

Femicide in Latin America

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Course: Power and Health in Latin America and the Caribbean, 2019

Abstract

Violence against women has existed for centuries, specifically in Latin America as nation-states use this issue to oppress communities. Torture is used to strip women of their female identities in order to solicit information, obstetric violence is used to make women passive, and groups of women who speak and protest against femicide are kidnapped, murdered, and raped.

Governments disregard the existence of femicide and do not create policies to act against it or programs to help those affected. Femicide is carried out through state violence, suppression and restriction of reproductive and sexual rights, as well as a lack of policy and programs addressing socio-cultural dynamics around femicide. This paper goes into depth at how each of these factors contribute to femicide, what some countries are doing to fight against, which countries let it continue, and the groups of women both affected and acting against femicide.

Key Words: Femicide, Systematic Violence, Reproductive rights, State Violence, Femicide Policy

Violence against women has existed for a very long time and has developed over centuries to be used as a tool to oppress communities. In today's day and age, organizations like the World Health Organization (WHO) are joining together with Latin American governments and feminist researchers to better define violence against women in order to take action against it. The two most common terms used in this field are femicide and feminicide, however since research on this topic only began 30 years ago there is still room for improvement in terms of definitions. Today, femicide is defined as "the murder of women and girls because they are female" (Lopez, 2010, pg. 158). Because this definition is too vague, which often leads to the dismissal of cases by claiming they are just homicides, a new term was formed to better define this violence. Feminicide is "the assassination of women who are kidnapped, tortured, and raped... in an organized network of people that... practice a method of killing directed at women's and girl's sexual and gender identity over a long and undetermined period of time" (Lopez, 2010, pg. 58). It is important to make this distinction in order to understand how feminicide is systematic and is influenced by many factors. In this way, the violence against women can be appropriately defined as a violation of human rights, not just homicide based on gender. This paper will dissect how feminicide in Latin America is carried out through state violence, suppression and restriction of reproductive and sexual rights, as well as a lack of policy and programs addressing socio-cultural dynamics around feminicide.

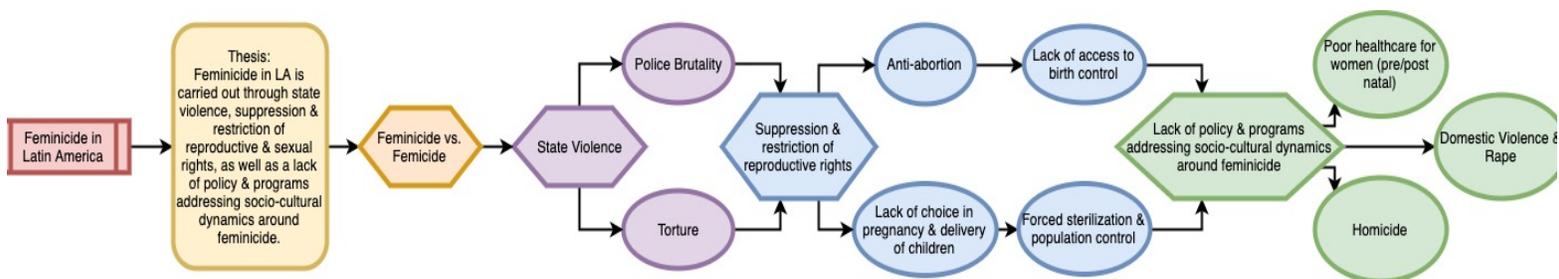


Figure 1 above is presented to guide the reader through the paper, and to show connections of different factors that perpetuate femicide.

Femicide vs. Femicide

Recognition of femicide started in the 1990's when the Mexican people gathered through feminist and activist groups to have their government, along with that of the United States, denounce femicide prevalent in Ciudad Juárez, a city near the northern border (Gomes 2018). A definition for femicide emerged in order to take action, resulting from dialogue between feminism and policies. The state sets the precedent for what can and cannot be done in a gender regime, regulating it with policies and criminalization. A turn in Mexico's priorities came with the presidential election win by Vicente Fox, who from 2004 to 2012 was committed to upholding human rights. (Del Moral & Neumann, 2019). In 2011 the Mexican government made the international human rights treaties legally equal to their own constitution, resulting in more women's centers and spaces for feminists and legislators to join together and stand against femicide. This led to "the criminalization of femicidio," resulting "from a successful naming and shaming campaign by local feminist actors linked to litigation in various supranational arenas, and the intervention of feminist federal legislators" (Del Moral & Neumann, 2019, pg. 452). Femicide was formally recognized as a systematic offense that had to be addressed not only by activist groups but with cooperation from the state.

