

PRIESTS AND PILLS

Catholic Family Planning in Peru, 1967–1976*

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Abstract: The Catholic Church of Peru supported the use of oral contraceptives between 1967 and 1976, believing that doctrine was compatible with controlling one's fertility. Yet the church did not treat fertility control only as a means to limit births or as an individual prerogative. Rather, it framed distribution of the pill within an education plan to promote the duties of responsible parenting. Joseph Kerrins, a U.S. Catholic physician, began the program in a poor area of Lima. By the late 1970s, the program operated in nineteen parishes. The program thrived even after the 1968 encyclical De Humanae Vitae, thanks to the support of priests, Peruvian and U.S. government agencies, physicians, and users of the program's services. Catholic family planning has been a more pragmatic and creative enterprise than hitherto believed. This article explores these developments within the context of the cold war and the transformations of the Catholic Church in 1960s Latin America.

How did the Catholic Church in Latin America respond to the demographic conundrum of the late twentieth century? This article describes and analyzes one of its responses: a program sponsored by the Catholic Church of Peru, which combined the provision of contraceptive pills with sexual education and responsible parenthood training for couples in poor urban areas of the country. This program was based on the belief of church authorities that the doctrine was compatible with controlling one's fertility. At the same time, Catholic leaders were reluctant to treat fertility control as a prerogative of individual women, instead emphasizing its family and community dimensions.

Increasingly since 1950, the interrelated problems of population growth, mass migrations from rural to urban areas, unemployment, single-parent homes, and high maternal and infant mortality have vexed Latin Ameri-

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can societies and the Catholic Church in particular (Wicht 1979). These problems were consistent with the social dislocations predicted by the demographic transition theory (Landry 1934), which proposed qualitative and quantitative changes in populations over time, as societies achieved greater levels of per-capita income, urbanization, industrialization, and education. According to this perspective, while so-called premodern societies displayed high mortality and high fertility rates, so-called modern societies displayed low mortality and low fertility rates, the latter attained through delayed marriage and voluntary fertility limitation. Advocates of the theory privileged mortality decline as the first condition of the transition, a decline brought on by improvements in housing, hygiene, and nutrition. They also expected an increase in population size during the early phase of the transition, as fertility rates remained the same while mortality rates declined. The theory predicted that fertility rates would decrease in a latter phase of the transition, as men and women changed their preferences in favor of fewer offspring who could be cared for to reach adulthood.

Although originally applied to Europe (Coale and Cotts Watkins 1986), scholars like Chesnais (1992) and Guzmán and colleagues (1996) discerned demographic transitions in Latin America as well. What the proponents suggested was that, thanks to Western biomedicine, mortality rates in the region declined very rapidly after World War II, bringing about population growth but not industrial, urban, or educational improvements, nor a mental shift in favor of delayed marriage or the voluntary use of contraception. On top of this, Latin American governments had to cope with the increased interest of advanced industrial nations, the United States in particular, in the Latin American population. This interest quickly became a call for a concerted international effort to curb rapid population growth in less developed countries, a call that became intense in the early 1960s. Proposed solutions ranged from projects to alleviate Latin American economic and social underdevelopment (Taylor and Hall 1967) to shrill claims linking population growth to nuclear warfare (Kelley 1988). To a greater or lesser extent, all these proposals supported the implementation of family-planning programs to lower fertility rates. As Lyndon Johnson announced in 1966, the U.S. government wanted to “act on the fact that less than five dollars invested in population control is worth a hundred dollars invested in economic growth” (Palmlund 1994, 317). In Latin America, financial support for population programs went hand in hand with policies like Kennedy’s 1961 Alliance for Progress, intended to counter the threat of communist agitation emanating most clearly from Cuba. In short, the formula declared that high rates of population growth negatively affected the region’s economic and social development and thus threatened its political stability, which in turn favored communist

inroads. Crass as it sounds, fewer children equaled fewer potential malcontents.¹ As we will see, the Catholic Church did not completely agree with this assessment.

SHIFTING CATHOLIC POSITIONS

Pope Pius XI's encyclical *Casti Connubii*, promulgated in 1930, was the Catholic guideline for the use of contraceptives in 1960, when the demographic debates intensified in Latin America. *Casti Connubii* condemned abortion and eugenics laws that prevented marriage for those deemed unfit. More important for this discussion, *Casti Connubii* maintained that, although procreation was the main purpose of sexual relations within marriage, "the cultivating of mutual love and the quieting of concupiscent" were its secondary ends, even if sex sometimes did not lead to procreation, due to "natural reasons either of time or of certain defects" (including infertility, the postmenopausal period, and the infertile portion of a woman's menstrual cycle).² Moreover, although the encyclical banned all other forms of fertility control, it also considered it irresponsible for parents to have more children than they could care for.

Little else came out of the Vatican regarding fertility until Paul VI's *De Humanae Vitae* (1968). In fact, the most significant development of the Catholic Church in the twentieth century was its social doctrine. Social doctrine documents followed the direction of Leo XIII's 1891 *Rerum Novarum*, which laid out the rights and responsibilities of capital and labor. Later documents included Pius XI's 1931 *Quadragesimo Anno*, which condemned greed and the concentration of political and economic power; John XXIII's 1961 *Mater et Magistra*, which identified the widening gap between rich and poor nations as a global concern; John XXIII's 1963 *Pacem in Terris*, which called for disarmament and a focus on human rights as the basis for peace; Vatican Council II's 1965 *Gaudium et Spes*, which condemned poverty and acknowledged the church as immersed in the course of world history; and Paul VI's 1967 *Populorum Progressio*, which condemned the situations that gave rise to global poverty and inequality, and demanded new international agreements to promote justice and peace.

Social injustices had been an important concern of the Latin American Catholic Church in the 1960s, and even earlier, at least in the case of Peru (Klaiber 1983, 1989). The disapproval of the excesses of capitalism in the form of a preferential option for the poor, a critique most poignantly articulated by Fr. Pedro Arrupe, the superior general of the Jesuit order,

1. Henry Kissinger, "Implications of Worldwide Population Growth for US Security and Overseas Interests," National Security Study Memorandum 200, in *Documents of the National Security Council* (1974, 7th suppl.).

