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WALKING WITH MY INTESTINES HANGING THROUGH THE STREETS OF QUINOA, AYACUCHO– PERU CHUNCHULCHAYPAS WARKURAYASQAM PURIRQANI (WITH MY INTESTINES HANGING I WALKED) THE CALVARY OF VANE[1] FOR FORCED STERILIZATIONS

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1. For security and privacy reasons, we will use the fictitious name 'Vane' to refer to the forced sterilization survivor from Quinua, Huamanga – Ayacucho, Peru

Abstract: This article examines the context of political violence in Ayacucho, Peru, where indigenous quechua women were subjected to forced sterilizations. Through the testimony of one victim, the cruelty of these practices is described, figuratively comparing the experience to breast removal and uterine fracture to prevent them from having more children. A qualitative approach is used with a descriptive method, analyzing the case of a woman affected by these interventions. The results show that the sterilizations were carried out coercively and without the consent of the people, in a family planning context. Despite having been carried out in a first-level hospital, medical negligence resulted in a poorly sutured wound that became infected and chronic. The woman walked for four long years with her intestines exposed (CHUNCHULCHAYPAS WARKURAYASQAM PURIRQANI - With my intestines hanging I walked), due to the lack of resources to receive adequate treatment. This study concludes that these forced sterilizations were part of a demographic plan rooted in the context of political violence in Ayacucho between 1980 and 2000. It is crucial to recognize and address this ignored tragedy to ensure justice and protect human rights.
Keywords: Forced sterilizations, quechua indigenous women, Medical negligence, Family planning, Human rights.

INTRODUCTION

During the 1980s, Peru suffered an internal armed conflict that left deep marks on society, particularly in areas such as Ayacucho. In this environment of violence and marginalization, the Peruvian government implemented a program of mandatory sterilizations under the cover of a family planning plan. This program seriously violated the reproductive rights of thousands of women, mostly indigenous and peasant women.

These actions, far from being isolated incidents, were part of a population control policy aimed at the most vulnerable communities. As one of the victims put it, "unfortunately, I had this bad luck to drag around, I just wanted to die because of this guilt, but God did not want it" Vane (2021). This heartbreaking testimony encapsulates the suffering and desperation of those who were subjected to these surgical interventions without their consent. Coercive sterilizations not only caused physical damage, but also generated deep emotional and social repercussions, leaving lasting scars in the lives of the affected women and their families.

Cases such as that of Mrs. Vane in Quinua (Huamanga – Ayacucho), where an indigenous woman suffered forced sterilization with devastating consequences for her health, which show the brutality of these actions and the need for restorative justice.

METHODOLOGY

This case study draws on a participatory ethnographic methodology to explore the experiences of women subjected to forced sterilizations in Quinua, Ayacucho. Through in-depth interviews, participant observation, and reflection workshops, rich and contextualized data are collected that allow us to understand the impact of these policies on women's reproductive health, human rights, and well-being. The research incorporates constant interaction and accompaniment as a local quechua-speaking person, which guarantees fluid and effective communication, with an approach sensitive to the cultural realities of the participants. In addition, individual experiences are contextualized within a broader framework through a thorough review of scientific literature and previous community testimonies, with the aim of making the voices of the victims visible and contributing to justice and reparation.

BUILDING PATHS TO FREEDOM IN TIMES OF VIOLENCE

Quinua, a charming pottery and farming town located just 34 kilometers east of Ayacucho, known for its high-quality ceramics and historical legacy, with nearly 5,000 inhabitants, this town is famous for its clay churches and its role in the Battle of Ayacucho in 1824, which marked South American independence. However, today it is forgotten, despite its colonial beauty and rich artisan culture.

Despite its rich history and culture, Quinua did not escape the ravages of the internal armed conflict. During these years of violence, the community organized itself into peasant patrols to defend itself from the threats of the Shining Path and collaborate in the fight against the insurgency. This period, however, brought with it tragedies such as deaths, disappearances, forced displacements and non-consensual sterilizations, which deeply impacted its inhabitants.

In the 21st century, despite progress in knowledge, innovation and 'modern' education, authorities and planning remain deficient, reflecting a worrying decline in empathy and confidence in the future. Although ancient civilizations such as the Wari prospered with limited resources, today the situation seems to be worse. However, ancestral practices such as reciprocity, aynikuspa, still persist, although they are disappearing in the cities.

Remnants of colonialism still persist, manifested in the continuous imposition of decisions by some over others, which maintains a colonial mentality that must be deconstructed to achieve true social, cultural and economic independence. Every power structure implies, to a greater or lesser extent, the imposition of one group over others. Thus, all this donation is a power structure and, at the same time, it hierarchizes the status of the families of the community. This is manifested in disputes over control of work, sowing and harvesting products, sex, resources, authority and its specific violence, and intersubjectivity and knowledge (Quijano, 2014).

In this context, the Sumaq Wayta organization, formed by sterilized women from Ayacucho, which includes women from Quinua, shares heartbreaking testimonies. These women, mostly quechua speakers and with little or no formal education, were sterilized without their informed consent. They signed documents without understanding their content, and medical records have mysteriously disappeared from health facilities.

During the implementation of the National Reproductive Health and Family Planning Program (PNSRPF), women in Quinua were subjected to permanent sterilizations instead of receiving temporary contraceptive methods.

Nowadays, around 10 women from Quinua are part of the Sumaq Wayta organisation, which is supported by the NGO CDA Sisay, but it is estimated that many remain silent, due to fear, shame or the associated stigma. Each story reveals a painful process of abuse and neglect, evidencing the punitive nature of these practices.

