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"Women's Empowerment," Imperialism, and the Global Gag Rule

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Abstract:

The Global Gag Rule has restricted access to reproductive health services across the Global South for over three decades. In 2017, Trump dramatically expanded the policy, further reducing the number of women with access to safe abortions. In this paper, I argue that Global North economic policies have left Global South people dependent on aid in order to meet their basic health needs. I show that the effects of inadequate access to healthcare and aid dependence are gender-differential in two ways. First, as primary care-givers, women are required to perform additional unpaid care-work when health services are inadequate. Second, women's access to sexual and reproductive health services become vulnerable to the moral and political whims of foreign powers. These marginalising forces operate against the backdrop of "women's empowerment" aid discourses which are wilfully imperceptive to this context. Global North economic policies have disempowered Global South women, and the Global Gag Rule imperils their bodily autonomy. The effect is a form of imperialism which must be resisted.

Introduction

"Empowering women and girls" is a shibboleth that signals virtue in aid and development discourses. Articulating this objective, or some variant, distinguishes a programme or proposal as liberal, progressive, and "feminist" in some expansive sense. Nothing could be more typical of this effort than multinational corporation Nike's "Girl Effect" campaign, which was launched in 2015 with the idea that economic growth and development in the Global South can be stimulated by increased investment in adolescent women (Shain 2013). This is despite Nike being infamous for its sweatshops, within which many women textiles workers have been employed. (The campaign makes no promises as to their future working conditions.) The primary driver of these efforts is not altruism or justice; Nike CEO Mark Parker notes that "Economists have demonstrated that [investing in girls] is the best possible return on investment." He goes on to insist that "Investing in them is not only fair, it is a smart economic move" (World Bank 2008). The phrase "not only fair" indicates that justice on its own is an insufficient incentive, but that the campaign has found a more compelling basis for promoting women's interests. And, indeed, it has. Creating economic opportunities for women is one thing; seeing women as economic opportunities is another. Women and girls are understood as being capable students; entrepreneurial adults; docile, industrious workers in the paid and unpaid labour force; and willing, responsible consumers. In other words: ideal neoliberal subjects (Mills 2003; Wilson 2015).

Examples of the ubiquity and emptiness of the "women's empowerment" signal abound across a range of contexts. On International Women's Day this year, amid widespread strikes for a living wage amongst employees of McDonald's – half of whom are women – the company flipped its distinctive "M" logo to a "W," not to denote worker's rights or to mark a policy improvement, as some initially assumed, but simply to denote "women" (Khomami and Glenza 2018). The intention was to signal a vague commitment to women's interests, thereby sanitising the company's image without any accompanying concession. That mere performativity of the gesture was demonstrated six months later when women employees across ten US cities took industrial action over the company's failure to address sexual harassment at work (Rushe 2018).

Nike and McDonald's are not alone in seeing women as public relations opportunities or an exploitable economic resource. The United States Agency for International Development (USAID) also boasts a commitment to women's empowerment, claiming that it hopes to be "a catalytic force for gender equality and women's empowerment worldwide" (USAID 2012). Amongst the incentives for this aim is the hope of "accelerating progress in development and advancing global prosperity and security." While these claims were made under a document written by a previous administration, the policy is still proudly endorsed on the Agency's website this year (USAID 2018a). This is despite the fact that the president of the current administration christened his role by signing an executive order to enact and extend a policy which endangers the autonomy, health, and lives of women across the Global South.

This article explores the hypocrisy of the women's empowerment discourse given the disempowering impact of Global North economic and political policies on Global South women. I argue that Global North economic policies have left Global South people dependent on aid in order to meet their basic health needs, which leaves them vulnerable to the moral and political whims of foreign powers. The result is a form of imperialism

which must be resisted.