2. Pius XI, *Casti Connubii*, December 30, 1930, point 59.

was one of the manifestations of this concern. Another important manifestation was liberation theology (Gutierrez 1971). The latter adopted some tenets of dependency theory to affirm that poverty in Latin America was tied to capitalist expansion, which rendered the so-called peripheral nations chronically underdeveloped as wealthier capitalist countries drained resources and surplus capital away from them and toward the capitalist centers (Klarén and Bossert 1986).

In March 1968, a group of Peruvian priests issued a declaration denouncing the chronic conditions of injustice that, in their words, tormented the country. In particular, the priests criticized the unequal system of land tenure, the poor quality of education, the lack of regard for workers' rights, and "the large imperialist consortia" that controlled Peru's natural resources "under conditions that harm the nation's interests and dignity."³ The declaration is significant because it was supported by the cardinal himself, Juan Landázuri Ricketts, and by priests that later became involved in the church's family-planning program, Enrique Bartra and Luis Bambarén, then auxiliary archbishop of Lima.⁴

A month earlier, the Peruvian bishops' conference had acknowledged that fast demographic growth was also a social problem. Moreover, the bishops shared "the anguish of numerous families whose homes and conjugal lives are seriously troubled" by having too many children. Nevertheless, they also indicated that birth control programs alone should not take the place of development initiatives. In fact, the bishops claimed that demographic growth could become beneficial for the country, if accompanied by a rational exploitation of its natural resources and educational improvements. In addition, the bishops reviled the potential for foreign aid to become dependent on the implementation of population limitation campaigns and rejected any attempt to limit population growth that affected the ability of parents to make free decisions about the size of their families.⁵

Such concern on the part of the Catholic Church responded also to the new contraceptive technologies available. Between 1930 and 1961 two new methods had become massively available: the intrauterine device (IUD) and the contraceptive pill (Tietze and Lewit 1962; Watkins 1998). Both were effective at preventing pregnancies, but the IUD required a medical prescription and the expert intervention of a health worker, whereas the pill required only a medical prescription. Over time, the value of contraceptives as means for poor women to prevent and space pregnancies

3. "Declaración de Sacerdotes Peruanos," *Oiga*, March 22, 1968, 17, 33–34.

4. Harold Griffiths, "Ya en el Perú se respira el clima posconciliar," *Oiga*, March 29, 1968, 12–13.

5. "Declaración del Episcopado peruano sobre el crecimiento demográfico," Lima, January 27, 1968.

and to maintain good health for themselves and their infants has been stressed numerous times (Basch 1999; Jamison et al. 1993). However, in the early 1960s Catholics the world over were concerned about the allegedly excessive individual freedom that new contraceptive technologies placed in the hands of women alone, as well as with the contraceptives' side effects. More distinctly for Latin America, Catholic leaders worried about the possibility that governments, under financial pressure from foreign agencies, would use their power to indiscriminately push birth control on the poor without giving them an opportunity to reflect on what those interventions would mean for their lives.⁶

The pill's popularity was as undeniable as its mode of action was unprecedented. By interrupting the maturation of ova in the ovaries, the pill did not actually prevent the union of sperm and ovum. The process was more akin to the prolonging of a woman's naturally occurring infertile period. This distinctive chemical action was significant enough that Pope John XXIII set up the Pontifical Commission on Population, Family and Birth in 1963, as Vatican Council II was in session, to advise the pope about the effects of contraception on the lives of Catholics. The commission's original membership was limited to social scientists and theologians; but in 1965, after John XXIII passed away, new Pope Paul VI saw it fit to include physicians and Catholic couples in the commission as well. The new members included Patrick and Patricia Crowley of Chicago, the presiding couple of the U.S. Christian Family Movement (CFM). By the early 1960s, the CFM was the world's largest organization of Catholic married couples, thus the relevance of the Crowleys' participation. Contrary to the Vatican's demand for secrecy, the Crowleys actively sought out the opinions of fellow CFM members regarding the use of periodic abstinence methods of birth control and shared the results of their inquiries with the commission. For several members of this group, that survey was their first chance to hear how difficult Catholic couples found the practice of periodic abstinence, and how much these couples yearned for alternatives (Kaiser 1987; Marks 2001). Despite some indications that the pontifical commission might endorse the use of the contraceptive pill, Paul VI's July 1968 encyclical *De Humanae Vitae* restated the injunction against birth control methods other than periodic abstinence and demanded that couples have only those children whom they could raise lovingly and provide for.

Later that year, in September 1968, the second general conference of Latin American bishops took place in Medellín, Colombia. Paul VI addressed the bishops at the opening of the conference and defended what had become his most unpopular encyclical. He held that *De Humanae Vitae* did not endorse a "blind race towards overpopulation" nor diminish the

6. Felipe McGregor, "Posición de la Iglesia sobre la regulación de los nacimientos," *Tribuna Médica* 2, no. 92 (June 1966): 1–15.

responsibilities of couples toward their children. In addition, Paul VI said that the encyclical did not forbid “an honest and reasonable limitation of births, nor legitimate medical therapies, or the progress of scientific research.”⁷ On the topic of the family, the Latin American bishops endorsed *De Humanae Vitae* and, in line with the doctrinal developments accumulating since the late nineteenth century and the liberation theology critique, they added a series of reflections. First, the bishops acknowledged the shift from rural to urban societies in Latin America, along with changes in family structure away from patriarchal families toward families with greater emotional intimacy and a more even distribution of responsibilities. Second, the bishops denounced that the process of development had led to material abundance for a few families, greater insecurity for others, and economic marginality for the rest. Third, even though population growth was not the only important demographic variable to consider, the bishops indicated that population growth in Latin America exacerbated economic, social, and ethical problems, such as low nuptiality, single-parent families, out-of-wedlock births, and housing shortages.

Faced with this situation, the Medellín bishops expressed their solidarity with families burdened with too many children and called for educational reforms to instill a sense of responsible parenthood among the young and more compassion toward marginalized families. The situation of poverty and neglect in which many Latin American families lived, the bishops suggested, constituted an act of violence that was inherently unjust and sinful. According to the bishops, the injustices to correct had a transnational dimension, related to the terms of foreign trade that made raw materials cheaper than manufactured products. Because of that economic asymmetry, the producers of raw materials, such as most Latin American countries, remained subordinated to industrialized nations that produced more manufactured items. The bishops also accused foreign companies operating in Latin America of using legal subterfuges to evade taxes and to send most of their dividends abroad, without reinvesting them in the region.

