

INTERNATIONAL RELATIONS
AND INTIMATE ENCOUNTERS
New Work on Sexual and Reproductive
Health in Latin America

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Voces en emergencia: El discurso conservador y la píldora del día después. By Claudia Dides Castillo. Santiago, Chile: Facultad Latinoamericana de Ciencias Sociales and United Nations Fund for Population Activities, 2006. Pp. 187. \$45.00 paper.

Fixing Men: Sex, Birth Control, and AIDS in Mexico. By Matthew Gutmann. Berkeley, CA: University of California Press, 2007. Pp. xiv + 265. \$22.43 paper.

Caribbean Pleasure Industry: Tourism, Sexuality, and AIDS in the Dominican Republic. By Mark Padilla. Chicago: University of Chicago Press, 2007. Pp. xvii + 294. \$21.46 paper.

Running the Obstacle Course to Sexual and Reproductive Health: Lessons from Latin America. By Bonnie Shepard. Westport, CT: Praeger Press, 2006. Pp. xxi + 215. \$69.95 cloth.

The AIDS Pandemic in Latin America. By Shawn Smallman. Chapel Hill, NC: University of North Carolina Press, 2007. Pp. xiii + 290. \$22.58 paper.

In the years since the International Conference on Population and Development (ICPD) was held in Cairo in 1994, governments worldwide have worked to align their national policies with the meeting's agreed-on goals regarding reproductive health. The ICPD Program of Action reflected a philosophical shift in population activities, from a focus on fertility reduction and demographic targets in the 1960s and 1970s to an emphasis on reproductive choice, sexual health, and gender equality starting in the late 1980s and early 1990s.¹ Influenced by the contributions of new actors, including feminists, human rights advocates, and environmentalists, del-

1. "Summary of the Programme of Action," International Conference on Population and Development (1994), <http://www.un.org/ecosocdev/geninfo/populatin/icpd.htm>.

egates to the ICPD rejected mid-twentieth-century population control as narrowly fixated on younger women's fertility and sought to extend reproductive health services to men, youths, and other neglected populations; to integrate reproductive health into primary health-care services; and to emphasize the importance of reproductive and sexual health in the context of respect for diverse sexual orientations and a commitment to gender equality.

The Cairo consensus on the links among population, development, and individual well-being has been reinforced by official documents and speeches from meetings such as the Beijing Conference on Women in 1995, ICPD review sessions in 1999 and 2004, and the United Nations General Assembly's Special Session on AIDS in 2001. Importantly, at these and other meetings, additional goals have been elaborated regarding the necessity of integrating reproductive and sexual health policy.² At the 2004 meetings of the Ad Hoc Committee of the Economic Commission for Latin America and the Caribbean (ECLAC), countries in the hemisphere reviewed actions taken to implement the ICPD Program of Action, with most reaffirming their commitment to its provisions.³ Meetings at the global, national, and regional levels have also provided space for decision makers and service providers to identify concrete ways to enact programs linking work on population, development, reproductive health, and sexually transmitted infections.

The five social science analyses reviewed here take these international efforts as a point of departure for thoughtful perspectives on the opportunities and challenges of promoting sexual and reproductive health in Latin America and the Caribbean. Drawing on the methods of political science, history, medical anthropology, and discourse analysis, they use case studies as well as comparative analysis to highlight the difficulties inherent in moving from global agreements to local implementation of family planning, gender equality, and AIDS prevention and treatment. Similarly, they emphasize the importance of understanding how ideas about family, sexuality, and well-being are shaped by international forces, yet constructed locally.

2. See, e.g., United Nations Fund for Population Activities, *Investing in People: National Progress in Implementing the ICPD Programme of Action, 1994–2004* (New York: UNFPA, 2004), 2; United Nations Department for Policy Coordination and Sustainable Development, *Report on the Fourth World Congress on Women* (Beijing, China, September 4–15, 1995), <http://www.un.org/esa/gopher-data/conf/fwcw/off/a--20.en>; "Declaration of Commitment on HIV/AIDS: Global Crisis-Global Action," United Nations General Assembly Special Session on HIV/AIDS (June 25–27, 2001).

