Online Appendix for:
Policy-Making, Trust and the Demand for Public Services:
Evidence from a Mass Sterilization Campaign

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Appendix A: Tables and Figures

Table A.1: Prediction of the Incidence of Forced Sterilizations

	(1)	(2)	(3)	(4)
	Panel A: Campaign Predictors			
	REVIESFO (model)	DHS (model)	REVIESFO (Lasso)	DHS (Lasso)
Log population	0.466***	0.791***	0.445***	0.787***
	(0.028)	(0.025)	(0.025)	(0.024)
% men 1993	0.022**	0.035***	0.025***	0.035***
	(0.009)	(0.008)	(0.009)	(0.008)
% Quechua speaking 1993	0.004***	0.003***	0.003***	0.003***
	(0.001)	(0.001)	(0.001)	(0.001)
% Aymara speaking 1993	-0.004	-0.002	-0.004	-0.002
	(0.002)	(0.002)	(0.002)	(0.002)
% Oth. indigenous speaking 1993	-0.007	-0.007*	-0.008*	-0.008**
	(0.005)	(0.004)	(0.004)	(0.004)
% people rural 1993	-0.005***	-0.009***	-0.004***	-0.009***
	(0.001)	(0.001)	(0.001)	(0.001)
% Educ = Primary 1993	0.005	0.003		
	(0.006)	(0.005)		
% Educ = Secondary 1993	-0.019***	0.007	-0.023***	0.007
	(0.005)	(0.004)	(0.004)	(0.004)
% Educ = Higher 1993	-0.006	-0.024***		-0.026***
	(0.008)	(0.007)		(0.006)
Births 1993 per capita	0.001***	0.001***	0.001***	0.001***
	(0.000)	(0.000)	(0.000)	(0.000)
Pub health centers 1996 per capita	0.163***	0.312***	0.159***	0.313***
	(0.038)	(0.035)	(0.038)	(0.035)
Pub nurses 1996 per capita	0.013	0.073**		0.055**
	(0.041)	(0.037)		(0.022)
Pub doctors 1996 per capita	0.052	-0.024	0.054**	
	(0.045)	(0.040)	(0.026)	
Constant	-4.549***	-7.280***	-4.249***	-7.100***
	(0.598)	(0.540)	(0.492)	(0.444)
Mean Dep. Var.	0.341	0.555	0.341	0.555
Observations	1793	1793	1793	1793
Adj. R-squared	0.197	0.491	0.197	0.491

Panel B:
Correlation: Fujimori Support and Reported Sterilizations (REVIESFO)

	Fujimori Vote Share 1998
Any Forced Sterilization Reported (1=Yes)	-0.0189
	(0.452)
IHS(Num. of Forced Sterilizations Reported)	-0.0327
	(0.192)
Any Sterilization Reported DHS (1=Yes)	-0.0281
	(0.579)
IHS(Num. of Reported Sterilizations DHS)	-0.0571
	(0.258)

Notes: Panel A has as dependent variable the total number of sterilizations. The source of this variable is REVIESFO in Columns (1) and (3) and 2009 DHS in Columns (2) and (4). In Columns (1) and (2) we report the OLS results. Columns (3) and (4) show linear regression results following a Lasso analysis for model selection. Panel B depicts Pearson correlation coefficients (and p-values in parentheses) between victim measures and Fujimori support in 1998 at the district-level. Sterilizations from DHS are those that occurred during campaign years in public health facilities (DHS 2009, with population weights). Asterisks denote statistical significance at the 1(***), 5(**) or 10(*) percent level. Sources: DHS 2009, REVIESFO, 1993 census data, JNE municipal vote shares (1998).

Table A.2: Summary Statistics - REVIESFO and DHS

	(1) Observations	(2) Mean	(3) Std. Dev.
Panel A: DHS 1991-2017			
Prenatal Care and Delivery Index			
Prenatal care: none	153678	0.09	0.29
Child birth at home	171934	0.22	0.42
Birth attendant not only relative	175709	0.91	0.29
Currently using contraceptives	329629	0.55	0.50
Child Health			
Child sick	172539	0.46	0.50
Weight to height (sd)	161005	-0.98	1.15
Weight to age (sd)	161005	-0.41	1.18
Sick never treated	78549	0.42	0.49
Sick treated in private health institution	78154	0.23	0.42
Sick treated in public health institution	78074	0.37	0.48
Mistrust health personnel (any disease)	34066	0.11	0.31
Household Characteristics			
No education	329629	0.04	0.19
Primary education	329629	0.27	0.44
Secondary education	329629	0.44	0.50
Higher education	329629	0.26	0.44
Speaks indigenous language	329581	0.10	0.30
Rural	329629	0.33	0.47
Panel B: Sterilizations at the District-Level 1995-2000			
REVIESFO			
Sterilizations (total)	1874	4.02	21.91
Sterilizations (IHS)	1874	0.48	1.16
Sterilizations (1=Yes)	1874	0.21	0.41
DHS 2009			
Sterilizations (total)	598	1.08	2.20
Sterilizations (IHS)	598	0.64	0.77
Sterilizations (1=Yes)	598	0.56	0.50

Notes: Panel A: The indicators on prenatal care, child birth, and child health are at the child level. The indicator on contraceptive use and household characteristics are at the woman level. Panel B: Each observation is a district coming from REVIESFO (top) or DHS (bottom). Sources: DHS 1991-2017 and REVIESFO.

Table A.3: Summary Statistics - Latinobarometro and Municipal Elections

	(1) Observations	(2) Mean	(3) Std. Dev.
Panel A: Latinobarometro 1996-2018			
Mistrust			
Mistrust congress	22839	0.44	0.50
Mistrust government	18937	0.39	0.49
Mistrust judiciary	22807	0.44	0.50
Mistrust president	11176	0.40	0.49
Mistrust public administration	8944	0.31	0.46
Mistrust political parties	22801	0.48	0.50
Household Characteristics			
Socioeconomic level perception	23392	3.02	0.86
Respondent education	22135	4.56	1.74
Female	23392	0.50	0.50
Panel B: Municipal Elections 1998-2018			
Turnout	3241	0.80	0.09
Votes shares	3241	18.04	15.06
Party rank	3241	3.96	2.70
Won	3241	0.20	0.40

Notes: Panel A: Each observation is a respondent (individual) in the survey. Mistrust indicators are equal to 1 if the individual reports mistrust on the given institution, and zero otherwise. Household characteristics include socio-economic level, education and gender. Panel B: Each observation is a municipality-year. Turnout is the proportion of citizens showing up to vote. Vote share measures the percentage of total votes obtained by the party. Party rank equals the ranking of the party. Won is an indicator for winning the election in a given municipality. Sources: Latinobarometro and JNE municipal data.

Table A.4: Summary Statistics of Women Registered in REVIESFO and Sterilized Women in Public Health Facilities in the DHS

	(1)	(2)	(3)	(4)	(5)	(6)
	REVIESFO			DHS		
Variable	Obs	Mean	Std. Dev.	Obs	Mean	Std. Dev
Number of children	6794	4	2.6	649	4	1.54
Age at sterilization	6794	31	5.6	649	31.5	4.01
% Quechua speakers	6794	0.48	0.22	649	0.08	0.27
% agricultural or native community[a]	6794	0.35	0.15	649	0.28	0.45

Notes: Summary statistics of victims registered in REVIESFO and all sterilizations in public health facilities recorded in the 2009 DHS wave between 1995 and 2000 (DHS observations weighted). [a]: "live in rural community" in DHS. Sources: DHS wave 2009 and REVIESFO.

