

# The Moral Economy of Abortion Policy in Burkina Faso

Dr. Fatoumata Ouattara-Traoré  
Institut de recherche pour le  
développement (Marseille, France)

[Fatou.ouattara@ird.fr](mailto:Fatou.ouattara@ird.fr)

Dr. Katerini T. Storeng  
Centre for Development and the  
Environment

University of Oslo (Oslo, Norway)

[katerini.storeng@sum.uio.no](mailto:katerini.storeng@sum.uio.no)

Funded by the Norwegian Research Council's ECONPOP Programme

- ◆ What are the institutional and policy approaches to abortion in Burkina Faso?
- ◆ How are these approaches associated with a moral economy?

# Moral economy

- The ‘moral economy’ determines “the production, distribution, circulation, and utilization of emotions, values, standards and obligations in the social environment” [authors’ translation] (Fassin 2012: 37).
- Serving as a means of social regulation, the moral economy refers to the social obligations that govern behaviors between individuals by setting the boundaries of what is acceptable according to local values.

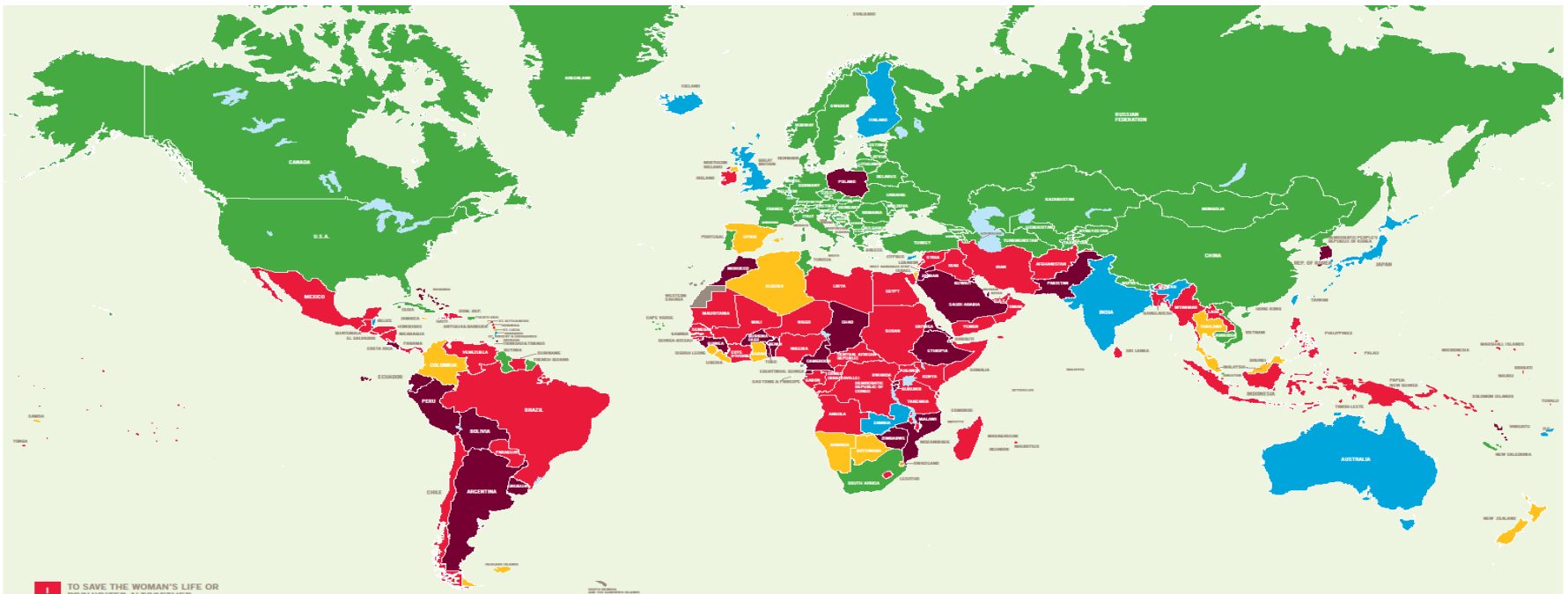
# Methods

- Ethnographic study [2010 and 2013]
- Data collected by a open-ended qualitative methods.
  - Review of national & international debates on abortion in scientific publications
  - Review of national & international policy
  - Review of abortion in Burkinabe press (between 2009 & 2012)
  - Open-ended in-depth interviews with 35 professionals:
    - Burkina Faso: officials in ministries of health (4), social action, human rights, and justice (3); public health specialists (4); NGO actors (10)
    - UK and US: NGOs actors (7)



