The Global Gag Rule, US Imperialism and the Governing of Women's Bodies

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Reproductive health (RH), especially access to safe and legal abortion, is deeply politicized on the national and global level and has historically been "influenced by the shifting tides of politics and the various configuration of political power that hold sway in specific times and specific places" (Pugh, 2019, p. 1). On January 23, 2017, United States (US) President Trump signed an executive order reinstating the Global Gag Rule (GGR) (The White House, 2017). The GGR is an anti-choice policy that has in the past under conservative presidents caused severe disruptions to the US's overseas family planning efforts and global health aid. What differed from previous administrations was the expansion of the policy under Trump (Starrs, 2017, p. 485), which caused concern for non-governmental organizations (NGOs) globally.

While the policy of his predecessor has been revoked by President Biden mere days into his presidency (The White House, 2021), the impact from 2017 to 2021 is not irreversible. This research paper will explore the impact that the expanded GGR had on the lives of affected women[1]. Thus, the research question is as follows:*What effects did the expansion of the Global Gag Rule under the Trump administration have on women in the Global South?****[2]***

The analysis will be based on postcolonial feminist theory and use previous studies to explore the study focus. The GGR is seen as a vestige of imperialism that limits the will of people in the Global South (GS) (Skuster et al., 2020, p. 77) and affects women that are at the base of the hierarchal power structure. Postcolonial feminism as a critical approach focuses on how legacies of colonialism and imperialism affect women in the GS to this day (Zuckerwise, 2014, p. 1), and thus it is a suitable framework to explore the research question. The concepts of agency, subaltern and power will be utilized to guide the postcolonial feminist analysis. To the best of the authors' knowledge, the postcolonial feminist lens has not been applied to explore the effects that the last 4 years of GGR expansion had on affected women, which exposes a research gap. This paper aims at exploring the experiences of women in the GS that are affected by US foreign policy inside their own countries in hopes of shedding light on the impact that this policy can have on the everyday lives of women around the globe.

Literature Review

Significance of Reproductive Health Care Access

The number of maternal deaths in low- and middle-income countries would drop 62% if women would have access to modern contraceptives and receive care that meets international standards (Guttmacher Institute, 2020a, p. 4). Unsafe abortions, which are estimated at 35 million a year would drop to 10 million (Guttmacher Institute, 2020a, p. 27). One ought to emphasize that the more legally restrictive the setting is in the country, the higher is the proportion of abortions carried out in unsafe conditions. Countries that highly restrict abortion access and consequently have a higher rate of unsafe abortions are predominantly concentrated in developing regions (Guttmacher Institute, 2018, p. 5). Estimates are that unsafe abortions result in the deaths of around 47.000 women each year (OHCHR, 2016) and millions more are left disabled (World Health Organization, s.a.). Thus, restrictive RH services are threatening the lives of women worldwide. These numbers paint a clear picture of the urgency and necessity for women around the globe, but especially in the GS, to access RH care including abortion. Nonetheless, there are current shifts towards

more conservative politics which threaten the gains in the fight for reproductive freedom on the local, national, regional and global level (Pugh, 2019, p. 4).

Global Reproductive Health

RH is defined as "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". Furthermore, "the capability to reproduce and the freedom to decide if, when and how often to do so" are emphasised (WHO, s.a.). In its history, every bit of progress was met with resistance and backlash (Berer, 2017 as cited in Davies & Harman, 2020, p. 277). Due to the scope of this paper, it is not possible to include an extensive recollection of the history of global RH. Instead, the researcher will give a brief overview of pivotal developments in the fight for reproductive liberty. The movement for sexual and reproductive freedom started in the US in the early 20th century (Sinding, 2007, p. 1).

As the reproductive revolution gained steam in the Global North (GN), RH policies in the GS were driven by different forces (Chesney-Lind & Hadi, 2017, p. 75). Family planning programs – shaped and funded by the GN – followed a strong agenda to control the fertility of women in marginalized societies (Chesney-Lind & Hadi, 2017, p. 75). Developed countries poured considerable resources into "third world" countries to control their population growth out of fear to be "overrun by people from poor countries" (Knudsen, 2006, p. 4). However, resistance by activists and international organizations' efforts to establish reproductive rights as basic human rights aided to redirect global policies to some extent (Chesney-Lind & Hadi, 2017, p. 75).

