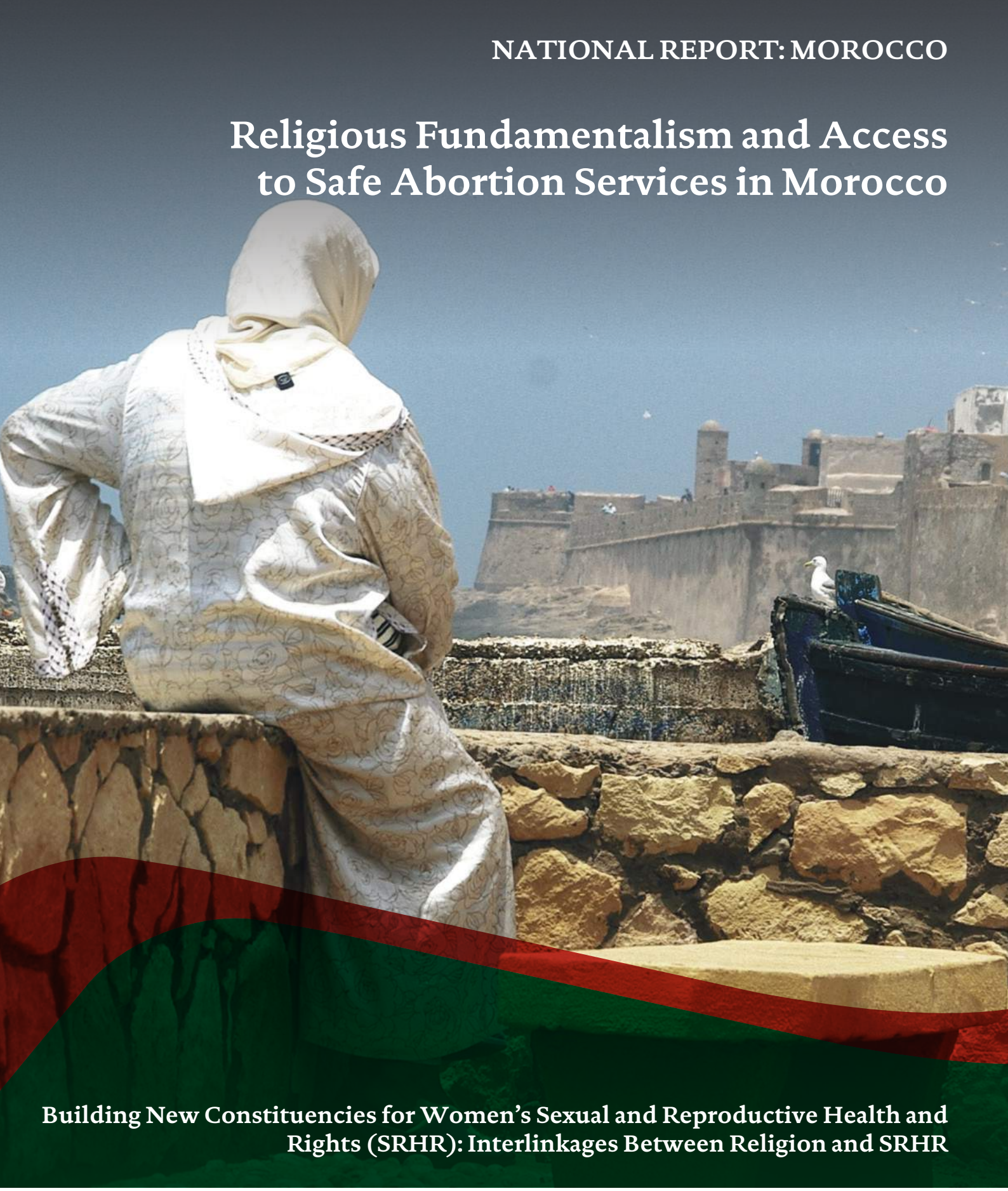
NATIONAL REPORT: MOROCCO

Religious Fundamentalism and Access to Safe Abortion Services in Morocco



Building New Constituencies for Women's Sexual and Reproductive Health and Rights (SRHR): Interlinkages Between Religion and SRHR

arrow
asian-pacific resource & research centre for women

NATIONAL REPORT

Religious Fundamentalism and Access to Safe Abortion Services in Morocco

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Asian-Pacific Resource and Research Centre for Women (ARROW)

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This publication is part of an initiative on religious fundamentalism/extremism and Sexual and Reproductive Health and Rights (SRHR) being implemented in Morocco by the Moroccan Family Planning Association (MFPA) in partnership with and the support of the Asian-Pacific Resource and Research Centre for Women (ARROW). It was produced with the financial support of the Norwegian Agency for Development Cooperation (Norad). MFPA is also grateful for the support provided by the United Nations Population Fund (UNFPA) in Morocco and the International Planned Parenthood Federation Arab World Regional Office (IPPF/AWRO) that also helped facilitate implementation of this research.

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The contents and opinions expressed in this publication are the sole responsibility of MFPA and do not necessarily reflect the views of ARROW and the funder. The research study was initially written in French by national consultant, Dr. Redouane Belouali, a sexual and reproductive health expert, and was reviewed and revised by a monitoring and evaluation committee at MFPA. The report was translated into English with further analysis by Fadoua Bakhadda, Executive Director of MFPA. ARROW staff provided inputs and supported the analysis process in finalising the English report.

LIST OF ACRONYMS

ANLCA National Agency for the Fight against Illiteracy

CEDAW Convention on the Elimination of all forms of Discrimination Against Women

CERED Centre d'étude et de Recherches Démographiques (Demographic Research Centre of Studies)

CESE Conseil Economique Social et Environnemental (Economic, Social and Environmental Council)

CNDH Conseil National des Droits de l'Homme (National Council of Human Rights, Morocco)

CPN Consultation Prénatale (Prenatal Consultation)

DHS Demographic Health Survey

EESC European Economic and Social Committee

ENPC Enquête Nationale sur la Prévalence Contraceptive (National Survey on Contraceptive Prevalence)

ENPSF Enquête Nationale sur la Population et la Santé Familiale (National Survey of Population and Family Health)

EPPS Enquête de Panel sur la Population et la Santé (Panel Survey on Population and Health)

ESSB Établissements de Soins de Santé de Base (Basic Health Care Facilities)

FP Family Planning

HCP High Commission for Planning

ICD International Diseases Classification

ICPD International Conference on Population and Development

IUD Intra-Uterine Device

IVG Interruption Volontaire de Grossesse (Abortion)

MENA Middle East and North Africa

MFPA Moroccan Family Planning Association

MOH Ministry of Health

OMS Organisation Mondiale de la Sante (WHO)

MTP Medical Pregnancy Termination

PAPFAM Pan Arab Project for Family Health

PJD Justice and Development Party

RH Reproductive Health

SFI Synthetic Fertility Index

SRH Sexual and Reproductive Health

STI Sexually Transmitted Infection

TA Therapeutic Abortion

UN United Nations

UNICEF United Nations Children's Emergency Fund

UNFPA United Nations Population Fund

UWP Unwanted Pregnancy

VPI Voluntary Pregnancy Interruption

WHO World Health Organisation

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EXECUTIVE SUMMARY

Morocco is a low-middle income country with a population of 33 million, with the majority of the country's population being Sunni Muslim. The agricultural sector is the primary source of jobs, followed by the tourism industry. Unemployment, although having dropped in 2013, remained at a high of 67 per cent (World Bank 2013). In 2007, the national poverty headcount index indicated that nine per cent of the population was poor and 14 per cent of the rural population was living in poverty (World Bank). Furthermore, the wealth gap continues to be large. In addition, high birth rates exacerbate the effects of poverty, especially in rural areas. Since the time of its independence from French colonization in 1956, Morocco has been considered a liberal, modern, and accepting country in the Middle East and North Africa (MENA) region. However, the Arab Spring of 2011 has led to changes in the political, economic, and social demands of the people, including a growing influence of religious fundamentalism. As with other countries in the region, militant and extremist groups and their influence is growing in Morocco. Their approaches have been numerous, targeting a range of people, and based on addressing the needs of the underprivileged and marginalised. Part of the fundamentalist movement in Morocco can be attributed to the economic situation. Despite the government's economic reform movement initiated in the 1980s, many Moroccans continue to have little, or their standard of living has not improved.

Morocco's new Constitution of 2011 guarantees equality between men and women, but the position of women remains dictated by patriarchal norms. Girls and women continue to lag behind in education and in the labour force; literacy is less than that of men. Laws are mainly derived from French civil law and Islamic law (Shari'a). Moudawana, enacted in 1957 and reformed in 2004, governs matters related to family law for Muslims, including inheritance, marriage, divorce and child custody, and is based on Islamic law. The new code is considered one of the most progressive in the MENA region as it modified the rules of inheritance, raised the minimum age of marriage and secured women's right to divorce. However, in practice, the new code has faced many challenges and women are considered less than equal to men. Morocco also has small proportions of Christian and Jewish populations who are governed by separate family laws. Although a signatory to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), Morocco has expressed reservations to making changes that are considered to be in conflict with Islamic law (Goonesekere and De Silva De Alwis 2005).

Fertility has been on the decline since 1962 and the average age of marriage has increased, particularly among younger women. Although contraceptive use amongst married women of reproductive age has increased, women in general have limited contraceptive options, especially women living in poverty and young women (Ayad and Roudi 2006). Maternal mortality continues to be a challenge and unsafe abortion is one of the main causes of these deaths (Sedgh et al. 2012). Abortion is largely prohibited in Morocco, as is pre-marital sex, which is illegal under the Criminal Code.[1] Abortion is only allowed to save the life of the mother, with spousal consent.[2] [3] Illegality also means there are presently no official statistics on the number of illegal abortions performed in Morocco (OMS 2013). Presently, the Criminal Code does not allow abortion in cases of pregnancy even in the case of rape, incest, or mental illness. Many women take desperate measures and seek abortion in unsafe conditions, face prospects of abandoning children, or resort to infanticide (WHO 2012).

1 Royaume du Maroc, Chapitre VII Des Crimes et Delits conte l'ordre des familles et de la mortalite publique: Section 1 De l'avortement, Code Pénal, vol. Articles 449–504, 2014.
2 Morocco, Sexual Rights Database, accessed June 22, 2016, http://sexualrights-database.org/countries/455/Morocco
3 Morocco: Royal Initiative on Abortion Offers Unique Opportunity to Recognize Women's Rights, Public Statement (Amnesty International, April 1, 2015), https://www.amnesty.org/en/documents/mde29/1343/2015/en/

Besides maternal deaths, the high numbers of abandoned children and of single mothers are significant social issues resulting from unwanted pregnancies and restrictive legislation about abortion. The adolescent population (15–24 years), growing in number, are increasingly vulnerable to the negative effects of illegal abortions. Pregnancies and births continue to increase for adolescent girls.

This research study was carried out by the Moroccan Family Planning Association (MFPA) in partnership with the Asian-Pacific Resource and Research Centre for Women (ARROW), Malaysia, to generate evidence on the nature and consequences of unsafe abortions in Morocco and how religious fundamentalism (in the case of Islam) prevents adequate policies and practices for safe abortion services, in order to facilitate advocacy among a range of stakeholders working on the issue (See Appendix 1 for the glossary of terms and definitions).

The study finds that the leading cause of abortion in Morocco is unwanted pregnancy (DHS 2011), caused by the failure of contraception and the lack of access to contraception for non-married groups, including young people. Increasing rates of adolescent pregnancies would also have an effect on these abortion rates. The Family Planning Programme, initiated by the Ministry of Health (MOH) in the sixties with a focus on reproductive health, has had minimal effect on abortion reduction. The focus of the Programme is on contraception prevalence, and prenatal and post-natal health. Girls aged 15–24 are a high-risk group for illegal abortions, given their increased sexual activity and limited access to free contraception services. The lack of sex education, limited access to information and family planning services, as well as the ignorance of the particular needs of unmarried women in the policy response, are all important determinants underlying abortion.

The Mallikite (Malikiyyah) doctrine is predominant in Morocco.[4] The Maliki fiqh applies to family law and local tribunals applying customary law. Policies and programmes in Morocco are influenced by Islam; raising Sexual and Reproductive Health and Rights issues, such as access to safe abortion services, is largely shunned. As with abortion, Islamic law in the country criminalises sex work, homosexuality, and premarital sex.[5] According to strict interpretations of the Quran, abortion is forbidden as it considers all killing as condemned and Allah (God) has made all life sacred. Advocates for prohibitions note sections 6:140 and 151, 17:31 and 33, and 23:14 amongst others as the key sources from the Quran for this view.[6] [7]

In May 2015, Morocco initiated a reform process by a directive of the King, to expand legal protections for women opting for abortion. The decision could help improve access to services, although even if the law is implemented adequately, it will continue to leave unmarried women out of the equation (Sousanne 2015). The abortion law was established in 1920 while Morocco was a French protectorate. During that period, Morocco adopted French legislation, from which the abortion law was taken. However, the abortion law was established by the Catholic Church, and the Moroccan Islamic Council did not have an official view on the practice. The recent directive is the first time that such an institution is involved in the debate. Despite certain flexibility among authors and respondents of the in-depth interviews, there is a consensus on the followings: abortion is permitted within the duration of three months from conception, when the life of the mother in terms of her physical health and mental health is in danger, and in situations of rape, incest and congenital malformations.

While the passing of the legislation would have benefits, and will take the abortion debate further, the following recommendations, based on the findings of this research, can be made, particularly to the State, to ensure adequate implementation without the influence of religion, and perhaps over the long term, to ensure access to reproductive health services for all through a human rights framework.

4 Sunni Schools, accessed June 22, 2016, http://islamic-laws.com/articles/sunnischools.htm

5 King Mohammed VI Opens a Panel on Abortion, African Bulletin, March 30, 2015, http://www.african-bulletin.com/8399-king-mohammed-vi-opens-a-panel-on-abortion.html

6 "Abortion Is Murder, Islam Unraveled," accessed June 22, 2016, http://www.islamunraveled.org/islam-myths/women-in-islam/abortion.php

7 "Abortion Is Murder, No Ifs or Buts," accessed June 22, 2016, http://submission.org/abortion_is_murder.html

- Ensure the passing of the law and its enforcement, including the provision of an adequate training and implementation plan to service providers, so that abortion services become available to women in the case of rape, incest and foetal malformation.

- Establish adequate services, and train doctors and other medical staff, within healthcare establishments to manage and treat abortion complications as well as to provide medical and therapeutic abortions, without judgement.

- Ensure that the prevention of abortion is reinforced, focusing on family planning and emergency contraception. At the same time, consider the position and rights of young people, ensuring their access to these services, without discrimination and judgement.

