



REPORT

Assessing the Impact of the Expanded Global Gag Rule in South Africa

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I. INTRODUCTION

South Africa has one of the most progressive abortion laws in the world and as the constitution states, South Africans also have “the right to make decisions concerning reproduction” (Constitution of the Republic of South Africa, 1996). Alongside being a free service, this should seemingly translate into accessible country-wide abortion services. However, less than one in ten public clinics actually perform abortions (Amnesty International, 2017). One of the main reasons for this has been the failure, on the part of the Department of Health, to regulate conscientious objection, i.e. the right of a healthcare worker to refuse to provide a service against which they are morally opposed. Another reason is a lack of resources, in terms of both health professionals and finances, which manifest particularly in rural areas.

As a result, women who are considering abortion either turn to illegal providers whose advertisements are scattered around towns, or towards private service providers such as Marie Stopes. Both options are usually costly, especially to poor women. And illegal backstreet abortions often result in sepsis and infection. Recent data on abortion services in South Africa indicate that between 2016 and 2017, 20% of all abortions performed on women aged between 15-44 years were provided by the public health sector, while 26% and 54% of abortions were performed by illegal providers and the private health sector respectively (Lince-Deroche et al., 2018).

Another reason why South African women are not accessing the reproductive rights they are entitled to is because there is a dearth of information on the topic of abortion available to them. South African women, especially in the rural areas, often do not

know they have a right to publicly provided free abortion services, nor do they know where they can access these services. This is where the not-for-profit (NPO) organizations pick up the slack. While most NPOs do not provide abortion services themselves, they do work that brings them into contact with women and girls who face unplanned pregnancies. The departments of health, education and social development outsource many of the community-level social work to local NPOs. These development workers are in the position to provide a comprehensive list of options to pregnant women and girls, including the option of termination and referral to a clinic.

While the Global Gag Rule (GGR) does not affect the South African government’s provision of abortion services, it does restrict US funded organisations from referring people to government services and providing them with relevant information that would help them in the process of terminating. It is therefore at the level of information sharing that the GGR is likely to have its biggest impact on South Africa. This is particularly disconcerting because the general South African public is quite conservative and abortion is already highly stigmatized.

The result will thus be more unwanted pregnancies and illegal backstreet abortions. South Africa already has one of the highest maternal mortality and morbidity rates in the world. Septic abortion is one of the top five causes of maternal death in the country (National Committee on Confidential Enquiries into Maternal Deaths [NCCEMD], 2012). The latest statistics show that in South Africa, 25% of deaths due to miscarriage were a result

of unsafe abortions (NCCEMD, 2017). Accessible and safe options of terminating pregnancies are the only way to avoid these massive amounts of deaths.

II. METHODS

This project involved two aspects: namely media tracking and analysis, and key stakeholder interviews.

Media tracking

Media tracking and analysis of the Global Gag Rule in South Africa focused on how information about the Global Gag rule was represented when disseminated to the South African public in print and online newspaper media. A discourse analysis was conducted on print and online newspaper articles to explore how journalists were talking about the Global Gag Rule and the kinds of discourses that writers drew on in order to inform the South African public about the Global Gag Rule. A preliminary review of representations and themes from South African newsprint media on the Global Gag Rule is also provided.

The media tracking for South Africa was conducted by accessing newsprint media from the South African media archives on Sabinet. To access these newsprint media, key search terms such “Global Gag Rule”, “Protecting Life in Global Health Assistance”, “Donald Trump” and “South Africa” were entered into the search fields of SA Media. The relevant newsprint media from these search fields were downloaded and stored in a shared folder. The media report gives broad findings of how the Global Gag Rule is represented in a select group of South African media articles.

Key stakeholder interviews

Interviews were conducted with members of South African government agencies, SHR civil society and healthcare providers – all of whom work in the field of sexual and reproductive health and rights. Various recruitment methods were used for the research. Initially, participants were recruited from the *Abortion and Reproductive Justice Conference III: The Unfinished Revolution* that was hosted at Rhodes University in Grahamstown from the 8-12 July 2018. This was an international conference attended by people working in the fields of abortion and sexual and reproductive health and rights. We used this opportunity to talk with delegates working in South Africa within these respective fields. Delegates ranged from academics to activists, as well as people in non-profit organizations and faith-based organizations. Interviewees were also recruited via phone and email from a list provided by the International Women's Health Coalition (IWHC). The latter recruitment strategy was a twofold process: Firstly, IWHC had a list of participants who had been involved in interviews the previous year. These individuals were contacted for follow-up interviews. Secondly, IWHC provided a list of South African organizations that were receiving USG funding. Phone calls were made to various people in these organizations, and emails were used as a method of communication as well. The research was explained to these potential participants. They were notified of the Global Gag Rule provisions around work on abortion, and informed that they were taking part in the interviews in their individual capacity and not representing their organizations or speaking on behalf of their organizations. Recruitment and sampling also happened in a snowball method,

where participants who could not participate in the research for various reasons provided us with the names of other participants who would be willing and able to participate in the research. The data was analyzed using *Dedoose* software.

Ethics

Ethical clearance was received through the Research Proposal and Ethics Review Committee (RPERC) and the Rhodes University Ethics Standards Committee (RUESC) under ethical clearance number PSYC2018/25. There were no major ethical concerns in terms of the media tracking of representations of the Global Gag Rule in South African media.

The potential risk of being identified for participating in the research for participants

Interviews with participants from the SRHR civil society sector were more challenging ethically. Initially, there were ethical concerns around the potential identification of participants in research outputs emanating from the research project on the Global Gag Rule. These concerns were related specifically to the provisions of the Global Gag Rule - particularly provision 6 (i-v), which stipulates that organizations who receive funding from the USG are not allowed to participate in work that can be viewed as “actively promoting abortion”, and that if the USG has reason to believe that this provision has been violated, then such organizations would lose their funding (USAID, 2017, p. 86). Although organisations receiving United States government funding are not prohibited from speaking about or against the policy itself, the ethical concern was that participation in this research could be viewed by organisations or donors as “promoting abortion”, as abortion service provision would

inevitably be discussed. The ethical implication of this was that participants, if known and if seen as *representing their organization*, could lose their livelihoods for agreeing to be part of the research if it became known to the USG that they had been participants.

Third party liability

Another ethical issue was around third-party liability. This meant that the activity of the participant who participated in the research interviews we were conducting could affect third parties in their organization should it happen to become known that they had participated in the interviews. This would mean that third parties would be liable to suffer for prohibited actions in which they had not participated, but for which someone in their organization had. The ethical implications of this were therefore around liability, third party risk and responsibility (relating to how responsibility should fall fairly on those who are implicated in ‘wrongful’ action).

Gatekeeper permission

The researchers were also challenged to think ethically and critically about gatekeeper access in terms of recruiting participants in organizations. Gatekeeper access is important because it is an opportunity to get permission into a setting, as well as access to relevant stakeholders. It is also ethically important for the research process that people are always made aware of research that is taking place around them and that could potentially affect them. It is gatekeepers who can usually make such announcements about the research or place the researcher in a position where they can responsibly inform relevant and potential stakeholders about the objectives of the research.

However, with the research being so politically sensitive, we felt as researchers that participants were in the best position to negotiate gatekeeper access, or at least that participants should be given the opportunity to comment on how they wanted gatekeeper access negotiated. This is because we were critical of the blanket or default gatekeeper access approach, which undermines how much knowledge participants have of the internal dynamics of their organizations, and denies participants the opportunity to comment on the gatekeeper permission and access process.

Ethical responsibility

In response to the ethical concerns surrounding provision 6 (i-v), which was about the ethics of participating in the research if participants could lose their funding, 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 an 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. Provision C 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. We therefore argued that participants would be participating in an individual capacity and not on behalf of their respective organizations. Paragraph C assisted with the issue of third-party liability and gatekeeper permission. If participants adhered to the stipulations set out in this provision, there would be no negative consequences for third parties. Additionally, 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. Participants were, however, given the opportunity to inform their relevant gatekeepers about their participation in our research, should they wish to do so. This was in keeping with our principle position throughout the research that participants may sometimes have the best and most intimate knowledge about the internal dynamics of their organizations. In response to being potentially identified in reports emanating from the research, we argued that we would take stringent measures to ensure that participants were not identifiable in reports or research outputs produced from the research. This would involve using descriptors instead of pseudonyms. Any and all potentially identifying information would be analyzed and removed, for example names of places or organizations through which participants could be potentially identified. Furthermore, participants would be consulted for potentially identifying information in their interviews throughout the research process.

