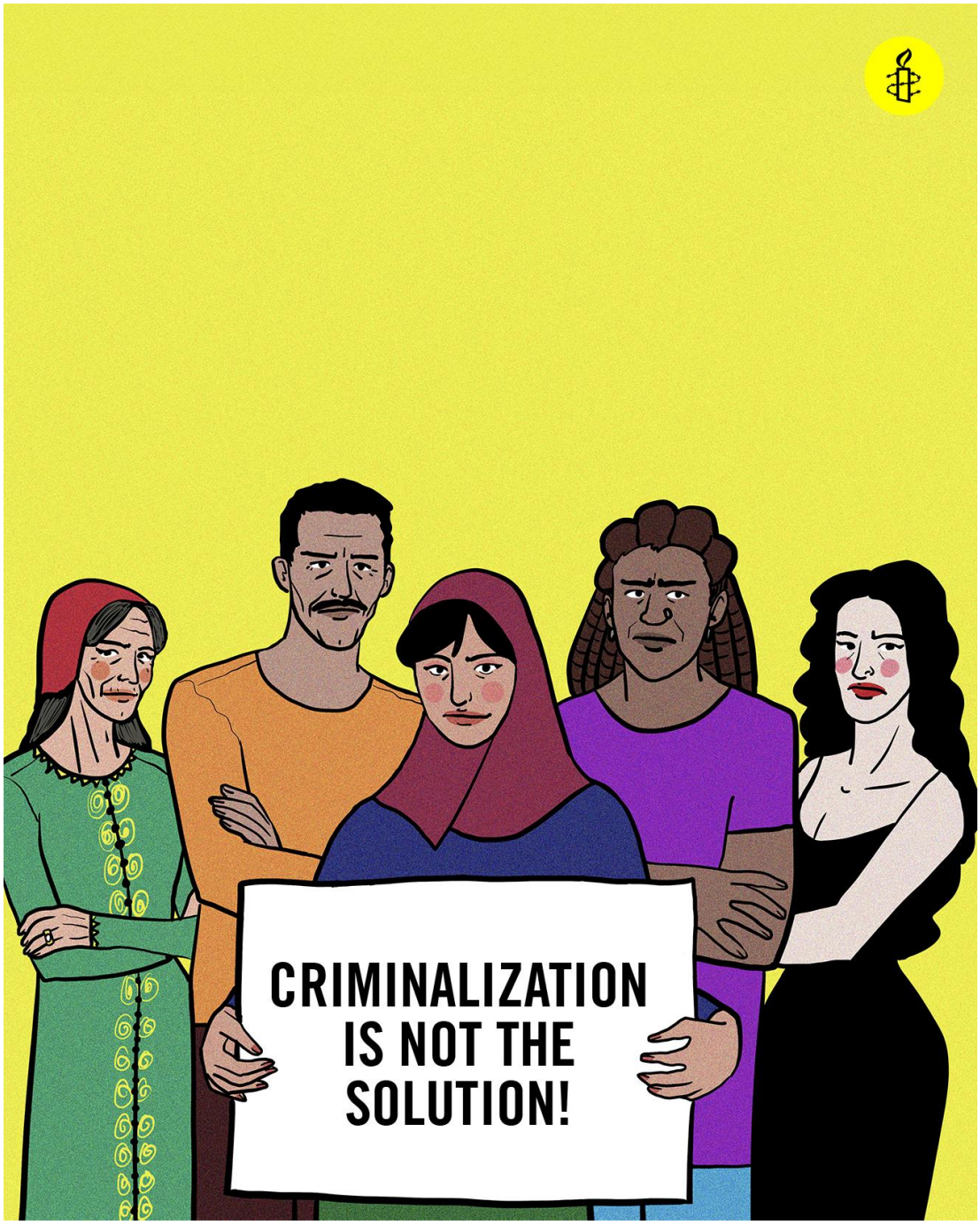

“MY LIFE IS RUINED”: THE NEED TO DECRIMINALIZE ABORTION IN MOROCCO

AMNESTY INTERNATIONAL

Amnesty International is a movement of 10 million people which mobilizes the humanity in everyone and campaigns for change so we can all enjoy our human rights.

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An illustration of multiple individuals carrying a banner stating "Criminalization is not the solution".
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GLOSSARY

TERM	DESCRIPTION
ABORTION MISCARRIAGE	Abortion is an induced or spontaneous termination of pregnancy. For the purposes of this report, the term is used to refer to induced abortion through medical (using medication) or surgical methods, while the term miscarriage is used to refer to spontaneous termination.
ASHOOB	General term used by interviewees to refer to herbal mixes.
CLANDESTINE/ILLEGAL ABORTION	Clandestine or illegal abortions are abortions that do not comply with a country's legal framework. While some illegal abortions may be unsafe when performed by an untrained provider, in unsanitary conditions or without requisite supervision, not all illegal abortions are unsafe. Illegal abortions can be safe when performed by a trained provider in sanitary conditions or when a person has access to high-quality medication, information, and support to safely undertake medical abortion outside a medical facility or at home.
CURETTAGE	Dilation and curettage (sometimes known as a D&C) refers to the dilation (widening/opening) of the cervix and surgical removal of part of the lining of the uterus and/or contents of the uterus by scraping and scooping (curettage).
DIRHAM	Moroccan currency (10 dirham = US$1 in this report)
FASAD	Sexual relations outside of marriage, criminalized in Morocco's Penal Code.
GESTATIONAL LIMITS	Gestational limits refer to the gestational age by which an abortion is legally permitted. Gestational age is the common term used during pregnancy to describe the stage of the pregnancy.
INFORMED CONSENT	Informed consent is not mere acceptance of a medical intervention, but a voluntary and sufficiently informed decision, protecting the right of the patient to be involved in medical decision-making, and assigning associated duties and obligations to healthcare providers. Its ethical and legal normative justifications stem from its promotion of patient autonomy, self-determination, bodily integrity, and well-being. Informed consent requires that information must be provided voluntarily, without coercion, undue influence, or misrepresentation.
KAFALA	A process used in the absence of legal adoption to care and assume responsibility for another person.

TERM	DESCRIPTION
OUTERCOURSE	Sexual activity without penetration.
REPRODUCTIVE AUTONOMY	The right to make autonomous decisions about one's reproduction including if, when and how to have children, whether to end or continue a pregnancy, or any other decisions related to a person's body and reproductive health.
SAFE ABORTION	Abortion is safe when it is performed by a trained provider under sanitary conditions in the case of surgical abortion, or when a person has access to high-quality medication, information, and support to undergo a medical abortion. Safe abortion is safer than giving birth.
UNSAFE ABORTION	Unsafe abortions are performed by un- or under-trained providers and/or in unsanitary conditions, or in situations where people are unable to safely undergo a medical abortion due to lack of access to high-quality medication, information, or support. It is possible to have an unsafe but legal abortion.
UNWANTED/UNPLANNED PREGNANCIES	An unwanted pregnancy is a pregnancy that a person decides they do not desire. Unplanned or unintended pregnancies refer to pregnancies that occur when a person is not trying to get pregnant. An unplanned or unintended pregnancy may be wanted or unwanted. An unwanted pregnancy may not necessarily have started as such.
VACUUM ASPIRATION	Vacuum aspiration is a procedure which uses gentle suction to terminate a pregnancy whereby during which a small tube is inserted into the uterus to clear out its contents.
WAHED SEEDA	A woman referred to by many interviewees as facilitating or performing clandestine abortions, frequently using traditional methods.

ACRONYMS

ACRONYM	DESCRIPTION
AIDS	Acquired Immunodeficiency Syndrome
AMPF	Association Marocaine de Planification Familiale (Moroccan Family Planning Association)
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CESCR	(UN) Committee on Economic, Social and Cultural Rights
CNDH	(Morocco's) National Human Rights Council
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
ENPSF	Enquête Nationale sur la Population et la Santé Familiale (National Survey on Population and Family Health)
HIV	Human Immunodeficiency Virus
HRC	(UN) Human Rights Committee
ICESCR	International Covenant on Economic, Social and Cultural Rights
IUD	intrauterine device
NGO	non-governmental organization
STI	sexually transmitted infection
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
WHO	World Health Organization

1. EXECUTIVE SUMMARY

‘Society is ruthless…I lost my health from abortion attempts, imprisonment and childbirth in difficult conditions…If I could have had an abortion, my life wouldn't be hell. I don’t have my health, nor a job, nor the respect of others, not even my children, nothing.’

Ouiam, a 28-year-old woman who as a result of being unable to obtain an abortion, was forced to carry a pregnancy to term and then sentenced to three months imprisonment for sexual relations outside of marriage.

The criminalization of abortion in Morocco has devastating consequences for women and girls. The threat of imprisonment creates a climate of fear, driving women and girls to resort to dangerous methods to end unwanted pregnancies, including those resulting from rape. These methods, which often traumatize and maim women and girls, frequently fail. In a country where sexual relations outside of marriage is also criminalized, these women and girls are effectively forced to carry the pregnancy to term, exposing them to prosecution, ostracism and destitution while enduring the painful consequences of failed abortion attempts.

Amnesty International’s research shows that the Moroccan authorities are violating a wide range of human rights of women and girls by criminalizing abortion as well as sexual relations outside of marriage; denying them sexual and reproductive health services and information, and reproductive autonomy; and perpetuating harmful stereotypes, gender-based violence and discrimination against women.

The Moroccan Constitution guarantees the rights to life, health, privacy, freedom from torture and other cruel, inhuman and degrading treatment, and equality between men and women – all of which are violated in Morocco because of the criminalization of abortion and sexual relations outside of marriage.

Today, the Moroccan authorities have a historic opportunity to uphold women ’s right to autonomous decision-making by decriminalizing abortion and sexual relations outside of marriage as they move towards a comprehensive revision of the Penal Code, and the ongoing revision of the Family Code.

This has never been more urgent as set out in this report, which documents devastating violations of the sexual and reproductive rights of women and girls in Morocco, as well as other human rights, highlighted by the words of women who bravely shared their experiences with Amnesty International researchers. Of the 33 women who had sought an abortion interviewed by Amnesty International, only 14 women had been able to obtain one; the 19 others were forced to carry their pregnancies to term. Ten of the women interviewed had become pregnant as a result of rape. Seven women ended up placing their children in an orphanage or abandoned them for kafala. Five women told Amnesty that they had considered or attempted suicide. Three women were convicted by a criminal court of sexual relations outside of marriage.

Twenty-eight of the 33 women interviewed reported being subjected to some form of violence, from their intimate partner, family members, health care practitioners, and/or members of their community.

This report is based on interviews carried out between May 2022 and March 2023 with 77 people, among them 33 women who had sought an abortion, in different parts of the country. The organization also interviewed two general medical practitioners and two gynaecologists, a hospital social worker, three lawyers, a judge, and representatives of 15 Moroccan NGOs working on women's rights, disability rights and civil rights. Amnesty International reviewed relevant Moroccan laws and jurisprudence as well as the limited official information available on the justice and health sector directives and data related to abortion. This included the decrees, guidelines, statistics, studies and reports available on the official websites of the ministries of Health, of Justice, and of Solidarity, social integration and the family, as well as of the Presidency of the Public Prosecutor, the High Commissioner for Planning, and the Moroccan Parliament.

On 23 March 2023 and 24 November, Amnesty International wrote to the Head of government, the Minister of Health, the Minister of Justice and the Presidency of the Public Prosecutor requesting meetings with the organization's researchers and specific information on policies and regulations on abortion and related statistics. On 10 January 2024, the organisation sent a third communication to the authorities to share the report's key findings and request their response to include in this report . No reply to any of these letters had been received at the time of publication.

Criminalization of abortion

Morocco's Penal Code criminalizes abortion in Morocco unless performed by a doctor or surgeon, is necessary to save the woman's health or life, and is authorized by her husband or a Chief Medical Doctor, or a Chief Medical Officer has been notified if the mother's life is in danger.

These highly restrictive provisions, combined with the absence in Morocco of any publicly accessible framework on legal abortion services or directives by the authorities, and the stigma and threats linked to abortion, mean that there is no legal and safe route to abortion for most women in Morocco.

Outside of the narrow legal exceptions, women who have or attempt to have an abortion are at risk of being prosecuted and sentenced to anything from six months to two years in prison and a fine. Anyone procuring or attempting to procure an abortion faces one to five years in prison.

Medical professionals who facilitate or perform an abortion may be barred from their profession, and if they become aware of abortions during the exercise of their profession or their functions, are obliged to testify if subpoenaed by a court and therefore cannot protect patient confidentiality. "Inciting abortion," including through public speech or distribution of materials on abortion, is punishable by up to two years in prison and/or a fine.

As one doctor interviewed by Amnesty said, "What can we do as doctors? Nothing. We can't help women. Our hands are tied. We're frustrated because we can't give women the help they want. There's no regulatory framework to protect us. We're policed."

In addition, the Penal Code punishes any sexual relationship between unmarried persons with one month to one year in prison, and "adultery" (sexual relations with someone other than your legal spouse) with one to two years in prison, with women often punished more severely than men both legally and socially. This has profound implications for women's ability to access sexual and reproductive healthcare information, services and goods; and fuels gender-based violence and discrimination.

Three women interviewed by Amnesty International had been convicted of sexual relations outside of marriage as a direct result of their inability to obtain an abortion and having to carry the pregnancy to term. Unmarried pregnant women forced to carry a pregnancy to term often come to the attention of the authorities when they seek assistance from public services, as is their right, mainly if they file a complaint of violence against a partner or go to a public hospital to give birth.

As elsewhere in the world, the criminalization of abortion in Morocco does not stop women seeking abortion, but rather forces them to pursue clandestine, unregulated, unsafe, and often expensive methods of abortion. The criminalization also violates a range of human rights, including the rights to life; the highest attainable standard of physical and mental health, including sexual and reproductive health; equality and non-discrimination; privacy; equal protection under the law; and freedom from torture and other ill-treatment.

Violence and discrimination against women

The Moroccan authorities' failure to effectively address intersecting forms of gender-based violence and discrimination impacts every stage of women's experiences – from fostering unintended or unwanted pregnancies, to influencing women's decision-making about their pregnancies, and determining the conditions in which they obtain abortions (usually unsafe) or are forced to carry on with unwanted pregnancies.

Two High Commission for Planning national surveys on the prevalence of violence against women (2009, 2019), and years of documentation by women's rights groups in Morocco have shown that violence against women and girls is widespread and the state's response remains inadequate. Morocco's Penal Code and Penal Procedure Code have numerous gaps and deficiencies, including a lack of effective protective measures or specific guidelines for reporting, investigating and prosecuting gender-based violence. Rape is still defined as an act perpetrated against a woman's will, implying the use of force or threat and physical injuries for this to be considered rape, and marital rape is not criminalized.

Due to judicial authorities' failure to adequately investigate and prosecute violence against women crimes, few cases ever go to trial, undermining survivor's perception of their ability to obtain a remedy/seek justice. As a result, and as demonstrated in the 2019 national survey, only 10.4% of women who had experienced physical or sexual violence in the preceding year had filed a complaint. This creates a climate of impunity for rapists.

Annual High Commission for Planning reports compiling ministry statistics show that women suffer much higher levels of illiteracy, poverty and unemployment than men, and those who find jobs are often employed in low-paying, precarious and informal sector jobs. Women are thus forced to navigate decisions about their sexual and reproductive health in a context of insecurity, social exclusion, and economic deprivation.

Sexual and reproductive rights

Under international human rights law, and as an extension of their right to equality and non-discrimination, women have the right to make autonomous and informed decisions about their sexual and reproductive health, including the right to decide if and when to become pregnant. However, the systemic gender discrimination in Morocco creates multiple obstacles to women exercising these rights and fosters unintended and unwanted pregnancies.

These obstacles include high levels of gender-based violence committed with impunity. Ten of the 33 women interviewed by Amnesty International had become pregnant as a result of rape. Domestic violence meant that two of the women had stayed with violent partners for years and were forced to carry multiple pregnancies to term. Amnesty International also documented four cases involving unintended or unwanted pregnancies that were the result of sexual harassment and abuse in the workplace or educational institutions.

Access to contraception is also part of the right to health, and inadequate access to contraception disproportionately affects women who cannot afford it. Additionally, unclear and inconsistent regulations and the criminalization of sexual relations outside of marriage appear to hinder unmarried women's ability to access contraception. One woman told Amnesty International that the local public health facility refused to give her contraceptive pills because she was unmarried and, unable to buy them herself, she became pregnant.

Gender discrimination in the social and economic fields also leaves women at heightened risk of unintended or unwanted pregnancies. High unemployment rates drove three women interviewed by Amnesty International to migrate to other areas of the country to seek work. There, isolated from their families, they sought social protection from a man, which resulted in unwanted or unintended pregnancies.

"He took all kinds of drugs and drank alcohol, and then he became like an animal. He exposed me to all forms of violence. I found out that his family had searched for a wife for him to be able to accuse her of infecting their son with [HIV]. Because of him, I have [HIV]. I became pregnant and gave birth to three children by him that I did not want, and they all have [HIV]. Because of the marriage that was imposed on me, I suffered violence, humiliation and oppression."

Zahra, speaking to Amnesty International on 14 November 2022.

Denial of autonomy and agency during pregnancy

Women's autonomous decision-making during and about their pregnancy is often hindered by a combination of threats of imprisonment and violence, poverty, the lack of accessible information, and discrimination in family matters.

The criminalization of sexual relations outside of marriage drove many women interviewed to seek an abortion to avoid being arrested. The criminalization also perpetuates harmful stereotypes about "proper" behaviour for women that fuel social ostracism and justify gender-based violence.

Women are also denied reproductive autonomy when subjected to forced or coerced abortion. Two women told Amnesty International that their families or intimate partners made them have an abortion. The criminalization of abortion and the inadequate state response to domestic violence against women deterred them from reporting this to the authorities.

Women who become pregnant as the result of rape are trapped: if they report the rape, their pregnancy is brought to the attention of the authorities, which among other things prevents them from discretely seeking an abortion. This was the case for Nezha and Nisrine, both of whom wanted an abortion when they became pregnant after being raped. Both women were taken to the gendarmerie (police) by their families and then placed in an NGO residential shelter, effectively forced to carry their pregnancies to term. As Nisrine said, "I couldn't ask for help or find anyone who would help me have an abortion because the gendarmes already knew about my situation. They brought me to the NGO when I was four months pregnant. That's why I could only resort to my own means [to self-induce an abortion], but those all failed."

Under international human rights standards, states must guarantee women and girls publicly available, accurate, timely, evidence-based, non-biased, accessible, and rights-based information and the support necessary to make informed and autonomous decisions about pregnancy, free from violence and discrimination.

The criminalization of statements in public or in meetings, or the distribution of written or visual materials deemed to "incite abortion", prevents medical professionals, public services, and NGO staff from providing pregnant women with adequate information and support for autonomous decision-making.

Additionally, the criminalization of sexual relations outside of marriage prevents unmarried women from seeking or receiving information about their pregnancies, either because of threats of criminal prosecution or social ostracism, or because they can't access such information. Amina, for example, told Amnesty International that when she became pregnant at the age of 20, "I had no information about what I could do. No one answered my questions."

Family Code provisions that only recognize filiation and paternity within the context of a legal marriage guarantee biological fathers' immunity from any financial responsibilities for pregnancy in a non-marital relationship. Deprived of economic support from their family and the biological father, many women interviewed by Amnesty International felt compelled to seek an abortion because they could not afford to raise a child alone or had little choice but to give up the child after attempts at abortion failed. As Safa said, "I couldn't keep the child. I had to work. And the child wouldn't have a father, I wouldn't be able to put him in school without papers, and if my family found out, they would kill me."

Restricted and arbitrary access to abortion

The legal framework in Morocco forces women to seek clandestine and often unsafe abortions. Medical professionals are often unwilling to help them because of the lack of a clear regulatory framework for legal abortion services and threats of prosecution.

The women, NGO representatives and legal and health professionals interviewed by Amnesty International all said that legal abortions are rare. Hiba told Amnesty International that when she became pregnant, her cardiologist advised her to have an abortion because of her heart problems, but her obstetrician-gynaecologist refused to perform one. As a result, she was forced to carry the pregnancy to term under constant medical supervision and treatment, adding, "the birth was so dangerous that the clinic's obstetrician-gynaecologist was so scared I would die he dropped a hot clip… and burned my leg."

Criminalization of abortion also undermines the quality of care legally available to women. The women interviewed said they were confronted with contradictory information and inconsistent and arbitrary practices related to gestational limits on abortion and the requirements for obtaining an abortion. These forced the women to make numerous attempts to find a practitioner willing to perform an abortion, causing additional delays that made it even harder to obtain an abortion. Yacout, for instance, told Amnesty International that she sought without success an abortion from four doctors over a period of four months, and then had to carry the pregnancy to term.

Harmful conditions and consequences of clandestine abortions

The failure of the Moroccan authorities to ensure access to safe and legal abortions results in violations of women's rights to life and health, places them at risk of violence, and jeopardizes their education and employment.

Clandestine abortions, frequently performed in unsafe conditions and without adequate information, put the lives and health of women and girls at great risk. Many women repeatedly try to self-induce an abortion using a combination of ineffective and/or dangerous herbal, pharmaceutical and/or physical violence methods. Many women interviewed had ingested substances obtained from smugglers or others without instructions and did not know what they contained.

Ibtissam said, "Anything people suggested, I did. First, I drank thyme. Then I drank artemisia [a herb]. Then I drank medicine for stomach worms. None of this did anything. Then I put heavy stones on my stomach. Then I climbed up on a windowsill and jumped off. Each time I would do something different."

Three women told Amnesty International that people performing their abortion physically and mentally abused them.

Women interviewed by Amnesty International experienced severe short- and long-term physical and mental harm from unsafe abortions, and several were forced to leave school or employment as a result. The criminalization of abortion also deterred some from seeking post-abortion medical care. Several women who did seek emergency care for complications after an attempted clandestine abortion received poor quality care, and/or were abused by medical staff, and/or were interrogated by police in hospital about their sexual relationship outside of marriage.

Impact of being forced to carry pregnancy to term

In a context of lack of protection from gender-based violence, criminalization of sexual relations outside of marriage, and legal discrimination against unmarried women and their children, the criminalization of abortion fuels multiple forms of gender-based discrimination and violence, and exacerbates women's social exclusion, economic deprivation and poverty.

Several women interviewed by Amnesty International who were unable to obtain a legal abortion and so carried their pregnancies to term described how they had been forced to relocate or live in hiding to escape threats of violence from their families and were therefore facing destitution. Several did not receive any medical care during their pregnancy.

Five women were subjected to abuse and violence during childbirth. At least seven described how they were unable to obtain or were forced to give up their jobs after giving birth, either because of their criminal record

for sexual relations outside of marriage, or the state's failure to provide adequate childcare services or prevent employment discrimination against single women with children.

Ilham, who quit her job at a café when the manager told her she couldn't come to work with her child, and who couldn't afford childcare, said, "I couldn't find another job even though I looked every day. Everyone refused to hire me once they saw my child with me."

Additionally, Morocco's Family and Civil Status Codes do not recognize paternity outside of legal marriage nor do they allow a single woman to obtain legal identity papers for her child, thus perpetuating economic discrimination and social ostracism.

The urgent need for law reform

On 16 March 2015, King Mohammed VI asked the Ministers of Justice and Freedoms, and the Minister of Habous and Islamic Affairs, along with the President of the National Human Right Council, to organize wide consultations and submit a draft bill within one month to reform Morocco's legislation on abortion. This royal intervention came in the wake of a series of conferences and debates on the issue of access to abortion, both at the initiative of Moroccan civil society and official actors such as the Minister of Health and the National Human Right Council, responsible for promoting and protecting human rights in Morocco. On 1 April 2015, Amnesty International submitted a 17-page brief outlining its recommendations for consideration as part of the national debate on abortion.

In 2016, the Government Council approved a draft bill that would have introduced limited access to abortion in cases of rape or incest, fetal impairment or "the mother's mental illness," but the bill was withdrawn from parliamentary consideration in November 2021. At the time, the Minister of Justice had announced comprehensive Penal Code reforms, yet this was still pending at the time of this report. As the findings of this report demonstrate, the 2016 proposed amendments would not have been effective in addressing the urgent need to open access to abortion services for women in Morocco.

UN treaty bodies have determined that violations of women's sexual and reproductive rights – including forced abortion, criminalization of abortion, denial, or delay of safe abortion and/or post-abortion care, forced continuation of pregnancy, and abuse and mistreatment of women and girls seeking sexual and reproductive health information, goods and services – are forms of gender-based violence that may constitute torture or other cruel, inhuman or degrading treatment. They have also determined that criminalizing health services that only women need, such as abortion, is a form of gender-based discrimination.

As state party to the International Covenant on Civil and Political Rights, the Convention against Torture and the Convention on the Elimination of All Forms of Discrimination against Women amongst others (detailed below in section 10.4), the Moroccan authorities are under the obligation to ensure that women and girls have the right to comprehensive reproductive health information, goods and services, including abortion, that are available, accessible, acceptable and of good quality.

UN treaty bodies charged with monitoring implementation of these standards have consistently noted that Morocco's current and the 2016 proposed abortion amendments do not comply with its international obligations and have called on Morocco to decriminalize abortion and ensure women and girls' access to safe abortion and post-abortion services.

Amnesty International has written this report and shared its findings in advance with the Moroccan authorities to urge them to seize the opportunity to decriminalize abortion and sexual relations outside of marriage and comply with international human rights standards.