Problematising the empowerment discourse

We live in a patriarchal world in which many women are unable to meet their needs. While it is correct to characterize the problem as one of power, the empowerment discourse rarely proceeds by identifying male privilege and structural oppression as culprits. Instead, we are told that women and girls are "disempowered," and must therefore be "empowered." The definition of this vague proclamation varies, but the terminology is redolent of older descriptions of "woman as lack:" as incomplete, as Other. Empowerment discourses depict women as requiring some enhancement or modification, which their Global North benefactors are uniquely equipped to provide to them. Once ameliorated, their societies would follow suit, from which one might infer that they were the sole source or cause of the inadequacy.

Within the empowerment discourse, power is rarely properly characterised as an excludable possession or capacity that is not a moral good. Instead, power is depicted as desirable, and its accruement is erroneously treated as non-excludable: everyone can have power at once, though some may need help in claiming theirs, hence efforts towards "empowerment." This makes little sense for a capability that is necessarily relative. Men's power is part of the operation of masculinity as a gender ideal within patriarchal societies, yet rarely do the parties promoting women's empowerment consider that the modification, if one is needed, might instead consist of a *dis*enhancement to men: an eroding of the ideals of masculinity, not just within target communities, but amongst those in the Global North who perpetuate such a disempowering global economy.

Claiming that women and girls need to be empowered individualises the limitations they face from social structures, and suggests that each woman's situation is her own responsibility to improve. As such, the empowerment discourse bears the hallmarks of neoliberal feminism, in which each woman is expected to set individual "freedom" as her aim and take chief responsibility for meeting that end (Shahvisi 2015; Rottenberg 2018). Worse, the empowerment discourse is not correctly historicized. Women's disempowerment in Global South settings is strongly determined by their poverty, for which Global North entities bear significant responsibility. Instead, "women's empowerment" initiatives are framed as supererogatory acts of charity, when they might instead be presented as a form of reparation. This point is explored in more detail in the next section.

The idea that women require tailored cheerleading or galvanising efforts and interventions in order to be "empowered" is also problematic. Global South women's needs are not mysterious or "specialist." They do not stem from aberrations or particularities. Women require economic and health justice as embodied agents subject to the limitations of a ruthless global economy, just like everyone else. Any empowerment programme which fails to prioritise these needs will fail the women it claims to serve.

It is this failure that I explore in the following sections. Before outlining the effect of aid imperialism on women's

health via the Global Gag Rule, I briefly describe the ways in which Global North economic decisions have left Global South citizens dependent on aid in order to meet their basic health needs.

The disempowerment of Global South women

If Global South women are particularly disempowered, that is the endpoint of a causal story of economic disempowerment at the hands of Global North actors.

Many Global South states are dependent on US (and other) global health funding because their health systems are under-staffed, under-resourced, and under-funded. This is the result of several factors. First, their economies are often weak, which is a direct consequence of colonisation (Bruhn and Gallego 2012). Colonisation is also implicated in the other major cause of weak economies: fragile governance (Tusalem 2016). Current global economic rules make matters worse by favouring Global North economic interests (Wade 2004). Not only are Global South states generally repaying high-interest loans incurred in the course of strengthening their economies, they also lose out through illicit financial flows, e.g. trade mispricing and tax avoidance (Brock and Pogge 2014).

As a condition for securing additional loans for development, many Global South states have undergone programmes of structural adjustment since the 1990s, requiring them to disassemble or privatise state-funded health and welfare in order to become more "market-oriented," and thereby improve their prospects of repayment. This has left them with contracted public sectors, under-funded health-care resources, and a critical dependence on NGOs to make up the deficit by providing the funding, resources, and personnel to run essential services.

Across the continent of Africa, it is estimated that an additional half a million children died as a result of structural adjustment, as spending on healthcare was slashed by fifty percent (McMurtry 1998). There are countless specific examples of the effect of structural adjustment on health outcomes (see e.g. Turshen 1977; Aidoo 1982; Coovadia et al. 2009), but even mainstream actors recognise the general role that structural adjustment has played in undermining Global South health. The United Nations' International Covenant on Economic, Social and Cultural Rights notes that:

> [I]nternational financial institutions, notable the World Bank and the International Monetary Fund, should pay greater attention to the protection of the right to health in their lending policies, credit agreements and structural adjustment programmes (UN 2000).

