



# COERCED AND DENIED

FORCED MARRIAGES AND BARRIERS TO  
CONTRACEPTION IN BURKINA FASO

AMNESTY  
INTERNATIONAL



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**Cover photo:**

A shelter for survivors of forced marriages in Kaya, northeast Burkina Faso.  
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# CONTENTS

<b>CONTENTS</b>	<b>1</b>
<b>EXECUTIVE SUMMARY</b>	<b>3</b>
FORCED AND EARLY MARRIAGES	3
BARRIERS IMPEDING WOMEN'S AND GIRLS' ACCESS TO CONTRACEPTION	5
EMERGENCY CONTRACEPTION AND UNSAFE ABORTIONS	6
CONCLUSIONS AND RECOMMENDATIONS	7
<b>METHODOLOGY</b>	<b>8</b>
<b>1. EARLY AND FORCED MARRIAGE IN BURKINA FASO</b>	<b>10</b>
COERCION, THREATS AND PRESSURE ON GIRLS TO MARRY	12
THE PRACTICE OF 'POG-LENGA' OR 'BONUS WOMAN'	14
EARLY MARRIAGE, EARLY PREGNANCY AND ACCOMPANYING RISKS	14
FORCED AND EARLY MARRIAGE AND THE IMPACT ON GIRLS' RIGHT TO EDUCATION	15
BOYS' AND MEN'S ATTITUDES TOWARDS EARLY OR FORCED MARRIAGE	16
LACK OF ADEQUATE PROTECTION BY THE STATE	16
LEGAL VACUUM LEAVES GIRLS UNPROTECTED AND WITHOUT RECOURSE TO JUSTICE	17
LIMITED STATE INTERVENTIONS	19
MEDIATION TO PREVENT FORCED MARRIAGES	20
LACK OF INFORMATION AND PROVISION OF SHELTERS	20
NEW MEASURES INTRODUCED IN 2015	21
RECOMMENDATIONS FROM WOMEN AND GIRLS ON FORCED OR EARLY MARRIAGE	24
<b>2. THE RIGHT TO DECIDE IF AND WHEN TO HAVE CHILDREN</b>	<b>25</b>
THE RIGHT TO HEALTH, INCLUDING ACCESS TO FAMILY PLANNING SERVICES	28
KEY BARRIERS TO CONTRACEPTIVE USE	29
PARTNER CONTROL: WOMEN AND GIRLS DENIED CHOICES	29
COST OF CONTRACEPTION ACTS AS A SIGNIFICANT BARRIER	31
IMPACTS OF NOT BEING ABLE TO AFFORD CONTRACEPTION	32
FREE CONTRACEPTION WEEK	33
DISTANCE AND COST OF TRAVEL CREATE ADDITIONAL BARRIERS	34
2015: A NEW LAW ON VIOLENCE AGAINST WOMEN AND GIRLS	35
NEGATIVE AND POSITIVE ATTITUDES AMONG MEN AND BOYS ON CONTRACEPTION	36
INTERNATIONAL OBLIGATIONS TO ENSURE THE ACCESSIBILITY AND AFFORDABILITY OF FAMILY PLANNING SERVICES	36
<b>3. A VACUUM OF INFORMATION, UNSAFE ABORTION AND EMERGENCY CONTRACEPTION</b>	<b>38</b>
THE RIGHT TO SEXUAL AND REPRODUCTIVE INFORMATION AND EDUCATION IN BURKINA FASO	39

LACK OF ACCESS TO INFORMATION	39
MYTHS, STIGMA AND A VACUUM OF INFORMATION	41
THE RIGHT TO INFORMATION ABOUT, AND ACCESS TO, EMERGENCY CONTRACEPTION	41
LACK OF ACCESS TO EMERGENCY CONTRACEPTION	42
BARRIERS TO ACCESSING SAFE AND LEGAL ABORTION SERVICES	42
UNNECESSARY AND PREVENTABLE MATERNAL DEATHS AND MORBIDITY FROM UNSAFE ABORTION	43
WOMEN'S AND GIRLS' RECOMMENDATIONS TO THE AUTHORITIES	44
<b>4. CONCLUSIONS AND RECOMMENDATIONS</b>	<b>46</b>
RECOMMENDATIONS	46
TO THE MINISTRY OF JUSTICE	46
TO THE MINISTRY OF TERRITORIAL ADMINISTRATION, DECENTRALISATION AND INTERNAL SECURITY AND MINISTRY OF DEFENCE	47
TO THE MINISTRY OF HEALTH	47
TO THE MINISTRY OF EDUCATION AND MINISTRY OF INFORMATION	48
TO THE INTERNATIONAL COMMUNITIES, INCLUDING INTERNATIONAL AND REGIONAL AGENCIES	48

# EXECUTIVE SUMMARY

**“I am the youngest in my family. My mum had six children. My dad has four wives. I never got to finish attending even the first year of primary school, I don’t know why my parents took me out of school. I had to spend my days helping out with household tasks. About two weeks ago my dad married me to a 70-year-old man who already has five wives. My dad threatened me saying, ‘If you don’t go to join your husband I will kill you.’ I spent three days with my other co-wives at the house, then I fled. I walked for three days to get to the centre for young girls here in Kaya.”**

“Maria”, a 13-year-old girl, interviewed by Amnesty International at a women’s shelter in Kaya in May 2015.

Women and girls in Burkina Faso, as in any country in the world, have the right to make their own choices about if, when and whom to marry, and if, when and how many children to have. This report examines how women and girls still lack adequate protection from forced and early marriages and face structural and financial barriers in accessing contraceptive products, including emergency contraception. It highlights how the lack of information about and access to safe abortions contributes to the number of unwanted pregnancies and puts at risk the lives of those women and girls who undergo unsafe and clandestine abortions.

Amnesty International conducted four research visits to Burkina Faso in 2014 and 2015. Researchers conducted individual interviews and focus group discussions with 379 women and girls to gather information on the key obstacles they faced in exercising their sexual and reproductive rights, in both urban and rural settings. Researchers interviewed 56 health professionals. They met with officials of various ministries, the police, prosecutors, legal experts, religious representatives, village chiefs, teachers and school principals, organizations who run shelters and provide support services for women and children, other NGOs and international agencies.

## **FORCED AND EARLY MARRIAGES**

Burkina Faso has some of the highest rates of early and forced marriage in the world, despite the fact that forcing someone to marry against their will is a criminal offence in the country. Between 2009 and 2013, the Ministry of Social Affairs documented that 6,325 girls and 860 boys (more than 1,000 children a year) had been subjected to forced and early marriages across the country. In the Sahel region, in the north, 51.3% of

girls aged 15-17 years are already married. The government has not published statistics on forced marriages above the age of 18.

A forced or early marriage is one where at least one of the participants has not given consent, or is not capable of doing so. A marriage where one of the persons getting married is below the age of 18, often referred to as “child marriage” or “early marriage”, is considered a form of forced marriage because of the lack of capacity under the law of people below 18 years to give their full, free and informed consent.

Amnesty International interviewed at least 35 women and girls in shelters and communities who had been subjected to, or threatened with, forced or early marriage. All the interviewees described how violence, threats of violence or other types of coercion were used against them. Many women and girls said that they were threatened that if they did not accept the marriage, another member of the family would be beaten or banished from the family home, especially if that family member advocated on behalf of the daughter. They also described how pressure would be brought to bear on them because of money or other goods being offered to their families.

Another practice linked to forced or early marriages in some parts of the country, often associated with the Mossi and Bissa ethnic groups, is the practice of “Pog-lenga” which means “woman gift”, or “additional” or “bonus woman”. In this tradition, a bride may also bring her niece to the family of her husband as an additional girl for marriage. “Celine” (not her real name), aged 15, described her experience to Amnesty International in October 2015: *“My parents gave me to my aunt when I was little. My aunt decided I would marry a relative of her husband. The man was already married. I said I did not want to marry him. My aunt told me ‘If you flee, we will destroy you.’ I fled my husband’s home and I returned to my village. But when I got there, my family said I could not live with them in the village. So I came here [to the shelter].”*

Once married, it is expected that the couple will have children as soon as possible. The risks incurred by early pregnancy and childbirth in Burkina Faso are well documented, including by Amnesty International. Death during childbirth is the second biggest cause of death worldwide for girls aged 15-19. For this age group and younger, there are also higher risks of life-threatening and life-changing physical injuries, such as obstetric fistula, where a tear forms between the vagina and the rectum. Forced and early marriages also negatively impact girls’ rights to education, with families pressurizing girls to drop out of school once they are married or become pregnant.

The government of Burkina Faso has made important commitments towards addressing the problem of early and forced marriage and has prohibited forced marriages. However, there are significant gaps in the legal framework and weaknesses in the government’s enforcement of the law. The prohibition on forced marriage only applies to a legally recognized marriage, which is defined as one conducted with the involvement of a state official and excludes marriages conducted through traditional or religious ceremonies. However, the vast majority of early and forced marriages in Burkina Faso are conducted through religious or traditional ceremonies. There is no official mechanism to register traditional or religious marriages, or for those conducting such marriages to check the ages and consent of the parties. Women and girls who are coerced into a religious or traditional marriage are thus excluded from the protection of the law.

Contrary to the African Charter on the Rights and Welfare of the Child, which requires governments to establish 18 as the minimum age of marriage for both boys and girls, girls in Burkina Faso can be married at the age of 17 or even 15 with the dispensation of the court. Prosecutors only have the option to prosecute perpetrators of forced or early marriage for the crime of rape rather than the forced marriage, but such prosecutions are difficult to achieve because girls and their families are usually unwilling to file a complaint of rape due to fear of social stigma.

There are currently no programmes in place to disseminate information about the law on early and forced marriages in schools and communities, or to tell girls and boys at risk whom they can contact for assistance or protection. There are only two government-run shelters in the country. The police and the gendarmerie have no protocols in place to deal with cases once they become aware that girls are at risk of forced and early marriages, although some police officials told Amnesty International that they try to mediate with the family to prevent such marriages.

