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Notes on Race and Gender in the USA: Women's Rights.

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Abstract. This is the second of several multidisciplinary notes with one goal in common: to draw a much needed "bigger picture" on how women's rights are faring today in the USA, while describing the consequences of withholding and/or slashing these rights. To achieve this goal we will present data from different studies as well as from the USA census, and we will proceed to examine women's rights as a whole, by comparing data regarding maternal mortality rates, child marriage, maternity leave, domestic violence, and sexual assault, both nationally and internationally. Unfortunately, this note will show that the USA is performing poorly in terms of gender equality compared to other developed nations, with important socio-economic consequences both in the short and the long terms.

The first note of this series focused on the persistency of poverty in the USA, especially when looking at systematically disenfranchised groups in base of their gender and/or race. Subsequent notes will look into women's reproductive rights and, once again, the importance of the effects of intersectionality² in American society.

Keywords: Women's Rights, Human Rights, Race, Gender, Intersectionality, United States of America.

[es]Notas sobre "raza" y género en los Estados Unidos de América: los derechos de la mujer.

Resumen. Ésta es la segunda de varias notas multidisciplinares con un objetivo en común: describir el panorama general de los derechos de la mujer en los Estados Unidos de América. Para ello, presentaremos datos estadísticos de varios estudios y del censo de los Estados Unidos.

Examinaremos los derechos de la mujer en general en los Estados Unidos, comparando los datos de este país a nivel global en materias como la mortalidad materna, el matrimonio de menores de edad, los permisos de maternidad, la violencia doméstica y el asalto sexual. Desafortunadamente, esta nota mostrará que los Estados Unidos de América no está a la altura de otros países desarrollados en términos de igualdad de género, lo que se traduce en importantes repercusiones a nivel socio-económico tanto a corto como a largo plazo para la mujer en general.

La primera nota se centró en la persistencia la pobreza en base a raza y género en los Estados Unidos de América. Próximas notas lo harán en los derechos reproductivos de la mujer, siempre teniendo en cuenta la importancia de la interseccionalidad en la sociedad norteamericana.

Palabras clave: derechos de la mujer y derechos humanos, raza, género, interseccionalidad, Estados Unidos de América.

JEL: 114,J13,K38

Introduction

"Exclusion is derived from fear, ignorance, and power, whilst inclusion is derived from love, compassion, and respect."

— **Michelle Emson** (LGBTQ, Women's & Human Rights Activist, Documentary Filmmaker and author).

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For a definition on intersectionality, refer to: Castanyer, P. (2019): Notes on Race and Gender in the USA; Poverty and Intersectionality. European Papers 32(1) 2019 pp.1-12 (p.2) https://revistas.ucm.es/index.php/PADE/article/view/64468/4564456551370

Global Trends vs the USA

Even though there is been clear progress in terms of gender equality throughout the 20th century worldwide, there are decades where backlash has been the norm, as were the notorious postwar years (50's), which confined women back into the household well into the late 60's. We are now unfortunately experiencing yet another regression regarding women's rights.

In 1948, the United Nations (UN) adopted the Universal Declaration of Human Rights both for men and women. However, throughout the following decades, it became clear that there was a need for a more specific text; the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979), providing what is been seen as an international bill of rights for women, including reproductive rights. Furthermore, this need was openly expressed in the 1995 Beijing Fourth World Conference on Women, where women's rights became widely recognized as fundamental human rights.

To understand gender discrimination, we need to introduce the concept of patriarchy which, for this paper's purpose, will be described as a society in which the male is the head of the family³, descent is traced through the male line, men largely hold the power and women are largely and systematically excluded from it, both within the political system and the private sphere. Therefore, women's agency is either null or minimal.

Patriarchal systems, interestingly enough, do reproduce themselves through cultural patterns and children's education. In these societies, most women have internalized sexism to such a degree that they reproduce it throughout cultural norms, for instance by establishing clear roles amongst their children based on their gender. Extreme examples of this are the practice of ablation on girls, which is largely enforced by women, as well as the female condonation of wife beating amongst certain Kenyan tribes, where the practice is very common and even expected. In both cases, these practices are considered necessary both for the proper functioning of a given

society and to "tame" women's behavior. A milder form of this is, for instance, when we teach girls to be submissive and to "control" themselves. These largely accepted "values" affect girl's and women's entire lives to the degree that girls tend to see themselves as less talented than boys by age six, according to a study that explored certain gender stereotypes (Bian, Leslie, Cimpian et al., 2017: pp. 389-391). This self-perception is definitely a factor to be weighed in when we explore the reasons why women tend to shy away from pursuing degrees in what are known as hard sciences. It also has an important role in what we call the wage gap.

To gauge how progressive and egalitarian a society is, one must look at how its most vulnerable groups are treated and whether they are protected or not by the law and how effective that law is. In the case of gender inequality, we also look at factors that contribute to the pervasiveness of the patriarchal system, such as whether women can vote or not. World Bank gender consultant, Jennifer McCleary-Sills states that 89% of women in the world (data for 50 countries, 2015) suffer at least one of these deprivations: lack of control over domestic economy, condoning of wife beating, and child marriage. According to her research, 13% have experienced all three.