The World Bank's Chief Economist for Africa admitted that:

> We did not think that the human costs of these programs could be so great, and the economic gains so slow in coming (Bello et al. 1994).

The story just told has had a particularly pronounced effect on women. Under colonial rule, women were excluded from agricultural economies; administrators imposed their assumptions that women's rightful place was the private sphere (Ester 1970). Structural adjustment programmes then targeted women within this private sphere (Haddad et al. 1995), where they have been expected to cushion the effects of cuts to health and welfare services by performing additional unpaid labour and care-work, while remaining invisible within measures such as gross domestic product (Sadasivam 1997). In other words, structural adjustment policies rely on women to act as "shock absorbers." Economic policies co-opt women's invisible labour in protecting their communities against the worst of the damage, making the policies seem more viable and less damaging, and masking their true cost.

As scarcity worsens, women are also typically disadvantaged in the distribution of diminished household resources, and may become malnourished as food prices rise and men working outside the home are prioritized (Owoh 1993). Similarly, girls are more likely to be withdrawn from school to save on fees and to assist with domestic work (Elson 1995; Korayem 1996). The differential effect on women's health has also been noted. In particular, maternal mortality rates rise (Coburn et al. 2015), and women's mental health is affected by the increased burden of additional unpaid labour (Moncarz 2004).

Neoliberal international financial policies and lending leads to the undermining of health and welfare services across many Global South contexts, resulting in lower educational and health outcomes, particularly for women and girls, a rise in women's unpaid labour, and increased reliance on external funders. Genuine engagement with the needs of women requires recognition of the factors which block social and economic justice for women, which is determined by (amongst other things) the demands of invisible labour, and access to the means to protect their health and realise bodily autonomy.

Empowerment discourses position Global South women as enablers of the same global economy that has marginalised them by creating poverty, additional burdens of invisible labour, and dependence on NGOs via Global North donors. Without correctly historicising disempowerment, attempts at "empowerment" are liable to evade critique as they find new ways of exploiting the labour of Global South women. Further, empowerment discourses focus on individual women, and do not target the structural factors which lock Global South communities into economic dependence. As such, the neo-colonial imposition of moral and political values is liable to continue unchecked, with women left with greater responsibility for their marginalisation. In the next section, I explore a live example: the moral imperialism of the Global Gag Rule.

Trump's Global Gag Rule

In 1984, the United Nations' International Conference on Population and Development was convened in Mexico City. There, a policy which restricted United States' funding to organisations offering or counselling towards abortion was finalized. The result was the now infamous "Mexico City Policy," which was signed in by then-president Ronald Reagan the same year. In its original form, the policy dictated that if non-

governmental organisations (NGOs) were to receive federal funding from the US, they must declare that they would not "perform or actively promote abortion," even if abortion is legal in that particular state (US Department of State 2017). Upon his election in 1993, Bill Clinton rescinded the policy. It was reinstated and extended by George W. Bush in 2001, and then again rescinded by Barack Obama in 2009.

Critique of the Mexico City Policy focusses on the inability of organisations in receipt of US federal funding to even discuss abortion with their service-users or advocate for abortion access or legalisation. Further, acceptance of US funds requires the NGO to permit the US Department of State surveillance of documents and records for the purposes of determining whether or not this rule is being honoured. Policing speech around abortion provision would be unconstitutional on US soil under the First Amendment, which created additional controversy. Accordingly, critics dubbed the policy the "Global Gag Rule" (GGR).

