

# FEMALE LEADERSHIP AND SEXUAL HEALTH POLICY IN ARGENTINA

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*Abstract: Latin American women's accession to executive and legislative office has been accompanied by the widespread expectation that their participation will change policies in ways that benefit women's lives. This article uses an in-depth case study of sexual health reform in Argentina to explore the leadership and coalition-building activities of key political actors. As a case study, the article moves beyond critical mass theories, which argue that women's greater presence will result in gender policy reform. Rather, the article demonstrates that women's inclusion, even at high percentages, generates statutory change only when specific leaders build momentum for reform through issue networks and diverse coalitions. More important, leaders must mobilize resources within civil society and across government branches to ensure that successful policies are enacted. Whether Latin American women enjoy material changes thus depends on whether their leaders are committed to passing and implementing gender reforms.*

Women in Latin America have recently gained unprecedented access to executive and legislative office. In 1991, Argentina became the first country in the world to pass gender quota legislation for women's candidacies in national elections. Now implemented in eleven Latin American countries, quotas have raised women's legislative representation to over 30 percent in Argentina, Costa Rica, and Mexico, and to over 20 percent in Bolivia, Ecuador, Peru, and the Dominican Republic. In the executive branch, Michelle Bachelet's 2004 presidential victory in Chile was followed by the victories of Cristina Fernández de Kirchner in Argentina, Dilma Rousseff in Brazil, and Laura Chinchilla in Costa Rica. Bachelet proclaimed a commitment to gender parity in her cabinet, as did her male counterparts Rafael Correa (Ecuador), Óscar Arias (Costa Rica), and Daniel Ortega (Nicaragua).

Justifications for including women in politics, particularly in the legislative branch, have hinged on presumptions that women's presence will constitute a panacea for widespread social ills. This reasoning holds that gender role socialization predisposes women to place greater importance on social welfare and equal rights, and that these "women's interests" will be advocated by female leaders in a process termed "women's substantive representation."<sup>1</sup> Such arguments

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1. For theoretical debates on both women's interests and women's substantive representation, see Sapiro (1981), Mansbridge (2005), and Celis and Childs (2008).

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have been widespread in Latin America, where women have traditionally been viewed as nurturing, compassionate, and sensitive to community, family, and women's needs. As Sandra Herrera, a leading activist in Mexico's Partido Acción Nacional (PAN), explained, male politicians are "more insensitive to the realities of malnutrition, domestic violence, and the abandonment of children."<sup>2</sup>

The increased political participation of women in Latin America has not necessarily revolutionized the well-being of women specifically or citizens generally. In Argentina, both gender policy victories and setbacks have occurred in the context of women's unprecedented accession to elected office. In 2009, Argentina ranked number one in Latin America (and number six in the world) for women's representation in parliament.<sup>3</sup> Under the 30 percent quota law, women's share of legislative seats in the lower house climbed from 27 percent in 1993 to 36 percent in 2007, the same year Fernández won the presidency (Marx, Borner, and Caminotti 2009, 50).<sup>4</sup> Yet policy victories for women have proceeded unevenly in the 1990s and 2000s, particularly in the area of sexual health. At the same time that female legislators expanded access to contraception, female cabinet ministers and President Fernández deliberately weakened programs that would protect reproductive rights and reduce maternal mortality.

The case of sexual health reform in Argentina calls into question the assumptions of linear, automatic change that are embedded in arguments about women's substantive representation. I reassess these arguments in light of recent scholarship on gender policy advocacy in Latin America that offers a wider lens by introducing the variables of issue type and state-society linkages. Choosing a single case provides an opportunity to pinpoint the moments of the policy-making process in which women's presence facilitates change, as well as addresses concerns that scholars of women's representation have neglected extralegislative actors, especially executives, bureaucrats, and advocacy groups.

I use process-tracing methods to analyze sexual health reforms through the first decade of the twenty-first century.<sup>5</sup> I draw from over fifty semistructured interviews conducted with legislators, executive branch officials, and health professionals at national and subnational levels, as well as from documentary research of legislative proposals, health ministry records, and nongovernmental organization reports. This case study demonstrates that women's representation in legislatures and executives cannot alone bring about favorable policy results. Rather, representation must align with the formation and maintenance of strong coalitions. First, connections between female (and male) officials and advocacy groups are crucial for policy change; issue networks matter even when women's parliamentary presence is high. Second, sexual health invokes questions of both gender rights and economic redistribution; such hybrid issues broaden and strengthen

2. Hoorig Santikian, "Women Politicians from Mexico Advocate Change," April 24, 2007, UCLA International Institute, <http://www.international.ucla.edu/article.asp?parentid=68463>.

3. According to the Inter-Parliamentary Union (<http://www.ipu.org/wmn-e/arc/classif310308.htm>).

4. The Inter-Parliamentary Union data reports a figure of 40 percent in March 2008, when the Congress elected in 2007 was seated for the first time (<http://www.ipu.org/wmn-e/arc/classif310308.htm>).

5. Process tracing looks for causal mechanisms in historical narratives, specifically by attending to the behavior and decisions of the actors involved in events.

pro-reform coalitions. Third, representation and state-society networks matter not simply for policy adoption but for policy implementation. Unless strong coalitions also oversee the effective delivery of programs, statutory gains for women will have limited material effects.

#### CRITICAL APPROACHES TO WOMEN'S REPRESENTATION

Early studies connecting women's legislative representation to gender-friendly policy outcomes emphasized the importance of "critical mass" (Kanter 1977). On this logic, minorities in a majority-dominated institution would not affect change unless they attained critical mass, a threshold percentage hypothesized to lie between 15 and 30 percent. Women would therefore need to enter the legislature and executive in sufficient numbers before they could successfully advocate for women's interests. Gender quotas, in raising women's numerical representation, became necessary for women's substantive representation.

However, quantitative studies comparing male and female representatives have provided strong evidence for gendered policy priorities but mixed evidence for critical mass. Jones (1997) demonstrates that female legislators in Argentina and the United States more frequently introduce bills that favor women's rights, children, and families; Schwindt-Bayer reports the same results using data from Argentina, Colombia, and Costa Rica (2010). Both studies predate the effective implementation of gender quotas. Likewise, female legislators in Honduras advocate for—and frequently win—women's rights measures even when their numbers in the chamber are low (Taylor-Robinson and Heath 2003).<sup>6</sup> In postquota Argentina, female legislators are more active than male legislators on questions of violence against women, sexual harassment, affirmative action, and reproductive rights, though their high rates of bill introduction do not translate into high rates of policy success (Franceschet and Piscopo 2008). Critical mass does not automatically transform policy preferences into policy victories, leaving open the question of how statutes actually change.

As a result, the literature has shifted to focus not on critical mass but on "critical acts" (Dahlerup 1988, 2006). This shift means paying attention to female legislators' policy entrepreneurship instead of their total numerical presence. Childs and Krook (2006, 2008) shift the analysis further, from numbers to actors. They define "critical actors" as follows: "Male or female, these legislators can be identified as those who initiate policy proposals on their own and often—but not necessarily—embolden others to take steps to promote policies for women, regardless of the number of female representatives present in a particular institution" (2008, 734). Critical actors are thus more motivated than their peers to represent women, as well as more willing to "set in motion a momentum for policy reform" (2006, 528).