A nun, whose shelter catered for 13 women and girls at the time of the interview, told Amnesty International in May 2015: *“They usually come on foot, sometimes with help on a vehicle. One girl who arrived here had been undressed and was about to be washed as part of the ceremony before getting married, when she took the opportunity to jump over a wall and escape. She walked through the night to get here to the convent. She had walked 50km, taking a route to get here that avoided her being caught. She arrived at 5am.”*

In November 2015, the Burkinabè authorities adopted the National Strategy for the Prevention and Elimination of Child Marriage 2016-2025 (the National Strategy). This is an important and welcome step as the government has committed to reforming the law, providing greater support to victims, carrying out a national study on child marriage, and developing a communication plan to raise awareness. However, the National Strategy only sets a target of reducing child marriage by 20% from 2016-2025, rather than eliminating the practice completely. This target is not compatible with the government’s obligations under international law which require immediate and sustained action to eliminate child marriage and with the target of doing so by 2030, agreed under the Sustainable Development Goals.

## **BARRIERS IMPEDING WOMEN’S AND GIRLS’ ACCESS TO CONTRACEPTION**

Abuses of girls’ and women’s rights to choose whether, when and whom to marry are accompanied by interference with their rights to choose whether and when to have children, and how many. Less than 16% of women use a modern method of contraception, contributing strongly to the fact that nearly 30% of 15- to 19-year-old girls and young women in rural areas are pregnant or have had their first baby. At least 2,800 women die in childbirth each year in Burkina Faso – a figure that the UN Population Fund (UNFPA) estimates could be reduced by up to one third with better access to contraception.

Nearly all the 254 women and girls who took part in focus groups, and the 125 women and girls individually interviewed, told Amnesty International that they suffer verbal abuse or physical violence when they raise the issue of contraception with their partners. Many women said that such conversations were forced upon them as they had to ask for money from their partners to buy contraceptive products due to the lack of control over their own financial resources.

As “Audrey”, a 30-year-old woman with three children, told Amnesty International in July 2014: *“I only learned about family planning after the birth of my youngest child. I didn’t know about it before. Last year, in 2013, I brought a condom home. It had been given to me during a discussion group on family planning. When my husband saw the condom, he accused me of wanting to have affairs. I tried to explain to him how I had got it. He beat me, he punched me in front of the children. He threw the meal I had prepared on the floor. I fled to my uncle’s, where I now live. My husband has two other wives, he doesn’t give us anything but he comes to see the children sometimes.”*

While a few women did report getting the permission or support of their husband, most of the 379 women and girls consulted reported having to use contraception in secret. Many said they preferred to use one of the most discreet methods, such as an implant or injection, despite it being more expensive than the contraceptive pill, female condom or other methods.

The government of Burkina Faso has recognized for some time that cost creates a significant obstacle for women and girls to access contraception. The government has halved the price of contraceptive products, with some being subsidized by up to 80% with the help of international and regional agencies. Amnesty International was informed by the Ministry of Finance in May 2015 that the government contributes 500,000,000 CFA (US\$836,454) per year towards the cost of contraceptives. UNFPA informed researchers that donors contribute US\$1million to match the government’s contribution.

However, women living in poverty, or those who do not control their income, still cannot afford to pay the subsidized costs of contraception. In almost every single interview and focus group, women and girls explained to Amnesty International how the costs of contraceptives prevented their use, or meant they could not use them consistently, leading to unwanted and sometimes high-risk pregnancies. “Binta”, aged 25 with six children, sells goods in a market near Bobo-Dioulasso. She is married to a man who has other wives. “Binta” told Amnesty International in May 2015:

*“I had my first child at 16. I had no knowledge of contraception until I had my fourth child. There is less than one year of age difference between my children... At first my husband was opposed to me using contraception, he said if it made me sick, he would not be responsible... My husband said that if I took contraception, he would reject me. But when he realized that we have many children, and we do not have the means to support them, he agreed. My husband finally agreed, but it’s me who pays for contraception costs. I earn an average of 1,500 CFA (about US\$3) per day. With the money I earn, I feed my children. Contraception is expensive. There are times when I have difficulties to renew my birth control, because I have no money. If I had had the information earlier, I would have never had six children. Husbands here make all the decisions in the family, even on contraception. I want contraception to be free.”*

The impact of the cost of contraceptives, even when subsidized, for low-income women can be seen by the significant increase in demand during Burkina Faso’s annual “free contraception week”. During the week, which is organized by the government and UNFPA, women are offered free contraceptives through NGOs and local health centres. According to UNFPA, 25% of the women who obtain contraceptives during the free contraception week are new users. One health centre in Kaya reported to Amnesty International that demand during that week was five times higher than normal.

For many women and girls, the cost of contraceptive products, combined with the cost of transport to the nearest health facility, can be prohibitive, especially for those in rural areas where distances are further, roads are worse and there is no public transport system. While the proportion of people living over 10km from a health facility is less than 1% in the Central region, that rises to 28% in the more rural Central North region, and over 47% in the Sahel region.

Many women and girls told Amnesty International that the first time they had heard about contraception was after giving birth to a child. Many of them, particularly those living in rural areas, said they had not attended school, or only for short periods, and had not received community outreach information or education on sexual and reproductive health. A lack of reliable and scientific information can lead to myths, misinformation and rumours that undermine contraceptive use. A number of men interviewed by Amnesty International put forward varying myths as reasons to oppose the use of contraception; these included the belief it would make their wives unfaithful, that it could result in them having twins, or that it could make them unable to have children at all.

In 2015 the government adopted Law number 061-2015/CNT Concerning the Prevention, Punishment and Reparations of Violence against Women and victims care. This law makes it a criminal offence for men and boys to infringe or limit their partners’ sexual and reproductive rights, through violence, coercion, corruption or manipulation, including through prohibiting their access to contraception.

## **EMERGENCY CONTRACEPTION AND UNSAFE ABORTIONS**

There is currently no written protocol and little training available to health professionals to help guide and govern the treatment of victims of sexual violence, although doctors are trained to undertake a medical examination that may be used for police or legal reports. While HIV testing is provided free of charge, emergency contraception and testing for other sexually transmitted infections are not. Emergency contraception can cost between 3,000-4,000 CFA (US\$6-7), not including transport costs. This cost is not waived for rape victims and doctors confirmed that few if any victims they had treated would have been able to afford this.

Abortions are criminalized in Burkina Faso except in exceptional circumstances. Abortions are permitted when a woman’s life or physical or mental health is at risk, or when the foetus has a serious condition or incurable impairment.

Abortion is also permitted in cases of rape or incest, but in this case only in the first 10 weeks of pregnancy and with judicial authorization. There is also a requirement that the public prosecutor establishes that the crime of rape or incest has been committed, which can create a barrier to accessing legal abortion.

Most of the women Amnesty International met in both rural and urban areas were not aware of the circumstances in which they could access abortion services. The government recorded 48 legal abortions in 2014. A study by the Guttmacher Institute, in contrast, calculated that at least 105,000 women and girls in Burkina Faso had unsafe and clandestine abortions in 2012 alone. These are carried out outside the



parameters of the public health centres, often in unhygienic conditions and by untrained practitioners, with major risks to women's and girls' health.

## **CONCLUSIONS AND RECOMMENDATIONS**

The government of Burkina Faso has taken noteworthy steps towards respecting, protecting and fulfilling women's and girls' sexual and reproductive rights. The government has displayed an openness to reforms and committed to address harmful practices.

As recently as February 2016, the government announced that it would introduce free health care to all pregnant women in an effort to reduce maternal mortality. This is an extremely significant and positive development for women's and girls' ability to access life-saving health care and prevent unnecessary maternal deaths and morbidity. In line with this shift in policy, the government should consider making available – free of charge – at least some categories of contraceptive products, which women are able to use safely and discreetly. This could help remove one of the biggest barriers that currently impede women's and girls' ability to access family planning services. The government should remove financial and structural barriers which impede women's and girls' ability to access contraceptive services, including emergency contraception. It should seek international assistance and co-operation, as needed, to do so.

The government must undertake urgent reforms to the legal framework to ensure that the prohibition on forced or early marriages applies to all forms of marriage, including traditional and religious marriages. It must revise the minimum age of marriage to 18 for both boys and girls and ensure that there is a legal requirement for all marriages, including traditional and religious marriages, to be registered. It should also conduct awareness-raising programmes to challenge and change the underlying social and cultural attitudes which perpetuate harmful practices, gender stereotypes, and discrimination and to empower women and girls to exercise their rights.

# METHODOLOGY

Amnesty International conducted four research missions to Burkina Faso in 2014 and 2015. Researchers visited and undertook interviews in the capital, Ouagadougou (Centre region), as well as the following cities and towns including Bobo-Dioulasso, Koumi, Bama, Kouakoualè (Hauts-Bassins region), Ouahigouya and Yako (Northern region), Kaya (Centre North region), Dori and Seba (Sahel region) and Koudougou (Centre-Western region). Amnesty International undertook a scoping research mission in 2013 to consult with local experts to establish the parameters of the work.

This research forms part of Amnesty International's continuing work and campaigning on women's and girls' human rights in Burkina Faso. A report focused on maternal mortality – *Giving life, risking death: Maternal mortality in Burkina Faso* – was published in 2009.<sup>1</sup>

Over the course of four visits, Amnesty International carried out individual interviews with 125 women and girls and conducted focus group discussions with 254 women and girls, making a total of 379. Researchers gathered information on the key obstacles they faced in exercising their sexual and reproductive rights, in both urban and rural settings. There was a particular focus on the right to choose if, when and whom to marry, and on the timing and number of children.

Women and girls across the country described barriers to accessing contraceptive health care information, services and goods, as well as high rates of forced and early marriage. Both are particularly high in the Sahel region, in the north of the country, which is also the zone with the highest rates of maternal deaths.

Researchers also undertook focus group discussions with 55 men and boys in different urban and rural locations across the country to discuss access to sexual and reproductive information, services and goods, as well as the question of early or forced marriage.

The interviews and focus group discussions were conducted in line with Amnesty International's own and other international guidance on how to conduct interviews with survivors of human rights violations, with their full, free and informed consent. The interview was conducted in the woman's or girl's first language wherever possible, or in their second preferred language, often French.

