
CASE STUDY: THE MAGHREB

An official study by Morocco's High Commissariat for Planning on violence against women in Morocco noted 38,000 cases of rape reported in 2009 – an average of over 100 women a day. The true number may be much higher.

In the Maghreb (Algeria, Morocco and Western Sahara, Tunisia), legal provisions on rape emphasise morality rather than the personal and bodily integrity of the victim. Discriminatory provisions in Algerian, Tunisian and, until recently, Moroccan legislation allow rapists to avoid prosecution by marrying their teenage victims.

When 16-year-old Amina Filali was forced to marry the man she said had raped her, she saw suicide as her only escape. She killed herself by swallowing rat poison in March 2012. Her death caused an outcry in Morocco and throughout the region. It showed that legislation could be used to cover up a rape. Instead of protecting her as the victim of a crime, the law victimised Amina a second time.

In January 2014 Morocco repealed this discriminatory provision but the story does not end there. Morocco's laws – and those in Algeria and Tunisia – fail to protect women and girls from gender-based violence. They further fail to provide them with effective remedies when violence does occur.

Amnesty will campaign to reform the remaining laws in the Maghreb that allow rapists to marry their victims to escape prosecution, as well as other discriminatory laws, and for the adoption of laws and measures that protect survivors of violence. And we will call for increased access to health services and judicial remedy for survivors of sexual violence.



Zohra Filali holds a picture of her daughter, Amina, who committed suicide after being forced to marry the man she said raped her.
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CASE STUDY: IRELAND

Between 1980 and 2012, just over 12 women a day travelled to the UK from Ireland for a termination because of the country's restrictive abortion laws.

Abortion is illegal in Ireland in all circumstances except where there is a 'real and substantial' risk to the life – rather than the health – of the woman. This exception was established in 1992 by a Supreme Court ruling on the case of a 14-year-old girl who was pregnant as a result of rape, and was suicidal. However, the definition of a 'real and substantial' risk was not clear, leaving many women in limbo. In October 2012 Savita Halappanavar was hospitalised with a threatened miscarriage. She asked for an abortion but it was denied, even though it was clear that the foetus would not survive. Savita then went into sepsis (blood poisoning) and died a few days later. Her tragic preventable death highlighted the urgent need for a clear legal definition of this risk.

In 2013 the government introduced the Protection of Life During Pregnancy Act, which outlines how to establish whether there is a real and substantial risk to the life of a woman, as distinct from her health, in order to allow a termination. But abortion is still illegal for women who are pregnant as a result of rape or incest, where their health is at risk or in cases of fatal foetal impairments. Women face up to 14 years in prison for having an unlawful termination.

Amnesty will work with partners to consolidate public and political support for the decriminalisation of abortion by outlining what a human rights compliant framework for access to abortion would entail.

CASE STUDY: NEPAL

Uterine prolapse affects approximately 600,000 women in Nepal, many of whom are, unusually, under the age of 30.

Women and girls in Nepal suffer widespread and systematic discrimination and one consequence of this is a high rate of uterine prolapse – a painful and debilitating condition in which the pelvic muscles weaken and the uterus descends into the vagina. The many causes include carrying heavy loads during or just after pregnancy, having children at a very young age, and having several children in quick succession, but all are linked to women's lack of control over their bodies, health and lives.



Women in Nepal carry heavy loads, which can lead to uterine prolapse © AI

Kopila was 24 and had just had her fourth child when she developed uterine prolapse. 'Twelve days after the birth, I was cutting wood with an axe,' she told Amnesty. 'My husband asked for water and we had an argument. He beat me hard. I don't know whether my uterus came out when I was cutting wood or after I was beaten. After that I started feeling back and stomach pain and I couldn't stand straight or sit or do work. When I sneeze, my uterus comes out.'

Amnesty and local partners are urging the government to recognise uterine prolapse as a human rights issue and to urgently address the gender discrimination that gives rise to this condition.

