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By Sara Hayet

Spring 2017

Switzerland: Global Health and Development Policy
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Government & Law and Women’s & Gender Studies
Abstract

There is a wealth of literature about the negative effects of the executive order called the Global Gag Rule, officially known as the Mexico City Policy, and its various manifestations. Despite this, there is a gap in the research about how institutions in affected countries respond to the Global Gag Rule’s family planning restrictions. This qualitative study seeks to provide some insight into how Romanian institutions responded during President George W. Bush’s reinstatement of the policy by using a model of social resilience. Through a literature review of three subjects (social resilience, the Global Gag Rule, and Romania’s family planning history) and interviews with key experts and Romanian reproductive rights advocates, the author identified the ways in which civil society effectively and ineffectively organized itself to respond to family planning restrictions. NGOs were critical in service provision and also maintained informal relationships with the government, but they often neglected structural issues and grassroots activism. In the future, civic-civil society partnerships should grow in order to more holistically provide reproductive healthcare services, and NGOs should look outside their sphere to organizations who can amplify their lobbying efforts. This study is particularly relevant given the reinstatement and expansion of the Global Gag Rule by the Trump administration this past January.

Preface

Through the example of my mother, who fought back when she was fired for her pregnancy, and that of my aunt, who provided abortions, I learned the value of choice from a young age. Women’s bodily autonomy must be protected and enforced by institutional and cultural systems.
This conviction led me to volunteer for both Planned Parenthood and Population Action in my first few years at Lafayette College and, through these organizations, I lobbied my Congressional representatives to eliminate the Global Gag Rule. When it was reinstated by President Trump on his fourth day in office, the topic of the Global Gag Rule seemed more relevant than ever. I wanted to study its effects but, more importantly, I wanted to study how women and the organizations which advocate for reproductive health have responded to family planning restrictions. There are always going to be people who try to undermine or eliminate the reproductive freedoms for which women have fought, but if we can understand and replicate sources of resiliency, we can better overcome their attacks.

**Acknowledgements**

I’d like to take a moment to offer my gratitude to all the people who contributed to this project. First and foremost, I want to thank Professor Hannah Stewart-Gambino who not only sparked my interest in social resilience literature but also encouraged me to pursue this research through an SIT program. I’d also like to thank the Academic Director, Dr. Alexandre Lambert, the Academic Advisor, Dr. Anne Golaz, and the Academic Coordinator, Francois Flourens for their guidance throughout this project. Additionally, thank you to Drs. Claire Somerville and Astrid Stuckelberger for providing advice for the interactive research components of this project. I am sincerely grateful for the many professionals and experts who gave up their time to provide their expertise and unique perspectives including Daniela Draghici, Dr. Borbala Koo, Wendy Turnbull, Brian Dixon, Lucile Quéré, Geneviève Preti, and Dr. Nicole Borbonnais. Lastly, thank you to Elizabeth Noble and Ronald Johnson who provided me with advice and resources for this study.
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Introduction

The Global Gag Rule (GGR), otherwise known as the Mexico City Policy, is an executive order initially issued by President Reagan. This policy stipulated that any clinic or nongovernmental organization (NGO) receiving funding through the United States Agency for International Development (USAID) could not provide abortions or information about abortion services- even if abortion was legal in their countries and/or if the clinic used funding separate from USAID donations for abortion services.\(^1\) Since its initial establishment, the GGR has been repealed by every Democratic president and reinstated by every Republican president, including President Trump.\(^2\)

This study focuses on the GGR in Romania from 2001-2007. Romania overthrew a pro-natalist dictator in 1989 and thus experienced the GGR differently than countries in other regions of the world, such as Latin America or Sub-Saharan Africa. Specifically, this paper begins with background on the GGR and Romania’s particular reproductive health history. After a discussion about methods and limitations, the author analyzes the effects of the GGR in Romania and the ways in which institutions responded to it. The final section of this paper explores how civil society institutions affected by the GGR can respond with resilience.

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Key Terms and Frameworks

This study utilizes the World Health Organization (WHO) definition of reproductive health, which includes the ability of individuals “to have a responsible, satisfying and safe sex life” and “the capability to reproduce and the freedom to decide if, when and how often to do so.” Family planning services -- which include contraception, abortion, and sex education -- provide communities with the capability to control their reproductive lives. The right to reproductive health is based on the feminist premise that no one should be limited from pursuing a fulfilling life based on their biology. While those with male biology have certain reproductive capabilities, those with female biology are more frequently burdened by restricted reproductive choices and responsibilities based on sexist social scripts. Thus, the right to reproductive health should be ensured based on the human rights health framework of “accessibility, availability, and quality,” and it should also be ensured based on the premise of gender equality.