III. FINDINGS

An analysis of the interviews was done using *Dedoose* software. Codes were provided by IWHC. The analysis was divided into four sections for ease of understanding: the GGR's effect on South African civil society; discussions on the effect on and role of the South African government; general levels of knowledge and understanding of the GGR; discussions of the health effects of the GGR; responses to the GGR; as well as discussions about potential solutions, resistance and the unintended positive effects of the GGR in South Africa.

South African civil society and the Global Gag Rule

Most of the organizations that participants came from were not directly affected by the Gag Rule because they have alternative funding. However, most knew of organizations (especially small ones) that had to close down or retrench workers. The organizations that continue receiving US funding and signed the Gag Rule could do so because they do not do anything abortion-related or were able to amend their services without too much difficulty. One organization signed the Gag Rule because, as they argued, they only refer rape cases, which the Gag Rule allows.

Participants expressed sympathy towards small organizations that lost all their funding and are currently having to close down or retrench workers. Most of those who were able to forgo signing the Gag Rule did so because they have other funding, and considered themselves privileged considering the fact that not all organizations can take a stand and reject US funding on principle. Organizations thus have to evaluate what is most important: the non-abortion work they will still be able to do, or the principle of pro-choice and the provision of comprehensive sexual and reproductive health services. Ultimately, these organizations will have to make this difficult decision.

There is much curiosity about how NPOs are negotiating the Gag Rule, especially regarding whether or not they are implementing the exception on conflicting national law. One organization in our data is in the process of applying for US funding hoping that they will be exempt from the Gag Rule based on the national law exception. However, none of the other organizations have managed to find a way to retain their funds whilst still maintaining their liberal stance on abortion.

Shutting down of clinics, retrenchments and funding cuts

Some respondents were directly affected by the shutdown of clinics, the retrenchment of staff and recent funding cuts - most could cite either one or more instances of this that they were aware of. This, as the respondents noted, has a far broader effect than merely the reduction of available abortion service providers:

... some may be forced to close down, which would have a knock-on effect on the women who are dependent on these services and not just women, especially NGOs that are comprehensive issue-based. If the funding comes externally and they deal with a range of issues then a lot of people will be affected and not just those who access abortion services. So that will put a huge burden on the services that people are able to access through NGOs. (Coalition member, SRHR advocacy coalition)

When the US pulls out and closes down services, it is not just the abortion services. It is the information to women, it is HIV services, it is pregnancy services, teenage pregnancy and related stuff. And it [promotes] unsafe abortions. All those things are impacted on the Global Gag Rule. So, what has happened is that women's lives have become much more vulnerable, they don't have access in the way that they did - and it is always the most poor marginalized who suffer the most. (Executive Director, Women-focused NPO)

Changing focus, altering information

Cutting out of information that's basically...people have just had to re-look at the information that they share to make sure that they comply. (Marketing Manager, Private TOP service provider)

...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 relevant. (SRHR Program Advisor, Global Alliance of Churches)

Adapting the content of their programmes to comply with the Gag Rule was generally perceived to be a massive waste of expenses. Some organizations had to re-structure themselves entirely according to US policy requirements. It was also mentioned that it is likely that professionals who lose their posts as a result of the Gag Rule will be able to find positions elsewhere. However, as the Programme Manager of an internal non-profit organization (INPO) argues, “the work and the traction that they had gained now becomes dormant”. Research and interventions often take years to yield results, which means that these interrupted processes are a huge waste of resources.

A culture of secrecy

A prominent theme that emerged from the data was that many organizations are contending with what can perhaps be called a new culture of secrecy in the non-profit sector, as the following respondent notes:

So these groups then stop working in the area, they stop networking, they changed focus, 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, and very nervous not to engage. (Chairperson, SHRH advocacy coalition)

...it facilitates a culture of like, almost, influencing people to be gagged. (Chairperson, SHRH advocacy coalition)

The ‘freezing’ and ‘paralyzing’ effect that results is proscribed as being the very strategy of the Gag Rule: a form of ‘divide and conquer’. The Regional Director of a health-focused INPO described the fear within their organization of

becoming subject to an investigation for violating the Global Gag Rule. As a result, they cut back on spending for specific programmes. In certain areas where confusion about the policy exists, most organizations choose to self-gag rather than face the withdrawal of funding. While it was difficult to ascertain whether over-interpretation of the policy is taking place, one of the respondents made it clear that a lack of understanding of the extent of the Global Gag Rule produces fear described as a “huge dark cloud that people are afraid of” (SRHR lawyer, Public interest law center).

A reduction in coalition space

Perhaps the most common consequence that the interviewees had noticed since the GGR took effect concerns a breakdown in the South African SRHR coalition space:

As South Africa, I think that the main issue that we are facing with the Global Gag Rule is, this time around, the ability to partner with a lot of organizations that are US funded. (Marketing Manager, Private TOP service provider)

Respondents spoke about how individuals who are part of US funded organizations have started to decline invitations to meetings, conferences and workshops where abortion could potentially be discussed - even if this occupies only a small part of the proceedings. Some have spoken candidly about the effort of going through conference or workshop programmes to see if the topic of abortion is discussed. This clearly has an effect on relationships between NPOs.

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 its heard that it had abortion. It also affects their funding. So, it's also affecting also our partners [and] our planning and our workshopping (SRHR Program Advisor, Global Alliance of Churches)

Civil society, as one SRHR lawyer working at a public interest law center argued, “works better in coalitions” and networking is an important part of any non-profit organization. The Global Gag Rule has had the effect of tearing apart many existing (and potential) connections and partnerships. Some respondents shared their experiences of having to decline partnering with other organizations, or other organizations having to decline partnering with them:

...it has really made me think twice about a lot of people I would have ideally tapped into. These are people whom I know if you knock at their door things would happen: be it in government level, at provincial level or at district level. But you know that their work is linked to USAID for instance, so you don't even want to try. The impact of that obviously is then you find yourself having to do much more spadework than you would. It's easier to pick up a phone and call an old colleague. (Program Manager, SRHR INPO)

The breakdown of SRHR civil society

South African SRHR civil society groups have grown strong in the last decade, turning into a collective. Unfortunately, the breakdown of coalition spaces has led many to express the fear that the South African SRHR civil society itself might be in jeopardy of breaking apart under the strain of the Gag Rule.

The effects of the retraction and re-instatement of the Mexico Policy on the part of successive US governments was most prominently discussed with reference to the general effect it has had on the South African SRHR civil society coalition.

The Chief Director of a unit at a government department credits former U.S. president Barack Obama's retraction of the Mexico Policy for the strength of the current coalition. It is hoped that the current SRHR coalition is strong enough to withstand the challenges of the Trump era. Another respondent described how the Clinton era saw a strong SRHR coalition. The strength of SRHR coalitions in the 1990s provided the country with the CTOP Act, which is a strong foundation for civil society to build on and use as a weapon of resistance in times like these. However, the Bush era “decimated” the coalition. Trump's Gag Rule is considerably more encompassing, which does not sit well with participants considering the coalition's track record during Republican terms. If Donald Trump manages to stay in office another term, “it can again do a lot of damage” (Chief Director, Unit, Government department).

