

Article

GENDER, DIVERSITY AND SEXUAL AND REPRODUCTIVE HEALTH RIGHTS IN CENTRAL AMERICA. AN ANTHROPOLOGICAL REFLECTION¹

Género, diversidad y derechos a la salud sexual y reproductiva en Centroamérica. Una reflexión antropológica

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Abstract: In this globalised and transnational contemporary world, it often exists perspectives, which are fragmented in “local” realities. Thematic and phenomena, studied in the field, throughout years, had highlighted the need for adopting a strategy of *multi-situated field research* (Clifford and Marcus, 2005; Marcus, 1995). This also challenges the exploration of new paths, in terms of links and spaces, to be able following *complex cultural phenomena*, including those related to gender. In this sense, gender - as a social construction - transversally cuts all thematic and it is *cross-country*, as gender inequalities can be observed, similarly, in many of the world’s contexts. This work approaches, from an anthropological qualitative perspective and by adopting an intersectional view, the sensitive issue of sexual and reproductive health rights of women and girls, in Central American context, further, analysing the peculiar condition of migrant, indigenous and Afrodescendant girls and women, aiming to shed light on discrimination and violence phenomena affecting them.

Keywords: Gender, Diversity, Children’s rights, Sexual and reproductive health, Afrodescendant women, Indigenous girls and women.

Resumen: En este mundo contemporáneo globalizado y transnacional, a menudo, existen perspectivas, que están fragmentadas en realidades “locales”. Las temáticas y los fenómenos, estudiados en el campo, a lo largo de los años, habían puesto de relieve la necesidad de adoptar una estrategia de investigación de campo multi-situada (Clifford y Marcus, 2005; Marcus, 1995). Esto también desafía la exploración de nuevos caminos, en términos de vínculos y espacios, para poder seguir fenómenos culturales complejos, incluidos los relacionados con el género. En este sentido, el género - como construcción social- corta transversalmente todas las temáticas y es transnacional, ya que las desigualdades de género se pueden observar, de manera similar, en muchos contextos del mundo. Este trabajo aborda, desde una perspectiva cualitativa antropológica y adoptando una visión interseccional, el delicado tema de los derechos de salud sexual y reproductiva de las mujeres y niñas, en el contexto centroamericano, analizando aún más la condición peculiar de las niñas y mujeres migrantes, indígenas y afrodescendientes, con el objetivo de arrojar luz sobre los fenómenos de discriminación y violencia que las afectan.

Palabras clave: Género, Diversidad, Derechos de la infancia, Salud sexual y reproductiva, Mujeres afrodescendientes, Mujeres y adolescentes indígenas.

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1. Introduction.

From an intersectional gendered perspective, our present contribution will approach, in its first part, some methodological issues concerning diversity, then, deepening, by a qualitative analysis, in the diversity of gender and other diversities (of age, condition, origin/ethnicity) that can add and increase girls' and women's vulnerability. The central part of this work tackles the sensitive issue of sexual and reproductive health rights (SRHR) of women and girls, disclosing human rights' violation phenomena, in health environments. In its final part, this work deals with a specific in-depth about violations of SRHR of indigenous and Afrodescendant women and girls, also highlighting some encouraging initiatives to invert the discriminating tendency. Conclusive reflections focus on research role and states' action for gender equality and gender-based violence eradication.

2. Methodological Notes.

The here-presented contribution builds upon our previous anthropological research, encompassing ethnographic fieldworks in Latin America and the Caribbean and in Europe, as well as, upon our previous working experience in research carried out by international organizations. It embeds lessons learnt from our participation in EU academic research projects, focusing on gender equality, diversity, human rights and sustainable development. Among them: the EU-IRSES M. Curie, Europe-Latin America *GenderCit* Project (*Gender and Citizenship, 2013-2017*), led by Pablo de Olavide University (UPO), Seville, Spain, and its twin EU Project *GOV. DIV. (Multilevel Governance of Cultural Diversity, 2014-2018)*, led by the University of Minho, Portugal. Our field research developed in Central America (Mexico and the Dominican Republic), and, in post-pandemic time, mainly, in Europe (Spain, France and Italy). Our current research focuses on improving children's and women's rights implementation and on strengthening alliances and research networks.