As some states exist making progress towards actions against femicide, other states have made it almost impossible for any improvements or recognition. President Ortega of Nicaragua, along with his wife the Vice President, have control over all of the powers in their country, buying them the power to completely control state decisions without opposition (Del Moral & Neumann, 2019). Funded by domestic religious groups, President Ortega has publicly

stood against abortion, and has made it very difficult for feminists to have access to elections and to partake in government positions. Even though it is now required to have equal political participation of men and women in their government, women cannot make it in without already being loyal to the president and his anti-feminist stances (Del Moral & Neumann, 2019). This form of government interaction with femicide, refusing to acknowledge its existence, let alone creating programs and policies to work against it and support victims, is seen as a perpetrator of this violence. This state actively acts to support femicide through exclusionary measures, disregarding and denying the results of femicide and its existence.

In today's society, with the increase of protestors and activists speaking out, women and allies are coming together to stand against the governments doing them an injustice by aiding in the femicide cycle. Las Tesis is a feminist activist group formed in Chile looking to translate feminist writing into performative mediums in order to reach larger audiences. They did just this after organizing a large protest on November 25th of 2019 in Santiago, Chile. **Figure 2** found in the **Appendix** contains the script of their performance, stating that the patriarchy acts as a judge, judging women for just being born and punishing them with violence. Las Tesis uses this speech, *Un Violador en tu Camino*, to stand against femicide which is so clearly granting impunity to those assassinating women not only in Chile, but in all of Latin America. This message resonated with other activists and was recreated as a worldwide wave of protests hit the streets on November 25th of 2019, where at least 25 cities witnessed this performance firsthand. This message of female abuse by the government rings true not just in Latin America as is shown in **Figure 3** in the **Appendix**. As there is more action today against impunity of political actors, there is also more media coverage, spreading the message at a faster rate and reaching bigger

audiences. This is still not enough for every region in Latin America, as torture and imprisonment are used to act against women without it ever coming to light.

State Violence

Femicide is carried out by the state in notable cases from Latin America. Women who have been imprisoned and tortured under oppressive governments in Latin America have been victimized in gendered ways that reflect cultural conceptions of women. These women have more often been victims of rape and sexual abuse, as well as forced miscarriages while imprisoned (Allodi & Stiasny, 1990). Many mothers of disappeared people in Latin America have created organizations to protest the state's involvement in the violence and torture. These mothers have been victims of femicide as they have been targeted and tortured, disappeared, raped, and victimized by police brutality for organizing against the government's oppressive actions (Bejarano, 2002). Here we can begin to see cyclical patterns of femicide within the context of Latin America.

Women political prisoners in Latin America more commonly experience rape and sexual torture than their male counterparts, and these women prisoners have more symptoms of emotional distress and sexual trauma after imprisonment and torture. Torturers sexually abuse women prisoners with the intent to make them worthless and impure, no longer fitting into the role of the "Madonna," or the ideal woman in Latin American culture. For this reason, beatings of pregnant women and forced miscarriages are also tools of torture and femicide (Allodi, Stiasny, 1990). The mother role is seen as the ideal female identity in Latin American culture, so stripping women of the ability to be mothers dehumanizes them and forces them into the role of "whore". This is the opposite of the "Madonna" ideal. The "whore" role implies that a woman is deserving of punishment, perpetuating more violence (Treacy, 1996). Torturers want women to

internalize their own dehumanization and in effect lose their connection to their identity, making them more vulnerable to submitting to officials' demands. Formerly imprisoned Latin American women describe in their writings their views toward fellow prisoners who cooperated with officials. They felt that these women were less politicized because they succumbed to gendered torture tactics. The women who write these accounts try to remove themselves from their sexuality and from a societal identification as a mechanism to defend themselves against sexual torture. However, even though they wanted to be unaffected by sexual and gendered torture, they still showed signs of sexual trauma (Treacy, 1996). The very specific roles for women and ways that people identify themselves within gender roles are exploited in state sponsored torture in Latin America. These societal and cultural rules are the social determinants of a feminicidal state and lay the groundwork for violence against women in the region.

Femicide is further enacted through reactionary violence against women who protest oppressive regimes in Latin America. *Las Madres del Plaza del Mayo* in Argentina and the group *CoMadres* in El Salvador are activist groups of mothers who demand justice for their children who have been disappeared, killed, imprisoned, and tortured by oppressive political regimes in their countries. These women have been subject to police and state violence for speaking out against their loved ones' disappearances and demanding an end to political imprisonment and torture. The police force and the military have retaliated against these groups in an attempt to silence them. Many have been disappeared, brutalized, and raped by the police, death squads, and agents of the dictatorships they live under, contributing to a cycle of femicide (Bejarano, 2002). Fighting violence in the region has made women even more vulnerable to violence.