And what do I think about it? 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 a number of years because right now we have to then rethink the approaches and it also strengthens the pro-life organizations who are pushing for..for women not to abort and yet there are so many circumstances that women..that cause women for them to abort. (SRHR Program Advisor, Global Alliance of Churches)

The South African government and the Global Gag Rule

And I will tell you well, things are so bad already, even before the Global Gag Rule, that you can't see the difference, you know. Because the Global Gag Rule affects NGOs, but things are so bad in the public sector already that you really can't see the difference when something happens in the NGO sector. (Lawyer, Public interest law firm)

One of the more prominent discussions among

respondents involved the South African government and the existing system of public abortion service provision. On one hand, it was argued that the existing legal framework both in terms of the CTOP Act and constitutional reproductive rights would insulate the country to some extent from the vagaries of the Gag Rule. On the other hand, the poor state of abortion service delivery and the existing conservative stance towards abortion - especially of the current Minister of Health, Dr Aaron Motsoaledi - was often cited as an already existing barrier to abortion services, and one in which Gag Rule proponents might find common ground:

... one can only suspect for instance, that the continued silence of the Minister of Health on abortion might actually be tied to the US's view that abortion is not a priority and it should never be a priority. (Obstetrics and gynecology specialist, Government department)

There was also a discussion around the self-gagging of Department of Health officials, which could either be due to the stance of the Minister, their own moral stance on abortion or because of the significant amount of funding the department receives from the US. Although the Gag Rule should not affect government services, the general attitude among respondents was that it did. One respondent mentioned that they knew about "government departments that have signed up for PEPFAR funding now [having] real difficulties in their programmes" (Chief Director, Unit, Government department). This was thought to be due to a general reduction in funding from the US in the country, which means that women's health services' funding is being siphoned to HIV or TB services:

I think just the one sad thing is, we should have known, I mean we...we knew, when we were signing up to PEPFAR support, we knew that that makes us vulnerable. (Chief

Director, Unit, Government department)

...but I mean we set ourselves up for this thing and we could've, you know, prevented the impacts if we were more forward looking. But many people in government were just like "Let's go for the money". (Chief Director, Unit, Government department)

More than one respondent mentioned that ongoing projects within the Department of Health in the area of SRHR and abortion just "evaporated", and blames the Gag Rule for this. Many also believe that the Gag Rule is emboldening the Minister of Health and conscientious objectors in the public health system - one respondent even claims to have witnessed an increase in conscientious objections in the country. Apparently, maternal health-related services like *MomConnect* and *BeWise* are also gagging themselves, having removed all abortion-related messages. Despite the Gag Rule, there is already very little information being provided in clinics about termination of pregnancy services:

...you walk in there [clinic] and you see everything on Tuberculosis and washing your hands and HIV, you know. Nothing on abortion ever. So I think, you know, as much as we don't have a clue and we have a great CTOP Act, we don't actually do anything to implement it. (Marketing Manager, Private TOP service provider)

An obstetrics and gynecology specialist at a government department noted that in the Western Cape, little is done to improve access to abortion services because the person in charge is simply refusing to implement it. With an indifferent Minister of Health, it is likely that such attitudes are not likely to be challenged. The proof that these attitudes are having a major effect on abortion service provision lies in the fact that, as the same respondent noted, "poor provinces such as Mpumalanga have gone on and started

medical termination of pregnancy. But Gauteng, being one of the biggest and busiest [provinces], you find that now they are having some hospitals closed... [saying] “Sorry, we are no longer providers””. (Obstetrics and gynecology specialist, Government department). Respondents believed that women’s issues were already clearly sidelined by government departments:

Every year, you hear on the news about illegal circumcision schools and how they are trying to clamp down on them. And they are training surgeons to be able to do circumcision and minimize the loss of life. Every year you hear that. You don’t hear the same complaints about training nurses and midwives so that they can do abortions so that women don’t die. (Lawyer, Public interest law firm)

As a result, any funding cuts would affect reproductive health services the most since they are already the last on the list of government priorities.

Of course, government itself is not a monolithic entity. While the departments of health and education are very dependent on US funding, the Department of Social Development seems not to be. At least the National Population Unit, a government worker noted, has never received US funding because they have always known how the Gag Rule could affect their work. The Chairperson of a SHRH advocacy coalition argues that the other departments have adopted the US agenda, which has disrupted the government-mandated provision of comprehensive sexuality education in schools and the delivery of a comprehensive of sexual and reproductive health package. The Marketing Manager of a private TOP service provider also argued that the Department of Social Development recently started to “work a little bit harder” to fill the gaps left by other departments.

Another important effect that the Gag Rule has on government-funded work relates to NPOs that are sub-contracted to do community-level social work. Even without the influence of the Gag Rule, many of the NPOs were conservative to begin with. One of the respondents works for such an NPO. They are funded by the Department of Social Development to do social work in a local community, but they were trained by a US organization. Thus despite the fact that this individual does not currently receive US funding but rather government funding, they are advocating for abstinence and in some cases, pregnancy ‘acceptance’:

As childcare workers, our role is to help you understand how precious the gift of a child is until the person gets to a point where they no longer consider abortion and they accept the baby as a gift from God and they are willing to raise the baby. (Child-care worker and Project Manager, Youth-focused community NPO)

Another example of sub-contracting services that was provided entails a USAID-appointed organization that does sexuality education in schools in Kwazulu-Natal. This organization teaches abstinence and Christian values. Thus, even though government services are not subject to the Gag Rule, such services are nonetheless impacted. The number of conservative NPOs will increase as US funding becomes easier for them to attain, which will have an enormous impact on the type of SRHR services the government provides through this type of sub-contracting or outsourcing. Organizations doing sexuality education have generally been well-funded by the US, and these organizations will either be forced to close down or alter their content. According to the Chief Director of a government department unit, the Department of Education does not budget for

sexuality education - which means that this area is particularly susceptible to Gag Rule politics.

Many respondents believed that ultimately, the responsibility for curtailing the damage of a foreign policy such as the Gag Rule is that of the South African government:

The only thing I can suggest best is for organizations to advocate within our borders against the GGR. Our government should protect us, they have strategic goals and relationships with the US government. They are in the best political way to talk about these things. For an ordinary NGO not to play by the rules, they going to take away funding. It's more of a losing game if we try to fight the US government, we should try to fight our government to tighten and help people to achieve what they want based on their contexts. (Program Manager, Global alliance of NPOs)

On the one hand, the government needs to take seriously the need to provide quality abortion services and also provide the information that would increase its utilization. The South African government cannot continue to rely on NPOs to do something as important as provide sexuality education and abortion services, especially if NPOs are made vulnerable by funding obligations. The situation with the Gag Rule should initiate a precedent where the government shifts funding to SRHR and abortion so that it is not impacted by foreign donor obligations. On the other hand, while smaller NPOs have little to no power in negotiating with the US government regarding their foreign policies, it was argued that the South African government may have, especially since there exists an exemption on affirmative duty.

There were also some sentiments over the question of dependency on another country's aid. Not only was the South African government in the best position to bargain with the US, the government

was itself the best solution to the problem of comprehensive sexual and reproductive service provision:

... you know, 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, [a] 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? (Lawyer, Public interest law firm)

I believe that it should be our government who should be actually addressing these things. You can't export your own policies in a different country and that country will accept that things will happen in the restriction of and the funding is supposed to be sustainable because of the interventions that will be continued by the government. (Program Manager, Global Alliance of NPOs)

Ultimately, the onus to provide services and the information on sexual education falls in the remit of the South African government, particularly the Department of Health. It is important that SRHR advocates focus their attention on these institutions.

Most respondents did not believe that the Gag Rule would have an effect on government policy, particularly due to the duties enshrined in the constitution regarding reproductive choice. Despite this, the political will of the South African government is weak. Respondents replied to the question of whether the Gag Rule will affect government's position on reproductive rights in the following way:

I would like to think not. But I mean it's one thing to have a constitution that protects these rights, it is another thing to have the political will to make sure that those rights

are lived and accessed. So, I mean, I think that if you were in government and you were so inclined, that you maybe agreed in principle to the sentiments behind the Global Gag Rule. You might kind of use that as an excuse not to do your job properly and uphold your constitutional obligations. (Managing Editor, International advocacy and publishing group)

I think they might, despite the fact that governments aren't directly affected, you know. Attitudes are already tricky and when a major partner like the US has indicated or indicates its attitude, there is a knock-on effect where there is obviously reluctance to offend. And I mean you have also seen president Trump threatening... countries that don't agree with whatever position... So, because it's a major power, a major funder, it is like... it is possible that, you know, that might affect attitudes. (Program Manager, SRHR INPO)

Knowledge and understanding of the Global Gag Rule

Interview participants were generally well-informed on the GGR policy. Most of the participants who were interviewed after the conference on abortion admitted that they received their information at the conference. Some of the government officials were under the impression that government departments were also subject to the Gag Rule, or at the very least were placing the blame for financial shortages on the withdrawal of US funding. The participants did predict possible self-censure on the part of small NPOs due to over-interpretation or misunderstanding of the policy. Participants did not receive their information through the media, and pointed out the silence of the South African media regarding the Gag Rule and abortion in general. One NGO described their struggle to get accurate information regarding their funding and obligations from funding headquarters in the USA.

