DO POLITICAL AND INSTITUTIONAL FACTORS MATTER?: THE OSCILLATIONS OF POPULATION POLICIES IN PERU, 1980-1998

by

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Explicit population policies in Peru were initiated in 1980 with the creation of the National Population Council (Conapo). In 1985 The National Population Policy Act was promulgated and in October 1998 for a second time a National Population Program was launched. Although this process can be interpreted as a political commitment to population policies, ‘backwards and forwards’ have characterized the Peruvian population experience since 1980. This paper addresses how weak institutional arrangements and a volatile political environment have affected the effectiveness of population policies in Peru. This is done through a theoretical discussion of the impact political and institutional factors have on population conditions, as well as through a comparison of the Peruvian experience with the Indonesian case, which represents an example of more solid institutional arrangements.

Most poor people develop sexual and reproductive risk-behaviors because of their limited access to professional services and their lack of appropriate information about how to take care of themselves and their partners and families. In this sense, population policies in Peru have traditionally been focused on challenging the unequal demographic behaviors characterizing the country and promoting fair opportunities among all Peruvians. Also, in the last few years, and in particular after the International Conference on Population and Development in 1994, population policies increasingly include a component of women's empowerment, at least at the discourse level.

Explicit population policies in Peru were initiated in 1980 with the creation of the National Population Council (Consejo Nacional de Poblacion – Conapo). In 1985, as a result of a Conapo initiative, The National Population Policy Act (Ley de Política Nacional de Población) was promulgated. In 1991, the National Program of Population 1991-95 was launched, and in October 1998 a new National Program for the period 1998-2002 was initiated. Although this process can be interpreted as a political commitment to population policies, ‘backwards and forwards’ in the implementation of population policies have characterized the Peruvian case during the past two decades. Rather than a smooth and continuous process of consolidating
population policies, these events represent ‘peaks’ reached by the population issue within the country.

This paper examines how weak institutional arrangements and a volatile political environment have affected the effectiveness of population policies and programs in Peru. It is divided in two parts. The first discusses, from a theoretical perspective, whether political and institutional factors in fact affect population conditions. The second is devoted to the analysis of the evolution and effectiveness of population policies in Peru. This part is further subdivided into three parts, including (1) a brief presentation of relevant data describing Peru’s situation from the 80’s until now and its relation to policy and program performance; (2) a portrait of Peru’s attempts to set up a public agency responsible for national population policy since 1980; and (3) an analysis of the factors underlying Peru’s capability and strength in developing population policies and programs. The latter will be done through a comparison with the Indonesian case, which represents the effects of more solid institutional arrangements on the implementation of population policies. The Indonesian family planning program is considered a model of strong political support for fertility decline in a developing country. The last part of the paper provides recommendations for the implementation of population policies in Peru -and other developing countries in general- with regard to how institutional and political factors affect their effectiveness.

I. Do Institutional Arrangements and Program Performance in fact affect Population Conditions?

Ruth Simmons, Gayl Ness and George Simmons (1983) argue that programs and their institutional realities do influence population conditions, and consider programs as one of the determinants of fertility.

Programs and their institutional contexts deserve the kind of careful and sophisticated treatment given to more traditional demographic variables. We need approaches that specify the institutional context of organized actions designed to affect fertility. The programs themselves, the policies they are designed to implement, and the political-administrative systems from which they emerge are determinants of fertility that can no longer be neglected, whether our aims be those of pure research and the advancement of understanding or those of more effective collective action.(Ruth Simmons et al, 1983:460)

Rather than consensual, this argument is highly controversial. Two questions have been addressed within this debate. First, whether or not programs themselves are not simply a function of social and economic conditions, doing little more to reduce fertility than what the socioeconomic setting is already doing (Simmons et al, 1983). Second, whether or not political-administrative systems significantly shape program performance.
In a review of this discussion Ness and Ando (1984) summarized how different authors have addressed this first issue. While some emphasize that family planning programs do have some independent impact on fertility decline, others consider that the level of social and economic development is its main determinant.