In the case of state enacted violence, the state attempts to maintain power and control of the people through manipulation and force. When activists and political organizers come together in solidarity, the power lies in their numbers. Political forces and oppressive governments use femicide as a tool to consolidate their power against the masses. They kidnap and kill women to eradicate individual threats and create factions in organizations, and in doing so instill the fear of recurrences to intimidate others from continuing the fight. They specifically use femicide and violence against women in their tactics, stripping women of their identities and dignity in the same ways that were addressed earlier in this section surrounding women political prisoners.

In Ciudad Juárez, Mexico, many young maquiladora workers are going missing, and their dead bodies have been found that have been raped, beaten, and brutalized. The police force and government have reacted inadequately, and families of these girls are organizing for justice. Many people believe that the police in the region took part in the violence, explaining why police are not linking these homicides to a larger investigation. Instead, others were found responsible for the murders, in the case of two truck drivers being convicted. The truck drivers argued that they were forced into making false confessions. There is some evidence that the military and police force could be involved in perpetrating these beatings and murders of these young girls-- who are working class and mostly have dark skin and long dark hair-- but no true action has been taken to find those responsible (Bejarano, 2002). This is another example of state-sponsored femicide. The lack of urgency around these cases shows that women, especially working-class women of color, are not seen as valuable in the eyes of the government. This makes them an easy and vulnerable target for brutalizing without facing consequences, showing a greater need for large scale intervention to end this form of violence.

Suppression and Restriction of Reproductive Rights

Women's reproduction is often at the center of medical, political, religious and international agendas. In Latin America, we have seen powerful actors use women's bodies as vehicles for their own advancement. Women's bodies are subjects of morality politics, medical advancements, and NGO and government health initiatives. The women themselves are not centered in their care and these various forces in Latin America enact femicide via violation of women's autonomy and restriction of their reproductive and sexual rights.

Many domestic and international health initiatives in Latin America do not emphasize creating safe sexual environments for women. Health initiatives center women's roles as mothers, without depth of analysis into whether women and girls want to be mothers, and how their health can be supported outside of pregnancy and breastfeeding. Even though child marriage is illegal in Guatemala, de facto child marriage is still common in rural areas as young teens are becoming mothers, risking their health. Rape and sexual exploitation are common, and without proper sexual education and knowledge about their rights, adolescent girls in Guatemala are more vulnerable to violence (Flood et. Al, 2018). Whether a lack of value placed on women and girls or a restrictive mindset influenced by the Catholic Church's political power in the region is to blame, adolescent pregnancy rates are high in Guatemala. Programs exist to reduce adolescent pregnancy rates in the country, but they do not cross over with child health initiatives. Adolescent mothers are children, and their pregnancies have negative health effects, including growth stunting and decline in mental health. Child nutrition and health programs only engage with these girls within their roles as mothers. Refusal to provide proper sexual education and sexual health programs puts women and girls at risk of sexual exploitation, abuse, and physical harm (Flood et. Al, 2018). Women and girls who lack sexual education are more likely to

contract STI's and HIV/AIDS and are more likely to end up with unplanned pregnancies (Faundes et. Al, 2007). These girls are not valued or given the attention they need as a vulnerable population, and their right to be children is taken away when they become mothers.

Catholic influence in Latin American politics is a major contributor to restrictions and bans on abortion in the region. The shame and illegality around abortion leads many women to seek abortions from unlicensed individuals, often in settings that are not sanitary or medically ideal. Many of these procedures lead to complications such as infections and damage to the uterus and reproductive organs. Many women do not seek help or get it too late due to lack of access to women's healthcare or fear of repercussions for having an abortion, and they die (Castro, 2019). The Dublin Declaration on Maternal Healthcare is a document published by anti-abortion activists that aimed to prove that abortion is never medically necessary and that maternal mortality rates do not rise when abortion is banned. The research used in the Dublin Declaration has been refuted and discredited due to faulty data and misleading claims. Maternal mortality falls because of other medical advancements and does not have to do with abortion bans (Morgan, 2017).

The Dublin Declaration and many so-called "pro-life" believers make semantic distinctions to argue that in certain circumstances, such as when the lives of a mother and a fetus cannot both be saved, a termination of pregnancy would not technically be an abortion. A woman in El Salvador with the pseudonym "Beatriz" was carrying a fetus with a condition that almost entirely guaranteed that the child would die within a few hours of birth. Beatriz also had lupus, a chronic illness that was made worse by her pregnancy. El Salvador has a complete ban on abortion, as do Chile, the Dominican Republic, Honduras, and Nicaragua. After months of procrastination from officials, it was ordered that Beatriz should have an operation similar to a c-

