

Non-marital Pregnancies and Unmarried Women's Search for Illegal Abortion in Morocco

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Abstract

Abortion in Morocco is illegal except to safeguard a woman's life or health. Morocco has put some sexual and reproductive health policies into motion that are in line with the standards defined by the World Health Organization and the United Nations Population Fund, especially after the 1994 International Conference on Population and Development, but Morocco's Penal Code continues to criminalize the practice. This paper explores how proposed reforms to the abortion law that on the surface seem to legalize abortion in cases of severe health disorders or rape in reality moralize abortion, since vulnerable women should prove these conditions through lengthy bureaucratic procedures. Drawing on ethnographic fieldwork on unplanned pregnancies, I examine the social and health inequalities surrounding illegal abortion. My results show that socioeconomic status, education, geography, and marital status all play a role in delineating which women are willing or able to obtain an abortion and under which conditions the abortion takes place. I use the concept of "reproductive governance" to examine the relevance of rights-based approaches in Morocco, ultimately arguing that the intersection of socioeconomic and political processes in the country normalizes the risk and occurrence of illegal abortion, particularly for unmarried women living in precarious socioeconomic conditions, who are not addressed by sexual and reproductive health policies.¹

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Introduction

In this article, I explore the issue of abortion in Morocco from an anthropological perspective. First, I discuss it in relation to the wider sexual and reproductive health and rights background of the country. Second, I situate it in the context of illegality, due to its current criminalized status. Finally, I look at it from the point of view of unmarried women who have had or have attempted to have an abortion.

I analyze the issue of abortion in Morocco by drawing on a growing body of anthropological debates that examine how struggles for human rights intersect with processes of “reproductive governance.”² Scholars and other advocates argue that there are competing ways to claim and appropriate rights relating to reproduction and abortion.³ The issue of abortion in Morocco is captured through the concept of “reproductive governance,” which is “the mechanisms through which different historical configurations of actors—such as state institutions, churches, donor agencies, and nongovernmental organizations (NGOs)—use legislative controls, economic inducements, moral injunctions, direct coercion, and ethical incitements to produce, monitor, and control reproductive behaviors and practices.”⁴

In this context, neoliberal development agendas often emphasize the responsibility of individuals for their lives, including in sexuality and reproduction. For example, governmental and nongovernmental programs may produce specific “regimes of care” for certain target categories of the population, and these regimes of care may be defined both by quantitative parameters (such as income) and in moral terms (such as a beneficiary’s perceived vulnerability).⁵ I address how NGOs engage in processes of “reproductive governance” by taking care of unmarried mothers. The perspective of reproductive governance as increasingly “influenced by global confluences that include elements of activism, finance, medicine, and humanitarianism” is central to my analysis.⁶

The paradigm of reproductive governance allows me to question the “configuration of actors” involved in Morocco’s discourse on abortion, thus enabling the problematization of the normative

boundaries of abortion, national sexual and reproductive health (SRH) policies, NGO programs targeting unmarried mothers, and women’s experiences (especially those of lower-class, unmarried women).⁷ This perspective informs my argument that even proposed reforms are likely to keep abortion in the realm of illegality. Abortion on demand is not a current prospect in the country, and even if proposed reforms were to take place, the termination of pregnancy would continue to be restricted to “sensitive” cases and would require women to comply with painstaking bureaucratic or medical procedures. Such procedures are arguably out of reach for many women due to family and economic constraints, as well as physical distance from health infrastructure.

I argue that reproductive governance unfolds in Morocco through a multiplicity of neoliberal and humanitarian policies that focus on individual responsibility—for example, programs aimed at assisting unmarried mothers by giving them shelter, health and social care, legal support, education, and professional training on the condition that they comply with certain standards of behavior, sexual conduct, discipline, and commitment to the organizations investing resources toward their “social reintegration.”⁸ I also claim that the Moroccan state’s suspended partial legalization of abortion constitutes a peculiar form of reproductive governance, since the bureaucratic burdens of obtaining a “legal abortion” under the proposed reforms may have the perverse effect of incentivizing women to seek illegal abortions, thus normalizing this unsafe practice.