TOWARDS SEXUAL AND REPRODUCTIVE HEALTH WITH DIGNITY AND EQUITY

Nowadays, health care must focus on a human rights approach that respects the dignity of each individual, placing the human being at the center of the State's actions. This means guaranteeing equal treatment and non-discrimination in health care. Human rights serve as prerogatives to demand specific behaviors from third parties, enunciating principles of dignity, freedom and equality. The State has the duty to ensure the enjoyment and access to these rights, eliminating barriers that

may prevent it and adjusting laws and their interpretation to favor people.

At the international level, "sexual and reproductive rights (SR)" are recognized as universal, comprehensive and inalienable human rights. However, in practice, deficiencies and obstacles persist that hinder their exercise, especially for the most vulnerable sectors (Távara, 2021). Based on the principles of freedom, dignity and equality, SRHR include rights such as the freedom to have sexual relations without violence, the possibility of pleasurable and safe sexuality, access to comprehensive sexuality education and respect for sexual preferences. In addition, Reproductive Rights include the ability to make free and responsible decisions about reproduction, access to methods to regulate fertility and quality care during all stages of life.

These rights are essential to achieve the highest level of physical, mental and social health. Sexual health implies enjoying sexuality free from abuse and coercion, with safe conditions against sexually transmitted diseases, and the ability to decide about reproduction. The 1994 International Conference on Population and Development in Cairo validated the concept of reproductive health at a global level, highlighting the differences in reproductive health between women in rich and poor countries (Távara, 2021).

Sexual and reproductive health care presents significant ethical and bioethical challenges. Health professionals must balance their personal ethics with responsibility for the health of the patient and the community. Bioethics, which addresses fundamental issues of birth, illness and death, has gained public attention with technological advances in this field. The right of health providers to express conscientious objections is also recognized, provided that they refer the patient to another professional who can provide the required service.

Although there has been progress in this area, notable inequalities in health care between men and women still exist, with women being the most affected due to their biology and reproductive function, particularly the most disadvantaged.

To achieve effective sexual and reproductive health, it is crucial to ensure that information and access to health care are available. The high burden of diseases related to reproductive health underlines the need to address gender power relations, gender-based violence and social and economic inequities that disproportionately affect women.

ADDRESSING MATERNAL MORTALITY IN THE ANDEAN REGIONS

Maternal mortality refers to the death of a woman during pregnancy or within 42 days after the end of pregnancy, as a result of complications directly related to pregnancy or its management, excluding those deaths that were due to accidental or incidental causes (WHO, 2023). This indicator reflects the large gaps in reproductive health care, mainly affecting the most unprotected, excluded and discriminated women. Maternal deaths continue to be a significant challenge in the Latin American and Caribbean region, deeply affecting women, as well as their families and communities. Various interventions have shown that the provision of services by qualified personnel can significantly reduce these deaths (WHO, 2022).

In Peru, since the WHO commitment in Nairobi in 1987 and the adoption of the Millennium Goals in 2000, considerable efforts have been made to reduce maternal mortality. Although the country was close to achieving the goal of reducing it by 75% by 2015, it achieved a reduction of 66% (MINSA, 2015). "Maternal mortality in Peru has decreased over the years, reaching a rate of

55.1 per 100,000 live births in 2019" (MINSA, 2020). However, the COVID-19 pandemic raised this figure to 81.6 in 2020 (MINSA, 2020). The main causes of maternal mortality include pregnancy-induced hypertension, hemorrhages, and complications related to COVID-19. "The Sexual and Reproductive Health Strategy of the Ministry of Health (MINSA) has identified a 42% increase in maternal mortality in 2020" (MINSA, 2021. The main causes were pregnancy-induced hypertension, hemorrhages, and COVID-19. During the first quarter of 2021, indirect maternal mortality due to COVID-19 increased significantly (MINSA, 2021). To reduce maternal mortality, it is necessary to consider the social and economic factors that influence the problem, ensure comprehensive access to health services, and improve primary care, among other measures.

Effective contraception and family planning are crucial to prevent unwanted pregnancies and, therefore, reduce maternal mortality (UNFPA, 2020).

"The Ministry of Health (MINSA) has released several initiatives to improve maternal health, such as the 'Ten Steps for Safe Birth' and 'Project 2000' programs, in collaboration with international organizations. Although a significant reduction in maternal mortality has been achieved, the Ministry of Health (MINSA) has released several initiatives to improve maternal health, such as the 'Ten Steps for Safe Birth' and 'Project 2000' programs, in collaboration with international organizations. Although a significant reduction in maternal mortality has been achieved, the Ministry of Health (MINSA) has released several initiatives to improve maternal health, such as the 'Ten Steps for Safe Birth' and 'Project 2000' programs, in collaboration with international organizations. "In Peru, the pandemic has underlined the importance of continuing and strengthening these efforts. It is essential to empower women, improve access to information and education, and ensure respect for their sexual and reproductive rights to achieve safe and healthy motherhood" (UNICEF, 2023).

THE PLANNING DILEMMA (RIMANAKUYCHU, LLAKIKUYCHU AYLLUPI KAY KUCHUCHIKUYPI)[2]

The sociopolitical context of violence and controversies surrounding women's sexual and reproductive rights influenced the implementation of sterilizations. During the administration of Alberto Fujimori, between 1995 and 2000, the National Program for Reproductive Health and Family Planning (PNSRPF) was carried out, with the aim of improving the living conditions of the most disadvantaged sectors. However, the results of this program have been the subject of much debate.

According to Ballón (2019), the sterilizations were carried out in a forced manner and without due informed consent, turning this policy into a coercive and violent measure directed at rural populations in Peru.