section that would “give birth” to the fetus, though the fetus would not survive. Beatriz was denied an abortion at an earlier point in her pregnancy and underwent an invasive surgery for political reasons (Morgan, 2017). The “loophole” that the court found terminated the pregnancy, but it put Beatriz’s health at a decline while she waited for the ruling, and it stripped her of the right to choose what would happen to her body. A woman’s bodily autonomy was violated in order to appease political powers that are largely influenced by arbitrary moral arguments. Although abortion is heavily restricted, birth control is widely used and accepted in Latin America (Faundes et. Al, 2007). This is due in large part to the medicalization of women’s reproduction. Many birth control options have been available in countries like Haiti for longer than they have been available in the US. However, some of these methods were introduced before being FDA approved (Maternowska, 2006). These drugs were still being tested for health risks, but doctors were prescribing them without fully understanding or informing their patients of the risks. The medical industry and international health programs pushed their agendas of prescribing certain drugs in these regions, and many doctors did not take women’s opinions into account when prescribing their birth control methods. For example, in family planning clinics in Cite Soleil, Haiti, doctors ignored their patients’ concerns and felt that they knew better about their patients’ bodies, even going so far as to deny that women’s side effects were real (Maternowska, 2006). Women’s bodies had become medicalized to the point that doctors in these clinics felt more entitlement to their patients’ bodies than the patients themselves.

The medicalization of women’s reproductive issues creates a space where Doctors’ opinions become more important than the care of the patient. The issues that women see the doctor for are seen as biological problems without human context, when in reality, health concerns must address in accordance with the patient’s wishes and former medical history. In the

clinics observed in this study in Haiti, many patients did not return to the clinic. This could be largely due to doctors' lack of care for patients, often not making eye contact and ridiculing them for their discomfort during exams. Many women left these offices feeling violated (Maternowska, 2006). It is safe to assume that significant numbers of women would forgo birth control altogether because doctors denied them access to their preferred method. In some cases, doctors still prescribed birth control methods after women voiced concerns and negative side effects. One woman in a clinic in Cite Soleil wanted to wean her infant off of breastfeeding to use birth control but was denied. He gave her advice on how to properly nourish her child and herself, seemingly completely unaware that this woman had no access to nutritious food. Barely able to feed herself and her infant, another child could be disastrous for her health and safety, and the doctor refused to acknowledge this real concern of hers (Maternowska, 2006). Denial of women's choices puts women at risk, but doctors placed their opinions and convenience before the lives of the women they treated, infringing upon their right to choose.

Furthermore, obstetric violence is a problem across Latin America. Obstetric violence is the violation of women's autonomy during pregnancy and delivery of children, which more commonly affects poor black and indigenous women in Latin America (Castro, 2019). Arachu Castro created a list (**Table 1** in the **Appendix**) of 30 ways obstetric violence occurs in the Dominican Republic, which she also applies to the rest of Latin America. Her list contextualizes maternal mortality, citing poor hospital organization, culture of care, policy, and social inequality as contributors. In her article, Castro cites the medicalization of giving birth as a root cause of obstetric violence in Latin America. Women are neglected while in recovery rooms after giving birth and they die due to complications that could be resolved. Doctors pressure women into getting c-sections and tubal ligations without properly informing them of the implications of

these procedures, robbing them of their right to informed consent. In multiple cases Castro referenced, women were not assigned to one doctor, and doctors were not taking women's full medical history into account before making medical decisions for these women (Castro, 2019). The medicalization of women's reproduction places obstetric doctors at a higher status than the women who give birth, leaving women vulnerable to obstetric violence.

Femicide is carried out in Latin America through the repression of women's rights. This cycle is linked to the violence women face in these countries and perpetuated by the negligence of the state. Now we will observe how the lack of policy and programs addressing socio-cultural dynamics of femicide contributes to its spread in Latin American countries.

Lack of Policy and Programs Addressing Socio-cultural Dynamics Around Femicide

While direct state violence is regarded as a rather recognizable form of femicide, a government's failure to provide and/or adequately implement programs addressing women's rights and security at the state level is also a major proponent of femicide. A clear example of this inaction includes President Ortega's government in Nicaragua (explained in detail in the section labeled **Femicide vs. Femicide**) which actively disregards and denies the results of femicide and its existence. This irresponsible and gross neglect on behalf of governments can best be described as the inability to address the socio-cultural dynamics revolving around femicide which is most evident through the misrepresentation of homicide cases, the lackluster efforts to properly deal with domestic violence and rape cases, and the overall poor healthcare currently offered to women. To begin the discussion, it is interesting to note that this lack of government responsibility persists partly from the underlying fact that public health advocates

and the general public tend to overlook just how important a role the government plays in the overall protection of public health.