- Acknowledge the real threat to women as a result of their access to unsafe abortion services and the causal connection to maternal mortality and morbidity.

- Create an environment to advocate for change and develop progressive viewpoints in relation to women's position in society and gender equality and empowerment, with a view to uplifting the position of all women in Moroccan society, including marginalised and vulnerable women.

- Consider the involvement of all actors, including religious leaders, in changing mind-sets.

- Ensure the collection of data on abortion by State authorities is conducted in a non-discriminatory manner, ensuring the anonymity of patients and protection and respect for service providers.

- Implement strategies to increase awareness among the general public and stakeholders on the existing causality between abortion and maternal mortality.

1. INTRODUCTION

Through this research, the Moroccan Family Planning Association (MFPA) aims to demonstrate the interlinkages between fundamentalist interpretations of religion on policies and practices related to abortion and the impact of unsafe abortions on women's health and overall wellbeing in Morocco. This work aims to inform MFPA's advocacy strategy on the issue in Morocco in order to amend existing abortion law in the country by informing religious leaders, politicians, policymakers, and journalists; thereby furthering its efforts to ensure Sexual and Reproductive Health and Rights (SRHR) for women and girls.

"Abortion is largely prohibited in Morocco unless it is to save the life of the mother (Article 453 of the Penal Code), and is especially inaccessible for unmarried women who become pregnant, as sex before marriage is illegal under the Penal Code (Articles 449 to 458 of the Moroccan Penal Code)."

The United Nations (UN) estimates that one in ten pregnancies in the Arab region ends in abortion, although abortion is illegal except when the mother's life is in danger (Dagagahi 2008). This is a result of deficient access to legal abortion services, lack of knowledge of birth control and, some people claim, shifting social mores about pre-marital sex and abortion (Sedgh et al. 2012). Nearly 80 per cent of people in the Middle Eastern and North Africa (MENA) region[8] live in countries with restrictive laws. Only Turkey and Tunisia allow abortion during the first trimester of pregnancy (Dabash and Roudi-Fahimi 2008). Legality does not ensure services to women even in these countries (Ohier 2014).

Abortion is largely prohibited in Morocco unless it is to save the life of the mother (Article 453 of the Penal Code),[9] and is especially inaccessible for unmarried women who become pregnant, as sex before marriage is illegal under the Penal Code (Articles 449 to 458 of the Moroccan Penal Code). Women also resort to abortion for many other reasons such as: not being able to afford and raise a child, having problems with the partner (such as domestic violence), constraints of education or work, or the pregnancy is unwanted. The rates of total fertility, crude birth, crude death, and infant mortality have been falling during the last three decades (Abdesslam 2011). Criminalisation of abortion in Morocco has not created the policy space to have adequate data on the issue, examine the effects on women, and determine who is being left out. The available data has been complied by non-state institutions, using various sources, and is scattered.

According to commonly accepted interpretation of the Quran, abortion is forbidden as it condemns all killing. Allah (God) has made all life sacred. Advocates for prohibition note sections 6:140 and 151, 17:31 and 33, and 23:14 amongst others as the key sources from the Quran for this view.[10] [11] At the same time, religious scholars have been discussing at which stage in life abortion becomes an invalid and sinful option (Islam Port, 337/7) (Islam

8 Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Malta, Morocco, Oman, Qatar, Saudi

9 Royaume du Maroc, Chapitre VII Des Crimes et Delits conte l'ordre des familles et de la mortalite publique: Section 1 De l'avortement.

10 "Abortion Is Murder." http://www.islamunraveled.org/islam-myths/women-in-islam/abortion.php

11 "Abortion Is Murder, No Ifs or Buts." http://submission.org/abortion_is_murder.html

encyclopaedia 2013).[12] This debate has been conducted in different contexts, but has not yielded any concrete results, with interpretations against abortion being more prominent and adhered to.

According to Dr. Ahmad Abadi, General Secretary of The Rabita Mohamedia of Oulemas[13] , Morocco is an Islamic country where the law is mainly based on Sharia[14]. Ethnicity characteristics are not considered because all ethnic groups are Muslim groups. Nothing differentiates them regarding religion. Culture and social living may differ, but law and religion are the same. However, unsafe abortion practices are too widespread; every ethnic group may have their own abortion practices.

The law needs to be revised to allow abortion not only if the life of the mother is in danger but also when the health of the woman is in danger. By doing so, the door will be opened to take into consideration the WHO definition of health, which states that health comprises mental, social, and physical wellbeing (WHO 2003). This will authorize doctors to provide abortion in the conditions that MFPA advocate for—abortion in the case of rape, incest and psychiatric diseases. Given this situation, it is necessary to approach the problem from the perspective of the social reality of the affected population. Furthermore, it is imperative to initiate a constructive debate dedicated to taking economic, social and legal aspects into account, and acknowledging ethical and religious considerations based on open and tolerant interpretation of Islam. The discussion should lead to the adoption of a multidimensional strategy for the prevention and management of unsafe abortions.

Research Objectives

- To bring together/consolidate evidence on the nature and consequences of unsafe abortion in Morocco in the absence of State–generated data and examine how religious fundamentalism (in the case of Islam) prevents adequate legislation and related policies, practices and services for safe abortion (See Appendix 1 for the glossary of terms and definitions).
- To create an evidence base that facilitates advocacy amongst a range of stakeholders working on the issue, including those at the policy level such as politicians and lawmakers, religious leaders and journalists.

Research Question

- How do religious beliefs influence decisions to provide reproductive health services and the design of laws and policies?

Research Methodology

This research was conducted in four stages: Firstly, the monitoring team of MFPA agreed with the consultant to conduct the research based on seven parts: 1) abortion: causes and consequences, 2) complications of abortion, 3) prevention and abortion, 4) legislation and abortion, 5) human rights and abortion, 6) Islam and abortion, 7) conclusion and recommendations. Secondly, a literature review of all existing documents referring to the best practices regarding abortion law in Morocco and other Islamic countries was conducted in order to compare laws, intervention strategies to reduce abortion, share findings etc. Thirdly, key person interviews were carried out with the Ministry of Health, the Ministry of Family, Women and Solidarity, the Planning Commission (the Haut Commissariat de Plan), the Ministry of Islamic Affairs, the Religious Council of Morocco, gender-based violence civil society organizations, the United Nations Population Fund in Morocco, the World Health Organization in Morocco, and MFPA officials. Fourthly, 12 meetings were conducted with MFPA technical resource personnel to discuss, verify and analyse findings during the course of the research.

The research study used both primary and secondary information. The former was gathered using qualitative techniques (in-depth interviews) and the latter using quantitative data (other research reports, and national

12 الشاملة الموسوعة, n.d., http://www.islamport.com/

13 Rabitat Mohammediaf Ooulemas: a scientific institute that regroups all Oulemas in different disciplinary to discuss Islamic issues.

14 Islamic canonical law based on the teachings of the Koran and the traditions of the Prophet's Hadith and Sunna, prescribing both religious and secular duties and sometimes retributive penalties for law breaking. It has generally been supplemented by legislation adapted to the conditions of the day, though the manner in which it should be applied in modern states is a subject of dispute between Muslim traditionalists and reformists (Oxford dictionary definition, 2016).

and international studies). (See Appendix 2 for the list of persons interviewed.) These interviews aimed to overcome the lack of existing data in terms of the gaps in the legal spaces and the need for improving access to safe abortion services for women. The interviews were based on specific questions related to each part of the research; the interviewers' views are included in the report (See Appendix 3 for the question guide). Preliminary findings and recommendations were shared in a national debate about abortion organized by the MOH as part of a validation exercise. The feedback from this session from parliamentarians, ministries, NGOs, journalists, UN departments and other stakeholders helped fine-tune the findings and recommendations.

Limitations

- Since abortion is a taboo issue in Morocco, it was difficult to get data and statistics about the number of abortions in the country. Moreover, the MOH hospitals do not release data on abortion. Further, the abortion package of services is not part of the official family planning strategy to enable collection of data.
- The abortion law was established according to the Catholic Church since the French colonialism period and no Moroccan Islamic view has been documented; this study is missing this historical perspective.
- The call to consider revising the existing law was a good opportunity for this study to be done and be used to inform the process. Given the limited space that is available, this study does not call for liberalizing abortion. It calls for expanding abortion care to include incest, rape and foetal malformation in an attempt to address the high rates of abortion in Morocco in some manner, albeit not through a human rights and SRHR framework.

This report has seven sections: the first is an introduction, the second provides profiling information, the third presents the interlinkages, the fourth provides conclusions, and the fifth gives recommendations. The remaining sections present the references used and appendices.

> "The law needs to be revised to allow abortion not only if the life of the mother is in danger but also when the health of the women is in danger. By doing so, the door will be opened to take into consideration the WHO definition of health, which states that health comprises mental, social, and physical wellbeing (WHO, 2003). This will authorize doctors to provide abortion in the conditions that MFPA advocate for – abortion in the case of rape, incest and psychiatric diseases."

2. PROFILING MOROCCO: SRHR AND RELIGIOUS FUNDAMENTALISM

A Profile: Morocco	
Total population (2014)	33.8 million (HCP 2014)
Population of women (2015)	16.8 million (CIA World Fact Book 2015)
Population of young people (aged 15-24 years, 2011)	6.3 million (HCP 2011)
Ethnic groupings	Berbers/Amazigh and Arabs
Religious groupings	Muslim and Jewish
Official languages	Berber/Amazigh and Arabic (2011)
Mention of religion in the Constitution	Yes
Type of governance/form of government	Constitutional monarchy
Gross National Income per capita (2013)	$103.8 billion
Rate of economic growth (2013)	4.4% (2013)
Poverty Headcount Index	24.3% (2000)
Population growth rate (2013)	1.5% (2013)
Literacy rate among females aged 10 years and over (2012)	28% (ANLCA 2012)
Maternal mortality ratio (2011)	112 per 100,000 births (MOH 2011)
Total fertility rate (2014)	2.1 (HCP 2014)
Adolescent fertility rate	No data
Contraception prevalence rate and unmet need (2011)	57.4% and 27% (MOH 2011)
Access to modern contraception for women and young people	No data

Morocco, situated in North Africa along the Atlantic Ocean and the Mediterranean Sea, is a low-middle income country. The agricultural sector is the primary source of employment, followed by the tourism industry. As of 2014, Morocco had a gross domestic product (GDP) of around US$ 102.80 billion and the per capita GDP averaged to US$ 3,114. The unemployment rate has fluctuated throughout the years, but dropped to 9.2 per cent in 2013; the literacy rate remains at 67 per cent (World Bank 2013).

Since 1956, Morocco has achieved substantial socioeconomic growth. However, it still remains a fairly impoverished country. According to the World Bank, despite the progress that has been made in reducing income poverty, social indicators in Morocco are well below those of comparable countries. Within the country, there are enormous disparities in access to social services between urban and rural areas. Nonetheless, Morocco continues to open itself up to foreign investors and tourists in order to improve the economy and the general standard of living (Ibid 2013). In 2007, the national poverty headcount index indicated that 9 per cent of the population was poor and 14 per cent of the rural population was living in poverty.[15] Furthermore, the wealth gap continues to be large. In addition, high birth rates exacerbate the effects of poverty, especially in rural areas.

Background to Related Sexual and Reproductive Health and Rights Issues

Fertility has been on the decline since 1962 and the most recent Demographics and Health Survey 2003–2004[16] indicated the trend continued, attributable to increases in the average age at marriage of women and in their contraceptive use. Moroccan women were having 2.5 children on average in 2003–2004 and in 2009. The decline

15 "Morocco Statistics."
16 Available in French: http://dhsprogram.com/pubs/pdf/FR155/FR155.pdf

has been particularly dramatic among rural women—from 6.6 births in 1980 to 3 births on average in 2004.

According to Dr. Bourquia of the Ministry of Health, the average age of marriage has increased—women 15–19 years who were married dropped from 21 per cent in 1980 to 11 per cent in 2004 and those married between the ages 20–24 years dropped from 64 per cent to 36 per cent due to increases in educational attainment (Bourquia 2010).

Largely considered a women's concern, contraceptive use amongst married women of reproductive age during the same period has increased substantially—from 19 per cent to 63 per cent—which can be attributed to Morocco's widespread family planning programme (also discussed later in this report) (Scommengna 2012). Although these efforts have helped narrow the gaps between rich and poor in accessing family planning services, women in general have limited contraceptive options, especially women living in poverty, women who are unmarried, and young women (USAID 2009). Dr. Moulay Tahar Alaoui, President of the Moroccan Council of Medical Doctors, states that the percentage of married women aged 15–49 years who prefer to avoid a pregnancy but are not using contraception (the unmet need for contraception) was 11 per cent in 2011 in the country (Roudi-Fahimi et al. 2012).

The maternal mortality ratio in Morocco was 112 deaths per 100,000 live births in 2009. Although the rate has declined over the years, unsafe abortion is one of the main causes of these deaths, despite the implementation of a national program for safe motherhood (Sedgh et al. 2012).

As noted previously, abortion is largely prohibited in Morocco, especially in the case of pregnancies outside of marriage. Pre-marital sex is illegal under the Penal Code (Articles 449 to 458 and 504 of the Moroccan Criminal Code).[17] Article 453 of the Penal Code allows abortion to save the life of the mother, with spousal consent (AI 2015). Under any other circumstance, the law punishes both the medical practitioner who helps the woman to abort, with a maximum sentenced of up to twenty years, and the woman seeking the abortion, with prison terms of as long as two years. [18] Presently, the Criminal Code does not allow abortion in cases of birth defects, rape, incest, or mental illness. This forces many Moroccan women to take desperate measures and practice abortion in unsafe conditions, abandon children, carry out infanticide etc. Illegality also means there are presently no official statistics on the number of illegal abortions performed in Morocco (Karam and Alexander 2015).

The practice of polygamy is allowed in Morocco, since it is a Muslim country. The revision of family law (also known as Moudwana) revised in 2004 has made it harder as permission has to be sought by a judge to marry more than once (Ennaji, undated). This practice further limits women's rights within the institution of marriage. Sexual rights are limited in Morocco. Morocco also practices variations of marriage including the practice of Al-moutaa marriages, which is a temporary marriage different to the Nikah. It is used as a way to have sanctioned sexual relations with a woman and is considered to be legitimate under Islam. These marriages are not legal under state law, and the couple does not live together; but rather, are used to sanction young men to engage in pre-marital sex (Beamish and Abderrazik 2003).