Thus, by the late 1960s the Latin American Catholic Church affirmed that population growth caused unjust suffering for many families. Yet the church also posed two challenges. To demographic transition theorists, who believed in the power of industrialization to overcome, eventually, the social dislocations it caused, the church responded by endorsing the critique of dependency theory: industrialization tended to exacerbate social inequalities, not reduce them. To advocates of population control campaigns, the church warned that such campaigns risked trampling the right of couples to make free decisions about their fertility. Further, the

7. Segunda Conferencia General del Episcopado Latinoamericano (Medellín, Colombia: Paulinas, 1968: 17).

Peruvian Catholic Church still endorsed the idea that population growth could be economically beneficial, under planned conditions.

By the mid-1970s, this pronatalist position had softened somewhat in Peru. Bishops continued to insist on the negative effects of unemployment, single-parent homes, imprisonment rates, and the eroticization of everyday life for families. They now espoused the need to consider population policies as part of development policies and refused to reduce the demographic problem to a debate over the legitimacy of the use of contraceptives. Such reductionism, the bishops contended, was typical of the "happy families' who live with their backs turned to the unhappiness of other families and the injustices of society."⁸ At the same time, the Peruvian bishops restated their 1968 critique of population reduction campaigns supported by foreign agencies.⁹ These views were remarkably consistent with those of the political elite that seized power in 1968.

POPULATION AS A GOVERNMENTAL CONCERN

In 1962, despite some economic growth and the Aprista Party's containment of urban labor mobilization, land invasions and landlord-peasant tensions intensified in the Peruvian highlands, beleaguering President Manuel Prado Ugarteche, who avoided the issue of agrarian reform even as violence escalated (Klarén 2000). The American Popular Revolutionary Alliance's (APRA) Victor Raúl Haya de la Torre defeated the returning Manuel Odría and Fernando Belaúnde's technocratically oriented Acción Popular in the 1962 election. But because Haya did not have the constitutionally mandated margin, APRA and Odría agreed to let the latter take the presidency and give APRA control of the vice presidency and Congress. At that point, the military intervened and established a junta that called for new elections in 1963.

Peru's military trod a socially reformist path since the establishment of the Centro de Altos Estudios Militares (CAEM) in 1950. The mandate of CAEM was to formulate national security strategies based on the notion of "total war" (Rodríguez Beruff 1983). According to this notion, war ought to mobilize all national resources. But such a goal was incompatible with the control of natural resources by foreign firms, as was the case with the International Petroleum Co. (a subsidiary of the Standard Oil Co.) over oil fields in Peru's northern coast. Such a goal was also incompatible with the abuses of the landed aristocracy over peasants, which exacerbated social conflicts and turned the population against its own military. As CAEM's influence became hegemonic, military officers started to advocate for

8. "Familia y Población," *Iglesia en el Perú* 17 (April 1974): 5.

9. *Ibid.*, 1–8.

greater national control over natural resources, the creation of a national institute of planning, and the implementation of regional development projects, especially in sparsely populated frontier zones. The success of the Cuban revolution drove home the urgency of the implementation of such reforms.

It was Fernando Belaúnde's presidency (1963–1968) that took the first steps to deal with the problem of population growth. In 1964 Belaúnde created the Centro de Estudios de Población y Desarrollo (CEPD), a government agency that produced data on population for policy makers. By 1966, with the support of the Ford, Milbank, and Rockefeller foundations and the U.S. Agency for International Development, CEPD began to support maternal and neonatal care and family-planning clinics.¹⁰ However, Belaúnde was unable to deliver on the most cherished goals of the military reformers, agrarian reform and the nationalization of the oil fields of La Brea and Pariñas. General Juan Velasco Alvarado, one such reformer, seized power in October 1968. Within a week in 1969, his government expropriated the holdings of the International Petroleum Co. Months later, the so-called revolutionary government of the armed forces decreed a sweeping agrarian reform starting with the rich coastal sugar estates (McClintock and Lowenthal 1983).

Velasco's sensitivity to the United States' power in Peru had repercussions in the field of demography too. In late 1973 he shut down the Asociación Peruana de Protección Familiar, then Peru's largest network of family-planning clinics, because of its reliance on funds from the Planned Parenthood Federation of America.¹¹ At the 1974 International Conference on Population in Bucharest, the Peruvian delegation sided with the coalition of third-world countries that rejected the United Nations' Population Draft Plan of Action. The position of these countries was that the root causes of underdevelopment would be better tackled not through population reduction policies but through radical initiatives to even the terms of foreign trade and wealth redistribution that were currently stacked in favor of industrialized nations (Finkle and Crane 1975). Consequently, Velasco announced that Peru did not plan to implement family-planning programs as part of the national planning strategy of 1970–1980. Lower fertility, he insisted, could be accomplished more gradually through increased funding for education and the rationalization of urban development (Varillas and Mostajo 1990). Velasco's emphasis on the assertion of national sovereignty over natural resources, and on lowering fertility through planning and education, indicate a significant degree of conver-

10. José Donayre Valle, "Población y Revolución," *Acta Herediana* 6, nos. 1–2 (1970): 5–7.

11. Ministry of Health Resolution 000293-73-SA/DS, *Diario Oficial El Peruano*, December 20, 1973.

gence between the military reformers and the Peruvian Catholic Church. But how could this convergence translate into action? Ironically, this happened with the help of a foreigner.

DR. KERRINS AND HIS MISSION TO PERU

Dr. Joseph Kerrins was greatly responsible for the early stage of the Peruvian Catholic Church's family-planning program. Born in 1928, Kerrins was a Catholic physician from New England. By the early 1960s, Kerrins and his wife, Helen, were active in the CFM. In addition, Kerrins had a private practice and was the chief of obstetrics and gynecology at the Sturdy Memorial Hospital in Attleboro, Massachusetts.¹²

Although aware that missionary work would mean giving up his lucrative private practice, Kerrins increasingly saw it as an extension of his volunteer work in New England. In 1966, he contacted the Association for International Development (AID), a Catholic charity based in Paterson, New Jersey. Since its foundation in the early 1960s, AID-Paterson had specialized in supporting Catholic professionals seeking to do volunteer work in the developing world.¹³ AID-Paterson provided the link between Kerrins and Fr. John Coss, a Catholic priest in the order of the Sons of Mary. The Sons of Mary first went to Peru in April 1961, in response to Pope John XXIII's call for orders to send 10 percent of their personnel to South America "to combat the Communism that was rampant at that time."¹⁴ Peruvian cardinal Juan Landázuri asked the Sons of Mary to take over the parish of Santa Magdalena Sofía Barat in the Lima neighborhood of El Agustino. Coss was named parish priest in October 1965 and found himself back in the United States and meeting Kerrins in the summer of 1966.