Amnesty International interviewed 56 health professionals, including doctors, specialist gynaecologists and obstetricians, midwives, nurses and other health workers in clinics run by the Centre de Santé et de Promotion Sociale (hereinafter CSPS – primary health care clinics) in rural and urban areas, and clinics run by the Centre Médical avec Antenne chirurgicale (CMAs – secondary level health care providers in regional urban centres) across the country, as well as two regional hospitals.

Amnesty International met with members of civil society who run shelters and support services for children, women and girls threatened with, or subjected to, forced and early marriage, as well as survivors of violence including sexual violence, or pregnant and single girls and women who have been banished from their families.

Amnesty International also met officials from the Ministry of Justice including the Minister of Justice, officials from the Ministry of Health including the Minister of Health, officials from the Ministry of Social Affairs, and officials from the Ministry of Finance and Ministry of Defence and Internal Affairs. Researchers met with police

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<sup>1</sup> Amnesty International, *Giving life, risking death: Maternal mortality in Burkina Faso* (Index: AFR 60/001/2009).

officials in both Ouagadougou and Bobo-Dioulasso, three offices of the gendarmerie, including the head office (Etat Major de la gendarmerie nationale) in Ouagadougou. Amnesty International also met with two prison officials to find out more about the cases of two women in detention who were accused of having clandestine abortions. The Prosecutors of the Faso in Ouagadougou and in Dori (Procureurs du Faso près les tribunaux de grande instance de Ouagadougou et de Dori), as well as two others, also spent time explaining the legal system and their experience. We extend our thanks for their time and their responses to our questions

Amnesty International met with organizations – women’s, human rights, community, and other NGOs – to gather their expert opinions on the provision of sexual and reproductive health care on several occasions. Amnesty International also heard the views of religious representatives from several faiths, as well as seven village chiefs. Teachers and principals at three schools also took time to share their views with the delegation.

Amnesty International held meetings with international agencies, such as the World Health Organization, the UN Population Fund and the World Bank. We also heard the views of several international and regional organizations working on women’s and girls’ rights and services provision.

Some names of interviewees have been withheld for reasons of confidentiality and pseudonyms used.

Researchers undertook extensive desk research to map and analyze existing relevant studies and reports, laws and policies on the issue.

We thank everyone who so generously co-ordinated meetings and assisted the delegation as well as sharing their views, concerns and hopes for the situation of women and girls in Burkina Faso. Expert organizations and their staff kindly took time to meet with the delegation and provided advice and support during the course of the research.

Above all, Amnesty International would like to extend its thanks to the women and girls of Burkina Faso, who so courageously shared their experiences and personal hopes for a better future. We hope that this report serves as a useful tool to contribute to efforts to better protect and guarantee women’s and girls’ human rights in Burkina Faso.

# 1. EARLY AND FORCED MARRIAGE IN BURKINA FASO

**“I fled on my wedding day. I went to the police station. My father wanted me to marry the herder who kept my father’s cows. He wanted to reward him for his services. The man was quite young, but he already had a wife. I want to resume my studies now and become a teacher. My favourite subjects are history and geography.”<sup>2</sup>**

Céline, aged 15, living in a shelter run by a religious NGO

This chapter describes the current situation in Burkina Faso with regard to forced or early marriage as evidenced by Amnesty International’s research in 2014 and 2015. It examines the pressure on girls and young women to marry and includes the personal stories of some of the victims who were interviewed. While acknowledging some progress made by the government in 2015, the chapter considers the legal vacuum which leaves women and girls without the information or assistance to be protected, and without recourse to justice.

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<sup>2</sup> Interview conducted by Amnesty International in Central Burkina Faso in October 2015.



Young women hold hands in a shelter run by nuns in Ouagadougou, July 2014. © Amnesty International

## FORCED AND EARLY MARRIAGES

A forced or early marriage is one where at least one of the participants has not given consent, or is not capable of doing so.<sup>3</sup> A marriage where a person is below the age of 18, often referred to as “child marriage” or “early marriage”, is considered a form of forced marriage because of the lack of capacity under the law of people below 18 years to give their full, free and informed consent. Where money, goods, land or other such exchanges and benefits for one of the arranging parties are involved, additional concerns would be raised about the scope for genuine free and informed consent.<sup>4</sup> Although boys also undergo forced or early marriage, it is most frequently young girls who are the victims.<sup>5</sup>

Burkina Faso has some of the highest rates of early and forced marriage in the world, despite the fact that forcing someone to marry against their will is a criminal offence in the country.<sup>6</sup> Between 2009 and 2013, the Ministry of Social Affairs documented 6,325 girls and 860 boys (more than 1,000 children a year) who have been subjected to forced marriages across the country.<sup>7</sup> The real figure will undoubtedly be much higher. In the

<sup>3</sup> See paras 20, 21 and 23 in particular of the Joint general recommendation/General Comment No. 31 of the Committee on the Elimination of Discrimination against Women and No. 18 of the Committee on the Rights of the Child on harmful practices CEDAW/C/GC/31-CRC/C/GC/18, 2014.

<sup>4</sup> See paras 20 and 21 of the Joint general recommendation/General Comment No. 31 of the Committee on the Elimination of Discrimination against Women and No. 18 of the Committee on the Rights of the Child on harmful practices CEDAW/C/GC/31-CRC/C/GC/18, 2014 and also Article 21 (2) of the African Charter on the Rights and Welfare of the Child (OAU Doc. CAB/LEG/24.9/49) which states that: “Child marriage and the betrothal of girls and boys shall be prohibited and effective action, including legislation, shall be taken to specify the minimum age of marriage to be 18 years and make registration of all marriages in an official registry compulsory.”

<sup>5</sup> UN Children’s Fund, *A profile of child marriage in Africa*, UNICEF, New York, 2015, p. 6. Available at: [www.unicef.org/wcaro/english/UNICEF-Child-Marriage-Brochure-low-Single\(1\).pdf](http://www.unicef.org/wcaro/english/UNICEF-Child-Marriage-Brochure-low-Single(1).pdf) and, further, see Human Rights Council, *Report of the Special Rapporteur on contemporary forms of slavery, including its causes and consequences*, Thematic report on servile marriage, 10 July 2012, UN A/HRC/21/41, para. 15.

<sup>6</sup> UNICEF, *State of the world’s children 2015: Reimagine the future*, November 2014, statistical table 9: Child protection according to UNICEF, the estimated figures for child marriages in Burkina Faso is even higher than those estimated by the state in its report *Stratégie Nationale de Prévention et d’élimination du mariage d’enfants 2016-2025*, with UNICEF estimating that over 52% of all women in Burkina Faso aged between 20 and 24 were married before the age of 18, and 10% before the age of 15.

<sup>7</sup> UNICEF, *State of the world’s children 2015: Reimagine the future*, November 2014, and Ministry of Social Action and National Solidarity, *Stratégie Nationale de Prévention et d’élimination du mariage d’enfants 2016-2025*, November 2015.

rural Sahel region, 51.3% of girls aged between 15 and 17 are married, as well as 24.7% of girls of the same age in the rural parts of the South West region.<sup>8</sup>

Amnesty International interviewed at least 35 women and girls who had been subjected to, or threatened with, forced and early marriage. The youngest victim of child marriage was 13 and had escaped from her 70-year-old husband just two weeks before the interview. We also spoke with several young women aged in their 20s who were being threatened with forced marriage, and a woman aged 49 who had been married by her parents to the local religious leader when she was just 10 years old. Amnesty International recognizes that those who had managed to get to an NGO shelter, relying solely on their ingenuity and assistance from family or friends, were the minority. Most women and girls reported a lack of necessary information or support to escape a forced or early marriage.

## **COERCION, THREATS AND PRESSURE ON GIRLS TO MARRY**

All the interviewees described to Amnesty International how violence, threats of violence or other types of coercion were used against them.

The youngest girl who had fled child marriage was “Maria”, aged 13 at the time of the interview.<sup>9</sup> Maria had arrived at a women’s shelter just a few days before. She told Amnesty International:

*“I am the youngest in my family. My mum had six children. My dad has four wives. I never got to finish attending even the first year of primary school, I don’t know why my parents took me out of school. I had to spend my days helping out with household tasks. About two weeks ago my dad married me to a 70-year-old man who already has five wives. My dad threatened me saying, ‘If you don’t go to join your husband I will kill you.’ I spent three days with my other co-wives at the house, then I fled. I walked for three days to get to the centre for young girls here.”<sup>10</sup>*

Many women and girls said that they were threatened that if they did not accept the marriage, another member of the family would be beaten or banished from the family home, especially if that family member advocated on behalf of the daughter.<sup>11</sup> Girls and experts, including some social workers providing support in shelters, told Amnesty International that it was frequently the mother who was threatened with being banished.<sup>12</sup>

A nun working at a shelter explained: *“After the girls arrive at our shelter [fleeing forced marriage], the parents, particularly male relatives, come around to demand the girls come back. It is very rare that the girls agree. When they refuse, the men go and send the mothers to talk to the girls, threatening to banish the mothers too if the girl does not come back with them. On one occasion a girl felt obliged to go back because of the threat her mother was under to be banished too. Generally, the mothers advise their daughters to escape forced marriage.”<sup>13</sup>*

The social and personal consequences are devastating for girls who refuse a marriage. “Noelie”, a 17-year-old girl living in a shelter run by a religious order, explained to Amnesty International: *“My grandfather had decided to marry me off to someone older than me, he came with my parents [to tell me]. I told them I would not agree to marry a man that was imposed on me, and who moreover already had a wife and two children. They told me that if I refused to marry him, I would be banished from the village and they would all be done with me. One night in October 2014, during the time we harvest the millet, I decided to take flight. It was about 8pm. I was very afraid to be found out and be forcibly given to the man I did not want to marry. I was also afraid of coming across animals, including snakes, since I did not take the main road for fear of being spotted, and I took other roads. It took several hours to get to the convent with the nuns. The men in my family and the man imposed by my parents came to see me twice and I again expressed my disagreement [with the marriage]. They told me I was now banned from the village and I could not set foot there, that it was all over between them and me.”<sup>14</sup>*

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<sup>8</sup> Ministry of Social Action and National Solidarity, *Stratégie Nationale de Prévention et d’élimination du mariage d’enfants 2016-2025*, November 2015, pp. 7-8.