Amongst the laws affecting women's ability to achieve equality those restricting access to family planning and/or modern contraception methods, including abortion, are some of the most important, but there are other important factors that will tell the tale of gender discrimination. These factors allow for important gaps such as the tangible wage gaps between men and women in the same job positions, plus what is dubbed as the "double task". Data that is also very revealing are **poverty rates** amongst women, maternal mortality rates, and the prevalence of **child marriage**, as well as the existence or non-existence of paid maternity leave, and the data on domestic violence and sexual assault. Unfortunately the United States is doing poorly innecesario/borrar in most of these respects compared to other developed countries. We will here provide data for all of the factors above (in bold lettering).

Even if the father isn't present, a younger male (for instance, a son) will outrank the older women in the household (i.e.: mother and widow), taking over the role of head of the family.

The double task refers to the fact that women tend to work both inside and outside of the household, and the number of hours they spend working within the household compared to that of their male counterparts provides important information as to how equal in terms of gender a society or a country is.

But before we proceed with such task, there is another particular and very alarming trend in the USA that can be linked to some of the factors named above and provides us with an insight of how serious the present backlash against women is; that of statistics reflected on dating websites; the most prevalent way of finding a mate in the USA today. A study conducted by Bruch and Newman, and published in the Journal of Science Advances in 2018, showed that men's sexual desirability peaks at 50 while women's does at 18 in the USA. Moreover, a study published in the Journal of Sex Research found that, men whose partners had less emotional stability reported having better sexual function. We can conclude then that men are assuming the role of "mature" protectors while women assume that of dependent "immature" individuals in need of guidance/protecting, which takes us back to the pervasiveness and internal workings of the patriarchal system.

The wage gap is a crude reality in all countries, including developed nations, with South Korea at one extreme, with a 36% staggering wage difference between men and women, and New Zealand at the other end, with a 5.6% gap.

Graph 1 only displays a general trend but not the causes or nuances of it all. In the USA, as in other countries, the wage gap is influenced by multiple variables, race being the most relevant.

According to the US Bureau of labor Statistics, black women working full time, year round in 2014, were typically paid 65 cents for every dollar paid to their white non-Hispanic male counterparts, which was statistically unchanged from 2012, while in the case of Hispanic and white women in the same situation, these numbers were 57 cents and 77cents respectively, also unchanged since 2012.

There are, of course, also differences amongst states, with the District of Columbia performing better than any other state, with men earning about \$7,000 more than women a year, and Louisiana performing worst, with men earning about 17,000 dollars more than their female counterparts every year (US Census Bureau, data for 2014). It adds up: "Based on today's wage gap, women would lose \$430,480 over the course of a 40-year career. For Latinas the career losses mount to \$1,007,080, and for African American women the losses are \$877,480" (National Women's

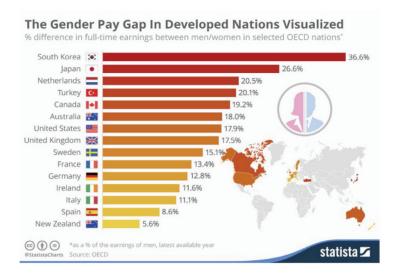
Law Center, 2014). The clear and ultimate consequence of this reality is that women's ability to provide for themselves and their families, as well as to save for their retirement, is undercut from the moment they start working for a salary and throughout their entire careers.

We usually assume that the wage gap is about men receiving higher wages than women for the same jobs. However, it is a tad more complex than that for there are also a series of cultural factors that are to be weighted in, both in the USA and worldwide, like the fact that women are culturally the household's primary caregivers, providing care to those who are either too young, too old, or too sick. It is what Anne-Marie Slaughter called, in her book Unfinished Business, the "care penalty". This is one of the reasons women look for positions that offer flexibility, getting heavily taxed for doing so. Work that affords flexibility tends to pay less as a general rule, and companies require one's full commitment, now more than ever before.

Ownership is another cultural factor; women tend to shy from ownership, the reason being that they don't know what they are in for in the long term and their priorities may not align with the demands of ownership (for instance, motherhood). Men, on the other hand, tend to relish it. Data shows that the biggest wage gaps in the US are in the corporate, financial, law and health fields, where there is a high percentage of self-employment. Wherever there is a smaller degree of self-employment, there is a smaller wage gap between males and females (for instance, in the IT sector).

Moreover, culturally women are not supposed to be aggressive in their pursuit of professional goals. They don't want to be perceived as "difficult" or "spoiled", while men are not hindered by such preconceptions and can be as competitive as they please, which is also viewed as a masculine trait. One of the most important factors in wage gaps between men and women, even in higher positions, is the fact that women have a hard time negotiating better terms for themselves, as Claudia Goldin, a professor of economics at Harvard University, found out herself when offered consulting jobs⁵.

Retrieved from: http://freakonomics.com/podcast/the-true-story-of-the-gender-pay-gap-a-new-freakonomics-radio-podcast/



Graph 1: Gender Wage Gap in Developed Nations⁵

Graph 2: Gender Wage Gap in the USA. The Race Variable, 2014⁶



All of the above play significantly in what is called the 'glass ceiling' or women's inability to break through and obtain better jobs and wages compared to that of men.^{6,7}

Another, although not as important, factor is what is called "occupational segregation", for instance nurses vs doctors, where some occupations are disproportionately either male or female, and where jobs that are disproportionately female pay consistently less. An extreme example of this is Russia, where over 400 jobs are reserved only to men (i.e.: train drivers).

Many women hold casual, temporary, and part-time positions and these kinds of jobs aren't rewarded in the same way as other jobs are and this has important consequences in the short and

long term. Mainly, poverty is increasing alarmingly amongst women. And if and where conditions of work have deteriorated everywhere since 2008, with higher levels of "precariat", women are at the forefront of such trend.