The critical actor approach steps away from quantitative studies that analyze aggregate trends in female legislators' behavior, focusing instead on how interest representation depends on individuals' leadership. Yet, Childs and Krook rely too

6. Stevenson's (1999) qualitative work on Mexico reaches the same conclusion.

heavily on proposal initiation. Critical actors must also build, sustain, and lead reform coalitions or momentum will dissipate in both policy adoption and policy implementation phases.

#### GENDER POLICY ADVOCACY IN LATIN AMERICA

A separate research strand has emphasized disaggregation not in terms of female legislators' behavior but in terms of policy types and state capacity (Htun 2003). Blofield and Haas (2005, 2011) have identified important variations in women's rights initiatives, such as whether the proposal threatens existing gender roles, requires economic redistribution, and provokes ecclesiastical opposition. Htun and Weldon (2010) present a similar schema, dividing policies based on whether they target women's gender roles or socioeconomic status, and whether they are doctrinal (religious or moral) or nondoctrinal in nature (see table 1). This typology captures what Htun and Weldon (2010, 208) call the "issue distinctiveness" of gender policy, which combines with unique features of the national political context (i.e., degree of democratization) to determine which actors fight for policies and which policies win.

Among those actors fighting for gender policy in Latin America are women's agencies and women's movements. The state feminism literature (Mazur and McBride 2010) has focused on how executive bureaucracies can become spaces wherein state officials, known as "femocrats," can influence the content of policies as well as deliver programs. Research on Chile and Argentina has demonstrated how the efficacy of women's policy machineries depends on their institutional status and the ideological orientation of their directorates (Waylen 2000; Franceschet 2010). Importantly, Weldon (2002, 1154) has found that women's policy agencies and women's movements, when combined, "give women a stronger voice in the policy-making process than does women's representation in the legislature."

Characterizing the contemporary women's movement in Latin America remains contentious, however. Transnational activist networks have been critical in setting norms and influencing laws, particularly in the area of gender-based violence (Friedman 2009). Yet Jaquette (2009, 6) argues that broad-based social movements among women, so critical during the democratic transitions in Central America and the Southern Cone, are "no longer significant actors." Latin American women's movements have fractured, dividing between feminists demanding sexual rights and women seeking state support for their traditional roles. In Argentina, for instance, female activists have drawn on "motherhood's militant

*Table 1 Typology of sex equality policies*

Gender status / Doctrinal (Example: contraception legality)	Gender status / Nondoctrinal (Example: gender quotas)
Class based / Doctrinal (Example: contraception funding)	Class based / Nondoctrinal (Example: parental leave)

Source: Based on Htun and Weldon (2010)

side," demanding benefits—such as sanitation—not as rights, but as goods essential for raising stable families (Eltantawy 2008).

For this reason, instead of a unified women's movement that articulates a far-ranging platform, many scholars speak of "issue networks," meaning advocates who come together in support of specific statutory changes (Htun 2003). As Jaquette (2009, 6) notes, "Progress on women's issues has depended on the concerted actions of a few," namely women's groups, femocrats, and women in political parties and the legislature. Policy gains for women in Latin America, in this view, depend on leaders' ability to mobilize supporters and resources. Taken together, these studies signal the importance of looking outside legislatures to factors beyond women's numerical representation.

#### ISSUES, ACTORS, AND THE POLICY-MAKING PROCESS

These two strands of investigation, political representation and policy advocacy, have generally evolved independently. Together, however, they present a useful theoretical framework. Understanding gender policy change depends on both *issue type*, which varies according to doctrinal, rights-based, and redistributive factors, and *political context*, understood as the capacity of state institutions and the concerted actions of leaders within them. Essentially, type and context determine the configuration of critical actors, who come together in issue networks to support specific policies. This case study of sexual health reform in Argentina refines this logic in several ways.

First, much scholarship disaggregating gender policy in Latin America has emphasized the doctrinal, gender-status policies of divorce and abortion or the nondoctrinal policies of domestic violence. Sexual health policy has received less attention. What type of policy is sexual health? In Htun and Weldon's schema (2010, 210–211), framing is epiphenomenal to the underlying nature of the issue, which is categorized solely according to its relation to social and political structures. In Argentina, sexual health simultaneously invoked women's gender status and class status. Contraception was already legal but only available to women on the private market; the reforms explicitly enshrined contraception as a right of women while mandating universal coverage. Thus, the sexual health reforms were not exclusively about legality or funding (see table 1); they were about access for women generally and poor women specifically (since poor women rely primarily on the public sector). I argue that the issue of access was a hybrid issue that enabled critical actors to construct a far-ranging issue network, one that brought together advocates who supported reform despite their differing ideologies about gender roles.

Second, my study takes up the question of critical actors throughout the policy-making process. The critical representation and the policy advocacy approaches have largely focused on statutory changes.<sup>7</sup> Yet all stages of the policy-making process are implicated by claims that female citizens will benefit from female politicians' presence. Disaggregation should extend across policy moments, for

7. Some sources, however, discuss policy implementation (i.e., Franceschet 2010).

issue type and political context—and thus critical actors—will shift over time. This separation also addresses the research mandate to study how women's interests are represented "at different, and often, interacting levels (supra-national, national, regional, and local) and, in different and interacting fora (within legislatures, executives, semi-autonomous non-governmental organizations or civil society)" (Celis and Childs 2008, 421).

In Argentina, then, the issue distinctiveness of sexual health reform—as both a gender status and class status policy—enabled activists' network building and lobbying. Participants, including female legislators, in a contraception issue network became critical actors, building the intra- and extraparliamentary coalitions necessary to reform contraception access. Yet these critical actors did not stay the same as the policy moved from adoption to implementation, yielding important insights about which policy makers matter at which policy moments.

#### SEXUAL HEALTH IN ARGENTINA: ISSUE TYPE AND SETTING THE AGENDA

Contraception in Argentina was illegal until the mid-1980s, embedded in an Argentine philosophical and political tradition of nationalism and pronatalism. In the late 1800s, Doctor Juan Bautista Alberdi, whose thought formed the basis of the 1853 Argentine Constitution, stated, "Gobernar es poblar" (to govern is to populate). This pronouncement led to pro-eugenics legislation in the late nineteenth and early twentieth centuries. For instance, labor laws circumscribed women's employment, and government agencies distributed nutritional supplements to poor women, all to ensure healthy babies (Barrancos 2006). The criminalization of abortion in the 1922 penal code permitted "compassionate abortions" for mentally handicapped women who were raped, thus preventing the spread of malformed genes in the population (Htun 2003, 145–146).

The Argentine government essentially supported the genesis of a robust population that would perpetuate the Argentine nation. As President Isabel Perón is remembered to have stated when she banned family planning in 1974, "The persistence of low birth rates constitutes a threat that seriously compromises the most fundamental aspects of the Republic."<sup>8</sup> The birth control ban was perpetuated by Argentina's military dictatorship, which governed from 1976 to 1983. In 1977, the military prohibited contraception even for medical purposes. The generals argued that stimulating population growth was a question of national security, a position with which the Catholic Church remained highly satisfied (Lopreite 2008). Pronatalism and religiosity dovetailed, and Argentine politics presented "an extreme display of opposition to birth control even by regional [South American] standards" (Human Rights Watch 2005, 12).

