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Decisions about unplanned pregnancies and abortion among women and men in Morocco and Senegal.

Influence of norms, practices, and institutional contexts

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Abstract

This paper examines how women or couples manage unplanned pregnancies in the capital cities of Morocco and Senegal (Rabat and Dakar), both subject to strict rules in terms of sexuality among single people. We analyze the social and individual logics prevailing when an unexpected pregnancy is announced and how decisions are made as to whether to continue or terminate the pregnancy. We analyse qualitative data from a program funded by the European Union between 2005 and 2009 on the use of emergency contraception in African cities. Our results show that despite the existence of effective family planning programs in Rabat, circumstances of sexual debut among women are difficult. In Dakar, although chastity before marriage is promoted, non-compliance with this rule is not as severely condemned than in Morocco. Choosing abortion when faced with unplanned pregnancy depends on people's life cycle and on the stage of their relationship. One practice contemplated at a given time in the relationship may no longer be feasible at another time. Finally, in both cities, our data highlight the strong involvement of families in managing couple relationships and their fertility. This influence seems further exacerbated in Morocco where families sometimes fiercely require or forbid abortion.

Introduction

Since the 1990s, the issue of unplanned pregnancies has been recurrent in studies addressing changes in fertility behaviour in Africa **(**Adjamagbo et al., 2013; Bury et al., 2012; Foster et al., 2012; Hubacher et al., 2008; Singh et al., 2010). Often associated with the evolution of age at marriage or age at sexual debut, a substantial proportion of unplanned pregnancies end in abortion despite restrictive policies. Indeed, in many African countries where abortion is practiced illegally, abortion rates are high (25 per 1,000 women aged 15-49 years in Burkina Faso and Nigeria (Bankole et al., 2013, 2006), 28 per 1,000 in Kenya (Hussain, 2012), and 54 per 1,000 in Uganda (Singh et al., 2006)) as well as morbidity and mortality rates associated with this practice. According to Ahman and Shah **(2011)**, 14% of maternal deaths in Africa are due to unsafe abortions and the maternal mortality ratio due to unsafe abortion (100 per 100,000 live births) is one of the highest in the world .

The frequency of unwanted pregnancies and abortions underlines young single people's limited access to methods for preventing pregnancy, in contexts where premarital sex is highly stigmatised, which is completely out of step with current practices (Rossier et al., 2013). These pregnancies, particularly common among teenagers, are considered as a public health issue, as well as a social issue (Bledsoe and Cohen, 1993; United Nations, 1994). Commonly pointed out as practices relating to youth, these unplanned pregnancies can occur at many other times in life, including among married women experiencing unplanned sex, sexual violence, absence or failure of contraceptive method, difficulties in birth spacing during the postpartum period (Biney, 2011; Chinebuah and Perez-Escamilla, 2001; Kaye et al., 2005; Polis et al., 2009; Tsui et al., 2011). In Africa, the rate of unintended pregnancies is 86 per 1,000 women aged 15-44 years and a third of these pregnancies end in induced abortion, while this rate is estimated at 55 per 1,000 for all developing countries (Singh et al., 2009). These rates, particularly high for the African continent, question as to the circumstances in which unintended pregnancies occur and how decisions are made as to whether continue or terminate them.

This paper suggests to study how women or couples manage unplanned pregnancies and in two countries, Morocco and Senegal. Based on qualitative data, we analyze individual and collective social logics, which prevail when an unplanned pregnancy is announced and how decisions are made as to whether continue or terminate the pregnancy. How do women receive the announcement of an unplanned pregnancy and how do they manage its outcome:

abortion, legitimization through marriage, birth, etc...? What are the main issues (social, economic, health, individual and collective) associated with the occurrence of an unplanned pregnancy? By what means do women "repair" or hide what is socially considered as a fault?

The aim is to compare practices in two countries that are close in terms of social and cultural norms regarding marriage and procreation but differ in terms of political stance vis-à-vis the dissemination of family planning.

Family Planning: practical and institutional contexts

Historically, Morocco and Senegal have had very different political commitment to family planning. Indeed, Morocco is characterized by its ancient policy to reduce population growth, while in Senegal's position in favour of fertility reduction are more recent and more limited in scope. In Morocco, modern contraception was integrated in the economic and social development programme as early as in the 1960s, and was thus rapidly disseminated and generalised throughout the country to all segments of the population (Bakass et al., 2013). The development of family planning was accompanied by sustained campaigns for promoting family models limited to two children per woman, as well as measures to promote girls' education and to encourage women's employment.

In Senegal, progress in terms of family planning came much later and was much slower. Family planning programs only expanded in the 1990s. As in many sub-Saharan African countries, family planning programmes have long suffered from a focus on the mother-infant pair; contraception is seen primarily as a means of birth spacing in order to protect the health of women and their offspring. Family planning programmes also initially only targeted a small fraction of the population: the more educated urban population, considered more receptive to innovation and change; these programmes were disseminated only later to the most remote areas of the country[2].

Distinct political commitments in the two countries result in very different profiles in terms of levels of and trends in fertility and contraceptive use. In Senegal, the proportion of modern

[2] Differences in the political commitments of both countries are also translated through socio-demographic indicators highlighting very different social policy strategies. The education sector provides a good illustration. School enrolment rates in Morocco are higher than those of Senegal, regardless the grade levels: gross enrolment ratio of 107 vs 80 in primary school and 49 vs 22 in secondary school for 2005. A common fact however for the two countries: girls are still less educated than boys, and the gap widens as the educational level increases. These differences in education are reflected in the labour market integration of women since more than half of Moroccan women work as an employee, manager, technician, qualified manual or employee, while in Senegal they mostly work in sales, services and agriculture, mostly in the informal sector.

contraception users has increased in recent decades among married women: 2.4% in 1986; 4.8% in 1992-93; 8.1% in 1997; 10.3% in 2005 (N'Diaye, Sarr, and Ayad 1988; N'Diaye, Diouf, and Ayad 1994; Salif 1997; N'Diaye and Ayad 2006). Indicators, however, are significantly better in the city, with more infrastructure and more educated populations. For all urban areas, the use of modern methods of contraception among married women increased almost 2 fold between 1992 (6.7%) and 1997 (11.9%), it remained stable between 1997 (19%) and 2005 (18%).

This trend however cannot compare with what is observed in Morocco, where in 1992 already 35.5% of married women were using modern contraception (against 4.8% in Senegal the same year) (Azelmat and Ayad, 1993). About ten years later, the proportion of users reached 54.8% in Morocco (Ministère de la Santé (Maroc) et al., 2005) compared to a mere 10% in Senegal (DHS 2005). Highlighting the good contraceptive coverage among the different levels of the Moroccan population, contraceptive prevalence varies only slightly between urban (56%) and rural areas (53.2%) and between women with no education (53.7%) and those with secondary or higher education (56.4%). The situation is quite different in Senegal, where the prevalence of contraceptive use is more than three times higher in urban areas (18%) than in rural areas (5%) and almost 6-fold among women in secondary and higher education (29.7%) vs uneducated (5.4%).