To make matters worse for working women, paid maternity leave (and/or paternity leave, which is now being considered in most developed countries) is inexistent in the USA. We have the dubious honor of being one of the few countries in the world, alongside with Papua New Guinea and other few small countries, that doesn't support new parents through paid leave by law. This means that most people having children in the USA are either very poor or wealthy enough to afford all that comes with pregnancy and childrearing.

Retrieved from: https://www.forbes.com/sites/niallmccar-thy/2016/01/29/how-pronounced-is-the-gender-pay-gap-in-developed-nations-infographic/#2f114d3620f4

Retrieved from: http://equalmeansequal.com/the-genderpay-gap/

For a "precariat" definition, please refer to: Castanyer, P. (2019): Notes on Race and Gender in the USA; Poverty and Intersectionality. European Papers 32(1)2019 pp.1-12 (p.3) https://revistas.ucm.es/index.php/PADE/article/view/64468/4564456551370

Paid maternal leave around the world 53 NUMBER OF 36 18 COUNTRIES 14-25 26-51 52+ WEEKS OF -**→** 0 0 - 14LEAVE -Worse Better → Most countries in **Europe** provide long leaves **United States** has no paid maternal leave

Graph 3: Paid Maternal Leave in the World, 20149

Source: WORLD Policy Analysis Center, 2014 data

JEREMY C.F. LIN/THE WASHINGTON POST

The United States is the only nation in the OECD that doesn't require companies to offer a low-paid maternity leave to their employees. Only companies with more than 50 workers must ensure by law to their female employees having a child a maximum of 12 weeks non-paid leave (the shortest allowed for maternity leave among the first 41 economies of the world) during which their job will be "reserved" for them until they return.

The International Labor Organization (ILO) stipulates that states must allow a minimum of 14 weeks of maternity leave and mothers should receive at least two-thirds of their salary during this period. Moreover, this remuneration should be covered through public services. The United States is the only developed country that does not meet any of these requirements. According to the Department of Labor, only 13% of US working mothers had some kind of low pay in 2014.

Paid maternity leave is provided in many countries as is the need for additional non-paid maternal leave, amply understood as a necessary measure helping mothers to adapt to the new changes as well as a decisive factor in the child's well-being. Men sharing parental responsibilities is also becoming increasingly

important as a way to tackle gender inequality, with some governments providing paid paternal leave in addition to that of women's, as the following chart (1) displaying data from 2016 shows.

This chart also shows that Japan is the country with the longest paid paternity leave in the world, with 34 full-paid weeks. However, cultural stigma is so prevalent in Japanese culture that only 2% of new parents take advantage of such benefit. This exemplifies how cultural norms can invalidate the effectiveness of laws when it comes to gender inequalities. This can be said of South Korea as well.

The persistence of **child marriage** in a society is another important factor when studying gender inequality. Millions of women, including in the USA, cannot decide for themselves when or if they want to get married or whether they want to have children or not. About 15 million girls get married every year worldwide, that is 39,000 every day, with South Asia (especially India) and Sub-Saharan Africa displaying the higher percentages (56% and 46% respectively)¹⁰. In Bangladesh, 74% of girls marry before they are 18 years old.

Multiple studies have proven that girls that marry as minors are more likely to experience gender based violence throughout their lives,

Retrieved from: https://www.washingtonpost.com/news/worldviews/wp/2016/08/13/the-world-is-getting-better-at-paid-maternity-leave-the-u-s-is-not/?noredirect=on&utm_term=.ba20eb7c0df9

Retrieved from: https://worldinfigures.com/highlights/detail/101

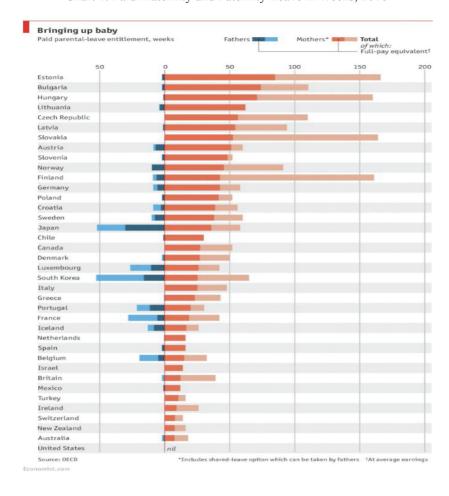


Chart 1: Paid Maternity and Paternity Leave in Weeks, 2016¹¹

lack educational attainment, and are also more likely to remain poor throughouts their lives.

Most developed countries ban such practice. The European Assembly condemned child marriage in 2005: Resolution 1468 compels the Union's states to pass and enforce laws accordingly¹².

In the USA, however, over 207,000 children married between 2000 and 2015. According to a study conducted by the Pew Research Center in 2016 (McClendon and Sandstrom, 2016), the rate of child marriage varies by state and it is mostly common in the South and the West of the country, with Virginia, Texas, Oklahoma, Arkansas, Tennessee, North Carolina, Nevada and California as the worst offenders. Although child marriage is not as common in the U.S. as it is in other parts of the globe, it is legal in almost every state and it allows very low

In chart 2 we can see that, although uncommon, some young Americans do indeed marry before they become of age, while chart 3 displays numbers that indicate girls are marrying older males¹⁴.