Table A.5: Forced Sterilizations and Vaccination Rates (DHS)

	(1) BCG	(2) DPT1	(3) Polio1	(4) Measles	(5) All Vaccines
IHS (Num. of Forced Sterilizations Reported) $\times Post$ 2001	-0.009*** (0.003)	0.001 (0.003)	-0.001 (0.004)	-0.003 (0.004)	-0.005 (0.004)
Mean Dep. Var.	0.906	0.871	0.896	0.616	0.600
Observations	124366	129314	126412	134668	122242
Adj. R-squared	0.140	0.064	0.067	0.048	0.052
Year F.E.	Yes	Yes	Yes	Yes	Yes
Municipality F.E.	Yes	Yes	Yes	Yes	Yes
ProvinceXTime	Yes	Yes	Yes	Yes	Yes

Notes: The Table shows regression results following Equation (1). BCG: tuberculosis vaccine. DPT1: first round of vaccine for diphtheria, pertussis, tetanus. Polio1: first round of vaccine to prevent poliomyelitis. All vaccines (column 5) according to the Peruvian vaccination schedule in 1996 (BCG, 3x DPT, 3x Polio, Measles). A child is considered vaccinated only if a vaccination card is presented by the mother. If the mother reports the child is vaccinated but the card is missing, this observation is coded as missing. Standard errors clustered at the municipality level are included in parentheses. Asterisks denote statistical significance at the 1(***), 5(**) or 10(*) percent level. Sources: DHS waves 1991-2017 and REVIESFO.

Table A.6: Robustness Checks: Victims per Capita and Individual Controls

	(1) Currently Using Contraceptives	(2) Prenatal Care and Delivery Index	(3) Child Health Index
Panel A: Using Number of Victims per Capita			
Victims per Capita $\times Post$ 2001	0.000	-0.015**	-0.014***
	(0.002)	(0.007)	(0.003)
Panel B: Results with Individual Controls			
IHS (Num. of Forced Sterilizations Reported)$\times Post$	-0.014***	-0.044***	-0.019***
	(0.003)	(0.006)	(0.004)
Mean Dep. Var.	0.547	0.356	0.138
Observations	329581	152775	160926
Year F.E.	Yes	Yes	Yes
Municipality F.E.	Yes	Yes	Yes
ProvinceXTime	Yes	Yes	Yes

Notes: The Table shows regression results following Equation (1). See footnote of Table 1 for the definition of the dependent variables. In Panel A, the independent variable is the sterilization count divided by 1,000 inhabitants (population count from the 1993 census). Panel B depicts the baseline regression result including the following covariates in column 1: age of respondent, ethnicity, highest educational attainment, whether the respondent lives in a rural area. In columns 2 and 3 the covariates relate to the mother of the child. Standard errors clustered at the municipality level are included in parentheses. Asterisks denote statistical significance at the 1(***), 5(**) or 10(*) percent level. Sources: DHS waves 1991-2017 and REVIESFO.

Table A.7: Forced Sterilizations and Health Seeking Behavior (DHS), Restricted Sample

	(1) Sick Child Received Any Health Care	(2) Sick Child Received Private Health Care	(3) Sick Child Received Public Health Care
Panel A: Number of Forced Sterilizations Reported (IHS)			
IHS (Num. of Forced Sterilizations Reported)×*Post* 2001	-0.013***	0.009***	-0.022***
	(0.003)	(0.003)	(0.004)
Panel B: Any Forced Sterilization Reported			
Any Forced Sterilization Reported (1=Yes)×*Post* 2001	-0.028**	0.033***	-0.063***
	(0.013)	(0.010)	(0.015)
Mean Dep. Var.	0.581	0.231	0.371
Observations	79038	78643	78562
Year F.E.	Yes	Yes	Yes
Municipality F.E.	Yes	Yes	Yes
ProvinceXTime	Yes	Yes	Yes

Notes: The Table shows regression results following Equation (1). The sample is restricted to children who were recently sick with diarrhea or a cough. Standard errors clustered at the municipality level are included in parentheses. Asterisks denote statistical significance at the 1(***), 5(**) or 10(*) percent level. Sources: DHS waves 1991-2017 and REVIESFO.

Table A.8: Forced Sterilizations, Health Care Usage, and Child Health: Pre-trends and Long-term Effects

	Currently Using Contraceptives	Prenatal Care and Delivery Index	Child Health Index
	(1)	(2)	(3)
1991	0.00109	0.0249	-0.00799
	(0.00643)	(0.0194)	(0.0141)
1992	-0.00226	0.0189	-0.0117
	(0.00760)	(0.0181)	(0.0171)
1996	-0.00219	0.00448	-0.00971
	(0.00421)	(0.0148)	(0.0125)
2004	-0.00906*	-0.0253	
	(0.00547)	(0.0157)	
2005	-0.0108*	-0.0207	-0.0417***
	(0.00588)	(0.0143)	(0.0144)
2006	-0.0105**	-0.00690	
	(0.00516)	(0.0157)	
2007	-0.0118**	-0.0291**	-0.0299**
	(0.00548)	(0.0148)	(0.0138)
2008	-0.0150***	-0.0236*	-0.0177
	(0.00436)	(0.0125)	(0.0119)
2009	-0.0153***	-0.0370***	-0.0235**
	(0.00393)	(0.0127)	(0.0117)
2010	-0.0196***	-0.0469***	-0.0265**
	(0.00414)	(0.0122)	(0.0113)
2011	-0.0197***	-0.0487***	-0.0328***
	(0.00414)	(0.0129)	(0.0106)
2012	-0.0190***	-0.0432***	-0.0175
	(0.00403)	(0.0129)	(0.0107)
2013	-0.0245***	-0.0512***	-0.0274***
	(0.00397)	(0.0129)	(0.0104)
2014	-0.0202***	-0.0553***	-0.0191*
	(0.00425)	(0.0132)	(0.0103)
2015	-0.0233***	-0.0569***	-0.0279***
	(0.00361)	(0.0132)	(0.0101)
2016	-0.0230***	-0.0613***	-0.0336***
	(0.00418)	(0.0134)	(0.00964)
2017	-0.0221***	-0.0639***	-0.0260***
	(0.00411)	(0.0135)	(0.0101)
Observations	329629	152817	160965
Year F.E.	Yes	Yes	Yes
Municipality F.E.	Yes	Yes	Yes
ProvinceXTime	Yes	Yes	Yes

Notes: See footnote of Table 1 for the definition of the dependent variables. Coefficients represent regression results of Equation(1), replacing the post-dummy with year dummies. Omitted category is year 2000. Standard errors clustered at the municipality level are included in parentheses. Asterisks denote statistical significance at the 1(***), 5(**) or 10(*) percent level. Sources: DHS waves 1991-2017 and REVIESFO.