Democratization, however, enabled the appearance of an alternative approach to contraception, one that realigned birth control as relating to gender roles and

8. See Barrancos (2006, 137) for Perón's family planning ban. The quote is attributed to Perón by Deputy Roberto Lix Klett in the 2001 Chamber of Deputies debate on the proposed sexual health law. The debate took place on April 18, 2001, Legislative Period 119, Meeting 8, Session 4a of the ordinary term and is found at <http://www.diputados.gov.ar/>.

public health. In the posttransition government of Raúl Alfonsín (1983–1989), a cadre of self-described feminist doctors was appointed to head a Women, Health, and Development program within the Ministry of Health (Ministerio de Salud). Charged with developing Argentina's position at the 1984 International Conference on Population in Mexico City, these female officials argued that family planning promoted healthy populations and women's rights. They exerted "pressure from within" to persuade Alfonsín to overturn the birth control ban.<sup>9</sup> In 1986, Alfonsín decreed that the Ministry of Health would permit services that strengthened "the right of the couple to decide freely the number and spacing of their children" (Faur and Gherardi 2005, 195).

The demands of the Women, Health, and Development team were the precursors to an Argentine issue network that sought broad contraceptive access. At the time, their efforts were mirrored by—but not yet coordinated with—initiatives in the federal legislative branch. Encouraged by Alfonsín's legalization of contraception, Senator Margarita Malhorro del Torre and her colleague Adolfo Gass authored and introduced the first bill to create a nationwide, mandatory family planning program (Novick 2002). The program would address the gap wherein contraception had been legalized but no devices or services were available. The bill never reached the floor, however, as the Catholic Church continued to mobilize a formidable opposition that disparate and disconnected policy entrepreneurs could not yet counter.

Coordination developed, however, as Alfonsín's successor placed family planning in the public spotlight. Carlos Menem, who held office from 1989 to 1999, first appeared to support gender policy reform. Menem created the National Women's Council (CNM, Consejo Nacional de la Mujer) via executive decree in 1991. In 1992, its executive director, Virginia Franganillo, organized activists, NGOs, and provincial and national legislators into a "network of experts" that would define strategies to advance reproductive rights at the subfederal and federal levels.<sup>10</sup> This issue network included two nongovernmental groups. The first, Fundación para el Estudio e Investigación de la Mujer (FEIM, Foundation for Women's Studies and Research) was organized by the feminist doctors who previously comprised the Ministry of Health's Women, Health, and Development team. The second, Centro de Estudios de Estado y Sociedad (CEDES, Center for State and Society), consisted of academic researchers committed to "raising awareness about health care rights" and "distributing accurate, technical, scientific information to practitioners and politicians."<sup>11</sup> Both FEIM and CEDES were involved in lobbies that targeted subnational and national legislators in their capacities to regulate the health care sector.

During that time, the province of La Pampa—just outside Buenos Aires—passed a responsible procreation (*procreación responsable*) program that empha-

9. Interview with Fundación para el Estudio e Investigación de la Mujer (FEIM) leader, Buenos Aires, June 5, 2009. (All interviewees quoted here gave their quotes on the record, with permission to use. However, due to the research protocol requested by the Institutional Review Board, interviewee names are withheld to preserve anonymity.)

10. Interview with former CNM leader, Buenos Aires, May 26, 2009.

11. Interview with CEDES researcher, Buenos Aires, July 2, 2009.

sized gender roles and public health. This program's passage was spearheaded by the Peronist Silvia Gallego, who, as chair of the provincial legislature's Social Laws Commission, became a critical actor. Gallego built a coalition that included the local women's wing of the Peronist party and the provincial activist group *Mujeres por la Solidaridad* (Women for Solidarity) (Liscia 2009). The initiative in La Pampa demanded that contraception be offered and funded by public and private health care providers. Gallego defended her proposal as necessary to empower women in their relationships with men and to improve poor women's health (Liscia 2009).

Responsible procreation thus recognized women's right to choose while placing financial obligations on the state. This mixing of policy goals based on recipients' gender status and class status appeared at the national level, where female legislators had begun working with executive officials and civil society advocates. The National Women's Council, FEIM, and CEDES came together beneath the banner "Women Together for the Right to Freely Decide." Their proposals also considered the reform's social class dimensions: CEDES, for instance, viewed contraceptive funding as both ensuring "health care rights for women" and addressing "serious statistics about maternal mortality" among poor and marginalized women.<sup>12</sup> As female legislators introduced responsible procreation initiatives each legislative term (Novick 2002), the Women Together coalition held one-on-one meetings with lawmakers, presented research to demonstrate the public health benefits of contraception, and launched widespread media campaigns.<sup>13</sup>

Yet doctrinal opposition undercut Women Together's demands. Menem allied with the Catholic Church to oppose abortion (Htun 2003, 18–19; Barrancos 2006, 141), generating what one coalition member interpreted as a "hegemonic position" that supported an expansion of women's opportunities along limited, traditional lines. Indeed, this coalition member recalled how Menem's pro-life position in fact contradicted the advocacy of his own National Women's Council appointees.<sup>14</sup> Menem also instructed Argentina's delegation to the 1994 UN Conference on Population and Development and the 1995 UN Fourth World Conference on Women to oppose family planning. Members of FEIM, previously selected as delegates, were then prohibited from attending.<sup>15</sup> Menem further neutralized the National Women's Council by dismissing an outraged Franganillo and replacing her with the self-described antifeminist Esther Schiavone (Waylen 2000, 779). Subsequently, he declared that UN declarations about "the right to decide freely and responsibly the number, spacing, and timing of children" were euphemisms for abortion, and, in 1999, he decreed March 25 as the "Day of the Unborn Child" (Lopreite 2008).

The doctrinal opposition of the Argentine president and his explicit alliance with the Vatican on the international stage proved formidable. In 1995, a responsible procreation initiative, written and introduced by female legislators, passed the

12. Interview with CEDES researcher.

13. Interview with FEIM leader.

14. Interview with former CNM leader.

15. Interview with former CNM leader; interview with FEIM leader.



lower chamber but failed in the Senate. Yet this failure only strengthened the network of actors organized around the issue of reproductive rights, bringing new advocates to the cause (Pecheny and Petracci 2007; DAWN 2004). For instance, the Argentine branch of *Católicas por el Derecho de Decidir* (Catholic Women for the Right to Choose) gained prominence (Barrancos 2006). Essentially, Menem's "politics of opposition put reproductive rights on the policy agenda."<sup>16</sup> Doctrinal struggles also shaped the nature of the debate, as activists reframed contraceptive pills and intrauterine devices as "transitory and nonabortive" and "essential for ending maternal mortality."<sup>17</sup> Contraceptive access was gaining strength as an issue of both social class and women's rights.