Hernandez (1984) argues, based on a review of most of the empirical studies that attempt to show some independent effect of family planning programs on fertility, that these studies are all conceptually and methodological flawed. He concludes that the impact of family planning programs on fertility has not been conclusively demonstrated. In opposition to Hernandez, Mauldin and Ross (1991) show that program effort is only roughly correlated with social setting. This means that family planning programs appear not to be a simple function of socioeconomic determinants. Hence, even though the level of social and economic development has a substantial independent impact on fertility decline; the effect of family planning programs has not been denied. Also, it can be affirmed that both advanced levels of social and economic conditions as well as well-developed family planning programs have significant effects on the reduction of fertility rates. Indeed, the study by Mauldin and Ross shows that the associations are frequent: fertility decline follows program effort at each development level, and it follows the development level within each program effort category. For instance, Thailand and Bangladesh were classified as both having a strong program effort, but different development levels. When fertility trend is observed, while in Thailand --with an upper-middle development level-- it declined 48% between 1975 and 1990, in Bangladesh --with a low development level-- it only did 22%. Likewise, while Peru and Thailand are classified as having an upper-middle development level, program effort in Peru is consider as moderate, which explains that fertility declined in Peru (33%) was lower than in Thailand.

In the same direction, Warwick (1986), in an analysis of the Indonesian case, states that development alone cannot explain the growing adoption of family planning that Indonesia has experienced since 1970. He compares rates of contraceptive use between those provinces included in the family planning program in 1974, and those included in 1979. Warwick found that in the first group the average contraceptive use rate rose from under 2 percent of eligible women in 1975 to 51.2 percent in 1985, and in the second group it rose from an average user rate of 3 percent in 1980 to 24.5 percent in 1985. From this he concluded:

If the main influence on current contraceptive use was conditions of development, and if, as was the case, may of those improvements took place before 1980, the group that entered the program in 1979 should have had higher level of current use than it did. At the same time, the increase of 21.5 percentage points for these provinces within a few years was not accompanied by a sudden major improvement in the level of development. (Warwick, 1986: 478)

In summary, it can be concluded that both determinants –program effort and development-matter, and that the best results can be achieved when both are present.
In respect to the second issue of whether political-administrative systems shape program performance, Ness and Ando (1984) argue that, from examining 21 Asian states, stronger political-administrative systems and earlier antinatalist policy decisions were important in explaining both family planning program strength and the rates of fertility decline. That is, there is something in the strength of a political-administrative system that allows family planning services to be provided for all women.

Nonetheless, it is important to notice that, unfortunately not a few times in the history of population policies, strong family programs also included authoritarian methods to force women to adopt fertility control and as a consequence violated their rights. What is emphasized in this paper is that political-administrative commitment --regardless of internal organization and objectives of the program been carried out-- can make a difference in program performance and its achievements. In other words, programs are subject to a wide range of influences, not only from the socioeconomic structure, but also from the political-administrative system. More importantly, if a program has not had a major impact on fertility, this is not necessarily indicative of its inherent limitations but rather may be related to policy failure.

[…] there are direct links from the political-administrative system to policy and program variables. The nature of the bureaucracy and the political system shape both population policies and programmatic action, the latter in turn is causally related to reproductive norms, to the intermediate variables and therefore to fertility. (Simmons et al, 1983:463)

Hence, we need to pay attention to the performance determinants existing outside the organization, within the political system or the cultural environment. Four questions are important to ask when evaluating the political-administration system: (1) To what extent does the political-administrative system have the capacity to establish goals, to rank their priorities and to mobilize resources toward their achievement? (2) To what extent is it committed to economic development, to distribute justice and social welfare and to specific population goals? (3) What is the system's capability to implement policy decisions in the field of economic development and social change? and (4) What is the system’s capacity to monitor social and economic change? (Simmons et. al, 1983).