3. Open-Ended Meeting of the Presiding Officers of the Sessional Ad Hoc Committee on Population and Development (Santiago, Chile, March 10–11, 2004), http://www.eclac.org/celade/noticias/noticias/6/14406/declaration_final.pdf.

Three of the books under review use case studies to analyze in depth the cultural politics of reproductive and sexual health: Claudia Dides Castillo examines the discourse of the debates surrounding the effort to give women access to emergency contraception in Chile; Mark Padilla explores popular views on homoeroticism and male sex work in the context of AIDS prevention and sex tourism in the Dominican Republic; and Matthew Gutmann examines contraception and AIDS in southern Mexico through the lens of masculinity. The remaining two books provide overviews and comparative analyses of policy making and advocacy regarding HIV/AIDS and reproductive health, respectively: Shawn Smallman provides a history of HIV in Latin America since the 1980s, while Bonnie Shepard examines the discursive, political, and social obstacles to better policy making in the Andean countries.

Separately, the studies detail how reproductive and sexual health issues are understood in diverse contexts, and the roles that states, nongovernmental organizations (NGOs), religious groups, and the media play in shaping these understandings. Together, the studies shed light on decision making by both individuals and policy makers. They also offer concrete and poignant evidence that decisions taken in corporate boardrooms or donor-government agencies in one part of the world can have unanticipated and often dramatic implications for health in another.

HISTORY, POLITICS, AND PUBLIC HEALTH

At least twenty-five years into the AIDS pandemic, and fifteen since the ICPD, the comparative analyses that Smallman and Shepard provide are timely and relevant. Both use interviews with patients, advocates, and public officials; data culled from official archives and publications; and information from media surveys to shed light on the factors that influence reproductive and sexual health policies and outcomes across the region. Smallman, a historian at Portland State University, and Shepard, a program evaluator affiliated with the Health and Human Rights Program at the Harvard School of Public Health, both insist that international political and economic trends play a key role in determining how national policies develop and are implemented. They also provide evidence of the role of religious organizations in debates on reproductive and sexual health, signaling the special influence of the Catholic Church in framing regional discussion about family and sexuality.

Shepard delivers a broad overview of the challenges (or “obstacle course”) that feminist NGOs and other advocacy groups face in trying to implement the ICPD Program of Action in Latin America. She focuses on the Andean countries, with additional examples from Argentina, Mexico, and Central America in a chapter on advocacy networks. Although

Shepard acknowledges that the reproductive health agenda has moved forward since 1994, she insists that the many roadblocks in its path have greatly limited progress.

Shepard draws on her experience as a program officer for reproductive health at the Ford Foundation in the 1990s. Having been based in Chile at the time of the ICPD, she notes that states have been compelled not only to reform existing policies but also to create new ones. She also notes that the agreement of national-level delegates to the ICPD's Program of Action does not guarantee adherence to its policies at the local level. Indeed, budget constraints and a lack of will on the part of provincial officials to promote meaningful reform frequently hamper such efforts.

Shepard's first chapter examines what she calls the double discourse on reproductive health in Latin America, a moral double standard informed by hegemonic religious ideologies that are prejudicial to women and that limit efforts to improve their lives. Focusing on divorce in Chile and abortion in Colombia, she argues that when morality and criminality are conflated in popular culture, reform is stifled, as the political costs to officials who embrace change become too great. In Chile, she writes, the Catholic Church actively participated in efforts to undermine the conservative military dictatorship between 1973 and 1989; however, during the transition to democracy in the 1990s, the church strengthened its alliance with social conservatives and protested efforts to enact progressive policies relating to family, sexuality, and reproductive health. Notably, it opposed efforts to legalize divorce, a practice not legal until 2004. Shepard argues that the double discourse perpetuated a situation in which wealthier Chileans hired lawyers to annul undesirable marriages on technicalities while poorer citizens could not afford such procedures and thus felt compelled to avoid marriage altogether. Shepard argues that because neither the wealthy women whose marriages were annulled nor the poorer ones in consensual unions could claim rights to shared property or assets, the failure to legalize divorce during this period harmed women in general and poor women in particular.

