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Surfacing Contexts of Violence in Novel Forms of the Reproductive Justice Framework
Through Lessons from Latin America: A Study of Brutality, Migration and Bodily Autonomy and Progressive Solutions for Use in Public Health

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Submitted to
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Abstract

In the last 5 years, Latin America has witnessed a tenacious wave of *pañuelo verde* and #NiUnaMenos activism. Sparked by increasing mortality rates associated with unsafe, clandestine abortions and femicide, the praxes and fundamental elements of these social movements have proven themselves useful not only in garnering international attention on issues relating to bodily autonomy, but in the synthesis of their respective sociopolitical solutions as well. In the United States, similar efforts have been spearheaded by the lauded *reproductive justice* framework, which has often been credited for centering the plight of women of color in both reproduction and social justice. In the wake of the Trump administration’s “zero tolerance” immigration policy, which most adversely impacts asylum seekers from Central America, the issues *pañuelo verde* and #NiUnaMenos activism have long aimed to tackle still prevail. As it stands, the “zero tolerance” policy no longer grants asylum to migrants seeking protection from threats of sexual violence, gang violence or political persecution, thereby turning a blind eye to issues of bodily autonomy altogether. Thus, this thesis proposes the recontextualization of immigration as an issue pertinent to reproductive justice. Further, the present study holds that the contexts of violence migrant Latinas face prior to entry into the United States are important grievances to redress in order to (i) prevent said sociopolitical ailments from replicating domestically, (ii) protect victims of violence-driven migration from potentially facing obstetric, domestic and sexual violence in the United States, and (iii) improve and deepen the commitment the reproductive justice framework makes to women of color in general.

*Keywords: abortion, abuse, femicide, gender, migration, politics, reproductive justice, violence*
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Most importantly, I owe the fruits of my labor to the support, love and faith my community has put in me. I am the product of a family of women, women mentors and women friends who have become my kin. I dedicate this thesis to my sisters, Diana, Allison and Gabriella, and to women of color everywhere. My hope is that you take this as a token of my appreciation, and that this work continues with each and every one of you.

Lastly, I would like to share that after mentioning the parameters of my work as an academic on this year’s International Women’s Day to substantiate my support of Latin American feminist protests and efforts, I was called a “mala licenciada” and “mujer desastrosa.” May we all continue to be malas and desastrosas. En la unión está fuerza, muxeres.
Introduction

Literature Review

Abortion

On August 8, 2018, women in Argentina made international headlines after successfully carrying the bill for the Voluntary Interruption of Pregnancy (IVE) to their Chamber of Deputies only for it to be defeated in their Senate.¹ Through this bill, women would have been able to terminate gestation, free of charge outside the parameters of a current law established in 1921, which only permits termination in cases of rape, grave fetal malformations or harm to the physical and/or mental health of the gestating person.² While demonstrations took place throughout Argentina, supporters of IVE quickly gained traction due to their use of the infamous panuelo verde – a green handkerchief with the mantra of the National Campaign for the Right to Legal, Safe and Free Abortion: educación sexual para decidir, contraceptivos para no abortar, aborto para no morir.³

Femicide

Prior to the halted IVE bill, Argentina had already been accumulating cases of femicide. In 2015, the lauded #NiUnaMenos⁴ movement against femicide was born after the case of Chiara Páez made headlines and sparked international outrage. Páez was a pregnant, 14-year-old girl

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¹ Tarducci, Mónica. Salud Colectiva 14(3):425. Instituto de Salud Colectiva, Universidad Nacional de Lanús. 20180701. 1669-2381
³ “Sex education to decide, contraceptives to not abort, abortion to not die.”
⁴ “Not one (woman) less.”
who had been beaten to death by her partner, and later buried under his house in the Santa Fe province. In pursuing justice for Páez, #NiUnaMenos organizers sustained that femicides were merely a symptom of a machista culture. As feminists had long been asserting, a culture of machismo is one in which male chauvinism and rape normalcy lead to sexist remarks or acts including, but not limited to, verbal and physical domestic violence and sexual battery. In the wake of the IVE decision in 2018, it became clear that the sociopolitical landscape paved by the National Campaign for the Right to Legal, Safe and Free Abortion garnered sentiments previously seen in the wave of #NiUnaMenos activism, as both coalitions denounced machismo and championed for bodily autonomy.