The background section of this article offers insight on the Moroccan legal and political framework. My research findings stem from ethnography on unmarried pregnant women in the country. Research on abortion in Morocco is politically and socially sensitive and thus has been largely neglected. Moroccan public institutions last collected data on abortion in 1995.⁹ I conducted my ethnographic research on abortion practices in Morocco between 2011 and 2012, following preliminary fieldwork in 2009 and an investigation of abortion experiences of Moroccan women living in Italy in 2010.

In Morocco, female sexuality outside of mar-

riage is socially sanctioned, and extramarital sexual relations are criminalized under article 490 of the Penal Code.¹⁰ Childbirth outside of marriage is also not legally or socially recognized, which means that the children of unmarried mothers are excluded from legitimate descent (*nasab*).¹¹ Although all women are affected by the illegality and potential risk of abortion, unmarried women face specific challenges to sexual and reproductive rights.

Literature on abortion legislation in the Middle East and North Africa touches on the issue of abortion in Morocco, as does the literature on youth sexuality and illegal abortion.¹² However, the issue of abortion has long been at the margins of socio-anthropological research on women's health and human rights. This article contributes to the existing literature by grounding its conclusions in extensive ethnography on SRH in Morocco and emphasizing the importance of subjective experiences and practices.

Abortion is an emblematic example of the structural challenges faced by Moroccan institutional and noninstitutional actors when attempting to implement sexual and reproductive rights in the country. By focusing on poor, young, and unmarried women who cannot afford safe (though illegal) abortions, I highlight the specific challenges faced by this group. Excluded from public SRH policies, these women embody a "legitimate vulnerability," a concept by which I refer to the fact that subjects (unmarried pregnant women and mothers) who defy the "legitimate" social order become socially acceptable and care-deserving so long as they can prove their vulnerability.¹³ I simultaneously analyze the competing agendas of Morocco's legal framework on abortion and SRH policies, going beyond a narrow focus on either the legal, health, or Islamic perceptions of abortion and SRH. Further, I emphasize the controversial shift from a criminalizing to a moralizing discourse on pregnancy termination in Morocco that reflects broader humanitarian policies and ultimately normalizes illegal abortion while neglecting the issue of a woman's right to make choices about her body.

Over the last three decades, human rights and gender-based approaches have become "powerful

signifier[s]" in Moroccan politics; however, such rights-based approaches are still largely contested or unacknowledged in relation to abortion and reproduction.¹⁴ Further reflection on the political usefulness of concepts such as "reproductive rights" is needed, particularly that which considers not only the social, historical, and political context of these rights but also how these rights resonate with the experiences and views of affected individuals.¹⁵

Methods

I conducted field research in Casablanca over 10 months in 2011 and 2012. In particular, I examined NGO's efforts to provide care for unmarried mothers. Undertaking this research hinged on a wealth of bureaucratic procedures to gain approval and authorization. Because my university did not have an ethics committee at the time, I directly negotiated the possibility of engaging in ethnographic fieldwork with seven Moroccan NGOs, which authorized me to conduct my research through interviews, observations, and participation in their activities. Four of the NGOs explicitly targeted unmarried mothers, while the others included them among their target groups. This allowed me to meet women with diverse trajectories. None of the organizations had a focus on abortion, although some representatives of these organizations had publicly taken a stance on the issue and raised the topic with me individually as well as during group meetings with beneficiaries.

My main source of data came from interviews with beneficiaries of these NGOs. I interviewed about 50 unmarried women during their pregnancy or after childbirth. Most of the women came from middle to low socioeconomic backgrounds. Their educational levels were diverse, spanning from illiteracy to a bachelor's degree, although most had a medium to low educational level. Many had failed at attempts to self-induce abortion or were unable to access appropriate health care facilities due to time, distance, or financial barriers. Some of these women raised the issue of abortion immediately and discussed the topic openly, while others did not raise the issue at all in initial discussions with

me. Establishing rapport—both with the women themselves and with the professionals serving them—was crucial, and I have maintained relationships with many of my respondents over the years.

I also met with health professionals at public and nongovernmental health facilities (health centers, hospitals, and dispensaries). These included medical doctors (general practitioners, gynecologists, and pediatricians), midwives, nurses, psychologists, and psychiatrists. I contacted some of them via the NGOs that had authorized my research and others through academic contacts and previous fieldwork acquaintances. I also obtained academic agreements with Moroccan academic institutions and letters of introduction from Italian and Moroccan universities and research centers, which were useful in making contacts. I interviewed key informants in the fields of medicine, law, bioethics and Islam, abortion activism, and journalism in both Casablanca and Rabat. In addition, I talked to herbalists in Marrakesh and observed an abortion-rights-versus-anti-abortion-rights demonstration on the Mediterranean coast. Finally, I attended public initiatives and student meetings on abortion in Casablanca.

