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Report on the International Seminar on Advances in Reproductive Health and Sexuality

**Coordinators: Juan Guillermo Figueroa, Claudio Stern
Rapporteur: Gabriel Medina C.**

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REPORT ON THE INTERNATIONAL SEMINAR
ON ADVANCES IN REPRODUCTIVE HEALTH
AND SEXUALITY

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INTRODUCTION

The *International Seminar on Advances in Reproductive Health and Sexuality* was held in the Alfonso Reyes Auditorium at El Colegio de México in Mexico City on November 18-20, 1996, as part of the activities of the Latin American Consortium of Reproductive Health and Sexuality Programs, comprised of the Núcleo de Estudios de Población of the University of Campinas in Brazil (Nepo), the Centro de Estudios de Estado y Sociedad in Buenos Aires, Argentina (Cedes), and the Programa de Salud Reproductiva y Sociedad (PSRS) of El Colegio de México (Colmex). The Seminar was made possible by the Ford Foundation, the World Health Organization, the United Nations Population Fund, the Pan American Health Organization, the Population Council, the Consejo Nacional de Población (National Population Council) of the Mexican government, and the Sociedad Mexicana de Demografía (Mexican Demography Society).

The moderator of the opening session, Juan Guillermo Figueroa (Colmex), pointed out that the aim of the Seminar was to explore the relationship between health, reproduction, and sexuality through two analytical approaches: the first sought to encourage theoretical reflection on sexuality, reproductive health, and gender, as well as the ethical and human rights aspects underlying research and intervention processes in the sphere of sexuality, while the second dealt with specific problems in order to shed light on interactions between these topics in different population groups. This second part in-

cluded a discussion of reproductive preferences and the termination of pregnancy, the outlining of certain social aspects of teenage pregnancy, an exploration of domestic violence as a health problem, an examination of health and morbidity factors linked to reproduction, and the systematization of certain references concerning sexually transmitted diseases and the Acquired Immune Deficiency Syndrome.

The seminar ended with a group discussion based on experts' reflections regarding specific problems that affect the future of research, policies, and other processes of social intervention taking into account the participation of social actors organized in different ways and in heterogeneous contexts.

Although the seminar did not seek to exhaust the topics of reproductive health and sexuality, it did aim to indicate certain theoretical aspects, empirical references, and social actors involved in reproduction and sexuality in order to encourage more detailed reflection on the topic and to identify new courses of action, research, teaching, and policy definition.

INAUGURAL SPEECHES

The Seminar was inaugurated by Dr. Andrés Lira, President of El Colegio de México, who welcomed the participants and stated that the aim of the seminar was *"to contribute towards a greater understanding of the relationship between health and reproduction, through theoretical reflection and the analysis of specific problems."*

Dr. Lira thanked the institutions sponsoring the seminar for their support, adding that the relationship between reproductive health, sexuality, and society has been an important concern of El Colegio de México for several years now, as a result of which the Program on Reproductive Health and Society was estab-

lished in March 1993—with the support of the Ford Foundation—to strengthen the capacity for high-level research and teaching in reproductive health from an interdisciplinary perspective with a major emphasis on the social sciences, and to facilitate the development and consolidation of knowledge on social aspects of health among the agents responsible for the delivery of services and programs, within both government and nongovernmental organizations (NGOs). The Program also aims to establish a network of collaboration and exchange among researchers from various disciplines. With these goals in mind and through its actions, the Program seeks to foster more effective and appropriate actions for the improvement of the Mexican population's reproductive health.

Dr. Lira went on to say that despite the numerous contributions of the Program, much still remains to be done; hence the need for these seminars, in order to find out about the advances made in research and the actions being carried out to establish social policies more suited to the Mexican situation. In this respect, Dr. Lira said that the participation of national and foreign specialists from both academic institutions and international foundations and organizations was significant in that it conferred a broader outlook; likewise, the participation of officials from the public sector would serve to improve analysis and facilitate coordination among actions undertaken by the social, academic, and government sectors.

The next speaker was Juan José Llovet (Cedes), on behalf of the Latin American Consortium of Reproductive Health and Sexuality Programs, who explained that, in addition to the support provided by the Ford Foundation, the Consortium had arisen as a result of a convergence of interests and wills of individuals from the three member organizations and as a

result of coincidences which led to the creation of the Cedes, Nepo, and Colmex programs.¹ The Consortium was established to help promote the topic which at the time had emerged as a niche around which major debates arose on legislative and programmatic changes in the region, causing modifications in health programs and in the academic sphere.

The general aim of the Consortium is to *contribute to the training of researchers and to support the strengthening of the capacity to conduct research on the topic in the participating countries (while attempting to influence others)*. At a more specific level, the Consortium seeks to promote the exchange of programs among the three institutions and to engage in joint research and academic discussion with researchers from other organizations. These aims have given rise to the Qualitative Methodologies Workshop held by Cedes in Argentina (April, 1994) and the Regional Workshop on Training and Assessment Methodologies in Reproductive Health organized by Cedes—with the support of the United Nations Population Fund—in Santiago, Chile (November, 1994), among other activities.

This exchange has also been reflected in the periodic visits made by researchers from the three above-mentioned institutions to one another. The Consortium has also organized international seminars such as the one on Ethical Aspects of Social Research on Reproductive Health and Sexuality, sponsored by Nepo in Campinas, Brazil, and the one commencing today. There is also a series of publications on the reflections derived from the seminars (in this specific case, the papers and discussion generated by these are to be published), while mate-

rial on research methodologies in this field is scheduled to be disseminated in the near future.

Finally, Dr. Llovet reported that the three institutions participating in the Consortium intend for it to continue during a second phase² by virtue of the fact that the experience to date has proven valuable for everyone: not only has it strengthened interinstitutional links but it has shown potential regarding exchange visits by researchers. In the new phase, the current lines of operation would be expanded to create a small fund for promoting a competitive grant program for researchers in the region to facilitate their stay for short periods at one of the institutions in the Consortium in order to undertake some kind of multicentric research.

Concluding the inaugural session, Dr. Luz Elena Gutiérrez de Velasco, Coordinator of the Board of Directors of the Program on Reproductive Health and Society and of the Interdisciplinary Program for Women's Studies (PIEM) of El Colegio de México, stressed the importance of the seminar in fulfilling one of the goals of the Program on Reproductive Health and Society: in effect, the seminar would *permit the creation of exchange networks among academics, the discussion of the theoretical and methodological principles underlying research, the presentation of the most recent research findings, and further analysis regarding the social and governmental actors who influence actions and decision-making in this field*.

In addition to the capacity to describe transformations of reality, Dr. Gutiérrez noted that huge challenges remain for the future, ranging from a critical review of what has been achieved, with an appraisal of productive concepts in research, to venturing into other topics that should be explored, and generating new concepts that will permit a more accurate analysis

¹ These coincidences include the fact that the programs were established by institutions with a long history of teaching and research in the social sciences and population, and that they received support from the Ford Foundation to undertake and foster activities in the field of reproductive health.

² The first phase of the Consortium is scheduled to complete its activities by early 1997.

of situations in women and men's reproductive and sex lives in their varying life cycles and in the face of new social, economic, and cultural conditions.

A review of the progress achieved in order to expand future lines of research stresses the increase in the volume of research using qualitative methodologies which add depth to quantitative analysis; these advances have been enhanced by the gender perspective, which seeks to describe female and male aspects that modify and define the experience of sexuality, physical reproduction, and the social reproduction of behavior patterns. In Dr. Gutierrez' view, without a gender approach, it would be difficult to answer some of the questions in current research, since relationships of power, domination, and subordination denoting discrimination and contempt towards women underlie human sexual relations.

Finally, Dr. Gutiérrez pointed out that the importance of this seminar lies in the fact that by linking researchers among one another and also to NGOs—which will continue the debates and reflections with governmental entities—it will be possible to reduce the existing gap between research and decision-making on policies, a crucial task for achieving progress in the field of the population's sexuality and reproductive health.

TOPIC 1. THEORETICAL AND CONCEPTUAL ELEMENTS

During this part, with Dr. Francisco Zapata (Colmex) acting as moderator, the seminar was divided into two sessions to present four papers with the aim of encouraging reflection on theoretical and methodological advances and challenges in research on reproductive and sexual health.

FIRST SESSION

The first paper, "*Social elements of reproductive health: Macrosocial processes and those involving inequity observed through individual experience*", presented by Dr. Rodolfo Tuirán (Sociedad Mexicana de Demografía and Consejo Nacional de Población de México),³ highlights the need for a social science approach in studies and actions in the field of reproductive health; it analyzes the contexts and component forces of social aspects which influence both people's sexual and reproductive behavior and institutional discourse and actions related to health.

The use of a social science approach involves describing the assumptions that have emerged in the reconceptualization of human reproduction and sexuality. The first assumption views human reproduction as part of the broader processes of social and cultural reproduction: i.e., sexuality and reproduction are embedded in networks of relationships where gender and class asymmetries prevail. Secondly, reproductive and sexual behaviors can be conceptualized as socially structured behaviors imbued with meaning. In other words, their social organization is due to the fact that they occur among actors who hold clearly-defined positions in the social structure and that they involve the existence of systems of symbolic representation, through which the actors define whether possible behaviors are feasible or not. Thus, although certain social institutions help shape the sexual and reproductive behaviors of individuals, families, and groups, the actors should not be regarded as mere recipients of institutional rules, norms, values, prescriptions, and practices which mechanically determine their behavior, since they also interpret and react to the contents per-

³ This paper was coauthored by Dr. Vania Salles (Colmex).

ceived by accepting, modifying, or rejecting their prescriptions and actions.

Institutions, agents, actors, and rights constitute a core theme permitting an examination of the process leading to the formulation of public policies related to reproductive health.⁴ This core theme involves reflecting on the definitions which frame this approach, the agents who propose it, and the social problems it is aimed at. It focuses on examining i) whether the institutionalization of the reproductive health approach has been accompanied by popular knowledge and acceptance of the definitions concerning reproductive health problems; ii) whether the population upholds them, including them in its discourse; iii) whether the population knows about and accepts the proposed solutions; iv) whether people resort to interpretations and practices that lend a different meaning to what is being proposed; v) whether the proposed solutions are perceived by the population as relevant and significant for their daily lives, and lastly, vi) the theme aims to ensure that the population understands what is defined as a reproductive health problem and that it adopts the practices put forward by this approach to improve its quality of life.

The field of reproductive health has been the result of the convergence of the concerns of various interest groups and constitutes an area of dispute in which there is a process of searching for content, applying the latter and institutionalizing the practices suggested by this approach. This process involves

⁴ In another paper, the authors have identified an additional four complementary core themes for examining the way in which certain social structures and processes influence sexual and reproductive behavior and the population's health practices: social inequality, gender inequality, and poverty; the demographic and epidemiological transitions; culture, reproduction, sexuality, and health; and the system of interaction and social networks. See Vania Salles and Rodolfo Tuirán (1995), "Dentro del laberinto: Primeros pasos en la elaboración de una propuesta teórico-analítica para el Programa de Salud Reproductiva y Sociedad de El Colegio de México," in *Reflexiones: Sexualidad, Salud y Reproducción*, No. 6, El Colegio de México, Mexico.

actors, agents, and types of discourse which, since they hold points of view that sometimes differ, do not formulate consensual statements and proposals, although they doubtlessly express dominant ideas and practices. As a result, the conceptualization of reproductive health entails numerous ambiguities and has so far failed to allow for specific definitions in its formulation, which has enabled it to function as a tool for mobilization and consensus building. Consequently, its power lies less in the rigor of the categories it defines than in its ability to integrate or incorporate the wishes of a large number of groups and interests.

The reproductive health approach explores health problems of the population which, due to their nature, size, scope, causes, and consequences, may be conceptualized—albeit in different ways—as social. Hence the authors, using the precepts of symbolic interaction, describe the current state of the formulation of social problems linked to this topic. The first stage concerns the process of social interaction, as a result of which the phenomenon is identified as a problem by society. In other words, social problems are primarily the product of a process of collective definition; there is nothing intrinsic about a phenomenon which makes it a social problem.⁵ Analysis should therefore focus on how and why such definitions emerge and on the process leading to the institutionalization of answers to deal with it. The second stage concerns the growing involvement and alternatives of social response offered by interest groups attempting to deal with the problem. Here there is an agreement that the problem exists, and solutions are suggested which generally entail sharp disagreements as to how to deal with it.⁶

⁵ Herbert Blumer (1971), "Social problems as collective behavior" in *Social Problems*, Winter, Berkeley: pp. 298-306.

⁶ Certain social problems are undergoing this second stage in the midst of alternative solutions in open conflict, which some-

In this context of debate and dialog, which is not devoid of controversy and claims, social movements of several kinds have emerged. The third stage refers to the institutionalization of social responses. During this stage, basic agreements are reached on the most appropriate responses and solutions, around which the various institutions and social spaces attempt to implement actions to influence, control or eradicate the social problem or to deal with its consequences.

This highlights the importance, during the process of defining a problem, of being able to identify the persons and agents who define it as such and the degree of power and influence they have to impose their particular views. Participants in the process of defining the problem of reproductive health include i) international and national actors who promote the creation of spaces for discussion in academia, with the aim of establishing relations between medical practices and the social sphere; ii) expressions of civil society which encourage assigning new meanings to externally-defined proposals; and iii) various agents who seek to institutionalize this practice in governmental settings and public policies. Each group has specific interests aimed at different audiences, thereby helping to define the problem in many ways and to disseminate discourse and information in order to influence public policies. To achieve their end, these agents have had to acquire relevance in the political sphere, create strategic alliances and coalitions with interest groups of various ideological tendencies, struggle with bureaucracies, and transform their criticism into viable proposals for the purpose of incorporating their perspectives and interests in institutional programs of action.

times hinders the treatment of problems and the search for solutions.

Given the lack of univocal definitions of social problems,⁷ it is important to take into account the relationship that exists between a situation defined as a social problem by a particular group and the broader situation: in other words, the legitimization of what one or several interest groups say, requires society to assume their definition and adopt it as legitimate. In the field of reproductive health, this would entail knowing whether there are points of convergence or not among political, academic, and medical discourse, or between each of these and popular understanding. In other words, it would involve comprehending how links are established among these groups, how the population reacts to the discourse and the practices implied by the concept of reproductive health, and how said discourse and practices are related to what the average citizen understands. The convergence between such nonspecialized knowledge and those discourses has yet to be achieved, at least according to the findings of a recent survey taken among the Mexican population.⁸

In this regard, the groups interested in promoting a reproductive health agenda have used three complementary strategies to influence the definition of the problem and the formulation of public policies. The first strategy has involved the social organization, in networks and movements, of the interests of women and men from different social backgrounds and with varied ideological tendencies. The second strategy has sought to hone the political skills of the interested parties and their active participation in decision-making. The third strategy has to do

⁷ Persons and groups have interests and points of view that reflect different ethical principles and value systems.

⁸ Survey conducted in Mexico by the Consejo Nacional de Población among men and women to determine—among other things— what they understood by the concept of reproductive health. The findings indicate that seven out of ten Mexicans are unaware of or do not understand the notion of reproductive health or whether it is relevant to their daily lives.

with the establishment of conjunctural coalitions and alliances with institutional agents, of varying length and complexity, to maximize their influence in the formulation of public policies.

The results achieved after a decade of debate show that the efforts of the social sectors concerned have not affected dominant institutional approaches and practices, which continue to evidence a strong biomedical bias and stress women's reproductive functions, especially through the emphasis placed on maternal and child health and family planning programs. In view of the failure of the strategy, voices have been raised to warn against the risks involved in pragmatic alliances, such as succumbing to the political manipulation and co-opting that legitimize hegemonic efforts to reduce fertility. Such efforts contradict the progressive discourse and practices on which these alliances are based.

Nevertheless, the reproductive health discourse has gained ground in several spheres of civil society such as bureaucracy and public policies. However, for the discourse to be transformed into practices implemented by the population, its definitions and proposals must be widely disseminated and enter a sphere of discussion in which the population participates, so that it will resignify and recognize the definitions and proposals as its own problems, rather than ones that are unilaterally defined or imposed from above. This exercise involves reflecting on the following aspects: i) whether the conceptual ambiguity surrounding reproductive health has not been an obstacle to its functioning as an instrument for the mobilization and building of social and political consensus, even though this may expose the weakest groups to political manipulation and legitimize hegemonic positions and ii) whether the formulation of the concept of reproductive health from a position of power does not turn it into an inviolable metadiscourse, which, de-

spite emerging as a novel proposal, risks becoming petrified or turning into a new dogma. This, in turn, requires one to analyze whether the degree of importance achieved by said discourse in the formulation of population policies corresponds to the importance accorded it by individuals and families in their daily lives.

In this sense, there is a need to increase investment in the process of institutionalizing the reproductive health agenda. Although this approach includes many of the proposals issued by organizations in civil society, the work is still incomplete inasmuch as it maintains traces of verticality at its roots. In other words, legitimization of the approach has to take a circular route: from institutional discourse and practices to the discourse and practices of the population. Otherwise, all that will be achieved is a vertical institutionalization that will reinforce the unilateral prescription of health practices regarded, according to the hegemonic discourse, as most suitable for the population. Consequently, this type of legitimization helps reinforce the position of power of medical knowledge in its perverse form, i.e., the kind wielded with a total disregard for the population's aspirations, expectations, needs, and desires.

The above-mentioned shortcomings reveal a contradiction: if the approach is aimed at protecting people's interests, aspirations, and rights, then it will not be possible to advance towards the true achievement of the goal unless people are empowered or trained to handle reproductive health problems competently. In order to involve people oriented towards this goal in a participatory fashion, grass-roots organizations with wide credibility are required to help build and strengthen conditions that lead to their empowerment. This means the exercise of power by an individual or group for a specific purpose; unlike the power obtained

from another type of power (obeying a zero-sum logic), in this case it is a form of power that may be exercised where none previously existed.

In short, empowerment is based on the exercise of power through ideas or through a process of education for awareness-building. Thus, people are given a clear sense of how they can improve their lives in a practical way and how they can exercise their rights. Only in this way will the proposal for reproductive health be resignified and appropriated by those whom it seeks to benefit.

In her comments, Dr. Carolina Martínez (UAM-Xochimilco) focused on four general themes in the paper by Rodolfo Tuirán and Vania Salles. The first aspect concerns the implications of regarding as a research problem what is perceived as a problem by the different groups of the population. It is essential to find out how phenomena which, for experts, have meanings that are sometimes as sophisticated or vague as those in the field of reproductive health, are represented. In effect, although the discussion on reproductive health is a topic for specialists, the scientific way of thinking is due to a type of training which tends to distance scientists from their experience. This, in turn, makes ordinary people tend to feel somewhat removed from their own experience, since it makes them believe that scientists have the role of providing solutions to their problems, which is not necessarily the case.

If one adds to this the fact that Mexico is a country with social and gender inequalities and cultural diversities, the inevitable conclusion is that the different social groups do not share the same view and that the gap between these views and the scientific view on which the concept of reproductive health is based may be quite wide. Hence the importance of dealing with the views that coexist in the various social groups about their own sexual and health practices. Likewise,

it is important to investigate the way in which scientific knowledge filters down to the man in the street: how in this flow it is distorted and how everyone restructures it according to his or her vision of the world. Thus, it is necessary to consider the fact that such knowledge passes through minds that are constituted in different ways and enters networks of meaning created in cultural spheres different from those in which they arise, blending with other ingredients and producing unique meanings in the population's process of introjection.

The second topic is based on difficulties arising from the use of medical concepts which need to be analyzed from the point of view of the social sciences. The concept of *health* should be analyzed, since it is a notion derived from a systemic view of man in his environment, which fails to ensure an understanding of the radical differences between the sphere of health and that of illness. Although medicine contains clear parameters in relation to illness (linked, at one extreme, to death and incompatibility with life),⁹ in the case of health no such parameters exist, since it is a modern concept the meaning of which is far from clear. As a category it lends itself to the diversity of human life forms, but there are still no clear parameters for analyzing and implementing it.

Despite this lack of precision regarding the term health, Dr. Martínez expressed her approval of the fact that in the field of reproductive health, the emphasis is on life rather than on illness. However, she noted that the lack of definition of the term reproductive health exposes the concept to virtually anything. This may initially prove to be an advantage at the

⁹ However, in this terrain there are still unclear issues or surprises for medicine, since medical physiology is abstract, not rooted in its subjects, while sometimes pathological phenomena occur which are supposedly incompatible with life, yet on occasions that is not the case; therefore, such phenomena go beyond medical parameters.

start of the discussion of the concept, although there is an underlying danger when what is defined as healthy is to be institutionalized.

The third theme is the question of the usefulness of these concepts when the reflection shifts to the current process for reforming the health sector in Mexico. In this process, the concept of reproductive health may be a double-edged sword if it is transformed from a liberating into a standardizing instrument. Its proper operation would imply conditions of real access to a wide range of options and free choice for the different population groups. However, what can be seen on the horizon is basically family planning.

Given the range of differences according to social groups, what possibilities would the most promising idea of reproductive health have of operating, even assuming ideal conditions regarding an exact definition of the concept in such a context? This possibility is denied by the pessimistic future indicated by the current social reform and the decentralization of the health sector, which is doing little more than to open up the Pandora's box of the local sphere, with no clear idea of what might happen there. However, an ambivalent scenario might prevent those in power —caciques— from fully exercising their power, thereby creating an opportunity for the empowerment of different actors in smaller spheres. That is to say, under these conditions—which are most unlikely given the high levels of centralism in Mexico—, the concept of reproductive health would have a chance of really acquiring specificity in the population's daily lives.

The fourth and last theme commented on by Dr. Martínez is the difficulty of achieving the participation of the population in the debate on reproductive health. This difficulty can be explained by the distance which people feel set them apart from their own reality, which pre-

vents them from feeling part of or being active subjects in a distant, foreign world. In this sense, the greatest concern is that the consensus existing on the concept of reproductive health will be able to encompass a sufficiently broad range of possibilities to include the diversity of meanings attributed to it by the different social groups in accordance with their own circumstances, and the different periods required for these meanings to evolve in a particular direction. The configuration of a broad spectrum depends on skillful handling of the political aspect of the process. If this were achieved, when arriving at the most rigid moment of the institutionalization of the concept, a sufficiently broad base would exist for the global process to evolve without too much violence for any of the parties between whom consensus is being sought, thereby harmonizing the inherent cultural biodiversity which has the ability to open up possibilities and searches in the most varied directions.

In the second paper in the session, "*Virtuous actions in the absence of a compelling dogma: Reproductive health in a socially constructed world*," Dr. John Gagnon (State University of New York, Stony Brook) presented a reflection on the contributions of social constructionism to the field of sexuality.

The paper consisted of a review of the author's intellectual development and of the theoretical traditions that have given rise to social constructionism. In the first place, this approach enabled Dr. Gagnon to rethink assumptions concerning the functioning of the world which he had always taken for granted; his view of supposing that the world had been created by individuals and groups struggling amongst themselves to find a set of goals was strengthened by Marx's proposal that men make their own history, but they do not make it as they please. In this respect, it was natural to assume that the correct level of analysis involved spe-

cific human beings in concrete situations trying to forge their own path. The speaker went on to say that these premises arose as a result of his choosing a series of theories without wondering where they came from: i.e., his thinking was influenced by theories whose relevance he had taken for granted. Confirming this fact led him to reflect on the relationship between a constructionist approach to social life and the way this helps or hinders the implementation of social policies or actions.

A review of the history of social constructionism leads to three formulations. The first is a product of its historical origins: from its German origins during the Enlightenment where one finds thinkers —among others— such as Herder, Hegel, and later Marx, to the modern era, with thinkers such as the phenomenologists, for example, Schutz, Berger, and Luckmann, who represent the German tradition within social constructionism. Another formulation is derived from the tradition of the American social and symbolic interactionists and pragmatists (the Chicago School), who, while focusing on the ways in which individuals construed and understood their own social worlds, were concerned with interpreting the lives of marginalized populations such as prostitutes, criminals and homosexuals for the dominant society, in order to give them meaning. The third formulation of modern-day social constructionism is the French tradition of deconstructionism.

A common feature of these traditions is that they are all “counterproposals,” in other words, a means of criticizing or opposing dominant contemporary realities by undermining what is generally believed and sometimes replacing it with something different to believe in. In this process of renaming and reaching a new understanding of social relations —for example, between the dominant culture and marginalized

worlds—, it is possible to reconstitute these relations both from a structural standpoint and from one involving social interpretation. In short, the tradition of social constructionism that was taken for granted consisted of reorienting and criticizing conventional wisdom and, to a certain extent, placing the discussion of sexuality within a different type of intellectual tradition.

Reflection on constructionism in general involved identifying the ideas underlying all these traditions. For example, this enabled Karl Mannheim’s sociology of knowledge to be linked to Schutz’ notions of the world or those of Dr. Gagnon himself about “scripting.” At this level, all the traditions share four features: i) the fact that people make their own history; ii) the fact that the basic units of analysis are actors in specific social spaces and bounded sociocultural units in which they attempt to prosper; iii) the fact that the aim of these analyses is to study these actors; and iv) the fact that social scientists are yet another feature of this world, who posit an alternative way of conceiving it; i.e., the scientific view is no more privileged, important or meaningful than the view of the world that the people in the study hold. In this regard, the author warns against the dangers involved in intervening in local cultures or social groups and the tendency to give priority to specialists and specialized knowledge.

By way of an example, Gagnon cites anthropologists’ difficulty in determining that the cultures they study are social units with inherent purposes and meanings just as valid as those of any other social unit studied. If the vernacular system of knowledge of the local culture is an integrated and reasonable way of behaving in the world and that of the anthropologist is another way of doing the same thing without the ability to replace that vernacular world, to what extent do his or her comments or interpreta-

tions in field journals also constitute claims to knowledge? This warning contains one of the central contributions of social constructionism, since it treats vernacular knowledge as an equivalent system of knowledge, a notion which acquires great importance in the realm of social policies. On the other hand, although the tradition of social constructionism has involved an attitude of counterproposal—one of permanent criticism against the establishment—it has also entailed a long history of unequal individual challenges against hegemonic ideologies. Consequently, Dr. Gagnon strives to create a synthetic statement, a program of social constructionism. However, this attempt involves the risk of colonizing the intellectuals who follow this tradition, since all minds end up being colonized by everything they read, particularly if they are open to it.

By assuming that cultures cannot be compared in the same way, vernacular knowledge can then be as valid as scientific knowledge, and interventions in societies are not necessarily good; i.e., this questions the acceptability of a person's introducing something regarded as good and virtuous in his or her own culture, into another one. Therefore, although social constructionism is an analytical tool for attempting to understand the way in which social life is organized, it does not constitute a basis for designing intervention programs. Inasmuch as, in the field of sexuality, its fundamental purpose consists of criticizing any actions involving intervention, it should not be seen as something that can be translated into a concrete program or policy.¹⁰

Dr. Gagnon pointed out that his venture, as an academic, into the field of sexuality, hap-

pened by chance; due to the fact that this field was regarded as the phenomenon with the least degree of social construction, the ideas surrounding this tradition have proven extremely effective. Indeed, the accepted notion that sexuality was something natural and that it came from the inside to be expressed outside offered the possibility of proving that sexuality was a social construction and of persuading people to think about it in alternative ways. And, by extension, it was a way of showing that everything else was also a social construction.

Throughout the history of thought, various areas of social life have been selectively incorporated into the space of social reflection. However, gender and sexuality were overlooked because they constituted two critical aspects for the ideological structures of society, in that their possible reformulation would entail the challenge of reformulating the structures themselves. In other words, constructionism per se is a sort of counterproposal, in that it involves weakening the will of the individuals in power by sowing doubts that their actions are not for the good of society or mankind, since their actions may benefit some, yet harm others. Nowadays, the status of social constructionism—and of postmodernism in general—is one of thesis, antithesis, and "post-thesis". As a result of the latter, the origins of the will and the desire to act should be reformulated, not to inhibit them but as a means of basing actions on a higher level of reflection than the mere notion of "doing good".

In her comments on Dr. Gagnon's paper, Professor Ana Amuchástegui (UAM-Xochimilco), while acknowledging Dr. Gagnon's significant contributions to research into sexuality,¹¹ offered

¹⁰ The questions posed by a symbolic constructionist should be: What are the policies going to do? What will the consequences be? and What makes the person intervening think that he or she has the right to do so?

¹¹ The discussant was referring to the fact that the concept of the social origin of sexuality has helped to weaken an essentialist interpretation of it and to show that sexual practices are socially and historically specific, and that Dr. Gagnon's proposal regarding scripts which organize sexual behavior at the mental,

a conceptual criticism of the arguments put forward in the paper and evaluated its strengths and weaknesses.

Dr. Gagnon's review of social constructionist traditions confirmed the usefulness of this approach for analyzing reality, as well as its limitations for constructing policy proposals and alternatives. In this respect, the paper suggested two debates. The first debate concerns the political and ethical problems of social constructionism, whose relativism is shared by many authors, since —like postmodernism— it posits that the social discourses of modernity are historical constructions, whereby it restores the importance of social specificity and diversity. For Dr. Gagnon, diversity, or different ways of life, are acknowledged within a bounded sociocultural unit.¹² This suggests, on the one hand, the possibility of identifying such bounded units and, on the other, the idea that social constructionism situates all ways of life on a level of equality or in a form of coexistence in which hierarchy is not a factor. However, this idea is criticized by other authors within the same current —such as Renato Rosaldo— who, recognizing the diversity and specificity of ways of life, consider that they occur in a relationship of inequality among different social positions.

The possibility of this social equality is much more questionable in Latin American realities, where tradition and modernity coexist and are joined in multiple forms of development which can only be regarded as heterogeneity; there is a coexistence of differences which does not occur in a situation of equality nor does it eliminate the relations of power between cultures or

social groups.¹³ Moreover, the power of dominant groups is expressed in the monologism that confers universality and truth on a particular social discourse that attempts to impose itself more or less openly on others. The monologic quality of certain cultural formations has constructed "others" from its own perspective, without taking into account the voices of those at whom the discourse is aimed. Consequently, one method for determining the value of ways of life would be to find out whether the formulation allows participants to decide upon the terms of their existence jointly or whether one of them dominates the process.

However, we are witnessing the collapse of a world that attributed desire to nature, and there has been a whirlwind of discordant voices which have raised sexual behavior, identity, and mores to the level of choice, at least for those who have the freedom to choose. Given this maze of diversity, as opposed to absolute solutions which seek to organize and standardize sexuality and individuals' desire, a form of *radical humanism* is proposed which would lead to respect for individual sexualities, as well as the recognition and strengthening of the fact that subjects belong to different social groups.¹⁴ However, this aim seems very remote from Latin American reality, which means that it is right to relativize the possibility of individual choice, at least in the region.

This leads to the second debate, concerning the conception of the subject and the problem of self-management. On the basis of the interpretative nature of social interaction and since the individual is at the same time the product and producer of his or her social life, social

interpersonal, and collective levels offered the possibility of theorizing about the relationship between the individual and society, an important referent for any study seeking to understand this interaction in the sphere of sexuality.

¹² Dr. Gagnon identifies this recognition as the *levelling principle*.

¹³ Nelson García Canclini (1990), *Culturas híbridas. Estrategias para entrar y salir de la modernidad*, Grijalbo-Consejo Nacional para la Cultura y las Artes, Mexico.

¹⁴ Jeffrey Weeks (1986), *Sexuality*, Routledge, England-U.S.A.

constructionism questions the concept that individuals are the puppets of transindividual forces such as history, evolution, the nation, human nature, God's design, or progress. This approach avoids deductive and mechanist analyses of the relationship between individuals and society, and emphasizes social and historical specificities. Yet some authors—such as Evans—regard it as equally important to determine the macrosocial conditions in which this interaction takes place. In other words, the sexualization of modern societies cannot be fully understood without considering macrosocial processes (for example, the material dynamics of late capitalism and its repercussions on the State).

Dr. Gagnon's proposal points to the problem of individuals' freedom in a given social configuration, on the basis of an interactionist view of the subject; in other words, a dramatic view of the individual who participates in social scenarios with unstable, changing identities.

Exploration of the subjective aspect of sexuality has become relevant due to the debate sparked by its recent proliferation in studies on that topic. For some authors—such as Stanton—the historicization and, therefore, the denaturalization of sexuality may be seen as part of the deconstruction of an essential subjectivity that has marked modernity and, more specifically, postmodernity. Other authors—such as Foucault—conceive the relationship between the individual and society as a process of creating subjectivity, in which social structures and dominant discourses play a fundamental role.¹⁵

¹⁵ Michel Foucault (1990), *The History of Sexuality: The Use of Pleasure*, Random House, New York. According to this author, there are two meanings of the word "subject" which suggest a form of power that subjugates and forces to yield. On the one hand, it means being subjected to another through control and dependency and, on the other, it implies being bound to one's own identity by self-awareness or knowledge.

In the third place, in a position criticizing the Foucaultian notion of the unilateral exercise of power (i.e., the ways in which it is exercised by institutions) are the feminist theses which regard gender construction as a subjective process¹⁶ and argue that gender is a "pre-reflexive" option (not a rational decision; in other words, the product of a tacit, spontaneous act in an impulsive and subconscious process which can only be reconstructed *a posteriori*). In this line of reasoning, gender identity is not defined as a position but rather as a process in which individuals actively produce meanings concerning themselves. Thus, the concept of woman is not only defined by external elements which would be passively accepted by women, but through their active participation in it, thereby helping to construct the context that defines this position.

Professor Amuchástegui ended her comments by pointing out that there are different approaches to the problem of freedom and self-management and that in Latin America, they acquire particular characteristics, due to the fact that individualism in modern societies has not predominated to the same extent. However, although there are forms of social organization which promote the group as a fundamental value, Latin America lacks the material conditions for equal opportunities that would favor personal choice.

GENERAL DISCUSSION OF THE FIRST SESSION

In the course of the debate following the presentations and comments, the panelists and the public discussed the issue of power, suggesting

¹⁶ In discussing the concept of gender identity, female authors such as Yudit Botlars state that one is not born a woman, but becomes one, thus going beyond an essentialist interpretation of femininity and promoting an historical approach to the problem.

numerous approaches regarding the implications of the fuzzy limits and ambiguous contents of the concept of “reproductive and sexual health”.

Firstly, the appropriateness of using social constructionism to deal with phenomena in the field of reproductive health was questioned, since, as social constructions, their subjective appropriation is hindered by the many relations of power existing in the world. Dr. Gagnon replied that it is an analytical error to abstract power from social relations, since the former is part of the latter; i.e., power is not a thing, a spirit or an essence, but a practice: it is what one person does to make another do a particular thing. Consequently, social constructionism regards power as something inherent in relations; it does not analyze it as though it were transferred from one social group to another.

Secondly, both the presentations and the comments promoted group reflection on the importance of the disagreement concerning the concept, its risks and potential, as well as the dimensions and actors intervening in its construction. The importance of the disagreement lies in the possibility of incorporating new elements into the concept that will broaden it and influence the practices of institutional agents and the population by transforming them in a new way. Such disagreement is therefore relevant in that it permits the creation of a discourse that will have an impact on the efforts of actors in specific institutional spaces. In this regard, it is essential to investigate the way in which institutional discourses or others are appropriated and given new meanings or not by social actors.

Some spoke of the need to specify the content of the concept of reproductive and sexual health, since this could help overcome the biomedical limits that have predominated in the sphere of women's health and reproduction; i.e.,

it would contribute to establishing a transdisciplinary and intersectoral vision of field problems, achieving greater possibilities of response. Moreover, the ambiguity of the concept means that there is a risk of its being manipulated in favor of institutions and those in power, preventing the empowerment of the very social groups that should participate in defining it.

Others emphasized the fact that, depending on the narrowness or breadth of the concept, it is possible to open up or eliminate spaces for intervention and transformation in the field of reproductive and sexual health. The concept has pragmatic properties making it functional and giving it the ability to elicit the convergence of diverse interest groups, who may then be able to form effective coalitions for political action. Moreover, the opening up of the concept would make it possible to construct a discourse on the basis of various social and cultural realities.