Bodily Autonomy

For the National Campaign for the Right to Legal, Safe and Free Abortion, #NiUnaMenos, community organizations, scholars and public health professionals, the 2018 data on femicide from the United Nations Economic Commission for Latin America (CEPAL), which held that El Salvador was the country with the highest rate of femicide with an index of 6.8 per 100,000 women, followed by Honduras (5.1), Bolivia (2.3), Guatemala (2.0) and the Dominican Republic (1.9), resonated not only with the Chiara Páez case, but also with what the World Health Organization (WHO) had estimated ten years prior: Latin America and the Caribbean was the region with the highest rate of unsafe, clandestine abortions with an index of 31 per 1,000

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women between the ages of 15 and 44. The proposed correlation between clandestine abortions and femicide was then corroborated by the cases of Liz and Lucía – two Argentinians who bore the repercussions of a failed IVE bill. Liz was a 24-year-old woman who died just 6 days after the IVE bill was rejected. According to her doctors in the Buenos Aires province, she had attempted a clandestine abortion using parsley which subsequently provoked a septic shock and left her dead. International outrage was prompted again in January 2019, approximately 5 months after the IVE decision, when Lucía, an 11 year-old girl from the Tucumán province, was forced to give birth to a child that had resulted after she was raped by her grandmother’s 65 year-old partner. Here, activists accused Tucumán’s health secretary of having ignored the multiple requests she made to undergo an abortion as guaranteed by the 1921 legislature, which should have provided her with abortion care following her rape. The realities of these two cases afforded feminist organizations and scholars the language to articulate their observations. Like Lucía’s case, victims of femicide were attacked by known perpetrators, including, but not limited to, intimate partners. Consequently, this hinted that abortion and femicide were not standalone issues, rather they were consequences of a system where state-sanctioned violence against women took the shape of conservative and restrictive social infrastructure. Most alarmingly, said infrastructure made it so that women from precarious backgrounds, and thus most prone to domestic violence and sexual battery, the bedrock of femicide, were also likely to be negatively

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impacted by legislation mitigating abortion access. This was supported by the fact that Lucía was handed to her grandmother for guardianship after her two older sisters were abused by her mother’s partner. This prompted the public unification of abortion and femicide efforts, and a general understanding that supporting pañuelo verde activism meant also supporting the #NiUnaMenos movement and vice versa. Thus, in the months that followed the August 2018 decision, the pañuelo verde became an accessory instrumental not only in the fight against restrictive abortion laws, but against femicide as well.

Brutality

Nearly a year later, in July 2019, pañuelo verde and #NiUnaMenos activism in El Salvador brought forth another dimension to the ongoing fight against abortion restrictions and increasing femicide rates: the carceral state. Upon the release of Evelyn Hernández, a woman charged and indicted with homicide after delivering a stillborn, abortion and anti-femicide activists noted that the driving factor behind Hernández’s incarceration was the fact that El Salvador’s penal code actively prohibits abortion under any circumstance. The legislation was signed into federal law in April 1998, and since then, the number of women indicted by the public prosecutor has continued to increase substantially year after year. Article 133 of the current Salvadoran penal code holds that women who seek abortions are to be prosecuted and sentenced for 2 to 8 years of incarceration in the Ilopango Prison for Women. Currently, women who, like Hernández, miscarry or deliver a stillborn child, receive sentences of upwards

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of 30 years for aggravated homicide. In addition to the issue of abortion, it became known that most of the women incarcerated under Article 133 were also victims of sexual violence. Between 2011 and 2017, Amnesty International interviewed over 100 women who had been indicted, and found that the majority of them had endured sexual battery. In addition to this, recent studies indicate that in general, an overwhelming number of women in El Salvador report having experienced sexual abuse before the age of 11, that their abusers tended to be individuals known to them, and that women who had experienced sexual abuse were twice as likely to experience interpersonal violence in their relationships as adults. Further, 45.9 percent of women experiencing interpersonal violence were also being raped by their intimate partners. Thus, what an examination of El Salvador’s carceral state unveiled, was a complex system of institutionalized violence against women that stemmed from a culture of machismo and spawned into what are now the most restrictive abortion policies in the world, and certainly in Latin America.