To that end, among many other detailed recommendations, Amnesty International is calling on the Moroccan government to remove the issue of abortion from the realm of law enforcement as a criminal matter and place it under the authority of the ministry of Health as a medical issue. Specifically, the Ministry of Justice and parliament should repeal all Penal Code provisions that criminalize seeking, obtaining, providing or assisting with accessing abortion-related information, goods, medication or services.

They should also repeal all Penal Code articles criminalizing sexual relations outside of marriage and amend the Penal Code and Code of Penal Procedure to ensure effective protection for all women from sexual and gender-based violence, including all forms of mistreatment in healthcare contexts. When women have been previously convicted of sexual relations outside of marriage or of seeking an abortion, their criminal records

should be expunged so that they can avoid barriers to future employment. The Ministry of Justice and parliament should also reform the Family Code and Civil Status Code provisions related to filiation and identity documents to eliminate all forms of exclusion and discrimination against single women and children born outside of marriage.

Amnesty International also calls on the ministry of Health to enact a regulatory framework for the provision of legal medical and surgical abortion services aligned with the 2022 WHO *Abortion care guideline*. Ministry of Health policies, action plans and resources should ensure that all women and girls have timely and equitable access to safe, affordable, acceptable and good-quality sexual and reproductive health information, services, goods, facilities, resources and care, including those relating to abortion, without discrimination. Such policies should eliminate any obstacles restricting access to abortion such as unreasonable gestational limits, grounds-based approaches or third-party authorizations.

2. METHODOLOGY

This report is based on research carried out between May 2022 and May 2023. Researchers conducted interviews in nine diverse cities and towns in the following regions of Morocco: Tanger-Tetouan-Al Hoceima, Fes-Meknes, Rabat-Salé-Kenitra, Casablanca-Settat, and Marrakech-Safi.[1] All interviews were conducted in person, with the exception of one telephone interview.

In total, Amnesty International interviewed 77 people for this report. They included 33 women who had sought an abortion; 14 had been able to obtain an abortion and 19 had been forced to carry a pregnancy to term. Women interviewed ranged in age from 19 to 55 years old, and came from 22 cities, towns and villages. One woman had migrated to Morocco from a sub-Saharan African country.[2] The interviewees came from diverse socioeconomic backgrounds. Sixteen had never been married; the others were married, divorced or widowed. Outreach efforts did not turn up any instances where women had obtained an abortion that qualified as "legal". All of the women Amnesty International spoke with who were able to obtain an abortion had done so clandestinely; none of the women interviewed had been arrested, charged or convicted under the Penal Code abortion provisions.

In addition to the interviews with women about their abortion-related experiences, researchers interviewed representatives of 15 Moroccan NGOs working on women's rights, violence against women, sexual and reproductive health, disability rights and civil liberties. Amnesty International also conducted interviews with three lawyers, a judge, a hospital social worker, two general medical practitioners and two gynaecologists.

At the beginning of each interview, researchers informed interviewees about the nature and purpose of the research as well as about how the information would be used. Oral consent was obtained. Interviewees were told they could end the interview at any time and could choose not to answer specific questions.

The majority of interviews with women were conducted in Arabic, some with French mixed in. One was conducted in only French, one in Amazigh, and one in sign language, the latter two with interpretation assistance from an NGO counsellor. Amnesty International took precautions to avoid re-traumatizing the women interviewed; with a few exceptions, an NGO social worker or counsellor was present during the interviews.

No incentive was offered for speaking to Amnesty International. At times, travel expenses were reimbursed, and refreshments provided when interviewees had to travel to meet or speak with Amnesty International's researchers.

All names of interviewees, NGOs, cities and towns where interviews were conducted, and other potentially identifying factors, have been withheld to protect women's safety and privacy. All of the women's names in this report are pseudonyms. The research would not have been possible without the tremendous assistance of Moroccan NGOs who facilitated access to and interviews with women.

There were two main challenges to conducting interviews with NGOs, medical professionals and government officials. First, the criminalization of abortion in Morocco has a chilling effect on people's willingness to speak about it. Many individuals and organizations Amnesty International reached out to declined to be interviewed or were wary, insisting from the very beginning that they "don't work on abortion". In addition to the interviewees listed above, researchers reached out to 16 other organizations and agencies, including four

[1] "Regions" are Morocco's highest administrative division.
[2] For more information on the specific barriers migrant women face to accessing abortion, including lack of documentation and resources, language issues and, in some instances, control and coercion by traffickers, see Women's Link Worldwide, *Migrant Women in Hiding: Clandestine Abortion in Morocco*, 2011, on file with Amnesty International.

professional medical associations and the Morocco offices of two UN agencies. Despite ongoing requests for meetings and documentation via email, telephone calls and WhatsApp messages, these 16 organizations either did not respond to requests or declined to be interviewed.

Second, there is very little available information on this issue, such as official data or transparent and clear regulations. Very few interviewees were able to provide Amnesty International with or cite official documentation, regulations or statistics.

The researchers conducted an extensive literature review of diverse Arabic, English and French language sources. This included Moroccan laws, policies and official data, particularly from the ministries of health, of justice, and of solidarity, social integration and the family, as well as material from the Presidency of the Public Prosecutor, the High Commissioner for Planning, and constitutional consultative bodies. Amnesty International also reviewed reports by various organizations and UN agencies, particularly the World Health Organization (WHO) and Moroccan NGOs as well as academic publications and international human rights bodies' general recommendations and concluding observations on Morocco. Amnesty International obtained and reviewed decisions issued in four court cases on abortion that were accessed through lawyers.

On 23 March 2023, Amnesty International sent letters to the offices of the Head of government, the Minister of Health, the Minister of Justice and the Presidency of the Public Prosecutor requesting that representatives from the ministries meet the researchers for this report and providing questions for which they sought answers, if meetings were not possible. On 24 November 2023, the organization sent another round of letters to the same entities, requesting information concerning the current policies related to abortion in the health and justice sector in Morocco. On 10 January 2024, the organisation wrote again to the same entities, presenting a summary of the report findings and requesting information. At the time of publication, there had been no response to these three letters.

Additional informal efforts by the researchers from September to December 2022 to obtain meetings with and information from the above-mentioned entities similarly met with no success. People contacted insisted on the need for official written requests submitted through hierarchical channels.

Amnesty International extends its immense appreciation to the individuals and organizations that contributed to this report. Their generosity in sharing information, insights, experiences and time was invaluable to the research. We are deeply grateful to the 33 women who courageously and selflessly agreed to be interviewed and share their experiences for this report, often at great effort and personal risk.

3. BACKGROUND

Morocco's Penal Code criminalizes abortion unless it is performed by a doctor or surgeon and is necessary to save the woman's health or life.[3] Unless the woman's life is in danger, authorizations are required from the woman's husband or the local public health authorities.[4] Abortion is not legally permitted in any other instances.[5] Incitation to abortion is criminalized. Statements in public or in meetings, or distribution of written or visual materials on abortion appear to be punishable with a prison sentence and/or a fine.[6] As a result of and concurrent with this criminalization, there is a lack of any Ministry of Health policy guidance or regulatory framework on abortion.

3.1 ABORTION DATA

Amnesty International was not able to obtain any Ministry of Health or other official data on abortion. If such information exists then it is not publicly available; there are grounds to believe that there is not any systematic data collection on abortion.[7] The National Survey on Population and Family Health conducted by the Ministry of Health does not include any information on abortion.[8] The Moroccan Association of Family Planning notes the lack of accurate and up-to-date data on clandestine abortions,[9] and adds that since abortion is not considered a health issue, the Ministry of Health does not provide any statistics on abortion and does not include the issue in its action plans.[10] A gynaecologist who works in a public hospital told Amnesty International that there is no data collection on abortion in Morocco.[11]

Official Ministry of Health statistics on unintended pregnancies and contraceptive use are based on surveys of married women only, raising concerns that unmarried women and adolescents may face even greater

[3] Morocco, Code Pénal (Penal Code), 1962, Article 453 amended on 1 July 1967.
[4] Morocco, Code Pénal, 1962, Article 453 amended on 1 July 1967.
[5] More details on the national legal framework can be found in Chapter 10 of this report.
[6] Morocco, Code Pénal, 1962, Article 455, amended on 1 July 1967. Amnesty International noticed differences in the text of this article between the official Arabic and French versions of the Penal Code. The official French version of article 455 punishes anyone who, "Either by speeches made in public places or meetings;
Either by sale, offering for sale, or quotation, even non-public, or by exhibition, display or distribution in public or in public places, or by home distribution, wrapper-packed delivery or in a sealed or unsealed envelope, to the post office, or to any distribution or transport agent, of books, writings, printed matter, announcements, posters, drawings, images and emblems;
Either by the advertising of medical or so-called medical practices, induced the abortion, even if this inducement had no effect.
Is punished with the same penalties, anyone who sold, offered for sale or caused to be sold, distributed or caused to be distributed, in any way whatsoever, any remedy, substance, instrument or object whatsoever, knowing that they were intended to commit abortion, even when these remedies, substances, instruments or objects, offered as effective means of abortion, would, in reality, be incapable of carrying it out. However, when the abortion has been completed following the manoeuvres and practices provided for in the preceding paragraph, the penalties of article 449 of the penal code will be applied to the authors of the said manoeuvres or practices."
In contrast, the official Arabic version of article 455 omits the first three paragraphs.
[7] The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Committee, which interprets and monitors compliance with the CEDAW, noted the lack of information on the number of clandestine abortions in Morocco. CEDAW Committee, Concluding observations: Morocco, 12 July 2022, UN Doc. CEDAW/C/MAR/CO/5-6, para. 35.
[8] Ministry of Health, Morocco, L'Enquête Nationale sur la Population et la Santé Familiale au Maroc (The National Survey on Population and Family Health), 2018, https://www.sante.gov.ma/Documents/2020/03/Rapport%20ENPSF%202018%202i%C3%A8me%20%C3%A9dition.pdf
[9] Association Marocaine de Planification Familiale (AMPF), *Grossesses non-désirées et avortement à risque au Maroc* (*Unwanted pregnancies and unsafe abortion in Morocco*), December 2021, https://ampf-ypeer.com/tynex/grossesses-non-desirees-et-avortement-a-risque-au-maroc/
[10] AMPF and others, Joint submission for the Universal Periodic Review: Morocco, November 2022, https://uprdoc.ohchr.org/uprweb/downloadfile.aspx?filename=9974&file=FrenchTranslation
[11] Interview in person, 14 October 2022.

barriers to managing their sexual and reproductive health. According to the ministry's 2018 National Survey on Population and Family Health, unintended (defined in the survey as "unwanted or wanted later") pregnancies represent nearly 30% of all pregnancies (occurring in the context of a marriage) in Morocco.[12] It also found that 29.2% of married women don't use contraception, and 12.8% use traditional methods.[13] The same survey found that 11.3% of married women had unmet contraception needs.[14] Another survey of women who had given birth at a Rabat hospital found that 36% had no knowledge of contraceptives, and 54% had not consulted a doctor prior to contraceptive use.[15]

The Ministry of Health reports that abortion complications are the direct cause of 1.8% of maternal deaths and 1.3% of secondary maternal deaths due to infection.[16] Researchers were only able to locate one other Ministry of Health study mentioning the issue of abortion. Conducted in 2013, it found that among young people aged 15-24 (93.4% were unmarried) who reported having had sexual relations, 7.9% had themselves or their partners had experienced an unwanted pregnancy; among these, 70% reported having had an abortion.[17]

The realities and prevalence of sexual relations outside of marriage among young people highlights the need for accessible and quality sexual and reproductive health services, including safe abortion, tailored to the needs of young people.

In the absence of official data, the only available statistics on abortion in Morocco come from NGOs. The Moroccan Family Planning Association (AMPF) estimates that the abortion rate in Morocco ranges from 30 to 40 per 1,000 women aged 15 to 49.[18] Of these abortions, 72% are unsafe.[19] By comparison, the abortion rate is estimated at 35 to 44 per 1,000 women globally, 29 to 38 in Sub-Saharan Africa, and 15 to 20 in Europe and North America.[20] The AMPF further estimates the number of abortions performed in Morocco at between 280,000 and 370,000 annually, or 700 to 1,000 abortions per day.[21]

3.2 INEQUALITY, DISCRIMINATION AND VIOLENCE AGAINST WOMEN IN MOROCCO

Women in Morocco are subjected to multiple forms of direct and structural discrimination that create a context of social exclusion and economic deprivation in which they are forced to navigate decisions about their sexual and reproductive health. These intersecting aspects of discrimination impact every stage of the process, from fostering unintended or unwanted pregnancies, to influencing decision-making about the pregnancy, and determining the conditions under which women obtain abortions or are forced to give birth.

Only 53.9% of Moroccan women aged 15 and above are considered literate.[22] Among women aged 25 and older, 52.9% have no level of schooling, 18.5% have completed primary school, 11.4% secondary education, 9.6% vocational secondary school, and 7.6% higher education.[23] Women have a low labour force participation rate of 22.6%,[24] and 16.2% of women are considered unemployed.[25] Those who are employed

[12] Ministry of Health, The National Survey on Population and Family Health (previously cited).
[13] Ministry of Health, The National Survey on Population and Family Health (previously cited). The survey notes traditional methods as breastfeeding, abstinence, withdrawal and herbs.
[14] Ministry of Health, The National Survey on Population and Family Health (previously cited).
[15] A. Yacoubi, "Study of the contraceptive history of women giving birth at the Souissi maternity hospital", thesis for a doctorate, Mohamed V University Faculty of Medicine and Pharmacy, 2019. Cited in AMPF, *Grossesses non-désirées et avortement à risque au Maroc*, December 2021.
[16] Ministry of Health, Morocco, *Rapport National de l'Enquête Confidentielle des Décès Maternels au Maroc* (*National Report of the Confidential Inquiry into Maternal Deaths in Morocco*), 2015, https://www.sante.gov.ma/Publications/Documents/rapport%20SSDM%20d%C3%A9c%202015.pdf.
[17] Of the young people surveyed, 56% had had "outercourse" (non-penetrative sex); 30% of boys and 20% of girls reported intercourse with penetration. Ministry of Health, Morocco. "Etude Connaissances, Attitudes et Pratiques des jeunes en matière d'IST et VIH/SIDA ("Study on Knowledge, Attitudes and Practices of Youth Related to STDs and HIV/AIDS"), 2013, http://santejeunes.ma/enquete-cap-en-matiere-dist-sida-chez-les-jeunes-de-15-a-24-ans-2013. Of the surveyed population, 23.6% had had intercourse with vaginal penetration.
[18] AMPF, *Unwanted pregnancies and unsafe abortion in Morocco* (previously cited).
[19] AMPF, *Unwanted pregnancies and unsafe abortion in Morocco* (previously cited).
[20] Guttmacher Institute, "Global and Regional Estimates of Unintended Pregnancy and Abortion", https://www.guttmacher.org/fact-sheet/induced-abortion-worldwide
[21] AMPF, *Unwanted pregnancies and unsafe abortion in Morocco* (previously cited)).
[22] High Commission for Planning, Morocco, *La femme marocaine en chiffres: 20 ans de progrès* (*The Moroccan Woman in figures: 20 years of progress*), 2021, https://www.wmaker.net/testhcp/file/231700, p.53.
[23] High Commission for Planning, *The Moroccan woman in figures* (previously cited), p.50.
[24] High Commission for Planning, *The Moroccan woman in figures* (previously cited), p.56.
[25] High Commission for Planning, *The Moroccan woman in figures* (previously cited), p.79.

are concentrated in low-paying, precarious and informal sector jobs; for example, they represent 54.1% of domestic workers and 20 % of salaried employees.[26]

Women in Morocco are also subjected to multiple forms of violence amid endemic impunity for perpetrators. In a 2019 nationwide survey, 57.1% of women aged 15 to 74 (58% in urban areas and 55% in rural areas) reported experiencing at least one act of violence in the year preceding the survey.[27] The prevalence of different forms of violence reported by women surveyed included psychological violence (49%), economic violence (15%), sexual violence (14%) and physical violence (13%).[28]

The same survey found that violence against women was most prevalent in the domestic context (52% overall, 46% committed by the husband or other intimate partner or former partner), followed by educational institutions (19%), the workplace (15%) and public spaces (13%).[29]

Few cases of violence against women reach the law enforcement or justice systems. The same survey found that, following the most serious incident of physical or sexual violence suffered by women in the past 12 months, only 10.4% of victims (13% for physical violence and less than 3% for sexual violence) filed a complaint with police or another competent authority.[30] Less than 8% reported spousal violence, compared to 11.3% for non-spousal violence.[31]

A previous national survey in 2009 had found that only 25% of conjugal violence complaints resulted in a written report, and 38% resulted in conciliation between spouses or withdrawal of the complaint.[32] Offenders were arrested only 1.3% of the time and indicted in 1.8% of cases.[33] More recent statistics suggest a continuing trend – out of the 92,247 women who sought help at the violence against women units at courts of first instance or appeal, only 21,588 (23%) benefited from legal aid, with only 4,233 (4.6%) cases resulting in court hearings.[34]

According to the Presidency of the Public Prosecutor, in 2021 there were 54 cases of intentional homicides of women, 892 cases of rape, 2,146 cases of violence against women resulting in more than 20 days incapacity, 739 cases of sexual harassment in public spaces, 16 cases of workplace sexual harassment and only one case of a violation of a protection order.[35]

This inequality, discrimination and violence against women prevent them from exercising reproductive autonomy. Academic research over several decades has shown that the ability to control one's reproduction affects all spheres of the lives of women and girls and all those who can become pregnant. It impacts on their ability to exercise the full range of their human rights, as well as the achievement of gender equality and social justice.[36] Acknowledging this link, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) Committee has explicitly stated that, "it is discriminatory for a State Party to refuse to provide legally for the performance of certain reproductive health services for women".[37] The Committee has also long recognized that neglecting, overlooking or failing to accommodate women's specific health needs, including in relation to pregnancy, is a form of discrimination against women."[38]

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[26] High Commission for Planning, *The Moroccan woman in figures* (previously cited), p.76.
[27] High Commission for Planning, Morocco, Deuxième enquête nationale sur la prévalence de la violence à l'égard des femmes (Second national survey on the prevalence of violence against women), 2019, https://www.hcp.ma/file/230144, p. 26.
[28] High Commission for Planning, Second national survey on the prevalence of violence against women (previously cited), p. 28.
[29] High Commission for Planning, Second national survey on the prevalence of violence against women (previously cited), p. 28.
[30] High Commission for Planning, Second national survey on the prevalence of violence against women (previously cited), p. 65.
[31] High Commission for Planning, Second national survey on the prevalence of violence against women (previously cited), p. 65.
[32] High Commission for Planning, Morocco, Première enquête nationale sur la prévalence de la violence à l'égard des femmes (First national survey on the prevalence of violence against women, 2009, https://www.hcp.ma/file/230162, p. 56.
[33] High Commission for Planning, First national survey on the prevalence of violence against women (previously cited), p. 56.
[34] Presidency of the Public Prosecutor, Morocco, تقرير رئيس النيابة العامة حول تنفيذ السياسة الجنائية وسير النيابة العامة (*Annual Report on the Implementation of the Penal Policy and the Improvement of the Performance of the Public Prosecutor*), 2018.
[35] Presidency of the Public Prosecutor, Morocco, تقرير رئاسة النيابة العامة (*Annual Report on the Implementation of the Penal Policy and the Improvement of the Performance of the Public Prosecutor*), 2021, https://www.pmp.ma/%d8%a5%d8%b5%d8%af%d8%a7%d8%b1%d8%a7%d8%aa/#
[36] See, for example, L. J. Ross and R. Solinger, Reproductive justice: An introduction, 1st ed., University of California Press, 2017 (hereinafter: L. J. Ross and R. Solinger, Reproductive justice: An introduction).
[37] CEDAW Committee, General Recommendation 24: Article 12 of the Convention (Women and Health), UN Doc. A/54/38/Rev.1, chap. I, 1999, para. 11.
[38] CEDAW Committee, General Recommendation 24 (previously cited), paras 6, 11, 12; CEDAW Committee, **Alyne da Silva Pimentel Teixeira v Brazil**, supra note 30; **R.J. Cook and V. Undurraga, 'Article 12 [Health]'**, in M. Freeman, C. Chinkin and B. Rudolf (eds), The UN Convention on Elimination of All Forms of Discrimination against Women: A Commentary, 2012, pp. 311-333, pp. 326-327; UN Committee on Economic, Social and Cultural Rights (CESCR), General Comment 22 (2016) on the right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR)), UN Doc. E/C.12/GC/22 (2016), paras 9-10, 28, 34; Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, UN Doc. A/66/254 (2011), paras 16, 34; UN Working Group on discrimination against women and girls, Report of the Working Group, Human Rights Council, UN Doc. A/HRC/32/44 (2016), para. 23; UN Human Rights Committee (HRC), **Mellet v Ireland**, supra note 6, concurring opinions of members: S. Cleveland, Y. Ben Achour, V. M. Rodríguez Rescia, O. de Frouville and F. A. Salvioli.

4. UNDERLYING FACTORS INFLUENCING PREGNANCY

‘There should be freedom in families, in society, to have children or to not have children. Doctors should perform abortions, and it should be up to women’s personal freedom.’
Majda[39]

The ability to control one’s reproduction includes the right to decide if and when to become pregnant.[40] “Women, adolescents, girls and all persons capable of becoming pregnant have a right to make informed, free and responsible decisions concerning their reproduction, their body and sexual and reproductive health, free of discrimination, coercion and violence.”[41]

This section examines how the Moroccan state enables systemic gender discrimination, reflected in and enforced by laws, policies and practices that foster and lead to unintended or unwanted pregnancies. The state’s failure to guarantee social, physical and economic security for women and girls renders them dependent on and at risk of abuse by male relatives and partners. The current legal, social, physical, security and economic environment in Morocco denies women and girls the right to make informed and autonomous pregnancy-related decisions.

[39] Interview in person, 21 October 2022.
[40] Amnesty International, “Amnesty International’s Policy on Abortion” (Index: POL 30/2846/2020), 28 September 2020, https://www.amnesty.org/en/documents/pol30/2846/2020/en/, p. 4.
[41] UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (UN Special Rapporteur on health), *Sexual and reproductive health rights: challenges and opportunities during the COVID-19 pandemic*, 16 July 2021, UN Doc. A/76/172, para. 40.

4.1 ABSENCE OF EFFECTIVE VIOLENCE AND HARASSMENT LEGISLATION

The inadequate state response to violence against women in Morocco and the resulting prevailing culture of impunity for perpetrators of rape, intimate partner violence and sexual harassment creates an enabling environment for such violence and the resulting unintended or unwanted pregnancies.[42]

Ten of the women interviewed told Amnesty International that they had become pregnant as a result of rape, either by a stranger, a neighbour, a boyfriend or a husband.

- Oumaima, Farah, Nadia and Samia were raped by men they were in an intimate relationship with: Farah's while she was unconscious as a result of a diabetic shock; Nadia's after he drugged her glass of juice; and Samia's when she was asleep.[43]
- Soukaina was forced by her mother to work in the fields when she was 14; when she was 15, the owner of the fields raped her.[44]
- Nezha and Fadoua were both abducted and raped.[45] Nezha, 33 at the time, was drugged and raped by two unknown men. Fadoua was 15 and was forced to marry the rapist.[46]
- Hasna was 33 when, "One day I was walking in the street, my leg was broken and in a cast, and I had to go to the hospital. A man driving by stopped his car and said, 'get in, I'll take you'. When I got in, he locked the car doors and drove off. And raped me."[47]
- Nisrine, a 38-year-old woman from a village, has a hearing and speech impairment, and communicates through gestures and signs. She said that a few years earlier, when her family was out harvesting the fields and she was at home alone, a neighbour came over on several occasions, dragged her into the stables, and raped her at knifepoint.[48] She tried to tell her parents about the rapes, but they did not take her seriously until four months later when they discovered she was pregnant.[49]

Hasna said she reported the rape to the police, but explained to Amnesty International, "I didn't know him, not his name, not anything. One time, I saw the man again in town in his car and I wrote down the licence plate number and gave it to the police. But the rapist was never identified."[50] In Nezha's case, one rapist was never identified despite a DNA test and a second suspect was never prosecuted due to legal complexities that resulted in charges never being brought despite an arrest.[51] Soukaina was only 15 and her parents did not report the rape.[52]

The Moroccan Penal Code criminalizes all sexual relations outside of marriage;[53] this feeds into social taboos around dating, forcing women into unsafe situations where they are at risk of rape and resulting in unintended or unwanted pregnancies. Nadia, for example, was raped by her boyfriend at his home.[54] "I went with him to his home because there was nowhere else we could meet just to spend time together. The town is very small, and there are no public spaces or cafes where we could meet."[55]

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[42] For more on the state's inadequate response to violence against women and the related culture of impunity, see, for example, Human Rights Watch, "Morocco: New violence against women law – Progress, but some gaps; further reform needed", 26 February 2018, https://www.hrw.org/news/2018/02/26/morocco-new-violence-against-women-law; Amnesty International, "Morocco: Violence against women bill needs stronger safeguards", 20 May 2016, https://www.amnesty.org/en/documents/mde29/4007/2016/en/; Human Rights Watch, "Morocco: Tepid response on domestic violence", 15 February 2016, https://www.hrw.org/news/2016/02/16/morocco-tepid-response-domestic-violence; The Advocates for Human Rights and Mobilising for Rights Associates, "Morocco's Compliance with the Convention on the Elimination of All Forms of Discrimination Against Women: Joint Alternative Report", May 2022, https://mrawomen.ma/wp-content/uploads/doc/FINAL%20AHR%20MRA%20Morocco%20CEDAW%20alternative%20report%20VAW.pdf
[43] Interviews in person, 21 October-14 November 2022.
[44] Interview in person, 28 October 2022.
[45] Interviews in person, 14 October 2022, 14 November 2022.
[46] This occurred before the 2014 reforms repealing Article 475, para. 2 of the Penal Code that allowed rapists to be exonerated from prosecution if they married their victim.
[47] Interview in person, 14 October 2022.
[48] Interview in person, 14 October 2022.
[49] Interview in person, 14 October 2022.
[50] Interview in person, 14 October 2022.
[51] Interview in person, 14 October 2022.
[52] Interview in person, 28 October 2022.
[53] Morocco, Code Pénal, 1962, Articles 490 – 492.
[54] Interview in person, 28 October 2022.
[55] Interview in person, 28 October 2022.