Moroccan society is patriarchal and as a result girls and women are under the guardianship of males from birth to death. As with any other patriarchal society, girls are taught from an early age that they are second to boys and their role is within the domestic sphere—as wives and mothers. However, education and increased urbanization is changing these trends (Ibid. 2003).

The adolescent population (ages 15–24 years) comprises 6.2 million in Morocco. Pregnancies and births continue to increase for adolescent girls. Younger people are delaying marriage, and changing attitudes towards sexual activity mean that more young people are becoming sexually active before marriage. While a high value continues to be placed on women's virginity, there is strong resistance to providing contraceptive services to young people. These factors and limited availability of reproductive health services and information contribute to high levels of unplanned

17 Royaume du Maroc, Chapitre VII Des Crimes et Delits conte l'ordre des familles et de la mortalite publique: Section 1 De l'avortement

18 Royaume du Maroc, Chapitre VII Des Crimes et Delits conte l'ordre des familles et de la mortalite publique: Section 1 De l'avortement

Box 1: Reference to Abortion in the International Conference on Population and Development – Programme of Action and by the WHO

ICPD PoA

Paragraph 7.6: Establish services for the prevention and treatment of abortion as described in paragraph 8.25, including prevention of abortion and the means to face the consequences of this practice).

Paragraph 8.25: In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services. Prevention of unwanted pregnancies must always be given the highest priority and all attempts should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measure or changes related to abortion within the health system can only be determined at the national or local level, according to the national legislative process. In circumstances in which abortion is not against the law, such abortion should be safe. In all cases women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family planning services should be offered promptly, which will also help to avoid repeat abortions.

Management of complications in reference to WHO

WHO in its guide "post-abortion care" in 2012, recommended that after an induced or spontaneous abortion, women should receive appropriate post-abortion care. For all women whose abortion was performed in unsafe conditions, post-abortion care represents an excellent strategy to reduce morbidity and mortality associated with complications. This could be offering intrauterine aspiration in case of incomplete abortion; providing contraceptives to prevent future unwanted pregnancies; and linking women with other services they need in the community. IUDs whose insertion takes place immediately after an abortion instead of being deferred, offer better protection against unwanted pregnancies. Staff should discuss prevention of STIs, including HIV, and the importance of condoms to all women who have opted for another method.

Family planning after abortion

Family planning post abortion services are considered extremely useful to avoid the repeat abortions. In this context, a WHO guide was developed with guidelines to help managers of care programs to understand and implement these services).

Source: UNFPA 2014, pp. 61-62, 89-90, World Health Organization Department of Reproductive Health and Research (2012) and (WHO 2013)

pregnancies amongst young people, leading to illegal abortions (Ibid. 2003).

Children of unwed mothers with no father identified have no legal status in Morocco and are denied their rights to education and health, while society and families shun their mothers. Infants are abandoned, often in hospitals. Changes to the legislative system requiring a single mother to get court permission to give up a child, has meant that these births are not taking place in state institutions, putting women more at risk. Stigma is high and as a result health institutions deny women care and report them to the police (Ibid. 2003).

Influence of Religious Interpretation on Society and State Policies

Since the time of its independence from French colonization in 1956, The Kingdom of Morocco has been considered one of the most liberal, modern, and accepting countries in the MENA region. However, with the Arab Spring of 2011, many countries in the region, including Morocco, faced the prospect of having to fundamentally change their approach to better address the political, economic, and social demands of the people. This has inevitably led to a rise in Islamic fundamentalism in response to increasingly progressive measures being passed.

Although Morocco is considered progressive, the Mallikite (Malikiyyah) doctrine is predominant in Morocco. It is the second Islamic school of jurisprudence[19] that has its sources in the Quran, the Prophet's traditions (hadith), consensus (ijma'), and analogy (qiyas), developed by Imam Malik.[20] [21] The colonial legal system influenced the development of the legal system, while the Maliki fiqh (Islamic jurisprudence) was applied to family law and local tribunals apply customary law. The Constitution that was adopted in 1972, as with the new Constitution of 2011, declares Islam as the official state religion and guarantees freedom of worship for all citizens.[22]

As with other countries in the region, militant and extremist groups and their influence have been growing in Morocco. Their approaches have been numerous, targeting a range of people, and based on addressing the needs of the underprivileged and marginalised. Part of the fundamentalist movement in Morocco can be attributed to the economic situation. In the 1980s, the government initiated an economic reform movement. Despite this, many Moroccans continue to have a low standard of living.

Islamist groups have taken to assisting students to further their education, providing for the poor, the sick, the unemployed, and the widowed, in urban slums. Their messaging focuses on meeting the needs that the state mechanism ignores and capitalising on the frustrations of society with existing mechanisms and social injustices. However, unlike other groups in the region, they do not advocate or call for violence. Yet, this stand can easily change with increased interest in politics and their efforts to join mainstream politics, despite efforts by the State to increase surveillance of these groups. At the same time, these groups have also questioned the power and privileges of the king—considered blasphemy in Morocco, and called for a purer state following the right form of Islam. The government has been using the approach of courting more moderate groups in an effort to divide religious groups (Simons 1998, Political Risk Yearbook 2014, and Beamish and Abderrazik 2003).

Policies and programmes in Morocco are influenced by Islam, the state religion, and attempts to address SRHR are largely shunned. Islamic law criminalises sex work, homosexuality, and premarital sex in the country. Reactions from religious scholars have been mixed; some scholars reject debate and any attempts to provide services on SRH, while others recognise that Islamic texts do have some provisions to provide for these services; for instance, in

19 Others include Shafi'I, Hanbali and Hanafiyyah Schools – http://islamic-laws.com/articles/sunnischools.htm

20 His contribution to Islamic law is al-Muwatta (The Beaten Path), which is a code of law based on the legal practices that were operating in Medina and covers the areas ranging from the rituals of prayer and fasting to the conduct of business relations. The Malikis' concept of ijma' was understood to mean the consensus of the community represented by the people of Medina and over time this was understood as the consensus of the doctors of law, known as 'ulama. The school is dominant in North Africa, the Sudan and regions of West and Central Africa.

21 Sunni Schools.

22 Morocco, Kingdom of (& Western Sahara), Islamic Family Law, accessed June 22, 2016, https://scholarblogs.emory.edu/islamic-family-law/home/research/legal-profiles/morocco-kingdom-of-western-sahara/

relation to good health, sexuality education, and marriage, amongst others. Furthermore, the king has claimed to prioritise the status of women and youth and this paves the way for opportunities. NGOs, which do not fall under the scrutiny of Islamic parties, have better access and opportunity to work on issues that the government will not tackle (Beamish and Abderrazik 2003).

Religious Fundamentalism and Abortion in Morocco

Religious fundamentalism has an even stronger presence at the systematic and state mechanism levels. Currently, the Islamist Party of Justice and Development (PJD) has the majority in the government. The PJD party, thanks to the strong leadership of the civil society movement, has been exposed to sexual and reproductive health issues in more recent years.

In May 2015 King Mohammed VI called for changes to the abortion law. The King, considered a descendent of Prophet Muhammad, opened a consultation on legalising abortion and tasked the Human Rights Council, and the Minister of Justice and Freedoms and the Minister of Habous (Islamic Property Law) and Islamic Affairs with coming up with the new law (Soussane 2015 and African Bulletin 2015). The Committee was meant to first look at and reference French, Turkish, and Belgian legislation, and then finally at Islamic Law and the reality on the ground before issuing recommendations (Karam and Alexander 2015). The decision could help improve access to services, if the law is implemented adequately; however, it will continue to leave unmarried women, who will be forced to turn to illegal providers, out of the equation (Soussane 2015).

When the potential content of the law was first introduced, it led to a polarising debate between conservatives and liberals. While the conservatives (like the PJD party) wanted to limit abortion rights, liberals feared that the law would pass if it only allowed abortion in certain circumstances. Dr. Chraibi, the former head of gynaecology and obstetrics at the Maternite des Orangers in Rabat, claimed that on average, about 800 illegal abortions happen during the day and about 200 of those happen in particularly poor conditions. However, this data cannot be substantiated, as statistics on abortion is limited in Morocco. He deplored Morocco's restrictive framework saying, "We suspect some young women have had abortions before, but when they come to the ward, they can't tell us as they can go to jail for it . . . As for single women who can't access abortion, they give birth using a false identity and never come back for the birth certificate" (Ibid. 2015).

Saad Eddine El Othmani, the President of the National Council of the PJD, however, agreed that there needed to be reform of Morocco's law on abortion. Based on Islamic jurisprudence, there are three periods of pregnancy: the pre-foetal period (before six weeks), the one where the foetus is considered to be alive (just under eighteen weeks), and then right after. In the Maliki school of Sunni Islam, abortion is prohibited after 40 days (six weeks), except in cases of absolute necessity (CreateSpace Independent Publishing Platform 2012). El Othmani has been quoted saying that there are no less than ten articles of the law that criminalize abortion in Morocco. He said, "There's consensus among a majority of stakeholders that current legislation isn't adequate and that it dates to 1967, a time when Moroccan society was more conservative . . . Ideas have evolved, society is changing." (Karam and Alexander 2015). However, given recent medical breakthroughs and the alarming statistic that around 800 illegal abortions happen every day in Morocco, Morocco's Former Prime Minister said that the Kingdom must move towards greater flexibility in abortion laws (Barakah 2015).

MFPA presented the preliminary results of this research to more than 500 persons who attended the national debate on abortion. The discussion stressed that abortion cannot be the only solution to existing social issues, but rather, prevention has to be reinforced. Making abortion legal under specific circumstances including rape, incest, and foetal malformation was appreciated. However, it was also noted that the Moroccan Islamic Council needs to go for Ijtihad on such issue because unsafe abortion is a major cause of maternal death.

Box 2: Views of the Four Schools of Islamic Thought on Abortion

According to the Hanafi rite: The woman can abort during the first 120 days of pregnancy, the soul is not yet breathed into the body and the future child is still in its infancy. It states an abortion conditionality: it is allowed in cases of great need (real and recognized) and for a good reason. If a woman miscarries for no apparent reason while members and foetal organs have already begun to form, it will be the equivalent of committing a sin and a crime, as explicitly mentioned by Ibne Abidine Chami.[23]

For the Hanbali rite: Based on the report of Sheikh Wahbah AzZouheïli, the opinion of the Hanbalite School on abortion is similar to the Hanafi rite.[24]

For the Shafii rite: There are mainly three opinions that are referred to by the Shafii school concerning the interruption of pregnancy before insufflation of the soul:

- One opinion is quite similar to that of Hanafites. This opinion is the preference of the Shafii jurist Al Ramalira.
- Another opinion: abortion is permitted before 40 days of pregnancy, but discouraged ("Makruh"). If this were to happen, the agreement of both spouses is required. Abortion after 40 days is strictly prohibited.[25]
- A third opinion: Abortion is prohibited from when fertilization occurs, based on the view of Imam Abu Hamid Al Ghazali.[26]

Maliki rite abortion: Is illegal from the very beginning of pregnancy[27] i.e. from conception. Note that on this issue, many contemporary scholars have adopted a position that ultimately goes in the direction of that which has been defined by the experts of the Hanafi school.

Source: Various

23 Muhammad Amin Bin Umar Abdin Ibn, in Radd Al-Muhtar 'Ala Al-Durr Al-Mukhtar Al Matn Tanwir Al-Absar, vol. 5 (Al-MatbaA Al-Amira, 1855), 519.
24 Wahbah Al-Zuhayli, in Al-Fiqh Al-Islami Adillatuh, 11 vols. (Beirut: Dar al-Fikr, 2008), 2648, http://kitaabun.com/shopping3/product_info.php?products_id=2323&osCsid=d07ecfbf41721285db947b7d377c1c34
25 Ibid.
26 Imam Abu Hamid Muhammad al- Ghazali, Al-Ghazali's Ihya Ulum Ad Din New English Complete Translation, trans. Mohammad Mahdi al-Sharif, vol. 2 (Dar Al Kotob Al Ilmiyah, Beirut Lebanon, 2008).
27 Muhammad ibn Ahmad Ibn Juzayy, in al-Qawanin al-Fiqhiyah (Dar al-Huda, 2000), 141.

3. UNDERSTANDING THE INTERLINKAGES

Counting Abortion and Exploring the Causes and Consequences

Globally, 21 per cent of pregnancies end in abortion and 49 per cent of abortions are unsafe.[28] A study on abortion was conducted by the World Health Organisation (WHO) and the Guttmacher Institute and published in The Lancet (Sedgh et al. 2012). It offers estimates on abortion and its consequences globally and by region between 1995 and 2008. WHO estimates that the number of maternal deaths due to abortion was at 47,000 in 2008 and the case fatality rate (number of deaths per 100,000 abortions) is 220. Abortion complications are responsible for 13 per cent of maternal deaths (WHO 2011).

While official statistics on abortion are not available for Morocco (as explained in the previous section) several estimates are available that give some indication of the extent of the issue. Beamish and Abderrazik (2003) put the figure between 130,000–150,000 illegal abortions each year, including among young women. A study by the National Institution of Solidarity with Women in Danger (INSAF) estimates that over 800 illegal abortions are performed daily in Morocco in 2010 (Ministère de la Santé 2011). In addition to these estimates, three approximate calculations of the abortion rates can be made as follows.

First approximate calculation

According to the Lancet global survey data of North Africa, the rate of abortions per 1,000 women aged 15–44 years is 18. The Moroccan National population survey of 2011 (Ibid. 2011) estimated the number of Moroccan women aged 15–44 years was 9.2 million. Accordingly, 165,000 abortions would take place in Morocco (equal to 18 per 1,000 women) (Sedgh et al. 2012).

The limitation of this first approximate calculation is that extrapolations of the global survey are difficult to defend because of the difference between the six countries in North Africa (Sudan, Morocco, Algeria, Tunisia, Libya and Mauritania) in terms of demography, and reproductive and social characteristics, as these would influence the nature and extent of abortion, driving the figure higher or lower.

Table 1: Estimated abortion indicators for 2012, in North Africa and globally

Indicators	World	North Africa
Number of abortions	43.8 million	900,000
Number of maternal deaths due to abortion	47,000	1,500
Rate of abortions per 1,000 women aged 15–44 years	28 per thousand	18 per thousand
Fatality rate (number of deaths related to unsafe abortion per 100,000 abortions a risk)	220	170
The mortality ratio (deaths related to unsafe abortion per 100,000 new-borns)	30-40	30

North Africa - six countries: Sudan, Morocco, Algéria, Tunisia, Libya and Mauritania.

