**Gender, North-South relations: Reviewing the Global Gag Rule and the de-funding of UNFPA under President Trump.**

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## Abstract

In 2017 American President, Donald Trump, reinstated the 'Global Gag Rule'(GGR). This order bans new funding to NGOs that provide abortion as a method of family planning, lobby to make abortion laws less restrictive or, provide information, referrals or counselling on abortions. In the same year the Trump administration defunded The United Nations Population Fund (UNFPA). The latter is reviewed against the backdrop of the conflict in Syria. These policies draw upon, and reproduce, normative representations of women as vulnerable, weak, passive and maternal. Focusing on women's access to abortion following wartime rape, the meanings and implications of these policies are reviewed. Transnational and postcolonial feminist perspectives are used to unpack the core themes of this piece: gender, reproductive healthcare and foreign economic policy. Three main arguments are made: (1) US foreign policy on abortion under the Trump administration draws implicitly on conservative ideas about gender, sexuality and maternity (2), denying female survivors of rape access to abortion – which is discriminatory and violates key international instruments - is a form of structural violence that amounts to torture and (3), the GGR and the defunding of UNFPA reproduce structural inequalities between the Global North and the Global South.

**Keywords**

global gag rule, gender essentialism, postcolonial feminism, transnational feminism, safe abortion, united nations population fund

## Introduction

Many of us will be familiar with the infamous picture of US President Donald Trump signing the anti-abortion Executive Order (surrounded by eight white men) reinstating the Global Gag Rule (GGR), first introduced by Ronald Reagan in 1984. Since its implementation, this policy has been revoked by every successive Democratic president and subsequently reinstated by every successive Republican president. The iteration of the order that was signed on January 23rd, 2017, however, goes far beyond any other Republican-endorsed reinstatement. Briefly, this gag order bans new US funding to international NGOs that either perform abortions as a form of family planning or that provide abortion-related services. In April of the same year, the Trump administration defunded The United Nations Population Fund (UNFPA).

Not only does this text, and the widely shared photographs of men authorising said text, signify women's powerlessness and inferiority within a patriarchal political system, it also, alongside the defunding of UNFPA, reproduces structural inequalities and divisions between the Global North and the Global South. Mohanty (1988, p. 63-64) has written about 'the complex interconnections between first- and third-world economies and the profound effect of this on the lives of

women in all countries.' And although as McKinnon (2016, p. 416) argues, 'the binary of First/Third World relates to an earlier configuration of global power relations and an earlier time period', Mohanty's arguments can be applied to contemporary North/South relations. Indeed, in this piece I draw upon postcolonial and transnational perspectives to examine how '…intersections of (but not only) gender…and sexuality are used in the service of maintaining and reconstituting relations of domination and suppression' (ibid). More specifically, I unpack US foreign policy on abortion under the Trump administration.

### *Aims and Outline*

This article reviews the implications of President Trump's Executive Order as well as the impact of the defunding of UNFPA. The defunding of UNFPA is discussed in relation to the ongoing crisis in Syria. In examining both elements of this US foreign policy on abortion, I can drill down on Mohanty's argument about the inequalities present within North/South relations. The article is divided into four main parts. The first part outlines the various conventions and declarations that are in place to address Sexual Gender-based Violence (SGBV). It highlights that denying women access to safe abortions is not only discriminatory - and in violation of women's human rights as protected by these instruments – but that it also counts as a form of torture. Definitions of the types of SGBV discussed in the article are defined and explained in this section. Finally, this section also reviews the mainstreaming of gender within international peace and security through an examination of the Women, Peace and Security agenda. It pays attention to those United Nations Security Council Resolutions (UNSCRs) that address

sexual and reproductive healthcare (RHC) services for survivors of rape and sexual violence.

The second part of the article draws on Wilcox's (2015) work on biopolitics and Butler's (1990) notion of gender intelligibility. To place the revised GGR in context, the third part of the article provides a review of the literature on RHC in humanitarian settings, outlining key developments within the field. The final part of the article is set out in three sections. Section one reviews how the revised GGR is informed by discourses of gender essentialism. It demonstrates how the construction of the female body - as nurturing and in need of protection - is reproduced within US policy discourse. Section two argues that the revised GGR is a form of structural violence that, based on its violation of key international treaties and policies, is also a form of torture. Finally, in section three, in order to the address the impact of US foreign policy on abortion (under President Trump) in the Global South, I review the implications of the defunding of UNFPA for women and girls affected by the conflict in Syria. Here, drawing on economic globalisation, I demonstrate how US foreign policy is informed, not only by ideas about gender and sexuality, but also by macro-structural economic and political processes. This section also considers how and why countries in the Global South are reliant upon US funds to provide for and protect their citizens.

In terms of the analytical framework, both transnational and postcolonial feminist perspectives will be employed to unpack the core themes of this piece: gender, RHC and foreign economic policy. With reference to war-affected populations, transnational feminism acknowledges the impact exploitative systems

such as economic globalisation has on women's '…bodies, their sexuality and their reproductive capabilities' (Cockburn, 2012, p.23). Postcolonial feminists question gendered, sexualised and racialised discourses that are embedded within foreign policy (Columba, 2018). Challenging essentialist claims of "woman" as a universal category, both approaches acknowledge women's diverse identities, locations and experiences. Drawing on a unique moment in history, the contribution of this article lies in its synthesising of these perspectives (transnational and postcolonial feminism) and policies to highlight their impact in the Global South.