Earlier this year, in February 2020, in Mexico City, Elideth Yesenia Zamudio, the mother of 19-year-old femicide victim María de Jesús Jaime Zamudio, delivered a powerful speech protesting the violent systems that killed her daughter in 2016; Zamudio was raped and later thrown out of a window in her fifth floor apartment. In the delivery of her speech, Zamudio

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17 Speizer et al., “Dimensions of Child Sexual Abuse before Age 15 in Three Central American Countries.”
19 Mexicans march to demand safety and justice for women. (n.d.). Retrieved March 11, 2020, from https://apnews.com/3e7ba4c0fb664b11a2f35cf476ce04dd
affirms that she is a feminist and is seen wearing the *pañuelo verde* around her wrist. Like the cases in Argentina, the visibility of the *pañuelo verde* in the context of femicide suggests that there is a fundamental connection between both issues. The repeating convergence of these issues begs the question of why interpersonal violence, femicide and reproductive agency are not all spearheaded by a single, overarching framework that centers the plight of the at-risk women most adversely affected in Argentina, El Salvador and beyond.

**Migration**

The propulsion of *pañuelo verde* and #NiUnaMenos activism in Latin America occurred at a time in which the United States was exhibiting similar symptoms of institutionalized violence against women. In 2018, the Trump administration announced their “zero tolerance” policy in which “gang and domestic-violence will no longer be considered grounds for asylum” in the United States, thereby violating international law. Considering this decision came merely 4 months after the suspension of the Temporary Protected Status (TPS) program that gave roughly about 195,000 Salvadorans protection and authorization to live and work in the United States on grounds of sociopolitical unrest, migrants from El Salvador were among the most adversely affected. Amidst all of this, migrant women cited “threats of rape, gang violence and

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20 *AJ+ on Twitter*: “This is the powerful speech by a mother who lost her 19-year-old daughter to femicide in Mexico. https://t.co/FvWUcahSG8” / Twitter. (n.d.). Twitter. Retrieved March 11, 2020, from https://twitter.com/ajplus/status/1231576771579072512


political persecution” in El Salvador as the reasoning for their exodus. In the wake of multiple migrant caravans from Central America, most of the media attention and scrutiny fell on the separation of families, leaving the emerging connection between bodily autonomy and immigration policy unattended.

*Reproductive Justice*

To this regard, one of the most compelling discourses to date is that of the *reproductive justice* framework. Spearheaded by women of color and for women of color in the United States, reproductive justice aims to center the experiences of communities of color in relation to fertility management, pregnancy, birth, abortion and parenting, all in just conditions. Because the crux of this framework further seeks to undo the systems of “privilege and violence” that coercively dictate our “reproductive destinies,” it frequently and recently has been deemed apt for the plight for women of color, especially for Latinas in the United States in the context of family separation as a consequence of the “zero tolerance” policy. As important as this is, the reproductive justice framework has yet to incorporate the additional contexts of violence that force women to seek asylum in the United States into their praxis. Considering the “threats of rape, gang violence and political persecution” cited by migrant women in detention centers all run parallel to the issues both the National Campaign for the Right to Legal, Safe and Free Abortion and #NiUnaMenos aim to tackle, this thesis proposes the recontextualization of immigration as an issue pertinent to reproductive justice. Further, this research holds that the contexts of violence Latinas face prior

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to entry into the United States are important grievances to redress in order to (i) prevent said sociopolitical ailments from replicating domestically, (ii) protect Latinas with violent backgrounds from potentially facing obstetric, domestic and sexual violence in the United States, and (iii) improve and deepen the commitment the reproductive justice framework makes to women of color in general.

**Methods**

This body of research was conducted by way of an extensive, mixed-methods literature review. Data on femicide was collected from the United Nations Economic Commission for Latin America (CEPAL) Gender Equality Observatory for Latin America and the Caribbean. The data from the CEPAL was last updated in 2018, which coincides with the last time the bill for the Voluntary Interruption of Pregnancy (IVE) was proposed before Argentina’s legislative body. Data on femicide for Cuba came directly from their 2019 report on the status of the region-wide *Agenda 2030* project. Likewise, data on unsafe, clandestine abortions was gathered from the World Health Organization (WHO); the data set focused on margins from 1990 to 2008. Qualitative information, in the form of interviews, on the incidence of sexual battery was accessed via a brief from Amnesty International. Legislative information for the countries examined in this thesis was gathered from their respective penal code webpages. Additional qualitative data came from databases accessible through the Claremont Colleges Library; I particularly looked within journals of health and human rights, health inequities, reproductive health and gender and politics. Biographical and circumstantial information on the victims of failed abortion attempts, lack of abortion care, incarceration and/or of femicide was gathered via news articles on the New York Times, Al Jazeera and teleSUR, among others. Further, due to the
novelty and dynamic aspect of immigration policy relevant information came from the Department of Homeland Security and its agency for United States Citizenship and Immigration Services (USCIS), while information on the connection between reproductive justice and immigration came from the International Women’s Health Coalition. For the sake of clarity, any and all terms with a medical connotation were defined using the parameters of the WHO and the United States Centers for Disease Control (CDC) and the Planned Parenthood organization. Lastly, information on pro-choice and anti-femicide social movements in the Americas came from direct experience and exposure during my tenure as a Health Policy and Social Services intern in Argentina’s Ministerio de Salud de la Nación in 2018, and as a Community Health Fellow in the Fundación EPES: Educación Popular en Salud in Santiago, Chile in 2019.
The Current Landscape of Reproductive Justice