Access to reproductive health is framed in this study using the model of social resilience defined by Peter A. Hall and Michèle Lamont as “the product of...creative processes in which people assemble a variety of tools, including collective resources and new images of themselves, to sustain their well-being in the face of social change.” Social resilience theory examines the ways in which civil society responds to the rollback of the social safety net in the era of neoliberalism. In this case, “social change” refers to the implementation of the GGR rather than neoliberalism and the spread of market forces. Social resilience theory has not yet been used to

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4 Peter A. Hall and Michele Lamont, Social Resilience in the Neoliberal Era (Cambridge: Cambridge University Press, 2013): 14
explore the ways civil society can organize to resist family planning restrictions, but this paper seeks to merge these two areas of research.

Social resilience is based on the claim that the state is responsible for providing collective goods. Hall and Lamont define collective goods as “goods that improve the well-being of the community and would not be supplied by markets because their benefits are nonexcludable.” Reproductive health services should be defined as a collective good because they fit this criteria; access to quality family planning healthcare benefits the immediate and long-term health of the community, and should be available to all people regardless of social identity. This study will examine how civil society in Romania responded to reproductive health restrictions from 2001-2007 when the GGR was reenacted.

Objective and Research Questions

It has been well-established that the GGR has had a negative impact in developing countries in both Latin America and Africa. Less research has been done on the GGR’s impact in developing countries in Eastern Europe; while there are certain commonalities across regions, Eastern Europe’s political history meant that the GGR’s implementation impacted this region differently than other areas in the Global South. Romania may no longer be affected by the GGR because they have not received USAID since joining the European Union (EU) in 2007, but understanding the past effects of the GGR in Eastern Europe is important given the reinstatement

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5 Peter A. Hall and Michele Lamont, 19.
6 David A. Grimes et al., 1909; Dina Bogecho and Melissa Upreti, 21.
and expansion of the GGR under President Trump. It may be particularly relevant as Romania’s neighbor, Ukraine, is still a recipient of USAID and will likely be affected by the GGR. In fact, even though Romania no longer receives USAID, their NGOs might still be affected. Marie Stopes International, for example, is a USAID recipient, even if Marie Stopes International Romania is not. As Marie Stopes International deals with the loss of USAID funding, there may be cuts to Marie Stopes International Romania’s budget.

The GGR was detrimental to Romanian women’s reproductive health, but there is a lack of literature regarding how NGOs and clinics affected by the GGR responded resiliently. Using the model of social resilience, this paper will explore how various civil society institutions in Romania worked to overcome barriers to the provision and acquisition of reproductive services due to the GGR from 2001-2007.

Methodology

A thorough literature review was conducted of three subjects: social resilience, the Global Gag Rule with a focus on the Bush administration’s version, and Romania’s family planning history from 1966 to 2007. Search terms used include “Global Gag Rule Europe,” “Global Gag Rule Romania,” “Family Planning Romania,” “Romania abortion perspectives” and other relevant terms. The Lafayette College Library, as well as the School of International Training (SIT) Donald B. Watt library, provided access to numerous databases. Through this research, preliminary data regarding Romania’s abortion rates, maternal mortality rates, and

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8 "Daniela Draghici," online interview by author, April 12, 2017.
9 "Daniela Draghici."
10 "Brian Dixon," online interview by author, April 19, 2017.
11 Peter A. Hall and Michele Lamont, Social Resilience in the Neoliberal Era (Cambridge: Cambridge University Press, 2013): 14
contraception use was collected. Additionally, a qualitative approach was used to identify common narratives about institutional sources of resilience when the GGR was enacted, as well as how they interacted with social networks and scripts. This study was approved by SIT’s Study Abroad Local Review Board.

Semi-structured formal and informal interviews with experts on family planning in Romania provided context and depth to the literature review. Many of these experts worked in reproductive health NGOs in Romania in the 1990s and early 2000s, and founded or served on the board of some of Romania’s major reproductive health advocacy networks. Their work was directly impacted by President Bush’s GGR and this unique perspective is missing from a lot of the existing literature. In fact, very little literature exists about the GGR in Romania, which made these expert interviews especially key. These interview, in turn, were accompanied by discussions with experts in other areas of reproductive health policy in order to further complement the literature reviews and gain a comparative perspective. This study was ethically conducted; the author obtained consent from all experts and advocates interviewed and there were no risks involved with this study.

Limitations

Many of the resources about sexual education and health in Romania were written in Romanian, so the author was limited by a language barrier. Additionally, the topic of reproductive health in the post-1990s era is a sensitive topic for some of the people who worked in this field, so there was not a wide pool of experts willing to be interviewed.12 The Romanian branch of Marie

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12 "Daniela Draghici."
Stopes was reluctant to speak on this topic, for example, partially because they have had a turnover of staff in the past five years, which meant that there was no one with the relevant expertise. It was difficult to find health advocates from other organizations who worked from 2001-2007 as many had moved on to new positions, as well.

Lastly, it is difficult to quantify the impact of institutional sources of “resilience” and the author had to work within a time constraint which prevented her from conducting more extensive methods of data collection. As a result, these findings are largely qualitative, based on the experiences of women and advocates in Romania from 2001-2007. Future researchers would be encouraged to pursue this research using statistical methods, as well as qualitative.