During a preliminary trip to Peru later that year, Kerrins met Br. Francisco Tanega, another Sons of Mary priest and a medical doctor. Tanega ran clinics in several poor neighborhoods in Lima between 1961 and 1969. Speaking of the female patients in those clinics, Kerrins recalled that "there seemed to be no doubt in their minds they wanted me to help them to stop having so many babies."¹⁵ Br. Tanega, Fr. Coss, Fr. Roger Reedy (another Sons of Mary priest), and Joseph Kerrins then designed a program that would permit birth limitation within acceptable Catholic teachings. The

12. "Their Choice: 'Ring of Misery,'" *Attleboro Sun*, January 14, 1967, p. 6; interview with Joseph Kerrins, St. Petersburg, FL, March 3, 2005.

13. Larry Dodge, *Becoming Global Citizens* (Cumberland, WI: Forum Publications, 2003).

14. Letter from Fr. John Coss to the author, November 29, 2006; see also Klaiber 1992 and Behrens 2001.

15. Letter from Joseph Kerrins to Cardinal Juan Landázuri, Lima, December 28, 1967. Archive of Joseph and Helen Kerrins, East Falmouth, Massachusetts, and St. Petersburg, Florida. Hereafter referred to as "Kerrins Archive."

contraceptive pill, effective, noninvasive, and in 1967, deemed likely by prominent Catholic physicians like John Rock to become part of the Catholic family-planning toolbox, seemed like a good choice. In fact, some Catholic physicians already used oral contraceptives to make ovulation cycles more predictable among women who wanted to use the rhythm method.¹⁶

More important, Kerrins and the Sons of Mary believed that the ultimate goal of the program should be to improve marriages and make better Catholic families, and they did not believe that contraception alone could accomplish that. Therefore, they devised an educational component for the program. As members of the CFM in Massachusetts, Joseph and Helen Kerrins had conducted seminars to coach married couples toward improving conjugal love, sexuality, communication, and their relationship to their children. The seminars consisted of eleven sessions on these different subjects, and the Kerrinses suggested using their seminar curriculum as the blueprint for the educational program.¹⁷ Fr. Coss and Br. Tanega submitted a proposal to Cardinal Landázuri outlining the clinical and educational components of the program and emphasizing that the pills (conspicuously referred to as *anovulatories* instead of *contraceptives*) would be provided for a period of eighteen to twenty-four months at most. This period was based on both the observations of Br. Tanega about how long poor urban women breast-fed their infants and the belief that women who are breast-feeding should be fully dedicated to nurturing an infant. The corollary of that belief was that it was morally legitimate to prevent a new conception during the lactation period. Cardinal Landázuri gave his permission for this program to operate in El Agustino, although he labeled it as experimental at first.¹⁸

Migration from rural to urban areas had accelerated in Peru since the 1930s. New arrivals in Lima, however, often had to contend with housing costs that were out of their reach, when housing was available at all. As a result, new areas beyond the city limits began to be colonized (Dietz 1980; Golte and Adams 1990; Lloyd 1980; Sánchez et al 1979). The aspect of these communities in formation in the 1960s, known then and now as *barriadas* or *pueblos jóvenes*, was for outsiders one of rampant chaos made worse by poverty and by the large number of children women had. El Agustino was one such *pueblo joven*.¹⁹ Joe Kerrins's range of reactions to life in El Agustino varied widely, from annoyance at the "horde of dirty, lean

16. World Health Organization, "Clinical Aspects of Oral Gestogens," Technical Report 326 (1966). See also Rock 1963.

17. Joseph Kerrins and Helen Kerrins, "Responsible Parenthood Program in the Barriadas of Lima," Report to the Association for International Development, April–December 1967, Kerrins Archive.

18. E-mail from Br. Francisco Tanega to the author, April 17, 2006.

19. Krishna Roy, "Aspectos saltantes del estudio de fecundidad en El Agustino," *Estudios de Población y Desarrollo* 3, no. 4 (1969): 1–8.

kids in rags”²⁰ who followed him when he worked to optimism following his first successes: “I’m swamped. The poor in the *barriada* of Agustino seem to be very anxious to do something to try to limit the size of their families.”²¹ Most notable among Kerrins’s reactions was his critique of wealth inequalities within Peru and between Peru and the United States: “If your neighbor has an abundance of bread and you have none, you have a right to some of his. . . . Everywhere we look we see dogs, walls and barred windows to prevent the poor from taking any of the possessions of the rich. One wonders what the poor, not just in Peru but in the world, will do when they finally find out how much we have in the States. Will we be able to build high enough walls and strong enough bars for our windows and train enough ferocious dogs?”²²

Signing off his letters to friends in the United States as “yours in a prayer of action,” Kerrins rolled up his sleeves and got to work.²³ The Rules Committee of the Peruvian Faculty of Medicine gave him a temporary permit to assist in “sanitary work, health posts, nutrition clinics and other problems that directly affect the inhabitants of the *barriada* of El Agustino.”²⁴ Significantly, though, Kerrins did not have the support of the U.S. government. Instead, Jonathan Fine, the human resource development officer of the U.S. Agency for International Development in Peru, hoped Kerrins would realize how politically sensitive family-planning programs were and how dangerous it was for American citizens to become openly identified with such work.²⁵

The clinical part of the program was set up first because Kerrins believed it unlikely that couples would attend the marriage workshops without the incentive of providing birth control. The CEPD supplied Kerrins with Ovulen-21, a contraceptive pill, at no cost, to be sold at very low cost to the women who enrolled in the program. The reasoning was that free contraceptives would give users the impression that the technology was worthless when, in actuality, it was the crucial first step to attract people to the educational program. The first workers in the clinic of El Agustino, which officially opened in April 1967, were all volunteers: Kerrins, a nurse, and a social worker. On any given day, Kerrins would drive to pick up his assistants and then head to the clinic. He set up his equipment in the parish’s function room, using a private area as the exam room and a desk

20. Joseph Kerrins letter to Gene and Joanne, June 9, 1967, Kerrins Archive.

21. Joseph Kerrins letter, April 16, 1967, Kerrins Archive.

22. Joseph Kerrins letter, February 18, 1967, Kerrins Archive.

23. Joseph Kerrins letter to Gene and Joanne, June 9, 1967, Kerrins Archive.

24. Letter from Dean J. Campos Rey de Castro, Facultad de Medicina de la Universidad Nacional Mayor de San Marcos, to Joseph Kerrins, Lima, December 2, 1966, Kerrins Archive.