The *International Conference on Population and Development* in Cairo (1994) "placed reproductive rights on the global agenda". It expressed that RH is protected by established human rights under national and international law (UNFPA, 2014, p. 27). The next pivotal achievement occurred in Beijing (1995) (Davies & Harman, 2020, p. 277) when the *Fourth World Conference on Women* took place. Equal access to and treatment of women and men in education and health care were emphasized to enhance women's RH (UNFPA, 2014, p. 27). Both of these advancements were met with heavy opposition by religious groups (Cohen & Richards, 1994, p. 273).

Most recently, RH returned to the agenda as part of the Sustainable Development Goals under SDG3 (good health and well-being) (UN, 2015, p. 18). While there are three targets regarding RH, critics state that in their formulation, conclusive language was avoided in an attempt to please the consensus (Sommer & Forman-Rabinovici, 2020, p. 8). Nonetheless, the inclusion of RH was a step in the right direction. As expected, this advancement led to resistance and backlash, such as the reinstation and expansion of the GGR.

The Global Gag Rule

In US democracy it is common, even encouraged, to elect leaders which share their constituent's moral or religious ideals, so that these values are featured in policies instated in the domestic and foreign arena. The US Agency of International Development (USAID) is a powerful vehicle that policymakers use to inject their morality into international affairs (Crimm, 2007, p. 588). The Mexico City Policy, which has become largely known as the GGR since it gags health providers from an open dialogue with patients (Mavodza et al., 2019, p. 2), is an example of this practice. In 1984, President Reagan implemented the policy aimed at restricting overseas family planning (Cincotta & Crane, 2001, p. 525). Under the GGR, foreign NGOs receiving funding from USAID are prohibited to provide the following services: administer abortion (exceptions are in cases of rape, incest or threat to the woman's life), provide counselling about abortion, promote safe abortion, refer women to abortion providers, lobby to legalize abortion or to strengthen abortion accessibility (Crane & Dusenberry, 2004p. 128-9). Most importantly, under this policy, NGOs which receive aid from the US are not allowed to use funds from other donors to carry out any of the above-mentioned services (Rominski & Greer, 2017, p. 229). These restrictions preclude foreign NGOs from providing safe abortions, even in countries where abortion is legal (Crane & Dusenberry, 2004, p. 129). Considering the US is the largest donor of global health programmes worldwide (Starrs, 2017, p. 485), and in 2015 provided 36% of global development assistance for health (Singh & Karim, 2017, p. 387), the GGR can have detrimental impact.

The policy has been rescinded by each democratic president and reinstated under every Republican administration

(Blanchfield, 2020, p. 1). President Trump reimposed the GGR on his fourth day in office. Four months later, he greatly expanded the policy (Ahmed, 2020, p. 14). Historically, the GGR applied to funds used in bilateral family planning assistance (Rominski & Greer, 2017, p. 229), which are approximately $600 million yearly (Guttmacher Institute, 2020b). Under Trump's administration, the restrictions were expanded to apply to 'global health assistance furnished by all departments or agencies" (Federal Register, 2017). This includes funding that is not related to family planning in areas such as HIV/AIDS, maternal and child health, gender-based violence, health systems strengthening, and water, sanitation and hygiene (Mavodza et al., 2019, p. 2). Therefore, the amount of funding affected by it expanded from $600 million to almost $9 billion (IWHC, 2019, p. 2). In May 2019 – during the first months of the COVID-19 pandemic – the GGR was expanded again to apply to sub-recipients of "gagged" NGOs, even if these sub-recipients did not receive foreign assistance. Without warning, local NGOs were subject to the policy solely because of an association with another organization (Ahmed, 2020, p. 14). President Biden rescinded the GGR in January 2021, ending four years under Trump "that saw the greatest expansion of the policy in its history" (KFF, 2021).