# Abortion in Burkina Faso

- A landlocked and low-income country in the heart of West Africa
- Ethnically and religiously diverse from former French colony (main religions catholicism, protestantism and Islam)
- High fertility, high levels of maternal mortality, low use of contraception
- Induced abortion legally restricted, but frequent



- I** TO SAVE THE WOMAN'S LIFE OR PROHIBITED ALTOGETHER
- II** TO PRESERVE PHYSICAL HEALTH
- III** TO PRESERVE MENTAL HEALTH
- IV** SOCIOECONOMIC GROUNDS
- V** WITHOUT RESTRICTION AS TO REASON

# THE WORLD'S ABORTION LAWS

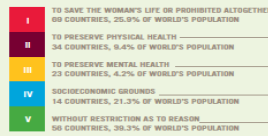
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Currently, over 60% of the world's people live in countries where induced abortion is permitted either for a wide range of reasons or without restriction as to reason. In contrast, about 25% of all people reside in countries where abortion is generally prohibited.

The table below illustrates the varying degrees to which countries worldwide permit access to abortion. Countries in Category I have the most restrictive laws. Those in each subsequent category recognize the grounds specified in the preceding category as well as additional grounds. Depending on such factors as public opinion, the views of government officials and providers, and individual circumstances, laws in each category may be interpreted more broadly or restrictively than indicated by their classifications below.

## CATEGORIES OF ABORTION LAWS FROM MOST TO LEAST RESTRICTIVE

I. TO SAVE THE WOMAN'S LIFE OR PROHIBITED ALTOGETHER <i>(also to save the woman's life). See also NOTE I.</i>	II. TO PRESERVE PHYSICAL HEALTH <i>(also to save the woman's life). See also NOTE II.</i>	III. TO PRESERVE MENTAL HEALTH <i>(also to save the woman's life and physical health)</i>	IV. SOCIOECONOMIC GROUNDS <i>(also to save the woman's life, physical health and mental health)</i>	V. WITHOUT RESTRICTION AS TO REASON <i>See also NOTE V.</i>			
Afghanistan Andorra Angola <b>Antigua &amp; Barbuda</b> Bangladesh Bhutan-R/U/+ Brazil-R Brunei Darussalam Central African Rep. Chile-x Congo (Brazzaville) Cote d'Ivoire Dem. Rep. of Congo Dominica Dominican Republic Egypt El Salvador-x Gabon Guatemala Guinea-Bissau Haiti Honduras Indonesia	Iran Iraq Kenya Kiribati Laos Lebanon Lesotho Libya-PA Madagascar Malawi-SA Mali-R/I Malta Marshall Islands-U Mauritania Mauritius Mexico-FS/R/F Micronesia-U Monaco Myanmar Nicaragua-x Niger Nigeria	Oman Palau-U Panama-PA/R/F Papua New Guinea Paraguay Philippines San Marino Sao Tome & Principe Solomon Islands Somalia Sri Lanka Sudan-R Suriname Syria-SA/PA Tanzania Tonga Tuvalu Uganda United Arab Emirates-SA/PA Venezuela West Bank & Gaza Strip Yemen	Argentina-R <sub>1</sub> Bahamas Benin-R/U/F Bolivia-R/I Burkina Faso-R/U/F Burundi Cameroon-R Chad-F Comoros Costa Rica Djibouti Ecuador-R Equatorial Guinea-SA/PA Eritrea-R/I Ethiopia-R/U/F/+ Grenada Guinea-R/U/F Liberia-R/U/F Namibia-R/U/F Nauru New Zealand-I/F Northern Ireland Saint Kitts & Nevis Saint Lucia-R/I Samoa Seychelles-R/U/F Sierra Leone Spain-R/F Swaziland-R/U/F Thailand-R/F Trinidad & Tobago	Australia-FS Barbados-PA/R/F Belize-F Ceylon-R/F Fiji Finland-R/U/+ Great Britain-F Iceland-R/U/F India-PA/R/F Japan-SA Luxembourg-PA/R/F Saint Vincent & Grenadines-R/U/F Taiwan-SA/PA/R/F Zambia-F	Albania Armenia Austria* Azerbaijan Bahrain Belarus Belgium* Bosnia-Herzegovina-PA Bulgaria Cambodia* Canada* Cape Verde China*-S Croatia-PA Cuba-PA Czech Rep.-PA Dem. People's Rep. of Korea* Denmark-PA Estonia France*	Fmr. Yugoslav Rep. of Macedonia-PA Georgia Germany* Greece-PA Guyana† Hungary Italy-S-PA Kazakhstan Tunisia Kyrgyzstan Latvia Lithuania Moldova Mongolia Montenegro-PA Nepal-S Netherlands* Norway-PA Portugal-PA Puerto Rico* Romania* Russian Fed.	Serbia-PA Singapore*** Slovak Rep.-PA Slovenia-PA South Africa Sweden** Switzerland Tajikistan Turkmenistan Ukraine United States*-FS/PA Uzbekistan Vietnam*