Donald J. Trump was inaugurated as president of the US on the 23rd January, 2017, and predictably, three days later, reinstated the GGR. Trump's dramatically extended the policy, and with it the international landscape with regard to sexual and reproductive health. The previous GGR applied only to US *family planning* funding, a budget of around six hundred million dollars. Trump's new policy relates to all US federal *global health* funds, amounting to a total of nine billion dollars. That includes US funding for HIV/AIDS, maternal health, paediatrics, infectious diseases (e.g. malaria, tuberculosis, and neglected tropical diseases), family planning, reproductive health, and vaccination programmes (USAID 2018b).

To comprehend the significance of this expansion of the law, note that US global health funding is the largest single source of funding for global health assistance, coming in above the contributions made by the World Health Organization and the Gates Foundation (Garrett 2013; Kucheryavenko 2018).[1] Under Trump's new policy, coined "Protecting Life in Global Health Assistance," this substantial share of funding became pegged to the condition that recipients could not use any of the money received to provide abortions or abortion advice, or any of their funds *from any other source*.

Exploring the effects of the new Global Gag Rule

In order to access any of the almost nine billion dollars of US global health funding, healthcare providers working within NGOs must certify that they will not "perform or actively promote abortion as a method of family planning" (US Department of State 2017). This requires health providers to decide between:

(a) ceasing provision, counselling, referrals, and advocacy around abortions;
(b) declining US funding, which will affect their ability to provide other healthcare services.

One can hardly imagine a more troubling dilemma to be faced with. If an NGO rejects US funding in order to

[1] This trend must be seen in its full context. While states in the continent of Africa are major beneficiaries of US global health funding, if one studies net funding flows, Africa is in fact a net creditor to the rest of the world (Boyce and Ndikumana 2005; Ndikumana and Boyce 2011).

be able to continue to provide the full raft of family planning services in accordance with their own values, they will be left with a severe funding deficit. Given the shortages in global health funding, they are unlikely to be able to make up the shortfall with funding from other sources, which will result in having to scale back their services. Not only does this put the lives and health of their service-users at peril, it may also have the ironic effect of rendering them unable to provide their abortion services, or having to reduce the capacity of those services.

If an NGO instead decides to be pragmatic, and forgo its ability to provide abortion services in order to be able to continue its other work at optimal capacity, it knowingly leaves many women without their only route to a safe abortion. As such, it cedes women's rights to bodily autonomy in order to be better able to meet everyone's need for healthcare. From a moral perspective, neither of these responses is acceptable, but the moral wrong is clearly committed by the policy that enforces the dilemma. Whichever decision is chosen, proponents of the GGR seem to win: some NGOs abandon their abortion work, others are forced to reduce their capacity.

Yet, in the most obvious sense, the GGR fails on its own terms: the number of abortions is *not* reduced. While it is too early to make overall pronouncements on the scale and details of the effect of the latest version of the GGR, recall that its less extreme version has been in effect twice before, and its effects have been carefully observed. Most notably, the GGR has never been shown to reduce the number of abortions that take place. This is important, since the ostensible purpose of the GGR is to prevent abortions, hence the policy's titular aim of "protecting life." In fact, the number of abortions has been shown to *increase* when the GGR is in operation (Bendavid et al. 2011). One can understand this counterintuitive effect by considering that the GGR tends to reduce the capacity of organisations which provide family planning services. Women are left with reduced access to contraception, and are therefore more likely to require abortions to terminate unwanted pregnancies. The GGR has also been shown to have a negative effect on child health as reduced access to contraceptives leads to unintended births of children whose needs cannot be met (Jones 2011).

Importantly, while the number of abortions does not fall under the GGR, many abortions are no longer guaranteed to be safe, since organisations previously providing or advising people on safe abortions have their services cut. As it is, between 50,000 and 70,000 women die each year as a result of unsafe abortion, almost all of whom are based in the Global South (Grimes et al. 2006; WHO 2012). The expanded version of the GGR is likely to increase this figure as the abortion rate stays constant while a greater proportion of abortions become unsafe. Further, cuts to other services as a result of lost US funding is likely to increase mortality due to other causes.