Literature Review: The Global Gag Rule

Throughout the early 2000s, USAID was the world’s foremost international donor of family planning funds. Consequently, the reinstatement of the GGR on President Bush’s third day in office in January 2001 had disastrous consequences worldwide. The effects of the Bush-era version of the GGR was perhaps even more harmful than the Reagan-era version “because of the increase in the number and diversity of NGOs receiving USAID funding for reproductive health services and advocacy.” Once in effect, clinics receiving any USAID funding were no longer allowed to perform abortions (regardless of the legality in their countries), to provide information about abortion as a family planning method, or to lobby for the expanded legalization of abortion; the only exceptions were in cases of rape, incest, or endangerment. The rules of the GGR

13 Lindsay B. Gezinski, 839.
applied even though clinics used non-US funds for abortion services due to the Helms Amendment, and relied on USAID for the provision of other family planning services.  

Clinics and NGOS across the world which received USAID funding were inevitably hurt by this policy. Some organizations, such as the Family Planning Association of Kenya (FPAK), chose to reject the GGR’s restrictions. As a result, “Kenya’s leading family planning organizations lost critical US family planning funds. The FPAK lost 58% of its budget through direct and indirect cuts of US funds, while [Marie Stopes International Kenya] lost 40% of its operating budget.” Meanwhile, organizations that agreed to abide by the GGR had to stop providing abortion services, which in turn led to diminished access and availability of safe abortions. This was particularly problematic because unsafe abortions, defined by the WHO as “a procedure for terminating an unintended pregnancy either by individuals without the necessary skills or in an environment that does not conform to minimum medical standards, or both,” occur mainly in developing countries. Thus, the GGR did not contribute to fewer abortions but led to more unsafe abortions; it also disrupted the distribution of other family planning services such as contraception delivery and sexual education programs, which will be discussed in more detail later in this paper.

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Literature Review: Romania’s Family Planning History

In order to understand how Romania was impacted by the GGR in the early 2000s, it is necessary to understand the historical context in which reproductive health took shape. From 1966

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10 Barbara B. Crane and Jennifer Dusenberry, 129.
17 Dina Bogeche and Melissa Upreti, 20.
19 Dina Bogeche and Melissa Upreti, 22.
to 1989, Romania was under the Socialist dictatorship of President Ceausescu. Ceausescu wanted to increase the Romanian birthrate which had diminished following World War II and the result was a pro-natalist regime which perpetuated numerous human rights violations against its citizens, particularly women.\(^{20}\) In the first year of his reign, Ceausescu enacted a strict law regarding abortion; while the law had various manifestations, the final version made abortions available only to women over 45 with 5 or more children over the age of 18.\(^{21}\) In addition to extreme abortion restrictions, there was a fine enacted on childless couples who had been married for more than two years, and working women were subjected to invasive gynecological inspections by the state.\(^{22}\) Additionally, modern contraception was banned in 1985 although “official importation of contraceptives had virtually ceased by that time” already.\(^{23}\)

The results of Ceausescu’s regime were disastrous as women with unintended pregnancies resorted to illegal, unsafe abortions, with the threat of imprisonment looming over their heads if they were caught. These unsafe abortion procedures led to Romania’s high maternal mortality rate during this time period; additionally, unintended pregnancies resulted in a surge of children flooding Romania’s institutions as they were abandoned by their parents.\(^{24}\) Activist Daniela Draghici has spoken about the traumas endured during the Ceausescu years:


\(^{22}\) Charlotte Hord et al., 232.

\(^{23}\) Charlotte Hord et al., 232.

Many Romanian women shared the same kind of story during that year; 1967 was a peak year for births of the so-called “decretzei”, (babies born as a result of the 1966 decree which banned abortion), but the number of births decreased in the following years because women discovered how to cope with the situation. How? Usually by using a “pipe” (in Romanian “sonda”, like for drilling oil, a derrick in English), a thin medical catheter through which they introduced into their uterus different liquids, such as alcohol, water, distilled water, tea, or plants, such as stork’s bill or oleander. These were supposed to dislocate the fetus and induce an abortion. Generally, educated women used distilled water or alcohol and the undereducated used plants. Even a young doctor, the wife of a famous actor, used a soap and water mixture, which caused her death.25

This 25 year abortion and contraception ban had lasting effects once Ceausescu was overthrown and abortion was legalized by the new government. Without a domestic supplier of modern contraception, many women relied on abortion as their main form of birth control.26 Other factors which contributed to the lack of modern contraception use were negative perceptions left over from the Ceausescu regime’s propaganda and the lack of comprehensive sexual education in schools.27 Due to these factors, abortion rates in Romania during the 1990s were some of the highest in the world, and continued to be high throughout the early 2000s.28 Consequently, public

25 “A Personal View of Women’s Sexual and Reproductive Lives in Romania.”
27 "Contraception and abortion in Romania," 877.
health facilities were overwhelmed and used outdated technology for abortions, gynecologists were overworked and underpaid, and women continued to lack counseling about contraception after receiving an abortion.\textsuperscript{29} Ceausescu’s policies also perpetuated a social narrative that it was women’s responsibility to perform reproductive labor, without any regard to their bodily autonomy. After Ceausescu’s assassination, women would continue to be primarily responsible for reproductive labor.