**Sexual gender-based violence against women and girls**

Several international instruments address SGBV. These are the Convention on the Elimination of all Forms of Discrimination against Women 1981 (CEDAW), (UN General Assembly, 1981); the United Nations Declaration on the Elimination of Violence against Women 1993 (DEVAW) (UN General Assembly, 1993) and the Beijing Declaration and Platform for Action 1995 (hereafter Beijing Declaration, 1995). Article three of the DEVAW states that: '[w]omen are entitled to the equal enjoyment and protection of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field'. These include but are not limited to: '…[t]he right to be free from all forms of discrimination;' and, '[t]he right not to be subjected to torture, or other cruel, inhuman or degrading treatment or punishment.' (UN General Assembly, 1993, p. 3). A compounding consequence of rape is the risk of unwanted pregnancy (Global Justice Centre and OMCT, 2014). It has been established that denial of access to safe abortion for such women and girls, including survivors of wartime rape, contradicts the

Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) (Centre for Reproductive Rights, 2010).

In the 2013 report by the Special Rapporteur on violence against women (VAW), GBV is understood as both interpersonal and institutional/structural. The former encompasses physical, sexual, economic, emotional and psychological forms of violence and abuse, whilst the latter refers to structural inequalities or forms of discrimination that sustain women's marginalised position (UN General Assembly, 2013a). While women and girls are subjected to a range of GBV in conflict-affected and peacetime societies, I have narrowed the focus to consider the following examples of interpersonal and structural GBV during war/armed conflict: rape, forced child marriage and unwanted pregnancy. Wartime rape (and the forced impregnation it can lead to) is an example of interpersonal violence. Forced child marriage, which includes young girls marrying much older men, increases their exposure to psychical, sexual, emotional and psychological abuse. Thus, it can be regarded as a form of interpersonal GBV. As will be discussed, forced marriage in Syria has increased girls' experiences of *forced* and *unprotected sex* (Bartels, et al, 2018; Save the Children, 2014). This increases their risk of forced impregnation/unwanted pregnancy. For such girls, having access to the full range of RHC, including safe abortion, is a fundamental right as outlined in the DEVAW cited above.

Forced pregnancy, as defined by the International Criminal Court, requires that a woman be both forcibly made *and* kept pregnant, often through confinement. It therefore '…excludes situations where the victim becomes pregnant by force

but is not subsequently confined.' (Grey, 2017, p. 921). I will use the term unwanted pregnancy to refer to Syrian women and girls who have been forcibly impregnated through rape then denied access to safe abortion. Based on the definition above, this lack of access to safe abortion is considered a form of structural violence as it denies women decision-making power; thereby maintaining their marginalised position. In this article I review how US foreign policy on abortion compounds women and girls' experiences of interpersonal violence (wartime rape, forced impregnation and forced marriage during conflict), while also causing their experiences of structural violence (lack of access to safe abortion).

To address the disproportionate and unique impact of war and armed conflict on women (and children), the UN Security Council has adopted eight resolutions on Women, Peace and Security. Rape and sexual violence, particularly against women and girls, is a key focus of these resolutions, as is women's participation in formal peacebuilding and conflict resolution. Of particular note are those resolutions that recognise the importance of providing sexual and RHC services to survivors of rape and sexual violence (UNSCR 1820; 1888; 1889, 1960; 2106; 2122; 2242). Indeed, UNSCR 2122 (p.2) recognises the need for women to have 'access to the full range of sexual and reproductive health services, including…pregnancies resulting from rape, without discrimination'. And UNSCR 1889 (p.4) raises the issue of women's reproductive rights, their mental health and their 'access to justice, as well as enhancing [their] capacity to engage in public decision-making at all levels.'

While the UN Security Council is responsible for maintaining international peace

and security, UNFPA, also part of the UN, is responsible for sexual and RHC. Among other things, their mission, as outlined on their website, ‘is to deliver a world where every pregnancy is wanted [and] every childbirth is safe’ (see UN-FPA.org About us). The implications of the defunding of UNFPA will be reviewed in the latter part of the article. First, we will consider gender essentialism within International Relations/ International Security.

**Biopolitics and gender intelligibility**

According to Wilcox (2015) modern practices of violence are constituted with reference to biopower. Biopolitical violence treats bodies as either populations that must be protected or populations that must be eradicated. Using Butler’s (1990) work on embodiment, Wilcox argues that bodies are not pre-political; they are formed through practices of international war and security. In other words, the body/subject is produced within particular political/politicised power structures and dynamics. To expand, for Butler (1990, p.25), ‘gender proves to be performative – that is, constituting the identity it is purported to be’. This performance – of gestures, movements and stylised acts - is informed by discourse, which outlines the norms by which a person becomes viable. These normative constraints (relating to gender and sex) are what qualify ‘a body for life within the domain of cultural intelligibility’ (Butler, 1993, p.2). Employing these ideas within International Relations/International Security means that humans are not only vulnerable to violence through their natural bodies, ‘they also are vulnerable because they exist only in and through their constitution in a so-

cial and political world' (Wilcox, 2015, p. 167). Here, I consider a particular construction of the female body - as developed by the Women, Peace and Security agenda - that grants women protection.