Similarly, current laws in Morocco do not adequately protect women who are victims of domestic and intimate partner violence, placing them at risk of unintended or unwanted pregnancies.

Zahra is 24 and from a family living in poverty in a city. She never went to school. When she got pregnant at 17, she tried numerous natural methods to induce an abortion, using "everything we [she, her mother and grandmother] knew of or had heard of, with no result," including physical violence.[56] They went to a doctor who refused to perform an abortion. "To avoid scandal" her family married her to a man nearly 20 years older than her, who lived 300km away. She added:

> **He took all kinds of drugs and drank alcohol, and then he became like an animal. He exposed me to all forms of violence. I found out that his family had searched for a wife for him to be able to accuse her of infecting their son with [HIV].[57] Because of him, I have [HIV]. I became pregnant and gave birth to three children by him that I did not want, and they all have [HIV]. Because of the marriage that was imposed on me, I suffered violence, humiliation and oppression.**
>
> **My husband's mother often filed complaints against me with the police, accusing me of attacking and hitting her. Several times they [her husband and in-laws] took me to the police station and had several reports written against me before I was released. This situation and all of this violence caused me to have severe depression. I lost all desire to live or to eat or even to get out of bed. I was very sick, and I did not sleep at night, and despite this, he continued to rape me every time he took drugs and raped me when I did not respond to his sexual demands. Once he hit me with a very hot teapot, which burned me, and once he stabbed me with a knife in my face.**[58]

Her scars were visible on her face. She continued, "I asked my family for help, but they said that I should be patient, that violence against women is normal, and that I had asked for this life with my [first] pregnancy."

Soukaina stayed with a violent partner for over 19 years, saying, "I gave birth to three children that I did not want."[59] She left him once, but he "threatened to disfigure my face if we didn't get back together." She explained:

> **I was very scared of him, and without anyone to protect me, I went back to him. When I got pregnant again, I asked at the public dispensary if I could have an abortion and they told me 'no'. I couldn't have an abortion, and I risked my life or my freedom with this pregnancy. It was the beginning of hell with him, I was stuck and forced to live with him despite all of the violence… I had no choice… When I told my brothers and sister, they said that I had no other refuge than my husband and my children. He became more violent than ever.**

Her partner raped her repeatedly. On at least one occasion he took off all of her clothes, dragged her to the centre of the village, and left her there naked. Several times he slashed her face with a knife or locked her in the house. After one incident where, "he hit me with all his might, he left me almost dead outside of the house, by force I dragged myself bleeding to the gendarmerie. They arrested him but he was sentenced to only two months. The gendarmes asked me to forgive him, and to withdraw my complaint, for the sake of my children". She did not.

Women in workplaces traditionally reserved for men are particularly at risk of sexual harassment and abuse that can lead to unintended or unwanted pregnancies. Farah said:

> **I work in a profession primarily reserved for men. When I started working, we were just a handful of women among over a thousand men. This made our working conditions very difficult. We were constantly victims of sexual harassment. These working conditions make you look for a way to protect yourself… [such as having] a relationship with one of your colleagues so that the others do not harass you… Indeed, I had a friend who helped me out a lot, and I would turn to him whenever someone bothered me.**[60]

The man ended up raping Farah when she was unconscious as a result of a diabetic attack, and two months later she found out she was pregnant from the rape.[61]

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[56] Interview in person, 14 November 2022.
[57] Zahra found out shortly after the marriage that her husband was living with HIV. She used the term AIDS during the interview.
[58] Interview in person, 14 November 2022.
[59] Interview in person, 28 October 2022.
[60] Interview in person, 21 October 2022.
[61] Interview in person, 21 October 2022.

Existing laws on rape and sexual harassment also do not adequately address predatory practices and sexual abuse of adolescent girls and young women by older men. The research found several instances where frequently older men waited outside educational institutions to approach girls and women as they leave school. Nadia described how she was 17 when she "met a man" outside her high school.[62] He was six years older than her. After six months, he raped her.[63] Ghita was a university student in a city when a man waiting outside in a car offered her a ride. "It was raining, and he insisted several times."[64] She eventually agreed, they started seeing each other, and she became pregnant.

Very often, such predatory practices involve verbal coercion, pressure, fraud and manipulation, including false promises of marriage or of employment, and lying about the man's marital status or about living abroad in Europe or the USA.

4.2 LACK OF ACCESS TO CONTRACEPTION

The lack of sufficient availability of contraception in Morocco leaves married women with unmet needs. Additionally, access to contraception, including emergency contraception,[65] by unmarried women is inconsistent and standards are unclear. In many instances, policies and practices appear to limit access to contraception to married women.

The Ministry of Health's Standards of Family Planning Methods for practitioners define the beneficiaries of services as, "couples wishing to be informed about family planning; couples wishing to space their births; [and] women wishing to limit their births for health reasons."[66] The Standards require women to be married to qualify for an intrauterine device (IUD), oral contraception, contraceptive injections or tubal ligation.[67]

Representatives from three NGOs working on sexual and reproductive health told Amnesty International that their organizations provide services and distribute contraceptive methods, some for free, some at a nominal cost, to all women who ask for them, regardless of their marital status.[68] One NGO staff member said, "Nothing forces public health centres to ask women seeking contraception if they are married or not, but perhaps in some regions they [the staff] are overzealous."[69]

The inadequate access to contraception disproportionately affects unmarried women, who may be denied free contraception at public health facilities, and women who cannot afford to purchase over-the-counter contraception at pharmacies.

Chaimae, a divorced woman from a small town, said, "I had to buy my contraceptive pills at the pharmacy for 200 Moroccan dirhams (US$20) because at the public hospital they refused to give it to me because I wasn't married. They also refused to give me a contraceptive injection."[70] Her unwanted and unintended pregnancy, she said, occurred during a gap of a couple days when she couldn't afford to purchase a renewal supply of pills for the month.[71]

Access to contraception is part of the right to health.[72] States must ensure that everyone without discrimination, including adolescents, has access to a full range of good quality, modern and effective contraceptives, including emergency contraception, that are available and affordable, including through subsidies, or covered by public health insurance schemes or provided free of charge.[73] Morocco's failure to

[62] Interview in person, 28 October 2022.
[63] Interview in person, 28 October 2022.
[64] Interview in person, 14 November 2022.
[65] Emergency contraception ("the morning after pill") has been available in Morocco since 2008.
[66] Ministry of Health, Morocco, Standards des méthodes de planification familiale (Standards of Family Planning Methods), 2007, https://www.sante.gov.ma/publications/guides-manuels/documents/les%20standards%20pf.pdf, p. 14. These are the only such guidelines Amnesty International could find, and are the ones provided by the ministry on its official website.
[67] Ministry of Health, Standards of Family Planning Methods (previously cited), pp. 27, 41, 61, 69. An IUD is inserted in the womb to prevent pregnancy, typically for several years. Tubal ligation is a surgical procedure typically considered a more permanent form of birth control.
[68] Interviews in person, 25 October 2022, 26 October 2022 and 8 November 2022.
[69] Interview in person, 8 November 2022.
[70] Interview in person, 21 October 2022.
[71] Interview in person, 21 October 2022.
[72] UN Special Rapporteur on the right to health, *Sexual and reproductive health rights: challenges and opportunities during the COVID-19 pandemic* (previously cited), para. 33.
[73] CESCR, General Comment 22: The right to sexual and reproductive health (Article 12), 2 May 2016, UN Doc. E/C.12/GC/22, paras 13, 28, 45, 57, 62; HRC, General Comment 36: The right to life (Article 6), 3 September 2019, UN Doc. CCPR/C/GC/36, para. 8; CEDAW Committee, General Recommendation 24: Article 12 of the Convention (Women and Health), 1999, UN Doc. A/54/38/Rev.1, paras 12(d), 17; CEDAW Committee, General Recommendation 34: The rights of rural women, 7 March 2016, UN Doc. CEDAW/C/GC/34, paras 38, 39(a); UN Committee on the Rights of the Child (CRC), General Comment 15: The right of the child to the enjoyment of the highest

do so, and the criminalization of sexual relations outside of marriage, discriminate against certain groups of women such as those who are unmarried and those who cannot afford the cost of contraception. This creates barriers that prevent women and girls from accessing sexual and reproductive health information and services and fosters unwanted or unintended pregnancies.

It bears noting that several of the women interviewed were taking the contraceptive pill or using condoms, or had only engaged in outercourse without penetration when the unintended or unwanted pregnancy occurred. This fact and the prevalence of sexual violence indicate that education, information and access to contraception alone are not sufficient to prevent unintended or unwanted pregnancies.

4.3 LACK OF ECONOMIC AND SOCIAL JUSTICE FOR WOMEN

High unemployment rates lead women to migrate to other areas of the country to seek work, often in factories or agriculture. Amnesty International documented cases of women who, far from their families and feeling isolated in a new location, felt the need for "protection" from a man.

Safa comes from a family of seven children living in a small agricultural town. "When I was 17, I quit school to work. But salaries here [in this town] are not very good."[74] She went to work in a factory in a city over 600 kilometres away. "I rented a small room by myself. I met a man at the factory. I was all by myself. He told me, 'Anything you want, I'll help you. Come to my home, I have a big house'. So I went, and eventually got pregnant."

Kaoutar is from a family living in poverty in a small mountain town, "where there are no opportunities for work. So, when I was in my early twenties, I moved alone to another [small urban area] almost 150km away to work. I was alone, and I met someone who made me feel safe."[75] He moved in with her and she became pregnant.

A staff member of an NGO located in a medium-size city with a significant industrial zone told Amnesty International, "Lots of girls come here from across the region to work in the factories. They meet someone and get pregnant. They're not married. The factory fires them, the family will kill them, and their roommates throw them out."[76]

Furthermore, in an unstable labour market with unprotected working conditions, women are at risk of being coerced into sexual relations by men with decision-making power over their employment.

Mouna comes from a small mountain town. She said she had to leave school at the age of six to do household chores, and when she was 18 she started working to support her family.[77] She works as a daily agricultural worker picking fruit and vegetables. She gets up around 3am to go to the site where women may or may not be chosen to work for the day. If chosen, women get on a truck and are driven to farms. "I met a man," she said, "who worked in agriculture as a *cabran*", the overseer who decides which women will work each day. After a year of a sexual relationship with him, she became pregnant.

Finally, discriminatory laws and practices in relation to marital property and inheritance rights[78] mean that women are frequently left destitute after divorce or widowhood.

Ouiam, who comes from a family living in poverty in a village, told Amnesty International that when she was 16, she got married and had a child.[79] Shortly afterwards, her husband was killed in a car accident. Twice she entered into relationships with men "to protect me and my child," and became pregnant once by each of them. Both times she was unable to obtain an abortion. "If I had had money to live and to be protected from the bad treatment inflicted upon me by people just because I was a widow with a child, I would never

attainable standard of health (Article 24), 17 April 2013, UN Doc. CRC/C/GC/15, paras 31, 70; CRC, General Comment 20: The implementation of the rights of the child during adolescence, 6 December 2016, UN Doc. CRC/C/ GC/20, paras 59, 63; CEDAW Committee, General Recommendation 35: Gender-based violence against women, 26 July 2017, UN Doc. CEDAW/C/GC/35, para. 31(a)(iii)(c).

[74] Interview in person, 28 October 2022.

[75] Interview in person, 14 October 2022.

[76] Interview in person, 3 November 2022.

[77] Interview in person, 21 October 2022.

[78] Morocco, Code de la Famille (Family Code), 2004, Articles 49, 129-137, Book 6. Each spouse retains ownership of assets acquired during marriage with no division or sharing of property upon divorce or death. After divorce, husbands have no financial obligations, such as alimony, to support their former wives. Discriminatory inheritance laws continue to award women a lesser share of inheritance than men.

[79] Interview in person, 28 October 2022.

have twice sought a husband who could protect me and my daughter, and I would never have gotten pregnant two times."

5. DENIAL OF AUTONOMY AND AGENCY DURING PREGNANCY

‘I wanted someone to help me and explain more about the abortion.’

Nadira[80]

States have an obligation to create an enabling and supportive environment that guarantees the right of everyone who is pregnant to make autonomous decisions about their pregnancies.[81] This section examines how Morocco’s discriminatory laws, policies and practices deny women and girls the right to access evidence-based, non-biased, accessible and rights-based information about their pregnancy, and the support necessary to make autonomous decisions.

Further, states should take measures to ensure that nobody feels compelled to either continue a pregnancy or to have an abortion.[82] Current discriminatory laws, policies and practices in Morocco do just the opposite. Women interviewed described the numerous pressures, factors and violence preventing them from making fully informed autonomous decisions about their pregnancies, free of coercion.

5.1 LACK OF ACCESS TO HEALTH INFORMATION

The right to health includes the right to access health information. States have an obligation to ensure the public availability of accurate, evidence-based and non-biased abortion-related information in accessible formats that can be distributed by healthcare providers without fear of sanction.[83]

In Morocco, the criminalization of abortion prevents women from obtaining such information. The Penal Code punishes with a prison sentence and/or a fine “indicating [or] promoting” abortion,[84] as well as making statements in public or in meetings or distributing written or visual materials about abortion.[85] These state-

[80] Interview in person, 21 October 2022.
[81] CEDAW Committee, General Recommendation 25, on Article 4, para. 1 of CEDAW on temporary special measures, paras 7, 10; CESCR, General Comment 22 (previously cited), paras 25, 34; CEDAW Committee, General Recommendation 24: Women and Health, 1999, UN Doc. A/54/38/Rev.1, para. 31 (e).
[82] Amnesty International, “Amnesty International’s Policy on Abortion” (previously cited), pp. 4 and 8.
[83] UN Special Rapporteur on the right to health, Report, 3 August 2011, UN Doc. A/66/254, paras. 19, 30, 31, 32; CESCR, General Comment 22 (previously cited), para. 41; UN Committee on the Rights of Persons with Disabilities (CRPD Committee), General Comment 3: On women and girls with disabilities, 25 November 2016, UN Doc. CRPD/C/GC/3, paras 40, 41.
[84] Morocco, Code Pénal, 1962, Article 451.
[85] Morocco, Code Pénal, 1962, Article 455, amended on 1 July 1967.

created barriers to information on abortion violate the right to accurate and timely sexual and reproductive health information necessary to making autonomous and informed decisions about one's pregnancy.[86]

The women interviewed all described having experienced a lack of information about their pregnancies and their options. Very few of them sought information from medical professionals on which to base their decisions.

Amina, who was 20 when she got pregnant, told Amnesty International, "I had no information about what I could do. No one answered my questions. I was alone, young and had no life experience."[87] As a result, she said, "I was obliged" to carry the pregnancy to term.[88] Samia decided against an abortion, because "I became afraid to do it, I had no information or knowledge about abortion. I was afraid I might go to prison because it's illegal, and because there would be no medical follow-up care."[89] Mouna said, "[I] didn't go to a doctor to get information because I don't have the money to afford a doctor", an experience shared by others.[90]

The criminalization of abortion except under very restricted circumstances, the lack of any regulatory framework, and Penal Code provisions criminalizing statements in public or in meetings or distribution of written or visual materials on abortion also effectively prevent medical professionals, public services and NGO staff from providing pregnant women with adequate information and support for autonomous decision-making.

A gynaecologist in a public hospital in a small city described the chilling impact that current laws have, explaining how fear of criminal liability often prevents medical professionals from even talking about abortion in any instances. "We can't give women any information or referrals for abortion, nothing. Otherwise, it's prison [for us]."[91] A hospital social worker estimated that "about once a week a pregnant woman comes to the hospital asking about abortion, but we refuse to discuss it. I tell them abortion is illegal, so try and adapt to the situation."[92]

Some women interviewed said medical practitioners tried to talk them out of having an abortion. Chaimae said, "the nurse tried to convince me to not have an abortion."[93] When Hasna went to see a doctor, she said that he explicitly told her, "Don't get an abortion" and sent her to an NGO providing accommodation for women and their children.[94] When both Nisrine and Nezha reported rape, the gendarmes accompanied them to an NGO shelter to obtain accommodation; this effectively made their pregnancy known publicly and deprived the women of any opportunity to seek any abortion-related information.[95]

Women's rights NGOs are likewise limited in what information they can offer pregnant women, who are either brought to their centres by law enforcement, or referred to them by public services, or who come seeking information and support. Due to provisions criminalizing verbal or written sharing of abortion-related information, NGOs cannot provide any information about abortion or refer women to practitioners; instead, they are obliged to turn women away or direct them to other outcomes. A staffer of one NGO in a small town said:

> **Women come to us and ask us where they can get information on abortion. We can't tell them where to go for help or give them any information. Everyone knows who and where they are [the providers] but we can't tell the women who come to us. Because of the laws, NGOs have to protect themselves. The women are left to cope all alone and the law prevents us from supporting them.**[96]

Similarly, as a staff member from an NGO in a medium size city put it, "We don't have the right to give the women information on abortion. We'd go to prison."[97] Another NGO worker in a small town said, "Our hands are tied when pregnant women come to us. We can't help them; we can't do good work because it [abortion] is illegal. We can't respond to [the women's] needs."[98] Yet another NGO worker in a small city explained:

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[86] CESCR, General Comment 22 (previously cited), paras 18, 21, 40, 41, 47; CEDAW Committee, General Recommendation 24 (previously cited), para. 28; HRC, General Comment 36 (previously cited), para. 8.
[87] Interview in person, 14 October 2022.
[88] Interview in person, 14 October 2022.
[89] Interview in person, 14 November 2022.
[90] Interview in person, 21 October 2022.
[91] Interview in person, 14 October 2022.
[92] Interview in person, 14 October 2022.
[93] Interview in person, 21 October 2022.
[94] Interview in person, 14 October 2022.
[95] Interviews in person, 14 October 2022.
[96] Interview in person, 21 October 2022.
[97] Interview in person, 3 November 2022.
[98] Interview in person, 28 October 2022.

"This impacts our relationships with the women who come to us. Some say that 'the association can't help us'."[99]

As a result, NGO services in this context tend to be limited to offering accommodation, legal accompaniment, interventions with healthcare providers and public services, psychological counselling, and job training. NGOs also eventually assist women with birth registrations, childcare and/or arranging *kafala*, a form of sponsorship or guardianship often used to place abandoned or orphaned children with a family or placing the child with a public agency or non-profit association.[100] A day-care worker at an NGO said, "I see women with problems every day. About five per month ask for an abortion, and we can't do anything about it because it's against the law. The only thing we can do is provide services for single mothers."[101]

In cases where the pregnant woman or girl is not married, several NGO representatives reported intervening with the biological father to convince him to marry the woman temporarily, and then get divorced. One NGO staff member explained, "Sometimes we're obliged [to do this], because it's the only solution the woman has."[102] This has two objectives: first, to avoid the couple being prosecuted for sexual relations outside of marriage; and second, to establish the legal filiation to the father, which is necessary to obtain identity documents for the child, primarily registration of the birth in the crucial official "family booklet".

Similarly, NGOs working on sexual and reproductive health who were approached by Amnesty International emphasized that their work necessarily excludes any information or support related to abortion. Instead, services are limited to testing for and treatment of sexually transmitted infections (STIs), and pregnancy prevention through awareness raising and distribution of contraceptive methods including IUDs, condoms, injections, pills and emergency contraception.[103]

The criminalization of abortion also prevents NGOs from collecting accurate and complete data on women's health histories, necessary to providing quality care. NGOs don't uniformly have a question or a section in their standard intake forms to note information on any abortion-related requests or history. Some systematically inquire about abortion when women seek their services and include that in the woman's file. However, one NGO representative said, "Our lawyer said that we were asking for trouble and told us not to dig too deep or get too much into detail with the women. So, we don't have a direct question about abortion in our intake questionnaire, but if [the woman] mentions it, we note it."[104] A second NGO similarly confirmed that their lawyer told them not to "go into detail" in case files of pregnant women who seek abortion.[105]

Finally, Penal Code provisions criminalizing sexual relations outside of marriage prevent unmarried women from seeking or receiving information about their pregnancies. As a worker in an NGO in a small town said, "Some women are afraid to get an ultrasound at the public hospital to know if they are pregnant or not, because they aren't married."[106] Oumaima went to a private gynaecologist to have a pregnancy test; when the results were positive, he asked her if she was married.[107] When she said no, "he showed me the door".[108]

5.2 GENDER STEREOTYPES AND DISCRIMINATION

Interviews conducted by Amnesty International illustrate how pregnant women's autonomous decision-making is often further hindered by a combination of three interrelated factors: economic deprivation, the threats of gender-based violence, and discrimination in family matters.

The criminalization of sexual relations outside of marriage is one of the coercive factors preventing women from making autonomous decisions. Amina said, "I wanted to terminate the pregnancy because I didn't want to be arrested and sent to prison," explaining that once her pregnancy was visible it would be "proof" of having had sexual relations outside of marriage.[109] She added:

[99] Interview in person, 11 November 2022.
[100] Full legal adoption does not exist under Moroccan law.
[101] Interview in person, 14 November 2022.
[102] Interview in person, 11 November 2022.
[103] Interviews in person, 14 October-14 November 2022.
[104] Interview in person, 28 October 2022.
[105] Interview in person, 3 November 2022.
[106] Interview in person, 21 October 2022.
[107] Interview in person, 28 October 2022.
[108] Interview in person, 28 October 2022.
[109] Interview in person, 14 October 2022.

I wanted to get an abortion because I was afraid of the future. I had no support from my family, and I had not finished school because my family forced me to get married when I was 15 years old, so it would be impossible for me to find a job, even more so with the pregnancy or with a child.[110]

Penal Code provisions criminalizing sexual relations outside of marriage also reinforce harmful gender stereotypes about "proper" behaviour for women, leading to family ostracism and social isolation that deprive unmarried pregnant women of the economic resources and social support necessary to raise a child.

Farah, who had to resort to friendship with a man in an all-male working environment to avoid sexual harassment, and who was then raped by that man, said that she "would lose my job and my family" if they found out that she was pregnant outside of marriage.[111]

Mouna said she sought an abortion because it was not possible for her to raise a child: "Sometimes I have work, sometimes I don't."[112] Nadia also said she couldn't continue with her pregnancy because "I couldn't give a child even the strict minimum of living standards".[113] As for Amal, the reason was a combination of not having the means to raise the child and that "[m]y family wouldn't accept it."[114]

Stereotypes about "proper" behaviour for women also underpin justifications for gender-based violence. Morocco's failure to provide women with effective protection further subjects them to intimidation and threats of or actual violence from their families.

Safa said: "I couldn't keep the child, I had to work. And the child wouldn't have a father, I wouldn't be able to put him in school without papers, and if my family found out, they would kill me."[115] Nadia said: "I never spoke about the rape to anyone, because I know that my brothers would kill me if they found out that I had had a relationship with [the rapist] and was pregnant by him."[116] Mouna said: "My family never knew. I didn't want to tell them. I wasn't married. I couldn't tell them I was pregnant. I couldn't. They would have beaten me and stopped talking to me."[117]

Instead of meeting its obligation to eradicate harmful gender stereotypes, including those related to sexual relations outside of marriage,[118] the Moroccan state denies women access to reproductive healthcare goods and services, reinforcing such stereotypes.