The GGR creates an atmosphere of censorship around abortion, with NGO workers going to painstaking lengths "to avoid even the perception that they are speaking about the forbidden subject of unsafe abortion" (Ernst and Mor 2003, p.10). Accordingly, NGO representatives report abstaining from contributing to the discourse on abortion provision in their countries of operation in order to avoid endangering their funding. This censorship of abortion advocacy may have long-term effects on abortion discourses and access within

affected Global South countries.

NGO Marie Stopes International has estimated that cuts to its services under the new GGR will give rise to an additional 6.5 million unintended pregnancies, 2.1 million unsafe abortions, and more than 21 thousand maternal deaths (Marie Stopes International 2017). So far, the organisation has seen a $60 million funding shortfall, leading to closures and reductions in sexual and reproductive health services in Madagascar, Uganda, and Zimababwe (Harris 2018). Kenya's foremost sexual and reproductive health provider, Family Health Options Kenya, has also reported worrying effects as a result of a 60% reduction in its funding (Ingber 2018). One of its mobile outreach initiatives, which provided 76,000 women each year with free sexual and reproductive health, has been discontinued (Jerving 2018). Specialist clinics serving sex workers and religious minorities have been closed, and the capacity of its other medical services reduced, including vaccinations, cervical cancer screening, maternity care, paediatrics, as well as HIV/AIDS prevention and treatment. The GGR is expected to have devastating effects on HIV/AIDS prevention and care, since two-thirds of the funding that is made vulnerable by Trump's expansion of the policy was earmarked for HIV/AIDS programmes (AIDS United 2017).

NGO workers are placed in a moral predicament that is deliberately imposed upon them by funders whose political influence in their home state is strongly determined by their stance on abortion. In addition to the relatively unavoidable barriers they already face in delivering their services, many of which are morally distressing, NGO workers are now faced with an entirely avoidable barrier: the imposition of a moral framework which serves the interests of political actors negotiating power elsewhere in the world. This is a form of moral imperialism. The values of a powerful state are enforced upon others in a context in which the priorities and consequences are entirely different, and the health risks are severe.

Conclusion

Global North economic policies have provided loans on the condition that Global South nations decimate their health services, undermining women's ability to care for their own health and others' without relying on donations from external funders. It is in this desperate context that the US is able to implement the Global Gag Rule, rendering its global health funding conditional on women relinquishing their bodily autonomy. Global South women cannot be "empowered" until they are released from a relationship of dependence and conditionality upon Global North states and institutions.

More specifically, international regulations must prevent individual nations from making funding for basic necessities subject to realpolitik. As it stands, the US is able to use its colossal financial resources to export its domestic ideological divide to the Global South, where women's lives are risked for political gain. While there is clearly a place for the exercise of conscience in how states allocate foreign aid, all policies around *health* funding should be informed by the lived reality of recipients, and must be subject to the principle of non-maleficence in medical ethics: *do no harm*. If such restrictions were to result in US federal funding being withdrawn entirely, that would at least allow NGOs and governments to plan accordingly rather than

pragmatically collude with ideologies which value some lives above others. As it is, the GGR inflicts harm, and there is unambiguous evidence that it is undermining global health objectives. The ostensible aim of "Protecting Life in Global Health Assistance" is not met: women's lives are threatened by the new policy, and foetuses will not be saved by it.

For the remaining years of the Trump presidency, and perhaps beyond, millions of Global South women will have significantly reduced access to the medical care and resources that are necessary for the realisation of bodily autonomy. Many others will die as a result of unsafe abortions, or as a result of more general reductions in global health funding. Meanwhile, virtue-signalling "women's empowerment" schemes will likely continue to abet the same Global North economic interests that continue to disempower Global South women and produce fertile ground for the perpetuation of neo-colonialism.

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