Theoretical Framework

International relations (IR) is strongly rooted in eurocentrism (Chakraborty, 2017, p. 51) and is further critiqued for being predominantly "a sphere of male influence and action" (Youngs, 2004, p. 79), which in the modern world is becoming increasingly irrelevant. For the discipline to become truly international and inclusive, it has to distance itself from its western and masculine domination and embrace other theoretical positions to explore the international from a non-Western and male-centric view (Chakraborty, 2017, p. 51).

Postcolonialism

Postcolonialism is particularly concerned with "colonial relations of domination and subordination established under imperialism", and how these relationships "have persisted beyond the granting of independence to formerly colonized states" (Tickner & Sjoberg, 2013, p. 212). Thus, this theory starts from the realization that the contemporary world is deeply shaped by the ordeal of empires and colonialism. Postcolonial theory outlines some key concepts in its approach such as Said's Orientalism (1978) and Gramsci's subaltern.

Orientalism according to Said (1985, p. 2) is based on the narrative of division between the "Orient" and the "Occident". Over time, hegemonic discourses within and beyond academia "constituted a barbaric and inferior other, the Oriental, in opposition to a modern, rational, and superior Europe and North America" (Wilkens, 2017, p. 5). This led to the belief that the Orient requires correction by the West (Said, 1978, p. 44). Orientalism facilitates a "relationship of power and domination" (Said, 1978, p. 7), and justifies imperialist ventures.

Gramsci described the ruling class, which had ideological and cultural domination, as 'hegemony' (Sabaratnam, 2020, p. 168). The subaltern were persons or groups of low rank that were subordinated to the hegemony (Farr, 2019, p. 65). This concept was applied by the Subaltern Studies collective to analyse how peasants were excluded from imperial hegemonic structures (Sabaratnam, 2020, p. 168). Later on, Subaltern Studies became exemplary of postcolonial studies (Spivak, 1981, p. 167).

Feminism

The feminist critique of IR is the strong androcentrism of the discipline. Feminists argue that the traditional discourse is distant from the lived experiences "of domination, oppression and power structures" that women experience since it is predominantly focused on the state as the main agent of interest in IR (Chakraborty, 2017, p. 51). Feminist theory is rooted in analysing the subordination of women globally – which occurs in "the system of male domination" generally referred to as "patriarchy" (Kinsella, 2020, p. 153), be it economically, politically, socially, or physically, and dedicates itself to the elimination of such (Kinsella, 2020, p. 147). Chakraborty (2017, p. 51-2) elaborates that power structures have a gendered nature that pervades in every aspect of "contemporary patriarchal society, and manifests itself in state relations, how they are constructed, and how they interact with each other". Thus, feminists attempt to illustrate how androcentrism has/is shaping state structures and relations (Chakraborty, 2017, p. 52).

The feminist approach focuses on concepts such as gender and power. Feminists define the concept of gender "as a set of socially constructed characteristics describing what men and women ought to be" (Tickner & Sjoberg, 2013, p. 206). Masculinity is associated with characteristics like autonomy, rationality, and power, whereas femininity is linked to weakness, emotionality, and dependence (Tickner, 2005, p. 6).

The analysis of power and its effects are central (Kinsella, 2020, p. 147). Enloe (2014, p. 8) focuses on making power visible in its endless forms. She criticizes mainstream IR for treating the workings of power as inevitable, and through that, fail to truly question and understand power. In the context of power, feminists are committed to examining the relationship that exists between knowledge and power. They indicate that knowledge has predominantly been created by men and is about men (Tickner & Sjoberg, 2013, p. 206).

Critiques

Postcolonialism and feminism as critical theories have in recent decades enhanced the potential of IR in understanding and explaining global politics (Parashar, 2017, p. 371). However, they also face criticism for their shortcomings. Chowdhry and Nair (2003, p. 13) highlight in their postcolonial critique that "[d]espite the focus on race and the imperial juncture in early postcolonial critiques, little attention has been paid to the question of gender".

Western 'mainstream' feminism has been strongly criticized for its universalism. Western feminist knowledge is predominantly based on the experiences and lives of relatively privileged Western women (Tickner & Sjoberg, 2013, p. 212). Through ethnocentric universalism– in which culture, social class, race and geographical locations are not acknowledged – women outside the Western sphere are robbed of both their historical and political agency (Tickner & Sjoberg, 2013, p. 212).