Reproductive health and rights in Morocco: Contested grounds and agendas

The idea of “reproductive governance” suggests that rationalities in the area of reproduction in Morocco—as elsewhere—may shift based on prevailing politics. It also raises a question of why the topic of abortion is so often absent from public discussions on SRH, rather being cast as an exception to the local political economy of health.¹⁶ To address this gap, I shall outline the field of SRH and rights before illustrating the normative framework of abortion.

In 2018, expenses for “integrated sexual and reproductive health services” in Morocco included those targeted at “[i]ncreased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.”¹⁷ This initiative involved US\$668,239 in

expenditures, of which 83% came from the United Nations Population Fund (UNFPA), 10% from NGOs, and 7% from the Moroccan government.¹⁸ These figures do not include the costs of private health services, which contribute to stratifying health care asymmetries between rural and urban areas and between private and public services.

Major issues, such as systemic corruption, affect health and are addressed through reforms extending medical coverage to populations categorized as vulnerable or poor.¹⁹ With regard to SRH, Morocco participated in a program of action approved by the 1994 International Conference on Population and Development, which guided the government in implementing SRH policies.²⁰ Currently, the notion of SRH is more widely used than that of “family planning,” both by public health agencies and NGOs, suggesting that the country is shifting its approach from one of population control (adopted in the 1960s) to one of individual rights.²¹

Morocco made only limited progress in achieving Millennium Development Goal (MDG) 5, which focused on “improving maternal health,” and MDG Target 5B, which aimed to “achieve by 2015 universal access to reproductive health.”²² Unsafe abortion was either not included or only briefly mentioned by Moroccan institutions in reports on the achievement of the MDGs and by WHO reports focusing generally on target B of MDG5 (without a country-specific focus).²³ It is also not addressed in the 2012–2016 UNFPA country program, despite that program’s emphasis on SRH as a core component.²⁴ In Morocco, abortion is mostly practiced illegally; therefore, official public health data is not available.

The affirmation of SRH rights seems contentious in Morocco, as demonstrated by the difficulties that women in rural communities face in accessing reproductive care. Rural regions have historically been marginalized by the state and suffer from a chronic lack of health care infrastructure, especially for childbirth.²⁵ Even when they are available, as in the cities, these services overwhelmingly target married women and are difficult or even impossible for young, unmarried people to access.²⁶ Public

primary health centers that provide SRH services are mostly located in low-income neighborhoods, and unmarried women and men rarely access them for consultations, contraception, or HIV screening or prevention due to widespread social stigma surrounding these issues.²⁷ In large part, this is because non-marital and non-reproductive sexuality defies social norms of respectability (although this view also depends on socioeconomic status).²⁸ For example, although contraception is available through public health centers and NGO clinics (such as the Moroccan Association for Family Planning), unmarried individuals may not feel socially safe accessing these venues. Women with financial means pay for private practitioners for perceived confidentiality reasons, although these practitioners are not always available. Contraceptive pills and emergency contraception can also be bought at pharmacies.²⁹

Discourses about SRH rights and policies coexist with article 490 of the Penal Code, which sanctions sexual relations outside of wedlock. Thus, the Moroccan state fosters global notions of SRH that may collide with its own laws and with Islamic behavioral prescriptions. Such competing agendas must be understood in the context of the post-independence growth of Morocco's young and unmarried population, following demographic transition and socioeconomic changes (including urbanization, salaried work, the postponing of marriage, and transnational migration).³⁰ Some centers run by the Moroccan Association for Family Planning—mostly in urban areas—have adjusted to this changing social landscape by offering youth-centered services and educational activities.³¹ Various NGOs nationwide also work on SRH issues. In short, multiple public and nongovernmental actors intersect in providing SRH services.