25. Letter from Jonathan Fine, M.D., human resources development officer, U.S. Agency for International Development, to Joseph Kerrins, Lima, January 25, 1967, Kerrins Archive.

to welcome patients. The clinic provided a range of gynecology services, including cervical cancer and tuberculosis screenings, in addition to the pill. The social worker would note each woman's name, address, number of pregnancies, children living and dead, age, and reason for coming to the clinic. Then the doctor would take her medical history and give her a physical exam. If the woman wanted to be on the pill, the physician showed her how to take it and warned her of its side effects. The social assistant would repeat the instructions and then give her the first month's supply of pills. If the woman was breast-feeding, the assistant would also give her a supplement of minerals and vitamins. Then the social assistant and the woman made an appointment for the following week, in case any problems arose in connection with the contraceptive. Finally, the social assistant gave the woman a slip of paper that her husband needed to sign if he agreed to his wife's going on the pill. The woman had to bring back the signed slip to her next appointment for the supply of contraceptives to continue. Kerrins estimated that the early team of volunteers saw an average of forty women seeking the pill every day. The work took about five hours, including travel time.²⁶

Soon priests from other parishes began to approach Kerrins and the Sons of Mary to ask that similar clinics be established in their parishes. By June 1967, there were four more clinics in pueblos jóvenes: one in Dos de Mayo, another in El Montón, and two in Comas. The early adopters were parishes managed by foreign priests, in particular those belonging to the Oblate, Columban, and St. James missionary orders.²⁷ The workload became too burdensome for a group of volunteers, and Kerrins applied for and received a grant of US\$5,000 from CEPD to hire two social workers and a nurse, in addition to himself, who still went without a salary. By August, some of the clinics were so popular that they had to be open twice a week, and Kerrins received a US\$6,000 grant from the Pathfinder Fund.²⁸

By 1965 the pill had become a very profitable drug in the United States, delighting its creator, G. D. Searle (Tone 2001). Not surprisingly, other pharmaceutical companies attempted to bring to market contraceptive pills of their own. Warner-Lambert was one of them, and it had one product in need of human trials. The novelty of the formula consisted in the fact that it only needed to be taken once a month to have a contraceptive effect (Odell and Molitch 1974). The substance, known as Q1-Q2, was simultaneously tested in Mexico, Chile, and Peru, and its advocates boldly

26. Interview with Joseph Kerrins, St. Petersburg, FL, March 3, 2005; and Joseph Kerrins, "A Responsible Parenthood Program in the Barriadas of Lima," report to the Association for International Development, August 1968, Kerrins Archive.

27. Secretariado del Episcopado Nacional del Perú, *Anuario Eclesiástico del Perú*, 1969.

28. Kerrins and Kerrins, "Responsible Parenthood Program," 1968, Kerrins Archive.

promoted it as a solution to the problem of fast population growth in the third world.²⁹ Warner-Lambert approached Kerrins in August 1967, during the program's fastest period of expansion, and thus its period of greatest financial need, and offered a US\$10,000 grant, in addition to the medication itself for free, in exchange for a report of its acceptability among the urban poor, and Kerrins accepted.³⁰

Accepting Warner-Lambert's help turned out to be a costly bargain for Kerrins. His advocacy of methods other than periodic abstinence had already raised eyebrows among members of Peru's lay Catholic movement. Warner-Lambert's offer turned these doubters into enemies. To them, Kerrins was no well-meaning Catholic volunteer, but the employee of a U.S. corporation that profited by preventing Peruvians from being born.³¹ Ironically, these critics came mainly from the Peruvian Movimiento Familiar Cristiano (MFC), among whom Kerrins had also his closest allies when he began rolling out the educational component of the program in August 1967. Like the CFM in the United States, Peru's MFC was made up mostly of middle-class, Catholic married couples who promoted not social activism but an inward-looking reflection about the quality of one's married life and the maintenance of traditional gender roles of men in the public sphere and women in the domestic one.³² Yet a few couples in the MFC were persuaded by Kerrins's position and by the support of the Catholic hierarchy for the program. These couples translated the Kerrinses' curriculum from English to Spanish. After taking the course themselves, the MFC couples in turn began conducting the workshops on conjugal love and responsible parenthood in parishes in pueblos jóvenes. Their experience teaching about conjugal love in an environment of material squalor and violence was both challenging and inspiring; some made friends with the couples they met in the workshops and with the priests who hosted them.³³

In late 1967 the program faced a crisis that revolved around whether Cardinal Landázuri had given appropriate consent to open additional clinics besides the experimental one in El Agustino. During the course

29. Max Winterhalter Uriarte, *Un Nuevo Contraceptivo Oral*, bachelor's thesis in medicine, Universidad Nacional Mayor de San Marcos, 1969. See also Maqueo 1969; Rubio and Ber- man 1970; and Guiloff et al. 1970.

30. Kerrins and Kerrins, "Responsible Parenthood Program," 1967, Kerrins Archive.

31. Federico and Laura Hurtado, presidents of the Archdiocesan Team of the Peruvian Christian Family Movement, to Cardinal Juan Landázuri. Lima, May 9, 1974, Archive of Peru's Christian Family Movement, Surco, Lima. Hereafter referred to as "Archivo MFC-Surco."

32. Francisco Zarama and Consuelo Zarama (eds.), "Este es el MFC," *Proceedings of the 10th Meeting of the Christian Family Movement's General Assembly for Latin America* (Panama City: Movimiento Familiar Cristiano, 1979).