In his article titled “Why government is an essential protector of public health,” Andrew Cheyne explains that individuals interested in any given health issue will tend to focus their attention on the media coverage that emerges primarily at the height of debates regarding said issue. He argues that, new public health initiatives create controversies which generate headlines, after which the news dies down and benefits and safety are expected. “This idea matters for government's ability to protect public health because it makes it harder for the public to see how [the] government or other institutions are a critical part of the solution.” (Cheyne, 2013). Cheyne explains that it is just as important to establish long-term accountability for the proper use and implementation of laws and policies as it is to help draft and pass the initiatives at the peak of the discussion. Furthermore, responsible supporters of public health should not stop caring about an issue after the media coverage dies down but should rather focus on whether or not the government is consistently and adequately carrying out existing laws or creating any new regulations as needed. With this in mind moving forward, the case of femicide includes the fact that a lack of proper government oversight has created certain stigmas around cases that involve the murdering of women and the domestic violence and rape against women.

The majority of crimes that involve the killing of women throughout Latin America are designated as unresolved while others are typically observed on a case by case basis. This “case by case” phenomenon creates a stigma whereby the homicide of women is not regarded as a statewide issue and therefore cannot be tied to the socio-cultural dynamics that help explain femicide. In consequence, femicide is dismissed as the government turns the other way and

refuses to apply existing laws that protect women against murder and even goes as far as to depict any such killings as not being linked to a larger problem. The most efficient way of beginning to grasp the truth behind this lack of proper governance is observing specific examples such as the Ciudad Juárez in Mexico and the country of Honduras.

In 2007, Natalie Panther wrote an essay titled “Violence Against Women and Femicide in Mexico: The Case of Ciudad Juárez” explaining the phenomenon described in the previous paragraph by presenting the case of Ciudad Juárez, Mexico. She argues that in Ciudad Juárez, while there are several possible factors that partially help explain the increasing murder rates against women the main contribution to the femicide that occurs in the city is a deep seeded desire to maintain the patriarchal system that has been in place ever since the founding of the city (Panther, 2007, pg. 1). This attempt to oppress women in all aspects of society by allowing the “misogynist killing of women by men” (a definition afforded to the term “femicide” by women’s rights activist Diana E. H. Russel) in order to “maintain male supremacy in a society” is a way in which the government becomes complicit via inaction (Panther, 2007, pg. 2).

Panther expands on this point by mentioning that Mexican sociologist Julia Monárrez Fragoso believes that “the act of femicide is a result of a patriarchal system in which emotional and physical abuse, torture, rape, prostitution, sexual harassment, infanticide of girls, genital mutilation, domestic violence, forced maternity, pornography are tolerated and minimized by state and religious institutions” (Panther, 2007, pg. 2-3). This last argument mentions the vast consequences that result from a lack of government intervention and more importantly, Fragoso’s examples actually help explain the socio-cultural reasons behind femicide. The main concern here is that the exorbitant homicide rates against women are not directly linked to all of

these issues that exist at a systematic level. For example, Panther argues that “authorities fail to record consistently the date of murder, the victim’s relationship to her perpetrator, the specific cause of death, any domestic violence in the victims’ personal history, or the perpetrators’ possible motives” (Panther, 2007, pg. 15-16). By not fully conducting investigations, cases become isolated and incomplete and officers end up expelling the kinds of motives that would help explain the statistical increase in femicide. The government must therefore be accused of promoting the normalization of the violent targeting of women through its indifference. These acts of omission are further analyzed by Cecilia Menjivar and Shannon Drysdale Walsh in their article discussing femicide in Honduras.

Titled “The Architecture of Femicide: The State, Inequalities, and Everyday Gender Violence in Honduras,” this article presents the following definition: “Femicide is the killing of women, often characterized by gender-motivated aggression and extreme brutality, in a context government inaction or indifference but in some cases direct involvement (Drysdale, Menjivar, 2017). An emphasis must be made on the fact that homicide against women exists at the rate that it does (see **Figure 4** in the **Appendix** for the trend in Honduras between 2002-2013) specifically because of government inaction.

This is largely due to the fact that establishing a direct correlation between the lack of appropriate implementation of institutionally enacted laws and femicide is a lot more challenging than identifying instances of state sponsored murder. While the latter is difficult to monitor, the former proves even more complicated to deal with, mainly because doing so implies acknowledging socio-cultural dynamics that are inevitably linked to femicide. In the case of Honduras, the authors explain that “after the 2009 coup that ousted democratically-elected President Manuel Zelaya... [the Honduran government’s] acts of omission and indifference to

women's suffering create[d] conditions that promote impunity and increase risks of victimization by normalizing the targeting of women for violence, at home and in the streets" (Drysdale, Menjívar, 2017). They further explain that, "Though acts of omission may not directly involve the state in the killings, inaction can also lead to such killings. Thus, through direct and indirect mechanisms, the post-coup government has exacerbated the context within which women are killed, and impunity is widespread" (Drysdale, Menjívar, 2017). The Honduran government has thus played an indirect role in the systematic killing of women but the "case by case" approach to homicide proves yet again to exonerate this government and subsequently disallow a proper understanding of femicide in this Central American country. This approach has also manipulated the lens through which most of these Latin American societies currently view domestic violence and rape cases.