Table A.9: Child Health Care Usage: OLS and IV Specifications

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Sick Child Received Any Health Care			Sick Child Received Private Health Care			Sick Child Received Public Health Care		
REVIESFO									
IHS (Num. of Forced Sterilizations Reported) $\times Post$ 2001	-0.014***			0.006			-0.020***		
	(0.004)			(0.004)			(0.005)		
DHS									
IHS (Num. of Reported Sterilizations DHS) $\times Post$ 2001		-0.011***	-0.019***		0.012***	0.008		-0.022***	-0.027***
		(0.003)	(0.006)		(0.003)	(0.005)		(0.004)	(0.006)
Mean Dep. Var.	0.592	0.592	0.592	0.252	0.252	0.252	0.362	0.362	0.362
Observations	60395	60395	60395	60079	60079	60079	60007	60007	60007
Year F.E.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Municipality F.E.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1st stage Wald F-stat			116.063			116.626			115.373
$\beta^{1stStage}$			0.735***			0.736***			0.732***
			(0.068)			(0.068)			(0.068)
Method	OLS	OLS	2SLS	OLS	OLS	2SLS	OLS	OLS	2SLS

Notes: Regression results in columns 1, 2, 4, 5, 7, and 8 follow Equation (1), where the measure of sterilization exposure is either the number of victims registered in the REVIESFO or how many were sterilized according to the 2009 DHS. Sterilizations according to DHS are all women sterilized between 1995 and 2000 in a public health facility. Regression results in columns 3, 6, 9 follow a two-stage least squares approach where the number of sterilizations recorded in the 2009 DHS is instrumented with the number registered in the REVIESFO in the corresponding municipality. See the note of Table 2 for the definition of the dependent variables. Standard errors clustered at the municipality level are included in parentheses. Asterisks denote statistical significance at the 1(***), 5(**) or 10(*) percent level. Sources: DHS waves 1991-2017 and REVIESFO.

Table A.10: Health Care Use and Child Health with Baseline Covariates Interacted with Year Fixed Effects (DHS)

	(1) Currently Using Contraceptives	(2) Prenatal Care and Delivery Index	(3) Child Health Index
Panel A: Number of Forced Sterilizations Reported (IHS)			
IHS (Num. of Forced Sterilizations Reported)×*Post* 2001	-0.005**	-0.020***	-0.020***
	(0.003)	(0.007)	(0.005)
Panel B: Any Forced Sterilization Reported			
Any Forced Sterilization Reported)×*Post* 2001	-0.012	-0.036	-0.050***
	(0.009)	(0.024)	(0.019)
Mean Dep. Var.	0.547	0.356	0.138
Observations	329629	152817	160965
Adj. R-squared	0.023	0.477	0.096
Year F.E.	Yes	Yes	Yes
Municipality F.E.	Yes	Yes	Yes
ProvinceXTime	Yes	Yes	Yes
Baseline CovXYear FE	Yes	Yes	Yes

Notes: See the note of Table 1 for the definition of the dependent variables. The Table shows regression results following Equation (1) and adding baseline covariates interacted with dummies for every survey year. The baseline covariates include: share of indigenous population 1993, fertility rate 1993, employment share 1993. Standard errors clustered at the municipality level are included in parentheses. Asterisks denote statistical significance at the 1(***), 5(**) or 10(*) percent level. Sources: DHS waves 1991-2017, REVIESFO and the population census of 1993.

Table A.11: Heterogeneous Effects by Cohorts and Excluding Sterilized Women

	(1) Currently Using Contraceptives	(2) Prenatal Care and Delivery Index	(3) Child Health Index
Panel A: Heterogeneity by Mother's Year of Birth			
IHS (Num. of Forced Sterilizations Reported)×*Post* 2001	-0.015***	-0.044***	-0.020***
	(0.003)	(0.007)	(0.005)
Young× IHS (Num. of Forced Sterilizations Reported)×*Post* 2001	-0.018	-0.035	0.110
	(0.150)	(0.214)	(0.218)
Mean Dep. Var.	0.547	0.356	0.138
Observations	329629	152817	160965
Panel B: Sterilized Women Excluded			
IHS (Num. of Forced Sterilizations Reported)×*Post* 2001	-0.015***	-0.047***	-0.021***
	(0.003)	(0.007)	(0.004)
Mean Dep. Var.	0.513	0.352	0.136
Observations	307014	150075	157953
Year F.E.	Yes	Yes	Yes
Municipality F.E.	Yes	Yes	Yes
ProvinceXTime	Yes	Yes	Yes

Notes: Panel A shows the estimation results of the following Equation: $Y_{ijt} = \beta_1 Post_t \times FS_j + \beta_2 X_i \times Post_t \times FS_j + \beta_3 X_i \times Post_t + \beta_4 X_i \times FS_j + \beta_5 X_i + \gamma_j + \delta_t + \nu_{p(t)} + \varepsilon_{ijt}$, where X_i is equal to one for young respondents. Only the main DiD estimate (β_1) and the triple interaction term (β_2) are reported. Respondents in Panel A are classified as too young to be directly targeted if they were born after 1985. Respondents are excluded from regressions in Panel B if they report having been sterilized. Results in Panel B are based on Equation (1). See the note of Table 1 for the definition of dependent variables. Standard errors clustered at the municipality level are included in parentheses. Asterisks denote statistical significance at the 1(***), 5(**) or 10(*) percent level. Sources: DHS waves 1991-2017 and REVIESFO.

Table A.12: Forced Sterilizations and Health Care Supply

	Num. of Health Facilities			Num. of Health Specialists		
	All	Public	Private	All	Doctors	Nurses
Panel A: Number of Forced Sterilizations Reported (IHS)						
IHS (Num. of Forced Sterilizations Reported) $\times Post$ 2001	-0.001	-0.002	0.001*	-0.014	-0.002	-0.012
	(0.002)	(0.002)	(0.000)	(0.012)	(0.006)	(0.008)
Panel B: Any Forced Sterilization Reported						
Any Forced Sterilization Reported (1=Yes)$\times Post$ 2001	-0.006	-0.006	-0.001	-0.013	0.006	-0.020
	(0.006)	(0.006)	(0.002)	(0.034)	(0.017)	(0.022)
Mean Dep. Var.	0.478	0.472	0.006	1.085	0.459	0.625
Observations	33027	33027	33027	21069	21069	21069
Year F.E.	Yes	Yes	Yes	Yes	Yes	Yes
Municipality F.E.	Yes	Yes	Yes	Yes	Yes	Yes
ProvinceXTime	Yes	Yes	Yes	Yes	Yes	Yes

Notes: The Table shows regression results based on the following Equation: $Y_{jt} = \beta_1 Post_t \times FS_j + \gamma_j + \delta_t + \nu_{p(t)} + \varepsilon_{jt}$. Health facilities and personnel per 1,000 inhabitants. Standard errors clustered at the municipality level are included in parentheses. Asterisks denote statistical significance at the 1(***), 5(**) or 10(*) percent level. Sources: MINSA (1996-2017), INEI 1993, and REVIESFO.