Despite efforts to promote family planning, the policy focused primarily on permanent sterilization, evidencing a possible interest in permanent birth control. Many women from the Sumaq Wayta Association of Sterilized Women in Ayacucho, who are mostly quechua speakers and have little formal education, were subjected to sterilization without fully understanding the documents they signed. Furthermore, medical records related to this procedure have disappeared from health centers (Ballón, 2014).

The consequences of these forced sterilizations are profound and long-lasting. According to studies conducted by Ballón

2. Rimanakuychu, llakikuychu ayllupi kay kuchuchikuypi. It is time to talk, is it time to be sad or happy in the family, when you are cut or sterilized?

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(2014), these women not only lost their reproductive capacity, but also experienced psychological trauma, stigmatization, and social exclusion. The lack of informed consent and coercion in the implementation of the program seriously violated their human rights, turning family planning into a family regret for many of them.

The policy of forced sterilizations not only left a deep mark on the physical health of thousands of Peruvian women, but also generated a collective psychological trauma. Distrust of health institutions and the State became more acute, especially in indigenous and rural communities, undermining the credibility of public policies and generating widespread skepticism towards reproductive health programs. The findings of the Ombudsman's Office in 2002 highlighted the seriousness of this crisis, underlining the urgency of rethinking approaches and ensuring the active participation of communities in making decisions about their own lives.

Past mistakes, such as forced sterilizations, force us to rethink the way we design and implement sexual and reproductive health policies. It is crucial that these policies be based on respect for human rights, the autonomy of people and community participation. As the United Nations (UN, 1948) has pointed out, informed consent is an essential element to prevent abuse and ensure that women have control over their reproductive decisions.

THE FIGHT FOR REPRODUCTIVE RIGHTS AND GLOBAL APPROACHES AND CHALLENGES IN PERU

The 1990s witnessed a growing global recognition of sexual and reproductive rights as human rights inherent to all people. With the Cairo and Beijing conferences as catalysts, the international community established a new paradigm in women's health and rights. These events laid the groundwork for the promotion of public policies that would guarantee universal access to sexual and reproductive health services, thus empowering women and girls around the world (WHO, 2023).

Ironically, while the international community was advancing in the recognition of sexual and reproductive rights as fundamental, Peru, mired in a period of extreme political violence, witnessed a serious violation of these rights. The implementation of the PNSRPF, far from empowering women, became an instrument of social control. Forced sterilizations, as documented by the CVR (2003) and analyzed by Ballón (2019 and 2022), are a clear example of how public policies, supposedly oriented towards health, can be used to exert coercive control over vulnerable populations, especially indigenous and rural women.

The Peruvian experience shows the urgent need to establish robust mechanisms for supervision and accountability in the implementation of reproductive health policies. As noted by the Ombudsman's Office (2002), it is imperative that these policies be designed and implemented under a human rights approach, ensuring the active participation of communities and respect for people's autonomy. This implies guaranteeing access to clear and timely information about health services, and empowering women to make free and informed decisions about their sexual and reproductive health.

To prevent future violations of sexual and reproductive rights, it is essential to learn from the mistakes of the past. The experience of forced sterilizations in Peru underlines the importance of transparency, informed consent and respect for human rights in all health policies. As UNESCO (2018) points out, only through an inclusive and rights-centered approach will we be able to build a future where all people, especially women and girls, can fully exercise their rights.

FORCED STERILIZATIONS IN PERU: A VIOLATION OF SEXUAL AND REPRODUCTIVE RIGHTS

In the 1990s, Peru experienced a serious violation of women's sexual and reproductive rights. Under the guise of promoting reproductive health, the Peruvian State implemented a policy of forced sterilizations that affected thousands of women, mainly indigenous and rural. This practice, far from being an act of care, constituted a form of state violence that deprived women of their autonomy and their right to decide about their bodies.

In this context of widespread violence, Peruvian women were particularly vulnerable. They faced violence not only from the terrorist group Sendero Luminoso, but also from the State itself. The policy of forced sterilizations was implemented in areas highly affected by the armed conflict, where indigenous and peasant populations were already displaced and in a situation of extreme vulnerability. The authorities took advantage of the chaos and lack of access to information to coerce women and force them to undergo this irreversible procedure (CVR, 2003). The internal armed conflict unleashed a wave of massive human rights violations. Forced recruitment, kidnappings, arbitrary detentions, forced disappearances, extrajudicial executions, forced displacement, rape, torture and injuries became the order of the day (CVR, 2003). The most vulnerable population, particularly indigenous women, suffered especially harshly from this violence. Racism and structural discrimination exacerbated their situation of vulnerability.

The CVR has highlighted the seriousness of the human rights violations that occurred during the Peruvian armed conflict, including forced sterilizations. Ballón (2014) argues that these practices, far from being public health measures, responded to a eugenic ideology that sought to control the reproduction of certain population groups, particularly indigenous and peasant women.

In addition, indigenous and peasant women were the main victims of forced sterilizations, a crime against humanity documented by the CVR. These practices, according to Ballón (2014), reveal a clear intention to control the birth rate of groups considered undesirable, which constitutes a serious violation of their sexual and reproductive rights.

To avoid repeating the mistakes of the past and to guarantee full respect for sexual and reproductive rights in Peru, it is crucial to learn from the history of forced sterilizations. This experience shows us that transparency, informed consent and respect for human rights are indispensable elements in any public health policy. Only through an inclusive and participatory approach will we be able to build a future where all people, especially women and girls, have control over their bodies and their lives (Jahan, 2018).