Domestic violence and rape are also represented in Latin America and are not connected to the larger study of Femicide. A study was conducted in Brazil and Colombia that points to the fact that older women suffer great psychological violence from their partners and family members (IMIAS Study, 2015). The study titled "The gender gap in domestic violence in older adults in Latin America: the IMIAS Study" was conducted in Natal (Brazil) and Manizales (Colombia) and found that "psychological violence was higher [amongst] women [and where] violence perpetrated by partners affected 25.7% of women in Natal and 19.4% in Manizales; and by the family, 18.3% in Manizales and 10% in Natal" (IMIAS Study, 2015). This phenomenon can be explained by Montserrat Sagot in her journal article titled *The Critical Path of Women Affected by Family Violence in Latin America*, in which she states that "violence within the family is a social problem of great proportions, the product of a social organization structured on

the basis of gender and age inequality, which systematically affects important sectors of the population, especially women and children” (Sagot, 2005, pg. 1292).

Similar to homicide cases, Sagot explains that domestic violence and rape are underreported due to its “invisibility” (Sagot, 2005, pg. 1294). She mentions the fact that “according to estimates, only 2% of the sexual abuse of children and between 20% and 30% of the sexual abuse of adult women are reported (United Nations, 2000). In Latin America, estimates are that only 15% to 25% of domestic violence is reported to the authorities” (Sagot, 2005, pg. 1294). She goes on to argue that “the solution to this social problem requires policies and actions coordinated strategically and within the different social sectors, with participation of both state institutions and civil society. Each sector has a crucial role to play in the prevention and eradication of family violence and in caring for and guaranteeing the rights of the victims” (Sagot, 2005). Sagot’s argument regarding the need for institutional action on behalf of the state is further supported by data presented in a book published by the Pan American Health Organization (PAHO) titled *Violence Against Women: The Health Sector Responds*. Chapter 1 of the book (“Gender-Based Violence: A Public Health and Human Rights Problem”) addresses many of the factors that contribute to domestic violence and rape. In **Figure 1-1** in the **Appendix** these factors are presented in a way that demonstrates the social determinants that play a crucial role in the majority of cases involving intimate partner violence (Velzeboer, 2003, pg. 5). Thus, according to Cheney, Sagot and PAHO, the role of government is essential if a society intends to truly undergo a long-term process of ending domestic violence and rape at the statewide level. This is specifically true because these acts of violence are directly influenced and even protected by societal norms and notions, such as those related to male control and the link that exists between masculinity and dominance, as portrayed by the graph. Only by placing

these cases within the larger context of femicide can the government begin to address the ongoing violence against women. This larger context not only encompasses unchecked cases of femicide, domestic violence, and rape, but includes the lack of satisfactory healthcare provided to women; which is yet another direct consequence of a government's inability to address the socio-cultural dynamics revolving around femicide.

A study was conducted by Nadim Ouladi Nikravan at the University of California (Los Angeles) in 2012 titled "Variations in Satisfaction with Access to Healthcare for Women in Bolivia and Throughout Eighteen Latin American Countries." This study, partially aimed at analyzing women's "health risks and vulnerabilities particular to their gender which impact their access to healthcare" found the following regarding access to healthcare: "In multivariate analyses, lower levels of satisfaction with access were associated with lower income, poorer health condition and being uninsured or having public insurance (compared with having private insurance)... Country to country variations in satisfaction with access to healthcare are wider for women whose income is insufficient, women living in the peri-urban areas and those lacking health insurance..." (Nikravan, 2012, pg. iii).

Based on the evidence presented by the data of her study, Nikravan concludes that "...women continue to be the first educators, caretakers and protectors of children, [and therefore] their role is fundamental to any effective development strategy. The primary focus of health policy in Latin America should be to improve equitable access for women to high quality healthcare. Satisfaction with access to healthcare is a signal of health system performance, and this study finds substantial room for improvement." (Nikravan, 2012, pg. iii). Nikravan argues here that women are the basis for society (which alludes to Sagot's explanation regarding the direct correlation between the protection of women and proper societal growth) and that there needs to be a major

shift in the decision-making process in order to improve healthcare systems. This again points to the fact that government action is necessary for the advancement of women and as part of the fight to dismantle femicide. However, if a government is unwilling to provide satisfactory healthcare access to all women, progress for the prevail of public health rights for women cannot be achieved.