Table A.13: Robustness Check: Migration as Source of Measurement Error

	(1) Currently Using Contraceptives	(2) Prenatal Care and Delivery Index	(3) Child Health Index
IHS (Num. of Forced Sterilizations Reported) × *Post* 2001	-0.015***	-0.051***	-0.022***
	(0.003)	(0.008)	(0.005)
Ever Moved × IHS (Num. of Forced Sterilizations Reported ×*Post* 2001	-0.002	0.007	0.002
	(0.004)	(0.008)	(0.005)
Mean Dep. Var.	0.548	0.356	0.138
Observations	324270	150358	158636
Adj. R-squared	0.034	0.477	0.097
Year F.E.	Yes	Yes	Yes
Municipality F.E.	Yes	Yes	Yes
ProvinceXTime	Yes	Yes	Yes

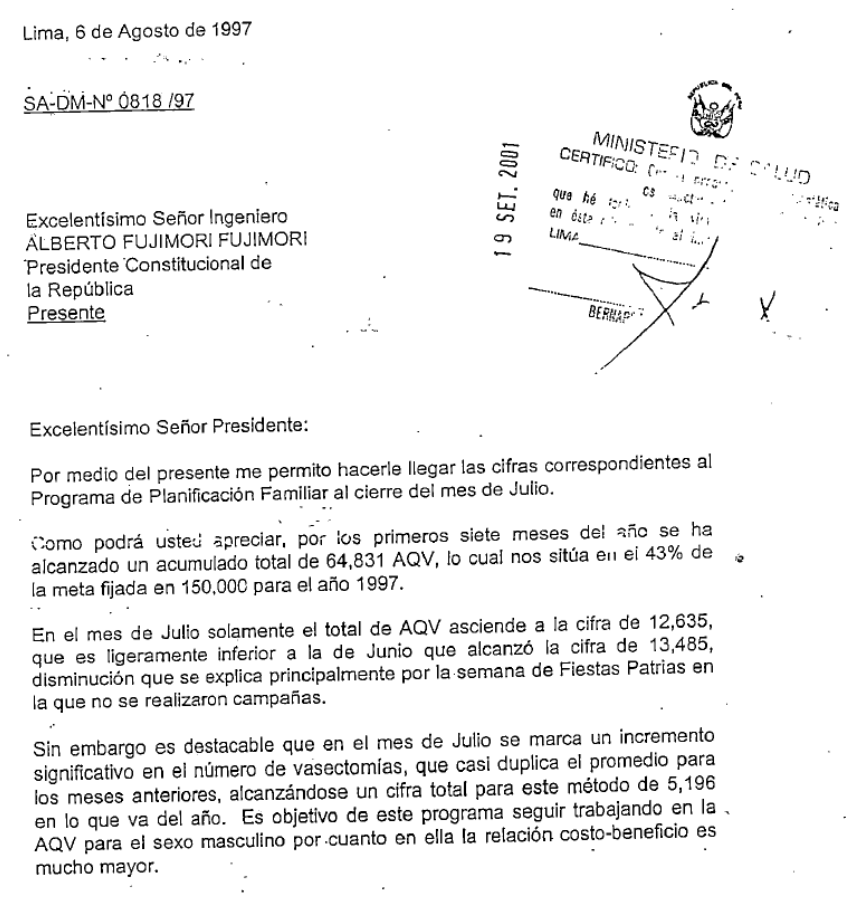
Notes: See footnote of Table 1 for the definition of the dependent variables. The estimation results are based on the following Equation: $Y_{ijt} = \beta_1 Post_t \times FS_j + \beta_2 X_i \times Post_t \times FS_j + \beta_3 X_i \times Post_t + \beta_4 X_i \times FS_j + \beta_5 X_i + \gamma_j + \delta_t + \nu_{p(t)} + \varepsilon_{ijt}$, where X_i is equal to one for respondents who have moved at some point in their lives. X_i is equal to zero if the responding woman has never moved. Only the main DiD estimate (β_1) and the triple interaction term (β_2) are reported. Standard errors clustered at the municipality level are included in parentheses. Asterisks denote statistical significance at the 1(***), 5(**) or 10(*) percent level. Sources: DHS waves 1991-2017 and REVIESFO.

Table A.14: Heterogeneity of Main Results

	(1) Currently Using Contraceptives	(2) Prenatal Care and Delivery Index	(3) Child Health Index
Panel A: Rural			
IHS (Num. of Forced Sterilizations Reported)×	-0.005**	-0.027***	-0.017***
Post 2001	(0.003)	(0.008)	(0.005)
Rural × IHS (Num. of Forced Sterilizations	0.008*	0.033***	0.003
Reported ×*Post* 2001	(0.005)	(0.012)	(0.008)
Panel B: Indigenous			
IHS (Num. of Forced Sterilizations Reported)×	-0.015***	-0.045***	-0.019***
Post 2001	(0.003)	(0.007)	(0.005)
Quechua Speaker × IHS (Num. of Forced	0.024***	0.043***	-0.005
Sterilizations Reported ×*Post* 2001	(0.005)	(0.015)	(0.010)
Panel C: Less than Secondary Schooling			
IHS (Num. of Forced Sterilizations Reported)×	-0.010***	-0.038***	-0.016***
Post 2001	(0.003)	(0.008)	(0.005)
Secondary Education or Less × IHS (Num. of	0.006	0.014	-0.003
Forced Sterilizations Reported ×*Post* 2001	(0.004)	(0.011)	(0.007)
Panel D: Radio Signal Strength 2001			
IHS (Num. of Forced Sterilizations Reported)×	-0.011***	-0.037***	-0.021***
Post 2001	(0.003)	(0.008)	(0.006)
Signal Strength × IHS (Num. of Forced	0.001	-0.008	-0.001
Sterilizations Reported ×*Post* 2001	(0.003)	(0.008)	(0.005)
Mean Dep. Var.	0.663	0.356	0.138
Observations	253562	152775	160926
Year F.E.	Yes	Yes	Yes
Municipality F.E.	Yes	Yes	Yes
ProvinceXTime	Yes	Yes	Yes

Notes: See the note of Table 1 for the definition of the dependent variables. All regressions are based on the following Equation: $Y_{ijt} = \beta_1 Post_t \times FS_j + \beta_2 X_i \times Post_t \times FS_j + \beta_3 X_i \times Post_t + \beta_4 X_i \times FS_j + \beta_5 X_i + \gamma_j + \delta_t + \nu_{p(t)} + \varepsilon_{ijt}$, where X_i is equal to one for respondents living in rural areas in Panel A, for indigenous women in Panel B, for women with less than secondary schooling in Panel C, for women living in municipalities with strong radio signals in 2001 in Panel D. Only the main DiD estimate (β_1) and the triple interaction terms (β_2) are shown for exposition purposes. See footnote 34 in the main text for details on the construction of the signal strength variable. Standard errors clustered at the municipality level are included in parentheses. Asterisks denote statistical significance at the 1(***), 5(**) or 10(*) percent level. Sources: DHS waves 1991-2017, REVIESFO, and the Ministry of Transportation and Communications (MTC).

Figure A.1: Letter from the Minister of Health to President Alberto Fujimori, August 6th, 1997



Lima, 6 de Agosto de 1997

SA-DM-Nº 0818 /97

Excelentísimo Señor Ingeniero
ALBERTO FUJIMORI FUJIMORI
Presidente Constitucional de
la República
Presente

Excelentísimo Señor Presidente:

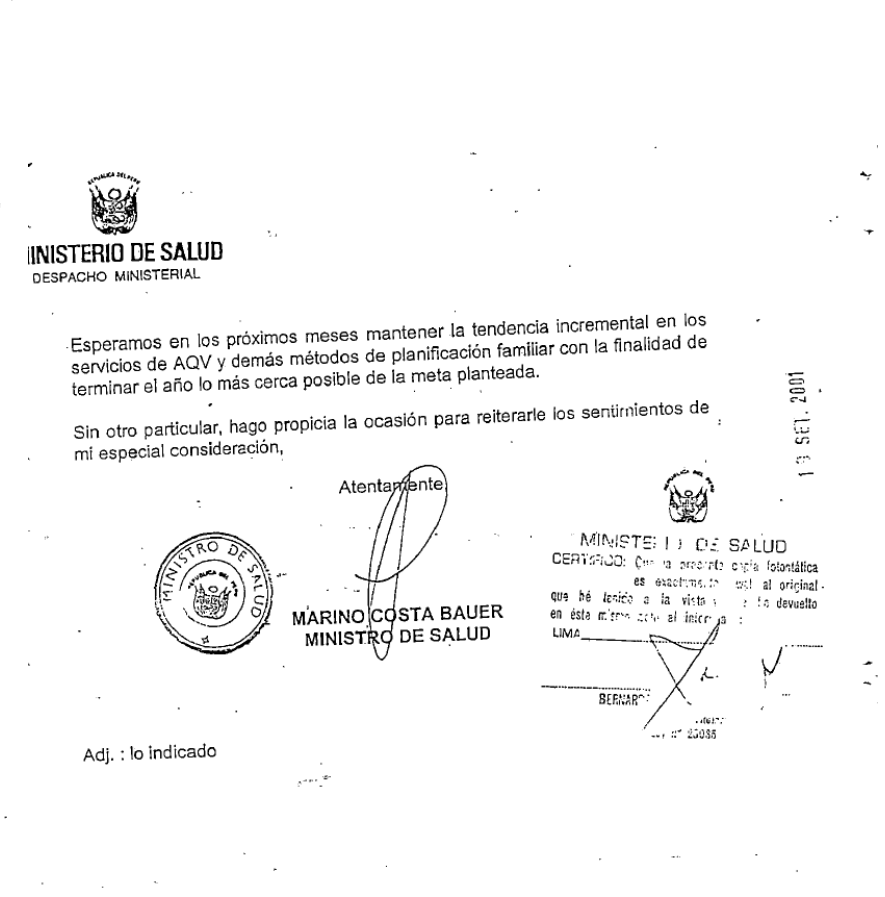
Por medio del presente me permito hacerle llegar las cifras correspondientes al Programa de Planificación Familiar al cierre del mes de Julio.

Como podrá usted apreciar, por los primeros siete meses del año se ha alcanzado un acumulado total de 64,831 AQV, lo cual nos sitúa en el 43% de la meta fijada en 150,000 para el año 1997.

En el mes de Julio solamente el total de AQV asciende a la cifra de 12,635, que es ligeramente inferior a la de Junio que alcanzó la cifra de 13,485, disminución que se explica principalmente por la semana de Fiestas Patrias en la que no se realizaron campañas.

Sin embargo es destacable que en el mes de Julio se marca un incremento significativo en el número de vasectomías, que casi duplica el promedio para los meses anteriores, alcanzándose un cifra total para este método de 5,196 en lo que va del año. Es objetivo de este programa seguir trabajando en la AQV para el sexo masculino por cuanto en ella la relación costo-beneficio es mucho mayor.

(a) Part 1



MINISTERIO DE SALUD
DESPACHO MINISTERIAL

Esperamos en los próximos meses mantener la tendencia incremental en los servicios de AQV y demás métodos de planificación familiar con la finalidad de terminar el año lo más cerca posible de la meta planteada.

Sin otro particular, hago propicia la ocasión para reiterarle los sentimientos de mi especial consideración,

Atentamente,

MARINO COSTA BAUER
MINISTRO DE SALUD

Adj. : lo indicado

(b) Part 2

Notes: Authors' translation: Your Excellency, Mr. President: I hereby inform you about the total Family Planning Program figures at the end of July. As you can see, we reached 64,831 voluntary contraception surgeries (AQVs) in the first seven months of this year, which places us at 43% of the final goal set at 150,000 for 1997. In July, just the AQVs amounted to 12,635, which is slightly lower than the total of June, when we reached a figure of 13,485. This decrease is mainly explained by the week of National Holidays in which no campaigns were carried out. However, it is noteworthy that in the month of July there was a significant increase in the number of vasectomies, which doubles the average from the previous months, reaching a total of 5,196 this year. The objective of this program is to continue working on AQVs for males, as the cost-benefit ratio is much higher. We hope to maintain the increasing trend in AQV services and other planning methods in the coming months to end the year as close as possible to the set goal. Without further ado, I take the opportunity to reiterate my highest consideration. Source: MINSA, Oficina de Transparencia y Anticorrupción, 2020.