Source: Sedgh et al. 2012

28 Muhammad ibn Ahmad Ibn Juzayy, in al-Qawanin al-Fiqhiyah (Dar al-Huda, 2000), p.141

Second approximate calculation

In Morocco, the only population survey that has integrated abortion in the questionnaire was the Demographic and Health Survey (DHS) of 1995 (Azelmat et al. 1995). It estimated the magnitude of abortion based on two methodologies:

Method 1: The behaviour of women after an unwanted pregnancy during the reference period of one year According to this 1995 demographic survey, the percentage of abortions among married women with an unwanted pregnancy during the reference year of the survey was 4.4% (7.7% in urban areas) (Ibid. 1995).

Method 2: An analysis of the women's fertility schedule and their keeping of pregnancies that occurred during the past 5 years (Ibid. 1995).

This second estimation method over a period of five years preceding the survey shows that 8.6 per cent of unintended pregnancies among married women ended in abortion (12.4 per cent in urban areas).

Table 2: Distribution of Women who had an Unwanted Pregnancy, and Behaviour After the Occurrence of UWP, by Place of Residence

Behaviour of Women	All	Urban	Rural
Total number of married women in thousands	2,736	1,242	1,494
Women with an unwanted pregnancy	29 % (802)	36 % (452)	23 % (350)
Women who ended the pregnancy	4.4 %	7.5 %	0.3 %
Women who tried to end the pregnancy but were unsuccessful	2.9 %	10.2 %	4.6 %
Miscarriage	85 %	3.1 %	2.6 %
Women who remained pregnant	7.7 %	79 %	92 %

Source: Azelmat et. al. 1995

Table 3: Distribution of Pregnancies in the Past 5 Years and the Outcome of Pregnancy by Area of Residence

Location	Pregnancy Outcome			Total
	Live Birth	Abortion	Unknown	
Total	79.7 % (2150)	**8.6 % (232)**	11.6 % (314)	100 % (2696)
Urban	76.5 % (716)	**12.4 % (116)**	11.1 % (314)	100 % (936)
Rural	81 % (1434)	**6.6 % (116)**	11.9 % (314)	100 % (1760)

Source: Azelmat et. al. 1995

According to the National Family Health Survey conducted in Morocco in 2011 (ENPSF 2011), 15 per cent of women between the ages of 15–49 years, who were pregnant at the time of the survey, wanted to delay getting pregnant while 10 per cent stated that the pregnancy was unwanted. These figures point to further evidence of the gaps in decision-making and the service provision around this issue. 77 per cent of young women (defined as women less than 24 years old), are single and 22 per cent of them are married (Youth figures, HCP 2012).[29]

29 Early marriage was indicated by two factors: the proportion of women aged 15-49 married for the first time before the age of 15 and women aged 20-49 married for the first time before reaching the age of 18 (ENPSF 2011).

UNFPA Morocco found that in 2011 approximately 49,696 Moroccans aged 15 to 19 years gave birth to a child and the fertility rate for girls within the same age group was 32 births per 1,000 women. Twelve per cent of girls between 15 and 24 years who are sexually active have had an unwanted pregnancy (UNFPA July 2013).

A recent survey conducted by MOH in Morocco on a sample of more than 2,000 young girls in six regions of Morocco indicates that 50 per cent do not use any modern contraception methods. Among youth who were sexually

Division 2014). This is also significantly the case for Morocco as per Articles 449 to 458 of the Moroccan Penal Code.[30]

Maternal mortality rate ratio by type of abortion policy ratio in liberal countries is 77, which is a third of the same ratio in countries with conservative views and policies on abortion (223) according to the global health observatory data (WHO 2014). This leads to the conclusion that abortion, especially unsafe abortion, is one of the major causes of maternal mortality.

Table 4: Characteristics of Fertility in Females Under 18 Years in Morocco

Indicator	Values (%)
Girls married before age 15 years	3
Married adolescents (male and female) under 18 years	18 (Rural: 23)
Teenage mothers (young married girls who have given birth at the point of data collection)	4
Pregnant teenagers (young married girls who were pregnant at the point of data collection)	1.9
Teenage girls having started childbearing (young married girls who can get pregnant as they aresexually active at the point of data collection)	6

Source: ENPSF, 2011

active, 7.9 per cent, themselves or their partners, have already had an unwanted pregnancy. Of these, 70 per cent reported having had an abortion undertaken by doctors or professional midwives (25 of the 32 girls) or by a traditional birth attendant (reported by five respondents) (Ministry of Health, Department of Epidemiology Against Disease (DELM) 2014).

The data points out that except for rare situations where one is forced to terminate a wanted pregnancy to save the life or health of a woman, or because the foetus cannot survive outside of the womb, the great majority of induced abortions are intended to terminate unplanned pregnancies.

A publication of the United Nations (UN 2014) noted that maternal mortality rates due to abortion complications is significantly linked to the legislative policy on abortion (whether they are restrictive or liberal) (United Nations Department of Economic and Social Affairs, Population

Women who undergo unsafe abortion are vulnerable to psychological consequences, severe haemorrhage or bleeding, infection, peritonitis, infertility, incontinence, chronic pain, and death. According to a report of an expert group of the WHO, the most common complications are bleeding, infections complicated by kidney failure, uterine rupture, peritonitis caused by perforation of the uterus, effects on the central nervous system, embolism, and complications of anaesthesia (WHO 1970). These complications can arise early or some time after the abortion. They are more frequent when abortion is not practised in a safe medical environment.

The debilitating effects of abortion complications include incontinence and infertility, two problems that can contribute to the social exclusion of victims (Ibid. 1970). Infertility can cause marital and family problems, especially

30 Royaume du Maroc, Chapitre VII Des Crimes et Delits conte l'ordre des familles et de la mortalite publique: Section 1 De l'avortement.

for very young women who have never had children. The blame of infertility is usually placed on women and the service and social structures may not be in place to address this, particularly in patriarchal societies that do not entertain the idea that it is a condition that has to be addressed in a manner that does not place blame on either party or the couple. The influence of religious interpretation on the experience of infertility has to be

explored much more, as it is perhaps beyond the remit of this report. However, there is some indication that the focus of this analysis is on the women's experience and advising women on how to deal with it rather than taking on a wider perspective, involving both partners, and without using blame. [31] [32]

Psychological disorders related to abortion are important to consider. To describe the problems experienced after an abortion, the term Post-Abortion Syndrome is sometimes used. The terms used by the scientific community to refer to psychological suffering of abortion are those associated with anxiety, depression or some corollaries of Post-Traumatic Stress Disorder (l'Institut Européen de Bioéthique 2011).

According to the Female Solidarity Association, the number of single mothers would be more than 20,000 in Morocco (Vallet 2013). As stated previously, while sex out of marriage is criminalised and has a penalty of imprisonment, these women are stigmatised by the state mechanism, by their families and communities. The legal system and stigma associated to an unmarried woman becoming pregnant has led to a high number of women resorting to abortions in unsanitary and dangerous conditions. According to a survey conducted by the Moroccan League for Child Welfare and UNICEF in 2008, the number of admissions to give birth to children who are later abandoned in 16 regions are 1,419 children (UNICEF Morocco 2008).

The case above reveals how single mothers and their children who are born out of wedlock are left out of the system, marginalised, destitute, stigmatised, and their rights including civic rights are violated by many actors, including the State. In effect this level of stigma and marginalisation becomes sanctioned by the state. The effects are lifelong and only serve to marginalise the affected. Furthermore, the legal mechanism facilitates men shedding their responsibilities and not meeting these responsibilities. The reaction of the family and additional burdens of losing a support system is significant.

The issues raised in this case study—the position of women in society, lack of accountability of men, the negligence of the State and family, control of a woman's body by the State and family, valuing virginity, and lack of bodily integrity—have to be examined in the Moroccan social and cultural context that enables such policies and practices. Firstly, the influence that narrow interpretations of religion have on state policies that prevent unmarried women from accessing critical SRH services such as abortion even within the available legal parameters; secondly, interpretations of Islam that forbid and penalise those, especially women, who engage in pre-marital sex, which have been used to develop laws against the practice as well as to rationalise stigmatisation by family. The focus of laws and practices is largely to act as preventive mechanisms—fear of stigma and punishment should deter people from engaging in these acts. However, this also signifies the wide gap between a rights–based approach and an approach that instils fear. The rights of people, especially women, are secondary to notions of acceptable practices according to religion.

Complications of Unsafe Abortions

The previous section shows consequences of abortion that could seriously affect the lives of women. This section reflects on ways to manage complications of abortion.

ICPD and WHO calls for making post-abortion care available for women with abortion complications is a commitment that could save many people's lives and improve the health of millions of women, especially in developing countries (See Box 1).

31 "Maybe Allāh Wants You to Become an 'Ā'ishah and Not a Khadījah," MuslimMatters.org, April 6, 2012, http://muslimmatters.org/2012/04/06/35818/
32 "Coping with Infertility," IDEALMuslimah, n.d., http://idealmuslimah.com/family/infertility-miscarriages-birth-control/213-coping-with-infertility.html

Box 3: Case Study: Social Stigma of Single Motherhood in Morocco

"We planned to marry, but he kept pushing back the date. He told me: 'Oh, we aren't in a rush to do it. I won't leave you, don't worry'. I was wrong to trust him but, in the meantime, I became pregnant. At the time, I had no idea how a woman becomes pregnant because I had never spoken about this kind of thing with my mother. For me, it was the beginning of a descent into hell. We fought constantly because he no longer wanted to get married. He didn't want me anymore. My family had disowned me."

"It was the worst time in my life. I even filed charges against him, which cost me a lot of money. He wanted me to get an abortion but, for me, it was out of the question. Some of my friends died during backstreet abortions. I eventually forgave him and stopped pressing charges. I spoke to him often about getting married but he always told me that we weren't in a rush to get married and that he loved our daughter and he would acknowledge his paternity so that she'd have a normal life. He reassured me by making me believe that he loved me and I let down my guard. I became pregnant for a second time. He wanted me to get an abortion because, with a second child, our life would become even more difficult, but it was out of the question for me. I didn't want to take the risk of having a backstreet abortion. I had to move out of my parents' house after they made it clear that I was the shame and embarrassment of my family. He eventually left us. He is not at all involved in the lives of his children and I know that the ostracisation I feel will be even worse for them. Moroccan law considers them bastards. Now, I work as a cleaner when I can find work. I don't have a steady job. Sometimes, I work all day and only earn 100 dirhams (9 euros). Sometimes, after paying the rent, I don't have enough to feed my children. I've heard that there are organizations that can help us but they are all in Casablanca and I don't have the money to go there with my two children. Many people tell me that I should abandon my children because they are the source of my problems. This pressure is hard to deal with. I wish I could have given my children another future. My daughter will be four and I don't have enough money to enrol her in school. I am illiterate myself and I would have loved for her to be able read. If I'm not going to work, I don't go out at all. When people look at me, they immediately think about how I have 'sinned' and I can't stand it anymore. Morocco is a country of hypocrites."

Note: "Article 446 of the jurisprudence is harsh with regards to children born out of wedlock. Even if the father chooses to legally recognise the child, the child is classified as "zina", in other words, the product of "fornication". If the father does not recognise his child, the child's status as "zina" appears on his or her birth certificate. As a further method to differentiate the child, the particle "abd" is added in front of his or her name, which is chosen by the mother from a list of potential names."

Source: http://observers.france24.com/en/20150330-morocco-women-rights-single-mother-children

These commitments have not been passed down locally in a manner that will ensure appropriate services for women and girls as specified in these documents. The Ministry of Health in its sectorial strategy 2012–2016 (Pillar 2: strengthening the health of mother and child)[33] scored 33 actions relating to the health of the mother. Unfortunately, this strategy includes no measures for the management of complications of abortion. Officials from the Ministry of Health are aware of this problem; however, there is currently no formal action plan for management of abortion complications (staff training, protocols, equipment, drugs etc.).

33 Ministry of Health, Morocco, sectorial strategy of mother health, pillar 2: strengthening the health of mother and child

Prevention of unwanted pregnancies has been one crucial aspect of reproductive health in Morocco since the sixties. It is still the best and ultimate solution against abortion. Since 1965, the family planning programme in Morocco was one of the flagship public health programmes. Fertility in Morocco has reached advanced stages of demographic transition with the Synthetic Fertility Index (FSI)[34] being at 2.6 children per woman (ENPSF 2011).

The main indicators for assessing the role of the family planning programme in the prevention of abortion are—access to family planning, contraceptive prevalence, use of modern contraceptive methods, unmet need for family planning, unwanted pregnancies and failure of family planning (National Survey of Population and Family Health, Ministry of Health 2011).

In Morocco, public health centres of the MOH constitute 42 per cent of supply sources of contraceptive methods while pharmacies account for 51 per cent. Furthermore, the oral contraception and the male condom are more significantly supplied by pharmacies (57 per cent and 65 per cent respectively), while the use of long-term methods (IUD and injectable) is mainly provided by public services: health centres supply 70 per cent of IUDs and 96 per cent of contraceptive injections (hormonal shots), while public hospitals undertake 64 per cent of tubal ligations.

In Morocco, contraception services were mainly offered to married women for a ten-year period. Things have changed, and contraception services are offered to some unmarried women as well. However, unmarried women are still not fully served. There is a noted decline in age at first marriage (31 years for boys and 26 for girls), and the unmarried population percentages of those over 15 years of age (55 per cent married, 31 per cent single, 9.6 per cent widows, 2.8 per cent divorced and 0.8 per cent separated) (ENPSF 2011). Moroccan teenagers are becoming more sexually active, according to a study conducted by the Ministry of Health in 2013. This issue needs to be seriously considered; unmarried women and teenagers across Morocco need to get access to contraception to avoid unsafe abortion.[35]

Contraceptive prevalence in Morocco has reached high figures compared to other countries of the region (67 per cent in 2011 according to ENPSF).[36] From this table we could conclude that 25 per cent are unwanted pregnancies and 27 per cent are family planning contraception failure. Even if 67 per cent is the Moroccan contraceptive prevalence, the rates of unwanted pregnancies and family planning failures are still high (27 per cent) and need to be taken into consideration (MS 2012).

The Family Planning Strategy of the Ministry of Health (2012-2016)

The strategy of the Minister of Health on Family Planning (page 45) retained only the following:

- Asset building and improving the response to unmet needs for family planning;
- Strengthening the availability of and accessibility to family planning services;
- Introduction of new contraceptive methods in public health structures;
- Integration of family planning services in the basket of reimbursable care through Mandatory Health Insurance (AMO);
- Building capacity in clinical and management guidelines of the National Programme for Family Planning (PNPF);
- Strengthening basic training in family planning;
- Revival of social marketing activities for the IUD.