33. Interview with Consuelo Castillo, former member of the Peruvian Movimiento Familiar Cristiano. Lima, June 22, 2006.

of the controversy, it became known that Kerrins received support from Warner-Lambert. "The Cardinal exploded!!!" Kerrins wrote.³⁴ Believing Landázuri to be "very nationalistic and anti-gringo," Kerrins rushed to assure him that it had never been Kerrins's intention to offend the church.³⁵ Kerrins also emphasized the importance of the educational component and offered to close all clinics to appease the cardinal.³⁶ Mastering his own irritation over the scandal, Landázuri appointed Fr. Enrique Bartra, a Jesuit theologian, to evaluate the moral appropriateness of the program, to decide whether to phase out the clinics. By early 1968, with Bartra keeping the program on a tighter leash, the crisis was over. By that time, approximately 699 women were taking oral contraceptives in eight parish clinics, and by June 1968, when Kerrins departed, the number had grown to 1,200 women.³⁷

Kerrins had recently returned to the United States when *De Humanae Vitae* was promulgated. Stunned by the news, he called the pope's decision "an unjust imposition" and claimed that "the society in which the Peruvians live—uneducated, uncultured, poverty ridden—has not attained a level of Christianity at which they could be expected to follow an edict which would worsen for them the major problem they have so recently began to combat."³⁸ Kerrins, however, had underestimated how committed the highest officers of the Peruvian Catholic Church were to this program.

AFTER DE HUMANAЕ VITAE

Landázuri was aware of the CEPD-sponsored increase in the number of birth control clinics in Lima. Unlike those clinics, the parish clinics were committed to the promotion of Catholic values through the educational program. Moreover, as discussed previously, there was an important sector of the Catholic hierarchy that took seriously the legitimacy of a couple's right to determine how many children they should have. This sector was sympathetic to the continuation of the program, and it included the auxiliary archbishop of Lima, Luis Bambarén; the bishop of the province of Callao, Augusto Durand; and the Jesuits Enrique Bartra and Juan Julio Wicht.

To consolidate the program in the pueblos jóvenes where it already operated, the cardinal turned the program's administration over to the Peru-

34. Letter from Joseph Kerrins to John and Pat, January 6, 1968, Kerrins Archive.

35. Letter from Joseph Kerrins to Father G., February 13, 1968, Kerrins Archive.

36. Letter from Joseph Kerrins to Cardinal Juan Landázuri, Lima, December 28, 1967, Kerrins Archive.

37. Kerrins and Kerrins, "Responsible Parenthood Program, 1967"; Joseph Kerrins letter, June 9, 1968, Kerrins Archive.

38. "Gynecologist Hopeful Encyclical Won't Disrupt Family Planning," *Attleboro Sun*, Saturday August 3, 1968, 1.

vian MFC, which in turn split the program into clinical and educational branches. Although the latter stayed firmly in control of the MFC, paid medical professionals began to manage the former. With its new structure in place, the Proyecto de Promoción Conyugal y Familiar en Barrios Marginales earned the endorsement of the Oficina Nacional de Desarrollo de Pueblos Jóvenes (ONDEPJOV), an agency created by General Velasco Alvarado in December 1968 to coordinate social policies for residents of pueblos jóvenes and to mobilize support for the regime among them. The ONDEPJOV (1969) went as far as to recommend that the government's family-planning policy be modeled on the Catholic Church's program, a recommendation that Velasco did not follow.³⁹

Throughout the changes, the Catholic Church's project still aimed to strengthen couples and families "to be actively incorporated as an organic component of the people of God," to provide relief for "the anguish of numerous families caused by the lack of balance between demographic growth and the development of our country," to broaden the knowledge that "rational family growth leads to dignified progress for mankind," and to develop the concept of responsible parenthood. Nevertheless, in clear allusion to the Q1-Q2 affair, the project also aimed to provide "pills that have passed all experimental stages and are authorized by Peruvian health authorities."⁴⁰

Faced with the increasing popularity of the clinics, the leaders of the MFC sought to enlist the help of more MFC couples to deliver the educational curriculum in the pueblos jóvenes. This was not easy. Traditionally, the MFC's strengths did not lie in social activism. More important, several leading members of the MFC were vehemently opposed to the use of oral contraceptives, particularly after *De Humanae Vitae* and to the foreign funding the clinical program received. The critics were not wrong about the funding sources. The bulk of the project's financing in 1969–1970 (1.4 million Peruvian soles, or approximately US\$33,000) came from the CEPD, which channeled donations from the U.S. Agency for International Development. Another US\$16,000 consisted of a donation from the Pathfinder Fund.⁴¹

By early 1970, educational program director Pedro Pazos estimated the medical program had approximately 2,500 users and believed that this would grow to 3,300 within six months. According to him, the program needed 111 new MFC couples to train pueblo joven couples, yet only

39. "Recomendaciones del Organismo Nacional de Desarrollo de Pueblos Jóvenes," Lima, April 8, 1969, Archivo MFC-Surco.

40. Helí Cancino Izaguirre, Guillermo Tagliabue, Oscar Castillo, and Armando Toivar, "Promoción conyugal, familiar y de investigación del MFC en barrios marginales," June 1968, Kerrins Archive.

41. Letter from Pedro and Magdalena Pazos Gamio, program directors, to Juan and Renata Idoña, archdiocesan presidents, MFC, Lima, February 18, 1970, Archivo MFC-Surco.

twenty-six MFC couples had completed the course up to that point. Of those couples, only nine worked actively in pueblos jóvenes.⁴² Pazos's pleas for greater MFC involvement were unsuccessful. This indecisiveness led Pazos to seek more administrative autonomy. As a result, two new organizations emerged between 1970 and 1971. The Programa de Apoyo Laico Familiar (PALF) took charge of clinical operations, and the Centro de Capacitación y Promoción Familiar (CCPF) focused on offering courses on responsible parenthood and leadership training for pueblo joven couples.

By August 1970 the clinical program had more than four thousand users of the pill in fourteen parish clinics in Lima, Callao, Huacho, Ica, Ancash, and Tacna. It employed twelve obstetrician-gynecologists, a psychologist, and several nurse-assistants. By June 1973, there were nineteen parish clinics and more than 5,500 users of the pill.⁴³ The educational program, still lagging, had enrolled slightly more than one thousand people to complete the curriculum.⁴⁴

Fr. Enrique Bartra, the Jesuit adviser to the PALF, went from cautiously criticizing the program to enriching the theological justification for the provision of oral contraceptives for up to twenty-four months. He began by stating that women's monthly ovulation cycles are suspended after giving birth, and that maintaining, and even inducing, this natural "ovarian resting period" was morally justified because there are tight biological, psychological, and spiritual links between mother and child during pregnancy, which continue through the breast-feeding period. Bartra deemed these links "essential for the formation of the human being," and claimed that they could be upset by the sudden arrival of another baby.⁴⁵ Bartra also emphasized that the duration of the breast-feeding period could not be precisely determined because it was a phenomenon determined by not only biology but also culture. In any event, "the breastfeeding mother appears to have the right to ovarian rest during that whole period, as long as it may be."⁴⁶ Even if a woman who recently gave birth did not breast-feed, Bartra went on, she still had the right to ovarian rest, but in that case it was necessary to set limits to this period. To come up with an estimate, Bartra cited chronicles from Peru's colonial period, the Bible, a survey conducted

42. Pedro and Magdalena Pazos Gamio, program directors, to Armando and Nelly To-var, archdiocesan presidents, MFC, Lima, January 5, 1970, Archivo MFC-Surco.