Additionally, provisions on filiation and paternity in Morocco's Family Code effectively guarantee men immunity from assuming any legal or financial responsibilities for a pregnancy from a non-marital relationship.[119] This allows men to refuse any responsibility for the pregnancy and take a position that it's "*mashi sookee"* ("not my business"), deny knowing the woman at all, make gender-based defamatory statements that she had had sexual relations with others ("*antiya mwelfa*"), and/or block the woman on social media, change their phone numbers and disappear.[120]

5.3 FORCED ABORTION

Women are denied reproductive autonomy when subjected to violence or coercion, which includes forced or coerced abortion,[121] and states are required to take steps to prevent forced or coerced abortion.[122]

Morocco's criminalization of abortion deters women from reporting forced abortion in the context of intimate partner violence. Several women interviewed described the circumstances in which their families or intimate

[110] Interview in person, 14 October 2022.
[111] Interview in person, 21 October 2022.
[112] Interview in person, 21 October 2022.
[113] Interview in person, 28 October 2022.
[114] Interview in person, 14 October 2022.
[115] Interview in person, 28 October 2022.
[116] Interview in person, 28 October 2022.
[117] Interview in person, 21 October 2022.
[118] CEDAW Committee, General Recommendation 35 (previously cited), paras 26(c), 29(c)); CESCR, General Comment 22 (previously cited), paras 27, 35, 36; CESCR, General Comment 16: The equal right of men and women to the enjoyment of all economic, social and cultural rights (Article 3), para. 5; CRC Committee, General Comment 20 (previously cited), para. 28; CRC Committee, General Comment 15 (previously cited), para. 9; HRC, General Comment 28: The Equality of Rights Between Men and Women (Article 3), 29 March 2000, UN Doc. CCPR/C/21/Rev.1/Add.10, para. 5.
[119] Morocco, Code de la Famille, 2004, Articles 142-162.
[120] Interviews in person, 14 October-14 November 2022.
[121] CESCR, General Comment 22 (previously cited), para. 57; CEDAW Committee, General Recommendation 24 (previously cited), para. 22; CRPD Committee, General Comment 3 (previously cited), para. 63(a); CRPD Committee, General Comment 1: Equal recognition before the law (Article 12), 19 May 2014, UN Doc. CRPD/C/GC/1, para. 35.
[122] HRC, General Comment 28 (previously cited), para. 11.

partners forced them to have an abortion. It is worth noting that current Penal Code provisions criminalize procuring an abortion "whether [the woman] has consented to it or not".[123]

Kaoutar was 23 when she became pregnant. Her boyfriend became violent and insisted that she have an abortion.[124] She said:

> **He brought home everything that could cause an abortion and gave me every medicine he could find. I didn't even know the names of the things he forced me to drink. Each time he brought back something and said, 'I hope this will work.' He also forced me to drink wine and herbs, I'm not sure what exactly. Despite all of this, I did not have an abortion, which made him angry, and he became even more violent with me, beating my stomach and burning me with cigarettes. This went on for six months and then he left me alone with my pregnancy.**

Fadoua said that at the age of 15 she was forced to marry the man who raped her, and afterwards his family took her to a doctor for an abortion:[125]

> **I was scared, I didn't know anything about abortion, not even the meaning of [the word] abortion. I was scared of the doctor because I heard [my in-laws] talking about the price of something they were going to do to me. I was afraid for my life, so I ran away. For a week I suffered all sorts of violence from [my husband] and his family. We went back to the doctor and the room seemed like hell to me. The nurse stood above my head and said to me with contempt, 'At your age, and you are playing with the lives of the children of good people!' I asked her what was going to happen to me, and she just told me to shut up. They gave me anaesthesia and I wasn't aware of anything else until I woke up and the doctor asked them to take me home.**

Both Fadoua and Kaoutar said these experiences with forced abortion impacted their decision-making when they became pregnant again. Fadoua, whose husband raped her repeatedly, said that when she became pregnant for a second time, "I was a minor, I didn't know anything, just that I didn't want to suffer like the previous time… I fled to my sister's home and stayed with her until I gave birth at the hospital. My sister and brother told me that the baby had died and threatened to send me to a correctional facility."[126] Fadoua asked her father to find out what had happened and learned that her sister and brother had given her baby to a family living abroad.[127]

Discriminatory provisions in the Family Code on divorce maintain unequal power relations between spouses.[128] Threats of divorce by the husband create coercive circumstances in which women cannot exercise their right to make autonomous decisions. In one of the court decisions that Amnesty International reviewed, a married woman was convicted of having an abortion and sentenced to six months in prison and a 500 dirham (US$50) fine; her husband did not want to have a child and had threatened to divorce her if she did not get an abortion.[129]

Criminalizing abortion undermines efforts to combat violence against women. Decriminalizing and regulating abortion would remove barriers for women to reporting attempted and performed forced abortions. Such cases could thus be prevented or detected, and the perpetrators held to account.

5.4 THE DOUBLE-BIND FACING SURVIVORS OF RAPE

States have the obligation to provide comprehensive physical and mental health care for survivors of sexual and domestic violence as part of the full range of quality sexual and reproductive healthcare, including access to post-exposure prevention, emergency contraception and safe abortion services.[130]

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[123] Morocco, Code Pénal, 1962, Article 449.
[124] Interview in person, 14 October 2022.
[125] Interview in person, 14 November 2022.
[126] Interview in person, 14 November 2022.
[127] Interview in person, 14 November 2022.
[128] Women and men have unequal access to divorce. Men retain their right to divorce unilaterally and without cause. In contrast, women must either pay compensation to their husbands to obtain a divorce or seek judicial divorce by proving one of six specified faults committed by the husband or irreconcilable differences. Morocco, Code de la famille, 2004, Articles 78-120.
[129] Meknes Court of Appeals, *Criminal court decision 2651*, 5 June 2017, on file with Amnesty International.
[130] UN Special Rapporteur on the right to health, *Sexual and reproductive health rights: challenges and opportunities during the COVID-19 pandemic* (previously cited), para. 51.

In Morocco, women who are raped and want an abortion are often caught in a double-bind. If they report the rape, their pregnancy is brought to the attention of the authorities, effectively preventing them from seeking an abortion.

Nezha was abducted, drugged and raped. The rapist was never located. She told Amnesty International:

> **I wanted to have an abortion but my father did not allow it, saying that abortion is '*haram*' (forbidden by religion), and also because he wanted to avoid scandal. He told me to shut up and be patient. I could not ask for help or consult with anyone, no one could help me. When the pregnancy started to show, my family took me to the gendarmes and left me there. I did not consult any doctor and no one helped me. Up until the birth, I did not consult anyone.**[131]

Similarly, Nisrine, a 38-year-old woman with a hearing and speech impairment who was raped several times by a neighbour, explained how she was denied her right to make autonomous decisions about the pregnancy.[132] Throughout the interview she made it clear using gestures that she had wanted an abortion. However, when her parents discovered that she was pregnant, they took her to the gendarmerie, left her there and refused to allow her to return home. The NGO social worker who had accompanied Nisrine for years interpreted her subsequent signs:

> **I couldn't ask for help or find anyone who would help me have an abortion because the gendarmes already knew about my situation. They brought me to the NGO when I was four months pregnant. That's why I could only resort to my own means [to self-induce an abortion], but those all failed.**

In Nisrine's case, the state also failed to meet its obligation to ensure that women and girls with disabilities can exercise their right to have control over and make their own free decisions related to reproductive autonomy, sexuality and medical treatment, free from coercion, discrimination and violence.[133]

In one of the court decisions reviewed by Amnesty International, a high-school student who became pregnant as a result of rape sought an abortion. When she filed a complaint against the perpetrator for violence, she was prosecuted for having an illegal abortion and for having sexual relations outside of marriage.[134] This highlights how the criminalization of abortion in effect undermines efforts to combat rape.

[131] Interview in person, 14 October 2022. The gendarmes took her to an NGO shelter, where she stayed until she gave birth and still lived there at the time of the interview.
[132] Interview in person, 14 October 2022.
[133] CRPD Committee, General Comment 3 (previously cited), paras 38, 44.
[134] Meknes Court of Appeals, *Criminal court decision 142/15*, 15 January 2015, on file with Amnesty International.

6. RESTRICTED AND ARBITRARY ACCESS TO ABORTION

‘I would have liked to have had places to go to be able to seek abortion, that was free, safe and confidential.’

Nadia[135]

Safe and legal abortion is a necessary component of comprehensive healthcare services.[136] However, interviews with women and diverse stakeholders suggest that legal abortion is very rarely sought or performed in Morocco, even when it would be justified under the existing extremely restrictive legal grounds.

This section describes how the current legal framework in Morocco that criminalizes abortion in most cases forces women to seek clandestine and often unsafe abortions, thus putting their health and lives at risk. The context of criminalization extends to medical providers who on the one hand, face the threat of liability, and on the other hand, work without any medical regulation as most abortions are legally banned. As a result, access to abortion has been forced underground, leading to restricted and arbitrary access to abortion services and related information. This section therefore also focuses on violations of women’s rights to privacy, risks to women’s life and health, and the economic discrimination that women experience when they attempt to seek an abortion – the consequences of the state’s failure to meet its obligations to ensure that abortion services are available, accessible, affordable, acceptable and of good quality.[137]

6.1 EXTREMELY LIMITED LEGAL GROUNDS FOR ABORTION

Morocco’s Penal Code criminalizes abortion unless it is necessary to save the woman’s life or health and is performed by a doctor or surgeon. It also requires either spousal authorization or prior written permission from the Chief Medical Doctor in the province or prefecture.[138] If the woman’s life is in danger, the

[135] Interview in person, 28 October 2022.
[136] UN Special Rapporteur on the right to health, *Sexual and reproductive health rights: challenges and opportunities during the COVID-19 pandemic* (previously cited), para. 40.
[137] CESCR, General Comment 22 (previously cited), supra note 1 and paras 11-21.
[138] Morocco, Code Pénal, 1962, Article 453, amended on 1 July 1967.

husband's authorization is not required, but the practitioner must notify the Chief Medical Doctor in the province or prefecture.[139]

States have an obligation to eliminate and refrain from adopting medically unnecessary barriers to access reproductive health services and information, including abortion. Barriers such as requiring third-party authorizations or consent from spouses, judges, parents, guardians or health authorities are a form of discrimination against women.[140] In Morocco, in some exceptional cases the prosecutor's authorization to perform an abortion appears to have been sought by either a doctor, an NGO or a family member, although the legal basis for this is unclear. Requiring judicial authorization, whether in law or practice, infringes on the pregnant person's right to privacy, deprives doctors of the ability to provide the best possible medical care to their patients, and resolves by judicial intervention issues that should be resolved between patient and physician.[141]

Outreach efforts for this research found no cases where women had obtained an abortion through the "legal" process. Indeed, none of the interviews indicated that any of the doctors approached by women even assessed whether or not they qualified for a legal abortion on the basis of risks to their life or health. Additionally, none of the women interviewed went through the burdensome, intrusive and time-consuming procedures required and likely deter women from even attempting to seek legal abortion. For instance, Saloua decided to directly seek a clandestine abortion at a private clinic rather than try to determine if she qualified for a legal abortion because, she said, "the public hospital wouldn't want to do the abortion. They'd impose conditions, ask why I wanted an abortion, and ask for my husband's authorization."[142]

Amnesty International was not able to obtain any official statistics on the number of legal abortions performed in Morocco, but it appears they may be rare. This raises concerns that even women who would qualify for abortion under the extremely restrictive laws are being denied their right to access safe and legal abortion.

A social worker in a public hospital in a small city told Amnesty International, "In this city, we don't even do legal abortions."[143] A gynaecologist in the same hospital confirmed this, adding that the current laws are vague and that "risks to life or health" are undefined.[144] He added that because "the medical instructions are not clear," the threats of professional sanction and criminal prosecution mean that, "Doctors flee from these cases because they have no protection from the law…. Even in cases that would be legal, doctors won't perform a therapeutic abortion."[145] He also said that the question of legal authorization by the husband and/or Chief Medical Doctor doesn't arise because doctors simply don't want to perform abortions under the current legal framework. He added that in a case in the week preceding the interview he made a "special request" to the authorities in Rabat for authorization to perform an abortion for a pregnant child, but the legal basis for such a request was not clear.[146]

The only exception, as described later in this report, is when women arrive at a hospital haemorrhaging or suffering other medical complications from clandestine abortions. Then, said the gynaecologist, "we finish the work."[147]

A judge interviewed by Amnesty International said: "The law is not clear, and that opens the door to abuse and misinterpretations. That's why doctors are scared. Prosecutions rely on police reports, and the police don't have the medical expertise necessary to write up this type of report about a doctor or a medical procedure. So, [implementation of the law] can be arbitrary."[148]

A general practitioner based in a small city stated:

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[139] Morocco, Code Pénal, 1962, Article 453, amended on 1 July 1967.
[140] HRC, General Comment 36 (previously cited), para. 8; CESCR, General Comment 22 (previously cited), paras 41, 43; CEDAW Committee, General Recommendation 24 (previously cited), para. 14; CRPD Committee, General Comment 1: Equal recognition before the law (Article 12), 19 May 2014, UN Doc. CRPD/C/GC/1, para. 35; CRPD Committee, General Comment 3 (previously cited), para. 44; CRC Committee, General Comment 15 (previously cited), para. 31; UN Working Group on the issue of discrimination against women in law and in practice, Report, 8 April 2016, UN Doc. A/HRC/32/44, para. 107(e).
[141] HRC, *L.M.R. v Argentina*, adopted on 29 March 2011, UN Doc. CCPR/C/101/D/1608/2007.
[142] Interview in person, 25 November 2022.
[143] Interview in person, 14 October 2022.
[144] Interview in person, 14 October 2022.
[145] Interview in person, 14 October 2022.
[146] The research team was not able to ascertain what, if any, legal basis there is for this request for authorization or what it consists of. However, an NGO representative interviewed by Amnesty International also mentioned efforts to obtain an exceptional authorization from the prosecutor to allow an abortion for a 20-year-old victim of incest. Interview in person, 11 November 2022.
[147] Interview in person, 14 October 2022.
[148] Interview in person, 14 October 2022.

We work under deplorable conditions. A 15-year-old girl dies, and we can't do anything to prevent that… As if the problem doesn't exist.[149] What can we do as doctors? Nothing. We can't help women. Our hands are tied. We're frustrated because we can't give women the help they want. There's no regulatory framework to protect us. We're policed. Since the law is vague and unclear, doctors are afraid to be sent to prison. Even the Code of Ethics says nothing.[150]

Hiba is a married woman in her fifties. She has heart problems that required an operation and for which she takes medicine and is monitored by a cardiologist. She told Amnesty International that 15 years earlier, she became pregnant despite taking the contraceptive pill.[151] "The cardiologist had forbidden me to get pregnant, because it would put my life in danger, and said that I needed to have an abortion." But her obstetrician-gynaecologist refused, first on the grounds that she was three months pregnant, and then by disagreeing that Hiba's condition constituted a danger. "My husband went to speak informally with the prosecutor, who refused to help." Hiba is not sure why. The cardiologist even spoke with the obstetrician-gynaecologist, to no avail.

Hiba said that the obstetrician-gynaecologist prescribed her an anti-coagulant injection every day for the remaining months of the pregnancy "so that I could carry the pregnancy to term." She had to be put on frequent medical leave from work during the pregnancy. Because of the injections, her body was blue all over and her stomach was swollen. For the birth she had to travel in an ambulance to a larger city around 120km away because the facilities in her city were inadequate for her condition. A cardiologist had to be present at the birth. "The birth was so dangerous that the clinic's obstetrician-gynaecologist was so scared I would die he dropped a hot clip… and burned my leg."

As described in this report, Morocco's severely restrictive laws make even legal abortion nearly impossible to obtain. This forces women and girls to seek clandestine and often unsafe abortions, as testified by the interviewees, all of whom who all had clandestine abortions outside of the legal framework.

6.2 ARBITRARY AND INCONSISTENT PRACTICES

The criminalization of abortion and lack of a clear regulatory framework drives women to seek clandestine abortions performed by people using arbitrary and inconsistent practices. As a result, women often receive contradictory information and are subjected to arbitrary decisions as to when and even if they can obtain a clandestine abortion.

Zahra said, "my mother asked a doctor to perform an abortion, but he told us that there had to be bleeding for him to see me."[152] Soukaina, who was raped when she was 15 by the owner of the farm where she and her mother worked, said, "When my mother took me to the doctor to have an abortion, he refused because I was still a child. My mother was very angry with me and the entire way home she beat me."[153] Soukaina added that she was forced to carry the pregnancy to term, despite numerous and ultimately unsuccessful attempts by her mother to induce an abortion, including by forcing her to drink herbs and subjecting her to various acts of physical violence.

Yacout and her mother went to a doctor "well-known" for performing abortions. Yacout said, "He agreed to give me an abortion, but then when he saw that my mother was worried, he threw us out of his clinic, saying that he didn't perform abortions."[154] Amal said the doctor refused outright without examining her: "I travelled from my village to a well-known obstetrician-gynaecologist in a large city an hour away and told him I didn't want to continue the pregnancy. He told me, 'It's forbidden', and looked at me like this [she grimaced]. Then he asked, 'Why did you do this?' and told me, 'Don't ever come back to see me again'."[155]

[149] The doctor was referring to the widely reported case of a teenage girl from central Morocco who died in September 2022 following an unsafe clandestine abortion performed after she was raped. Several women's rights organizations blamed the strict abortion laws for her death. See Amnesty International, *Amnesty International Report 2022/23: The state of the world's human rights*, https://www.amnesty.org/en/location/middle-east-and-north-africa/morocco-and-western-sahara/report-morocco-and-western-sahara/, p. 260.
[150] Interview in person, 11 November 2022.
[151] Interview by voice call, 25 February 2023.
[152] Interview in person, 14 November 2022.
[153] Interview in person, 28 October 2022.
[154] Interview in person, 14 November 2022.
[155] Interview in person, 14 October 2022.

Women told Amnesty International that they make decisions about their pregnancy based on contradictory information about possible gestational time limits to obtaining an abortion. Several women mentioned two months as a time limit, although it is not clear on what this is based. Rajaa explained that she began seeking an abortion, but "since I was two and a half months pregnant, I was thinking I was already far along, and it was risky."[156] Other women said that they had heard that after three months you couldn't get an abortion. This deterred several women from even consulting a medical practitioner.[157]

Women interviewed also reported arbitrary and inconsistent practices related to gestational limits by medical professionals performing clandestine abortions.[158] Three of the women interviewed obtained an abortion in a private clinic when they were four months pregnant.[159] Several other women said that doctors refused to perform abortions on the grounds that the pregnancy exceeded "the time limit" of two months.[160] Two others said doctors refused to perform an abortion at more than three months. One of them, Ibtissam, said that when she was three months pregnant a doctor told her, "I can't do an abortion now. If you had come to me at the beginning, I could have helped you."[161] Ghita said that when she was six months pregnant, a doctor turned her away, saying "the limit is four months."[162]

Several women interviewed described how they had to go to several doctors to find one that would agree to perform an abortion at the stage of their pregnancy, causing additional delays and making it even more difficult to obtain an abortion. In some cases, women were eventually forced to carry pregnancy to term.

Yacout had seen three doctors before a fourth doctor agreed to perform an abortion. She explained what happened after paying the fees in advance:

> **[The staff at the clinic] asked me to return after the *Eid al-Adha* [two-day religious holiday]. A girl had just died after a clandestine abortion in a town not far from ours, so at that time all of the doctors were wary of performing abortions and delayed all procedures because the authorities were on alert. I went back immediately after Eid. After explaining the abortion process to me, they performed some tests. Then they told me that because the pregnancy was two months and one week along, they refused to perform the abortion…**
>
> **We kept looking but when I reached four months of pregnancy my mother totally refused that I have an abortion and asked me to continue the pregnancy. For her, after four months abortion becomes [religiously] forbidden.[163]**

Many of the women interviewed did not know that they were pregnant until the arbitrary two- or three-month time limit had already expired. Ghita discovered that she was pregnant at "four months and 21 days." Majda said, "I didn't know I was pregnant until I was five months along because I still had my period."[164]

While it is unclear on what basis practitioners providing clandestine abortions set gestational age limits for women seeking their services who were interviewed by Amnesty International, the WHO states in its 2022 *Abortion care guideline* that even though abortion methods may vary by gestational age, pregnancy can be safely ended regardless of gestational age.[165] The guidance also refers to international human rights law, under which states are obliged to regulate pregnancy or abortion in a manner that is compliant with their duty to ensure that women and girls do not have to resort to unsafe abortion, and revise their laws accordingly.[166]

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[156] Interview in person, 28 October 2022.
[157] Interview in person, 14 November 2022.
[158] The 1953 decree related to the previous Code of Ethics for Medical Doctors had provided that a "therapeutic abortion can only be carried out when the life of the mother is in serious danger" and "before the date of fetal viability". Morocco, Arrêté résidentiel relatif au Code de déontologie des médecins, 1953, Article 32, https://gazettes.africa/archive/ma/1953/ma-bulletin-officiel-dated-1953-06-19-no-2121.pdf. This decree predates the 1962 Penal Code (as amended in 1967 as concerns abortion), which mentions neither fetal viability nor gestational limits. Neither the 2021 Code of Ethics for the Medical Profession nor Law No. 131-13 relating to the practice of medicine says anything about abortion. Morocco, Code de Déontologie Médicale (Code of Medical Ethics), February 2021, https://www.conseil-national.medecin.fr/sites/default/files/codedeont.pdf.
[159] Interviews in person, 21 October 2022 and 14 November 2022.
[160] Interviews in person, 14 October-14 November 2022.
[161] Interview in person, 14 October 2022.
[162] Interview in person, 14 November 2022.
[163] Interview in person, 14 November 2022.
[164] Interview in person, 21 October 2022.
[165] See WHO, *Abortion care guideline*, 8 March 2022, available at: https://srhr.org/abortioncare/chapter-2/recommendations-relating-to-regulation-of-abortion-2-2/law-policy-recommendation-3-gestational-age-limits-2-2-3/
[166] WHO, *Abortion care guideline* (previously cited). See also HRC, General Comment 36 (Article 6: Right to Life), UN Doc. CCPR/C/GC/36 (2019), para. 8.

6.3 VIOLATION OF PRIVACY OF WOMEN AND GIRLS

Sexual and reproductive health services, including abortion, must be provided in a way that respects the privacy of women and girls, and guarantees doctor-patient confidentiality.[167] However, women seeking abortion in Morocco face threats of or actual disclosure of the pregnancy, including by medical professionals.

Farah, who was raped by a male colleague, sought assistance from a gynaecologist who she said refused to perform an abortion because she was two months pregnant. She told Amnesty International,

> **At work my boss asked me if I was pregnant. I denied it but he knew and ordered me to take two weeks of leave to 'get your affairs in order'. When I returned to work, my boss summoned me and told me that the gynaecologist I sought an abortion from informed him that I was pregnant and seeking an abortion.**[168]

Farah added that her boss asked who was responsible for the pregnancy, then suspended Farah because she could be prosecuted for sexual relations outside of marriage if the pregnancy was revealed. Her boss summoned Farah's mother and told her that Farah didn't work there any more "due to personal circumstances". Farah had not wanted to tell her family about her pregnancy or her suspension and had told them that she was on leave from work. Her family, she said, then insulted and cursed her, and forbade her from leaving the house.

Ten of the women interviewed were under 18 when they became pregnant. Their experiences demonstrate how the state's failure to guarantee access to safe and legal abortion for adolescents can lead to violations of the right to privacy by some doctors who require third-party authorization by a parent. This deters girls from even consulting medical practitioners and forces them to carry pregnancies to term. This violates Morocco's obligation to ensure that girls have access to safe abortion and post-abortion services and to remove parental and guardian consent requirements.[169]

Nadira said that to obtain an abortion when she was around 15, "the doctor made my mother sign a document. I didn't know what it said, and neither did my mother because she doesn't know how to read."[170]

Nadia, aged 17 when her boyfriend raped her, was deterred from seeking an abortion from a medical practitioner because, "My friend told me that an abortion by a doctor would be expensive and very painful, and that my parents would find out because the doctor would ask for documents from my parents because I was a minor. So, I just resorted to herbs."[171] She described suffering severe pain for a week following the herb-induced abortion.

6.4 LACK OF INFORMATION ON SAFE ABORTION METHODS

Women in Morocco are deprived of complete and accurate information on the diverse abortion methods and which methods are safe. Some of the women interviewed said they had resorted to injections as well as oral, vaginal or other physical methods that they "had heard about" in attempting to induce an abortion. Indeed, the absence of any information on safe abortion methods or support from medical professionals had forced many of the women interviewed to take decisions based on rumours, myths, hearsay and misinformation.

In some instances, rumours, myths and misinformation prevented women from seeking any assistance from a medical professional or led them to try other methods until the pregnancy was far advanced. Yacout said that when she discovered she was pregnant, she found a doctor to perform an abortion and asked her sister to accompany her.[172] "But my sister told me that lots of women die from abortions and that it was better to

[167] UN Special Rapporteur on the right to health, Report, 4 April 2016, UN Doc. A/HRC/32/32, paras 24, 32, 88, 90, 102, 111(f), 113(c); HRC, General Comment 36: The right to life (Article 6) (previously cited), para. 8.
[168] Interview in person, 21 October 2022.
[169] CRC Committee, General Comment 20 (previously cited), paras 39 and 60. CRC Committee, General Comment 15 (previously cited), para. 31.
[170] Interview in person, 21 October 2022.
[171] Interview in person, 28 October 2022.
[172] Interview in person, 14 November 2022.

just use herbs." The different natural methods that Yacout tried did not work, and she ended up having to carry the pregnancy to term.

The criminalization of abortion thus forces women to procure abortion methods – that are likely to be ineffective or even dangerous – in a clandestine manner, most often from a friend, relative, work colleague or an in-person or online dealer.

Many women who used natural methods to seek to induce an abortion told Amnesty International that they do not know what they consumed, saying that it was "herbs that you drink", "a bitter liquid" or, most frequently, a plant-based herbal mix referred to under the general term of *ashoob* prepared by an herbalist and then boiled and drunk. An NGO representative explained that herbalists don't share the names of the herbs they sell because they want to protect their "trademark secret" and keep the "exclusivity of their recipe."[173]

Similarly, some women who turned to pharmaceutical methods illegally obtained from smugglers, women in their communities known for facilitating abortion, friends, colleagues or other people with links to the clandestine market said that they did not know what they took and were not provided with any information, referring most commonly to "taking pills".