VULNERABILITY AND CONTROL: THE CONSEQUENCES OF FORCED STERILIZATIONS IN MARGINALIZED COMMUNITIES

An emblematic case is that of Mrs. VANE, 66 years old, who lives in Quinua. A mother of six children and a quechua speaker, she barely received any formal education, attending only one year of night school where she did not learn to read or write.

This lack of education, common among many women of her time, condemned them to poverty, discrimination and oblivion. VANE's parents, like many others at the time, discouraged girls' education, seeing it as unnecessary and related only to the ability to write letters to boys. This mentality perpetuated illiteracy and the marginalization of women, who were seen only as figures in population accounting and objects of good birth policies and the National Reproductive Health and Family Planning Program (PNSRPF).

In 1996, during the Fujimorist period, and in a context of political violence, the PNSRPF was implemented. Women and children remained in the communities while men fled in search of refuge and work. The family planning program was presented as an urgent and necessary measure, but with the hidden objective of reducing the population through forced sterilizations. According to Ballón (2019, 2022), these surgical interventions were carried out without the consent of the women, who were mostly indigenous and quechua-speaking peasants with little formal education.

Women were required to go to health centers under the pretext of receiving family planning services. However, they were never informed that sterilizations would be permanent and mandatory. Women, without fully understanding the implications, underwent these procedures. This generated family problems, stigma, and racial segregation. Men reacted negatively to the sterilization of their wives, considering a sterile woman useless for production and reproduction. This perception led to abandonment, stigmatization, and ridicule. In macho communities, sterilized women were subject to insults and contempt. Family and community pressure intensified the suffering of these women, many of whom hid their situation, revealing it only in the context of recent complaints and lawsuits (Rojas, 2022).

The consequences of these policies were not limited to personal and family spheres. Forced sterilization left an indelible mark on communities, perpetuating a cycle of poverty and marginalization. Ballón (2014) argues that these policies reflect a clear eugenic intention, prioritizing imposed sterilization as a measure of reproductive control. The women of the Sumaq Wayta Association of Sterilized Women in Ayacucho, many of whom are quechua speakers with little formal education, were sterilized without understanding the documents they signed, and medical records have disappeared from health facilities, making it difficult to obtain evidence for victims seeking justice.

The Truth and Reconciliation Commission (CVR) has revealed, through its investigations, the magnitude of these abuses, which have marked the history of the country, however, forced sterilizations are not documented and are an alarming example of how public health policies can be manipulated to exert control over vulnerable populations. The story of VANE and many other women serves as a reminder of the importance of transparency, informed consent and respect for human rights in all public health policies.

VANE'S CALVARY: WALKING WITH THE GUTS HANGING THROUGH THE STREETS OF QUINUA

In Quinua, we find the shocking case of Mrs. VANE, a 66-year-old quechua-speaking woman and mother of six children at the time of her sterilization. With an education limited to just one year at a night school, constrained by the social conventions of her time, VANE was unable to develop her literacy skills.

A common situation among women of her time. Her parents, like many others, considered it unnecessary for girls to go to school, perpetuating a cycle of illiteracy,

poverty and marginalization. For VANE, her parents' words, that school would only serve to write love letters, were like a chain that tied her to ignorance.

Although there are laws in the country that promote citizen participation and the inclusion of rural women and women from native communities, in practice these regulations are often dead letters. Indigenous women face significant barriers to accessing political and decision-making positions, and their proposals in communal assemblies are often ignored. Indigenous women in Latin America are victims of multiple violations of their human rights, according to the IACHR. These violations are manifested in their limited political participation and in their social marginalization.

Despite this adverse context, new opportunities are emerging for indigenous women in their communities, training, small projects and community initiatives developed by non-profit entities and state agencies. The temporary migration of men for work and the increase in female leadership in the home and in community projects are empowering women, allowing them to acquire some skills to organize and lead. Indigenous women are guardians of their lands and weavers of their own stories.

However, their fight to defend their rights is constantly hindered by powerful forces that seek to impose their interests.

Vane, a victim of unprecedented medical negligence, was forced to endure unimaginable suffering for four long years. Without receiving adequate help or care from those who had caused her this ordeal, Vane lived a true martyrdom, walking the streets of Quinua with a pain that few could bear. The image of a woman practically holding her own entrails became a painful reality, reflecting the extreme neglect and lack of humanity in her case. This journey was not only physical, but also a heartbreaking journey through indifference and abandonment, in a lonely struggle to survive and find justice.

THE HUMAN COST OF POLITICAL VIOLENCE: FORCED STERILIZATIONS AND THEIR CONSEQUENCES

The political violence that ravaged Peru during the 1980s and 1990s left deep scars on society, especially on women. In the context of the armed conflict and the implementation of neoliberal policies, the Fujimori government released the National Program for Reproductive Health and Family Planning. This program, far from its stated objective, ended up being used as a tool of social control and perpetuation of obstetric violence. Under the pretext of improving reproductive health, thousands of women, mainly indigenous and peasant women, were sterilized without their informed consent. These practices, framed in a policy of demographic control and designed to weaken social movements, had devastating consequences on the physical and mental health of women, as well as for their community and family. VANE's testimony is a heartbreaking example of the aftermath of these human rights violations. During the turbulent political period in Peru between 1980 and 2000, characterized by internal violence and the authoritarianism of the Fujimori regime, one of the most serious violations of human rights against women was committed: forced sterilizations. Under the cover of a reproductive health program, the government subjected thousands of women, mostly indigenous and peasants, to irreversible surgical procedures without their full and informed consent.

Political violence and demographic control intertwined to perpetrate this atrocity. While men fled violence, women were left in charge of their families and communities, becoming easy targets for these restricted

practices. The situation of these women was further deteriorated by social stigmatization, discrimination and gender violence, pushing them to the margins of society.