Figure A.2: Program Timeline

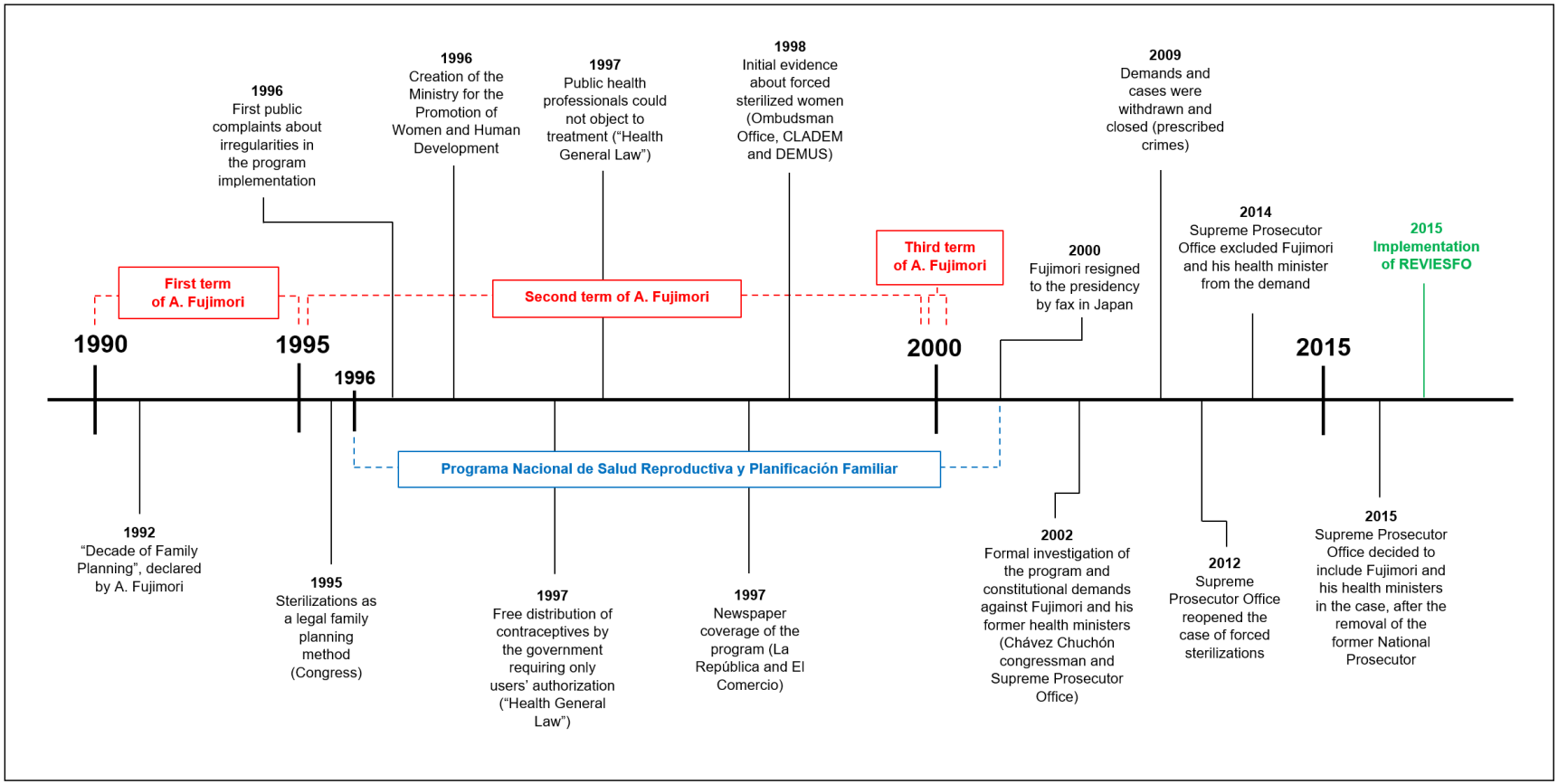
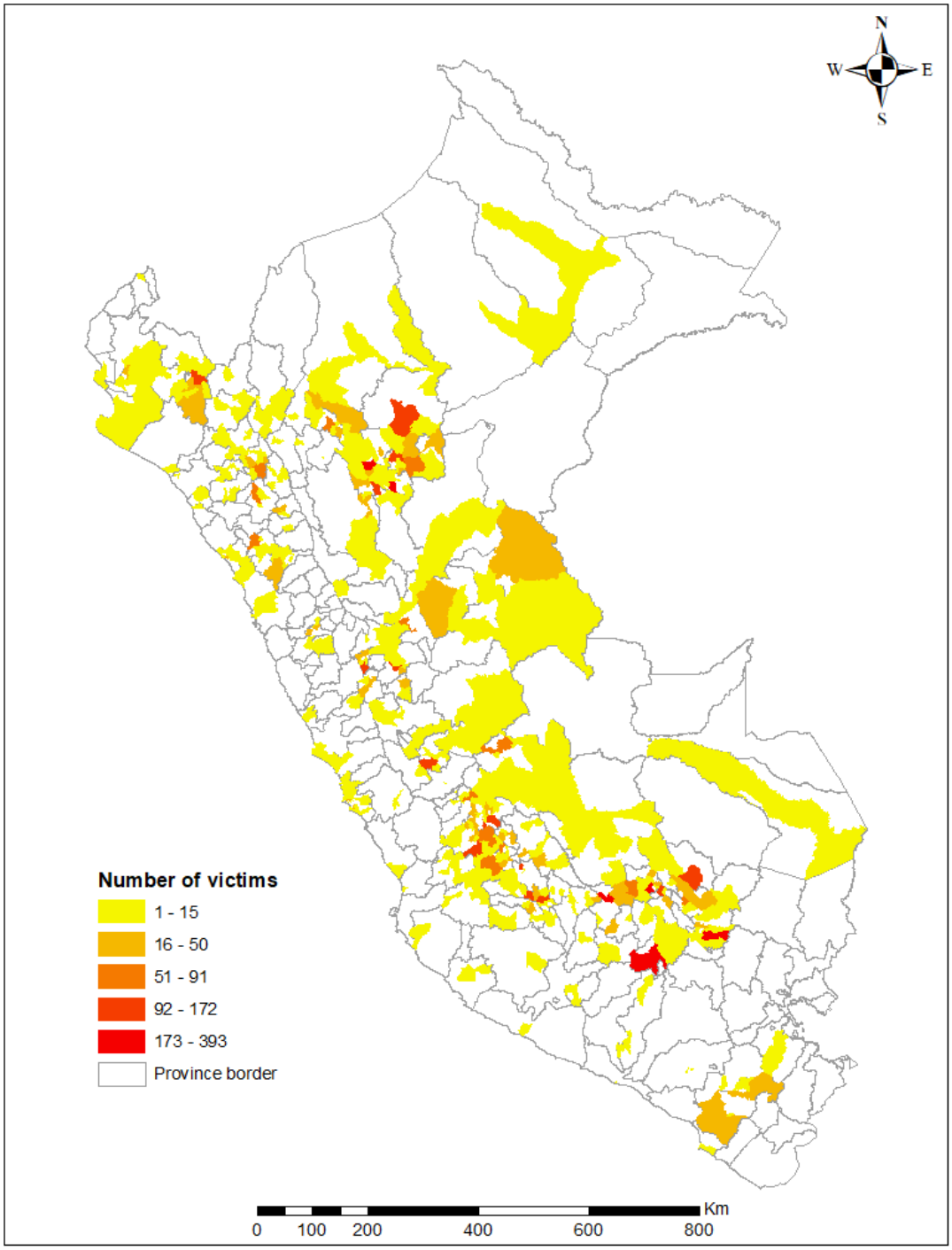


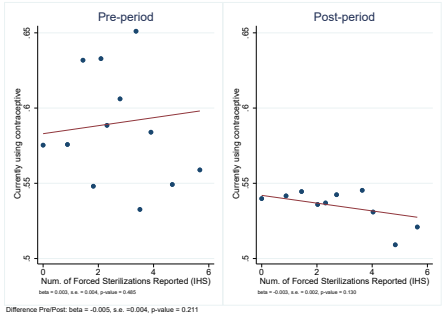
Figure A.3: Victims Reported in REVIESFO, by Municipality



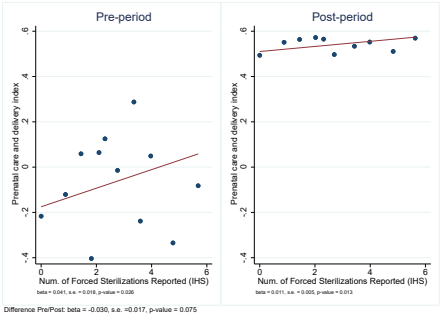
Notes: The Figure shows the municipality distribution of registered forced sterilizations in REVIESFO (1995-2000).

Figure A.4: Binscatter Plots

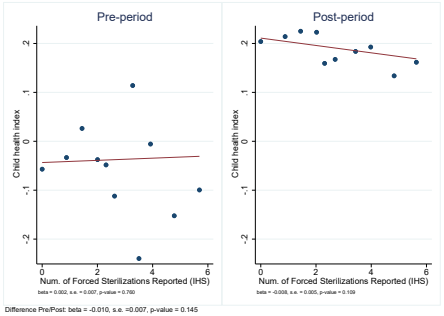
Panel A: Raw DHS Outcomes and Total Number of Registered Victims (IHS)



(a) Currently Using Contraceptives



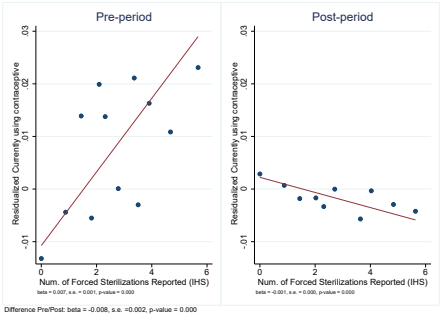
(b) Prenatal Care and Delivery Index



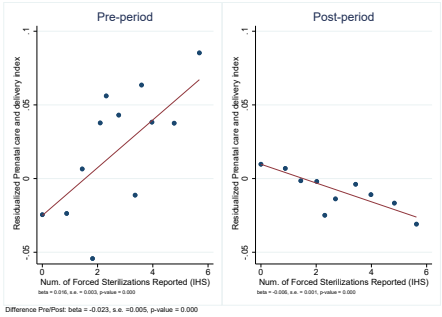
(c) Child Health Index

Notes: Figures above depict binscatter plots between three main DHS outcome variables and the total number of registered REVIESFO victims (IHS), before and after the information revelation (year 2001). Differences in the slopes pre- and post are depicted in the notes below the Figures, including the corresponding standard errors.