<sup>9</sup> Interview conducted by Amnesty International in the North of Burkina Faso in July 2015.

<sup>10</sup> Interview conducted by Amnesty International in Kaya in May 2015.

<sup>11</sup> Interviews conducted by Amnesty International with experts, social workers, nurses and women and girls who had escaped arranged marriages in July 2014 and May 2014.

<sup>12</sup> Interviews conducted by Amnesty International with girls in shelters in Ouagadougou, Yako and Kaya in July 2014.

<sup>13</sup> Interview conducted by Amnesty International in the Northern region of Burkina Faso in May 2015.

<sup>14</sup> Interview conducted by Amnesty International in the Northern region of Burkina Faso in May 2015.

Experts who work with girls and women affected by forced or early marriages, as well as girls and women themselves, told Amnesty International that once a girl has refused an early marriage, and if she has been banished from her home, the struggle to be accepted back into the family is arduous. In some cases and communities she has to find a relative who will support and finance a specific ceremony integrating her back into the community.

In addition to threats of physical violence against themselves and/or relatives, women and girls told Amnesty International how pressure may be brought on them because money or other goods exchange hands between the family of the prospective husband and the girl's own family.<sup>15</sup> If her family is living in poverty this leaves her with little choice. The marriage may often be a means to consolidate family alliances and friendships, or to acquire social status. The potential losses and gains for the whole family can weigh heavily on her shoulders and coerce her into agreeing. A social worker at a refuge for girls in Ouagadougou described to Amnesty International: *"Poverty is frequently a main cause of forced marriage. There is an exchange of money. Forced marriage can also be a means to consolidate family ties."*<sup>16</sup>

An official from the Ministry of Social Action described to Amnesty International: *"Forced marriage is forcing a girl to accept a husband she often does not know, [who] she sometimes discovers on the wedding day. This is often the father's family (the father and grandfather) who decide, uncles also follow suit. The marriage often is arranged between friends or acquaintances or between fathers – ie 'My friend did me a great service, and so in gratitude I give him my daughter.' The husband is often old and may already have three to four wives. In some cases, girls report the parents and the police then intervene and refer the girl to [the Ministry of] Social Action."*<sup>17</sup>

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<sup>15</sup> In order to establish that a child's full and free consent to marry is credible, it must be clear that the child is of an age that is consistent with her or his full comprehension of the content and consequences of marriage. No parent or guardian can substitute their understanding and consent for the child's. In addition, there must be no payments of any type, such as dowry or bride price. See also General Recommendation/General Comment 31 and 18 by the Committee for the Elimination of All forms of Discrimination against Women and the Committee on the Rights of the Child, 2014, UN Doc. CEDAW/C/GC/31-CRC/C/GC/18.

<sup>16</sup> Interviews conducted by Amnesty International in Ouagadougou in June 2014. In another interview in May 2015, a prosecutor in Dori also mentioned the link between early and forced marriage and poverty.

<sup>17</sup> Interview conducted by Amnesty International in Ouagadougou in April 2015.

## THE PRACTICE OF 'POG-LENGA' OR 'BONUS WOMAN'

Another practice linked to forced marriage in some parts of the country, often associated with the Mossi and Bissa ethnic groups, is the practice of "Pog-lenga" which means "woman gift", or additional or "bonus woman".<sup>18</sup> In this tradition, a bride may also bring her niece to the family of her husband as an additional girl for marriage. The husband and his family then decide if the niece is to be married in a second wedding to the husband, or if a friend or family member should marry her. It is a practice which is on the decline, but as three girls explained to Amnesty International, it is still practised by some communities. Two of their testimonies are presented here. "Celine" and "Aissata" (not their real names), both aged 15, who were both living in a shelter run by an NGO and had both been subjected to this practice.

"Celine" described her experience: *"My parents gave me to my aunt when I was little. My aunt decided I would marry a relative of her husband. The man was already married. I said I did not want to marry him. My aunt told me 'If you flee, we will destroy you.' I fled my husband's home and I returned to my village. But when I got there, my family said I could not live with them in the village. So I came here [to the shelter]."*<sup>19</sup>

"Aissata" said: *"I lived with my aunt since I was young. She educated me. [One day] I learned that my aunt was going to marry me off to a man chosen for me by her husband. I would not go to school anymore. So I started to give my clothes to my friends so they could keep them for me, for the day I would flee. On the day of my escape, I went to get some clothes from my friend and then I went to take refuge in the shelter with the nuns. We must not give girls in marriage, you must let us choose freely."*<sup>20</sup>

## EARLY MARRIAGE, EARLY PREGNANCY AND ACCOMPANYING RISKS

Once married, it is expected that the couple will have children as soon as possible.<sup>21</sup> Questions are raised and pressure is brought to bear by in-laws and relatives, particularly on the woman or girl, if this does not happen. The risks incurred by early pregnancy and childbirth in Burkina Faso are well documented, including by Amnesty International.<sup>22</sup>

Death during childbirth is the second biggest cause of death worldwide for girls aged 15-19.<sup>23</sup> For this age group and younger, there are also higher risks of life-threatening and life-changing physical injuries, such as obstetric fistula, where a tear forms between the vagina and the rectum. This usually results from a long, protracted or obstructed labour, common in girls who are not physically mature enough to give birth. Fistula can leave women and girls incontinent.<sup>24</sup> This not only causes enormous social stigma, but also leaves the girls and women vulnerable to infections and other illnesses.

A gynaecologist working for an international agency repairing fistula explained: *"In the Sahel, where we have been working to repair fistula, which frequently results from early pregnancy, we have also run a programme to try to reduce child marriage. Girls even as young as nine are sent to live in the house with the husband, and even though the husband is meant to wait until she reaches puberty, he will often rape her before then. Many of the girls who may die as a result of complications from fistula will not even appear in the statistics as maternal deaths, because they will often die later of renal failure or other complications [sic: beyond the 42-day period from the time of delivery in which it is documented as a maternal death]."*<sup>25</sup>

According to experts in this field interviewed by Amnesty International, when a girl is still a child, the physical and psychological health risks and consequences of being raped, as well as subsequent early pregnancy, are

<sup>18</sup> Interviews conducted by Amnesty International with three girls who had been subjected to, or had escaped, this practice, and also with the director of the shelter where they were staying in October 2015, as well as other human rights experts in Burkina Faso in February 2016.

<sup>19</sup> Interview conducted by Amnesty International in the Central Northern region of Burkina Faso in October 2015.

<sup>20</sup> Interview conducted by Amnesty International in the Central Northern region of Burkina Faso in October 2015.

<sup>21</sup> Focus groups conducted by Amnesty International in May and July 2014 and in 2015.

<sup>22</sup> Amnesty International, *Giving life, risking death: Maternal mortality in Burkina Faso* (Index: AFR 60/001/2009).

<sup>23</sup> UNFPA, *Girlhood, not motherhood: Preventing adolescent pregnancy*, 2015, p. 10. Available at: [www.unfpa.org/sites/default/files/pub-pdf/Girlhood\\_not\\_motherhood\\_final\\_web.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/Girlhood_not_motherhood_final_web.pdf)

<sup>24</sup> UNFPA, *Girlhood, not motherhood: Preventing adolescent pregnancy*, 2015, p. 9. Available at: [www.unfpa.org/sites/default/files/pub-pdf/Girlhood\\_not\\_motherhood\\_final\\_web.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/Girlhood_not_motherhood_final_web.pdf)

<sup>25</sup> Interview conducted by Amnesty International in May 2014 with a senior gynaecologist and surgeon working as a consultant for an international agency to repair fistula.



long-lasting and even life-threatening. The nexus between early marriage and long-term physical and psychological harm inflicted on girls is well documented.<sup>26</sup>

Negative and harmful stereotypes abound which also heighten the pressure for women and girls to become pregnant once married. As one man told us in a group discussion: *“A pregnant wife is a faithful wife.”*<sup>27</sup> Further, some men and boys treat the use of contraception by their wives with deep suspicion. Another man said to Amnesty International: *“Some men can take advantage of a woman using contraception to flatter and seduce her. When women do not use contraception, they obey and come home. With family planning, they do not listen; she is no longer at home...When you give freedom to the woman, she exploits it.”*<sup>28</sup>

## **FORCED AND EARLY MARRIAGE AND THE IMPACT ON GIRLS’ RIGHT TO EDUCATION**

The percentage of girls attending both primary and secondary level education is very low in Burkina Faso. Only 17.1% of girls, compared with 21.4% of boys, actively attend secondary school.<sup>29</sup> Experts interviewed by Amnesty International said the reasons were multiple, including lack of means for school fees, and that forced and early marriage is one of the key factors impeding progress. Parents frequently choose not to send their daughters to school because they do not see it as useful or necessary given that girls are expected to be married early, have household duties and produce children while they are still in their teens. One 16-year-old girl who had fled an early arranged marriage told Amnesty International that when she asked her parents why she could not go to school, they said: *“What is the point in sending you to school? There is no benefit from girls being educated.”* The girl had therefore never been to school and is now banished from her family for refusing to marry.<sup>30</sup>

Although state policy regarding pregnancy among school pupils is generally positive, and girls are allowed to attend school during pregnancy and to return after giving birth, the three head teachers and three teachers interviewed by Amnesty International said there was still a high drop-out rate by girls due to pregnancy and marriage.<sup>31</sup> One teacher told Amnesty International: *“There are no restrictions about coming to school when the girls are pregnant. However, in 2014, of the nine cases of pregnancy identified by the school administration, just one of the girls came back after childbirth.”*<sup>32</sup>

Because of the social role dictated for women and girls, the vast majority of girls who are forced into marriage are expected to immediately give up school and studies in order to look after the house, to produce and care for the children, and attend to the husband’s needs. This means if she is in education she will drop out either when she gets married or as soon as she has a baby.<sup>33</sup>

“Miriam” (not her real name), a 22-year-old woman currently studying at night for her secondary school qualifications, said: *“My parents are farmers in a town in the North East. I lived in town with an aunt, as I was studying. One day I was told to come back from the town by my grandfather who lived in the village. He was sick. When I went to see him, he told me that according to the tradition at my age, I should get married and he had promised me to a family he knew who were looking for a wife for their son. I told him I’d rather finish my studies first, and that marriage was not one of my priorities. He told me that it was not for me to decide and in any case I could not leave the village. Finally, I fled to take refuge with some nuns. The sisters helped me to*

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<sup>26</sup> UNFPA, *Girlhood, not Motherhood: Preventing adolescent pregnancy*, 2015. Available at: [www.unfpa.org/sites/default/files/pub-pdf/Girlhood\\_not\\_motherhood\\_final\\_web.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/Girlhood_not_motherhood_final_web.pdf)

<sup>27</sup> Discussion group conducted by Amnesty International with men and boys near Bobo-Dioulasso in June 2014. This was repeated by several interviewees in group and individual interviews in June and August 2014.