Religious freedom is behind the persistence of child marriage in the USA, while in the case of **female genital mutilation** the problem is that the law isn't effective as these cases are very rarely prosecuted. There has been a federal law in place since 1996, which forbade the performance of FGM in the US, and in 2013 the law was amended to criminalize those who knowingly transported girls out of the US in

marriage ages. For instance, in Massachusetts and New Hampshire 12- and 13-year-old girls respectively are allowed to marry 14-year-old boys with parental and judicial permission¹³.

UNICEF (data for 2014)

For more information on how this resolution is enforced, please see: http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-EN.asp?fileid=25016&lang=en

Most of these marriages are performed within very tight conservative religious communities.

Retrievedfrom:https://www.pewresearch.org/fact-tank/2016/ 11/01/child-marriage-is-rare-in-the-u-s-though-this-variesby-state/

Child marriage is more common in the southern United States

Number of 15- to 17-year-olds married per thousand

1 2 3 4 5 6+

4.6: U.S. average

VT: 3.7 ME
2.2

NH NY
3.1 ND
2.9 MN
3.2 MI
3.2 MI
3.3 MI
3.4 MO
4.7 NE
3.0 NB
3.0 NB
3.0 NB
3.1 NB
3.2 NB
3.3 NB
4.1 NB
3.2 NB
3.3 NB
4.1 NB
3.2 NB
3.3 NB
3.4 NB
3.5 NB
3.6 NB
3.6 NB
3.7 NB
3.8 NB
3.

Graph 4: Child Marriage in the U.S., Rates per State, 2010-2014¹⁵

Note: Marriage rates for 2014 are five-year estimates that include data collected from 2010-2014. Respondents who are separated, divorced, or widowed are not counted as "married" but are included in the total population of 15- to 17-year-olds. Source: Pew Research Center analysis of American Community Survey data (2014 five-year estimates)

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order to inflict FGM abroad. However, only one case has ever been tried, in 2017, and the reason for this is that only half the states have passed laws barring the practice in their territories

What is even more worrisome is that the numbers of girls having undergone FGM or are at risk of it in the USA, according to data provided by UNICEF (2013), has tripled from less than 168,000 cases in 1990 to over 545,000 in 2012. This alarming growth is due to the increasing number of immigrants from countries where FGM is common (especially Egypt, Ethiopia, and Somalia). In the USA, the higher number of FGM take place in California, New York, and Minnesota.

What is more important is that FGM can be an important factor in **maternal deaths**, and the USA is also performing very poorly in this matter, compared to most developed nations.

Most maternal deaths can be prevented by proper medical care because the two biggest killers in this case are easily prevented preventable; severe bleeding and infection after birth. High blood pressure, obstructed labor, and unsafe abortions are some of the other main reasons behind maternal deaths.

According to the UN, 303,000 mothers die every year globally (data for 2015) due to complications either before or after delivery. This represents a 40% drop from 532,000 in 1990. This drop is due to the efforts to provide access to basic proper care to women, which is contemplated in the UN's SDG's (Sustainable Development Goals, previously known as Millennium Development Goals)

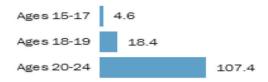
However, we are still a far cry from achieving proper standards for all women, with Sierra Leone with the higher numbers of maternal deaths (1,360 per 100, 000 live births) in the developing world, where 436 deaths for every 100, 000 live births is the average. The developed world, however, with an average of 12 deaths for every 100, 000 live births is performing much better (WB, 2015). The reason for this staggering difference between developed and developing nations resides in the prevalence of poverty, inequality, and sexism, which in turn, are behind the lack of access to healthcare systems (especially for women), their inadequacy, and the shortage of trained medical staff, especially in rural areas. The Guttmacher Institute calculates that, if all women had the basic level of care recommend-

Both charts (2 & 3) are retrieved from: https://www.pewre-search.org/fact-tank/2016/11/01/child-marriage-is-rare-in-the-u-s-though-this-varies-by-state/

Chart 2: Young Married Americans, 2010-2014

Nearly five of every 1,000 15- to 17-year-olds in the United States are married

Number of people married per thousand, by age group



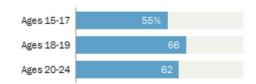
Notes: Marriage rates for 2014 are fiveyear estimates that include data collected from 2010-2014. Respondents who are separated, divorced, or widowed are not counted as "married" but are included in the total population of 15-17 year olds. Source: Pew Research Center analysis of American Community Survey data (2014 five-year estimates).

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Chart 3: Amongst Married Young People, Girls Marry Younger 2010-2014

More girls than boys are married at young ages

% female among married



Notes: Marriage rates for 2014 are five-year estimates that include data collected from 2010-2014. Respondents who are separated, divorced or widowed are not counted as "married" but are included in the total population of each age group. Source: Pew Research Centeranalysis of American Community Survey data (2014 five-year estimates).

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ed by the WHO¹⁶, maternal deaths would drop to about 112,000/ year (a 60% decrease). That is, if there are no changes in contraceptive access or in the number of unintended pregnancies¹⁷.