Mohanty (1991a, p. 10) argues that Western feminism is based on "the histories of racism and imperialism". Moreover, she aims at deconstructing hegemonic Western feminisms "knowledge" about Third World women, to confront the simplified constructions of them (Chowdhry & Nair, 2003, p. 13). As a response to the above-explored critiques, the theory of postcolonial feminism was developed.

Postcolonial Feminism

One cannot purely regard postcolonial feminism as a subset of feminism or postcolonialism. Rajan and Park (2000, p. 53) argue that it is rather an "intervention that is changing the configurations of both postcolonial and feminist studies". Postcolonial feminism is identified as "an exploration of and at the intersections of colonialism and neocolonialism with gender, nation, class, race" in different contexts of women's lives (Rajan & Park, 2000, p. 53). It targets the legacies of colonialism and how they to this day affect women and gender (Zuckerwise, 2014, p. 1). The critical theory confronts how the West portrays women from the GS "as poor, undereducated, victimized, and lacking in agency" (Tickner & Sjoberg, 2013, p. 212). Postcolonial feminism "enriches an understanding of the issue" of IRs strong Eurocentrism and masculine anchoring (Chakraborty, 2017, p. 51).

Bringing postcolonialism and feminism together reframes the discourses by placing the periphery in the centre and dissolving boundaries that divide the inside from the outside and the superior from the inferior (Ling, 2017, p. 1). Postcolonial feminism puts at its heart the perspective from people at the base of the hierarchical power structure of our world – women from developing countries – to include the voiceless and powerless (Chakraborty, 2017, p. 53).

The author will apply the concepts of agency, subaltern and power throughout the analysis. While western feminists "conceptualize agency in relation to individuals", postcolonial feminists also "allow consideration for the collectivist dimensions of agency" (Ozkazanc-Pan, 2018, p. 1212-3). Thus, the concept of agency is either rooted in the idea of a person's self-agency or a groups collective agency in postcolonial feminist thought and analysis (Mohanty, 1991a, p. 30) and can be defined as the ability to make decisions and have control over one's personhood. Ozkazanc-Pan (2018, p. 1215) emphasizes that when postcolonial feminists theorize about agency, they also consider that it is an ethical endeavour to theorize about and assess someone's agency, which through the process of 'othering' could already affect their agency.

As discussed above, the subaltern is a central concept of postcolonialism and takes a similar position in postcolonial feminism. In her influential piece on the subaltern, Spivak (1988, p. 91) discusses the "historically muted subject of the subaltern woman" in the postcolonial and Third World context. To the question "can the subaltern speak?", Spivak (1988, p. 104) concludes that the "subaltern cannot speak" and "as female cannot be heard". This argument led to much controversy and confusion. Critics argued that Spivak either did not recognize the subaltern does speak, or suggested that Spivak does not allow the subaltern to speak (Spivak et al., 1996, p. 287). The author later clarified that by 'speaking' she was referring to "a transaction between the speaker and the listener" (Spivak et al., 1996, p. 289) and that when the subaltern speaks, she is not heard (Spivak et al., 1996, p. 292).

Power is not only a significant focus of feminism but also postcolonial theory, whereby the North-South power relations are critically assessed (Kerner, 2016, p. 854). Postcolonial feminists assess North-South relations through gender aspects (Kerner, 2016, p. 855) and engage with power structures that define the lives of women from the third world (Mohanty, 1991a, p. 1). Mohanty identifies and problematizes power relations that exist between subgroups of women, like Western feminists and "Third World women" (Kerner, 2016, p. 856). Furthermore, a power disparity in "knowledge production between the North and South" is present (Medie & Kang, 2018, p. 38). Similar to feminists, postcolonial feminists examine the relationship between power and knowledge, which is also explored in Said's Orientalism (1978).