<sup>28</sup> Focus group conducted by Amnesty International with men and boys on contraception and sexual and reproductive health and rights near Bobo-Dioulasso in June 2014.

<sup>29</sup> UNICEF, *Statistics for 2008-2012*. Available at: [www.unicef.org/french/infobycountry/burkinafaso\\_statistics.html#117](http://www.unicef.org/french/infobycountry/burkinafaso_statistics.html#117)

<sup>30</sup> Interviews conducted by Amnesty International in Ouagadougou in a group session in June 2014, and individually in August 2014.

<sup>31</sup> Interview conducted by Amnesty International with the head teachers of private high schools in Ouahigouya and Kaya in May 2015.

<sup>32</sup> Interview conducted by Amnesty International in Dori in May 2015.

<sup>33</sup> Interviews conducted by Amnesty International with teachers in three schools as well as interviews conducted with girls and women during 2014 and 2015. Further, para. 22, of the Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on harmful practices and UNFPA, *Girlhood, not motherhood: Preventing adolescent pregnancy*, 2015, p. 20. Available at: [www.unfpa.org/sites/default/files/pub-pdf/Girlhood\\_not\\_motherhood\\_final\\_web.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/Girlhood_not_motherhood_final_web.pdf)

find shelter and support. I am now studying. I hope to be a midwife or a nurse. My sister, who did not get an education like me, was forced to marry a Burkinabè man she had not chosen.”<sup>34</sup>

## **BOYS' AND MEN'S ATTITUDES TOWARDS EARLY OR FORCED MARRIAGE**

Amnesty International held focus groups with men and boys to hear their views and experiences of forced and early marriage. In one such group that Amnesty International conducted in a rural area in the southeast of the country with 16 men aged between 18 and 25, including students, the participants said that the term “forced” marriage was not applicable to them. They explained that in their view, marriage is more commonly forced for girls. By contrast, boys do normally have the real choice to be able to turn down a marriage proposal. However, they did clarify that they do not tend to turn it down. One member of the discussion group explained: “It [forced marriage] is a good thing. I said yes, because it can be hard to get a girl and so this was the best way of making sure you get married and have a wife.”<sup>35</sup> They were not aware of any laws banning the practice nor had they heard any information against the practice or why forced marriage might be harmful. This was common across all the interviews Amnesty International conducted.

However, there were several young men who had negative views of forced and early marriage, particularly university students.<sup>36</sup> Additionally, some gay men told Amnesty International that forced marriage was occasionally used by parents as a means to hide the suspected sexuality of their son, and thereby protect the reputation of the family. Although Amnesty International did not document any cases, since research among the gay community was not a direct focus of this report, it was nevertheless a view repeated by several other sources.<sup>37</sup>

## **LACK OF ADEQUATE PROTECTION BY THE STATE**

### **BURKINA FASO'S INTERNATIONAL LEGAL OBLIGATIONS TO PREVENT FORCED AND EARLY MARRIAGES**

Burkina Faso has ratified several international and regional human rights instruments which require the government to respect, protect and fulfil women's and girls' rights to health, equality and non-discrimination, and the full range of their sexual and reproductive rights.<sup>38</sup>

Forced marriages breach all of these rights, in particular the right to decide when, if and whom to marry.<sup>39</sup> Article 16 (1) of the Convention on the Elimination of All Forms of Discrimination against Women, to which Burkina Faso is a party, requires governments to take all appropriate measures to eliminate discrimination in all matters relating to marriage and to ensure that men and women have “[t]he same right freely to choose a spouse and to enter into marriage only with their free and full consent”. The Committee on the Elimination of Discrimination against Women has stated that a “woman's right to choose a spouse and enter freely into marriage is central to her life and to her dignity and equality as a human being.”<sup>40</sup>

The Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women have stated that: “[child marriage, also referred to as early marriage, is any marriage where at least one of the parties is under 18 years of age...A child marriage is considered to be a form of forced marriage, given that one and/or both parties have not expressed full, free and informed consent.” Forced and early marriages are considered a harmful practice and governments have an obligation to prevent and protect women and children from them, including through implementation, monitoring and enforcement of legislation, protection of

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<sup>34</sup> Interview conducted by Amnesty International in Ouagadougou in June 2014.

<sup>35</sup> Interview conducted by Amnesty International in the south-east of the country in July 2014.

<sup>36</sup> Discussion group conducted by Amnesty International with male university students in Bobo-Dioulasso in June 2014.

<sup>37</sup> Interviews conducted by Amnesty International in Bobo-Dioulasso in June 2014.

<sup>38</sup> At the international level, Burkina Faso has ratified the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC), and the Convention against Torture (CAT). At the regional level, Burkina Faso has ratified the African Charter on Human and Peoples' Rights, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, and the African Charter on the Rights and Welfare of the Child.

<sup>39</sup> Article 16, Convention on the Elimination of All Forms of Discrimination against Women; Article 23, International Covenant on Civil and Political Rights; and Article 1, Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages.

<sup>40</sup> UN Committee on the Elimination of Discrimination against Women, General Recommendation No. 21: Equality in Marriage and Family Relations, A/49/38, 1994, para. 16.

those at risk, challenging underlying social norms and empowering women and girls.<sup>41</sup> Article 21 (2) of the African Charter on the Rights and Welfare of the Child, to which Burkina Faso is a party, also requires governments to prohibit “child marriage” and to set the minimum age of marriage at 18.

In 2010, the Committee on the Elimination of Discrimination against Women urged Burkina Faso to “take all legal and other necessary measures to combat such marriages [forced and early marriages].”<sup>42</sup> It stated: “The Committee notes with concern the persistent discrimination against women in certain laws relating to family life...and that the practice of child marriage of girls much younger than the age specified by the Code still prevails in rural areas. While noting that only marriages celebrated in front of a registrar are valid and capable of giving rise to claims if one of the parties fails to meet his or her obligations, it is concerned that different types of marriages including civil, religious, customary marriages, and civil partnerships are common, including early marriages in rural areas, with no adequate legal protection to women.”<sup>43</sup>

According to Article 151 of the Constitution of Burkina Faso, an international agreement is binding and once it has been ratified or approved takes on an authority superior to that of the domestic legal framework.<sup>44</sup>

## LEGAL VACUUM LEAVES GIRLS UNPROTECTED AND WITHOUT RECOURSE TO JUSTICE

The legal age for marriage in Burkina Faso is established in Article 238 of the Persons and Family Code. It identifies different legal ages at which marriage is permitted: 17 for girls and 20 for boys, although Article 238 stipulates that special dispensation can be sought from the court to allow girls above the age of 15 and boys above the age of 18 to get married.

The Persons and Family Code prohibits forced marriages and Article 234 states: “Marriage must be entered by men and women, as a result of the free and conscious decision of the spouses”. Article 376 of the Criminal Code punishes whoever “coerces someone to marry” and makes it an aggravating circumstance if the victim is a minor. Hence, a marriage whether either spouse was under the legal age (unless special dispensation has been granted by a court) would amount to a forced marriage. Those convicted of forced marriage can receive prison sentences of between six months and two years. This can be raised to three years if the victim is under 13 years of age.<sup>45</sup>

However, these provisions only apply to a legally recognized marriage, which is defined under the Persons and Family Code as a marriage conducted with the involvement of a state official (Articles 273 and 233) and excludes marriages conducted through traditional or religious ceremonies. Amnesty International was informed by prosecutors and the police, as well as by interviewees subjected to the practice or providing support to them, that the vast majority of early and forced marriages in Burkina Faso are conducted through religious or traditional ceremonies, without the presence of a state official.<sup>46</sup> These “unions” are not recognized as legal marriages under the Persons and Family Code and therefore cannot amount to forced marriages within the meaning of Articles 234, 238 and 376, even if a person is coerced.<sup>47</sup> Prosecutors and judges interviewed by Amnesty International confirmed this gap in the law and expressed regret about the restrictive definition of marriage under the law. The Prosecutor of the Faso for Ouagadougou observed that, “traditional marriage does not fall within the jurisdiction of the investigative judge.”<sup>48</sup>

The legal provisions around early and forced marriages therefore fail to offer protection and effective remedies to women and girls who are coerced into a religious or traditional marriage. There is no penalty for coercing,

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<sup>41</sup> Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on harmful practices, UN Doc. CEDAW/C/GC/31-CRC/C/GC/18, 14 November 2014, paras 20, 40 and 56.

<sup>42</sup> Committee on the Elimination of Discrimination against Women, Concluding observations of the Committee on the Elimination of Discrimination against Women – Burkina Faso, 5 November 2010, CEDAW/C/BFA/CO/6, para. 50.

<sup>43</sup> Committee on the Elimination of Discrimination against Women, Concluding observations of the Committee on the Elimination of Discrimination against Women – Burkina Faso, 5 November 2010, CEDAW/C/BFA/CO/6, para. 50.

<sup>44</sup> Article 151, Constitution of the Republic of Burkina Faso, 1991.

<sup>45</sup> Article 376 of the Criminal Code states that: “Anyone who forces a person to marry will face a prison sentence from six months to two years. The penalty is imprisonment for one to three years if the victim is a minor. The maximum penalty is incurred if the victim is a minor girl under thirteen. Whoever contracts a marriage or in such circumstances facilitates such a marriage is considered an accomplice”. See: [www.refworld.org/docid/3ae6b5cc0.html](http://www.refworld.org/docid/3ae6b5cc0.html)

<sup>46</sup> Interviews conducted by Amnesty International with human rights defenders and prosecutors throughout the research during 2014 and 2015.