The foundations of reproductive justice were established as adjacent, corrective measures to the discourse of reproductive rights following Roe v. Wade in 1973. Here, the United States Supreme Court associated the termination of pregnancy with the Due Process Clause in the Fourteenth Amendment of the Constitution and its protection of an inherent right to privacy, and thus the ability to freely terminate pregnancy. Following the landmark decision, issues pertaining to women’s health were elevated and placed in the center of political agendas and social movements championed by white women of the upper middle-class. To this end, several sociological studies have concluded that there are different conceptions of reproductive freedom, and therefore varying levels of importance attributed to the inequities that render that reproductive rights specific to race. Generally speaking, white women place more weight on the issue of achievements gaps between men and women in the labor force, while Black women take to issues of equal opportunity not only on the basis gender, but on the basis of race and class as well. In this, a focus on success and professional ascension in the workplace is but a microcosm of equal opportunity and access in the domains of education and healthcare – factors influencing the degree of reproductive freedom one is afforded.

Witnessing a dismissal of the social and cultural conditions that Black women and other women of color face beyond the pro-choice and pro-life dichotomies in the abortion context propelled by Roe v. Wade and reproductive rights, the lauded reproductive justice framework was born. The crux of the novel discourse rests not only on a connection between reproduction and social justice, but further, on the notion that there are structural configurations that determine

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exactly who is able to assert their bodily autonomy and control their reproductive destinies.\textsuperscript{27} Seminal work in reproductive justice has clearly articulated the fact that for women of color, issues even remotely related to bodily autonomy do not exist in a vacuum, rather they are driven by underlying social and economic unrest traced back to the mechanisms of a heteronormative patriarchy and terrorizing neoliberal economic plan all on an agenda of white supremacy.\textsuperscript{28}

While the reproductive justice framework has played an essential role in the amalgamation of issues like racism, poverty, sexual orientation, gender expression, educational attainment, religion, ability, language, national origin and relationship status, contexts of violence remain generalized and overlooked.\textsuperscript{29} Contexts of violence, to this end, seem to only be regarded when associated with pregnancy, such as in cases of coercion in labor and delivery, forced sterilization and of tampering with birth control, thereby corroborating the fact that “most of the work done in the name of ‘reproductive justice’ [continues] to be abortion related.”\textsuperscript{30}

Contemporary applications of reproductive justice make the case for refurbishing and expanding the framework so as to include contexts of violence, especially for its use in the United States. In Latin America, the bounds of reproductive justice have gradually developed into a playbook for social movements set on undoing the systems that currently perpetuate brutality and only result in transgressions of bodily autonomy and reproductive destinies. For countries like Cuba, Argentina and El Salvador, a reproductive justice framework that pathologizes violence in the forms of poverty, domestic abuse, sexual battery and incarceration, is far more conducive to lasting, progressive changes to legislation and public health. Thus, in

\textsuperscript{28} Ibid.
the face of migration to the United States from various countries in Latin America, it is imperative that the reproductive justice framework develop anti-violence mechanisms in order to deescalate and defuse the contexts and circumstances that run the risk of becoming transgressions of bodily autonomy in the forms of unsafe, clandestine abortions and/or femicide.
Lessons from Latin America