Accompanying the remarkable increase in contraceptive prevalence in Morocco is a no less spectacular decrease in fertility from 7 children per woman in 1960 to 2.3 in 2003 (2.1 in urban areas and 3.0 in rural areas), while in Senegal, fertility was 7.2 children per woman in the 1970s and remains at 5 children in 2005, lower in urban areas (4.1) than in rural areas (6.4).

The pill is the main contraceptive method used in both countries but with very different prevalence rates: 6.7% for women in union in Senegal in 2005 and 40.1% in Morocco in 2003. Senegalese women then use injections (5.1%) and, more rarely, Intra-Uterine Devices (IUD) (1.1%) and implants (1.1%). Male condom is also very little mentioned by married women (2.7%). In Morocco, IUD is used by 5.4% of women, and the use of other methods is marginal (less than 3%). In both countries the use of natural methods is low: 1.4% of married women in Senegal use periodic abstinence or withdrawal; in Morocco, 3.8% use periodic abstinence and 4.4% withdrawal.

These results are significantly different when considering the population of unmarried sexually active women. In Morocco there is no data available on these women who are not surveyed because sexuality is only supposed to begin at the time of entry into marriage. Yet, according to a study on the sexuality of young adults conducted in 2006, among young people aged 16 to 29 years, it appears that 86% of men and 34% of women interviewed had started having sex before marriage (cited by (Bakass et al., 2013). In Senegal, sexually active single women are more likely than married women to use a contraceptive method (43%): the male condom plays a major role (24%), before the pill (1%) or injections (9%). The importance of condom can account for prevention behaviours against Sexually Transmitted Infections (STIs) and AIDS, encouraged by the campaigns conducted by the National Committee for the Fight against AIDS in recent years; this does not exclude the fact that it can be used by young women in order to prevent pregnancy, as noted by Cleland and Ali (2006). Yet in several sub-Saharan African countries, the use of male condoms requires that women negotiate it with their partner, which is not always easy in situations of gender inequality.

Reproductive and marital social norms

Senegal and Morocco share similar features in terms of cultural, reproductive and sexual norms. These are two predominantly Muslim societies where chastity before marriage is highly recommended, sexuality being legitimate only in the context of marriage. The norm of women's virginity until marriage remains deeply rooted in Morocco, where young single couples often develop practices of non-penetrative sex. In Senegal, although this norm is still very present, society is more tolerant in this respect, particularly in cities.

A manifest gender inequality exists, however, regarding extra-marital sex: it its widely tolerated for men while for women, the loss of virginity, premarital sex and adultery are strongly condemned[3]. No longer being a virgin for a young woman can sometimes permanently compromise her chances of marriage, which is not the case for men (Bakass et al., 2013). Both societies, to varying degrees, are thus characterized by a double standard in terms of sexual norms (Bajos and Bozon, 2008; Bozon, Michel, 2003)[4]. Normative constraints

[3] In Senegal, the existence of the polygamous regime also establishes the adultery committed by men as a completely legitimate practice socially (Antoine, 2002)(Antoine, 2002)(Antoine 2002)..

[4] This double standard is reflected in the legal regulations of marriage and sexuality in the two countries. In Morocco, legal age for sexuality and marriage is 18 for men as for women. In Senegal, sexual majority is earlier (16 years for women and men). However Senegalese men and women are not equal in marriage: for women the

result in total social denial of young women's sexuality, making their access to contraception difficult. This is particularly the case in Morocco where family planning programs are only aimed at married women. The situation is more nuanced in Senegal where specific programs to improve the reproductive health of young people have been developed since the 1990s, as we shall see a little further[5].

In these contexts of stigmatised youth sexuality, strong influence of the family in the private sphere of individuals and couples, significant weight of religious and social morals on marital and reproductive practices, the unexpected arrival of a pregnancy can turn into a real tragedy for people, especially for women. As an obvious evidence of disobedience, an unexpected pregnancy threatens women of being outlawed from society and some may be encouraged to terminate their pregnancy as soon as possible. Due to the increase in age at marriage (18.5 years in 1987 to 21.4 in 2003 among Moroccan women and 16.2 in 1992 to 18.2 in 2005 in Senegal), women are exposed to sentimental and romantic experiences that are more diversified than before, and to the development of premarital sexuality, even if socially disapproved or even condemned for women, whereas it is considered normal or is even encouraged among men, for them to prove their manhood.

Although illegal and still condemned, according to the 1920 French law, abortion is a common practice in Morocco and Senegal. The data on this issue are rare in both countries as it is done secretly, entailing significant health risks for women. According to AMPF[6] (2008) no official data are available related to abortion, but it mentions that this practice concerns both married and single women In Morocco in 2009, it is estimated that between 400 and 1,000 abortions (numbers varying according to sources) occur every day: it seems that the majority are performed in health care settings primarily in the private sector, although many women use high risk traditional abortion methods. In Senegal, abortion is documented since the early 1990s by hospital sources (CEFOREP, 1998; Cissé et al., 2007; Cisse et al., 1999; Dabash et al., 2003; Diouf, 1996; Koly, 1991). Studies conducted among women hospitalized for complications of induced abortions emphasize that these mostly concern young and unmarried women without children, with the majority of them not having used any

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legal age at marriage (allowed from 16 years) corresponds to that of sexual majority whereas it is 20 years for men (four years after sexual majority).

[5] These regulations do not, however, solve the problems of access to contraceptive methods among Senegalese youth.

[6] AMPF Moroccan association of family planning

contraceptive method during the month before pregnancy (Koly, 1991). The leeway of single women in case of an unplanned pregnancy will depend on their ability to legitimize the pregnancy by marrying the father, but this solution is not always feasible for many reasons highlighted within our qualitative interviews.

Data and methodology

Our study is based on life story interviews with 25 men and 50 women conducted between 2007 and 2008 in Dakar as part of the ECAF research programme (Emergency Contraception in Africa)[7]. The overall aim of ECAF is to analyse the conditions of distribution and acceptability of emergency contraception in four African cities: Accra, Dakar, Ouagadougou and Rabat, focusing on how women and their partners manage their fertility on a daily basis.

Information was collected using a qualitative event history approach that captures the various life course trajectories: residence, education, occupation, love relationships, marriage and contraception. This approach provides a means to study how women and men approach parenthood at specific moments of their life course, amidst situations of emotional involvement, whether or not they are married.

The survey was conducted among the general population focusing on men and women aged 18-40 living in Dakar[8]. To ensure sample diversity, respondents were chosen on the basis of pre-established quotas from groups that differed in terms of marital status, educational attainment and area of residence. An initial sample was constituted using a spontaneous method whereby interviewers were sent out to select individuals in various city districts considered socioeconomically and demographically different. It was then enlarged using the snowball method by asking respondents to indicate other people who might agree to be interviewed.