\textbf{Analysis}

The Impact of the GGR on Romania

Unlike other states affected by the GGR, Romania offered abortions in its public hospitals at an affordable price (around two to four USD in 2000-2004).\textsuperscript{30} Additionally, they had a social safety net for women who could not afford abortions; women “with four or more children, students, pupils, and those who are unemployed or without income” were exempt from paying for abortions in public institutions.\textsuperscript{31} Thus, while women in other developing regions lost access to safe abortions almost entirely, Romanian women could rely on public hospitals.

Despite these programs, the state still failed to provide its citizens with comprehensive family planning services. When the GGR was reenacted in 2001, Romania was defined as a developing economy and was only a decade into a transition from a dictatorship to a democratic republic. Consequently, after nearly three decades of abortion criminalization and a lack of funding, the public health sector was unprepared to provide quality reproductive healthcare to all women. Many abortion providers “said that they [did] not have time and [could not] afford to

\textsuperscript{29} "A Strategic Assessment of Abortion and Contraception in Romania," 185.
\textsuperscript{30} "A Strategic Assessment of Abortion and Contraception in Romania," 189.
\textsuperscript{31} "A Strategic Assessment of Abortion and Contraception in Romania," 190.
volunteer unpaid time to educate and counsel people properly” about family planning methods.\textsuperscript{32} This led to a populace which relied on abortion over other family planning options, such as condoms or the birth control pill. Thus, the main priority for addressing women’s sexual and reproductive health was to provide greater access to contraception and to link abortion provision with contraceptive counseling.\textsuperscript{33} While the public, government-run health system lacked the resources to provide adequate counseling, NGOs attempted to fill this void. Groups like Societatea De Educație Contraceptivă Și Sexuală (SECS), the International Planned Parenthood Federation European Network (IPPF EN), Marie Stopes International Romania (MSIR), and the ASTRA network were the major actors in Romania (see table 1).

The state also encouraged the over-reliance on abortions through government policy. Abortion procedures were financially lucrative, “more profitable than providing contraceptives,” which led physicians to encourage repeat abortions over contraception.\textsuperscript{34} Abortion providers were already overworked and underpaid; these financial incentives would have been hard to turn down given those economic conditions. The Ministry of Health (MOH) strategy was to encourage contraception advocacy from physicians who were \textit{not} abortion providers which proved to be inadequate.\textsuperscript{35}

The GGR exacerbated the schism between abortion and contraception provision. Family planning NGOs had to choose between the two services or lose funding from USAID. The continued separation led women to rely on abortion as their primary fertility control method in a medical context that remained less than ideal.\textsuperscript{36} This meant that the GGR did not limit the

\textsuperscript{32} "Contraception and abortion in Romania," 877.
\textsuperscript{33} \textit{Country in Focus: Romania}, 2004, \texttt{www.globalgagrule.org}.
\textsuperscript{34} Charlotte Hord et al, 237; “Daniela Draghici.”
\textsuperscript{35} Charlotte Hord et al, 237.
\textsuperscript{36} \textit{Access Denied: U.S. Restrictions on International Family Planning}, 4.
number of abortions happening in Romania, but it prevented the counseling and advocacy work that would have enabled women a wider array of choices—ironically, this would have likely led to a lower number of abortions. It also made it more difficult for NGOs to engage in advocacy work for safer, higher quality abortion care.

Lastly, the GGR caused fissures among family planning NGOs. One of the major actors, SECS, was founded in 1990 by a group of gynecologists who wanted to address the problems plaguing reproductive healthcare in Romania after Ceausescu (specifically the maternal mortality rate and the high abortion rate). A member of IPPF EN, they received the majority of their funding from USAID; as a result, they felt obligated to accept the terms of the GGR in 2001. Otherwise it seemed likely that they would no longer have the finances for any of their healthcare services, which included the operation of eight clinics throughout Romania. SECS had actually “resolved not to include abortion in its counseling, referral or advocacy from the outset” because of the 1990s version of the GGR. The most recent GGR still affected SECS, however, because IPPF EN ended its partnership with them. This reflected a growing rift among family planning NGOs in the country, which extended to MSIR. MSIR had also been operating in Romania since 1990, due to an invitation from the MOH. Unlike SECS, their advocacy and work included abortion services and they did not accept any USAID prior to the GGR. As a result, their two clinics were largely unaffected. However, a divide grew between NGOs like SECS which had accepted the GGR’s terms and NGOs like MSIR and IPPF EN which had not. While these

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38 Country in Focus: Romania, 6.
39 Country in Focus: Romania, 7.
40 "Daniela Draghici."
41 Country in Focus: Romania, 6.
groups’ goals could have been aided by collaboration, the GGR “squandered goodwill.”\textsuperscript{42} In fact, some NGOs who had not accepted the GGR accused those who had of “prostitution,” even as those organization continued to work towards worthwhile reproductive health goals.\textsuperscript{43}

At the community level in the majority of affected countries, most women were not aware of the GGR, but they noticed its effects.\textsuperscript{44} In Romania, however, the effects of the GGR were less visible, affecting NGOs primarily and aggravating existing problems in the reproductive health sector. Despite this disconnect, Romanian citizens were still impacted by the anti-abortion ideology of USAID. According to Dr. Borbala Koo, the executive director of SECS at the time, NGOs were required under the GGR to emphasize contraception over abortion which contributed to increased abortion stigma.\textsuperscript{45} Due to the pronatalist policies of Ceausescu, abortion was not as hotly debated in Romania as it is in other countries, such as the United States. Yet in recent years the anti-abortion movement has grown stronger, even as many European countries have liberalized abortion policies.