In Colombia, where abortion is not legal, Shepard notes that 20 percent of married women report having had an abortion, and many more express support for decriminalization of the procedure in at least some cases. However, efforts by pro-choice advocates to promote public discussion about legalizing abortion have provoked calls for repression of the clandestine clinics where it is known that low-income women go to have the procedure. In this context, women with money can afford to go to private doctors for safer, although still illegal, procedures while poorer women have fewer options and risk their lives by going to secret, poorly resourced clinics to end unwanted pregnancies. As a result, those who have the resources to pressure politicians to reform laws prejudicial to

women are under little pressure to do so, as they enjoy privileged access to relatively safer abortion services if they seek them.

Shepard devotes another chapter to the potential for networks to help advocacy groups gain influence as political actors. Basing her analysis on surveys and interviews with leaders and members of more than a dozen women's health organizations in Latin America and the Caribbean, she considers the factors that enable or hinder NGO advocacy and identifies the best strategies for NGOs to pursue to meet their goals. After tracing the history of feminist organizing and network formation in Latin America, from the mobilizations surrounding the First International Conference on Women in 1975 through the ratification by many countries of the Convention on the Elimination of Discrimination against Women (CEDAW), Shepard details the challenges that NGOs face as participants in broad partnerships. Such challenges include determining who will represent the alliance at international meetings, negotiating philosophical differences among member organizations, and seeking funding from donor agencies.

Case studies are the focus of the final two chapters, which respectively examine an effort by six women's NGOs to improve the quality of care of female patients in Peru's public-health clinics in the 1990s, and the controversy sparked by Chile's sexual education program from 1996 to 2000. The former successfully advocated a citizenship approach, teaching women how to exercise their right to good care and exhorting providers to be conscientious in delivering quality service, the latter, involving students, parents, and teachers in frank and open discussion about sexuality, met with criticism from conservatives, some media outlets, and the Catholic Church. This finally "led to compromises that not only denied young people their right to free expression but also eventually debilitated the popular program by saddling it with the stigma of polemic and undermining political support for its continuance" (135).

Because the four chapters that make up *Running the Obstacle Course* were first published as journal articles, the book sometimes reads more like an essay collection than a single work with a coherent argument developed from one section to the next. However, Shepard's knowledge of the issues is comprehensive, and her analysis of diverse topics is consistent in focus and argument. Furthermore, she draws from on-the-ground experience as a program officer to provide practical suggestions to improve reproductive health in the long term. By offering concrete advice for policy makers, NGOs, and others who advocate reform, Shepard's volume is of interest to a wide variety of researchers.

At the start of his book on the AIDS pandemic in Latin America, Smallman states that he decided to write a comparative history to understand the "mosaic of infections" in the region (20). He says that he was especially

intent on explaining how neighboring countries with shared experiences of colonialism or integration into the world economy have had rather divergent experiences with HIV/AIDS. Acknowledging that Latin America and the Caribbean report fewer AIDS infections than Africa or parts of Asia, he also asks why the region's experience with AIDS has not been more severe.

Smallman argues that a country's foreign relations, especially with the United States, play a central role in influencing the contours of its domestic AIDS epidemic. In framing the discussion, he writes: "I was struck by a paradox: HIV is a disease spread by the most personal of behaviors, but it is profoundly influenced by impersonal forces" (3). In four detailed chapters on the Caribbean, Mexico and Central America, Brazil, and Spanish South America, he points to the influence of international migration, the international drug trade, and international tourism as factors that help determine the trajectory of AIDS in the region.