Approval was obtained from national ethics committees to realize the surveys. Each respondent gave oral informed consent, after being read a document that presented the survey and guaranteed their anonymity. First name pseudonyms were assigned to respondents and

[7] Programme funded by the European Union – INCO, FP6, coordinated by Nathalie Bajos. The research activities carried out in the Senegalese site were coordinated by Pierrette Aguessy Koné and in Morocco by Fatima Bakass.

[8] A lower age limit of 18 was chosen so as to restrict the sample to men and women of legal age who could be interviewed without having to request authorization from a third party. Men were interviewed by men interviewers and women by women interviewers.

any information or details, which would enable identification of places or individuals were subsequently modified.

The following table shows the socio-demographic profile of respondents: In Senegal, they form a relatively young population with a majority of single people. Married people also figure in the sample, as well as women who already have children and completed secondary education. In Morocco, respondents are older, more frequently married (exclusively monogamous), with one or two children. They also have a higher education level than in Senegal, especially for women.

The interviews were conducted using semi-directive guides designed to record romantic, marital, sexual and contraceptive histories of men and women. In order to contextualize dating and sexual behaviours, the interview grid included information on residential, educational and occupational trajectories as well as living conditions in childhood, including information on the parents before the respondent's 15th birthday: social and cultural origins, marital and occupational situations.

Characteristics of women and men interviewed in the ECAF survey

	Senegal		**Morocco**	
	Men	**Women**	**Men**	**Women**
Age				
< 25	5	21	2	6
25-29	11	17	2	15
30-40	9	11	21	29
Level of education				
None or primary only	6	11	6	12
Secondary	12	25	12	15
Higher	7	13	7	23
Number of children				
0	15	28	9	17
1	6	10	8	11
2	2	7	3	16
3 or more	2	4	5	6
Current conjugal status				
Single	13	30	8	15
Monogamous union	11	14	16	29
Polygamous union	1	2	0	0
Widow or divorcee	0	3	1	6
Total	25	49	25	50

Source : ECAF survey, 2007-2008.

The interviews were designed in accordance with the life story model described by Bertaux (2006), which situates the component under study – in this case, the respondent's

contraceptive attitudes and practices – within the overall framework of his or her individual history.

Data was analysed in two stages. The first stage of analysis consisted in summarising the information. After a detailed reading of each interview, the main events of the person's educational, occupational, residential, romantic, marital and sexual life, were systematically recorded.

These chronologically recorded events were matched in order to determine, for example, at what moment in the person's life story the pregnancy occurred, and what was his or her relational, educational and occupational situation at that time and thus to better understand the attitude of the person towards this pregnancy.

The construction of this summarised life trajectory resulted, in a second stage, in a "problematized" portrait. This portrait takes account of the respondent's social position (what we call his or her capital) and any particularities with regard to the survey themes, i.e. contraceptive difficulties, contraception, abortion, motherhood, gender relations.

Lastly, to manage the difficulties involved in analysing so many interviews, we used the Nvivo qualitative data analysis program, highly useful for determining the distinct themes and classifying the content of each interview according to the analytic categories we had devised. This stage in the cross-sectional analysis of our 74 interviews proved particularly effective for drawing up a typology of unintended pregnancies and for identifying verbatim quotes and comments. We defined a typology of situations in which abortion could be decided in case of unplanned pregnancy. Men and women would decide the future of the pregnancy according to sexual and procreative norms (virginity, premarital sexuality and pregnancy…), but also according to familial, social and economic constraints. These situations can change over time a during people's life trajectories that could move through different situation where abortion could be refused or could be desirable. Four types of situations could be identified and will be in detailed analyzed:

- When fear of transgression encourages abortion;
- ,Inappropriate pregnancy in a relationship with no future;
- Inappropriate pregnancy in a long term relationship;
- Abortion in in a conflicted conjugal relationship.

Hypotheses

We hypothesize that the presence of strong programs to disseminate family planning, together with large-scale propaganda around a model of small family size reduces the social, economic and health costs of induced abortion; women more easily accessing medicalised abortion, even in a context of illegality. Conversely, in a context where policies are less firmly engaged in these directions, the choice of abortion proves more difficult for people.

The decision to continue or terminate a pregnancy is determined by a series of factors related to the type of relationship with the woman's partner, co-responsible for the pregnancy. This relationship often reflects the social, family, emotional, and economic status of women. The choice of induced abortion will strongly depends on a woman’s position in the various aspects of her life, i.e. the academic, economic and social capital she has in order to defend her own interests and assume her choice. In other words, women's ability to negotiate their interests with their partner/spouse, family and health staff will depend on this social capital.

Results

When fear of transgression encourages abortion

Pregnancy is inappropriate outside marriage because it reveals non-compliance with sexual prohibitions, in particular the injunction to virginity. Indeed, Senegalese and Moroccan societies have little tolerance for sexuality among single people, especially women, who must remain virgins until marriage to preserve their honour and that of the family. This injunction to chastity before union is all the more difficult to meet that the socio-demographic context in Senegal and Morocco, as we have seen, is evolving towards a longer period of celibacy, which corresponds to a moment in the life cycle that is particularly suitable for meeting people and for affective experiences.

The norm of virginity at marriage is much more prevalent in Morocco than in Senegal and the occurrence of pregnancy during a time when they are meant to be celibate is, for Moroccan women much more than for Senegalese women, a cause of depreciation on the marriage market and high marginalization in society as a whole. Thus, when pregnancy occurs at this stage of life, abortion is the only way not to disclose the transgression.

The pressure exerted by the social obligation to remain a virgin highly impacts sexual practices themselves; partners are required to develop strategies of circumvention. For example, illegitimate couples may practice non-penetrative sex, commonly referred to as “*coups de pinceaux*”(brushstroke) in Rabat and "flirt" in Dakar. Such practices often result in

high risk taking. The shared transgression does not entail the same consequences for women and men. These same men who are in a sexual partnership with young single women, may refuse to marry them as spouses, especially in Morocco on the grounds that women are no longer virgins, even if they are the ones who deflowered them.

Transgression of the sexual prohibition, especially if it results in unplanned pregnancy, often leads to rejection by the male partner, and if the news spread, to drastic sanctions from the family. Then follows pressure games featuring both partners and families to try to conceal the dishonour by terminating the pregnancy. Such situations are described repeatedly in the interviews conducted in Rabat.

The example of Raïmi, a Moroccan man, aged 40 years at the time of the survey, who works as a night watchman, is one example among many others. Married for 8 years to a 27-year-old woman, Raïmi made sure his wife was a virgin before marrying her. Before her, he had been in a relationship for five years with an older woman. This woman would have wanted him to marry her and she tried to have his child by refusing to take the pill. Twice pregnant, he forced her both times to have an abortion, against her will, because he does not want to marry a woman he did not deflower himself. He explains as follows: "*I did not want to marry her, because me, from the beginning, I was honest with her, we can be friends but never marry you, you're my friend only, I told her as a Moroccan proverb says: a female friend can never be a woman to a man. I can not marry her, because her secrets and mysteries I know them and this is the same for you, we can not marry, you slept with someone long time ago and who raped you and I'm going to marry you? It is not possible ...* ".