<sup>47</sup> Interviews conducted by Amnesty International with prosecutors during research trips, including in Dori in May 2015.

<sup>48</sup> Interview conducted by Amnesty International with the Procureur du Faso in Ouagadougou in May 2014.

facilitating or entering into a “union” with a woman or girl against her will and/or when the girl is under the legal age of marriage. The differential minimum age of marriage for boys and girls also denies girls equal protection under the law.

There is no objective justification for a differential legal age of marriage based on sex. These provisions are discriminatory, breaching Burkina Faso’s obligations under international law to ensure that there is no discrimination on the basis of sex and that all persons have equal protection under the law.<sup>49</sup> The minimum legal age of marriage should be the same for boys and girls, and should not be below 18, in line with the African Charter on the Rights and Welfare of the Child and the Convention on the Rights of the Child.

Prior to undergoing a civil marriage, the bride and groom have to submit a number of documents to the Registrar (officier d’état civil) who conducts the marriage, including a birth certificate.<sup>50</sup> The Persons and Family Code requires the Registrar to verify that both parties consent to the marriage prior to it being undertaken/registered.<sup>51</sup> Legal officers who marry two people in violation of the law (including lack of consent or underage) are criminally liable under Article 172 of the Criminal Code. The sentences which can be imposed range from two to six months’ imprisonment and/or a fine of 50,000 CFA (about US\$86) to 150,000 CFA (about US\$260).<sup>52</sup>

Traditional and religious marriages exist largely outside the legal framework. There is no requirement under the law for religious and traditional marriages or “unions” to be registered by the persons who conduct such marriage ceremonies or the parties to them. There is also no requirement under the law on those conducting traditional or religious marriages or state officials, once they become aware of these “unions”, to carry out checks on whether both parties are above the legal age of marriage and have given their full consent.<sup>53</sup>

All of the judicial officials and officials of the gendarmerie nationale (the security force which is under the command of the Ministry of Defence) that Amnesty International delegations met between 2014 and 2015, as well as the health workers, doctors, nurses and social services personnel, unanimously recognized early and forced marriages as a major concern. One gendarmerie official described forced and child marriages as “*an atrocity*”.<sup>54</sup> He lamented that currently they cannot be evidenced in the way required by the prosecuting judge, because the law only recognizes civil marriages as being official.<sup>55</sup>

The Prosecutor in Dori said that early and forced marriage is a major concern in the Sahel region, but confirmed that due to problems of the law and meeting the evidentiary requirements for a legal marriage, perpetrators of such acts cannot easily be prosecuted. The Prosecutor explained to Amnesty International:

*“The legal framework needs to be strengthened so that all those involved, including the promised husband, her parents and family, can be investigated, including in traditional marriages, as only a privileged few have the opportunity in the presence of an officer of the state.”*<sup>56</sup>

The result of this situation is that prosecutors interviewed by Amnesty International stated that they are forced to attempt to prosecute perpetrators of forced or early marriage for the crime of rape, rather than the forced marriage. The Prosecutor said: “*In general, we turn to Article 402 of the Penal Code (statutory rape) in cases of early marriage. This is the same article we use when the girl is a minor and cannot consent.*”<sup>57</sup> However, he pointed out that this is rarely done, and only happens if those girls and their families are willing to file a complaint. This was confirmed by other experts. Girls and women interviewed by Amnesty International also expressed concern at the public nature of the justice system and said that many girls and their families would

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<sup>49</sup> Article 16, Convention of the Elimination of All Forms of Discrimination against Women; Article 26, International Covenant on Civil and Political Rights; Article 2, International Covenant on Economic, Social and Cultural Rights; Article 2, Convention on the Rights of the Child; and Articles 3 and 21, African Charter on the Rights and Welfare of the Child.

<sup>50</sup> Article 253 of the Persons and Family Code.

<sup>51</sup> Article 252 of the Persons and Family Code.

<sup>52</sup> Article 172 of the Criminal Code states: “*L’officier de l’état civil ou la personne par lui déléguée en vertu des dispositions légales, est puni d’un emprisonnement de deux à six mois et d’une amende de 50.000 à 150.000 francs ou de l’une de ces deux peines seulement, lorsqu’il célèbre un mariage en violation des conditions prescrites par la loi.*”

<sup>53</sup> Interviews conducted by Amnesty International with experts working with women and girls affected by forced and early marriage, as well as lawyers, law enforcement officials and judges during 2014 and 2015.

<sup>54</sup> Interviews conducted by Amnesty International at the head office of the gendarmerie in Ouagadougou in July 2014.

<sup>55</sup> Interview conducted by Amnesty International with gendarmerie officials in June 2014.

<sup>56</sup> Interview conducted by Amnesty International with the Prosecutor of the Faso for Dori in May 2015.

<sup>57</sup> Interview conducted by Amnesty International in Dori in May 2015.

be extremely reluctant to file a complaint of rape due to the associated stigma and shame. Without a complaint or victim testimony, the prosecutors do not proceed with a case.<sup>58</sup>

## LIMITED STATE INTERVENTIONS

The main state body that is relevant to the enforcement and protection of girls and women at risk of forced and early marriage is the Ministry of Social Affairs, which is represented by Social Affairs units in each district. They are responsible for the provision of shelters and psychosocial support for girls at risk. The police force and *gendarmérie nationale* are also key actors, with the former present mainly in cities and the latter mainly in rural areas. They have responsibility to enforce laws and to investigate and prevent crimes.

The government does not systematically record and make publicly available data on official complaints of forced or early marriage across the country, including whether any were successfully prosecuted and ended with a conviction. A senior official from the Ministry of Social Affairs told Amnesty International that between 2013 and 2014, 80 girls in primary education in the village of Banni, in Sanno province, were victims of forced marriage and that the education authorities failed to inform social services. They were thus unable to intervene in time. In the same village in 2014, 20 girls in secondary education were also victims. One boy was also a victim of a forced marriage, but he managed to escape.<sup>59</sup>

In May 2015 the Prosecutor of the Faso for Dori told Amnesty International that four cases of forced marriage were brought to his attention via a teacher. Traditional marriage could not be raised as it is not recognized, but the parents and the husband were interrogated. The husband was convicted of statutory rape under Article 402 of the Penal Code and the officiant (the person who oversaw the wedding) was convicted as an accomplice.<sup>60</sup>

Two other people were charged in May 2015 for the forced marriage of a girl of 14. In another case in May 2015, a girl of 13 was forced to abandon her schooling to marry a farmer aged 55. A religious marriage was held after the husband paid a dowry of 160,000 CFA (around US\$274) to the grandmother, aged 79. According to the Prosecutor the girl stayed 36 days with the husband and she said that he raped her every two days during that time. The husband and the person who rented a house for the husband were each sentenced to six months' imprisonment and a fine of 300,000 CFA (around US\$514). The father of the girl denied any knowledge of the marriage when he spoke to the Prosecutor.<sup>61</sup>

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<sup>58</sup> This concern about the fear of making sexual violence public through filing a complaint to the police and entering the formal criminal justice system was expressed on many occasions, including for example in a focus group in Bobo-Dioulasso region conducted by Amnesty International in June 2014, when women explained that they prefer such cases to be managed at the community level. Further, experts supporting women and girls in shelters interviewed by Amnesty International during 2014 and 2015 emphasized that filing a complaint with the police was rare. Health professionals interviewed by Amnesty International also highlighted the fact that women and girls preferred to try to mitigate the worst impacts of the crime without filing a complaint due to negative societal attitudes towards victims of sexual violence.

<sup>59</sup> Interview conducted by Amnesty International with officials from the Ministry of Social Affairs in Dori in May 2015.

<sup>60</sup> Interview conducted by Amnesty International with a prosecutor in charge of child protection in the Sahel region in May 2015.

<sup>61</sup> Interview conducted by Amnesty International with a prosecutor in charge of child protection in the Sahel region in May 2015.

## MEDIATION TO PREVENT FORCED MARRIAGES

Officials from the Director General of Police in Ouagadougou told Amnesty International that under-reporting of forced marriage was one of the problems they faced. They also lacked resources to be able to respond to these crimes, including with more female police officers. The police and gendarmerie said that cases are rarely brought to them but when they are they explain to the families that they could be committing a crime and will mediate to ensure the girl is not married. However, there is little or no follow-up to ensure that the marriage is not simply postponed or conducted in secret. The police told Amnesty International that they usually left a phone number and address with the victim in case they needed further assistance, but did not conduct any follow-up checks, for which they said there were currently no protocols.

For example, the police in Bobo-Dioulasso confirmed that they had intervened in four cases of girls reporting a threat of forced marriage during 2013. In the first six months of 2014, just one case had been reported to them. The victims themselves had brought all the cases to the attention of the police. The police told Amnesty International that all four cases were mediated successfully and that the parents had conceded when the police told them that forced marriage was illegal and that they could be investigated if it went ahead.

## LACK OF INFORMATION AND PROVISION OF SHELTERS

There are currently no programmes in place to disseminate information about the law on early and forced marriages in schools and communities, or to tell girls and boys at risk whom they can contact for assistance or protection. Girls frequently told Amnesty International that they had only heard about the existence of privately run shelters from friends or family members who were concerned for their well-being. Some had sought shelter in the house of a sympathetic relative or friend who then referred them on.<sup>62</sup>

There are only two government-run shelters in the whole of the country, one located in Ouagadougou and another in Nocin district, which opened in December 2015 and has a capacity of 10 beds. In the absence of government-run refuges and places of safety, Amnesty International is aware of 10 other shelters across the country run by NGOs and religious orders. One of the NGO-run shelters in the north of the country provided refuge and support for 60 girls over the course of one year alone.<sup>63</sup>

The critical importance of such shelters can be demonstrated by the extreme measures taken by women and girls to reach them. Amnesty International interviewed girls who described the enormous lengths and significant risk they took in order to escape being forced to marry, including one 13-year-old girl, “Maria”, who had walked 170km to reach a shelter. Other girls also described walking long distances away from main roads to avoid being caught. They told us that they were often afraid of encountering wild animals and snakes along rural routes. One nun, whose shelter catered for 13 women and girls at the time of the interview, told Amnesty International how the girls arrive at the shelter, which is in a rural location many miles from the nearest town:

*“They usually come on foot, sometimes with help on a vehicle. One girl who arrived here had been undressed and was about to be washed as part of the ceremony before getting married, when she took the opportunity to jump over a wall and escape. She walked through the night to get here to the convent. She had walked 50km, taking a route to get here that avoided her being caught. She arrived at 5am.”<sup>64</sup>*

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<sup>62</sup> Interviews conducted by Amnesty International with women and girls in shelters in 2014 and 2015.