With progress stalled nationally, fifteen provinces passed laws or designed programs aimed at expanding reproductive rights.<sup>18</sup> Passed between 1991 and 2002, these subnational norms generally provided educational materials about contraception and funded the distribution of contraceptive devices through health clinics and pharmacies. Some provincial laws explicitly recognized contraception as a women's right; the Río Negro and the Córdoba norms went even further, enshrining the right to the free exercise of "human sexuality." None were approved without confronting the Catholic Church, which has historically resisted such policies in Argentina (Blofield 2008). For instance, provincial legislators often received letters from the archbishop threatening them with excommunication if they supported responsible procreation laws (DAWN 2004). Local newspapers with editorial ties to the church would publish lists of provincial lawmakers "who were against life."<sup>19</sup> As a result of ecclesiastical opposition, rights were recognized while programs remained unfunded and unimplemented.

#### LEADERSHIP AND REFORM AT THE NATIONAL LEVEL

As provincial guarantees developed unevenly, the Women Together coalition continued its efforts to pass national laws that would make sexual health policies uniform across the federation. These efforts unfolded in the context of women's increasing legislative representation in the federal Congress, as the quota raised women's presence in the lower house to 27.2 percent in 1995 and then to 29.2 percent in 2001 (Marx, Borner, and Caminotti 2009, 50). The policy goals of stipulating contraception as a right and mandating coverage in the public and private systems appealed to a wide range of supporters. Civil society activists and elected officials were critical actors, identifying coalition partners from among the high number of female legislators and building momentum for policy change. The ultimate passage of the responsible procreation law shows how critical actors capitalized on the Argentine Congress's critical mass.

From the beginning, individual female legislators were clear protagonists. Of the twenty-two proposals introduced in both houses from 1990 to 2000, 73 percent

16. Interview with former CNM leader.

17. Interview with FEIM leader. See also Blofield (2008) and Lopreite (2008).

18. Pecheny and Petracci (2007) and author's own field study.

19. Interview with subnational legislator from Córdoba, June 25, 2009.

were written by a handful of female deputies and senators (several of whom authored multiple initiatives). Proposal authors, both male and female, hailed from a variety of parties, including the Socialist Party, the Peronists, and the Radicals.<sup>20</sup> Indeed, partisan affiliations in Argentina cannot neatly predict legislators' preferences on gender policies (Franceschet and Piscopo 2008). The leading Argentine parties—the Peronists and the Radicals—have been described as ideologically fluid and programmatically opportunistic (Torre 2005), with more heterogeneity existing within rather than between the two (Jones and Hwang 2005). Moreover, party leaders grant their legislators freedom of conscience in matters related to reproductive rights.<sup>21</sup>

Despite the potential for cross-party agreement on a federal family planning program, reformers only came close to success in 1995. This initiative was the product of consensus between Women Together and female legislators seated on the health commission in Argentina's lower house, the Chamber of Deputies.<sup>22</sup> Strategically, the proposal's authors introduced the 1995 proposal to a joint session of Congress, which allowed either chamber to vote on the measure first. Women held nearly one-third of the seats in the Chamber of Deputies and most of the seats in the chamber's health and social policy commissions.<sup>23</sup> Reformers anticipated that the female rank and file in the Chamber of Deputies would be more supportive than the male senators and successfully directed the bill to the lower chamber for consideration. Female legislators and CEDES then flooded deputies with statistics about maternal and neonatal deaths, facilitating the measure's passage.<sup>24</sup>

The bill was then forwarded to the Senate, where women held only 5.7 percent of seats (Marx, Borner, and Caminotti 2009, 50). Menem vociferously objected, as did the Catholic Church, which asserted that contraception was abortion (Cesilini and Gherardi 2002, 34, 43). As Barrancos (2006, 139) explains, "Neither Menem nor his closest collaborators . . . nor the most radicalized Catholic sectors, would tolerate the sanction of the bill by the Senate." Argentine senators are dependent on provincial governors and the chief executive for their future careers (Jones and Hwang 2005), and the church—clearly allied with Menem and many provincial governors—exerted greater influence over senators than over deputies.<sup>25</sup> The bill also lacked other executive branch allies, as Schiavone now headed the National Women's Council. Executive recalcitrance, ecclesiastical resistance, and the paucity of female senators meant that critical actors had few allies outside the Chamber of Deputies.

The 1995 failure of the national-level initiative illustrates the importance of whether or not critical actors build and sustain momentum for reform. Despite

20. Data based on Novick (2002).

21. Interview with female legislator, Buenos Aires, April 7, 2009.

22. Interview with CEDES researcher.

23. Data on committee composition from Michelle Taylor-Robinson and María Escobar-Lemmon; calculations by author.

24. Interview with CEDES researcher.

25. Interview with journalist, Buenos Aires, July 21, 2009; interview with civil society activists, Córdoba, June 22, 24, and 26, 2009.

the absence of allies in the Senate, female deputies pressed forward. Proposals continued to be introduced to the lower house, where they circulated among the three relevant committees: the Committee of Social Action and Public Health; the Committee on Women, Youth, and Family; and the Committee on Budget and Land. While the committees on women and social health did contain a majority of female legislators (89 percent and 37 percent, respectively), not all female (or male) deputies immediately agreed. Leading the consensus-building process was Cristina Guevara of the Radicals, the party that held the congressional majority at the time.<sup>26</sup> Guevara chaired the Committee on Social Action and Public Health and sat on the budget committee. She worked with Graciela Camaño (a Peronist who sat on both the health and budget committees) and Silvia Virginia Martínez (a Peronist who sat on both the health and women's committees). Together, these women brought their commissions into unanimous agreement on a singular, composite proposal. It took two years to redact the 2001 bill that proposed the Programa Nacional de Salud Sexual y Procreación Responsable (National Program for Sexual Health and Responsible Procreation, or *Salud Sexual* for short).

Consensus building required Guevara, Camaño, and Martínez, alongside FEIM and CEDES, to frame contraceptive access in palatable ways. As indicated by the varied party affiliations of the proposal's leaders, as well as by the practice of freedom of conscience, the primary opposition was doctrinal. Objections dealt not with partisan platforms but with legislators' individual worldviews on the centrality of motherhood and the Argentine tradition of pronatalism (Cesilini and Gherardi 2002). Legislators, particularly men, from the far-right Republican Action party (*Acción por la República*), but also from the Peronists and the Radicals, continued to oppose the legislation; for instance, some insisted that "governar es poblar" and that contraception would undermine the noble role of women as mothers of the Argentine nation.<sup>27</sup> Reformers continued their focus on contraception as "transitory" and "nonabortive" and increased their focus on mothers' access to opportunities for "responsible procreation" (Novick 2002). These arguments—which had been successful at the provincial level—attempted to mitigate doctrinal objections by downplaying gender-status claims about bodily autonomy. Further, reformers increased their use of statistics on maternal mortality, using two economic arguments: contraception would redistribute health care resources to low-income women, but this expenditure would, in fact, reduce the incidence of back-alley abortions, thus lowering public medical costs in the long run.<sup>28</sup>

That sexual health reform simultaneously extended rights but preserved gender roles, and redistributed economic resources to the poor but lowered overall costs, actually became critical in garnering legislative votes. Guevara received lead authorship of the 2001 bill and introduced the measure in the plenary de-

26. The Peronist party controlled the Argentine executive and legislature from 1989 to 2009, except between 1999 and 2001, when the government of the Alianza (the Radical party plus the Frepaso party) was in power.