Methodologically, our research is positioned in contemporary *reflexive-interpretive* anthropology (Miller, 2014; Olivier de Sardan, 2008; Herzfeld, 2001), approaching cultures, as networks of meanings. The latter have to be interpreted, moving from the thinking of people, as part of these cultures, from their ideas and what is important to them (Hannerz, 1998). Anthropology and its studies on "otherness" (Kilani, 2018; 1998; Augé, 2019, 1975) deal in depth, qualitative data and the specificity of anthropology is constituted by its ethnographic fieldwork (Olivier de Sardan, 2008; Clifford and Marcus, 2005; Rosaldo, 2000). Nowadays, contemporary "field" can also take place in own societies and anthropology can no longer be perceived, like in the past, as a sort of folkloristic *reportage*, from faraway "other" cultures. Neither, it has to be considered as exhausted, by its research in the field: there is a

theoretical and preparatory work, before, and an interpretative reflection, afterwards (Binazzi, 2019c). The acquired research process allows to build categories and meanings of reference, fundamental for further qualitative analysis, independently, from fieldwork.

The concept, developed by this author (Binazzi, 2022a, 2022b; 2021, Breda, 2019), of *anthropology of implementation of international legal standards for human rights*, with a gender approach (Cariño Trujillo, 2013; Harding, 1987), has its focus on children's rights (Hodgkin and Newell, 2002, UNCRC, 1989), particularly, girl child rights (Pinheiro and United Nations, 2006, Plan International, 2012; Picornell-Lucas, Binazzi Daniel, and Herrera Villoria, 2020). It lays its foundations in the conviction that - through a gendered anthropological analysis (Breda, 2019) and intersectionality - it is possible to contribute to the implementation of their rights and to gender equality achievement. It is a contemporary anthropology that aims to reflect on what stands in the way of the institutional discourse for rights and implementation.

Our *anthropology of implementation* is interwoven with Humanitarian Law and Gender Studies. Anthropology focuses on in-depth analysis of inequalities, with the aspiration of rescuing the voices of marginalized people (Kilani, 2018; Herzfeld, 2001, Olivier de Sardan, 2008). Humanitarian Law, anchored in the legal principle of non-discrimination (UDHR, 1948), aims to rebalancing old and new power asymmetries, producing inequalities (Binazzi, 2019c), also in the social groups of girls and women (OEA, 2021, Plan International, 2012, UNCEDAW, 1979).

The principle of equality is, therefore, intrinsic, both to Anthropology and Humanitarian Law, and *gender* is a key concept, embedded in contemporary anthropology, from the seventies onwards (Binazzi, 2019c; Miller, 2014; Layton, 2001, Campani, 2018). Feminist Studies (Cariño Trujillo, 2013; Harding, 1987) match this anthropological position, sharing the purpose of overcoming positivist paradigms, for gender equality achievement.

Although, the definition of gender has recently expanded, to include other social groups (LGBTQ+), the here-adopted definition of gender focuses on the socially constructed category, prescribing most adequate woman's and man's roles in societies: "*Gender is a set of attributions, psychological characteristics and behaviors, considered appropriate for a man or a woman, and, even before, for a boy or a girl, as social beings*" (Busoni, 2000:22).³

Concerning the language used in this work, the wording of a non-sexist, gender-sensitive and inclusive language has been taken care of.

³ Translation from Italian into English, by Dr. Alice Binazzi.

3. Diversity of gender, age, condition, ethnicity and intersections.

The principle of *non-discrimination*, established, for the first time, by the Universal Declaration of Human Rights (UDHR, 1948), already, embedded and acknowledged, since the Declaration's adoption, *gender equality*, between women and men, also, safeguarding, *de iure*, the rights of children and adolescents, particularly, Girl Child Rights. Nevertheless, it still exists a gender gap in rights implementation, at regional, national and local level, concerning gender equality achievement and gender violence eradication, only scarcely realized and still seriously affecting women's and girls' lives. Discriminating attitudes and stereotypes, because of the diversity of gender, play a crucial role in the fulfilment of women's and girls' rights, producing not only stereotyped way of thinking, but orienting people's action, too (Binazzi, 2019c). As shown by UNDP Global Report (2023), gender social norms (Covato and Ulivieri, 2001; Seveso, 2001; Belotti, 2013) persist over time⁴ and gender biases (Monreal Gimeno, and Martínez Ferrer, 2010) represent a cross-country issue, regardless regional areas, income levels and cultures. In addition, the UNDP global Study reports a global stagnation, during the past decade, according to the *Gender Social Norms Index (GSNI)*, and despite "powerful global and local campaigns for women's rights in recent years, such as Me Too, Ni Una Menos, Time's UP and Un Violador en Tu Camino" (UNDP, 2023:3).

