CONSTRUCTIONS OF UNITED STATES GOVERNMENT DEVELOPMENT FUNDING IN RESPONSE TO THE GLOBAL GAG RULE.

BY

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DECLARATION

I Molobela Reabetswe Lien, student no: 18M6201 hereby declare The Global Gag Rule and its implication for South Africa's abortion services: Infringement of sexual reproductive health rights and freedom as my own original work. All the sources that I have used or quoted have been indicated and acknowledged by means of complete references. I further declare that I have not previously submitted this work, or part of it, for examination at Rhodes University for another qualification or at any other higher education institution.

………………………….. 06 March 2020

Reabetswe Lee-Anne Molobela Date

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ABSTRACT

Despite South Africa's progressive abortion law, barriers to safe abortion are numerous and exist at both the macro and micro level. Barriers include abortion stigma, discrimination, strong moral judgements against abortion within society and conscientious objection among health care workers. Furthermore, women's lack of knowledge regarding the legal status of abortion and the voluminous illegal advertisements of back street abortions undermines the legislation and promotes unsafe abortions. Sexual and reproductive health rights (SRHR) non-governmental organizations (NGOs) have served as a link between service and people by providing information about safe abortion to women, especially in rural areas and have received funding from various platforms including United States government. However, the United States government has established the global gag rule which forbids foreign non-governmental organizations receiving United States government funding from using United States government and non-United States funds for abortion related activities. The global gag rule has been reinstated and extended by the current United States president. As such the global gag rule is expected to have an adverse effect on sexual and reproductive health rights in South Africa and on Sexual and reproductive health rights non-governmental organizations. The aim of the study is to highlight the constructions and responses to the global gag rule by sexual and reproductive health rights non-government organization workers in the South African context. This study used semi-structured individual interviews to collect data through purposive and snowball sampling of 10 South African Sexual and reproductive health rights non-governmental organizations workers. The study is situated within the social constructionist framework with emphasis on Fairclough's three aspects of the constructive effects of discourse as an analytic tool in conjunction with Braun and Clarke's social constructionist thematic analysis. The results of the study reflect on participants' construction of United States government as imposing conservative agendas and taking regressive steps towards Sexual and reproductive health rights, which have in turn invoked indirect and direct resistance from non-governmental organizations. Additionally, NGO workers have constructed subject positions that highlight the vulnerability of non-governmental organizations dependency on United States government 1funding as it destabilizes and fragments civil society organization while it compromises the effectiveness of non-governmental organizations in serving the needs of intended communities. United States government is also constructed as strengthening abortion stigma and strengthening barriers to safe abortion that already exist in the country.

Key words: Global Gag Rule, Unites States funding, Non-governmental organizations, abortion law, social constructionism, sexual reproductive health rights.

LIST OF ACRONYMS

CSO-Civil Society Organizations

CTOP-Choice of Termination of Pregnancy

FFA- Foreign Assistance Act

GGR-Global Gag Rule

ICPD- International Conference on Population and Development

NGO-Non Governmental Organizations

ODA-Official Developmental Aid

PLGHA-Protecting Life in Global Health Assistance

PEPFAR- The President's Emergency Plan for AIDS Relief is a United States governmental initiative to address the global HIV/AIDS epidemic and help save the lives of those suffering from the disease

SA-South Africa

SDG-Sustainable Developmental Goals

SRHR-Sexual and Reproductive Health Rights

UNDP- The United Nations Development Program is the United Nations' global development network.

UNAIDS- The Joint United Nations Program on HIV and AIDS. It is an international program to combat and prevent the epidemic, HIV/AIDS.

UNICEF- United Nations Fund. Formally United Nations International Children's Emergency Fund is an agency of the United Nations that administers programs to aid Education and Maternal health in developing countries.

US- United States of America

USAID- United States Agency for International Development is an independent agency of the United States federal government that is primarily responsible for administering civilian foreign aid and development assistance.

USG-United States Government

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Chapter One: Introduction

Enshrined in the South African constitution, are women's rights, gender equality and reproductive rights [The Constitution of the Republic of South Africa, 1996]. These gave rise to South Africa's progressive abortion law, that allows women the right to make reproductive decisions [The Constitution of the Republic of South Africa, 1996]. South Africa's abortion law is provided under the Choice on Termination of Pregnancy (Act no.92 of 1996) (CTOP Act) as amended to CTOP Act no 1 of 2008 [Government Gazette, 2008)]. The CTOP ACT allows women to request an abortion during the first 12 weeks of gestation. During the second semester up to 20 Week's gestation, abortion is provided under circumstances such as incest, rape and socioeconomic factors upon a medical practitioner's recommendation [Government Gazette, 2008].

To ensure access to safe free abortion, the Department of Health was given the mandate to implement abortion services across South Africa (Favier, Greenberg & Stevens, 2018). Despite this and the legal framework, women and girls in poor and marginalized communities in South Africa continue to struggle to access safe abortion services (Amnesty International, 2017). Barriers to access to safe abortion have been related to the Department of Health's inability to regulate conscientious objection (Favier et al., 2018) as well as financial limitations and scarcity of professionally trained personnel in rural areas (Du Plessis, Sofika, Macleod, & Mthethwa, 2019). As such unsafe illegal abortions are persistent in South Africa, as half the abortions performed are estimated to be unsafe (Hodes, 2016; Mosley, King, Schulz, Harris, De Wet, & Anderson, 2017). Unsafe abortions are a contributor to maternal mortality rates which are estimated to be 138 per 100,000 live births in South Africa while unsafe abortions rates between 2016 and 2017 were at

25.8 percent (IWHC, 2019). In South Africa lack of information and knowledge regarding rights under the CTOP Act has been a significant barrier to safe abortion access (Amnesty International, 2017; Favier et al., 2018; Molobela, 2017).

As a Global South country South Africa receives developmental aid from overseas Global North countries. The USG is the largest bilateral donor of international family planning and reproductive programs (IPAS & IBIS Reproductive Health, 2015). In 2018 the USG provided $342.86 million in global assistance to South Africa (IWHC, 2019). However, GGR policy restricts the use of USG Global Health Assistance funding by Non-Governmental Organizations (NGOs) recipients that offer safe abortion and related services, such as advocacy, referrals and counselling (Hawkes & Buse, 2017). NGOs have served as the link between services and people by providing information about safe abortion particularly in rural areas. Thus, the GGR creates barriers between service and recipients by curtailing NGOs activities (Du Plessis et al., 2019).

Aims of the study and research question

This study was undertaken as part of a larger study conducted by the Critical Studies in Sexualities and Reproduction (CSSR) in collaboration with International Women's Health Coalition (IWHC) aimed at documenting the impact of the GGR. The previous reinstatement of the GGR has been documented to have adverse effects on Sexual and Reproductive Health Rights, while in contradiction with international standards of reproductive health care. As such, the purpose of the study is to highlight the constructions of USG foreign development aid and the power dynamics inherent in navigating the GGR by SRHR NGO workers in the South African context. The study

also stands to generate an understanding of NGO responses to the GGR in order to devise appropriate interventions within the SRHR NGO sector for future GGR reinstatements.

In order to achieve the aims of the study, I conducted a social constructionist analysis of interviews with 10 local NGO workers with the intention of answering the research question below.

How is abortion and US government development funding constructed by SRHR NGO workers in discussing the GGR in South Africa?

The following section covers the context of the study by offering a description of developmental aid, USG funding and its policies as well as a background to South African NGOs.

Developmental Aid and surrounding politics

Development aid is defined as an official development assistance policy offered by high-income countries to low-income countries to tackle poverty, strengthen health care, education and infrastructure (Price, Sayegh, Viana, & Lopez Uribe, 2017). Development aid has been criticized for neoliberalism by both conservative right wing and left wing voices. The right wing argues for its end as a result of donors' worry over value for money and accountability. The left wing is critical of the development aid's agenda and accuses it of serving the interest of donors and creating recipients' dependency (Price et al., 2017). Scholars also argue that development aid is entrenched in colonial, neoliberal and imperial ideologies that continue to foster inequalities between the Global North and the Global South (Price et al., 2017).

Despite the existing quarrels concerning development aid, mainstreaming gender is a key focus for development and forms a major part of the Global Sustainable Development Goals (SDG) agenda for 2030 (United Nations [UN], 2015). However, US President Trump's administration is the latest among American republican presidencies to use its power as a leading donor to family planning programs to pursue policies that are in conflict with global agreements on reproductive rights (Hawkes & Buse, 2017). It has been argued that Trump's administration is a direct attack on women's rights and bodily integrity as well as a barrier to progress for integrated health care services and people-centered policies (Price et al., 2017; Pugh, Desai, Ferguson, Stockle & Heidari, 2017; Tanyag, 2017). The next section focuses specifically on American Foreign Aid and its restrictions in relation to abortion in order to understand Trump's version of the GGR policy.

American Foreign Aid: Restrictions under the Global Gag Rule and the Helms Amendment.

Since the promulgation of the Foreign Assistance Act of 1961 (FAA), the US has participated in international family planning and population assistance (Center for Reproductive Rights, 2000; Hernández-Truyol, 2006). The Foreign Assistance Act laid the foundation for permanent foreign aid aimed at improving the health of poor people living in the so-called developing countries (Blanchfield, 2018). Within this Act the US provided the president with the authority to offer funding voluntarily for population planning to aid in controlling population growth in order to reduce poor health conditions (Center for Reproductive Rights, 2000). Blanchfield (2018) further notes that "many of the restrictions attached to the US funding for abortion and requirements relating to voluntary family planning programs abroad are included in foreign aid authorizations, appropriations or both" (p.2). Legislation was passed by Congress which amended the FAA since

1961 and has continued to authorize new programs in stand-alone Acts (Blanchfield, 2018). However, specific US authorization bills have often been delayed due to disputes between Congress and the executive branch on contentious issues such as abortion and family planning (Blanchfield, 2018).

One of the provisions that sparked controversy under US authorization was the Helms Amendment of 1973 introduced by Senator Jesse Helms. This amendment prohibits the use of US Foreign aid funds for abortion services under family planning or the motivation and coercion of any person to practice abortion (Bingenheimer & Skuster, 2017; IPAS & IBIS Reproductive Health, 2015; SheDecides, 2017; Unparalleled Leadership Impact [PAI], 2017). The Helms Amendment allows the use of US foreign assistance funds for abortion in cases of rape, incest and if pregnancy poses a threat to the women's life. This is based on the perception that such abortions are not carried out as a method of family planning (IPAS & IBIS Reproductive Health, 2015). The Helms Amendment further restricts vital maternal health supplies such as misoprostol and manual vacuum aspirators that are needed in post abortion care, miscarriages and post-partum hemorrhage on the basis that they may be used in abortion (IPAS & IBIS Reproductive Health, 2015). In addition to the Helms amendment, the USAID established its own policy that forbids the use of US funding for information, education, training, or communication programs that endorse abortion as a method of family planning (Center for Reproductive Rights, 2000). This entails censorship of abortion related information and blatant denial of counselling and information regarding places that offer safe abortions. The USAID further restricts abortion care and access in cases of rape and incest as well as in situations where carrying the pregnancy to full term is dangerous to the woman's life and health (IPAS & IBIS Reproductive Health, 2015).

In similar vein, former President Ronald Reagan's administration implemented the Mexico City Policy which was introduced at the 2nd International Conference on Population held in Mexico City on 6-14 August 1984 (Gillette-Pierce & Taylor, 2017). This anti-abortion policy, which became effective in 1985, added restrictions on US foreign family planning funding by forbidding foreign NGOs receiving US funding from using their non-US funds for abortion related activities (Bogecho & Upreti, 2006; Kaiser Family Foundation [KFF], 2019; Starrs, 2017). Moreover, the US required foreign NGOs that receive funding to certify that they will not utilize funds solicited from other sources to provide abortion services, information, counselling or referrals in states where abortion is legal and they will not engage in abortion reform advocacy where abortion is illegal (Gillette-pierce & Taylor, 2017; Goodwin, 2018). Nevertheless, the policy allows NGOs to treat the complications of unsafe abortions (Crane & Dusenberry, 2004).

It has been 19 years since the GGR was initially introduced. It has been implemented though the Executive Branch of the US government, typically through Presidential Memoranda or by Congress. Throughout the years it has been implemented by Republican presidents and rescinded by Democratic presidents. The policy was last reinstated in 2001 by the presidential administration of George W. Bush with documented negative impact on poor women's lives in the Global South (Committee on Foreign Affairs, 2007). This policy was later rescinded by the Obama administration in 2009 and it is currently in effect as instituted by President Donald Trump in 2017 under the name Protecting Life in Global Health Assistance (Crane & Dusenberry, 2004; KFF, 2019).

Trump's version of the GGR affects many organizations for the first time as it is extended to all Global Health Assistance including USAID funding agency, the State Department, the Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC) and the National Institute of Health (Goodwin, 2018). This will affect services for family planning, maternal and child health, nutrition, HIV/AIDS (including The President's Emergency Plan for AIDS Relief), infectious diseases, malaria, tuberculosis, and neglected tropical diseases. As a result, it affects 15 times more funding than before (around $8.8 billion in total). It applies to all foreign NGOs receiving US Global Health Assistance directly or as a sub grant through grants, cooperative agreements, and contracts in which assistance includes funds, commodities, equipment and other in-kind Global Health Assistance (Goodwin, 2018; Global Justice Center & Center for Health and Gender Equity, 2019; KFF, 2019; Starrs, 2017).

South Africa's abortion law is considered one of the most progressive abortion laws in the world. As such abortion provision may not be obstructed by the GGR. Nevertheless, South Africa is susceptible to the negative impact of the GGR as it restricts NGOs that are funded by the US in referring people to, or providing them with information about safe abortion services (Du Plessis et al., 2019). Additionally, South Africa has high HIV infections and the major funds for treatment and prevention are received from the US foreign funding for NGOs that offer comprehensive SRHR services (Singh & Karim, 2017). The next section focuses on NGOs in South Africa and the role they play in service delivery to South African communities.

The development of non-governmental organizations in South Africa

Civil society encompasses a range of organizations differing in size, structure and function including the formalized NGOs and the less formalized Community based organizations (CBOs), which are often subcontracted or funded by NGOs (National Development Agency [NDA], 2008). NGOs are understood as "independent development actors existing apart from governments and corporations, operating on a nonprofit basis with an emphasis on volunteerism, and pursuing a mandate of providing developmental services, undertaking communal development work or advocating for developmental issues" (Dlamini, 2008, p.1).

The formal emergence and extensive growth of civil society in South Africa started in the early 1980s, which signified a point where 'black civil society' organizations surfaced in the political sphere (Habib, 2003; Weideman, 2015). During the apartheid regime, civil society organizations played significant racially polarized roles. 'White civil society' organizations served the interests of white people through being aligned and funded by the state while the 'black civil society' organizations were in opposition of the state (NDA, 2008). The pre-democratic transition (1990-1994) blurred racial lines which led to the distancing of 'white civil society' organizations from the apartheid government (Habib, 2003). The marginalized 'black civil society' provided major services to communities that were neglected during the apartheid regime including in areas of health care, education, food security, and child development amongst others (Mazibuko, n.d.). These organizations were mainly self-sponsored or supported by 'philanthropic' non-profit sectors including humanitarian organizations, faith-based organizations, charities and foreign governments (Dlamini, 2008).