This was attributed to the newness of the policy at the time of application.

Effects of the Global Gag Rule

The erosion of comprehensive sexual reproductive health services

...to say that they won't work in abortion - it dilutes good work, comprehensive work, reproductive justice work that actually embraces a whole picture [of] a continuum of power and inequalities, which is what we engage in. (Chairperson, SHRH advocacy coalition)

The importance of providing abortion services to women are well understood in SRHR advocacy circles. The public health effects are most often cited. Scientific evidence is clear on the positive effect that the provision of safe legal abortion services has on maternal mortality and morbidity rates. But the provision of abortion services goes far beyond the need to reduce these rates. Access to an abortion is a fundamental reproductive right, one of a range of reproductive rights women should have access to. Without it, reproductive rights are eroded. Especially in a country where patriarchy, gender inequality and poverty animate everyday life for millions of South African women, to be denied such a service has an enormous impact, especially on younger women, who are often even more vulnerable. Lack of access to even one reproductive need affects women's lives in a detrimental manner. The fear that the Gag Rule will erode comprehensive sexual and reproductive services was widespread among respondents.

A common response was that "anything that interferes with the provision of safe abortion services is interfering with a whole spectrum of sexual and reproductive health services" (SRHR Advocacy Manager, Regional development

organization). While it is possible that the provision of abortion services won't necessarily decline dramatically due to the Gag Rule, available information on and referrals for abortion have taken a definite knock. A variety of NPOs who provide sexuality education to young people have been affected by the Gag Rule and as discussed, they have had to either shut their doors or re-work their manuals to exclude the topic of abortion. As will be discussed later, the Department of Health is for its own reasons not providing information on abortion and many of its clinics are already not providing the service. The use of public clinics is already impacted by the general fear - especially among adolescents - of the judgmental attitudes of nursing staff (Harries, Stinson and Orner, 2009).

A good example of the tendency to exclude abortion from comprehensive SRH services was provided by the United Nations Population Fund. Since 2000, the UNFPA has cut their work on contraception and abortion services due to the pressure put on them by their primary funders, i.e. the US. Before then, the UNFPA provided a great deal of support to South Africa in the drafting of the CTOP Act. An interviewee who is familiar with the recent UNFPA language called their stance "ridiculous": "It's irrelevant, it's not strategic, it's not comprehensive and it's a huge challenge" (Chairperson, SHRH advocacy coalition).

The removal of such an important aspect of reproductive health rights was thought to most certainly have "a ripple effect on other things... because it touches on other things... because everything touches on other things" (Lawyer, Public interest law firm). These 'things' are likely to be other major concerns for South Africa, such as the HIV/Aids epidemic, teenage pregnancy and maternal death.

The potential for corruption

One respondent spoke extensively on the fact that in the wake of a large number of smaller NPOs losing their US funding, funding bodies are instead approaching large consulting firms such as Accenture:

That's why I mentioned the other day that there needs to be another layer of governance and forensic investigation happening. Because then what these groups do, they sign it and then they sub-contract you to do the work. But then they take the cut and they also put three of their consultants, at nine thousand rand a day, to do the work. So...and that money just goes back to the States because they're US consultants. So, it's hugely corrupt... They stay in fancy hotels, they get paid nine thousand rand a day, and then they include like one or two local consultants. And nobody knows what each other's doing so it takes twice as long. (Chairperson, SHRH advocacy coalition)

Instead of contracting local NGOs with knowledge of local approaches and needs, consulting firms produce results at a considerably higher price, their approaches are not applicable to the local context and the results take much longer.

Effects on health

There was little said about the direct effects on health that the policy might have, likely because the effects of the policy have not been measured yet. The constant to-and-fro on the part of the US government also means that it would be difficult to ascertain the true effects of the policy on countries such as South Africa. Several respondents expressed the need for accurate information on the policy's impact on health, and its usefulness in fighting against the Gag Rule and its proponents.

When prompted, respondents maintained that the true effects of the policy are likely to manifest in the form of more unwanted pregnancies,

more backstreet abortions, and as a result, more abortion-related death and illness. Clinics, it was argued, are likely to see more post-abortion cases of sepsis and infection.

Differential impact

Misinformation impacts the decisions made by young girls, which could be a danger to themselves or the community. (Program Manager, Global Alliance of NPOs)

Young people and women in rural areas were said to be likely to carry the burden of the policy, since NPOs tend to turn their attention to areas where government services are the weakest. But it is not just in the provision of services that potential negative effects are predicted. Rural areas in particular tend to have very conservative ideas about abortion, and certain traditions have a particularly negative impact on young women. One respondent spoke about the tendency among young people to put the responsibility to prevent pregnancy on the young woman. However, when faced with a pregnancy, the decision to abort or not moves to the family of the young man. There are also a variety of myths attached to abortion and as one respondent observed, it is usually the job of NPOs to debunk those myths. If the Gag Rule prevents local NPOs from talking about abortion, then these myths will proliferate.

Reduction of access to services

The most likely effect on abortion services was noted to be a reduction in access to abortion services, as well as sexual and reproductive health services more generally if NPOs close down. The policy is described as “blatant anti-woman” (Coalition member, SRHR advocacy coalition). Considering that the public health sector already

constrains access to abortion services, “it just makes a service that was already inaccessible, even more inaccessible” (Lawyer, Public interest law firm).

Responses to the Global Gag Rule

Anger and frustration towards the US government and Donald Trump

It's so difficult to understand. What is behind it and what prejudices and what ignorance informs the promotion of that kind of rule? I mean I don't know how you can have any sense of what the consequences are of this kind of rule and be supportive of it. (Managing Editor, International advocacy and publishing group)

There was a general distaste towards the US's perceived interference in South African domestic affairs. The policy is considered a form of bullying by a powerful nation that wants to enforce its will on others, while being fully aware that these countries are dependent on its funds. The most extreme opinion described the US as “the most conservative, most aggressive, anti-women's rights country in the world” (Executive Director, Women-focused NPO). Another respondent, the Chairperson of a SRHR advocacy coalition, described the Gag Rule as a form of neocolonialism. Even an anti-choice participant regarded the Gag Rule as improper interference. The policy is perceived as most likely the result of a conservative Christian faction in the US taking advantage of Donald Trump's indifference towards both other countries and women's issues.

Emboldened anti-choice groups and feeding existing conservative values

The fact remains that the general South African public leans towards conservative interpretations

of abortion. Many SRHR organizations have not been accepted into communities, as the SRHR Program Advisor for a Global Alliance of Churches argues, because of this conservative value system. These beliefs are often held firmly and there are some concerns about the US's conservative stance feeding these beliefs.

A potential example of such an influence comes from the local African Christian Democratic Party's (ACDP) recent bill handed to parliament, which sought to introduce a variety of measures that might dissuade abortion seekers from choosing this option – including showing women ultrasounds of their fetuses and introducing mandatory counselling for women seeking abortions. This bill was rejected by the South African parliament.

The counter-narrative on abortion generally comes from a conservative Christian base, and there are already a great number of groups that do Christian-based outreach or social work in the country. The revitalized anti-abortion narrative coming from the US is likely to invigorate these local groups. As US funding is freed from established NPOs losing their funding, these groups are likely to have easier access to these funds, as one participant noted:

I think it will embolden those conservative elements in our society, because of course, they do have now ammunition to use. (Researcher, HIV research facility)

The US's conservative influence has likely spread beyond anti-choice groups. Concerns were expressed that those healthcare workers that are in a position to refer people to abortion facilities may use the Gag Rule as an excuse not to do so. The policy could also multiply the number of healthcare workers who choose to conscientiously object.

Solutions, resistance and unintended positive effects

Unintended positive responses to the GGR

Various respondents remarked that there has been an uproar against the Gag Rule for one, but more generally against the anti-woman stance of the US. While it might not all be as a result of the policy, more people, it was argued, are having conversations about women's rights and abortion.