Historically women and children - particularly those in "underdeveloped" countries - have been identified as particularly vulnerable during conflict and emergency situations. This is articulated in the *Declaration on the Protection of Women and Children in Emergency and Armed Conflict* adopted in 1974. It emphasises the important role that women play 'in society, in the family and particularly in the upbringing of children' (See Women2000). Here women's role is confined to the domestic and the private sphere. Essentialist (natural, biological, universal) depictions of women place them within three overlapping categories: "[v]ulnerable," "mother" and "civilian" (Carpenter, 2005; Puechguirbal, 2010). This identification of women undermines their agency and reinforces their marginalisation. In sum 'women are defined according to their biology, as objects of maternity, not as social subjects with rights of their own' (Puechguirbal, 2010, p. 176).

This construction of women, particularly the unreflective equation of femininity with motherhood, speaks to Butler's (1990) concept of gender intelligibility. Her thesis is that there is no prediscursive subject; bodies come into being through performing accepted standards of gender intelligibility. Put simply, if individuals perform their gender "correctly" they are regarded as coherent subjects and have achieved gender intelligibility. Women who bear children, thereby performing accepted standards of femaleness/femininity (gender intelligibility), are thus eligible for protection. As alluded to above, gender ontology does not exist

independently; it is always constructed within particular political and cultural contexts.

The trend, within International Relations/International Security, ontologically speaking, has been to treat the body as a "natural" entity in need of state protection (Wilcox, 2015). Poststructural 'feminists have questioned the "naturalness" of this body to be protected and what politics are enabled by this protection' (Ibid, 29-30). Bodily weakness then, in terms of its biological fragility and vulnerability to violence, does not simply relate to the body's materiality. Harm is in fact a social matter: 'whether one's life is survivable is dependent upon how the body is socially constituted. Vulnerability is thus ontological rather than historical…' (Wilcox, 2015, p.47). And women – those who embody intelligible gender identities – have been ontologically constructed as weak and vulnerable and in need of protection.

Let us return to transnational and postcolonial feminism(s). Both oppose the universal depiction of "woman" and reject the notion that woman is 'an already constituted and coherent group with identical interests and desires regardless of class, ethnic or racial location' (Mohanty, 1988, p.64). In brief, as I will unpack this in more detail shortly, when questioning implicit gendered and sexualised values that underpin foreign policy, it is the argument of this piece that these gendered normative expectations - that require women to be vulnerable, weak, passive and maternal - are reflected in President Trump's revised gag order. This order denies women access to safe abortion and confirms the ontological construction of women as mothers. I will address US foreign policy on abortion in

due course, but before doing so I will review existing RHC services for conflict-affected populations.

**RHC Services for Female War-Affected Populations**

Women's right to autonomy, choice and bodily integrity in relation to sexuality and reproduction were the focus of a series of UN conferences held in the 1990s (see Sen, 2014). Prior to this, the RHC, particularly of conflict-affected populations, had been largely overlooked (Hakamies, Geissler & Borchert, 2008). Indeed, in 1994, the 'Women's Commission for Refugee Women and Children' published a ground-breaking report, *Refugee Women and Reproductive Health Care: Reassessing Priorities.* In it they highlighted the various shortcomings of RHC services for refugee populations, particularly the lack of services for female victims of rape. The report also recognised the need to broaden the definition of Reproductive Health (RH) to include abortion needs and services, particularly abortion or morning-after services for rape victims. Since this time two main groups have been working on addressing the RHC needs of war-affected populations: *The Inter-agency Working Group (IAWG) on Reproductive Health in Crises* and *The Reproductive Health Response in Conflict Consortium.*

Following these events, emphasis was placed upon empowering women by granting them the right to decide freely and responsibly on all matters relating to their health, sexuality and reproduction; free of coercion, discrimination and violence (Beijing Declaration, 1994). The Beijing Declaration defined RH as '…a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system

and to its functions and processes' (Ibid, 35). More recently goals three (health) and five (gender equality) of the Sustainable Development Goals (SDG) have placed greater emphasis on sexual and reproductive health.