States must ensure adequate access to essential medicines, as defined under the WHO Action Programme on Essential Drugs, in an affordable and non-discriminatory manner.[174] The WHO Model List of Essential Medicines includes misoprostol, a tablet used for a number of purposes, including medical management of abortion.[175] Misoprostol was previously available in Morocco on the National List of Essential Medicines.[176] According to an activist, it was sold under the names Artotec and Cytotec.[177] However, in a 31 July 2018 decision, the Ministry of Health suspended the marketing authorization for Artotec.[178] The use of Cytotec was also restricted to hospitals starting in 2018; according to the Ministry of Health, it was "banned from being marketed in pharmacies due to the significant health problems women have suffered as a result of using of this drug without medical supervision."[179]

The state's failure to provide access to safe abortion methods forces women to purchase Artotec smuggled into Morocco from other countries or Cytotec sold illegally on the underground market. An activist explained: "Before 2012, Artotec was available without a prescription in pharmacies. From 2012 to 2018, it was available in pharmacies with a prescription. After 2018, it was totally banned. Cytotec is still available but only in hospital settings. Both are available on the underground market."[180] Women interviewed for this research included some who had obtained Artotec legally at pharmacies prior to the ban and those who obtained it clandestinely after the ban (as with Cytotec) through intermediaries including smugglers, hospital staff, women in their communities known for facilitating abortion, and online vendors.[181]

Several women interviewed referred to taking "rheumatism medication", and some referred to Artotec or Cytotec by name. All of the women interviewed who said that they took pills obtained from the clandestine

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[173] Interview in person, 10 November 2022.

[174] CESCR, General Comment 14 (previously cited), para. 43(d); UN Special Rapporteur on the right to health, Report, 1 May 2013, UN Doc. A/HRC/23/42, para. 3.

[175] WHO, Model List of Essential Medicines, https://list.essentialmeds.org/ (accessed on December 4, 2023).

[176] Ministry of Health, Morocco, Liste Nationale des Médicaments Essentiels (National List of Essential Medicines) 2017, https://www.sante.gov.ma/Medicaments/Documents/Circulaire-sur-la-nomenclature-nationale-MDMx-Ess---version-integrale-23-juin-2017+++-2-25.pdf (accessed on December 4, 2023).

[177] Interview in person, 10 November 2022.

[178] The Ministry of Health did not provide a reason for its decision. See, for example, Digital Pharmacy Morocco, "Urgent: Retrait des AMM des spécialités Artotec au Maroc" ("Urgent: Withdrawal of marketing authorizations for Artotec specialties in Morocco"), 7 August 2018, https://www.digital-pharmacie.ma/urgent-retrait-des-amm-des-specialites-artotec-au-maroc/?fbclid=IwAR1slqVZwJpNbG6jifTv_rF1gSdP5SWw6TqS9NGs4nojZ1xJWW_r3sOUHSA. Media reports concluded that the drug was suspended because of "off-label" use in abortion that diverted it from its supposed original use, including as a medication for ulcers and rheumatism. See also, EcoActu, "Avortement: La CSPM alerte sur la vente illégale d'Artotec sur Facebook" ("Abortion: CSPM warns of the illegal sale of Artotec on Facebook"), 18 August 2020, https://ecoactu.ma/avortement-cspm-artotec

[179] Minister of Health, Morocco, "جواب وزارة الصحة والحماية الاجتماعية عن سؤال كتابي بخصوص توفير دواء Cytotec 200Mg بالمستشفى الإقليمي بزاكورة"
("Response to the written question on the availability of Cytotec 200Mg at the Zagora Regional Hospital"), 15 December 2022, https://www.chambredesrepresentants.ma/fr/%D9%85%D8%B1%D8%A7%D9%82%D8%A8%D8%A9-%D8%A7%D9%84%D8%B9%D9%85%D9%84-%D8%A7%D9%84%D8%AD%D9%83%D9%88%D9%85%D9%8A/%D8%A7%D9%84%D8%A3%D8%B3%D9%80%D8%A6%D9%84%D8%A9-%D8%A7%D9%84%D9%83%D8%AA%D8%A7%D8%A8%D9%8A%D8%A9/%D8%AA%D9%88%D9%81%D9%8A%D8%B1-%D8%AF%D9%88%D8%A7%D8%A1-cytotec-200mg-%D8%A8%D8%A7%D9%84%D9%85%D8%B3%D8%AA%D8%B4%D9%81%D9%89-%D8%A7%D9%84%D8%A5%D9%82%D9%84%D9%8A%D9%85%D9%8A-%D8%A8%D8%B2%D8%A7%D9%83%D9%88%D8%B1%D8%A9 (in Arabic).

[180] Interview in person, 10 November 2022. More on the price range of these tablets is provided in the following chapter.

[181] Interviews in person, 14 October-14 November 2022.

market said that they were given just the pills, without any packaging, labels, written instructions or expiration date.

Rajaa said that the man who sold her pills told her, "Don't contact me ever again."[182] Chaimae said, "Artotec is sold on the underground market but it's risky because they can sell you something they say is Artotec but it might be something else!"[183]

This clearly poses a danger to women's health, aside from the risk of it not inducing an abortion. As they were not given written instructions, interviewees took a wide range of doses at inconsistent time intervals, and used different methods – drinking, dissolving, or using as a suppository. For example, interviewees reported taking three pills over three days; two pills, twice in one day; two pills as suppositories; two orally, three times a day for two days; four or five pills at once; or three pills at once followed by seven pills at half-hour intervals.[184] An activist interviewed by Amnesty International confirmed this trend, adding that on the underground market women are often not given enough pills to respect the medical protocols needed for the medication to be effective.[185]

The threats created by the criminalization of abortion and the failures of the state to provide medical practitioners with a clear regulatory framework have also led many women to seek abortions alone. Chaimae said, "When you are alone in this society, you have to protect yourself on your own and find your own solution if you're pregnant."[186] Ibtissam said that she did not ask anyone for information or assistance or tell anyone she was pregnant except "my friend who is like a sister to me. I didn't ask anyone because I didn't want anyone to know."[187]

Several women said they felt compelled to leave their place of residence and travel to another town or city, often quite far away, to deal with their pregnancy and abortion. When Rajaa learned that she was pregnant, she stayed at a friend's house, and then at her grandmother's house in another part of the city "because [my grandmother] wouldn't figure out that I was pregnant. I couldn't tell my parents; I was too scared."[188]

Some women reported seeking assistance clandestinely from a woman in their community, commonly referred to as *wahed seeda*, who is traditionally known for helping women with unwanted or unintended pregnancies. Several women interviewed sought abortion resources anonymously or with fake profiles on social media. Rajaa said, "I created an anonymous profile on a social media platform and posted in a group for women with problems."[189] As a result, an online vendor swindled her.

6.5 PROHIBITIVE ABORTION COSTS

States must ensure that health services, including safe abortion care, are universally accessible without discrimination.[190] States have an obligation to ensure that abortion services are affordable and economically accessible, by lowering costs, providing financial support and/or public subsidies, and making it free of charge for economically disadvantaged women.[191] Morocco's criminalization of abortion has just the opposite effect – it drives up the costs of abortion methods and of service provider fees, making safe abortion available only to those who can afford it.

Women interviewed gave the following price ranges for the various methods they used:[192]

- Oral methods to self-induce abortion ranged in price from 100 dirhams (US$10) to 4,000 dirhams (US$400). Prices for the herbal mix ranged from 100 dirhams to 400 dirhams, and for pills from 100 dirhams to 4,000 dirhams. One reason for the latter's wide range is the increase in prices for Artotec after it was banned in 2018. Women who obtained Artotec at the pharmacy before the ban said they paid 100-200 dirhams; women reported a tenfold increase after the ban.

[182] Interview in person, 28 October 2022.
[183] Interview in person, 21 October 2022.
[184] Interviews in person, 14 October-14 November 2022.
[185] Interview in person, 10 November 2022.
[186] Interview in person, 21 October 2022.
[187] Interview in person, 14 October 2022.
[188] Interview in person, 28 October 2022.
[189] Interview in person, 28 October 2022.
[190] CESCR, General Comment 22 (previously cited), paras 28, 34, 40, 41.
[191] UN Working Group on the issue of discrimination against women in law and in practice, Report (previously cited), para. 90; CEDAW Committee, Concluding Observations: Germany, 9 March 2017, UN Doc. CEDAW/C/DEU/CO/7-8, paras 37(b), 38(b); CESCR, Concluding Observations: Slovakia, 8 June 2012, UN Doc. E/C.12/SVK/CO/2, para. 24; CEDAW Committee, Concluding Observations: Austria, 22 March 2013, UN Doc. CEDAW/C/AUT/CO/7-8, paras 38, 39.
[192] Interviews in person, 14 October-14 November 2022.

- Abortions obtained with the assistance of a traditional facilitator, *wahed seeda,* cost 1,000-4,000 dirhams. Prices increased depending on whether the methods entailed supervised drinking of an herbal mix, supervised tablet intake, or a combination of supervised oral and physical methods such as inserting an object into the vagina.
- Prices for abortions performed at a private doctor's office or clinic ranged from 1,500 dirhams (US$150) to 8,000 dirhams (US$800). Many women reported that doctors initially asked for more; the women often returned several times to negotiate the prices down, and at times had to use intermediaries.

Chaimae said, "Abortion is [typically] not performed unless someone intervenes with the doctor,"[193] an observation echoed in other interviews. This suggests women need some sort of social capital and support systems, and must tell someone, in order to access an abortion from a medical practitioner. Oumaima said she paid an additional 1,000 dirhams (US$100) to a midwife who had connections with the doctor and accompanied her to the doctor's office.[194]

Additionally, women interviewed reported arbitrary and inconsistent price variations depending on the stage of pregnancy and the woman's marital status. Saloua said that when she first went to the private practice of an obstetrician-gynaecologist to seek an abortion, "The secretary asked if I was married. If you're married the price goes down, because the couple has their paperwork and is not afraid. If you're not married, the price goes up because you did something illegal,"[195] that is, having sexual relations outside of marriage. She added, "It's all about money. The only thing that is important is the money."[196]

The prices cited above are per attempt, per method. The vast majority of women interviewed made numerous attempts to have an abortion, resulting in high cumulative costs. For example, Ghita said she paid 1,500 dirhams for the herbal mix plus 2,500 dirhams for pills.[197] Rajaa said she paid 6,500 dirhams (US$650) for two separate purchases of pills.[198]

These prices are prohibitively high for many women, leading to inequality in access to abortion and discrimination based on class and economic status. In Morocco, the Interprofessional Guaranteed Minimum Wage (SMIG) is 3111,39 dirhams (US$311) per month and the Guaranteed Minimum Agricultural Wage is 2303,08 dirhams (US$230) per month.[199]

Although states must safeguard rural women's rights to health and ensure adequate financing of rural health systems to make them affordable for rural women,[200] Amnesty International's research revealed significant disparities in access to abortion between rural and urban areas, and between different cities.

Hasna, a survivor of rape, said:

> **Here in this town, they won't perform abortions. Women say that in [a city 119km away] you can get an abortion, but I didn't go because you need a lot of money. I didn't know… where to ask for an abortion. I asked how much an abortion in the other city costs, and I didn't have the money to go there. It was very expensive. I didn't know where to go, and I didn't want anyone to find out. If I had had the money, I would have had the abortion [instead of carrying the pregnancy to term].**[201]

Majda said the high-quality abortion she obtained at a private obstetrician-gynaecologist clinic cost her nine months' salary. A subsequent lower-quality abortion she had at a general practitioner's office without any anaesthesia cost her two weeks' salary.[202] Safa said that the 3,000 dirhams (US$300) for an abortion by a traditional facilitator cost her two months' salary.[203]

To cover the high costs of an abortion, some women said they used all their savings, or borrowed from a close friend or relative. An NGO representative told Amnesty International that the traditional facilitator

[193] Interview in person, 21 October 2022.
[194] Interview in person, 28 October 2022.
[195] Interview in person, 25 November 2022.
[196] Interview in person, 25 November 2022.
[197] Interview in person, 14 November 2022.
[198] Interview in person, 28 October 2022.
[199] National Social Security Fund, Morocco, "Quel est e niveau du SMIG actuel?" ("What is the current minimum wage?"), https://www.cnss.ma/fr/content/quel-est-le-niveau-du-smig-actuel (accessed on December 4, 2023), (in French).
[200] CEDAW Committee, General Recommendation No. 34 (previously cited), para. 39(a) and (b).
[201] Interview in person, 14 October 2022.
[202] Interview in person, 21 October 2022.
[203] Interview in person, 28 October 2022.

known for performing abortion in their area has women and girls who cannot afford to pay for an abortion provide domestic services instead.[204] Several women said they were still in debt to their lender years later.

Of the 33 women interviewed, only seven said the man responsible for the pregnancy contributed to the costs of the abortion.[205] The state's policies foster men's abdication of responsibility for pregnancies outside of marriage and fail to ensure affordable abortion care for all women, leaving women to bear a disproportionate amount, if not all, of the cost of abortion care.

Several women interviewed described the significant amount of time it took to gather the funds necessary to pay the high costs of abortion. These delays increased the risk of not being able to find a doctor willing to perform the abortion at a later stage in the pregnancy. Jinan said, "One doctor in my city well known for performing abortions asked for 5,000 dirhams (US$500), so it took us some time to scrape together enough money. When we returned, he refused because I had exceeded two months of pregnancy."[206]

In many instances, women spent huge sums of money on numerous abortion attempts that ultimately were not effective. Farah said, "I lost 15,000 dirhams trying [unsuccessfully] to have an abortion."[207] Yacout said:

> **Since abortion in Morocco is clandestine, that makes it [a] dangerous [affair] and everyone, including doctors, tries to take advantage of that, sometimes asking for ludicrous amounts. Everyone tries to exploit someone who wants an abortion because she is easy prey. She will do anything and believe anyone to find a solution… My own experience seeking an abortion cost me more than 7,000 dirhams [US$700], to no avail. If you want an abortion, it's easy to come across crooks and swindlers, but difficult to find someone who can provide an abortion without risk or just help you.**[208]

Yacout described the "hard sells" that rose to the level of harassment when her colleagues at the factory where she worked discovered that she was pregnant and seeking an abortion.[209] Although she was initially going to purchase pills from one colleague, she decided against it, citing side effects she had heard about, the fact that the pills were smuggled into the country, and fear of being cheated. Yacout said that the colleague then "took revenge on me" by telling everyone at the factory. Three colleagues subsequently offered to sell her pills at prices ranging from 1,500 dirhams (US$150) to 4,000 dirhams (US$400). Finally, she said, "I couldn't take it anymore, so I quit my job."

The criminalization of abortion means that women seeking an abortion are often subjected to fraud, theft and threats to personal security, with no recourse.

Rajaa described how the first time she obtained pills from a vendor she found through social media, he told her to meet him in an isolated neighbourhood in the city.[210] He took 2,500 dirhams and never returned, so she had to start again to obtain the money and find another vendor. Farah said that she sought an abortion at a doctor's office that a friend had told her about.[211] "The nurse asked me for 1,000 dirhams before seeing the doctor, so I paid. When I returned later for the abortion, the nurse told me that the doctor couldn't help me and refused to give me back my money."

As a result of these substantial economic barriers, many women are pushed into ineffective and/or unsafe abortion methods or cannot access an abortion so have to carry the pregnancy to term.

Ouiam said, "I wanted an abortion. I went to a doctor known for performing abortions and he asked me for 10,000 dirhams. I told him that I could only pay 3,500 dirhams, but he refused."[212] Jamila said, "I went to see a woman known in my town for [facilitating] abortions but she asked me for 1,000 dirhams, but I didn't have the money. I went to a general practitioner for an abortion, but he asked me for a huge amount of money, I don't remember how much but all I know is that I didn't have that amount and there was no one who could help me secure [it]."[213]

[204] Interview in person, 28 October 2022.
[205] Interviews in person, 21 October-14 November 2022.
[206] Interview in person, 25 November 2022.
[207] Interview in person, 21 October 2022.
[208] Interview in person, 14 November 2022.
[209] Interview in person, 14 November 2022.
[210] Interview in person, 28 October 2022.
[211] Interview in person, 21 October 2022.
[212] Interview in person, 28 October 2022.
[213] Interview in person, 21 October 2022.

7. HARMFUL CONDITIONS UNDER WHICH ABORTION IS OBTAINED

‘It shouldn’t be this way. Women should be able to go to doctors if they want an abortion.’

Mouna[214]

States must ensure that women do not have to undertake life-threatening clandestine abortions.[215] Abortion is safe when it is performed by a trained provider in sanitary conditions in the case of surgical abortion, or when a person has access to high-quality medication, information and support to undergo a medical abortion. Unsafe abortions are those performed by un- or under-trained providers and/or in unsanitary conditions, or in situations where people are unable to safely undergo a medical abortion due to lack of access to high-quality medication, information or support.[216]

Criminalizing abortion forces women and girls to seek clandestine abortions, frequently in unsafe conditions that subject them to multiple forms of violence and put their lives and health at risk. One of the few studies carried out on abortion in Morocco examined cases between January 1, 2009 to December 30, 2014 at a military training hospital providing care for women following clandestine abortions. In these cases, 65.41% of the clandestine abortions were performed by “traditional birth attendants in deplorable conditions”, 23.51% were in “neighbourhood infirmaries or private practices by personnel not qualified for this act (nurses, general practitioners)” and 11.08% were attempts to self-induce an abortion.[217]

This section examines the substantial risks to women’s life and health posed by repeated and frequently unsafe methods used to obtain a clandestine abortion. It also describes the abuse, economic discrimination and lack of informed consent that women suffer during the abortion procedure when the state fails to meet its obligations to ensure that abortion services are available, accessible, affordable and of good quality.[218]

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[214] Interview in person, 21 October 2022.
[215] HRC, General Comment No. 28 (previously cited), para. 10.
[216] Amnesty International, *Amnesty International’s Policy on Abortion* (previously cited).
[217] Omar Laghzaoui and others, “Avortements non médicalisés: état des lieux à travers une étude rétrospective de 451 cas traités à l’hôpital militaire d’instruction Moulay Ismail Meknès, Maroc” (“Unsafe abortions: Inventory through a retrospective study of 451 cases treated at the military instruction hospital Moulay Ismail Meknes, Morocco”), 25 May 2016, Pan African Medical Journal, Volume 24, Article number 83, https://www.panafrican-med-journal.com/content/article/24/83/full
[218] CESCR, General Comment 22 (previously cited), supra note 1 and paras 11-21.

7.1 REPEATED ATTEMPTS TO SELF-INDUCE AN ABORTION

Amnesty International found that the criminalization of abortion services in Morocco has led to women and girls resorting to a variety of methods to induce an abortion clandestinely. Of the 33 women interviewed, 20 had made at least one attempt to self-induce an abortion. Many of the methods used and documented in this research are unreliable. As a result, 19 women interviewed had made numerous attempts, saying they had used a combination of herbal, pharmaceutical and physical harm methods over several months or throughout the pregnancy.[219]

Ibtissam, for instance, said:

> **Anything people suggested, I did. First, I drank thyme. Then I drank artemisia [a herb]. Then I drank medicine for stomach worms. None of this did anything. Then I put heavy stones on my stomach. Then I climbed up on a windowsill and jumped off. Each time I would do something different.**[220]

Resorting to multiple, unreliable methods to have an abortion places a heightened risk and a financial burden on women, who have to pay for the repeated abortion attempts. Ouiam described how she "drank herbs that cost 150 dirhams [US$15], which didn't have any result."[221] She added, "I used a special belt that I bought for 100 dirhams to hide the pregnancy. I heard about a medicine for rheumatism that helps to abort but I could not find it in the pharmacies. They told me that it was not available in Morocco. I contacted an intermediary to bring it for me and gave him 500 dirhams (in advance, but he disappeared and I was unable to contact him again. I bought an herb you boil and let evaporate into your vagina, but it didn't work. Nothing I tried worked."

Only one woman, Nadia, reported that a self-induced abortion – in her case by drinking an herbal mix – had worked on the first attempt.[222] In total, only four of the women interviewed said that repeated attempts at self-induced abortion eventually worked.[223]

In 14 cases, the attempts failed and the women were forced to carry their pregnancies to term.[224] For example, Ghita spent nearly two months looking online for a way to have an abortion, using different herbal and pharmaceutical methods, and trying to obtain a surgical abortion from a medical professional. When she reached six months "and it was too late," a nurse referred her to an NGO 400km away to stay for the remainder of the pregnancy.[225]

In addition to being unreliable and ineffective, many of the methods women reported using are unsafe and, in some cases, dangerous, particularly when used repeatedly or in combination. Potentially harmful methods described in interviews included misusing pharmaceutical medicines, ingesting different herbal or chemical mixtures, and different forms of physical violence – self-inflicted or committed by another person – in an attempt to end the pregnancy. Three women said they had inserted a razor or long tube into their vagina. Five women reported jumping from a height, such as off a chair, down a staircase, or from a windowsill. Seven women said they punched their stomach or had another person punch or kick their stomach. Three women had attempted to end their own lives. Four women eventually had to go to the hospital for an emergency abortion and treatment for serious health complications following unsafe self-induced attempts,[226] as described in Chapter 8.

Farah detailed her experience:

> **I took all kinds of herbs and anything else that you can drink to have an abortion. I bought herbs from an herbalist, drank them, and got unbearable pains and threw up. I felt that my intestines were being torn apart but I did not have an abortion. One time, I went to my room, took off my clothes and inserted a long stick into my vagina and turned it in all directions, but all I got was a big wound and unbearable pain. I heard that smoking and drinking alcohol is harmful, so I started smoking and drinking alcohol,**

[219] Interviews in person, 14 October-14 November 2022.
[220] Interview in person, 14 October 2022.
[221] Interview in person, 28 October 2022.
[222] Interview in person, 28 October 2022.
[223] Interviews in person, 21-28 October 2022.
[224] Interviews in person, 14 October-25 November 2022. There are 22 instances in total counted in this paragraph because three of the women had more than one experience with an unintended or unwanted pregnancy, and the attempts at self-induced abortions had different outcomes.
[225] Interview in person, 14 November 2022.
[226] Interviews in person, 21 October-14 November 2022.

but to no avail. I jumped and punched my stomach hard and even threw myself down the stairs, but all I got were injuries. I take asthma medicine and read in the notice that it is not recommended for pregnant women, so I started doubling the dosage. For more than five months I tried everything, to no avail. I even considered suicide.[227]

Only six of the women interviewed – Majda, Chaimae, Hanane, Samia, Saloua and Oumaima – went directly to a medical professional, without attempting self-induced methods, and obtained an abortion from the first practitioner they saw.[228]

The denial or delay of safe abortion is a form of gender-based violence that may constitute torture or cruel, inhuman or degrading treatment.[229] The continued criminalization of abortion in Morocco pushes women to resort to unreliable and/or unsafe and potentially dangerous methods, causing further delays to obtaining an abortion, perpetuating widespread and systemic harm and suffering, and jeopardizing women's health and lives.

7.2 PHYSICAL AND MENTAL ABUSE DURING THE ABORTION

Several women interviewed described being verbally or physically abused during the abortion procedure.

Safa said, "When I yelled in pain, the traditional facilitator performing the abortion covered my mouth with her hand and said, 'People will hear you! When you were doing that [having sexual relations] you weren't thinking!'"[230]

Samia told Amnesty International she was sexually assaulted more than once by the doctor who performed her abortion. She said:

[Before the anaesthesia came into effect], the doctor was caressing and kissing my mouth, kissing my face and chest. I don't know what he did to me after the anaesthesia. He did it again [caressed and kissed me] when I went back for the follow-up visit. I was very scared. I didn't tell anyone about it because I needed the abortion, and I didn't want anyone to find out about it… Doctors can do whatever they want.[231]

Oumaima, who also had an abortion at a doctor's office whose specialization she was not certain of, said, "When I woke up from the anaesthesia, my neck and chest had blue marks all over, like bites."[232] She said that she believes that she was sexually assaulted when she was unconscious.

An activist told Amnesty International that through her counselling work she was aware of cases of women who had been sexually harassed and assaulted by doctors who "take advantage of the situation".[233]

7.3 IMPACT OF ECONOMIC INEQUALITY

As the interviews indicate, there are huge disparities in the conditions under which abortions are performed depending on the woman's financial means. Economic discrimination and lack of affordability of abortion methods and related services have a direct impact on the quality of care that women are able to obtain.

Majda, who had had several abortions, said that the differences between her experiences were "due to just one thing, money".[234] One time, she obtained a "good quality" abortion for 6,000 dirhams (US$600) in a private clinic in a city. "There was an obstetrician-gynaecologist and a midwife. I had anaesthesia. They gave me antibiotics. I had no pain, no cramps, and I returned for follow-up care." Changed financial

[227] Interview in person, 21 October 2022.
[228] Interviews in person, 21 October-25 November 2022.
[229] CEDAW Committee, General Recommendation 35 (previously cited), para. 18; CAT Committee, Concluding Observations: Poland, 29 August 2019, UN Doc. CAT/C/POL/CO/7, paras 33(d), 34(e); CAT Committee, Concluding Observations: United Kingdom of Great Britain and Northern Ireland, 7 June 2019, UN Doc. CAT/C/GBR/CO/6, paras 46, 47.
[230] Interview in person, 28 October 2022.
[231] Interview in person, 14 November 2022.
[232] Interview in person, 28 November 2022.
[233] Interview in person, 10 November 2022.
[234] Interview in person, 21 October 2022.

circumstances led her to seek a cheaper procedure that cost 1,200 dirhams at a general practitioner's office in a small town. She said that abortion was performed in a rush without any anaesthesia.