In the strategic plan of the Ministry of Health (Sector Strategy 2012-2016), there is no mention of objectives and specific actions for the reduction of unmet needs, unwanted pregnancies, failures of FP and the expansion of FP programmes to vulnerable populations, and risk of abortion or other health problems.

As stated in the focus group discussion with officials of the

34 Expresses the number of children a hypothetical mother would have at the end of her fertile life, if during this time her behaviour corresponded, at each age, to that reflected in the series of specific fertility rates by age. Read more: "Enquête Nationale sur la Population et la Santé Familiale: Principaux indicateurs régionaux" (Ministère de la Santé, 2011), http://www.sante.gov.ma/Publications/Etudes_enquete/Documents/Indicateurs%20regionaux_ENPSF-2011.pdf. Eustat Under Creative Commons License: Attribution

35 Étude Connaissances, Attitudes, et Pratiques Des Jeunes En Matière d'IST et VIH/sida.

36 Enquête Nationale sur la Population et la Santé Familiale: Principaux indicateurs régionaux.

Ministry of Health (see Appendix 2) the FP policy is limited in the Moroccan national strategy and these limitations influence the extent of abortions in the country. Mainly, the non-consideration of unmarried women (high risk of abortion). Despite demographic changes, the Ministry of Health continues to include only married women in its population surveys.

Legislation and Abortion

The current debate on abortion legislation raises many controversies; indeed, the legislation part is the one that attracts the most attention. The analysis of the legal framework of abortion is fundamental to any study on this issue. This is precisely the situation of illegality that has generated, many heated debates and national and international controversies between different social actors, such as religious groups, doctors, lawyers, policies and representatives of civil society.

Abortion laws vary around the world with a shift towards more liberalization of the law. Since 1985, 19 countries have liberalized their law. Currently 62 per cent of the world population lives in 55 countries where abortion is legal (either unrestricted or for economic and social reasons), while 25 per cent of the world population lives in countries where legislation is completely restrictive or permits abortion only when the life of the mother is threatened (WHO 2003).

Abortion Laws in Countries with a Muslim Majority

The abortion law in Muslim–majority countries is characterised by great diversity. The law is conservative in 10 countries, permitting abortion only when the life of the mother is threatened. Ten Muslim-majority countries where the legislation allows abortion for socio-economic conditions and on demand, show a wider opening than countries like Japan, Iceland, Ireland, New Zealand or the UK (Gilla 2013).
In addition, 16 of 37 countries (43%) allow abortion for any of the following: physical health, mental health, rape/incest or congenital malformations. This diversity is explained by a combination of Shari'a and civil or common law (Ibid. 2013).

The main conditions under which abortion is permitted in Muslim countries indicate three main categories. The first category are countries where abortion is permitted in only one case. The second category are the countries that are more tolerate to two to four cases, and the third category are the Muslim countries that are more open and do not have any restrictions on abortion. Those Muslim countries are divided as follow:

Category 1: Eleven countries where abortion is permitted only to save the lives of women (Djibouti, Egypt, Iran, Iraq, Lebanon, Libya, Mauritania, Senegal, Somalia, Syria, and Yemen).

Category 2: Sixteen countries including Morocco where abortion is permitted under different conditions. These conditions are any combination of the following:
L: Life: Women's Life
PH: Physical Health
MH: Mental Health
I / R: Incest / Rape
F: Foetal malformations
The countries are Indonesia, Mali, Oman, Algeria, Chad, Malaysia, Morocco, Nigeria, Pakistan, Saudi Arabia, Soudan, UAE, Jordan, Kuwait, Niger, and Qatar.

Category 3: Ten countries where abortion is permitted for economic/social reasons and on demand.
Those countries are: Albania, Azerbaidjan, Bahrain, Kazakhstan, Kyrgyzstan, Tunisia, Turkey, Turkménistan, and Ouzbekistan.

Analysis of abortion laws in Muslim-majority countries illustrates a general conservative approach, where 10 of 37 countries permit abortion only when the life of the mother is endangered, while 16 of 37 (43%) allow abortion for either of the following: physical health, mental health, rape, incest or congenital malformations. Finally, 10 of 37 countries (including Tunisia, Turkey and Bahrain) allow abortion for socio-economic reasons or on demand.
Morocco is in the middle column with Saudi Arabia, Algeria, and Kuwait, without integrating rape, incest and congenital malformations.

The Relationship Between Legislation and the Abortion Risk Rate (Elisabeth Åhmanb, Nuriye Ortaylic 1994)

While abortion continues to occur in all regions of the world, regardless of state laws on abortion, the abortion rate is lower in sub regions where more women live under liberal laws (Ibid. 2013). The rate of unsafe abortions is 26 per 1,000 women in countries with liberal legislation while it is 6 per 1,000 women in countries with restrictive legislation.

The highly restrictive legislation is not associated with lower rates of abortion. Thus the abortion rate is 29 per 1,000 women of childbearing age in Africa and 32 per 1,000 in Latin America—two regions where the procedure is illegal in almost all cases (Ibid. 2013, WHO 2007 and United Nations Department of Economic and Social Affairs, Population Division 2003). In Western Europe, where abortion is generally accepted in many circumstances, the rate is 12 per thousand. Where the law allows it, abortion is usually medicalized. In developing countries, relatively liberal laws are associated with fewer adverse consequences of unsafe abortion on health than those countries where laws are extremely restrictive.

Abortion Laws

Abortion laws did not exist before the nineteenth century in Morocco. In 1869, Pope Pius IX declared that the soul was present at conception. Therefore, laws enacted in the nineteenth century did not allow any termination of pregnancy. These laws are the cause of the restrictive legislation that persists in some developing countries. Between 1950 and 1985 almost all developed countries liberalized their abortion laws for reasons of security and to respect human rights. In countries where abortion is still illegal, it is often due to old colonial laws and rarely a reflection of the views of local people.[37]

In France, the 1920 law equates contraception to abortion. Any contraceptive propaganda is prohibited. The crime of abortion is liable to the court of Assizes. In 1923, the import of contraceptive products was prohibited.
Abortion is illegal or there is only very restrictive access in most African countries; these laws remain based on colonial policies including the 1920 French law governing access to contraception and abortion.[38] This was also the case in Morocco; sections of the Moroccan Penal Code on abortion have been designed in the spirit of the French law of 1920 influenced by the position of the Catholic Church, and not that of Sharia. The law was promulgated on 1 July 1967 (Dahir No. 181-66). This removed all criminal provisions with regard to contraception.

Moreover, abortion is regulated by the provisions of the Criminal Code of 26 November 1962, amended by Royal Decree No. 18 dated July 1967, to include provisions to penalise the advertising of abortion. Section 449 of the penal code provides that any person who has recourse to abortion or attempts to abort the foetus of a pregnant woman or carries out an abortion without the women's consent, shall be punished by imprisonment from one to five years. This article considers all methods of abortion: foods, drinks, or other means. The Moroccan legislation has not adopted the liberal position of some Islamic scholars who admit the law of abortion performed during the first four months of pregnancy; it remains true to the spirit of the French law of 1920 applied to Morocco in 1939.

The term "abortion" is used by local lawyers and Muslim Ulema in the linguistic sense, and expressed in different ways. Although proponents of the Ulema Shaafa'i' school generally use the term "abortion" as it is, they do not look to other synonyms to explain it. Abortion in the terminology of "Chariae" is "rid the wife of her foetus, dead or alive, before completing the normal length of pregnancy, via a drug induced abortion." According to the Mufti of Al-Azhar[39] an abortion is the rejection of the foetus before it fully achieves its natural growth in the womb of the mother.[40]

37 "L'Avortement Spontane Ou Provoque.

38 La Ligue Marocaine Pour La Protection de l'Enfance, "Enfance Abandonnee Au Maroc Ampleur, Etat Des Lieux Juridique et Social, Prise En Charge, Veçus.

39 Situated in Cairo, Egypt, it is considered the centre of Islamic learning – website under construction. Its mission is to propagate Islam and Islamic culture. To this end, its Islamic scholars (ulamas) render edicts (fatwas) on disputes submitted to them from all over the Sunni Islamic world regarding proper conduct for Muslim individuals and societies – Wikepedia

40 Opinion of the Scholars and Jurisprudents of the Ahl As-Sunnah in Relation to Family Planning," Al-Islam.org, n.d., https://www.al-islam.org/islamic-edicts-on-family-planning/opinion-scholars-and-jurisprudents-ahl-sunnah-relation-family.

Box 4: The legislation on abortion in Morocco: Articles 449-458 of the Penal Code

The articles of the Criminal Code (Ministry of Justice and Freedoms 2014) provide for imprisonment for anyone who engages in the practice of abortion or even advertising on abortion.[41] Below are the penal code articles about abortion in Morocco:

Article 449: provides for a prison sentence of one to five years for anyone who procures or attempts to procure the miscarriage. If death is caused, the penalty is imprisonment from ten to twenty years.

Article 450: provides for 20 to 30 years in prison for those providing or engaged in the practice of abortion.

Article 451: provides for the same penalties for health professionals and traditional health providers that recommended, encouraged or practised the means to procure the miscarriage.

Article 455: provides for the same punishment for any advertisements on abortion, regardless of its nature.

Only Article 453 is the exception: abortion is not punished when it constitutes a necessary measure to safeguard the health of the mother. A physician or surgeon, with the authorization of the spouse, openly practices it. If the practitioner believes that the life of the mother is in danger, that authorization is not required. However, he must give notice to the chief doctor of the prefecture or province.

Source: Kingdom of Morocco Ministry of Justice and Freedom's office of legislation, penal code, consolidated version dated 20 March 2014. Chapter VII (articles 449-504) section 1 on abortion

"While official statistics on abortion are not available for Morocco several estimates are available that give some indication of the extent of the issue. Beamish and Abderrazik (2003) put the figure between 130,000–150,000 illegal abortions each year, including among young women. A study by the National Institution of Solidarity with Women in Danger (INSAF) estimates that over 800 illegal abortions are performed daily in Morocco in 2010 (Ministère de la Santé 2011)."

41 Royaume du Maroc, Chapitre VII Des Crimes et Delits conte l'ordre des familles et de la mortalite publique: Section 1 De l'avortement.

The Ulema have taken different positions on abortion, especially during the first fourth months of pregnancy as stated in a fatwa. They have four points of view:[42]

1. Absolute Permission (الإباحة مطلقا) without any condition: it is the rite of Zaidía some Hanifites and some Shaafa'is, as indicated by the quotes of Maalikis and Hanbalis;
2. Conditional Permission in the presence of an excuse, without which abortion is heavily discouraged and looked upon as detestable (الكراهة). It is the rite of Hanifites and some proponents of Shaafa'I School;
3. Absolute hatred (الكراهة مطلقا) toward abortion, which is the view of some proponents of the Maaliki School;
4. Ban without excuse (التحريم بغير عذر), which is the basic rule in the Maaliki School.

The common notion is that Islam bans abortion (see previous sections in this report that refers to this) and since each rule remains an accepted exception if it is justified, the recourse to abortion in some cases falls into this logic to be an exception to the ban. According to Ulema, there are circumstances of pregnancy where abortion may be permitted, as there are circumstances where abortion is prohibited. Therefore, like Sheikh Qaradawi emphasized, "The basic rule in Islam over abortion is the ban. However, this prohibition may be more or less severe, depending on the circumstances and especially depending on when the termination of pregnancy occurs . . ." (Yusuf 2016).

Human Rights and Abortion

During the last 15 years, international, regional and national courts dealing with human rights recommend decriminalization of abortion and the provision of care regarding the following aspects: abortion, to protect the life and health of women post-abortion care access and access to abortion in specific situations of rape, severe birth defects, incest and babies affected by the AIDS virus (WHO 2013).

In international legal foundations, individuals have reproductive rights, based on the principles of dignity and equality. However, women have a unique role to play in human reproduction and are therefore affected in a singular way by government policies. Reproductive rights in accordance with international legislation on human rights are composed of a number of separate human rights.

According to a UNFPA focus group discussion, there are many international conferences, treaties and declarations that Morocco is obligated to abide by and implement.[43] They include the international declarations such as the Universal Declaration of Human Rights,[44] the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW),[45] the Covenant on Economic, Social and Cultural Rights,[46] the UN World Conference on Women in Beijing,[47] and ICPD[48]. They recommend that countries prevent abortion, treat complications of abortion, relax legislation and reaffirm the commitment of governments to the following human rights related to reproductive health:

- The right to life, liberty and security of person;
- The right to health, reproductive health and family planning;
- The right to decide freely and responsibly on the number and spacing of their children;
- The right to consent to marriage and equality in marriage;
- The right to privacy;
- The right not to be discriminated against for specified reasons;
- The right to be protected against any practice harmful to the health of women and girls.
- The right not to be subjected to torture and other cruel treatment or punishment, inhuman or degrading treatment;
- The right to freedom of sexual violence;
- The right to benefit from scientific progress and its applications.

42 Ibrahim B. Syed, "Abortion," Islamic Research Foundation International, Inc., n.d., http://www.irfi.org/articles/articles_101_150/abortion.htm

43"Ratification of International Human Rights Treaties – Morocco," University of Minnesota Human Rights Library, accessed June 22, 2016, http://hrlibrary.umn.edu/research/ratification-morocco.html

44"The Universal Declaration of Human Rights," United Nations, accessed June 22, 2016, http://www.un.org/en/universal-declaration-human-rights/

45"Convention on the Elimination of All Forms of Discrimination against Women," United Nations, accessed June 22, 2016, http://www.un.org/womenwatch/daw/cedaw/

46International Covenant on Economic, Social and Cultural Rights," United Nations http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx.

47"Fourth World Conference on Women, Beijing 1995," United Nations, http://www.un.org/womenwatch/daw/beijing/platform/

48Programme of Action Adopted at the International Conference on Population and Development Cairo, 5–13 September 1994: 20th Anniversary Edition.

The Constitution of Morocco (2011)

In 2011,[49] for the first time, the Constitution of Morocco proclaimed its adherence to human rights as they are universally recognized. The international conventions and treaties approved by the Government on behalf of the Moroccan State with foreign states or international organizations are subject to a ratification law by Parliament before it can enter into force. International treaties, once ratified, have a higher authority than domestic laws subject to its application.

The Constitution[50] recognizes six health-related rights: the right to life; the right to safety and protection of health; the right to health care and medical coverage; the right to a clean environment; the right to health of people with special needs; and the right of access to quality care and continuity of services.