After an introductory essay on the natural history of HIV and the controversy attending such issues as testing, drug pricing, and sexual education, Smallman presents a brief history of the epidemic in each subregion and the factors that have determined its course. He notes how close ties with the United States and the influx of U.S. tourists have contributed to the spread of HIV in Haiti. Cuba's difficult relations with the United States also shaped policy responses on the island. In the 1980s, Smallman writes, Cuban officials accused the United States of deliberately spreading HIV. Cuba's isolation and marginalization from international funding led officials to take an authoritarian approach, mandating testing and forcible isolation of HIV-positive patients in state-run hospitals. Although isolating those infected with HIV may have enabled Cuban officials to focus on patients, it also fomented dissent and may have contributed to an increase in infection, as family members who did not wish to be separated from loved ones injected themselves with HIV-infected blood in order to be hospitalized with them. Cuba's subsequent economic dependence on international tourism and the reemergence of sexual commerce on the island prompted public health officials to reconsider AIDS policies, ultimately leading to their alignment with more mainstream approaches in the region.

Smallman's chapter on Mexico explains that AIDS is just one of many health challenges facing the government and citizens. Noting that the prevalence of HIV has remained quite low in Mexico, he praises early efforts by national officials to undertake research, improve drug access, and reduce discrimination against men who have sex with men, the population in which early cases were concentrated. As in his chapter on the Caribbean, Smallman examines the role of the United States, noting that the Mexican states bordering the United States have historically had higher HIV prevalence rates than other areas in the country, and that communi-

ties in which a high percentage of men migrate to the United States have experienced an increase in HIV cases as well.

Smallman's section on Central America comes to a surprising conclusion about the role of war in spreading HIV. During the 1980s, several Central American nations were embroiled in conflicts just as HIV infections began to be reported across the region. Evidence from other parts of the world suggests that war facilitates the spread of disease. However, Smallman shows that the fighting in Nicaragua during the 1980s largely isolated the country and prevented the epidemic from becoming entrenched. In Honduras, which was spared such fighting, a commercial sex industry flourished and led to the development of a more generalized AIDS epidemic in ports and tourist areas.

Smallman devotes an entire chapter to Brazil, which, he acknowledges, has been in the global vanguard of AIDS policy innovation. Like Cuban officials, many Brazilians originally viewed AIDS as a disease of the United States. However, instead of blaming the spread of HIV on the U.S. government, many in Brazil heralded the announcement of the first cases in 1983 as a sign of the nation's modernity. Smallman notes that Brazil's government recognized the potential for the epidemic to become generalized and therefore took bold steps to prevent this through sexual education, condom distribution, and guaranteed access to antiretroviral drugs by aggressively negotiating with pharmaceutical companies to lower prices. He focuses particular attention on the concentration of HIV cases among intravenous drug users and transgender sex workers who serve male clients.⁴ Smallman notes that it has been difficult for public agencies to reach these groups with prevention messages because of the discrimination that both groups face for their association with the street and their perceived connection with HIV/AIDS. Smallman also argues that, in Brazil, non-mainstream religious groups, including African and Protestant sects (which have attracted members in recent years), serve as strong advocates for AIDS patients. Workers associated with grassroots, faith-based organizations often claim more moral authority than public officials, allowing them to go into impoverished or crime-ridden neighborhoods to work directly with people at greatest risk for HIV infection.

Smallman's effort to balance comparative analysis and political history with in-depth interviews and personal testimony from patients, advocates, and public officials is well done. One drawback of his study, however, is that the material sometimes seems outdated, as the research does not take into account the most recent estimates of HIV infection and AIDS deaths at the global and regional levels. Nevertheless, Smallman shows sincere sympathy for the people he interviews, whether homosexual HIV-positive

4. On transvestites, see Don Kulik, *Travesti: Sex, Gender, and Culture among Brazilian Transgendered Prostitutes* (Chicago: University of Chicago Press, 1998).

men in Cuba, sex workers in Mexico, or injectable-drug users in Brazil. In this way, he shows that, despite comparatively positive indicators, AIDS has wreaked tragic and deeply personal consequences across the region.