\textsuperscript{42} Country in Focus: Romania, 7.
\textsuperscript{43} “Daniela Draghici.”
\textsuperscript{44} “Wendy Tumbull,” online interview by author, April 19, 2017.
\textsuperscript{45} “Dr. Borbala Koo,” online interview by author, April 19, 2017.
Table 1: Descriptions of major NGOs in Romania from 2001-2008

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Purpose</th>
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<tbody>
<tr>
<td>ASTRA Network</td>
<td>International Network of NGOs</td>
<td>To advocate for reproductive and sexual health in Central and Eastern Europe</td>
</tr>
<tr>
<td>IPPF EN</td>
<td>International NGO</td>
<td>To advocate for reproductive rights; to enable the environment for the best possible care throughout Europe through member associations and local partners</td>
</tr>
<tr>
<td>SECS</td>
<td>National NGO</td>
<td>To educate the populace about women’s sexual and reproductive rights; advocate for quality reproductive healthcare</td>
</tr>
<tr>
<td>MSIR</td>
<td>International NGO</td>
<td>To promote contraception use and to provide quality reproductive care in a supportive environment</td>
</tr>
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Sources of Resilience: Institutions

The institutions which enacted creative solutions or provided social frameworks in the face of the GGR in Romania, based on the literature review and interviews, were the Church and NGOs. In addition to their strengths, the author considers the ways in which these institutions fell short of empowering social resilience.

The Church

While Romania’s foremost religious institution did not actively support women’s efforts to access family planning services, it created social scripts which inadvertently enabled women
to make a wide range of reproductive choices. After the Socialist regime fell, the Eastern Orthodox Church grew stronger in Romania, so that 86% of the population identified as Eastern Orthodox by 2005. On one hand, the Church could be seen as the instigator of the small anti-choice movement that existed in Romania at the time. Such a stance had very little sway in a country where abortion had been criminalized for so long, which is why the Church did not take an official position on abortion or contraception until 2005. While individual priests may have spoken out against contraception and abortion, and some anti-family planning publications were distributed to priests, the Church’s views did not seem to have a negative impact on the general populace’s views of family planning. This is not to say that religion was not an important influence; in fact, this lack of official opposition may have contributed to a normalization of family planning services. Women can also receive “forgiveness” for an abortion from the Eastern Orthodox Church more easily than other religious institutions. All of this may have led to less stigma surrounding abortion, creating communities better prepared to respond to family planning restrictions.

Contrarily, religion provided women with discursive scripts about reproductive health. Due to the pronatalist policies of the Ceausescu regime, many Romanian women responded negatively to any government interventions into their health. During a campaign to reduce cervical cancer among Romanian women in the past decade, many women resisted seeking care, and asserted their bodily autonomy from the state through rhetoric about “God’s will.”

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47 Lucian Turcescu and Lavinia Stan, 182.
48 “Dr. Borbala Koo.”
this was a subversive form of reclaiming bodily autonomy, Romanian women’s health suffered. This discourse also prevented women from seeing themselves as political agents who could affect the state’s reproductive campaigns.

*Nongovernmental Organizations*

When the government could not provide its citizens with easily available and quality reproductive healthcare, NGOs worked to fill this void, either as informal government partners or as independent actors. After the revolution, Romania focused largely on economic growth; the number of NGOs grew dramatically in Romania as a response to a growing need for social safety nets. Even as NGO coordination splintered under the GGR, these organizations continued to provide services for as many Romanian citizens as possible. In addition to providing reproductive healthcare, NGOs contributed to Romanian feminism in the early 2000s and connected advocates to international networks. Despite the many ways in which NGOs coped with challenges creatively, a disconnect between NGO practical services and grassroots activism limited the resiliency of Romanian civil society.

Family Planning Services

*Sex Education Provision.* In the early 2000s, Romania lacked mandatory comprehensive sexual education in schools.\(^50\) This contributed to widespread ignorance about contraception which contributed to the reliance on abortion for birth control. A study conducted based on American students’ survey responses in the late 1990s found a positive correlation between contraception

\(^{50}\) "Daniela Draghici."
education and contraception use during one’s first sexual experience. Additionally, a study conducted in Romania found that education was directly tied to knowledge of family planning. According to this review, “rural residents and less-educated women were less likely to have such information.” Without access to a federal comprehensive sexual education program, many schools were left with nothing, or relied on texts from the free market which were less than adequate.