We can further observe that progresses have been achieved in basic capabilities, such as in equal participation in education, weak outcomes can be observed in terms of acknowledgement of women's voices and power (UNDP, 2023:3).

At regional level, the *Comisión Interamericana de Mujeres (CIM)* of the *Organization of American States (OEA/OAS)* stated, in its Latin America and Caribbean (LAC) Regional Study (OEA, 2021), that it exists a causal relation between poverty and gender harmful norms. Although poverty can affect people, in general, its impact on the social group of women is even more serious, for their situation of historical discrimination, due to gender diversity.

Gender biases, when deriving from stereotyped cognitive patterns, which are unable to adapt to a changing reality, can turn into rigid patterns (Monreal Gimeno and Martínez Ferrer, 2010; Binazzi, 2019a), facilitating the perpetuation of female poverty and increase the risk for suffering women's rights violations. Such and other intersections highlight the importance of adopting an intersectional approach in research.

⁴ Simposio "50 Anni Dalla Parte delle Bambine", Dipartimento FORLILPSI, Universidad de Florencia, Italia.

a. Diversity of gender and age.

CIM in its LAC Study (OEA, 2021) has underlined that, likewise women, girl children and adolescents, from disadvantaged family and/or in poverty condition, are more likely to turn victims of abuse and/or sexual exploitation, child-trafficking and forced migration. According to global studies (UNDP, 2023; Pinheiro and United Nations, 2006), they are target of an increasing violence, worldwide, while, their fundamental rights are frequently neglected or violated, because of their diversity of *gender, age* and *lack of power*. This negative trend increased, during the last years, in connection with the pandemic and mobility restriction measures, as well as, afterwards, for the consequent multi-crises and its intersectional dimensions, such as the augmented poverty⁵. Crises settings increase the risk of violence against women and girls, in domestic environments, as well as, in public spaces (UNDP, 2023).

When tackling the thematic of *diversity of gender*, it is crucial to highlight that other diversities can add, such as of *age, origin, ethnicity, status or condition*, like *migrant's one, disability*, among others. This results to be a factor of higher vulnerability (Binazzi Daniel, 2016).

Girl children and adolescents of families in poverty condition receive very few, or not at all, access to education. This does not allow them to acquire the necessary skills to access the job market, getting a paid job, thus, becoming economically autonomous (CEPALC, 2018).

Disadvantaged girl children and adolescents, often, from rural areas, especially, from indigenous communities, are particularly vulnerable to convert themselves into victims of *traditional harmful practices* (Busoni and Laurenzi, 2005), such as early or forced marriage or union, with an adult man, seriously affecting their holistic development, health and adult life (OEA, 2021). The adult man may also be a foreigner, even, forcing the girl to move and leave her community, increasing her isolation and vulnerability.

Research has clearly pointed out that girls' empowerment is fundamental to prevent their rights' violation (Plan Int., 2012; Binazzi, 2019c). However, their access to basic services still results hampered, due to gender biases, and their participation reduced, in family, school and community environments, including in judicial system (GIRE, 2015), determining their invisibility in the public space (Campani, 2012). This will also affect their future life, as adult women, perpetuating feminization of poverty, vulnerability, marginalisation and invisibility, thus, women's low participation in economic, sociocultural and politic processes. Root causes of this phenomenon are grounded in social norms and traditional practices,

⁵ Source: UNWomen, EU Commission.

reinforcing paternalistic attitudes and patriarchal structures, also facilitating gender-based violence.

When deepening in the condition of girls, gender-based violence and the related intersections, in LAC Region, our previous research outcomes highlighted that, in Mexican context, violence against girls and adolescents is a growing phenomenon, further exacerbated, during and after the Covid-19 pandemic. It exists a high number of girls' disappearances, from the age of ten, frequently related to child-trafficking, also for sexual exploitation purposes (Binazzi, 2019b) and the high number of femicides is not sufficiently addressed, because femicide is still not "typified" in *all* the penal codes of all States of Mexico (Binazzi, 2019c). Gender intersections with education processes, revealed the high drop-out rate, among pregnant adolescents and teenage mothers, as a result of not receiving support or assistance to continue studying (Binazzi, 2019c).