II. Population Policies in Peru: Evolution and Effectiveness

From the standpoint that institutional arrangements and program performance do affect population conditions, we will analyze Peru’s process on this issue in the last two decades. This will be done in three steps. First, we will describe the evolution of population conditions in Peru since the 1980’s and how they are connected to program performance or effort. Second, we will present a brief summary of Peru’s institutional settings for the implementation of population policies since 1980. Third, we will analyze Peru’s institutional effort within the population field
and the factors that determined its strength or weakness. For the latter, we will compare Peru’s experience with the Indonesian case, as an example of a developing country with strong program effort.

1. Evolution of Population Conditions in Peru and Program Effort\(^5\) aftereffects

From the 1980s to the end of the 1990s, Peru has achieved some progress in population conditions. For instance, the Total Fertility Rate has decreased from 5.6 children per woman in 1975 to 3.0 in 1997, a reduction in 46%.\(^6\) The percentage use of modern contraceptive methods increased from 18% in 1981 to 33% in 1997.\(^7\) Accessibility to professional attendance during delivery increased from 52.5% in 1995 to 56.4% in 1997. The Maternal Mortality ratio shows a diminishing tendency, since it was estimated at 321 per 100,000 live childbirths in 1981 and at 261 per 100,000 live childbirths in 1993.\(^8\) Beyond the optimism these indicators generate, what is important to inquire—from a policy implementation perspective— is whether this progress can be significantly explained by policy and program effort in Peru; and if it would have been even more significantly if program effort would have been greater.

At the beginning of the 1990’s, Mauldin and Ross (1991) published the results of a cross-national study on the strength of national family planning in 1989 and its relationship to fertility change. In a four-range ranking from very weak to strong, Peru was placed in the last sixth percentile of the group of countries with a moderate effort. The definition of program effort used by the authors include four components: (1) Policies and stage-setting activities, (2) Service and service-related activities, (3) Record keeping and evaluation and, (4) Availability of contraceptive methods.

In the policies and stage settings component, the authors include—among others—the political commitment to population policy and explicit policy on fertility reduction and family planning, the level of program leadership and the involvement of other ministries and public agencies. Service and service-related activities includes the involvement of private-sector agencies and groups, the involvement of civil bureaucracy, the availability of a training programs and a supervision systems, among others. Record keeping and evaluation also includes management use of evaluation findings. Finally, availability of contraceptive methods encompasses the various methods available for use by women and men. Along with this classification, each country was categorized according to its social setting or development level (i.e. High, Upper Middle, Lower Middle and Low). Peru was included in the upper-middle group.

From this study, it can be observed that countries with high or upper middle social settings tend to score as having a strong or moderate program effort and low social setting countries tend to score as having a weak program effort. However, there are not only some exceptions (Bangladesh is classified with a low social setting but a strong program effort), but also—and fundamentally—the study shows that countries with the same level of social setting can reach
better population conditions than other countries in the same social setting due to their strong program effort.

For comparison purposes of this paper, 5 countries besides Peru are selected out of the 98 analyzed by the authors. First, the 14 countries that scored a strong program effort were chosen. Within this group, two with the same social setting as Peru (upper middle) were chosen. Then, the three countries that have a low-middle or low social setting and a strong program effort were added. Next, these countries’ abilities to improve population conditions were contrasted, specifically their effectiveness in reducing the fertility rates during the period 1975-97. The results are shown in the chart below:

<table>
<thead>
<tr>
<th>Country</th>
<th>Social setting</th>
<th>Program Effort</th>
<th>TFR</th>
<th>decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peru</td>
<td>upper middle</td>
<td>moderate</td>
<td>5.6</td>
<td>3.0</td>
</tr>
<tr>
<td>Indonesia</td>
<td>upper middle</td>
<td>strong</td>
<td>4.9</td>
<td>2.6°</td>
</tr>
<tr>
<td>Thailand</td>
<td>upper middle</td>
<td>strong</td>
<td>4.6</td>
<td>1.7</td>
</tr>
<tr>
<td>India</td>
<td>lower middle</td>
<td>strong</td>
<td>5.1</td>
<td>3.1</td>
</tr>
<tr>
<td>Vietnam</td>
<td>lower middle</td>
<td>strong</td>
<td>5.8</td>
<td>2.6</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>low</td>
<td>strong</td>
<td>6.8</td>
<td>3.1</td>
</tr>
</tbody>
</table>

1/ W. Parker Mauldin and John A. Ross. Family Planning Programs: Efforts and Results, 1982-89.  

From the chart above, it can be observed that program effort did matter in the results achieved by these countries. The chart also shows that low socioeconomic settings do not necessarily imply weak program effort or poor results in program outcomes such as fertility rates. As a result, the question on what has prevented Peru from having a strong program effort can now be raised.

2. Institutional arrangements for the implementation of population policies in Peru

As mentioned before, Peru’s explicit national population policies started in 1980, with the creation of the National Population Council (Consejo Nacional de Población – Conapo), which operated until 1996. Conapo, as other population offices in Latin America, was created as a small technical office at a high level within the public bureaucracy pyramid. Thus, Conapo was part of the Presidency of The Ministries Council Office⁹, reporting directly to the President of the Ministers Council, who traditionally, under President Fujimori’s administration, exercised even more political power than the two vice-presidents stated in the Constitution.
Conapo was responsible for formulating the national population plans and programs, as well as monitoring and evaluating them. Also, it was authorized to regulate population actions under the National Population Policy Act and supervise private actions regarding population issues.

Hence, one of Conapo’s more challenging functions was to ensure a harmonious and coherent implementation of population programs among public agencies involved in the field (Ministry of Education, Ministry of Health, Ministry of Presidency\(^{10}\), Regional Governments, Municipalities, among others), as well as to coordinate these efforts with those carried out by private and non-for-profit organizations.

As part of their responsibility for guaranteeing harmonious policies, Conapo initiated the formulation of the National Population Program 1991-95. This program was directed by a committee composed of representatives from all the ministries involved in its implementation. Although Conapo was at the highest level of the bureaucratic pyramid, there was no explicit hierarchical organization that favored its coordinator role as stated and approved by the Program.

In 1996, The Ministry of Women Promotion and Human Development (Promudeh) was created within the organizational structure of the Peruvian Government. Conapo was dissolved and its responsibilities were transferred to the new ministry. For some people, this implied that population policies now at a ministry level were in a better and more horizontal position to negotiate and coordinate with other ministries. For others, since population policy was now the responsibility of a small office under one of the four management offices that formed the new Ministry, their priority in the public institutional arrangement had been lowered. Besides, Promudeh, as a whole, faced severe budget constraints and high political pressure for showing immediate results that justified its creation. This limited its operating capacity and its long-term vision.

Under the Promudeh mandate, a new National Population Program for the 1998-2002 period was launched. This program was first designed by a National Commission and then validated through a series of events including public institutions involved in its implementation (Ministry of Education, Ministry of Health, Ministry of the Presidency, among others) as well as with private and non-for-profit organizations such as NGOs and universities, in an effort to guarantee future coordination. This program, like the former one, includes sub-programs in charge of different ministries and public institutions such as the Ministries of Education, Health, Presidency and The National Institute for Statistics and Information Technology. The program is in its second year of execution. At the moment, Promudeh's performance as coordinator of the implementation of population policies among ministries and other public institutions has not been evaluated. However, it can be suspected that succeeding on this will not be an easy task for Promudeh, given the absence of clear organizational arrangements for allowing the monitoring of its implementation.
3. Factors underlying Peru’s Institutional Effort within the Population Field. A Comparison with Indonesia