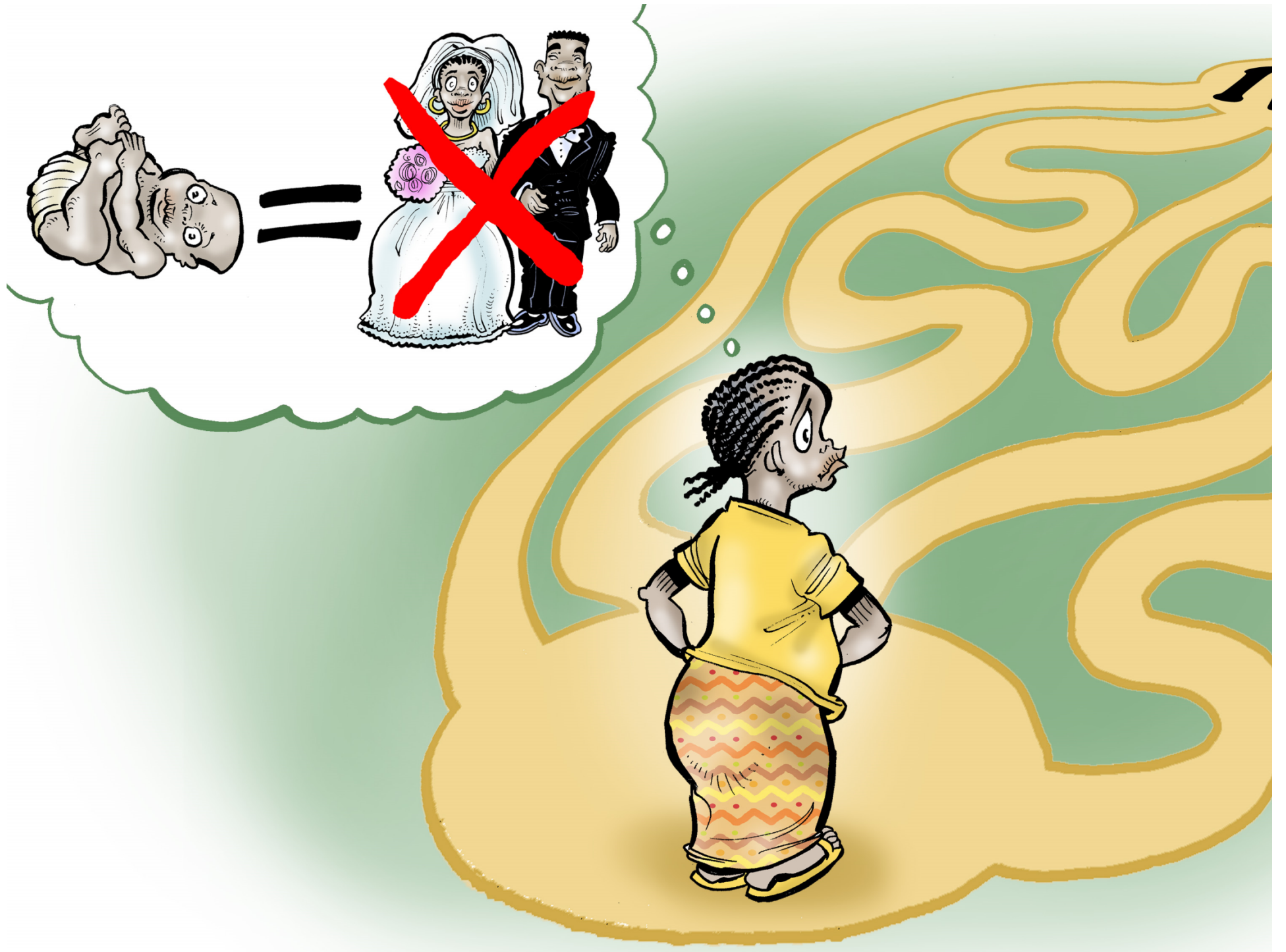
**A NOTE ON TERMINOLOGY**  
 \*Countries listed on the table include independent states and, where populations exceed one million, semi-autonomous regions, territories and jurisdictions of special status. The table therefore includes Hong Kong, Northern Ireland, Puerto Rico, Taiwan, and the West Bank and Gaza Strip. Other entities, where visible on the map, appear in colors corresponding to laws in force, but they are not listed on the table.  
 x Laws that make no explicit exception to save a woman's life are generally interpreted to permit life-saving abortions on grounds of "necessity."  
 U Laws in this category do not explicitly permit abortion to protect a woman's mental health but in many cases may be interpreted to allow abortion on these grounds.  
 PA Parental authorization/identification required  
 R Abortion permitted on additional enumerated grounds relating to such factors as the woman's age or capacity to care for a child  
 S See selective abortion prohibited  
 † Recent legislation eliminated all exceptions to prohibition on abortion, availability of defense of necessity highly unlikely  
 U Law unclear  
 FS Federal system; abortion law determined by states. In Australia and Mexico, state laws fall into different categories of restrictiveness. Classification reflects law affecting largest number of people.