Empirical research suggests that RHC services continue to be severely undermined for conflict-affected populations, particularly for survivors of rape (Hakamies, Geissler & Borchert, 2008; Krause et al., 2015; Masterson, Usta, Gupta & Ettinger, 2014; Tappis, Freeman, Glass & Doocy, 2106; West, Isotta-Day, Ba-Break & Morgan, 2016. See Ouyang 2013 for her emergency assessment of health care for Syrian refugees in Lebanon). In terms of pregnancies resulting from rape, although not all abortions are carried out for this reason, there is a correlation between rape used in conflict and/or crisis situations and high rates of abortion (House of Lords, 2016). In developing countries, which often have restrictive abortion laws, the use of unsafe abortion is prevalent (Foster, Arnott, Hobsetter, Zaw, Maung, Sietstra, Walsh, & 2016). This is also true in conflict and emergency settings. In both cases, young, poor, refugee and displaced women are impacted. Foster (2016) estimates that around 25% of maternal deaths in refugee settings are caused by unsafe abortions (Foster, 2016). Furthermore, globally, unsafe abortions result in 50,000 deaths per year (ibid). The World Health Organisation (WHO) estimates that 22 million unsafe abortions are carried out each year. They describe unsafe abortions as: '[p]rocedures for terminating an unintended pregnancy, carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both' (WHO 2012 cited by Bouvier, 2014, p. 579. See also Foster et al., 2016; Schulte-Hillen, Staderini & Saint-Sauveur, 2016).

Pregnancy, as a result of rape (in any situation) can exacerbate the traumatic experience of survivors. For those in conflict/crisis or post-conflict/crisis situations, accessing emergency contraception and safe abortion care is critical (Bouvier, 2014; Duroch & Schulte-Hillen, 2015). Unfortunately, in such settings, where access to RHC is restricted, and the stigma surrounding sexual assault is high, little is known about disclosures of Sexual Violence-related Pregnancies (SVRP) Onyango et al. (2016). Whilst research has been carried out examining women's access to safe abortion in humanitarian contexts, (Duroch & Schulte-Hillen, 2015; Foster et al*.* 2016; Foster, Arnott & Hobsetter, 2017; Schulte-Hillen, et al., 2016; Tousaw, Moo, Arnott, & Foster, 2017) only research by Onyango et al. (2016) and Rouhani et al (2016) explicitly addresses the issue of access to safe abortion for victims of SVRP in conflict/crisis settings.

So, despite some key advances in the field, gaps remain, particularly in relation to abortion care. In terms of guidelines for NGOs, apart from the chapter on abortion care in the revised IAWG *Field Manual* (IAWG on Reproductive Health in Crises, 2010) and references to abortion in the *Clinical Management of Rape Survivors* (WHO, 2004), abortion is afforded relatively little attention. The Minimum Initial Service Package (MISP) for RH outlines the set of priority activities to be implemented at the onset of an emergency. And although it aims to 'prevent and manage the consequences of sexual violence,' little attention is paid to access to safe abortion following rape (IAWG Reproductive Health in Crises, 2011).

Misconceptions about the legal status of abortion compound the situation and impede service provision, with many NGOs thinking that abortion is criminalised in the countries in which they work (McGinn & Casey, 2016). Indeed, only six countries ban abortion in all circumstances: Chile, Dominican Republic, El Salvador, Malta, Nicaragua and the Vatican (United Nations, 2014). All other countries permit abortion under some circumstances (McGinn & Casey, 2016). However, legal provisions can be restrictive and are not always easy to navigate (Schulte-Hillen et al., 2016). Some countries 'adopt transitory provisions', allowing for abortion following rape during conflict (Bouvier, 2014, p. 578. See also Duroch & Schulte-Hillen, 2015). For example, consistent with UNSCR 2122, the United Kingdom and the European Union mandate that safe abortion should be accessible to women raped in war (House of Lords, 2016). Another option is emergency contraception, this includes countries where abortion is illegal, as this is not classified as a termination of pregnancy and is not regulated under abortion law in most countries (Bouvier, 2014). However, this is only effective within 72 hours of the rape and therefore will exclude most victims (Duroch & Schulte-Hillen, 2015; Global Justice Centre, 2011). Having reviewed RHC services for female conflict-affected populations I will now review US foreign policy on abortion. I will start by unpacking the revised GGR before moving on to consider the defunding of UNFPA.

**Reviewing the implications of the GGR**

The Helms amendment was introduced in 1973. It states that: '[n]o foreign assistance funds may be used to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions'

(Change, 2018). While the phrase 'as a method of family planning' is not clearly defined in the amendment, it has been assumed that this restriction does not apply in cases of rape, incest and life endangerment. Indeed, congress has endorsed a provision that would allow for such exceptions (Blanchfield, 2017) and yet, this is not endorsed by the United States Agency for International Development (USAID) who believe these restrictions apply in all circumstances. USAID does not fund abortion services in cases of rape. This is contrary to international humanitarian law (House of Lords, 2106). In addition, USAID does not permit the purchase of certain equipment and commodities used to perform abortions or post-abortion care (Change, 2018).

The Leahy Amendment was added by congress in 1994 to clarify that the term '"motivate" - as it relates to family planning assistance - shall not be construed to prohibit the provision, consistent with local law, of information or counselling about all pregnancy options' (USAID, 2018). This means that NGOs can provide information or counselling on legal abortion-related services (McGinn & Casey, 2016). And while the Helms amendment permits NGOs from using other funds to provide abortions, the logistics of separating US funds from other funds - to provide abortion-related services - is cumbersome. This can lead to agencies adopting a blanket ban on all abortion-related services for fear of losing their funding (Ibid).