Fortunately, there were NGOs working to provide sexual education to as many students as possible, including the Youth for Youth Foundation, a member of the ASTRA network. The Youth for Youth Foundation helped to develop “curricular material for young people” and trained “peer educators and teachers interested in covering sexuality-related topics in their classes.” Unfortunately, Youth for Youth’s impact in public schools was limited by which principals allowed them access; they had disproportionate access to urban areas. Yet in many ways, Youth for Youth’s work embodied Hall and Lamont’s vision for creative solutions in the face of threatened rights. As the GGR prevented necessary linkages between abortion and contraception from occurring, Youth for Youth worked to educate the populace about contraception (particularly condoms) using original and passionate campaigning. In addition to their peer education program, Youth for Youth “distributed 90,000 condoms and reproductive health information to vacationing young Romanians at beaches and in discos.” This direct advocacy work also led to publicity,

53 "Daniela Draghici."
55 "Daniela Draghici."
which expanded their reach beyond the 90,000 young Romanians who received condoms.

Furthermore, they used online platforms, including an Internet game, to teach young Romanians about safe sex. Through this work, they reached hundreds of thousands of young people who may have otherwise been vulnerable.

*Abortion Provision.* While most abortions were performed in public hospitals, NGOs such as MSIR also performed abortions in the two clinics they operated within Romania. These clinics, in Bucharest and Bacau, operated largely on patient fees but offered a higher quality of care than the public hospitals, which tended to rely on the outdated and often painful dilation and curettage (D&C) method. However, due to the work of Daniela Draghici and IPAS, a North Carolina NGO which invented manual vacuum abortions, manual vacuum aspiration (MVA) was introduced in Romania in 2003. Therefore, while there was limited availability, women were able to receive higher quality abortion care. Urban, educated women in particular tended to prefer this method, which points to the class inequalities that still existed when the state failed to provide comprehensive care.

*Contraception Provision.* While many NGOs were limited in their efforts to encourage contraceptive use after abortion, MSIR was not, since it did not accept USAID. As a result, MSIR was able to continue to provide both abortion and contraception services.

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58 *Country in Focus: Romania*; "Daniela Draghici."

59 "Daniela Draghici."

As already mentioned, the Youth for Youth Foundation provided both education and condoms as part of their outreach efforts. Their work targeting young Romanians was important in changing the patterns of unsafe sex which existed in Romania throughout the early 2000s. At that point, “only 30 percent of couples use a modern method [of contraception], with condoms being the most popular.”61 Youth for Youth clearly recognized that condoms would be the most socially acceptable and affordable form of contraception, and their clever publicity campaigns were part of a strategy to build healthier habits among newly sexually-active Romanians.

NGO-Government Partnerships

In order to provide the aforementioned services to a wider section of the population, NGOs sometimes partnered with the government. The MOH partnered informally with NGOs to expand contraception access and to train physicians and SECS, which had an informal partnership with the MOH, worked directly in rural areas that were not receiving the same level of care as urban areas.62 While this work did not affect abortion provision, it did expand access to contraception. The MOH also worked with MSIR, but no one from the current MSIR staff worked at the NGO at this time, and they were thus unable to comment on the extent of that partnership. However, the resources of the government were useful in providing more equitable reproductive health services and providing legitimacy to NGOs’ work. There was little mention, though, of political advocacy work, with the exception of an effort to begin a comprehensive sexual education program in Romanian schools.63

61 *Country in Focus: Romania.*
62 “Dr. Borbala Koo.”
63 “Daniela Draghici.”
NGOs and Feminism

The minority of NGOs that did address women’s rights and health were accused of promoting “demands and interests of foreign funders, thus transferring, but not internalizing, Western gendered discourses into the Romanian context.”\(^{64}\) To a certain extent, this claim has validity. At the time, NGOs working in reproductive health and other feminist issues were largely reliant on foreign donors, including USAID. Feminism in Romania was further complicated by the fact that many Romanian women associated feminism with the false equality women had held under Socialism, which meant there was not a large grassroots feminist movement. The budding feminist movement that \(\text{did}\) exist focused on issues such as domestic violence, but this feminism was not tied to reproductive health.\(^{65}\) Consequently, NGOs led the way in Romanian feminist-reproductive-rights efforts and were successful in providing both reproductive health services and education, as well as conducting consciousness-raising efforts\(^{66}\) Yet the strategies they pursued were shaped by the priorities of their international donor base and, therefore, may not have reflected Romanian women’s politics.

While NGOs’ reliance on foreign donors did not stop them from providing valuable services, it may have contributed to the disconnect between Romanian women and a reproductive politic. According to Laura Grunberg, a leading feminist in Romania, women’s rights NGOs were primarily “everyday-oriented,” with a focus on healthcare and social protection; very few were “institutionally oriented” with a focus on affecting structural issues such as government policies.