27. Chamber of Deputies debate transcript, April 18, 2001. See comments by Deputies Roberto Lix Klett (Republican Action party) and Mario Cafiero and María Rita Drisaldi (Peronist party).

28. Interview with CEDES researcher; interview with FEIM leader. See also comments by Deputies María Elena Barbagelata and Marta Milesi in the Chamber of Deputies debate, April 18, 2001.

bate in the Chamber of Deputies. All female proponents colluded to frame contraceptive devices as “transitory, reversible, and nonabortive.”<sup>29</sup> Yet the women divided between deploying feminist arguments focused on women’s autonomy, and access-based arguments focused on responsible motherhood. These latter frames were characterized as “pragmatic” by Lopreite (2008) in reference to their strategic sidestepping of radical claims about liberation from child rearing.

Guevara, for instance, adopted a feminist approach, introducing the bill with references to women’s rights. She stated that the reform “makes possible the access of men and women, especially we women, to the free exercise of their sexuality, to their sexual rights.” Likewise, Bárbara Espínola from the Frepaso party defined reproductive rights as “having gratifying and enriching sexual relations, without coercion and without the fear of infection or unwanted pregnancy”; she then argued that these rights created “social obligations” for the state. The vast majority of legislative proponents, however, signed on to the measure because it preserved motherhood and, in particular, helped poor mothers. Fernanda Ferrera’s position departed from that of her copartisans in Republican Action. She argued that contraception would help women fulfill their roles: “The natural feminine role is to become a mother. For this reason, the decision ought to be taken by the women, but we cannot forget that all women have the natural desire to become mothers.” Graciela Giannettasio, of the Peronist party, focused on poor women’s child rearing: she argued that contraception would give poor women more “dignity” by allowing them to choose their pregnancies, as well as protect society from children “being raised by mothers who do not possess any schooling and who are illiterate.”<sup>30</sup>

Reclassifying sexual health as a question of protecting mothers and the poor also enabled male legislators to join the reform coalition. In fact, all male legislators who supported the reform justified their decision through expanding access and thus helping mothers and poor women. Jorge Zapata, from a small, right-leaning party, argued that the bill expressed a “fundamental respect for parents and parental decision making” and that sexual health education would enable the “moral formation that fundamentally structures the family.” Similarly, his Peronist colleague Jorge Corchuelo argued that *Salud Sexual* would decrease the number of female-headed households by encouraging couples to engage in family planning. And Peronist Arturo Valdovinos argued that the measure would help poor parents raise moral, responsible daughters.<sup>31</sup>

Yet questions of access—which addressed the reform’s simultaneous targeting of women’s rights and poor women’s entitlements—were not the only factors predicting *Salud Sexual*’s success. The measure passed the Chamber of Deputies in 2001 and arrived in the Senate in 2002. The quota law applied to the Senate at this time: women now held 34.7 percent of the seats, but the provincial governors and church still exercised disproportionate influence over senators’ choices.<sup>32</sup> Im-

29. This common phrase appeared throughout the April 18, 2001, Chamber of Deputies debate. See, for instance, comments by Deputies Cristina Guevara, María Emilia Biglieri, and Graciela Giannettasio.

30. All comments from the transcript of the Chamber of Deputies debate, April 18, 2001.

31. All comments from the transcript of the Chamber of Deputies debate, April 18, 2001.

32. The Ley de Cupos was extended to the Senate in 2001 following an electoral reform.

portant for the measure's passage in the Senate, then, was the appearance of new critical actors in the executive and in the upper chamber.

First, the newly elected president, Peronist Néstor Kirchner, was more secular than his co-partisan predecessor, Carlos Menem.<sup>33</sup> Second, Kirchner's minister of health, Ginés González García, avidly supported the law. González's enthusiasm was motivated not by an intrinsic support for women's rights but by a commitment to end maternal mortality and improve the lives of the poor. His goal was always public health.<sup>34</sup> He also expressed an almost gleeful desire to confront the Catholic Church.<sup>35</sup> Third, the influential senator and Peronist leader Hilda "Chiche" Duhalde reversed her earlier opposition. Radicalized by the effects of the 2001 crisis on poor women, the socially conservative senator became a vocal supporter of the measure's ability to ensure healthy pregnancies.<sup>36</sup> Finally, the devastating economic collapse of 2001 highlighted the public health problems associated with widespread poverty, making arguments about protecting poor women's mothering capacities relevant to those whom Duhalde and González approached.<sup>37</sup>

The leadership of González and Duhalde, combined with advocacy from FEIM, CEDES, and Women Together, proved effective to swing the Senate vote. González personally visited senators to notify them of Kirchner's support for the measure.<sup>38</sup> Additionally, the presidency of the Senate's health commission had passed to a woman. The new chair, Mercedes Oviedo, saw contraceptive access as paramount, arguing that the bill would "save the lives of our sisters who do not have access to information and, when they become pregnant, perform abortions on themselves."<sup>39</sup> These critical actors further capitalized on the concurrent sex abuse scandals in the Catholic Church, which eroded the church's moral authority over doctrinal matters relating to family and sexuality.<sup>40</sup> By 2002, female and male senators were willing to withstand sanction from the church in order to guarantee contraceptive access.

This process illustrates how actors both inside and outside the legislature build momentum for women's interest representation (Childs and Krook 2006). Further, leaders capitalized on the sexual health policy's hybrid nature, because critical actors were able to base their support on different aspects of the same reform. Female legislators alternately championed women's rights or protected motherhood, male legislators sought to stabilize families, civil society organizations focused on bodily autonomy and maternal mortality, and executive officials expressed their anticlerical values. This diversity resulted in a coalition able to withstand doctrinal opposition, one that did not disband following the law's passage. In particular, female legislators and feminist organizations remained criti-

33. Interview with activist, June 2, 2009.

34. Interview with former health minister of Argentina, Santiago, Chile, July 14, 2009.

35. Interview with FEIM leader.

36. Interview with FEIM leader.

37. Interview with FEIM leader.

38. Interview with former health minister.

39. "Aprobaron la ley de salud sexual y reproductiva," *La Nación*, October 31, 2002.

40. Interview with FEIM leader.

cal actors, shifting their focus from ensuring policy adoption to overseeing policy implementation.