Expanding the restrictions outlined in the Helms Amendment, President Reagan issued the *Mexico City Policy* also known as the GGR in 1984. This policy is said to only apply to foreign NGOs receiving USAID family planning funding, requiring

they confirm that they do not intend to carry out or actively promote abortion as a method of family planning. However, the policy has also been implemented even when non-US funds have paid for these activities (Kaiser Family Foundation, 2017). In January 2017, President Donald Trump issued a *Presidential Memorandum Regarding the Mexico City Policy* reinstating and dramatically expanding the *Mexico City Policy* introduced in 1984. The new plan, called *Protecting Life in Global Health Assistance,* requires foreign NGOs to agree, as a condition of receiving global health assistance, that they will not perform or actively promote abortion as a method of family planning (Agency for Healthcare Research and Quality, 2018).

As outlined above, historically the US has banned foreign aid for abortion-related activities. However, under President Trump's Executive Order, foreign organisations receiving US aid for *all* health programs must confirm that they will not use *non-US* funds to: 'provide abortion services, counsel patients about the option of abortion or refer them for abortion, or advocate for the liberalisation of abortion laws' (Human Rights Watch, 2017). In practice this new policy means that a foreign NGO, that spends half of its budget (non-US funds) on sexual and RH services (including abortion-related activities), and receives the other half of its budget from US funds, now has to choose between losing US funding or, restricting - possibly even cutting - its RHC programmes (Human Rights Watch, 2017).

Globally USAID is the largest donor to Family Planning Services. Two of the largest international NGOs that rely on USAID family planning services - International Planned Parenthood Federation and Marie Stopes International - refuse to

sign the GGR. According to their websites, by refusing to sign the order, they are estimated to lose $100 million and $80 million (respectively) in funding over the next three years. This will lead to unintended pregnancies, unsafe abortions and maternal deaths.

***Gender essentialism and the GGR***

As noted above, postcolonial scholars trace the relationship between identity markers such as gender, race, class, sexuality and global policy making. They ask: how does gender, race and sexuality, for example, inform the process of policy-making? What are the '…gendered, racialised and sexualised consequences of policies that are…implicitly gendered (Columba, 2018, p. 43)? Here I focus on gender and sexuality. I will begin by addressing the first question by providing an analysis of how the GGR draws on discourses of gender essentialism.

Earlier I discussed the process of producing political subjects, focusing specifically on gendered constructions of the female body, which, based upon ideas of her "natural" vulnerability, reproduce images of women as passive and weak. These normative representations of women within International Relations/International Security, *as mothers*, grants them gender intelligibility and thus protection. In line with Butler's (1990) argument that ontologies function within established political contexts as normative restrictions, the US policy outlined above draws, implicitly, on these ontological constructions of women as objects of maternity who are confined to the domestic/private sphere. Here I unpack the relationship between the State and the maternal body in more detail and ask why the US draws on these normative ideas about women and biological motherhood.

This section is informed by the work of Managhan (2012) and Åhäll (2017), both of whom have written about motherhood, the maternalised body and the body politics of war and US foreign policy.

Within discourses of war, women and their maternal bodies are treated as the vessels through which national, racial, ethnic and religious identities are reproduced (Cohn, 2013). Indeed, 'militarising motherhood often starts with a conceptualisation of the womb as a recruiting station in nationalist discourses...[W]omen serve their nation by 'producing' children/soldiers [preferably sons] of the nation' (Åhäll, 2017, p. 22). In sum, women are understood as both symbolically and corporeally mothers of the nation. In this role, they are responsible for the mental and physical wellbeing of the nation (Managhan, 2012, p.82). While these ideas are based upon discourses of war and the military, it is my argument that these ideas about the life-giving capacity of the maternal body, inform policies such as the GGR and the defunding of UNFPA.

In terms of the purpose these narratives serve, Managhan (2012, p. 133) argues that 'the maternal figure performs a critical alibi function within the foreign policy making practices of the [US] …' She believes that 'maternal bodies…come to stand in as uniquely and critically situated representatives of the biopolitical body – the American nation.' For her, the State's ability to perform sovereign authority relies upon, in part, its ability to convince us that it is acting in the best interests of '*mothers of the nation*,' through representation and protection. The problem, as we can see when we consider the GGR, is that this 'representation'

and 'protection' is based upon essentialist and heteronormative ideas about gender, sexuality and motherhood, that are only applicable to certain bodies.

In her work on the myth of motherhood, Åhäll (2017) unpacks how maternal female bodies are seen as requiring special protection, while deviant female bodies - those who do not perform their biological maternal function - are in need of disciplining. I posit that the revised GGR, which denies females access to safe abortion, can be interpreted as a form of, albeit implicit, 'disciplining' of female bodies that do not perform biological motherhood. Let us examine this in more detail with reference to international treaties and policies.

***International treaties/policies and the GGR***

According to Wilcox (2015, p. 26-27) 'contemporary practices of security produce certain bodies as normal and others as aberrant and unmanageable. Violence against these deviant bodies is made necessary in order to preserve these naturalised bodies.' While Wilcox is referring to physical violence, in the example under discussion here, I argue that denying women access to abortion is also a form of structural violence.