A similar situation is reported by Ahmed, a 40-year old trader, married when we met. He tells us that he maintained a relationship for several months with a girl from his class at school, in in last grade of high school (*terminale*). For him this relationship had no future. He was young and he thought he could avoid pregnancy by calculating her cycle. But his calculations did not work and she became pregnant. Upon learning the news, he was panicked. He told us: "*I was afraid, I was not ready for marriage, I did not have the financial resources, the relationship I had with a woman was a normal relationship as we say I never thought that this woman could be my wife or my spouse. It was like we say a street relationship and that's it and we try to meet the needs of each other, but her, she wanted a conjugal relationship, and I think that's what hurt her*."

At the announcement of the pregnancy, the girl wishes he would marry her. But for Ahmed, it is too late, the pregnancy is too advanced for him to marry her now; he is young, has no income and fears the families' reaction. So he forced the woman to abort. He says: "I *was told before that the doctor did these operations, even illegal (...), I asked him if it was not dangerous, he told me no, there is no problem, we agreed on an amount, I went to borrow money; I struggled to raise the agreed amount, the girl was against abortion, God forgive me! I had to lie to her not to see the child born into illegitimacy.* ". Behind the argument of illegitimacy lies that of the lost virginity. For Ahmed, no future with a woman who, in his own words, "*was deflowered by God alone knows who*".

These two situations mark the strong influence of men's domination over the female body and sexuality. They can only consider marrying a woman if she is a virgin: one must be the first and only. Thus virginity is a guarantee of women's respectability. Deprived of this quality, they no longer have any value on the marriage market. This is why those who defy the prohibition try (often in vain) to marry their partner.

Meriem (young woman, single, 24 years old, poorly educated and working in a factory) started a relationship with her neighbour without the knowledge of her family. They initially stick to a superficial relationship ("*brushstrokes*"), but she ends up losing her virginity. Forced by her parents to marry her cousin, they divorce when the man realizes that the cousin he is given to marry is not a virgin. Meriem then resumes his relationship with her neighbour in the hope of getting married. "*The best thing I have to do is grab hold of the one who "damaged" me. Nothing can tear myself away from him*". But he refused, with the pretext that he lacks the financial means to support a family. Moreover, his family does not want him to marry a woman who divorced after a month of marriage. Meriem finds herself in a delicate situation. She has other sexual partners and one day discovers she is pregnant. She alone decides to abort, without telling her neighbour-partner, to avoid exacerbating the situation by a pregnancy out of wedlock.

In Rabat, a single man will not marry a woman with whom he has sex: sexuality with a single woman makes impossible the idea of marriage. The importance of virginity until the union is officially sealed and proof of virginity is made, is obvious in the situation faced by two Moroccan women. Lina becomes pregnant between the legal marriage in January and the ceremony in August. She was living together with her husband and they did not use contraception. Lina 's mother asked her to abort, as she could not allow this situation. But her husband is opposed to abortion, saying "*if you go through with it, I will never touch you*

again, you will no longer be mine". *Because he is still a little conservative, he prays and fears God, that's all".* Despite the injunctions of her mother, she continues with her pregnancy and the child is born a few months after the wedding ceremony. In our Moroccan sample, the situation is different for most women who have experience unplanned pregnancy before marriage. Often it is the mother of the girl who ensures that the shame is not brought to the family and who forces her daughter to have an abortion. As Tamou (a 38 year old woman, married to a military doctor), she too got pregnant between the legal marriage and the celebration, she had a forgotten the pill. Her mother, furious, asks her to abort, and so does her husband. She is opposed to abortion and wants children. But her mother holds on: she takes her to the doctor to perform the abortion.

In Senegal, the social sanction of "virginity loss" is not as strong as in Morocco[9]. A single woman is not supposed to have sex, but if she has, and if an unplanned pregnancy occurs, alternatives to abortion can repair the fault, by marrying the two partners. Moreover, even if it raises a certain form of social stigma, unplanned pregnancy does not cause women in Dakar to be rejected by society or depreciated on the marriage market. The woman's friends and family will be more likely to tolerate her sexuality if her partner is considered as a potential suitable husband and they will try to arrange the wedding to legitimize the pregnancy, rather than opt for abortion.

Anta, a Senegalese woman is 25 years old when we meet her; she is married and has one child. She only ever had one boyfriend. She met him when she was young, in last year of elementary school. Their relationship was platonic at the beginning and at the age of 18, they began to "flirt" [non-penetrative intercourse]. One day, Anta hears that her family aims to marry her to a cousin who lives in Italy. At first she does not take things seriously until she realizes, during a visit there, that transactions around their union have indeed been engaged. Anta revolts and is pressured from all sides by her family to accept. Her father, furious, will even hit her for being arrogant. Seeing that things are starting to become very serious, Anta decides to act and challenges her boyfriend to have penetrative intercourse. She tell us "*We stayed all night, you know, a woman, with her possibilities (laughter), I provoked him until he deflowered me ... and you know, I told him, we also continued to have sex, it was later that we found out I was pregnant from B., it was during the period when I got pregnant that my*

[9] The challenge of chastity is not only the preservation of virginity. Claiming sexual abstinence before marriage is for many women we interviewed in Dakar a way to test their partner's feelings of love.

cousin was meant to come from Italy". So it is on her own initiative and with the help of her boyfriend that she gets pregnant, to put an end to the family schemes. She informs her mother, who is very angry and thinks about the shame she will have to face. The two families meet, but the meeting goes wrong and the two families fight. Marriage seems at that time compromised, but both Anta and her boyfriend, have no doubt that they will eventually marry. The child is born and the father assumes paternity, he pays kindergarten and regularly gives money to Anta for the child. Family resentment subsides and when the man finishes his studies and becomes a pharmacist, nobody sees any reason not to let them get married. By contrast with Morocco, in this case transgression of virginity norms is assumed and uses to foil the family's marriage plan.

Inappropriate pregnancy in a relationship with no future

In Morocco and Senegal, marriage remains the preferred context for procreation. When a single woman is told she is pregnant, her reaction will be influenced by her conjugal situation at that time. The prospect of motherhood is very different depending on whether the relationship is part of a sustainable life project or is only temporary. Procreation is not seen as a project if the relationship is temporary or recent. In such situations, feelings are little involved (sexual intercourse rather responds to pleasure-seeking than to romantic attachment) and union prospects are unthinkable due to social or religious incompatibilities. In Dakar, for example, the Wolof society is organized into castes and does not allow unions between different castes. Similarly, parents are usually very particular about the socio-economic status and religious affiliation of the female or male candidate for union. Often these "ephemeral couples" protect themselves (using a condom), aware that the relationship is limited in time; but this protection is not always well controlled or sometimes precipitation leads to risk taking: failures are then common.