In view of the fact that through the questioning of certain norms (both medical and religious) concrete individuals have gained greater authority to redefine their reproductive space, it was proposed to redefine the concept on the basis of its background. In other words, on the basis of its ability to foster a greater understanding of the various phenomena related to reproduction (imposition, gender inequality, sexual violence, etc.), the way to construct a new reproductive space should be reconsidered. In this construction of the concept, it is essential to consider people's contact with themselves and with their own reality.

Finally, so as to define the aims of transformation inherent in a meaning of reproductive and sexual health that can transgress current norms and lead to a new, more equal type of relations, the time factor will have to be incorporated into the discussion, since social changes are lengthy processes. In the academic, social, and political spheres, one should be aware that

a lot of time is needed for changes to be included in the discourse and practices of the different social and institutional actors.

SECOND SESSION

During this session, coordinated by Estela García de Pinto da Cunha (Nepo), two papers were presented on the complex subject of ethics in research and the incipient concept of reproductive health, the latter from a woman's perspective.

The session began with a paper by the psychologist Radhika Chandiramani (Tarshi Project, New Delhi), "*Rights and ethics in interventions, experiences and research in the field of sexuality*", in which the speaker discussed the dimensions of rights and ethics in the field of reproductive health, which are restricted by the social contexts wherein individuals conduct their lives. The paper sought to place the reflection within the context of gender and to propose some considerations as to how one can be ethical in interventions in the field of sexuality.

Drawing distinctions between ethics, morals, and values, the speaker considered sexuality from the perspective of how it is constructed, experienced, and expressed by individuals, i.e., from the subjective dimension.¹⁷ This permits a more comprehensive approach to both the intensity and intimacy of sexuality and the different social, religious, moral, and other factors that affect people in different ways.

The recent emergence of the sexual rights discourse, which includes the right to sexual pleasure, has shifted the debate from the realm

¹⁷ The paper associates rights with personal privileges and freedom; ethics, with the choices people make as to how to live well and relate adequately to others; morals, with a community parameter involving notions of judgment and assessment; and personal values, with degrees of personal subjectivity regarding what is good or bad. Ethics, morals, and values are culturally and historically specific.

of reproduction to that of sexual pleasure. Nevertheless, as access to pleasure implies autonomy on the part of subjects, its realization is not possible in social systems based on inequality and inequity; in other words, sexual rights make no sense in the absence of social rights that accept autonomy or self-determination as an essential right. Moreover, the attainment of sexual rights is restricted by the very discourse of human rights which, based on a heterosexual conception, does not direct attention towards the reproductive health of nonheterosexual individuals. Likewise, although the rights discourse is based on the notion of dignity and autonomy, in practice free choice does not exist, especially for women, since sexual free will is subject to considerations involving the woman's partner, her family, her culture, and various social networks which impose their opinions and dictates. This situation becomes dramatic when the dominant morality forces nonheterosexuals to deny that they are such; in general, social determinants erode any expression of resistance to the dominant discourse or to the practices and roles assigned by it.¹⁸

A positive approach encompassing the principles of reproductive and sexual rights (physical integrity, personhood, equality, and respect for diversity)¹⁹ forces one to overcome the barrier of discrimination and violence and to deal with the diverse realities experienced by women, which in turn involves taking into account their

¹⁸ The speaker cited the case of India, where women in their social role are venerated as goddesses and valued as mothers; yet, since the legal system does not recognize a man's rape of his wife as a crime, women have been denied different attributes of personhood, such as the autonomy to enable them to refuse sexual relations imposed on them by men.

¹⁹ These principles were put forward in S. Correa and R. Petchesky (1994), "Reproductive and sexual rights: A feminist perspective," in G. Sen, A. Germaine, and L. Chen, *Population Policies Reconsidered: Health, Empowerment, and Rights*, Massachusetts: Harvard University Press; and in R. Petchesky (1996), "Sexual rights: Inventing a concept, mapping an international practice," paper presented at Re-Conceiving Sexualities-International Seminar on Gender, Sexuality, and Sexual Health, Rio de Janeiro, Brazil.

subjectivity. Therefore, given that *subjectivity* is defined as the conscious and subconscious thoughts and emotions of individuals, their sense and awareness of themselves and their way of understanding their relationship with the world,²⁰ it is doubtful whether equality in sexual rights per se constitutes justice, since these rights are exercised within a social matrix which determines that men and women have an unequal right to control access to their bodies (hence the fact that most domestic violence is expressed in sexual interactions between the two sexes). Likewise, justice as a basic principle of rights requires equal treatment for all, unless there is a strong ethical justification for different treatment; yet in practice, women are deprived of power, resources, and respect. Therefore, in order to achieve equality, there is a need to create adequate social conditions enabling one to consider the subjectivity of individuals. In short, the bases of rights and ethics will only be possible if the subjective dimension of women is considered.

During the second part of the paper, the speaker outlined a number of ethical rules to be followed in fieldwork. In her view, since in the field of sexuality various disciplines converge, there is no single, homogeneous ethical body or code. It is therefore necessary to link rights and ethics to ensure that interventions—and research—are carried out to help individuals achieve the highest standards of health and well-being. To achieve this, the speaker suggested focusing on the following ethical aspects:

- Cultural values. Since interventions take place at a specific time and in a specific place, they may agree with or oppose the existing hegemonic discourse; thus, intervention may constitute and be treated as a threat to prevailing cultural values. This situation falsely

pits personal rights against cultural rights, on the assumption that an advantage for the former implies a disadvantage for the latter. In fact, what intervention should aim for is to respond to people's needs rather than defend cultural values when these may harm the population's health.

In addition, there are certain delicate aspects concerning intervenors themselves. On the one hand, since they have their own subjectivity, which may entail a negative perception of the sexual behavior and practices of the population in which they are intervening, they should ensure that this is not expressed in their actions. Moreover, since there is a power relationship favoring the intervenors (the power of the authority/expert, medical and social power, and the power of the traditions that accompany them), intervenors should place emphasis on the priorities of the subjects involved in the intervention. Although it is generally preferable to create an atmosphere free of values and moral criticism during the intervention, in situations where there is a climate of sexual coercion, the values on which the intervention is based should be made explicit; otherwise it could lead to conflicts and further difficulties.

- Boundary violations. The field of sexuality is a sphere of action with very subtle frontiers between the type of intervention which seeks information for diagnosis, classification, and the design of future interventions, and those that would satisfy the personal needs of individuals who intervene in the field or threaten clients' psychological integrity. It is therefore essential for intervenors not to involve their personal values or to express moralistic and critical behavior; i.e., they should behave in accordance with their own attitudes and be sensitive to their own internal changes,

²⁰ Definition taken from C. Weedon (1987), *Feminist Practice and Post-structuralist Theory*, Oxford, Blackwell, U.S.A.

while preventing these from emerging during the course of the intervention.²¹

- Confidentiality. This rule implies, on the one hand, that the informant's right to privacy should be ensured, and that, above all, access to records should be denied to persons not directly associated with information processing and analysis. Confidentiality also involves placing services in areas that will prevent social discrimination of clients, in order to reduce the risks that being identified with socially stigmatized groups entails for people living in intolerant societies. In short, care should be taken to ensure the dignity of those who provide (or seek) information concerning sexual matters.
- Anonymity. Unlike the above, this refers to the fact that a person may be permitted not to reveal his or her identity. Therefore, the location of services is particularly important when discretion and confidentiality in treatment are promised. Likewise, care should be taken with the way in which everyday interactions in this type of programs occur.
- Burnout. The ethics of intervention requires that intervenors not be neglected. On the one hand, efforts should be made to create a relaxed working atmosphere, to allow intervenors to concentrate on their actions and be able to handle the tense situations that may arise in the course of their work. At the same time, as their work consists of intervening in unjust situations, they should seek positive responses that enrich people's lives, while avoiding mechanical and/or defensive reactions. Both factors contribute to the development of strategies that reduce the incidence of burnout, which harms the

people with whom they relate, the intervention processes, and the people who intervene in others' lives. This serves to restore intervenors' energy and help them increase their abilities and repertoire of healthy, effective responses.²²

- Children, adolescents, and sexuality education. There is a need to do away with the lack of sex education which the adult world—parents and the cultural system—has inflicted on teenagers, since in practice, limiting access to this information does not lead to genuine control over the sexual practices of young people, whose uninformed behavior may expose them to the risks involved in leading one's own sex life. Since the social obligation to place children's rights over parents' individual decisions is now recognized, international documents have established that children are not their parents' private property.
- Persons with disabilities. Sexuality among persons with disabilities is a field that has been virtually unexplored. However, the sexual rights of the disabled are often violated. Sexuality is a burden for the disabled and for all those associated with their world: their counterparts, caretakers, and policy-makers. It should be pointed out that in the case of the mentally disabled, matters such as understanding, responsibility, and awareness of consequences should be taken into account.

The ethical guidelines formulated here attempt to protect the human rights of actual subjects, since, as research priorities are not necessarily the same as those of interventions, the subject of research may not be the researcher's concern. In this respect, the rules mentioned

²¹ The intervenor should take care not to become emotionally, much less sexually, involved with the subjects who are the object of the intervention.

²² The speaker noted that this is a strategy that has been used in the Tarshi program of sexual assistance which she runs in New Delhi.

form part of the ethical principles established by the Council for International Organizations of Medical Sciences (CIOMS) applied to biomedicine and the social sciences.²³ In this context, the rules of confidentiality and their violation during an intervention are valid for research into sexuality as well. The latter also entails ethical guidelines concerning informed consent, which involves telling the subjects being researched the purpose, implications, and nature of the study. Researchers should also make provisions to be able to handle the possible negative consequences of research for the population being observed—i.e., the informants—and for themselves. As it is likely that the impact of prolonged interaction methodologies and group discussions will be greater on the researcher, the use of questionnaires—despite their limited methodological scope—might prove safer.

At the same time, one should be aware that since the majority of studies focus on individual behavior, their findings constitute somewhat unreliable “scientific truths.” Indeed, as these studies fail to consider the desires of individuals which might be a central part of their identity, the resulting body of knowledge has a somewhat shaky foundation. Finally, since researchers and intervenors in the field of sexuality should behave in accordance with the CIOMS’s principles and the financing agencies are directly linked to the levels of field intervention, mechanisms such as ethics committees should be set up to review research proposals, project proposals, and the reports on the same from an ethical standpoint. In this way, these organizations would prove more effective in their commitment to greater responsibility in fieldwork.

²³ The CIOMS has defined four principles, namely: i) respect for persons, ii) beneficence, iii) non-maleficence, and iv) justice or equality in one’s dealings.

The paper presented by the psychologist Chandiramani was commented on by Professor Juan Guillermo Figueroa (Colmex), who pointed out that the speaker, in her reflection on how to be more ethical in practice, holds that despite the fact that gender inequalities in the exercise of rights contradict different ethical interpretations, these inequalities are supported, reproduced, and maintained by sexist and class-based standards and, finally, by social norms that exclude many people when defining what should be done in the various spheres of reality. Consequently, academics and social workers can play a key role by stimulating systematic reflections and criticisms of the social framework so as to counteract the various mechanisms of surveillance and domestication and the sanctions employed by institutional norms to limit individuals’ critical capacity. In this way, the critical community may help to cope with the processes of social alienation experienced by the population.

The numerous possibilities of transforming reality, as a result of researchers and activists’ work in the field of sexuality, demand rigor in the configuration of perspectives and the generation of knowledge and forms of intervention so as not to intrude upon the daily lives of the population being observed or attended. They also make it necessary for researchers and activists to state the commitments they have acquired to the people with whom they work and their rights in the process of providing information: i.e., their surroundings, possibilities, potential, and weak points. This is particularly necessary because of the dependency that tends to occur between the external agent and the subject of research or intervention, since that relationship may transform the latter into a subject of manipulation.

Due to the importance of ethics in interventions or research, there is a need for a debate

on this matter, including rights in the sphere of sexuality.²⁴ An important aspect in this respect is the speaker's reflection concerning the principle of *personhood* which, among other characteristics, includes respect for diversity and the development of one's own potential for negotiating possible conflicts of rights. According to Professor Figueroa, ethics permits one to identify various social dimensions that, in practice, make respecting the moral authority of individuals a complex process, and also to systematize conflicts that may arise when intervening in and researching sexuality. The situation becomes even more complicated in contexts of intolerance, where differences are usually interpreted as something of inferior value and a reason for rejection rather than for a process of mutual learning.

As a result of the above, one should bear in mind the basic criterion for any research effort or intervention: respect for confidentiality and anonymity. An effective consideration of these factors implies explicitly stating the commitments acquired by the researcher and by the person who intervenes in other people's lives through his or her knowledge. In other words, this commitment is not only a question of not identifying the person who is providing a certain type of information; researchers must explain the reason why they have obtained the information, what resources they have used to convince their informants to provide such information, and what commitment they have acquired to the reality they have discovered; and even the type of illicit behavior in which they could become involved if they fail to publish the information they have attained either in order to manipulate it or to divulge it to those

who might harm the person being researched in some way. Explaining why research is being undertaken also involves stating the possible risks and benefits of what is going to be researched, in order to justify the process of generating knowledge, in case this intrudes on people's daily lives. The advantages of research may range from revealing sexist behavior to documenting gender inequalities, through which one contributes to efforts to achieve equity in relationships between men and women. However, this may also have negative consequences, such as creating more elements for manipulating this reality or increasing inequalities and causing conflicts for people without helping them to cope with them.

Paradoxically, the process may not prove upsetting for the persons being researched, but for researchers themselves, either because the topics may call their own beliefs into question or because people's reactions may make them reexamine personal conflicts or face complex situations that emphasize their inability to do anything about them.

In the discussant's view, the speaker highlighted the need to regard this risk as part of the normative aspects and framework of rights involved in intervention and research processes in the area of sexuality. It is therefore hardly surprising that certain ethical codes suggest that research should only be conducted by researchers; i.e., those who have a community of mutual support to handle, question, accompany, and interpret on a joint basis the type of situations faced through the generation of knowledge and intervention processes. These codes are reinforced by the fact that such risks are higher in those populations regarded as vulnerable, such as minors and persons with some form of disability, since in these groups, even if researchers or intervenors rigorously adhere to the ethical codes mentioned here, it is evident that the process may lead to the reproduction

²⁴ Professor Figueroa pointed out that Sonia Correa and Rosalind Petchesky have made an important contribution in this regard by positing four ethical principles for work on sexuality and by taking subjectivity as an analytical referent in discussions on sexuality and reproduction.

of relations of dependency, authoritarianism, and control, and may even prevent the emergence of processes involving the transformation of norms and the documentation of alternative proposals for improving our social environment. Although the Belmont Report²⁵ states the need to respect individuals' autonomy and support those whom are regarded as having less autonomy, this support is extremely easy to manipulate if it is not defined precisely, since it occurs in contexts where unequal gender relations exist.

Consequently, it is necessary to specify why one should do research on sexuality and document inequalities by means of interviews that may challenge people beyond the relations they are able to handle. In this respect, one should deal with the possible consequences of the process of social research which deconstructs, destructures, and highlights aspects of individuals' subconscious and subjectivity and which often offers nothing in exchange, other than thanks for the information provided.

This raises several questions regarding the means for delimiting the responsibility of researchers seeking to transgress norms, their commitment vis-à-vis the oppressive situations of the population being researched, and their loyalty to research codes. This has been the case of feminists' work and that of recent studies on masculinity: if the males seeking to restate their masculinity and document the contradictions of being men had to ask permission from patriarchal institutions, inequalities would doubtless be even greater; likewise, if NGOs required permission from bureaucracies to implement alternative interventions which often restore the population's power and oblige institutional poli-

cies to recognize the latter's moral authority, then the outlook for social relations would certainly be gloomier than it is at present.

Based on the above-mentioned considerations, Professor Figueroa concluded by raising several questions as to how to conduct research and intervene in the field of sexuality in order to transgress norms, respect the rights of others and, in the process, through a critical interpretation of reality, demonstrate to the person being researched the subversive nature of the intervention. These questions deal with the difficult task of determining the responsibility of research or intervention, a topic for which Radhika Chandiramani's paper offers ideas that enable one to delve more deeply into the search for greater equity in the realm of sexuality.

The second paper, "*Defining reproductive health in the context of women's lives*", presented by Dr. Joanne Leslie (Pacific Institute for Women's Health, Los Angeles),²⁶ constitutes an attempt to go beyond the ambiguous, open definition of reproductive health. To this end, Dr. Leslie proposed drawing a distinction between *reproductive health* and its associated terms: *maternal health* and *women's health*.²⁷ The central proposal of the paper is that the concept of reproductive health constitutes an important advance in the field of women's health, but it would prove even more useful if care were taken not to define it either too narrowly or too broadly, but as a continuum between maternal health and women's health. On the one hand, reproductive health is broader than maternal health and on the other, it includes less than women's health, since the latter covers the entire life

²⁵ The Belmont Report contains the ethical principles and standards for the protection of human beings during scientific research.

²⁶ This paper was coauthored by Jane Rubin-Kurtzman and Ana Maria Goldani, both from the Pacific Institute for Women's Health, Los Angeles, California.

²⁷ According to Dr. Leslie, the associated terms mentioned show that the proposed reflection is limited to examining reproductive health within the context of women's health.

course; in other words, it goes beyond the reproductive years.

The elements the author used to arrive at this proposal were the historical influences that gave rise to the concept of reproductive health, its content, and the distinction between reproductive and women's health.

1. A historical review shows that the enormous demographic and epidemiological changes that have taken place during the second half of this century have contributed to the increased public attention paid to reproductive health. Despite the fact that maternal and child health and family planning programs helped achieve a decrease in fertility and maternity (primarily in Asia, Latin America, Africa, and the sub-Saharan), it has been recognized that this has not sufficed to meet the different needs of women's development and health.²⁸

The abandonment of the unilateral approach consisting of maternal and child health and family planning was also due to growing criticism by the feminist movement. Although at the outset —during the 1920s and 1930s— in the United States, birth control was promoted by feminists to facilitate women's greater autonomy in the family and society, this changed when birth control gradually turned into population control through more professionalized, medicalized "family planning" programs that were also socially coercive for women (particularly in the Southern Hemisphere). This provoked the opposition of the feminist movement, and encouraged the search for a women-oriented approach that would be more sensitive to gender issues.

This search was aided by the success of feminists in their efforts to make women's rights a

central feature of human rights, and thus the human rights movement became essential to the emergence of the concept of reproductive health. In the new scenario, any transgression of reproductive choices was presented as a violation of human rights; therefore, according to international norms, women acquired the right to receive noncoercive information and services in the realm of family planning, including the ability to terminate unwanted pregnancies and to decide when and how many children to have.

The speaker specified that despite the existing complementarity between reproductive health and reproductive rights, they constitute two distinct categories. Whereas the former focuses on health, the latter is more concerned with legal changes and the role of the State. Consequently, different theoretical, methodological, and political approaches are required to achieve their respective objectives.

2. Another aspect discussed by the speaker was the contents of the concept of reproductive health, which represent a significant advance in programmatic and health policy matters. Since this approach focuses on interventions, it leads to the convergence of prenatal care, family planning, and sexually-transmitted disease programs, thereby eliminating their previous lack of coordination and achieving greater efficiency and higher quality in the delivery of services for women.

Likewise, reproductive health has constituted an important step forward regarding traditional maternal and child health and family planning programs, since the interventions not only seek to improve children's health but also to protect that of mothers and, above all, to enable women to have access to a range of contraceptive choices and meet various needs in reproductive matters (i.e., it is women's health that is important now, rather than population control). In addition, it has been acknowledged that

²⁸ The speaker recalled that these programs sought to improve women's health by focusing their efforts on maternal and child health and on women's reproductive role on the basis of cultural biases concerning gender roles.

sexuality involves more than procreation, since it includes pleasure and sexual orientation. In this sense, reproductive health includes four programmatic areas of attention: *i*) fertility management, *ii*) maternal care, *iii*) sexuality, and *iv*) protection and treatment.

In the context of these changes, the aspect the author emphasized most was the acknowledgment among researchers, policy-makers, and planners of the importance of reproductive morbidity in achieving an overview of the total impact of the causes linked to reproductive health for an individual's well-being. This has led to the need to not focus exclusively on the data on reproductive mortality (which, obviously, is essential to the design of health policies) since morbidity affects women's quality of life to a far greater extent.²⁹

In addition to sexuality, sexual violence, and sexually transmitted diseases, reproductive morbidity includes other areas that may be overlooked, such as the need and right to receive quality family planning services, which would prevent much of the morbidity associated with the side effects of contraception. The nutritional aspects of reproductive health should also be dealt with, since dietary deficiencies (in terms of both energy and protein) are one of the causes of the maternal depletion syndrome and its respective consequences.

3. Thirdly, the speaker mentioned the fact that women's health, like reproductive health, is based on demographic realities. In other words, its emergence is due to the fact that in countries experiencing demographic and epidemiological transition, obstetrics and gynecology failed to respond to women's unique health

needs, since many of the patients were beyond their years of active reproduction. Thus, the appearance of the concept of *women's health* posed the social and individual goal of extending a woman's active, productive life after menopause, thereby highlighting the needs of mature women. The concept also emphasized the important differences between men and women in the diagnosis and treatment of non-reproductive health problems (heart disease, mental illness, hypertension, and AIDS). Thus, the concept recognizes the fact that women's health is different from men's health, not only because of the biological differences between them, but because of the differences in their roles, which are socially and culturally determined.³⁰

In the future, attempts should be made to complement the approaches involving maternal health, reproductive health, and women's health since, according to the different social and national realities coexisting in the world, any of these could describe women's diverse needs. In certain contexts, where high levels of fertility and child and maternal mortality persist, it is sensible to concentrate available resources on the implementation of maternal health programs. Conversely, in the early stages of demographic and epidemiological transition (the Southern countries), the reproductive health approach proves more useful, since focusing attention on women opens up the possibility, depending on available resources, of providing new services for them. In other contexts where fertility is low, there is easy access to birth control methods and the safe, healthy termina-

²⁹ Referring to a recent UNICEF report, the author notes that, in addition to the 600,000 maternal deaths reported annually, it is estimated that 18 million women suffered some pregnancy- or childbirth-related illness, injury or disability.

³⁰ To highlight the differences between the sexes as regards health, the speaker mentioned that women have specific health conditions related to their nature, reiteration, severity, manifestation, risk factors or treatment, which can be located both within and outside the sphere of reproductive health. This is true of obesity, eating disorders, iodine deficiency disorders, domestic violence, osteoporosis, arthritic conditions, depression, and diabetes, among others.

tion of unwanted pregnancies, and women's lives have lasted for two or three decades after menopause, programs based on a women's health approach are preferable.

Towards the end of her presentation, the speaker suggested that the proposed conceptual differentiation has arisen as a result of the definition of two areas of work at the Pacific Institute for Women's Health: the Americas Program and the Adolescent Health Linkages Program, which stresses the perspective of adolescent health. The second of these programs assumes that since adolescents are immersed in the active development of their self-image, in which they maintain intense, multifaceted interactions in different spheres,³¹ it is important to explore the links created among the different elements that contribute to identity-building (gender, class, race, age, and others). This provides an idea of how the fulfillment or lack of fulfillment of their own expectations (or those of their family or community) may have profound, long-lasting consequences, both for their behavior in different spheres and for their self-image and self-confidence. On the basis of these assumptions, the program has sought to intervene in these aspects of adolescents' identity in order to contribute indirectly to healthier behavior in spheres such as fertility and substance abuse.

Dr. Carlos Echarri (Colmex) commented on the paper presented by Dr. Leslie, focusing on its shortcomings or weaknesses. He pointed out that by emphasizing a pragmatic position, the paper operates on a different plane from those who are inclined toward more idealistic positions. In effect, the author equated reproductive health with women's health, excluding men,

thereby eliminating the importance of reproductive health in its attempts to do away with gender inequalities and to change the view of doctors and institutions and society's status quo. In Dr. Echarri's opinion, the speaker had not considered the strategies which sought to transform society by converting health into a benefit for the entire population, which later became partial measures that failed to challenge the traditional view of society regarding health, i.e., one that relegates women to the role of reproducers and health providers. These measures, which were originally intended as a temporary phase and became the permanent activity of the medical profession, gave rise to a questioning of the validity of family planning programs. This was the start of a debate which has led to the replacement of the concept of family planning by terms such as "child survival", "safe motherhood", and finally, "reproductive health."³²

As a result of the above, Dr. Echarri wondered whether conceptual changes are not simply phrases that perpetuate control over women through fertility control, since in many cases, such as Mexico, these changes have been translated into mere formalities, by modifying the name of health institutions without altering their ways of operation.³³ This forces one to consider the role of the actors in conceptual change, an issue the paper unfortunately failed to address since it did not use the definitions made at the Beijing conference³⁴ to determine who should participate in the management, treatment, and maintenance of reproductive health. This limitation persists when women's health is

³¹ The program identifies four main behavioral areas in young people's lives: work, education, health and nutrition, and sexuality and fertility.

³² Dr. Echarri was referring to the "Strategy to achieve health for all," and "The child survival revolution," corresponding to initiatives proposed by the World Health Organization.

³³ In Mexico, for example, the Head Offices for Family Planning and Maternal and Child Health were renamed the Head Office for Reproductive Health simply by means of a decree.

³⁴ Fourth World Conference on Women, Beijing, China, 1995.

defined only from the perspective of women themselves, which is dangerous in a context where the information and options available to people are limited as a result of the lack of real possibilities of choosing between different alternatives. In this sense, the paper requires greater reflection on who should participate and how, not only in the delivery of reproductive health services but in the definition of this concept, and also what "health" and "welfare" actually mean. Likewise, the paper overlooks the educational component of reproductive health, which constitutes an important aspect in the field of rights, since people need to know their rights in order to be able to enforce them.

Finally, the discussant pointed out that the definition of reproductive health proposed by the author would lead to a reorganization not only of roles between men and women but also of health services and the educational system, but its implementation in Mexico would entail risks if the process of decentralization underway were to involve delegating responsibility for delivering health care to the municipalities because that would lead to a deterioration of the current situation.

GENERAL DISCUSSION OF THE SECOND SESSION

The discussion of this session focused on the theoretical-practical aspects of the definition of women's health, emphasizing the importance of ethical aspects for research and intervention.

Doubts arose as to the stance taken by Dr. Leslie regarding the definition of women's health basically due to the fact that, in the context of the criticism leveled at the concept of reproductive health for defining the childbearing age of women as 15-49, analysis would prove more beneficial if it also focused on women's early years (0-15). Greater knowl-

edge of the processes of socialization, education, and care and of the economic and cultural processes that women experience in their early years—which will influence their childbearing period and subsequent years—will make it possible to steer efforts towards modifying the perspective regarding education, socialization, care, and self-care at this age. Dr. Leslie replied that this made one wonder whether women's health covered the entire life cycle or only from a certain age onwards—determined arbitrarily—or from a biological point of view such as the menarche. She admitted that she had no answer to this, since it is a difficult issue to resolve and one in which the distinction between pragmatism and idealism should be taken into account. In theoretical or conceptual terms, it is possible and perhaps necessary to consider women's entire life cycle. From a pragmatic point of view, this would entail the existence of a pediatric practice sensitive to gender issues which, given the organization of health services, would be highly unlikely.

On the other hand, as regards discussion on the issue of ethics, a number of the comments emphasized the possible ethical dilemmas involved in research and intervention. For some, these dilemmas entail knowing how to determine their limits considering the different priorities of each and the right of the subjects being observed to exercise a particular form of sexuality. For others, the risk lies less in the generation of knowledge than in its unequal distribution in favor of power.³⁵

According to Radhika Chandiramani, one aspect that should be noted is that given the impossibility of preventing intervention from harming subjects in some way, this damage should be minimized during the documenta-

³⁵ This unequal distribution makes the function of the academic world of contributing information to the resistance movements of the subjects involved absolutely essential.

tion process. The problem, then, lies in delimiting the rights of individuals since, according to the definition of individuals' autonomy, in terms of being able to choose what they want to do, their rights can extend so far as to interfere with the rights of others. In other words, individual rights entail social costs, meaning that the question is how broad are the rights of the individuals who are the subject of an intervention. The second aspect highlighted by Ms. Chandiramani is the need to be aware that the risks of intervention and research are due to the gap and circularity existing between the interpretative frameworks of reality and reality itself. In other words, academia tends to insert people's experiences into theoretical platforms divorced from reality, creating a dichotomy between "us" and "them," while intervention has access to a great deal of first-hand information; this has the advantage of being extremely useful for research, yet because it requires a framework of reference for action, the problem of interpretation re-emerges.

Part of the audience focused on proposing ways that would help overcome the risks involved in establishing limits for research and intervention in this field. One would be to create a meeting point between what research seeks (which would imply explicitly stating the objectives, findings, and contributions of the research effort) and what the subject of the analysis is willing to report, a procedure that should be established at the design stage. Another view warns that there is no single answer to this, although there are ways to achieve it, either through informed consent, the models used in medical disciplines or an ongoing process of information feedback.³⁶ In this regard, it is

³⁶ In the first method, the researcher proceeds "as far as the other person allows", but assumes that the person understands the aim of the research or intervention; the second method allows one to assess whether the knowledge generated involves

worthwhile to note the respect of intervenors towards the research subjects and the fact that awareness of this respect is on the increase. One should also recall that in fieldwork, researchers and activists have the responsibility of contributing elements for health and well-being. In other words, they should not limit themselves to the elimination of diseases or negative aspects of sexuality; this would help minimize many potentially damaging effects.

Lastly, some cautioned against taking to an extreme the assumption that all use of information represents a violation of the research subject's privacy since gaining access to information through people themselves is the only way the world can be improved.

TOPIC 2. NEW APPROACHES AND FINDINGS

The second part of the seminar included the presentation of papers which, by discussing the challenges yet to be met in the field of reproductive health and sexuality, constitute proposals for future research.

THIRD SESSION

In this session, moderated by Lucille Atkin (Ford Foundation, Mexico), the three papers presented reflected on abortion, teenage pregnancy, and risks involved in sexual practices.

The session began with the paper "*The study of induced abortion in Latin America: A partial assessment and some proposals for the future*" by Professor Silvina Ramos (Cedes),³⁷ who —on the basis of a review of the existing literature— pro-

more benefits than risks, while the third method enables one to see how far it is possible to advance, while ensuring that the research subjects have access to the findings of the projects in which they have participated.

³⁷ This paper was coauthored by Dr. Juan José Llovet, a researcher at the same center.

posed elements for a renewed discussion of the topic. Although induced abortion has aroused great academic, professional, and political interest resulting in extensive literature on the subject, the latter has been limited to biomedical, health, and demographic approaches,³⁸ leaving significant gaps in knowledge of this matter. For example, there is a lack of studies giving ethnographic evidence of different perceptions and experiences of abortion among women, in the context of particular life circumstances and the sociocultural context that shapes their reproductive decisions.

These gaps are reflected in the future research agenda drawn up as a result of the various exchange activities undertaken in recent years among social and sociomedical researchers, in which the following topics are outstanding: i) estimates of the incidence of induced abortion with coverage for all the countries in the region and the development of innovative techniques that help improve the quality of information; ii) the problem of abortion among teenagers, especially aspects linked to the decision to have an abortion and the impact of the latter on the population's life plans and morbidity and mortality; iii) the relationship between abortion and contraception; iv) the role of men in reproductive decisions, particularly as regards abortion, as well as the representations and values that guide their behavior; v) hospital care for induced abortion, particularly cost calculation and an evaluation of the quality of care; and vi) changes in the supply of services and abortion techniques and their impact on safety, the effectiveness of practices, and women's satisfaction.

³⁸ The speaker pointed out that these approaches, via descriptive case studies and international comparative surveys, have been used to achieve an overview of macrosocial policies, the scope of the phenomenon, and abortion practices in various countries.

In drawing up the agenda, methodological discussion has focused on the problems of estimating the extent of abortion, since its illegality leads to clandestine practice with direct implications for the main sources of information: hospital records and the women themselves. In other words, with few exceptions, the agendas have failed to consider the methodological problems of studies on other aspects of induced abortion. Therefore, in order to consider some of the most recent theoretical advances in studies in this field, reduce inequalities in the production of knowledge on this phenomenon, and encourage the treatment of some aspects of the problem of induced abortion, the author proposed to reflect on three topics dealing with theoretical, ethical, and methodological issues, as well as research policies.

1. The decision-making process involved in terminating a pregnancy

Firstly, social research on induced abortion has emphasized the importance of describing and analyzing the decision-making process that leads women to have an abortion. In this respect, there is very little information available on the differences between Latin American countries and between specific social realities such as the rural setting or the middle classes. However, some studies have revealed the presence of transcultural evidence in the process involved in deciding to have an abortion in different national or social contexts. The first piece of evidence is the consistent undertaking of diverse actions in which resources of a very different nature are allocated and coordinated.³⁹

³⁹ The decision-making process may involve minor actions which are gradually replaced or overlapped by others such as drinking home-made potions, consuming drugs, menstrual regulators or abortifacients of real or imagined effectiveness, lifting heavy loads, and subjecting the body to extraordinary physical strain.

This combination of minor and major actions is essential to understanding the logic of the process (and the more or less hazardous consequences it may have), since women do not usually proceed in a linear or unidirectional fashion but rather effect a series of complex and heterogeneous actions, not all of which are necessarily solely aimed at inducing an abortion. The second transcultural element is the presence of “significant others” in the decision-making process: i.e., people who are socially, culturally, and emotionally relevant to the women in these processes. The last transcultural evidence is the coexistence of moral principles and norms concerning abortion which operate at different levels; both axiological elements guide the woman to an *ex ante* decision and rationalize the action taken with more *ex post* axiological nuances.

Since this evidence provides clues for identifying the assumptions that have guided women’s analysis in the process of deciding to have an abortion, there is a justification for using new conceptual approaches to analyze these assumptions for the purpose of gaining a greater understanding of the phenomenon in Latin America.

This analysis implies recognizing the fact that studies on induced abortion are permeated by the idea that abortion and pregnancy are experiences that are perceived, identified, and given connotations in the same way by all women. In other words, its cultural significance has not been explored, nor have inquiries been made into the cultural uniqueness of the cognitive and symbolic universe on the basis of which women interpret their bodily conditions and life situations. The consequences of this equation or generalization are manifold, the most critical being the difficulty of understanding the logic of actions from the point of view of the subjects involved and, consequently, falling into

the trap of elaborating false “certainties” because the same phenomenon is being measured in all contexts and in different types of women.

Relativizing all or part of these premises does not imply denying the biological reality of the processes of conception and gestation, but rather stressing that these processes, as well as abortion itself, are perceived and interpreted in many different ways. In turn, these variations can be explained both by beliefs concerning the physiology of reproduction and by the social and cultural significance of pregnancy, motherhood, and abortion in a specific community and culture. This distinction is relevant, since it sheds light not only on biological factors but also on aspects of the social and cultural milieu which influence the process of terminating a pregnancy.

At the same time, exploring beliefs concerning the physiology of reproduction allows one to go beyond the view that the decision-making process is guided by a sequential logic that may be preestablished. According to this logic, pregnancy is indicated by a delay in menstruation. This is followed by a series of stages: pregnancy is suspected and subsequently confirmed, the decision is made to terminate it, the money to have an abortion is sought, obtained or negotiated, and the abortion is performed. As certain ethnographic literature reveals, in some cultural contexts this process is much more tortuous and complex.

Likewise, new approaches could explore the “significant others” involved in the decision-making process, not as they have generally been regarded—the influence of a single agent who provides or refuses emotional, material, and social resources—but from the viewpoint of the social value that these significant others have for the woman; i.e., the social network made up of people close to the woman who suspects she is pregnant. This network provides the

mechanisms within which people learn, interpret, cope with, and share the difficulties of daily life. Thus, it would be useful to shift the focus from an individual decision towards socially-molded patterns of decision. This change would make it possible to fully capture the fact that the interactions and links between the woman and her "significant others" are part of this process and represent systems. This also takes into account that the intuitive nature of most decision-making processes in daily life is based on the fact that the social and cultural context determines the orientation of actions and how explicit this process should be.