#### LEGISLATIVE REPRESENTATION AND IMPLEMENTATION

Scholars studying women's representation have often overlooked legislators' monitoring roles, even though such oversight constitutes part of advancing women's interests. In the case of *Salud Sexual*, the program was halted within four months of its passage on the grounds of violating the Argentine Constitution's right to life. The injunction was issued by a federal judge, Cristina Garzón, in the province of Córdoba, in response to a suit brought by the Catholic civil society group *Mujeres por la Vida* (Women for Life). The legislative outcry was strong and immediate, as illustrated by female lawmakers' issuance of fourteen congressional resolutions or declarations by the end of 2003 that denounced Garzón or expressed support for *Salud Sexual* specifically or women's reproductive health generally.<sup>41</sup>

In the Chamber of Deputies, María Silvina Leonelli of Córdoba, from the opposition party, immediately issued a congressional resolution denouncing the judge's decision. Her colleague Marcela Antonia Bordenave issued a similar resolution; Bordenave's project was cosigned by female deputies representing *all* parties in the chamber. At the same time, five different deputies—four women and one man—issued resolutions demanding that the Ministry of Health immediately distribute contraceptive materials to health care sites throughout the country. In the Senate, Peronist Vilma Ibarra issued a declaration against Judge Garzón. Leonelli, Bordenave, and Ibarra quickly emerged as congressional leaders of the outcry, as their resolutions were officially adopted by their respective chambers. Bordenave's efforts stood out in particular, as she had also authored an earlier *Salud Sexual* proposal. While declarations and resolutions issued by legislators typically remain unanswered by the executive branch, González García answered both chambers, delivering the ministry's promise to challenge Judge Garzón's ruling.<sup>42</sup>

Further, female lawmakers responded to loopholes in *Salud Sexual* by authoring amendments. The original 2002 law, by defining contraception as "transitory, reversible, and nonabortive," had established grounds for health care providers to exclude "nonreversible" tubal ligations and vasectomies. In 2006, lower house deputies introduced the *Anticoncepción Quirúrgica* (surgical contraception) bill to include these procedures under the aegis of *Salud Sexual*. As with *Salud Sexual*, the *Anticoncepción Quirúrgica* proposal was a consensus bill, created through combining five different initiatives authored by five female legislators, including one representative from a far-right party. The measure again dealt with both gender-status and class-status issues, defining surgical contraception as a right and targeting poor women's greater vulnerability to gaps in coverage.

41. A search of congressional resolutions and declarations related to *Salud Sexual* was conducted using the online legislative database, using the key terms "salud sexual" and "procreación responsable."

42. Interview with former health minister.

Though doctrinal opposition remained high, the precedent set by *Salud Sexual* meant that *Anticoncepción Quirúrgica* passed with greater ease.<sup>43</sup> Indeed, the amendment obtained 77 percent of the vote (89 percent of the female vote) in the Chamber of Deputies and 80 percent of the vote (83 percent of the female vote) in the Senate.<sup>44</sup>

Congressional actors have continued to monitor the implementation of *Salud Sexual* and *Anticoncepción Quirúrgica*, issuing a total of forty-seven declarations or resolutions between 2002 and 2009. Ten (21 percent) expressed attitudes against reproductive rights, ranging from disapprovals of provincial programs to requests that the executive branch cease implementation. The disapprovals were all voiced by the same four legislators, two men and two women, from the far-right Republican Action party. The thirty-seven projects expressing support for reproductive rights, however, have been introduced by twenty-six legislators; ten (27 percent) projects were authored by men and twenty-seven (73 percent) by women. The proponents are more diverse than the opponents; the authors represent multiple parties but constitute a small proportion of legislators overall. Their efforts to critique noncomplying jurisdictions and to continuously support the Ministry of Health's implementation efforts underscore how gender policy change often depends on the deliberate actions "of a few" (Jaquette 2009, 6).

This lesson again appears in the latest stage of female legislators' advocacy for reproductive rights. In March 2007, González García used his ministerial powers to include the morning-after pill among the authorized methods of contraception. Almost immediately, judges in Tierra del Fuego, Santa Fe, and Córdoba (the latter again responding to a suit brought by *Mujeres por la Vida*) issued injunctions to prevent the pill's distribution, claiming it was abortive and violated a constitutional right to life. Several legislators responded swiftly: in September 2008, three bills, each authored by female deputies, were introduced that expressly incorporated emergency contraception into *Salud Sexual*. Two of the projects were authored by legislators from the offending provinces (Paula Cecilia Merchán from Córdoba and Paulina Ester Fiol from Santa Fe). In May 2009, the Commission for Health and Social Action in the Chamber of Deputies (composed of 53 percent women) ruled in favor of Merchán's measure, and the bill was forwarded to the Committee on Women, Youth, and Family.

The evolution of Argentina's sexual health laws shows that female legislators play critical roles in monitoring implementation and addressing loopholes. Higher proportions of female legislators raise the likelihood that some women will step forward and exercise oversight of gender policy. As an author of the emergency contraception amendment commented, "It's not that we are the best women legislators [*legisladoras*], but we are the women legislators who care about women's lives."<sup>45</sup> Her colleague likewise noted that "it's not all the women legislators who matter; it's the feminist ones."<sup>46</sup> While some male legislators engage this policy

43. Interview with CEDES researcher.

44. *Anticoncepción Quirúrgica* was voted on in Legislative Period 124, in Session 30, Meeting 20 of the Chamber of Deputies and in Session 16 of the Senate, both during the ordinary term.

45. Interview with female legislator, Buenos Aires, May 11, 2009.

46. Interview with female legislator, Buenos Aires April 15, 2009.

area, they describe their support as “accompanying,” rather than authoring, the measures.<sup>47</sup> Overall, most legislators supporting sexual health policy in Argentina are women, but their success depends on maintaining an issue network that spans government branches.

#### COMMITMENT AND OBSTRUCTION FROM OTHER CRITICAL ACTORS

Argentina’s federal system means that program delivery depends on a constellation of actors within and beyond the Congress. Salud Sexual commits the federal government, via the Ministry of Health, to provide the financial, material, and capacity-building resources necessary for provincial implementation (Faur and Gherardi 2005, 200). All provinces must design programs that comply with federal law, and many provinces have done so via statute (rather than gubernatorial decree). While provincial laws ostensibly express greater commitment to reform, these statutes have, in practice, facilitated resistance. Local laws have restricted both funding and access to Salud Sexual. In Córdoba, for instance, women seeking tubal ligations must have their request approved by an interdisciplinary ethics panel, a provision not stipulated by the Anticoncepción Quirúrgica amendment.<sup>48</sup>

This unevenness speaks to the assumptions of linear change inherent in arguments about women’s increased representation. The legal framework for women’s rights may improve as some female representatives work effectively with non-governmental actors to propel reforms forward, but advocates ultimately seek *measurable* improvements to social welfare. This goal indicates a shift toward understanding how issue networks and their critical actors operate at the implementation stage. For Argentina in the case of Salud Sexual, the principal referent is the Ministry of Health, followed by provincial health ministries, program directors in health centers, and a vast issue network coordinated by FEIM with participation from CEDES. Named the Consorcio Nacional por los Derechos Reproductivos y Sexuales (CONDERS, or the National Consortium for Reproductive and Sexual Rights), in 2009, this nationwide network consisted of over four hundred investigators working independently or with civil society groups and federal legislators.<sup>49</sup> CONDERS’s mission is to monitor political decisions that affect the reproductive rights of women.

To begin, the leadership of González García was instrumental in jump-starting the program throughout the country. A self-described “provocateur,” he manifested such strong support for family planning and abortion legalization that the Argentine archbishop said he ought to be “weighted around the neck with a rock and thrown into the sea.”<sup>50</sup> In early 2003, when Judge Garzón passed her injunction to halt the implementation of Salud Sexual, González personally delivered

47. Interviews with male legislators, Buenos Aires, April 15 and May 28, 2009.

48. Interview with doctor, Córdoba, June 23, 2009.

49. In Argentina, the acronym appears as CoNDeRS, though English-language conventions of capitalization are followed here..