Because the US is often seen as a bully with regards to its foreign policy and President Donald Trump has had a general condescending attitude towards African countries, many people have positioned themselves automatically in opposition to the US position on many issues:

I think the general public probably don't know that much about the Gag Rule, but what we have been seeing is the pushback against it. And of course, I mean other funders have also organized themselves to provide more support to keep the discussion on abortion and another women's health issues in the public domain. Um so again you know it has probably prompted us to talk more, you know, and make it more visible. (Chief Director, Unit, Government department)

An example that was provided involved a particularly vocal anti-abortion activist who campaigned at the recent *Abortion and Reproductive Justice conference hosted by Rhodes University*. As the aforementioned Chief Director observed:

...if they [JOY! News] did not publish their first article about the conference, we would not have laid on the massive media campaign around the conference. So, it is almost like if they'd kept quiet, people wouldn't have known much about the conference...

Advocating to government

Respondents also pointed to the fact that the South African SRHR community needs to put more effort into pressuring their own government. South African civil society might not have much influence on US foreign policy, but it can put pressure on the South African government to implement corrective actions to circumvent the Gag Rule, as well as improve access to existing reproductive services.

The Program Manager of an SRHR INPO suggested a push for ministers from whom there is certainly a will to advocate for women's rights. The current Minister of Health presents perhaps the biggest barrier to quality abortion services for South African women. Particularly in departments such as health, welfare and education, the stance of the political leadership should be strongly pro-women's rights and willing to make their voices heard - especially on controversial and stigmatized topics:

You don't hear the Minister of Health on TV talking about abortion services and saying to young girls "You have the right to abortion in a public health care facility". (Lawyer, Public interest law firm)

We just need one somebody who'd rise on a point of order and actually say "Hey, let's talk about abortion and see how the reaction goes", not that that has not happened but I think to...to some extent those that would have wanted to but kind of didn't really...really have the guts though have now found more reason not to... (Program Manager, SRHR INPO)

Moving towards sustainability

A stray dog bites when it's cornered. (Program Manager, SRHR INPO)

A parallel argument involved the assertion that sexual and reproductive health services need to move towards a level of sustainability where

foreign countries' policies cannot have such a destabilizing effect locally. An SRHR lawyer at a public interest law center argued that it was likely that in the current global climate, countries such as South Africa are likely to lose human rights-related funding anyway. This could be seen as a wake-up call and an opportunity to start looking towards sustainable alternatives. Instead of despairing, this should be seen as the opening of a policy moment, or a moment in which the issue of sustainable and all-encompassing abortion services can be pressed onto government. The general sentiment was that ultimately, the responsibility to provide the funding for services should fall on the South African government. Instead of relying on NPOs to do this kind of work, the government should instead prioritize funds from the budget for sexual and reproductive health services considering its precarious position.

One of the options put forward to counter, in particular, conscientious objection, was to move towards a healthcare system with dedicated public abortion clinics as opposed to the all-encompassing clinics that are currently in existence. Another suggestion was to provide roving teams to serve those areas that are located in particularly rural areas.

Taking advantage of the affirmative duty exemption

An emerging discussion, especially in the legal community, relates to the circumvention of the Global Gag Rule through the affirmative duty exemption. A SRHR lawyer at a public interest law center spoke about attempts by the Foundation for AIDS Research (amfAR) to use this exemption to oppose the Gag Rule. Partner NPOs are looking at possible ways to use this exemption in other

African countries. Another organization framed their response to their US partners in such a way as to argue that they cannot deny South African law – especially because the organization is technically doing rights-based educational work. Their application for US funding based on this argument is in the process of being reviewed.

The possibility of some litigious action or strategic litigation... there might be space for people to say: look our principal duty is to national laws and the constitution of the country, and that takes precedence over the Global Gag Rule. (Managing Editor, International advocacy and publishing group)

The fact that conscientious objection does not extend to referrals can also be exploited, since South African law requires medical personnel to refer patients if they request it. If South African women are provided with this information, it might give them confidence when facing an obstructive healthcare worker. While this might be a useful point of departure, it is also true that only medical personnel are liable to this duty under the law. Whether this duty can be extended to NPOs and community healthcare workers would have to be researched.

Alternative funding resources

Many of the interviewees have seen a positive response from other countries willing to at least attempt to fill the gap in funding left by the US. The Swedish government was identified as one of these countries:

I think I've seen a lot of people step up with funding so that, you know, things keep working. (Marketing Manager, Private TOP service provider)

Fundraising was also put forward as a way of keeping NPOs' doors open without needing to sign the Gag Rule.

The power of information

Many of the interviewees expressed a need for relevant empirical evidence on the consequences of the reduction of safe abortion services. The Managing Editor of an international advocacy and publishing group called the collection of this information “the first part of the struggle”. The second part being the distribution of that information. There is enough evidence to show that the provision of safe abortion services has a massive impact on a variety of public health factors, most importantly maternal mortality rates. However, being able to cite relevant South African evidence would be very useful for activists and like-minded government officials:

...if I am able to put hard facts on the table, then I'll be able to advise my Minister. In turn, [they] can advise cabinet that these are the consequences. Because the thing is then it becomes easier to make the case to National Treasury to say “We have to fund out of our own national budget, these activities”. (Chief Director, Unit, Government department)

A strong civil society

Part of the decline of sexual and reproductive health services in the country was because of the fact that the voice of civil society just became so weak in the early 2000s. And now that the voice is strong again it puts pressure back on the government. But secondly, it also serves the government with knowledge and information. Because civil society generates a lot of knowledge and information. (Chief Director, Unit, Government department)

The importance of a strong and united civil society was continually emphasized. While the Gag Rule is a definite threat to South African civil society, the importance of remaining united and determined to fight for comprehensive reproductive services was generally seen as the only hope for women in South Africa.

Doing it anyway

A final form of resistance that is perhaps under-reported involves NPOs going forward with signing the Gag Rule, but when the opportunity presents itself, they may choose to refer people without turning it into a 'formalized process':

...individual people will whisper to the next person "You can go and try this one"... (SRHR Program Advisor, Global Alliance of Churches)

While some respondents feared that US funding bodies will launch an investigation, others argue that the US has not been very firm about enforcing the GGR, especially in South Africa. Instead, organizations have merely downplayed their already tenuous link to referring to TOP services and continued as before.

IV. THE SOUTH AFRICAN MEDIA AND THE GLOBAL GAG RULE

The mass media has the power to frame public discourse, and the Global Gag Rule is no exception. The public is dependent on the mass media to provide information regarding political issues, social issues, entertainment, and news on popular culture. This section of the report consists of a short summary of all journalistic articles on the Gag Rule related to South Africa, followed by a longer discursive analysis of a smaller number of articles.

General trends in media representation on the GGR in South Africa

The following is a short summary of a comprehensive search of media articles and presentations on the topic of the Gag Rule since January 2017. Only articles written in English that deal both with the GGR and the South African

context were chosen. Thirty-three articles were identified from twenty different media bodies. Twenty-three articles were published in 2017, and ten in 2018. The *Mail & Guardian* published the largest number of articles, i.e. six articles. Most of these articles were produced by their Center for Health Journalism, Bhekisisa, and written by journalist Pontsho Pilane. Four articles were published in South African women's magazines. As far as could be identified, two English radio talk shows discussed the topic of the Gag Rule. The rest of the articles were all from online and print newspapers (see Appendix Two).

While most articles were written by the organization's journalists, a few were produced by local activists and published by established journalism organizations. Several articles were re-printed by various organizations, but we included each only once. Some articles were re-printed from foreign journalism organizations - but since they represent information provided to the South African public through the local media, they were included.

The first articles appeared on the 24th of January 2017 to report the re-instatement of the Global Gag Rule the previous day. Twenty of the articles in our data pool appeared within the first two months after the re-instatement of the Gag Rule. These articles provided general and specific information about the GGR. Many speculated or gave expert opinions on the policy's potential and historical impact. Some took an explicitly critical stance as far as the Gag Rule was concerned, while other articles merely provided information. However, all the quotes provided in these articles were from people who were critical of the policy. Articles in women's magazines especially focused on what ordinary women can do to protect their sexual

and reproductive rights. Of the stream of initial articles, *HuffPost* wrote the largest number of articles.