Retrieved from: https://data.unicef.org/topic/maternal-health/maternal-mortality/

Many maternal deaths are linked to the woman's age. According to the WHO (2017), complications in pregnancy and childbirth, alongside with unsafe abortions, are the biggest killers globally amongst girls aged 15 to 19 years old, with hypertension and obstructed labor as the main causes because their bodies aren't fully developed and can't cope with either pregnancy or delivery. Moreover, about 50% of these pregnancies are unplanned, and we can assume that a large percentage of the

For more information, please visit WHO: Pregnancy, child-birth, postpartum and newborn care A guide for essential practice (3rd edition, 2015). Retrieved from: https://www.who.int/maternal_child_adolescent/documents/imca-essential-practice-guide/en/

Abortion*, Embolism, 3%
8%

Haemorrhage, 27%

Other direct**, 10%

Sepsis, 11%

Hypertension, 14%

Chart 4: Global distribution: Causes of Maternal Deaths¹⁸

Notes: *Nearly all, 99%, of abortion deaths are due to unsafe abortions. **This category includes deaths due to obstructed labour or anaemia.

Source: Say, L. et al. 2014

planned ones are amongst child brides. Interestingly, official data for reproductive health-care is only collected for women ages 15 to 49 years old. However, the Guttmacher Institute estimates that only in 2016, 777,000 babies were born to girls aged 10 to 14, and every year a total of 7.3 million babies are born to girls under 18 in developing countries (Woog and Kågesten, 2017).

To top it all, global aid for maternal aid has fallen by about 11%, or more accurately from \$4.4 billion in 2013 to 3.9bn in 2017. Plus, the United Nations Population Fund has seen its funds decrease drastically since it stopped receiving funds from the USA, a Trump Administration decision, reinstating the "the global gag rule" by which NGO's operating abroad, providing any advice or provision of abortions are to be defunded. History tells us that this is not a decision that will bring a positive outcome globally; a WHO study from 2011 by Bendavid, Avila & Miller found that women affected by this rule when it was first enforced in 1984, and living in highly exposed countries (within Sub-Saharan Africa), were 2.73 times more likely to have an induced abortion

(probably unsafe) because reducing access to

family planning ultimately leads to more unwanted pregnancies, unsafe abortions, and maternal death. It's important to remember here as well that family planning is essential for child spacing, which reduces maternal deaths and increases the odds of child survival. Moreover, these clinics provide other health care services that extends much further than family planning, including care for HIV/AIDS patients and treatment for sexually transmitted infections. Moreover, many NGO's are being forced to close their general health services due to the lack of funding, which many times are the only health care resource entire poor families in these areas have. In places like Africa, where the "demographic transition" has yet to take hold, these policies can mean that some of these countries may never get there. The decision of reinstating the global gag rule should not be a surprise for basic women's rights are under siege in the USA, including reproductive rights²¹.

Retrieved from: https://www.guttmacher.org/fact-sheet/ adding-it-up-contraception-mnh-2017#figure4

This rule was first put into place by Ronald Reagan, in 1984.

The populations of traditional societies display characteristically high birth rates, matched by high death rates. A country that has experienced the "demographic transition" has been able to reduce both. This has important economic consequences at the economic level, both locally and globally.

²¹ Further notes will explore this topic further.

As stated before, the U.S. ranks very poorly in terms of maternal deaths compared to other developed countries (graph #5), and it is the only developed country where the numbers have shown a steady rise in maternal deaths since the year 2000 (graph #6). In fact, the World Bank ranked the USA below 45 other countries with a lower maternal mortality rate in 2015.

However, it is important to note that the data on maternal mortality in the USA is quite disparate amongst states. According to the Center for Disease Control and their Prevention's WON-DER database, there were 4,000 maternal deaths in the United States between 2011 and 2014, with California displaying a healthy number 1 ranking with 4.5 maternal deaths per 100,000 live births and Georgia performing last, with 46.2 maternal deaths per 100,000 live births.

One of the reasons the numbers are steadily rising in the USA is the prevalence of chronic conditions like obesity, hypertension and cardiovascular disease nationwide (all associated with pregnancy complications), due to poverty²², low levels of education, poor life styles, and limited access to proper health care services before the third trimester. Not surprisingly, California, a rich state, consistently ranks as one of the "leanest" states, while Georgia is consistently ranked amongst the states with higher rates of both obesity and poverty. Moreover, pregnant women who don't have health care insurance are three to four times more likely to die. Chart #5 displays the percentages of uninsured adults in 2013 and 2017. In all, one could state that progress has been made; the data clearly shows that the percentage of people with health insurance has increased amongst all race groups, all ages (except for people over 65 years old), and amongst all income levels. The reason for this decrease is mainly due to the commonly known as Obama Care Plan (Affordable Care Act or ACA), which has been in place since 2010. Both, the ACA and the Trump Care Act that followed, do indeed cover for the poorest but they have had an unintended collateral damage in the form of either very high deductibles as well as monthly steep fees for those who work and can pay insurance²³. Therefore, there is a high per-

centage of people that may not be using their insurance, despite of being officially insured, if their plan doesn't fully financially cover for certain services²⁴. Basic plans²⁵, for instance, do not cover for further tests if a mammogram (included in the yearly exam) isn't as clear as it would be desirable. The patient is then directed to a hospital and will have to fully pay for whatever exams and/or treatments are necessary until the full prize of their deductible is been matched. Moreover, every hospital will charge different prices for a basic breast ultrasound (i.e.: Massachusetts hospitals prizes range between \$275 and \$400 for a breast ultrasound of only a quadrant of one breast, and interpretation is not included). It is easy to deduce then that early detection as well as medical treatment for many chronic diseases will be forfeited by many in such a system, where the middle class is steadily disappearing²⁶ and where many can't afford the ever rising medical bills, one of the main causes for chronic indebtedness in the USA.