The Constitution recognises Islam as the religion of the State (Article 3), and that other religions can be practised. The King has to ensure the respect for Islam. He is in charge of the Superior Council of Ulemas, who has the sole authority on fatwas or religious edicts on the basis of the principles, precepts and designs of Islam (Article 41). Through this proclamation, the Constitution ensures that Islam is used in order to justify policy decisions and practices, and that these do not go against the accepted interpretations of the religion. The space for alternative interpretations is limited as a result. In the case of access to safe abortion services, the decisions are clear-cut when the existing interpretations within the Mailiki school are utilised—access is denied to some groups. However, despite this, the discretion to change lies with the King, which is somewhat contradictory albeit positive in the context of the provision of safe abortion services beyond the cases that only threaten the life of the mother. The practice and enforcement of such decisions that can help revise the law will be a future point for investigation.

49 "Constitution," Maroc.ma, accessed June 22, 2016, http://www.maroc.ma/en/content/constitution

50 Special Rapporteur on the Right to Health Links Decriminalisation of Abortion to the Right to Health," International Service for Human Rights, November 9, 2011, http://www.ishr.ch/news/special-rapporteur-right-health-links-decriminalisation-abortion-right-health

The Concept of "Ventilation of the Soul"

It is necessary to remember that the life of the foetus, like human life in general, is considered sacred in Islam—to be guarded and protected to the extent possible.

A number of Hadiths narrated by Abu Abdul Rahman Abdullah bin Masood and considered authentic, detail the different stages of embryonic development. The Prophet Sidna Muhammad (sallallahualayhiwasallam) said that the soul is breathed into the foetus at the end of the fourth month of pregnancy (120 days).

According to this hadith the foetus develops through three phases, lasting 40 days each, a drop of sperm(نطفة), adhesion (علقة), an embryo(مضغة) and at the end of this last phase (120 days) is the "Ventilation of the soul".

حدثنا رسول الله صلى الله عليه وسلم وهو الصادق المصدوق قال: (إن أحدكم يُجمع خلقه في بطن أمه **أربعين يوما نطفةً**، ثم يكون **علقةً مثل ذلك**، ثم يكون **مضغةً مثل ذلك**...)".

This hadith is inspired by the Quranic verses:
"We created man from an extract of clay (12). Then We placed him as a drop (nutfah), in a secure receptacle (13). Then We made the sperm a blood clot (alaqah), and We created an embryo (mudghah) . . . ; then, from that embryo We created bones and We clothed the bones with flesh. Then We developed out of it another creature. Glory to Allah the Best of Creators (14)" (Surah Al-Mu'minoon, 23: 12-14)

وَلَقَدْ خَلَقْنَا ٱلْإِنسَـٰنَ مِن سُلَـٰلَةٍ مِّن طِينٍ ﴿12﴾ ثُمَّ جَعَلْنَـٰهُ نُطْفَةً فِى قَرَارٍ مَّكِينٍ ﴿13﴾ ثُمَّ خَلَقْنَا ٱلنُّطْفَةَ عَلَقَةً فَخَلَقْنَا ٱلْعَلَقَةَ مُضْغَةً فَخَلَقْنَا ٱلْمُضْغَةَ عِظَـٰمًا فَكَسَوْنَا ٱلْعِظَـٰمَ لَحْمًا ثُمَّ أَنشَأْنَـٰهُ خَلْقًا ءَاخَرَ ۚ فَتَبَارَكَ ٱللَّهُ أَحْسَنُ ٱلْخَـٰلِقِينَ ﴿14﴾

This verse is used by Muslim Ulema, who say abortion is permissible, to consider that beyond a limit of four months (120 days), abortion is strictly prohibited. Beyond the 120 days, abortion is considered an act of infanticide and a crime in Islam.

However, there are views that it is prohibited even before this time, and from the time of conception. While many reviews of the text note that Islam allows the prevention

of pregnancy, it forbids termination of it at any stage, even immediately after fertilisation. These views note that although Islam does not recognise the foetus as a human being, it is given the right of a possible life. The variation to these views is mainly in relation to the age of the foetus (as noted above in relation to the various stages before 120 days).

The ability to provide and have a choice between having children and other decisions including those related to economic choices are defined.
"You shall not kill your children due to penury/poverty – We will provide for you and for them." (Surat Al-An'am, Verse 151)

"Do not kill your children for the fear of penury/poverty: We will provide for them and for you. Killing them is indeed a great iniquity." (Surat al-Isra, Verse 31)

"We task no soul except according to its capacity." (Surat Al-An'am, Verse 152)

Abortion for Maternal Mental Health Reasons

Ijtihad[51] and canonical rules (Sharia) demonstrated that if abortion is done because of the mother's physical health reasons it is permissible. Assuming that data and with reference to the definition of the WHO's concept "health": "state of complete physical, mental and social wellbeing", the concept of extreme necessity is essential in the abortion debate, it must not remain limited to the physical health of the mother, it could be expanded to maternal mental health.

Abortion for Socio-Cultural Reasons

The abortion debate could be expanded to include rape. In this sense: Pregnant women after rape may resort to abortion under medical supervision. Women who became pregnant after a rape may resort to abortion. According to Mohamed Sayed Tantaw, " . . . any girl or woman rape victim has the right in Islam to have an abortion at any time and it would not have sin."[52] In some cases the succession of the pregnancy could lead to the drying up of breast milk threatening the life of the breastfed child if the mother can't afford to hire the services of a nanny. In this case it is clear that abortion would be justified.[53]

According to Mr. Abdelakbir Mohammed, a sociologist at the Rabita Mohammedia des Oulemas in Rabat, some Ulema of the High Council and local councils of Ulemas are aware of the seriousness of the psychosocial cultural consequences of pregnancies from rape or incest. In these cases, the recourse to abortion, according to them, is not socially reprehensible. It is part of the "prohibitions tolerated". According to a sociology expert from the Rabita Mohammadia of Ulamas, no fatwa is officially made in this direction, but the Ulema present to seekers individual religious views not punishing abortion (Belakbir 2015). Currently, only Tunisia (1973) and Turkey (1983)[54] allow the voluntary termination of pregnancy, on request of women between 10 and 24 weeks of pregnancy for physical health reasons, mental, birth defects, rape or incest, or for social reasons.

Abortion in Cases of Foetal Genetic Strain

When the child has a genetic or constitutional risk detectable with near certainty, risk incompatible with normal life, the decision may be taken to terminate the pregnancy.[55] A Fatwa issued by the Islamic Fiqh Committee of the Muslim World League at its 12th session held in Makkah on 10 February 1990,[56] states that if it is established with certainty by a committee of trusted physicians that the foetus is malformed, and that this defect cannot be later treated by experts, abortion is permitted with parental consent and within 120 days of pregnancy.

51 A technical term of Islamic law that describes the process of making a legal decision by independent interpretation of the legal sources, the Qur'an and the Sunnah – http://www.pascalsview.com/pascalsview/2006/02/the-importance-of-learning-the-meaning-of-ijtihad.html

52 An influential Islamic scholar in Egypt. From 1986 to 1996, he was the grand Mufti of Egypt. In 1996, president Hosni Mubarak appointed him as the Grand Imam of Al-Azhar, a position he retained until his death in 2010. http://gulfnews.com/news/mena/egypt/row-over-abortion-right-for-rape-victims-in-egypt-1.75832

53 Abdin

54 "World Abortion Policies 2013"

55 Journal of Sufi Studies 84 (January 1986), http://www.brill.com/publications/journals/journal-sufi-studies.

56 The Islamic Fiqh Committee of the Muslim World League (Makkah, 1990)

“When abortion laws are not restrictive, unsafe abortion is almost never recorded, while legal restrictions increase the percentage of illegal and non-medical procedures. Unsafe abortion, meanwhile, exposes all women, including young women, to the risk of morbidity and maternal deaths.”

“The legal system and stigma associated to an unmarried woman becoming pregnant has led to a high number of women resorting to abortions in unsanitary and dangerous conditions.”

4. CONCLUSIONS

There is a huge diversity of legalization of abortion in Muslim majority countries—from the countries permitting abortion only to save the woman's life to those permitting abortion on request. This diversity is probably due to the different readings, understanding and an effort to equate the legislation to the context under the Criminal Code and cultural context of each country.

Generally, the conditions of the life of the mother, her physical and mental health and foetal impairment, seem to be accepted even if they are stated differently from one country to another. Social conditions do not completely prohibit abortion but rather requires more debate and definitions in relation to the particular context. This should ideally be the point of departure when discussing abortion in Morocco.

In Morocco, it is remarkable that abortion was regarded in many demographic surveys in the 90s and suddenly disappears in demographic surveys of the 2000s, while its frequency has probably increased and estimation methods have become more accurate. This study presents three sources of estimations of presenting the extent of abortion in the country:

- Indirect estimates of the global survey are biased by the heterogeneity of the countries considered (400 abortion per day in Morocco).
- The estimates in previous demographic surveys only consider married women and unwanted pregnancy (4 per cent to 8 per cent of abortions among married women who have an unwanted pregnancy).
- Estimates of recent surveys among girls (non-representative sample) 7 per cent of them aged 15–24 who have had sex have had an unwanted pregnancy, and 80 per cent have had abortions.

This data makes it apparent that abortion is a very real problem in Morocco and in the region, often an ultimate solution to women who have very little option. It is important to note that this data does not cover people who are not married, and as such it leaves out a number of abortion cases of unmarried and young women as well as adolescent pregnancies that would drive up these figures.

The other aspect is that these figures hide broader social challenges such as the lack of choices for unmarried women who become pregnant, the related stigma from family and society and limited options for free access to contraceptive services that will continue if broader rights to abortion services are not addressed together with wider access to SRH services in the country.

The Ministry of Health is aware of this problem but can be doing much more to address it. However, policy decisions and actions are strongly influenced by religious notions of acceptability. While the WHO technical guide on abortion was used and adapted, and staff training carried out, the effects of it are unknown and not wide ranging. Currently, there is no formal action plan for the management of abortion complications (including adequate and appropriate staff training, protocols, equipment, drugs etc.). This situation puts women at high risk of mortality and morbidity when faced with having to get an abortion.

Most pregnancies among unmarried are unwanted given the legal and societal conditions. In this context one can imagine a large number (hundreds of thousands) of unwanted pregnancies amongst married or unmarried women and it is estimated that at least 10 per cent of them will resort to unsafe abortion with severe medical outcomes (mortality and morbidity), and psychological and social impacts. In this situation it is unrealistic to ignore these segments of the population who are living in conditions of fragility, poverty, stigma and disease.

The response of governments and civil society should be focused on providing comprehensive and multi-sectoral prevention, management of complications, and social and psychological support, including the revision of the existing abortion law together with adequate enforcement mechanisms that are non-discriminatory and accessible by all.

Further action on addressing the root causes of unsafe abortion is required, particularly providing comprehensive sexual and reproductive health education among young people. The use of modern contraception has led to a decrease in the incidence and prevalence of unsafe abortion, even in cases where access to abortion is available on request (WHO 2012). The decline in the prevalence of abortion in parallel with the increase in the contraceptive prevalence rate, has been studied by several authors, and is considered to be effective (Bongaarts and Westoff 2000). These trends pose important lessons for Morocco as it grapples with this issue, and should be taken into consideration as it attempts to address it.

In doing so, meeting the unmet need for family planning, reducing unwanted pregnancies and the role of family planning represent effective measures to reduce the number of unwanted pregnancies and unsafe abortions, and constitute the challenges faced by the national family planning programme.

When abortion laws are not restrictive, unsafe abortion is almost never recorded, while legal restrictions increase the percentage of illegal and non-medical procedures. Unsafe abortion, meanwhile, exposes all women, including young women, to the risk of morbidity and maternal deaths.

It is urgent to put in place a quality sexuality education service, by the family planning and reproductive health services, and enable access to quality contraceptives in combination with less restrictive laws on abortion to reduce unwanted pregnancies, unsafe abortion and maternal morbidity and mortality associated with youth. Morocco does not escape this need and there are sufficient arguments to prove that unintended pregnancy and abortion rates require the authorities to reconsider their strategies in terms of prevention, care and complications, and revision of the law on abortion.

The widening of the permissible conditions for abortion is now a necessity in terms of protecting the health and rights of women. Whatever the debate, it seems that the widening of the conditions for abortion to include cases of mental health, rape, incest and congenital malformations is already the consensus in almost all interviews and analysis we have conducted. Moreover, specific and extreme social conditions (e.g. pregnancy among minors) are raised by several national stakeholders and should be included in the debates.

Morocco is a signatory to the conventions and treaties recommending that countries make arrangements for the prevention, management of abortion complications and the relaxation of the abortion laws at least in cases of threat to life, physical health, mental health, rape, incest and congenital malformations.

Morocco has not only raised the reserves but also adhered to human rights in the new Constitution of 2011, which grants them a higher authority over national law. In this context, the CNDH should provide more information on this subject to contribute to a revision of the penal code on abortion to conform to Morocco's commitments to guide legal decisions (The Constitution 2011 (Art.12)).

Islamic analysis is rich in discussions and interpretations regarding abortion that are very convincing. The common notion is that Islam bans abortion and since each rule remains an accepted exception if it is justified, the recourse to abortion in some cases falls into this logic to be an exception to the ban. As such, abortion is permissible before four months (120 days) and it is strictly prohibited beyond. However, there are views that it is prohibited even before this time, and from the time of conception, and this leaves rules open to interpretation, at least to a certain extent, when presented with contradictory views.

5. RECOMMENDATIONS

Ensuring legislative change

- Conduct a review of the legislative framework taking into account the changing social, national and international commitments of Morocco.
- Conduct a review of the legislative framework for abortion (Chapter 8 Section 1 of the Criminal Code of Abortion: Article 449-458) on the basis of a concerted and consensual process (institutional and civil society). The revision of the law must be made in a less restrictive view, and extended to the health of women, including in cases of pregnancy as a result of rape and incest, and birth defects.
- Establish an intersectoral and multidisciplinary commission (health, justice, religious matters and endowments, the Higher Council of Ulema, Women, Family and Social Development, Interior, CNDH, EESC, NGOs etc.), coordinated by the Ministry of Health in partnership with stakeholders, to better understand this issue and engage in coordinated actions.
- Set up a support plan for the implementation of the new legislation and involve justice system officials and professionals of health, population etc.

Creating an enabling environment at the policy level

- There is a need to increase knowledge, including data, and share experience on the issue of abortion in Morocco beyond those who are considered married under law, to include younger women.
- Review the objectives of the Family Planning Programme, particularly the sections on demographic objectives for women's health and human rights objectives, and introduce sex education in schools in the Moroccan context.
- Review the objectives of the national programme on family planning and target populations on the basis of the changing socio-demographic context and Morocco's international commitments to universal access to reproductive health.
- Develop a Reproductive Health Plan that also includes a focus on young people and ensure coordinated efforts so that SRH services are perceived as essential, planned for, resourced and implemented.