**INDICATORS**  
 R Abortion permitted in cases of rape  
 R<sub>1</sub> Abortion permitted in the case of rape of a woman with a mental disability  
 I Abortion permitted in cases of incest  
 F Abortion permitted in cases of fetal impairment  
 SA Spousal authorization required  
 PA Parental authorization/identification required  
 + Abortion permitted on additional enumerated grounds relating to such factors as the woman's age or capacity to care for a child  
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 The Center for Reproductive Rights is a nonprofit legal advocacy organization dedicated to promoting and defending women's reproductive rights worldwide.  
 120 Wall Street  
 New York, New York 10005, United States  
 www.reprocenter.org  
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# Abortion in Burkina Faso

- 2012 : 105,000 abortions in Burkina Faso, the majority of which were unsafe (Bankole et al. 2014)
- Unsafe abortions contribute to about 25% of maternal mortality
- Practice of abortion is confined by silence and secrecy (Rossier et al. 2006)
- Women and providers are rarely, if ever, punished for abortion, suggesting tacit acceptance of the practice
- This issue of frequent clandestine and unsafe abortions is publicly acknowledged



# A public health framing of abortion

- The International Conference on Population and Development (ICPD) in Cairo in 1994 introduced a public health framing of abortion
- Legacy of ICPD reflected in current techno-medical nature of international policy discourse on abortion
- At the five-year review of the ICPD, African leaders decided that health systems should make safe abortion services accessible for legal indications (i.e., without addressing the legality of abortion per se).
- The World Health Organization (WHO) developed norms and standards for quality abortion services, released in 2003, which have influenced national policy responses

## PAC : Aligning international & national policy

- In Burkina Faso, national policy response focused on provision of post-abortion care (PAC) rather than legal status of abortion or comprehensive abortion care
- National PAC policy initiated in 1997 through collaboration between doctors at national teaching hospitals and international NGOs
- PAC intended to encompass all services provided to women at healthcare centers in situations of abortion complications (induced or not).
- In practice, often reduced to treatment of incomplete abortion with manual vacuum aspiration (MVA)

# The process of PAC in Burkina Faso

1- PAC as a project  
NGO/IPAS+Gyneacologists/Physicians

2- PAC as a technique : MVA

3- PAC as a national policy

# Government compliance with the PAC standards

- The introduction of PAC complied with religious beliefs about abortion
- Government officials were concerned that their support of PAC should not give religious and political leaders the impression that they are supporting abortion rights per se
- The apprehension around enlarging the PAC policy into more permissive abortion legislation is situated between international policy and locally-specific cultural and religious mortality



# Actors facing dilemmas

- Professional and individual experience about abortion :  
Condemn or publicly advocate for abortion ?