CASE STUDY: BEATRIZ'S CASE – El Salvador

In April 2013 Beatriz, a 22-year-old from rural El Salvador, stood up for her rights, demanding medical treatment to save her life. Beatriz has lupus and kidney problems. When she became pregnant, doctors told her continuing her pregnancy could kill her. Moreover, the foetus lacked part of its brain and skull, and would not survive.

But doctors felt their hands were tied. El Salvador has a total ban on abortion, and under Article 135 of the Penal Code a medical professional who carries out an abortion can be jailed for between six and 12 years and be struck off the medical register.

Beatriz's lawyers challenged the authorities to make a swift decision to save her life. The Inter-American Commission on Human Rights granted Beatriz 'protective measures', urging El Salvador to provide her with the medical treatment she needed within 72 hours. But still there were delays, while Beatriz became more and more ill. When her appeal was finally heard, she was six months pregnant and the stress of her situation caused her to collapse in court and she was rushed to hospital.

Beatriz was eventually given the medical intervention she needed, as a result of her courage and a concerted campaign by Salvadoran organisations, Amnesty activists and many others. But the authorities had forced Beatriz to wait until she had passed the 20th week of pregnancy so that the end of the pregnancy was no longer medically classified as an abortion, but rather as induced labour. By gambling with Beatriz's life, the authorities were able to claim that no new legal precedent had been set and that the total prohibition on abortion had been respected.

The total abortion ban remains in place in El Salvador.



CASE STUDY: EL SALVADOR



Martene was charged with having an abortion after miscarrying when she was 18 years old. 2014 © AI

The total ban on abortion in El Salvador is nothing less than institutionalised violence against women and a form of torture or other ill-treatment. The criminalisation of abortion places the Salvadoran government ultimately responsible for these violations. *Amnesty International, 2014, On The Brink Of Death: Violence Against Women and the Abortion Ban in El Salvador*

In El Salvador abortion is illegal in all circumstances, even where pregnancy is the result of rape, sexual assault or incest or when a woman's or girl's life or health is at risk.

One doctor described his experience of treating a nine-year-old pregnant rape survivor who was forced to carry the pregnancy to term:

We had a nine-year-old girl here. She gave birth aged 10. She had been abused since infancy. She fell pregnant and... it was a very difficult case. Very difficult... it ended up being a caesarean section at 32 weeks... That case marked us a lot perhaps because she didn't understand what was happening to her... She asked us for colouring pencils. Crayons. And it broke all of our hearts because she started to draw us all, she drew and she stuck it on the wall. And we said: 'She's still just a girl, just a little girl'. And in the end she didn't understand that she was expecting.

Some women suffering miscarriages are reported to the authorities by health care personnel and interrogated by the police, sometimes resulting in homicide prosecutions (see Cristina's story p39) which carry potential sentences of up to 50 years in prison. Such wrongful prosecutions and misapplication of the criminal law are rooted in the harmful and discriminatory stereotype that women's value stems from their role as mothers and child bearers.

In these cases, they immediately assume that the women are guilty and there's no gender perspective. This is a witch hunt. The authorities are trying to make an example of these women. *Dennis Muñoz, lawyer for NGO Agrupación Ciudadana, a group seeking the release of women wrongly prosecuted, March 2014*

Amnesty is campaigning for the decriminalisation of abortion in all circumstances and for the release of all women currently imprisoned on abortion related charges.

CASE STUDY: BURKINA FASO

In Burkina Faso, many young people struggle to access contraception and other sexual health services. Religious and cultural norms, gender-based discrimination, and practices such as early marriage combine with poverty to prevent women and girls making decisions about their sexual and reproductive lives.



Painted wall with a sign against child marriage, in front of Maia association working on sexual and reproductive rights in Burkina Faso © AI

Talking openly about sex is taboo. Embarrassment and fear prevent many women and girls from getting reliable and confidential information about sexual health and family planning. Even if they find someone they can speak to, they face discriminatory attitudes from medical professionals. In some cases, women are denied contraceptives unless they have their husband's permission. And even then contraceptives can be too expensive for many.

Amnesty will campaign to remove the barriers that block women's and girls' access to contraception and family planning. We will also campaign to improve access to information and education about these issues, and about sexual and reproductive rights.