AIDS, MASCULINITY, AND SEXUALITY

Two recent studies in medical anthropology complement the comparative policy analyses of Smallman and Shepard by focusing on the political, economic, and cultural contexts in which individuals and communities make decisions about sexual behavior. Gutmann's *Fixing Men* examines masculinity, contraception, and AIDS in southern Mexico, while Padilla looks at sexual behavior and risk for HIV infection among men who engage in sex with male tourists for pay in *Caribbean Pleasure Industry*. Where Smallman and Shepard focus primarily on interactions between state and nonstate actors, Gutmann and Padilla probe official and individual assumptions about gender, nature, and health. Also, in seeking to explain how men and women manage their reproduction or risk of contracting a sexually transmitted infection, Gutmann's and Padilla's studies cast a critical eye on the influence of neoliberal economic policies on health outcomes.

Gutmann analyzes men's health in the context of decisions regarding contraception and AIDS prevention and treatment in the southern Mexican state of Oaxaca. Rather than view men's ideas about gender roles as static or fixed, he offers a complex portrait of men's ideas about their relationships with women and their expectations about sexual behavior. According to Gutmann, the research community's failure to consider how men's sexualities, like those of women, may be socially constructed both reinforces cultural assumptions that male sexuality is natural or unchanging and marginalizes men within reproductive health schemes. Focusing on vasectomy programs and on beliefs in Oaxaca about masculinity, homosexuality, and the spread of HIV, Gutmann considers the ways in which men and women negotiate the challenges of contraception, sexually transmitted infections, and sexual pleasure within relationships.

Official and popular attitudes toward men and family planning are the focus of the first part of the book. In addition to interviews in clinics and outpatient operating rooms, Gutmann, who teaches anthropology at Brown University, interviewed traditional healers and held informal conversations with working-class men regarding their views on sex, relationships, and extramarital affairs. Some of Gutmann's conclusions build on his earlier efforts to understand changing ideas about masculinity, machismo, and fatherhood in Mexico.⁵ Rejecting medical doctors' claims

5. Matthew C. Gutmann, *The Meanings of Macho: Being a Man in Mexico City* (Berkeley: University of California Press, 1996).

that men are naturally promiscuous and refuse responsibility for contraception planning, Gutmann reports that a wide variety of the men with whom he interacted chose to have vasectomies because they had seen their wives “suffer” with hormone-based contraception and pregnancies and believed that it was “their turn” to suffer some pain for the sake of their wives and families (148–49).

Gutmann’s critical analysis of Oaxacan medical professionals’ assumptions about male sexuality influences the questions that he raises about HIV/AIDS. Doctors, he reports, attribute the spread of HIV among males in Oaxaca to sexual relations with *muxes*, men from the Isthmus of Tehuantepec who dress as women, engage in sex work, and cater to male clients. Rejecting this argument, Gutmann concludes that the neoliberal economic system is instead to blame for placing impoverished men at risk by forcing them to leave their families and work in a foreign land, the United States.

Fixing Men makes an important contribution to existing analyses of reproductive health by highlighting the perils of stereotypical assumptions about masculinity in crafting policies on population and health. Gutmann shows that Mexican men—or Oaxacan men, in any event—are ready and willing to participate in family planning and that their ideas about gender roles are far from static or “natural.” He also shows that seemingly personal decisions about family and sexuality are intimately linked to global trends, noting that “studying couples as if they lived in isolation from the larger decisions made by the pharmaceutical companies, government health institutions, the Catholic Church and the planned parenthood federations—to name a few ‘outside’ influences—is foolhardy, at best” (202). Moreover, by considering family planning and AIDS in the same analysis, he provides important information for their possible integration in practical settings.