Ensuring data availability and accessibility

- Improve the availability of data, the quality of SRH care, professionals' skills, access to quality services and information, including for young people. These services must be developed in a manner that can reach people, targeting those at risk, and including a focus on HIV/AIDS and other STIs.
- Integrate questions on abortion in the next Demographic and Health Survey of Morocco in 2016 that would help capture the present context, challenges, experiences and extent of the issue in the country. If it is not feasible to design and implement a national survey on abortion in Morocco (including a focus on frequency, causes, determinants and complications), include qualitative research questions on the root causes of abortion in general, focusing on risk factors such as sexual behaviour, knowledge and use of FP and abortion in particular. This information will help inform the development and enforcement of legal measures that make abortion more accessible within the agreed framework.
- Make use of hospital records (abortions and miscarriages) to identify needs of the population in order to devise appropriate preventive measures, mainly contraceptive use. This has to be done with respect to human rights (without discrimination of the population and ensuring access to SRH services to all).
- Undertake studies and interventions adapted to expand the use of contraceptive methods (IUDs, injectables etc.), lower failure rates and reduce the use of traditional methods whose failure rates are high, and information on emergency contraception and its availability more widely available.

Focusing on preventive methods that focus on inclusion and human rights

- Introduce health education on reproductive and sexual health in school and extra-curricular programmes and informal education as appropriate to the socio-cultural context of Morocco, adopting a participatory and rights-based approach.
- Establish an action plan for the prevention and management of complications of abortion in a more operational context of health rights, including reproductive health rights and the reduction of unwanted pregnancies, and a more comprehensive set of services to improve maternal and child health and the status of women and youth.
- Introduce action plans to prevent HIV and other sexually transmitted infections (STIs).
- Strengthen the capacity of health personnel, based on WHO guidelines (2012), at the primary, secondary and tertiary levels, accompanied by a consolidation of certain structures in terms of drugs and equipment.
- Strengthen partnerships with NGOs in order to expand access to information, services and rights of FP and SRHR, to target populations at risk of unwanted pregnancies (unmarried women, young and teens etc.), as well as in the field of collecting data, research and capacity building.

Changing mind-sets and attitudes across a range of stakeholders

- Involve associations and NGOs in setting processes of national strategies and programmes, within the framework of participatory democracy, development, implementation and the evaluation of decisions and projects of elected institutions and governments, as stipulated in the 2011 Constitution (Article 12).
- Ensure attitudinal change that promotes access. Social perceptions on pre-marital sex and appropriate behaviour of women and young people act as barriers to adequate SRH service provision, including access to safe abortion services.

Ensuring greater action from civil society

- Continue to advocate for the rights–based approach to access safe abortion services, coupled with the availability of adequate and free contraceptive services and related information for all, including unmarried and young women. This includes advocating at the policy level to establish an inclusive strategy integrating prevention of abortion and management of complications of abortion, based on the human rights approach.
- Create awareness around the religious perspectives that prevent adequate service provision in relation to safe abortion services and focus on changing perceptions of all actors, including communities regarding the treatment of women, gender equality issues and empowerment and access to adequate SRH services and information. This includes increasing awareness among the general public and stakeholders on the existing causality between abortion and maternal mortality.
- Organise a national abortion debate involving all parties concerned: government, the Supreme Council of Ulema, political parties, NGOs, research institutes etc.
- Improve capacities of medical professionals to give training to doctors on medical and therapeutic abortion as allowed by the law. In addition to this, improve their capacities to provide care without judgement and discrimination.

6. LIST OF REFERENCES

Abdesslam, Boutayeb. 2011. "Social Determinants of Reproductive Health in Morocco." African Journal of Reproductive Health 15, no.2 (June 2011): 57–66.

Abdin, Muhammad Amin Bin Umar, Ibn. 1855. "Radd Al-Muhtar." 'Ala Al-Durr Al-Mukhtar Al Matn Tanwir Al-Absar, 5:519. Al-MatbaA Al-Amira.

Abu-Sahlieh and Sami A. Aldeeb. 2012. "Introduction to Islamic Law: Foundation, Sources and Principles." Translated by Felix J. Phiri. CreateSpace Independent Publishing Platform.

African Bulletin. 2015. "King Mohammed VI Opens a Panel on Abortion." African Bulletin, March 30, 2015. Accessed June 10, 2016. http://www.african-bulletin.com/8399-king-mohammed-vi-opens-a-panel-on-abortion.html.

AI. 2015. "Morocco: Royal Initiative on Abortion Offers Unique Opportunity to Recognize Women's Rights." Public Statement. Amnesty International, April 1, 2015. Accessed June 10, 2016. https://www.amnesty.org/en/documents/mde29/1343/2015/en/.

Al-Islam.org. Undated. "Opinion of the Scholars and Jurisprudents of the Ahl As-Sunnah in Relation to Family Planning." Al-Islam.org, n.d. Accessed June 22, 2016. https://www.al-islam.org/islamic-edicts-on-family-planning/opinion-scholars-and-jurisprudents-ahl-sunnah-relation-family.

Al-Qaradawi, Yusuf. 2016. "The Lawful and the Prohibited in Islam: Al-Halal Wal Haram Fil Islam." American Trust Publications. 287 vols. Accessed May 15, 2016. https://www.amazon.com/Lawful-Prohibited-Islam-Al-Halal-Haram-ebook/dp/B01AB50V9S.

Al-Zuhayli, Wahbah. 2008. "Al-Fiqh Al-Islami Adillatuh."2648. Beirut: Dar al-Fikr, 2008. Accessed May 15, 2016. http://kitaabun.com/shopping3/product_info.php?products_id=2323&osCsid=d07ecfbf41721285db947b7d377c1c34.

Ayad, Mohamed, and Farzaneh Roudi. 2006. "Fertility Decline and Reproductive Health in Morocco: New DHS Figures." Population Reference Bureau (PRB), May 2006. Accessed May 20, 2016. http://www.prb.org/Publications/Articles/2006/FertilityDeclineandReproductiveHealthinMoroccoNewDHSFigures.aspx.

Azelmat, Mustapha, Mohamed Ayad, and El Arbi Housni. 1996. "Enquête de Panel Sur La Population et La Santé (EPPS) 1995." DHS Report. Calverton, Maryland (USA): Ministère de la Santé Publique, Direction de la Planification et des Ressources Finaneières, Service des Etudes et de l'Information Sanitaire et Macro International Inc., 1996. Accessed May 20, 2016. http://dhsprogram.com/publications/publication-FR68-DHS-Final-Reports.cfm.

Barakah, Tarik El. 2015. "Morocco's Former Foreign Minister Calls for Reforming Abortion Law." Morocco World News, March 3, 2015. Accessed May 20, 2016. http://www.moroccoworldnews.com/2015/03/152955/moroccos-former-foreign-minister-calls-for-reforming-abortion-law-2/.

Beamish, Julia, and Lina Tazi Abderrazik. 2003. "Adolescent and Youth Reproductive Health In Morocco: Status, Issues, Policies, and Programs." POLICY Project, January 2003. Accessed May 20, 2016. http://unpan1.un.org/intradoc/groups/public/documents/CAFRAD/UNPAN014702.pdf.

Bongaarts, Jon, and Charles F. Westoff. 2000. "The Potential Role of Contraception in Reducing Abortion." Studies in Family Planning 31, no. 3 (September 2000): 193–202.

Bourquia, Nabil. 2010. "Mid-Review of the Moudowana (family Code) from the Ministry of Justice." Presented at the National Conference in the Ministry of Foreign Affairs, March 8, 2010.

Brill. 1986."Journal of Sufi Studies 84." Accessed February 14,2016 http://www.brill.com/publications/journals/journal-sufi-studies.

Dabash, Rasha, and Farzaneh Roudi-Fahimi. 2008. "Abortion in the Middle East and North Africa." Population Reference Bureau (PRB). Accessed June 22, 2016. http://www.prb.org/pdf08/MENAabortion.pdf.

Daragahi, Borzou. 2008. "Abortions on the Rise in Mideast." Los Angeles Times, June 29, 2008. Accessed June 22, 2016. http://articles.latimes.com/2008/jun/29/world/fg-abortion29.

Ennaji, Moha. 2011 "The New Muslim Personal Status Law in Morocco: Context, Proponents, Adversaries, and Arguments." Rutgers University and University of Fes. Accessed June 22, 2016. http://www.yale.edu/macmillan/africadissent/moha.pdf.

Fred Sai, Conseiller Spécial du Président du Ghana. 2014. "À Propos de L'avortement À Risque." presented at the Compte à rebours 2015, Table Ronde Mondiale, London.

IDEALMuslimah. undated. "Coping with Infertility." IDEALMuslimah, n.d. article by Shabaaz, Nzingha. Accessed June 22, 2016. http://idealmuslimah.com/family/infertility-miscarriages-birth-control/213-coping-with-infertility.html.

IFAD. Undated. "Morocco Statistics." Rural Poverty Portal. International Fund for Agricultural Development (IFAD) using data from World Bank Indicators. Accessed June 22, 2016. http://www.ruralpovertyportal.org/country/statistics/tags/morocco.

ISHR. 2011. "Special Rapporteur on the Right to Health Links Decriminalisation of Abortion to the Right to Health." International Service for Human Rights, November 9, 2011. Accessed June 22, 2016. http://www.ishr.ch/news/special-rapporteur-right-health-links-decriminalisation-abortion-right-health.

Islamic-Laws.com. Undated. "Sunni Schools." Accessed June 22, 2016. http://islamic-laws.com/articles/sunnischools.htm.

Islam Unraveled. Undated. "Abortion Is Murder." Islam Unraveled. Accessed June 22, 2016. http://www.islamunraveled.org/islam-myths/women-in-islam/abortion.php.

Ghazali, Imam Abu Hamid Muhammad al-. 2008. "Al-Ghazali's Ihya Ulum Ad Din New English Complete Translation". Translated by Mohammad Mahdi al-Sharif. Vol. 2. Dar Al Kotob Al Ilmiyah, Beirut, Lebanon.

Goonesekere, Savitri, and Rangita De Silva De Alwis. 2005. "Women's and Children's Rights in a Human Rights Based Approach to Development." Working Paper. New York: United Nations Children's Fund (UNICEF), September 2005. Accessed June 22, 2016. http://www.unicef.org/gender/files/WomensAnd ChildrensRightsInAHumanRights BasedApproach.pdf.

Institut Européen de Bioéthique. 2011. "Les Conséquences Psychologiques de L'avortement." Institut Européen de Bioéthique, March 2011. Accessed June 12, 2016. http://www.ieb-eib.org/en/pdf/etudes-consq-psych-avortement.pdf.

Islam encyclopaedia. 2013. " Almawsoua Achamila". Accessed Mai 13,2016 http://islamport.com/w/shf/Web/2722/1.htm

Islamic Family Law. Undated. "Morocco, Kingdom of (& Western Sahara).". Accessed June 22, 2016. https://scholarblogs.emory.edu/islamic-family-law/home/research/legal-profiles/morocco-kingdom-of-western-sahara/.

Juzayy, Muhammad ibn Ahmad Ibn. 2000. "Al-Qawanin al-Fiqhiyah." Pp.141. Dar al-Huda.

Karam, Souhail, and Caroline Alexander. 2015. "Morocco Abortion Law Reviewed as Islamists Join Reform Call." Bloomberg, March 10, 2015. Accessed June 10, 2016. http://www.bloomberg.com/news/articles/2015-03-10/abortion-law-reviewed-in-morocco-as-islamists-join-reform-call.

Ministère de la Santé. 2011. "Enquête Nationale sur la Population et la Santé Familiale: Principaux indicateurs régionaux." Accessed June 22, 2016. http://www.sante.gov.ma/Publications/Etudes_enquete/Documents/Indicateurs%20regionaux_ENPSF-2011.pdf.

Ministère de la Santé. 2012. "Stratégie Sectorielle 2012-2016 de Santé." Morocco: Ministère de la Santé, March 2012. Accessed June 22, 2016. http://www.sante.gov.ma/Docs/Documents/secteur%20sant%C3%A9.pdf.

Ministère de la Santé. 2014. "Étude Connaissances, Attitudes, et Pratiques Des Jeunes En Matière d'IST et VIH/sida." Morocco: Ministère de la Santé: Programme National de lutte contre les IST/sida.

MuslimMatters. 2012. "Maybe AllAh Wants You to Become an 'A'ishah and Not a Khadijah." MuslimMatters.org, April 6, 2012. Accessed June 12, 2016. http://muslimmatters.org/2012/04/06/35818/.

National Institution of Solidarity with Women in Danger (INSAF). 2010. "Le Maroc Des Meres Celibataires: Ampleur et Réalité Actions, Représentations Itinéraires et Vécus." Insaf, 2010. http://passthrough.fw-notify.net/download/982330/http://www.egalite.ma/attachments/article/212/INSAF-Rapport%20Etude%20nationale%20"Le%20Maroc%20des%20m%C3%83%C2%A8res%20c%C3%83%C2%A9libataires".pdf.

Ohier, Fanny. 2014. "Abortion in Tunisia: A Shifting Landscape." Tunisia Live, July 27, 2014. Accessed June 22, 2016. http://www.tunisia-live.net/2014/07/27/abortion-in-tunisia-a-shifting-landscape/.

Organisation Mondiale de la Sante. 1970. "L'Avortement Spontane Ou Provoque." Rapport d'un Groupe scientifique de l'OMS. Organisation Mondiale de la Sante, 1970. Accessed June 12, 2016. http://apps.who.int/iris/bitstream/10665/38299/1/WHO_TRS_461_fre.pdf.

Organisation Mondiale de la Sante, 2013. "Avortement Securise: Directives Techniques et Strategiques Q L'intention Des Systemes de Sante." Accessed May 20, 2016. http://apps.who.int/iris/bitstream/10665/78413/1/9789242548433_fre.pdf.

Political Risk Yearbook. 2014. "Morocco Country Report." Country Report. Accessed June 22, 2016. http://edc-connection.ebscohost.com/c/country-reports/94271972/morocco.

Roudi-Fahimi, Farzaneh, Ahmed Abdul Monem, Lori Ashford, and Maha El-Adawy. 2012. "Women's Need for Family Planning in Arab Countries." Population Reference Bureau (PRB), July 2012. Accessed June 22, 2016. http://www.prb.org/pdf12/family-planning-arab-countries.pdf.

Royaume du Maroc. 2014. "Chapitre VII Des Crimes et Delits conte l'ordre des familles et de la mortalite publique: Section 1 De l'avortement." Code Pénal. Vol. Articles 449–504, 2014.