Women were required to go to health centres under the pretext of receiving family planning services. However, they were never informed that sterilisations would be permanent and mandatory. Women, without fully understanding the implications, underwent these procedures. This generated family problems, stigma and racial segregation. Men reacted negatively to the sterilisation of their wives, considering sterile women useless for production and reproduction. In macho communities, sterilised women were subjected to insults and contempt. Family and community pressure intensified the suffering of these women, many of whom hid their situation, revealing it only in contexts of denunciation.

Vane, one of the many victims of this coercive policy, tells us about her ordeal in a heartbreaking way. After being sterilised without her consent, she suffered a medical complication that forced her to bear the weight of a poorly healed wound for four years. Her intestines (chunchulniymi lluqsimum chay uchkuchanta) were sticking out of the opening, causing her excruciating pain and severely limiting her ability to work and care for her family. Despite seeking medical help, negligence and lack of resources condemned her to years of suffering, while those who must have taken responsibility turned a blind eye.

"The wound they cut me with was not stitched properly, it became infected and pus came out. I went to the health centre every day, but it never healed. Then, they took me to the hospital because my intestines were leaking out of the poorly healed wound. They tried to treat it many times, but it was already chronic and needed other expensive treatment. Since I had no money, they only treated it superficially. After four years of suffering, we sold our few belongings to pay for an operation at a private hospital. They put a mesh on me and I finally healed, but we were left destitute (…)."

Vane's account highlights the human dimension of this tragedy and the deep physical, psychological and social scars that forced sterilizations have left. The absence of adequate medical care, together with the social stigmatization and impunity of those responsible, has intensified the suffering of the victims and their families. It is crucial to recognize these practices as crimes against humanity and to ensure that affected women have access to justice and comprehensive reparation. This is not our opinion, but a mandate supported by the international agreements signed by Peru, as well as by the country's own Political Constitution, updated in March 2024. Chapter I, Article 2, stipulates that every person has the right to life, to their identity, to their moral, psychological and physical integrity, and to their free development and well-being. In addition, the right to equality before the law is affirmed, without discrimination on the grounds of origin, race, sex, language, religion, opinion, economic condition or any other condition. Freedom of conscience and religion are also guaranteed, as well as the freedoms of information, opinion, expression and dissemination of thought. It is imperative to strengthen health systems and guarantee the right to sexual and reproductive health, especially for those in vulnerable situations (Political Constitution of Peru, 1993).

VANE'S STORY: RESILIENCE AND PAIN IN QUINUA - AYACUCHO

Vane, a 66-year-old indigenous woman from Lorenzayooc (Quinua – Ayacucho), embodies the deep inequalities faced by women in rural communities. A life marked by hard work and the limitations imposed by traditions has undermined her physical and emotional health. Despite her resilience, the weight of responsibilities and lack of opportunities have led her to question her future, highlighting the urgent need to transform the social structures that perpetuate gender inequality.

QUESTIONS AND ANSWERS

Question: How old are you and where are you from?
Vane: Well, I am 66 years old and I am from Quinua, with 6 children, all of them adults, the youngest is 24 years old and the oldest is already 42 years old.

Question: What grade did you complete?
Vane: I only went to the first grade of primary school, in the evening shift. My parents did not want us to go to school, and I did not learn anything in that first year. I only learned something when I became an evangelical, there they taught us a little to read and just to sign. At that time women were forbidden to study, that is why as soon as my brothers went and finished primary school, then they had to go to work. Women were not sent to school. That is why, in the past there was no knowledge of literature.

Comment: Vane's educational experience reflects the barriers faced by many women in her community during her youth. Her limited access to education, with only one year of primary school in evening education, highlights how societal norms restricted educational opportunities for women. Despite these challenges, Vane showed a remarkable ability to adapt and learn, especially after becoming an evangelical, at which time she began to learn to read, write and sign her name. Her testimony not only underscores the educational inequalities of the time, but also her resilience and determination. Although she did not have extensive formal education, Vane lives to tell her story, demonstrating her strength and the lasting impact of education, even in non-traditional forms.

Question: Who does he live with?
Vane: I live with my husband. All my children have left home to work and now have their own families. Only one of them still lives with us and is finishing his higher education.

Question: Where did you have your sterilization performed?
Vane: I was sterilized at the hospital in Huamanga. I went to the post office in Quinua to give birth to my last child, but I had complications during the delivery. I was forcibly transferred to the hospital in Huamanga. I was given an injection of anesthesia, and I fell asleep. I don't remember what happened next or feel anything. When I woke up, I realized that I had been operated on. I stayed in the hospital for about four days or more, and in the meantime, my children were left unattended. My husband couldn't take care of them because he came to the hospital every day to see me. Eventually, he had to bring our children to the hospital because they wouldn't stop crying. We all lived together there because my children were small and close together. The operation wound was not sutured properly, it became infected and began to ooze pus. After I left the hospital, I noticed that there was a hole left, so I went to the post office every day to be treated, but the wound didn't heal. I was transferred back to the hospital, but they couldn't treat me either. They told me I needed another operation. Because of that wound, part of my intestines were sticking out, and I had to push them back in, because the stitching wasn't done properly. They tried to stitch me up again, but it was hard to recover from that surgery.