\(^{65}\) “Daniela Draghici”; “Wendy Turnbull”
While the services they provided were vital, there was little connection between reproductive healthcare and the politics that shaped the distribution of those services. Some of this was undoubtedly due to the GGR and the way it “gags” NGOs from advocacy in their countries. But according to social identity theory, “[w]hen people think of themselves in terms [of] their membership in a social group, they are motivated to protect the identity of that group relative to other groups.” As an accessible source of feminist politics, NGOs could have been a powerful leader of a grassroots feminist movement in Romania, where women recognized themselves as a social group seeking to protect their reproductive rights. This feminist framing of gynecological services as human rights partially inspired other resilient activist and consciousness-raising movements in the United States and Western Europe. Such a frame could have been adapted to Romania’s specific context. NGOs could have also used grassroots connections to be more responsive to the medical and political needs of Romanian women, but this would have required a business model similar to MSIR which may have been difficult in a resources-starved field.

International Networks

While international networks such as IPPF EN and ASTRA did not provide NGOs in Romania with resources like funding or infrastructure, they did offer NGOs international connections and support. In addition to conducting advocacy work such as letter-writing campaigns on behalf of member associations (as ASTRA did for organizations working in Poland), members were able to call on each other for advice and camaraderie. While the value

67 Laura Grunberg, 312.
these networks provided is difficult to quantify, being part of a larger movement to protect and expand reproductive rights was likely invigorating. Again, this can be linked to social identity theory, and the ways in which embattled communities contextualize their rights and their struggles. IPPF EN provided similar emotional resources but did not continue to support SECS in the early 2000s when they accepted the terms of the GGR. In addition to the support network SECS lost, they also lost any publicity that could have come from IPPF EN’s presence in the region; when IPPF hosted a conference in Jamaica in 1958, for example, it led to increased awareness of reproductive health issues. Ultimately this loss of an influential international network would not have benefited Romanian NGOs’ resilience or the communities they served.

Implications for the Future

As President Trump’s expanded version of the GGR goes into effect, it is critical to apply the lessons from its most recent manifestation to protect the reproductive health rights of women throughout the world. Based on the findings in this study, there are steps institutions in affected countries can take to avoid some of the dire consequences of the GGR. While Romania had a specific context that is not applicable to all countries, its example demonstrates how civil society can organize itself to effectively advocate for reproductive rights. In particular, this section proposes partnerships between the state and civil society and provides suggestions for further research.
The Responsibilities of the State

While civil society was critical in Romania in the early 2000s, government policies ensured that women’s access to family planning services was preserved. In particular, the government’s liberal abortion policies and public funding mechanisms for abortion ensured that the availability of abortion in Romania was not affected by the GGR, even if inequalities in quality care existed. Many developing countries in the Global South do not share these policies, despite the ongoing trend across the world in terms of abortion policy liberalization since the 1950s.71 While governments may face resistance from anti-choice factions in their countries, family planning NGOs, complemented by international networks, should lobby their representatives in addition to providing practical services.

NGOs such as SECS and Marie Stopes did incredible work, but they were not able to reach all the women who could have benefited from family planning services. As Hall and Lamont, wrote, “Trying to replace public provision with civil society rather than building systems that bring the public and the civic together is a failing strategy.”72 Thus, it is necessary for the state to work with NGOs and for NGOs to hold governments accountable to their duty to provide citizens with collective goods.

72 Social Resilience in the Neoliberal Era, 298.
Government Partnerships with NGOs

NGOs in Romania found creative ways to provide the sexual education and contraception that Romanians needed. They also garnered support from the government to encourage these efforts and provide support where needed, such as the MOH’s partnerships with SECS and MSIR. In addition to providing services as a way to fill gaps left by the state, NGOs can test programs and manuals which the government can grow into sustainable initiatives. SECS and Youth for Youth attempted to work with the Romanian government on implementing sexual education, but were thwarted by the loss of USAID and turnover in parliament.73 While SECS and Youth for Youth continue to provide sexual education, it is impossible to provide full coverage in every area of the country. Similar problems in other regions could be avoided with the establishment of an independent government program, potentially under the MOH or similar agencies; such a program could continue to advocate and work for these necessary health services past election cycles.

Even if a full-fledged comprehensive sex education program is not possible, there are other models, such as Switzerland which simply requires all public schools to provide some form of quality sex education; in the canton of Geneva, this means one seminar every few years, as opposed to a semester-long class.74 There may be resistance to these government programs, particularly from the growing anti-choice movement. However, there are ways to find compromise that benefits women. Family planning groups in Jamaica and Trinidad, for example, reached out to Roman Catholic religious leaders who opposed reproductive services and managed to find common ground; thus, NGOs should look for partnerships outside of insular advocate circles to make their lobbying efforts more effective.75

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73 “Daniela Draghici.”
75 “Dr. Nicole Bourbonnais, PhD,”
NGO-NGO Partnerships

As NGOs partner with organizations from different sectors to magnify their voices as political actors, they must continue to support each other, even when they make different decisions in regards to the GGR. The GGR’s past manifestations have been designed in such a way as to leave family planning NGOs with no good choices. There can be no denying, however, that these NGOs make the decision with the best interest of the communities they serve at heart, while factoring in their different economic situations. The leaders of family planning NGOs must recognize this and continue to work as partners on critical reproductive health issues. This will allow them to more holistically provide services and benefit from each other’s resources. International NGO networks should recognize the need for unity, as well, since they can continue to advocate for expanded access to reproductive care, apply international pressure, and demonstrate successful models for care in other areas of the region.