Scommegna, Paola. 2012. "In Morocco, More Modern Contraceptive Use Plays Key Role in Decreasing Maternal Deaths." Population Reference Bureau (PRB), June 2012. Accessed June 22, 2016. http://www.prb.org/Publications/Articles/2012/morocco-maternal-deaths.aspx.

Sedgh, Gilda, Susheela Singh, Iqbal H Shah, Elisabeth Ahman, Stanley Henshaw, and Akinrinola Bankole. 2012. "Induced Abortion: Incidence and Trends Worldwide from 1995 to 2008 - The Lancet." The Lancet 379, no. 9816 (February 18, 2012): 625–32.

SRI. 2016. "Sexual Rights Database". Sexual Rights Initiative. Accessed June 22, 2016. http://sexualrightsdatabase.org/countries/455/Morocco.

Shah, Iqbal H., Elisabeth Åhman, and Nuriye Ortayli. 2014. "Access to Safe Abortion: Progress and Challenges since the 1994 International Conference on Population and Development (ICPD)." Contraception 90, no. 6 (December 2014): S39–48. doi:10.1016/j.contraception.2014.04.004.

Shapiro, Gilla K. 2013. "Abortion Law in Muslim-Majority Countries: An Overview of the Islamic Discourse with Policy Implications." Health Policy and Planning 29, no. 4 (June 8, 2013): 1–12. doi:10.1093/heapol/czt040.

Simons, Marlise. 1998. "Morocco Finds Fundamentalism Benign but Scary." The New York Times, April 9, 1998, sec. World. Accessed June 22, 2016. http://www.nytimes.com/1998/04/09/world/morocco-finds-fundamentalism-benign-but-scary.html.

Soussane, Salima Yacoubi. 2015. "Abortion in Morocco: Will the King Approve a Progressive Law?" The Guardian, May 5, 2015. Accessed June 22, 2016. http://www.theguardian.com/global-development-professionals-network/2015/may/05/abortion-in-morocco-will-the-king-approve-a-progressive-law.

Submission. 2013. "Abortion Is Murder, No Ifs or Buts." A reply to an article by Mr Edip Yuksel. Accessed June 22, 2016. http://submission.org/abortion_is_murder.html.

Syed, Ibrahim B. Undated. "Abortion." Islamic Research Foundation International, Inc., n.d. http://www.irfi.org/articles/articles_101_150/abortion.htm.

United Nations Department of Economic and Social Affairs. 2003. "World Contraceptive Use 2003." United Nations Department of Economic and Social Affairs, Population Division. Accessed June 22, 2016. http://www.un.org/esa/population/publications/contraceptive2003/WallChart_CP2003.pdf.

United Nations Department of Economic and Social Affairs. 2013. "World Abortion Policies 2013." United Nations Department of Economic and Social Affairs, Population Division. Accessed June 22, 2016. http://www.un.org/en/development/desa/population/publications/policy/world-abortion-policies-2013.shtml.

United Nations Department of Economic and Social Affairs. 2014. "Abortion Policies and Reproductive Health around the World." Population Division. Accessed June 22, 2016. http://www.un.org/en/development/desa/population/publications/pdf/policy/AbortionPoliciesReproductiveHealth.pdf.

UNFPA. 2013. "Breaking the Wall of Silence, Women and Girls in Morocco Open Up about Adolescent Pregnancy." United Nations Population Fund (UNFPA), October 29, 2013. Accessed May 20, 2016. http://www.unfpa.org/news/breaking-wall-silence-women-and-girls-morocco-open-about-adolescent-pregnancy.

UNFPA. 2014. "Programme of Action Adopted at the International Conference on Population and Development Cairo, 5–13 September 1994: 20th Anniversary Edition." United Nations Population Fund (UNFPA). Accessed June 22, 2016. http://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf.

UNICEF. 2008. "Enfance Abandonnee Au Maroc Ampleur, Etat Des Lieux Juridique et Social, Prise En Charge, Veçus.". La Ligue Marocaine Pour La Protection de l'Enfance. Accessed June 10, 2016. http://www.unicef.org/morocco/french/2010-Etude_Enfance_abandon_UNICEF-LMPE.pdf.

University of Minnesota. YEAR. "Ratification of International Human Rights Treaties- Morocco." University of Minnesota Human Rights Library. Accessed June 22, 2016. http://hrlibrary.umn.edu/research/ratification-morocco.html.

UN. 1948. "The Universal Declaration of Human Rights." United Nations. 10 December 1948. Accessed June 22, 2016. http://www.un.org/en/universal-declaration-human-rights/.

UN. 1966. "International Covenant on Economic, Social and Cultural Rights." United Nations, n.d. 16 December 1966. Accessed June 22, 2016. http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx.

UN. 1979. "Convention on the Elimination of All Forms of Discrimination against Women." United Nations. December 1979. Accessed June 22, 2016. http://www.un.org/womenwatch/daw/cedaw/.

UN. 1995. "Fourth World Conference on Women, Beijing 1995." United Nations, n.d. Accessed June 22, 2016. http://www.un.org/womenwatch/daw/beijing/platform/.

Unauthored. 2011 "Constitution." Maroc.ma. Accessed June 22, 2016. http://www.maroc.ma/en/content/constitution.

USAID. 2009. "USAID Country Health Statistical Report Morocco." USAID, December 2009. Accessed June 22, 2016. http://pdf.usaid.gov/pdf_docs/Pnadr592.pdf.

Vallet, Stephanie. 2013. "Grossesses hors mariage au Maroc: les enfants de la honte." La Presse, September 15, 2013. Accessed June 22, 2016. http://www.lapresse.ca/international/afrique/201309/14/01-4689470-grossesses-hors-mariage-au-maroc-les-enfants-de-la-honte.php.

World Bank. 2013. "Morocco: Poverty, Adjustment and Growth." Accessed June 10, 2016. http://go.worldbank.org/F1HKPS5U60.

WHO. 2003. "WHO Definition of Health." World Health Organization. Accessed June 22, 2016. http://www.who.int/about/definition/en/print.html.

WHO. 2007. "Unsafe Abortion: Global and Regional Estimates of Incidence of Unsafe Abortion and Associated Mortality in 2003 (Fifth Edition)." World Health Organization. Accessed June 22, 2016. http://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241596121/en/

WHO. 2011. "Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2008 (6th Edition)." World Health Organization, Accessed June 22, 2016. http://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241501118/en/

WHO. 2012. "Safe Abortion: Technical and Policy Guidance for Health Systems (2nd Edition)." World Health Organization. Accessed June 22, 2016. http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf?ua=1.

7. APPENDICES

Appendix 1: Glossary and Working Definitions

Abortion (WHO, 1970)
The termination of pregnancy before the foetus is able to conduct an independent extra-uterine life; when it is the result of deliberate manoeuvres intended to abort.

Abortion Methods
There are two methods to terminate a pregnancy: medical methods, and surgical methods. The former does not often require hospitalization, but is reserved for pregnancies up to five weeks or seven weeks of amenorrhea (an absence of menstruation). Beyond this period only the surgical method is used. The WHO (2013) guide defines the different techniques, norms and standards for each technique according to the pregnancy age.

Abortion Rate
Number of abortions per 1,000 women of reproductive age (15–49) in a given year.

Case Fatality Rate
Number of women who died due to abortion per 100,000 abortions.

Clandestine abortion
When the procedure is performed outside the conditions laid down by law, we call it illegal abortion.

Complication rates
Percentage of complications of abortion per 10,000 abortions.

Complications of Pregnancy
It is globally recognized that around 15 per cent of pregnancies end in a complication (haemorrhage, obstructed labour, uterine rupture, abortion, infection, pre-eclampsia and ectopic pregnancy.

Embryo (controversial subject)
The embryo is the developing organism from the first division of the egg to the stage where the major organs are formed.

Medical (Therapeutic) Interruption of Pregnancy
Therapeutic Abortion for medical reasons, when the continuation of pregnancy is dangerous to the mother's health or because the foetus or embryo suffers from defects or severe disease diagnosed as incurable.

Miscarriage, according to WHO
Spontaneous abortion is the natural or accidental termination of pregnancy before 22 weeks of gestation (or a foetus of less than 500 g; beyond this limit, it's a preterm delivery).

Post Abortion Care (OMS 2013)
After an abortion, and regardless of its nature, women should receive appropriate post-abortion care (PAC).

Ratio (proportion) of death due to unsafe abortion
Number of unsafe abortion-related deaths per 100,000 live births

Ratio or Proportion of Abortion
Number of abortions per 1,000 live births in a given year.

Religious fundamentalism
Refers to the use of religion (sometimes in conjunction with ethnicity, culture and nationality) by certain political and religious leaders, institutions and parties to legitimise as divine—and thereby render unchallengeable—authoritarian political power and to essentialise social control. This has particular negative consequences for women's rights.[57] Religious fundamentalisms are "political movements of

57 AWID working definition; "Resisting and Challenging Fundamentalisms" presentation, 15 November 2007

the extreme right . . . manipulate religion . . . in order to achieve their political aims."[58]

Reproductive Health
See Sexual and Reproductive Health and Rights

Reproductive Rights
See Sexual and Reproductive Health and Rights

Sexual Health
See Sexual and Reproductive Health and Rights

Sexual and Reproductive Health and Rights
Comprise reproductive health, which is the ability to have a responsible, satisfying and safe sex life, having the capability to reproduce if, when, and how one chooses. This includes the right to be informed, having access to and choice of using contraception, and to appropriate maternal health care services that safeguards the mother and gives her the chance of having a healthy infant (World Health Organisation); reproductive rights are human rights recognised in the national laws and international human rights and consensus documents that give the opportunity for couples and individuals to have the desired number of children when they want to, access to adequate information and means to do so, and the right to attain the highest standard of SRH. It encompasses making reproduction decisions free of discrimination, coercion and violence, as expressed in human rights documents (International Conference on Population and Development); sexual health requires sexual health care to enhance life and personal relations, counselling and care related to reproduction and sexually transmitted diseases (adapted from the United Nations); and sexual rights uphold human rights as stated in national laws, international human rights documents and other consensus documents, and include the rights of all persons, free of coercion, discrimination and violence, to the highest attainable standard of health in relation to sexuality, including access to sexual and reproductive healthcare services; access to and availability of information on sexuality and sexuality education; respect for bodily integrity; choice of partner; sexual activity; consensual sexual relations and marriage; decision to have/not to have children; and pursue a satisfying, safe and pleasurable sexual life (WHO working definition)." [59]

Sexual Rights
See Sexual Reproductive Health and Rights

Unsafe Abortion (WHO, 2011)
Unsafe abortion is the termination of pregnancy by unskilled persons and/or in inferior medical conditions.

Unsafe Abortion fatality rate
Number of deaths related to unsafe abortion per 100,000 unsafe abortions.

Voluntary Interruption of pregnancy
Voluntary Interruption of Pregnancy for medical or non-medical reasons.

58 Bennoune, K. (2013). Your Fatwa Does Not Apply Here: Untold Stories from the Fight Against Muslim Fundamentalism. NY: W.W. Nortan & Co.

59 WHO | Safe Abortion.

Appendix 2: List of Interviewees

Name	Organisation
Dr. Alaoui Belghiti: General Secretary, Ministry of Health Dr. Lahlou Khzlid: Director of the Population Department Dr. Nabil Bourquia: Division Chief of the Family Planning Department Dr.Hafida Yartaoui: Service chief of family planning	Ministry of Health
Dr. Moulay Tanar Alaoui: President	The Moroccan Council of Medical Doctors
Dr. Ahmad Abadi: General Secretary of the RAbitat Mohamedia of Oulemas	Rabita Mohammedia des Oulemas (Religious Research Institute)
AMLAC: Moroccan Association Against Clandestine Abortion	National NGO
The UNFPA Moroccan team	United Nations

Appendix 3: Question Guide

Name of Organisation	Name of Interviewees	Questions
Focus group: Ministry of Health	Dr. Alaoui Belghiti: General secretary of the Ministry of Health Dr. Lahlou Khzlid: Director of the Population Department Dr. Nabil Bourquia: Division Chief of Family Planning Division Dr. Hafida Yartaoui: Service Chief of Family Planning Division	1. What is the average age of marriage in Morocco? 2. What are the limits of the sectorial health strategy 2012-2016? 3. What are the limits of the National maternal health strategy of the MOH?
The Moroccan Council of Medical Doctors	Dr. Moulay Tanar Alaoui: President	1. What about unmet needs of contraception?
Rabita Mohammedia des Oulemas (religious research institute)	Dr. Ahmad Abadi : General Secretary of the Rabitat Mohamedia of Oulemas Me. Belakbir Mohammed, sociologist expert in the RAbitat Mohamedia of Oulemas	1. What is the meaning of "Sharia"? 2. What are the Ulama's views about social conditions that led people to abort?
National NGOs	AMLAC: Moroccan Association Against Clandestine Abortion	1. Approximately how many abortions are practised every day according to research already done by AMLAC?
Focus group: United Nations	The UNFPA Moroccan team	1. What are the major relevant points of ICPD, CEDAW and Beijing conventions and declaration statements about SRHR and abortion?

This research is an initiative of a regional partnership working on building the interlinkages of religion (fundamentalisms and extremisms) on Women's Sexual Reproduction Health and Rights (SRHR). The ten partners are from India, Sri Lanka, Pakistan, Bangladesh, the Maldives, Indonesia, the Philippines, Malaysia, Morocco and Egypt. The regional partnership generates evidence on the interlinkages and the effects on wellbeing and human rights as part of national and international processes to achieve sustainable development and the realisation of human rights. The research for partners from India, Sri Lanka, Pakistan, Bangladesh, the Maldives, Indonesia, and the Philippines was supported by the European Union as part of the action "Strengthening the Networking, Knowledge Management and Advocacy Capacities of an Asian-Pacific Network on SRHR" and the Swedish International Development Cooperation Agency (Sida). The research for Malaysia, Morocco and Egypt was supported by the Norwegian Agency for Development Cooperation (Norad).

ARROW is a regional and non-profit women's NGO based in Kuala Lumpur, Malaysia, and has consultative status with the Economic and Social Council of the United Nations. Since it was established in 1993, it has been working to advance women's health, affirmative sexuality and rights, and to empower women through information and knowledge, evidence generation, advocacy, capacity building, partnership building and organisational development.

The **Moroccan Family Planning Association (MFPA)** was founded in 1972 with a focus on family planning and sexual and reproductive health. It has six main axes of intervention: youth and adolescents, HIV/AIDS, unsafe abortion, Sexual and Reproductive Health services, advocacy for Sexual and Reproductive Health and Rights, and Gender-based Violence.

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