The importance of sociocultural factors is also reflected in the fact that women's decisions to terminate a pregnancy are guided by norms and values linked to cultural domains other than abortion. Femininity, the family, marriage, and motherhood unquestionably play a key role in the interpretation of the situation and the justifications accompanying the decisions, offsetting or neutralizing moral prescriptions concerning abortion.

2. Measuring the incidence of induced abortion

Determining the frequency and distribution of abortion entails enormous difficulties, since the methodologies used have severe deficiencies and limitations in terms of validity, reliability, and representativeness. In fact, the principal source of data for calculating the incidence of induced abortion are hospital records which, in Latin America, suffer from underregistration, misclassification and incomplete or temporally inaccurate data.⁴⁰ Other sources include surveys

which gather information through interviews or the interrogation of women hospitalized because of abortion complications and representative samples of the female population of childbearing age (or selected segments of the latter), a type of methodology which, despite the design of mechanisms to obtain reliable information, suffers from problems of underreporting, denial, and unreliability. These problems are due to the fact that, in addition to the possible legal and punitive implications, abortion is steeped in moral, ethical, religious, and social implications which prevent women's reporting and acknowledging it.

This shows that despite the various methodological pathways —both traditional and original— followed in Latin America, one that guarantees precision has yet to be found. Due to the difficulties involved in the accurate measurement of the incidence of abortion —which implies the construction of consistent data series—, the speaker suggests shifting the problem from the scientific sphere to examine it from the broader perspective of its impact in other social spheres. This shift can be further justified by the increasing centrality of ethics in the field of reproductive health. Measuring the incidence of abortion obviously forces one to think to what extent, and through what means it is legitimate, fair, and ethical to attempt to find out about something, knowing that not all but certainly many women wish to conceal the fact that they have had an abortion since they feel that this denial contributes to their self-preservation.

⁴⁰ The speaker cites the most frequent problems of this type of methodology as being the fact that i) not all establishments report their data; ii) there are ambiguities in the identification of types of abortion as regards the international classification of diseases; iii) there are difficulties in distinguishing between in-

duced abortions and miscarriages; iv) there is an overregistration of miscarriages and nonspecified abortion; and v) there are severe problems regarding the estimation of the incidence of abortions performed outside hospitals.

3. *Abortion as a political and public issue*

Although this aspect is essential to achieving a comprehensive view of the phenomenon, only recently and sporadically has it attracted the attention of social researchers. This is due to two factors: i) the absence of political science in interdisciplinary efforts that have been geared to constructing knowledge on induced abortion; and ii) the instrumental and political nature of diagnoses carried out in the women's movement which are mainly in response to the ideological debate and the political struggle. Along these lines, it would be useful to increase knowledge of the acceptability and social rejection of abortion by developing more and better-designed opinion polls.⁴¹

In conclusion, in view of the inadequacies described throughout the presentation, Professor Silvina Ramos proposed the following lines for future research: *i)* enhancing the perspective of the field using approaches from other disciplinary perspectives; there is a particular need to include contributions from the fields of social communication and political science; *ii)* restating old problems in the light of new theoretical perspectives; in particular, the effectiveness of the contribution of the constructionist approach, the recent interpretations of the theory of rational choice and the contributions of social network models should be evaluated; and *iii)* disparities in the knowledge of the phenomenon of induced abortion in the different national realities of Latin America should be reduced; *iv)* research should be conducted on certain social realities in each country which have received little or no attention, such as the rural environment and middle-class sectors; and *v)* analysis of ideological and political

coordinates should be encouraged, since an understanding of these aimed at achieving a strategy for the production of knowledge reinforces the initiatives promoted by various social actors for contributing to social and political change so as to enhance women's self-determination and integral sexual and reproductive health care.

Dr. Adriana Ortiz-Ortega (Center for the Critical Analysis of Contemporary Culture, New Jersey) began her comments by pointing out that the main contribution of Professor Ramos' paper was that it highlighted significant problems of field research, such as determining the cognitive and symbolic universe from which women interpret their bodily conditions and life situation, in order to understand their attitude towards abortion; what the possible relations are between jurisprudence and legal change, particularly as regards civil society's reactions to abortion; and the nature of the sociopolitical dynamics that influence research on abortion.

Dr. Ortiz-Ortega holds that to achieve a qualitative leap in theoretical-methodological approaches to the study of abortion, a reflection is needed on the correlation between the way in which the problem of abortion has been studied and the paradigms that have prevailed in the study of population, demography, and reproductive health. In her opinion, when a fundamentally demographic approach prevailed, these studies were useful because of their great number and influence on certain social sectors. In the 1990s, this model was no longer valid since women did not view contraception in the way one would have expected, forcing research to regard women as historical subjects. This heralded the emergence of a new paradigm of sexual health and the topic of women's subjectivity.

In the new approach to the topic, there have been important conceptual and ethical-philosophical changes which assume the existence of

⁴¹ Most surveys taken in Latin America are designed for social marketing or electoral purposes and have serious shortcomings as regards the formulation of questions.

two paradigms in the way the problem of abortion can be studied, raising the dilemma of which to use: the perspective of sexual and reproductive health or the perspective of sexual and reproductive rights. Doubtless, the growing focus on the topic involves answering the question of by whom and how this decision was made, what the conceptual implications are and whether both paradigms have begun to circulate in the international sphere as forms of acknowledgment or as medical and social problems which, as a result, call for different approaches. As these paradigms are not contradictory, but rather one is wider than the other, the forms of applying them are very different in each national context.

The potential of this proposal is reflected in the expanding scope of discussion and reflection on the topic. Replacing the demographic approach with the reproductive health approach opens up the possibility of regarding women as decision-making subjects, understanding their subjective processes, and finding various ways of linking political action and research. Then, with the sexual and reproductive rights paradigm,⁴² new questions arose forcing one to take into account the social responsibility of different sectors as regards abortion and to avoid the kind of approach that views women as a principal subject of concern.

Finally, the discussant noted that rather than solving problems, the new paradigm actually raises further questions, forcing one to include the middle classes, as well as women, as the focus of studies on abortion, since this sector is extremely influential because of its anti-abortion education; hence, where abortion has been legalized, services are marginalized by the medi-

cal profession. In this context, one has to ask who should decide where to place the problem of abortion and how they should do so. Likewise, but at a more general level, who decides that this problem should be placed within a paradigm of reproductive health or sexual and reproductive rights? Regardless of which of the two options is chosen, what effect will it have on the methodology and approach that should be used for this issue? This is not only an ethical and philosophical option but one that translates into actions that will influence public policies.

The second paper, "*Towards a new approach in the field of teenage pregnancy*", presented by Dr. Claudio Stern (Colmex),⁴³ suggests elements to shape a new approach that will be more analytical and yield greater understanding in the study of the phenomenon of teenage pregnancy. The author stated that despite the growing concern this phenomenon has aroused in recent years, it has been insufficiently understood as a social problem due to the use of three fallacious or incomplete arguments on which traditional approaches are based.

1. These approaches mistakenly argue that there has been an increase in teenage pregnancy: available figures indicate that in relative terms, teenage pregnancy (the number of pregnancies occurring in the population defined as adolescent: 15-19 years old as a proportion of all women of that age) has declined appreciably in the past fifteen years, at least in Mexico.⁴⁴

2. Also incorrect is the statement that teenage pregnancy has made an inordinately large contribution to the rate of population growth,

⁴² This paradigm emerged at the World Conference on Women in Cairo (1994) after previous important debates, such as the one on human rights in Vienna (1993).

⁴³ The paper was coauthored by Elizabeth García (Program on Reproductive Health and Society, El Colegio de México).

⁴⁴ These figures are taken from the 1976 Mexican Fertility Survey, the 1982 National Demographic Survey, the 1987 National Fertility and Health Survey, and the 1992 National Survey on Demographic Dynamics.

which efforts are being made to decrease. Although it is true that pregnancy at an early age leads to a larger number of offspring throughout a woman's reproductive years, and less spacing between pregnancies, this phenomenon is not as important as usually assumed in terms of overall population growth. Furthermore, it is a phenomenon which occurs primarily in the poorest sectors of the population, where early motherhood is accepted as a common occurrence in the absence of other real options, and where fertility is very high, regardless of the age of the woman at first pregnancy. It is therefore important to distinguish between types of population in order to define effective policies. Nowadays there is a tendency to focus on sex education programs for contraception and to facilitate access to these methods, which is ineffective in populations that have no alternatives; in these cases, social changes are required to delay union and reproduction. Among other changes, schooling should be extended and other life options should be offered to women aside from motherhood.

3. The third mistaken argument cites the age at which pregnancy occurs as a factor in the health problems generally associated with pregnancy: maternal, neonatal and child morbidity and mortality, low birth weight, etc. Once again, despite the undeniable relationship between the age at which pregnancy occurs and health risks, these risks are more related to the social conditions prior to pregnancy (poor nutrition, low weight and height, lack of or deficient prenatal care) which have not been sufficiently considered by traditional approaches. This argument is only justified in really early pregnancies prior to two years postmenarche (i.e., before 14 or 15), but since over 80% of so-called teenage pregnancies occur after the age of 15, this situation is fairly insignificant to the phenomenon as a whole.

These arguments have prevailed in research conducted in the fields of social psychology, demography, and epidemiology, based on the premise that teenage pregnancy is a growing problem and that, therefore, one should measure its incidence and determine what factors are linked to this, since it should not occur and efforts should be made to prevent it. On the basis of this logic, individual and familial traits associated with teenage pregnancy have been used to conclude that certain problems have to do with family structure and the dynamics of family relations, as well as with the personality features of the young women.⁴⁵

In other words, in traditional approaches, the framework of values determines what to look for; moreover,⁴⁶ since their research is rarely interdisciplinary or multidisciplinary, they generally regard adolescence as a generic and universal period of life. Hence the methodologies used—positivist with a deductive model—tend to seek and establish generalizations. Failing to regard adolescence as a historicized and socially-constructed concept makes it impossible to detect its different connotations, depending on whether an indigenous community or self-sufficient rural community or an urban setting is involved. Adolescence in these spheres is totally different and generally unrelated to the age at which certain processes of biological or psychological maturation supposedly take place.

Another disadvantage of these approaches is that by focusing on the individual (the teenage mother), the family, and occasionally the

⁴⁵ These features include low self-esteem, external locus of control, poor planning ability, little communication with parents, and incomplete families.

⁴⁶ This explains why biomedical and epidemiological approaches emphasize exploring age-related differences in the consequences of pregnancy or childbirth, while practically ignoring the social conditions in which they occur, such as the cultural context, the lack of prenatal care, and the woman's nutritional status.

peer group, they fail to analyze other important social actors such as the biological father, the parents, teachers, the mass media, etc. Likewise, by regarding teenagers as passive actors, their subjectivity is not taken into account.

These gaps in the understanding of the phenomenon have consequences in the program design. Once the problem is defined as linked to a specific age during adolescence, programs become universal and depend on the definition of certain age cohorts as at-risk groups. Added to this are misguided institutional efforts such as the Mexican case where the health sector, in addition to encouraging women who are already pregnant to postpone further pregnancies or to increase spacing between subsequent ones, is also responsible for preventing teenage pregnancy, an action which, in the speaker's view, should primarily be the responsibility of other social sectors.

The emergence of a new approach

Having established the inaccuracies of traditional approaches and their difficulty in fully understanding teenage pregnancy, Dr. Stern proposed five arguments explaining why now—more than before—this phenomenon can be defined as a growing public problem: i) the growth of the adolescent age cohort (10 or 15 to 19 or 24), which, as a result of demographic transition, has taken place in Latin American countries in the past fifteen or twenty years;⁴⁷ ii) the growing medicalization of pregnancy and greater access by the poor sectors of the population to health services; iii) the smaller decrease in fertility in Latin America among women under 25, due to the persistence of conditions leading them to marry and have children at an early

age;⁴⁸ and iv) the extension of the period during which there is a risk that pregnancies will occur prior to a union or marriage;⁴⁹ and changes in the normative and cultural context in which early pregnancies occur, which entail greater negative sanctions and problems than in the past, and vi) the different social conditions in which teenage pregnancy is produced: changes in the family structure (increase in the number of single mothers, persistence of poverty, etc.).

According to this problem-based redefinition of the phenomenon, Dr. Stern concluded his presentation by inviting researchers on this topic to take up the challenge of working in the future along the following lines of action and reflection: i) striving towards the creation of a new, critical approach that would raise questions that involve redefining teenage pregnancy as a problem: Why is it a problem? For whom is it a problem? and Who should deal with it?; ii) placing more emphasis on the understanding and interpretation of the phenomenon than on making value judgments about it; i.e., finding out how the life cycle occurs in different social groups and what place pregnancy occupies in family-building, what other options exist, etc.; iii) reinforcing interdisciplinary studies in which history, anthropology, sociology, psychoanalysis, administration, and the legal and political sciences are incorporated into reflections, research, and action concerning the problem; and iv) taking advantage of the complexity of the microsocial level, everyday processes of interaction, and subjectivity to lend meaning to the phenomenon being studied.

⁴⁸ The fact that doctors have the impression that more young pregnant girls with problems are coming into clinics and hospitals is mainly due to these three arguments.

⁴⁹ Due to the decrease in the age at menarche, on the one hand, and the extension of schooling and dependence on the family, on the other.

⁴⁷ In Mexico, the number of women ages 15-19 rose from just over 2 million to nearly 5 million between 1970 and 1992.

These new priorities will undoubtedly guide research toward other aspects such as social and gender inequality, the role of institutions, the role of social actors, etc., and will force researchers to base their work on other assumptions whereby existing data and findings may be reinterpreted and criticized.

In the opinion of Xóchitl Castañeda (Mexican National Institute of Public Health), Dr. Stern's work forces one to reinterpret the implications of teenage pregnancy, since the studies undertaken to date have analyzed the parts comprising this complex universe in an isolated fashion, and have failed to integrate those parts, which would make it possible to contextualize it as a public problem. Redefining the phenomenon, far from eliminating its repercussions on other fields from the analysis, would allow us to attain a better perspective of its impact. Understanding the social scope of the phenomenon may lead to a demedicalization when medicalization is not necessary, a redistribution of resources in terms of cost/benefit and a multisectoral undertaking of public initiatives (including the education sector, the mass media, etc.).

The discussant agreed with the speaker's relativization of the contribution of teenage pregnancy to rapid population growth. On the basis of the findings of a recent survey, she corroborated Dr. Stern's arguments that high fertility levels among the poorest sectors of the population and, above all, in rural areas, exist regardless of the age of these women at first pregnancy, which tends to occur early because of the limited options available to these women.⁵⁰ This is encouraged by the fact that

⁵⁰ An IMSS (Mexican Institute of Social Security) survey taken in rural areas in the states of Morelos and Chiapas shows the average age of first intercourse among women in these communities was 13, far lower than the average age reported in urban areas: 17 in Mexico City.

levels of permissiveness regarding premarital relations are very different for men and women: unlike men, who are free to start at an early age and prior to marriage, women's sexuality is closely linked to reproduction and to marriage, as a result of which real or symbolic virginity is a condition for marriage.

The discussant also agreed with the reflection on the inadequate conceptualization of adolescence; despite Mexico's heterogeneity, studies have tended towards definitions based on urban reality and therefore unsuitable for rural areas. Here, Dr. Castañeda produced several arguments revealing the lack of information on the rural setting, where the word "teenager" is hardly used. Instead, people use the term "youth", a classification that changes according to the stages through which the individual passes.⁵¹ When they reach the stage of single women and bachelors, they are assigned new traits. For men, the change represents their sexual initiation and incorporation into economic activities, while for women, it symbolizes their availability for marriage and, to a lesser extent, it implies their increased responsibility for domestic activities.

However, Dr. Castañeda disagreed with the speaker's doubts regarding the widespread notion that the problem is increasing. Although she valued his efforts to adopt a polemical and intellectually healthy position, she criticized his underlying argument of failing to regard teenage pregnancy as a social problem because it has always existed. Likewise, figures may show that the phenomenon has decreased, but this does not mean that its impact has also de-

⁵¹ During the first stage (12-14), people talk about "muchachos" or boys and girls. This stage is heralded by the onset of menarche in women and the time when a boy's voice breaks. The second stage (between 15 and 17) is a confirmation of youth, linked to formal education, which is symbolic proof of this, while the third one is the exit stage, when girls become "single women" and boys become "bachelors".

creased, since socioeconomic transformations have affected family structure, reducing support networks for single mothers.

In the third paper of this session, "*Sexual practices, sexually transmitted diseases and AIDS amongst young people*", Dr. Peter Aggleton (University of London) proposed a reflection on the images that academia has created of youth, the way they have been used in relation to HIV and AIDS, and the implications these images have had on youth education and health promotion.

Academic images of youth

Sexuality and sexual behavior have sparked renewed academic interest as a result of the risks associated with unprotected sex —AIDS— and the legitimization of this subject as a field of research. However, studies on youth and AIDS suffer from a "ritual incantation" of supposed truths about young people and their sexual behavior. They take for granted an image of youths⁵² and their needs which places them at a transitional stage between childhood and adulthood; a period of storm and stress and a stage that requires careful negotiation in order for the young person to become a mature, responsible adult. The configuration of this "truth" has informed the actions of policy-makers, service providers, and researchers throughout the world.

This generalization is surprising given that adolescence and youth are completely variable periods of life, both historically and cross-culturally. Indeed, in the mid-nineteenth century, adolescence probably did not exist or at least the transition between childhood and adulthood was negotiated swiftly and at a much earlier age than today. Conversely, nowadays youths and

adolescents are forced to take on economic and familial responsibilities. This reflects the fact that both categories are social constructions and constitute "cultural artifacts" at specific times in history that were created for concrete purposes. Since these artifacts are imbued with meanings associated more with adults than with teenagers themselves, and since the experiences of young people may vary according to their sociocultural contexts and life expectations, these generalizations tend to be inappropriate. The fact that many young people from different social realities are of the same chronological age does not mean that their experiences, hopes, and aspirations will be similar.⁵³

The habit of standardizing young people's experiences into which researchers —particularly psychologists— have fallen, has two origins. The first is linked to the ideas disseminated in Stanley Hall's work (*Adolescence: Its Psychology and Its Relations to Physiology, Anthropology, Sociology, Sex, Crime, Religion, and Education*). This book, published at the beginning of the century, characterizes adolescence as a time of "storm and stress", laying the foundations for subsequent accounts mistakenly emphasizing emotional turmoil, moodiness, and unpredictability as inherently adolescent qualities.⁵⁴ The other origin emerged as a result of studies carried out in the U.S.A. (small-scale clinical studies and surveys of high school and college youths) that tended to make generalizations about young people. Foremost among these studies is the work by Erik Erickson, which reinforces the idea that young people have a

⁵² Although the speaker specifies that demographers tend to use the term "teenagers" to talk about youths, he does not offer suggestions as to how to differentiate between these categories.

⁵³ For example, it is inappropriate to suggest that the experiences, concerns, and needs of teenagers living in a wealthy district will be similar to those of others of the same age living in a poor neighborhood or rural area.

⁵⁴ Coleman's work (in the 1960s) consolidates the idea that adolescents share values and attitudes that are different from those of adults and that, therefore, there is a "generation gap" between them.

sense of identity achieved through experimentation with roles, behaviors, and relationships.⁵⁵

AIDS and images of young people

The standardization of these analytical frameworks obviously includes all behaviors of youths and adolescents within parameters created by adults in the West after the 1950s, which denied the possibility of other approaches to the various experiences and lives led by young people according to their gender, ethnicity, marital status, and social background, among other factors. This explains the stereotyped images that can still be found in AIDS literature, such as the following: i) the unknowledgeable or ill-informed adolescent (the one who does not know enough); ii) the high-risk adolescent; iii) the tragic adolescent who falls victim to the actions of other people or forces beyond his or her control; iv) the self-confident adolescent; v) the unrealistically optimistic adolescent; vi) the slavishly conformist adolescent; vii) the adolescent who lacks anticipatory awareness of what might happen; viii) the adolescent who relies on sexual mythologies and misplaced beliefs; and ix) the adolescent who is prone to the influence of "anti-prevention reference group social norms".

Although there are many causes leading young people to take greater risks, the above-mentioned descriptions contain two factors that are often repeated. On the one hand, most studies maintain that this is due to the existence of deficits and/or pathologies in young people's personal and social functioning. On the other, there is no analysis providing different descriptions of young people according to their social class, gender, culture, and sexual and reproduc-

tive health needs. On the contrary, all the studies regard age as a factor linking disparate experiences and predicaments.⁵⁶ Likewise, there are very few approaches dealing with the sexual desires, motivations or behaviors of teenagers in ways that are likely to be meaningful to young people themselves; contemporary studies tend to assume that all young people are heterosexual and to reduce sexual behavior to biological, socialization or learning factors. Studies often emphasize the negative consequences of sexual behavior (unwanted teenage pregnancy, STDs), which is inappropriate because it restricts the understanding of youths and their needs in sexual and reproductive health matters and because it predisposes the researcher—and society—to concentrate on the negative aspects of young people's sexuality, rather than on its ability to afford individuals opportunities for pleasure, fulfillment, and growth.

Implications for sexual and reproductive health education and promotion

Questioning the traditional and limited images of young people and AIDS opens up windows for developing new educational and promotional strategies for sexual health matters. As is being shown by studies that focus more on what young people say about sex and their sexual experiences than the assumptions that adults make on the subject, the promotion of sexual and reproductive health makes more sense to young people when it is related to their experiences.⁵⁷ In other words, an effective strategy should be concerned with the sexuality which young

⁵⁵ Erik Erickson (1968), *Identity: Youth and Crisis*, New York, W.W. & Norton Co.

⁵⁶ It is striking that in the literature on adults and AIDS, there are distinctions according to precisely these same factors.

⁵⁷ The author is currently taking part in a WHO/United Nations program on AIDS and young people in Costa Rica, Chile, Papua New Guinea, the Philippines, Cambodia, Zimbabwe, and Cameroon.

people construct (or hold to be true) and with the confrontations and dilemmas they experience in their daily lives. In short, they should deal with sexual health from the experiences of the subjects themselves.

So long as sexual and reproductive health promotion is not based on an acknowledgment that individuals' experiences vary according to the factors mentioned in the preceding paragraphs, it will be no more than a rhetorical promotion.⁵⁸ In this respect, meaningful promotion is based on the necessity to discover the circumstances and needs of young people and to recognize the fact that human beings conduct their lives in particular settings and contexts which, in addition to lending meaning to what they do, set limits. Thus, the environment that emerges from the situation and its context determines what is accepted as "sex", its legitimate expressions, the opportunities to express or repress sexual desires, etc. This explains why in certain countries, particular sexual practices are proscribed and sanctioned, while in others they are accepted and/or encouraged.⁵⁹ In short, a meaningful form of promotion that encourages "good sexual practices" should take into account the fact that individuals' environment and situation are determinants of health, since they constrain or frame their actions and ability to choose healthy lifestyles. Thus, it is obvious that health and well-being are affected by political, economic, and social factors.

⁵⁸ Amongst other rhetorical forms of promotion, the speaker mentioned those which emphasize the need to return to traditional values of chastity and monogamy, those which suggest giving young women the skills to negotiate for safer sex under patriarchal and traditional circumstances which hinder negotiation, and those that are solely concerned with heterosexual desires and practices in circumstances where sexual intercourse between partners of the same sex may be common.

⁵⁹ Some examples are sexual relations at an early age, relations between young people and adults, between people of the same sex, etc.

Generally speaking, activities that promote sexual and reproductive health have favored schools. Although the approaches have used a variety of techniques ranging from formal instruction to more participatory and experiential forms of learning, there are certain common principles among the approaches with the greatest possibilities of success, such as: providing relevant information, activities to encourage individuals' assessment of the risks they are taking, training in skills for sexual negotiation and the use of condoms, and access to resources for prevention and health care. The emphasis on schools for health promotion is due, among other things, to the fact that this provides an opportunity for finding young people gathered together in fairly large numbers and, consequently, contains a potential for mass education difficult to find elsewhere. However, since in these areas, relations between teachers and students, and between the latter, are hierarchical and based on power, schools are suitable for relatively didactic and formal types of promotion but present difficulties for others (such as experiential ones).

However, since modifying attitudes requires participatory styles of education, traditional school-based approaches have become inadequate; they make the mistake of assuming that individuals change their attitudes when they obtain more information about sexuality. In other words, they tend to be based on information that is transmitted via lectures, videos, and presentations. Hence the need to accept the challenge of using less formal and more participatory approaches which require the appropriate training of both teachers and students for dealing with personal feelings about such sensitive issues as sex, sexuality, and sexual expression. In participatory approaches, one should avoid the tendency to assume that skills acquired in one setting are automatically transferable to

others. It is evident that the pressures and significance of safe sex, for example, are different in and out of school.

A growing recognition of this fact has led to the development of types of promotion outside the school which, given the spontaneous actions of youth workers and youth leaders, have been adventitious and opportunistic up to now. In other words, in order for adults to be able to respond positively and appropriately in this adventitious fashion, careful training is required. As can be seen from the theoretical and methodological confusion surrounding what has been termed "peer-led education" or "peer education," there is still much to be done in this field. Despite its advantages (the fact that some young people may be more able to communicate with their peers, or have greater credibility than adults, and the fact that this type of education may be relatively inexpensive), this approach involves great conceptual and methodological confusion, as seen by the use of a vast range of strategies and techniques. These include: i) peer communication, which generally consists of activities where information is provided; ii) peer counselling, which usually focuses on personal problems and problem solving; and iii) it regards young participants as educators, role models, organizers, and discussion leaders. The literature on these approaches is growing, albeit somewhat confusedly, as shown by the existence of analogous approaches: "peer influence" and "peer participation".

Finally, Dr. Aggleton stated that for effective work in the future, it is vital to have a more realistic understanding of young people and their needs; in particular, there is a need for a less stereotypical appreciation of their sexual behavior and of the type of sexual and reproductive health they require. This new view should be based on the patterned diversity of young people's experiences and the variety of

needs arising from them (not that of individual needs themselves). Consequently, interventions should be based on the needs detected in evaluations carried out at the local level, in specific contexts and of specific groups; this means that, despite the risks they entail, actions for good sexual health should focus on the opinions of young people: their desires, anxieties, fears, pleasures, and feelings regarding sexual matters.⁶⁰ In this respect, the key to effective work in the future lies in establishing "a productive level of complementarity and commensurability between interventions" rather than, as recent international conferences on AIDS have attempted to do, seeking to find a single, global solution that can be transferred from one national and sociocultural context to another.

In short, the speaker suggested an approach that seeks complementarity between the different theses and methods and a minimum level of commensurability which, taking into account the temporal and circumstantial variations in young people's experiences, offers a *menu* of options. While not being restricted to them, such a menu provides young people with resources to protect themselves and their partners against sex-related risks (HIV, AIDS, and others). This proposal no doubt calls for humility and respect on the part of academics and health promotion specialists so that they refrain from seeking and imposing universal solutions to context-specific problems.

In his comments, Dr. Mario Bronfman (Mexican National Institute of Public Health) noted that in contrast to simplistic views that attempt to make generalizations about the field of sexuality and regard adolescence as a cultural universal in the face of which one can only act

⁶⁰ In this respect, the author suggested going beyond interventions based on the findings of national surveys on knowledge, attitudes, and practices (KAP) and abandoning the theses that regard adolescence as a stage in life.

in a single way, Dr. Aggleton's work assumes that adolescence is a cultural construction. However, in attempting to delimit his universe of reflection, the author runs into a problem of a lack of definition due to his indistinct use of the concepts of teenager and young people, categories which designate different characteristics; consequently, their use as synonyms creates confusion.

In his discussion, the author ignores a number of interlocutors whose positions range from the most romantic to the most technical. Among the positions excluded are, at one extreme, the well-known thesis by Meghan Daum that AIDS prevention campaigns may create distrust towards others and despite their mildness, may elicit an authoritarian response. At the other extreme, there are relativist methodological positions dealing with specificities that should be taken into account and emphasizing differences, which is healthy from both an ideological and a methodological perspective.

Dr. Bronfman noted the contribution made by the speaker to avoid the extreme of having a different theory for each intervention in the adolescent population. However, the division between rhetorical campaigns and meaningful ones (meaningful promotions) requires greater conceptual and empirical development in terms of content. On the one hand, the proposal hastens to attribute all negative connotations to the former and all the positive ones to the latter, overlooking that the quality of a campaign can be determined by the typology chosen for analyzing adolescents. At the same time, Dr. Aggleton's proposal is extremely useful as regards its classification of the types of interventions according to various parameters: *i)* the setting in which they are carried out; *ii)* the degree of planning or spontaneity; *iii)* the prevailing type of technique used; *iv)* the group at which they are aimed; and *v)* their conception

of sexual matters. Although other parameters may be added and progress should be made in the conceptual realm, the proposal constitutes a useful analytical tool both for classifying and evaluating interventions and for planning them. Unfortunately, one of this paper's flaws is that it only discusses some of the types of interventions suggested and, as a result of its use of an as yet incomplete typology, restricts the proposal to the field of intervention while limiting its further development in the academic field, which would make it an instrument of enormous potential.

As regards AIDS, interventions among youth (particularly among the very young) should consider the possible reactions of other groups, particularly parents. Since cultures are dynamic, heterogeneous entities, educational programs should be designed from within them, since they contain elements that could support the prevention of contagion and thereby challenge the cultural values that place people at risk of becoming infected.

Finally, Dr. Bronfman pointed out that the paper urged researchers to consider the problem of inequality and inequity in the identification of target groups, since it would create an awareness that for certain sectors of the population, AIDS is not a significant problem as far as risks are concerned. He also agreed with the proposal that campaigns against AIDS should form part of a broader context in which greater attention is paid to the more general needs of health and well-being.

General discussion of the third session

The papers and comments on the session resulted in a wide-ranging, fruitful debate on the contributions of new approaches in the areas of pregnancy, abortion and postabortion, the dimension of pleasure, and changes in the ap-

praisal of the phenomena of reproductive health and sexuality.

With regard to the contributions of new approaches, the relevance of insisting on old issues, such as the purpose of research and the reason why research into the topic has encountered obstacles, was recognized. The former is part of the search to create a better world, in which men and women would have greater options for personal development; while the latter is due to the strong pressure exerted on the field by policy dynamics which, by abandoning the production of knowledge for future realities, forces it to respond to the demands of an agenda with contingent problems.

At the same time, continuing to explore these issues has made it possible to modify the starting point of research which previously regarded the phenomena associated with sexuality as problems; this, in turn, has enabled researchers to include in their analyses other factors intervening in the transformation of certain phenomena into problems, such as social conditions and the new actors involved. In other words, the new approaches have restated the problems to be studied and extended the referents in research on the different phenomena in this field. As regards teenage pregnancy, aspects such as prenatal care, family support, and that of the teenager's partner have been included. Moreover, researchers themselves participate as yet another actor in the construction of the phenomenon as a social problem. In the area of abortion, by virtue of the reproductive health approach, the public issue, the body of norms, and the medical profession as a whole have been added to the former referents of women and their doctors. As a result of the reproductive and sexual rights approach, discussion has been expanded to include fundamentalist groups and feminist movements which have opened up routes to new questions on the solutions to abortion.

However, in the context of the contributions made by new approaches —the need to consider social conditions and new actors— it is striking that there was no mention made of the great constructors of economic, social, health and sexual inequalities, such as the market, economic policies, ecclesiastical hierarchies, norms, parents' associations, etc., nor were initiatives proposed to study or intervene in them.

Another aspect emphasized in the general discussion was that, on the subject of abortion, research should explore the way in which different population groups —urban, rural, indigenous, etc.— interpret the permissiveness of the phenomenon or perceive alternatives other than the legality of abortion, since its legalization would have different implications in each group.⁶¹ Insofar as the situation of postabortion intervention in Latin America is concerned, mention was made of the fact that many serious problems continue to exist in evaluating the effectiveness of services, since these involve interventions of a heterogeneous nature, with different designs.

The third topic highlighted during the group discussion was the absence of the world of desire and pleasure in studies on sexuality, since despite the emergence of new approaches, so far research has only emphasized its dangers. The inclusion of the aspect of pleasure in the academic agenda faces huge obstacles, due to the fact that a negative view of sexuality prevails in the training of individuals and because the dimension of pleasure varies from one person to the next. This would explain the eleven

⁶¹ According to studies in indigenous communities, women disapprove of the legalization of abortion, since they possess a certain degree of permissiveness based on a series of beliefs and myths related to the care of the body: if there are no visible signs of pregnancy, such as a distended belly, then there is no pregnancy and, therefore, it is permitted to terminate the gestation process.

negative descriptions that the literature has developed of young people; i.e., emphasizing negative aspects says a great deal about the obsessions of researchers themselves. In effect, the greatest problem lies in the fact that academia has eliminated all vocabulary related to pleasure and enjoyment from its discussion of sexuality, to which demography, public health, and behavioral psychology have all contributed by producing a terminology that is far removed from sex and desire, such as "first union". This poses the need to organize a conference to renew discussion on the concepts, vocabulary, and terminology of sex, to which financing agencies such as Ford and MacArthur could contribute.

The last topic in the debate was the negative appraisal of STDs, AIDS, teenage pregnancy, and abortion. On the one hand, it was pointed out that it is extremely useful, in the issue of teenage pregnancy, to question the fact that this phenomenon has been labeled as a problem. This position, which holds a positive view of teenage fertility, forms part of the vanguard discussion currently underway in the United States.⁶² On the other hand, the negative appraisal of premarital and teenage sexuality generally forms part of a long-term sociocultural process and modifying it takes a long time. Because of this, academia can be very useful if it concentrates its efforts on understanding the decision-making process on reproductive and sexual health matters, throughout the life cycle of individuals.

⁶² Dr. Leslie referred to the discussion started by the book *Dubious Conceptions: The Politics of Teenage Pregnancy* by Kristin Luker, which argues against the widespread opinion of the dominant majority groups in the United States by pointing out that the high levels of reproduction among minority group teenagers are due to poverty and a deficient education, rather than the other way around.

FOURTH SESSION

At this session, moderated by Dr. Susana Lerner (Colmex), two papers were presented on the subject of the violence experienced by women in different cultural contexts and the institutionalization of the concepts associated with the field of reproductive and sexual health.

The session began with the paper on "*Sexual coercion and women's reproductive health*," by Professor Lori Heise (The Health and Development Policy Project, Washington, D.C.) This paper contains several reflections on the problem of sexual coercion affecting women's reproductive health, for the purpose of contributing to the creation of a new paradigm for dealing with the problem. According to the author, the fact that the international health community has failed to take into account the prevalence of violence within gender relations has jeopardized the achievement of public health objectives and those of women themselves.⁶³ Ms. Heise also pointed out that focusing the "biomedical gaze" on violence risks reinforcing negative images of women as victims and justifies the neglect into which their needs have fallen. Moreover, it may foster the popular notion of sexuality as a biological drive and, despite the findings of studies on different cultures, may promote the idea that male sexuality is "inherently predatory".⁶⁴

Before expounding the arguments of the new paradigm, the author briefly summarized the types of discourse which, as of the late nineteenth century, have fought to gain control over

⁶³ For example, this situation questions the effectiveness of the world strategy against HIV, since it is mainly based on the promotion of condoms, the use of which is beyond women's control.

⁶⁴ When, in fact, male sexual behavior is aggressive in certain cultures because sexuality expresses gender-based power relations.

human sexual experience. The first discourse, “sexology”, emerged at the end of the nineteenth century, and regarded women as the agents of their own sex lives, taking for granted their right to sexual pleasure. For this reason, it was mainly concerned with sexual function, sexual dysfunction, and the physiology of the sexual response. However, feminists have criticized this discourse, because it tends to regard sexuality from the perspective of male privilege and because it overlooks the “dangerous” side of sexuality for women.⁶⁵ Moreover, they question this discourse because it does not deal with or combat gender-based power differentials which, according to the sexologists, have been avoided because this would involve “politicizing” a topic that is regarded as essentially a neutral, “scientific” subject. However, its feminist detractors hold that these professionals can either *support* the institutional norms that ignore women’s point of view (i.e., support the status quo) or *subvert* these norms.