Returning to our topic, maternal death, we can state that race is definitely a risk factor in the USA. According to the CDC²⁷, African-American women, have been dying at a rate three to four times (47.2 deaths per 100,000 live births) that of white women (18.1) for over a century. This is a consistent trend throughout the country in California maternal deaths for white women is 4.7 per 100, 000 live births, while for African American women is 17.4.

Retrieved from: https://www.thelancet.com/journals/lancet/ article/PIIS0140-6736(16)31470-2/fulltext

Retrieved from: https://www.npr.org/2017/05/12/528098789/ u-s-has-the-worst-rate-of-maternal-deaths-in-the-developedworld

To see the correlation between poverty, poor health and race in the USA, please see: Castanyer, P. (2019): Notes on Race and Gender in the USA; Poverty and Intersectionality. European Papers 32(1)2019 pp.1-12 https://revistas.ucm.es/index.php/PADE/article/view/64468/456456551370

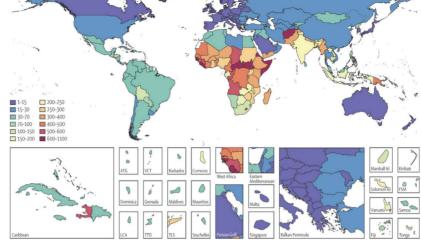
More and more companies aren't including health care benefits packages for their employees anymore.

Most basic plans cover one physical exam, per year, per person. This is what is known as "preventive" care.

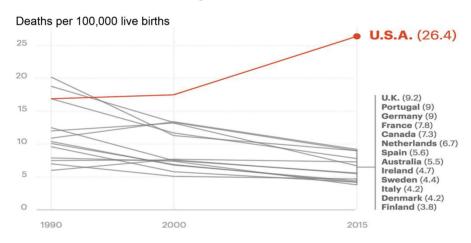
Basic plan's monthly health care insurance costs for the employee ranges between \$130-150 or more (Massachusetts, 2019), but there are differences between what each company offers to their employees, between states, and between insurance companies. The more services included in one's plan, the higher the monthly payment the employee is responsible for. Deductibles, on the other hand, can range approximately from \$1,000 to \$3,000 or more per person (per year), depending on one's plan; basic plans will have higher deductibles while plans that are more extensive will have lower deductibles. Extensive plans will also include what is known as copay-

Extensive plans will also include what is known as copayments, an amount that can range from \$20 to \$60 for a specialist visit (those with a basic plan will have to pay out of pocket. For instance, a regular yearly visit to the dermatologist can cost about \$300), and from \$45 to \$75 for an emergency room visit (again, basic plans do not include emergency room visits).

Graph 5: Global Maternal Mortality Ratio (MMR; number of deaths per 100 000 livebirths) (2015)²⁸



Graph 6: Maternal Mortality is Rising in the U.S. as it Declines Elsewhere, 1990-2015²⁹ Deaths per 100,000 live births



Source: "Global, regional, and national levels of maternal mortality, 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015" The Lancet.

Credit: Weychert, R.

Other states perform much worse than that, with Georgia displaying a 43.2 to 66.6 ratio, and Texas a 38 to 85.6 ratio. 28,29

Nationally, Asian/Pacific Islander women display a rate of 11.6 deaths per 100,000 live births, and Hispanic women perform even worse, with 12.2 deaths per 100,000 live births, especially when we take into account the difference in numbers regarding these two populations (Hispanics accounted for 18.3% of the total population³⁰ in 2018) and how high the percentage of uninsured Latinos still is, especially amongst young ones. Moreover, Hispanics have higher rates of obesity (47.0%),

For more information on this topic, please see: Castanyer, P. (2019): Notes on Race and Gender in the USA; Poverty and Intersectionality. European Papers 32(1)2019 https://revistas.ucm.es/index.php/PADE/article/ pp.1-12 view/64468/4564456551370

Retrieved from: https://news.gallup.com/poll/208196/uninsured-rate-edges-slightly.aspx

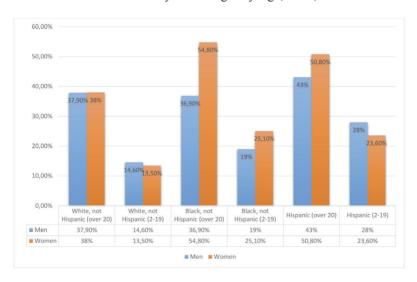
Source: CDC WONDER Mortality files, 2011-2015. Retrieved from: https://www.americashealthrankings.org/explore/healthof-women-and-children/measure/maternal mortality

Retrieved from: https://www.census.gov/quickfacts/fact/ table/US/PST045218

Chart 5: Uninsured Adults in the U.S.: Race, Age, and Poverty are still Important Factors 2013-2015³¹

	Q4 2013 %	Q1 2017 %	Difference %
National adults	17.1	11.3	-5.8
By Age Group			
18 to 64	20.8	13.6	-7.2
18 to 25	23.5	16.1	-7.4
26 to 34	28.2	18.4	-9.8
35 to 64	18.0	11.5	-6.5
65+	2.0	2.4	+0.4
By Race			
Non-Hispanic whites	11.9	6.9	-5.0
Non-Hispanic blacks	20.9	13.2	-7.7
Hispanics	38.7	28.6	-10.1
By income			
Less than \$36,000	30.7	22.1	-8.6
\$36,000 to \$90,000	11.7	8.5	-3.2
\$90,000+	5.8	3.4	-2.4

Chart 6: USA Obesity Percentages by Age, Race, and Sex



Source: CDC (2015-16)/ Credit: Castanyer, P.

with non-Hispanic blacks following closely behind (46.8%), compared to that of non-Hispanic whites (37.9%)³². In chart #6, we can see that women of color are the ones suffering the most from this chronic condition; adult black women display the highest obesity rate with 54.8%, followed by Latinas, with 50.6%, an important variable in maternal deaths. These trend seem to be perpetuating themselves in

younger generations as well, with young male Latinos displaying alarmingly high rising numbers.