The transition to democracy brought with it changes in funding in which Overseas Developmental Agency (ODA) funds from bilateral donors were channelled into the government for service delivery and technical support instead of civil society organizations (Kuhnert, 2014). As part of its development, the democratic government brought with it several changes including the passing of the "Non Profit Act to officially recognize civil society by creating a system of voluntary registration for its constituents and provided benefits and allowances in exchange for NGOs and CBOs to undertake proper accounting and provision of audited statements to the government" (Habib, 2003, p.6). In light of the democratic government changes, the role of civil society shifted to ensuring that the basic rights enshrined in the constitution were implemented and services were delivered to the society of South Africa (Kuhnert, 2014).

Sexual and reproductive health rights civil society organization in South Africa

Under apartheid, a significant proportion of health resources were reserved for the health care of the white minority in urban areas (Dlamini, 2008). At this time, South Africa did not have a comprehensive reproductive health policy. Women's health care focused primarily on maternal and child health care as well as contraceptive services that were aimed at reducing population growth (Cooper et al., 2004). This was consistent with international standards of the time; however, in South Africa the apartheid government sought to control the black population though the use of long acting contraceptives such as the injectable (Swartz, 2002).

At that time, South Africa adhered to the Abortion and Sterilization Act of 1975 which provided for abortion under restrictive circumstances. This made it impossible for poor women to access

and utilize abortion services (Molobela, 2017), as the law mandated that an abortion procedure be performed by a physician after the approval of two other physicians which was often costly (D'Souza, 2013). As a result, black women turned to unsafe and illegal abortions estimated to be (approximately 120 000 in 1990) (Favier et al., 2018).

During the transition from apartheid to democracy South Africa sought to reform the health of women and to redress the injustices of the apartheid government by devising a comprehensive policy for sexual and reproductive health care for all. This was achieved through the efforts of the Reproductive Rights Alliance which consisted of members of parliament, academics and civil society activists from health, legal and human rights backgrounds. The SRHR policy aimed to be contextually appropriate by linking gender based violence with unwanted pregnancies and economic disempowerment (Favier et al., 2018). Additionally, the policy was consistent with international standards of human rights and gender equality as per consensus at the 1994 International Conference on Population and Development (ICPD) which was held in Cairo (Favier et al., 2018; Kuhnert, 2014). These Laws and policies were geared towards the enhancement of a comprehensive SRHR in South Africa with emphasis on health as a human right and equity in resource distribution amongst all South Africans through decentralized expansion of access (Cooper et al., 2004).

CSOs played a prominent role in reforming SRHR policies to focus on contraception, safe abortion, gender based violence, maternal health, female cancers, ART treatment for HIV and prevention from mother to child transmission of HIV (PMTCT). Additionally, CSOs took the initiative to address the shortage of sexual and reproductive rights services to adolescents. For

example, Love life, a national NGO supported by the Department of Heath introduced the National Adolescent-Friendly Clinic Initiative (NAFCI) in 1999 (Cooper et al., 2004). CSOs play a significant role in linking people with services as they are involved in community development where they are able to provide women with comprehensive information on SRHR and services. This has placed them at the center of bridging services between government and society. Thus, the Departments of Health, Education and Social Development frequently outsource community level work to local CSOs (Du Plessis et al., 2019). Additionally, CSOs play a major role in holding the government accountable for policy implementation and service delivery. However, since 2004 the agenda of NGOs in the SRHR sector has demonstrated a significant shift towards a primary focus on HIV/AIDS as an alignment with the funding priority of international donors (Kuhnert, 2014).

Rationale for the study

On the 23rd of January 2017 the United States president Donald Trump reinstated the Global Gag Rule (GGR) previously known as the Mexico City Policy and now known as Protecting Life in Global Health Assistance (Hawkes & Buse, 2017; Starrs, 2017). This policy aims to cut all US Global Health Assistance by all US agencies to recipients of US funding, including Non-Governmental Organizations (NGOs), and the United Nations system in relation to the provision of safe abortion services (Hawkes & Buse, 2017). Furthermore, the policy prohibits NGOs from using their own funding to provide abortion services, counselling, referrals, and advocacy for law reform in their own governments (Pugh et al., 2017; Skuster, 2004; Walter Lietner International Human Rights Clinic, 2010).

The GGR restrains and infringes the right to freedom of speech of foreign NGOs based in the Global South as they are mostly reliant on foreign aid (Tanyag, 2017). In contrast, the GGR cannot be applied to US organizations as their freedom of speech is protected by the constitution, leaving foreign poor nations vulnerable to human rights violations by the global super power countries (Skuster, 2004). Furthermore, this policy isolates NGOs that continue to provide safe access to abortion from the broader reproductive health community (Walter Lietner International Human Rights Clinic, 2010). Ultimately, this illustrates how neo-colonial, neoliberal and neoconservative political power-play is enacted in development assistance that safeguards Global North government interests and agendas at the expense of Global South women's reproductive health rights (Price et al., 2017).

The GGR is expected to have a negative impact on women's health, well-being and rights in the Global South (Pugh et al., 2017). Documented impacts of the last GGR reinstatement in 2001 includes staff layoffs, disruptions of referral systems, clinic closure, contraceptives and condom shortages in the Global South. Furthermore, evidence suggests that during the re-enactment of the GGR, unsafe abortion increased, indicating counter effectiveness of the policy's conservative ideology that it will reduce abortion rates (Pugh et al., 2017). The GGR has an extensive negative impact that goes beyond access, information and services for safe abortion. This is attributed to the fact that most NGOs provide a range of services under one roof such as HIV prevention, treatment as well as sexual and reproductive education and services that make reference to abortion, thus compromising comprehensive health care (Pugh et al., 2017).

The GGR silences NGOs through curtailing their speech which strengthens the stigma that already exists around the issue of abortion, thus making it harder for women to access and utilize abortion services where abortion is legal. In the case of South Africa, abortion is legal and provided under the Choice on Termination of Pregnancy (Act no.92 of 1996) (CTOP Act) as amended to CTOP Act no 1 of 2008 [Government Gazette, 2008]. The CTOP ACT allows women to terminate a pregnancy on request during the first 12 weeks' gestation and during the second semester up to 20 weeks under circumstances such as incest, rape and socioeconomic factors upon a medical practitioner's recommendation [Government Gazette, 2008]. Regardless of the legislation "cultural and religious constraints at individual and community level continue to exist as barriers to women's access to abortion" (Molobela, 2017, p. 5). These constraints are entrenched in abortion stigma, discrimination, strong moral judgements against abortion within society and among health care workers (Kumar, Hessini & Mitchelle, 2009). Furthermore, women's lack of knowledge regarding the legal status of abortion and the voluminous illegal advertisements of back street abortions undermines the legislation and promotes unsafe abortions (Macleod, Beynon-Jones & Toerien, 2017). Nevertheless, the abortion policy in South Africa highlights significant efforts in respecting women's rights to bodily integrity and autonomy (Mhlanga, 2003). Such efforts are reflected in the prioritization of Sexual Reproductive Health Rights (SRHR) within South Africa's SDG for 2030, written into the National Development Policy (NDP) aimed at providing universal health care and promoting gender equality and empowering women (National Planning Commission [NPC], n.d.). NGO workers may be the most affected by the GGR provisions as such their constructions of the GGR may have implications on how they navigate the funding system. NGO Workers' constructions provide insights in to the challenges and different possibilities between the GGR and the NGOs. In this regard, it is pertinent to undertake

a study that investigates dynamics that the GGR presents in South Africa with respect to implementing its liberal abortion policy as many SRHR NGOs are reliant on foreign aid.

Outline of chapters

Chapter two focuses on the literature surrounding abortion constructions in South Africa. It highlights contestations in implementation of the CTOP Act and reflects on the obstacles to safe abortion in South Africa. The chapter further highlights literature on foreign funding by offering an overview of relationship dynamics between SRHR NGOs and foreign funders. Additionally, constructions of the implications of the US GGR policy for international human rights and women's reproductive health rights are outlined.

Chapter three focuses on the methodological design of the study by reflecting on the qualitative research design that was followed in conducting the study. It also offers a detailed synopsis of the social constructionist framework that was adopted as a lens for the study. A discussion on the population of the study, sampling methods, data collection methods and thematic analysis grounded in social constructionist theory is provided in this chapter. This chapter further reflects on the measures of trustworthiness and ethical considerations that were employed in the study.

Chapter four offers the analysis of the findings and the discussion of the data that were gathered from local NGO workers. The chapter highlights three overarching themes and their subthemes: US funding as destabilizing and fragmenting CSO, the impact of the GGR leading to disaster, and neglect of abortion services due to conservative positions.

Chapter five serves as the concluding remarks of the study. It offers brief reasons for conducting the study and summarizes the key findings of the study. It also points to short comings of the study and offers recommendations for those who may be interested in exploring the structural, practical and ideological dynamics between the NGOs and the GGR within US funding.

Chapter Two: Literature Review

This chapter provides an overview of literature surrounding abortion constructions in South Africa as well as perspectives on foreign funding. This aids in understanding the dynamics underpinning foreign funding and how NGOs navigate the funding systems. This chapter also highlights in detail the implications of the GGR on human rights and women's reproductive health rights.

The construction of abortion in South Africa and its implication for safe abortion

Despite the country having a progressive abortion law, access to abortion in South Africa remains a challenge. This is highlighted by the assertion by Mojapelo-Batka and Schoeman (2003) that the change in the abortion law does not equal change of society's constructions of abortion. Related to this is Patel and Myeni's (2008) argument that the South African public utilise religious beliefs as their primary rationale for opposing abortion. Hodes (2017) asserts that the reformed laws on reproductive health rights, particularly in relation to abortion and contraceptives, sparked passionate debates within the public and political spheres. This is related to the view that the laws are a transgression of a moral consensus about women's sexual roles in South Africa (Hodes, 2017). Additionally, the implementation of the CTOP Act was accompanied by opposition from pro-life activists (Hansjee, 2011). Although such oppositions has quietened down in the public space, they continue to dominate in private spaces, making it difficult for women to access safe abortion (D' Souza, 2013). A study by Nduna (2017) that focused on rights, values and service in Eshowe, South Africa, highlights that abortion is equated with murder and women who are known to have had an abortion are frequently discriminated against and stigmatized within the community.

Furthermore, procuring an abortion is viewed as a contravention of community codes which are subjected to negative judgement for both the service provider and the client (Nduna, 2017).

Abortion attitude survey findings from 2013 indicated that South Africans hold negative attitudes towards abortion as half of the participants asserted that abortion was wrong in the case of poverty and severe abnormality of the foetus (Mosley et al., 2017). In a quantitative study that Patel and Myeni (2008) conducted with female university students in KwaZulu- Natal, they found that 55% of the participants proclaimed being pro-life while 76% identified themselves as religious and objected to abortion. Findings from Niehaus's (2002) study titled *Bodies, Heat, and Taboos: Conceptualizing Modern Personhood in the South African lowveld* highlighted that abortion was strongly opposed by participants in the rural Bushbuckridge area on the basis of culture. The findings from Niehaus (2002) were similar to the study findings from Molobela (2017) where participants within the Bushbuckridge area maintained that abortion polluted the earth, caused drought, and prevented crops from maturing; they also emphasized a ritual observed by women who have undergone an abortion to prevent future infertility as well as infections occurring amongst the men with whom they have sexually engaged.

Opponents of abortion contend that abortion has long-lasting negative psychological impacts on the woman; they posit that women who undergo an abortion will suffer post-traumatic stress disorder that will manifest through flash backs, nightmares, regret, shame or guilt amongst others (Hansjee, 2011; Molobela, 2017). According to Hartouni (1997), post abortion syndrome is a construct in which abortion is seen as a violent traumatic interruption of natural processes or a grim and grievous choice. Prominent constructions of post abortion syndrome adopt a pro-woman

strategy centred on risk by claiming risk of psychological trauma, sterility and breast cancer to a woman undergoing an abortion (Jordan & Wells, 2009). Kheswa and Takatsana (2014), in their qualitative study exploring the impact of abortion on female students at a South African University, reported that abortion had been constructed as having negative emotional and psychological effects as their participants reported feelings of emptiness, regret, guilt and hatred, while others repressed their memory of the abortion.

Barriers to safe abortion are numerous and exist at both the macro and micro level. South African women have noted fear of discrimination, breach of confidentiality, abuse and neglect by health care workers, shortage of abortion providers, waiting lists, distance to health facilities, insufficient knowledge about abortion law and financial constraints (Cooper et al., 2004; Favier et al., 2018 Molobela, 2017; Mosley et al., 2017). Scholars have attributed these barriers to abortion stigma and to the dysfunctional health system (Mosley et al., 2017). Favier et al. (2018) assert that the Department of Health was given the mandate to execute comprehensive health care after the passing of the CTOP Act. At this point access to abortion services expanded; however, 20 years after the passing of the CTOP Act, access to safe abortion is on the decline and this is due to neglect by the DOH leadership (Favier et al., 2018).

Unsafe abortions are persistent in South Africa, as half the abortions performed are estimated to be unsafe (Hodes, 2016; Mosley et al., 2017). National maternal death reports suggest maternal mortality from miscarriage/abortion to be at 62% between 2002-2004 and 2011-2013 (Mosley et al., 2017). Lince-Deroche et al. (2018) report that the most recent data on abortion illustrate that between 2016 and 2017 the public sector has performed 20% of abortions while 26% and 54% of

abortions were performed by the private sector and illegal abortion providers respectively. Hodes (2016) asserts that illegal abortions remain difficult to quantify but they are a popular alternative. Use of these series is said to be motivated by public disapproval, political authorities, healthcare workers, communities, patients and families.

Conscientious objection to the provision of abortion on moral grounds has been noted as one of the biggest obstacles to safe abortion service in South Africa (Albertyn, 2016; Harries, 2010). Conscientious objection is unregulated under the CTOPA; however, health care providers are obliged to refer women to facilities or healthcare providers that perform abortions (Mokgethi, 2011) as the constitution also stipulates that everyone has the right to information (section 32) and to reproductive health care (Section 27) [The Constitution of the Republic of South Africa, 1996]. Additionally, all trained health care workers are obligated to treat patients with abortion complications and to perform an abortion in emergency cases whilst providing the referrals to abortion services (Favier et al., 2018). Nonetheless, Harries, Stinson and Orner's (2009) and Favier et al's. (2018) research findings highlight that the entire health care facility can become de facto conscientious objectors as clinicians and administrative personnel may use conscientious objection to obstruct and deny services to clients. This demonstrates confusion and ambiguity regarding conscientious objection by service providers and non-providers working in health care facilities (Harries et al., 2009). Workload and stigmatization have been cited as reasons for conscientious objection as clinicians have felt that there are minimal benefits to providing abortion services while they were subjected to harassment by prolife activists (Favier et al., 2018). In 2015 the estimation of designated facilities providing abortion was less than 40%, although the breakdown of facilities that refuse to provide facilities and those providing abortion service is unclear (Favier et al., 2018).