The second approach, with more recent data, comes from the same existing political system and is linked to “population control” and the international health establishment. This discourse focuses almost exclusively on sexual behaviors that have implications for demographics and/or illness. In this respect, women are often regarded as a means to an end, rather than as individuals with needs such as the right to sexual self-determination and pleasure. This would explain why public health places more importance on dangers than on the significance, context, and pleasure of sexual practices.

The third position, identified by the speaker as “anti-pornography feminism”, promotes a

debate on the “appropriate” confines of human sexual behavior. It proposes to analyze the phenomena of pornography, sadomasochism, and prostitution and the way society should cope with them. Through this discourse, feminists plead for intervention, since so long as female sexuality is commercialized and sexual pleasure is equated with domination and economic exploitation, women will never achieve gender equality. Although the speaker agreed with some of the positions in this paradigm, especially as regards highlighting gender-based power inequities and adopting an activist stance, she disagrees with its pessimistic tone and the depiction of women solely as victims of sexual activity because it omits the pleasurable part of sex. She also rejects this discourse because of its contribution to the “demonization” of men and male sexuality.

However, convinced that activism against violence should be aimed at transforming public health discourse and research by fostering greater emphasis on social context, meaning, power, and gender differentials, the speaker, basing her statements on this feminist movement in favor of women’s health, proposes a new paradigm she calls an “integrated feminist approach.” In synthesis, Lori Heise’s proposal contains the following features: it acknowledges danger but claims women’s right to sexual pleasure; it fights against gender-based power inequities; it focuses on context and meaning but recognizes pragmatic realities; it regards women as operating within a restricted range of options; and it also regards them as activists and practitioners of their rights and seeks strategies for the empowerment of women, promoting long-term social change, while women group together on the basis of their immediate needs.

⁶⁵ “Male privilege” refers to the sexual narrative associated with erotics and performance: sexual intercourse, arousal, erection, and orgasm, while the dangerous side of sex refers to abuse, unwanted pregnancies, sexually transmitted diseases, humiliation, and rape.

As a means of substantiating the link between coercion and abuse and other reproductive health phenomena,⁶⁶ the speaker provided a brief analysis of what is known about the frequency and prevalence of coercion in women's and girls' lives.

Scientific studies on the prevalence of coercion are divided into three areas of inquiry: qualitative research on HIV; feminist research on violence against women; and social science research into child sexual abuse and family violence. Since the analysis refers to the prevalence of sexual relations occurring as a result of coercion in the developing world, on which few studies have been conducted, the speaker warned that part of the data is constructed on the basis of studies with different purposes.

However, the available information is disturbing in that, as an increasing number of studies have reported, sexual coercion is a common reality throughout women's life cycle; it is expressed as sexual abuse during childhood, forced sex during adolescence, sexual harassment in the school or workplace, and coerced sex in adulthood, either by intimates or by strangers.⁶⁷

The high rates of forced sex in adolescence underline the role of coercion in sexual initiation and teenage pregnancy. Therefore, if demographic studies asking about age at first intercourse also examined the degree of sexual coercion associated with this, the results would

be surprising. At least this is the case of research in South Africa and Kenya; in effect, in a sample of teenage mothers in the outskirts of Cape Town, high percentages of sexual coercion were detected in sexual initiation and in the women's relationships with their partners;⁶⁸ likewise, a study of a sample of male teenagers in Kenya found that they saw coercion as a routine part of their sexual repertoire.

Unfortunately, this situation is not restricted to young couples since, as shown by studies associated with HIV, a significant proportion of forced sex exists in marriages between adults.⁶⁹ In cultures where women have no legitimate social or economic role outside of marriage, many women feel that they have no alternative other than to submit to their partner's demands; in other words, for many, sex is more a social duty than an area of personal enjoyment. Although not all women experience sex negatively, since many feel pleasure, for some, sex is no more than another medium for the expression of male domination.

Consequences for reproductive health

It can be deduced from the above that the abuse of power in the sexual realm can have effects on women's health in general, and on their sexual and reproductive health in particular.⁷⁰

⁶⁶ These phenomena include teenage pregnancy, sexually transmitted diseases and HIV, and chronic pelvic pain.

⁶⁷ To illustrate this, the author mentioned, among other studies on forced sexual contact, the case of Jamaica where 17% of a sample of adolescents experienced attempted or completed rape before the age of 12; and the case of Kenya, where 41% of a national sample of young sexually active females ages 12-24 had been tricked or forced into engaging in sex.

⁶⁸ Thirty per cent of the South African teenage mothers interviewed reported that they had been obliged to have their first sexual intercourse; 61% reported having been obliged to engage in sexual relations against their will, while 60% admitted having been beaten by their male partners.

⁶⁹ A study on the risks of contracting HIV among women from 14 different countries showed that many continue to engage in sexual relations as a result of sexual coercion and that they accept out of fear of suffering more serious consequences, such as the loss of economic support, accusations of infidelity or even physical abuse.

⁷⁰ Effects on physical health include: headaches, pelvic pain, hypertension, obesity, and HIV. Likewise, effects on mental health include: depression, anxiety, post-traumatic stress, and sexual dysfunction and finally, fatal outcomes include suicide, homicide, and maternal mortality.

In terms of overall health, some effects such as physical injury are the direct outcome of physical or sexual abuse and therefore, immediate. Conversely others, such as chronic pelvic pain, are long-term consequences and may manifest themselves and persist many years after the traumatic event that originated them.

At the same time, many of the reproductive health outcomes of coerced sex—including unwanted pregnancy and STDs—are directly or indirectly linked to abuse. As some studies have shown,⁷¹ this relationship can be seen, for example, in the causes of unwanted pregnancy; in other words, abuse may be a direct cause of unwanted pregnancy, either through rape or because it affects women's ability to negotiate contraceptive use. It may also lead indirectly to unwanted pregnancy by increasing "risk behaviors" such as alcohol use, early sexual initiation, and sex without using contraception. Likewise, coercion, particularly in sexual initiation, has a great influence on the transmission of STDs and on women's reproductive and sexual health in general. For the speaker, these complex and disturbing associations warrant further, in-depth study.

Some thoughts on the implications of these findings

The speaker rejects the pessimistic view of male sexuality derived from this data, which concludes that women are powerless and that men are sexually aggressive by nature, especially because this only leads to immobility in the face of the problem of sexual coercion. In this respect, she does not share the "essentialist" view of sex and gender; yet since these notions are

deeply rooted in popular culture (and, therefore, have great political implications), she recognizes the fact that any idea arising from within mainstream discourse should assume responsibility for the way in which it may be used. With these considerations, Lori Heise offered a different interpretation of the data presented on sexuality and violence.

Firstly, in Ms. Heise's opinion, women are not totally powerless in the face of the obedience and control produced by violence. In fact, women have proved extremely capable of carrying out actions that imply power, even under difficult social conditions.⁷² Although women deserve broader and more varied choices, their creativity and resourcefulness should be valued and affirmed at all times. Otherwise, this could encourage fatalism, which would undermine women's sense of self, thereby losing the "empowerment" associated with this creativity.

According to the speaker, the criticism leveled at pessimistic positions⁷³ has shown that the dilemma faced by antiviolence activists lies in the risk of gaining visibility at the price of promoting an image of women as victims and the notion that sex equals danger. To avoid this pitfall, one should emphasize women's creative ways of coping with the tenacity of patriarchy and encourage antiviolence discourse using the real reasons why feminists have taken up this cause.

⁷¹ Some of the studies mentioned by the author include those by I. Rosas (1992), *Violencia sexual y política criminal*, CLADEM, Peru, and D. Boyer and D. Fine (1992), "Sexual abuse as a factor in adolescent pregnancy and child maltreatment," in *Family Planning Perspectives* 24, (1), p. 4.

⁷² The speaker cited the example of poor Hindu women who, in order to exert control over their sexual lives, resorted to prolonged fasts to inhibit men's action. There are also reports that battered women adopt complex strategies to cope with and handle their situation in order to lessen the impact of violence on themselves and their children.

⁷³ The speaker refers to the polemic between the feminist Catherine MacKinnon, who holds that women are sexually passive and that men are hegemonically abusive, and Suzanne Rhodenbaugh, who opposes the view that denies women's ability to define their own sexuality. See *Michigan Quarterly Review*, Vol. XXX(1), 1991, pp. 1-11 and Vol. XXX(3), 1991, pp. 415-422.

Secondly, by emphasizing the pervasiveness of gender violence, work against social coercion runs the risk of fueling popular notions of sexual essentialism. The present currency of these popular notions is based on old essentialist interpretations of psychology which represented a powerful justification for the *status quo*. These interpretations regarded aggression and sexuality as "drives" or "instincts" that had to be given periodic release to prevent them from being destructively "discharged". Although nowadays most psychologists reject this theory and tend to suggest that men's violence can be overcome through socialization, there are still those who publish articles heavily imbued with determinism, with their analyses of sexual violence that draw from biology, Freudian psychology, and ethics.

Due to the importance of popular interpretation of these statements, the speaker warned that feminists, when uncovering the pervasiveness of violence, should take care not to promote the notion that aggression is an immutable part of male sexuality. In fact, this topic should not be placed within the context of masculinity and interpreted as something that has biological roots. Instead, it should be examined by finding out what it is about the construction of masculinity in different cultures that promotes aggressive sexual behavior by men and what it is about the construction of femininity and the structure of economic and social power relations in societies that permits the continuation of such behaviors. This would serve to emphasize the knowledge developed in other studies which, by examining various cultures, have shown that male violence against women is not universal.⁷⁴ The existence of cultures unaffected by this type of violence, albeit few in number,

shows that the latter is not an inevitable outgrowth of male biology, male sexuality or male hormones, meaning that the problem lies in "male conditioning" rather than in "the condition of being male".

On the basis of the work of several authors,⁷⁵ Lori Heise argued that manhood, far from being a spontaneous product of biological maturation, is a precarious or artificial state which is achieved in unfavorable conditions. She also pointed out that manhood represents "achieved status" as opposed to the notion of womanhood; and finally, she noted that men's insecurity about their masculinity leads to their abusive behavior towards women, partly sustained by a gendered system that assigns power and status to that which is male while denigrating or subordinating that which is female.

Inasmuch as gender is socially constructed, male status must be actualized through action and sensation while avoiding things that leave room for doubt. This sensation (or drive) does not originate in the anatomy, but from the ideas that give these feelings social meaning, in other words, these ideas determine which sensations should be sought. Hence one way of expressing this feeling of manhood is to dominate women through the influence of aggression. In this context of pressure for men, sexual conquest and potency appear as recurring elements in many cultural definitions of manhood.

tural study" in *Journal of Social Issues* 37 (4), pp. 5-27) which, out of a total of 156 tribal societies, classified 47% of the cultures as essentially "rape free" or not seriously affected by gender-based abuses. The speaker also referred to D. Levinson's work (1989, *Violence in Cross-Cultural Perspective*, Sage Publications, Newbury Park) which, when analyzing wife abuse in an ethnographic review of 90 peasant societies, identified 16 that could be described as "essentially free of or untroubled by family violence".

⁷⁵ D. Gilmore (1990), *Manhood in the Making: Cultural Concepts of Masculinity*, Yale University Press, New Haven; J. Stoltenberg (1989), *Refusing to Be a Man: Essays on Sex and Justice*, Breiten Bush Books, Portland, Oregon, among others.

⁷⁴ Among other studies, the speaker cites the work of P.R. Sanday (1981, "The socio-cultural context of rape: A cross-cul-

As masculine ideals are associated with violence, virility, and power, it is understandable that male sexual behavior should be depicted as predatory and aggressive, since in addition to being a means of structuring gender power relations, it also serves to establish such relations among men. Consequently, in order to advance along this path, the question lies in redefining the significance of being a man; in other words, on the basis of what ideals is masculinity, and, by extension, manhood, constructed? This is no easy task, since, as men have a collective interest in perpetuating gender hierarchies, individual male behavior is closely monitored by the male community (and/or mothers) and when a person does not live up to the masculine ideal, he is reproached by alluding to the image of another gendered symbol: that of the male homosexual which, as a stigma, helps to structure and perpetuate male sexual and gender norms.

Fortunately, the ethnographic record provides examples showing that this is not the only way of constructing the world and, therefore, of constructing masculinity. Although the ideals described are widespread in various parts of the world to varying degrees, apparently they are not universal. Indeed, there are cultures where manhood is of minimal interest to men and where there are few social pressures to act "manly"; for example, the Semai people of Malaysia, the Mbuti pygmies in Zaire, and the inhabitants of Tahiti and central Thailand.⁷⁶ These cultures lack the existence of a male ideal which emphasizes dominance, toughness or male honor. Although these examples cannot prove causality, they suggest factors which predict high rates of gender violence, such as interpersonal violence in the solution of conflicts, economic

inequity between men and women, the male ideal of domination, toughness and male honor, and the male economy and authority in decision-making in the family. Likewise, they suggest factors that predict low rates of violence, such as female power outside of the home, active community interference in gender violence, the presence of women's work (solidarity) groups and the availability of a sanctuary (shelters with neighbors, friends or family). In other words, these factors correlate, positively or negatively, with the levels of violence faced by women.

The main importance of this lies in the fact that these examples corroborate the feminist argument that hierarchical gender relations—perpetuated through gender socialization and socioeconomic inequalities in society—are closely linked to gender violence.

Lori Heise concluded by saying that the existence of these societies, where women are not subjected to violence, suggests that it is possible to achieve the fantasy of a world free of gender violence. However, the actions of social movements should show vision and a sense of responsibility towards those living within today's reality. This entails working on two fronts: to seriously challenge gender-based inequities and beliefs that perpetuate male violence and to provide services and support to those attempting to survive, despite the social forces allied against them. In this respect, public health, family planning, and sexuality research should play an important role, since they should channel their resources to help untangle the complex network of social forces that encourage violent behavior; moreover, they should design programs to empower women and enlighten men. Finally, they should identify helpful services to which women can be referred.

In her comments on Professor Heise's work, Irma Saucedo (Colmex) said that the author had

⁷⁶ According to Gilmore (op. cit.), in Tahiti there are no strict gender roles, nor is there a concept of male honor to defend, nor a social expectation to "get even".

succeeded in establishing the context, the interlocutors, and the spaces with which she wished to establish the discussion, thereby placing herself within a tradition concerned with initiating dialog with the international community and with groups working in the area of health, in order to conduct a reflection on the subject of violence towards women or gender violence. Likewise, the paper expresses an interest in developing or combining resources, experiences, and knowledge which, in turn, will help specialized women's groups dealing with violence. Although the paper has a twofold purpose, it is interesting to see how both spaces can benefit from the highly systematic compilation of existing information, undertaking an analysis and carrying out the specialized task of disseminating information.

In the areas where the speaker begins to dialog with her interlocutors, there are certain arguments that require further development and are extremely valid, above all because they are related to the way in which the dialog is initiated, the spaces and discourses it involves and, lastly, how one should proceed in areas of intervention. In addition, in a single document the speaker attempts to dialog with two interlocutors whom she seeks to reconcile: the feminist movement and organizations whose work centers on violence, and the researchers, scientists, and specialists who need to know about these debates.

At the same time, the paper makes a contribution to research and the formulation of policies and programs with the proposal of an *integrated feminist approach*, which establishes a consistent relationship between violence and sexuality. However, the structure of the paper raises certain questions and elicits a number of observations. The speaker argues that the problem of essentialism has to do with a biologicistic view of sexuality (sexuality is difficult to change,

since it is biologically determined; therefore, interventions will not be very effective), leading one to wonder whether essentialism belongs only to the sphere of the biologicistic approach or whether essentialism also exists in culturalist approaches, the latter being the principal problem faced nowadays. In other words, at the discourse level, it seems that the culturalist argument has gained ground, yet known research and work on the phenomenon are encountering a different argument. In the 1970s, in fact, the culturalist movement was necessary, since there was a need to prove that biology was not equivalent to fate, and that the latter was influenced by many things and could change. In other words, at the time the culturalist movement had to do with a proposal suggesting that the possibility of change existed and that means of changing existed. Yet research is now faced with a serious problem: as a result of advances in reproductive technologies, in what is known about surrogate wombs, for example, we have witnessed the possibility or the threshold of the possibility that modifying biology is more real than that of altering cultural patterns and behaviors deeply rooted in ancient traditions, in heterogeneous societies such as Mexico. In this respect, culturalist discourses also have a strong essentialist mechanism indicating that it is extremely difficult to alter sexuality because if it is not the law of God, then it is a biological law or a law of culture or tradition. In any event, it is extremely difficult, complicated and risky for those discussing or trying to intervene in the issue, or too great a responsibility for those attempting to do so.

One aspect which was not analyzed in this paper was the strength of religious discourse and bureaucracy; these spheres have a power of influence perhaps even greater than that of the State, health institutions or medical discourse. This is directly concerned with violence, since

many women who endure violence say that they do so for religious reasons.

In any case, essentialist views, such as the religious essentialist view, have been discussed very little; in dealing with the way female and male identities are constructed, they help create social norms that punish men and women differently when it comes to exercising their sexuality. Women who exercise their sexuality in a free, pleasurable, and open way are sanctioned in numerous ways; for example, by being labeled as loose or bad women, being beaten, being expelled from the community, etc. There are also specific sanctions for men who fail to control their wives' sexuality, supervise them or ensure that they do not have children by other men or before marriage. To a certain extent, these sanctions are linked to the ways, contexts, and timing for exercising sexuality, thereby eliminating all those regarded as problematical, which is also a way of repressing various sexual options such as bisexuality, homosexuality, and others.

When thinking about which discourse and contents should be used for each interlocutor in this issue, it is useful to include the concept of sexual rights in the discussion on reproductive health as a theoretical argument, which would help untangle issues that have been linked. In discussing sexuality from the perspective of masculinity, something very contradictory occurs: there is a view of female sexuality as passive and non-pleasurable and male sexuality as active and pleasurable, when what would be closer to the truth would be the "sexual misery" experienced by men and women nowadays, with the difference that each acts this out differently and also that it has different repercussions for each. Generally speaking, in studies on the construction of masculinity, the burden of trying to be the sort of man that convention requires is such that men also experience a sen-

sation of low self-esteem, generally associated with women. This is reflected by the fact that men believe they cannot fulfill these expectations and therefore feel obliged to overact in certain spheres regarding the number of women with whom they have intercourse, the way this occurs, etc.

In Professor Saucedo's view, studies on masculinity contribute elements that force one to rethink the concept and the relationship between violence and reproductive health; she emphasized the fact that the importance of proposing this theme has to do with the exercise of sexuality, the context in which it is exercised, and the options available for it to be exercised in a pleasurable way without the risks associated with reproductive health problems. Thus, sexual rights discourse could shed light on subjects that are not visible when only reproductive health topics are dealt with. Moreover, the relationship between violence and reproductive health creates severe problems for those working in the field of health, since they feel ill-equipped to deal with the problem, either because they lack the necessary knowledge or because the area in which they work is inappropriate.

When one realizes that the problem underlying all the others mentioned is the exercise of sexuality, one also comes to acknowledge that policy design and implementation requires much broader spaces than those that have existed traditionally. On the one hand, there is a need for a far more interdisciplinary approach or the use of knowledge produced by different disciplines, but there should also be recognition of the place that falls to each social actor for the implementation of programs (health institutions, NGOs, researchers). In this way it is possible for each to exercise its corresponding responsibility when subjects as difficult as these are to be included in health issues.

Another problem that occurs when working on these topics in health areas is the inability of clinical or hospital personnel to deal expressly with the aspect of violence. Hence the State, as the provider of services and resources for the population, increasingly delegates this task to other specific actors: NGOs and academics. In this respect, sexuality should be posited as the basis of reproductive health problems, and sexual rights as the subject which would help to broaden the discussion through new approaches to the problem. Thus, the focus would shift from the households or women who have experienced violence to the households and women who have escaped violence, while the concern for pregnant teenagers or those who have terminated their pregnancy would shift to those who exercise their sexuality in a protected fashion. In other words, studies would focus on the part that has to do with health, the quality of life, pleasure, and satisfaction, which would provide information on the best way to design questions or programs.

The second paper in the session, *Gender, sexuality, and reproductive health*, presented by Professor Sonia Correa (Nepo), proposed reflections based on the premise that reproductive health, gender, and, to a lesser extent, sexuality, are terms which, until recently, were marginal in the academic world and in social movements and that they are currently experiencing a definite process of legitimization in discourse. This process poses new challenges since, inasmuch as these are new formulations, there is a risk that they will be applied in a simplified fashion and, above all, since any process of legitimization forces researchers to face questions about their work from those outside their field. In other words, researchers are compelled to explain what reproductive health and gender mean and should also clarify where these thematic agendas are heading.

The paper has been organized into two main sections. The first seeks to trace the history of the legitimization of the concept of reproductive health and the terms that have been constructed on the basis of this concept, and goes on to consider the agenda in political terms. The second section is an attempt to restructure the use of the concepts of *gender* and *sexuality* by considering the theories used in the field and their political implications, and concludes with the aim of isolating the systems of *gender* and *sexuality*.

1. The central idea behind the legitimization of the concept of reproductive health is that what has been discursively and politically legitimized is far more than reproductive health. Nowadays, the concepts of sexual health, sexual rights, and reproductive rights encompass very complex ideas, the definition of which, until recently, was grouped under the umbrella term of reproductive health. Each concept currently has its own identity, although they continue to be used indistinctly. However, as a result of the lack of standardization and rigor in these terms' use and political application, there is a risk that reproductive health will be treated as rights to sexual health or sexual rights. Symptomatic of this is the fact that the Brazilian post-Beijing document uses the term reproductive rights in the section on health, yet does not mention it in the section on human rights.

It is therefore essential to reconsider the genealogy of the concepts, drawing up a history of ideas. The obvious conclusion is that sexual health and reproductive health have a more institutional history, whereas sexual rights and reproductive rights were constructed more on the political level of civil society. While *reproductive health* is a term that has been acknowledged at international conferences and is also the subject of a World Health Organization definition, *reproductive rights* was created within the

women's movement. It was legitimized during a feminist encounter, although the groups continued to discuss its implications until the Cairo conference. The understanding of the concept of reproductive rights, linked to a development perspective and one of human rights, secured the Cairo consensus which enabled the paradigm of population policies to be changed.

The term *sexual rights* appeared much later in the process of legitimization. The speaker mentioned the fact that although the social dimension of these rights was not fully explored in the text—which she co-authored with Petchesky, published in 1994—, they have been legitimized in the three years since. In Cairo, the debate focused on the notion of bodily integrity rather than that of sexual rights. In this regard, it is surprising that the term was accepted in Beijing, even though its formulation within a heterosexual, partner-based relationship was a notion created within the women's movement. Consequently, its existence in the Beijing document is due to a combination of an institutional matrix (the WHO notion of sexual health), the women's movement, and the homosexual movement.

Recreating this trajectory sheds light on several aspects. On the one hand, it was not enough, at this stage, to have reviewed the terms gender and sexuality purely in relation to sexuality and reproductive health; it was also necessary to have done so with regard to sexual health, reproductive rights, and sexual rights. At the same time, the mixed trajectory of these concepts has permitted the continuation of tensions between an institutional interpretation and another more social or sociocultural one. So far, the terms sexual health and reproductive health have not created problems, whereas the terms sexual rights and reproductive rights are somewhat radical. This is reflected in the way they have been translated after Beijing. For example,

in Bolivia, the safe motherhood campaign, which would fit into the context of the Cairo reproductive health programs, serves to distance and discriminate against women who come to health care services in a state of incomplete abortion.⁷⁷

As a result of the current state of affairs, expressed as a cognitive struggle for the meanings of concepts, it has become important to ask oneself why these definitions are being used. A huge debate was recently held on the epistemological *status* of reproductive health. What is it, a concept, a field, or a methodological strategy?

For Professor Correa, the precise definition of concepts is not as important as the clarity of the project they entail. In other words, the definitions of reproductive health, sexual health, reproductive rights, and sexual rights serve as levers in academic work which has an emancipatory perspective. This is obviously based on the assumption that everyone working in the field is doing so with the aim of changing unequal power relations in all the spheres where these definitions are applicable. In this regard, a series of complexities exists; for example, for some authors, health is analyzed as a multivalent term; i.e., it is useful for everything: from the moral and institutional spheres to health as a basic human right.⁷⁸ Consequently, in accordance with a health or empowerment perspective it becomes necessary to establish the particular definition that one wants to emphasize.

⁷⁷ Susan Rance (1996), "Maternidad segura, aborto inseguro: Impacto de los discursos en las políticas y en los servicios", mimeo, paper presented at the seminar on "Reproductive Health in Latin America and in the Caribbean: Issues and Problems", Caxambú, Brazil.

⁷⁸ Carol Vance (1996), "Thinking sex, gender and health", paper presented at Re-Conceiving Sexualities-International Seminar on Gender, Sexuality, and Sexual Health, Rio de Janeiro, Brazil.

The notion of a right is simpler, since it will always have a precise meaning, which involves the possibility of making autonomous decisions, taking on responsibilities, and meeting needs, whether in the individual or collective sphere. Having rights assumes a rebalancing of power relations and a horizon of justice. The notion of a right is ontologically linked to relations among individuals, societies-individuals, societies-the market, societies-the State-the market, etc. This understanding allows one to arrive at a number of preliminary conclusions; health and reproductive and sexual rights have at the initial stage a classic agenda which requires changes in the State and in the large regulatory bodies which are also state organizations: the World Bank, United Nations, etc.

At another level, reproductive health and reproductive and sexual rights also contain a political agenda that wages a persistent cognitive battle against the disciplinary nature of the medical perspective, the instrumental logic of demographic measures and goals, and the increasingly dogmatic nature of legal theory. In this respect, the pendulum swings between classic politics and postmodern politics (from the areas of disciplinization of society), with implications ranging from handling different spheres of dispute to theoretical and methodological implications. The instruments that should be utilized in each of these are specific; for example, in determining the influence one wishes to have on the State, one needs to choose certain theories and methodologies where the importance of political science cannot be avoided. Conversely, when working with reproductive and sexual health, the instruments used will be different.

2. In the second half of her paper, Professor Correa explored the implications of the relationship between gender and sexuality. Why is it necessary to link together gender, sexual-

ity, reproductive health, reproductive rights, and sexual rights? A simple answer would be that it is essential, because reproduction is intimately associated with sexuality and involves relations between men and women. Although this is an accurate description, it is insufficient, since — in the way they are currently formulated— subjects, bodies, experiences, processes, representations, and relationships will appear as results subsumed in a tautological circle, and the solution requires a more complex response. To avoid being trapped in description, one has to return to the idea that reflection and research are motivated by an emancipatory perspective. If this is so, it is necessary to know what ideas, theoretical frameworks, and references should be used in striving for emancipation and empowerment.

On the one hand, it is a well-known fact that normative systems —whether religious or biomedical— mention gender and sexuality. In addition to this, there is a convergence between religion and medicine (despite the fact that science is regarded as secularizing) in the naturalization of gender relations, sexuality, and reproduction.⁷⁹ On the other hand, the history of the field has included the use of psychoanalytical and Marxist theories which over the past ten years have proved insufficient for creating comprehensive categories for the phenomena in the field. The most consistent conceptual convergence, in *gender* and *sexuality*, was possible in the 1970s as part of an elective affinity with poststructuralist theories. This trend enhanced the understanding of sexual and reproductive health problems; the other theoretical traditions failed to explain the inequalities between men and women and the intricacies of sexuality.

Before the advent of poststructuralist instruments (primarily Foucault), the idea that sexu-

⁷⁹ Carol Vance (1996), *op. cit.*

ality is something that can be accurately observed and measured continued to enjoy broad currency; moreover, masculine and feminine elements had failed to be properly removed from their anatomical capsules. These theories have helped to undo such colossal subjectivities as the State, classes, the poor, those vast topics into which women and other differences were subsumed. The most important contributions on the topics of gender and sexuality came from poststructuralism; the concept of *gender* was derived from this theoretical hinge, but one should consider the questions currently being raised about poststructuralism, since it is an important instrument for work in this field. Foucault's work has created two contradictory interpretations: on the one hand, it serves as a warning against the adoption of simple solutions to difficult problems while, on the other, his theory contains a strong premise as regards the futility of human action vis-à-vis social change.⁸⁰

If the aim is to achieve social change, it is essential to examine the philosophical substrate of the instruments used in research, particularly because one is working against a background of a deepening social and economic crisis and exclusion. In this case, the uncritical use of poststructuralist instruments risks falling into the trap of plays on words, meanings, and ambiguities. This proves extremely problematic in these contexts, where differences in power and inequity cannot be solved through discourse. In the case of the academic sphere, interaction with the real world provides constant confrontations with the inequality between men and women, sexual coercion, AIDS, mortality, and abortion. One way to avoid being trapped in

these plays on words, etc., is to restate the dialog with a renovated form of Marxism, particularly as regards the sexual division of labor and the relationship between production and reproduction, where very little progress has been made. In this sense, some authors, in an attempt to reconceptualize sexuality, claim that the international trend in women's movements has been to emphasize the horrors of sexuality, such as genital mutilation and the trafficking of young girls, thereby capitalizing on the idea of women as victims. The strength of these forms of discourse has meant that it was no accident that in Beijing the specter of sexualized bodies searching for pleasure remained hidden behind the debates and that the words "body" and "sexual rights" were absent, which needs to be debated.⁸¹

In Professor Correa's opinion, the approval of the Beijing text is surprising, but the United Nations dynamics of negotiation is not reason enough to explain why sexual rights and the body are literally absent from the texts. Their absence is also due to the fact that both political discourse and feminist theory have used a perspective that fuses gender systems and systems of sexuality, which prevents the latter from being removed from the trap of power relations. In fact, it is not true that the cultural fusion between sexuality and gender... (has led to) the notion that a theory of sexuality could be derived from gender theory.⁸² Moreover, the integration of both systems becomes more problematic in this post-Beijing, post-Cairo era, since gender and sexuality form the basis of two different spheres of social practices.

⁸¹ R. Petchesky (1996), "Sexual rights: Inventing a concept, mapping an international practice", paper presented at Re-Conceiving Sexualities-International Seminar on Gender, Sexuality, and Health, Rio de Janeiro, Brazil.

⁸² G. Rubin (1975), "The traffic in women: Notes on the political economy of sex", in R. Reiter (comp.), *Toward an Anthropology of Women*, Monthly Review Press, New York.

⁸⁰ Joanne Scott (1993), *O Gênero como Categoria Útil para a Análise Histórica*, SOS Corpo-Gênero-Cidadania, Recife, Brazil.

The distinction between these two systems is based on the idea that academic work has an emancipatory perspective, which does not seek to return to the essential premises of the sexual liberation of the 1960s (i.e., sexual freedom as a revolution and the salvation of mankind); yet it is necessary to recognize that academia has been trapped in spirals of political and cognitive struggles, moving away from the collective representations as regards the possibility of pleasurable sexuality that lay at the roots of the feminist movement. The distinction between gender and sexuality may help to identify, accept, describe, and negotiate eroticism and pleasure in women. It could also help to reduce monolithic perceptions in the discourse on sexuality.

Professor Correa ended her presentation by pointing out the need to use the plural; following the line begun by Parker⁸³ and Gagnon, it no longer suffices to speak of sexuality but of sexualities. One can no longer think in terms of hetero- or homosexuality, but in terms of different sexualities according to social contexts and a person's stage of life. Infant sexuality is doubtless different from that of teenagers, sexuality during the reproductive years, and sexuality among senior citizens. In short, plurality is fundamental for sorting out gender and sexuality systems. This should be complemented by a discursive strategy at the political level that will promote the notion of *erotic justice*, both in the sphere of personal corporeality and in the public sphere. Just as when reproductive rights began to be discussed, a favorable environment is needed for pleasurable sexuality to be exercised; i.e., it requires a propitious cultural, political, and social atmosphere.

The session ended with comments by Dr. Nelson Minello (Colmex), for whom separation of the sex-gender system is a point of discussion requiring prior exploration of the proposed conceptualization regarding i) sex-gender systems; ii) gender and iii) sexuality. In the light of this discussion, one should ask whether what is happening is that gender is concealing something because it is next to sexuality or because we have still not achieved in-depth theoretical-political knowledge of what constitutes the sex-gender system.

Second, the proposal to discuss sexualities is extremely healthy, since plurality clarifies many of the false theoretical problems that have been raised in academia, and offers the possibility of answering a number of questions, not merely theoretical ones. In this respect, it is possible to expand the proposal and talk about a diversity of genders, not only a male, female and homosexual gender. One point to be discussed is that there are more gender issues in the communities than those which have been mentioned. Likewise, masculinity and femininity should also be used in the plural, since numerous diversities obviously exist.

Moreover, a person's gender position can change over time; i.e., one's male or female biological sex can change gender in the course of a person's life. This means that having a particular gender identity has nothing to do with the biological issue nor with sexual preference; the fact that people exhibit homosexual preferences does not necessarily bind them to a gender; one would have to examine the way they behave. If gender is a social construction and these masculinities, feminities, and sexualities are social constructions, the possibility exists that a person may have more than one. Thus, when research is conducted, one will have to see where and at what point in a person's life and at what point in society the research is being carried out,

⁸³ R. Parker (1990), *Bodies, Pleasures and Passions: Sexual Culture in Contemporary Brazil*, Beacon Press, Boston.

since these three things are interrelated and may vary greatly if one merely utilizes the singular that was used before.

The proposal of returning to Marxism is interesting, because since the collapse of the Berlin Wall and other events, people have tended to forget that there is a brand of Marxism where one can find a series of reflections, suggestions, and possibilities. Marxism was obviously not sensitive to problems of gender and sexuality, but inasmuch as these are social constructions, Marxist tools allow one, on the basis of feminism, to provide a critical interpretation, innovate far more and explain a totality which is being constructed but which at the same time has been overlooked.

Dr. Minello expressed his agreement with the need for the terms reproductive health, gender, and sexuality to be theoretically imbued with meaning, while at the same time maintaining their instability and conceptual openness, but with scientific rigor. This interplay between the crystallization and generation of doubts is one of the main merits of this paper. Dr. Minello also agreed with the premise of the indivisibility of human rights and the notion of a favorable environment for exercising them (social and political conditions). This leads to the view of Marxist totality which should be borne in mind, since there is still a tendency to support a somewhat functionalist view when the field of study is limited too much. In other words, there is a tendency to focus on individuals, forgetting that they are inserted in a social reality in which if social, economic, and political aspects are not taken into account, only partial explanations or knowledge will be achieved. The symbolic and cultural realms would also have to be included in this.

Also important is the author's warning that reproductive health research in Latin America has so far failed to sufficiently involve knowledge-producing institutions in the field of law,

since law has tended to be forgotten, thereby preventing knowledge of what the crystallization of certain issues into codes and laws means. Its importance lies in the fact that "creating theories and working with reproductive and sexual health, as well as with reproductive and sexual rights, involves engaging in a persistent cognitive battle against the disciplinary nature of the biomedical perspective, the instrumental logic of demographic measures and goals, and the increasingly dogmatic nature of juridical and legal theory", as the author mentions in her paper.

Worth pointing out is that a single theoretical framework should not be created for studies on sexuality and gender, since transdisciplinary and transtheoretical dialogs prove both fruitful and necessary. However, one should avoid falling into pragmatic eclecticism; that is, a form of pragmatism to achieve immediate ends, but work instead on integration and internal discussion. In this respect, in the analysis of the field of sexuality and power relations—which needs to be developed in this paper—a critical use of poststructuralist instruments is required.

At the same time, Dr. Minello disagrees with the lack of importance placed on the need to precisely define epistemological and disciplinary statuses of each of the terms, in favor of clarity regarding the project they entail, while this does not mean ignoring efforts at conceptualization. He also disagrees with the assumption that there is a relationship of need between political affairs and research. It is certainly possible to undertake theoretical research without necessarily suggesting a political proposal, and it is equally feasible to put forward a political proposal without necessarily having the corresponding research. One task is as important as the other; the search for epistemological and theoretical statuses is absolutely necessary to carry out research of a more political

nature. In other words, scientific research, in both the social and non-social sciences, is carried out with arrangements as regards values, with the free choice of each researcher vis-à-vis these values, but cannot be conducted without them. However, research and politics belong to different spheres: the former requires a different type of theoretical, methodological, and technical rigor from the latter.