NGOs and Feminism

NGOs in Romania were one of the primary leaders of the Romanian feminist movement, but they demonstrated a lack of communication with Romanian women. Naturally, NGOs during this time period were burdened as they sought to provide communities with necessary healthcare while coping with the effects of the GGR, but encouraging and guiding grassroots efforts could have been a valuable opportunity. A grassroots movement would have utilized few resources and advocated for many of the NGOs efforts, including lobbying the government for sexual education in schools or better quality of abortion care. Additionally, such work could have created a
volunteer base which would have expanded outreach; Youth for Youth began these efforts with their sexual education programs to much success. Additionally, NGOs may have better been able to allocate their limited resources by communicating more directly with the populaces they served.

There are existing models of grassroots institutions which provided sources of resilience in other areas of the world where family planning was restricted. An example is the “self-help” movement which began in the United States in the 1970s, which was made up of informal social networks that provided abortions and other services.\textsuperscript{76} These groups had various manifestations in Europe and became more institutionalized in parts of Switzerland.\textsuperscript{77} In order to develop such programs, a rhetoric surrounding reproductive rights and feminism need to exist, something Romania lacked. While NGOs would not be able to actively provide resources to self-help networks (it would violate the rules of the GGR), they could guide grassroots activists by providing a feminist framework around gynecological services. This would have to be done through a culturally appropriate lens and would require communication between communities and NGOs. Through this kind of programming, women would see themselves as politically engaged citizens, with the ability to affect their governments and to maintain control over their reproductive capabilities.

Other Possibilities

While this paper examined the source of resilience that existed in the early 2000s, it is also important to recognize that the Internet and advanced medical technology has expanded the

\textsuperscript{76} "Lucile Quéré."
\textsuperscript{77} "Lucile Quéré."
opportunities for resilience in the current decade. There is a wealth of inaccurate sexual content online, but there are now comprehensive sexual education programs which are free and widely visited, from Laci Green in the United States to Sex vs. Stork in Romania. Again, civil society cannot replace civic provision of goods, but these programs provide accessible, quality resources and can provide a model for government programs. Additionally, organizations such as Women on Web provide accurate information about medical abortions and puts women with limited access to safe abortions in contact with a doctor to acquire mifepristone and misoprostol, provided they fit certain requirements. These methods are safe, and could eliminate a lot of the horrible injuries from unsafe abortions during the last versions of the GGR, but will require civil society organizations to advocate for legal protections for women who pursue self-induced abortions.

**Conclusion**

Before President Trump’s GGR is enforced, civil society organizations in affected countries should learn from past examples, such as this case study on Romania. Civil society institutions, especially family planning NGOs, must recognize their role as political actors and partner with other institutions and grassroots efforts to influence the state and ensure the provision of reproductive healthcare. Future researchers should examine other affected countries through the frame of social resilience to develop more models of resistance, and conduct complementary quantitative studies to determine the most effective strategies.

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78 “Daniela Draghici.”
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<tr>
<th>Abbreviations</th>
<th>Description</th>
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<tr>
<td>D&amp;C</td>
<td>Dilation and Curettage</td>
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<tr>
<td>EU</td>
<td>European Union</td>
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<td>FPAK</td>
<td>Family Planning Association of Kenya</td>
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<td>GGR</td>
<td>Global Gag Rule</td>
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<td>IPPF EN</td>
<td>International Planned Parenthood Federation European Region</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MSIR</td>
<td>Marie Stopes International Romania</td>
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<td>MVA</td>
<td>Manual Vacuum Aspiration</td>
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<td>NGO</td>
<td>Nongovernmental Organization</td>
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<tr>
<td>SECS</td>
<td>Societatea De Educație Contraceptivă Și Sexuală</td>
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<tr>
<td>SIT</td>
<td>School of International Training</td>
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<td>US</td>
<td>United States</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>USD</td>
<td>United States Dollars</td>
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<td>WHO</td>
<td>World Health Organization</td>
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</tbody>
</table>
Bibliography


"Brian Dixon." Online interview by author. April 19, 2017.


"Daniela Draghici." Online interview by author. April 12, 2017.


"Dr. Borbala Koo." Online interview by author. April 19, 2017.
"Dr. Nicole Bourbonnais, PhD." Interview by author. May 2, 2017.


[https://www.guttmacher.org/sites/default/files/pdfs/pubs/journals/2801996.pdf](https://www.guttmacher.org/sites/default/files/pdfs/pubs/journals/2801996.pdf)


Schmitt, Michael T., Nyla R. Branscombe, and Diane M. Kappen. "Attitudes toward group-based