<sup>63</sup> Interview conducted by Amnesty International with the director of the shelter in the North region of Burkina Faso in July 2015

<sup>64</sup> Interview conducted by Amnesty International in the Northern region of Burkina Faso in May 2015.

## NEW MEASURES INTRODUCED IN 2015

In November 2015, the Burkinabè authorities adopted the National Strategy for the Prevention and Elimination of Child Marriage 2016-2025 (the National Strategy).<sup>65</sup> This is an important and welcome step. The National Strategy contains some crucial commitments along with an action plan to end child marriage by 2025.<sup>66</sup>

For the purposes of implementation, the National Strategy defines a child as someone under the age of 18, and considers “marriage” to include all forms of unions between a man and a woman, whether it is celebrated by a public officer or a traditional or religious leader.<sup>67</sup>

One of the proposed actions under the National Strategy is to reform the law preventing and punishing early marriages. It does not spell out the exact reforms that will be undertaken. However, in a letter to Amnesty International of 28 December 2015, the Ministry of Justice stated that the legal age for marriage for girls will be reviewed. The National Strategy includes a goal to provide psychological, legal and financial support to victims.

The authorities have committed to undertaking a national study on “child marriage” in 2016, which will be publicly shared during meetings in the different regions. The Burkinabè authorities will also produce a communication plan in 2016 and implement it until 2018. The activities listed under the communication plan include cultural events, radio shows produced for local radio stations; educational talks and a documentary about “child marriage”. The authorities plan to organize training and advocacy sessions with religious or traditional leaders as well as training sessions for public officials and community workers. The National Strategy sets out plans to organize information sessions with teenagers to talk to them about sexual and reproductive rights and other activities targeting children’s participation on these issues.

The National Strategy names all the ministries which will need to co-ordinate to ensure this plan is delivered. These include the Ministries of Social Affairs, Health, Education, Women, National Solidarity and Family, Justice and Human Rights, Internal Affairs and Security.<sup>68</sup>

All of these are welcome and necessary steps. However, one of the weaknesses of the National Strategy is that, while its objective is to accelerate the elimination of child marriages, it only sets an expected result of reducing child marriages by 20% from 2016 to 2025.<sup>69</sup> This target is not compatible with the government’s obligations under international law which require immediate and sustained action to eliminate “child marriage” and the consequent flagrant abuses of girls’ human rights. This target is also not in line with the Sustainable Development Goals,<sup>70</sup> under which all governments have agreed the target of eliminating all harmful practices, such as child, early and forced marriage by 2030. The other major weakness is that although the National Strategy aims to reinforce the legal framework for prevention and prohibition of early and forced marriage, it does not set out the specific reforms that will be undertaken for these reforms, or a time-frame. There is also a need for a similar National Strategy to eliminate forced marriages of people above the age of 18.

The government adopted Law number 061-2015/CNT Concerning the Prevention, Punishment and Reparations of Violence against Women and victims care in October 2015. This law is currently in force and, among other provisions, it places a requirement on all persons to report cases of violence against women, which should be understood as including forced and early marriages. This provision, if actively implemented and disseminated, including among doctors, teachers and others who encounter cases of forced and early marriages, could help prevent them. However, it needs to be complemented by protocols for the police and gendarmerie to follow when they receive such reports.

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<sup>65</sup> Ministry of Social Action and National Solidarity *Stratégie Nationale de Prévention et d’élimination du mariage d’enfants 2016-2025*, November 2015, p. 7-8.

<sup>66</sup> Ministry of Social Action and National Solidarity *Stratégie Nationale de Prévention et d’élimination du mariage d’enfants 2016-2025*, November 2015, p. 24.

<sup>67</sup> Ministry of Social Action and National Solidarity *Stratégie Nationale de Prévention et d’élimination du mariage d’enfants 2016-2025*, November 2015, p. 1.

<sup>68</sup> Ministry of Social Action and National Solidarity *Stratégie Nationale de Prévention et d’élimination du mariage d’enfants 2016-2025*, November 2015, p. 15-18.

<sup>69</sup> Ministry of Social Action and National Solidarity *Stratégie Nationale de Prévention et d’élimination du mariage d’enfants 2016-2025*, November 2015, p. 39.

<sup>70</sup> The Sustainable Development Goals, adopted by the UN General Assembly as part of the 2030 Agenda for Sustainable Development, set out global goals for sustainable development over the next 15 years. They include 17 goals and 169 targets which all governments are supposed to work towards, including through developing national frameworks for their achievement. They succeed the Millennium Development Goals. For further information see: <http://www.un.org/sustainabledevelopment/>





*Painted wall in Bobo Dioulasso saying "No to child marriage" near the Maïa association which works on sexual and reproductive rights. © Amnesty International*



National Strategy and its openness to reform the Criminal Code and the Persons and Family Code. However, the current legal framework and the systems for enforcement and protection are inadequate and violate the government's obligations under international human rights law to protect women and girls from, and prevent, forced and early marriages. The Committee on the Elimination of Discrimination against Women and Committee on the Rights of the Child have clarified that these obligations require governments to explicitly prohibit by law harmful practices such as forced and early marriages.<sup>71</sup> The government must therefore undertake urgent reforms to the legal framework to ensure that the prohibition on forced and early marriages applies to all forms of marriage, including traditional and religious marriages. It must revise the minimum age of marriage to 18 for both boys and girls.

In line with the joint guidance provided by the Committees,<sup>72</sup> the government must ensure that there is a legal requirement for all marriages, including traditional and religious marriages, to be registered. It must require those conducting traditional or religious marriages and state officials, once they become aware of traditional and religious marriages, to carry out checks on whether both parties are above the legal age for marriage and have given their full consent. The Committees have stressed that legal initiatives must be coupled with protection measures and services for victims and those who are at risk of being subjected to harmful practices; that there is regular collection and analysis of disaggregated data on harmful practices to guide policy formulation and action; and that all victims have access to legal remedies and appropriate reparations in practice.<sup>73</sup> These measures are not currently in place or fully implemented. The government must urgently strengthen systems of monitoring and enforcement to prevent forced and early marriages, and ensure that women and girls who are at risk or have been subjected to forced and early marriages can access protection measures and services as well as effective remedies and reparation.

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<sup>71</sup> Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on harmful practices, UN Doc. CEDAW/C/GC/31-CRC/C/GC/18, 14 November 2014, para. 13.

<sup>72</sup> Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on harmful practices, UN Doc. CEDAW/C/GC/31-CRC/C/GC/18, 14 November 2014, para. 55(g).

<sup>73</sup> Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on harmful practices, UN Doc. CEDAW/C/GC/31-CRC/C/GC/18, 14 November 2014, paras 37, 39,55 (k), (o), (p) and (q).

## RECOMMENDATIONS FROM WOMEN AND GIRLS ON FORCED OR EARLY MARRIAGE

*“I would urge the government to do more to fight against this scourge. I would ask the government to be more rigorous, and ensure that laws are respected.”* “Caroline” (not her real name), aged 23, who became pregnant outside marriage with her boyfriend and whose parents then tried to force her to marry an elderly man with seven wives.

*“There must be more awareness in the villages [about forced and early marriage]. Parents must not prioritize honour over the happiness of their children. The government must empower the Ministry of Social Action. My message to parents is that they will be truly looking out for their children’s happiness if they leave the choice of spouse to them.”* Twenty-two-year-old victim of forced marriage.

*“The government must educate parents to abandon traditional practices that are not good for girls.”* Eighteen-year-old victim of forced marriage.

*“My recommendation to those in power is to educate the communities. To parents, I urge them to not put family honour before the well-being of their children. I would also make sure more resources are given to Social Services.”*

*“Parents should not give their daughters in marriage, they should allow girls to continue their studies.”*

*“Punishment including imprisonment for parents and husbands.”*

*“The state has not done much to prevent forced marriage; there is no support for households. We need to educate girls so they can be independent and have the means to avoid forced marriages. The woman is not considered at the moment, but with education, we can empower them. The government must sensitize men, especially the elderly, by organizing meetings. The authorities must enforce sanctions against families who give their daughters in marriage against their own consent, and eliminate forced marriages.”*

*“I urge that parents stop giving children in marriage to men they do not love and encourage girls not to accept marriages under duress, and to reach out to others for advice.”*

# 2. THE RIGHT TO DECIDE IF AND WHEN TO HAVE CHILDREN

**“Access to information on family planning is problematic, particularly the lack of information available to women, and this is exacerbated by both financial and geographical problems that prevent women and girls from accessing family planning. The behaviour of husbands is also a problem, and leads to closely spaced pregnancies – when I see women they say that they are exhausted. These are cases I see as often in the private as public clinics. Husbands often intervene to prevent their wives from using a method of contraception or from using a method for birth control.”**

Professor Blandine Bonane Thiéba, gynaecologist and President of the Société de Gynécologues et Obstétriciens du Burkina (SOGOB)<sup>74</sup>

The focus of Chapter 2 moves to the rights of women and girls to decide if, and when, to have children, and how many. This chapter presents the challenges that women and girls face in accessing sexual and reproductive health care information, services and goods, including vital contraceptive products.

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<sup>74</sup> Interview conducted by Amnesty International in Ouagadougou in July 2015.