On the 1st of February 2017, South Africa celebrated the 20th anniversary of the CTOP Act. In an article in the *Business Day*, this anniversary was noted and used as a good example of how the US can learn from South Africa. Towards the end of 2017, the *Mail & Guardian* took over the conversation - publishing a variety of articles discussing the potential effects of the policy on South Africa. The next year (2018) saw very similar conversations continue in the press. The articles and radio discussions all lean towards being critical of the GGR and express concern about its effects. Most of the articles also discuss the already problematic situation of abortion service provision in the country.

A discursive analysis of media content on the GGR

A media tracking and analysis was conducted to evaluate how the Global Gag Rule is spoken about in South African newsprint media platforms. A media tracking and analysis approach makes it possible to gauge how the South African public has responded to the GGR. What is written and disseminated to the public about the Global Gag Rule is likely to influence public perceptions about the policy in particular ways.

A discourse analysis of newsprint media articles making reference to the Global Gag Rule was conducted. Discourses are the “broad patterns of talk-systems or statements that are taken up in particular speeches and conversations” (Terre Blanche, Durrheim & Kelly, 2006, p.328). Discourses are put into operation in the construction of meaning and draw on shared understandings and

meaning systems that construct the world for us and make it understandable. They can draw on socially recognizable metaphors and imagery to construct meaning. Discourse analysis involves “the act of showing how certain discourses are deployed to achieve particular effects in specific contexts” (Terre Blanche, Durrheim & Kelly, 2006, p. 328).

In the analysis that follows, the aim was to analyze what people were writing about the Global Gag Rule in newspapers and how they were speaking about the policy. This analysis sheds light on what people’s responses to the Gag Rule have been in South Africa, what the reception has been and how people are moved, in text, to think about the Global Gag Rule in South Africa.

Online news media content, as well as newsprint articles were analyzed. A list of the total media articles analyzed can be found in Appendix Two, pages 35-37 of this report.

Discursive constructions

In the first stage of the analysis, we identify the different ways of talking about the Global Gag Rule. In the three extracts below, the Gag Rule is constructed as retrogressive: it undoes the work that’s been done over the years to save lives. It is described as anti-progress and repressive, denying women of their right to legal abortions. Instead of saving lives, it is described as potentially killing women. The Global Gag Rule is constructed as obstructive, as it places restrictions on healthcare professionals who provide pregnant women with abortion services. The Global Gag Rule is described using the word ‘force’, meaning to make someone do something unwillingly. In this case, NGOs are forced to shut down due to the lack of funds. Therefore, the policy is regressive because

it creates a backlog in the provision of sexual and reproductive healthcare:

The regressive measures taken by Trump, stand in stark contrast to, for example, the provisions of South Africa's Choice on Termination of Pregnancy Act, which came into force 20 years ago this week. The Act places an obligation on health professionals to provide pregnant women with abortion services and information about their right to terminate their pregnancy. The Act also states that any person obstructing a lawful termination of pregnancy is committing an offence, a provision praised by United Nations human rights experts. The Choice on Termination of Pregnancy Act legalised abortion on broad grounds and is credited with saving thousands of lives and advancing women's rights. Advocates for the Act emphasised clear medical evidence that unsafe abortion resulted in avoidable deaths and injuries, predominately among black and marginalised women and girls who could not afford to travel to countries such as the UK to access safe legal services. The argument was also made in terms of enhancing gender equality as the law would enable women and girls to make free choices about their own sexual and reproductive lives. (Amnesty International, 2017b)

The policy will prohibit any group or organization receiving aid from the U.S. from providing abortions or counselling clients on the procedure. Without funding, these clinics and organizations -- that in many cases also provide women with contraception -- may be forced to close. With potentially more unplanned pregnancies as a result, women may be forced to resort to unsafe abortions. According to the Guttmacher Institute, the U.S. provides \$607,5 million (more than R8 billion) on family planning assistance in foreign countries every year. As a result, the impact of the Gag Rule is not only far-reaching, it is potentially deadly to millions of women around the world. (Koopman, 2017)

The Global Gag Rule is also constructed as an ineffective policy as it does not eliminate abortion,

primarily because it does nothing to eliminate women's need for abortion. The extract below speaks about how the Global Gag Rule policy traps women. Being 'trapped' denotes being tricked or deceived into doing something that does not agree with one's interest or intention. The Global Gag Rule is represented as a policy that 'traps' women, as it limits their access to sexual and reproductive health.

What the Gag Rule will do is essentially force organizations to choose between providing safe healthcare to women and lose their funding; or to comply with the rule and withdraw healthcare services. The Guttmacher Institute's report on the Global Gag Rule further states that: "in reality, attempts to stop abortion through restrictive laws—or by withholding family planning aid—can never eliminate abortion, because those methods do not eliminate women's need for abortion". The Gag Rule leaves women trapped with very few safe options when it comes to their reproductive health. (Koopman, 2017)

In the extract below, the Global Gag Rule is constructed as insidious because it will "gag community workers, counsellors and social workers who are not "health care providers" under SA's legislation", and impact on the work that organizations do within the broad fields of health, human rights and gender equality. For example, in the extract, the Global Gag Rule is constructed as having a direct impact on Sonke's work to prevent violence.

The GGR is even more insidious. It prohibits organisations that receive US money from providing abortion information even if with other funders' money. Some organisations have rightly pointed out that health care providers in South Africa like nurses and doctors have a duty to counsel and refer women for abortion services under South African law, and that the GGR cannot apply. But the GGR seems to gag community workers, counsellors

and social workers, who are not “health care providers” under SA’s legislation – but who nevertheless are vital sources of information on abortion. GGR affects not just pregnant women. It also has far-reaching implications for the work that organisations do within the fields of health and human rights, gender equality and violence prevention. Sonke Gender Justice is an example. The GGR has a direct impact on Sonke’s work to prevent violence. The GGR has far-reaching and harmful effects. These have already been felt. One of Sonke’s partners ran a clinic in an urban centre. Because of the GGR, it was forced earlier this year to close its doors. (Richter, 2018)

The Global Gag Rule is constructed as an ongoing form of neo-colonialism, under which South Africans have lived for an extensive period. This neo-colonialism, like colonialism, led to decimation, silencing and lack of control.

South Africans are no strangers to healthcare meddling by the US; we have lived with the global gag rule before. During George Bush Jnr’s administration, reproductive health suffered and abortion-related education services were decimated. Healthcare providers receiving USAid money were barred from discussing abortion even with pregnant women who were HIV-positive. It is with this history in mind that healthcare professionals in South Africa, and far beyond, are raising the alarm about Trump’s expanded policy. Trump’s global gag rule is to silence advocates and medical professionals. We must not bend to this pressure. In South Africa, every woman has the legal right to control her reproductive health. But that right is being trampled by a form of neocolonialism that ties aid to the political whims of the US. South Africa’s people have decided to enact one of the world’s most liberal abortion laws; politicians 12000km away should not be allowed to reverse their choice. (Mofokeng, 2018, p.35)

Thus on the one hand, it is constructed as detrimental and repressive (e.g. deadly and far-reaching) to women’s health as it eliminates access to safe abortion and access to reproductive

health services. On the other hand, it is viewed as retrogressive (e.g. unsafe abortions are predicted to rise). The Global Gag Rule is represented as increasing instead of decreasing abortion as more women opt for unsafe abortion.

Human rights discourse

The construction of the Global Gag Rule as detrimental speaks to women’s rights within a discourse of human rights inclusive of gender rights. In opposing the effects of the Global Gag Rule, arguments were put forward for gender equality and human agency.

As one of his first actions as president, Donald Trump imposed and expanded the global gag rule, a sweeping policy that will cripple highly successful US family planning programmes in developing countries and seriously damage broader US global health efforts.¹ This callous policy—ostensibly meant to counter abortion—might shock observers abroad, but is only the opening salvo in what is expected to be a broad-based assault on sexual and reproductive health and rights. President Trump has vowed to “put America first”; however, his policies would put the health of women last, around the world and most certainly in the USA. (Gold and Starrs, 2017, p.121)

The rights of governments to develop and implement local laws is counter-posed with the Global Gag Rule. Fears that a failure to comply with the GGR’s stipulations may lead to a withdrawal of funding are referenced.