The Beijing Declaration (1994, p. 34-36) states that 'women have the right to the enjoyment of the highest attainable standard of physical and mental health.' This right, which is regarded as vital to their life and well-being, includes access to safe abortions. To reiterate, the DEVAW defines VAW as any type of GBV that results in 'physical, sexual or psychological harm or suffering.' This includes physical, sexual and psychological violence perpetrated or condoned by the

State. It also highlights that women have the right to be free from discrimination. Finally, the DEVAW states that women have the right not to be tortured, or subjected to any other cruel, inhuman or degrading treatment (UN General Assembly, 1993).

A key element of the Women, Peace and Security agenda is women's access to justice and their full participation in decision-making at all levels. This includes RHC. UNSCR 2106 (p.5) urges UN bodies and donors to provide 'non-discriminatory and comprehensive health services, including sexual and reproductive health.' This echoes provision set out by the Geneva Conventions which 'guarantee the rights to non-discriminatory medical care, humane treatment and freedom from torture, cruel, inhuman and degrading treatment' (Global Justice Centre, 2011, p.22). These Conventions guarantee comprehensive medical services for all persons 'wounded and sick' in armed conflict. Failure to provide access to safe abortion for female victims of rape violates women's right to access all necessary medical care, as guaranteed by Article 3 of the Geneva Conventions. By denying women and girls access to the full range of RHC, the GGR is discriminatory and can be considered a form of structural violence that marginalises women by denying them full decision-making capacity. It is also considered a form of torture.

***The defunding of UNFPA***

Having considered gender essentialism and the revised GGR; arguing that the latter is a form of torture, I will now focus on the impact of the defunding of UNFPA. This economic policy, like the GGR, is based on the equation of women with

motherhood. While this construction of the female body can be generalised to include contexts other than war/armed conflict, my focus is on the implications for women and girls affected by conflict, specifically in relation to the ongoing crisis in Syria. Here I examine the relationship between interpersonal GBV - war-time rape and forced marriage that results in forced impregnation/ unwanted pregnancy - and structural GBV: the denial of access to safe abortion.

Not only is US foreign policy informed by ideas about gender and sexuality – which, in turn, have gendered and sexualised consequences as demonstrated above – it is also shaped by broader macro-structural economic and political processes. For transnational and postcolonial feminists, women's social, political and economic marginalisation can be linked to macro-level systems and practices. This includes, but is not limited to, economic globalisation. At its simplest - to paraphrase Shangquan (2000, p.1) - economic globalisation, refers to the interdependence of world economics and increases in the international trade of commodities and services. It is a system that can create barriers for the provision of universal RHC. The task then, for transnational and postcolonial scholars, is to unpack 'the multiple ways in which [these macro-level policies and practices] (re)structure colonial and neo-colonial relations of domination and subordination' (Swarr & Nagar as cited by Conway, 2017, p. 210).

UNFPA provides RHC for women and youth in more than 150 countries. This amounts to more than 80% of the world's population. This includes RHC to women and girls in conflict and crisis settings (UNFPA.org About us). While UNFPA does not promote abortion, it does promote 'universal access to voluntary

family planning'. In places where abortion is illegal, it supports women's right to receive post-abortion care in order to save their lives. In situations where abortion is legal, UNFPA states that health providers 'should make it safe and accessible' (see UNFPA.org FAQ). According to a 2017 press statement, during 2016, with support from the US, UNFPA was able to save 2,340 women from dying during pregnancy and childbirth; 'prevent 947,000 unintended pregnancies' and' prevent 295,000 unsafe abortions' (UNFPA, 2017b).

The US is one of the largest donors to UNFPA, with the organisation receiving approximately $75m from the US. (Sampathkumar, 2017). On March 30, 2017, however, the Trump Administration invoked the 'Kemp-Kasten amendment' in order to withhold funding for UNFPA during 2017. This policy was first introduced in 1985 and is based on the belief that UNFPA supports the Chinese government who engage in coercive abortions (there is no evidence that UNFPA has knowingly supported coercive abortions or involuntary sterilisations. See Kaiser Family Foundation, 2019). As a result of this amendment, the US State Department cut $32.5m from the 2017 budget (Kaiser Family Foundation, 2019; Sampathkumar, 2017). This withdrawal of funding will impact the world's most vulnerable women and girls, particularly those in conflict and emergency situations who have been subjected to SGBV. Projects that support the RHC of women and girls, including victims of SGBV, are at risk of closure in Syria, Lebanon, Jordan and Turkey, as well as Somalia, Ethiopia, Yemen, Afghanistan and north-east Nigeria (Ford, 2017). The Trump administration is proposing increased cuts to US foreign aid, which will further impact women and girls in the Global South (Global Citizen, 2017). The following section will focus on the impact in Syria

***Access to safe abortion for females raped and impregnated during the conflict in Syria***

An in-depth analysis of the origins and nature of the conflict in Syria is beyond the scope of this article. What follows is a discussion of rape and sexual violence against women and girls as it relates to our discussion here about RHC. In 2016, GBV services were provided to 9,734 Syrians in the Syrian Arab Republic; 2,417 in neighbouring countries and, 3,509 Syrian refugees were reached with SGBV related messages (UNFPA, 2017a). While victims include women, men and children, women and girls of reproductive age, face unique harms. Indeed, as noted earlier, Syrian girls forced into marriage face greater exposure to forced and unprotected sex in refugee settings. This increases the *risk* of unwanted pregnancies (Save the Children, 2014). Their access to safe abortion, should they require it, will be impacted by the defunding of UNFPA. This will be discussed in more detail below.

