interconnected through mutual upbringing, dialogue, and reciprocity, coexisting on the three planes of existence: *Hananpacha, Kaypacha, and Ukhupacha* in Quechua (Vicente, 2016: 251); and *Alaxpacha, Akapacha*

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and Manqhapacha in Aymara (Inquilla, Carpio, Apaza et al., 2022: 48). When dialoguing with the Andean communities, it is observed that they only recognize two planes of existence: the earthly world and the spiritual world (Ricard, 2007: 321-349), having added a third plane due to the influence of the acculturation imposed by Catholic missionaries, which refers to Heaven, Earth and Hell. On the other hand, Vilca-Apaza, Bermejo-Paredes and Sardón-Ari. (2021) assure us:

The space is divided into alasä and maasä (up and down). The Aymara world (pacha) comprises two spaces and not three as previously thought: Alaxa pacha and manqha pacha (world above and below). The Aka pacha (this world), the third element, is the result of the clash of the two worlds. The harmonious encounter generates the third element represented by the triple spiral... (p. 1701)

In the Aymara and Quechua culture of Peru, the soul or *animu* (in Aymara "*Ajayu*") is of vital importance in the interpretation of illness, related to diseases such as "susto" (in Aymara *almawawasaraqata or animusaraqata*). Therefore, for Andean cultures, the body and the *animu* are connected to each other, but they are interdependent. Disease or health in the Andean world is understood as the supernatural, emotional and natural (Onofre, 2013). In addition, it should be borne in mind that some of the Andean diseases are categorized around the symbolic values of "cold" and "warm" (Juárez, 2006: 321), and "wet" and "dry". For example: "*when a woman has a child she cannot be exposed to the sun or the cold or she can suffer from relapse* (postpartum disease)", and may even die, or "*when women have abortions they can seem like the anger of the huacas or spirits*" (Onofre, 2013: 51). The organization of these categories categorizes the male and female in a form of dual complementarity, with the female being "cold" and "wet," and the male "warm" and "dry." This reference is directly related to the fluids around sexuality, male and female, but not to the sexual organs. These categories are variable and flow (Inquilla *et al.*, 2022: 13). In the Aymara context, when a young person is single, it is considered incomplete, and when the marriage is performed (in Aymara *Jaqichasiña*) it is said that it is already complemented (Apaza, 2012).

Blood and fat would be other factors to understand the implications of sterilizations or other operations on health. For Andean communities, blood is a vital fluid and is limited, except in the case of menstrual blood, which is understood as an abundance that must be expelled without restriction (Fernández, 2006: 322). The loss of blood in a past event can transcend into the future (Bastien, 1986: 11), being a circular phenomenon. Any spill of blood means disease (Fernández, 2006: 321; Fernández, 2008: 61; Bastien, 1986: 11). In the sterilizations of the AQV program, Andean women reveal in their testimonies that the ligation leaves them "weak" for daily tasks, and as we have mentioned before, this is related to the disease. For this reason we consider it an ontological problem produced by cultural conceptions of imbalance, generated by blood loss in the past, infertility and the social problems derived from it.

The relationship of blood with fertility and infertility has several conceptions. In Andean man, semen is considered "white blood", or it is also understood as "seed" (Platt, 2006: 147-149; La Riva, 2012: 137-140; Vicente, 2016: 256), called in the Aymara areas of Ingavi and Omasuyos in Bolivia as *jatha* (Arnold, Yapita and Tito, 1999: 107), among the Quechua of Cuzco *muhu* (La Riva, 2012: 137) and *muju* in Macha, Potosí (Platt, 2006: 149). It is said that man has a uterus (in Quechua, *makri*) where his "seed" resides. Infertility is usually interpreted as a failure in the reproductive system of any member of the couple, understanding that the woman lacks blood and the man suffers from "*breakage*", pus coming out of his penis (in Quechua *q'iya*), referring to rotten white blood (Platt, 2006: 149-167). The following testimony reveals the Andean thinking about semen and spermatozoa: "*Taytaqmantaqa chay spermatozoa, lechehina haykushan, anchay chay chocan. Chay lechehina hamushan anchaypis kuruchakunahina kan*". The sperm comes from the father, turns into milk, and then collides. It is like milk with small worms (La Riva, 2012: 139-140).

As we have mentioned before, blood is related to virility, and it is verified when a man has a male child; on the contrary, he is ridiculed by the community in cases where he has only had daughters, as we can see in the following testimonies: "Let's say that in a family there are only boys, that would be because the blood of the man must be strong, that is why he can have only sons, sometimes also when the woman has very strong blood they can have only daughters. If we don't have children, how the community would look at us. Criticism is therefore ... Sometimes they say "capon, childless capon, ha, ha. It is morally low not to have

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sons, because people tell them that they are faggots who can't, who don't know, they say: or I'll do it for you (most laugh)" (Ramos, 2004: 7).