Impact of the Expanded Global Gag Rule

Reproductive Health of Women in the Global South

It is difficult to generalise the harmful effects that each implementation of the GGR has on women's health since it strongly depends on the context of the country and determining factors such as the presence of other donors or legal access to abortion. Nonetheless, the GGR "has not achieved an overall reduction in abortions" (Crane & Dusenberry, 2004, p. 131). Studies on previous GGR periods show that the number of abortions rises and women in countries with high exposure to the GGR are 2,55 to 3 times more likely to have an abortion than before (Bendavid et al., 2011; Brooks et al., 2019). These numbers will be higher in this period, due to the extensive expansion and the intersection with COVID-19. It was estimated that the expanded GGR would from 2017 to 2020 result in 6,5 million unintended pregnancies and 2,2 million abortions; 2,1 million unsafe abortions and 21,700 maternal deaths are predicted (Change, 2018, p. 39)[3]. The International Planned Parenthood Federation (IPPF) will lose approximately $10 million in funding which otherwise would have paid for 70 million condoms, 725,000 HIV tests and the treatment of about 275,000 pregnant women that live with HIV (IPPF, 2017).

The expanded GGR had a large impact on women's RH in Madagascar, a country that is heavily dependent on donor funding from USAID, especially in remote areas (Ravaoarisoa et al., 2020, p. 39). The reduction of funds led to fewer mobile outreach services, unavailability of contraceptives, and clients having to pay fees which they previously did not. Increased difficulties in accessing contraception consequently increased unintended pregnancies and unsafe abortions (Ravaoarisoa et al., 2020, p. 39).

In Kenya, the GGR exacerbated vulnerabilities of the health system and lead to discontinuations of mobile outreach initiatives, the closure of clinics, staff shortages, and stock-outs of family planning commodities (Ushie et al., 2020, p. 23). A 17-year old girl seeking an abortion stated "[i]f you don't help me, I'm going to take my life", which became embedded into the facility director's brain (Hunter et al., 2021, p. 350). Furthermore, capacity of other medical services – such as vaccinations, cervical cancer screening, HIV/AIDS prevention, and treatment – was reduced. It is expected that the GGR will have disastrous effects on HIV/AIDS prevention in the country (Opondo, 2020, p. 66).

In recent years, the Nepali government has taken bold steps to liberalise abortion laws and increase its affordability and accessibility to improve maternal mortality (Tamang et al., 2020, p. 5). However, a study showed that the GGR is reversing strides made by the government and civil society to improve RH outcomes by disrupting Nepal's health system (Tamang et al., 2020, p. 19), which negatively influences Nepali women's health care outcomes.

There are various other publications of studies that look at the impact the policy had on the everyday lives of affected

women (Gallagher et al., 2020; McGovern et al., 2020; Puri et al., 2019; Tamang et al., 2020). While the numbers are not ident – since the context of every country is different – they portray a similar picture. The expanded GGR is hurting women – in some instances killing them (IWHC, 2019) – by disrupting health care systems, by cutting outreach programs in rural areas, and by reducing access to various health care services. These services can range from contraceptives, safe abortions, abortion care, HIV/AIDS tests and treatment, vaccinations, cervical/breast/prostate cancer screening. STI tests and treatment, to support for gender-based violence survivors (IWHC, 2019, p. 2). This heavy restriction of (reproductive) health care for women does thus not only lead to more unwanted pregnancies, back-alley abortions and maternal deaths but does have highly adverse impacts on women's overall health and wellbeing.

Agency, Subaltern and Power

Previously discussed studies clearly show the expansion of the GGR has had harmful effects on women's RH. What is not made evident in these reports is what it means for women in the GS to have their agency and choices taken away (or heavily restricted) by paternalistic hegemonic foreign powers. The GGR restricts access to reproductive health from people in the GS, and leaves them "vulnerable to the moral and political whims of foreign powers" (Shahvisi, 2019, p. 173). Thus, the GGR can be seen as a legacy of colonialism, that is affecting women to this day. Postcolonial feminists are exploring such remaining colonial structures of global power relations (Banwell, 2020, p. 14). The GGR, besides strongly affecting access to RH, restricts the agency of women in the GS, also "reproduces structural inequalities and divisions between the Global North and the Global South" (Banwell, 2020, p. 2) which also indirectly impact the lived experiences of people and their collective agency.

Through the US policy, women's individual agency to make their own decisions and to choose to take steps to either prevent pregnancy or end an unintended pregnancy is heavily restricted. The GGR imposes the US domestic ideology onto women in the GS (Shahvisi, 2019, p. 180) and therefore strips women from their bodily autonomy.