Themes of migration and neoliberalism inform Padilla’s study of male sexual commerce in the Dominican Republic. Padilla states that he chose to focus on men because they are not well represented in the literature on AIDS and sexual behavior in the Dominican Republic.⁶ Examining the lives of young Dominican men who hustle gay North American or European tourists in Santo Domingo or on local beaches, exchanging sex for money, meals, and other remuneration, Padilla associates this sexual commerce with slave labor in the sugar fields during the colonial period, which similarly linked the Caribbean to the European economies. Padilla, who is on the faculty of the University of Michigan’s School of Public Health, writes that “sex work in the contemporary Caribbean cannot be understood without reference to the transnational travel and tourism

6. See, e.g., Denise Brennan, *What’s Love Got to Do with It? Transnational Desires and Sex Tourism in the Dominican Republic* (Durham, NC: Duke University Press, 2004).

industries—and the governments that nurture and profit from them—which link ‘consumers’ of sexual services in the industrialized world with ‘producers’ of these services in the developing world” (3). For Padilla, it is essential to understand both the political economy of sexuality and the local and contextual construction of sexual pleasure to develop effective programs for disease prevention and treatment.

Padilla conducted research in the Dominican Republic over a two-year period, during which he was associated with a local AIDS outreach program, the NGO Amigos Siempre Amigos. This enabled him to identify informants and recruit assistants for the survey in support of his qualitative analysis. During this period, Padilla also served as program evaluator for an AIDS initiative funded by the U.S. Agency for International Development. He notes that the decision of young men to engage in sex work is part of a larger social trend in which poorer Dominican men and women are incorporated into the service- and informal-sector economies that support the tourism industry, which has become ever more critical to the national economy since the collapse of sugar as an export commodity. Although they earn money by having sex with other men, those who work as *bugarrones* or *sanky pankies*—as they are known in the local slang (*bugarrón* is a deformation of *bujarrón*, a sodomite, while *sanky panky*, derived from the English *hanky panky*, can refer to a male sex worker who, in addition to serving male clients, engages in relations with women for money)—do not identify as homosexual, according to Padilla; in fact, they take extreme measures to hide their occupation from their wives, girlfriends, and families. At the same time, they depend on regular support from tourists, who, for the most part, come from the United States, Puerto Rico, Italy, Canada, and Germany. In some cases, regular clients send monthly stipends and demand that their Dominican sex partners be available at all hours when they are on the island. Padilla notes that “the overall sexual pattern typical of both *sanky pankies* and *bugarrones* is one of a fluid behavioral bisexuality that links same sex behaviors on the street with heterosexual and marital domains” (22).

Drawing on surveys and interviews, Padilla notes that *bugarrones* and *sanky pankies* are at high risk for HIV because they neither identify with nor associate with the mainstream gay groups that international donors and advocacy groups target for HIV/AIDS outreach. Padilla acknowledges that the Dominican gay-pride movement is itself informed by international political ideologies, and that the influence of global ideologies and practices may be changing local understandings of homosexuality. Still, he sees *bugarrones* and *sanky pankies* as segregated from both gay rights advocacy groups and AIDS outreach efforts. By demonstrating the links between globalization and the emergence of the Caribbean as a playground for wealthy tourists from the global North, Padilla offers a

compelling image of the political economy of sexuality and the negative health consequences for Dominican society's most marginal members.

FAITH, FAMILY PLANNING, AND EMERGENCY CONTRACEPTION

Dides Castillo's case study of the actors and discourses that framed the political debate about emergency contraception in Chile between 2001 and 2005 complements Shepard's study of the double discourse surrounding abortion, divorce, and sex education in that country. It also resonates with Padilla's observations regarding the role of the Catholic Church in framing debates on AIDS and homosexuality in the Dominican Republic.