The Conservative constructions of abortion within South African society undermines the reproductive care for women, particularly those who are poor as it denies them their right to determine their reproductive destinies as enshrined in the CTOP Act (Harries et al., 2009). Additionally, the neglect of abortion services within the Department of Health has meant that NGOs such as Marie Stopes South Africa has to provide services that are the government's responsibility.

The dynamics of donor funding relationships

International Developmental Aid consists of foreign development agencies, and independent donor foundations who assist developing countries undergoing transitions to democracy (Kuhnert, 2014). In the case of foreign development agencies, countries can offer development aid either through multilateral or bilateral agencies (Dlamini, 2008). Multilateral funding is given by the donor to an international organization for distribution among developing countries. Examples include UNICEF, UNDP, UNAIDS and World Bank. Bilateral foreign aid funding is given by one country to another, with PEPFAR and USAID as examples (PEPFAR, 2018).

The historical progression of development aid is a contentious one, as it stemmed from diverse motives such as humanitarianism, economic leverage and political dynamics subsequent to the independence of colonized nations (Dlamini, 2008). As such, the agenda of Developmental Aid was neoliberal (Price et al., 2017). It has been criticized over its residual control of independent states and the irregular control of funds. In response to such criticism, development aid adjusted its agenda to a sustainable autonomous one that favoured civil society as the main agent of

development (Dlamini, 2008). Emphasis was on ensuring the responsiveness of multilateral United Nations (UN) agencies to the priorities of recipients as included in the Paris Accra agreements (Seims, 2011).

Currently, Developmental Aid plays a crucial role in assisting governments and civil society to implement and establish human rights and democratic norms (Kuhnert, 2014). This has included prioritizing particular rights such as sexual and reproductive health rights which were emphasized by the United Nations International Conference on Population and Development (ICPD) that was held in 1994 at Cairo (Mayhew, 2002; Seims, 2011). Such comprehensive "SRHR include sexuality education, providing access to contraceptives, prevention and treatment of STIs (including HIV) promoting and providing safe abortion and post abortion care, reducing gender based violence and protecting sexual minorities" (Seims, 2011, p.150). Notably, support for SRHR is mostly driven by civil society organizations in developing countries (Seims, 2011).

In South Africa civil society experienced a significant decline in development assistance funds from bilateral and multilateral donors after the birth of a democratic government, due to funders shifting their funding to the government (Bond, 2001; Kuhnert, 2014; Weideman, 2015). Nevertheless, the US did not follow the movement towards funding the government as they continued to fund NGOs directly and with increased funding (Kuhnert, 2014). The US is the largest bilateral donor of international family planning and reproductive programs (IPAS & IBIS Reproductive Health, 2015).

In 2013 South Africa was classified as a middle income country. However, South Africa continues to have low level social indicators while also falling amongst the countries with the highest income inequality and unequal access to service ratios. This classification puts South African NGOs in a fragile position in relation to the unstable funding system associated with donor fluctuations and inconsistencies premised on economic trends (Kuhnert, 2014). These uncertainties are worsened by donors' preference to fund short term projects which are allocated through competitive applications by many NGOs. This undermines collaboration between the donor and the recipient (Dlamini, 2008; Verbrugge & Huyse, 2018). These trends have directly impacted on smaller organizations as they do not have the resources to compete for funds (Reddy, 2003). Notably, there has been a decline in funding particular sectors and issues which indirectly persuades donor recipients to focus on the donor's priorities (Kuhnert, 2014). SRHR has also been amongst the defunded sectors and its funding comes with strings attached as evident in the case of US funding (Seims, 2011). Donors often ignore the needs of beneficiaries working in the SRHR sectors by disintegrating service through delivering separate sexual and reproductive program activities that are not comprehensive (Mayhew, 2002). NGOs that have focused on HIV/Aids and family planning have received generous funding as these are donor priorities. This influences CSOs to focus narrowly on the interests of the funder (Mayhew, 2002). Furthermore, the inflexible structures and strategies of donor accountability ignores the less tangible aspects of SRHR such as empowerment (Mayhew, 2002). One of the factors proving to be a challenge in donor funding of SRHR is their commitment to allowing donor recipients autonomy in determining the allocation of funds. Furthermore, the power imbalance between donor and recipient has put the recipient at a disadvantage as they cannot support their projects of choice which also creates a distrustful culture (Dlamini, 2008).

Anti-abortion policies as a harmful violation of human rights and women's reproductive rights.

Women's right to safe abortion has been referenced by several intergovernmental agreement documents, international and regional human rights documents such as the United Nation's Conference Consensus, the United Nation's Treaty Monitoring Committee's Guidance to Governments, the African Regional Conference Consensus Document, and Regional Human Rights Treaty (Bingenheimer & Skuster, 2017; IPAS & IBIS Reproductive Health, 2015). Global agreements and international human rights law are committed to reducing unsafe abortion and have established international human rights norms that proclaim that the denial of safe abortion by any government is a violation of women's human rights (Bingenheimer & Skuster, 2017). Nevertheless, the US has been noted to be in direct contradiction of the international standards that recognize abortion as a human right which undermines the US credibility and its foreign policy objectives in international settings (IPAS & IBIS Reproductive Health, 2015; Global Justice Centre 2010; Center for Reproductive Health, 2000). The US's opposition to reproductive rights policies has been demonstrated in diverse platforms such as its opposition to reaffirmation of the program of action of the 1994 International Conference on Population and Development (ICPD), the defunding of the United Nations Population Fund (UNFPA) and by promoting potentially harmful abstinence-based programs in opposition of other HIV/AIDS reduction strategies (Crane & Dusenberry, 2004). The US foreign abortion policies illustrate their non-commitment to women's equality and reproductive rights while instigating obstacles to democratic developmental processes in other countries by impeding civil society mobilization (Center for Reproductive Rights, 2000; Crane & Dusenberry, 2004). Furthermore, the US GGR infringes on international

human rights to freedom of speech, association and participation as it squashes debates which undermines democracy (Global Justice Center & Center for Health and Gender Equity, 2019).

The US is notorious for using its power as a leading donor to family planning to aggressively pursue its own agendas towards reproductive rights by depriving women and girls of privacy, autonomy and equality (Crane & Dusenberry, 2004; Ernst, Katzive & Smock 2004; Goodwin, 2018). Goodwin (2018) argues that the US battle over women's autonomy in reproductive healthcare and rights is entrenched in patriarchal domination of women's reproduction that has historically served political purposes and that operates through social and cultural norms that have been translated into statutes and legal opinions. These typical lawmaking strategies ignore women's capacities, autonomy and lived experiences. As such, these policies have contributed to the increase of illegal unsafe abortions, abortion stigma and maternal deaths (Goodwin, 2018). According to Hernández-Truyol (2006), this legislation is misguided and at best ignorant of broader critical concerns that the impact of childbirth has on the woman, her family and her community. Furthermore, past and current enactments of the GGR may have an impact beyond individual and population health as economic growth and social development are intertwined with fertility rates (Bingenheimer & Skuster, 2017).

The GGR is applied to more than 50 countries in Asia, Africa, Eastern Europe and Latin America (Bogecho & Upreti, 2006; Crane & Dusenberry, 2004). There is currently no evidence to support the achievement of the GGR's aim of reducing abortion (Bingenheimer & Skuster, 2017; Starrs, 2017). On the contrary, evidence on the GGR suggests increased abortions in countries that received US foreign assistance for family planning (Bingenheimer & Skuster, 2017). This is

linked to the decrease in contraceptive availability and services, thus increasing fertility rates as well as abortion among rural and poor populations (Starrs, 2017). Other effects of the GGR on NGOs have included forced closure of clinics, laying off staff, reduction of family planning services, and reduced prevention and treatment services for STI and HIV/AIDS. Programs on maternal health, education on care for babies, sexual health education and youth outreach programs have all been impacted negatively by the GGR (Crane & Dusenberry, 2004).

Additionally, the GGR undermines the professional judgement of health care workers by interfering with medical ethical codes of doing no harm by prohibiting abortion services where indicated. The current GGR has been found by a study conducted by the International Women's Health Coalition (IWHC) in Kenya, Nigeria and South Africa to be confusing, vague and inconsistently implemented, triggering intimidation through service and advocacy self-censorship, misinterpretation and fragmentation of civil society networks (Global Justice Center & Center for Health and Gender Equity, 2019). In South Africa NGOs that receive GGR funding are conflicted about their legal responsibilities as protected by the constitution and the unclear restriction guidelines of the GGR. This is exacerbated by the GGR's zero tolerance policy for any violations, which will result in immediate termination of funding, coupled with threats of repayment (without any clear protocol indicating precise information on such conditions). This has created uncertainty and fear in NGOs that receive US funding which further silences and fragments organization networks and partnerships on broader projects (Global Justice Center & Center for Health and Gender Equity, 2019). Nevertheless, the impact of the GGR is dependent on individual countries' reproductive health, including the role NGOs play in SRHR services and advocacy, legislating of abortion as well as support from other donors (Crane & Dusenberry, 2004).

Based on the analysis of literature surrounding the GGR and other anti-abortion foreign aid policies, it is clear that the US is using its power to impose its domestic abortion struggles on other nations. Furthermore, in the case of South Africa the GGR contradicts the country's abortion law, setting the scene for problematic positions for NGOs receiving US funds that operate in South Africa, thus necessitating an explorative study to highlight how South African NGO workers construct the effects of the GGR.

Conclusion

This chapter has reflected on scholastic synthesis of literature surrounding abortion constructions in South Africa. It has reflected on the obstacles that the CTOP Act has encountered in its implementation due to conservative constructions of abortion in both public and private domains. Abortion stigma and a dysfunctional health system have been considered as the most significant barriers to safe abortion access. The chapter also has offered divergent perspectives on foreign funding by laying out the nature of foreign funding and the dynamics of power relations between SRHR NGOs and foreign funders. In connection with the relationship between NGOs and foreign funding, particularly US funding, the chapter has highlighted in detail the constructions of the implications of the US GGR policy on human rights and women's reproductive health rights internationally.

Chapter Three: Methodology

This chapter focuses on the methodological design of the study. The study used a qualitative research design within a social constructionist framework to make sense of the topic studied. The sample for the study was collected from a specific population that consisted of individuals who work within the sexual and reproductive health rights sector. They served as key informants for the study based on their knowledge of the topic studied. This study utilized semi-structured interviews to collect data and it used thematic analysis from a social constructionist perspective to analyze the data. This chapter further highlights measures of trustworthiness and ethical considerations to illustrate transparency in the methods employed in the study.

Qualitative study design

According to Joubish, et al (2011, p.20183) qualitative research "is inherently political and shaped by multiple ethical and political positions". Further, qualitative research is concerned with multiple meanings that people attach to their world (Cooper & White, 2012; Terre Blanche, Kelly, & Durrheim, 2010; Willig, 2008). Parker (2005) views qualitative research as a radical method that has opened spaces for psychology to link human experiences with social action. Nevertheless, qualitative researchers accept that their experiences, perceptions, assumptions, world views and beliefs may influence their interpretation of the utterances of the participants, thus emphasizing the need to explicate one's paradigmatic approach (Creswell, 2007; Guba & Lincon, 1994).

As part of adopting the qualitative approach in this study I utilize a social constructionist paradigm as delineated below. This paradigm holds philosophical assumptions concerning reality (ontology), knowledge assumptions (epistemology), values (axiology) and a certain use of

language (rhetoric) as well as specific methods that I have followed as guidelines for the research process (methodology) (Creswell, 2007). These philosophical assumptions form the foundation of the study. The social constructionist lens in particular takes a specific stance in 'exploring in-depth the meaning that SRHR NGOs have made of the GGR policy, US government funding and abortion within the South African SRHR context'.

A brief overview of social constructionism

Social constructionism emerged gradually from North America and Britain as an alternative approach to the study of human beings as social beings in the 1970s (Burr, 2003). Social constructionism is sometimes referred to as a movement, at other times a position, a theory, or an approach (Stam, 2001). Social constructionism denotes a series of positions that have been influenced, modified, refined and articulated by intellectual movements such as social studies of science, feminism, sociology, anthropology, linguistics, narrative philosophy, psychology amongst others, making it multidisciplinary in nature (Burr, 1995; 2003; Stam, 2001). As such, Burr (1995, 2003) notes that there is no single description adequate for the different writers who are considered to take a social constructionism approach. Within Psychology Gergen (as cited in Nightingale & Cromby, 1999) "described social constructionist psychology in terms of its qualities, interests and principles, providing something of a 'manifesto' for constructionist" (p. 3). Burr (1995), however, saw social constructionist writers as sharing only some sort of a resemblance, while Danziger (1997) perceived constructionist psychology as having two versions: a dark and a light version. The former is concerned with issues of power and subjectivity with most of its ideas entrenched in Foucault's work. The latter focuses on intricacies of discourse and social processes with its main ideas descending from speech act theory and ethnomethodology

(Nightingale & Cromby, 1999). In this study I adopt the lighter stance of social constructionism that draws from the work of Norman Fairclough's (1992).

In psychology these approaches have appeared under various titles, such as critical psychology, discourse analysis, deconstruction and post-structuralism (Burr, 1995; 2003). As such, social constructionism can be considered to be an overarching orientation to approaches that offer radical and critical alternatives to methods in the social sciences and humanities disciplines (Burr, 2003).

The main tenets of social constructionism

Despite the multi-faceted nature of social constructionism, it is worth noting that there are specific assumptions at its foundation (Burr, 2003; Macleod, 2011; Mallon, 2007). Social constructionism takes a critical stance towards taken for granted knowledge (Burr, 2003). In essence social constructionism is based on questioning the necessity of understanding things in a particular way (Macleod, 2011). Social constructionism challenges researchers to be critical of conventional knowledge and the idea that observations of the world are an objective, unbiased, true reflection of the world. This framework invites researcher to be wary of their assumptions about the world as the meanings attached to reality are not a reflection of the world but rather constructions thereof (Burr, 1995). For instance, social constructionism would question the important categories of personhood granted on the basis of gender (e.g. men and women) when humans could have been divided in various ways, e.g. with categories such as tall or short (Burr, 1995). In this regard social constructionism is anti-essentialist and anti-realist as it rejects the notion of an objective truth and a determined nature of the world and people (Burr, 1995; 2003).

Social constructionism argues that reality is socially constructed through social interactions, relationships and experiences (Spencer, Pryce, & Walsh, 2014), which also serve to construct and sustain knowledge that influences common understandings of the world (Burr, 1995). This framework locates psychological processes within social context as it is of the view that reality is sustained through interactions with others over time (Owen, 1995). Similarly, Harré "discounts the notion of intra-psychic states and processes such as skills, dispositions, drives, cognitive structures by pointing out that people learn their culture's rules as they grow up and gradually become adept at their use" (Burr, 1995, p.88).