GENERAL DISCUSSION OF THE FOURTH SESSION

The group discussion examined issues such as the notion of erotic justice and sexual rights and the debate warranted by the generalizations of analyses, which made it possible for each of these topics to be explored in depth.

In the first place, given the concern produced by the meaning and applicability of the notion of erotic justice in its individual and sociocultural dimensions, Professor Correa mentioned that this should be regarded as an idea that governs equality and, therefore, cannot be implemented immediately, because it refers to scenarios that do not as yet exist, ones that will have to be constructed. Thus, its implementation in the sociocultural dimension requires a favorable ethical-moral environment; like reproductive rights, its exercise depends on the existence of conducive economic, social, political, and cultural conditions. The situation at the individual or interpersonal level is different and more complex, since at this level, in the spheres of sexuality and eroticism, said difference is crucial, and therefore, it is pointless to establish parallels.

Further precision was also required as regards the idea of emancipation underlying the debate between the categories of reproductive health (which has had a more institutional evolution) and reproductive rights (linked more to

politics, and originating in the feminist movement), since the idea contains gaps regarding for whom or from what liberation is being sought. Here, Professor Correa pointed out that the paper contains the classic idea of emancipation which refers to the painful, lengthy, and complex emancipation from all forms of power, representation, and inequality. In this scenario, rights serve as protection and resistance, as a space for self-determination, capacity for decision-making and responsibility.

Support was also given to the idea that the concept of sexual rights opens up the possibility of a new field: a discursive space with an enormous potential for being translated into practices. Since interpersonal relations entail a certain degree of conflict, the need for negotiation arises, resulting in the possibility that each of the subjects involved may cite his or her rights. This discursive possibility may escalate from simply naming one's rights to demanding and exercising them.

Lastly, some participants questioned the analyses that propose generalizations about the phenomena in this field. In particular, criticism was leveled at the treatment of violence as a universal phenomenon; with the understanding that this position is relevant vis-à-vis policies at an international level, it is impossible to infer the specific conditions of violence in each culture on the basis of this proposal. In other words, in order for interventions in this realm to be appropriate to each local reality, they should be constructed within the context of the local microatmosphere. Moreover, it was thought that the interpretation of male conduct as an expression of anxiety, which corresponds to a certain Euro-American bias, is very debatable. In this regard, since masculinities are a social construction, cultures that are obviously different cannot be compared—in order to find a structural basis that will standardize

masculinities. In response to these doubts, the collective need to design interventions on the basis of analyses and approaches that take into account the specificity of each place and culture was recognized. As for masculinity, despite acknowledging the existence of male diversity, the allegations against studies that stereotyped male discourse related to violence against women were refuted, since the literature on different realities reveals a high degree of uniformity in the excuses and words used by men in very different situations.

TOPIC 3. THE STATE, CIVIL SOCIETY, AND OTHER RELEVANT ACTORS

In the third part of the seminar, with Dr. Claudio Stern (Colmex) acting as moderator for the session, reflections were put forward to help enhance knowledge of the way certain social actors such as the State, the medical profession, and the mass media influence reproductive health and sexuality.⁸⁴

FIFTH SESSION

The session began with a reflection by Dr. Juan José Llovet (Cedes), who highlighted the lack of knowledge that exists concerning the role of the different spheres of the State, the medical profession, and the mass media in reproductive health and sexuality. He pointed out that unless this dimension is examined rigorously, systematically, and on a continuous basis, it will be impossible to gain integral knowledge of the field, which would be the key to overcoming the

impasse in research that has been commented on throughout the seminar.

1. Certain studies define the State as a compact, monolithic, and homogeneous entity, which is not true, since this sphere is extremely heterogeneous, multifaceted, and plagued with divisions, gaps, and internal tensions. Analysis of the State is more complex because, in dealing with aspects concerning reproductive health and sexuality—abortion, AIDS, and family planning, among others—it may adopt positions and specific resolutions that do not necessarily agree. In other words, a State may be very progressive and advanced as regards AIDS, and yet extremely backward in relation to abortion, or vice versa.

To produce an analysis that encompasses the diversity of problems in the field of reproductive health and the different facets of the State, Dr. Llovet proposed a matrix where the horizontal line headings would include problems or aspects of reproductive and sexual health (STDs, AIDS, unwanted pregnancy, contraception, childbirth, puerperium, etc.) and column headings would include state policies, which may or may not be supervised by its various segments. This grid could be used to show what the State does as regards reproductive and sexual health by contrasting health policy and other sectoral policies (on education, population, and crime)⁸⁵ with various reproductive and sexual health problems. Dr. Llovet's hypothesis is that by filling in the matrix, it will be possible to find a minimum number of common denominators

⁸⁴ Unlike the previous sessions, this part was not based on written papers but rather on a series of reflections prepared a few days prior to the start of the seminar, as a result of which the presentations were not followed by formal comments.

⁸⁵ Through educational policy, it is possible to determine whether or not sex education exists, its content, and whether there are sexist biases in the standard curricula of basic general education, while within university policy it is possible to draw up a profile of medical education and the type of physician produced by the university. Criminal policy refers to the prevention and suppression of crime, under which changes may be operating that either increase or reduce the persecution of abortion, drug trafficking and use, prostitution, etc.

while at the same time, nuances and contradictions between the cells will emerge. The latter serve as spaces and room for maneuvering by civil society for proposing and promoting its claims, and identifying these should be the subject of research.

One should recall the fact that the State, in addition to the executive and administrative levels, consists of parliament, which has been studied very little, although it offers extensive analytical possibilities ranging from the dynamics of the situations within which bills are debated on certain problems related to this field and parliament's degree of susceptibility to pressures from other social actors (the Church, women's movements, professional communities, etc.) to the attitudes of parliamentarians towards reproductive and sexual health and their various facets. Another part of the State is the administration of justice (judges and courts). Here there is still a shortage of studies on the casuistry operating in the different types of lawsuits involving abortion, its penalization and authorization. These studies, by analyzing the evolution of jurisprudence, will determine the existence or not of changes in the administration of law by the administration of justice, regardless of whether normative frameworks have changed.

2. On the other hand, the importance of analyzing the medical profession is based on the fact that, according to Dr. John Gagnon, the major social representations and positions are mere simplifications of the inherent complexity of individuals and, as such, these categories fail to capture the variation that may exist at the individual level. Therefore, as long as academia continues to use inert, anachronistic images regarding biomedicine, it will tend to oversimplify the nature of the medical profession. In the 1960s and 1970s, the hypercritical image of the medical profession was heuristi-

cally and politically useful, since it served to erode medical discourse and power. However, nowadays, it is not very beneficial to start from the premise that biomedicine is a compact entity and a sort of conspiracy against health and women's rights. In effect, demonizing medicine is a far from serious act, since it fails to capture the considerable transformations that have taken place around and within medicine in the past two or three decades. These changes include: *i)* modifications in the relationship between doctor and patient; *ii)* the partial reduction of medical autonomy due, among other things, to the techno-bureaucratization of health service management and care; *iii)* the profound internal segmentation of the medical profession in terms of prestige, status, and income; *iv)* the increasing value placed on the patient's autonomy and the assumption of responsibilities by individuals regarding health maintenance and recovery; *v)* the emergence of mechanisms for the State's regulation of the profession; and *vi)* the feminization of the medical profession, which raises the question of whether this is causing an alteration in male patterns, values, and criteria or whether female physicians have adapted to these male patterns in order to improve their possibilities of competing with male peers. These transformations as a whole have undoubtedly destroyed the idea of a hegemonic medical model.

3. The last important actor mentioned was the media, about which, despite its key role, there are still no studies on the messages, types of discourse, and images it projects regarding the various facets of reproductive and sexual health. According to Dr. Llovet, analysis of this actor should be conducted on three levels: *i)* the editorial line taken, which sometimes assumes explicit positions vis-à-vis phenomena in the field of reproductive and sexual health; *ii)* the zero discourse of the media, i.e., when the

media depicts itself as an objective transmitter of news or information; and iii) the media as a showcase or sounding board for the voices of all those speaking about reproductive and sexual health.

Dr. Llovet's proposals were followed by comments by Dr. Viviane Brachet (Colmex), who, in order to illustrate some of the difficulties involved in effectively establishing the principles and social practices of reproductive health, provided an overview of the transformations of the State within the framework of the historical development of social policies in Mexico.

The widespread view that development and the practices of social policy are in keeping with the principle of citizenship (as in the case of England and Chile) or that of the State (or reform from the top downwards, as is the case in the majority of Latin American countries) is too static and fails to capture the dynamics of social policies resulting from the development of the State within specific historical circumstances.

In the historical development of Mexican politics, where corporate consolidation followed revolutionary consolidation, passage of a law does not imply the simultaneous implementation of associated practices; the law merely establishes the State's right to intervene in a particular sphere. As shown in Dr. Brachet's recently published book,⁸⁶ Mexican social laws have been transformed into practices as a result of pressure from society itself (from below); therefore, said laws emerge as concessions by the State during periods of destabilization. In other words, until recently, the only political actors were corporate ones—mostly men—, while the development of social policies was due more to compliance with the social agenda established

in the Political Constitution to respond to the demands of industrial workers and peasants than to meet the needs of families.

Due to the fact that in 1971 the international political climate changed and there was a fiscal, economic, and political crisis in Mexico, pushing the strategy for reducing population growth to the forefront of public priorities, three years later legislation began on family planning. This signified a break with corporate logic, since legislation was being drafted on an issue where a social actor had not yet emerged;⁸⁷ moreover, family planning began to be implemented before the law was passed. Subsequently, following the development of a number of converging threads in both institutional (from above) and social spheres (from below), the family and women became a more important political and social sphere. In the institutional realm, 1979 saw the beginning of the unification of the splintered health sector, a process that was concluded in 1983; in addition, the right to health was included in the Constitution a year later, opening up a new institutional and legal sphere in which the Ministry of Health was a key actor. In the social sphere, there was a weakening of the political forces that had sustained the corporate State; the workers returned to their neighborhoods and joined social movements based on the family, whose demands were principally formulated by families and neighborhoods. This process was facilitated by women's newly acquired importance at the international level, leading Mexico to become the site of the first international conference on women and permitting the removal from the Constitution of certain clauses permitting injustice against women.

⁸⁶ Viviane Brachet-Márquez (1994), *The Dynamics of Domination: State, Class, and Social Reform in Mexico, 1910-1990*, University of Pittsburgh Press, Pittsburgh and London.

⁸⁷ At that time, neither women nor the family had become social actors.

In subsequent years, although the social movements that arose during the crises of 1982 and 1988, in reaction to these, were subdued (largely as a result of the National Solidarity Program, Pronasol), the importance of citizens' demands in terms of shifting women away from the center of the family were not overlooked, due to the proliferation and effectiveness of the work done by the NGOs. Thus, in the most recent period, there has been a sort of convergence between the transformation of state structure and its political priorities and changes in society, which shifted the political weight from corporate organizations to civic ones. At the same time, international events supported and stimulated this type of development: the Mexico conference was followed by Copenhagen, Nairobi, and then Beijing, thereby achieving an external dynamic which sustained internal development. This was the background to the creation of favorable scenarios so reproductive health could achieve a hitherto unknown importance and urgency.

Towards the end of her comments, Dr. Brachet warned that social policies are limited—in addition to the fiscal restrictions that accompany all social measures and which form part of any notion of the redistributive role of a welfare state—because of the State's tendency to restrict social measures and budgets, while the trend in society goes in the opposite direction. These opposing logics imply that Mexico's political transition is intimately linked to social demands, no longer organized from state groups, since they involve separate yet more widespread demands. This is due to the fact that they arise in daily life, life in the neighborhoods, and family life. Consequently, while there may be no fertile ground to enforce one's rights, the essentials for exercising citizenship certainly exist.

The reflections put forward during the general discussion of the topics presented in the session explored the implications of normative aspects in the struggle for the institutional empowerment of the field of reproductive and sexual health, the role of academics, and the need to look for specific characteristics concerning the medical field on the basis of its recent transformations.

For some members of the audience, the aspect of rights, in the context of reproductive and sexual health, has its own specificities expressed in the enormous obstacle posed by the Latin American positivist and written legal tradition to advancing in cognitive aspects in this field. However, others held that the problems did not lie in the norms themselves,⁸⁸ but in other aspects. Firstly, difficulties emerge when attempting to differentiate between a law and its implementation. Added to this is the State's use of political instruments to enforce the law. These instruments are organizations with budgets and the areas which implement regulations, an intermediate stage between legislation and political pressures, the executive branch being the one that administers them according to the levels of social pressure, budgetary restrictions, and other contingent political factors. The difficulties also lie in the principles of litigation operating in Mexico. Unlike other countries with a similar legal framework, the weight of responsibility for enforcing the law falls on the population itself; i.e., the State does not have the function of pursuing offenders on its own ac-

⁸⁸ The system of Roman law, with its positivist, written tradition, is shared by other countries which have been able to produce laws in the area of health that are effectively implemented and promote greater well-being among the population.

count; instead, it is up to the injured party to go to the courts and initiate a lawsuit.

This point led to the possible role of academia and civil organizations in increasing collective well-being and constructing citizenship. Although the principles of litigation currently in vogue constitute the principal weakness of the legal system, they offer the possibility of exercising the principle of citizenship and of exerting pressure. In other words, since votes are not given away and women represent over half the Mexican population, women's organizations could draw up an agenda to achieve the institutional fulfillment of commitments taken on in return for votes given. Obviously, academia could play an important role in this process.

Another topic which elicited the public's participation was the need to emphasize the specific characteristics of the medical field on the basis of transformations it has undergone in recent years that are eliminating the former homogenization of its discourse. In this sense, in addition to the changes pointed out by Dr. Llovet, other changes mentioned included the loss of the social status of the liberal professions—including medicine—and the growing restructuring of health services—greater stratification, specialization, and hierarchization in the area of health—which has led to the technification of this activity and, therefore, the incorporation of technicians from nonmedical disciplines.

Two positions were voiced regarding the specificity of the medical sphere. On the one hand, it was said that as a result of the increasing importance of other professions such as nursing, psychology, and social work, the demonization or critical depiction of the medical profession as a homogeneous body should be overcome and, as in the social sciences, a health science approach should be adopted.

This would allow one to draw distinctions within the health sphere, and differentiate between official discourse at the decision-making level, that of middle management, and that of the operating level. Besides, in an historical and comparative perspective, the supposed homogenization of the medical sphere in this region maintains variations according to the nation involved, since the political power of medical corporations varies from one country to the next. In some, it gives priority to health policy design, but not in others. In fact, even within health establishments, physicians have lost control of the management of resources to economists and administrators. Conversely, others held that health policies have been medicalized (designed with the increased participation of physicians) since in the policy debate, physicians are the key actors, other disciplines being regarded as paramedical and useful for implementing the policy that has been designed, but not acting as a factor in its design. This predominance of physicians in the health sector is also reflected in the fact that, at the level of primary care clinics in the social security sector, physicians have exhibited considerable resistance to change.

FINAL REFLECTIONS AND CLOSING CEREMONY

The seminar's activities concluded with a final session moderated by Professor Susana Lerner (Colmex), at which two experts reflected on the discussions held during the previous sessions.

The first speaker was Dr. Jane Rubin-Kurtzman (Pacific Institute for Women's Health, Los Angeles), who proposed some reflections regarding theoretical and conceptual elements discussed throughout the seminar. For example, the definition of conceptual parameters, the relationship between the processes of reproduc-

tive health and social contexts, social actors and their divergencies, as well as the process of institutionalization of reproductive health.

The debate can be divided into five spheres. The first is the cognitive sphere, in which definitions, concepts, spaces, fields, and processes were legitimized. The second sphere is the institutionalization of reproductive health through processes involving legal aspects, public policies, and the implementation of health programs. The third refers to relations, tensions, conflicts, and resolutions among actors, principally academics from different disciplines, groups or representatives of various social movements, decision-makers, the medical profession, and individuals, regarded separately as men and women rather than as a family; in other words, emphasis has been placed on the life experiences of individuals and on their knowledge of the processes affecting them. This sphere also explored the way in which these actors attempt to represent and create coalitions among their different interests. The fourth sphere of discussion was the problem of methodology, and the limitations of information on specific problems. The last sphere concerned the discussion of concrete problems such as abortion in Latin America, teenage pregnancy, teenagers, sexual practices and AIDS, women's mortality and morbidity, women's health, domestic violence against women, and various dimensions of sexuality.

The struggle to achieve precise definitions and to create fields and processes around reproductive health has involved excessive effort, since knowledge production is a dynamic process that does not suddenly arrive at a moment of absolute truth. In addition to attempting to define the concept of reproductive health, this process has also tried to define health and well-being, gender relations and sexuality, abortion and pregnancy that is voluntarily terminated,

teenagers and young people, and the spaces for social and individual construction. Attempts have also been made to specify social and cultural dimensions and to determine the historical background that led to the conceptualization of prostitution and its later definition as commercial sex.

In the discussion on the institutionalization of reproductive health, emphasis has been placed on the historical background and complexity of contextual aspects and on the various epistemologies in terms of services, legal systems, the militancy of different groups, and the importance of freedom. Stress has also been placed on the need to speak to different publics, who largely determine the ideas put forward by academia, the information disseminated, the resources made available for research, and the ability to be effective as regards the objectives pursued.

Finally, Dr. Rubin-Kurtzman suggested eight lines for future research by means of which she attempted to incorporate those areas with the greatest gaps in the development of the discussion held in the Seminar, namely:

1. In view of the lack of specific cases, Dr. Rubin-Kurtzman proposed a perspective of shared choices: i.e., the specific cases should not be exclusive to a group or a country, since much can be learned from the dissemination among academics of their particular research and perspectives. The exchange of experiences obviously offers great possibilities for learning for the community as a whole within the field of reproductive health.

2. Since the macrostructural contexts in our countries follow numerous types of logic, the speaker suggested future research on economic crisis and reproductive health; privatization and reproductive health; the various dimensions of globalization and reproductive health; economic integration and reproductive health; gen-

der, class, group, national, and reproductive health identities; and decentralization and reproductive health.

3. The problem of freedom and action. Our societies have different histories of democracy, repression, dictatorships, and authoritarianism, which are extremely important due to the influence they have on our legal concepts and on the enforcement of laws. All of this is crucial to the way in which the population experiences and perceives its health and sexual practices, since the possibilities and expectations of the enforcement of laws vary among the countries of the American continent.

4. The way in which social, macrosocial, and macroeconomic dimensions are related to specific health practices. Despite the doubts raised concerning the methods used to establish this association, Dr. Rubin-Kurtzman proposes using the lifestyles approach derived from French sociology and formulated by Daniel Bertaux and Francisco Dar, since this provides specific elements. Lifestyles link policies and macrostructural conditions to life practices, vary according to the politics, subject, and object of study involved, and require specifications in each context. However, they offer extremely useful examples such as practices to achieve conception, women's employment, the social value of the family, etc.

5. Ethics as a methodological dimension. Discussion on this topic reflected a certain degree of anxiety as to how work should be carried out, since in research and/or intervention in the field, codes or ways of making professional practice more rigorous are being sought. This is a very important line of research and reflection.

6. The combination of quantitative and qualitative methods. In this seminar, several topics have been discussed with a certain lack of precision. In this respect, it is worth recalling

the importance of data as a tool of knowledge and that of interdisciplinary approaches which use data in different ways. Despite the rejection there has been towards demography, one should not overlook the contribution it can make through its theoretical framework and ability to conceptualize. Creating a division in research on the basis of the methodology used should be avoided.

7. Teenage pregnancy, which should include the need to distinguish between the different types of adolescents, and also the aspects of stigma. Previously, the stigmas associated with teenage pregnancy included shame, loss of virginity, sin, and promiscuity. Nowadays, these stigmas have changed to include the lack of economic and social opportunities and differences in the application of stigmas, which implies a change in the framework of the debate.

8. In the area of sexual rights and pleasures, age and gender differences should be reexamined. Who determines a person's rights? In the case of adolescents, sexual rights are denied because adults usually think that they are not ready, the question being, ready for what? For many people, the answer lies in being prepared to formalize a relationship, although in fact, sexual pleasure has nothing to do with this process of formalization. Hence the supposed psychological damage of premature sexual relations is more closely linked to adults' idea of converting a sexual encounter into a stable relationship, which is totally different from sexual pleasure itself.

The second speaker, Dr. Cathy Greenblat (Rutgers University, New Jersey), using the metaphor of the mirror, said that her comments were a reflection of the discussion held throughout the seminar. In this respect, her observations are biased by the fact that she is a mirror with specific characteristics involving—among other things— gender, training, and profes-

sional experience.⁸⁹ From this perspective, Dr. Greenblat explored three aspects of the seminar: the growing use and appreciation of the social science approach, particularly social constructionism, for the study of topics in the field of reproductive health and sexuality; the importance of insisting on the analysis of central issues such as where we are now, where we have been and where we are headed, and what some of the limitations of the research carried out to date might be and the paths it might take in the future.

1. Ms. Greenblat emphasized the fact that there is a growing understanding of the contributions of the social sciences —particularly of social constructionism— to sexuality. She recalled the fact that three years ago, at a workshop on sexuality in Rio de Janeiro, she discovered that in Latin America there had been great progress in the use of these approaches. Consequently, at this Seminar, various topics have been discussed from that perspective, including: *i*) discourse analysis in different spheres within the fields of sexuality and reproductive health; *ii*) the identification of different actors and their roles, goals, resources, and limitations; *iii*) the importance of understanding the perspective of the actors involved rather than restricting oneself to what “should be”; *iv*) emphasizing the social embeddedness of actors, i.e., seeing them as individuals in social contexts and networks which shape their decisions

and, in turn, influence the points of view, attitudes, behavior, and responses of other individuals in these networks, thereby overcoming the psychologist’s view which sees subjects as making decisions within their own minds, while being totally disconnected from their environment; *v*) negotiation in the area of sexuality, where it was emphasized that actions are the result of negotiations rather than decisions and if by chance they are the result of the latter, then they are decisional processes, not merely choices between a series of options; *vi*) there was discussion of the processes of redefinition and legitimization of the application and design of interventions in the search for new forms of understanding which may contribute to scientific knowledge in our field and also serve as the basis for the formulation and reformulation of public policies; *vii*) although the ways in which our understanding of reproductive health and sexuality has affected other spheres were not explored in depth, there was recognition of the need to carry our efforts and concepts over into other spheres; and *viii*) finally, individuals were viewed as interpreters of norms rather than as passive receivers.

In short, the discussion reflected the consensus we have reached, as researchers, regarding some of the ways in which analytical and problem-oriented approaches should be used in the field of sexuality and reproductive health. This has been extremely comforting, since it is common when exploring these issues with academics from other disciplines for questions to arise on the drives, instincts, and supposedly natural aspects of sexual behavior.

2. A second group of ideas concerns the importance placed on discussing the field itself; i.e., reflecting on the definition of problems, justice, ethics, and interventions in the field, since these aspects vary constantly and therefore force us to seek meaningful answers rather

⁸⁹ That is to say, her reflections are the result of her being a woman of a certain age; a sociologist with an initially positivist training (she attended Columbia University), who later changed the way she approached the phenomena being studied; a person who originally wanted to be an anthropologist but eventually chose sociology in order to be able to have a family; a researcher and teacher of topics such as the life cycle, family relations, sexuality, AIDS, and public policies; with little experience in field interventions except for designing AIDS and sex education programs; and with a vast experience in settings that reject work in the field of sexual and reproductive health.

than to resort to our repertoire of answers. Here it is worth mentioning the efforts aimed at reformulating the notion of "the problem". We have realized that certain phenomena related to sexuality have been classified as problems because people did not understand them; therefore, these phenomena have been mistakenly categorized as problems.

The accuracy of these definitions highlighted the need for more precise information and non-stereotypical approaches. This entailed discarding old categories when defining problems linked to sexuality; i.e., instead of treating teenage problems in a traditional way—by emphasizing sexual storm and stress which leads to a simplification of the definition of the problem—, efforts were made to reformulate the notion of the problem by finding out for whom they constituted problems and who originated them. For example, the debate posited whether teenage pregnancy is a problem for the teenager, the teenager's parents, or the institution which provides health care, or whether young teenagers constitute the problem when they become pregnant, or whether the problem is the older men who get them pregnant and, therefore, the issue is whom should attention be focused on. Likewise, there was discussion of whether abortion is a woman's problem, whether the woman herself is the problem, or whether the physician is or both are, or whether the problem is in fact something else entirely.

3. The limitations on the topics and approaches explored in the seminar were partly due to the short time available for debate. In two days it is impossible to discuss the vast number of important topics involved in the study of reproductive health and sexuality. On the other hand, these limitations arise from the stage of development of research and collaboration among researchers in the field. Studies on sexuality and reproductive health are relatively re-

cent and it is unrealistic to expect that everything can be fully covered in such a short period of time or that knowledge can be shared or that people can learn from one another. On this last point, mention was made of the degree of isolation in which Latin American researchers work vis-à-vis North Americans and Europeans, as well as among themselves. The fact that this seminar constitutes the second opportunity for researchers in the Consortium to reflect jointly on their work is proof that we are at an initial stage of development in this field. Thirdly, other limitations of the seminar concern financing. To the extent that academic activity responds to the demands of financing which defines research priorities, the majority of efforts will focus on areas defined as "problematic", thereby reducing the possibility of delving into different approaches to discover new ways of exploring the phenomena in this field. Another factor causing these limitations is the sociopolitical situation in which research is conducted since, in view of the fact that our efforts point towards a review of power relations, institutional structures and persons with power, it is not an easy area to deal with. In fifth place, although it is felt that qualitative methods produce extremely fruitful approaches, one should not overlook the contributions of quantitative techniques and professionals trained in this tradition.

Lastly, Dr. Greenblat suggested that more attention be directed towards physicians and the medical profession in the future; towards those with power who limit in-depth studies on reproductive health by restricting resources or preventing interventions; towards the problems inherent in the transfer of power to women in decision-making; towards sexual couples; and towards political issues, etc.

The debate during the closing session involved an attempt to contribute to the proposals put forward during the various sessions of the seminar, while highlighting weaknesses in the reflections developed throughout the conference.

On the one hand, there was a surprising lack of intervention from the medical community. In this sense, it was observed that the medical community's contribution to the development of the concept of reproductive health had been acknowledged, thereby reducing the trend in the social sciences to demonize the medical world and biomedical approaches. It would certainly be a mistake if the emergence of a social science approach led to neglect of the biomedical perspective, since the combination of both could foster greater knowledge in this field. Likewise, some felt that another flaw in the seminar was the lack of balance between the discussion on how to continue advancing and learning about new theories or approaches and the information being generated as new approaches are implemented. In other words, the reflections focused too much on epistemological contributions, discussing at length issues concerning the process of compiling information, methodologies, and their shortcomings, and conceptual frameworks and their limitations, without corroborating these contributions with actual information—the findings of specific research—or with the establishment of alliances with the persons, institutions or movements that would incorporate the new perspectives into their work programs.

Secondly, there was recognition of the self-critical atmosphere which prevailed throughout the sessions, since given the complexity of the field and the uncertain progress made, there is a very democratic, open attitude to new concepts. However, in this process of reconceptualization

geared to conferring greater specificity on analytical categories—such as gender and sexuality—there is a risk of losing sight of the blurred limits that generally exist between them. This would counter the mathematical concept of “fuzzy logic” which is extremely useful for qualitative analysis. In this theoretical discussion, it should be pointed out that a dual—and restricting—discourse has prevailed on the concept of health: on the one hand, the concept was said to be ill-defined and unclear, while on the other hand, it was used as if it existed. This duality fails to capture the fact that the concept of health is evolving, and that there is no universal agreement on the subject. Moreover, it is a valuational concept with enormous ethical, social, and cultural implications, since it arises from the human wish to live longer and better.

In another order of things, by virtue of the constructive experience resulting from the collaboration between researchers and those who implement models of intervention (NGOs, women's movements), it was decided to establish a strategic alliance between both parties which—even though this entails seeking forms of agreement concerning the desired aims, the *modus operandi*, and the roles to be played by both researchers and intervenors—would prove extremely useful for all those interested in this field. Although this collaboration, for which mechanisms are already in place as part of research design, does not ensure better quality work, it does provide ways of deconstructing the power relations established among the different actors, in the areas where these actually occur.

Finally, the group discussion during the closing session suggested new lines of future research. In the context of closer links between academia and other social sectors, it becomes essential to know what inter- or multidisciplinary research means in terms of the degrees to which such research may benefit all the actors involved.

In-depth studies on male sexuality were also proposed, not so much on men themselves, but on the construction of gender identities. Moreover, in the area of transforming normative frameworks, it is essential to identify the emergence of new actors and the role of already established ones. Another proposed line of research concerns the coordination of macro- and microsocial aspects and involves the mapping and analysis of the process of legitimizing the field of reproductive health; that is to say, to what extent and in what way are these concepts and definitions being assimilated or not by the different institutional actors and systems. This task may serve as a bridge between academia and social movements, particularly the women's movement.

CLOSING WORDS

The closing speech was given by Dr. Susana Lerner (Colmex), who said that the seminar had included many complex and varied discussions dealing with theoretical and methodological problems concerning different concepts in the field of reproductive health and their link with political issues; it had also explored specific problems regarded as important in the search for further reflection.

The various proposals for future research mentioned the broad spectrum covered by the field of reproductive health, similar to that previously covered by population studies in Latin America. During the seminar, a number of extremely useful contributions have been made which reveal the seriousness of the work being carried out on a particular concept; the seminar's importance did not only lie in the advances described but in its pointing out the paths to be taken in the future. In this respect, seminar participants have highlighted a multitude of crucial dilemmas, challenges, and risks

in the field of reproductive health. They also mentioned the ambivalence, different discourses and approaches, the variety of spaces and types of intervention, their similarities and differences, theoretical and methodological concerns and concrete problems to be considered in the future. All this confirms the idea that research is an evolving process and that there are no simplistic, universal answers. Consequently, it is still relevant to ask, for example, how links should be established between academia and social movements.

Another point in the discussion worth mentioning was the acknowledgment of the gap between research findings and policy decision-making which, in other words, is concerned with the progress achieved and the risks inherent in policy intervention.

A rapid assessment of the work undertaken in the past two days showed that the seminar greatly surpassed its aims, even though there was a feeling that more time was needed to continue with the reflections in order to delve more deeply into the topics. This means that the Consortium of organizing institutions should consider, for its agenda, the joint promotion and execution—with national, regional, and international organizations—of seminars on specific topics which have been discussed here or which are derived from concerns expressed at this event. The level of discussion over the past two days suggests the need to plan a Latin American conference on this topic.

Activities of this kind are certainly relevant in terms of the exchange of experiences among the different research centers and, particularly, the strengthening of human resource training programs, as shown by the Latin American tradition in the field of population studies. Since 1970, four Latin American conferences have been organized in this field, resulting in numerous contributions to the advancement of theo-

retical and methodological knowledge and the way in which the object of study has been dealt with. Initiatives of this sort undoubtedly contribute to the need in Latin America, as in other parts of the world, to discuss and disseminate

the results of empirical experiences and map out the process of legitimization.

Translation from Spanish: Suzanne Stephens

Revision of translation: Susan Beth Kapilian

REPORT ON NATIONAL SEMINAR
ON SOCIAL POLICIES, NORMATIVE
FRAMERWORKS, AND SOCIAL
ACTORS LINKED TO SEXUALITY
AND REPRODUCTIVE HEALTH

Coordinators: Juan Guillermo Figueroa Perea
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INTRODUCTION

The National Seminar on Social Policies, Normative Frameworks, and Social Actors Linked to Sexuality and Reproductive Health was held in the Alfonso Reyes Auditorium at El Colegio de México (Colmex) in Mexico City on November 20-21, 1996, as part of the activities of El Colegio's Program on Reproductive Health and Society. In the words of the moderator for the inaugural session, Dr. Claudio Stern (Colmex), the event constituted an attempt to stimulate reflection in three main areas. The first area explored involved the structural changes undergone by institutions and government policies, where the speakers analyzed the "shrinking" of the State, the decentralization of government institutions, the privatization of the economy, and the reduction of budgets for government policies. The second area was an analysis of the different normative frameworks that regulate individuals' reproductive and sex lives—those of the Catholic Church, human rights, and the medical sciences—and, finally, the perspective adopted by certain social actors linked to the field of reproductive health and health was presented, with talks on the women's movement, conservatism, and the human rights move-

ments. Within this context, the aim of the seminar was to highlight the way in which these aspects have influenced the field of reproductive health and sexuality.

The seminar began with a talk by Professor Elena Urrutia (PIEM, Colmex), who pointed out that since the 1970s, when women's health was regarded as an instrument for controlling demographic growth and a means for improving child health, there has been an upsurge of interest in women's studies and studies on sexuality. This has largely been due to numerous initiatives around the world that have placed women in the forefront, from the decade of women, which began in 1975, decreed by the United Nations, and the 1987 Safe Motherhood Initiative, to the 1995 Beijing Conference. This served as the background for the Program on Reproductive Health and Society at El Colegio de México, which was developed as a joint project by the Center for Demographic and Urban Development Studies, the Center for Sociological Studies, and the Interdisciplinary Program for Women's Studies, all within El Colegio de México, and sponsored by the Ford Foundation.

Professor Urrutia noted that the sociodemographic changes of recent years have shown that family planning and maternal-child health programs dealt with all aspects of human health from a narrow perspective. Thus, if health is understood as the state of complete physical, mental, and social well-being in all aspects related to reproduction, then reproductive health implies the ability to reproduce safely; in other words, to be able to give birth to a healthy child who will grow up in suitable conditions and also to be able to control one's fertility safely and to enjoy a satisfactory, disease-free sex life. In this respect, Professor Urrutia regarded the seminar as an attempt to explore the relationships among the topics mentioned earlier, which con-

stitute and have shaped the context of sexuality, reproduction and health.

To achieve this objective, the seminar was divided into three sessions to examine the various topics. The first session included papers analyzing structural changes and government policies. During the second session, papers were presented on the normative frameworks which regulate the population's reproductive and sex lives. Finally, the third session focused on the role of certain social actors in the construction of discourse in the field of reproductive health and sexuality.

TOPIC 1. STRUCTURAL CHANGES AND GOVERNMENT POLICIES

According to the moderator of the first session, Ivonne Szasz (Colmex), the papers presented in this part emphasized the link between the struggle for well-being in sexuality and human reproduction, on the one hand, and the social and material conditions that permit the exercise of rights and the construction of more equal relations, on the other; this is particularly important in the current intellectual and political discussion concerning reproductive health and sexuality. The importance of this discussion lies in the fact that policies are not merely neutral technicalities, nor do they represent or benefit the interests of everyone. Instead, they reflect the interests of specific groups to the detriment of others. It is therefore essential to determine, in the context of the macrostructural transformation of Mexican society, which interest groups benefit from these policies, what responsibility they have as regards the creation of well-being in the field of reproductive health and sexuality in society as a whole and, as regards the exercise of citizenship, how and in what direction social organizations should exert pressure.

In the first paper, *The case of population policies*, Dr. José Gómez de León (National Population Council of Mexico) focused his argument on the relationship between social policies and structural changes in population issues. On the basis of a review of Mexican economic crises over the past fifteen years (1982, 1985, 1987, 1992-1993, 1995), the speaker noted that these crises have indeed affected the dynamics of demographic growth in Mexico. Their effects can be seen in the drop in fertility caused by a reduction in the spacing between pregnancies: in 1982-1984 and 1993, there was a sharp drop in the spacing between the first and second child; in 1987, the impact was greater in the transition between the second and third; and, throughout all the periods of adjustment, there was a drop between the third and fourth child. All these processes were more evident in urban areas.¹

Dr. Gómez de León also pointed out that the nuptiality rate among women fluctuated during periods of crisis. An analysis of various factors that influence family building shows that pregnancy and being employed increase the likelihood of marriage; whereas cohabitation and higher educational levels reduce the likelihood of marriage. In other words, the nuptiality rate has fallen whereas there has been a rise in the number of consensual unions, which do not vary greatly as a result of the crisis. This would seem to indicate that the permanence of consensual unions has two functions: to serve as a prelude to marriage and as a means of selecting a definitive partner, which may or may not end in formal marriage. During the first stage of a consensual union—the prelude—the birth of a child tends to put an end to this type of union, but if pregnancy occurs once the defini-

¹ This analysis was accompanied by materials shown on an overhead projector, indicating the findings of the 1995 National Family Planning Survey conducted by the Mexican National Population Council.

tive partner has been selected, the existence of a child does not influence the couple's decision to formalize their relationship through marriage.