This search for the male child affects family planning. This need for the male child usually responds to practical issues: care insurance for when they are elderly, inheritance, the perpetuation of the surname, the paternity relationship generated between father and child and the symbolism it represents within the conjugal union (cohesion of the couple and guarantees of happiness). Ramos (2004) presents us with the following testimony: "They make a lot of children because the first one does not come out as a boy, in the second either, and they pile up children because they want to try to prevent the surname from dying [...] for example, I have a brother-in-law who, in order to look for a son, now has only a few of them as women, and he continues to look for a man" (Ramos, 2004: 8).

Currently, Andean men understand family planning, but contraceptive methods clash with some interpretations, such as, for example, the sexual control of women, not knowing if the woman has had other sexual relations (Ramos, 2004: 15). In addition, they understand that the only ones that can regulate the number of children would be the different entities, as the following testimony shows:

On family planning that is being talked about today in all the health posts, I want to express the following: for us Aymaras it is not necessary to use artificial methods to not have children, the *Pachamama* who is our mother knows how to regulate us and knows how many children she can give us, when our parents have had six or more children. their children will no longer be able to have more than two children, so the *Pachamama* (mother earth) and the achachilas (tutelary hills) know when and how many children we should have; children are blessings and are protected by the entire community (Inquilla, Carpio, Apaza et al., 2022: 56).

In Andean and Amazonian ontology, blood is also symbolically related to women's fertility, especially menstrual blood. Generally, the last days of menstruation are considered the most fertile for women, something related to the lunar cycle (Arratia, 2004: 50; Platt, 2006: 149; La Riva, 2012: 137). A woman's fertility is also related to concepts used in livestock farming, such as "milking". In this sense, the woman "milks the sheep" (in Quechua: *uwijamanta lichí ch'awanchis*) and pours the rennet into the milk to produce the cheese. The idea seems to be to "milk" the penis so that the seed curdles in the woman's womb, and produces a fetus (Platt, 2006: 149). In the words of Tristan Platt: "The idea is insinuated that the seminal drop of 'white' blood causes the coagulation of the woman's 'red' menstrual blood. The image of milking also reflects the active participation of women in the sexual act, without being passively "receptive" to the penetration of men".

In addition, blood and fertility are related to the land moistened by the rains, linking the woman's body with the farm, in such a way that the cultivation of potatoes and other vegetables is associated with reproduction and fertility: the harvest is fertilized by the rains, and its harvest is interpreted as an authentic birth (Arnold, 1996: 197-206; Vicente, 2016: 256-258). As we have mentioned before, the lunar cycle regulates a woman's fertility and periodizes menstruation, even childbirth. A new moon would be the best days to have sex and for the woman to become pregnant (Vicente, 2016: 258). The treatment given to the placenta is also important, since fertility is linked to it in a symbolic way, affecting both fertility and infertility periods, making it possible not to have children for a period, but also to ask for the sex of the following newborn: "I, for example, have only boys, Don't you see? And you have to turn the placenta around, and so you have to bury them. [...] Don Justino has buried him in Uyuni in this way. When I have had my Adrian it seems. He has gone to bury by turning around." (Vicente, 2016: 259).

For women suffering from infertility, the use of "fertility stones", called *kamiri* ("infuser of life"), has been recorded, which are supposed to have a vital energy that runs through the woman's womb, giving fluidity to the blood of both parents. From this Andean ontological perspective, life arises from the interior of the earth, where "devils" (in Quechua: *supay*, which meant souls) males and females of desire are introduced into the womb of the woman, concluding that the vital energy of the fetus is an ancestor (Platt, 2006: 150-151). In addition, in Chucuito, it can be seen that, in the temple of the *Inca phalluses*, called in Aymara "*Inca Uyo*", which means "Inca virile member", many women come to ask for their fertility.

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Finally, contraception in Andean and Amazonian cultures is not unknown. Apart from sexual abstinence, there are treatments with different plants and animals to reduce menstruation, produce temporary infertility or cause abortion. For example, for the *Asheninka and Ashaninka* Amazonian communities, an effective contraceptive would be *iraari* resin (dragon's blood) (Nicahuate, 2007: 135). In Andean communities we also find other remedies to produce infertility, such as the *qhinchamali* plant (trivocalism), the *munimuni* and *misik'u* flower (dry and mystical love) or parsley. Or with animals: for example, eating mule meat and blood (Inquilla, Carpio, Apaza *et al.*, 2022: 56-68).

Fertility and Infertility Within the Ontology of the Urban Population in Contemporary Peru:

Fertility and infertility are also issues of vital importance in the thinking of the urban population in Peru and in the world at large. Family planning programs, run in most parts of the world by the United States since the 1950s (the USAID fund, the Rockefeller Foundation and the United Nations Population Fund (UNFPA), have insisted on the need to lower the birth rate of southern Latin American countries to three children per family. In the 1990s, Peru was above that figure, so the Fujimori government proposed the "Guidelines of the health policy of Peru 1995 to 2000", presented in the document "The Challenge of the Millennium: A Health Sector with Equity, Efficiency and Quality", where it was established to lower the birth rate to 2.5 children per woman.