Conclusion

As societies have evolved, they have taken many shapes and forms including tribes, kingdoms, empires and nation-states. These institutions of governance have subsequently created their own unique set of goals and norms all while following the same path of establishing dominance and maintaining control. Montserrat Sagot once said that “the obstacles to overcoming family violence are 500 years of culture ingrained through socialization in our children.” This proves true not only regarding family violence, by the overall violence against women at the state level. Sagot also argues that a history of colonization in Latin America has created a legacy of violence in which the newest versions of institutional governance (nation-states), which are rooted in modern/western empires, have used femicide as a tool to oppress communities. However, a response to this right to public health and safety issue has been developing for the past 30 years headed by health organizations, public health advocates and several Latin American governments. This response stems from the notion that femicide, which is defined as “the murder of women and girls because they are female” (Lopez, 2010, pg. 158), falls within the larger scope of Femicide: “the assassination of women who are kidnapped, tortured, and raped... in an organized network of people that... practice a method of killing directed at women’s and girl’s sexual and gender identity over a long and undetermined period of time” (Lopez, 2010, pg. 58).

In the specific case of Latin America, it is crucial to understand that femicide is carried out through state violence, suppression and restriction of reproductive and sexual rights, as well as a lack of policy and programs addressing socio-cultural dynamics around femicide. This right to public health concern is quite complex seeing as though it lies at the intersection of many different issues. While it generally requires a good amount of time to begin changing problems that exist at a systematic level, progress has most certainly been made; and current institutions of governance in Latin America have taken notice. For example, PAHO explains that the 1990's witnessed a very important achievement: that violence against women is [now] increasingly recognized as a major public health problem" (Velzeboer, 2003, p.1). Thanks to advocacy of different women's organizations the issue was "placed on the agenda of a number of international conferences: the World Conference on Human Rights (Vienna, 1993), the International Conference on Population and Development (Cairo, 1994), and the Fourth World Conference on Women (Beijing, 1995)" (Velzeboer, 2003, p.1). This past century has witnessed an increase in awareness on behalf of several Latin American governments such as the administration of Vicente Fox, former president of Mexico. Therefore, in terms of the future, the current research and scholarship implies there exists hope but only if public health advocates, health organizations and local governments are willing to work together by (1) acknowledging the existence of femicide, (2) overseeing the proper implementation of current laws and programs protecting and supporting women's rights and (3) analyzing the intersecting issues that compromise femicide in order to understand where and how new laws and regulations should be created and enacted.

Appendix

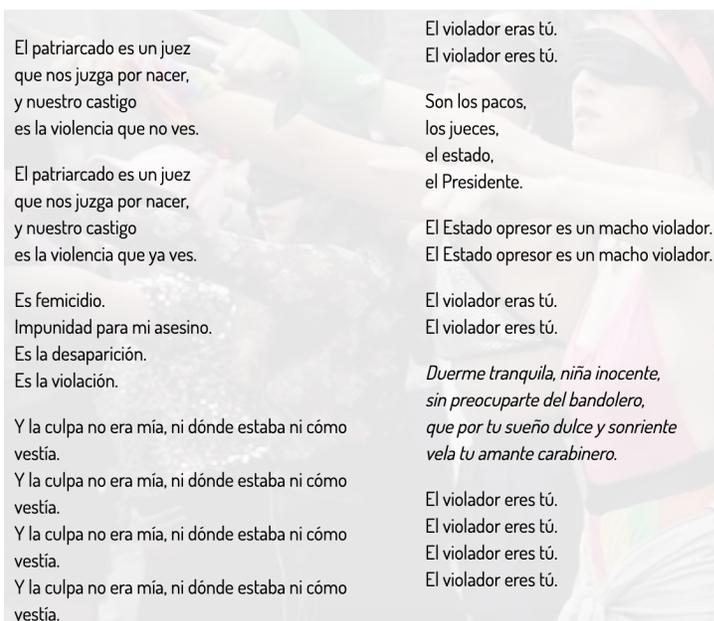


Figure 2. “Un Violador en tu Camino” by Las Tesis (Letra de un Violador en tu Camino 2019).

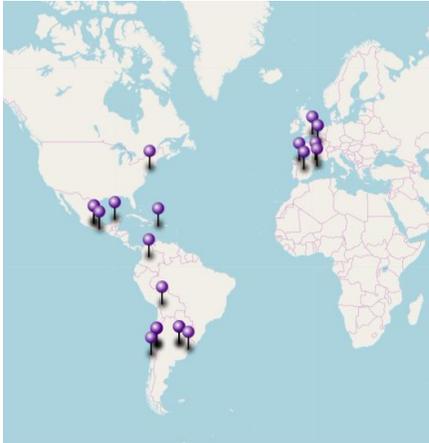


Figure 3. Map from Geochicas.org depicting where “Un Violador en tu Camino” was performed globally (Redaccion 2019).