For all until here observed, it is paramount that girl children could exercise their rights to develop, to decide, to study and to participate (Plan International, 2012). It is important to stress that this is also a fundamental pre-requisite for sustainable development achievement, as disadvantaged women's common path shows that their rights' violations have almost always begun as children (ONU Mujeres, 2016; Plan International, 2012). According to this, we consider that to protect Girl Child Rights is the first step for gender equality achievement, to eradicate gender violence and to prevent women's rights violation (Binazzi, 2022b).

b. Diversity of gender, age, origin or ethnicity and migrant girls and women.

Concerning the issue of *diversity of status or condition*, like migrant one, areas studies shed light on the main obstacles, faced by migrant women and girls, in Mexico, as a country of destination⁶.

They encompass discrimination in the labour market, conditions of exploitation at work, violence in the workplace, lack of freedom of movement and participation and lack of or limitation of access to fundamental services, such as health, justice, education for their children, in addition to documentation. This diversity of condition also affects childhood and adolescence, as children of migrants. The incorporation of a gender perspective is fundamental, when analysing the condition of migrant women and the elaboration of public policies, promoting respect for their fundamental rights and their socioeconomic inclusion (CEDAW, 2008). Despite *International Labour Organization (ILO/OIT) Conventions* cover the protection of the rights of women migrant workers, aiming to protect the rights of both

⁶ Source: UN Women, Mexico Office.

national and migrant women, in domestic work in third-party households, to date, Mexico has not ratified, so far, these instruments.

With regard to migrant and unaccompanied childhood and adolescence, vulnerability is amplified by their added diversities (of age, gender, origin or ethnicity, among others) and as the weak part in power asymmetries of *adultcentrism*.

Durin's (2014) ethnography disclosed the vulnerability of indigenous migrant girls and the rights' violation against this cluster. Often, recruited through intermediary agencies, from poorest areas of the country south, especially, from Chiapas, and transferred to the industrialized north-east of the country, in the metropolis of Monterrey, they are more likely to end in servitude exploitation. They result particularly unprotected, by the lack of domestic work regulation and for the geographical distance from their origin place and families (Binazzi, 2019b; Durin, 2014).

Exploitation, abuse and unwanted pregnancy, including among adolescents, are the prominent consequences of the discrimination, affecting the condition of these indigenous women and girls (Durin, 2014). Despite the enactment of laws, generally, on the rights of working mothers, for women domestic workers in third-party households, becoming pregnant implies, almost systematically, the termination of the relationship between employer and employee. Indigenous migrant women and girls, in domestic work, get particularly isolated, in the event of unwanted pregnancy, lacking of their rights' protection, as well as, of support networks in a different context from their origin one and, almost always, facing an irresponsible paternity on the part of men (Gervasi, 2016; Durin, 2014).

4. Sexual and reproductive health rights (SRHR).

Inequalities that threaten countries, communities and economies, producing poverty and marginalization, are not simply due to issues of redemption, but to social, racial and political factors that, when related, reinforce each other. Gender issues amplify these inequalities. Nowadays, diversity still excludes, worldwide.

In Central America and the Caribbean, the impact of gender biases, seriously affects women's and girls' rights, particularly, in the areas of justice, health and education. Close intersections exist among these three interwoven areas.

We wish, here, to tackle gender diversity and its intersections with health, to deepen the very sensitive issue of *sexual and reproductive health rights (SRHR)*.

Too many women and girls do not have access to sexual and reproductive health services, thus, they are unable to receive family planning or antenatal care services and are forced to give birth in unsafe situations (UNFPA, 2017; GIRE, 2015).

Adolescent maternal mortality rises, due to giving birth at a very early age, while the rate of teenage pregnancies from the age of 12 is increasing, often as a result of sexual violence, in Central America and the Caribbean. There is little access for girls and adolescents to sexual and reproductive health services, as well as, to information, consequently, a low contraceptive use. Frequently, when an adolescent girl is married or in a union with an adult man, she has scarce power of negotiating, both for a lack of information and for the asymmetry of power, due to her age and gender.

It has to be underlined that early marriage and union increase the rate of fertility, consequently, the health risks deriving from more pregnancies and/or clandestine abortion/s or related health consequences. Further, most of LAC countries apply restrictive abortion law - even in cases of sexual violence - producing clandestine practices, very dangerous to the health and lives of girls and women.

Driven by early and/or repeated motherhood, adolescents are more harmed and may suffer illnesses, disabilities or also death, as a result of pregnancy or maternity. Because they have to drop out of school and education and enter the labour market, many of these young women end up leaving their poorest families and their children more unprotected.

a. Obstetric, institutional and gender violence in Mexico.