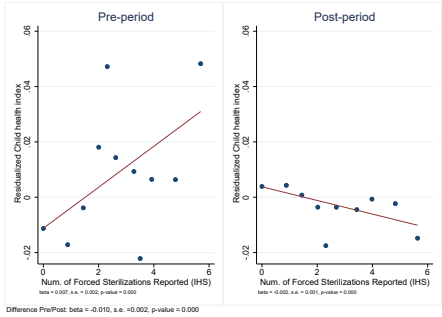
Panel B: Raw DHS Outcomes and Total Number of Registered Victims (IHS) (with Fixed Effects)



(d) Currently Using Contraceptives



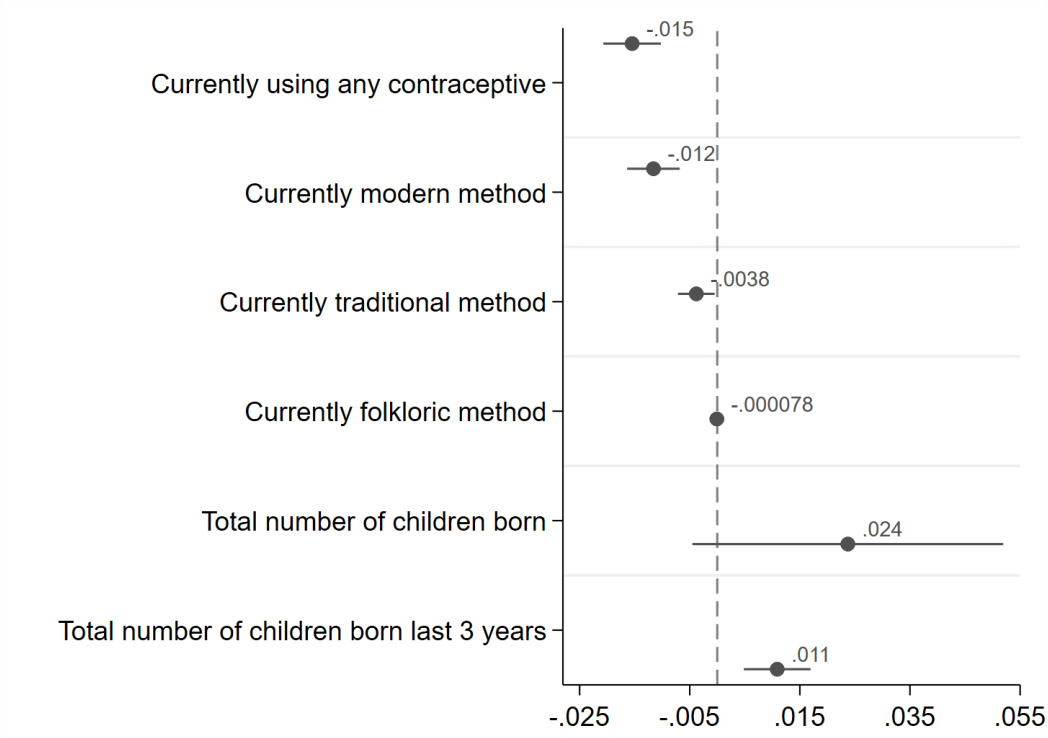
(e) Prenatal Care and Delivery Index



(f) Child Health Index

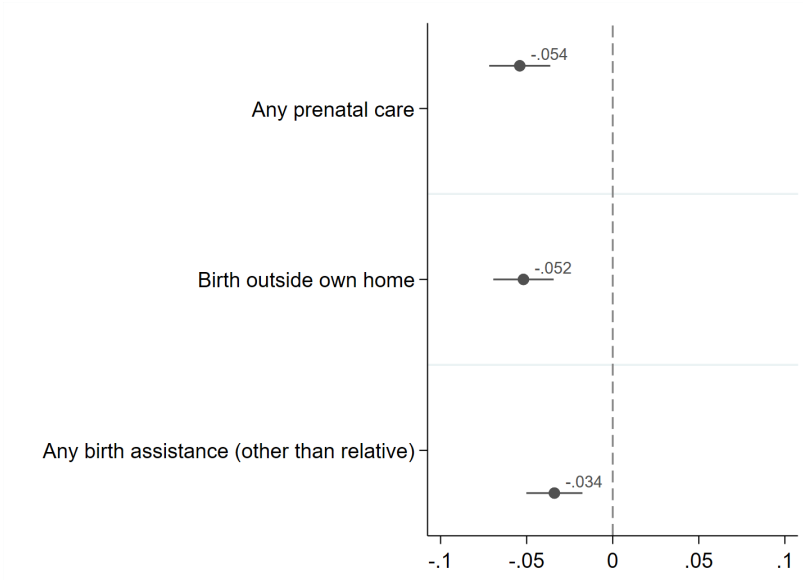
Notes: Figures above depict binscatter plots between three main DHS outcome variables and the total number of registered REVIESFO victims (IHS), before and after the information revelation (year 2001). The outcome variables are residuals, after partialling out municipality and year fixed effects and a province-specific linear time trend. Differences in the slopes pre- and post are depicted in the notes below the Figures, including the corresponding standard errors.

Figure A.5: Forced Sterilizations and Fertility (DHS)

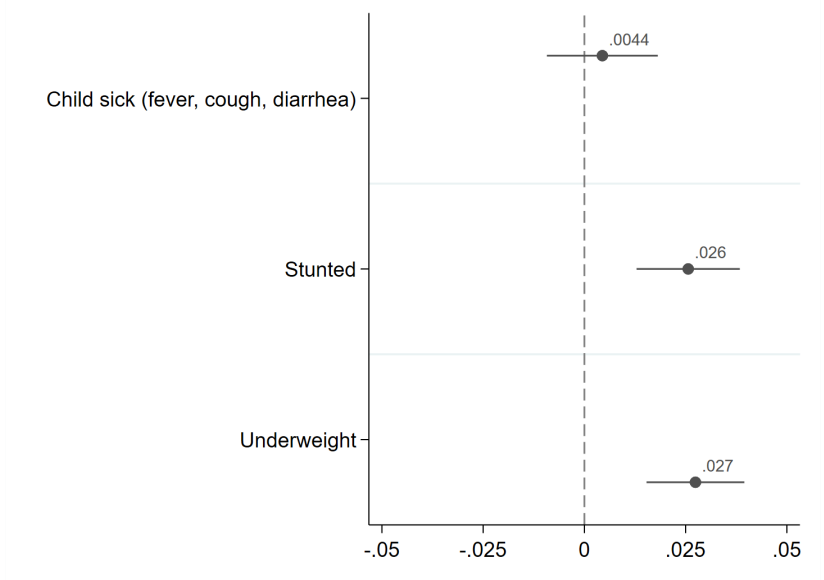


Notes: The above depicted coefficients represent regression results of Equation (1). We show the point estimates and the corresponding 95% confidence intervals. Sources: DHS waves 1991-2017 and REVIESFO.