TABLE 1. The 30 reasons for maternal deaths in the Dominican Republic

Categories of criteria associated with maternal mortality	The greater the number of criteria present, the higher the probability of maternal death in a woman with obstetric complications
Organization of care inside the hospital	1. Pregnant woman not assigned to a specific doctor
	2. Disconnect between outpatient (prenatal care) and inpatient (labor and other emergencies) care
	3. Lack of coordination between hospital departments
	4. Lack of teamwork and second opinions
	5. Previous medical history not considered at triage—pregnant woman becomes “first time” patient
	6. Insufficient attending doctors on duty and specialists on call
	7. Residents without supervision in charge of high-risk cases
	8. Department chiefs assigned for reasons other than merit
	9. No supervision of doctors’ compliance with norms and guidelines
	10. Premature discharge of puerperal woman from hospital
(Lack of) culture of patient safety	11. Responsibility and accountability toward woman is diffused
	12. Lack of adherence to national or hospital guidelines
	13. Insufficient assessment of vital signs, including among high-risk cases
	14. Attending doctor is unavailable (sleeping or in private practice)
	15. Hospital hierarchy emphasized over the clinical needs of woman
	16. Clinical history is incomplete or is filled out with predetermined values
	17. Responsibility to provide blood falls on the pregnant woman and her family
Referrals and counter-referrals	18. Lack of clear criteria for referrals and unjustified referrals
	19. Health care staff tell pregnant woman to go to another hospital on her own and without first checking with the referral hospital
	20. Receiving hospital lacks information about the condition of the pregnant or puerperal woman and previous management
Infrastructure	21. Insufficient availability of blood at hospital
	22. Lack of ambulances with or without doctor
	23. Irregular clean water supply in hospitals
	24. Limited number of beds in intensive care units and of incubators
Conditions of poverty and inequality	25. Anemia or malnutrition present in woman
	26. Non-adherence to treatment plan or vitamin intake due to the resale of pills to cover other costs
	27. Resort to unsafe abortion
	28. Late presentation to care
	29. Fear of disclosure of irregular residency status
	30. Failure to demand high-quality care due to unawareness of rights

Table 1. The 30 Reasons for Maternal Deaths in the Dominican Republic (Castro, 2019).

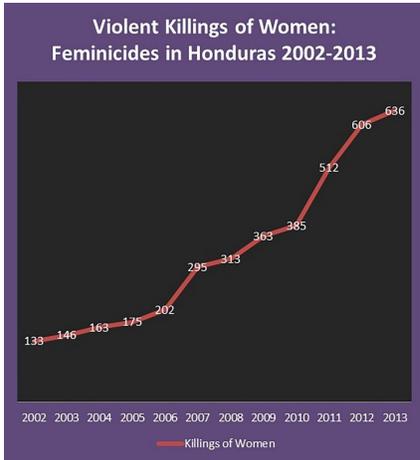
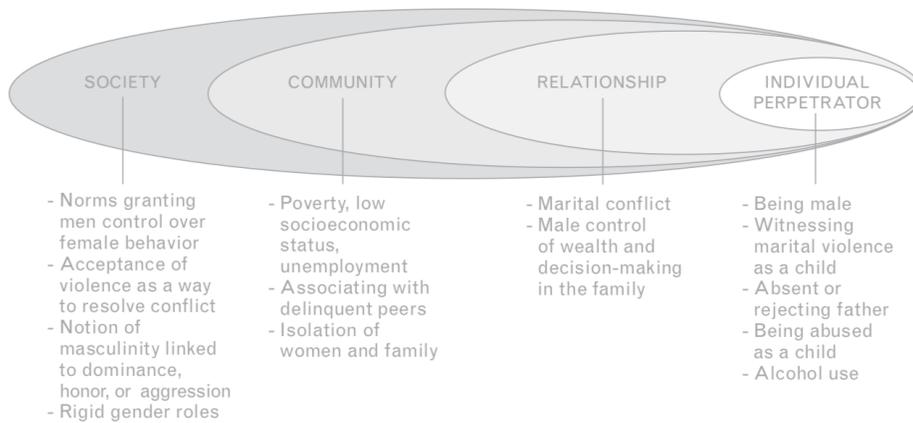


Figure 4. Trend in Honduras between 2002-2013 (Menjívar and Drysdale Walsh, 2017).

FIGURE 1-1. ECOLOGICAL MODEL OF FACTORS ASSOCIATED WITH INTIMATE PARTNER VIOLENCE



From: Heise, Ellsberg, and Gottemoeller 1999

Figure 1-1 Factors that contribute to domestic violence and rape (Velzeboer, 2003).

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