The document outlining the new US funding guidelines states that when local laws require health workers to provide counselling and referrals for abortions, they may continue to do so without violating the policy. This means that the gag rule falls away, as healthcare workers in South Africa are obligated to counsel and refer women under domestic laws, ethics guidelines and the Constitution.... South Africa is one of only five African

countries with liberal abortion laws, according to the Guttmacher Institute, a non-profit public health research organisation. Honermann fears that, if South African organisations and government exercise their rights under the gag rule, they may lose US funding in the future. Trump's order may result in similar or worse outcomes in the years ahead, cautions Amfar policy associate Jennifer Sherwood. (Pilane, 2018, p.2)

Pro-life organizations are constructed as using the policy to their advantage in order to undermine women's right to access a full spectrum of healthcare services, information and referrals.

Those who don't agree with the provision of abortion care may even use the policy as a smokescreen for undermining the smooth delivery of services and the right to healthcare and dignity that women are entitled to under both the Choice on Termination of Pregnancy Act (amended 2008) and the South African Constitution and claim it is due to fear of losing funding. Over time, this will produce a huge knowledge gap around abortion (already not well understood in our context due to stigma) and run the risk of women not receiving the referrals they need to access services safely. While the immediate effects of this policy will not hit South Africa as hard as other countries that depend heavily on US funding to deliver services, this will have a long-term negative effect on the quality of care and information available to South African women when they seek sexual and reproductive healthcare. (Ebrahim, 2017, p.3)

Developmental discourse

A construction of the Global Gag Rule as retrogressive implies that it is against social development. A developmental discourse was deployed to oppose the Global Gag Rule:

A woman's ability to make choices about her own body and fertility, which requires access to modern contraception and safe abortion services, is fundamental for gender equality, economic development, and progress for all.

Gender equality and access to family planning is not just a women's issue, it is a health issue, economic issue, and prerequisite for development, and it is everybody's business. When girls and women are able to make choices about their own lives, including reproduction, they are empowered to create a better economic future for themselves, their families, their communities and their societies, which is something we can all benefit from and celebrate. (Iverson, 2017, p. 1023)

This extract ties the reduction in services around abortion to broad economic development and gender equality.

Silencing/fear

As with the research interviews, the media reflected on the silencing and fear aspects of the Global Gag Rule.

In South Africa, nonprofits have been reluctant to speak publicly about the ban's effects. But Bhekisisa understands that the rule has already stopped some NGOs from providing abortion information and has created divisions in civil society. Some healthcare workers, who wished to remain anonymous, say the policy has prompted fear and anxiety not only for the survival of organisations, but also about the implications for their patients. But international activists say a clause in the policy allows South African organisations some respite — although it still does not allow them to provide abortions. (Pilane, 2018, p.2)

The media analysis shows some overlap in the statements made by key stakeholder interviews and some of the statements made by writers in the print media about the Global Gag Rule. Perhaps the points of overlap that stand out the most are those in which newsprint media and key stakeholder interviewees talk about the Global

Gag Rule as retrogressive; the policy as a form of neocolonialism; how the Global Gag Rule has the effect of silencing and inducing fear; as well as how the policy has enabled pro-life, anti-abortionists an impetus to push their anti-abortion agenda.

The Global Gag Rule is likely to have an adverse socio-political effect on the South African SRHR sphere. This possibility seems to be reflected both in the conversations with key stakeholders and in the news media. In other words, some of the sentiments expressed by key stakeholders in the interviews seem to be corroborated by the sentiments that are expressed in the news media about the Global Gag Rule – especially as far as SRHR in the country is concerned. There seems to be broad support for termination of pregnancy services in South Africa, while anti-choice voices seem to be few and far between.

V. CHALLENGES AND LIMITATIONS

Media tracking

There are limitations with doing media tracking. Newspapers are geared towards certain audiences. Not everyone has access to newspapers and the internet. This means that there may be a substantial portion of the South African population that is not aware of the Global Gag Rule, nor of what is being said about it. In South Africa, the newspaper industry is dominated by liberal middle-class voices and doesn't always represent the majority of the country's views. With regards to their attitudes towards the Gag Rule, journalists were decidedly pro-abortion - especially since many of the articles were written by activists in the SRHR sphere.

South Africa is a highly unequal country, and it is often this inequality that undermines a true understanding of the extent of certain social problems. This means that there is a segment of society whose opinions on the Global Gag Rule we may never know, and upon whom the impacts of the Global Gag Rule will remain obscure. Nevertheless, it is still worth commenting on what is out there since it can shape South African attitudes. An analysis of the media did illustrate that there is an overlap between what writers in newsprint are writing about the Global Gag Rule and its effects, and the experiences of people working in the SRHR sphere on the ground. This means that the experiences of those people working on the ground in SRHR services are validated and reflected by others who also do work in SRHR.

Key stakeholder interviews

One limitation that was encountered was the fact that not all interviewees were privy to all their organization's funding arrangements. As a result, there was some speculation. It is a difficult process to double-check funding arrangements, especially on which government services are and are not funded. Since there is a great deal of misinformation and assumptions that make their way into interviews like these, it is possible that there are inaccuracies. For instance, a nurse said the following:

...it receives it but it...I mean from what others say that it receives funding mainly for HIV and AIDS and that South African government has been...has mainly been funding its own abortion services but in the event that funding for HIV is no longer there then it means that they will have to re-structure everything and that means there won't be money for all these other stuff. (TOP service provider, Government department)

Later in the interview, the interviewee admitted not knowing anything about where their funding comes from. Furthermore, interviews were difficult to organize due to logistical issues. South Africa is geographically large, making interviewers subject to travelling long distances.

VI. CONCLUSIONS

This report presents the results of a qualitative inquiry into the effects of the Global Gag Rule on South African SRHR civil society and the provision of abortion services to South African women. Overall, twenty-three interviews were conducted with members of South African government agencies, SHR civil society and healthcare providers. This research provided us with a unique glimpse into the current state of sexual and reproductive service provision in the country, as well as a good idea about what South African civil society and government actors' reactions are to the Gag Rule.

The most extended topic of discussion involved the role of government. It was made clear that the South African government, especially the Department of Health, is already not pulling its weight in providing the services women have a right to. The current Minister of Health's stance on abortion was referenced multiple times as a likely factor in why the government has not yet remedied the effects of the Gag Rule on the SRHR civil society sector. Ultimately, it was agreed that the government has the power to negotiate with the US government and that they should either do so, or take over the responsibility of providing all abortion-related services by funding them fully using the governmental budget - thereby making abortion services independent of any foreign interference.

It was admitted that the fact that South Africa has a very progressive framework guaranteeing abortion as a reproductive right and requiring the Department of Health to provide abortion services on demand is likely to soften the effects of the Gag Rule. However, the fact that the South African public is quite conservative and abortion is a highly stigmatized topic with a wide variety of myths attached to it, does present problems. Anti-choice groups and individuals are likely to be encouraged by the US's conservative stance, as many interviewees claim to have witnessed.

Another topic that was extensively discussed in the interviews involved potential solutions and strategies to resist the GGR. The recognition that the government holds the most effective solutions in its hands means that the role of civil society is to advocate and influence government. The importance of a strong civil society was emphasized, and the fear that the Gag Rule might weaken it was often expressed. Despite this, a variety of solutions were put forward, some of which are being attempted by several organizations already. The most prominent of these solutions involve looking towards alternative funding sources, or simply ignoring the Gag Rule requirements in the hope that US funders will not find out.

Information on the effects of the policy on the health of women is not yet attainable, but most interviewees agree that the Gag Rule is likely to negatively affect maternal mortality and morbidity rates since it is known that unsafe abortions already contribute significantly to these rates. Gagging local SRHR NPOs will increase the use of backstreet abortion services and unwanted pregnancies. It was reiterated that information on the effects of the Gag Rule would be incredibly useful to advocacy organizations and government officials.