Though our previous ethnographic work in Mexico, we could acquire the relevance of the locally elaborated concept of *obstetric violence*, indicating the violence that is generated in the care of pregnancy, childbirth and puerperium, in public and private health services.

It is of utmost importance to observe that in *obstetric violence*, *institutional violence* and *gender violence* converge (GIRE, 2015). The definition of *institutional violence*, we refer to, is the one established in the Law, *Ley General de Acceso de las Mujeres a una Vida Libre de Violencia* (LGAMVLV, 2007, Mexico):

The acts or omissions of public servants of any level of government that discriminate or have the purpose of delaying, hindering or impeding the enjoyment and exercise of women's human rights, as well as their access to the enjoyment of public policies aimed at preventing, addressing, investigating, punishing and eradicating different types of violence.⁷

It is crucial, here, to draw attention on *omissions*, as it is not only a matter of performed actions, but also of avoiding acting, delaying or disregarding the needed action, in providing public services. In most part of cases, the mere observance and application of the correct functions of public servants, that is, whose behaviours do not produce acts or omissions of

⁷ Cfr. Arts. 6, 7, 10, 12, 13, 16, 18 y 20. Translation from Spanish into English, by Dr. Alice Binazzi.

institutional violence - as gender violence that discriminates - would already be sufficient to considerably limit gender violence.

Our field interviews in Mexico, with feminist NGO *Grupo de Información en Reproducción Elegida* (GIRE), highlighted that women and girls face serious difficulties for exercising their sexual and reproductive health rights (SRHR), locally. These obstacles range from discrimination in access and denial of obstetric health services, to lack of attention in the provision of services.

Among the multiple factors producing the *obstetric violence*, it has to be emphasized "the teaching processes for medical personnel, facilitating an authoritarian vision that encourages abuse and in which women's opinions are not taken into account during obstetric processes" (GIRE, 2015:152).

Studies on gender and health, at federal level, in Mexico, also identified that the solution does not lie in typifying *obstetric violence*, like any other crime, but rather acknowledging it, as a violation of women's human rights. Despite the existence of a wide range of complaints and sanctions, these instruments do not adopt a human rights perspective. As a matter of fact, they result as segmented mechanisms, obliging women, in order to be able to access to justice, to resort to more than one procedure, while the major issue of human rights violation remains ignored.

Obstetric violence encompasses the actions or *omissions*, typical of the *institutional violence*, of the personnel of the National Health System that can cause physical and/or psychological harm to women or girls (*gender violence*), during their pregnancy, childbirth and puerperium, including "cruel, inhuman or degrading treatment or abuse of medicalization, impairing the ability to decide in a free and informed manner about said reproductive processes" (GIRE, 2015:124).

Most frequent situations, in which *institutional violence* converges with *gender violence*, are reported in the outstanding study, by Villanueva-Egan, Deputy Director General of Maternal and Perinatal Health, at the Centre for Gender Equity and Reproductive Health, Health Secretariat, Mexico. This cited author sheds light on this very sensitive issue, giving voice to victims:

During institutional childbirth care, the violation of women's human and reproductive rights ranges from scolding, mockery, irony, insults, threats, humiliation, manipulation of information and denial of treatment, without referring to other services for timely assistance, postponement of urgent medical care, indifference to their requests and complaints, not consulting them or informing them about the decisions that are taken in the course of the work of the childbirth, using them as a didactic resource, without any respect for their human dignity, pain management during labour, as punishment and compulsion to obtain their 'consent', including ways in which it is possible to establish that deliberate

harm has been caused to the health of the affected woman or girl, or that an even more serious violation of her rights has been incurred⁸ (Villanueva-Egan, 2010: 148).

It is, here, paramount to reiterate that the right to health is a fundamental principle of UNCEDAW (1979) for women's rights. The right to "humane treatment" is also recognized in Art. 22 and 29 of the Mexican Constitution, as well as, in Art. 5 of the American Convention on Human Rights.

Binding *obstetric violence* to Humanitarian Law would allow to promote the use of complaint mechanisms, by victims, before human rights protection organisms (GIRE, 2015).

It is crucial to make visible that maternal death can be one serious consequence of the violation of the human rights of women and girls, produced by *obstetric violence*. For families of girls and women who died from foreseeable causes in pregnancy, childbirth and the postpartum period, there is little or no access to justice. The existing complaint mechanisms, in Mexico do not allow for adequate reparation that would correspond, in particular, to victims' children (Binazzi, 2019c).