However, it is not only the individual agency of women that is being restricted by the GGR but also their collective agency, which is the case in Nepal. The GGR does "slow the pace of change" in GS countries – whose laws are in certain cases still based on models enacted during colonialization – towards less restrictive abortion laws (Skuster et al., 2020, p. 76) as was the case in Nepali. The movements to legalise abortion in the GS through efforts by civil society, governments and NGOs are therefore not halted or pushed back (Skuster et al., 2020, p. 77). This impedes the collective agency of women and civil society to bring forth change in their country*with the health of women in mind*.

The narrative that countries in the GS need the US's assistance to not only offer health care services to their citizens but also make moral decisions in their place, reproduces the normative portrayal of women in the GS – which discussed by Tickner and Sjoberg (2013) – as poor, passive, vulnerable and weak. This would also reinforce Spivak's (1988, p. 104) assertion that the subaltern woman cannot speak or be heard. The voices of the powerless are not heard, while the voice of the powerful – the American hegemon – exerts influence over the subaltern. This does not mean to say that the subaltern women do not attempt to speak out about their needs, as civil society movements that fight for more legal access to abortion show, but that they are not heard/listened to. Furthermore, this keeps women in the GS at the bottom of the hierarchical structure.

As Mohanty (1988, p. 63-4) explores in her work, there are "complex interconnections between first- and third-world economies" which have a profound effect "on the lives of women". The GGR is an illustration of how these complex interconnections can potentially play out. In 1973, the landmark decision of Roe v. Wade established American women's constitutional right to access to abortion. In the wake of this momentous ruling, US congress adopted the Helms Amendment, which can be seen as a forerunner to the GGR. The Helms Amendment "effectively bans all US funding for abortion-related activities" (Skuster et al., 2020, p. 76). Eleven years later, the GGR was implemented by Reagan. These development show that the US is doing to women in the GS what it is not able to do to women – not for a lack of trying – within its own borders. The US is forcing its religious and moral ideals onto them, and exercising power over women in the GS to restrict their agency and bodily autonomy. This also illustrates the power disparities and relations between women in the north and women in the south, which has been explored by Mohanty (1988).

Moreover, through leading the discourse on RH in the GS, the US is creating knowledge about the lives and realities of women that are located in the affected countries. Here, the relationship between knowledge and power becomes important. The US government is not only speaking about them but speaking for them, which in turn limits their agency. Through this, the position of the women at the bottom of the hierarchy is solidified, and it strengthens the representation of women in the GS as helpless, dependent, and voiceless.

North-South Relations

The US is "able to exercise power" with the GGR (Pugh, 2019, p. 1) by imposing their domestic ideology onto foreign nations and control the bodily autonomy of foreign women. Through this policy, they attempt "to advance an ideological agenda in the Global North" (Lane et al., 2020, p. 1). These played out power dynamics have concerning similarities to colonial powers imposing norms and values on the GS under direct colonial rule (Lane et al., 2020, p. 11). This also brings to the table the sovereignty of states. In the case of Nepal, the GGR led to a clash between national priority and foreign ideology, which had negative effects on Nepali women.

Previous studies and reports offer an abundance of evidence illustrating detrimental impact the GGR has on women's health (Lane et al., 2020, p. 11), yet despite this, it is still reinstated by every Republican president. Increased abortion rates, disrupted health systems, negative effects on maternal health and maternal mortality rate, STIs, HIV/AIDS, and especially marginalised and isolated groups (Lane et al., 2020, p. 1) are some of the most adverse impacts which the GGR causes. This raises questions about the policies purpose. The GGR is seen as a "pro-life" policy to decrease abortions and to protect the lives of foetuses. However, what the policy does is increase unintended pregnancies and (unsafe) abortions, like it is the case in Madagascar, which is the opposite of its official aim. Is the policy in place to appease the anti-abortion lobby in the US, since they were not successful in criminalizing abortion at home? In this case, ideology and values seem to outweigh the protection of women's health and lives. Another way this could be interpreted is that the GGR is a way for the US to demonstrate its hegemonic power over the GS at the expense of women located at the bottom of the power hierarchy. Through this, women's bodies in the south become the battlefield of politics in the north.