Kancou is a young single woman, 20 years old, with higher education level, still a student; she has a friend who lives in Spain and whom she plans to marry one day. Kancou says she is suffering from this distance relationship and to bear his absence, she has multiple partners in Dakar. She talks about her emotional and sexual life in these words: "*for a girl my age, I have too much experience".* She has a special relationship with one of her many partners, Felix, a Catholic (she is a Muslim), with whom she "*likes to party*"; he is considerate and gives her pleasure. He too has a girlfriend in Europe and neither of them wants to make plans together. She became pregnant with his child whereas she claims that they were always using

protection. They decide by mutual agreement to terminate the pregnancy and they go to see a nurse to abort at a "*student rate*", that is 50,000 CFA francs[10]. Abortion marks the end of their relationship. She tells this episode as follows: "*It was the Catholic that I told you, we did it [abortion]. We took precautions but strangely I don't know what happened, until now I don't know. Anyway, I was three days late (...). And then, well I called the guy and I told him: look, you buy a test at the pharmacy, tomorrow morning I do it. And then he said: oh, you're three days late? It smells really bad there! (laughs), you must do the test quickly! So the next day I did it, I did it and well the test was positive. Ah, I was shaking, I was shaking but thank God I was strong. I called the guy, I showed him the test; he said okay I'll find the money quickly; we will remove it. At first to tease him I said remove what? I'm removing nothing; we're keeping it; it is the fruit of our love and everything. He replied: oh wait, your toubab stuff*[11]*, you put it aside (laughs), we can't afford to have a baby! And also you have a boyfriend who is in Spain, you're spending his money and you want to get pregnant with me! Me, I have a girlfriend, she is in Germany. Also, he was Catholic. Really there were too many differences*".

In the case of Kancou, the relationship with Felix has no future: both are in a committed relationship elsewhere and they do not have the same religion. In addition, both their families know the other partner and they cannot bear disappointing them. Their relationship is primarily sexual and completely disconnected from any future plans. In this case, for him and her, abortion is self-evident.

Also in Senegal, Bamba a young man, a 28-year-old Muslim, trader, had multiple sexual partners when he was young. Many of these relationships were based only on sex. Bamba was accustomed to using condoms; he always had two or three condoms on him. With one of his conquests, however, things turned out differently. The young woman lives with her aunt. She is very enterprising and due to the circumstances of their sexual intercourse, they make love several times without protection. He says for example that one evening she invites him to her place while her aunt is away: "*We were alone in the apartment, she put on video clips, one of James, I was told she is a hit in France at the moment. I told her that I really liked her and then she was wearing her hair short. We had fun, and then what amazed me, we were talking and she undressed, I had a hard-on, she was attractive, clear complexion. She came and sat on me. We made love in the living room, I was not even wearing a condom, I even forgot*

[10] Equivalant to 76 euros.
[11] Means white in wolof.

that". One day her aunt comes to visit him to tell him that the girl is pregnant. Opposed to abortion for religious reasons, he accepts it because at the time because he is still young and is not ready to start a family. He tells us: "*I went to see her in her room, I asked her what was going on, she told me, I was shocked. I asked her which solution she recommended. She suggested abortion; she was just one month pregnant. I was thinking, I was wondering if it was the right solution especially with my religion, but because she did not want the child, why not respect her wishes*". He offers to take the girl to see a marabout who does abortions with powders, 50,000 FCFA, but she is afraid and would rather go to clinic. She herself will manage to fund the abortion. After this episode, they meet again for some time and then lose sight of each other.

Coumba, 21, practices Mbaraan[12]. She's been going out with a boy for two years, who recently left for Italy. Coumba is not very cautious and often has unprotected sex. She is also going out with another man, with whom she does not use protection either. She had an unplanned pregnancy with the latter. She panics but hesitates because she claims to love babies. Her boyfriend is willing to assume paternity, but she does not really love him and she does not feel ready to sacrifice for a child. Her mother strongly advises her to abort. She prevaricates at first but eventually resigns herself to terminate the pregnancy. She also knows that the birth would force her to marry this man, and become dependent of him. She is young, and has professional plans for the future. Also concerned with not disappointing her mother, she resolves to abortion. She expresses her decision-making to us in these terms: "*He [her boyfriend] told me he would not, that he loved me enough to accept me and all, but I knew that if I kept child there ... it ... I would run into a lot of problems, I would run into a lot of problems. Because it would stop me and it is true that in a way I'm a little selfish because I was not thinking about the child, I thought about me, I only thought about me and I knew that even if he or she came into the world, my family was going to take him/her in. They were going to take good care of the child. But me personally, I was already thinking nine months that was something, and then, I was about to open a nightclub and I thought I was going to run into a lot of problems, it would delay me, it would stop a lot of things and since I was*

[12] "Mbaraan is primarily a female practice wherein a woman has regular sexual relations simultaneously or consecutively with several men who often do not know of each other's existence. The money she receives for her sexual and social services (escorting men to parties and night-clubs, for example) enables her to acquire the material goods and financial support she needs. Mbaraan is viewed as a means of earning money. It mainly concerns young single women for whom this system provides a means to achieve a degree of material comfort and even to pursue their education or occupational training prior to marriage." (Adjamagbo et al., 2013 : 65)

twenty, I thought twenty and already a boy or a girl, and I still haven't done what I wanted to (.. .) because I made a mistake of having a child with this person because he was really cool and all but I told myself that marrying him would be something ... I did not want to marry him because of the child".

Like Kancou, Coumba's motivations to terminate her pregnancy are mainly related to the fact that she has other plans than marriage at this stage of her life. Contrary to what we see in Rabat, even if it plays a role, the idea of losing one's social status is not the main reason; in the same way, the fear of not being able to marry later is not mentioned by the young Senegalese single women.

Inappropriate pregnancy in a long term relationship

The kind of relationship is a strong determinant of pregnancy future, as we can notice with Mounir's situation in Rabat. When we talk to him, Mounir is married and has five children. He is in his forties. Biologist by training, he works as an engineer in the municipal health services, while pursuing doctoral studies in urban planning. Mounir is from a northern region of Morocco, known for its conservatism in terms of customs and traditions. He is marked by his origins and it reflects in this interview, though the contradictions between attitudes and practices in terms of male-female relationships. Mounir says he is fiercely opposed to abortion, which he considers as a serious sin. It is a totally unthinkable practice for him and yet, he finally admits that he resorted to it once when he was young. Here is what he says: "*Well, I personally resorted to abortion when I was a student, at the University, with a friend. At the time, I had financial problems. Serious financial problems. I remember very well that it were my friends who helped me overcome this problem. That is to say, the financial problem. And it is someone who has resorted to abortion before me who showed me the way to a specialist, a gynaecologist who does abortions like that. This was a relationship that happened at the time when I was a student, without any income, no nothing. A relationship with a student, i.e. spontaneous, I believe it's a spontaneous relationship, it's for fun only, at that time eh! Now I can't do that"*.