In gauging the sociopolitical landscapes of abortion, femicide and violence in Latin America and the Caribbean, recent policy scholarship has found that the successes of anti-violence sentiments, while well-organized at the grassroots level, are disproportionately halted by conservative “policy rivals…who promote a patriarchal ‘family values and unity’ approach to domestic abuse” and contexts of violence in general. Most alarmingly, researchers have also corroborated the institutional component of violence against women that both pañuelo verde and #NiUnaMenos activism decried back in 2018, as they have found that “patriarchal systems favored by conservatives institutionalize and normalize violence against women across a range of contexts, including in the family, as evidenced in laws that historically or currently permit wife-beating or marital rape.” Because evidence has indicated that there is a correlation between political and economic conservatism and the presence and normalcy of violence against women in the public and private domains, regardless of the work done pro-abortion, anti-femicide and anti-violence social movements, this chapter will analyze the contexts of Cuba, Argentina and El Salvador in order to situate their current legislations on abortion, femicide and violence against women.

Case Study: Cuba

Often lauded for the implementation of a universal healthcare system, the leftist regime in Cuba during the 1950s led to some of the most progressive abortion legislations to date.

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32 Ibid.
worldwide. A post-revolution Cuba would on to decriminalize abortion to the fullest extent in 1965 in response to increasing mortality rates associated with unsafe, clandestine abortions.

Considering the success with the country’s universal healthcare system, the legalization of the termination of pregnancy at free will made cases of both unsafe and clandestine abortions obsolete in the country, as women would now receive legal, safe and free abortion care.\(^{33}\)

Witnessing an increase in abortion procedures as common forms of fertility control tantamount to the other forms of birth control, in 1987, abortions were criminalized in cases of coercion and/or when the procedure was done in for-profit, non-medical facilities.\(^{34}\)

For Cuba, the correlation between political and economic conservatism and violence against women was abundantly clear. In addition to the progressive measures on abortion, which already carried an inherent element of protection (from coercion), the expansion of post-revolution social services gave rise to the institutional, anti-violence mechanisms that have yet to succeed in other places in Latin America. In 1960, for example, the \textit{Federación de Mujeres Cubanas} was formed and gave women sociopolitical ground to champion for bodily autonomy and institutional support altogether. In 1997, the \textit{Federación de Mujeres Cubanas} secured the support for anti-violence interventions from various governmental agencies via the National Group for Prevention and Treatment of Violence in the Family. Coordinated by the \textit{Federación de Mujeres Cubanas}, the National Group for Prevention and Treatment of Violence in the Family is still “made up of representatives of the Ministries of Education, Health, the Interior and Justice, the Office of the State Procurator, the Institute of Forensic Medicine, the National Sex Education Centre, the University of Havana, the Centre for Psychological and Sociological Research, the People’s


\(^{34}\) Ibid.
Supreme Court and the Radio and Television Institute.” The progressive, government-funded and multidimensional and interdepartmental approach to violence against women by the leadership of Cuban women and for Cuban women, is what kept the country from having to report any cases of femicide. While Cuba reported annually to the United Nations (UN) Global Database on Violence Against Women for the purposes of the 2030 Agenda for Sustainable Development, an ongoing project in all of Latin America, 2019 was the first year in which the country included data on femicide in its report to the UN. Faring at 0.99 femicides per 100,000 women of ages 15 and older, the femicide rate in Cuba is still one of the lowest in all of Latin America and the Caribbean. For many supporters of the global fight for bodily autonomy, Cuba’s success in containing mortality rates associated with unsafe, clandestine abortions and femicide has been due to the implementation of national, anti-violence interventions under a progressive government.

Case Study: Argentina

In Argentina, the sociopolitical landscape of abortion, femicide and violence proved to be dictated by emerging legislation that ignored contexts of violence altogether. In 1921, abortion was made permissible only in cases of rape, grave fetal malformation, or harm to the gestating person. A year later, in 1922, abortion was made punishable with 1 to 4 years in federal prison. Despite this, mortality rates only seemed to rise: in 2002, the maternal mortality rate was 46.1, up from 38.1 in per 100,000 live births in 1997; in 2004, 30 percent of maternal mortalities were due to complications of unsafe, clandestine abortions.
mortalities were consequences of illegal abortions, and that same year, it was estimated that 500,000 illegal abortions occurred annually, constituting 40 percent of all pregnancies. Unlike the case of Cuba, anti-femicide legislature was introduced in 2012 without the implementation of anti-violence programs or trainings for the country’s institutions both at the provincial and national levels, with the exception of the National Supreme Court. Because the Supreme Court was left as the only body that could and would provide protection for victims of domestic, sexual and interpersonal violence, the issue of femicide would go on to impact Argentina in 2018 deeply. Without the legislative support for the development of anti-violence interventions, there were 255 registered cases of femicide in 2018, giving the country a rate of 1.1 femicides per 100,000 women. Despite the country’s universal healthcare system, the 1921, 1922 and 2012 legislations posed structural barriers to the ethos pañuelo verde and #NiUnaMenos activism.