“If you take me...an ordinary citizen belonging to the Catholic religion, what do I think about abortion? I would tell you, it's not right! I would never do it. In fact, I don't do any. Because my religion, which I believe and to which I belong, forbids it...But if you ask me the question...[as a] gynecologist and obstetrician, responsible for the reproductive health of thousands of people...I would tell you that I am in favor of some opening for legalized, medicalized abortion...because it's the only path that will enable us to avoid the complications that burden our services needlessly... and end up making victims of women”. (a gynecologist)

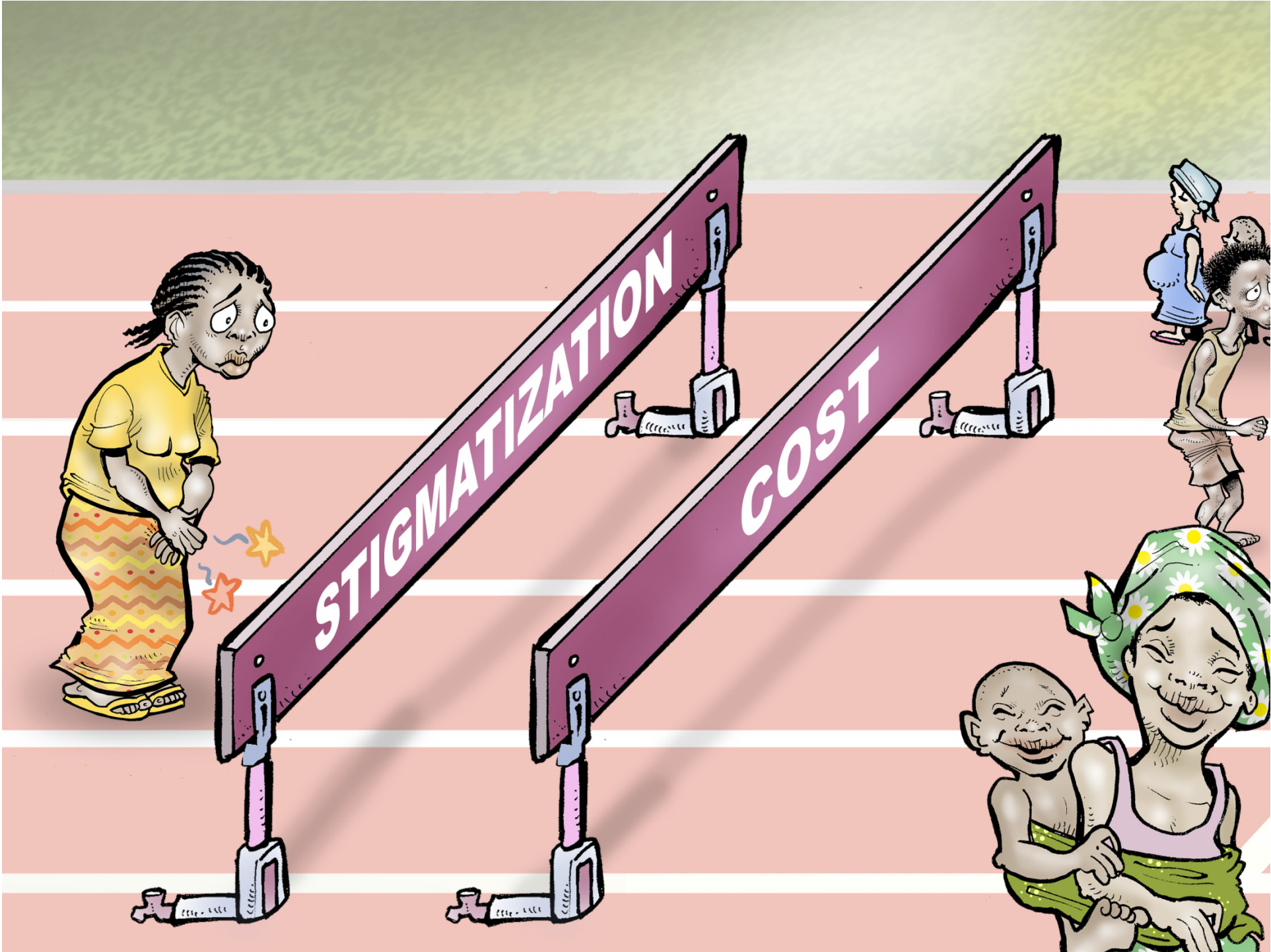
# Professional/religious dilemmas

- Tensions between professional ethics and religious morals

“...As a service provider, professionally...I’m compelled to provide care when the client asks me... but in my religious faith, I’m Catholic, and I know abortion is forbidden! Between the desire to help the person in distress and the