Mounir talks about a period in his life when procreation was not yet in this life plans. In his situation then (student, no money), he can't assume the responsibilities induced by recognizing the pregnancy. It is clear also that for him, the relationship with his girlfriend is temporary and primarily motivated by pleasure seeking, a "spontaneous" relationship. With this partner, also a student, they were practicing withdrawal as they could not afford condoms

and did not always plan to have sex: “*There were condoms, but we did not have the means to buy condoms, we did not have enough time. Sometimes these relationships were unexpected. You know the situation of single students*”. He accompanies her to abort and paid for the abortion. They then resumed their sexual life by "*being careful*".

Mounir’s position regarding abortion changes however, when he is confronted with another unplanned pregnancy, this time in the context of his marriage. Indeed, he tells us how after his marriage, when his wife was pregnant for the 3rd time, a pregnancy that they had not expected, he did not think about abortion. Invoking his status as a Muslim, he explains how aborting, of what must be considered a gift of God himself, seems unacceptable. Once married, even if the pregnancy is not expected, his position is clear: "*It is my God who wanted it, and we leave it*". Thus, what appears feasible and even desirable at some point in his life appears unthinkable at another time.

In some cases, the relationship involves enough feelings between partners for the idea of a sustainable relationship to be considered and even strongly desired. The unplanned pregnancy then becomes an opportunity to take the next step and formalize the union, even to impose it to families when it does not fit the socially prescribed norms. In Senegal, we identified during our interviews several cases of young illegal couples that revealed themselves to their family when the pregnancy occurred, and then imposed marriage. Fear of what others will say silenced the hostilities, and the families, willy-nilly, bend to the will of the young couple. These unplanned pregnancies that sometimes lead to situations of conflict can be described as "strategic" (Adjamagbo et al., 2013).

In Morocco, the moral pressure on young people seems to make it much more difficult to impose extra-marital birth, even when the couple has been dating for quite a long time. Radia was in a relationship with her first friend, a police officer, for two years. He was poor, but they got along very well, both sentimentally and sexually. As they were only using the calendar method, she eventually becomes pregnant. The pregnancy announcement was not received well at all. This was largely due to the weight of social morality, as articulated in her story: “*It was not possible for him [her partner] either; that he introduces a woman like that in his family. He said no, he told me "You must come into my family with your dignity, and not in such a non-standard way" and really, even I would not accept it (...) I could not, I could not (she says it more and more quietly), oh my god, I might have been slaughtered, oh my god! My mother would have said: "you did not find anything to do, that's it, that's all what's left, you left no street, no garden*" (laughs).

For her, as for him, having a child outside marriage was out of the question. Radia then tries everything to abort with traditional products; she goes for tests at the pharmacy and consults a gynaecologist. Once rid of the pregnancy, she marries her friend to repair the loss of virginity, but the man quickly becomes unfaithful and irresponsible. The marriage, however, will only last three years and they eventually divorce without having children, after she finds him one day in their marital bed with another woman.

Abortion in a conflicted conjugal relationship

Sometimes an unplanned pregnancy occurs in couples that have been dating for a while, but at a moment when partners are facing a period of tension, which affects their future. Pregnancy then triggers a brutal mismatch between partners; discrepancy which can cause stormy negotiations over the decision to continue the pregnancy or not.

This is the case of Arlette, 30 years, who lives in Dakar. Arlette has been living for six years with a man who works as an executive in a food industry company. At the beginning of their relationship, Arlette was employed as a secretary in an export and import company. The guy is very much in love; his job requires him to travel a lot in France and in the sub-region and he convinces Arlette to stop working so that she can accompany him during his travels. She leaves her job but soon regrets it because she ends up getting bored. She suffers from being financially dependent and deplores having little money for herself. She asks him to help her start a small business, but he refuses each time. Arlette and her companion have safe sex. During the first years of cohabitation, she does not want to get pregnant and they use condoms. She took the pill for a year and then stopped because she put on weight. They envision at one time in their relationship to have a child. She becomes pregnant; they both want to keep the pregnancy. But the man has doubts and he questions his commitment to become a father. Disappointed by his reaction, Arlette decides to have an abortion. She does not want a child in these circumstances, with a man who doesn't know what he wants. She suddenly sees him through a different eye: selfish, unhelpful, jealous and immature. She even suspects that he is cheating on her during his long trips with his friends, from which he regularly comes back drunk and violent. She feels violated, humiliated and gradually loses self-confidence. She tells us how she made the decision to terminate the pregnancy: "*For abortion, it is I who spoke first. And I even believe that I helped him because, in fact I think he meant to tell me that [to suggest abortion], but he didn't know how. Well, finally it happened. Gradually, I realized that I didn't want to stay with him and that I didn't want to make my life*

with him. So I told myself that abortion was better than keeping a child and separate after, you know. I really wanted to build my life normally with a man, a husband, not with a guy who doesn't know what he wants, who tells this today, and tomorrow says that. Today he tells you I love you, and tomorrow you see, unstable in his head, there". Shortly after, her feelings for him crumble and she eventually leaves him.

Sometimes conflict occurs between several protagonists other than the spouses. Among others, the family, who, when they disapprove of the marriage, does everything to prevent a child from being born. The situation of Firdaous, a young Moroccan woman, 29 years old, seamstress, daughter of a high government official and of a housewife, illustrates how a family is able to interfere in a couple's relationship including procreation. After a first marriage that ends in divorce, Firdaous remarries with a man who already has two children, who is greedy, dishonest, selfish and unable to give affection or feel compassion for others. Her husband forces her to send her first son, which she had with her first husband, back to the father. He did not want her son at home, while she was supposed to take care of his two children. Her husband regularly checks that she's taking her pill because he no longer wants any children. But one day he forgets to buy her blister pack, and gives it to her two days late. She becomes pregnant and he tries to make her have an abortion by forcing into her drugs that are not recommended for pregnant women. But this attempt fails. So he asks her to go and see a doctor. She then goes to explain the husband's abortive manoeuvres to her parents. Her parents are outraged and protest against the man's attitude: '*They told me that if I did that, God would never forgive me, but I had to stay on good terms with him, at least for now. I told them that I was determined to keep the baby because in any case, he will want a divorce. If I do not have an abortion immediately, he will want a divorce, and if I have an abortion he will want a divorce anyway to eliminate the risk of me getting pregnant agai*n". Meanwhile the stubborn husband contacts his own family to talk about this situation: together they conspire to convince her of abortion: "*His mother asked us what was going on, pretending not to know anything about the situation. I told her that I was pregnant and that her son wanted me to have an abortion. So she told me that I had nothing to do with a baby, it was better for me to get rid of it and live my life. I told her: "Why would I abort, if I do not have children now, when will I? It is God who gave me this gift, so I have to accept it. She added that my happiness should come first. I told her that my happiness was to keep this baby, that if she was a pious woman, if his son feared God, they would not suggest an abortion*". He takes her to the doctor to make an appointment for abortion claiming that they both agree and set an

appointment. She then contacts the doctor and tells him that "*I wanted to keep my baby and I was experiencing pressure from my husband and his family. I asked him not to come to the clinic on Thursday. I threatened to go to the police if he did not tear the paper that my husband had signed. He assured me he would not perform the abortion against my own will, even if they paid him his weight in gold"*. The next day she goes to the clinic with her husband. Her whole family is there to defend her. Firdaous's father tells the husband: *"Aren't you ashamed, don't you fear God? And you claim to be a good Muslim! What are you doing?"*. The husband then claims that it is a joint decision and if she refuses to have an abortion, he will file for divorce. Abortion does not take place; she collects her belongings and returns to her parents pregnant. The husband files for divorce.