Various reports inform us that most parties of the conflict have used rape as a weapon of war in Syria (UN General Assembly, 2013b; United Nations Office for the Special Representative of the Secretary-General on Sexual Violence in Conflict, 2015; UN Periodic Review, 2016). The Women's Media Centre (WMC), a journalism project that specialises in reporting rape and sexual violence during war and armed conflict, has gathered 162 stories on rape and sexual violence in Syria between March 2011 and March 2013 (Wolfe, 2013). Reports of sexual slavery and rape against Yazidi women by ISIS have also been well documented (Human Rights Council, 2016; Human Rights Watch, 2015). These reports also

refer to the forcible impregnation (resulting in unwanted pregnancies) of Yazidi women and girls. Many women reported that they were forced to take birth control during their captivity. However not all women were provided with such measures and inevitably some became pregnant as a result of rape (Human Rights Council, 2016).

Some of the women who were enslaved by ISIS gave birth in captivity whilst others gave birth upon release. It is also reported that many gave their babies away (Ibid). Indeed, accessing accurate data on the number of SVRP that have occurred during the Syrian conflict is difficult. In contexts such as this there is a reluctance to discuss pregnancies resulting from rape. This is corroborated by Stoter (2015), who states: '[t]he women hardly talk about pregnancy. Many pregnant women seek abortions to avoid being stigmatised after spending months in sexual slavery by IS militants.' Notwithstanding the legal status of abortion in Syria, there are numerous reports of women seeking and having abortions. Aid workers report that doctors in Dahuk have provided girls with abortion pills or performed abortions themselves (Ibid).

Survivors also talked about raped women seeking abortions when interviewed by members of the UK select committee (House of Lords, 2016). In addition, the WMC has published 15 articles relating to SVRP. All refer to cases of women and girls who have been raped and impregnated during the crisis in Syria. They also discuss the problems these women faced when seeking to terminate these pregnancies. Dr Babatunde Osotimehin, head of the UNFPA, has also raised concerns about the number of Syrian refugees and displaced women who are pregnant

(see Spencer, 2016). It is estimated that 500,000 pregnant Syrian women remain in the country or neighbouring regions (van der Mensbrugghe, 2016). According to a 2015 UN inter-agency report, the maternal mortality ratio in Syria has increased from 49% to 69% per 100,000 since the conflict began in 2011. Challenges and delays in accessing necessary RHC, including access to safe abortion, are among the main causes of maternal deaths (Centre for Reproductive Rights, 2017).

Syrian activists have highlighted the need for contraception as a safety and survival mechanism. Without access to contraception, including emergency contraception, many rape victims are left dealing with the physical and psychological consequences of both the rape and the resulting pregnancy. As noted by Women on Waves, this compounds the trauma and victimisation of Syrian women who face either, an unwanted pregnancy or, an unsafe abortion, which could result in injury or death.

To recap: UNFPA was defunded by the Trump administration in 2017. As of October 2017, they face a $16 million funding gap in Syria (Merelli, 2017). According to the UNFPA annual review of Syria (2015), of the 13.5 million people who required humanitarian assistance inside the conflict zone, 4.2 million are females of reproductive age. A further 1 million have been displaced and are currently based in refugee camps or host communities. Of these 5 million women and girls affected by the conflict, 430,000 require RHC, particularly in cases of VAW. The report acknowledges females' increased risk of unwanted pregnancies and notes

how shortages in funding impedes their ability to deliver the requisite RHC to female survivors of SGBV.

UNFPA, with the help of US funds, set up a survivors' centre in Duhok, Iraq. It provides, among other support, RHC to women and girls who were enslaved and raped by ISIS. This includes Syrian women and girls. This will be impacted by the US withdrawal of funds (Cauterucci, 2017). In addition, UNFPA runs the maternity hospital in the Za'atari refugee camp in Northern Jordan. Prior to its defunding of UNFPA, the US funded half of the clinic's operating budget (Ibid). This hospital provides comprehensive RHC to Syrian women and girls who face challenges such as 'lack of proper medical care, poor access to reproductive health services [and]unwanted pregnancies.' The RHC services provided by the clinic include, 'family planning, post abortion care and counselling, prevention and management of sexually transmitted infections [and] clinical management of rape.' It also provides services to girls who have been forced into marriage and exposed to forced and/or unprotected sex (European Commission).