A significant factor is that countries affected by the GGR such as Madagascar, Nepal or Kenya are often dependent on aid from the US, a dependence that did not come from nowhere. Economic policies from the GN have left many countries from the GS reliant on aid to meet the basic health needs. Significant factors here are inter alia weak economies resulting from colonisation, global economic rules favouring the interests of the north and high-interest loans (Shahvisi, 2019, p. 176). One can thus interpret that western states are at fault for this dependency and that the GGR is another way to uphold existing power structures between the 'Orient' and the 'Occident', a system in which women occupy the very base of the power hierarchy. Considering that the GGR has numerous adverse impacts on affected countries – which likely leads to an increase in needed assistance – one can argue that the foreign policy could amplify the "relationship of dependence and conditionality" to the US (Shahvisi, 2019, p. 180). This ensures that the dominance of western authority is maintained, which directly (through bodily harm) and indirectly (loss of agency and control) affects women globally.

Conclusion

This paper explored the effects the expanded GGR under then-President Trump had on women in the GS between January 2017 and January 2021. Trump's decision to not only reinstate the policy but to extensively expand it was a decision "made in the corridors of power in one part of the world" which reverberated "across the globe, with very real implication for the lives and health of individuals" elsewhere (Pugh, 2019, p. 1).

Visible effects on women's RH were illustrated through previous studies, with a focus on Madagascar, Kenya and Nepal. NGOs either accepted the 'gag' and discontinued abortion-related services or rejected it and lost parts of their budget. The GGR therefore led to cuts of mobile outreach services, clinic closures, and a lack of contraceptives, which consequently resulted in more unintended pregnancies and (unsafe) abortions.

A postcolonial feminist lens was applied to analyse the 'invisible' consequences which the neo-colonial foreign policy

brought with it for the lives of affected women. The analysis explored that the GGR, a relic of colonialism, reproduces inequalities and upholds traditional power structures between the GN and GS, and restricts women's individual agency and bodily autonomy. Through the haltering or reversing of civil society movements that aim to legalize and expand abortion access, the GGR also influences their collective agency to bring forth structural change. Lastly, the US by leading the discourse on RH services of foreign territories create knowledge and thus, speak 'for' women in the GS, which limits their agency and solidifies their position at the bottom of the power hierarchy.

It is easy to focus on the 'bigger picture' at hand, namely the excursion of power and influence that the US holds over a multitude of countries, which upholds structural inequalities and traditional North/South relations. Nonetheless, it is important to bring the periphery to the centre and focus on the effects that this policy has on the everyday lived realities of women in countries such as Madagascar, Kenya and Nepal. The influence it had on their lives goes far beyond their reproductive health, as this paper has explored.

The author is aware that current US president Biden has rescinded the GGR policy after taking office. Nonetheless, the ramifications of the expansion and the real-life consequences for women in the GS will long linger. Furthermore, it is highly likely that each future conservative president will again implement the policy once in office. Therefore, it is of utmost importance to decolonize global health assistance to ensure that the GGR and policies alike will not obstruct women's access to reproductive health care in the future, nor impede in women's right to individual agency.

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Notes

[1]The author acknowledges there are people who have female sex organs – and therefore in need of reproductive health care – that are not or do not identify as women or girls (e.g. trans, non-binary). The scope of the paper does not allow a separate examination of the situation and since a majority of the people concerned are cis-gendered women/girls, the author writes about women. Nonetheless, the access to RH should certainly be available to non-female people as well.

[2] This paper will use the term Global South when referring to states that are most affected by the GGR. The author acknowledges this term can be problematic, but it is used in reference to the literature.

[3] These numbers were estimated before the outbreak of COVID-19. It can be expected that these numbers will increase due to GGR's intersection with the pandemic. The global pandemic has amplified health inequities (Skuster

et al., 2020, p. 75) and posed grave challenges to RH services (Hunter et al., 2021, p. 352) in countries like Kenya and Nepal. These struggles have been exacerbated by and intersected with the expanded GGR (Skuster et al., 2020, p. 75).