According to social constructionism, reality is shaped by historical, social, political, cultural, economic, ethnic and gender values (Scotland, 2012), which vary significantly according to time and place, creating multiple ways of being (Macleod, 2011). Burr (1995) asserts that certain systems of knowledge that thrive in a culture are artifacts of that culture. Nightingale and Cromby (1999) illustrate this by highlighting how the different methods employed in finding out what is presumed to be the truth and how the proof of such truths could be different. Notably, "it isn't only how we speak about the world that varies but the subjectivities of people that are constituted in and from those ways of speaking will vary from the cultures that produce and sustain them" (Nightingale & Cromby, 1999, p.4). Within the context of this study the historical development of discourses surrounding abortion and donor funding creates the conditions for particular types of constructions by NGO workers.

Social constructionism's epistemological position asserts that the social world is constantly constructed and re-constructed through language which situates knowledge within contextual

networks (Cooper & White, 2012; Swartz & Rohleder, 2010). As such social constructionism "believes that language does not passively label objects but actively shapes and molds reality" (Scotland, as cited in Molobela, 2017, p.49). Nevertheless, it is pertinent to note that language is in constant transformation as it is never static and it contains multiple meanings within the same piece of text or speech. In turn, this transformative element of meaning within language makes it a contested, variable site with the potential for conflicts and disagreements which is inevitably about power relations (Burr, 2003). According to Burr (2003, p.31) "Language is structured into a number of discourses and the meaning of any 'signifier' (for example, a word) depends upon the context of the discourse in which its used." In other words, a discourse is organized around culturally available understanding of what constitutes a topic (Macleod, 2011). An example would be the culturally available ways of talking about abortion and donor funding. As such, social constructionism places major emphasis on understanding discourse and its operations (Macleod, 2011).

Similarly to other abstract concepts, a discourse is difficult to define (Burr, 2003). Parker (1992, p.5) defines discourse as a "system of statements which construct an object" while Erica Burman defines discourse as "socially organized frameworks of meanings that defines categories and domains of what can be said and done" (Burman, 2008, p.2). According to Nightingale and Cromby, (1999) discourse is regarded as a system of representations that reproduce and transform social structures of meaning, conventions, norms, morals and discursive practices and it constitutes relationships with others and ourselves. As such various discourses may exist, with each telling a different story about the same object while making truth claims, thus producing plural representations of the world (Burr, 2003). Macleod (2011) notes that despite the debates pertaining

the precise meaning of discourse, the common understanding is that discourse has an underlying regularity and has constructive effects. Thus, social constructionism takes a critical stance by accepting "that discourse contains power relations and that knowledge, objects and subjects are both constructed and regulated by discourse within society" (Elder-Vass, as cited in Molobela, 2017 p.49). Burr (2003) adds that those who hold power in society dominate discourse and create subject positions for others while constructing discursive practices in line with their interests.

Norman Fairclough highlights three aspects of the constructive effects of discourse 'social identities' and subject positions for social 'subjects' and types of 'self'; social relationships between people; and systems of knowledge and belief. Fairclough "refers to these as the 'identity' 'relational' and 'ideational' functions of language" (Fairclough, 1992, p.64). The identity function (subject position) relates to the ways in which social identities are set up in discourse, which can at times be experienced as contradictory in different social context where subject positions and the associated discursive practices are contested. (Fairclough, 1992) In the context of this study the subject positions that I focus on are institutional positioning (i.e how NGOs as entities are positioned discursively. in relation to the USG). In terms of the relational functions Fairclough asserts that discourse is shaped and constrained by social structures widely and at multiple levels such as social relations of class, race, among others and at a societal level through specific institutions such as law, education, religion, health and by systems of classification, norms and conventions (Fairclough, 1992). This can be observed through the relational practices eminent in donor funding of nongovernment organizations where funding operates within specific regulatory systems such as legal (agreement between donor and donor recipient) and health systems (provision of reproductive health services). Ideational functions of language relate to the ways in

which discourses signify and make reference to the world and its processes, entities and relations by constructing meaning within the world (Fairclough, 1992). In ideational functions of language social, cultural, ideological, political or theoretical constructions and interactions are employed to determine how particular process are signified (Fairclough, 1992).

Discourse as a political practice establishes, sustains and changes power relations and collective entities e.g. classes, blocs, communities and groups between which power relations are evident. Discourse as a political practice is not only a site of political power struggle but has a stake in power struggle, as discursive practices draw upon conventions which naturalize particular power relations and ideologies and such conventions and the manner of their articulation become the focus of struggle. Thus, for social constructionism knowledge and activity are intertwined as people actively explore aspects of the world, in particular ways and for particular purposes, therefore creating social action (Nightingale & Cromby, 1999). Within this study, power struggles are observed through the diverse constructions of the US funding and abortion by NGO workers who provide alternative discourses and engage in discursive practices such as sourcing alternative funding as a discursive opposition of the GGR.

Social constructionism aids in comprehending how the cultural, political, economic and gender values of the US are constructed by NGO workers in understanding the political interchange of the GGR. This allows for an understanding of the constant constructions and reconstructions of knowledge about donor funding and abortion within a context that is constantly in flux. In other words, the continuous power struggles that are inherent in the anti-abortion and pro-abortion discourse are highlighted by observing the influence that the GGR has had on perspectives and

discursive practices. Thus, this necessitates an exploration of current construction of abortion and the US government funding by SRHR NGO within the GGR policy context as currently applied. I shall now outline the methodological conduct of the study below.

Population and sampling of the study

The population of the broader study of which this thesis forms a part, consisted of people working in the area of sexual reproductive health rights including Civil Society Organizations, Human Rights Advocacy Groups, Health Providers, Academics and Parliamentarians (see Appendix 4). The study included all South African gender and racial groups while ensuring that all participants were of legal age to participate in research. The population of the study was selected on the basis that they possess the information that the study seeks to understand as individuals working in or affiliated with NGOs (such as academics and parliamentarians). The study used a non-probability purposive and snow ball sampling. The purposive sampling was based on deliberate choice of informants who possess the qualities, experiences and knowledge that the researcher sought to study, in this case constructions of the impact of the GGR on NGO activity (Dolores & Tongco, 2007). Participants of this study were sourced from the IWHC database of research participants who participated in a similar study conducted by IWHC in 2017. Others were recruited at the Abortion and Reproductive Justice Conference III: The Unfinished Revolution that was hosted at Rhodes University in Grahamstown from the 8-12 July 2018. The conference was attended by people who work in the fields of abortion and sexual and reproductive health and rights. The snowball sampling was applied where participants recommended knowledgeable participants. A total of 23 people participated in the main study. In this study, I focus specifically on the 10 participants recruited for the main study who work in local NGOs. Of the 10, 4 were black females,

2 black males, 2 white females and 2 coloured males (See Appendix 5 for the list of participants). The rest of participants in the main study worked for international NGO's, the government, the private sector and research organizations.

Data collection method and procedure

The participants of the study from the IWCH database received an invitation by email while others received it in person during recruitment at the conference. The email had an attached document containing summarized information pertaining to the purpose of the research study with a brief background of the research including information on the methodology, potential benefits and risks of the study to facilitate their understanding of the study prior to their participation (See Appendix 1). Participants were notified of the GGR provision around the work on abortion and informed that they were participating in their individual capacity and that they were not representing their organizations or speaking on behalf of their organizations. The participants were given an opportunity to ask questions about the study and also made aware that their participation was voluntary. The same method was applied to those who were recruited through the snowball sampling. Participants were also provided an informed consent sheet (see Appendix 2) where they could indicate whether they agreed to participate in the study and whether they agreed to having the interview recorded. All participants in the study signed the consent form and agreed to have the interview recorded. They were informed about the principle of autonomy and that they may withdraw from participation at any time during the interviews without any penalties or coercion. Participants were also informed that their opinions could be disseminated in the form of journal publications or research reports. Matters of consent have been considered to be of importance in academic research. Smith and Stillman (2014) emphasize the importance of ensuring that the

people who participate in the study are fully aware of their rights, and the purpose and methods of the research conducted, the potential risks involved in them taking part in the study as well as demands and inconveniences that are associated with the study.

The data of the study were collected by myself and a colleague, Mr Dumisa Sofika, at the mentioned conference and at prearranged venues that were convenient for participants which included traveling to their respective locations. I participated in collecting data during the conference while Dumisa Sofika collected data at the conference and travelled to the arranged convenient locations as he worked mainly on the main project. A semi-structured interview guide containing questions around the theme of GGR, US funding and SRHR in South Africa was used to collect data with key informants for the project (see Appendix 3). The questions on the interview guide was devised in collaboration with IWHC in workshop setting and it was aligned to the aims of the study and its research question. The interview guide is intended to stimulate discussion rather than to direct it (Tracy, 2013). We used a voice recorder to capture the audio in order to transcribe the verbal information provided by participants into written text that can be analyzed for the purpose of this study. We choose not to use conventions in transcribing the data, different researches who were involved in the main study participated in transcribing the data. The data was conducted in English, which did not require translation. I selected 10 local NGO workers' participants' transcripts as the sample to analyze for the purpose of this mini thesis. I selected this sample on the basis that they all worked for local NGOs which correlates with the main aim of this study, as it is aimed at providing insights in to the constructions of US foreign development aid and the dynamics inherent in navigating the GGR by SRHR NGO workers in the South African context.

Analysis of the study

This study follows a thematic analysis within a social constructionist method that considers socio-cultural context and structural conditions as productive of individual accounts (Braun & Clarke, 2006). Thematic analysis is considered the foundation method of qualitative analysis as it is tied to both qualitative methods that subscribe to particular theoretical or epistemological positions and those that are independent of theory and epistemology while applicable across various epistemologies (Braun & Clarke, 2006). The various methods within the thematic analysis that can be used in analyzing data grants the researcher freedom and flexibility to provide a rich and detailed account of the data while capturing its complexity. However, it is essential for the researcher to be explicit about the epistemology or theoretical method that they adopt in order to ensure transparency, consistency and coherence in their approach to thematic analysis (Attride-Striling, 2001; Braun & Clarke, 2006; Holloway & Todres, 2003).

The researcher's judgment plays a major role in determining the themes in the study that are related to the research question which are indicative of repeated patterns of meanings in responses within the data set (Braun & Clarke, 2006). This allows the researcher to determine the type of analysis they want to do, taking into consideration the claims they want to make as guided by their methodology and research question. In relation to this assertion, I have decided to utilize a latent approach that examines underlying ideas, assumptions, concepts and ideologies. Additionally, I have focused on providing a nuanced and detailed account of a group of themes within the data set. In analysing the data, I have followed the six phases of data analysis that were developed by Braun and Clarke (2006).

In line with Braun and Clarke's (2006) six step-by-step data analysis guide, I familiarized myself with the data through repeated reading of transcripts which assisted me in generating ideas for coding and analyzing. During this process I used the Atlas ti software to write memos that I kept as notes of codes and reflected on the content of the data in relation to the research question and theoretical assumptions of the study. The main theoretical assumption that I focused on for the analysis of this study is Fairclough (1992) constructions of relations (e.g. between USG and NGOs) and the positioning of subjects (including institutional entities such as NGOs) as well as ideational functions of language.

Subsequently, I focused on generating relevant codes of data extracts by systematically identifying data that are relevant to the research question of the study and by paying attention to repeated patterns within the data. I then organized the extracts into groups of codes that share similar meaning, through the use of Atlas ti to code the data.

I collated the codes that are related to each other to form potential themes by merging different codes into overarching themes and by collapsing some themes into one major theme. I also created sub themes and discarded some themes as they were not dominant in the data. I archived this through an Atlas ti code book that represented the reoccurring patterns (themes) within the coded extracts.

Related to phase four of the data analysis, I reviewed and refined themes by reading coded extracts for meaningful coherence of extract data and by checking if the data within themes were adequate

for clear distinction between themes. Additionally, I assessed the validity of individual themes in relation to the data set, by checking whether the selected themes accurately reflect the meanings constructed in the entire data set. At this point I re-coded the data and identified a new subtheme that aid in representing an overall story of the data.

In phase five I defined and named themes through refining the specifics of each theme by indicating sub-themes and identifying the story each theme tells about the data. The themes were named as illustrated below

Overarching Theme: Constructions of US funding by NGO workers: The Global Gag Rule as a destabilizer of CSOs

Sub themes

Imposing conservative agendas in other countries

Regressive funding system

Dependency on foreign funding: the need to find alternative funding opportunities

Direct and indirect resistance to the GGR

Overarching theme: Constructions of the impact of the Global Gag Rule on SRHR NGO's and service recipients.

Sub themes

NGO censorship: Silences and secrecy within the SRHR community

Downsizing, shutting down and readjusting NGOs due to the GGR

Constructions of disaster: increased unsafe abortions and unplanned parenting

Overarching theme: Constructions of the impact of the GGR on anti-abortion organizations and the South Africa government

Sub theme

Strengthening abortion stigma and emboldening antiabortion activist in South Africa

Barriers to safe abortion: Constructing concerned SRHR NGO workers

US impact on SA abortion policy and services: State censorship?

Lastly on phase six I provided an analysis of selected extracts through relating them to the research question, literature, theoretical framework and literature review which is delineated in chapter four which is dedicated to the analysis and discussion of the data.

Measures of trustworthiness

The study employed certain strategies to ascertain data quality by adopting the measures of trustworthiness developed by Lincoln and Guba (1985) including credibility, transferability, dependability, and conformability. Credibility of the data was achieved through activities such as going to the locations where the participants are based as well as attending the Abortion & Reproductive Justice: The Unfinished Revolution conference at the Rhodes university campus where some of the data were collected and significant information was shared around abortion US funding and the GGR policy and its impact on non-governmental organizations as their recipients. Conformability of the data was ensured through engaging in reflexive discussions with colleagues who were involved in the data collection as part of the project and through discussions with the supervisor of the mini-thesis as well as colloquium discussions with members of the Critical Studies in Sexual & Reproduction unit. Transferability and dependability as measures of trustworthiness intersect. As such, they were observed by the study through the thick and

transparent description of how the data were collected and the methods used in the collection of the data, allowing for other researchers to follow similar procedures. Furthermore, all forms used to collect data including consent forms and interview schedules are available for review.

Ethical considerations

Ethical considerations form an integral part of any research project and are to be observed from the initial planning of the research project till its execution and reporting (Smith & Stillman, 2014). As such, this study received ethical clearance from the Research Proposal and Ethics Review Committee (RPERC) and the Rhodes University Ethics Standards Committee (RUESC) under ethical clearance number PSYC 2018/25. During the ethical application process of the project, ethical concerns were raised which focused on participants' potential risk of being identified as the research participants, third party liability and gatekeepers' permission. These ethical concerns and responses from the researchers are also published in the report produced on the study (see Du Plessis et al., 2019)

The first concern was related to the Global Gag Rule provisions, particularly provision 6 (i-v), which states that organizations receiving USG funding are not allowed to participate in work that can be viewed as "actively promoting abortion", and that if the USG has any reason to believe that this provision has been violated, then such organizations would lose their funding (USAID, 2017, p. 86). However, organizations receiving USG are not forbidden from speaking about or against the policy. The ethical concerns raised were that participation in this research could be viewed by organizations or donors as "promoting abortion", since abortion service provision would inevitably

form part of the discussion. As such participants, if known to the USG or viewed to be representing their organization, could potentially lose their livelihoods by agreeing to be part of the research. In response to this concern we argued with reference to paragraph C of the Standard Provisions for Non-U.S. Nongovernmental Organizations (2017) - which states that participants are allowed to participate in work that can be seen as actively promoting abortion if they are doing this in their individual capacity, outside of the premises of the organization and if they make it clear that they are not representing the organization while they are involved in this work.