Figure A.6: Splitting Indices in Main Analysis Into Their Components



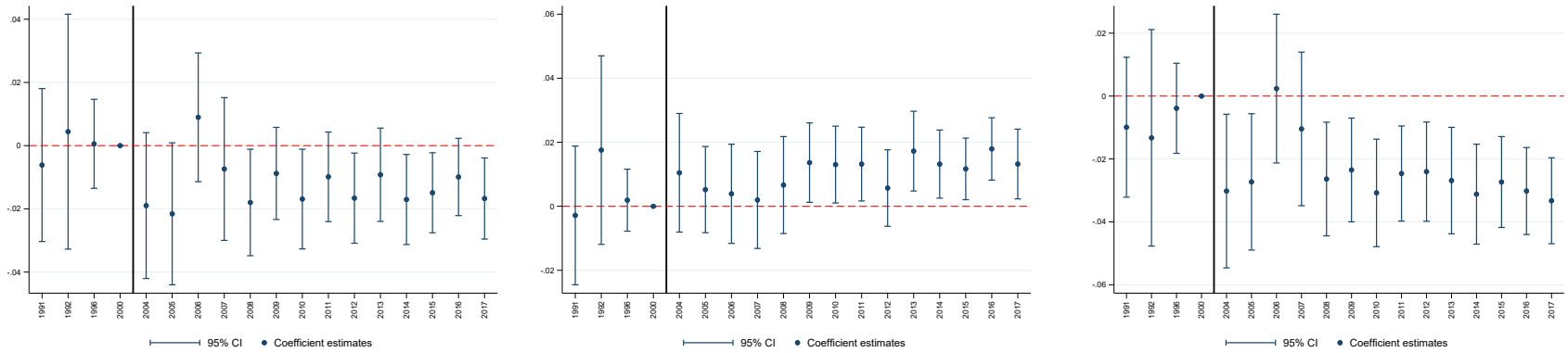
(a) Prenatal and Delivery Care Index



(b) Child Health Index

Notes: Coefficients in the above figures represent regression results of Equation (1) and splitting the indices into their three components. Sources: DHS waves 1991-2017 and REVIESFO.

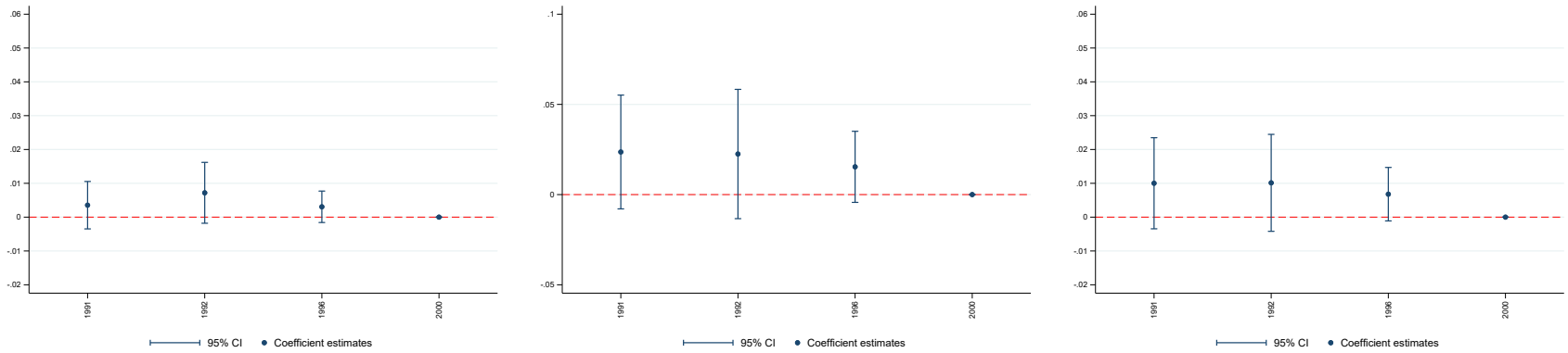
Figure A.7: Pre-trends and Long-term Effects for DHS Outcomes: Health Seeking Behavior



(a) Sick Child Received Any Health Care (b) Sick Child Received Private Health Care (c) Sick Child Received Public Health Care

Notes: Coefficients in the above figures represent regression results of Equation (1), replacing the post-dummy with year dummies. The y-axis shows the coefficient estimates and x-axis the survey waves. The omitted category is year 2000.

Figure A.8: Predicted DHS Outcomes follow Parallel Trends before Information Revelation



(a) Currently Using Contraceptives (b) Prenatal Care and Delivery Index (c) Child Health Index

Notes: Coefficients in the above figures represent regression results of Equation (1), where the outcome variables are predicted values based on the following exercise. We regress the three outcome variables separately on the following predictors for the DHS survey wave 1996 and store the predicted values: marital status, ethnicity, total children ever born, respondent lives in rural area, educational attainment, wealth index, number of public clinics per capita in municipality in 1996. Source: DHS survey waves 1991-2000.

Appendix B: Details about the Programa Nacional de Salud Reproductiva y Planificación Familiar

The sterilization campaign was supposed to be governed by a handbook of rules and clinical guidelines, which provided specific procedures to be followed (MINSA, 1996a). Any abuses and subsequent complaints were considered deviations from these rules (Congreso de la República, 2002; Defensoría del Pueblo, 2002). The first version of the handbook was published in 1996, followed by a revised version in 1998. The guidelines outlined specific requirements for health facilities and personnel.

In theory, the sterilization procedure consisted of several steps: counseling sessions, pre-surgery assessment, the operation itself, and post-surgery evaluation. The counseling sessions, conducted by nurses, psychologists, or social workers, aimed to find the "right" method for each person. They emphasized that the procedure was quick, legal, and free of charge. The handbook also included a FAQ section. Informed consent was obtained after the counseling sessions, with the document including the patient's and responsible doctor's names, the name of the surgery, its permanent nature, and the option to withdraw consent.

The second version of the guidelines introduced a reflection period of at least 72 hours to account for the irreversibility of the procedure. Clinical screening excluded women with certain conditions such as pregnancy, recent abortions, active sexual infections, and pelvic tumors. Other factors like anemia, diabetes, breathing problems, cardiac conditions, and hypertension could also exclude women. A blood test was required before surgery. Women who had given birth, especially through a c-section, were an important target group as they had already undergone pre-surgery assessments.

In practice, non-compliance with the handbook was widespread and resulted in numerous complaints investigated by the Ombudsman Office. Half of the formal complaints indicated the absence of the reflection period, revealing pressure to undergo the procedure. Lack of informed consent, incomplete informed consent, unlawful charges for health services, lack of counseling sessions, lack of information on alternative methods, lack of adequate health personnel, lack of post-surgery care, and non-designated health facilities were among the other causes for complaints (Defensoría del Pueblo, 2002) .

The abuses of program raised considerable legal concerns, including violation of the constitutional right to free choice, violation of health rights such as post-surgery abandonment, medical malpractice, medical neglect, coercion, and violation of health center procedures such as deliberate targets and incentives to perform tubal ligations and the organization of

public fairs/festivals (Congreso de la República, 2002).

After the regime fell, hundreds of visits by the Ombudsman Office to health centers where sterilizations had been performed confirmed significant issues. Sterilizations were often performed immediately after childbirth, especially in cases of C-sections. Sterilized women were not informed about the need for post-surgery checkups, and those who experienced complications were denied care.

The Peruvian Medical Association documented a lack of post-surgery care, particularly in locations where fairs took place. The fairs aimed to induce women aged 30 or older with four children toward irreversible contraceptive methods, targeting poor women in the Andes, Amazon regions, and vulnerable urban centers. Health complications arose at these fairs due to the failure to follow clinical protocols (Congreso de la República, 2002) .

Finally, the involvement of top authorities in annual meetings (where Fujimori attended) rewarded offices with better performance, guaranteeing impunity for health personnel who failed to follow guidelines (Congreso de la República, 2002; Tanaka, 1999) . Most court cases related to forced sterilizations were quickly dismissed (Defensoría del Pueblo, 2002) .