A third sphere influenced by the crisis is divorce, since it showed a dramatic decline during the various crises in this period.

Despite the lack of further analysis, in the opinion of this author the above-mentioned data proves that the sharp macrostructural transformations undergone by Mexican society have influenced the country's demographic processes.

The paper by Dr. Miguel Ángel González Block (Mexican Health Foundation),² *Reproductive health in Mexico's in-bond maquiladora export industry. Diagnosis and challenges facing health policies*, proposed that, in the context of the reform of Mexican health services, the entrepreneurial sector should invest in the reproductive health and sexuality of its female workers, primarily because of the attractive cost-effectiveness ratio involved. The author began by establishing the growing link between national development and health, due to the high levels of expenditures on medical services³ and the influence of health on human capital and, therefore, on productivity; hence the importance of effective investment in the health of the labor force.

Since the proposal was based solely on a study of a number of in-bond assembly plants in Tijuana, Dr. González Block justified it by citing the economic importance of the in-bond maquiladora export sector, its high concentration of female employees⁴ and the fact that his

proposal represents an attempt to help establish policies and assess the impact of the in-bond industry on female workers' reproductive health. The paper's contention is based on an approach which regards the in-bond sector as a "risk community" on the basis of the confluence of interventions which emphasize the increase in health potential and the ecological model of social support.⁵ Moreover, the analysis of health risks associated with the in-bond industry considers the sociodemographic profile of women and the situation of various phenomena in reproductive health.⁶ This approach would lead to women's empowerment, by increasing their overall self-esteem and well-being.

The author stated that a new model to meet the reproductive health needs of this population should take into account specific traits: its youth and the high levels of recent immigration as well as its higher levels of educational attainment. This population is characterized by the loss of social support networks, fewer pregnancies among unmarried women and a higher incidence of breastfeeding, premature births and low birth weight, a lack of knowledge regarding AIDS, and greater exposure to aggression.

recent immigrants with low trade-union membership and high turnover rates, with employees living in small cities lacking basic services.

⁵ The first component in the approach is taken from the *Ottawa Charter for Health Promotion* (1986), while the second (proposed by Langer et al. 1993, "Psychosocial support in pregnancy as a strategy to promote the newborn's health," in *Revista de Investigación Clínica*, Jul.-Aug. pp. 317-328) has contributed to the design of interventions which have reversed situations that are damaging to health, such as the reinforcement of social support networks and others.

⁶ The sociodemographic profile includes data on age, level of educational attainment, immigration, marital status, parity, work experience, chronic illnesses, accidents, smoking, sexual activity, pregnancy, abortion, prematurity and low birth weight, breastfeeding, childbirth, contraception, timely detection of cervical cancer, sexually transmitted diseases and aggression, sexual harassment and rape. In health service issues, information on the institution providing health care is given, together with the degree of accessibility, choice of services, quality in interpersonal relations and health promotion.

² The paper was coauthored by Ricardo Ramírez, also a member of the Mexican Health Foundation and, in the absence of the author, was read by Ana Luisa Liguori.

³ In 1992, government spending represented 2.76% of the GDP, while private spending fluctuated between approximately 2.06% and 2.97% of the GDP.

⁴ In 1994, this sector employed 60% of the female labor force in Mexico; it is characterized by having a high percentage of young people (in Tijuana, over half are under 25) who are

Although joining the in-bond industry affords individuals greater access to health and fertility regulation services, new needs are created as a result of accidents and chronic work-related illnesses. It is therefore important to incorporate occupational health programs into reproductive health programs.

The study highlights several problems concerning the reproductive health of female workers, such as: the poor quality of prenatal care; the lack of a supply of the different contraceptive methods, leading to a tendency to use injectables without medical supervision; a lack of timely detection of cervical cancer; the high prevalence of sexually transmitted diseases and domestic violence;⁷ and insufficient coverage as regards the IMSS' (Mexican Social Security Institute) health promotion. In this context, companies would play an important role in workers' health care, by offering attractive health benefits. The increased role of the private sector is facilitated by the ineffectiveness of IMSS health services (long waits, poor STD and post-partial care).

In the author's view, it can be concluded that the changes to be incorporated -in January 1997- into social legislation, will allow for the establishment of a health care model better suited to the needs, possibilities, and preferences of female in-bond workers, designed by the companies themselves. The appeal of this scheme for the private sector lies in the fact that the delivery of services would be financed by contributions from the workers themselves, and that the workers would constitute a young, healthy population with low fertility, which would allow the private sector to stabilize its work force (i.e., reduce turnover rates) and boost productivity. The implementation of models for

competitive medical services would be facilitated, along the northern border of Mexico, by U.S. companies' extensive experience in the field.

Companies that implement these models, which would make it possible to reduce morbidity indices affecting female reproductive health should encourage workers' participation by identifying their most important problems, offering counseling, facilitating access to medical services, and supervising the quality of such services. The advantage of this model would be the integration of services currently provided by companies on an individual basis, thereby achieving greater efficiency and better health and productivity. Finally, Dr. González Block stated that the success of the new model would depend mainly on the financial and health controls that should be implemented by government officials, and on the availability of sociodemographic and health information for designing programs to monitor improvements in the population's health.

The third paper, entitled *Structural changes and public policies. The case of employment policies*, by Dr. Clara Jusidman (National Program for Women in Mexico), presented a number of reflections on four main topics: 1) some of the links between employment and reproductive health; 2) the operation of employment and reproductive health policies in different social policy models; 3) the possible spectrum of employment policies; and 4) a distinction between the policies of neoliberal models and those that have been incorporated into adjustment and restructuring programs.

The author highlighted six links between employment and reproductive health: *i*) the social roles assigned to men and women; *ii*) the growing tensions caused by women's double work shift, which assumes a type of social contract in which men continue to be the provider,

⁷ Added to this is the fact that the data does not reveal whether women are exposed to rape.

since women's dual role influences their decisions, thrusting them into the male world of work; *iii*) protected paid employment, as a means of access to better-quality reproductive health services; *iv*) the incipient social experience of assuming the social costs of reproduction; *v*) the emergence of women's autonomy as a result of adequate employment and income, which leads to greater self-esteem and freedom to make decisions concerning their reproductive health and sexuality, but has yet to be fully realized due to the persistence of stereotypes and because women's increased participation in the labor force responds to periods of crisis, rather than constituting an alternative to work in the home; *vi*) tensions in women's roles, the problem of mental health and balance in women's quality of life.

In an analysis of health and employment policies throughout the twentieth century, three models stand out. The first is the "integrated approach model," where the State organizes the provision of employment and well-being in an integral fashion. This model has two expressions: socialist models and the welfare state. This type of approach does not envision employment policies, since the population is guaranteed full employment or unemployment benefits. However, these are bureaucratic models that are currently collapsing, and which, in their concern for justice, have curtailed freedom of choice and created popular discontent and rejection. The "sectoral approach model" is characterized by the State's partial participation in the definition of social policies, which are of a sectoral nature. In this scenario, employment does not constitute a goal of development and only salaried workers are guaranteed health protection. This approach, which is widespread in Latin America, entails the implementation of certain employment and health policies with extremely unequal coverage, leaving part of the popula-

tion without access to health services. The third model is the "plural approach", characterized by a sharp reduction in the State's presence and a multiplicity of actors in the provision of services; the responsibility for employment is transferred to the market and there is an ample supply of health services, but with extremely reduced coverage. In this case, the responsibility for protecting one's health falls once again to the family and the individual.

According to Dr. Jusidman, the implementation of these models is in keeping with an interpretation concerning where and why problems originate (for example, poverty). One interpretation suggests that problems arise from individuals' inability to generate resources (as a result of laziness, little education due to lack of opportunities, etc.), which leads to a welfare model, rather than a model involving the construction of rights. The other interpretation holds that the lack of opportunities, problems of employment and poverty and individual wants are due to the malfunctioning of systems, for which reason attempts are made to change the system or to socially distribute the responsibility for this systemic malfunctioning, thereby translating it into mechanisms that offset these drawbacks.

In the context of the process of structural adjustment and economic and technological transition currently underway in many Latin American countries such as Mexico, this would involve a change from the integral and sectoral approaches to the plural approach.⁸ Hypothetically speaking, the emergence of this model would be the result of diversified, plural de-

⁸ This change is reflected in the following processes: the retraction of the State, the relinquishing of the provision of various social services to the private sector and voluntary organizations (NGOs), the decentralization of responsibilities to local government, the targeting of government interventions on vulnerable groups, the fostering of small-scale and individual initiatives for employment, and the deregulation of job markets.

mands originating in heterogeneous societies and would permit greater adaptation and flexibility as regards the supply of social services and would improve the quality and reduce the cost of those services (due to the greater efficiency achieved under free market conditions). However, in practice, these changes have led to the destruction of protected employment in the formal sector, a lack of sufficient alternative employment opportunities, a decrease in personal and familial income, a reduction in the quality of life of broad sectors of the population, a decrease in the availability and quality of health care services and, consequently, an increase in the violence and tensions between social groups, which is jeopardizing social peace. In short, the institutions which were responsible for providing welfare in previous models have been dismantled, while no new institutions have emerged to replace them. Since this phenomenon has represented a loss of security for the population, it has given rise to the so-called "at-risk societies".

In her brief review of different types of employment policies, Dr. Jusidman highlighted the following: *i*) those that meet the demand, i.e., those that create jobs which were essential during the Keynesian stage of States, but do not constitute a viable alternative today;⁹ *ii*) those that influence supply;¹⁰ *iii*) policies which intermediate between supply and demand; and *iv*) policies for training workers, rather than entrepreneurs or the population at large. The emphasis on the active force is due to attributing the failure of the national economy to join international markets on a competitive basis to

⁹ Contingent expressions of this type would be policies that encourage self-employment, although such policies follow a different logic, since it is the individual's responsibility to create his or her own source of work, rather than the State's.

¹⁰ According to the author, family planning policy is a policy of this kind, since in the long term, it ensures that fewer people will be seeking employment.

the inability of individual workers. Since the restructuring of the economic model—as a result of the crisis—has given way to the destruction of one type of productive apparatus and the creation of another, the main concern of the Mexican Ministry of Labor has been to recycle the work force for use in the new productive structure.

The central thesis of the plural model is that employment is created by deregulating the labor market; in other words, by freeing the determination of prices from the impositions of labor legislation which prevents flexibility.¹¹ This aim has led to the reduction of salaries and the deregulation or *underground* bending of labor norms. In other words, without modifying the Federal Labor Law, this has prevented the exercise of the rights said law protects in terms of collective contracts and strikes to demand benefits, leading to the widespread loss of the guarantees which workers previously had (for example, the size of the salaried labor force with social benefits has declined). This scheme has obviously shifted to families and individuals the responsibility for financing the health care services required, as a means of keeping reproductive health "on the market".

COMMENTS ON THE FIRST SESSION

Professor Alfonso Sandoval (United Nations Fund) stated that analyzing the preceding presentations required describing two fields of social and sociodemographic behavior or conduct, namely sexuality and reproductive health, while realizing that, given the diverse, changing na-

¹¹ In other words, this implies eliminating alterations to lists of labor prices introduced by establishing minimum wages, collective contracts and stipulations to ensure social security, which create equivocal relations regarding the real prices of labor. As a result of these modifications, the cost of labor would be adjusted to supply and demand.

ture of the universe of social policies, this is an extremely difficult task due to the lack of proven instruments for undertaking this analysis.

In view of the importance given to social policies in the development of government course of action, the commentator wondered to what extent highlighting the role of social policies was justified. Although in some cases, employment, health, and population policies have a more direct impact than other policies on the above-mentioned phenomena, these policies are increasingly less important within the structural changes taking place in society and the State. Therefore, analysis should focus on development policy as a whole, in the context of which social policies seem a weak palliative. A similar type of argument could be put forward regarding the public nature of policies. In this respect, the description of the plural or competitive model is a euphemism that reflects a more serious problem, which is the dissolution of public issues: in other words, how public are public policies?

Following this line of questioning, the commentator wondered: To what extent are population policies merely social policies rather than State policies or policies that go beyond purely social matters?

With these caveats, Professor Sandoval situated his remarks in the context of the study and criticism of current public policies, rather than as regards their influence in the sphere of sexuality and reproductive health. At this level, the commentator held that Dr. González Block's work linked the analysis of the sociodemographic and health profile —of female workers in the in-bond industry— to the analysis of various health care models, particularly those involving reproductive health. Unfortunately, the paper had certain methodological drawbacks, since conclusions were reached on the basis of a very specific analysis of the sociodemographic profile of this population group without includ-

ing considerations from other studies in similar contexts, from which more consistent conclusions could be drawn.¹² In this regard, the conclusions suggested were actually hypotheses for other operative lines of research. At the same time, the advantages and feasibility of this competitive model in the field of the reproductive health of female workers in the in-bond industry is an interesting but highly debatable proposal. The thesis of the paper is optimistic about the model, but lacks a solid theoretical basis drawn from the analysis of similar experiences in other contexts.¹³

Dr. Clara Jusidman's paper was much more closely linked to the subject of structural changes and provided an extremely useful critical framework for analyzing current social policies —not only those concerning employment; the proposed link between the field of labor and reproductive health serves to organize working hypotheses clearly. In Professor Sandoval's view, there is a need to develop the possible links that could be derived from both analytical frameworks —the relationship between employment policies and reproductive health, and employment policies as such— in order to elicit reflections that would allow one to visualize various alternative policies for the future. Thus, Professor Sandoval found the description of the three social policy approaches extremely illustrative, but thought one would have to see how this was reflected in the field of reproductive health and population policies. Another area still to be explored is the response to the overall deregulation of economic and social dynamics —not only in the labor markets— in other fields of social policies.

¹² The study also requires further analysis of the access, use, quality and other aspects of services available to these women.

¹³ The commentator mentioned the fact that the results of attempts by NGOs —such as Mexfam— to promote these models in the entrepreneurial sector are less optimistic about the entrepreneurs' receptivity to them.

Finally, since the focus of Dr. Gómez de León's work is the link between structural changes and demographic processes, based primarily on the major (macro)economic crises, a degree of doubt exists as to how structural these crises have actually been. There is apparently some tendency to equate structural change and relatively conjunctural crises. Another significant aspect of this paper is that the proposed scheme raises certain questions about the way population policies have influenced the sphere of reproductive health during the period analyzed; can this influence be measured? What type of influence is currently being sought as a result of this experience, and how is this influence to be achieved, given the changes in the context of social and population policies?

Professor Sandoval concluded his remarks by mentioning the concerns underlying these areas of reflection: *i)* profound differences between the various analytical approaches to the subject of government policies continue to exist, meaning that there is still an underlying lack of systematization and effective accumulation of knowledge on the subject; *ii)* the "halfway" syndrome continues to exist in technical and academic discourse, reflected in the fact that analyses tend to stop halfway, either because of an emphasis on the operative aspect of the analysis in order to propose useful solutions to specific problems, or because of the focus on a critical approach and the search for an alternative for transforming the current situation, meaning that it is essential to discover what is needed for conclusions to be reached in either approach.

This was followed by comments by Dr. Brígida García (Colmex), who held that Dr. Jusidman had successfully designed a conceptual framework for observing the link between structural changes and public policies; she focussed her criticism on the link between employment and women's health, and only needed to ex-

plore the link between employment and child health, which is also related to this topic. Dr. Jusidman's paper constituted an advance in knowledge of employment policies, since it dealt with this subject within the general framework of the economic model. Also useful was the suggestion that the employment policies most closely linked to reproductive health are those concerning the working environment (day-care centers, sexual harassment, flexible working hours). However, the conceptual framework put forward suggests closer links between employment and reproductive health related to the type of employment which is being created—or not being created—due to economic restructuring and its influence on women's and children's health, such as the nature of this new type of employment and its influence on women's autonomy. In this regard, Dr. García called for greater reflection on the application of the neoliberal model—which restricts State intervention in crucial areas such as employment—in various contexts (primarily if changes are expected in the current economic outlook for Mexico) and what possibilities of transformation are offered, in the context of survival strategies, by the efforts to strengthen small businesses as a means of intervening in the model from below.

At the same time, Dr. García viewed Dr. González Block's work as an interesting attempt to explore the advantages of privatizing health services in the in-bond sector. In this respect, his paper supports the view that health lies in private capital. The most interesting part of the paper was the information yielded by the survey on the status of women's health. However, Dr. García found that the paper *i)* subordinates women's health to achieving higher levels of production, *ii)* promotes entrepreneurial investment in health as a function of a positive cost-effectiveness ratio, and *iii)* points out how at-

tractive this would be for entrepreneurs without showing how such steps could actually be achieved. In fact, given the different kinds of information available on the restrictions imposed on female workers in the in-bond industry regarding having to avoid having children or being able to enjoy a sex life free of coercion, no critical interpretation exists as yet of the entrepreneurial sector's possible interest in investing in health.

Finally, Dr. García described Dr. Gómez de León's paper as an attempt to establish a link between economic crises and demographic variables. In this sense, Dr. García remarked that the analysis would be enhanced by drawing distinctions between direct and indirect relationships. Dr. García also pointed out that the paper needed to reflect on the relationship between crises and infant mortality.

GENERAL DISCUSSION ON THE FIRST SESSION

The general discussion following the presentation of the papers and the comments explored several aspects of the presentations, particularly the topics which generated controversy and which provided an opportunity to delve more deeply into the proposed reflections.

Those discussing Dr. Gómez de León's work questioned the fact that the analysis of the links between economic crises and population policies avoids social factors and pointed out inaccuracies which did not contribute to specific work in the field of health. In particular, it was thought that the concept of risk as put forward by the author fails to shed light on educational programs on population.¹⁴ It was also suggested that the scheme used to examine the link be-

tween economic crises and population policies should be relativized, since it makes the analysis somewhat oversimplified. In this sense, it would be useful to analyze the behavior of different sectors of the population (i.e., the way they have responded to the crisis and which sectors have borne the brunt of the crisis). The main methodological problem would seem to be the fact that the analysis focuses on measuring the direct effect of the crisis on demographic variables, when in fact what happens is that there is a lag effect, since the changes are due more to family planning policies. Thus, it would be more relevant to examine the effects of structural changes on the financing of family planning programs. Likewise, bearing in mind the fact that the reproductive health approach conflicts with the demographic approach—in that it does not seek to reduce fertility but instead introduces the concept of rights—and the fact that the aim of population policies is birth control, the paper fails to clarify what could be done as regards these policies in the new context, by using the reproductive health approach.

Dr. Gómez de León pointed out that the study uses the proportional risk model, while the use of certain biomedical terms creates confusion. The proportional risk model attempts to control the various factors that intervene in these complex, multiple relations. However, he admitted that his presentation was not as concrete and appropriate as the seminar required. Moreover, Dr. Gómez de León held that it was extremely difficult to determine where the balance lay between contextual and structural aspects and population policies, specifically family planning and reproductive health policies, since there is a lack of conceptual instruments enabling one to analyze these spheres while giving them equal importance and achieving an accurate interpretation. In other words, although this information is important for defin-

¹⁴ Firstly, the concept of risk is being used incorrectly, since it is used to refer to any likelihood of occurrence of harm. Secondly, certain life events such as marriage and union have also been erroneously classified as harm.

ing policies and for public discourse, unfortunately this problem has yet to be solved. In this context, this paper constitutes a small step in the attempt to solve this dilemma. Regarding the orientation of population policies, the speaker pointed out that the government has proposed a social policy that is not limited to demographic control or family planning. Rather, it has proposed a more wide-ranging policy which includes the promotion of women's status within family dynamics, and has attempted to persuade the policy implementers to adopt this position. In short, in reproductive health matters, it has attempted to bring about changes in the situation of women.

With respect to Dr. González Block's paper, participants noted that, in the majority of cases, female workers in the in-bond industry were the pillars of family groups including elderly persons who receive care from the Mexican Social Security Institute, thereby invalidating the statement that health services contracted by the companies would provide coverage for a young, healthy population.

In addition, there were various warnings against the overoptimistic promotion of privatized health service models. Firstly, the image of the services enjoyed by today's elite is deceptive, since this does not reflect the type of private services that will be provided for low-income workers. These models jeopardize workers' human rights, by imposing exclusionary clauses regarding health care in the case of serious illnesses or encouraging companies to fire workers with financial problems. In other words, the system protects itself against cases of illness or workers with financial problems, the inclusion of which jeopardizes the profitability of the business.¹⁵ This is even more important in the

case of the in-bond industry, where the concept of health is equated with not being ill. In other words, companies seek people who are not ill and who will not create problems or fall ill, which is quite different from being healthy, i.e., being a potentially active, creative person with the ability to transform his or her surroundings. Some also voiced doubts about the methodology used in the survey concerning the work in this industry and its findings since, among other things, very low rates of sexual violence are shown.

As regards the discussion of the topics analyzed, Dr. Jusidman pointed out that in order to determine which of the models described would be best suited to the population's reproductive health needs, one would have to conduct a comparative analysis of the way economic models are reflected in concrete policies and see what has happened in socialist countries, Sweden, and the United States, respectively. This last case is particularly important since it involves the open, competitive, and plural model towards which Mexico is increasingly moving.

Previously, the generation of employment was due to the need to provide people with an income to enable them to participate in the market and thereby stimulate the economy and make it grow; nowadays, higher levels of economic growth are not accompanied by new jobs. This has created a situation of uncertainty, to such an extent that some experts on poverty, such as Atkinson, have taken up the idea of a minimum income as a means, in the absence of employment, of making people participate in the economy and, above all, ensuring their survival. In fact, generating employment requires productive investment, which may come from the government sector, the domestic private sector or the international private sector. In this dilemma, one should be aware that the policies

¹⁵ We know from the experience in the banking sector that workers accept these services, proving that they are unaware of how the system works.

for promoting employment—labor subsidies—directly contradict the growing openness of the economies, which favor competition. Added to this is the fact that competitive technologies emerge in mature economies, i.e., economies that are highly advanced in terms of replacing labor because they have a different population structure from that of Latin American countries. In this context, the speaker admitted she was unaware of how easy or difficult it would be to find alternative solutions to the problem, particularly since the experience in small businesses is not a solution.¹⁶

In short, the idea of freedom and the possibility of choice and individual development has destroyed a scheme which at least used to give the population the hope of achieving security. Since neither Statism at any cost nor a totally free market ensures all individuals, regardless of their social level, access to a basic threshold of health and security, the challenge lies in finding a formula to meet these basic demands. In this respect, it would be a mistake to privatize health because the main consequence of this process would be to worsen the quality of care.

Finally, it was suggested that a gender approach should be incorporated into the design of employment policies, which would entail changing everything from the organizational model of productive structure to the idea that emotional and domestic affairs are exclusively the province of the female gender, while the productive, competitive sphere is a purely male

domain. All this obviously entails significant cultural changes which could be wrought through a finely-tuned employment policy, rather than an aggregate policy.¹⁷ In Dr. Clara Jusidman's view, everything concerning reproductive health falls within this sphere of finely-tuned policies.

TOPIC 2. NORMATIVE FRAMEWORKS

According to the moderator of the session, Eduardo Liendro (PUEG), the papers sought to analyze the various normative complexes, both formal and informal, which contextualize the different types of behavior and problems related to reproductive health and sexuality. Since norms provide order, codes and types of behavior which set the limits in various aspects of life in society,¹⁸ they include the compulsory legal frameworks for the population as a whole. They also include the group codes that comprise the shared world views, beliefs and values of institutions or community, regional, corporate, militant or religious groups which are compulsory for all members and entail invisible normative codes which are learned through the lifestyles and practices of those who share them, and are deeply-rooted in traditions and habits which endure over time, in a constant dialog with written and compulsory norms.

¹⁶ This scheme has served as a supposed solution to poverty, whereas in fact the poor in Mexico are isolated not only in economic terms but as regards their familiarity with education and communication codes, and thus have no concept of being Mexican citizens with rights. Under these conditions, it is impossible for them to become small businessmen able to cope with markets dealing in raw materials or products or to function in a market society. Consequently, the possibilities of development for these markets are extremely precarious, making access to safety and health systems for their family groups nonviable prospect.

¹⁷ In practice, these changes translate into altering the male concept of the organization of work, through the flexibilization of norms, which in turn poses new problems for women. Further progress would also have to be made as regards the institutionalization of parents' shared responsibility for child care and child rearing by promoting changes in power relations within companies, in the organizations which intervene in the world of work and in the structures which have traditionally been the exclusive province of men, by providing higher-level jobs for women; lastly, domestic work would have to be reappraised.

¹⁸ In practice, normative frameworks set the limits between what is pure and impure, what is allowed and what should be sanctioned, the sacred and the profane, what is legal and what is illegal, moral and immoral and good and bad customs.

Although normative codes —whether laws or religious or educational precepts, or those arising from tradition or fashion— structure people's subjectiveness and practices, the latter practices are creative and dynamic, and involve constant negotiation between the way things should be done and the need to survive, between restrictions and possibilities of freedom, and between pain and pleasure. Consequently, norms constitute a dynamic field of study ranging from the context in which they are established, where it is important to determine who actually takes part in this process, the mechanisms through which they are produced and the types of discourse that produce them, through the sphere of the circulation and dissemination of normative codes, which involves the possibilities of impact and sphere of influence, to the way in which such codes interfere with and affect people's everyday practices; in other words, the types of interpretation, reinterpretation and transgression involved.

In this context, the papers described here seek to discover more about who produces norms, how they are circulated, taught and publicized and the religious and legal frameworks, and also those regulating everyday life, which legitimate norms.

In her paper on *Norms and values of the Catholic Church involving sexuality and reproduction: New perspectives*, Professor María del Consuelo Mejía (Catholics for the Right to Decide) reflected on the negative and positive aspects of the norms derived from Catholic doctrine. Professor Mejía pointed out that according to the principles of probabilism, Catholics have the right to dissent from the Church's teachings which have not been declared infallible,¹⁹ including those con-

cerning sexuality and reproduction, on which there has been no declaration of infallibility, owing to the different theological interpretations there have been on the subject throughout history. In any case, in Professor Mejía's opinion, a well-informed conscience would have precedence over the Church's teachings.

Following the II Vatican Council (1963-1965), the Church's hierarchical structure was modified, the Catholic community was called to participate more actively in its orientations and plans and the need arose to harmonize the everyday experiences of Catholics with the Church's moral guidelines.²⁰ This led to the emergence, in the heart of the parish community, of a project of salvation which, as an alternative proposal, conceives of humans as being endowed with the freedom, will, and self-determination to construct their well-being and happiness in this world, which contradicts the traditional message of suffering and sacrifice. This alternative discourse has led to several theological debates and movements for justice; in Latin America, Liberation Theology and Feminist Theology (although the latter is European in origin) have supported the liberating perspectives that affirm women's moral capacity to participate in decision-making and in the orientation of policies affecting them. Both types of theology have evolved into theoretical bodies of knowledge that express alternative positions to that of the ecclesiastical hierarchy restore other parameters and provide different guidelines and norms for the behavior of church members.

However, the Church hierarchy, by proclaiming itself the sole possessor of the true

dinary teachings and aimed at the whole Church *ex cathedra* as an article of faith.

²⁰ This council established a new ecclesiology which conceived of the Church as a community of equals in which the followers of Catholicism were as important as its ministers, high officials and the Pope.

¹⁹ In order for a particular teaching or position of the Church to be infallible, there must be a solemn declaration concerning the issues of faith and morality, based on the Church's extraor-

morality, has transmitted a negative message regarding sexuality and the control of women's reproductive capacity, by establishing coercive norms, prohibitions, and taboos. These teachings and norms, which have transcended all ideological and political borders, have caused a great deal of harm to the consciences and physical and spiritual lives of millions of Catholic and non-Catholic men and women. In Latin American countries, the implications of these teachings are even more profound due to their invisible links with culture which, together with the political importance of the Catholic Church, explains their huge influence on norms concerning sexual and reproductive health. These teachings are undoubtedly largely responsible for many of the hurdles which men and women have to overcome to control their reproductive capacity and for the subordinate position which women have been given in society (with the resulting restrictions on their freedom of choice).

Since the symbolic legitimation of Catholic ideology lies in its overlapping with culture, the Catholic patriarchal order is deeply rooted in culture and therefore requires no justification.²¹ This shows that on the one hand, norms are not established through the written expression of rules or commandments, since through certain "subliminal" mechanisms, Catholic ideology has acquired such a degree of legitimacy that it would seem to be engraved on the collective subconscious; it constitutes what is given, logical, and correct. The deep-rootedness of these norms in Latin American culture means that transforming them will prove an arduous and lengthy task. At the same time, norms also

involve explicit rules which, in the case of Catholic ideology, are included in various documents with normative postulates, although not all of them have the same importance or authority. This means that one has to distinguish between the authority derived from the documents produced by a council—the highest authority in the Catholic Church—and that which may be derived from an encyclical or pastoral letter.²² Unawareness of this distinction suits the interests of the hierarchy, since it encourages church members to regard any pronouncement by a minister as the word of God.

Written norms have been expressed as a series of precepts and rules which regard human nature as an asset, a gift of God and, therefore, an integral part of men and women's ability to love for the purposes of reproduction, while denying the possibility of pleasure, enjoyment, and passion. In other words, these norms encourage any sexual act to be open to procreation—redeeming the sin of pleasure—as the only purpose of intercourse and one in which human beings should not interfere.

The historical relativity of Catholic teachings is reflected in the fact that, over time, a number of reasons have led the hierarchy to vary its conceptions and norms regarding sexuality, marriage, contraception, and abortion. Different beliefs have always existed, with those defined by human factors prevailing; consequently, teachings on sexuality and reproduction are not infallible. In short, in the Catholic Church there is no clear, continuous tradition which regards sexuality as sinful, and likewise, none concerning the use of contraceptives, nor one that classifies abortion as murder.

The current bases of traditional Catholic morality concerning sexuality state that parents should give their children a calm, positive ex-

²¹ Marta Lamas (1995), "Desconstrucción simbólica y laicismo: Dos requisitos imprescindibles para la defensa de los derechos reproductivos" ("Symbolic deconstruction and laicism: Two essential requirements for the defense of reproductive rights"), paper presented at the V National Meeting of Demographic Research, El Colegio de México, p.6.

²² If what the Pope proposes in an encyclical contradicts the guidelines stipulated by a council, the latter prevail.

planation of the key aspects of Christian morality; in other words, the indissolubility of marriage, the relationship between love and procreation and the immorality of premarital relations, abortion, contraception, and masturbation.²³ These definitions of immorality show that the two aspects of conjugality—union and procreation—should not be separated; this is particularly true of contraception and artificial procreation, since the former seeks sexual pleasure by intervening to prevent conception, while the second seeks conception by substituting a technique for the conjugal act. In order to help avoid the hedonistic mentality of youth which encourages contraception, these bases emphasize the miracle of procreation and the profound significance of virginity. In short, despite the advances made by these proposals, they reiterate the traditional myths that the teachings of the Church associate with sexuality and reproduction; sex equals sin, sex should only be engaged in for the purpose of reproduction, the condemnation of pleasure, heterosexuality as the norm, and the virtues of chastity and virginity.

The origins of the Catholic Church's hostility toward sexuality and women date back to early Catholics.²⁴ This hostility is reflected in the norms set by certain Roman emperors (such as Justinian in the sixth century) who established various prescriptions for people's sex lives, and the rules established by bishops and popes in

the Middle Ages concerning the different times when married couples were forbidden from having sexual intercourse. This encouraged the belief that all sexual acts should be linked to procreation, a belief that has influenced both the Catholic Church's moral teachings and its political positions. In short, this belief guides the Church's positions regarding the different actions promoted within the reproductive and sexual health approach.²⁵

In defense of pleasurable sexuality and the precepts and values that are congruent with the rights of women which also form part of Catholic doctrine, the speaker referred to the changes that began in ecclesiastical discourse as of the II Vatican Council²⁶ and Latin American theology's recovery of aspects of sexuality that enable the normative framework of this field to be expanded. The council stated that all human realities are intrinsically good because God created Man and therefore, the various spheres of sexuality—genital, biological, physiological, physical, material, bodily and worldly structures—are also good per se. In other words, all organic and psychic functioning of human beings is intrinsically good and therefore, all pleasure, including sexual pleasure, possesses this quality. This position has been supported by certain feminist theologians who have proposed rejecting the concept which divides people into those with beautiful, eternal and spiritual souls and those with corrupt, sinful and temporal bodies, since people are not souls with a body but incarnate spirits, and spiritual bodies.²⁷

²³ These bases were published in 1995 in the document, *"The truth and significance of human sexuality."*

²⁴ The influences mentioned by the speaker concern Hebrew and Greek traditions and the rejection of the sexual rites of the people of Canaan, regarded as pagan and proscribed by the people of Israel. In this respect, it is worth mentioning that the contradiction between the monist and egalitarian concepts of human beings, linked to the Stoic disdain for pleasure and the body, were determining factors in the norms established during this period. Furthermore, as regards the history and religious development of the Jewish people, the Old Testament is proof of the diverse theologies and attitudes which Israel has held towards sexuality, although in actual fact, the norms taught in the early stages of Christianity were influenced by the concrete economic and political needs of the people of Israel.

²⁵ These refer to actions in favor of the depenalization of abortion, contraception, contraceptive research, sterilization, assisted reproduction techniques, sex education, campaigns against AIDS, and population policies.

²⁶ Particularly important in this respect is the proposal concerning marital sex and reproduction included in the *"Gaudium et Spes"* document, which inverts previous ecclesiastical guidelines.

²⁷ Christine Gudorf (1996), *"Ética sexual feminista"* (*"Feminist sexual ethics"*), in *Somos Iglesia*, Catholics for the Right to Decide, Mexico, pp. 15-40.

Finally, Professor Mejía explored the issue of levels of norms. Assuming that ethics is a discipline responsible for critically reflecting on moral life, she distinguished official morality—publicly acknowledged by the church authorities—from the kind of morality actually experienced—more or less consciously or reflectively—by the adherents of Christianity.²⁸ People assimilate and adopt the official norms of social coexistence, some of which are incompatible or difficult to implement simultaneously and affect Catholic women in particular. However, the fact that women have begun—albeit in silence—to experience a dichotomy between these norms and daily life (while the gap between real-life situations and the moral guidelines preached by the Church has widened) has led to the emergence of an *ethical reflection* that enables women to regard themselves as *subjects*; in other words, as women who have the task of participating actively in the construction of new, liberating norms, deconstructing guilt, destroying the ancestral symbolic order based on the injustice that has oppressed them for centuries, and constructing a comprehensive ethic opposed to all forms of domination. From this perspective, it is undoubtedly possible to afford sexuality and reproduction new meanings as significant human dimensions and areas for self-realization, rather than as alienating experiences.

This was followed by a paper on *Reproductive health, sexuality, and human rights*, by Víctor Martínez-Bullé (UNAM), who held that the link between reproductive health, sexuality, and human rights lies in their acknowledgment in legal norms, since the first two of these are as-

sumed as part of the contents of fundamental or human rights. However, the three concepts are interpreted very differently by legal norms and social reality. Although human rights are fundamental components of any legal order, they are linked to the ideological model of individualistic liberalism, by which they are defined and implemented. And while human rights represent the legal expression of human dignity which needs to be safeguarded by the legal and social order, they contain an implicit moral component since they concern the protection of the human values essential to the development of the individual in his or her social life and, in this case, involve protecting the values that are either sustained by or important to the sectors in power. In theory, this is opposed—in an idealistic conception—to the fact that for a liberal society the fundamental value would be autonomy, as a result of which values, or a moral position protected by norms, should not be imposed, particularly on the rest of society.²⁹

From this perspective, health—of which reproductive health forms part—is a fundamental value for both the individual and society. It is acknowledged as such by the Mexican Constitution and by the international documents and mechanisms designed to highlight and protect human rights as the right of all people to enjoy the highest possible level of physical and mental well-being.³⁰ To be precise, in international doctrine health is understood as a high level of overall well-being. Unfortunately, this has not been expressed in the national realities of different countries due to the fact that the

²⁸ The author bases her statements on the ideas of G. Zubiría (1996), "Género y ética" ("Gender and ethics"), in *Somos Iglesia*, Catholics for the Right to Decide, pp.71-88, who holds that since moral life consists of people's social behavior, when it is oriented toward human realization, it should be rated positively, but if it tends towards negative dehumanization, it should be rated negatively.