Saloua, who had a relatively high-quality abortion at a private clinic in a city, described the experience: "They gave me a sonogram [ultrasound scan]. Present at the time were the doctor, two trainee doctors and the anaesthesiologist. It was a private clinic, so it was clean, they provide quality services, speak to you nicely, give you whatever you ask for. It took place in the operating room. They gave me medicine afterwards and I had two follow-up visits."[235]

By contrast, Chaimae, who could only afford a mid-range price abortion at a doctor's office, described the lack of privacy – she woke up in a room with other women who had also just had an abortion.[236]

An activist told Amnesty International that several women were frequently packed into the same room during such procedures, and that often the anaesthesiologists do not stay throughout the procedure.[237] She added, "If there's an accident what do you do?"

7.4 INADEQUATE INFORMATION DURING THE PROCEDURE

Informed consent for medical treatment, including for reproductive health services, is a human right.[238] Without full information about treatments and services, women cannot make informed decisions.[239] As the majority of interviews indicate, many women do not receive adequate or accurate information about the means or procedure used for the abortion. Saloua said that even at the expensive private clinic, she wasn't given any information about the procedure or what was going to happen.[240]

When asked, most women interviewed who had had a surgical abortion said they did not know the method used or that they had a "curettage," a general term often used by women in Morocco to refer to surgical abortions.

Oumaima said that she did not know the specialization of the doctor she went to because a traditional abortion facilitator took her there and the doctor gave her little information about the procedure:

> **He told me to come alone in the afternoon when there was no one else there. There was just the doctor and the woman [intermediary] who accompanied me. I had pain at first when they put this device up in me, and the woman who accompanied me to the doctor said it was to 'tear it up'. The doctor didn't talk to me at all. The entire conversation was between him and the woman. They were laughing, I don't know why.**[241]

Nadira said, "The doctor gave me anaesthesia and I had an abortion. I don't know what they did exactly because I was asleep."[242] Samia said that for one of her two abortions, she bought pills from a doctor at a private clinic, which she took at home, alone. When she started vomiting, she called the clinic for information and assistance, "but they told me not to call them again because they were scared."[243]

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[235] Interview in person, 25 November 2022.
[236] Interview in person, 21 October 2022.
[237] Interview in person, 10 November 2022.
[238] UN General Assembly, Right of everyone to the enjoyment of the highest attainable standard of physical and mental health: note by the Secretary-General, 10 August 2009, A/64/272.
[239] UN Special Rapporteur on violence against women, its causes and consequences, Report: *A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence*, 11 July 2019, UN Doc. A/74/137, paras 14, 32, 81.
[240] Interview in person, 25 November 2022.
[241] Interview in person, 28 October 2022.
[242] Interview in person, 21 October 2022.
[243] Interview in person, 14 November 2022.

8. CONSEQUENCES OF CLANDESTINE ABORTIONS

‘Whatever you do, people will blame you. I was blamed because I was pregnant. I was insulted for being pregnant without a husband... Everyone judges and blames you.’

Ilham [244]

Measures introduced to regulate abortion must not violate women’s and girls’ right to life, subject them to physical or mental pain or suffering, discriminate against them, or interfere with their privacy.[245]

Amnesty International identified numerous harmful consequences to women’s physical and mental health and social and economic well-being, in the short and long term, resulting from the failure of the state to ensure access to safe and legal abortion and quality post-abortion care. The state’s failings also leave women at risk of coming to the attention of law enforcement.

Additionally, the harmful consequences of unsafe abortions can lead to women and girls to leave school or quit their jobs. This means the criminalization of abortion ultimately prevents the state from meeting its obligations to eliminate discrimination against women in the fields of education and employment.[246] This perpetuates the cycle of gender-based economic injustice that may have fostered the unintended or unwanted pregnancy and pushed women to seek unsafe clandestine abortions in the first place.

8.1 IMPACT ON PHYSICAL AND MENTAL HEALTH, AND SOCIAL WELL-BEING

As already highlighted, in the context of criminalization of abortion in Morocco, women frequently attempt to induce or obtain an abortion alone, in secret, with no social or family support and little to no professional care or monitoring, using methods that are frequently unsafe and cause substantial suffering. The experience causes physical and mental harm both immediately and in the long term.

The study of cases at a military training hospital providing care for women following a clandestine abortion (see Chapter 7) showed that the care included aspiration and/or curettage (91.3% of patients),[247] repair of vulvovaginal and cervical physical and chemical lesions (22.5%),[248] laparotomy (incision through the

[244] Interview in person, 14 November 2022.
[245] HRC, General Comment No. 36 (previously cited), para. 8.
[246] CEDAW, Articles 10 and 11.
[247] Curettage involves scraping the inside of the uterus to remove tissue.
[248] Treatment of wounds caused to the vagina and/or cervix by physical or chemical methods used to attempt to induce abortion.

abdominal wall) for uterine perforations (3.9%),[249] intestinal wounds and Douglas pouch abscesses,[250] and emergency transfusions for haemorrhaging and acute anaemia (4.8%).[251]

The women interviewed by Amnesty International reported a host of immediate health consequences following unsafe clandestine abortions. Many described symptoms including cramps, pain, nausea, headaches, high blood pressure, vomiting blood, and fever. Women who sought an abortion through a combination of oral and/or physical methods, whether self-induced or performed by a traditional facilitator or doctor, described staying home sick for periods ranging from 15 days to two and a half months.[252]

Ghita was 21 when she attempted an abortion. She took an herbal mix and pills together, at home alone. She said that afterwards, "I spent three days unable to eat or drink. I was dizzy and vomiting, including vomiting blood."[253] Similarly, Ilham described how, after drinking an herbal mix when she was 18, "I didn't feel very well. I couldn't go to work or to school, I couldn't eat, I was vomiting for five days."[254]

Mouna said she could not work for 15 days after a self-induced abortion combining natural and pharmacological substances, the ingredients of which she was not aware.[255] "I stayed home because I was sick and my stomach hurt. Since I couldn't work, a friend gave me some money to help me out."

Soukaina described her experience with self-induced abortion when she was about 17, at home with the man she lived with. It entailed eating 20 pigeons stuffed with harmel and copper sulphide. She recalled:

> **I began feeling great pain and started screaming for help to stop the burning and heat I felt inside. It was hell. His mother heard my screams, and started shouting at us, 'Do you two want to go to prison?' I fainted and didn't regain consciousness until the next morning. I was delirious. I found that they had taken away all of my clothes and blankets soaked with blood…**
>
> **I wasn't able to get out of bed for two and a half months. I suffered so much, and I am still suffering today with pain in my uterus. I didn't receive any medical care. I tried to go home to my mother, but she refused to take me in. My brothers, who had been helping me out financially until then, refused to even speak with me; they insulted me and blamed me for everything.**[256]

Safa, 16 at the time, sought assistance from a traditional abortion facilitator. She said the woman told her to arrive at night so no one would see her, and she went alone.[257] The woman gave her pills and an herbal mix to drink but did not tell Safa what they contained. She added:

> **After five minutes, I had terrible cramps. I became unconscious for I don't know how long. When I woke up, there was blood everywhere. I couldn't get up. I stayed for three days in that house and the woman kept checking me with her fingers.**

Afterwards, said Safa, "I had a fever for two weeks. I wouldn't get up and go anywhere. I was depressed and wanted to kill myself."

The lack of medical supervision and opportunities for fraud created by the criminalization of abortion resulted, for a couple of women interviewed, in unsuccessful abortions.[258]

Rajaa, 23 at the time, returned to her parents' home a week after self-inducing an abortion when she was three months pregnant. "The problem," she said, "is that I had headaches, and certain smells still made me nauseous. Two weeks after the abortion, I felt movements in my stomach and realized I had been carrying twins."[259] With no money to buy expensive pills again, she returned to her grandmother's home. Rajaa said she told her grandmother that she was having problems with her period, and the grandmother gave her an herbal mix to drink three times a day. "I started haemorrhaging and aborted alone in the toilet."[260]

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[249] Surgery to repair tears in the uterus caused by an attempted abortion.
[250] A type of pelvic abscess that is a life-threatening collection of infected fluid.
[251] Omar Laghzaoui and others, "Unsafe abortions: Inventory through a retrospective study of 451 cases treated at the military instruction hospital Moulay Ismail Meknes, Morocco" (previously cited).
[252] Interviews in person, 14 October-14 November 2022.
[253] Interview in person, 14 November 2022.
[254] Interview in person, 14 November 2022.
[255] Interview in person, 21 October 2022.
[256] Interview in person, 28 October 2022.
[257] Interview in person, 28 October 2022.
[258] Interviews in person, 28 October-14 November 2022.
[259] Interview in person, 28 October 2022. A general practitioner who is also a fertility specialist told Amnesty International that this was possible. Two other doctors, a gynaecologist and a general practitioner, also confirmed the plausibility of this happening, with the gynaecologist adding that another explanation could be that the first abortion was incomplete. Interviews in person, 8 November 2022 and 11 November 2022.
[260] Interview in person, 28 October 2022.

Samia described how she had terrible cramps and was tired and sick for 15 days following a surgical abortion performed by a general practitioner who sexually abused her (see above, section 7.2).[261] She went to the private practice of another doctor, who told her that she was still pregnant.[262] That second abortion cost her an additional 4,000 dirhams (US$400), or the equivalent of two month's salary, on top of the 3,500 dirhams that she had paid the first doctor.[263]

Amnesty International found that follow-up care practices after clandestine abortions vary. Both Hanane and Oumaima, who obtained clandestine surgical abortions from medical practitioners, said that they were not given any medication or prescription afterwards. Others, such as Nadira, said that they couldn't afford to buy post-abortion medication: "After the abortion, the doctor gave me a prescription, but we [she and her mother] didn't have any money to buy it. All the money we had we used to pay for the abortion. No one told me to return to check if everything was alright, or in case I had an infection or something."[264]

The criminalization of abortion deters women from seeking post-abortion care in cases of complications, and from sharing information about the abortion as part of their medical history. This could lead to possible misdiagnoses when seeking care for potential complications, and improper treatment for other medical conditions. Mouna, for instance, sought assistance from a doctor in a nearby town after she was sick for two weeks following a self-induced abortion. "He gave me painkillers. I didn't tell him I had had an abortion."[265]

Women interviewed who sought medical care for post-abortion complications without disclosing that they had had an abortion said that practitioners diagnosed them with and treated them for cysts, "menstrual problems" or food poisoning. The women said they were unsure whether the medical staff knew that they had had an abortion, and just wanted to avoid talking about it as it is illegal in Morocco.[266]

When Rajaa's haemorrhaging did not stop after her second attempt at a self-induced abortion, her mother, who did not know she had been pregnant, took her to the public hospital. Rajaa said, "They gave me a painkiller and said it was just my period. But when we left, my mother said to me, 'It's not your period'."[267] Rajaa and her mother then went to a gynaecologist's private clinic. Rajaa did not tell the gynaecologist about the abortion. Rajaa said the gynaecologist did an X-ray and said that she couldn't see anything other than blood in the uterus and suggested that perhaps it was a cyst. Rajaa said the gynaecologist gave her pills "to eliminate all of the blood" and an intimate hygiene gel.

In the longer term, many women interviewed told Amnesty International that they suffered depression, anxiety and suicidal thoughts. An NGO representative who operates in a medium size city reported that in 2021, they recorded eight cases among their pregnant clients who attempted suicide because they couldn't obtain an abortion.[268]

The WHO estimates that approximately 1.7 million women worldwide develop secondary infertility annually owing to unsafe abortions.[269] Several women interviewed attributed their subsequent difficulty in getting pregnant to previous unsafe abortions.

Mouna told Amnesty International that three years after her abortion, "I have not been able to get pregnant with my new husband. I went to a doctor for help and told him I had had an abortion, and he told me that I shouldn't have had sex outside of marriage and I shouldn't have had an abortion."[270]

Majda said, "I have been trying to get pregnant but have had two miscarriages. I want to have a child, but I can't."[271]

Due to the physical health consequences of the clandestine abortion, several women told Amnesty International that they were unable to complete school, had to leave employment and/or move, which in turn affected their mental health and economic wellbeing.

Rajaa said, "I dropped out of school for a year. I left my city for a year because it was a dark spot in my life."[272] Ghita said she was "sick for two months and eventually quit my job."[273] Nadia said, "I stopped

[261] Interview in person, 14 November 2022.
[262] Interview in person, 14 November 2022.
[263] Interview in person, 14 November 2022.
[264] Interview in person, 21 October 2022.
[265] Interview in person, 21 October 2022.
[266] Interviews in person, 21-28 October 2022.
[267] Interview in person, 28 October 2022.
[268] Interview in person, 3 November 2022.
[269] WHO (2007), Unsafe abortion: global and regional estimates of incidence of unsafe abortion and associated mortality in 2003, https://apps.who.int/iris/handle/10665/43798, p. 5.
[270] Interview in person, 21 October 2022.
[271] Interview in person, 21 October 2022.
[272] Interview in person, 28 October 2022.
[273] Interview in person, 14 November 2022.

studying immediately after I found out I was pregnant, and after the abortion I couldn't bring myself to return to school. I quit my studies and my dreams."[274]

Oumaima said she was sick for 20 days after the abortion and "that's why I left school".[275] She was tired all the time and told her family that she had heart and stomach problems. "If they knew, they would have locked me up at home and they wouldn't have let me attend the NGO vocational training programme I'm currently in. For a long time afterwards, I couldn't eat, I didn't want to go out."

Safa told Amnesty International, "I had to quit my job because the pregnancy made me tired."[276] After the abortion she decided to leave the city where she was working and return home because "what I experienced there stayed with me. I am anxious and still have pain [six years later]. I went to a doctor for it but didn't tell him about the abortion." She didn't tell her family about the abortion because, "If they knew, they would kill me without hesitation."

8.2 POOR QUALITY SERVICES AND ILL-TREATMENT DURING EMERGENCY CARE

The criminalization of abortion forces women to attempt unsafe clandestine abortion methods, place their life and health at risk, and undergo much pain and suffering, before they can obtain professional medical care. Women interviewed by Amnesty International described how they were treated when they sought emergency care after an attempted unsafe clandestine abortion. This included the absence of information, abuse from medical staff, poor quality care, lack of privacy and, in one instance, a police interrogation.

Majda had not known she was pregnant until she was five months along because she was still menstruating.[277] After two doctors refused to perform an abortion, she sought help from a woman known for assisting with abortions.[278] The woman used various methods to induce the abortion, including herbal suppositories and insertion of a tube into the vagina. She described what followed:

> **I had cramps for four days, but the abortion didn't happen. I went to the public hospital in [my town] and didn't tell them I had attempted to have an abortion. They weren't able to provide the necessary medical care here. The nurse told me, 'Why did you come here? You should have gone to a private clinic if you wanted the pain to stop.' I was haemorrhaging. They took me to the public hospital in [a city 30 minutes away]. From 1am to 6am I was left there alone, naked. No one came to see me. I left the hospital at noon, after they finished the procedure. I couldn't work for 40 days afterwards. My family didn't know. I told them I had a cyst.**[279]

Following a self-induced abortion that combined herbal and pharmaceutical methods by a woman known for facilitating abortion in her town, Nadira had severe bleeding and went to the public hospital: "They did the abortion on the basis that the pregnancy ended itself. The doctor asked me if I had done anything that caused the bleeding, and I denied it. The doctor performed the abortion without any anaesthesia. He didn't ask anything and didn't explain anything about my health or what I should do after the procedure."[280]

A gynaecologist in a small city explained to Amnesty International that the only time the public hospital where they work performs abortions is when women or girls have already attempted to induce or obtain an abortion clandestinely and come to the hospital with complications from an incomplete abortion.[281] In that situation, the gynaecologist said, they "finish" the abortion as a medical emergency. He also cited treating complications from clandestine abortions that included haemorrhaging, a perforated uterus and infections. He added that some women inform the hospital staff that they have attempted a clandestine abortion elsewhere; however, on such occasions, he said, the staff often tell the woman's or girl's relatives that she had a cyst.

[274] Interview in person, 28 October 2022.
[275] Interview in person, 28 October 2022.
[276] Interview in person, 28 October 2022.
[277] Interview in person, 21 October 2022.
[278] Interview in person, 21 October 2022.
[279] Interview in person, 21 October 2022.
[280] Interview in person, 21 October 2022.
[281] Interview in person, 14 October 2022.

International human rights standards require states to provide immediate and unconditional treatment for people seeking emergency medical care, including after an illegal abortion.[282] Such care may not be given as evidence in proceedings against a woman or providers and may not be conditioned on women's subsequent cooperation with a criminal investigation.[283] States must ensure that women have access to emergency medical care, including post-abortion care, without fear of criminal penalties or reprisals.[284]

Under Moroccan law, medical professionals are not liable for a breach of professional secrecy if they voluntarily report abortions they are aware of, and are obligated to testify if subpoenaed by a court.[285] Both a public hospital social worker and a gynaecologist working in a public hospital in a small city told Amnesty International that their hospital does not report these cases to the police.[286] The gynaecologist also said that he wasn't aware of any cases where doctors were subpoenaed or compelled to give testimony related to abortion following treatment for an incomplete abortion.[287]

However, in one of the four court decisions reviewed by Amnesty International, a woman was prosecuted under the abortion provisions after staff at a public hospital notified the authorities when she came to the hospital haemorrhaging following a clandestine abortion.[288] In an interview with Amnesty International, Kaoutar described being interrogated by the police at the hospital during post-abortion care.

[282] UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the Human Rights Council, 5 January 2016, UN Doc. A/HRC/31/57, para. 72(d).
[283] UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report, 3 August 2011, UN Doc A/66/254, para. 30.
[284] UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the Human Rights Council, 2013 UN Doc. A/HRC/22/53, para. 90.
[285] Morocco, Code Pénal, 1962, Article 446, amended on 22 February 2018.
[286] Interviews in person, 14 October 2022.
[287] Interview in person, 14 October 2022.
[288] Meknes Court of Appeals, *Criminal court decision 2561*, 5 June 2017, on file with Amnesty International.

THE STORY OF KAOUTAR

Kaoutar, aged 29, underwent repeated forced abortion attempts by a violent partner that lasted over six months and included beatings and forcing her to consume herbs and pharmaceuticals. She spoke at length to Amnesty International:[289]

"One day I felt something strange starting to come out of me. I asked for help anonymously online in a group on social media. Someone replied that he was a doctor and could help me. For 5,000 dirhams [US$500] he said that he could come to my house from another city 94km away, with all of the necessary equipment to perform the abortion at my home. I told him that I didn't have that amount of money and that I couldn't have an abortion at home. He said I could come to his home for 1,000 dirhams, on the condition that I didn't tell anyone and that I came alone… This scared me... When I replied that I didn't want to come alone, he insulted me and called me names for wasting his time.

"I was scared. I was terrified. I didn't know what to do. I was scared to go to the hospital because they would call the police. Without money or connections, the police and the health services will treat you like a dog. In the end, I was forced to make a choice between my health or my reputation, so I chose my health. I went to the public hospital and the staff said they couldn't see me until the police arrived. The hospital staff also said that they had to call my family before they could go ahead with the procedure, so I lied and pretended that I had no one because I was afraid of my mother's reaction.

"As soon as the police arrived, they interrogated me before the doctor even examined me. They asked me, 'Who is the father? How did you get pregnant?'

"After a nurse took me for a sonogram and measured my blood pressure, she took me to a room where there was a doctor and the two policemen who had interrogated me. The pain of the insults and injury to my dignity hurt more than the pain of the doctor pulling with his hand with all of his force, especially since the police were still with us in the dirty room."

According to Kaoutar, the doctor told her that he "couldn't complete the work with just his hands." Kaoutar said that if the anaesthesiologist hadn't intervened, the doctor would have performed the abortion without anaesthesia. Kaoutar said that the anaesthesiologist yelled, "Is it because she doesn't have the financial means that you don't want to give her anaesthesia?" Kaoutar said that she was administered the anaesthesia and the next thing she knew she was lying in a bed full of blood and with nothing covering her.

"As soon as I woke up from the anaesthesia, I found the two policemen waiting to interrogate me. I was in a shared room with a group of other women, and the policemen started to interrogate me in front of everyone: 'Who is the father? Where did you meet him? Where did you sleep with him, at home or in the street? Why did you sleep with him?' And other embarrassing questions in front of everyone.

"Because of this scandal I'm afraid to run into people on the street because I'm sure that some of them were at the interrogation or heard about it."

Kaoutar doesn't know the outcome of the police interrogation. The fact that her violent partner was not arrested suggests that any inquiry focused on her sexual relations outside of marriage and not on his violence to force an abortion.

"I just wanted to escape from the hospital because everyone looked at me like the whore who miscarried, but the doctor insisted that I stay for 24 hours. They didn't give me any medicine, just a prescription. I didn't buy it because I couldn't afford it and I didn't even know what it was. After my discharge, I was in a lot of pain and had an infection that wouldn't heal."

[289] Interview in person, 14 October 2022.

9. IMPACT OF BEING FORCED TO CARRY PREGNANCY TO TERM

‘I would have liked to be able to have an abortion without anyone knowing. My life would not be the hell it is now.’

Jamila[290]

By failing to ensure available, accessible, affordable, acceptable and good quality reproductive health services, including abortion, the state effectively forces women to carry pregnancies to term.

In a context of lack of protection from gender-based violence, criminalization of sexual relations outside of marriage, and legal discrimination against unmarried women and their children, the criminalization of abortion fuels and propagates multiple forms of gender-based discrimination and violence against women and perpetuates and exacerbates women’s social exclusion and economic deprivation.

This chapter describes the numerous harms and human rights violations committed against unmarried women and their children in Morocco.

9.1 FORCED TO RELOCATE DUE TO THREATS OF VIOLENCE

The criminalization of abortion combined with the lack of effective protection from gender-based violence compelled many women interviewed who had effectively been forced to continue their pregnancies to term to move to another city and/or live in hiding to escape threats of violence from their families. The women had experienced continuous threats of violence even after childbirth, in some instances for years. This means that the state’s abortion policies leave some women at heightened risk of homelessness, an extreme violation of the right to adequate housing.[291]

When Hasna was unable to obtain an abortion, she went to live at an NGO shelter for the last six months of her pregnancy. She said:

[290] Interview in person, 21 October 2022.
[291] CESCR, General Comment 4: The right to adequate housing (Article 11(1)), 1991, UN Doc. E/1992/23, para. 7.

When I was [at the NGO shelter] my family who [lives in the same small city] didn't know. They thought I was somewhere far away working. I never went out or left the shelter. When I went to the hospital to give birth, I covered up to disguise myself.[292]

Lina said that when her attempts to induce an abortion did not work, she had to carry the pregnancy to term. "To avoid being assaulted by my brothers, I moved to a town 68km away and lived with acquaintances until I gave birth."[293] Ilham started wearing large clothes "so that no one would notice my pregnancy. I was very scared of my brothers. I left home and went to a large city 96km away because no one knows me there."[294]

Jamila told Amnesty International:

I hid my pregnancy and wore large clothes so that my pregnancy wouldn't be apparent. When I was seven months pregnant my mother found out and threw me out of the house, claiming that my brother would kill me if he knew. I went to a city 30km away where I was in the street.[295]

After a couple of days there, a woman offered to take Jamila to her home 145km away, where she stayed in exchange for domestic work until she returned to her hometown 15 days after giving birth.[296]

Amina was living in an NGO shelter at the time of the interview and was nine months pregnant. She told Amnesty International that when her father found out that she was pregnant, he threw her out of the house.[297] She said that when her mother tried to help her, her father threw her mother out as well, and only let the mother return on the condition that she did not help Amina. "For him, my place is in prison and not with them."

One of Ibtissam's relatives discovered that she was pregnant at five months and told her family. Ibtissam went straight to an NGO shelter. She recalled:

I didn't want to go home. I was afraid of my brother. My father told my aunt, 'If I see her, I'll cut her throat. My aunt came to the NGO shelter and told the staff not to let my father or brother in to see me. No one except my aunt knows where I am.[298]

Other than NGO-run shelters or (rarely) staying with friends, there are very few housing options open to women forced to carry their pregnancy to term. The gender-based discrimination fuelled by the criminalization of sexual relations outside of marriage and the lack of an effective state response to violence against women place unmarried women with children at a disadvantage when seeking housing and at risk of abuse and exploitation.

Amina said, "I tried to find a job and to rent a place to live to not be in the street, but no one wanted to hire me in my condition or rent me a room. I was harassed, and certain people offered to help me in exchange for sexual relations."[299]

Samia, living in a city 340km from her family, did not see them or tell them she was pregnant until four years after she gave birth. "My father wouldn't have accepted it."[300]

Jamila described how, once she had given birth, "my mother refused to see me or even talk to me, she ignored me as if I didn't exist. My brother attacked me in the street and hit me. My family didn't want me to return to our town."[301]

Hasna said, "I am still afraid of my six brothers, that if they found us [her and her two-year-old child] they would beat me. My brother told my sister, 'If I find her, I will kill her and her daughter'."[302]

[292] Interview in person, 14 October 2022.
[293] Interview in person, 25 November 2022.
[294] Interview in person, 14 November 2022.
[295] Interview in person, 21 October 2022.
[296] Interview in person, 21 October 2022.
[297] Interview in person, 14 October 2022.
[298] Interview in person, 14 October 2022.
[299] Interview in person, 14 October 2022.
[300] Interview in person, 14 November 2022.
[301] Interview in person, 21 October 2022.
[302] Interview in person, 14 October 2022.