With political and economic conservatism peaking in 2018, amidst with the rejection of the IVE bill and a motion to take a loan from the International Monetary Fund (FMI) to help with the country’s recession, most, if not all, organizations combatting domestic, sexual and interpersonal violence (the foundations of femicide), at the grassroots level were met with legislative impediments that sought to undermine the severity of violence-driven mortality rates associated with unsafe, clandestine abortions and femicide. In response to this, pañuelo verde and #NiUnaMenos activism centralized any and all grievances involving transgressions of bodily autonomy, institutionalized and state-sanctioned violence against women and began associating them to the politically, socially and fiscally conservative antics that continued to allow women to die (Fig. 1).

41 Ibid.
Figure 1. A demonstration via the National Campaign for the Right to Legal, Safe and Free Abortion. The banner front and center reads “not one (woman) less due to clandestine abortion. The state and governments are responsible. No to the International Monetary Fund (FMI).”

Case Study: El Salvador

In El Salvador, the landscape was much stricter and much deadlier. Per a 1998 legislature, abortion in the country is prohibited under any and all circumstances. In addition to this, women who miscarry or deliver a stillborn run the risk of being incarcerated. A 2013 Amnesty International brief reported that of the 16 women and girls charged with the crime of abortion that year, 6 were under the age of 17 at the time of the alleged offenses, and that the country had the highest rate of teenage pregnancy in the region. In addition to this, research found that of the 1,346 registered cases of rape of women and girls, two thirds were of the

42 I took this image in Córdoba, Argentina in August 2018 following the rejection of the IVE bill.
43 Ibid.
44 Ibid.
victims were under the age of 15.\textsuperscript{46} Further, at the time of this study, there was only one women’s refuge in the entire country, housing only 35 women and children.\textsuperscript{47} Not much different, the 2018 UN data on femicide showed that El Salvador remained one of the most dangerous places for women and girls; the country had the highest femicide rate at 6.8 per 100,000 women and 232 registered cases in that year alone.\textsuperscript{48}

Further, research on immigration policy found that mortality rates associated with unsafe, abortions and femicide were not only symptoms of structural barriers and institutionalized violence against women, but of larger context of gang violence.\textsuperscript{49} With roots in the country’s 12 year-long Civil War in the 1980s and 1990s, gang violence in El Salvador is considered an epidemic with an average of 23 murders a day.\textsuperscript{50} In addition to the violence marked by Article 133 and the country’s carceral state, gang violence poses additional threats of extortion, recruitment and/or sexual violence that drive migration to the United States (Fig. 2).\textsuperscript{51}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure2}
\caption{Female homicides per 100,000 women in 2016 by country; El Salvador (16.2), Honduras (12.6) and Guatemala (8.1).\textsuperscript{52}}
\end{figure}

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\begin{footnotesize}
\textsuperscript{46} Ibid.
\textsuperscript{47} Ibid.
\textsuperscript{48} Ibid.
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For the United States, violence-driven migration is not new. Historically, Salvadoran migrants were granted protection and authorization to live and work in the United States due to the sociopolitical instability in El Salvador that resulted in the aftermath of the country’s Civil War. Until January 2018, Salvadoran nationals were eligible to seek asylum on grounds of sociopolitical unrest, including gang violence and its respective threats. In May 2018, however, the Trump administration’s “zero tolerance” immigration policy in response to a wave of migrant caravans from Central America declared that migrants would no longer be able to seek asylum on grounds of “gang violence, sexual violence, or political persecution.” Because the majority of persons fleeing brutality in El Salvador are women who face a medical-social-political gridlock via Article 133 and the carceral state, and gang violence, the termination of TPS and implementation of the “zero tolerance” posed yet another set of structural barriers meant to sanction and institutionalize violence against women, and migrant Latinas in particular. As was the case in Argentina, for Salvadoran women, conservative sociopolitical legislations separate them both from their bodily autonomy and right to seek asylum in the United States.