²⁹ In idealism, the only way of establishing a specific value common to society as a whole would be via consensus, which, due to its utopian nature, would lead to a lack of social action on the part of the State.

³⁰ Even recent international documents, such as the Protocol of San Salvador, an appendix of the American Convention, advocated physical, mental, and social health.

protection of health has suffered from flaws in the development and normative construction of second-generation human rights (economic, social, and cultural rights). In fact, the process of the institutionalization of the right to health has experienced numerous setbacks due to the lack of a suitable set of norms, since many rights have not been translated into specific laws. Constitutions, as a fundamental norm—with their respective symbolic social content—, codify rights, but often merely to fulfill international commitments or respond to internal demands, and fails to go beyond just words.³¹ This situation is repeated in nearly all the second-generation economic, social, and cultural rights, the codification of which is followed by a neglect of their normative development. That is to say, they are not given the contents or mechanisms needed to demand their implementation, and remain as mere pronouncements, as ideals to be achieved. In other words, since health is part of the UN's International Pact for Economic, Social, and Cultural Rights, it is a right which must be *progressively fulfilled*; this means that the State is not obliged to supervise its actual enforcement, since it is only obliged to take measures in the national and international spheres, through cooperation or norms to enforce these rights, some time in the future.³²

From this, one can deduce that the possibility of implementing these rights is directly linked to the economic and social development of the states which ensures, for example, that they have the resources to construct an infrastructure in the field of health. This obviously has negative consequences on the ability to demand enforcement of the right to reproductive

health, since although this right is included in the Constitution, there are no legal norms in place to establish the subjective or individual right to demand specific treatment.

Nevertheless, there has been some progress in this area in the international sphere, with the establishment of the State's obligation to protect reproductive health, from the perspective of women's reproductive function, in other words, to provide pre- and post-partum care and foster a work environment that will not interfere with their reproductive function. However, scientific and technological advances in the field of human reproduction have revealed new problems and realities which have not been taken into account in the laws, due partly to the fact that society lacks a clear idea of how to respond to these new situations.³³

Lastly, the field of sexuality is not protected by any normative and protective text. On the contrary, the exercise of sexuality is covered by law, but from a moralizing perspective which codifies negative aspects of sexual practices, by penalizing the exercise of the type of sexuality it regards as perverse. There are sanctions for adultery, rape, defloration of minors, violations of modesty, etc. In short, the legal perception of sexuality, rather than affirming and developing it socially, seeks to attack the perverse aspects of sexual practices. In this field, scientific and technological advances open up a new area of problems, including the determination of a person's sex—which involves the genetic diagnosis or posture adopted by an individual in the free exercise of his or her sexuality—for which there is no clear position regarding regulation. In other words, there is a lack of clarity

³¹ The most eloquent example of this is the right to information. Twenty years after its constitutional codification, it is still unclear what this means in practice.

³² Conversely, the UN's International Pact for Civil and Political Rights establishes the State's obligation to respect and guarantee the enforcement of these rights.

³³ The law's failure to respond to new realities (artificial insemination, in vitro fertilization, donations and the commercialization of human germ cells, leasing uteri, etc.) is natural inasmuch as the law establishes "the way things should be," which requires prior knowledge of "the way things are," which is a type of knowledge provided by society.

regarding how to legislate in the areas of transsexual phenomena, homosexual practices, recognition of homosexual marriages, the right of these couples to have children, and other issues. Therefore, since society still has a long way to go in this regard, it is inappropriate to expect the laws to codify norms, since these would only serve as impositions on society itself.

In the third talk, Dr. Arnaldo Kraus ("Salvador Zubirán" National Institute of Nutrition) presented a paper on *Reproductive health: From paper to reality*, in which he examined aspects concerning the implementation of reproductive health care services. The author emphasized that this concept should include both men and women, since it concerns leading a responsible, pleasurable, and safe reproductive and sex life. However, any reflection in this area should be contextualized within Mexican economic and gender realities, which are characterized by gender inequality, discrimination, and social inequity. This situation obviously entails various negative consequences for women and reproductive health: less education and participation in decision-making regarding their bodies and a high degree of lack of information in sexual issues, which leads to unwanted pregnancies and abortions, disregard for their opinion and desires, obstacles regarding their entry into the world of work, and greater exposure to AIDS—among young, poor women—among other problems.³⁴

Despite academic efforts to describe the scope of these negative consequences, such as abortion and maternal mortality, there are still considerable methodological, legal, and social obstacles to obtaining an accurate view of the

quantitative scope of these phenomena. On the one hand, the number of maternal deaths is underreported, while on the other, as a result of the penalization and social stigmatization of abortion, both the physicians who perform abortions and the women who seek them conceal the matter. As a result of the risks entailed by the "clandestine" nature of abortion, such as maternal deaths, orphanhood, child vagrancy, and broken homes, the author questioned the nineteenth-century criteria governing health services, since they reflect an obscurantist view. The decision to voluntarily terminate a pregnancy, far from being a criminal, amoral act, is a painful, extreme measure, through which women seek to restore their dignity and autonomy. This suggests the need to modify legal frameworks to ensure the protection, assistance, and orientation of women with unwanted pregnancies, changes which would obviously result in universal benefits: fewer women would die or become ill as a result of inadequate care during abortions, while fewer resources would be allocated to the care of women who suffer complications as a result of these procedures.³⁵

This is the goal of the Mexican Ministry of Health's Reproductive Health Program, i.e., to reduce fertility levels, diminish the number of unwanted and/or high-risk pregnancies, contribute to the prevention of abortion, and reduce maternal and perinatal morbidity and mortality. However, achieving these goals involves surmounting numerous and complex cultural, moral, religious and economic hurdles. Aware of the obstacles caused by the current financial crisis, the government believes it will be able to achieve its goals through the spread of the use

³⁴ The speaker mentions a number of antecedents in this respect: higher frequency of marriages between young people with low incomes, greater maternal mortality among women under 20, an increase in AIDS among women ages 20-29 and little prenatal care among women with no schooling.

³⁵ Dr. Kraus mentioned that in Latin America, poorly attended abortions are one of the leading causes of death among women aged 15-39 and that a third of the installed capacity of gynecological and obstetric services is used by women suffering complications from clandestine abortions.

of contraceptive methods and by promoting the active participation of men in family planning, to which the speaker added the coordination of the work by the ministries of Health, Public Education, Labor, and Finance to compile and distribute information to meet the needs of the sectors involved.

At the same time, the inequity and the discrimination derived from gender differences hinder the exercise of women's reproductive health. This phenomenon, which occurs worldwide, is expressed in the spheres of work, politics, economics, and health.³⁶ Judging from the enormous difficulties faced in the sphere of reproductive health, it is obvious that speaking up about these issues or not is a question of ethics. As a result, the speaker remarked that policies will be successful when it is understood that sex and reproduction are phenomena parallel to equality and dignity, and that the responsibility for reproductive health entails the joint participation of men and women on an equal basis and an effective health system. Acknowledging that there has been progress in certain areas in this field,³⁷ Dr. Kraus proposed working in the following operative areas: *i*) facilitating access to and improving the quality of health services; *ii*) disseminating the concept of reproductive health among health service providers and, through them, among the population as a whole; *iii*) increasing resources to orient the teenage population and at-risk groups; *iv*) increasing the participation of NGOs; and *v*) coordinating the work of the Ministry of Health with other government departments.

³⁶ Women tend to have a longer and less well-paid work day than men and are less well-represented in the spheres of power and politics, which leads to greater economic difficulties and, consequently, problems in obtaining access to the health services they require.

³⁷ In recent years, there has been progress in areas such as perinatal care, teenage care, campaigns to prevent sexually transmitted diseases and the detection of cancer, among others.

The round of talks ended with a paper on *Education, the mass media and reproductive health*, by Professor Rosa María Camarena (UNAM). The speaker began with a review of the progressive institutionalization of the population's right to information regarding sexuality and family issues in international forums, beginning with the 1968 International Conference on Human Rights held in Teheran and culminating with the 1994 International Conference on Population and Development held in Cairo and the 1995 World Conference on Women held in Beijing.³⁸ Due to the scope of the phenomena concerning reproductive health, educational topics have been expanded beyond the limits of women's physical health and family planning to include a gender perspective and integral coverage for men and women of different ages.

As a result of the new reproductive health approach, education not only emphasizes responsible parenthood and responsible sexual behavior but also seeks to promote more equal gender relations that would exclude abuse and sexual violence, and encourage men's responsibility for their own health, recognition and respect for women's self-determination, and the acknowledgment of the responsibility shared by both in reproduction and sexuality. Likewise, efforts are being made to promote education in these topics and values for young children and to complement it with educational pro-

³⁸ These forums also include the 1974 World Population Conference held in Bucharest, where the right to information, initially restricted to parents, was expanded to include couples and individuals, and recommendations were made to provide education on responsible parenthood; the 1984 International Population Conference held in Mexico City, where emphasis was placed on education in family and sex issues for teenagers; the 1985 World Conference on Women held in Nairobi; the 1989 Convention on the Rights of the Child and the 1993 World Conference on Human Rights, held in Vienna, where the postulates concerning teenage education were confirmed; and finally, the World Congress for Education on Population and Development held in 1992, at which the subjects of AIDS and teenage pregnancy were added to educational programs.

grams for parents so that they can support their children's process of sexual and reproductive maturation.

Since the 1970s, education, information, and communication have been key areas in Mexico in the State's strategy to create public awareness of the problems involved in the population's growth and distribution in order to achieve changes in Mexicans' reproductive behavior.³⁹ Two levels of action can be identified as regards education: i) the training and creation of human resources for the delivery of family planning services and ii) education aimed at the population in general, through the introduction of sexuality, responsible parenthood, and human reproduction components in the curricula of formal teaching, at the elementary, secondary, and university levels as well as in teacher training (formal mode). The general population also receives education through actions of differing intensity and a variety of media, ranging from courses targeting specific groups to bulletins and briefs aimed at the population as a whole (informal mode).⁴⁰

Despite the centrality of education, information, and communication in public strategies, this has failed to achieve the expected results. Indeed, studies conducted in the 1980s (1985 onwards) indicate that these actions have only proved successful in certain aspects of the population's sexual behavior (the ideal of a small number of children, the goal of waiting until a certain age to have children, and awareness of the existence of contraceptive methods).

³⁹ The 1973 General Population Law establishes education as the core of state action.

⁴⁰ The author holds that actions in the formal mode date back to the 1930s but were not systematically implemented until 1973 (Federal Education Law); while actions in the informal mode date back to the beginning of the century, being reinforced in the 1950s with the advent of contraceptive methods, and achieving public relevance in the 1970s as a result of their inclusion in demographic policy strategies.

The low success rates achieved raise the question of whether the educational strategy is in fact able to meet the requirements of the new concept of reproductive health. Since this concept regards health as a general state of physical, mental, and social well-being in all aspects concerning reproduction and sexuality, greater support is required in the area of education, while a different type of education from the existing one may also be needed. The new strategy entails the development of a new demographic and health culture involving changes in ideas, beliefs, and practices that are deeply rooted at the social, group, and individual levels; going beyond the reproductive sphere, such changes would lead to the creation of a new personal culture.⁴¹ This new culture translates into a different way of perceiving and experiencing the various dimensions and phenomena of sexuality and reproductive health; it entails profound changes in people's self-perception and awareness of their rights to influence all the spheres which involve and/or affect them; in short, it implies human development in the broadest sense.

In the development of this new type of human being, education as a whole has a great deal to contribute, since this is a matter which does not only involve education in the areas of sexuality and reproduction. Since the State, according to the Constitution, should provide a type of education that will lead to the integral development of the individual and contribute to a better common life for all people, it is essential to have an educational model that will enforce what is stipulated in laws and regulations. Like education in general, education in sexual and reproductive issues so far has had more of an informational and instrumental than

⁴¹ Jacques Delors (1996), *Learning: The Treasure Within*, Report to UNESCO of the International Commission on Education for the Twenty-First Century, France.

a formative emphasis, and has tended to be regarded as an addition to curricula rather than as an integral part of the same. Obviously, the complexity of present times requires overcoming that attitude and working towards the integral training of human capacities and the creation of more complete, aware, independent, free, self-confident, reflective, critical individuals who act responsibly in all spheres of life.

It is in this broad aspect that sexual and reproductive education could prove extremely useful to reproductive health. In this order of things, education and information should not be restricted to women, for to the extent that women's situation is the result of socially-constructed relations between the sexes, modifying it requires the participation of both men and women.⁴² In other words, it is necessary to emphasize the humanistic nature of education which promotes a new concept of Man as an independent thinker and decision-maker, and which recognizes the world as the result of human actions; therefore, it should seek to achieve freedom and dignity and restore the basic values which make people human beings.

Professor Camarena concluded by pointing out that education and communication are key factors in reproductive health actions since, owing to the spread of aids and to the debate begun by the conservative sectors of Mexican society (as a result of their growing political and social power) regarding the content of natural science texts in elementary school, discussion and action concerning sexuality and reproduction may revert to the private sphere and be subject to moralistic and obscurantist views.

⁴² Studies on masculinity have shown that this situation also affects men, meaning that it is therefore necessary to hear from men themselves about the effects of the roles that are socially determined and culturally consolidated, roles which inhibit the expression of feelings and reproduce the irrational exercise of power.

COMMENTS ON THE SECOND SESSION

In her comments on the first paper of the session, Teresita de Barbieri (UNAM) noted that the various levels explored by Professor Mejía are permeated by a critical position towards the ecclesiastical hierarchy which supports the organization she directs: Catholics for the Right to Decide. The commentator agreed with Professor Mejía's view on the hierarchy of norms in the church structure, which questions the fact that all the Pope's declarations are articles of dogma and faith and therefore must be obeyed by church members; consequently, the Pope's positions regarding sexuality are merely opinions and not compulsory.⁴³ The problem here lies in believers' ignorance of the fact that upholding the papal view is not an essential requirement for belonging to the Catholic flock. However, Professor De Barbieri disagreed with the speaker's view that Bourdieu's theses to the effect that the Church governs people's social representations and concepts are applicable in Latin American societies; this is even more true in Mexico, where syncretism is widespread. In De Barbieri's view, this topic should be the subject of studies which prove this.

Moreover, Professor De Barbieri agreed with the importance of historical relativity in ecclesiastical positions: we are currently witnessing the Church's return to rigid, traditional, conservative positions in the sphere of sexuality and reproduction while, at the same time, the market, theologians, and certain sectors of the Catholic hierarchy itself are putting forward progressive positions. Therefore, sexuality and

⁴³ The Pope's encyclicals become dogma once they have been subjected to a complex, lengthy legal process. In this respect, all norms arising from the *Castibus Novis* encyclical in the 1930s and which guided the sexual behavior of Catholic men and women until the II Vatican Council did not constitute a dogma of faith.

reproduction are and have been an area of debate at different times in the Church's history.

At present, the Church is apparently unaware of the changes that are taking place, such as the demographic transition and the increase in the women's movement. It has even reaffirmed its conservative positions not only as regards issues of sexuality and reproduction, but also as regards ecclesiastical organization and the participation of the Catholic community. De Barbieri noted that the return to conservative positions may be due to fear on the part of the hierarchy—celibate men—of losing power or being compelled to share it with others, who are non-celibate and/or not male. Given that the conclusions of the commissions formed to propose changes to deal with contemporary phenomena suggest progressive alternatives, which the hierarchy rejects on the grounds that they would jeopardize the credibility of church members, the Church would seem to find itself in a vicious circle. In this context, sexuality and reproduction will continue to be an area of debate within the Church until the latter is unable to continue its tradition of ensuring the credibility of believers.

At the same time, the commentator briefly remarked that although Martínez-Bullé's paper contributes certain elements to this field, it requires further exploration of the normative role of the United Nations' international conferences and the validity of international agreements—such as the Cairo Conference, which established specific norms concerning reproductive health—for national norms.

Finally, Dr. Reyna Hernández (Mexican Psychoanalytical Association) commented on the papers presented by Professor Camarena and Dr. Kraus. In her view, the two papers reflect different world views: the medical view assumes that objectivity is a value, but has a limited view of human beings since it seeks to understand

the functioning of the organism by dividing it into parts, while the educational model emphasizes the personal characteristics of educators and students and the relational situation which emerges as a result of the encounter between the two.

Dr. Kraus' assumption of health as a problem for couples within the context of the community reflects a scientific conception dissociated from the world. In fact, inasmuch as he emphasizes the economic aspects of the problem, he tends to sectionalize a broader topic. In fact, the field of health cannot be reduced to economic problems (resulting from poverty) since these problems also occur in rich countries.⁴⁴

Studies on the problems of sexuality and reproduction involve a series of values—concerning individuals, their surroundings, and society—which govern people's existence, as a result of which the behavior and attitudes of health professionals, patients, and the community transcend informed knowledge and rational decision, creating contradictions between individuals' intentions and conscious beliefs and their concrete practices. It is therefore a mistake to believe that problems can be reduced to ignorance, anachronistic values or inadequate norms; in fact, different value systems which must be openly discussed are at stake.⁴⁵

The existence of different value systems obliges legislators to establish a normative framework derived from society as a whole, not from the view of a particular sector of society to the detriment of others. In this respect, the strat-

⁴⁴ The sectoral medical view of the phenomena of sexuality and reproduction tends to elicit simplistic solutions; for example, legalizing abortion fails to take into account the psychological and social suffering inherent in the problem.

⁴⁵ This situation makes it impossible to ask the Church to approve abortion when this contradicts its view of the world; in fact, one can only ask the Church to refrain from imposing its views on those who are not part of its community.

egy in favor of abortion has driven itself into a corner, since the motto "decide about your own body" reflects a concept that is dissociated from human beings, removing individuals from all their social relations and the groups and networks they belong to; abortion is not an individual issue, since it also concerns the father, the family and the community.

Since the emphasis on individuals' values and subjectivity once again supports a partial view of human beings, the solution does not lie in formulating new social norms more in accordance with the care of the population or the dissemination of relevant information. Although these are necessary steps, what is really needed to achieve the changes hoped for is a conception of human beings which transcends these dissociations and includes the entire person, as well as his or her relationship with others and the community. Thus, despite their relevance, Dr. Kraus' operative proposals will not contribute anything unless there is a concern for the idea that exists about human beings. In other words, doctors should overcome the tendency to dissociate the unity of life (without renouncing the knowledge acquired in the biological study of human beings), which cannot be the sole responsibility of government or a professional group but should instead be the task of all levels of society.

Education plays a fundamental role in this task, although it resorts to a different strategy. In fact, the discouraging results of the present strategy might be due to the emphasis given to information rather than to training. Assigning priority to the rational aspect of the individual tends to exclude other areas outside knowledge and reason (values, emotions, desires, beliefs, habits, traditions, and prejudices) which are extremely difficult to change. Therefore, in order to modify values and habits or overcome individual prejudices, one should strive to de-

velop people's conscious conviction. Thus, with a great deal of effort, the less rational areas would be activated.

According to Dr. Hernández, the unimpressive results of the current strategy are due to more deep-rooted problems than the use of mechanisms of transmission which prevent the understanding of the phenomena being dealt with. Since the subject of sexuality implies an emotional component for educators—teachers and doctors—and for students and patients, ignoring this factor leads to an inadequate process of transmitting information, especially in the school environment, between teachers and pupils.⁴⁶ In this context, Professor Camarena's proposal to reeducate teachers is extremely useful, since overcoming this problem requires transforming them as human beings (i.e., overcoming their anxieties, fears and prejudices).

The same thing occurs in the field of medical practice and in that of other health practitioners, where the staff feels uncomfortable about discussing the subject of sex with their patients.⁴⁷ A doctor's training, in the broadest sense of the word, is a result of the values prevailing in the culture in which he or she is educated. This implies that the solution could be achieved if doctors reflected on their behavior and realized the way in which their values and prejudices influence their relationship with their patients, a challenge which has yet to be incorporated into medical discourse or medical

⁴⁶ Indeed, although 11-14 year olds are anxious to find out about aspects of their incipient sex lives, they live in a social context which has stigmatized the subject as something clandestine and, therefore, closed to public discussion or discussion with adults. At the same time the teacher, who, like the student, has been brought up in an atmosphere of guilt and fear, is unable to cast off these feelings when he or she discusses the topic; in turn, such feelings are perceived by students, whether young people or children, thereby nullifying the discourse and reinforcing and reproducing the values of their surroundings.

⁴⁷ This discomfort is reflected in the use of technical, abstract terms which are incomprehensible to the patient.

theory and practice. In short, like teachers, doctors should be reeducated and their scientific and valuational model of human beings should be modified.

This whole process of change should take place within the framework of the vast network of social relations to which service providers and the people who interact with them belong; in other words, the process should also include families, institutions, and the community. This change also refers to all nations, ethnic and social groups operating within a growing interdependence and with a network of communications linking all the national actors and realities.

Lastly, Dr. Hernández remarked that nowadays the influence of the mass media on growing individuals exceeds the influence of the family, peers or professionals—doctors and teachers—with whom they have contact. The media operate with the information that is transmitted consciously and for a specific purpose—campaigns of persuasion—and with values, beliefs, and relational stereotypes transmitted subliminally by other means (for example, the trivialized, dehumanized treatment of sexuality in soap operas and advertising). The powerful influence of the mass media in shaping individuals' values forces one to distinguish between the values constructed by individuals themselves and those that they interiorize every day, and establishes the need to create opportunities in schools and universities for the discussion and critical analysis of the messages transmitted by these media.

In this process of anticipated world challenges, Mexico has an opportunity to learn from the experiences of developed countries, by distinguishing between the things it can or cannot reproduce in the national context, but above all, to creatively forge new paths towards the construction of a better world.

GENERAL DISCUSSION ON THE SECOND SESSION

In the presentations and comments, there was an extensive and purposeful discussion on the emergence, validity and incidence of religious and legal norms which govern individuals' reproductive and sexual lives. The group discussion included general reflections, questions which led to in-depth discussion of the topics, and exchanges of opposing views on the subject of abortion, which revealed different approaches to this subject.

On the basis of the presentations and comments, the interventions sought to explore the topic as a whole; however, they emphasized the lack of studies on normative measures regarded as processes and fields of struggle and alliances, and on the effects or relations between such norms, social representations, and practices. As a result, it was suggested that there was a need to analyze the hierarchies in the medical field which process norms and determine the conceptions discussed by doctors and between the latter and health administrators. Likewise, in the educational field, proposals were made to explore the dispute between the different actors linked to the Ministry of Public Education, both internally—such as trade unions, the National Council of Education and others—, and externally—the mass media, the Church and others—, whose various positions sometimes paralyze decision-making. Subsequently, there would be a need to analyze the social representations derived from the set of these norms. Which one prevails over the others in practice and how could the relative importance of the various norms be altered? Moreover, given that between the normative frameworks and practices there is a vast area associated with the experiences of individuals, it would be advisable to examine the consequences of the coexistence of normative types of discourse which even contradict

each other as regards people's conscience and experience.⁴⁸ This is reflected in the fact that when young people discuss their own sexuality, they tend to resort to the type of discourse and opinions they encounter in their own environment—the school, the mass media and the Church. In this process, the law is strikingly absent from the horizon of young people's experience. In the same order of things, it was observed that since the mass media have the greatest influence,⁴⁹ there was a need to explore the extent to which this is due to its ability to be a significant and signifying factor, i.e., the creator of new meanings with which people identify themselves.

Lastly, it was suggested that, since it values individuals' power of self-determination, the discourse on reproductive health should emphasize the contextual aspects which can turn pregnancy into a problem and, therefore, eliminate the aspects of desire and planning, since regardless of whether a pregnancy is desired and planned, socioeconomic factors may prevent one from leading a healthy reproductive life.⁵⁰

Without a doubt, the subject which elicited the greatest response from the public was religious norms, both as regards their development and validity and their influence on the population. Some of those present sought to delve into the historical aspects of Catholic norms. First of all, questioning the ahistoric and unsubstantial treatment of the positions of the Church

⁴⁸ This gap between norms and reality is particularly evident in the field of health, where the sacrifices which the people who go for medical consultations have to make are not taken into account in the preparation of norms.

⁴⁹ The greater influence of the media on young people and individuals in general is due to the gaps left by education in the sphere of sexuality, both within the family and in schools.

⁵⁰ This is reflected by the fact that pregnancies that are both wanted and planned in conditions of poverty, inequity and violence, without access to proper nutrition or reproductive health or educational services, also become health problems for women. In other words, not only unwanted pregnancies can prove problematic.

hierarchy, based on its overlapping with the historical processes of society,⁵¹ forces one to specify that said ahistoric nature lies in its distancing itself from the sexual practices of those who profess the Catholic faith.⁵²

Second, as regards the historical situation in the context of Latin America and Mexico, liberation theology and feminist theology and their convergence regarding both social justice and erotic justice, the political process of Chiapas was mentioned as a clear example of the fact that liberation theology has been an instrument for the strengthening of the organization of indigenous communities through a libertarianist project related to the possibility of constructing the kingdom of God in this world. On the other hand, the relationship—and convergence—between both types of theology has been hindered as a result of the ideological nature acquired by the surveillance of the enforcement or lack of enforcement of norms that favor women's positions. Indeed, the loss of control over the lay community—since the II Vatican Council—has led the patriarchal structure of the Church to promote the specific surveillance of clergymen, punishing any movement which fails to obey established regulations.

The Church's return to conservative positions can be explained by the changes wrought in society, particularly the greater recognition of women's rights. That is to say, in the face of the progress made in the secularization process, the Church has emphasized those norms which enable it to regain its control of the popula-

⁵¹ This insertion in social events is reflected, for example, in the fact that when contraception began in Mexico—twenty years ago—, as a result of the historical conditions of the time, the Church hierarchy was not actively opposed to it as it is now.

⁵² As shown by the Gallup polls and others, a high percentage of the Mexican population (70% of couples) who are predominantly Catholic (92%) choose to lead sex lives in ways that directly contradict the dictates of the Church hierarchy, which continues to regard abortion as murder and to oppose the use of contraceptives.

tion. An international movement —Somos Iglesia— has arisen as an antithesis to this process, to compile the experience of Catholic men and women who are rejecting the norms issued by the present conservative Pope and are demanding changes in the Church and in the exercise of various rights for freer, safer and more pleasurable reproductive and sex lives. While this movement does not advocate abortion, it favors an approach to social justice which takes women's rights into account.⁵³

To complete the circle of analysis, another sector of the public suggested adding the level of causality to normative frameworks, social practices, and their consequences; in other words, the idea would be to obtain further knowledge of the scope of ecclesiastical influence, both in terms of its force as related to that of other groups of power with different positions —both political and others— and in terms of the Church's significance for the population.⁵⁴ From an historical point of view, as a result of Mexico's anticlerical tradition, the influence of Church norms is extremely relative in the field of reproduction and sexuality. However, one cannot ignore the effects of the Church's teachings; although there is no information available on the influence of the negative messages of ecclesiastical discourse, nowadays the hierarchy's positions can be verified in the different sociocultural contexts. The prevailing view regards sex as a sin, and as something which cannot be planned either by using contracep-

tives or by taking measures to prevent the transmission of sexual diseases, or enjoyed.

Another area of great interest in the general discussion involved international and national legal regulations. It was agreed that the notion of the indivisibility of human rights which emerged from the Vienna Conference represents a narrowing of the historic gap between civil and political rights on the one hand, and economic, social and cultural rights, on the other. Moreover, subsequent conferences in Vienna, Cairo and Beijing contributed to the practical application of the notion of self-determination, equality and protection by the State, by politicizing and making subject to law circumstances belonging to the private sphere that until then had been "naturalized" or excluded from the framework of the enforcement of human rights (domestic violence, sexuality, and reproduction). These changes in the law are essential for promoting the notion of *erotic justice*.

It was also pointed out that the resolutions and agreements arising from international conferences have no regulative force. The fact that these conferences are attended by government representatives leads to the formulation of a doctrine which governments are only morally obliged to translate into laws. The journey from a doctrinal declaration to a law consists of various stages and may be an extremely lengthy process; such a doctrinal body of thought leads to a declaration —of intentions—, and then to an international treaty which, being an instrument which creates laws, can only be implemented in national situations once it has been signed by the executive branch and ratified by Congress, which may take a long time. Until these stages are completed, positive law continues to govern the population's actions.⁵⁵

⁵³ Among other rights, it calls for respect for the decisions of individuals with regard to their sexual preferences, a more fraternal and egalitarian Church, changes in the teaching regarding the use of contraceptives, optional celibacy, female priesthood, etc.

⁵⁴ Population studies have detected that reproductive practices differ a great deal from the perception of ecclesiastical norms and that, although the influence of the Church is verbalized, it is extremely difficult to measure. This has led to a lack of interest in determining the precise nature of the link between religiousness and concrete sexual practices.

⁵⁵ The implementation of the International Pact on Civil and Political Rights is a clear example of the delay in these pro-

However, overcoming the antinomy between civil and political rights and economic, social and cultural rights fails to eliminate existing differences between the material contents of both sets of rights. In the former, rights are exercised without the State's intervention, whereas the latter require a greater investment of resources and planning to ensure they can be exercised. Hence it is possible that a great deal of time may elapse before international law is translated into national laws. In certain cases involving the field of reproductive health, it is very likely that national governments will proceed more rapidly in the creation of norms as a result of the degree of development and social pressure existing in each national situation.

It was also observed that, at the national level, laws are not usually created by jurists, but by various agencies of society, not necessarily lawyers, which legislate removed from reality and society. This means that, from the outset, regulations are divorced from the reality they seek to govern and therefore, cannot be effective, meaning that efforts should be made to achieve a dynamic, wide-ranging law drawing on the entire spectrum of social realities, not just from a particular ideology or from a specific group in power. In this sense, it was suggested that efforts be made to explore the degree of influence and responsibility of the institutional agents who supervise and interpret norms, in the exercise of individual rights. This is extremely important, at least in terms of education, since regardless of the existence of programs and study materials, it cannot be denied that in the classroom, teachers give education their own particular bias.⁵⁶

cedures: this pact, which was signed by the executive branch in 1966, only went into effect in 1981, when it was ratified by the National Congress.

⁵⁶ Although regulations can be supervised here, there is the problem of the dimension of classrooms: 507,000 teachers and

The final part of the discussion focused on the controversy surrounding the subject of abortion. Some held that abortion is a mental health problem, meaning that it should be removed from the religious polemic and women's right to decide. The State should establish laws concerning abortion, not from a religious, but from a lay perspective, taking into account the suffering experienced by the woman, the family, the community and the human race. It is irrelevant to discuss its legality, since this would obviate all of this suffering. The problem for those who advocate abortion would lie in the fact that health is defined as the state of complete physical, mental and social well-being, since this does not exist as such; instead, health tends to involve a process of reacting to undesirable and harmful situations in a person's life. From a social stand point, health entails possessing the resources and conditions to be able to cope with undesirable social circumstances.⁵⁷ Thus, since individuals are inseparable from their surroundings—whether they like it or not—, they internalize the sinful nature of abortion as part of their social context; consequently, conscious and reflective actions which attack these internalized values create suffering and distress in terms of mental health. As a result, abortion cannot be defined as liberation since it only concerns conscious and rational aspects; from the perspective of the human being as a whole, abortion is an undesirable practice which is only defensible in the face of an even worse situation, namely clandestine abortion.

Another sector of the audience disagreed with this, partly because it is not true that abortion contradicts the essence of Catholicism;

91,000 schools, which forces one to consider what type of monitoring is actually feasible.

⁵⁷ For example, the health of the Catholic Church is reflected in its ability to fight to modify official norms and values that harm its beliefs and aspirations.

ecclesiastical views of the world, despite being monolithic and dominant, undergo changing historical processes. This historical view of the Church's positions is confirmed by the lack of a theological and scientific consensus regarding the point at which a fetus becomes a person, and therefore abortion cannot be classified as murder. Moreover, this proposal places the discussion in the wrong sphere: the decision to terminate a pregnancy involves the woman, in accordance with her context, aspirations and values, and to that extent it should be penalized or not. In the case of Latin America, penalization makes abortion not only a problem of voluntary motherhood but also one of social justice and public health. In addition, the notion that claims that abortion is a mental health problem is mistaken, since studies undertaken from that perspective have not shown that women who have abortions are left with emotional and psychological scars; in fact, studies which emphasize psychological factors indicate that the majority of women who make the decision to terminate their pregnancy experience it as a form of liberation.

TOPIC 3. THE POINT OF VIEW OF CERTAIN SOCIAL ACTORS

In the opinion of the moderator for the session, Pilar Muriedas (SIPAM), the importance of this topic lies in the fact that the actors examined here—the feminist movements, conservatism, and the defenders of human rights—are key figures in the dispute surrounding the field of reproductive health, both as regards the consensus to be built and the need to determine the role to be played by each in the process of institutionalizing this issue.

The first speaker was Professor Marta Lamas (GIRE), with the paper *The feminist movement and political discourse: Sexual and reproductive rights*

in the construction of a modern citizenship. She presented a reflection on the way the political context influences the conditions under which feminist discourse on abortion is produced. She suggested, in the new democratic scenario, rearticulating shared values which would involve other social sectors—other than women's movements—in the defense of sexual and reproductive rights,⁵⁸ and that this would entail translating old values into new concepts and integrating the content of these rights into the modern significance of citizenship.

Ever since feminist discourse achieved a minimum degree of acceptance among the population, particularly the press, the main thrust of its argument has been the recovery of the right to one's body, which has meant reducing the demand for voluntary motherhood to the legalization of abortion. Following the conflictual Mexican elections in 1988, the debate on respect for the exercise of citizenship became especially relevant. In this debate, the penalization of abortion was regarded as another area reflecting people's defenselessness vis-à-vis the arbitrary nature of the State; unfortunately, since feminist discourse has failed to take up such an argument, it has not been incorporated into the agenda of either the government or political parties.

Although voluntary motherhood is closely linked to the Mexican national plan for the future, it has failed to elicit public discussion due to the weak institutional nature of democracy and the Mexican tendency to avoid direct conflict. However, throughout this decade, decisive measures have been taken in favor of voluntary motherhood, especially significant among which is the creation of the GIRE,⁵⁹ a nongovernmental

⁵⁸ Feminism's contribution to this defense is based on the mobilization and discourse of women's movements.

⁵⁹ Grupo de Información en Reproducción Elegida (Group for Information on Reproductive Choices), a non-profit organi-

organization whose actions have shifted the discussion on this problem from a moralist scenario to a decision-making scenario linked to the conceptualization of rights. As long as different overlapping types of discourse continue to exist in society, priority will be given to the opinion of the population, 78% of which stated that this decision concerns women—either alone or with their partners.⁶⁰ In view of this overwhelming response, the problems regarding the depenalization of abortion can only be explained by the political, symbolic, and economic influence of the Catholic Church and its allies.

The current situation in Mexico regarding sexual and reproductive rights is paradoxically discouraging since, while broader social recognition has been achieved, conservative forces have gained greater public influence—and therefore, effective political power—which facilitate their opposition to the exercise of these rights.

Given the importance of Catholic ideology in Mexico's cultural fabric,⁶¹ and despite the fact that old models of reference have become less important in the definition of identities, it is not easy to dissociate oneself from the guilt implicit in Catholic discourse. However, new and different signs of identity have been legitimized as a result of the similar aims of feminists and

international organizations which, by inserting a new discourse into the national political sphere, have made public debate on the subject of abortion possible. The debate which arose as a result of the Beijing Conference⁶² reflects changes in the strategies based on discourse of feminists and Catholic fundamentalists: the former have replaced the notion of the body as women's property with more democratic concerns, while the latter have created a Manichaeistic discourse which pretends to protect women's rights in order to attract disoriented sectors of the population (Pro-Life).