9.2 INADEQUATE OR NON-EXISTENT MEDICAL CARE

Being forced to relocate to another city also creates barriers to receiving medical care during the pregnancy. Isolated, deprived of social and economic resources, and under the threat of criminal prosecution for sexual relations outside of marriage, several women told Amnesty International that they never saw a doctor during their pregnancy.

According to NGO representatives who were interviewed, in practice public hospitals frequently ask that people seek care from a facility located in their place of legal residency. [303] Given that many women and girls forced to carry pregnancies to term flee their home towns and/or live in NGO shelters, they cannot produce proof of residency and are at risk of being turned away from the public hospital in the new location.

As one NGO representative said, "Women and girls run away from home, and then can't go to the hospital to get medical care for themselves or their children, because their national identity card doesn't show that their official place of residence is here."[304] In these instances, NGOs play a critical role by intervening with local health authorities to provide access for women and girls to the public hospital.

As is clear, Morocco is not meeting its obligations to guarantee all women, including those from marginalized groups, available, accessible, acceptable and good quality maternal health services, free from discrimination.[305]

9.3 EXPOSURE TO CRIMINAL PROSECUTION

The criminalization of abortion places unmarried women at the additional risk of being prosecuted, charged with and possibly imprisoned for sexual relations outside of marriage.

Three women interviewed by Amnesty International had been convicted of sexual relations outside of marriage as a direct result of their inability to obtain an abortion and having to carry the pregnancy to term.[306] Unmarried and pregnant women forced to carry a pregnancy to term often come to the attention of the authorities when they seek assistance from public services, as is their right, mainly if they file a complaint of violence against a partner or go to a public hospital to give birth.

Kaoutar became pregnant a second time by a violent partner who had forced a host of unsafe abortion methods on her during a previous pregnancy, leading to a painful and humiliating hospital experience. She described what happened the second time around:

> **I did not want to go through the same suffering I sustained physically and to my dignity as before, so I refused to take the pills he brought me. When the violence escalated, I went to the police and filed a complaint for violence. The police gave him a warning and he no longer touched me. But at the same time, [authorities] prosecuted me for *fasad* [sexual relations outside of marriage]. They asked me to go to the police station immediately after giving birth, where they treated me in a humiliating way. One of the officers told me that they deliberately treated me in an insulting way so that I would never [have sexual relations outside of marriage] again.**
>
> **The prosecutor told me that he wouldn't send me to prison, and I only had to pay 100 dirhams (US$10). I don't know why, and nobody explained anything to me. Nobody told me that the accusation of *fasad* was noted on my file until I was surprised by the looks and the words of a Civil Status Registry officer when I wanted to register my son. To this day, no matter what public administration I go to, I find the word *fasad* attached to me…**
>
> **I am still suffering. I suffer to protect my son, to fit in among people without contemptuous looks and insults. I can't get a job because the crime of *fasad* in my record precedes me wherever I go. I have to accept whatever work is available for cases like me. Sometimes I work in houses or anything whatsoever to not have to beg and to be able to support myself, my son and my mother. Right now, I**

[303] Interviews in person, 3 and 14 November 2022.
[304] Interview in person, 3 November 2022.
[305] CESCR, General Comment 14: The Right to the Highest Attainable Standard of Health (Article 12), 11 August 2000, UN Doc. E/C.12/2000/4, paras 12, 21; CEDAW Committee, General Recommendation 24, (previously cited), paras 26, 27; CESCR, General Comment 22 (previously cited), paras 15, 24, 43, 62, 63; CESCR, General Comment 20: Non-discrimination in economic, social and cultural rights (Article 2), 2 July 2009, UN Doc. E/C.12/GC/20, paras 20, 29, 35.
[306] Interviews in person, 14 October and 28 October 2022.

have a precarious job working for 1,000 dirhams [a month] in a café… How am I supposed to raise this child?[307]

Ouiam's experience is another example of revictimization by a justice system that should have protected her. When Ouiam's numerous attempts to induce an abortion failed, she eventually went to the gendarmerie and filed a complaint, stating that she was pregnant and that the biological father did not want to acknowledge paternity.[308] Both she and the man responsible for the pregnancy were arrested; she was charged with sexual relations outside of marriage and he with "adultery".[309] However, the man's wife waived the prosecution, and he was released.[310] In contrast, Ouiam was convicted and sentenced to four months in prison, reduced on appeal to three months and a 150 dirhams (US$15) fine.[311] She recalled:

I was sent to a prison in a town about 70km from my village. For two months I did not see a doctor or any other health provider. I was treated by the prison staff as if I were an animal… [Then a new prison director arrived] and gave orders for [pregnant women] to be cared for by a doctor. I did not go out enough to get fresh air or sunshine or to walk. I suffered severely from the pregnancy symptoms with no help, in addition to the harassment [from other prisoners] and the living conditions in a prison. When I was released, I had to go home to my mother and put up with her mistreatment and everything she did to me, but I was eight months pregnant, with nowhere else to go, no money, and no job. I gave birth 20 days after I was released. If my sentence had not been reduced on appeal, I would have given birth in prison.[312]

Amal said she was convicted of sexual relations outside of marriage after she birth at the public hospital.[313] She received a four-month suspended sentence and was likely spared prison by the intervention of an NGO and its lawyer. The man responsible for the pregnancy was not prosecuted because his wife "forgave him" under the "adultery" provisions in the Penal Code.[314]

As described above, women convicted of sexual relations outside of marriage have a criminal record that compounds their ostracism and prevents them from obtaining employment, exacerbating the structural discrimination and economic deprivation they already suffered when they became pregnant.

Jinan said she had to turn to sex work to support herself and her child, and as a result she spent one year in prison. "Everything that happened to me is because I was forced to have a child that I didn't want."[315]

9.4 ABUSE AND VIOLENCE DURING CHILDBIRTH

States must guarantee women the right to be free from violence when seeking maternal health services. The failure to prevent abuse and disrespect of women in health facilities during childbirth and to protect them against it amounts to cruel, inhuman and degrading treatment.[316] The UN Special Rapporteur on violence against women, its causes and consequences, refers to violence against women during childbirth in health facilities as "obstetric violence", which includes "unsafe care, disrespect, verbal and physical abuse and humiliation, and mistreatment".[317]

Women who were interviewed for this report described several of these forms of violence, fuelled by the criminalization of sexual relations outside of marriage and the subsequent stigma and social exclusion perpetuated on pregnant unmarried women.

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[307] Interview in person, 14 October 2022.
[308] Interview in person, 28 October 2022.
[309] Interview in person, 28 October 2022.
[310] Interview in person, 28 October 2022.
[311] Interview in person, 28 October 2022.
[312] Interview in person, 28 October 2022.
[313] Interview in person, 14 October 2022.
[314] Interview in person, 14 October 2022.
[315] Interview in person, 25 November 2022.
[316] UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the Human Rights Council, 5 January 2016, UN Doc. A/HRC/31/57, para. 47. See also HRC, Concluding Observations: Nigeria, 29 August 2019, UN Doc. CCPR/C/NGA/CO/2, para. 22; CESCR, Concluding Observations: Kenya, 6 April 2016, UN Doc. E/C.12/KEN/CO/2-5, para. 53; CAT, Concluding Observations: Kenya, 19 June 2013, UN. Doc. CAT/C/KEN/CO/2, para. 27.
[317] UN Special Rapporteur on violence against women, *A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence* (previously cited).

Amal, who was not married when she became pregnant, recounted how she had worn large clothes to hide her pregnancy and her family only learned she was pregnant when she went into labour.[318] She recalled:

> **When I had cramps for two or three days, my mother and brother took me in an ambulance to the hospital in a small town nearby. [My mother and brother] didn't know until the doctor there told my mother I was pregnant. [The hospital staff] had to stop my [younger] brother from coming into the hospital. He was outside the hospital yelling, 'I will kill her'…**
>
> **The hospital staff asked me for my [marriage certificate]. My mother and brother left, and I stayed in the hospital by myself for two days. The nurses wanted money from my family to take care of me, for me to eat. My sister got money from her husband and gave it to my aunt, to give to the nurses, but my aunt kept the money for herself. No one gave the nurses money to take care of me.**

Amal told Amnesty International that when she was unable to show the hospital a marriage certificate, they notified the police. "The police interviewed me at the hospital, asking me, 'How did this happen' and 'where did you used to go with him?' One of the nurses said to me, 'You [unmarried women with children] are not good.' I had to have a caesarean section and stayed in the hospital for eight days because I didn't have anywhere to go." An acquaintance was a relative of a staff member at an NGO shelter, and Amal was referred to that NGO. She went to the shelter with the baby straight from hospital and lived there for two years and five months.

Samia had gone to a hospital from an NGO shelter for unwed mothers where she was staying. "I will never forget the hospital. They weren't good to me at all. I had terrible cramps and was lying on the floor giving birth. The doctor told me, 'When you were lying on your back you were pleased with the situation and now you're not. You brought this in from the street'."[319]

The birth was an additional trauma for Nisrine, who has a speech and hearing impairment and was raped by a neighbour (see sections 4.1 and 5.4 above). She described how the nurses forced her legs open during labour. Two years later, at the time of the interview, she was still living at the NGO shelter with the child.[320]

Some women described to Amnesty International the inadequate and poor conditions at the public health facilities where they gave birth. Farah said she had an infection and injuries from the attempts to induce an abortion through self-mutilation. During childbirth, "I was in intense pain because my vagina was in a terrible condition. It was a difficult childbirth. They [the hospital staff] made an incision with a razor in my vagina for me to be able to give birth, and then sutured the wound without anaesthesia."[321]

Ouiam, who had been released from prison 20 days earlier following a conviction for sexual relations outside of marriage, went into labour at home. She told Amnesty International that she was in great pain, but her mother struggled to secure transport to take her to the hospital so she ended up giving birth at home with the help of her mother and aunt.[322] She had severe bleeding and no one could be reached to help because it was a religious holiday. Her mother elicited an NGO's help, who ultimately managed to secure transport to a hospital. She added that the village's public clinic refused to admit her on the grounds that they lacked the means to treat the haemorrhaging, and she was subsequently taken to a hospital in a nearby city.

Ouiam described how after treating her, hospital staff put her in a room with three beds, and there were already three other women there with their children. "So, my son and I shared a bed with another woman and her son. There were four of us in the same bed; we slept head to toe. I had to change my son's diapers on the floor. I didn't receive any help from anyone…"[323]

9.5 ECONOMIC EXCLUSION AND POVERTY

The criminalization of abortion also jeopardizes women's ability to exercise their right to work.

Several women who were forced to carry pregnancies to term told Amnesty International that after childbirth they were unable to obtain or were forced to quit their job, either because of the state's failure to provide adequate day childcare services or prevent employment discrimination against single women with children.

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[318] Interview in person, 14 October 2022.
[319] Interview in person, 14 November 2022.
[320] Interview in person, 14 October 2022.
[321] Interview in person, 21 October 2022.
[322] Interview in person, 28 October 2022.
[323] Interview in person, 28 October 2022.

Ilham said that she had to quit her job at a café when the manager told her she couldn't come to work with her child, and she couldn't afford to pay someone to watch her child. "Everything I earned wasn't even enough to be able to eat and buy milk for my daughter. I couldn't find another job even though I looked every day. Everyone refused to hire me once they saw my child with me."[324]

Amal said, "I have no money. I had a job but this month I had to stop working because I don't have anyone to take care of my son [while I work]."[325] Hasna said, "I don't work because I don't have anywhere to leave [my daughter] to go out to work."[326]

Esther said that after she gave birth, she found short-term employment in housekeeping and on a farm, but that in three different cities she had to quit her job because she did not have childcare.[327] She added:

> **[At times], I didn't find anything for me and my child to eat. I had no support or help, I lived in the street. I didn't come here to beg, and I refuse to do so. If I hadn't been forced to have a child, I would not be in this situation. I can work hard, and I have confidence in my ability to succeed from nothing, but with a child no one wants to give me a chance.**

The social exclusion caused by the criminalization of sexual relations outside of marriage also perpetuates the economic exclusion of women forced to carry pregnancies to term. Further, as noted previously, women convicted of sexual relations outside of marriage face additional barriers to employment created by a criminal record. Ouiam, who was convicted and sentenced to time in prison for having sexual relations outside of marriage, said:

> **I stopped working because of the pregnancy and prison, and [now] no one wants to hire me. Even the association in my area that gives women income-generation training refused to accept me because I am seen as shameful for the rest of the women participating [in their programme] and [I am perceived as someone who] will give the association a bad reputation…**
>
> **As an unwed mother I am considered the dark spot or the shame of our village. No one wants to talk to me or be with me. I am denied participating in the local associations' activities or benefitting from their services. Even today, coming here [to the interview], I was waiting for a taxi next to a woman from my village, and another woman said to that woman, 'Don't you have anything better to do with your life than being with that one?'…**
>
> **I live in terror in my village, no one speaks to me… The people of the village treat me worse than ever. No one talks to me anymore, [people] repeatedly say, 'She's bad, you must not talk to her, or you will become dirty'… Nobody wants to hire me, even at the farms they tell me, 'You're a whore and we don't want you with us. We'll have only misfortune and problems with you [among us].'**[328]

Nezha, who got pregnant after she was raped and is now raising her four-year-old son, spoke of the economic burden that was placed on her even though not a single decision in relation to her pregnancy was her own. "I have suffered a lot. I lived the pregnancy in difficult conditions. I didn't want to keep the child. I didn't even want to have this child or be pregnant. I was raped. Now my biggest worry is where am I going to find the money to take care of him and how am I going to raise him?"[329]

9.6 TRAUMA UPON TRAUMA

Many women interviewed by Amnesty International described the suffering and mental health harm they experienced due to being forced to carry a pregnancy to term. They were forced to choose between assuming exclusive responsibility of raising the child in a context of social and economic discrimination and deprivation, or the additional trauma of being forced to abandon the child.

Zahra said:

> **I'm terrified of this responsibility that I didn't want and still don't want. I can't even talk about my desire to escape this responsibility because everyone tells me to be the mother who takes care of her**

[324] Interview in person, 14 November 2022.
[325] Interview in person, 14 October 2022.
[326] Interview in person, 14 October 2022.
[327] Interview in person, 25 November 2022.
[328] Interview in person, 28 October 2022.
[329] Interview in person, 14 October 2022.

children. I tried to kill myself several times. I feel like I am in the middle of a labyrinth and can't get out.[330]

Jamila said that her struggle to find work after giving birth compelled her to give her infant away:

I held out for five months, but often no one wanted to hire me. My son was starving. He was hungry, and we had nothing to eat. I had no milk to breastfeed him, and I had no money to buy him milk. Sometimes I begged to be able to buy him milk. In the end, for his sake so that he wouldn't starve, I gave him up to a Moroccan couple living abroad so that they could take care of him. It was very difficult for me after he left. I was sick for more than a month and couldn't even get up out of bed.[331]

Ouiam told Amnesty International that when was unable to obtain an abortion, her only option was to live in an NGO shelter for five months until she gave birth.[332] Once she gave birth, she decided to place two of her children, the newborn and a three-year old child, in an orphanage, where they still lived at the time of the interview five years later. She said that she made that decision because the children were born outside of marriage and she wanted to prevent them from being mistreated in the community.

When an unmarried woman or girl goes to a public hospital to give birth, the hospital notifies the local authorities.[333] A social worker told Amnesty International that law enforcement comes to the hospital in theory to prevent child abandonment.[334] Law enforcement asks the woman or girl if she wants to keep the child or turn the child over to what many women and NGO representatives who were interviewed referred to as "the association at the hospital" that facilitates placement of children (for *kafala*).[335]

Lina told Amnesty International that she has been grappling with the trauma of being forced to abandon her child and that she thinks about it every day.[336] Farah described how right after the birth she gave the baby to a family and completed the "necessary formalities." She added:

Abandoning my daughter after having seen her and held her is hell. But I couldn't keep her because I have no job, and I lost my health. I lost more than 20kg from the abortion attempts, my stomach was badly affected by everything I tried to drink, and I still suffer from urinary pain and pain in my uterus. My life has been ruined and society is unforgiving. My life has become hell.[337]

9.7 CHILDREN WITHOUT LEGAL IDENTITY

Morocco's Family Code only recognizes "legitimate" paternal filiation, by which children are attributed to a man when he is legally engaged or married to the biological mother at the time of conception. "Illegitimate" or "natural" paternity does not exist in Moroccan law, and children born to unmarried women gain no rights from their biological fathers, such as the right to bear his name, receive financial support or inherit.[338]

Both the 2002 and 2021 Civil Status Codes also discriminate against children born out of wedlock. They do not guarantee unmarried women the right to obtain a family booklet, where they could register their child's birth, independent of a legal husband or her own father, depriving such children of a legal identity.[339]

The family booklet is required to obtain other official papers attesting to legal identity and civil status. These include an official birth, marriage or residence certificate, a National Identity Card, a passport, a driver's licence, free medical care and other social services, legal aid assistance in courts, and a vaccination booklet. The family booklet is also necessary as proof of identity to obtain employment, be admitted to hospital, start

[330] Interview in person, 14 November 2022.
[331] Interview in person, 21 October 2022.
[332] Interview in person, 28 October 2022.
[333] Law No. 15-01 relating to the care (*kafala*) of abandoned children subjects any person who voluntarily refrains from providing an abandoned newborn with assistance or care or from informing the police, gendarmerie or local authorities of the place to criminal sanctions provided for in Penal Code Article 431. The latter punishes non-assistance to a person in danger with three months to two years' imprisonment and a fine of 2,000 to 10,000 dirhams (US$200 to 1,000). Morocco, Loi n° 15-01 relative à la prise en charge (la kafala) des enfants abandonnés (Law 15-01 related to the care (*kafala*) of abandoned children), 2002, https://adala.justice.gov.ma/adala/new_fr_pdf/090bce8c6b96f4767e001d9c78f7e76d8dc80154569e93a3e6df5fa8c282b6e3.pdf.
[334] Interview in person, 14 October 2022.
[335] Interviews in person, 14 October-14 November 2022.
[336] Interview in person, 25 November 2022.
[337] Interview in person, 21 October 2022.
[338] Morocco, Code de la Famille, 2004, Articles 142-162.
[339] Morocco, Loi relative à l'état civil (Law on Civil Status), 2002 ; Morocco, Loi relative à l'état civil (Law on Civil Status), 2021.

a business, purchase a home or other property, get married, open a bank account, and enrol children in school.[340]

Ouiam said,

> **I wanted to get [identity] papers for my son but was refused. I applied for acknowledgment of paternity and was also refused. Since I gave birth at home with only my mother and aunt present, not even a midwife, it was difficult to obtain a birth certificate. No one from my village wanted to testify that I gave birth at home.**[341]

Ilham said that she was unable to register her child's birth because her brother refused to give her the necessary family identity documents.[342] Amal said that her father refused to register her son in his family booklet.[343]

Nezha, whose rapist was never located despite DNA tests, said, "I don't have a family booklet in which I can register my child and my family has abandoned me. I can't sue the child's [biological] father (sic) because I don't know his identity. I don't know what to do. My father doesn't help me with anything because my family completely rejects me."[344]

Ouiam, Amal, and Ilham all stated that an NGO had intervened with local authorities to help them register their children's births and obtain a family booklet in their own (the mother's) name.[345]

In Nisrine's case, genetic tests, which took over a year to be completed, proved that the rapist was the child's biological father; despite this, the rapist refused to legally acknowledge paternity.[346] The NGO eventually registered the child's birth at the Civil Status Office under a pseudonym to be able to obtain a birth certificate. Nisrine said she asked the NGO's lawyer to bring a paternity lawsuit against the rapist to be able to legally register the child for identity documents and obtain financial support for the costs of raising the child. At the time of the interview, the case was still pending before the court.

[340] S. W. Bordat and S. Kouzzi, International Development Law organization, *Legal Empowerment of Unwed Mothers: Experiences of Moroccan NGOs*, 2010, https://mrawomen.ma/wp-content/uploads/doc/Stephanie___Saida_s_IDLO_paper_for_Morocco__April_2010.pdf
[341] Interview in person, 28 October 2022.
[342] Interview in person, 14 November 2022.
[343] Interview in person, 14 October 2022.
[344] Interview in person, 14 October 2022.
[345] Interviews in person, 14 October-14 November 2022.
[346] Interview in person, 14 October 2022.

10. LEGAL BACKGROUND AND OBLIGATIONS

‘If a woman doesn’t want to continue a pregnancy, that’s her right. If they changed the law, it would be better.’

Samia[347]

Amnesty International’s interviews with women about their experiences reflected some of the inadequacies of Morocco’s laws on abortion, as well as the dire consequences of the criminalization of abortion for so many women in the country. Many expressed their desire to see the law changed.

Ibtissam said, “The law has to change. I would have liked for a doctor to help me [so I could] to stay with my family.”[348] Safa commented, “It would be better to go to a doctor with [good] equipment, who gives you pills which you are informed about, who gives you good medicine.”[349] Mouna said, “It shouldn’t be this way. Women should be able to go to doctors if they want an abortion.”[350] Rajaa said, “The law should be on the side of women. I’m lucky to be alive. There are others who died. I’d like for the law to allow doctors to [perform abortions] for women.”[351]

10.1 MOROCCAN PENAL CODE

Morocco’s Penal Code criminalizes abortion unless it is necessary to save “the mother’s health” and is performed by a doctor or surgeon.[352] In the absence of spousal authorization, the doctor may only perform the abortion upon written notice from the Chief Medical Doctor in the province or prefecture.[353] If the “mother’s life” is in danger, the husband’s authorization is not required, but the practitioner must notify the Chief Medical Doctor in the province or prefecture.[354] Abortion is not legally permitted in any other circumstances.[355]

Women who intentionally have or attempt to have an abortion risk six months to two years in prison and a fine of 200 to 500 dirhams (US$20 to 50).[356] The Penal Code also punishes procuring or attempting to procure an abortion by any means with one to five years in prison, doubled if the person performing the abortion habitually does so, and a fine of 200 to 500 dirhams.[357] Medical professionals who facilitate or

[347] Interview in person, 14 November 2022.
[348] Interview in person, 14 October 2022.
[349] Interview in person, 28 October 2022.
[350] Interview in person, 21 October 2022.
[351] Interview in person, 28 October 2022.
[352] Morocco, Code Pénal, 1962, Article 453, amended on 1 July 1967.
[353] Morocco, Code Pénal, 1962, Article 453, amended on 1 July 1967.
[354] Morocco, Code Pénal, 1962, Article 453, amended on 1 July 1967.
[355] Morocco, Code Pénal, 1962, Articles 449-452.
[356] Morocco, Code Pénal, 1962, Article 454.
[357] Morocco, Code Pénal, 1962, Articles 449-451.

practice the means of obtaining an abortion outside of the legal exceptions may be barred from exercising their profession temporarily or permanently.[358] Anyone deemed to have incited abortion, including through public statements or distribution of written or visual materials, risks a two-month to two-year prison sentence and/or a 200 dirhams to 2,000 dirhams (US$20 to 200) fine.[359]

Additionally, medical professionals are not bound by professional secrecy when they report abortions that come to their knowledge in the exercise of their profession or their functions. However, they are obligated to testify if subpoenaed by a court.[360]

There is limited criminal justice system data on abortion; the statistics available are not disaggregated by categories of persons prosecuted, Penal Code articles or other variables. However, the number of prosecutions for abortion is relatively low when compared to the number of estimated clandestine abortions performed each year.