UNFPA also supports 19 safe spaces inside and outside of refugee camps across Jordon. Among other things, these spaces provide support for survivors of GBV, including emergency RHC, which can include abortion (Sutton, Daniels, & Maclean, 2017). UNFPA also conducted MISP training workshops and distributed RH kits (mainly rape kits) to assist Syrian refugees seeking RHC in Lebanon (Masterson ND).

Although UNFPA is a UN agency, it provides key RHC services in developing countries. In the example provided above, we see how the US maintains its position as a powerful Global North nation that withdrew funding to an agency (UNFPA) that supports developing countries to deliver RHC. As a result, these countries (as outlined above) are unable to provide the full range of RHC. This, to return to Mohanty (1988), maintains their subordinate position within the hierarchy of North/South relations.

While individual states have a responsibility to protect and provide for their citizens (including the provision of RHC), armed conflict and economic emergencies in the Arab region, during the 1980s, impeded governments in affected areas from meeting such obligations. Syria, for example, reduced its social spending, which resulted in the collapse of the economy and the rescinding of public services and subsidies (Alsaba & Kapilashrami, 2016). From 2000 onwards the Syrian government adopted the neoliberal model, thus transferring control of the economy from the public to the private sphere (for more details see Gobat & Kostial, 2016). The IMF and the World Bank are responsible for implementing this model in these developing countries (Jacobson, 2013). These two institutions provided loans to national governments like Syria to help buttress their economies. These loans were approved on the condition that these nations adopted the neoliberal model (Ibid., p. 228). And as Jacobson (2013, p. 228-229) points out:

[O]ther leading external donors such as the [US]…also made their funding conditional on the IFI model. Thus, although national governments nominally had

the freedom to make their own policy decisions, in effect, huge areas of national economic policy were effectively set by external financial institutions.

In addition to this, the current conflict in Syria has ‘devastated the economy’ (Gobat & Kostial, 2016, p.10), with the country facing mass poverty and unemployment. In 2015 poverty levels reached 83.5% in Syria, with extreme poverty reaching 69.3% (Gobat & Kostial, 2016; SCPR, 2015). Exacerbated by the drought - and the increasing engagement with neo-liberal policies - these conditions were heightened within the conflict zone. Here we can trace how and why countries like Syria became, and continue to be, dependent on US funds. That said, in situations where governments in conflict-affected areas are unable to meet their obligations, such as RHC, the global community has stepped in to fill these funding gaps.

*She Decides* is a global funding initiative on sexual and reproductive health. It was created by the Dutch government in response to the revised GGR. The goal of the project is to ensure full access to sexual and RH by providing financial support to foreign organisations whose funding has been withdrawn following the revised GGR and the defunding of UNFPA. In March 2017, *She Decides* held its first conference with more than 50 governments in attendance. As a result of numerous meetings and discussions with donors, NGOs and governments from across the world, a total of $200 million was pledged to the project. By December 2017, $450 million had been mobilised.

**Conclusion**

This article has reviewed gender, RHC and US foreign policy on abortion. This was done in two stages. First, I demonstrated how the GGR, which draws on ontological constructions of women as mothers in its anti-abortion stance, is not only a form of structural violence; its failure to uphold international treaties and conventions, means that denying women access to safe abortion is considered a form of torture. Second, I reviewed the impact of the defunding of UNFPA. Here I examined how economic globalisation and gender essentialism (woman-as-mother, woman-in-peril) coalesce to create a paradox: US foreign policy both priorities the needs of women and girls affected by war and conflict (WPS and the seven UNSCRs) while at the same time – through this defunding of UNFPA - undermines its own ability to provide the full-range of RHC to female war-affected populations in the Global South.

The defunding of UNFPA, like the GGR, is informed by ideas about gender and sexuality, specifically the ontological construction of women as mothers. In the context of the conflict in Syria, we see how the defunding of UNFPA impacts the lives of war-affected female populations seeking to terminate pregnancies resulting from wartime rape. Indeed, for failing to perform acceptable standards of femaleness/femininity, as dictated by US gendered and sexist foreign policy on abortion, these women are not afforded protection.

As noted throughout, postcolonial and transnational approaches examine colonial and post-colonial configurations of global power relations. Part of the postcolonial project is 'to challenge [foreign policy] objectives that too often police gender [and] sexuality… for nationalist interests' (Agathangelou & Turcotte,

2015 p. 45). In this piece I examined how the international political system (one that is informed by gendered and sexualised values) intersects with macro-level economic policies and practices to impact the lived-experiences of female conflict-affected populations in the Global South. Adopting a transnational and postcolonial feminist lens enabled a gendered analysis of US economic and political governance to reveal the reproduction of material relations of gender inequality.

Returning to gender ontology and women as embodied political subjects, as noted throughout: 'there is no essential or singular "woman's" experience' (Wilcox, 2015, p.42). Postcolonial perspectives remind us that: '[r]epresentations of "women" that attempt to speak for all women universalise the experiences of particular women and reproduce hierarchical power relations' (Ibid). Concepts such as "vulnerability", "protection", "motherhood" and "reproduction" cannot be universalised and should not be 'used without their specification in local cultural and historical contexts (Mohanty, 1988, p.75).

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**Bio**

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