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54 Ibid.
Conclusions

All in all, this thesis found that across the contexts of Cuba, Argentina and El Salvador, varying levels of sociopolitical conservatism and differences in institutional organizations were indicative of mortality rates associated with unsafe, clandestine abortions and femicide. This is corroborated by the fact that in Latin America, Cuba has the most progressive legislature on abortion and is the country with the most expansive and thorough forms of social services, while the same cannot be said for neither Argentina nor El Salvador. Additionally, countries with the most conservative and restrictive social infrastructure, violence against women was institutionalized by way of penal codes. Most importantly, this thesis confirmed that migration to the United States is violence-driven, and that institutionalized violence against women is a form of political persecution. As it pertains to the reproductive justice framework, this thesis recommends an immediate inclusion of these contexts of violence into its praxis in order to protect migrant women from potentially re-facing contexts of violence intertwined with bodily autonomy in order to better serve women of color at large.
Bibliography


AJ+ on Twitter: “This is the powerful speech by a mother who lost her 19-year-old daughter to femicide in Mexico. https://t.co/FvWUcahSG8” / Twitter. (n.d.). Twitter. Retrieved March 11, 2020, from https://twitter.com/ajplus/status/1231576771579072512


Ibid.

Ibid.

Ibid.

Ibid.

Ibid.

Ibid.

Ibid.

Ibid.

Ibid.

Ibid.

Ibid.

Ibid.

Ibid.

Ibid.

Ibid.

Ibid.

Ibid.


Speizer et al., “Dimensions of Child Sexual Abuse before Age 15 in Three Central American Countries.”


Appendix: Terminology

Due to the plethora of interpretations and common uses of key elements in this thesis, this research made use of the following words and respective definitions.

Clandestine Abortion: An induced termination of pregnancy in countries where its current legislation prohibits them. In Latin America and the Caribbean, clandestine abortions do not exist in Barbados, Belize and Cuba.55

Domestic Violence: “Domestic violence, (also called intimate partner violence (IPV), domestic abuse or relationship abuse) is a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship. Domestic violence does not discriminate. Anyone of any race, age, sexual orientation, religion or gender can be a victim – or perpetrator – of domestic violence. It can happen to people who are married, living together or who are dating. It affects people of all socioeconomic backgrounds and education levels. Domestic violence includes behaviors that physically harm, arouse fear, prevent a partner from doing what they wish or force them to behave in ways they do not want. It includes the use of physical and sexual violence, threats and intimidation, emotional abuse and economic deprivation. Many of these different forms of domestic violence/abuse can be occurring at any one time within the same intimate relationship.”56

Femicide: “Femicide is generally understood to involve intentional murder of women because they are women, but broader definitions include any killings of women or girls. Femicide is usually perpetrated by men, but sometimes female family members may be involved. Femicide differs from male homicide in specific ways. For example, most cases of femicide are committed by partners or ex-partners, and involve ongoing abuse in the home, threats or intimidation, sexual violence or situations where women have less power or fewer resources than their partner.”

Miscarriage: The death of an embryo or fetus before week 20 in gestation; 80 percent of miscarriages occur in the first trimester.

Obstetric Violence: “The appropriation of the body and reproductive processes of women by health personnel, which is expressed as dehumanized treatment, an abuse of medication, and to convert the natural processes into pathological ones, bringing with it loss of autonomy and the ability to decide freely about their bodies and sexuality, negatively impacting the quality of life of women.”

Sexual Battery: Per California’s 243.4 PC penal code, sexual battery is defined as the forceful touching of another person while they are unlawfully restrained by the accused or an accomplice for the purpose of sexual arousal, sexual gratification or sexual abuse.

Sexual Violence: “An all-encompassing, non-legal term that refers to crimes like sexual assault, rape and sexual abuse.”  

Stillbirth: “A stillbirth is the death or loss of a baby before or during delivery. Both miscarriage and stillbirth describe pregnancy loss, but they differ according to when the loss occurs. In the United States, a miscarriage is usually defined as loss of a baby before the 20th week of pregnancy, and a stillbirth is loss of a baby after 20 weeks of pregnancy. Stillbirth is further classified as either early, late, or term:

(a) An early stillbirth is a fetal death occurring between 20 and 27 completed weeks of pregnancy.
(b) A late stillbirth occurs between 28 and 36 completed pregnancy weeks.
(c) A term stillbirth occurs between 37 or more completed pregnancy weeks.”

Unsafe Abortion: “A procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both.”

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