Naziha, Moroccan woman aged 38, is living a similar situation with her husband and her in-laws. She has a daughter (19 years old) and two boys (16 and 14 years old) and now works in a research institute as a non-permanent employee. Her mother forced her to marry very young (she was engaged at 14), but divorced after nine months. She re-marries, with a man she does not know and the relationship deteriorates from the beginning. After seven months of marriage, she becomes pregnant; they were not using contraception due to ignorance. Although she wants this pregnancy, her husband and in-laws (who had not accepted this divorced woman) try to make her have an abortion, in vain: "*he and his family did everything they could to have me abort, injections, herbs but to no avail, I had my daughter*". She is pregnant again three years after the birth of her daughter: "*this second pregnancy occurred because the "regime"*[13] *failed"*. Her husband did not want a child and she has a curettage, but she is pregnant again a month later; she gives birth to a boy: "*I had a curettage. After all I did not take the pill or anything. I was doing the regime and with this regime I had my boy, as if I had been punished since I had this curettage"*. She then has another pregnancy after the pill failed and the third child is born. She has one last pregnancy, that she terminates by having a curettage: her husband is not aware of the pregnancy: "*The last, we had fights and there was no sex between us, I no longer was on the pill, that is to say, I no longer was in a program and I did not take anything until I was pregnant, after that, it is not he who would not but it was rather me, I was tired, I knew that the children, they were suffering and me too, and adding a fourth, I hurried to remove it"*. No one is informed that she has an abortion; she does it alone without informing anyone.

[13] Term used to designate withdrawal

Premarital pregnancies are not socially acceptable in both countries, but their consequences are handled differently. Abortion seems to be a solution to hide these pregnancies, even if conducted illegally and exposing women to criminal sanctions or health risks.

In Senegal, an arrangement between the partners and their families is possible and can contribute to legitimize the pregnancy through marriage, which is hardly conceivable in Morocco. Extramarital pregnancies are highly stigmatized and children born in such circumstances have no social status. These pregnancies are indeed a sign that the prohibition on sex outside marriage was transgressed, that the woman lost her virginity, thus legitimization by marriage is impossible. Indeed, as explained by a number of informants, it is not possible to marry a woman who is no longer a virgin, even if they maintained for many years a relationship with this woman who was a virgin when they met.

As Rami said: "*Yes, of course, there is the encounter, the kisses, the hugs, the love, I control the girl, I checked her (in the sense of checking if she was a virgin or not) (laughs). I swear it's true! And yes! To know who you are with, I do not see myself taking (marry) a messed-up, everyone having slept with her (laughs)*".

Discussion

This research, like any qualitative work, is not representative of the experiences of all men and women in these two African cities and these experiences can't be quantified: this is an inherent limit in this type of approach.

But it provides a wealth of data, in the subtlety of the information collected and its capacity to inform the social processes involved in maternity/paternity and how women or couples handle it everyday. The advantages of the qualitative approach in the field of sexual and reproductive health in Africa was also highlighted by various authors (Randall and Koppenhaver 2004; LeGrand et al. 2003). Information on trajectories, whether family, emotional, sexual or social trajectories, contributes to the understanding of the importance of social status and social context in determining the outcome of a pregnancy, that is solved differently at different stages of the reproductive cycle and family life.

Another aspect contributing to the wealth of data is the fact that interviews were conducted with men and women. Although these are not couples interviews, which would have allowed a better understanding of the relationships and negotiation processes among partners, they tell us about the social issues raised by unplanned pregnancies for men, for women and for their

families at different stages of their trajectory, in societies where motherhood is valued, and the circumstances in which these pregnancies are acceptable or not.

Both countries are similar in terms of social and cultural factors, but social norms seem overall more rigid in Morocco than in Senegal, especially regarding sexuality and extra-marital pregnancy. The increase in age at marriage explains that women have more diverse sentimental and romantic experiences than before, and that premarital sex is growing even if it is socially disapproved for women and normal for men. The standard of chastity among single people is particularly important in Morocco and pregnancy outside marriage is unthinkable; transgression hampers women's chances of marriage. Even for a woman who has been sexually abused or who is having a long-term relationship with a partner who deflowered her, the chances of marriage are little[14]. In Morocco, pregnancies that occur during this period are considered unacceptable, single mothers are ostracized by society and their children are stigmatized. Abortion is thus a way of avoiding these pregnancies that cause serious personal tragedies. In Senegal, however, extra-marital pregnancies are certainly judged by families and friends, but they are not assimilated to social death, or to marginalization on the marital market. The announcement of a pregnancy outside marriage often precipitates the formalization of the union between the two "culprits". Marriage celebration in fact often occurs during pregnancy or shortly after the birth of the child. This has been observed in Dakar but also in rural areas (Adjamagbo et al., 2004; Mondain et al., 2009).

One may wonder why women have sexual intercourses while the social sanction risks are so severe. We have seen that some engaged in sex to seek voluntarily to be pregnant in order to hold on to a male partner and foil a family marriage plan (see Anta in Dakar). Some others, like Kancou, also engage in sex for pleasure or curiosity. Many, especially among those who have a long relationship with the same man with whom they share a feeling of love, do not realize that he shall abandon them to marry a virgin woman (see Ahmed story for example).

One of the differences between the two countries lies on the value placed on virginity. Transgression of the prohibition, severely repressed in Morocco, is more easily tolerated in Senegal. In Senegal, the fact that a man agrees to go out with a woman without having sex with her represents for the woman a sign of respect and commitment to marriage. Women

[14] Even if this type of operation does exist in Morocco, hymen reconstruction surgery has been barely mentioned by respondents and data about its frequency are scarce (Bakass et al., 2013, p. 51).

perceive the fact that a man gives up sexuality as a key feature of love. A potential husband must meet several criteria: be of the same ethnicity or at least of the same religion and be able to support a family. But in the context of a couple relationship, a woman acknowledges that a man is serious if he does not insist on having sex until the marriage is pronounced. For a woman, in Dakar, requiring abstinence is also testing a man's intentions. This highly prescriptive posture is difficult to maintain for many women and men, as evidenced by the stories we've collected. We have seen for example that, in spite of these accepted norms, practices such as the *mbaraan* still occur, where it is women who run the game.