Comment:
Vane's experience at the Huamanga hospital reveals a stark reality about healthcare, even in institutions that should guarantee the highest standard of care. Despite the presence of supposedly trained professionals, Vane faced severe medical neglect. After being forcibly sterilized, her wound was poorly stitched, resulting in a chronic infection and an open wound with her intestines protruding from it.
The seriousness of this situation becomes even more apparent when considering the devastating impact on Vane's daily life. She was forced to walk around with her "exposed intestines," which is a heartbreaking testament to the inadequate medical care she received. This neglect not only endangered her life, but also had profound repercussions on her family. Her children, neglected while she was hospitalized, had to stay with her in the hospital due to lack of support.
Vane's experience not only reflects the shortcomings of the healthcare system, but also the profound emotional and social impact that medical negligence can have on an individual and their family. It is essential that measures be taken to prevent such situations and provide the necessary support to victims.

Question: How did your guts come out? Can you explain a little more? Can you explain a little more about the wound you had. Was it a big or small opening?
Vane: The wound was an irregular opening in my abdomen, about the size of a large coin or larger. Over time, it became infected and oozing. Despite the treatments I received, the wound did not close completely. When I exerted myself physically or even coughed, part of my intestines would come out through that opening. I felt intense pain and a burning sensation. To try to contain them, I would bandage my abdomen tightly, but the pain persisted and the situation became worse and worse. So, every time I exerted myself, my intestines would come out through that poorly healed opening (chuchulniymi kasqa), I would tie myself with a sash, but it was not enough, it hurt too much and it got worse and worse.
This way, I often walked through the streets, because I could pass by anywhere, barely lifting a weight or straining myself, or a simple cough, that was my ordeal, my sadness. I only asked God, to save me or take me from this world.

Question: Why do you think the staff at the health centre did nothing to resolve your problem permanently? Did they explain to you why they couldn't operate on you or did they give you a reason?
Vane: For four long years, my life was reduced to trying to control a wound that would not heal. Despite going to the health centre frequently, the situation was getting worse and worse. My intestines came out with any movement, causing me unbearable pain. I felt hopeless and alone. The doctors at the health centre did not seem to find a definitive solution. They told me things, but nothing of any relevance. Therefore, I had to treat myself with herbs, but nothing worked. It was a very difficult time, in which I was forced to abandon my daily activities and depend on others. Finally, thanks to a new operation and the help of my family, I was able to recover. However, the physical and emotional after-effects of this experience marked me forever. My intestines kept coming out through that little hole, like a little ball, and I had to push it back in with my hands. I had to lie down on the bed and that's how I pushed it back in. It was an endless cycle: the pain came back every time I tried to move, and the hernia became more evident. Girdles offered temporary relief, but not a permanent solution. I felt hopeless and trapped in a situation that seemed to have no way out.

Commentary on Vane's Vicissitudes and Prolonged Suffering
Vane's response reveals the painful vicissitudes she faced during four long years, in which her life was marked by medical neglect and constant suffering. Despite regularly going to the health centre for help, the lack of a definitive solution from the medical staff aggravated her situation. The description of her intestines coming out with any movement, and the unbearable pain this caused her, illustrates the extent of her physical and emotional suffering.
Vane was forced to rely on home remedies and herbs, which failed to alleviate her condition. Hopelessness and loneliness were constant companions during this time, and she was forced to abandon her daily activities and depend completely on others. Her account of having to push her intestines back into her abdomen with her hands, and of tying herself with a girdle to prevent them from coming out again, is heartbreaking and shows the harshness of her daily reality.
Finally, after a new operation and with the help of her family, Vane managed to partially recover. However, the physical and emotional after-effects of this experience marked her for life. The late operation and the sale of all her possessions to pay for it demonstrate the gravity of the situation and the sacrifice her family had to make to save her. Vane's case highlights not only the incompetence and lack of resources in health services, but also the profound impact these deficiencies have on the lives of those affected. Medical negligence not only caused extreme physical suffering, but also destroyed Vane's quality of life, limiting her ability to work and care for her family. This testimony underlines the urgent need to improve medical care and implement measures to ensure that such injustices are not repeated.

Question: Was your husband aware that you were going to be sterilized? Were you or he consulted before the procedure was carried out?
Vane: My husband was completely shocked when I told him what had happened. He couldn't believe that I had been operated on without his consent. He felt betrayed and very upset with me. Our relationship was strained for a while, but over time we have tried to move on from this difficult situation. However, the emotional after-effects of this experience are still present. He told me, if they had told me, I would have been pissed off and this would certainly not have happened.

Question: Approximately what year was it that you were taken to the hospital for the operation?
Vane: I think it was around 1996, but I'm not 100% sure. Everything happened very quickly and I didn't pay much attention to the dates.

Question: And do you remember who it was or who took you?
Vane: She was a lady, a little older than me, very talkative. She had short, dark hair, but I don't remember her name. She seemed like a nice person, so I trusted her.

Question: How did you feel after the operation? Were you scared, sad or angry?
Vane: I felt very confused and scared. I didn't understand why they had done this to me without my permission. Afterwards I felt very sad and angry because I couldn't have any more children. I felt very scared and hurt. I wondered why they had done something like this to me. I was very sad for a long time.

Question: Did you feel betrayed by the people who cared for you?
Vane: Yes, I felt very betrayed. I trusted them and they hurt me. I thought doctors always helped people. It was hard for me to trust a doctor again after that. I felt like I had been deceived.

Question: What was going through your mind in those moments of uncertainty?
Vane: I felt completely lost and confused. I kept asking them what was happening, but no one answered me. I bitterly regretted having trusted them.
To this day, I still wonder why no one protected me. It's a burden I carry with me.