The birth rate has decreased in the country, entering a negative vegetative trend, with all that this implies for the maintenance of the Nation State; problems that are being generated in Western countries, especially in the maintenance of pensions, and therefore of the Welfare State. This is according to the report entitled *The sustainable demographic dividend: What do fertility and family have to do with the economy* (2011), published in the United States by the National Marriage Project of the University of Virginia. In addition, according to the Demographic and Family Health Survey (INEI, 2021: 140-141) one out of every two births that occurred in the last five years was unwanted at the time of conception (52.1%), and when it comes to a fourth birth, the ratio rises to 2 out of every 3 births (67.5%). "The percentage of adolescent women (15 to 19 years old) who are or have ever been pregnant has remained at stable levels (around 13%) in the last two decades" (Mendoza and Subiría, 2013: 477). This shows that family planning and sex education policies have not been able to reach the Peruvian population in an effective way.

However, what is relevant is the acceptance by urban families of the ideal family planning that places the number of children at an average of 1 to 3. This trend, influenced by global birth policies, has prevailed in the field of family sociology due to various sociological factors. From an economic perspective, families understand that having more than three children is not feasible given their financial circumstances, therefore, they adjust their family planning based on their economic situation.

In the past, having more children implied having free labor for agricultural or livestock work, however, in urban environments this notion has disappeared since work is concentrated in the secondary and tertiary sectors. Likewise, educational policies, particularly those promoted in the context of Comprehensive Sex Education (CSE), encourage the use of contraceptive methods and specific family planning. These guidelines are strongly influenced by the aforementioned financial resources, promoting a family model with 1 to 3 children. The introduction of new gender policies and approaches that advocate for women's autonomy, their inclusion in formal education, in the labour market and in the exercise of the vote, has also contributed to this change. This process has resulted in a delay in the age at which people decide to have children.

The problem of infertility in Peru is directly related to this conception, since the couple who cannot have children, even if their residence is in urban areas, can be subjected to a loss of social influence, a verbal onslaught and jokes by their neighbors or friends, or the separation or abandonment of the couple. although it should be mentioned that it is less marked than in rural areas. The data provided by Dr. Luis Ernesto Escudero, former president of the Peruvian Fertility Society, in Peru, are revealing: "About 15% of couples are unable to have children; of these cases, 40% are attributed to male factors, another 40% to female factors and the remaining 20% to joint circumstances." (RPP, 2021: 1).

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Conclusions

It is concluded that through the National Program for Reproductive Health and Family Planning (PNSRPF), implemented by the government of Alberto Fujimori between 1995-2000, human rights violations were committed during its execution. This program, aimed at indigenous populations in the Andean and Amazonian areas, violated the rights to information and free consent, established quotas in health services, exerted pressure on medical personnel, performed surgical procedures with a lack of adequate material and in unprepared environments, and did not provide adequate postoperative follow-up, which in some cases resulted in the death of users.

The policies after the PNSRPF had a conservative paradigm, in which the State did not get involved, not enabling the necessary means for education and scientific information that would allow for grounded notions in matters of sexuality and family planning. On the other hand, there is a great gap between the State's understanding of sexuality and family planning policies with native cultures, in this case Andean and Amazonian. This gap is manifested in the concepts of fertility and infertility that are understood differently from the categories established by Western biomedicine. Therefore, we conclude that it is important to take into account the need to establish public policies on sexuality and family planning with a differentiated and local cultural approach, which allows educating, strengthening and helping the Peruvian population, contributing to their full well-being and understanding their ontological problems.

There is a great gap between the State's understanding of sexuality and family planning policies with native cultures, in this case Andean and Amazonian cultures. This gap is manifested in the concepts of fertility and infertility that are understood differently from the categories established by Western biomedicine. In Andean and Amazonian ontology, fertility has links with nature and with the different tutelary or divine entities. Their methods for increasing fertility and achieving contraception are derived from their ancestral knowledge, which through ritual specialists are able to achieve the desired effect. The use of modern contraceptive methods is also changing their culture, even if it has positive effects for individuals, cultural thinking needs to be taken into account when establishing different policies on sexuality and family planning. But they do not only affect native cultures and rural areas, conceptions of fertility and infertility also affect urban areas in Peru.

Family planning in urban areas is establishing between 1 and 3 children, decreasing the birth rate and producing an increase in the negative vegetative index that can result in a problem for the maintenance of the nation state. In addition, the problem of infertility within the couple is becoming more and more frequent. The inability to have the desired children naturally produces negative effects on people such as depression and lack of self-esteem, also in other cases it produces a separation within the couple. For this reason, we conclude that it is important to take into account the need to establish public policies on sexuality and family planning with a differentiated cultural approach, which allows educating, strengthening and helping the Peruvian population contributing to their full well-being or good living.

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