In particular, I have analyzed how unmarried mothers have been identified either as a specific target for intervention or as part of a broader target by Casablanca-based NGOs, which has led to the emergence of “unmarried mothers” as a social category in the public space and the context in which they and their children receive care. Notably, over the last three decades, some NGOs have transformed

the significance of certain social groups, meaning that some women who are experiencing both material and social distress (including children born out of wedlock) have “become” vulnerable categories and new targets for humanitarian action.³² If a woman can prove she is “vulnerable,” as defined by the NGO, she can access certain services—including SRH services—either at the NGO itself or through public and private service providers that collaborate with them as volunteers or benefactors. Although the process of assessing eligibility for services is purportedly meant to combat gender and sexual stigma, in reality, this process may be embedded in a compassionate framework that does not actually “redress injustice.”³³ More importantly, the fact that women who can prove their eligibility are able to access SRH services through NGOs does not resolve the larger issue of the lack of free, good-quality SRH services for all women, regardless of their status. This seems at odds with the positioning of these services within a social justice framework.

Ultimately, this creates a paradox of claiming vulnerability over rights. Beneficiaries of the health, social, and sexual rights afforded by NGOs must prove certain conditions in order to be temporarily entitled to care, such as being a first-time mother, being at risk, experiencing distress, facing rejection by family, or demonstrating personal capabilities such as self-discipline and participation. This neoliberal provision of care is thus based on individual responsibility and, accordingly, “re-moralizes” sexual conduct.³⁴ I argue that it is worth considering how vulnerability is constructed in these policies and in the proposed legal reforms to Morocco's abortion law, as well as in current debates on sexual and reproductive rights.

Legal framework and the suspended abortion law changes

Islamic jurisprudence (*fiqh*) in Morocco follows the Maliki School, which completely forbids abortion. However, the final declaration of the 1971 Rabat Conference on Islam and Family Planning forbids abortion after the fourth month unless the mother's

life is in danger, suggesting that the view of Islam on abortion may vary.³⁵ Such differences in doctrinal beliefs about abortion have become important in politics, as some actors consider Islamic law as a reason to oppose the practice, while others use such jurisprudence to claim that abortion may be licit.

Nonetheless, the legacy of colonial laws in codifying an anti-abortion stance in current legislation outweighs any potential flexibility of interpretation.³⁶ For example, chapter 8 of the Moroccan Penal Code, titled “Crimes and Offences against Family Order and Public Morality,” provides that abortion is legal if it aims to preserve the woman’s health and is practiced within the first 120 days of gestation by a physician *and* with the husband’s authorization.³⁷ When there is no husband, or if the husband cannot or will not authorize an abortion, the responsible physician must obtain authorization from the chief medical officer of the hospital. The Penal Code also provides that abortion is legal to save a woman’s life (in which case spousal consent is not required), but another physician must be consulted before the procedure is performed.³⁸ In short, abortion always hinges on complicated bureaucratic procedures. Other articles establish imprisonment and fines as sanctions for inducing and publicizing abortion.³⁹

In 2015, the king of Morocco asked the minister of Islamic affairs, the minister of justice and freedom, and the president of the National Council of Human Rights to conduct a national consultation on the issue of abortion involving local organizations, former ministers of health, justice, and the family, and experts in psychology, sociology, bioethics, law, and philosophy. The results paved the way for legal modifications, according to a royal release from May 2015.⁴⁰

In June 2016, the Council of the Government adopted an initiative to reform Morocco’s Penal Code (Project of Law No. 10-16).⁴¹ The reform of articles regulating abortion was also included in this initiative, although the legislative process is currently on hold.⁴² In April 2018, the Party of Progress and Socialism filed a bill to amend the Penal Code to legalize abortion on health grounds in more cases than the ones provided by the Project of Law

No. 10-16.⁴³ The Moroccan Organization against Clandestine Abortion (AMLAC) expresses a similar view. Founded in 2008, AMLAC advocates for creating a “clear legal framework” for abortion in order to prevent morbidity and mortality (however, the organization does not espouse concepts such as “body ownership”).⁴⁴

The dynamics of local abortion politics and the effects of potential legal changes are noteworthy. Project of Law No. 10-16 envisages amending article 453 to permit abortion in more cases but would still limit abortion to cases of rape, incest, mental disorder, and serious fetal malformation. Even then, abortions would be allowed only under strict conditions. For example, in the case of rape or incest, abortion would be allowed if performed by physicians at a public hospital or authorized private clinic during the first 90 days of pregnancy. The woman seeking an abortion would need to provide a document authenticated by the royal public prosecutor showing that she followed a judicial procedure. Additionally, an officer of the relevant province or prefecture would need to be notified. Women would be required to spend three days in reflection, during which time they would supposedly meet with social workers who would inform them about alternatives to and medical issues associated with abortion.