The second ethical concern was around third-party liability risk and responsibility by association. This was related to individual person's choice to participate in the research potentially affecting third parties in their organization if it were to be known that they had taken part in the interviews. This could potentially impact negatively on third parties who may suffer the consequences of the prohibited actions that were taken by someone else in their organization. In response to this ethical dilemma we argued that provision C for Non-U.S. Nongovernmental Organizations states that organizations will not lose funding, nor will there be negative consequences for individuals if they adhere to the stipulations set out in this provision. Paragraph C assisted with the issue of third-party liability as it provided that should participants adhere to the stipulations set out in the provision, there would be no negative consequences for third parties.

Thirdly, researchers were also challenged to think ethically and critically about organizations gatekeepers in gaining access to participants during recruitment. Gatekeeper access is essential in research as it is an opportunity to get permission into the research site as well as to gain access to relevant stakeholders. Additionally, it is ethically essential to inform people of any research

process that is taking place around them as it could potentially affect them. As such gatekeepers usually make the announcements about the research or provide space for researchers to conscientiously inform relevant and potential stakeholders about the purpose of the research. However, given the political sensitivity of the research, as researchers we felt that participants were in a better position to negotiate gatekeeper access, or at least to be provided the opportunity to comment on how they wanted gatekeeper access to be negotiated. This was in line with our critical take on the default gatekeeper access approach, that undermines participants' knowledge of their internal organizational dynamics and denies participants the opportunity to comment on the gatekeeping process. Additionally, based on provision C for Non-U.S. Nongovernmental Organizations participants would not need gatekeeper permission since interviews would not be taking place at their place of work, and they would also not be representing their organizations in the interviews. Nevertheless, participants were given the opportunity to inform their relevant gatekeepers about their participation in our research, if they chose.

Issues pertaining to consent and voluntary participation were observed as stipulated in the data collection method and procedure section. Additionally, participants were informed of the principle of anonymity and the use of pseudonyms. Throughout the research process all researchers involved in data collection maintained the principles of justice, respect, fairness, dignity and equity while ensuring confidentiality aimed at protecting the participants (Wassenaar, 2006).

Conclusion

This chapter has delineated the methodological design that was applied to the study. It highlighted that the study used a qualitative research design within a social constructionist framework. It has offered a brief background of social constructionism and deliberated on the main tenets that constitute social constructionism. This chapter has also highlighted the sampling strategy that was used to collected data from a population of local SRHR NGO workers in order to answer the research question of the study. Additionally, it has highlighted the use of semi structured interviews as a method of collecting data and the manner in which a thematic analysis from a social constructionist perspective was used to analyze the data. This chapter has also provided a reflection of the measures of trustworthiness and ethical considerations employed in the study to provide transparency.

Chapter Four: Findings and Discussion

This chapter provides the analysis of the findings and discussion of the data that were gathered during field work that was conducted with NGO workers. The chapter focuses on themes and subthemes. The main themes that emanated from the data highlight the constructions of USG funding by NGO workers. The second main theme illustrate the constructions of the impact of the GGR. The last theme is based on the constructions of abortion in South Africa. I followed the latent approach to thematic data analysis which has its focus on providing a nuanced and detailed account of themes while, also following Fairclough's (1992) notion of subject positions as well as the relational and ideational functions of language as the study is embedded in the social constructionist paradigm. I have provided extensive extracts in an effort to bridge the gap between the data analysis, discussion and participants' voices. All ten participants in the study participated in their individual capacity and opted to be identified by their roles in their individual organizations. The extracts are numbered for easy reference.

Constructions of US funding by NGO workers: The Global Gag Rule as a destabilizer of CSOs

Six of the participants working in the SRHR NGO sector in the data used for this study highlighted that their organizations were not directly impacted by the GGR as they had alternative funding. However, the participants held certain notions about USG funding and its implications on the autonomy of NGOs. Within this overarching theme that constructs the GGR as a destabilizer of CSOs, there were a number of subthemes. NGO workers constructed USG funding as an imposition of conservative agendas on the SRHR sector of other countries by gagging NGOs. They

constructed the US GGR policy as a regression from a comprehensive SRHR vision. Through this they also constructed an instability of NGO's dependency on donor funding. This instability is consistent with the political and economic values of the funding state which has been constructed by the current president of the US who reinstated the GGR. In addition, this theme also constructs NGO's indirect and direct resistance towards the imposed conservative values of the US while constructing agency of NGOs through sourcing alternative funding.

Imposing conservative agendas in other countries

In discussing USG funding the participants draw on both the relational functions of language and ideational elements as the USG is constructed as a global bully that is anti-women and unprogressive (relational function) and imposing its agenda in international affairs (ideational functions) with a negative impact on marginalized people.

> Extract 1 *"Well, basically the US is bullying the world and is trying to influence and beat everybody into submission around its own policies which are not progressive and you see that in the middle East, you see it in South Africa so they are being bullied into trying to influence what we believe to be the right thing in our country –the US, at the moment is just, it is very bad and playing a very bad political role." (I14)* Executive director, HIV/AIDS coalition
> Extract 2 "*It's a very unnecessary restriction I don't know why it's there, honestly speaking it's an international interference in human's rights. It creates situations that are unnecessary; it's violence against women, because it's women who get affected by it and it's not yet really informed by anything though that's objective.*" (I06) SHRC lawyer, Public interest law centre
>
> Extract 3 "*It is part of the trend in increasingly restricting women's access to abortion services and other sexual and reproductive health services. It really is just a blatant anti-woman, anti-abortion policy that is really just trying to clamp down on services."* (I03) Coalition member, SRHR advocacy coalition

> Extract 4 "*I think there's another agenda, because it was fine. everything was fine, everything was funded. All of a sudden, with the president changing, um, it kind of changed everything. I think just to support uh the US's agenda. And this rule actually affects like these under-served communities actually.*" (I08) Media specialist, SRHR advocacy coalition

The extracts above clearly show that the participants perceive USG funding with anger, suspicion and distrust. They construct social relations with the US as confusing as the USG changes positions and its policies on reproductive health in Foreign Aid with changes in presidents as shown though the Executive director of HIV/AIDS's expression of "*the US at the moment*" and the Coalition member of SRHR advocacy coalition's perception "*it's part of the trend*" and the Media specialist of SRHR advocacy coalition's concerns "*all of a sudden with the president changing, it changed everything*". The participants use ideational and relational elements of language to construct the US as imposing on international human rights its unprogressive, conservative, anti-women policies that are constructed as violence against women, particularly the disadvantaged. In Extract 1 the Executive director of HIV/AIDS coalition positions the US in relation to other countries as a global '*bully*' that is playing a '*bad political role'* by "*trying to influence and beat everybody into submission"* in various political domains by imposing its policies. The Executive director of HIV/AIDS coalition further juxtaposes the US current political role as "*very bad*" in relation to South Africa that is doing the "*right thing"*. He uses ideational elements of language by constructing South Africa's progressive stance on abortion as the "*right thing"* and the US a *"very bad political role"*. The SHRC lawyer of a Public interest law centre and the Coalition member of SRHR advocacy coalition employ ideational and relational functions of language. They construct the US conservative abortion stance as a restrictive barrier to a human right that is *"anti-women"* while a *"violence against women"* that is not informed by anything objective. The Media specialist of SRHR advocacy coalition positioned USG as affecting

negatively "*the under-served communities"* through its conservative policy and the US *"agenda,"* thus constructing distrust and frustration towards their foreign policy.

This concern is consistent with the findings of UNFPA and UNIFEM (2006) where the GGR was found to have had a grave impact on vulnerable populations as observed in the previous reinstatement of the GGR in 2001. This negatively impacted on the ability of NGOs to provide health care services for those in remote and rural areas placing them in precarious positions. In conjunction with these findings are the sentiments expressed by Crane and Dusenberry (2004), Ernst et al. (2004) and Goodwin (2018) who noted that the US is notorious for using its power as a leading donor to family planning to aggressively pursue its own agendas towards reproductive rights, thereby depriving women and girls of privacy, autonomy and equality.

These extracts further construct different value systems (ideational function of language) on women's sexual and reproductive health rights as shown by the construction of two different positions for the US and South Africa. The participants construct the GGR as a '*restrictive"*, "*unnecessary"* policy that is "*anti-women"* and a "v*iolation of human rights"* and *"international interference"* in contrast to SA which is doing the *"right thing*". In other literature, the US's position is constructed as an obstacle to democratic developmental processes in other countries through obstructing civil society mobilization (Center for Reproductive Rights, 2000; Crane & Dusenberry, 2004). Additionally, this is constructed as a violation of women's human rights from an international human rights norms perspective (Bingenheimer & Skuster, 2017).

Regressive funding system

Through this subtheme the participants in the study constructed the GGR as introducing regressive steps in reproductive health. Social relations that have been established around sexual and reproductive rights, according to these participants, are eroded.

> Extract 5 *"It's really unfortunate it came at a time where progress around women's rights in, right to body integrity was coming up, and then it takes us back uh a number of years because right now we have to then rethink the approaches." (I23)* Director, Health, Advocacy Organization

> Extract 6 *"yes, the point about UNFPA it started in 2000. That has been completely been eroded in terms of their perspectives on reproductive justice. And we saw it yesterday with the world population day. They only spoke about family planning. They would not talk about contraception. Not all people that use family planning or contraception are doing family planning. You know, adolescents don't plan their family if they're having sex they use contraception. So it's like ridiculous language to use, so they have been diluted since 2000. They will not work on abortion care. They will not really, um you know if you compare where UNFPA was in South Africa in the 1990s and how they supported us with uh, with the Choice in Termination of Pregnancy Act, and the um, and the policy work, on the implementation, till 2000, in 2000 they just like, their work just became diluted. It's irrelevant, it's not strategic, it's not comprehensive and it's a huge huge huge challenge."* (I01) Chairperson, SRHR advocacy coalition

In the extracts above the participants construct the GGR as a retrogressive policy (ideational function of language) that is out of touch with current comprehensive approaches to reproductive health rights. As such the Director of a Health Advocacy Organization constructs the GGR as "*going back in time*" in relation to their reproductive approaches that disregard women's rights and integrity. The Chairperson of the SRHR advocacy coalition positions UNFPA as uncritical in their approach that he views to be "*irrelevant, not strategic, not comprehensive"* and posing *"a serious challenge"* while using "*ridiculous language around family planning*" as abortion and contraceptives are not necessarily used for family planning.

The participants construct the GGR as a destruction of what has been accomplished to this point. For example, the Chairperson of the SRHR advocacy coalition uses ideational functions of language to construct the GGR as "*eroding and diluting"* the gains that have been made with their regressive stance to reproductive health rights. In line with this IPAS & IBIS Reproductive Health (2015) have noted that US abortion restriction contradicts the intergovernmental consensus on human rights treaties that view safe abortion as women's rights and have requested states to retract restrictive abortion laws. A number of scholars have added to this by arguing that Trump's administration is a direct attack on women's rights and bodily integrity whilst a regression towards progress for integrated health care services and people centered policies (Price et al., 2017; Pugh et al. 2017; Tanyag, 2017).

Dependency on foreign funding: the need to find alternative funding opportunities

In this subtheme the participants of the study spoke of soliciting alternative funding opportunities in the same breath as dependency on donor funding. This has been the source of the instability in providing comprehensive sexual and reproductive health rights. The Social relations between funders and NGOs are thus constructed as one of dependency which positions NGOs as vulnerable.

> Extract 7 "We *had to pick sides, we had to pick sides on uh what do we want and it actually showed our vulnerability in our society on donor dependency and also changing of the fact that we are also chasing funding more than being practical on the ground. Because a decision like that should have at least been informed by what's happening on the ground, the other way round not the other way round."* (I16) Manager, Faith Based NGO Coalition
>
> Extract 8 *"I don't think that's enough but I think some organizations are trying and, they are getting the funding to make sure the work is done but I'm pretty sure that there are rules or there's um gatekeepers for organizations to get the funding somewhere somehow*

because really, the country relies, most organizations rely on foreign funders." (I08) Media specialist SRHR advocacy coalition

Extract 9 *"I just think that there is money in other places and we should not be dependent on the US for money, especially in the current environment. It is not useful for us. And I think that organizations should look beyond that."* (I14) Executive director, HIV/AIDS coalition

In the extracts above the participants construct SRHR NGOs as "*dependent"* on donor funding. In extract 7 the Manager in a Faith Based NGO Coalition takes on a critical stance on "*donor dependency"* by using both relational and ideational functions of language that construct SRHR NGOs as "*vulnerable"* to the exploitation by funders. The "*vulnerable"* position that NGOs occupy has an impact on the type of work that organizations pursue by *"chasing funding*" while neglecting "*practical, on the ground work*" in favor of donors' interest. The Media specialist at the SRHR advocacy coalition also demonstrated both ideational and relational functions of language by constructing SRHR NGOs as defeated. He constructs SRHR NGOs as *"trying*" to source alternative funding in order to keep providing services which is "*not enough"*. The Media specialist further positions foreign funders as "*gatekeepers"* whom he constructs as countering the work of SRHR NGOs. This participant also notes that the "*country relies"* on donor funding as CSO provides important services to the nation of South Africa. In extract 9 the Executive director of HIV/AIDS coalition constructs the dependency on USG funding as *"not useful"* provided the circumstances, and requests a move towards other opportunities in alternative funding. The Media specialist at the SRHR advocacy coalition statement about foreign funders being gatekeepers is in line with Mayhew's (2002) assertion that some of the challenges inherent in donor funding are the inflexible structures and strategies of donor accountability that act as gatekeeping measures. The Manager in the Faith Based NGO Coalition's construction of donors' neglect of "*practical, on the ground work*" is echoed by Mayhew (2002) sentiments concerning donors' ignorance of the needs

of beneficiaries working in the SRHR. Dlamini (2008) notes that the challenges with donor funding lie in donors' lack of commitment to allowing donor recipients autonomy in determining the allocation of health funds.

Direct and Indirect resistance to the GGR

This subtheme is in accordance with the constructions of the GGR as a destabilizer of CSOS through its regressive, conservative, imposed agenda and the SRHR NGOs as vulnerable and dependent on donor funding. The participants construct social relations of direct and indirect resistance by referring to different NGO responses: talking to each other, quietly referring women for services, relying on inefficient monitoring, or refusal to take USG money. The following extracts eloquently construct the methods employed by NGO workers in their resistance to the GGR.