[at the beginning of the 70s] Indonesia appeared as an unlikely setting for development of a successful national family planning program. A country peopled largely by poor ($50 per capita income), illiterate, Muslim peasant farmers spread over thousands of islands, speaking many different languages and belonging to several hundred different cultural groups did not fit the pattern for the introduction and expansion of a family planning program. Nonetheless, with strong presidential support, an ambitious family planning program was launched in 1970 (Cutin et. al., 1992:v)

The Indonesian family planning program was launched with the creation of the Indonesia National Family Planning Coordinating Board (BKKBN), which was conceived as independent of any cabinet ministry and which reported directly to the President. In only two decades after the release of the program, the total fertility rate (TFR) dropped by nearly half from an average of 5.6 births per woman in 1971 to 2.6 births per woman in 1991. An important contribution to that reduction came from the increase in the use of contraceptive methods which rose from less than 10 percent of married women aged 15-49 in 1971 to 61 percent in 1997. Key factors in the achievement of those results have been the determination and commitment by the Indonesian Government.

[…] the political commitment and stability, the explicit articulation of a population policy, the creative leadership, and the funding (...) are the most important hallmarks of the Indonesia program.” (Cutin et. al., 1992:4)

Through out this section we will analyze and compare the Indonesian case with what has been the Peruvian experience in regards to their Institutional Effort. Based on the Mauldin and Ross (1991), Warwick (1986) and Parsons (1983) studies, Institutional Effort will be analyzed through the following aspects: (a) Political Stability, (b) Political Commitment and Adequate Funding, and (c) Agency or Program Leadership and Institutional Collaboration.

(a) Political Stability

After 18 years of military rule, in 1980 Peru returned to democratic government, while a terrorist movement called Shining Path12 initiated its actions in the southern Andean areas of the country. That same year Conapo was created. A Presidential period in Peru lasts 5 years, since 1980 there have been four presidential mandates and three different presidents. President Fujimori has been the head of State since 1990, after his reelection in 1995.
During the 1980s, a growing political and economic crisis characterized the country. The high rates of inflation that marked the Peruvian economy during the 1980’s ended up as one of the highest hyperinflations in world economic history at the end of the decade (7,650% inflation rate in 1990). Also, guerrilla and terrorist movements’ actions increased during these years. In 1990 alone, 2,000 terrorist attacks were reported (more than 5 a day) and 3,400 people died as a consequence of these attacks (Corti, 1995). Hence, when President Fujimori’s Government began its mandate in 1990, its political agenda was focused on the economic problems of hyperinflation and external debt, as well as combating terrorism. This had a negative effect on the priority given to population issues.

Besides this, and more importantly, with the new government, a shift in the conception of the role of the State occurred. As other Latin American countries, Peru moved from populist-oriented policies to a new economic model characterized by neoliberal policies devoted to macro stabilization, which emphasized short and specific government interventions. Thus, the planning role of the State was abandoned, directly affecting the public institutions characterized by long-run goals such as those in charge of population policies.

In Indonesia, on the other hand in the years following the launching of the family planning program, there were significant differences from Peru in terms of political stability. Since the abortive communist coup and its aftermath in September 1965, Indonesia experienced a period of political stability. According to Parsons (1983), even though President Suharto’s government had not been completely free of periodic challenges to its legitimacy, none of these incidents resulted in major political upheaval. The key national leadership has continued more or less intact from the late 1960’s through the 1980’s, and has provided a significant degree of continuity and stability which has enabled the gradual evolution of programs and policies. Even within the BKKBN itself, considerable continuity of leadership exists. In 1983, Parsons reported that out of 21 positions, at least 16 were held by people who have been with the program a minimum of six years, and 11 date back to the beginning of the program in 1969.