Numerous obstacles to access to legal termination of pregnancy (*interrupción legal del embarazo*, from here onwards, ILE), as a consequence of sexual violence, are faced by girls and adolescents in case of pregnancy, that may increase the risk of death. Our previous fieldworks, in the Caribbean area, particularly, in the Dominican Republic could collect similar data.

Research results (Binazzi, 2019c; GIRE, 2015) revealed that girls and adolescents manage to request support to access to ILE, for the only – although not accordingly implemented - allowed causal of sexual violence. Often, only when their pregnancy is already approaching the time limit for its legal application. This occurs, because they discover their pregnancy with great delay, for their lack of information, experience and for the difficulty in resorting to the support of the mother or another family person, in order to make a decision. The obstructionism of the health-system, which can be considered as a form of *obstetric violence*, generates dangerous delays, further harming girl's health, sometimes, to the extreme consequence of her death.

b. Contraception.

It should be noted, first, that Mexico is the country of the Organization for Economic Cooperation and Development (OECD), having the highest birth rate, among girl adolescents, aged 15 to 19. We wish, here, to recall that access to contraceptive methods is

⁸ Translation from Spanish into English, by Dr. Alice Binazzi.

an essential component for the exercise of human rights, also stressed by CEDAW (1979), with its inclusion in health care issue for women and girls. About information people have on contraceptives, national health surveys, in Mexico⁹, revealed that people have a scarce and often incorrect knowledge, on this subject. Local interviews to adolescent population, concerning the correct use of anticonception devices, disclosed that, to a large extent, they answered, incorrectly. Most of these incorrect answers belonged to girls.

This clearly identifies the existing sexist dominance over women's sexuality and the related gender stereotypes, determining less access for girls to information on contraception. Further, public policies concerning sexual and reproductive health, in Mexican context, limit the access to information, concretely, addressing women of childbearing age, or girls, under the condition of being married or in union status, thus, resulting inconsistent.

If we consider that the top priority is, currently, to reduce adolescent pregnancy, in the cluster of 15 to 19 years, for the severe consequences for their health, it is alarming that adolescents and girls *not united* may result excluded, by these public health programmes. Girls under 15 years of age, neither, are recipients of these prevention policies, despite, they are often a specific cluster at high risk of unwanted pregnancy, because victims of sexual violence.

We can, therefore, assume that the figure of marriage or union, in the Mexican context, turns out to be a central axis, in all issues related to gender, constituting an essential condition, for women and girls, to access to SRH information. The extreme symbolic representation of marriage is emphasized by some states of Mexico, who do not still incorporate, in their national legislation, the federal law on the minimum age of 18 years for marriage, thus, facilitating child, early or forced marriage, at a very early age. This practice, mainly involving an adult man marrying a child or adolescent girl, often, results as a form of avoiding criminalisation for adult perpetrators of sexual violence (Binazzi, 2022a).

We could observe, here, that this is also grounded in a *vision of sexuality*, by some adults, which often transfers and attributes stereotypes, discrimination and distortions to girls and adolescents. In such cases, the representation of sexuality that is intended to be attributed to girls and adolescents does not correspond to that of their age. Some adults may confuse the exploration of the outside world of their age, with an intention of seduction and "propensity" to sexual relations with adults. Frequently, this is argued, on the part of adults, with a supposed early sexual and "advanced" "maturity" of the minor of age, to be abducted, by them, as a sort of "justification", in situations of accusation for sexual harassment or

⁹ Source: GIRE.

violence, involving girl children and adolescents. Marriage appears to be a “repairing” instrument for adults, even, worsening girl’s condition (Binazzi, 2022a).

A relevant aspect to be tackled is the practice of imposing a contraceptive method in contexts such as imprisonment, psychiatric institutions and social assistance programmes (GIRE, 2015) and the need to reconsider criminal and administrative legislation, in terms of forced sterilization, to protect women and girls from this serious violation of their human rights, also establishing mechanisms for access to justice¹⁰. Against this practice, the UN Committee on the Rights of the Child, calls for the investigation and punishment of cases of forced sterilization of girls in the institutions in which they reside (Comité Derechos del Niño de N.U., 2005).

About forced sterilization without woman’s consent, our ethnographic field work with interviewed women, in the Dominican Republic, allowed us to collect their voice, on this subject. After having several deliveries, some women reported having woken up, in hospital, from anaesthesia by caesarean section, having already been sterilized, without their consent to it. They also reported on doctors, having asked only their husband’s or partner’s consent, taking for granted man’s response. A correct information was not provided and the decision was taken in an evident moment of confusion, such as, at the time of delivery (Binazzi, 2019c).