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Comment: Here, the interviewee expresses her confusion and despair at not receiving any explanation about the procedure she was subjected to. Her feelings of guilt and remorse reflect the lack of informed consent.
Question: How did your husband react when he found out what had happened? **Vane:** My husband got very angry and made me feel guilty for not consulting him sooner. I expected his unconditional support, but instead I received reproaches. It was a very painful moment for me.
Comment: This response shows how the lack of communication and consent also affected family relationships, generating conflicts and recriminations.
Question: Did you notify any family members? **Vane:** No, I didn't notify anyone in my family. To date, no one or very few people know.
Comment: Fear of stigma and social repercussions led many women to hide what had happened even from their closest relatives.
Question: Why did you decide not to tell anyone what had happened to you? **Vane:** I was afraid of gossip and reproachful looks. I preferred to keep it a secret so as not to worry my family and to protect my own image.
Comment: The silence maintained by victims in their communities underlines the fear of judgment and social exclusion.
Question: Did you feel that your husband supported you in that difficult time? **Vane:** His reaction made me feel very alone and unprotected. He yelled at me and blamed me for what had happened, and that made my situation worse.
Comment: The lack of support and understanding in the family environment aggravates the suffering of the victims, who not only face health problems, but also rejection and guilt.
Question: How did it make you feel when your husband blamed himself for what happened? Vane: I felt guilty for having caused him so much pain. His words made me feel even worse, as if I was responsible for everything that had happened. Although I appreciated him, I think his guilt was excessive and made me feel even more alone.
Comment: Guilt and regret also affect husbands, who feel they could have prevented the harm if they had been present.
Question: How do you feel emotionally living with the consequences of what happened to you? **Vane:** The physical pain is constant. I feel like I have a rock inside me, and any movement causes me discomfort. I am also very afraid that the wound will open and become infected again. This greatly limits my daily life.
Comment: The physical after-effects and constant pain severely limit the victims' ability to lead a normal life, affecting their autonomy and quality of life.
Question: How has this event affected your relationship in general? **Vane:** Even though we don't talk about it as much anymore, the emotional wounds are still there. Sometimes I feel like there's a barrier between us that we can't quite get over.
Comment: Time has smoothed out some of the family conflicts, but the emotional and physical scars remain.
Question: How has your daily life changed since you were sterilized? **Vane:** Before sterilization, I was a strong, hard-working woman. I contributed to all the household and farm chores. Now, my body doesn't allow me to do the same and I feel limited.
Comment: Sterilization has dramatically altered family and work dynamics, limiting women's ability to contribute to field work.
Question: How did your children react when you told them about sterilization? **Vane:** At first, it was difficult to talk to them. It caused them a lot of sadness and worry. But over time, they have understood my situation better and have given me their support.
Comment: Communication with children is essential for understanding and support, although many women still hide their situation from other family members for fear of stigma.
Question: What kind of help do you think you need right now? **Vane:** I feel very frustrated and tired. I have worked all my life and now, when I need it the most, I have no one to turn to.
Comment: The lack of social and economic support aggravates the vulnerability of the victims, who depend exclusively on the informal work of their families.
Thank you for your trust and your time.

Vane's testimony illustrates the institutional violence and social control exerted on women through coercive reproductive health policies, reflecting a discriminatory and patriarchal vision that is part of the history of political and social violence in Peru. Forced sterilization was not an isolated event, but a systematic practice that reflects the relationship between the State and women as subjects of control and domination.

The experience of Vane and other women like her shows us how institutional violence and social stigmatization can generate physical and psychological consequences that affect their daily lives and their ability to survive. The eradication of forced sterilizations requires a multidisciplinary and coordinated response that guarantees access to justice and comprehensive reparation for victims, strengthens health systems to guarantee safe and human rights-based services, and promotes comprehensive sexual education that empowers women and girls.

THE CONSEQUENCES OF STIGMATIZATION

Stigmatization and institutional violence against sterilized women have led to devastating consequences in their lives. Forced sterilization was not just an isolated event, but part of a strategy of demographic and gender control that sought to impose a development model based on exploitation and inequality. Vane's experience illustrates how institutional violence and social stigmatization can generate trauma and inequality in affected communities.

Forced sterilization led Vane to suffer chronic health problems, family violence and social stigma. The lack of adequate care and high costs left her in debt and without resources, affecting her ability to work and contribute to family support. Medical malpractice and institutional violence perpetuated inequality and trauma in the community.

Forced sterilization was condemned by the international community as a violation of fundamental human rights and a crime against humanity. However, the Peruvian government has denied and minimized this fact, attempting to erase medical records and silence victims. It is imperative that the Peruvian State acknowledge and assume its responsibility, that the perpetrators make amends and that the wounds are healed. The eradication of these practices requires a multidisciplinary and coordinated response that guarantees access to justice and comprehensive reparation for the victims, strengthens health systems to guarantee safe and human rights-based services, and promotes comprehensive sexual education that empowers women and girls.

SOME CONCLUSIONS AND FINAL REFLECTIONS

Forced sterilization is a crime against humanity that has caused immense suffering and misfortune to women and their families. It is essential to ensure public policies that promote reproductive health and women's rights, and to provide comprehensive reparation to victims of these violations.

a) Forced sterilization is a crime against humanity that has caused immense suffering and misfortune to women and their families. It is essential to ensure public policies that promote reproductive health and women's rights.

b) Medical negligence and institutional violence must be investigated and punished, and those responsible must be brought to justice. Victims have the right to fair financial compensation and symbolic reparation and rehabilitation measures.

c) The forced sterilization crisis demands a comprehensive response that addresses both the consequences and the root causes of this serious violation of human rights. Justice systems need to be strengthened to ensure access to justice and quality reproductive health services.

It is time to heal the wounds caused by forced sterilizations and sow the seeds of justice and reparation. May this case be a beacon that lights the way to a future where all women can live free from violence and discrimination.