Since 1970, the BKKBN has had only two chairmen. The first chairman served for 13 years, and the second chairman has served since 1983. Similar continuity appears at lower levels in the organization. This uninterrupted succession of staff has given the BKKBN unusual bureaucratic strength and cohesion (USAID, 1992:19)

Nonetheless, it is important to point out that political and leadership stability could also have negative implications in the form of authoritarian and abusive attitudes and practices. For instance, after President Suharto’s government took power, it required religious, labor and other parties to disband entirely, regroup into a new party, or attach themselves to GOLKAR, the political association of the government. For the Government, criticism of any government intervention was a criticism of the government itself and therefore would not be tolerated. Thus, opposition to the family planning program was silenced. (Warwick, 1986).

Having said that, what is emphasized here is that in the Indonesian case, a stable political environment in general, and a continuity of leadership within the BKKBN in particular, enabled a strong and consistent national family planning program to develop and grow. (Parsons, 1983). In contrast, in Peru there has been not only political leadership volatility, but also a high rotation...
in personnel caused by low labor incentives. Both situations have had a significant impact on the ability of Conapo in the past and currently Promudeh, to have clear and continuous agendas.

(b) Political Commitment and Adequate Funding

President Suharto's support to family planning is well known within the population field. President Suharto not only increasingly used the influence of his office to endorse the program, but most importantly, consistently ensured adequate national funding for the program. He supported the family planning program’s budget even when, as in 1986, government revenues were falling (Warwick, 1986).

In contrast, Peru's political commitment has been low, which can be explained --and even justified-- by the political, social and economic environment described earlier. However, when attention has come to population issues, most of the time this has been as a result of scholarly interest and commitment. Politicians’ attention to population issues has been far from high. In consequence, population policies have been rarely included in the political agenda.

(c) Agency or Program Leadership and Institutional Collaboration

Two important components of Institutional Effort are the level of leadership of the family planning program or the agency in charge, and related to this, how deeply other ministries are involved, aside from the ministry or agency that has primary responsibility for delivering family planning supplies and services.

According to Curtin et. al. (1992) a key element in the Indonesian case was that BKKBN was established as independent of any cabinet ministry and reported directly to the President. BKKBN was conceived as an autonomous coordinating institution with its own budget line. It is responsible for coordinating the fieldwork for the entire national program, collaborating with numerous international donors, monitoring program performance, and pressing for specific results. In areas of population policies other than family planning, responsibility is shared with the Minister of State for Population and the Environment.

According to Warwick (1986), a critical element of the program is the integration of its promotional activities with the activities of other government agencies, from the Department of Health to the Armed Forces.

[…] integration is not a strategic policy option for BKKBN, but an absolute necessity as the government seeks total mobilization of all available resources in pursuing development objectives. The question is not whether to integrate family planning with other development services, or whether to integrate other development services with family planning. The question is, instead, how to integrate those services so as maximize scarce resources,
infrastructure, and manpower in order to achieve optimum results.” (Sumbung et al., 1984: 15)

Thus, at the ministerial level, BKKBN exercises considerable influence in coordinating cooperation among ministries and other agencies. Services provided by the Family Planning Program are integrated with those of other development programs, such as family welfare education, the family nutrition program (including an infant weighing program) for children under the age five, and to rotating credit associations (Warwick 1986).

Also, outside the ministries, the BKKBN commands a considerable degree of respect from the provincial governors. All provinces have a BKKBN unit accountable to the central office in Jakarta. While BKKBN has overall authority for the national program, in the field it is supposed to work with, through and under appropriate regional administrators. Thus, after the central office of BKKBN approves the plans for provinces, responsibility passes to the respective executing agency, which can be public or private (Department of Health, Education and Culture, Armed Forces, etc).

In Peru, the public agency responsible for the National Population Policy, Conapo, was established as a small technical office at a high level within the Executive Branch. Unfortunately, the institutional and political factors underlying Conapo’s effectiveness --or the lack of them-- have not been deeply studied among scholars. Nonetheless, in a study published by Conapo in 1996, devoted to the analysis of the incorporation of demographic variables in anti-poverty policies, there are some references to the viability and timing of population policies in Latin America, and factors that might have prevented them from succeeding.