43. Memorandum from Harold Crow to John Robbins, Planned Parenthood Federation of America, October 12, 1973, Smith College, Sophia Smith Collection, PPFAL, Box 83, folder 22.

44. Pedro Pazos, Heli Cancino, Guillermo Tagliabue, Carlos Flores-Guerra, and Enrique Bartra, "Programas de orientación cristiana en relación con la regulación de la natalidad en el Perú," *Obstetricia y Ginecología* 16, no. 2 (1970): 153–168.

45. Enrique Bartra, "Fundamentación moral del tratamiento anovulatorio después del parto," *Revista Teológica Limense* 7, no. 3 (1973): 425–431.

46. *Ibid.*, 427.

by the PALF in a pueblo joven, and even the Koran, and suggested that, in Peru, the normal rest period lasted between eighteen and twenty-four months, the same duration that Kerrins and the Sons of Mary had used as a reference. Bartra also noted that many pueblo joven women would like to breast-feed, even if only to save money on formula, but could not because of their poor health, arising from malnutrition and worsened by poor hygiene and by having given birth numerous times in unsanitary conditions. With Bartra as spiritual adviser, the program began to emphasize the training of couples in methods of periodic abstinence as part of the educational component, so they would be ready to put those methods in practice after the twenty-four-month regime of pills.

Bartra's arguments in favor of the program matched the attitude of Cardinal Landázuri himself. Fr. Pedro Richards, the spiritual adviser of the MFC in Latin America, wrote to Landázuri in December 1976 from Uruguay, criticizing the program and claiming that "while, throughout the continent, there are those who courageously fight for what is prescribed in *De Humanae Vitae*, the Lima experiment seems subservient to the *pildoristas* [pill pushers]." Landázuri's reply was that this project had his approval. Citing Bartra's work, Landázuri argued that "*Humanae Vitae* does not forbid a reasonable regulation of fertility nor legitimate therapies. The restricted use of anovulatorys allowed through the program does not infringe on the terms of the Encyclical, according to the judgment of authorized experts in morality." Moreover, he stated that the project itself was continuously "improving its medical aspects, according to advances in natural methods." Downplaying Richards's knowledge of Peruvian realities, Landázuri referred to him as "a priest just passing through Lima," then delivered a sharp rebuke: "As Cardinal and Bishop I strongly reject these and other expressions in your letter which, in addition to being insulting, are untrue. I cannot allow you nor anyone else to doubt my fidelity to the Holy Father, the doctrine or the directives of the Church!"⁴⁷

However, despite Bartra and Landázuri's best intentions, physicians and social workers on the clinical side of the project did not always comply with the guidelines set by the MFC in 1969.⁴⁸ According to those guidelines, each parish priest had the ultimate power to decide whether a given woman was eligible to receive contraceptives in his parish. Physicians were required to notify the medical director and the parish priest if they considered that there were valid reasons why a woman should stay on the pill beyond twenty-four months. Physicians also had to inform the women of their duty to participate in the educational program with

47. Letter from Cardinal Juan Landázuri to Fr. Pedro Richards. Lima, February 3, 1977, Archivo MFC-Surco.

48. Letter from Pedro Pazos, program director, to Drs. Heli Cancino and Guillermo Tagliabue, codirectors of the medical program, Lima, November 25, 1969, Archivo MFC-Surco.

their husbands. In reality, physicians were reluctant to end the supply of contraceptives under different conditions. Physicians did so, for example, when a woman had been on the pill for more than twenty-four months but had not yet completed the educational program, which consisted of talks given over several weeks.⁴⁹ Physicians also made exceptions when they estimated that a new pregnancy would be too risky for a woman, given her physical state. Because the project worked only with oral contraceptives and the rhythm method, when women asked physicians for other contraceptive methods, physicians referred those women to hospital outpatient clinics.⁵⁰ When women who had been on the pill nevertheless became pregnant and had abortions, physicians allowed them to restart the twenty-four-month regime of oral contraceptives. Most exceptions were made to the rule that husbands had to give their written consent for their wives to go on the pill because a good number of *pueblo joven* women were not married to the fathers of their children.⁵¹

By the mid-1970s, the project faced a new crisis. Because the bishops of Huancayo, Yauyos, Abancay, and Cajamarca found the program unacceptable, some MFC critics claimed that “there is disorientation and confusion in the consciences of lay members of the Church, because priests do not speak with one voice.” In addition, they complained that the arguments in favor of population limitation to stave off future food scarcity were weak. Peru, according to them, had “infinite unexploited riches awaiting the science and technology of the Peruvian worker to begin to be productive.”⁵² In their view, wealthy nations held back food production to maintain their own profits at the expense of the suffering of third-world countries. Moreover, the critics believed that the pill made men see women as more sexually available. Finally, they were suspicious of the support the clinical side of the program received from Family Planning International Assistance, the international division of the Planned Parenthood Federation of America, because the MFC leaders did not know how those funds were used.