50. “Ginés González García: Me gusta ser provocador,” *Clarín*, March 29, 2005.



the Ministry of Health's arguments before the court of appeals.<sup>51</sup> While awaiting the judgment, he convened expert consultants from within the medical profession and civil society to begin designing the national Sexual Health and Responsible Procreation Program.<sup>52</sup> When the Federal Court of Appeals reversed Judge Garzón's injunction in May 2003, the Ministry of Health launched the program immediately. Medical sites would now guarantee the free and universal provision of contraceptives and provide information and counseling to female patients, aiming to increase female patients' control over their reproductive choices. González used his ministerial powers to incorporate these services into the Plan Médico Obligatorio (PMO, or Obligatory Medical Plan), which establishes the baseline care that all Argentine insurers must provide.

The initial implementation phase thus benefited from González's considerable authority and willpower.<sup>53</sup> He wrote the program and distributed the funds. He established benchmarks for evaluating *Salud Sexual's* success: a decline in maternal mortality rates, a reduction of teenage pregnancies and hospital admittances due to "back alley" abortions, and the provision of Pap smears to all women of reproductive age.<sup>54</sup> González García's team also wrote technical guides for health care practitioners in the cases of surgical contraception, emergency contraception, and postabortion care, which were published on the National Women's Council's website. In 2005, working with FEIM, González García launched a massive, nationwide public awareness campaign about women's benefits under the program. The same year, he changed the program's institutional status within the Ministry of Health, making the program director responsible directly to him. González or the program director personally intervened in provinces, leaning on governors when women were denied services.<sup>55</sup> Essentially, González García placed all the ministry's available resources into fighting unwanted pregnancies, which he called "a true epidemic" in Argentina.<sup>56</sup>

To gauge the success of these efforts, CONDERS conducted several hundred surveys in each province and major city. In 2003, contraceptive material, counseling, and devices were consistently available in only 39.5 percent of primary care centers and hospitals (though some provinces, such as the city of Buenos Aires, provided services in 89 percent of medical sites) (CONDERS 2003, 12). Health care clients also remained ambivalent about the program, rating services positively only 34 percent of the time (CONDERS 2003, 13). CONDERS attributed the problems to health care workers, who remained uninformed about federal and provincial regulations (CONDERS 2003, 12). By 2008, CONDERS found some improvements. Workers and patients reported that contraceptive material, coun-

51. Interview with former health minister.

52. Interview with former health minister.

53. Interview with former health minister; interview with former national *Salud Sexual* program director, Buenos Aires, July 31, 2009.

54. Argentina: Fifth Periodic Reports of State Parties to the Committee on the Elimination of Discrimination Against Women, 2002. United Nations Document ID: CEDAW/C/ARG/5.

55. Interview with former national *Salud Sexual* program director.

56. "Polémica por el plan de salud reproductiva," *La Nación*, April 30, 2005.

seling, and devices were available in 67.7 percent of primary care centers and hospitals—a significant increase from 2003 (CONDERS 2008). Those surveyed also reported that services were “very good” or “good” 54 percent of the time—a less dramatic, but still positive, increase from 2003 (CONDERS 2008).

Thus, critical actors affect not simply the establishment of new rights regimes but the speed with which rights become realities. Yet, doctrinally motivated actors are also highly motivated to resist provincial implementation. This phenomenon was denounced by female legislators via their projects of declaration and resolution at the federal level and by CONDERS at the provincial level.

CONDERS affiliates and female legislators reported that conservative provinces—particularly those in the highly religious north—simply do not distribute the contraceptive shipments they receive from the Ministry of Health.<sup>57</sup> A journalist within the issue network described an “arbitrary abuse of power” wherein provincial governors and health ministers are known members of Opus Dei or evangelical organizations.<sup>58</sup> Beyond failing to distribute contraceptives, these executives invite religious organizations to deliver medical training, and they appoint known opponents to direct hospitals’ and clinics’ *Salud Sexual* programs.<sup>59</sup> One doctor, for instance, expressed clear pronatalist views, stating that “women cannot demand birth control to have fewer children, for Argentina is a vast country and needs people.”<sup>60</sup> Most commonly, doctors refuse to implant intrauterine devices or perform tubal ligations, and neglect the law’s provision that an alternate provider be found in instances of conscientious objection.<sup>61</sup> Moreover, provincial health ministries frequently—and deliberately—provide practitioners with misinformation, claiming that *Salud Sexual* prohibits certain types of contraception when, in fact, no restrictions exist.<sup>62</sup> While these restrictions are commonly framed in financial terms—that is, money is too scarce to fulfill the federal mandate of universal coverage—the appointment of doctrinally motivated actors to oversee sexual health programs belies these economic arguments.<sup>63</sup>

CONDERS and female legislators believe that *Salud Sexual* and its amendments have triggered a conservative backlash.<sup>64</sup> Provinces established a “Day of the Child’s Right to be Born.” Conservative groups have continued to bring the battle to court, with the civil society organizations *Mujeres por la Vida* and *Portal de Bélen* (Portal of Bethlehem) winning injunctions against emergency contraception (Kohen 2009). Journalists writing in support of *Salud Sexual* and doctors who

57. Interviews with female legislators, Buenos Aires, February–June 2009.

58. Interview with journalist.

59. Interview with journalist; interviews with doctors, Tucumán, August 13 and 14, 2009.

60. Interview with doctor, Tucumán, August 10, 2009.

61. Interview with doctors, Córdoba, June 23 and June 25, 2009; interview with provincial health official, Tucumán, August 13, 2009.

62. Joint interview with two leaders of *Católicas para el Derecho de Decidir*, Córdoba, June 24, 2009.

63. Interview with program director in Córdoba, June 24, 2009; interview with program director in Tucumán, August 14, 2009.

64. Interview with leader of ELA (Equipo Latinoamericano de Género), a nationally based women’s rights nongovernmental organization, Buenos Aires, June 2, 2009; interview with female legislator, April 7, 2009.

implant intrauterine devices or perform tubal ligations report being intimidated by conservative groups linked to the church.<sup>65</sup> Two federal legislators noted that provincial officials are either allied with or fearful of the Catholic Church; as one explained, “The church is very powerful [in my province].”<sup>66</sup>

The government of Cristina Fernández de Kirchner orchestrated further setbacks from 2008 to 2009. Fernández’s first minister of health, Graciela Ocaña, supported the program publicly but allocated few resources materially. In Fernández’s first years in office, the Ministry of Health significantly reduced its investments in purchasing contraceptives and ceased to gather statistics on the program’s effects. At the federal level, female legislators and CONDERS affiliates documented the “irregular” and “scant” distribution of contraceptives under Ocaña.<sup>67</sup> Female representatives complained about this backsliding (“*retroceso*”), citing a lack of leadership in the federal government.<sup>68</sup> The Ministry of Health also ceased to distribute the technical guides developed during González García’s term, including the guide to therapeutic postabortion care.<sup>69</sup> In contrast to González García’s aggressive, interventionist management, Ocaña neither intervened in noncomplying provinces nor convened meetings with CONDERS. As one CONDERS activist noted, Ocaña “says very pretty words but does practically nothing.”<sup>70</sup> Additionally, Ocaña removed a program coordinator for allegedly protesting the Ministry of Health’s violations of the *Salud Sexual* law.<sup>71</sup>

While tight budgets during a worldwide economic crisis could explain the failure to purchase contraceptives, they could not sufficiently explain Ocaña’s failure to continue financially low-cost policies, such as making technical guides available online and continuing with Web-based awareness campaigns. Yet, Ocaña voted for *Salud Sexual* and its Anticoncepción Quirúrgica amendment while serving in the Chamber of Deputies from 1999 to 2007, implying support for reproductive rights.