> Extract 10 *"So, in practice, I don't know of services that used to be provided that aren't provided now, but I do know there is quite a lot of resistance and organizations are talking through how to do it and for example an organization that I know in Johannesburg and they are still providing health services to sex workers and one of the things that they do, they don't provide abortions but they do let women know about this as an option."* (I01) Chairperson, SRHR advocacy coalition

> Extract 11 *"I have seen some people who are funded under the US organizations actually saying uh, we cannot do this but they will refer people to other people, for information because they cannot talk about the issues they will say you can go to that organization so that they also access those services. But if that, it's not formal, because, if it is known that they are referring to an abortion center their money will be cut. So it still becomes an, uh individual people will whisper to the next person you can go and try this one but it's not a formalized process."* (I16) Manager, Faith Based NGO Coalition

> Extract 12 *"I think we've just continued regardless, and you know as I have said before they have not been firm about it. They have not come to check what are we saying and*

what are we doing. And I don't think that they really do that, I haven't heard one organization complain about that. Cos if they did that to any organization they would come to (name of organization) to complain. So, I haven't heard them become, be strong on that at all, in South Africa. And as I say because their organizations are focusing on getting people on treatment, I think they may have just downplayed the fact that they also linking people to termination of pregnancy. They obviously just not saying that clearly. Or tracking that." (II7) Policy influencer, SRHR-focused local NPO

Extract 13 *"Our politics are very clear that we work on women's agency, we believe and trust in it and that women must make their own choices and their own decisions but it has to be informed by proper information, knowledge and training. So that is where we come from – to deliver a service, we don't take the money - that is my mantra." (*I14) Executive director, HIV/AIDS coalition

In extract 10 the Chairperson of the SRHR advocacy coalition constructs relations of "*resistance"* towards the GGR as NGOs in South Africa take on the agentic position where "*organizations are talking through how to do it"*. Mobilizing through conversations on how to oppose the GGR and continue making referrals to abortion services as needed by women. A Manager in a Faith Based NGO Coalition in extract 11 constructs the commitment to provision of service by individual women's rights activist who informally provide information despite the confines of organizational needs for funding. In extract 12 the Policy influencer in a SRHR-focused local NPO asserts that the absence of monitoring by the USG has constructed conditions for resistance as NGO workers continue "*downplaying*" their referral and provision of information on abortion services. The Executive director of a HIV/AIDS coalition in extract 13 constructs NGO worker's resistance against the GGR as conviction of their passion for their work and the services they provide to communities by forfeiting USG funding. Additionally, the Executive director of a HIV/AIDS coalition positions NGOs as advocates of women's rights to choice and freedom by providing quality services. In the previous reinstatement of the GGR by the Bush administration Ernst et al.

(2004) noted the resistance to the GGR as women's rights activist continued to fight for safe and legal abortion.

Constructions of the impact of the Global Gag Rule on SRHR NGO's and service recipients.

There are various constructions of the impact of the GGR on SRHR NGOs in South Africa. This theme focuses on constructions of the practical effects and the adjustments that NGOs have had to make in order to keep functioning alongside the GGR. SRHR NGOs are positioned as self-censoring, if they receive funding from the USG. Additionally, the reinstatement of the GGR is constructed as leading to fragmented social relations within the SRHR NGO sector as some organizations have had to close down or cut human resources and projects in order to continue functioning while others have not. This creates barriers to collaboration. The impact of the GGR is constructed as a disaster as it is connected to an increase in unplanned pregnancies as well as unsafe abortions. NGOs will not be able to facilitate the flow of information to aid woman in accessing reproductive health information and services, thus affecting the social relations.

NGO censorship: Silences and secrecy within the SRHR NGO community

Based on the extracts outlined in this subtheme, participants position NGOs receiving USG funding as successfully being gagged as they construct a restriction on NGOs that receive USG funding from interacting and participating freely within coalition spaces. Participants suggest that social relations constructed by self-censorship obstruct NGOs from networking and collaborating in order to generate solutions to the challenges they encounter in service provision.

> Extract 14 *"Members of our coalitions, um, a number of our members have been deeply affected. So members have not known whether to sign the gag rule or not, um some have*

not wanted to talk about publicly, because they're ashamed, cos of what does it means." (I14) Executive director, HIV/AIDS coalition

Extract 15 *"The effects are that if you got some particular workshops that you want to hold let's say that you have got comprehensive sexuality education training, participants who receive funding from USAID actually ask what the topics are going to be because they are also affected in a way if they come and attend a meeting and i have heard that if it had abortion, it also affects their funding. So it's also affecting also our partners so it also affects our planning and our workshopping I have heard quite a lot of specifics from different NGOs. Um, they are not all equally open about how they have been responding."* (I16) Manager, Faith Based NGO Coalition

Extract 16 "*Okay, so if they're crippled then it means…so in a way it's like silencing the ones that actually mobilize, because you see the policy says you cannot lobby you cannot advocate. I mean it's very direct you can't advocate for or lobby for I mean how restrictive can you get…even like even attend this kind of conference there's that fear so, whereas civil society works better in coalitions and co-operation and the, there's a creation of a division there and that's one effect.*" (I06) SHRC lawyer, Public interest law centre

In extract 14 the Executive director of the HIV/AIDS coalition uses ideational functions of language to position NGOs accepting USG funding as "*ashamed"* and hence silenced through keeping their acceptance a secret. Such acceptance compromises their principles on liberating reproductive rights and advocating for safe abortion. This culture of secrecy within the coalition space serves to create relations that isolate NGOs that receive USG funding. Similar observations were noted by the Center for Reproductive Rights (2000) in the previous Bush enactment of the GGR where NGOs that were dependent of USAID funding took caution to avoid associating with organizations that were not gagged. In extracts 15 and 16, the participants construct the GGR as fragmenting of CSO through the silencing of NGOs, and through restricting and regulating NGO's behaviour and participation in certain activities. NGOs self-censorship is also constructed as creating fear and distrust in CSO networks. Previous GGR reinstatements have restricted NGOs

from participating freely and have curtailed freedom of speech as agued by Patosalmi (2005) and Global Justice Center and Center for Health and Gender Equity (2019).

Downsizing, shutting down and readjusting NGO due to the GGR

Similarly to the constructions of past impacts of the GGR, in this subtheme participants constructed the impact of both accepting and declining USG funding as negative in terms of operational social relations.

> *Extract 17 "The other effect obviously is to cripple operation of people who do other things besides abortion work and they are unable to do their other things because of the abortion work and I've heard of situations where organizations have had to scale down or even close up because they refuse the funding while the US government is their biggest funder.*" (I06) SHRC lawyer, Public interest law centre

> *Extract 18 "They have stopped working on abortion topics and changed their manuals, their policies, and it's actually a huge undertaking they have to do so that they become irrelevant.*" (I16) Manager, Faith Based NGO Coalition

> *Extract 19 "So it's, so these groups then stop working in the area, they stop networking, they changed focus um, they edit themselves they limit themselves so it's not like an open approach that's kind of evidence informed looking at what would be the best solution for South Africa, they will kind of just work out the quickest way between A and B to get funding to do whatever."* (I01) Chairperson, SRHR advocacy coalition

The above extracts reveal the dynamics that individual NGOs grapple with in response to the GGR. The participants employ ideational functions of language as they construct the impact of the GGR as negative for the NGOs that decline as well as those that accept the USG funding. The SHRC lawyer at the Public interest law centre positions NGOs that decline USG funding as suffering the negative impact by having to "scale *down or even close up"* their organizations as a gesture of their commitment to their principles. In extract 18 and 19 the Manager of a Faith Based NGO Coalition and the Chairperson of the SRHR advocacy coalition position NGOs receiving

USG funding as suffering albeit differently by "*changing their manuals, policies" and "editing themselves"*. This is suggestive of altering programs and behaviour to fit in with the demands of the GGR which is constructed as exhausting. These participants have used ideational and relational functions of language to construct the impacts of the GGR as negative. This ranges from closing down organizations to the irrelevant and unscrupulous chasing of money by NGOs that are USG funded. The alteration of the work conducted by SRHR NGOs that receive USG funding is intertwined with various issues that have been outlined in other sections of the discussion such as self-censorship and dependency on donor funding that compromises the relevancy of NGOs in serving communities. As previously noted by scholars, the GGR effects have included forced closure of clinics, laying off staff, reduction of family planning services, and the reduced prevention and treatment services for STI and HIV/AIDS. (Crane & Dusenberry, 2004; Global Justice Center & Center for Health and Gender Equity, 2019; Seevers, 2006; Center for Reproductive Rights, 2003).

Constructions of disaster: Increased unsafe abortions and unplanned parenting

In this subtheme participants constructed a social relationship where the ideational negative impact of the GGR are affecting service recipients by curtailing access to information and abortion services that are pertinent to reproductive health rights.

> *Extract 20 "it will increase backyard abortions and illegal abortions. It will also mean there are more resources that are required for post-abortion care, it means there are going to be lots of um, children who are going to be raised by parents who don't want them.*" (I16) Manager, Faith Based NGO Coalition

> *Extract 21 "What it is going to be is what more women are going to die from unsafe abortions, more women are going to fall pregnant and where they could get contraceptives and family planning in the past, they can't get that, now that is going to*

happen – we are going to see a spike in HIV infection rates because they can't get information and training and capacity building through the Programs that we had with US funding so there is a lot of impact that we will see. With teenage pregnancies and maternal and infant deaths." (I14) Executive director, HIV/AIDS coalition

In extract 20 the Manager in a Faith Based NGO Coalition constructs the GGR as producing disaster: adverse effects on women's lives by increasing unwanted pregnancies, backstreet illegal abortions and forcing women to care for children for whom they did not plan for. Additionally, the participant constructed the GGR as creating unnecessary disaster by inducing an increase in the use of backstreet illegal abortions leading to significant need for post-abortion care which could have been avoided through access to safe abortion and information. In a similar vein, the Executive Director of the HIV/AIDS coalition in extract 21 constructs unintended consequences of the GGR in association with the prescribed disaster that position service recipients as vulnerable to "*HIV infections"*, "*maternal, infant deaths"* and "*teenage pregnancy*". These findings resonate with those emphasized by Global Justice Center and Center for Health and Gender Equity (2019) who anticipate an increase in maternal mortality and unsafe abortion complications. These are presumed to be associated with the GGR's disregard of initiatives aimed at increasing reproductive health and education. Crane and Dusenberry (2004) noted that in previous instances of the reinstatement of the GGR programs on maternal health, education on care for babies, sexual health education and youth outreach programs were all impacted negatively by the GGR. For South Africa back street abortions are a significant problem with increased advertisement of backstreet abortions and lack of safe abortion promotion by the Department of Health creating deficiency on information to safe abortion (Hodes, 2016).

Constructions of the impact of the GGR on anti-abortion organizations and the South Africa government

In this theme the participants in the study constructed the impact that the GGR has on anti-abortion organizations and the South African government. These constructions highlight social relations that function to strengthen abortion stigma through financial and public support of anti-abortion organizations by the GGR. Furthermore, the social relations highlight how NGO workers are positioned in relation to the challenges created by both the South African government's inability to prioritize safe abortion and the restrictions created by the USG in their activism to delivering safe abortion. This theme also constructs the social relational influence that the GGR has within the South African government and how it has impacted on governmental departments as well as governmental officials' positions towards safe abortion and the South African abortion law.

Strengthening abortion stigma and emboldening antiabortion activist in South Africa

In discussing abortion, the participants in this subtheme constructed a social relation where the GGR enables abortion stigma and empowers anti-abortion groups.

> Extract 26 "*One of the major influences that the Global gag rule is strengthening already existing stigma, existing positions, you know, so uh for me, the gag rule comes and fuels the negative thoughts."* (I16) Manager, Faith Based NGO Coalition

> *Extract 27 "it also strengthens the pro-life organizations who are pushing for women not to abort and yet there are so many circumstances that women that cause women for them to abort.*" (I08) Media specialist, SRHR advocacy coalition

> *Extract 28 "Well, the Gag Rule, what has happened is the change in funding, so we've had other groups that have now got funding from USAID, who are anti-choice."* (I01) Chairperson, SRHR advocacy coalition

The participants in the extracts above employ ideational functions of language that construct the GGR as empowering abortion stigma through a social relation that publicly and financially support anti-abortion organizations and individuals' anti-abortion positions. In extract 26 the participant uses ideational elements through constructing the GGR's enablement of abortion stigma as bad by labeling it as "*fueling negative thoughts"*. In extract 27 the Media specialist of a SRHR advocacy coalition positions the GGR as boosting pro-life organizations that are ignorant of women's circumstances in convincing them not to abort. In extract 28 the Chairperson of SRHR advocacy coalition suggests that the GGR has created conditions for the USAID funds to be channeled towards organizations that *are anti-choice*. The participants construct the strengthening of the anti-abortion position as operating as a barrier to safe abortion. This is consistent with D'Souza's (2013) assertion that women have to negotiate access to safe abortion at multiple levels - religious, cultural, familial and individual levels - where abortion stigma operates as a barrier to access of safe abortion care.

Barriers to safe abortion: Constructing concerned SRHR NGO workers

In this subtheme participants construct social relations of the South African government's failure to fund abortion services and to regulate the conscientious objection that forms an ideational element of a barrier to safe abortion.

> Extract 24 "*We are advocating for improved access in the public sector. The challenge is conscientious objection and refusal to refer. Some other countries have dedicated abortion clinics that patients can easily access and hence the conscientious objection issue does not seem to be a big barrier to access. But in rural SA there are no/few of such clinics and the GAG rule will negatively impact on NGO funding base to make such services available outside of government facilities in rural SA.*" *(I23) Director, Health, Advocacy Organization*

Extract 25 "*But even at home it is not funded. So, you know, it's sometimes it almost feels very hypocritical for us to be complaining that, the US doesn't want to give us money to advance what we want but we cannot hold our government to account to budget for those things, so on the whole, 30-minute discussion, talking about how we want money from the US to do this, but we won't talk about the health budget for the South African government and how it doesn't address our needs. Why? Why would Trump wake up every day and talk about what South Africans want?*" (I13) Lawyer, Public interest law centre

In extract 24 the director in a health advocacy organization positions SRHR NGO workers as advocates of safe abortion as they "*advocate for improved access in the public sector"*. An ideational function of language is highlighted by the participant comparison of SA to countries that have dedicated abortion service, which are unaffected by the conscientious objection by positioning SA as neglectful. Additionally, he positions women living in rural SA to be vulnerable to limited access to safe abortion as the GGR restricts NGOs from providing abortion services. In extract 25 the Lawyer in a Public interest law centre positions NGO worker's as "*hypocritical*" for requesting funding from the USG when abortion services are neglected by the South African government. The participant positions NGOs as passive in relation to the SA government's negligence and unaccountability on funding abortion. South Africa's neglect of abortion services is constructed as a negative barrier that ignores a public health matter and denies women living in rural areas a constitutional right. This is in line with research findings about the conscientious objection is the biggest obstacles to safe abortion service in South Africa (Albertyn, 2016; Favier et al., 2018; & Harries, 2010)

USG impact on SA abortion policy and services: State censorship?

In this subtheme participants reflect on the relational influence that the GGR has on the laws and the government of South Africa. Participants also use ideational functions of language to construct the GGR as encouraging anti-abortion positions in government officials.