It is no surprise then, that some impoverished urban areas, mostly inhabited by people of color, like Washington DC are performing quite poorly in terms of maternal deaths as well, with about 40 deaths per 100,000 live births (CDC, 2015).

Age is also a factor in the American case; in 2013-14, 31.9% of all maternal deaths oc-

³² CDC (2015-16)

curred in women aged 40 years or older, a rising trend because many women tend to push back on having children in an attempt not to hinder their professional careers.

Alongside with the wide wage gap, the persistence of child marriage, the increasing cases of FGM, plus the high proportion of maternal deaths, as well as the lack of paid maternity leave, the USA also displays distressing rates regarding **violence towards women**; OECD data for 2014 shows that the prevalence of violence on women over their life time is quite high in the USA. Canada is the country with the lowest percentage of violence towards women, while Angola performs the worst with 78% of Angolan women suffering from gender based violence. In the USA, the percentage is the same as the one displayed by Peru: 36%.

Some of the most sobering data regarding the treatment of women is that of **sexual assault** in the USA, where available data is far and between. However, we do know that one in three women in the USA have experienced some form of contact sexual violence in their lifetime according to the National Sexual Violence Resource Center (NSVRC), and in the case of multiracial women the number goes up to almost half (49.5%)³³.

What is even worse is that, 30% of women were between the ages of 11 and 17 at the time of their first completed rape, and more than one third of women, who reported being raped before the age of 18, experienced rape as an adult again³⁴. Moreover, 91% of the victims of rape and sexual assault are female³⁵ (9% are male)³⁶, and in 8 out of 10 cases of rape, the victim knew the perpetrator³⁷. According to the National Sexual Violence Resource Center (2011), in 96% of the cases where the victim is a child, the abusers and only 12% of child sexual abuse is ever reported to the authorities.

The New York City Alliance against Sexual Assault links reduced lifetime income with sexual assault because they have found that teenagers who have survived sexual abuse

are 3 times more likely not to complete high school. Other common collateral damages are; depression, asymmetrical stress responses, high rates of obesity, a higher percentage and incidence of major illnesses and healthcare utilization, persistent post-traumatic stress disorder, self-mutilation, teen motherhood, drug and alcohol abuse, and domestic violence³⁸.

The lifetime cost of rape per victim³⁹ is \$122,461. Annually, rape costs the U.S. more than any other crime⁴⁰. As many as 81% of women report significant short- or long-term impacts such as Post-Traumatic Stress Disorder⁴¹ (PTSD).

Despite all this, rape is the most under-reported crime; according to the US Department of Justice, only 230 out of every 1,000 sexual assaults are reported to the police, meaning that about 3 out of 4 assaults are not reported⁴². It is important to note here that the prevalence of false reporting is quite low (between 2% and 10%).

Younger women as well as TGQN (transgender, genderqueer, nonconforming) are clear targets: 21% of TGQN college students had been sexually assaulted, compared to 18% of non-TGQN females, and 4% of non-TGQN males (2015)⁴³.

Essentially, a high percentage of the female population is prevented from reaching their full potential in the USA, given the short and long term consequences of sexual assault. The losses in human capital are enormous: other than the costs mentioned before, according to the organization National Alliance to End Sexual Violence, survivors who have been sexually assaulted during adolescence, have been found to have reduced income as adults, with an estimated \$241,600 income loss over a lifetime⁴⁴. One study found that 50% of sexual assault victims quit or were forced to leave their

³³ Smith et al. (2017)

³⁴ Black et al. (2011)

³⁵ Health care costs are in fact 16% higher for women who were sexually abused as children and 36% higher in the case of women who were both physically and sexually abused as children according to the National Coalition to Prevent Child Sexual Abuse and Exploitation (2012).

³⁶ Renisson (2002)

Miller, Cohen, & Wiersema, B. (1996)

Trickett, Noll, & Putnam (2011)

Peterson, DeGue, Florence & Lokey (2017)

^{40 \$127} billion, followed by assault (\$93 billion), murder (\$71 billion), and drunk driving, including fatalities (\$61 billion), according to Miller, Cohen, & Wiersema, B.(1996)

⁴¹ Black et al. (2011)

⁴² Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, National Crime Victimization Survey, 2010-2016 (2017)

⁴³ Idem

⁴⁴ MacMillan (2000)

jobs in the year after their assault, as a result of their severe reactions⁴⁵.

Race here is also a factor because disadvantaged women struggle with trauma for even longer periods of time, sometimes because of the cultural stigma associated with mental health related care in their communities, or simply because they cannot afford it which, in turn reinforces the cycle of poverty they are in.