Despite the many negative effects of the Gag Rule, there was a great deal of positivity among interviewees. Opposition often brings out a fighting spirit in activists, and especially in the current climate following the #MeToo movement, a moment is opening up in which a great deal of positive things can be achieved - perhaps even building a completely sustainable system of comprehensive SRHR service provision.

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APPENDIX 1: Redactive interview list

Interview number	Position of interviewee	Organization	Receives US Global Health Funding	Received GGR in contract	Prochoice	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 organisation	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 manager	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

Interview number	Position of interviewee	Organization	Receives US Global Health Funding	Received GGR in contract	Prochoice	Provides abortion services	Abortion-related services
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 organisation	No	-	Yes	No	No

APPENDIX 2: List of journalistic articles on the GGR published in South Africa, 2017-2018

Date	Media	Title	Link
2017-01-24	Eyewitness News	'Trump makes early move, reinstates global gag rule on discussing abortions'	https://ewn.co.za/2017/01/24/trump-makes-early-move-reinstates-global-gag-rule-on-discussing-abortions
2017-01-24	Huffpost ZA	Koopman, Sarah. 'Trump's Global Abortion Gag Rule Will Affect South Africans Too'	https://www.huffingtonpost.co.za/2017/01/24/trumps-global-abortion-gag-rule-will-affect-south-africans-too_a_21661444/
2017-01-25	Sowetan Live	Child, Katherine. 'Trump's global gag rule won't directly affect abortion services in SA'	https://www.sowetanlive.co.za/news/2017-01-25-trumps-global-gag-rule-wont-directly-affect-abortion-services-in-sa/
2017-01-25	News24	Ferreira, Louise. 'Here's how Trump's antiabortion executive order will affect women worldwide and maybe even you'	https://www.w24.co.za/Wellness/Body/heres-how-trumps-antiabortion-executive-order-will-affect-women-worldwide-and-may-be-even-you-20170125
2017-01-25	Cape Talk [radio]	Hudson, Pippa. 'Global gag rule' on abortion to hurt women in developing countries most - WLC'	http://www.capetalk.co.za/articles/240419/global-gag-rule-on-abortion-to-hurt-women-in-developing-countries-most-wlc
2017-01-25	Women's Health [magazine]	Paulse, Alice 'Trump Just Signed A 'Gag Rule' On Abortion—And It'll Affect Us Too'	https://www.womenshealthsa.co.za/health/global-gag-rule-on-abortion-what-it-means-for-us/
2017-01-25	Huffpost ZA	Reiersgord, David. 'Why Trump's Reinstatement Of The Global Gag Rule Matters To South Africa'	https://www.huffingtonpost.co.za/david-reiersgord/why-trumps-reinstatement-of-the-global-gag-rule-matters-to-sou_a_21661318/
2017-01-25	Glamour SA [magazine]	Van der Veen, Danica. 'Did Donald Trump just get into bed with you?'	https://www.glamour.co.za/lifestyle/did-donald-trump-just-get-into-bed-with-you-17313246
2017-01-26	The Times	Child, Katharine. 'Trump misses mark in SA'	Sabinet
2017-01-27	News24	Du Toit, Gita. 'Trump's gag rule and the disregard of women's health'	https://www.news24.com/MyNews24/trumps-gag-rule-and-the-disregard-of-womens-health-20170127

Date	Media	Title	Link
2017-01-29	City Press	'EDITORIAL: Be afraid. Be very afraid'	https://www.news24.com/Opinions/Voices/editorial-be-afraid-be-very-afraid-20170129-2
2017-01-30	Marie Claire [magazine]	'Updated: Effects Of The Global Gag Rule On Abortion Access In South Africa'	https://www.marieclaire.co.za/latest-news/global-gag-rule-will-effectaccess-abortion-south-africa
2017-01-30	Huffpost ZA	Koopman, Sarah. 'We Asked The Experts And This Is How The Global Gag Rule On Abortion Might Affect You'	https://www.huffingtonpost.co.za/2017/01/29/we-asked-the-experts-and-this-is-how-the-global-gag-rule-on-abor_a_21702652/
2017-02-01	M&G	Carmody, Louise. 'Trump's global gag rule puts safe abortion in jeopardy'	https://thoughtleader.co.za/amnestyinternational/2017/02/01/onguard-against-the-global-gag-rule-barriers-to-safe-abortion/
2017-02-02	Business Day	What SA can tell US about rights'	Sabinet
2017-02-08	Elle SA [magazine]	Watson, Joy. 'Nasty Women Make Us Proud!'	http://www.elle.co.za/nasty-women-make-us-proud-donald-trump/
2017-02-10	Health24	Fabricus, Peter. 'Trump abortion funding ban – the SA impact'	https://www.health24.com/Parenting/Pregnancy/News/trump-abortion-funding-ban-the-sa-impact-20170210
2017-03-08	Daily Maverick	Van der Merwe, Marelise. 'Gagged and bound: Abortion, the Mexico City policy and the cost of silence'	https://www.dailymaverick.co.za/article/2017-03-08-gagged-and-bound-abortion-the-mexico-city-policy-and-the-cost-of-silence/#.WwUIYV0Lcs
2017-03-10	Business Day Online	Gumede, Michelle. 'Donald Trump's global gag rule adds to stigma about abortion'	https://www.businesslive.co.za/bd/national/health/2017-03-09-forfriday-donald-trumps-global-gag-rule-adds-to-stigma-about-abortion/
2017-03-20	Daily Maverick	Green, Amy. 'US Gag Rule to cause more abortion-related deaths'	https://www.dailymaverick.co.za/article/2017-03-20-health-e-newsus-gag-rule-to-cause-more-abortion-related-deaths/
2017-04-21	Cape Talk [radio]	McKaiser, Eusebius. 'Maternal deaths caused by unsafe abortion a cry for reproductive justice'	www.capetalk.co.za/articles/253178/maternal-deaths-caused-by-unsafe-abortion-a-cry-for-reproductive-justice
2017-11-16	M&G	Pilane, Pontsho. 'Loophole could protect South African organisations from US gag rule on abortions'	https://bhekisisa.org/article/2017-11-16-00-loophole-could-protect-south-african-organisations-from-us-gag-rule-on-abortions
2017-11-24	M&G	Pilane, Pontsho. 'Trump's 'gag rule' may not have to silence SA'	Sabinet
2018-01-27	News24 Video	'Ripple effect of Trump's Global Gag Rule touches South Africa'	https://www.news24.com/Video/SouthAfrica/News/the-ripple-effect-of-trumps-global-gag-rule-20170127
2018-02-16	M&G	Brown, Ryan Lenora. 'Trump's gag rule one year on'	Sabinet
2018-03-08	Ehealth news	Chowles, Terry. 'Motsoaledi Advocates SheDecides Campaign for Women's Rights'	https://ehealthnews.co.za/motsoaledi-advocates-she-decides-campaign-womens-rights/

Date	Media	Title	Link
2018-03-18	Sunday Independent	Richter, Mariëse. 'Body autonomy part of human right'	Sabinet
2018-03-18	Sunday Tribune	Richter, Mariëse. 'Gagging more than abortion information'	Sabinet
2018-06-06	The Guardian	Mofokeng, Tlaleng. 'It takes more than prochoice laws to end deaths from unsafe abortions'	https://www.theguardian.com/global-development/2018/jun/06/pro-choice-laws-deaths-unsafe-abortionssouth-africa-dr-tlaleng-mofokeng
2018-07-13	M&G	Mofokeng, Tlaleng. 'US gag rule ties SA's hands'	Sabinet
2018-08-03	M&G	Pilane, Pontsho. 'Gag Rule will slow down the fight against Aids'	https://bhekisisa.org/article/2018-08-03-00-gag-rule-will-slow-down-the-fight-against-aids
2018-08-27	Daily Maverick	Stevens, Marion. 'Allow women to 'vote' with their conscience'	https://www.dailymaverick.co.za/opinionista/2017-08-27-allow-women-to-vote-with-their-conscience/
2018-11-16	The Daily Vox	Ebrahim, Shaazia. 'When men make decisions about women's bodies, nobody wins'	https://www.thedailyvox.co.za/when-men-make-decisions-about-womens-bodies-nobody-wins-marie-stopes-shaazia-ebrahim/