In response, Cardinal Landázuri had a meeting with his auxiliary bishops, the MFC leaders, and a group of parish priests. The meeting was favorable to the continuation of the program, and therefore Landázuri had no choice but to divest it from the MFC, although he hoped some of its members would still help out individually. Landázuri was disappointed: “I am sorry to have to make this decision, and I trust the members of the MFC will reflect on the reasons that have made me do so.” The cardinal

49. Interview with Dr. Jorge Ascenzo, Lima, July 19, 2004.

50. Interview with Dr. Hugo Oblitas, Lima, July 19, 2004.

51. Interview with Martha de Laudi, Lima, April 14, 2006.

52. Federico and Laura Hurtado, presidents of the Archdiocesan Team of the MFC, to Cardinal Juan Landázuri Ricketts, Lima, May 9, 1974, Archivo MFC-Surco. Note also the link between this pronatalist stance and Latin America’s peculiar brand of eugenic thinking in Stepan 1991.

believed that, through the program, the MFC supported the archdiocese's social mission, "in accordance with the demands of our time, through an authentic and effective commitment to the poor and the oppressed."⁵³

Even after this, the project continued for several years. However, after 1976, it began to decline for a set of interrelated reasons. General Velasco died in 1975 while in power and was succeeded by General Francisco Morales Bermúdez, who cooled down the pace of the social changes introduced by Velasco, including the agrarian reform. In the field of demography, Morales Bermúdez called for a committee to draft the country's first population policy guideline in 1976, which legalized the use of all contraceptives, except abortion and sterilization. As a result, foreign donors increasingly chose to finance organizations that used a broader range of contraceptives than the Catholic project did. At the same time, the Catholic Church itself began to lean more heavily on periodic abstinence methods and on responsible parenthood education instead of on the promotion of contraception. As a result, the clinical program slowly wilted until its final demise sometime in the early 1990s.⁵⁴

DISCUSSION

The Peruvian Catholic Church family-planning project went by two names. Kerrins and the Sons of Mary dubbed it the "Responsible Parenthood Program in the Barriadas of Lima." The Cardinal and the Peruvian MFC went with "Project for Conjugal and Family Promotion in Peripheral Neighborhoods." The names suggest the objectives of the program's founders and supporters: parental responsibility and freedom to determine how many children to have, and the improvement of families as Catholic communities. The initiative was based on a long-standing commitment of the Latin American church to the Catholic social doctrine. The suffering caused by having too many children became connected to this commitment early in the 1960s.

However, Catholic authorities in Peru did not see fertility control only as a means to limit births or as the individual prerogative of women. Their family-planning program was part of a broader education plan to promote the duties of responsible Catholic parents for the betterment of families and the nation. Such an education program was aimed at both men and women. Moreover, even the clinical program had a component that required male intervention in the form of a consent form. For priests, particularly those working in poor parishes on a day-to-day basis, the most persuasive aspect of the program was not its relationship to U.S. funding

53. Cardinal Juan Landázuri to Federico and Laura Hurtado, presidents of the Archdiocesan Team of the MFC, Lima, June 5, 1974, Archivo MFC-Surco.

54. Interview with Dr. Guillermo Tagliabue, Lima, July 17, 2004.

or the discourse of nationalist development in Latin America. Rather, it was the way the program combined a popular demand for smaller families with a duty to transform Catholics through consciousness raising and education. To these priests, responsible parenthood meant not just conceiving children but also providing a spiritual formation, material support, love, and education for those children. None but an observant Catholic married couple, they believed, was better prepared to fulfill these requirements. Likewise, no organization was entitled to decide for this couple the number of children they ought to have. The most the church could do was provide guidance for couples to make this decision in a conscientious and free manner.

At the same time, this program unfolded within the context of the Cold War and a resurgence of Peruvian nationalism. Social forces such as the increasing relevance of the discourse of development, the nationalist reaction to the influence of the United States, and the introduction of new contraceptives also affected the direction and content of the program. The belief in the need for population reduction in Latin America can help explain why, from the outset, more people partook in the clinical part of the program than in the educational one. Approximately one *pueblo joven* woman out of four who went on the pill also completed the educational curriculum. Why the huge discrepancy? The clinical program grew so much and so fast that volunteers could not run it, even during Kerrins's tenure. The program needed paid professionals and a division of labor between field clinical workers and managers. This growing workforce depended largely on USAID funds. Particularly after 1968, U.S. foreign policy toward population growth in the developing world was oriented toward the quiet but relentless support of national governments that wanted to lower birth rates (Merrick 2002; Sai and Nassim 1987). The sheer amount of funds and resources that the United Nations made available to those working on family planning in the 1960s and 1970s everywhere in Latin America was a crucial factor for the uneven development of the medical program relative to the educational one in the case of Peru.

Nevertheless, not everyone welcomed these attempts to affect family-planning policies and practice. Peruvian nationalism in the 1960s affected this story in multiple ways. There was strong criticism of the program on the part of certain members of the MFC in Lima who perceived sinister links between the promotion of family planning and the corporate greed of pharmaceutical companies, the oversexualization of women, and the economic subordination of some nations to others. The latter link was particularly relevant for General Velasco's regime. His hostility toward the Planned Parenthood Federation of America's presence in Peru and his alignment with the nations that attacked the 1974 World Population Draft Plan of Action are representative of his conviction that population could be turned into an asset for the nation's development.

A third level of analysis is also discernable, beyond the Catholic Church's insistence on familial involvement in fertility decisions, and beyond the disagreements between Velasco's pronatalism and the United States' population control efforts. Although this must remain speculative in the absence of sufficient evidence from the women and men who attended the parish clinics, it stands to reason that the clinics would not have been as popular had there not existed some degree of consent and even active demand for contraception on the part of dwellers of pueblos jóvenes. The medical services provided by the Catholic parish clinics included not only the pill but also physical checkups, vitamin supplements, and cervical cancer and tuberculosis screenings. Particularly for women living in pueblos jóvenes, the prospect of free health services and family planning must have been alluring. Both the number of users and the recollections of priests and medical personnel suggest that it was.

On a more practical level, it is clear that not all national Catholic churches adopted a hard line against birth control following *De Humanae Vitae*, which is what focusing on the U.S. Catholic Church, for example, suggests (Donaldson 1988; Gordon 1976; Marks 2001). In Latin America, the 1960s Catholic Church was as committed to denouncing social injustice as it was to being faithful to the Vatican. In Peru, this double commitment led the Catholic Church to foster an approach to family planning that did not embrace the connection between birth control and industrialization, nor that between birth control and women's expanded autonomy from the domestic sphere. This is an important revision of the portrayal of Catholic leaders as uniformly opposed to birth control. In fact, they embraced birth control but in their own terms. Negotiating such terms required theological creativity, such as that displayed by the Sons of Mary and Bartra, along with the recognition that popular demands have legitimacy and deserve courageous support, such as that provided by Landázuri. This also suggests that the contemporary polarization between civil society and the Catholic Church in Latin America on issues like emergency contraception need not seem hopeless, as long as Catholic leaders in the region can, once again, tap into the well of theological creativity and courageous leadership that was one of the hallmarks of their church in the 1960s and that surely has not been extinguished.

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