These conditions would also apply in cases of “fetal malformation” (not defined in the proposal) and genetic pathologies.⁴⁵ However, for those cases, abortion would be allowed up to 120 days of gestation. The Ministry of Health would be tasked with creating medical commissions to elaborate on the examinations and tests required to certify the malformation or pathology. The same regulations would apply to a woman affected by a “mental disorder”; however, she would also be required to show authorization from her spouse, parents, or legal guardian. The National Council of the Order of Medical Doctors would be required to submit to the Ministry of Health a list of mental disorders for which abortion would be legal.⁴⁶

The above conditions, regulations, certificates, and forms of proof construe what I call the “conditional legalization” of abortion in Morocco.

These myriad requirements are worth emphasizing because they would restrain women's access to safe abortions, especially for cases that are hard to disclose or prove. The media has improperly characterized this potential reform as "liberalization," but organizations such as the AMLAC do not intend it as such, instead advocating for the reform as a measure to prevent health and social risks.⁴⁷ The proposed bureaucratic procedures would govern not only abortion itself but also women's sexual and reproductive lives. It would be unimaginably hard to obtain all of the required documentation to receive an abortion, particularly within the timeframes provided.

Hence, even were these reforms to be adopted, they would not conceive of abortion as an individual right, and women would still be pushed to obtain illegal abortions. Indeed, the proposed reform dismisses the fact that some women might choose to interrupt their pregnancy for reasons other than those permitted by law. It assumes that women's bodies must perform their reproductive function, unless a woman has some higher moral reason to abort. A woman must prove that she is deserving of an abortion and that her claims are credible. This approach reinforces normativity and essentialism in gender roles and relationships.⁴⁸

A major contradiction becomes clear from this analysis. On the one hand, international agencies proclaim the importance of reproductive health and (to a much lesser extent) globally conceived rights and use these claims when cooperating with Moroccan health institutions. On the other, official SRH agendas in Morocco tacitly exclude abortion rights, and laws continue to criminalize the practice as a crime against family order and public morality. These competing agendas and the ambiguities of law reform cannot but undermine any rights-based SRH policy.

Non-marital pregnancies and unmarried women's search for illegal abortion

Given that the reform initiative is currently on hold, it is impossible to know for certain how it would affect Moroccan women's experiences and

push them toward illegal abortions. Therefore, my analysis below refers to the current framework, which has not changed since my fieldwork in 2011 and 2012. Nonetheless, even were the framework to change, it is likely that women who live in the most precarious socioeconomic conditions (and even those who do not) would rarely choose to go through all required procedures to claim the right to a legal abortion, regardless of whether they "fit" into one of the admissible categories.

The ethnographic material analyzed here concerns my research subjects' search for abortion providers (that is, clinics and practitioners), their abortion experiences, and sometimes their (attempted) abortions. These practices need to be understood by looking at women's ability to make decisions governing their lives, but often women do not or cannot make any decision. Women live their experiences within their social and relational configurations—in other words, within their "local moral worlds."⁴⁹ They draw on "practical moralities," and their attitudes are shaped by intersecting structural conditions (such as time, distance to facilities, and availability of practitioners), relational conditions (such as the support of a partner or family), and contingent conditions (such as money, transportation, and conflicting work or familial duties), which inform their scope of action and may even counter their intentions and desires.⁵⁰ A consideration of these aspects may shed light on whether a rights-based approach to SRH and abortion policies will resonate with women, and, ultimately, if it will substantially improve their lives.