Rather, observers attributed the backsliding to Cristina Fernández de Kirchner. First, they noted that Cristina Fernández appears less secular than either Néstor Kirchner or González García.<sup>72</sup> One *Salud Sexual* program director under González said, “We left the ministry when [Néstor] Kirchner left the presidency, because we knew a conservative outlook was coming in.”<sup>73</sup> Similarly, a female legislator cited the Fernández administration’s lack of interest in *Salud Sexual*. Another legislator believed that the administration wished to avoid a costly confrontation with the

65. Interview with female legislator, Buenos Aires, June 2, 2009; interview with journalist.

66. Interviews with female legislators, Buenos Aires, June 22 and August 3, 2009.

67. Interview with female legislator, April 15, 2009; interview with FEIM leader; interview with ELA leader; joint interview with two leaders of *Católicas para el Derecho de Decidir*; interview with women’s health clinic director in Córdoba, June 25, 2009; interview with journalist.

68. Interviews with female legislators, Buenos Aires, April 15 and April 22, 2009.

69. Interview with FEIM leader.

70. Joint interview with two leaders of *Católicas para el Derecho de Decidir*.

71. “Echaron a la jefa del Programa de Salud Sexual,” *Crítica de la Argentina*, November 11, 2008.

72. Interview with former health minister; joint interview with two leaders of *Católicas para el Derecho de Decidir*; interview with doctor, Tucumán, August 14, 2009

73. Interview with former national *Salud Sexual* program director.

Catholic Church, which explained why it ceased to promote contraception.<sup>74</sup> While Fernández did confront the church early in her term—she attempted, for instance, to appoint a divorced man as ambassador to the Vatican—Salud Sexual advocates believed that Fernández rapidly traded defiance for conciliation. The bargain, one activist speculated, occurred because Fernández needed support from the church to implement controversial agrarian and tax reforms.<sup>75</sup> Yet, whether Fernández's piety in her first years in office was genuine or strategic, the outcome was undeniable: the hollowing out of a once-strong Salud Sexual program.

Second, interviewees cited Fernández's more general disinterest in gender policy. An activist explained that ministers' support for reproductive rights "is irrelevant" when confronted with a president who demonstrated "zero interest" in promoting women's interests.<sup>76</sup> Indeed, Fernández zeroed out the National Women's Council's operating budget, rendering the agency ineffective (Franceschet 2010). She signaled her party that pro-choice bills must be stifled in the Congress.<sup>77</sup> In the foreign ministry, she discharged the secretary for women's international affairs, replacing an advocate known for fighting for women's rights with an official focused on celebrating women's cultural achievements.<sup>78</sup> Through 2009, the Fernández government remained at best ambivalent and at worst obstructionist on gender policy.

These shifts in the national leadership of Salud Sexual highlight several features relevant to how female politicians and issue networks affect gender policy change. First, the improved representation of women in the legislative and executive branches does not automatically trigger wholesale improvements and may, in fact, embolden conservative opponents. Second, and related, critical actors may advance or stall gender policy change, particularly for issues that, while focused on access, nonetheless touch on doctrinal beliefs. Indeed, struggles over implementing Salud Sexual have unfolded between proponents of rights to contraceptive access versus advocates of the right to life. This contestation has enabled doctrinal opponents to disrupt service provision at the provincial level, echoing Childs and Krook's observation that critical actors may "provok[e] a backlash among those opposed to fundamental reform" (2006, 528). Third, without coalitions in local governments advocating change, issue networks, such as those formed by CONDESA and female legislators, can monitor but not guarantee effective implementation of the law.

## CONCLUSION

This case study on sexual health reform in Argentina shows that policy gains for women depend on factors beyond women's numbers in either the legisla-

74. Interviews with female legislators, Buenos Aires, June 22 and August 3, 2009.

75. Interview with ELA leader.

76. Interview with ELA leader.

77. Interviews with female legislators, Buenos Aires April 15 and August 3, 2009; interview with journalist.

78. Interview with lawyer for *Católicas para el Derecho de Decidir*, Córdoba, June 24, 2009.

ture or the executive. Reforms to laws governing contraceptive access occurred as specific women across government branches and within civil society became critical actors. These leaders proved particularly effective when organized into issue networks, as was the case with the National Women's Council, FEIM, and CEDES in the policy adoption phase, and the Ministry of Health and CONDERS in the policy implementation phase. Further, the stage of the policy-making process affects the configuration and possibilities of critical actors, as evidenced by the prominent role played by health ministers and provincial officials in both program delivery and program obstruction. Thus, women's rights advocates can find allies among incoming cohorts of female politicians; at the same time, not all politicians (male or female) will manifest equal enthusiasm for gender policy change.

Contraceptive access in Argentina also presents an important variation on recent typologies that seek to understand gender policy change in Latin America. While most policies are classified along two axes—doctrinal/nondoctrinal and rights issues/class issues—Salud Sexual did not legalize contraception but did establish sexual health as a right and did guarantee universal access in the public and private sector. This “hybrid” reform allowed ideologically diverse actors to enter the issue network, including those committed to women's rights, those interested in public health, and those with anticlerical values: participants all found some aspect with which they agreed. Yet without more secularized actors in the executive or judicial branches, particularly at the subnational level, doctrinal gender policies—even when supported by ideologically heterogeneous coalitions—will remain underimplemented.

The process-tracing methodology chosen here further answers the call for case studies and thick contextual analyses to clarify how and when specific women represent women (Childs and Krook 2006, 2008; Celis and Childs 2008). This approach usefully reveals when female politicians intervene in policy making, though it leaves unanswered how women interface within policy-making institutions. Future studies, perhaps those adopting an institutionalist perspective, should consider whether female politicians alter not just the content of public policy but the rules and practices under which public policy is made.

Finally, the study illustrates broader changes in women's organizing throughout Latin America, what Jaquette (2009, 6) has described as the shift from broad-based women's movements to the “concerted actions of a few.” Argentina's sexual health reforms demonstrate that individual actors can have substantial policy impacts. As Kohen (2009, 99) elegantly stated, “In Argentina as elsewhere in the region, women's agendas often depend on the personal priorities of political leaders and appointees.” This conclusion also raises troubling normative and empirical implications for the critical actor approach generally, as well as for social movement analyses more broadly: what happens when the priorities of leaders and appointees change? As the Argentine case demonstrates, politicians—even female politicians—can espouse antifeminist ideologies. The reliance on critical actors not only undercuts assumptions about the benefits of women's numerical representation; it casts doubt on possibilities for sustained improvements to women's rights.

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