> Extract 29 "*US government policies would put people in conflict with the provisions of their law then I mean it's a policy that should not interference in other countries.*" (I06) SHRC lawyer, Public interest law centre

> *Extract 30 "Look, it hasn't yet affected our policy, but there is talk of taking it back, so you have got conservative people who are coming into the state and they are also pulling back on the abortion laws so there is a movement to try and change that." (*I14) Executive director, HIV/AIDS coalition

> Extract 31 "*Most government departments especially the Health and Social Development Departments receive a lot of funds from the US. It's a good relationship we have with the US, but it's important that the SA government must relook some of the laws and policies made by the US government."* (I16) Manager, Faith Based NGO Coalition

> Extract 32 *"I think what happens is that its applied to organizations but, actually within South Africa it's been applied to the state and the state is gagging itself, it's like if you look at, programs like uh that are implemented by the Department of Health, so we have seen the erosion of abortion services. We've seen the increase in conscientious objection but also if you look at their maternal health programs like mum connect and the youth program like Be Wise, they themselves have gagged themselves on abortion messages, so they've got maternal health messaging, um and they themselves have taken out those messages on abortion*." (I01) Chairperson, SRHR advocacy coalition

In extract 29, the SHRC lawyer from a Public interest law centre reflects that the GGR is positioning *people in a conflictual* role to the law of South Africa as they have a duty under CTOP Act to refer women for abortions when requested. In extract 30 the Executive director in a HIV/AIDS coalition uses ideational elements that constructs the South African abortion policy as under threat by encouraging opposition in conservative government officials who are *"pulling back on the abortion laws"*.

In relation to the functioning of the departments, the Manager of a Faith Based NGO Coalition reflects on a *good* relationship between SA and the US government which requires vigilance as "*SA government must relook some of the laws and policies made by the US government*". Additionally, the Chairperson, SRHR advocacy coalition constructs the GGR as a disruption to SA abortion services at government level. In Extract 32 the participant uses ideational elements to highlight how the Department of Health is constructed as eroding abortion services through "*increased conscientious objection*" and *"taking out messages on abortion"* while positioned as "*gagging themselves*". The censorship is constructed as deliberate silence by the Department of Health in multiple programs that are intended to increase service recipients' knowledge on the accessibility of abortion. This argument is in line with that offered by Favier et al. (2018) who assert that, despite the Department of Health's mandate to execute comprehensive health care following the CTOP Act, access to safe abortion is in decline due to neglect by the DOH leadership (Favier et al., 2018).

Conclusion

This chapter focused on analyzing the different constructions of USG funding, and the GGR in relation to South African SRHR NGO workers by using Fairclough's relational and ideational functions of language and subject positions as the theoretical lens of analysis. Three overarching themes constructed a social relation that reflects the USG developmental funding as undermining sexual and reproductive health rights in SA by introducing the GGR. The first theme employs an ideational element that constructed the GGR as a destabilizer of CSO which is pertinent in advocating progress in South Africa. As such participants constructed the GGR as imposing a conservative agenda that fosters regression in reproductive health rights while constructing a

vulnerable position for NGOs as they are dependent on USG funding. The participants further reflected on NGOs' vulnerability in the theme that constructed the impact of the GGR where NGO were constructed as being fragmented by the GGR that constructed NGO self-censorship, readjustment of programs and closing down of other organizations. The construction of a vulnerable position also extended to service recipients as the participants constructed the GGR to be prescribing disaster in reproductive health care. Lastly, participants constructed a theme that reflected on the impact of the GGR on antiabortion organizations and on the South African government. The participants constructed USG as strengthening anti-abortion positions within government departments, government officials and anti-abortion organizations. Additionally, participants positioned NGO workers as concerned advocates who must hold the South African government accountable as the government has been constructed as neglectful of abortion services.

Chapter Five: Conclusion and Recommendations

Introduction

This conclusion chapter offers a brief summary of the study by highlighting the approaches undertaken to realize the aims of the study and provides a synopsis of the rationale for the study as well as the main ideas on the literature consulted. A brief overview of social constructionist framework is delineated to highlight the specific focus on Fairclough's subject position, relational and ideational functions of language that has been used in the study as an analytic component. Additionally, this chapter offers a summary of the findings of the study while offering reflections on the limitations of the study and recommendations for further research.

Summary of the study

This research study was conceived in response to the current reinstatement of the GGR that was announced on the 23rd of January 2017 by the United States president Donald Trump. During the last reenactment in 2001 it was documented that the GGR had disconcerting impact on comprehensive sexual and reproductive health care as well as CSOs. The impact ranged from staff layoffs, clinic closure, disruptions of referral systems, contraceptives and condom shortages in the Global South. An increase in new HIV infections, unsafe abortion, maternal mortality and unplanned pregnancies were also witnessed due to the disintegration of NGOs who provided the bulk of SRHR services. As such this study was undertaken as part of the broader study aimed at documenting the impact of the GGR which is conducted by the Critical Studies in Sexualities and Reproduction (CSSR) in collaboration with International Women's Health Coalition (IWHC). Within this broad aim, this study is aimed at investigating the constructions of USG foreign

development aid and the power dynamics inherent in navigating the GGR by SRHR NGO workers in the South African context. The study also stood to generate an understanding of NGO responses to the GGR in order to devise appropriate interventions within the SRHR NGO sector for future GGR reinstatements.

In attempt to realize the purpose of the study I consulted literature that was aligned to the aim of the study and the research question How is abortion and US government development funding constructed by SRHR NGO workers in discussing the GGR in South Africa?

This literature focused on exploring already existing structural challenges to safe abortion and constructions of abortion in South Africa by reflecting on the obstacles to safe abortion. These obstacles include abortion stigma, moral and cultural judgements, lack of information on legal, safe abortion and a dysfunctional health system. In mitigating these obstacles, SRHR NGOs play a significant role in connecting women to information on access to safe abortion. In addition to this, scholars highlight that access to safe abortion is considered a human right internationally, which is contradicted by the US GGR policy by curtailing SRHR NGOs that offer safe abortion and related services, such as advocacy, referrals and counselling. The scholars also reflect on the challenges that SRHR NGO face with regards to sustainability and autonomy by navigating power relations with funders who set the agenda on the work that NGOs can pursue. This literature has situated this study in a broader context of the complex relational dynamics between donor funders, SRHR NGOs and abortion politics in South Africa

This study assumed a social constructionist approach which has a number of assumptions about reality. One of the many assumptions is that reality is socially constructed through language. As such language is deemed to be structured into a number of discourses that are organized around culturally and socially available understandings of what constitutes a topic such as abortion, SRHR NGOs and donor funding. In this regard social constructionism deems reality to be shaped by historical, social, political, cultural, economic, ethnic and gender values of a specific society. This lays the foundation for the production and sustenance of various subjectivities, and social relationships that are constituted by the values of a particular society (Nightingale & Cromby, 1999). In the context of this study these constructions draw from historical, political, economic and social relations between donor funders and SRHR NGOs. Additionally, the constructions also draw from historical prohibitions of abortion through legitimized US GGR policy which have had influence on the functioning of SRHR NGOs as they have relied on donor funding for subsistence thus creating conditions for particular types of constructions by NGO workers.

Through purposive sampling and snow ball sampling a total of 23 people participated in the main study ranging from people who work in the area of sexual reproductive health rights including Civil Society Organizations, Human Rights Advocacy Groups, Health Providers, Academics and Parliamentarians. 10 participants who work in local NGOs were used as the sample for this study. I and my co-researcher (Dumisa Sofika) collected data in English using semi-structured interviews which were transcribed without the use of transcription conventions. The analysis followed Braun and Clarke's (2006) thematic analysis situated within a social constructionist method that considers socio-cultural, social context and structural conditions as productive of individual accounts and social realities. From the social constructionist framework, I used Fairclough (1992)

three aspects of the constructive effects of discourse in the analysis of the study. This reflects on how NGO workers deployed particular institutional subject positions within the social relationship between the USG and SRHR NGOs constructing a social reality that draws from their social knowledge (ideational functions of language).

Summary of research findings

The findings of the study highlighted that SRHR NGO workers had different constructions of USG funding, and the GGR in relation to South African SRHR NGOs. These constructions were reflected through three overarching themes with one of the main themes constructing USG funding as undermining sexual reproductive health rights in SA by introducing the GGR. The participants used ideational functions of language to construct the GGR as a destabilizer of CSO which cripples advocacy as CSO play a significant role in advocating and offering sexual and reproductive health rights for all in South Africa. In similar vein the participants constructed the GGR as imposing conservative agenda that fosters regression in reproductive health rights while constructing vulnerable position for NGOs whom are dependent on USG funding. Participants also constructed ways in which NGOs were utilizing their agency and resisting the imposed conservative agenda of the USG directly and indirectly. Participants further employed relational and ideational functions of language to reflect on NGOs' (the fragmentation of NGOs, such as NGO self-censorship; readjustment of programs and closing down of some organizations; as well as secrecy in CSO community making it difficult for NGOs to network). The identity of a vulnerable position also extended to service recipients as the participants constructed the GGR to be prescribing disaster in reproductive health care in South Africa through increased unsafe abortions and unwanted pregnancies. Last but not least, participants constructed a theme that reflected on the

impact of the GGR on antiabortion organizations and on the South African government. In this theme participants constructed USG as strengthening anti-abortion positions within government departments, in government officials and in anti-abortion organizations through financial and ideological support. Additionally, participants positioned NGO workers as concerned advocates who must hold the South African government accountable as the government has been constructed as neglectful of abortion services leaving South African marginalized women in precarious positions in relation to the GGR.

Limitations of the study

One of the limitations of the study has been the underrepresentation of NGO workers who were receiving USG funding for their projects. Six out of the twenty local and international NGO workers who participated in the main study were funded by the USG, as a result only three participants from the ten local NGO workers were receiving USG funding. This limited the representation of practical information on the constraints that NGOs may contend with when working in the SRHR sector within the parameters of the GGR.

Recommendations

The results of the study point to constructions of the GGR as a negative impact on SRHR NGOs' sustainability as the USG is taking regressive steps in its conservative stance to abortion. Participants have constructed resistance and positioned themselves as having agency to mobilize for NGO sustainability. It would be valuable to extend this study by exploring the strategies implemented by CSOs to counter the impact of the current GGR. I would also recommend an extensive exploration of the construction of abortion by SRHR NGO workers in South Africa for

in-depth understanding of the structural, practical and ideological dynamics between NGOs and the GGR within USG funding as this may have a significant implication on access and utilization of abortion resources and facilities in South Africa.

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Appendix_1_Project Information Summary

IWHC Global Gag Rule Documentation Project

Purpose: The Critical Studies In Sexualities and Reproduction research Unit of Rhodes University, in partnership with the International Women's Health Coalition is working on a project related to the expanded GGR. The purpose of this project is to document the social and political effects of US Government (USG) policies on sexual and reproductive health and rights, particularly the Global Gag Rule (GGR), in selected countries receiving US government funding (currently: Kenya, Nigeria, South Africa).

Research Questions:

1. How are USG policies on SRHR, particularly the GGR, perceived, understood, and interpreted by key stakeholders (civil society organizations, abortion service providers, opposition groups, government officials and policy makers)?
2. How do key stakeholders see USG policies on SRHR, particularly the GGR, affecting SRHR in their country? (Dimensions: women's access to safe abortion or post-abortion care services; access to SRH commodities and birth control methods; delivery of other health services like HIV)
3. What effect do USG policies on SRHR, particularly the GGR, have on civil society organizations (including those working SRHR, HIV, Global Health, Women's Rights, and Opposition Groups)?
4. What effect to USG policies on SRHR, particularly the GGR, have on the political discourse about SRHR?
5. How are organizations that work to defend and expand access to SRHR mitigating these effects?
6. How does the media reference USG policies and the GGR with respect to SRHR, abortion, and women's rights?

Overview of Methodology:

Focus countries for the project were determined using the following criteria: volume of US global health funding, active social and political conversations around abortion, IWHC's relationship with local civil society organizations.

To answer the above evaluation questions, the documentation project uses qualitative in-depth interviews with key informants and media monitoring around abortion-related issues. Key informant interviews will be implemented on an annual basis to document changes and trends. The media monitoring will be ongoing.

Key informant Interviews:

Key informant interviews will be conducted with 15-20 representatives in each country working for a broad range of organizations. Key informants will represent the following kinds of organizations: government officials, direct service providers, advocates, civil society organizations and others that may be identified as relevant by local partners, based on an initial analysis of the SRHR landscape.

The interviews focus on documenting:

- Knowledge and interpretation of Trump's GGR

- Experience with the GGR in the past, present, and looking into the future
- Perceived and predicted effects of the GGR on SRHR advocacy, civil society spaces, and the political climate (including abortion stigma, strengthening of opposition)
- Specific examples of the GGR limiting organizations' abilities to work
- Other contextual factors relevant to changes in the countries' SRHR landscape

Key informant interviews are expected to last about 45 minutes to one and a half hours. the interviews will take place at a venue of the participant's choosing. no direct financial benefits are expected to accrue to participants as a result of their participation in the interviews. we do however hope that participants will find it an opportune moment to express their experiences, knowledge and views on the expanded GGR as it relates to and affects their work on SRHR advocacy in South Africa.

the final form of the results from the documentation project will be written up in the form of a report which will contain an executive summary of the project, major themes from interview and media data analysis. results from the data may also be written up in the form of journal articles, book chapters, conference presentations and media articles. .

Media monitoring

The media monitoring will be limited to media outfit publications (news, reports, paid adverts, op-eds), whose print form have a national reach; written in English language and published online. Articles will be screened manually for relevance and analyzed using discursive and content analysis.

Current Status:

- An early round of data collection was completed in early October, timed to inform the six-month review of the policy by the US State Department. Emerging findings were presented in a briefing on Capitol Hill as well as through a webinar.

Appendix 2_Informed Consent Form

Global Gag Rule Documentation Project

Key Informant Interview Guide – Civil Society Organizations (SRHR)

Introduction:

Thank you for agreeing to participate in this interview today. My name is Reabetswe Lien Moloblea. I am a psychology Masters student at the Critical Studies in Sexualities and Reproduction research unit of Rhodes University. We are conducting this research in partnership with the International Women's Health Coalition. I will be conducting this interview as part of a project to document the effects of US policies on civil society and the political discourse in South Africa. The purpose of this project is to document the social and political effects of US Government policies on sexual and reproductive health and rights, particularly the Global Gag Rule (GGR), in countries receiving US government funding. This research project has been through an ethical review process and was granted official ethical approval by the Research Proposals Ethics Review Committee (RPERC) and Rhodes University Ethical Standards Committee (RUESC) on (date xxxx) under ethics approval number (xxxx).

This interview is being conducted to understand your perspective, as someone who works in civil society on issues relating to Sexual and Reproductive Health and Rights (SRHR) in South Africa.

During this interview, I will ask you questions about the organization where you work, what you know about the Global Gag Rule and other US GOVERNMENT policies relating to SRHR. Please feel free to bring up any other issues you think are relevant.

Your participation is voluntary and you can decide not to answer any question or stop the interview at any time or for any reason. If there are things that you would like kept confidential please feel free to indicate so at any point of the interview. There are no benefits to you directly other than the opportunity to participate in the project and have your perspective included in the resulting reports.