Since the speaker believes that dissident discourses are strengthened by the discussion of their meanings within the different groups,⁶³ she acknowledges the efforts by Catholics for the Right to Decide to restore democratic values in non-democratic contexts; in other words, she stresses their creative ability to defend progressive positions. In the process of legitimizing disagreement, in a traditional context, feminists have found an unexpected ally in the cultural changes generated by the unequal degree of modernization and the increase in audiovisual culture. Indeed, the pain and frustration associated with the difficulties of exercising sexual and reproductive rights, reinforced by the audiovisual media,⁶⁴ contain an enormous potential for mobilization which needs to be formulated in such a way as to stimulate citizens' democratic sentiments so that they incorporate these rights as part of their political aspirations.

zation promoted within the feminist movement, which arose as a response to the legalization of churches in 1991, for the purpose of introducing a new analytical perspective into the discourse on abortion with emphasis on who should determine the decision to terminate a pregnancy. This was followed, that same year, by the resolution formulated by the Congress of Chiapas to increase the number of reasons for which abortion is not penalized by law.

⁶⁰ Findings of a Gallup poll which included a representative sample of the national urban population.

⁶¹ Marta Lamas (1995), "Desconstrucción simbólica y laicismo: Dos requisitos imprescindibles para la defensa de los derechos reproductivos" ("Symbolic deconstruction and laicism: Two indispensable requisites for the defense of reproductive rights"), paper presented at the National Meeting on Demography of the Sociedad Mexicana de Demografía, El Colegio de México, México.

⁶² As a response to the Beijing Conference, the Episcopate and the political right publicly queried the positions adopted by the Mexican delegation, particularly regarding its commitment to reviewing the penalization of abortion.

⁶³ July Chaneton (1994), "El aborto como objeto de discusión pública" ("Abortion as a subject of public discussion"), read at the International Congress on Literature and Cultural Criticism, Universidad de Buenos Aires, Argentina.

⁶⁴ According to Professor Lamas, the fact that audiovisual culture has eroded traditional prohibitions has led individuals, particularly young people, to seek greater levels of freedom.

Since civic concern for democracy does not necessarily imply an interest in sexual and reproductive rights, this link has to be made explicit, meaning that the way *citizenship* is defined is crucial. Here, basing her ideas on a paper by Antonio Camou,⁶⁵ Lamas proposes the notion of *modern citizenship* as the capacity for self-determination of agents of development. This notion recognizes the fact that there is a positive pole in modernization: in other words, the cultural changes which have led to the increased control women have acquired over their fertility. Therefore, the new concept of modern citizenship is linked to this process of change, in which cultural identity, modernity, and modernization are determinant features. This, entry into modernity (basic values and attitudes linked to the promotion of social and individual freedom, social progress, the development of personal potential and a democratic vocation which leads to the defense of tolerance and diversity) will be achieved by linking processes of social and political identification to processes of subjective individuation, where sexual and reproductive rights converge as fundamental aspects in the lives and bodies of male and female citizens.

In this linkage, the production of social science becomes relevant, since to the extent that its symbolic production —ideas and values which provide cohesion for and mobilize the action of social groups— is reformulated on the

⁶⁵ Antonio Camou (1996), “¿Modernidades a la medida? (o de cómo entrar y salir de la modernidad por la puerta que más nos gusta)” (“Made-to-order modernities? (or how to go in and out of modernity by the door one chooses)”, in *Debate feminista 14*, Mexico. In this essay, which emphasizes the importance of cultural identity, modernity, and modernization in the current process of cultural change, the author questions ECLA's position which regards the “intercultural fabric” as unitary. In short, Camou argues that this view ignores the sexual difference that prevents identification within the intercultural framework of Catholic ideology which, by behaving in a repressive fashion towards women, contradicts the modern aspirations of democracy.

basis of new concepts, dissident discourses may weaken (blind and infallible) ecclesiastical, governmental, and political positions, thereby re-examining the complex process of modernization which involves coping with the obstacles to the free exercise of sexual and reproductive rights. This process ranges from simple legal modifications of the law to the creation of suitable and sufficient health care services and therefore involves including the debate on these rights in the democratic agenda. In this context, it is up to the feminist movement to identify the contradictions in the cultural fabric that would permit the participation of other social sectors in the construction of a modern discourse on citizenship that will promote a more egalitarian society in both the sexual and reproductive spheres as well.

The second paper, *The future of conservative movements in Mexico*, presented by Professor Edgar González Ruiz,⁶⁶ provides a detailed overview of the growing political and social influence of the political-religious groups identified with Vatican doctrines on sexuality and the family which oppose both governmental and non-governmental work on family planning, sex education, and AIDS.⁶⁷

Nowadays, the activities of these groups, which date back to the 1930s, have acquired renewed importance due to the electoral advances of the Partido Acción Nacional and the political activism of the Catholic hierarchy; pressure groups have become the groups in power while Catholic leaders challenge civil power by attempting to influence political and social af-

⁶⁶ Journalist and MA in philosophy.

⁶⁷ The author mentioned the fact that these groups are linked with the leaders of the entrepreneurial sector and the political right, such as Pro-Life, the National Parents' Union, the Knights of Columbus, the Christian Family Movement, Integral Human Development and Citizens' Action, the Women's National Civic Association, and the Mexican Commission on Human Rights, which attempts to be mistaken for the National Commission on Human Rights.

fairs. Thus, in the near future, it is possible that the official positions of Catholicism will become government decisions, social policies, and norms that will govern the population as a whole.

As a way of warning about the consequences of the new dimensions of these groups for the field of education and sexual health and, at a more general level, for freedom of expression, lay education, and the lay nature of the State, the speaker gave examples of situations which reflect the growing power and political activism of the conservative sectors and the Church, respectively.

1. The Partido Acción Nacional of clear consciences. Although this is not true of all PAN members, the electoral successes obtained by this party have corresponded to members of conservative Catholic groups. In other words, there is obviously a degree of overlap between the authorities of the Partido Acción Nacional and conservative movements. These include Jaime Aviña Zepeda (Pro-Life and Integral Human Development and Citizens' Action), Alfonso Bravo Mier (Pro-Life), and Francisco González Garza (the National Parents' Union). The increase in this party's political power has meant that members (or sympathizers) of conservatism have assumed political posts at the national, state, and municipal level, which has permitted the imposition—via laws or political resolutions—of the postulates of various fundamentalist groups.⁶⁸ Moreover, this access to political power has given them more tools for reinforcing their media campaigns, in the press and television, against organizations and move-

ments which promote policies concerning reproductive health and sexuality or advocate greater freedom for the exercise or cultural expression of an unrepressed sexuality. There have been numerous examples of this throughout the country. The 1993 campaign against Mexfam (a Mexican family planning organization) and Conasida (National Council against Aids) spots, the attempt to cancel the Second Lesbian and Gay Cultural Week in Veracruz in 1995, and the attempt to forbid the wearing of miniskirts by female employees at the Head Offices of Public Works of the City Hall of Guadalajara in 1995, the prohibition in 1995 of shows with nudes and films with overt sex in Merida, etc. Similar situations have been reported in Monterrey, Puebla, Aguascalientes (in the latter, the Catholic clergy joined the campaign organized by the entrepreneurs and political right against the sex education component of the free textbooks issued by the Instituto de Educación in Aguascalientes) and in Uruapan. According to the arguments wielded by these authorities—members of conservative groups—it is possible to infer that their source of inspiration are the doctrines disseminated by the Catholic Church.

2. The Holy Family. The resurgence of sexual conservatism has been reinforced by the growing political activism of Catholic authorities and clergy, a fact which has been reflected in the meetings held between the Church hierarchy and secretaries of State and in the permanent presence of the clergy in the press, encouraging the electorate to vote for the right. Furthermore, at its most recent assembly, the Mexican Episcopal Conference decided to contribute to the preparation of the 1997 elections, considering this a particularly important matter. A symptom of the well-known alliance between the Catholic Church and the PAN is the bill submitted by the PAN to enable the Church to supervise the food policy for the low-income

⁶⁸ This was true of the former Mexican Attorney General, Antonio Lozano Gracia (who signed agreements with the National Parents' Union while in office), and the legislators Ana Teresa Aranda, Patricia Garduño, Cecilia Romero, Alejandro Zapata Perogordo and Felipe Bravo Mena; and Ana Rosa Payán (Mérida), César Coll Carabias (Guadalajara); Daniel Ituarte Reynaud (Zapopan) and others at the town hall level.

sectors. Likewise, the political and ideological coincidence between Catholic bishops and leaders of conservative groups and the political right has been reflected in the positions they have adopted on the Cairo and Beijing Conferences.

In short, Professor González Ruiz cautioned that the political rise of the alliance between the clergy, sexual conservatism, and the political right raises various questions about the future in the event that their political power continues to increase. An electoral triumph by the PAN in the 1997 or 2000 elections could well lead to the modification of the Constitution to confer greater authority on the clergy. If the PAN were to control the Ministry of Public Education or the Ministry of Health, this could mean the end of government support for AIDS-prevention and family planning programs; in other words, there would be an increase in the influence of the Church and conservative groups in political decision-making.

The panel closed with the paper on *Reproductive health as a human rights problem*, by Professor Laura Salinas (National Commission on Human Rights) who reviewed the contributions of feminism to the incorporation of women's right to reproductive health into the framework of human rights—in the family and work spheres—and proposed a reflection on women's rights vis-à-vis the medical profession. According to the speaker, the importance of placing reproductive health in the field of human rights lies in the fact that it allows one to emphasize the idea of justice and to delegate its defense and respect to international organizations which, within certain limits, are able to oblige states to guarantee conditions allowing for the exercise of these rights.⁶⁹

⁶⁹ The former entails transcending the norm to defend rights in the face of abusive authorities, while the second involves dealing with complaints concerning the authorities' abuse of power or negligence, modifying cultural patterns which per-

Like human rights, the term "reproductive rights" was conceptually defined after its various components had matured. In fact, feminism began its reflections on the subject in the 1970s, but it was not until the early 1980s that the term was defined in its present form.⁷⁰ After three decades, during the Fourth World Conference on Women held in Beijing, the right to reproductive health has been recognized by countries as a problem of gender-based human rights, which grants women the right to make decisions regarding their sexual and reproductive health, free from coercion and violence, as well as the right to a relationship of equality, respect and mutual consent with a man in which both will assume joint responsibility for sexual behavior. Thus, the full enjoyment of these rights implies the exercise of others, such as family rights,⁷¹ the right to education and to the exercise of a profession or other remunerative activity.

Unfortunately, family structure poses serious obstacles and often prevents women from benefiting from all the rights inherent in human beings; and since altering this structure involves modifying the rules of private life, it involves changing the world; therefore, it is potentially disturbing. As in the past, women's contribution to the well-being of the family and the development of society is not recognized, meaning that the exercise of reproductive rights involves reviewing the family structure which assigns different roles to men (as providers) and women (responsibility for household chores).

mit violations of human rights, and suggesting modifications of government structures and procedures to enhance the protection of those rights.

⁷⁰ Human rights have only recently been conceptualized, while their incorporation into legal norms has been even more recent.

⁷¹ In other words, equality in the eyes of the law as regards the acquisition and administration of assets, freedom of decision regarding marriage, and equality in the obligations and responsibilities of both members of the couple in the eventuality of divorce and in childbirth and child rearing.

This structure ignores the fact that Mexican women increasingly shoulder a double burden: without neglecting the smooth running of their family group, they also contribute to the search for "satisfactors" for themselves and their children.

The lack of recognition of the norms governing this situation contributes to the persistence of unequal and discriminatory relations. The way in which laws contribute to the deterioration of women's health is reflected in the fact that: i) civil laws oblige only women to acknowledge children born out of wedlock; moreover, they forbid them to mention the father's name; ii) domestic work is not regarded as productive and, therefore, its economic value for the family is not considered; iii) women are not sufficiently empowered to demand safe sexual relations from their partners or to make joint decisions concerning family planning; and iv) domestic violence against women is rather widespread.⁷²

Women's health is also undermined by the conditions they face in the world of work. In their access to paid employment, women are discriminated against as regards their training, technical and professional education, and in the distribution of domestic and nutritional chores. Although international and national norms contemplate the equality of men and women's right to the same employment opportunities and working conditions, income, benefits, and professional training programs, in practice, these rights are subordinated to reproductive rights

and no laws exist to protect women against this form of discrimination.

Furthermore, equal rights in the sphere of medicine are guaranteed by international norms,⁷³ not only in terms of care but as regards information which will contribute to family planning, health and well-being. The progress achieved in this regard at the Cairo and Beijing Conferences is especially worth taking into account. The Cairo Conference saw the creation of an initial, broad definition of reproductive health as a general state of physical, mental and social well-being, in all aspects of reproduction which therefore included the satisfactory, safe exercise of sexuality, the decision whether or not to procreate, and the conditions necessary for having healthy children. As regards medical care, emphasis was placed on the type of care that would ensure reproductive health and well-being and protect sexual health, understood as the development of life and personal relations. The Beijing Conference established that gender inequality constitutes the main obstacle to women's achievement of a state of complete health, which is essential to a satisfactory and productive life. The importance of these conferences lies in the fact that they bind states to promote policies and generate a legal framework that will include these broad definitions.

In Mexico, the National Commission on Human Rights has been responsible for receiving denunciations in the area of reproductive health, and used a gender approach from the outset. Claims usually involve poor care during childbirth with harmful and sometimes irreparable consequences. The Commission also attempts to prevent forced contraception, emphasizing the fact that in all instances of birth control the person involved should be informed;

⁷² Despite its definition in international conventions —The Eleventh Meeting of the Committee for the Elimination of All Forms of Discrimination against Women in 1992— as a flagrant crime against fundamental rights, this crime is not sanctioned under Mexican law, nor are there programs or organizations concerned with the prevention of the phenomenon or studies that collect suitable information on its consequences, one of which would be the deterioration of victims' physical and mental health.

⁷³ Convention on the Elimination of All Forms of Discrimination against Women, Art. 12.

in other words, it is up to the woman to make the decision. Those attempting to convince women should realize that the women may oppose contraception for cultural or moral reasons or out of fear of the side effects of contraceptives. Likewise, they should be aware of the problems associated with women's lack of power to make decisions regarding this matter and to convince their partners.

Professor Salinas ended her talk by emphasizing the need for medical care providers and researchers to consider women's living conditions and opinions. In other words, information on violence, abandonment and other phenomena (which should be obtained) should be combined with medical data and women's expressions of their feelings and personal needs in order to deal with gender-based health problems. The fact that those in the medical profession fail to pay attention to their patients' feelings constitutes a violation of their dignity, integrity and right to information and, consequently, constitutes an abuse of power, which should be studied to prevent its recurrence.

COMMENTS ON THE THIRD SESSION

In her comments on the papers by Lamas and González Ruiz, Dr. María Luisa Tarrés (El Colegio de México) noted that they made a positive contribution by proposing an analysis, from the point of view of feminists and Catholic groups, of the discourse and political arguments of the various sectors concerned with reproductive and sexual rights.

According to Dr. Tarrés, feminist work correctly suggests that the defense of sexual and reproductive rights is strengthened through social mobilization, the creation of political force and the production of a feminist discourse rooted in a particular social and political context. The hypothesis behind this statement is

that this sociopolitical rootedness confers effectiveness on the feminist argument, facilitating its spread in society, which in turn means it can be transformed into a political force and, eventually, legal measures. Professor Lamas' paper, which reviews the development of feminist discourse since the 1970s, shows that there have been moments when the feminist discourse failed to be socially legitimized due to the lack of arguments distinct from that of abortion as a claim. Likewise, as regards sexuality, there is a huge difference between public debate—in which it has not been theoretically crystallized—and private practices, since the couple itself has an enormous capacity to solve situations concerning sexuality.

Lamas' paper seeks to reflect on the way the theme of sexuality can be politicized so as to transform it into a mobilizing factor that will be recognized in the legal system as human rights or reproductive and sexual rights. Unfortunately, linking the discussion on reproductive and sexual rights to the discourse on citizenship produces a forced argument. In fact, due to the criticism levelled at the ECLA theses, it is inappropriate to link reproductive and sexual rights to social rights, since that institution defines citizenship according to Marshall, in other words, as a sequential process, in which first civil rights are granted, followed by political rights and finally social rights. In Latin America, there are clear examples of populist governments which grant social but not political rights. In this respect, it is far more important to handle reproductive and sexual rights on the basis of the idea of autonomous subjects (in both the private and public spheres).

The paper also expressed concern over the ability of conservative groups such as Pro-Life to transform their discourse—not their objectives—by even going so far as to appropriate certain elements of feminist discourse. On the

other hand, the left has failed to devise an equally effective argument. Here there is another lack of precision, since the political left has never been a true ally in women's struggle.⁷⁴ The problem is not the lack of a "generalized" discourse on sexual and reproductive rights,⁷⁵ but rather the fact that institutions and the political system refuse to address the topic. In other words, since Mexican society has become modernized and the population has failed to find a response in its institutions, the challenge lies in organizing debates that will force institutions to define their position (either for or against). In this context, the need to renew the discourse of the left is less pressing than the need for leftist parties and institutions to open up and integrate a discourse which is closer to society than to the political system.

At the same time, the paper on conservatism is important in that it contributes elements for the analysis of the social bases and arguments of conservative sectors in the field of sexuality, education, and other topics. Professor González Ruiz provided a detailed account of certain groups which oppose the State's secular project and the liberal project. These groups not only seek to deny and control men and women's sexuality, as an expression of humanity and culture, but also to impose restrictive regulations on the rest of society. The talk consisted of arguments concerning the principal conservative groups which form part of the *social anti-movement*⁷⁶ and others sharing the conservative ideology, as result of defining themselves as the

bearers of values authorizing them to combat moral disorder, permissiveness, contraception, abortion, pornography, and other issues. It would seem, then, that the rest of society lacks access to these values and knowledge and is therefore obliged to accept their supervision to avoid falling into degradation. In short, these groups of Catholics concerned with the moral order feel they have been entrusted with the mission of controlling human sexuality.

The speaker also dealt with the actions undertaken by these groups which, despite their low social profile, are deeply rooted in the Catholic population, the upper and middle classes of society and above all, the entrepreneurial sector.⁷⁷ Added to the social control of sexuality is the symbolic resource of a shared ideology which makes it easier to influence sexual norms without requiring previously-defined structures. These conditions allow for the dissemination of ideas and the creation of enough political force to be able to gain access to posts with political responsibility. Not only is there an overlap between these groups and the PAN, but also as regards the management of people and political and entrepreneurial authorities. The most worrisome aspect is that, as a result of electoral growth, small groups have gained access to positions of power, from which they impose their points of view on the rest of society in an authoritarian manner; the discourse of these sectors seems to reflect the intention to exercise control over the private and intimate sphere, which is in contradiction with individuals' freedom and the very concept of the individual, thereby constituting the ultimate expression of a totalitarian ideology.

During the period when they constituted a social anti-movement, these sectors merely rep-

⁷⁴ This has been particularly clear in the case of Chiapas, where the national PRD leadership forged an alliance with the Church to oppose a bill to depenalize abortion which sectors of their own party were promoting in the Chiapas Congress.

⁷⁵ Proof of this is the fact that 78% of the population states that no one should interfere with their sex lives, which would seem to indicate a degree of individuation—autonomy—vis-à-vis institutions.

⁷⁶ A sociological term used to describe them since they arose as a response to atheistic communism and radical feminism.

⁷⁷ Several of these groups enjoy the financial support of like-minded international organizations for the undertaking of their actions.

resented a defensive response to the secularization of Mexican society. However, nowadays, these organized sectors are increasing, not because their discourse has the ability to mobilize, but because they are backed by an organization, something that other sectors of society lack. Moreover, the growing power of the Church hierarchy and the political opening up affords them the opportunity to occupy a public platform with the resources to be able to influence local, state and national decisions. In short, this is a paper which summarizes a topic neglected by the social sciences, but which is still at a descriptive stage and therefore requires further reflection. It is particularly necessary to explore the social bases of these groups, the economic, social and political resources they have at their disposal, and their relations with the Church, as well as their impact on the arguments and modifications in the dynamics of public debate.

Both papers should have explored conservative arguments regarding the value and practice of tolerance; in other words, the admission that others may act differently from how one acts. In this respect, tolerance permits public debate and is a condition for the democratization of relations in the public, private and political spheres. Conservative discourse has no room for tolerance, which is defined as a virtue that facilitates coexistence, dialog, and even helps handle conflicts in private and public life. Based on metasocial, fundamentalist thinking, conservative discourse fails to acknowledge the other, denies diversity by trying to homogenize and, in the name of a single, sacred truth, forces those with other values and types of behavior to obey them; in other words, it forces them to tolerate or submit to its domination.

The second commentator was Professor Mariclaire Acosta (Mexican Commission for the Defense and Promotion of Human Rights), who

remarked that Lamas' analysis coincided with the current reflection on the development of human rights groups in Mexico. A key idea in this respect is that, in order to be able to exercise certain rights, it is necessary to make further progress in the construction of citizenship on the basis of fundamental claims in the area of human rights such as reproductive, civil, and political rights. Unfortunately, for several decades in Mexico the political right has led this process of civic construction; the left and the social sectors only joined this struggle as a result of the spaces created during the 1988 elections. This raised the challenge of how to introduce a discourse which advocates the exercise of reproductive rights and others into this process of constructing citizenship which has been monopolized by the right.

Rejecting the pessimistic outlook expressed in Lamas' work, Professor Acosta regarded as quite positive the fact that the majority of the population see this as a problem of individual sovereignty, since it paves the way for drawing up a political strategy aimed at the construction of citizenship. In short, rather than a discourse, what needs to be designed is a strategy where one would have to see whether or not it was necessary to include political parties. In this task, one has a great ally in the form of the international human rights apparatus, particularly since, at the end of the millennium, it is a legitimizing discourse in the struggle for reproductive rights and rights in other spheres of everyday life.

Ensuring the exercise of reproductive rights is not an easy task; it does not simply entail "making simple modifications to the law or preventing contradictions between local constitutions and the Federal Constitution". In fact, one would have to venture outside the narrow framework of reproductive rights and design a strategy based on civil rights, which offers greater

latitude for a work agenda, particularly because of the increased emphasis that the private sphere has acquired in Latin American societies. Indeed, the model of development in Latin American countries has led to a situation in which the State has increasingly relinquished its obligations, not only in the economic but also in the legal realm.⁷⁸ Generally speaking, the State has been relinquishing its function of ensuring citizens' welfare, which implies that the solution of problems arising in everyday life has shifted to the private sphere, i.e., the family. And in this sense, it is once again the political right which has created a regulatory discourse and, unlike previously, when the State established the guidelines for regulations, it is now up to the population to dispute the right's monopoly of discourse. The construction of citizenry is therefore essential.

Moreover, this scenario, marked by globalization, raises the challenge of how to restore respect or public guarantees of private decision-making, which lies not only in the sphere of reproductive rights, but also in that sphere of safety.

In this respect, Professor González Ruiz' work makes a significant contribution to the analysis of the social composition and the discourse of conservative groups. However, it would be useful to explore whether this right-wing coalition, by occupying government positions and imposing this conservative morality, has been futile. In other words, it would be useful to gauge the success of the repressive measures implemented by municipal officials; i.e., to see what social and governmental response they have encountered.

⁷⁸ As a result of reforms to the 1983 Penal Code, family violence has become a private issue; i.e., physical harm is not officially penalized, and this forces women to assume the cost of filing a suit, which they are unable to afford.

GENERAL DISCUSSION ON THE THIRD SESSION

The papers and comments produced an intense group debate on the doubts raised by some of the presentations and, most importantly, exploring various aspects of the topics analyzed in the session: the presence of the right wing in the entire political spectrum, the current evolution of the conservative strategy, the historical development of conservatism, the current difficulties and mechanisms for responding to that strategy and, finally, the process of civic construction.

Since each concept has different theoretical, methodological, and political implications, it was suggested that a distinction be made between the terms reproductive health, sexual health, sexual rights, and reproductive rights.⁷⁹

For her part, Marta Lamas noted that, in the attempt to situate the problem of reproductive rights in the context of Latin American realities, where ECLA is an organization whose positions should be challenged, her work seeks to demonstrate the gender blindness of this institution in its analysis of the region's social realities, as shown by the fact that it takes for granted the ideological position of the Catholic Church, which does not acknowledge the reality of abortion.

In the group discussion, there was also consensus regarding the need to be aware of the limitations of surveys, since despite the fact that people claim their right to autonomy in decisions concerning their bodies and reproductive processes, the greater awareness of the existence of these rights has no correlation with a clear notion of what living under a right-wing gov-

⁷⁹ Three definitions were legitimized in the Cairo and Beijing Conferences. The concepts of i) reproductive health and sexual health and ii) reproductive rights were defined in the former, while the concept of iii) sexual rights was defined in the latter, although the term was not officially accepted in either of the conferences.

ernment might imply. These limitations may also occur when research projects dealing with cultural aspects reveal the opinions of women themselves, since they may not be clear about the meaning of reproductive rights and may acknowledge them as valid for themselves without recognizing those rights for other women.⁸⁰

One of the issues which attracted the audience's attention was the presence of conservatism in the political parties. It was pointed out that conservatism exists in all the major political parties; i.e., it is not found exclusively in the Partido Acción Nacional (PAN), since these theses are also promoted in the Partido Revolucionario Institucional (PRI) and the Partido de la Revolución Democrática (PRD).⁸¹ So, just as the PAN includes militant liberals (which are a minority, but reflect a certain degree of heterogeneity),⁸² sexual conservatism also occurs within left-wing parties. A variation of this conservative position which feigns a progressive stance has been observed in Chiapas, where certain leftist intellectuals and sectors of the Church have posited that human rights constitute an offense against the rights of Indian peoples since they introduce Westernization, individualism, etc. However, the discussion showed that for these groups, the danger of human rights in indigenous communities lies in the problem of the possible liberalization which women might experience. Likewise, others stated that the conservative position on sexu-

ality held by the Partido de la Revolución Democrática is due to the alliance of its leader, Cuauhtémoc Cárdenas, with the left-wing Christian sectors which are just as conservative as the right-wing ones.

Thus, conservatism is inevitably present across the entire political spectrum. However, the situation is absolutely not the same in the PAN as in the other parties. In effect, the founders and leaders of the major conservative groups are members of the PAN; moreover, this party has historically maintained a relation of collaboration and affinity with the Church and conservative groups and, finally, these groups in the PAN possess a sufficient level of organization, ideological identification, and commitment to carry their religious norms to a legal and political level.⁸³

Another issue explored was the advance of the conservative political strategy. Conservatives have achieved these political positions because they are more organized than other social groups; and although this increased power does not necessarily have a social base, that will not prevent them from modifying laws in such a way as to affect the nation as a whole. Although so far it has only achieved positions at the state and municipal level, the right has implemented the strategy of modifying local constitutions. In general, the pressures of conservatism have elicited varying responses from the government, both federal and state, and from the population; the government has fluctuated between ignoring and giving in to their demands, while the population's reaction has ranged from acceptance, as occurred in Mérida with the Regulations on Public Performances, to expressing strong resistance, regarding the mini-skirt issue

⁸⁰ This is demonstrated by the fact that, although according to certain surveys, the majority of women support autonomy regarding the decision to have an abortion, according to other, equally quantitative surveys, when those interviewed were asked about other women in different situations, they fail to grant them this right.

⁸¹ This phenomenon is not exclusive to Mexico, since in Brazil, for example, conservative positions are present in several parties, including the Workers' Party, which defends human rights.

⁸² Although its official line is conservative, there are different lines, even modern ones, opposed to fundamentalist positions.

⁸³ This organizational level is what distinguishes the PAN a great deal from other parties, where, although there are recognized conservative members, they do not comprise groups which influence the party's political tendencies.

in Guadalajara and the Regulations on Public Performances in Monterrey. This process has had the support of the clergy, who have achieved the highest profile in the media, which are also used to suppress criticism of irregularities committed by the clergy (such as abuse by religious leaders, opposition to population policies and sex education); obviously, this will pave the way for impunity for the Catholic hierarchy.

The issue that sparked the greatest interest in the discussion concerned the social and political means of coping with the conservative strategy. In this respect, it was suggested that the problem of reproductive health, in the context of human rights, involves an in-depth discussion of which model of society will emerge from the debate waged by the different social forces concerned.⁸⁴ In this respect, it is important to point out that the problem does not lie in finding a way to combat the Church's conservative theses, but in knowing who will replace the State, which is currently in a state of collapse. Since the role of the Church in politics has been structured around an historical project involving a totalitarian state (in which religion and law are indistinguishable, as are Church and State), which began to founder with the emergence of the liberal state in the nineteenth century and was shaken even further as a result of the revolutionary process, in the twentieth century, it is extremely unlikely that the conservative fundamentalist forces will be able to reverse this historical process. In this context, the link between health and rights is extremely important, since as the State is evidently shrinking, this relationship may help to take up the struggle with conservatism.

According to Dr. Adriana Ortiz-Ortega, the irreversibility of the process is reflected in the

⁸⁴ At present, one of the most controversial topics in the political debate concerns the sphere of reproductive health and human rights.

fact that conservative groups do not constitute an articulated historical social force; instead, they tend to emerge at different moments, with regard to specific points concerning democracy, human rights, and the exercise of citizenship. Paradoxically, this argument can also be applied to the great difficulty that exists in generating political force in favor of sexual and reproductive rights discourse, since said discourse is supported by extremely liberal people who only wish people to do what they want in their sex lives; in other words, they do not share a particular ideology or organization and, in an analogy with conservatism, only rally at critical times, when their freedom is at stake, after which they return to their private lives.

At the same time, it was argued that the left is more than the PRD; it is made up of liberals—in the classic sense—who may include people working in the government. However, it is a left which lacks an awareness of sexual and reproductive rights. This, in addition to other factors,⁸⁵ creates a certain amount of pessimism about the future of the struggle to achieve greater levels of freedom and autonomy for women. In view of this outlook, it was suggested that now is the time to attempt to adapt Federal regulations to the most advanced state code, i.e., the one in effect in Yucatán.⁸⁶ In the future, as a result of the changes that the PAN has begun to introduce in the states, it will undoubtedly be more difficult to work to promote these rights. A strategy of this nature would make it easier to oppose conservatism as regards state constitutions by taking advantage of legal language.

⁸⁵ The other factors include the difficulty of debating these issues publicly in Mexico, the lack of a new generation of women to take up the cause of women's rights and the fact that there is no real interest either in the left, or among men, in these issues, which are no longer secondary issues in everyday life, but central issues concerning freedom and self-determination.

⁸⁶ The Yucatán Constitution takes economic reasons as well as reasons concerning women's health into account in justifying the nonpenalization of abortion.

Indeed, regardless of the states' degree of autonomy, their norms may not contradict those of the Federal Constitution or the international treaties that have been ratified by Mexico, which are the highest law in this country.

Lastly, the participants reflected on the implications that this dispute with the right and with conservative groups has for the exercise of citizenship. In this sphere, a number of participants warned against the glibness with which citizenship is discussed, since this notion must integrate the dynamics of institutions. In other words, it is possible to have an extremely organized civil society, social movements and organized subjects, but unless institutions exist to permit access to government power or to the institutional political system, the exercise of citizenship will not be feasible. In short, the exercise of citizenship requires more than a strong, active society; it also requires restating the dynamics of institutions.

That is to say, while not ignoring everything that the work of constructing subjects and popular movements has contributed to the construction of citizenship, the latter implies both accepting that the rules of the democratic game are the same for everyone and that they constitute a means of achieving the satisfaction of other demands, and the creation and use of institutions. The latter assumes that the legal apparatus not only involves a legitimizing discourse but should also be used as a scenario for the national and international struggle between social actors with different ideologies.

At this point, when a crusade to involve citizens beyond the electoral process has already begun and a discussion of the legal rules of the game—including laws, the Constitution, etc.—is underway, it is possible to include the subject of sexuality as part of civil rights in reflections on citizenship. The relevance of this perspective is based on the fact that no philosophical

agreement or scientific conclusion exists about the origin of life; this continues to be an open topic and therefore, no organization, whether the Catholic Church or any other one, has the right to impose its conceptions on the rest of society either legally or extralegally.

CLOSING CEREMONY AND FINAL WORDS OF THE SEMINAR

During the closing ceremony, Juan Guillermo Figueroa (El Colegio de México) observed that at this National Seminar, a discussion had been carried out to place within a framework of temporality the theoretical dimensions and analysis of the problems and phenomena dealt with at the International Seminar on Advances in Reproductive Health and Sexuality;⁸⁷ in other words, to examine the way different actors participate, either explicitly or implicitly, in the process of shaping, transforming, and defining new norms in the realm of sexuality, health and reproduction. For this reason, this seminar has discussed the structural changes—via public policies—, normative frameworks, and organized movements which attempt to influence these norms.

⁸⁷ As mentioned elsewhere (see *Report on the International Seminar on Advances in Reproductive Health and Sexuality*), prior to this meeting, an international seminar was held to discuss various theoretical and analytical dimensions in the field of reproductive health and sexuality. On the one hand, participants discussed the theoretical aspects of the concept of reproductive health in which, aside from methodological attempts to clearly define concepts, they identified a permanent discourse under dispute in order to lend the concept meaning. In the search for meanings for this concept, the discussion on gender perspective and the reflection on ethics and rights was particularly important. In the debate, there was a certain degree of consensus on the need to talk about "sexualities and genders" and even types of masculinity and femininity. The second part included a reflection on certain problems which were sometimes identified as phenomena linked to reproductive health and sexuality, namely abortion, the experience of sexuality among young people, and practices involving sexual coercion, which were sometimes more institutionalized than could have been expected.

Despite the difficulty involved in summarizing the discussion, Juan Guillermo Figueroa pointed out that the various theoretical, methodological, and political aspects discussed at this meeting, and also at the International Seminar, would contribute to research in the field of sexuality, health, and reproduction, and would also enhance the processes of civil and political action in this sphere. At the risk of oversimplification, Figueroa said that a consensus had been reached—at least from an academic perspective—in the sense that reproduction must be researched in conjunction with sexuality, the body, and relations of power, which always interact and shape reproduction. Although these relations are maintained, reproduced, and monitored by norms, the latter have been questioned through the demystification of certain institutional authorities and the growing process of “personhood”, or exercising one’s rights as a person, i.e., the increasing number of people who believe in the process of developing as persons.

The Closing Ceremony was conducted by Gustavo Cabrera (El Colegio de México),⁸⁸ who expressed his pleasure at concluding a seminar characterized by the quality of those attending it and the reflections made, particularly since he had participated in the creation of one of the few reproductive health programs in the world, the openness of which was entirely academic and unprejudiced. In this respect, he valued the degree of consensus achieved at the seminar and the huge advances made in the issues and contents explored, which would doubtless lead to a new era and influence sociodemographic and political knowledge and the field of social sciences as a whole. Analysis of

these issues was formerly a redoubt of biology and, in part, of the more traditional type of demography. However, progress has been made in this regard, and there are prospects of more multidisciplinary reflections.

In this context, it is important to mention the fact that in the previous discussions about what the government had done to combat conservative pressures in the field of sexuality and reproduction, the answer was that it had done nothing and had instead allied itself with other more traditional elements. At the same time, the Church has regressed as regards its position in this field. In fact, only academia has spoken out on this issue, although it has been largely ignored. Consequently, there is still a need to bridge the gap between academia and society; in other words, to join other social groups such as the NGOs, promote research more vigorously and disseminate the advances in knowledge among the general population. This implies publishing research findings in a simplified form and in the national mass media.

Obviously, much remains to be done regarding the different dimensions of reproductive health and sexuality; but just as, thirty years ago, despite the opposition of the Church, a group of people managed to achieve legislation in favor of divorce, thereby preventing all the damage caused by its denial, today the task of legislating on abortion remains to be carried out.

Finally, on behalf of El Colegio de México, Gustavo Cabrera thanked those who had attended the seminar and encouraged them to continue working to achieve the institutionalization and dissemination of the reproductive health perspective in society.

⁸⁸ Gustavo Cabrera was one of the founders of the Program for Reproductive Health and Society at El Colegio de México in 1992, and headed the Board of Directors of the Program for several years.

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