In regards to leadership and program collaboration, it is mentioned that in many countries in Latin America, traditional bureaucracies (i.e. the Ministry of Education and Health) usually see population agencies as a ‘competitive and intruding’ actor, not only for budget allocations, but also for the execution of policies in their field (Maccio, 1992). Hence, these agencies’ role as coordinator and supervisor are highly questioned. Even though there is no sufficient evidence that this has been the case of Conapo, it can be stated that its experience was not characterized by a significant degree of institutional coordination with ministries, and that its negotiation power with the traditional bureaucracies was considerably weak. However, during the 90s, Conapo made some progress in regards to coordination with Regional Governments through the establishment of Regional Population Councils (Corepos) comprised of public and private institutions.

Like Conapo in the past, Promudeh faces the same limitations for exercising its role as coordinator and supervisor of population actions. As it was mentioned earlier, last year the National Population Program 1998-2002 was launched. Promudeh is supposed to coordinate and supervise the implementation of this Program among all Ministries involved. However, this is to
be done in the face of an unclear definition of its place within the government organizational hierarchy in the population field, and bearing the mind that it is the newest 'player' among institutions with longer traditions in the field.

CONCLUSIONS AND RECOMMENDATIONS

Many times population program and policy failure is explained in terms of individual fertility behavior and the socio-cultural context, and not in terms of the nature of the program action that has taken place. An oversight in this regard could lead to an inadequate understanding of what are often perceived as massive and crucial failures of program implementation (Simmons et al., 1983). The way top officials’ statements are actually translated into continuous and solid policies and programs -with the consequent allocation of resources- has direct effects on population conditions. In Peru, after almost 20 years of explicit population policies, the effect of the nature of institutional and political environment on program performance has not been deeply studied. Through this paper, the idea that more continuous and solid institutional arrangements for population policies would have allowed the country to achieve better results is supported. Given that political environment and its influences on institutional organization and program administration have direct impact on population programs performance, casting out these factors from the discussion on program effectiveness is highly risky. If Peru, or another developing country, is to adequately consider these factors in order to improve its interventions devoted to reducing fertility rates, child and maternal mortality, abortion rates or other population indicators, the following recommendations might be taken into consideration:

1. Strengthen the Public Agency in charge of the Population Mandate

Beyond the President and top government officials’ declarations, an effort to strengthen the public agency in charge of the population policy within the country is required. This implies providing the agency with clear authority over other entities involved in the process and adequate funding according to the agency’s mission. The Indonesian case shows that the BKKBN’s mandate was greatly strengthened by its budgetary authority wherein all operational funds for family planning passed through and subsequently had to be approved by the BKKBN.

However, it is important not to mistake ‘strengthened’ with top-down or -even worse-authoritarian approaches. In the Indonesia case, Warwick (1986) has mentioned that, while the net result of these measures for the family program was the creation of a climate in which government officials could spend most of their time working directly on program implementation, on the other hand, those who opposed the program had to suppress their criticisms. In such circumstances, the Indonesian Government was able to persuade many early opponents of the program, particularly informal religious leaders, to become supporters or even direct promoters of family planning. This raises the point concerning ethics of family planning,
an issue that has been at the center of the debate between population control approaches and reproductive health ones, which will be addressed later in this paper.

2. Promote and Exercise Institutional Collaboration and Integration between the Agency with the Population Mandate and other agencies operating in the field.

Besides guaranteeing that the central population agency is able to effectively coordinate and supervise population actions within the country, efforts to integrate with other ministries have to be at the core of the agency’s work itself. Working with and through other ministries’ programs can be a determinant for not only achieving better results, but also for doing so promptly and cost-effectively.

In the Peruvian case, integrating Promudeh’s work with other ministries will allow the new ministry to reach isolated areas where it is not yet present, favoring a decentralization of its actions. For instance, in Indonesia the family planning program operates through three major delivery mechanisms: the Ministry of Health for clinical services, the BKKBN for village distribution, and private providers. This variety of options offered to the people for obtaining services is a determinant to ensure that family planning information and contraceptives are readily available throughout the country’s 27 provinces, and in a variety of culturally acceptable settings.