Do you agree to participate in this interview? ☐ YES ☐ NO

You can choose how much you are identified in any reports. You have the following options**:** **Name and organization name**, **just organization name**, **de-identified organization name** (e.g. a CSO working on SRHR issues in South Africa. Any choice you make regarding how you wish to be identified in reports emanating from this interview is appreciated and respected.

Please note however that there may often be unforeseeable outcomes on you and/or third parties from using your real name and/or your real organizational name. If you are fine with using your real name and/or real organizational name, please let me know below that you have thought about it and are fine with it. Please indicate by writing your name on the space provided:

I have thought through some of the ways that using my real name and organization name in this interview might affect me and/or other people involved in the work that I do. I am however, content with using my real name and/or organization name:
Name____

If you choose to use your own name and/or that of your organization, these will appear in the reports, journal articles, conference presentations and media articles that emanate from the research. You have the following options to choose from:

1. Pseudonym and de-identified organization name (e.g. Jane from CSO working on SRHR issues in South Africa

2. Pseudonym and organization name (e.g. Jane from the CSSR)

3. Your real name and real organization name (Reabetswe Lien Molobela from the CSSR)

Can you please select how you would prefer to be identified on this form before we begin? (Share consent form)

Identification preference: ____

The interview will be recorded and transcribed in order to accurately capture the discussion. These recordings will be kept in a secure location accessed only by the relevant researchers.

Do you mind if I record the interview? ☐ YES ☐ NO

Please note that the information that you provide may be included in research reports, journal articles, and presentations. If you choose to remain anonymous, your name and/or the name of your organization will not be included. The transcription of your interview will be stored in a safe place at the CSSR offices. These transcripts may be used in future research conducted by CSSR/IWHC researchers.

Do you agree to having your data used in this way? ☐ YES ☐ NO

Do you have any questions before we begin?

Signature: _____________________________ Date: ________________________________

Appendix_3_Interview Schedule

Theme	Questions
I. Introduction	
Organization	• What organization do you work for? • What kind of work does your organization do? • Can you tell me some more about your ongoing projects? • Do you do any work specifically focused on abortion? (ask to describe all work on abortion)
Role and experience	• What is your role at [organization]? • How long have you worked in SRHR? • What are your primary responsibilities? • How long have you been at [organization]?

USG funding	• Does [organization] receive US government funding (either directly or as a subcontractor)?
	If yes:
	• How long have you been receiving USG funds?
	• What kind of funding?
	• What projects does this money fund?
	• What proportion of your budget comes from USG funds?
	If no:
	  • Have you received USG funding in the past?
	  • **If no:** Why not?
	  • **If yes:** Ask above questions. Why do you no longer receive USG funds?

II. How USG Government policies on SRHR affect [country]	

Knowledge of USG SRHR policies	*Now I'm going to ask you some questions about your knowledge about US Government policies on SRHR. I'm not testing your knowledge on the subject, but just want to get a sense of what is generally known.*
	  • What do you know about the US Government's policies on SRHR? Can you give any examples?
	  • Have you heard of any messages put out by Trump relating to SRHR? Can you give some examples?

Source of information	• How do you get information about these policies?
	  ○ Through work? Colleagues?
	  ○ Notification from USAID or other US agencies?
	  ○ Social media?
	  ○ The news?

III. Global Gag Rule	

<table>
<tr><td>Knowledge, understanding, perceptions of GGR</td><td>Now I'd like to talk a little bit more about one policy in particular, the Trump Administration's "Protecting Life in Global Health Assistance" Policy, also known as the Global Gag Rule.

• Can you tell me what you know about the Global Gag Rule?

REVIEW OUTLINE OF GGR WITH PARTICIPANT, IF NEEDED:
The Global Gag Rule makes it so that foreign NGOs cannot receive U.S. global health assistance unless they sign a certification that they will not engage in certain abortion-related activities and work. NGOs that decide to sign the certification are banned from:
• Providing abortion services, counseling and referral for abortion services; and
• Advocating to increase access to safe, legal abortion.
This includes abortion-related activities an organization does with its own, non-U.S. resources – regardless of the source of those funds.

• What do you think about the Global Gag Rule?</td></tr>
<tr><td>Source of information</td><td>• How did you first hear about the Global Gag Rule?
o Through work? Colleagues?
o Notification from USAID or other US agencies?
o Social media?
o The news?</td></tr>
<tr><td>Past experience with GGR</td><td>This is not the first time that a US President has implemented the Gag Rule and restructured the use of US funds in this way.
• Have you had to deal with other versions of the Global Gag Rule in the past (before 2017)?
IF YES:
• Can you describe any changes that your organization had to make as a result of previous iterations of the Global Gag Rule?
o To programs or activities?
o Management?
o Advocacy?
• Did your organization keep any of those changes that had been made in the past?
IF YES:</td></tr>
</table>

	• WHY? **IF NO:** • CAN YOU TELL ME MORE ABOUT THE PROCESS OF GOING BACK TO HOW YOUR WORK WAS DONE BEFORE? • ARE THESE CHANGES YOU WILL HAVE TO MAKE AGAIN WITH THE CURRENT IMPLEMENTATION OF THE GLOBAL GAG RULE?
KNOWLEDGE OF TRUMP'S GGR	*THE VERSION OF THE GLOBAL GAG RULE SIGNED BY US PRESIDENT TRUMP IN 2017 IS DIFFERENT IN SOME WAYS FROM PREVIOUS VERSIONS OF THE POLICY.* • CAN YOU TELL ME WHAT YOU KNOW ABOUT HOW IT IS DIFFERENT? **REVIEW DIFFERENCES FROM WITH PARTICIPANT, IF NEEDED:** *IN SHORT, TRUMP'S VERSION OF THE GLOBAL GAG RULE REPRESENTS AN ENORMOUS EXPANSION OF THE POLICY AND WILL AFFECT MANY ORGANIZATIONS FOR THE FIRST TIME. PREVIOUSLY, THE GLOBAL GAG RULE ONLY APPLIED TO FAMILY PLANNING FUNDING. THIS VERSION EXPANDS TO ALL GLOBAL HEALTH ASSISTANCE: FAMILY PLANNING, MATERNAL AND CHILD HEALTH, NUTRITION, HIV/AIDS (INCLUDING PEPFAR), INFECTIOUS DISEASES, MALARIA, TUBERCULOSIS, AND NEGLECTED TROPICAL DISEASES. AS A RESULT, IT AFFECTS 15 TIMES MORE FUNDING THAN BEFORE (AROUND $8.8 BILLION TOTAL). IT ALSO APPLIES TO GRANTS, COOPERATIVE AGREEMENTS, AND FOR THE FIRST-TIME, CONTRACTS* • WHAT DO YOU KNOW ABOUT HOW IT IS BEING IMPLEMENTED IN [COUNTRY], SINCE THE BEGINNING OF 2017? (WILL SHARE FACT SHEET AT THE END OF THE INTERVIEW)

DIRECT EFFECTS OF TRUMP'S GGR	• **IF RECEIVES US GOVERNMENT FUNDING:** EARLIER, YOU MENTIONED THAT [ORGANIZATION] RECEIVES US GOVERNMENT FUNDING. HAS YOUR ORGANIZATION BEEN DIRECTLY AFFECTED BY THE GLOBAL GAG RULE THIS YEAR?
	• **IF NO US GOVERNMENT FUNDING:** EVEN THOUGH [ORGANIZATION] DOES NOT RECEIVE US GOVERNMENT FUNDING, HAVE YOU FELT ANY EFFECTS OF THE GLOBAL GAG RULE THIS YEAR?
	  • CAN YOU DESCRIBE ANY CHANGES THAT YOUR ORGANIZATION HAD TO MAKE AS A RESULT OF THE GLOBAL GAG RULE SINCE THE BEGINNING OF 2017? (ASK FOR EXAMPLES)
	    o TO PROGRAMS OR ACTIVITIES? THE PEOPLE YOU SERVE? ACCESS TO COMMODITIES?

	o MANAGEMENT? o ADVOCACY? • HOW DO YOU THINK YOU WILL BE AFFECTED IN THE FUTURE? • HOW DO YOU PLAN FOR THIS? • CAN YOU TELL ME ABOUT ANY CHANGES THAT YOU HAVE SEEN OR HEARD ABOUT IN THE WAY THAT OTHER SRHR ORGANIZATIONS AROUND YOU WORK? o WILLINGNESS TO WORK ON SPECIFIC TOPICS OR ASPECTS OF SRHR? IF APPLICABLE: ABORTION? • CAN YOU TELL ME ABOUT ANY CHANGES YOU HAVE SEEN OR HEARD ABOUT IN THE WAY THAT OTHER CSOS WORK? ESPECIALLY THOSE WORKING ON: HIV? GLOBAL HEALTH (TB/MALARIA)?
IV. BROADER EFFECTS OF USG POLICIES AND GGR ON CIVIL SOCIETY, POLITICAL AND PUBLIC DISCOURSE (CURRENT)	
REMINDER: IF ANSWERS TO ANY QUESTIONS BELOW ARE YES, ALWAYS ASK FOR SPECIFIC EXAMPLES.	
EFFECTS OF USG POLICIES ON CIVIL SOCIETY	• DO YOU BELIEVE THAT USG POLICIES, INCLUDING THE GLOBAL GAG RULE, HAVE AFFECTED YOUR ABILITY TO WORK IN CERTAIN COALITIONS SPACES *(SINCE THE BEGINNING OF 2017)*? OTHER PARTNERSHIPS? • HAVE USG POLICIES, INCLUDING THE GLOBAL GAG RULE, AFFECTED YOUR ABILITY TO INTERACT IN ANY KEY DECISION-MAKING SPACES, LIKE MEETINGS OR CONFERENCES? • HAVE YOU HAD ANY EXPERIENCE WITH ORGANIZATIONS DECLINING TO WORK WITH YOU AS A RESULT OF USG POLICIES, INCLUDING THE GLOBAL GAG RULE? • ARE THERE ANY OTHER WAYS THAT YOU CAN THINK OF THAT USG POLICIES, INCLUDING THE GLOBAL GAG RULE MAY BE AFFECTING YOUR ORGANIZATION'S WORK?
EFFECTS OF USG POLICIES ON THE POLITICAL DISCOURSE	• DO YOU BELIEVE THAT USG POLICIES, INCLUDING THE GLOBAL GAG RULE, COULD AFFECT: o GOVERNMENT POSITIONS ON SRHR IN [COUNTRY]? ABORTION? o NEW LEGISLATION RELATING TO SRHR? ABORTION? o THE WILLINGNESS OF PARLIAMENTARIANS TO DISCUSS ISSUES RELATING TO SRHR? WOMEN'S RIGHTS? ABORTION?
EFFECTS OF USG POLICIES ON THE PUBLIC DISCOURSE	• TO WHAT EXTENT DO YOU SEE THE MEDIA COVERAGE OF KEY SRHR ISSUES INFLUENCED BY THE GLOBAL GAG RULE? BY US GOVERNMENT POLICES MORE BROADLY? • DO YOU BELIEVE THAT US GOVERNMENT POLICIES, INCLUDING THE GLOBAL GAG RULE, HAVE AFFECTED THE PUBLIC'S WILLINGNESS TO TALK ABOUT ISSUES LIKE SRHR? WOMEN'S RIGHTS? ABORTION?

	• Speaking with other organizations that do work on SRHR, we have heard that opponents to SRHR and women's rights might be emboldened by the Global Gag Rule and its effects in [country]. Have you encountered any specific examples of this? *(Provide examples if needed.)*
V. Closing Questions	
Closing	• Other than what we have already discussed, do you have any additional thoughts about how the Global Gag Rule, or US Government policies more broadly, might affect the political or public discourse? • Is there anything else that you would like to add that I didn't ask you about?

Appendix 4 List of all participants in the main study

Interview number	Position of interviewee	Organization	Receives US Global Health Funding	Received GGR in contract	Pro-choice	Provides abortion services	Abortion-related services
I1	Chairperson	SRHR advocacy coalition	No	-	Yes	No	No
I2	Managing editor	SRHR-focused international advocacy and publishing group	No	-	Yes	No	No
I3	Coalition member	SRHR advocacy coalition	No	-	Yes	No	No
I4	Marketing manager	Private TOP service provider	No	-	Yes	Yes	Yes
I5	Chief director	Unit, government department	No	-	Yes	No	Yes
I6	SHRC lawyer	Public interest law centre	No	-	Yes	No	No
I7	SRHR program advisor	Global alliance of churches	No	-	Yes	No	Yes
I8	Media specialist	SRHR advocacy coalition	No	-	Yes	No	No
I9	SRHR Advocacy Manager	Regional development organization	Yes, as sub-recipient	No (being reviewed)	Yes	No	Yes
I10	Obstetrics and gynaecology specialist	Government department	Yes (government)	No	Yes	Yes	Yes
I11	Program Manager	SRHR INPO	No	-	Yes	No	Yes
I12	TOP service provider	Government department	Yes (government)	No	Yes	Yes	Yes
I13	Lawyer	Public interest law centre	No	-	Yes	No	No
I14	Executive director	HIV/AIDS coalition	Yes, as prime recipient	Yes, signed	Yes	No	No
I15	Program Manager	Global alliance of NPOs	Yes, as prime recipient	Yes, signed	Yes	No	No
I16	Manager	Faith-based advocacy group	Yes, as sub recipient	Yes, signed	No	No	No
I17	Policy influencer	SRHR-focused local NPO	Yes, as prime recipient	Yes, signed	Yes	No	No
I18	Regional Director	Health-focused INPO	Yes, as sub-recipient	Yes	Yes	No	No

I19	Researcher	HIV research facility	Yes, as sub-recipient	Yes	Yes	No	No
I20	Executive Director	Women-focused INPO	No	-	Yes	Yes	Yes
I21	Executive Manager	Health-focused technology INPO	No (refused)	-	Yes	No	Yes
I22	Child care worker and project manager	Youth-focused local NPO	Don’t know	Don’t know	No	No	No
I23	Director	Health advocacy organization	No	-	Yes	No	No

Appendix 5 List of Participants of the study (local NGOs)

Interview number	Position of interviewee	Organization	Receives US Global Health Funding	Received GGR in contract	Pro-choice	Provides abortion services	Abortion-related services
I1	Chairperson	SRHR advocacy coalition	No	-	Yes	No	No
I3	Coalition member	SRHR advocacy coalition	No	-	Yes	No	No
I6	SHRC lawyer	Public interest law centre	No	-	Yes	No	No
I8	Media specialist	SRHR advocacy coalition	No	-	Yes	No	No
I13	Lawyer	Public interest law centre	No	-	Yes	No	No
I14	Executive director	HIV/AIDS coalition	Yes, as prime recipient	Yes, signed	Yes	No	No
I16	Manager	Faith-based advocacy group	Yes, as sub recipient	Yes, signed	No	No	No
I17	Policy influencer	SRHR-focused local NPO	Yes, as prime recipient	Yes, signed	Yes	No	No
I22	Child care worker and project manager	Youth-focused local NPO	Don't know	Don't know	No	No	No
I23	Director	Health advocacy organization	No	-	Yes	No	No