Morocco and Senegal are also different in their political commitments. While one would have thought that because of more efficient family planning programmes in their country, women in Rabat would have more peaceful sexual debut, the interviews show that this is nowhere true. Even more than in Dakar, youth sexuality in Rabat must remain secret. Many young couples who do not want to transgress the standard of abstinence before marriage have no other choice but to use non-penetrative sex as a mean of contraception. But this method is not safe especially when partners engaged over a long period. This type of sexuality over time often ends up coitus and couples have not always provided contraceptive relay. As a matter of fact,, the practice of non-penetrative sex among young single people "*influences the representations associated with sexual risks. Which may explain the lack of contraceptive vigilance after defloration"* (Bakass et al., 2013). The main issue is the lack of access to prevention for young people, especially in Morocco despite a very engaged policy in terms of dissemination of modern methods of contraception.

In both countries, because abortion is a tangible evidence of social misconduct and transgression of law, it must remain hidden. Not only for women or couples but for all other actors included the medical staff whom may make a profitable business from this practice. Young Moroccan women however abort more easily than Senegalese women because they have internalized the standard of birth control by medical means and they are less likely to accept the occurrence of an unplanned pregnancy.

In Senegal, where the tradition of fertility control is more recent, fertility remains at relatively high levels compared to Morocco; the occurrence of unplanned pregnancy due to the absence or failure of contraception appears to be more acceptable. The differences in contraceptive prevalence between these two countries (around 10% in Senegal and 50% in Morocco in the 2000s) highlight differences in accessing family planning methods. And yet in principle young Senegalese have access to contraception. Unlike Morocco, they are also officially

targeted by family planning programmes, but in fact, the use of contraception among young single people is far from being the rule. Despite social changes, these policies have often advocated abstinence and social marketing campaigns valuing the use of condoms as part of national HIV/AIDS programs, rather than for contraceptive purposes. In addition, if condom use is a common practice in Senegal, as in many sub-Saharan countries (Cleland and Ali, 2006), it is an essentially masculine method, that is sometimes difficult to negotiate for women

Senegalese and Moroccan societies are dominated by a patriarchal system that imposes a strong gender hierarchy. The social status of women, and to a lesser extent that of men, is strongly linked to their reproductive function, even if the standards for family size vary greatly between these two countries. The involvement of families in the privacy of couples remains important despite real progress in terms of empowerment of men as of women through access to education, employment and media exposure. In Morocco as in Senegal, our data show a strong family involvement in managing couple relationships and their fertility. However, this trend is more exacerbated in Morocco, where as we have seen, families sometimes fiercely require or forbid abortion. The stories collected in Rabat often contain harsh and violent language to describe the relationships between men and women. Single women who are no longer virgins are "damaged", "messed-up" women, that is to say, may be thrown out; defloration is described as a rape, a sign that it is often forced. There is a striking contrast in Morocco between a policy of dissemination of exemplary and effective modern contraceptive methods and the particularly retrograde practices against women and their sexuality. If women have, in principle, access to contraception, it does not mean they have effective control over their bodies and fertility (Palomino et al., 2011).

Women are particularly subject to the will of their partner, in terms of sexual practices (use of male methods such as the "regime" (withdrawal) or condoms, or non-penetrative sex) as well as for the management of their fertility, and often suffer the consequences at their own expenses. These women painfully experience the loss of virginity resulting from clandestine sexuality. Even after several years of happy relationship with the person who deflowered them, they will not manage to marry him or another one, unless they undertake hymen reconstruction. This study also highlights the importance of analysing the issues raised by unplanned pregnancies at different phases in the relationship. And as we have seen, men like Mounir, responsible for a pregnancy that occurs in a relationship without a future, "spontaneous" or not, imposes abortion to avoid having to marry a "non-virgin" wife. When

pregnancy occurs in the context of marriage, however, it is more easily pursued and Mounir accepts his wife's third pregnancy, even if she does not want it, declaring, in this case, that he is opposed to abortion in the name of religion and out of respect for his family.

The importance of taking into account the different phases of the relationship to explain the reproductive health issues related to contraception or those related to HIV infection has been reported by other authors (Kulczycki, 2008; Lerner and Quesnel, 1994) (Bajos and Marquet 2000; Delaunay 1999). These studies show that in both cases, "*there are no people at risk but rather situations that encourage risk taking"* (Bajos et al., 2013).

Conclusion

Different actors are concerned by the decision to continue or terminate an unplanned or unwanted pregnancy, which depends on the economic and social conditions of the time. As mentioned by Viveros Vigoya and Facundo Navia (2012) about a study in Colombia, it is "*a form of negotiation between oneself and significant others, that takes into account all circumstances of one's life as well as the type of relationship one has with these people when making the decision to have an abortion*".... while taking into account the influence of religious and legal precepts[15].

The state of the relationship is indeed an important determinant in the choice of a pregnancy's outcome. The decision and the involvement of partners are different in a married couple compared to a casual relationship or one that has no future. In a formal union, the decision is a matter of the couple, or maybe of one of the spouses' family, but even in marriage women may keep abortion as a secret. In informal relationships, single woman may decide not to inform the spouse of the pregnancy (Puri, Ingham, and Matthews 2007; Chibber et al. 2014; Jejeebhoy et al. 2010; Tatum et al. 2012; Heilborn et al. 2012; Petracci et al. 2012; Lerner and Guillaume 2008; Ralph et al. 2014).

Abortion occurs at different stages in the life course of individuals and it is a decision that responds to an economic choice but also to a life project within which parenthood is not possible (Petracci et al., 2012): it is not refusing to have children but deciding the timing of their arrival in order to give them a decent life and not compromise personal projects.

[15] Authors' translation

Banning abortion does not prevent its practice but drives women to clandestine practices, often risky for their health. Indeed, even if abortions are performed in a suitable sanitary environment, the medical staff is not always qualified to practice this illegal act. In both study countries, the legal context of abortion requires abortions to remain clandestine. If the illegality does not appear to affect the decision to terminate or continue a pregnancy (it is rarely mentioned in the interviews), however, it imposes security conditions that are determined by the economic status of women and couples. Abortions performed in good conditions in terms of hygiene and safety are very expensive and cheap ones are risky for women's health (Petracci et al., 2012; Prada et al., 2012). Abortion remains a socially and legally stigmatized practice because it goes against the norms of maternity, but premarital pregnancy is stigmatized as well. Even if it is also stigmatised by health practitioners, they practise it illegally sometimes with very high fees.

We highlighted that abortion occurs at different stages of reproductive life: before a woman starts her reproductive life (abortion of the first pregnancy, during the premarital period) or to space or limit births among married women. This reveals that unmet needs for family planning are also dictated by the position occupied by individuals in their life cycle. Specific unmet needs for family planning at the stage of celibacy are an important issue that may be much more considered by United Nations' documents as well as demographic and health surveys who usually concentrated on those for married women. It is quite surprising for instance that Morocco reproductive health of single women is not taken into account by the DHS ! .

This study illustrates the power relations that exist within couples in managing their sexuality and desire for procreation. The double standard in terms of sexuality is a blatant illustration, particularly in Morocco. This double standard has a perverse effect on policy, since it excludes an entire class of women from accessing prevention, at a stage in their life where needs are different, but equally important than at the marital stage.

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