Dides Castillo opens *Voces en emergencia*, a revision of her master's thesis in gender and cultural studies at the University of Chile, with a review of public initiatives regarding maternity and reproduction in Chile. She then explains the biological process by which emergency contraception prevents pregnancy and details the theories that inform discussion of sexuality, technology, reproduction, and modernity. The use of contraception has a relatively long history in Chile, dating back to the 1930s, when some health clinics provided working-class women with information about how to limit pregnancy. Chilean scientists have also long been involved in contraception research. Whereas the Catholic Church intensified its campaigns against contraception in the mid-twentieth century, by the 1960s the International Planned Parenthood Federation supported several projects in Chile, including studies of the intrauterine device (IUD) and other contraceptive methods. During the same period, the Comité de Protección a la Familia (Committee to Protect the Family) also worked to reduce high fertility rates, prevent maternal mortality, and reduce deaths associated with illegal abortion.

Dides Castillo points to the years from 1973 to 1989, when the military dictatorship ruled Chile, as a period in which pronatalist policies were incorporated into the broader national-security doctrine. The policies limited access to contraception and strictly regulated who could be voluntarily sterilized, limiting the procedure to women over the age of thirty-two who had borne four children and had their husbands' permission to undergo the procedure. Following the transition to democracy in the 1990s, the government endorsed the ICPD Program of Action. In the late 1990s, the Instituto Chileno de Medicina Reproductiva (Chilean Institute of Reproductive Medicine) began to advocate making emergency contraception available, reasoning that providing the product to women at risk for unwanted pregnancy was better than persistently high rates of illegal and unsafe abortion.

Dides Castillo focuses on the period between 2001, when the Instituto de Salud Pública (Institute of Public Health) authorized a laboratory to

produce and market the drug Postinal as emergency contraception, and 2005, when the Ministry of Health's announcement that it would make emergency contraception available without charge to women in public clinics led President Ricardo Lagos to ask for the resignation of the undersecretary responsible for the decision. The four years in between were marked by controversy and debates among religious leaders, scientists, and policy makers over the morality, legality, and technicalities of the morning-after pill, as well as protests and legal action by conservative groups and the Catholic Church, which sought a judicial decision to prohibit the distribution of the product.

Dides Castillo identifies three phases in the outcry about emergency contraception. In the first, the government authorized the marketing of Levonorgestrel, which was already authorized for use in regular hormonal birth control, for emergency contraception. Over the course of 2001, pro-life groups and the Catholic Church initiated judicial proceedings to prohibit the production and sale of the product. Between 2002 and 2004, the Ministry of Health authorized the sale of a similar product and implemented a policy to make emergency contraception available to victims of sexual violence, even as conservative groups continued to wage legal battles. But by 2005, the ministry's announcement of free emergency contraception prompted Lagos to ask for the undersecretary's resignation, calling the situation a *condoro*, or disaster.

Dides Castillo cites bureaucrats, legislators, university researchers, NGO representatives, and the hierarchy of the Catholic Church as the key actors in public debate during these years. In analyzing the conservative discourse on the morning-after pill, she identifies three themes which structured debate on the topic: (1) "the inseparability of sexuality and reproduction," that is, the concern that emergency contraception would lead women to be sexually promiscuous; (2) the technical means by which the morning-after pill prevents pregnancy, raising fears about its abortifacient nature; and (3) the human rights of the unborn child. While the Catholic hierarchy and other conservative leaders advanced these themes, the government and reproductive health groups focused on the health benefits and social equity advanced by women's access to emergency contraception.

FINAL THOUGHTS

The analyses reviewed here should assist researchers, advocates, and policy makers in their efforts to assess regional progress in meeting international goals, to identify obstacles to greater policy and program success, and to improve information sharing and cooperation among government agencies, NGOs, outreach groups, and clients and patients. These studies on AIDS, contraception, sex work, abortion, and divorce in Latin

America and the Caribbean also confirm the influence on personal choice of international or external factors, such as the agendas of donor agencies, religious groups, the profit projections of drug companies, and tourism. It is important for those engaged in policy planning and program development to remain mindful of commitments made in the international arena, to appreciate local understandings of gender and sexual practices, and to consider how the impersonal decisions made in international boardrooms and government agencies may influence whether a slum-based sex worker uses a condom to avoid HIV infection or whether a rape victim in a remote rural area has access to emergency contraception.