Our reflection aims to make it visible and to draw attention on the fact that asymmetries of power play a key role in interactions, when confronting most vulnerable and disadvantaged people with authoritarianism of health specialists and staff, in medical contexts.

Forced sterilization, as a form of gender-based violence linked to institutional violence, implies policies and visions of population control, undoubtedly, stereotyped by gender, ethnicity and social class. This would deserve a separate study, due to its several transdisciplinary implications, including demography and history, as this practice was already applied, institutionally, in the past, in different world’s contexts, later, revealed, by post-colonial feminist studies (Loomba, 2000) and by Black Feminism.

5. Indigenous and Afrodescendant women and SRHR.

When tackling the sensitive issue of diversity of gender and age, condition or origin/ethnicity, and SRHR, it is fundamental to make it visible that, along with the adolescent population, the social group with the greatest lack of information about contraception is the group of indigenous women (GIRE, 2015). Research in Mexican

¹⁰ Source: GIRE.

federal and local health secretariats¹¹ revealed the scarce or null existence of SRHR brochures or information material for indigenous-speaking women. In northern metropolitan area of Monterrey, manipulation of information was also disclosed, including by welfare and social services, in the care of indigenous migrant young women – mainly, domestic workers in private households - in situations of unwanted pregnancy (Durin, 2014).

Pregnancy of indigenous migrant women and domestic workers is almost never the result of a shared decision with their partner, but of a sexual relationship, in which they had not used any contraceptive method, due to a lack of information or for a difficulty in discussing it with the partner (Durin, 2014). However, these women receive a sort of guidance from social services and health system, leading to discarding the interruption of pregnancy, without having been provided with the due care and comprehensive information (Durin, 2014).

More generally, indigenous women, in Mexico, who do not speak Spanish, go to health centres, accompanied by interpreters or by a Spanish-speaking family member, who can support them (GIRE, 2015). We could observe, here, that the State, by doing so, is renouncing and transferring its own obligations to other subjects, instead of fulfilling its functions, by addressing SRHR of all women and girls, regardless their diversity of age, status and condition, origin and ethnicity, among other.

- a. Higher rates of maternal death among Afrodescendant women in the Americas.

A new study, by the United Nations Population Fund (UNFPA, 2023), discloses that Afrodescendant women, in the Americas, face a higher risk of complications, when going through childbirth, due to a systemic racism and gender discrimination, in health environments. This increases the risks of maternal death. UNFPA reports patterns of obstetric violence, as a widespread attitude towards Afrodescendant women and girls, whose need for care and medical attention is systematically neglected and ignored, under such circumstances. The violation of sexual and reproductive health rights of women and girls, highlighted at regional level by the cited study, range from all the attitudes and omissions related to the previously analysed obstetric violence.

It is paramount to highlight that, even when Afrodescendant women and girls have a higher level of income and education, the mortality rate of black women is higher than white women's one. Black women face a triple probability of death than white women, during delivery or during the following six weeks (UNFPA, 2023). In this sense, the statistics reveal

¹¹ Source: GIRE.

that maternal mortality among Afrodescendant university graduated, in the United States of America, is 1,6 times higher than white women's one, having completed, at the most, a secondary education cycle of studies.

From our anthropological perspective, it has to be highlighted the role played by stereotypes, in the face of diversity of gender, here, joining the diversity of origin and ethnicity and class (Kincaid, 2000; Campani, 2000).

Among others, common stereotypes affecting Afrodescendant women are: being unable to look for appropriate treatment, having made wrong choices concerning their way of living or showing inherited predispositions (UNFPA, 2023). We must stress that disproportionate stereotypes affecting Afrodescendant people, obviously, have no scientific basis, but rather perpetuate racist beliefs, dating back from slavery time. Nevertheless, UNFPA warns that they are, in part, still embedded in several medical plans (UNFPA, 2023), thus, urging for a thorough revision.

b. On-going encouraging initiatives for SRHR's implementation.

Building upon research and lessons learnt, joint action of international organisations and local stakeholders, leaded by UNFPA, are working to invert tendencies, in LAC Region, and to encourage the process for gender equality achievement. In the area of sexual and reproductive health rights, new programmes and pilot-projects have been put in place, in Mexico, such as new professional midwifery ones in three universities, in Nayarit, Chiapas and Veracruz, while youth-friendly campaigns on contraceptives for adolescents were carried out in collaboration with the National Centre for Gender Equality and Reproductive and Sexual Health. A first group of traditional midwives were trained in some municipalities. Advocacy is strengthened for including more young people in policy dialogue and decision-making mechanisms (UNFPA, 2023).