AMLAC estimates that trained practitioners in Morocco perform several hundred illegal abortions each day. This is on top of abortions that women self-induce through nonmedical means. National and international estimates suggest the spread of illegal, yet systematic, abortion and indicate that illegal abortions occur irrespective of class, generational, and educational distinctions.⁵¹

For example, some women may be unable to raise money for an abortion in time to obtain one, even if they ask for assistance from friends and acquaintances. This is especially the case if the woman discovers her pregnancy late or if—for instance, due

to familial obligations—she has to move across the country and stops searching for abortion providers, thus allowing her pregnancy to progress. Visits home usually demand the use of one's savings for traveling and gifts, as well as hiding the pregnancy from family members. As Mouna said:

I found it out early and I couldn't believe it. I agreed with my boyfriend to raise money to pay a doctor ... but it was not enough. In the meantime, I had to go home and see my family. When I came back and found a doctor, it was too late. I was told it was too big and [having an abortion] might have been dangerous.⁵²

Others, living on precarious and underpaid jobs, cannot even envisage paying for the procedure and attempt to self-induce abortion in hazardous conditions. Traditional domestic methods may be their first or only abortion attempts; such methods include herbal concoctions that supposedly induce bleeding, combinations of certain beverages and aspirin or other drugs, certain spices, exposure to the smoke produced by burning specific herbs, overmedication, toxic substances, and mechanical practices. To date, recourse to misoprostol (commonly used to induce abortion) has not been documented in Morocco.⁵³

When women are still not fully aware that they are pregnant, but fear early pregnancy, they might try some methods that are used to induce menstruation but that also have potentially abortive outcomes. When used, these methods might not be effective, and therefore many pregnancies are confirmed late.

Some women stated in interviews that they continued to bleed and thus discovered their pregnancies only when their bellies grew or they had other symptoms. Older women tend to recognize pregnancy earlier, but they may not be able to choose whether to continue it due to spousal authorization requirements, even in the clandestine abortion market. Public hospitals may also provide abortions if women arrive at the emergency room after inducing an abortion and describe the inducement as a non-intentional event.

Even when obtaining an abortion would be

feasible in the illegal market, some unmarried women may decide not to obtain one for moral reasons, while others might not obtain one because someone else (perhaps a partner or other family member) convinces them not to intervene. These people may convince women to continue their pregnancies and to give the children up for informal adoption, sometimes to other family members. In addition, some NGOs strive to arrange the custody of these children through formal procedures. Other NGOs involve their beneficiaries in sex education activities to prevent subsequent pregnancies. These latter NGOs—according to their beneficiary selection criteria—actually exclude women from further assistance if they become pregnant again or if they have more than one child. In any case, young, unmarried women who attempt abortion do so within an uncertain relational scenario between the official and unofficial spheres. These different spheres ascribe different significance to pregnancy, its potential disruption, and the legitimacy of filiation.⁵⁴ For example, some young women may not consider abortion if they expect to marry the father, but may do so if the marriage prospect falls apart.

Absent or irregular menstruation leaves an ambiguous space for practices of menstrual induction, which may not be considered abortive according to local practices of fertility regulation.⁵⁵ In such cases, abortion results in juggling uncertainties or, in other words, “manipulating ambiguity.”⁵⁶ The experience of a young woman known as Nawal is emblematic of such an understanding: she initially attributed her missing period to her irregular cycle and fatigue, but also started to suspect pregnancy. It also illustrates the challenges that women like her face when confirming pregnancy and in the search for pregnancy interruption within precarious relational and socioeconomic situations. Unmarried and living in a small town, Nawal discovered her pregnancy toward the fourth month and tried some potentially abortive mechanic and chemical methods. She explained:

I tried everything ... nine aspirins, I ate lots of cinnamon and I did fumigations with that stuff I bought at the herbalist, but nothing worked. But it was expensive. Now I fear this could have been

harmful for the baby. After that I drank Coke with aspirin again and I wore a very tight belt. My boyfriend would have even been able to pay the doctor [for an abortion] but it was too late and too risky.

Another interviewee from a poor neighborhood in Casablanca, 20-year-old Jamila, managed to have an abortion soon after she started seeking it. She was unmarried and engaged in multiple relations, in which sexual and monetary exchanges overlapped.⁵⁷ She discovered her pregnancy early on and wanted to terminate it, so her mother helped her find the money for a medical abortion in a clinic that her friends had suggested. Jamila stressed the diverse socioeconomic and marital statuses of the other patients and highlighted that abortions were systematic and just “normal,” both for the well-off and for the disenfranchised. Although the experience was financially demanding, everything ran smoothly in her case and (because it was relatively easy to access the clinic) the boundaries of legality and illegality of this practice appeared to her quite blurred.