The reasons behind these levels of violence towards women in the USA should be found in the way we educate children in our society. As in many other societies, masculinity is understood both as toughness and the negation of feminine traits. Boys learn to hide characteristics that are thought to be feminine, such as sensitivity and friendship, which in turn leads to isolation and depression with fewer than 50% of boys and men with mental health related issues seeking help, according to the National Center for Health Statistics (NCHS, 2015), with Latino and black men and boys leading that trend46. Not surprisingly, "self-medication" is common, with high and early rates of alcohol and drug consumption at 12 and 13 years old respectively. Even less surprising is the early sex initiation and predatory behavior towards women due to peer pressure, with 35% of male college students indicating some likelihood of raping if they knew they could get away with it⁴⁷.

Basically, boys' pent-up anger and frustration takes a toll; they flunk at school more likely than girls and are four times more likely to be suspended. The ever-present bullying in schools is another consequence with 1 in 4 boys being bullied at school and only 30% reporting to an adult (National Center for Education Statistics and Bureau of Justice Statistics, 2013). Over half of all boys are physically abused by their peers. Video games don't help, as pointed out by the American Academy of

Pediatrics, 90% of games rated appropriate for children over 10 contain violence. What is even worse, researchers at the Crimes against Children Research Center at the University of New Hampshire found that 93% of boys are exposed to internet porn, which leads to objectifying women's bodies, linking sexism and violence to the sexual act. Exposure to porn increases sexual aggression and increases the acceptance of rape myths, such as that women desire sexual violence. According to data for 2014, every 9 seconds a woman is beaten or assaulted in the USA (Bureau of Justice Statistics' National Crime Victimization Survey, NCVS).

The emphasis on archetypical masculine heroes (police, military, music and sport stars) is also a direct cause, for some stars are famously known for their misogynist behaviors, lyrics, etc. Economic success, no matter the cost, is also perceived as a hyper masculine trait. Some of those who can't measure up to such ideals or can't fit on either of the two only possible acceptable boxes (masculine/feminine), end up profoundly frustrated and can resource to violence to reaffirm their masculinity and usually that violence is directed to those perceived as a threat: every hour more than 3 people are killed by a gun in the USA, that is 30,000 lives a year. The perpetrators are 90% male (CDC, 2014).

In all, what we have is a generalized masculinity crisis; a double edged sword institutionalized culture that dehumanizes both males and females and the ultimate form it takes is femicide. The federal government tracks domestic violence killings (by intimate partner only) but it does not compile data on femicide (women murdered for the mere reason of being women). There is no centralized system to gather this data, which results in underreporting. Roure, a professor at John Jay College, stated: "The data that does exist...is alarming...violence against women is normalized. And because it's normalized we don't see it as a crisis."

⁴⁵ Resick, P. A., Calhoun, K. S., Atkeson, B. M., & Ellis, E. M. (1981)

It then follows that suicide is considered the third leading cause of death in the USA for boys. Girls attempt suicide in higher proportion than boys. However, boys are more likely to die than girls from suicide; 81% of the deaths reported due to suicide in the 10 to 24 age group were males, and only 19% females (Center for Disease Control and Prevention CDC, 2017). Race is also a factor here, with teenagers belonging to minorities with higher percentages both for boys and for girls. Gang joining, is again especially common amongst boys belonging to minorities as a result of their desperate need to fit, which leads to other forms of violent early deaths.

⁴⁷ Malamuth, N. (1981)

Anguiano (April 2019): The nurse tracking America's 'epidemic' of murdered women. Retrieved from: https://www.theguardian.com/us-news/2019/apr/11/the-nurse-tracking-americas-epidemic-of-murdered-women. According to Wilcox's, in 2018, 1,600 women and girls were murdered in the USA. For more information and global data on femicide please see UN's latest global report (2018): Gender-related killing of women and girls (https://www.unodc.org/documents/data-and-analysis/GSH2018/GSH18_Gender-related_killing_of_women_and_girls.pdf)

Conclusions

Women's rights are under attack in the USA and they have been for a while now. The data confirms that the USA is performing poorly in terms of wage gaps between men and women, resulting in higher poverty rates especially amongst women of color and their children, hindering their ability to access proper nutrition, education, and basic health care, as well as better futures and adequate retirement plans. Moreover, the USA is one of the only countries in the world where there is no provision for paid maternity/paternity leaves. These are all factors that affect not only the welfare and health of newborns and children, jeopardizing entire generations and the future of the country, but also their mothers in the form of, for instance, higher maternal mortality, a variable most poor states of the Union underperform at. The rates on domestic violence and sexual assault are also quite staggering and are only a symptom of a much bigger problem; in patriarchal societies women are viewed as inferior and as we keep on educating many of our children, both boys and girls, in ways that reproduce such structures and behaviors, we are trapped in a vicious circle that only parental and societal awareness will bring to an end. It is very slowly starting to change amongst some, but it will take generations given the institutional and social backlash on feminist (and race) views and issues we are witnessing and experiencing in the USA today.

In time, policymakers will eventually have to wake up to the realities of the ramifications of policies affecting women's ability to stand equally within their male peers, for the consequences are not only going to be suffered by half of the population, but by their entire families, which in turn and in due time will affect the entire country and its economy because the whole of the society will have to accommodate to the restricted pace forced on their women and their basic rights; in Development Economics we understand that an economy is only as strong as its most weakened groups for they lag behind, pulling down on the whole of the economy. Collateral damage at first, national damage then, and global damage last is the name of the game.

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