According to the Presidency of the Public Prosecutor, in 2021 87 cases (up from 73 in 2019) were brought against 136 people (107 in 2019) under the Penal Code's abortion provisions.[361] Among these, in 2021 there were two criminal cases against five people (three men and two women) for an "abortion resulting in death", and 45 cases against 64 people (40 men and 24 women) for "abortion" (not disaggregated).[362]

Amnesty International was unable to locate any lawyers who had personal experience of defending a criminal case for abortion. One lawyer interviewed said that the cases that are prosecuted often involve a connected crime such as murder or are politically motivated.[363] In three of the four court decisions reviewed by Amnesty International, prosecutions under abortion provisions were launched when the case came to the attention of the authorities because of another infraction. In one of these cases, the partner of the woman who had an abortion filed a complaint against her when she asked for money to cover the cost of the abortion.[364] In another, an adolescent who had an abortion filed a criminal case for rape.[365] In the third, the taxi taking a woman to a clinic for an abortion was stopped for a traffic violation.[366] None of the women interviewed for this research had been arrested, charged or convicted under the abortion provisions specifically.[367]

10.2 LAW REFORM EFFORTS

In 2016, the Government Council approved a draft bill to amend the Penal Code to permit abortion in cases of rape or incest, fetal impairment or "the mother's mental illness",[368] but in November 2021 the Justice Minister withdrew it from parliamentary consideration pending anticipated comprehensive Penal Code reforms.[369]

The proposed amendments in the draft bill would introduce limited access to abortion in a few exceptional cases, with gestational limits between 90 to 120 days.[370] They would require third-party authorization from health professionals and/or a husband, parents or legal guardian, depending on the circumstances.[371] Rape and incest cases would require certification from the prosecutor that criminal proceedings had been launched, as well as a compulsory waiting period.[372] Fetal impairment would require certifications from a regional medical committee.[373]

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[358] Morocco, Code Pénal, 1962, Articles 451-452.
[359] Morocco, Code Pénal, 1962, Article 455, amended on 1 July 1967. As previously indicated, Amnesty International noticed differences in the text of this article between the official Arabic and French versions of the Penal Code.
[360] Morocco, Code Pénal, 1962, Article 446, amended on 22 February 2018.
[361] Presidency of the Public Prosecutor, "Annual Report on the Implementation of the Penal Policy", 2021 (previously cited).
[362] Presidency of the Public Prosecutor, "Annual Report on the Implementation of the Penal Policy", 2021 (previously cited). This set of statistics is included in a specific "crimes against women" section.
[363] Interview in person, 14 October 2022. See, for example, Clooney Foundation for Justice, *Morocco v. Hajar-Raissouni et al.*, August 2020, https://cfj.org/wp-content/uploads/2020/08/Fairness-Report-on-the-Trail-of-Morocco-v.-Hajar-Raissouni.pdf
[364] Court of Appeals, *Criminal court decision 3279*, 21 June 2018, on file with Amnesty International.
[365] Meknes Court of Appeals, *Criminal court decision 142/15* (previously cited).
[366] Meknes Court of Appeals, *Criminal court decision 3173*, 6 July 2017, on file with Amnesty International.
[367] Three women were charged with and sentenced for sexual relations outside of marriage. One spent three months in prison, one paid a fine, and one received a four-month suspended sentence.
[368] Morocco, مشروع قانون رقم 10.16 يقضي بتغيير وتتميم مجموعة القانون الجنائي (Bill 10.16 reforms to Penal Code), 2016 (as adopted in the Government Council on 9 June 2016) https://www.chambredesrepresentants.ma/sites/default/files/loi/prop_2022_96_0.pdf.
[369] https://www.chambredesrepresentants.ma/ar/النصوص-التشريعية/مشروع-قانون-رقم-1016-يقضي-بتغيير-وتتميم-مجموعة-القانون-الجنائي-0
[370] Morocco, Bill 10.16 reforms to Penal Code (previously cited), Articles 453.1, 453.2 and 453.3.
[371] Morocco, Bill 10.16 reforms to Penal Code (previously cited), Articles 453.2 and 453.3.
[372] Morocco, Bill 10.16 reforms to Penal Code (previously cited), Article 453.1.
[373] Morocco, Bill 10.16 reforms to Penal Code (previously cited), Article 453.3.

The proposed administrative procedures necessary to obtain a legal abortion are complicated, time-consuming and unrealistic. They are also not aligned with international human rights law and standards around abortion.

Given the failure of the state to adequately respond to sexual violence, with extremely low rates of reporting, investigation and prosecution, very few victims of rape would find relief under these provisions. The Human Rights Committee expressed similar concern in its 2016 concluding observations on Morocco "about the introduction of excessive requirements such as the obligation to submit proof that legal proceedings have been opened in cases of rape or incest" and recommended removing these restrictive provisions.[374] Additionally, UN treaty bodies have consistently expressed concerns regarding third-party authorization requirements to obtain an abortion – for example from a spouse or partner[375] or from healthcare professionals – and the adverse effect these have on women's ability to access services.[376]

In light of the findings in this report, Amnesty International has concerns that women would still face grave barriers to safe and legal abortion under the proposed administrative procedures to obtain a legal abortion, nor could all of the required authorizations and official certifications from state officials be obtained in the short gestation limits allowed. NGOs, academics and the National Council on Human Rights (CNDH) have reached the same conclusions.[377]

10.3 CONSTITUTIONAL STANDARDS

Current and proposed abortion laws in Morocco do not comply with national constitutional norms that guarantee the rights to life, health services, privacy, freedom from cruel, inhuman and degrading treatment and torture, and equality between men and women.[378]

10.4 INTERNATIONAL OBLIGATIONS

Morocco is a state party to nine international human rights treaties,[379] and as such is obligated to comply with their provisions. International human rights standards establish that states must ensure that women and girls:

1) have access to comprehensive reproductive health information, goods and services, that are available, accessible, acceptable and of good quality;[380] and

2) have accurate and timely information and support necessary to make autonomous decisions about their sexuality and reproduction, free from violence and discrimination.[381]

Restrictive abortion laws violate a range of human rights, including the rights to life, to the highest attainable standard of physical and mental health, including sexual and reproductive health, to equality and non-discrimination, to privacy, to equal protection under the law, and to be free from torture and other ill-

[374] HRC, Concluding Observations: Morocco, UN Doc. CCPR/C/MAR/CO/6 (2016), paras 21, 22.
[375] See CRC Committee, Concluding Observations: Pakistan, UN Doc. CRC/C/PAK/CO/5 (2016). See also CEDAW Committee, Concluding Observations: Tunisia, UN Doc. CEDAW/C/TUN/CO/6 (2010); Japan, UN Doc. CEDAW/C/JPN/CO/7-8 (2016); Turkey, UN Doc. CEDAW/C/TUR/CO/7 (2016). See also HRC, Concluding Observations: Zambia, UN Doc. CCPR/C/ZMB/CO/3 (2007).
[376] See CEDAW Committee, Concluding Observations: Peru, UN Doc. CEDAW/C/PER/CO/7-8 (2014); Rwanda, UN Doc. CEDAW/C/RWA/CO/7-9 (2017); Timor-Leste, UN Doc. CEDAW/C/TLS/CO/2-3 (2015); New Zealand, UN Doc. CEDAW/C/NZL/CO/7 (2012). See also CAT Committee, Concluding Observations: Kenya, UN Doc. CAT/C/KEN/CO/2 (2013).
[377] See, for example, AMPF, *Unwanted pregnancies and unsafe abortion in Morocco* (previously cited); Irene Capelli, "Non-marital Pregnancies and Unmarried Women's Search for Illegal Abortion in Morocco", 9 December 2019, Health and Human Rights Journal, Volume 21, Number 2, https://www.hhrjournal.org/wp-content/uploads/sites/2469/2019/12/Capelli.pdf, pp. 33-45; CNDH, Mémorandum: Projet de loi n° 10.16 modifiant et complétant le Code penal (Memorandum: Bill number 10.16 amending and supplementing the Penal Code), https://www.cndh.org.ma/fr/memorandums/memorandum-du-cndh-sur-le-projet-de-loi-ndeg-1016-modifiant-et-completant-le-code-penal
[378] Morocco, Constitution, 2011, http://www.sgg.gov.ma/Portals/0/constitution/constitution_2011_Fr.pdf, Articles 20, 31, 24, 22, 19.
[379] UN Human Rights Treaty Bodies, UN Treaty Body Database: Morocco, https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Countries.aspx?Lang=en (accessed on December 4, 2023).
[380] CESCR, General Comment 22 (previously cited), paras 15, 17, 62; CESCR, General Comment 14 (previously cited), para. 12(b), (c), (d).
[381] CESCR, General Comment 22 (previously cited), paras 18, 19, 21, 40, 41, 43, 58.

treatment.[382] Criminalizing health services that only women need, such as abortion, is a form of gender-based discrimination.[383]

Violations of women's sexual and reproductive health and rights, including forced abortion, criminalization of abortion, denial or delay of safe abortion and/or post-abortion care, forced continuation of pregnancy, and abuse and mistreatment of women and girls seeking sexual and reproductive health information, goods and services, are forms of gender-based violence that may constitute torture or cruel, inhuman or degrading treatment.[384] Denying or delaying safe abortion or post-abortion care may amount to torture or cruel, inhuman or degrading treatment.[385]

UN treaty bodies charged with monitoring implementation of these standards have consistently noted that Morocco's current and proposed abortion laws do not comply with the country's international obligations. Such bodies have expressed concern that "most abortions remain illegal, which may push women and girls to continue to seek out clandestine abortions, putting their lives and health at risk."[386] They have called on Morocco to:

- "Ensure that women have effective access to abortion by eliminating the restrictive conditions provided for in the draft revised Criminal Code;"[387]
- "Decriminalize abortion when it is necessary to protect the woman's health, including her physical, mental and social well-being" and "put into place measures to ensure access to women and girls, including rural women and girls, to safe abortion and post-abortion services without needing the consent of their husband, parents or guardian;"[388]
- "Repeal the law on the prohibition of abortion with a view to adopting legislation compatible with women's rights;"[389] and
- "Decriminalize abortion and review its legislation with a view to guaranteeing the best interests of teenage girls."[390]

10.5 MOROCCO'S INADEQUATE LAWS ON VIOLENCE AGAINST WOMEN

Violence against women is widespread in Morocco and the state response remains inadequate. Human rights bodies have noted that Morocco's current response to violence against women does not comply with its international obligations.[391]

The key relevant law, the 2018 Law 103-13 on the Fight against Violence against Women,[392] has numerous gaps and deficiencies. It did not reform Penal Code provisions on rape, still defined as "the act whereby a man has sexual relations with a woman against her will",[393] in practice requiring physical injuries as proof of resistance. Marital rape is not criminalized.

Law 103-13 does not establish any guidelines for reporting, investigation, prosecution or trial of violence against women cases, or create obligations and procedures for law enforcement and justice system personnel. It does not provide adequate protection for women victims of violence or prevent them from being

[382] HRC, *Mellet v. Ireland* (previously cited), paras 7.6, 7.7, 7.8; HRC, *Whelan v. Ireland* (previously cited), paras 7.7, 7.9, 7.12; HRC, Views: *K.L. v. Peru, adopted on 22 November 2005,* UN Doc. CCPR/ C/85/D/1153/2003, paras 6.3, 6.4, 8; CEDAW Committee, Views: *L.C. v. Peru*, adopted on 4 November 2011, UN Doc. CEDAW/C/50/D/22/2009, para. 8.15; CESCR, General Comment 22 (previously cited), para. 10; CEDAW Committee, Views: *Alyne da Silva Pimentel Teixeira v. Brazil*, adopted on 10 August 2011, paras 7.4-7.7.
[383] CEDAW Committee, General Recommendation 24 (Article 12: Women and Health), UN Doc. A/54/38/Rev.1, chap. 1 (1999), para. 11. See also UN Working Group on the issue of discrimination against women in law and in practice, Report (previously cited), para. 78.
[384] CEDAW Committee, General Recommendation 35 (previously cited), para. 18.
[385] CEDAW Committee, General Recommendation 35 (previously cited), para. 18; CAT Committee, Concluding Observations: Poland, 29 August 2019, UN Doc. CAT/C/POL/CO/7, paras 33(d), 34(e); CAT Committee, Concluding Observations: United Kingdom of Great Britain and Northern Ireland, 7 June 2019, UN Doc. CAT/C/GBR/CO/6 paras 46 , 47.
[386] CEDAW Committee, Concluding Observations: Morocco, 12 July 2022, UN Doc. CEDAW/C/MAR/CO/5-6. The CEDAW Committee incorrectly suggests in para. 35(c) that Article 453 of the Penal Code has already been amended.
[387] HRC, Concluding Observations; Morocco, 1 December 2016, UN Doc. CCPR/C/MAR/CO/6, para. 22.
[388] CEDAW Committee, Concluding Observations: Morocco (previously cited), para. 36.
[389] CESCR, Concluding Observations: Morocco, 22 October 2015, UN Doc. E/C.12/MAR/CO/4, para. 46.
[390] CRC Committee, Concluding Observations: Morocco, 14 October 2014, UN Doc CRC/C/MAR/CO/3-4, para. 57.
[391] UN Special Rapporteur on violence against women, Communication, 4 July 2017, UN Doc. MAR 2/2017.
[392] Morocco, Loi no. 103-13 relative à la lutte contre les violences faites aux femmes (Law 103-13 on the Fight against Violence against Women), 22 February 2018, https://www.chambredesrepresentants.ma/sites/default/files/103-13-fr.pdf.
[393] Morocco, Code Pénal, 1962, Article 486, amended on 11 November 2003.

at risk of future violence. Protective measures in the Penal Code and Code of Penal Procedure are limited to criminal (not civil) measures; rather than being available immediately, they are only available later if and once a criminal prosecution has been launched or the offender has been convicted. None is mandatory and all are left to the discretion of the prosecutor or judge.[394]

The Penal Code punishes any sexual relationship outside of marriage with one month to one year in prison,[395] and "adultery" with one to two years in prison.[396] Prosecution for "adultery" is initiated only on the basis of a complaint from the "wronged" spouse, who can always withdraw his or her complaint.[397]

In contrast to the low number of prosecutions for violence against women crimes, the report by the Presidency of the Public Prosecutor cited above indicates that in 2021 there were 10,390 criminal cases for sexual relations outside of marriage against 13,406 people, with an additional 2,519 criminal cases of "adultery" against 3,161 people.[398]

Three of the women interviewed for this report had been convicted of sexual relations outside of marriage. In three of the four criminal court decisions related to abortion that Amnesty International reviewed, the women seeking an abortion were also prosecuted for sexual relations outside of marriage.[399]

As the report's findings demonstrate, the criminalization of sexual relations outside of marriage has profound implications for women's ability to access sexual and reproductive healthcare information, services and goods, and fuels gender-based violence against women. Human rights bodies have noted that Morocco's criminalization of sexual relations outside of marriage deters women from lodging complaints of rape, is a violation of its international obligations and a form of discrimination against women and have called on the country to repeal articles 490-493 of the Penal Code.[400]

10.6 LACK OF ABORTION REGULATORY FRAMEWORK

There appears to be a total absence of any regulatory framework on abortion from the Ministry of Health. Indeed, a gynaecologist who works in a public hospital, a representative of an NGO working on sexual and reproductive health, an activist and a private general practitioner from three different cities all told Amnesty International that no regulatory framework on lawful abortion exists.[401]

Despite repeated requests, none of the medical professionals, legal practitioners or NGOs consulted was able to refer the researchers to any such regulations. An extensive literature review that included all major Moroccan government official websites likewise did not reveal any policy framework on provision of lawful abortion services.

[394] Morocco, Code Pénal, 1962, Articles 61, 88-1, 88-3, amended on 22 February 2018; Morocco, Code de Procédure Pénal (Code of Penal Procedure), 2002 Article 82-5.
[395] Morocco, Code Pénal, 1962, Article 490.
[396] Morocco, Code Pénal, 1962, Article 491.
[397] Morocco, Code Pénal, 1962, Articles 491 and 492.
[398] Presidency of the Public Prosecutor, "Annual Report on the Implementation of the Penal Policy", 2021 (previously cited).
[399] Meknes Court of Appeals, *Criminal court decision 3297*, 21 June 2018, on file with Amnesty International; Meknes Court of Appeals; *Criminal court decision* 142/15 (previously cited); Meknes Court of Appeals, *Criminal court decision* 3173, 6 July 2017, on file with Amnesty International. In the fourth decision, the woman prosecuted under the abortion provisions was married. Meknes Court of Appeals, *Criminal court decision 2561* (previously cited).
[400] Communication MAR 5/2017, 14 November 2017, Working Group on the Elimination of Discrimination against Women in Law and practice; CCPR/C/MAR/CO/6 Human Rights Committee Concluding observations on the sixth periodic report of Morocco, 1 December 2016; CESCR, E/C.12/MAR/CO/4 Concluding observations on the fourth periodic report of Morocco, 22 October 2015; Concluding observations on the combined fifth and sixth periodic reports of Morocco, CEDAW/C/MAR/CO/5-6, 12 July 2022.
[401] Interviews in person, 14 October-10 November 2022.

11. CONCLUSIONS AND RECOMMENDATIONS

Amnesty International's research illustrates how the Moroccan state is failing women in relation to their sexual and reproductive rights. The failings include violence against women committed with impunity; lack of access to sexual and reproductive health information, services and goods including contraception; criminalization of sexual relations outside of marriage; and economic deprivation. These failings foster multiple barriers to women's sexual and reproductive rights, leading to unintended or unwanted pregnancies. They also deny women and girls the right to make informed and autonomous decisions about becoming pregnant in the first place and then about whether or not to continue the pregnancy.

The criminalization of abortion forces women into clandestine and often unsafe abortions in harmful conditions that pose substantial risks to their life and health. The legal framework forces women unable to obtain an abortion to carry the pregnancy to term; when combined with the discrimination against single women with children in the Family and Civil Status Codes, this exacerbates women's social exclusion, economic deprivation, and poverty.

Amnesty International's analysis shows that these problems are the result of the state failing to meet its obligations to ensure available, accessible, affordable, acceptable and good quality sexual and reproductive health services, including abortion, for all women and girls, without discrimination. Violence against women, stigma around abortion, and gender stereotypes are fuelled by and an outcome of state laws and policies.

Denying women and girls access to abortion prevents them from exercising a host of human rights along the entire pathway from deciding when and if to get pregnant to being compelled to carry a pregnancy to term. These include the rights to life; to the highest attainable standard of physical and mental health, including sexual and reproductive health; to equality and non-discrimination; to privacy; to equal protection under the law; and to be free from torture and other ill-treatment.

The current laws and the (now withdrawn) 2016 proposed amendments to the Penal Code are not consistent with national constitutional standards or Morocco's international human rights obligations. Indeed, the 2016 proposed amendments, which would have permitted abortion in a few exceptional cases with complicated administrative requirements, would not have been effective in opening access to abortion for women.

Morocco must decriminalize abortion and sexual relations outside marriage and ensure all women can access both comprehensive sexual and reproductive health services, including safe abortion and modern contraceptives, as well as economic and social support, should they decide to carry pregnancies to term and give birth to children.

RECOMMENDATIONS

TO THE MINISTRY OF JUSTICE AND PARLIAMENT

ON PENAL CODE REFORMS

- Decriminalize abortion, including revoking all laws and policies and ending practices that criminalize or obstruct seeking, obtaining, providing or assisting with obtaining abortion-related information, goods, medication or services. To this end:
    - Repeal all provisions of the Criminal Code that criminalize abortion and that affect, on the one hand, women and girls seeking an abortion (Article 454), and on the other, any person, including healthcare providers, that promote or encourage access to abortion, practise or attempt to practise abortion, or are complicit in such acts (Articles 449-452 and 455-458).
    - Repeal Penal Code Article 446, sub paragraph 1, which provides that medical professionals are not liable for a breach of professional secrecy if they voluntarily report abortions about which they are aware.
    - Guarantee access to appropriate care for women and girls suffering medical complications following an abortion (whether legal or not), without fear or threat of prosecution.
    - Remove the requirement for spousal consent as stipulated in Article 453 of the Penal Code.
- Repeal Articles 490-493 of the Penal Code that criminalize sexual relations outside of marriage, that promote, facilitate and legitimize gender-based violence against women and discrimination based on marital status.
- Expunge the criminal records of women previously convicted for sexual relations outside of marriage.
- Ensure effective protection from gender-based violence and discrimination for all women, including women and girls who get pregnant outside of marriage, who seek or obtain an abortion, and/or who carry a pregnancy to term. Specifically, amend the current Penal Code and Code of Penal Procedure provisions on protection orders to ensure that they are aligned with international law and standards, and are immediately available for all women without having to initiate a criminal complaint.
- Enact Penal Code provisions criminalizing all forms of mistreatment and gender-based violence in all contexts of provision of sexual and reproductive health services and maternal healthcare. Prosecute perpetrators and provide reparations and compensation to survivors.
- Reform Penal Code provisions to define rape as the “absence of consent” and ensure the provision of evidence-based forensic investigations and prosecutions, punishment of perpetrators and effective remedies for survivors.
- Ensure that all women, girls and people who can get pregnant have timely access to justice and meaningful and effective remedies if their sexual and reproductive rights have been violated.

ON FAMILY AFFAIRS REFORMS

- Reform the Family Code to eliminate all forms of discrimination against children born outside of marriage.
- Reform the Civil Status Code and implementing regulations to ensure that single women with children can register their children’s birth and obtain a family booklet in their own name.

TO THE MINISTRY OF HEALTH

ON REGULATORY FRAMEWORK FOR ABORTION PROVISION

- Guarantee universal access to legal and safe abortion to all women, girls and people who can become pregnant and enact a regulatory framework for abortion services provision aligned with the 2022 WHO *Abortion care guideline*, specifically including but not limited to:
    - Revise the grounds-based approaches restricting access to abortion in the current Penal Code and previously drafted amendments to make abortion available on the request of the woman, girl, or other pregnant person.
    - Ensure that any gestational limits and any other restrictions that may reasonably be imposed on access to abortion do not create barriers to access as per the recommendations of UN treaty bodies and experts.
    - Ensure that refusal to provide abortion services on the grounds of providers' personal views or beliefs are adequately regulated so they do not undermine pregnant people's access to and continuity of comprehensive abortion care.
    - Ensure that both medical and surgical abortion methods are available and easily accessible, including re-authorizing the use of Misoprostol, which is on the WHO's core essential medicine list.
- Ensure that all women, girls and people who can become pregnant have access to evidence-based, unbiased and accessible pregnancy and abortion-related information, in a language, form and format that they can understand.
- Ensure that all people have access to comprehensive sexuality education both in and outside formal educational settings, that is evidence-based, age-appropriate, gender-sensitive and grounded in human rights.
- Ensure that all laws, policies, and practices enable women, girls and people who can become pregnant to access in a timely manner comprehensive sexual and reproductive health goods, facilities and services, including safe abortion and post-abortion care and modern contraceptives, including emergency contraception, that are available, accessible, affordable and of good quality. Specifically:
    - The Ministry of Health should clarify in its regulatory and policy frameworks and action plans that contraceptive methods provided in public facilities are to be made available and accessible to women, girls or people who can get pregnant without discrimination on the grounds of marital status.
    - Ensure that safe abortion and post-abortion care is uniformly available across the country in a range of settings, in public and private primary, secondary and tertiary healthcare centres and clinics, by trained providers, especially in decentralized, remote and rural areas.
    - Ensure that healthcare providers receive training on providing abortion and post-abortion care and miscarriage treatment in a compassionate and ethical manner, and sanction healthcare providers who violate these standards.
    - Enact policies that prevent, monitor, investigate and sanction all forms of mistreatment and gender-based violence during provisions of sexual and reproductive health services and maternal healthcare.
    - Conduct capacity building and community-level gender sensitization campaigns to combat discriminatory gender stereotypes underlying discrimination and abuses in the provision of sexual and reproductive and maternal healthcare services.
    - Allocate adequate funding, staffing and equipment for sexual and reproductive health services, including abortion and post-abortion care, across the country.
- Ensure that women, girls and people who can become pregnant are guaranteed the rights to privacy, confidentiality and informed consent in all sexual and reproductive health matters. Specifically, guarantee access to information, goods, services and care related to sexual and reproductive health, including abortion, for any woman, girl or person who can become pregnant

without the need for any third-party consent or authorization, whether by a family member or state entity.

- Take specific measures to ensure that all women, girls and people who can become pregnant have equal access to acceptable, affordable and quality abortion-related information, services, goods, facilities, resources and care, without any discrimination based on race, ethnicity, class, age, disability, marital status, geographic location, place of legal residency, immigration status or literacy level.
- Ensure that all sexual and reproductive health goods and services are affordable, addressing any economic obstacles such as health insurance, particularly for people with low incomes or living in poverty.
- Cooperate with and empower local civil society associations to provide women, girls and people who can become pregnant access to sexual and reproductive health information and services, including abortion-related information, resources and services.
- Develop justice and health sector protocols on how to respond to and investigate sexual violence against women, taking into account the relevant provisions of the Istanbul Protocol and the 2013 *Responding to Intimate Partner Violence and Sexual Violence Against Women: WHO Clinical and Policy Guidelines*.

ON DATA COLLECTION

- Ensure that the state, particularly the Ministry of Health and the High Commissioner for Planning, gather data, compile statistics and conduct research on abortion in Morocco. This could include, but is not limited to, the systematic collection of data on abortions from healthcare settings, and the integration of questions related to abortion into national population and health surveys. Data should be disaggregated by age, disability and other relevant characteristics.
- Ensure that the process of collecting and maintaining data on abortion complies with established international standards and safeguards. The data and statistics collected should be anonymized and used solely for the purposes of policy monitoring and development without disclosing any personal data in breach of individuals' right to privacy and confidentiality in accessing healthcare.

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“MY LIFE IS RUINED”: THE NEED TO DECRIMINALIZE ABORTION IN MOROCCO

Morocco’s Penal Code criminalizes abortion except in a couple of highly restrictive and narrow exceptions. This report documents the resulting violations of the human rights of women and girls in Morocco, highlighted by the words of 33 women who bravely shared their experiences of abortion with Amnesty International.

Amnesty International has analyzed how Morocco’s failure to effectively address intersecting forms of gender-based violence and discrimination impacts every stage of women’s experiences along the pathway to care: from fostering unintended or unwanted pregnancies, to influencing women’s decision-making about their pregnancies, and determining the conditions in which they obtain unsafe abortions or are forced to carry on with unwanted pregnancies.

Amnesty International’s research shows that the Moroccan authorities are violating a wide range of human rights of women and girls by criminalizing abortion as well as sexual relations outside of marriage; denying them sexual and reproductive health services and information, and reproductive autonomy; and perpetuating harmful stereotypes, gender-based violence and discrimination against women.

Morocco must remove the issue of abortion from the realm of law enforcement as a criminal matter and place it under the authority of the ministry of Health as a medical issue. Moroccan authorities must decriminalize abortion and sexual relations outside of marriage and comply with international human rights standards establishing that women and girls have the right to comprehensive reproductive health information, goods and services, including abortion, that are available, accessible, acceptable and of good quality.

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