In the Caribbean area, capacity-building of doctors and nurses has been increased, in the Dominican Republic, to upgrade obstetric and newborn care. Informed prevention campaigns, similarly to Mexico ones, have been carried out, among girls and boys, on sexual health and rights awareness, as well as, on gender-based violence (UNFPA, 2023).

The Colombian context deserves a special reflection. Here, efforts are being made, currently, to tackle diversity of gender (Cedeño Perez, 2016) and of ethnicity/origin, and its intersections with women's health, precisely, with sexual and reproductive health rights of indigenous women and girls (Lestage; Olavarria, 2014).

On one hand, a common stereotyped attitude is to consider tradition and modern medicine in conflict, although indigenous activists show it is not so. From the other, these

communities face several barriers to access to high-quality maternal health care, ranging from challenging geography, economic marginalisation, lack of health services onsite to meet communities' needs (UNFPA, 2023).

Further, it can be identified cultural meanings, commonly shared by indigenous communities, such as shame at seeking help outside the community, fear of Caesarean sections and for language barriers (UNFPA, 2023).

It is in this anthropological space, between the force of tradition and the flow of innovation that the role of traditional midwives becomes crucial. By an intercultural and rights-based approach, traditional midwives are trained, in some local contexts, according to modern knowledge. By enjoying the respect and trust of indigenous communities, for being part of them, these midwives can be able to bridge the gap guiding women and girls in all issue related to sexual and reproductive health. This allows to reduce risks and, at the same time, respecting indigenous traditions and cultural meanings. Some first encouraging outcomes of this new approach with Afro-Colombian and indigenous people can be registered, revealing the important data of no further maternal deaths reported, in first local contexts of implementation (UNFPA, 2023).

6. Conclusive Reflections.

The contemporary challenge, in the face of diversity, is achieving deconstructing and rejecting *ethnocentric*, *western-centric* and supposedly "neutral" perspectives, strongly male-dominated and paternalistic, making efforts for "moving" the centre of the world (Thiong'O, 2000). In this sense, we evoke the common threads of postcolonial, postmodernist and interpretative thought, from the seventies onwards, in which feminist studies are also positioned, through their relevant contribution (Binazzi, 2018).

Outstanding studies on alterity, by the anthropologist M. Kilani (2018; 1998) show that the category of the "Other" does not identify an autonomous entity of positive sign. On the contrary, this is framed in a relationship, generally, of "domination-subordination". Otherness is neither an essence nor an intrinsic quality to certain cultures or populations, but it represents *a relative and conjunctural notion: we are "Other" only from someone's point of view* (Kilani, 1998:32).

In conclusion, we wish to emphasize the relevance of research role, with its international and local area studies on diversity, first and foremost, of gender and its intersection areas. Research allows keeping a spotlight on women's and girls' rights violations, giving voice to them, and making efforts for inspiring politics for effective public policies committed for rights implementation.

Among others, we shall continue making visible the very sensitive issue of sexual and reproductive health rights, for the alarming rise of adolescent death, in Mexico and in Central America area, strictly related to harmful traditional practices, such as child marriages and unions. The minimum age of 18 years for marriage is a prevention measure, to be supported, by states, for protecting the integral development of all girls and adolescents. Some LAC countries are in the process of aligning to this juridical obligation of every State Party of the UNCRC/CDN (1989).

Gender-based, obstetric and institutional violence affecting women and girls are a clear evidence of gender inequalities to be urgently addressed. It is fundamental that hospitals and medicine environments upgrade their professional skills and attitudes, for respecting women's SRHR.

Discrimination against indigenous and Afrodescendant women and girls must be abandoned, thus, adopting new approaches towards diversity. Otherwise, this would seriously compromise the achievement of global goals for eradicating poverty, mortality and sustainability.

Above all, women and girls still suffer, nowadays, for not being given the right for deciding about their lives, body and health, due to stereotypes and discrimination towards diversity.

For all until here analysed, we consider it compelling that states and institutions undertake an active role to effectively address social norms, impacting on women and girls, by supporting and encouraging the process for gender equality achievement, gender violence eradication, taking all the necessary measures for terminating institutional violence.

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