Boutaina had a different experience, which hints at the risks that women incur in the context of illegal abortions. Boutaina was an unmarried mother in her 30s and worked as a domestic worker for affluent families. After returning home from the private facility where she had her second abortion, she began to experience complications. She had not had complications after her first abortion, so the difficulties were unexpected. Boutaina might have died from a hemorrhage if a neighbor had not called the doctor who performed the operation, who promptly took her to a clinic. Nobody asked her to explain her story, and she was sent home once she recovered.

The experience of abortion is shared across generations of women. As stated by one 25-year-old, “My mother also had an abortion. ... Of course, she already had kids and could not bear more.” This insight poignantly illustrates that the public debates, which raise abortion as a moral issue associated with extramarital sex and youth, do not take into account local realities and may therefore jeopardize abortion rights advocacy. Although I explore this question primarily from the point of

view of women who have experienced pregnancy outside marriage, it would be misleading to assume an exclusive nexus between abortion and extramarital, “illegitimate” pregnancies and child abandonment.⁵⁸ Doing so would dismiss the fact that women seek abortions for an array of reasons. The construction of abortion rights arguments that associate abortion with “illegitimate” sexual relations, with specific medical conditions, or with socially sensitive situations—instead of claiming abortion as a right ascribed to *any* woman—reproduces the Penal Code’s restrictive, moralizing logic.⁵⁹

Conclusion

This article highlights the ambiguous status of abortion in Morocco by situating the issue against the background of reproductive health and rights. Since the 1990s, national and international agendas have espoused the importance of SRH policies. However, SRH policies in Morocco have yet to adequately address abortion, which is instead regulated by the Penal Code as a crime against morality, except in circumstances threatening the pregnant woman’s life or health. Researchers and policy makers need to address these competing political agendas when analyzing what “reproductive governance” means in Morocco.⁶⁰

This is particularly relevant in the context of proposed legal reforms, which would legalize abortion only on certain conditions and set forth restrictive and complicated bureaucratic procedures. This “conditional legalization” merely reinforces the structural barriers to legal and safe abortion. Notably, the logic underpinning the proposed reforms circumscribes abortion to specific medical or vulnerability cases. This legitimizes a “moral hierarchy of abortion” by allowing abortion in circumstances viewed as morally acceptable, while simultaneously neglecting that abortion is a reproductive right. The proposed legal changes focus on vulnerable targets who must struggle to comply with eligibility criteria for health and abortion care. Such potential reform seems actually coherent with Morocco’s unequal health care system and the

neoliberal logic through which governmental and nongovernmental institutions provide health care services to individuals on condition of their ability to demonstrate that they deserve them.

Abortion is a tacitly acknowledged practice in Morocco, but it is becoming an increasingly debated political topic. However, the recent application of Morocco's anti-abortion law to a journalist who criticized the government casts a shadow on the prospect of meaningful law reform.⁶¹ The recognition of abortion as a human right is contentious, and "tensions between how human rights are understood in supranational conventions and legal structures and how they are interpreted locally" must be acknowledged in any analysis.⁶² Interestingly, the process that brought about the law reform initiative involved (among others) Morocco's National Council for Human Rights, which suggests that debates on abortion could be viewed as part of debates on human rights more generally. However, rights-based approaches to political change continue to ride on a shifting terrain of conflicting claims.⁶³

As shown by the case of women experiencing pregnancy and abortion outside marriage, global concepts of sexual and reproductive rights as human rights do not seem to resonate with individuals' subjective experiences, including their relationship "to the law, the State and the medical sphere."⁶⁴ The individuals with whom I spoke shared stories that illustrated multilayered social and legal inequalities, gaps among health policies, and individual decision-making strategies. Nevertheless, each of these women had her own individual experience, and we cannot overlook the fact that women seek and experience abortion irrespective of marital, educational, or socioeconomic status.

Importantly, many women attempt abortion in unsafe conditions, due to their financial, temporal, geographical, and relational constraints. Most of them have experienced life-long social, economic, and educational inequalities that necessarily inform their reproductive and abortion experiences. Therefore, simply engaging in legal reform of abortion will not be enough. The social and political commitment to counter inequalities

among women should be the ground for substantially affirming sexual and reproductive rights as human rights.

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