REFERENCES

Ballón Gutiérrez, A. (2022). *Biocolonialité du pouvoir. Eugénisme, genre et pacification. Contre-insurrection néomalthusienne: anthropologie politique du Programme national de santé reproductive et de planification familiale (1996 - 2000) pendant le conflit arméin interne péruvien.* Paris, Francia: École des Hautes Études en Sciences Sociales.

Ballón Gutiérrez, A. (2022). *Biocolonialité du pouvonir. Eugénisme, genre et pacification. Contre - insurrection néo malthusienne: anthropologie politique du Programme national de santé reproductive et de planification familiale (1996 - 2000) pendant le conflit armé interne péruvien.* Paris, Francia.

Ballón, A. (. (2014). *MEMORIAS DEL CASO PERUANO DE ESTERILIZACIÓN FORZADA. .* Lima: Biblioteca Nacional del Perú.

Barber, K. (2019). FEMINISMO POSCOLONIAL: Silvia Rivera Cusicanqui: "Tenemos que producir pensamiento a partir de lo cotidiano". *EL SALTO*. Obtenido de https://www.elsaltodiario.com/feminismo-poscolonial/silvia- rivera-cusicanqui-producir-pensamiento-cotidiano-pensamiento-indigena

CVR. (2003). *CONCLUSIONES GENERALES DEL INFORME FINAL DE LA CVR. .*

CVR. (2003). *Informe Final.* Lima: CVR.

CVR, C. d. (2003). *INFORME FINAL.* Lima: CVR.

iidh. (2008). *Derechos sexuales y reproductivos, Obligaciones del Estado, Derechos humanos de las mujeres. iidh.ed.cr.*

Jahan, S. (2018). La violencia contra las mujeres: causa y consecuencia de desigualdad. *PNUD - Programa de las Naciones Unidas*.

Mujeres, O. d.-O. (2023). La violencia de género es una de las violaciones más generalizadas de los derechos humanos en el mundo. *ONU Mujeres*.

OMS. (2013). Informe sobre la salud en el mundo 2013: investigaciones para una cobertura sanitaria universal. *Organización Mundial de la Salud*.

OMS. (2016). La OMS celebra los logros alcanzados en 2016, a pesar de los problemas acucian a la salud pública mundial.

OMS. (2021). *Estrategia de la OMS sobre medicina tradicional 2014 - 2023.* Ginebra, Suiza: OMS.

OMS. (2021). La OMS adquiere importantes compromisos en favor del empoderamiento y la salud de las mujeres. *Organización Mundial de la Salud*.

OMS. (2021). Violencia contra la mujer . *Organización Mundial de la Salud*.

OMS, O. M. (2012). Estadísticas sanitarias mundiales 2012. *Organización Mundial de la Salud - OMS*.

OMS, O. M. (2022). Directrices de la OMS sobre intervenciones de autocuidado para la salud y el bienestar, revisión 2022. Resumen ejecutivo. *Organización Mundial de la Salud*.

OMS, O. M. (2023). Mortalidad materna. *https://www.who.int/es/news-room/fact- sheets/detail/maternal-mortality*.

OMS, O. M. (2023). Planificación familiar/métodos anticonceptivos . Organización Munidal de la Salud. https://www.who.int/es/.

ONU, N. U. (1948). *Fundamento de las Normas Internacionales de Derechos Humanos.*

Organization, W. H. (2007). Informe sobre la salud en el mundo 2007: un futuro más seguro: seguridad de la salud pública mundial en el siglo XXI. *World Health Organization*.

PERU, C. P. (1993). *CONSTITUCION POLITICA DEL PERU DE 1993.* Lima - Perú.

Quijano, A. (2014). *Colonialidad del poder, eurocentrismo y América Latina.* Buenos Aires: CLACSO.

Robles, B. (2011). La entrevista en profundidad: una técnica útil dentro del campo antropofísico. Métodos cualitativos de investigación. *Cuicuilco vol.18 no.52 México sep./dic. 2011. Escuela Nacional de Antropología e Historia, INAH.*

Rojas Orellana, F. (2022). *Las esterilizaciones forzadas como crimen a los derechos humanos en Huamanga - Ayacucho 1995 – 2001*. Huancayo: UNCP.

Rojas, F., Paraguay, L., & Quispe, C. (2023). Testimonies of Sterilized Women: Rights Violations and Resilience in Rural Peruvian Communities. 2nd ed. Huancayo: Lliu Yawar, 2023.

Salud, O. -O. (2023). Planificación familiar/métodos anticonceptivos, Datos y cifras. *OMS - Organización Mundial de la Salud*.

Tamayo León, G. (1999). *Nada personal. Reporte de Derechos Humanos sobre la Aplicación de Anticoncepción Quirúrgica en el Perú 1996 - 1998.* Lima: CLADEM.

Tamayo, G. (1999). *Nada Personal. Reporte de Derechos Humanos sobre la Aplicación de Anticoncepción Quirúrgica en el Perú : 1996-1998.* Lima: CLADEM .

Távara Orozco, L. (2021). Derechos sexuales y reproductivos en Perú, más allá del Bicentenario. *Rev. peru. ginecol. obstet. vol.67 no.3 Lima jul./sep 2021*.

UNESCO. (2018). *Guía para asegurar la inclusión y la equidad en la educación.*

UNICEF, O. -N. (2023). Objetivo 5: Lograr la igualdad entre los géneros y empoderar a todas las mujeres y las niñas. *Naciones Unidas* .

Yin, R. K. (2003). *INVESTIGACION SOBRE ESTUDIO DE CASOS. Diseño Y Métodos. Segunda Edición*. London: SAGE Publications.