desire to follow my religion...if I have to perform this act, I’ll go to confession; but I won’t go to just any priest, because I know I’ll run into resistance” (Female gynecologist).

## Societal reluctance to address abortion's legal status

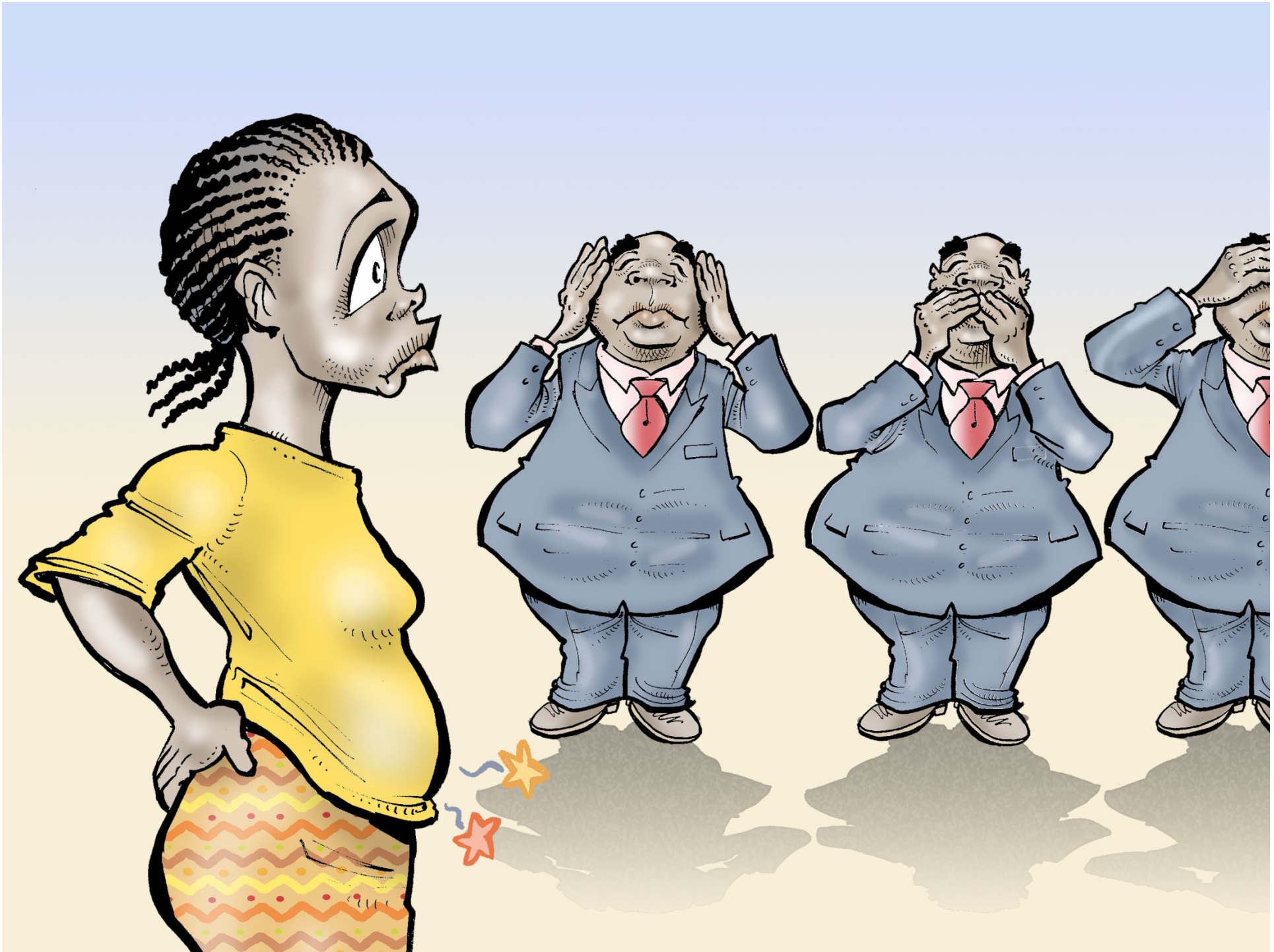
- “I think we’re not ready to move towards legalizing abortion. The legalization of abortion implies, after all, well-equipped services ... that are fully available...and competencies, in any case...that would allow us to do it. Maybe those competencies exist, but we would need equipment. And also, legalization, from the few videos I’ve been able to watch on the practice of abortion in countries where it has been legalized ... it’s a major undertaking involving the individual himself, the women themselves, involving her family and... me, personally, I don’t think that at this current stage, from our values, from our religious beliefs, that we could really put in place this whole process. For me, it’s...personal, it’s my opinion.”