3. Set a Balance between External Influences on People and their own Free Choice.

This will indeed be the main challenge for the future of any population program. It is related to the shift from a population control approach, to a reproductive health approach that has occurred within the international agenda since 1994. In that sense, it is important to point out, that the case of Indonesia has been discussed regardless of the procedures used by the BKKBN to incorporate women in the family planning program. What is highlighted from the Indonesian experience is the political and institutional commitment to the program, which does not mean that those procedures used to promote the use of family planning services are irrelevant. Indeed, the way these services are delivered is an essential part of family planning programs. The ethics of family planning programs’ procedures to promote the use of contraceptive methods has been increasingly addressed in the literature within the population field since the 1980s. In many cases this literature responds to the abuses of population control approaches that utilized explicit or implicit coercive procedures.

In that sense, each country should decide where its National Population Policy stands regarding this debate. Drawing the line between free of choice and coercive methods is one of the most challenging tasks for Promudeh, the Peruvian agency in charge of population programs. Nowadays, there is a growing consensus in the population field that adopting a broader view of
reproductive health care would permit population agencies to serve women and men better. A reproductive health approach emphasizes that if population policies focus on population growth, they will tend to see women as objects. In opposition, the reproductive health approach places women at its center and is devoted to help women to attain health, dignity, and basic rights, and it is strongly related to women empowerment.
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(*) Translated by the author in the absence of an official translation to English.
NOTES

1 Poor defined as someone whose consumption (food and minimum access to health, education and transportation) is below certain level considered the minimum to satisfy his/her basic necessities.


Las Mujeres en el Perú de Hoy. Promudeh, 1996.

4 For the purpose of this paper, Population programs are defined as “…the organizational actions designed to bring about change in some aspect of demographic behavior. Population policy implementation occurs in the context of complex organizations that pursue a range of purposes not all of which are directed to the attainment of formally stated ends.” (Simmons et al, 1983). Thus, includes activities of different public agencies that execute population policies. For instance in the case of the Peru, it could be included The National Program of Reproductive Health and Family Planning, under responsibility of the Ministry of Health, The National Program of Familiar and Sexual Education, under responsibility of the Ministry of Education, among others.

5 In this section we will follow Mauldin and Ross (1991) definition of Program Effort. However, this concept will be later constricted to Institutional Effort, which comprised only political and institutional factors of Program Effort and excluded those related to the organization and administration of the Program itself.


8 Instituto Nacional de Estadistica e Informatica del Peru. (National Institute for Statistics and Technology of Peru)

8 Estimates of maternal mortality ratio have to be taken with caution. In the case of Peru, this ratio is estimated by the sisterhood method. Since estimates generated by this method generally apply to a period of 10-12 years, it is not recommended to use it as a progress measure for short time periods.

9 At the National level, the Executive Branch in Peru is comprised by 14 Ministries, each one headed by a Minister. Among the Ministers, the President appoints the President of the Ministers Council, who leads the Presidency of the Ministers Council Office. This office has under its responsibility several public agencies and special commissions.

10 The Ministry of the Presidency is one of the 14 ministries in the Executive Branch of Peru. The Ministry of the Presidency is responsible for social and development policies and it is in charge of the main national program devoted to reduce poverty in the country.

11 Indonesia: Demographic and Health Survey 1997.

12 Shining Path's political goal is according to its publications, "...to advance the democratic revolution--to overthrow the exploitation and oppression of imperialism (principally Yankee), bureaucrat capitalism and subsistence semifeudalism--in order to seize state power for the proletariat and the people, within the context of the world revolution and in its service." From "Develop the People's War to Serve the World Revolution." Available from the Committee to Support the Revolution in Peru, and published in A World To Win 1987/8. http://csrp.org/