# An unfavourable policy environment ?

- “X (an NGO) got very closely involved...in this work on legalizing abortion. Here, at one point, well, we had a project to try to see to what extent we could...advocate for that, but, well, we analyzed the environment...we said it would be very difficult, there would be more resistance...but in summary, at the level of... the head office, it’s an NGO that does a lot of work on the measures that need to be taken to legalize abortion...really, there are very sensitive issues in Burkina, given the environment... religious, social, etc., even legal, it was going to be difficult, we told ourselves it was doomed to fail. So there! If we were to undertake it, **people’s mindset aren’t really ready yet ...**” (NGO worker, a woman)





# Abortion as a moral economy

- Abortion is thus clearly an issue that encompasses the domains of religious, morality and social norms
- A practice that is both condemned in rhetoric and yet relatively tolerated in practice, as long as it remains secret
- A practice of abortion thus calls for clear separation between the privacy and the public life

# Abortion as a moral economy

- The concept of moral economies helps link national and international levels
- On the one hand, norms, values and emotions still exist in both national and international public space where the principles of liberalism, the foundations of justice, human rights are mobilized.
- On the other hand, these norms, values can take single and specific forms in local contexts such as social groups, occupations, institutions; hence the presence of a dual issue [Fassin 2012 : 38]



# Conclusion

- The international framing of unsafe abortion as a public health issue has helped to remove the debate about abortion from the purely moral and religious realm, recasting it into technical terms
- The national abortion strategy focused on a technical dimension of PAC suggests national compliance with international guidelines
- The international framework that is supposed to be taken into account at the national level comes up against national governance that is mediated by individual positions (religious, cultural)

# Conclusion

- The private and public spheres collide within Burkinabe policy actors' reluctance to address liberalization of abortion law
- The treatment of abortion as a public policy issue is being compromised by the difficult tension between the representation of abortion as local evaluative moral standards related to the individual level and commitment to a public interest issue

# Forthcoming articles

- Ouattara, F. et Storeng, K.T. Les soins après avortement, une politique pour éviter de traiter l'avortement en public. *Revue Autrepart* special issue on 'Les droits reproductifs et sexuels', in press.
- Storeng, K. and Ouattara, F. The politics of unsafe abortion in Burkina Faso: The interface of local norms and global public health practice. *Global Public Health*, in press.

## **Related publications**

- Ilboudo, P. G., Greco, G., Sundby, J., & Torsvik, G. (2014). Costs and consequences of abortions to women and their households: a cross-sectional study in Ouagadougou, Burkina Faso. *Health Policy Plan*. doi: 10.1093/heapol/czu025
- Ouédraogo, R., & Sundby, J. (2014). Social Determinants and Access to Induced Abortion in Burkina Faso: From Two Case Studies. *Obstetrics and Gynecology International*, 2014, 6. doi: 10.1155/2014/402456