*A shelter in Ouagadougou provides refuge to survivors of rape, early and forced marriage and unwanted pregnancy. © Amnesty International*

Burkina Faso has a rapidly growing population rate, estimated at 2.8% per year. The average number of children a woman has in her lifetime in Burkina Faso is 5.7.<sup>75</sup> This has gone down very slowly since 1993, when it was 6.9 per woman.<sup>76</sup>

As well as the high numbers of children per woman in Burkina Faso, the age at which girls start having children is very young, particularly in rural areas. According to statistics, 29.2% of girls in rural areas become pregnant or have their first baby between the ages of 15 and 19.<sup>77</sup> One hospital doctor reported to Amnesty International that 20-30% of all the births in his hospital were to girls under 18.<sup>78</sup> The percentage is lower in urban centres, which also have lower rates of forced and early marriage, as well as greater access to information and services.<sup>79</sup>

Forced and early marriage, as highlighted in Chapter 1 of this report, occur at an alarming rate in Burkina Faso and result in a range of human rights violations. The UN Population Fund (UNFPA) has highlighted that combined with the high rates of rape and sexual violence which girls subjected to such marriages subsequently experience, young married girls are less able than older married women to discuss issues of contraception and the spacing of children.<sup>80</sup>

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<sup>75</sup> UN Statistics Division, Social indicators fertility rate, *total (live births per woman)*. Available at: [data.un.org/CountryProfile.aspx?crName=burkina%20faso](http://data.un.org/CountryProfile.aspx?crName=burkina%20faso)

<sup>76</sup> Bill & Melinda Gates Institute for Population and Reproductive Health and John Hopkins Bloomberg School of Public Health, PMA 2014, *Indicateurs sur l'accès, l'équité, la qualité et le choix des méthodes*, March 2015. Available at: [www.pma2020.org/sites/default/files/BFR1-FR-FPBrief-2015-03-06.pdf](http://www.pma2020.org/sites/default/files/BFR1-FR-FPBrief-2015-03-06.pdf)

<sup>77</sup> UNFPA statistics published in "Quizz sur la situation de la Planification Familiale au Burkina Faso", by UNFPA – Burkina Faso. Available at: [countryoffice.unfpa.org/burkinafaso/2013/10/02/8106/quizz\\_pf\\_in\\_english/](http://countryoffice.unfpa.org/burkinafaso/2013/10/02/8106/quizz_pf_in_english/)

<sup>78</sup> Interview conducted by Amnesty International with a senior gynaecologist at a hospital in May 2014.

<sup>79</sup> In 2010 it stood at 23.8% for the whole country with the highest rate occurring in rural areas (29.2%, as against 12.6% for urban areas). UNFPA, "Quizz sur la situation de la Planification Familiale au Burkina Faso". Available at: [countryoffice.unfpa.org/burkinafaso/2013/10/02/8106/quizz\\_pf\\_in\\_english/](http://countryoffice.unfpa.org/burkinafaso/2013/10/02/8106/quizz_pf_in_english/)

<sup>80</sup> UNFPA, *Marrying too young: End child marriage*, 2012, p. 11. Available at: [www.unfpa.org/sites/default/files/pub-pdf/MarryingTooYoung.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/MarryingTooYoung.pdf)  
See also: Report of the UN Special Rapporteur on contemporary forms of slavery, including its causes and consequences, Gulnara Shahinian, *Thematic report on servile marriage*, 2012, A/HRC/21/41.

The dangers of childbirth are increased significantly for younger women and girls. According to the UNFPA, across the world girls aged 15-19 are twice as likely to die during pregnancy or childbirth as those over the age of 20, and girls under 15 are five times more likely to die in childbirth. Women giving birth under 20 also face higher risks of obstructed labour and obstetric fistula, a tear between the vagina and rectum or bladder caused by prolonged or obstructed childbirth.<sup>81</sup> Many women and girls are compelled through lack of information and services to rely on traditional methods of contraception, such as withdrawal or periodic abstinence. Information about, and access to, modern methods of contraception such as intrauterine devices, implants, injectables, pills, male condoms, spermicides and female condoms, as well as permanent methods such as male and female sterilization, is very low.<sup>82</sup>

Pregnancy and childbirth can be very dangerous for women and girls in Burkina Faso, and maternal mortality and morbidity rates are high. According to a World Health Organization (WHO) study published in 2015, an estimated 2,700 women and girls across the country died during pregnancy or childbirth,<sup>83</sup> a rate of 371 women for every 100,000 births.<sup>84</sup> Even these high figures are likely to be an underestimate, as many deaths of women and girls are not registered: a) because they die in their homes in unassisted births; or b) because they die of complications beyond the 42-day post-birth period used to determine the statistics. The unregistered deaths may include, for example, some women and girls who die later as a result of infection or complications such as obstetric fistula.<sup>85</sup> In a 2015 report by the WHO, Burkina Faso was deemed to have made “insufficient progress” on the reduction of the number of women and girls dying unnecessarily during pregnancy and childbirth.<sup>86</sup>

There is a high unmet need for contraception in Burkina Faso.<sup>87</sup> The estimates for 2015 put this unmet need at 27.4%,<sup>88</sup> and the rate of women of reproductive age who are using (or whose partner is using) a modern method of contraception at 15.7%.<sup>89</sup>

Women and girls across the country report a lack of access to modern contraceptive health care information, services and goods, as well as high rates of forced and early marriage. Both are particularly high in the Sahel region, in the north of the country, which is also the zone with the highest rates of maternal deaths.<sup>90</sup> A government-commissioned study from 2013 found that “*more than two in five women (43%) said they were not aware of contraceptive methods. This lack of information is particularly high among women’s health districts Djibo (51%) and Gorom-Gorom (44%) where the contraceptive use and prevalence rates were lowest.*”<sup>91</sup> It is well documented that women and their partners who rely on traditional methods for contraception<sup>92</sup> have a much higher probability of unplanned pregnancy than those using modern methods.<sup>93</sup>

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<sup>81</sup> UNFPA, *Universal access to reproductive health: Progress and challenges*, January 2016, p. 34.

<sup>82</sup> For more information on unmet need and modern methods of contraception, see UNFPA and the Guttmacher Institute, *Adding it up: Costs and benefits of contraceptive services estimates for 2012*, June 2012, p. 4. Available at: [www.guttmacher.org/pubs/AIU-2012-estimates.pdf](http://www.guttmacher.org/pubs/AIU-2012-estimates.pdf)

<sup>83</sup> WHO, *Trends in maternal mortality: 1990 to 2015 – estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division*, 2015, p. 51. Available at: [www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141\\_eng.pdf?ua=1](http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf?ua=1)

<sup>84</sup> WHO, *Trends in maternal mortality: 1990 to 2015 – estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division*, 2015, p. 51. Available at: [www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141\\_eng.pdf?ua=1](http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf?ua=1)

<sup>85</sup> Interview conducted by Amnesty International with expert gynaecologist and surgeon who operates on women and girls to repair obstetric fistula July 2014.

<sup>86</sup> WHO, *Trends in maternal mortality: 1990 to 2015 – estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division*, 2015, p. 70. Available at: [www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141\\_eng.pdf?ua=1](http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf?ua=1)

<sup>87</sup> WHO defines the term unmet contraceptive need as follows: “*Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child.*” See: [www.who.int/reproductivehealth/topics/family\\_planning/unmet\\_need\\_fp/en/](http://www.who.int/reproductivehealth/topics/family_planning/unmet_need_fp/en/)

<sup>88</sup> See p. 1, indicator number 4 of the FP2020 Core indicator summary sheet published in November 2015: [www.track20.org/download/summaries/english/Burkina%20Faso%20FP2020%20Core%20Indicators.pdf](http://www.track20.org/download/summaries/english/Burkina%20Faso%20FP2020%20Core%20Indicators.pdf)

<sup>89</sup> See p. 1, indicator number 4 of the FP2020 Core indicator summary sheet published in November 2015: [www.track20.org/download/summaries/english/Burkina%20Faso%20FP2020%20Core%20Indicators.pdf](http://www.track20.org/download/summaries/english/Burkina%20Faso%20FP2020%20Core%20Indicators.pdf)

<sup>90</sup> Evaluation Finale du projet de lutte contre les Fistules Obstétricales dans le Sahel, March 2013, Ministry of Health, Burkina Faso.

<sup>91</sup> Evaluation Finale du projet de lutte contre les Fistules Obstétricales dans le Sahel, March 2013, p. 66, Ministry of Health, Burkina Faso.

<sup>92</sup> UNFPA and Guttmacher Institute, *Adding it up: Costs and benefits of contraceptive services estimates for 2012*, June 2012, p. 7. Available at: [www.guttmacher.org/pubs/AIU-2012-estimates.pdf](http://www.guttmacher.org/pubs/AIU-2012-estimates.pdf)

<sup>93</sup> UNFPA and Guttmacher Institute, *Adding it up: Costs and benefits of contraceptive services estimates for 2012*, June 2012, p. 4. Available at: [www.guttmacher.org/pubs/AIU-2012-estimates.pdf](http://www.guttmacher.org/pubs/AIU-2012-estimates.pdf)

Unsafe abortion is also an ongoing and major cause of maternal deaths.<sup>94</sup> In 2014, the authorities recorded 2,377 clandestine unsafe abortions, and 50 deaths as a result of related complications. In that same year, only 48 women had access to safe and legal abortions, according to the authorities.<sup>95</sup> However, in a 2014 study published by the Guttmacher Institute, which conducted surveys and an extensive study into unsafe abortion in Burkina Faso, a much higher figure was estimated for the number of women and girls undergoing unsafe and clandestine abortions. They calculated that at least 105,000 women and girls in Burkina Faso underwent such abortions in 2012 alone.<sup>96</sup>

According to a 2012 published survey by the Demographic and Health Survey, the Ministry of Health performed 241 “therapeutic abortions” in the whole country during one year (2010). Several regions had not documented any legal abortions for that same year.<sup>97</sup>

Expert agencies have frequently highlighted the vital contribution that increased access to modern contraceptive information services and goods can make towards reducing maternal deaths.<sup>98</sup> For example, the UNFPA has stated that contraceptive use could reduce maternal deaths by up to an estimated 35%.<sup>99</sup> A policy brief by the Guttmacher Institute from 2011 estimated that the deaths of at least 400 women and girls could be prevented each year if the unmet contraceptive need was addressed.<sup>100</sup>

### THE RIGHT TO HEALTH, INCLUDING ACCESS TO FAMILY PLANNING SERVICES

The right to health includes the right to sexual and reproductive health. The Committee on Economic, Social and Cultural Rights has clarified that the right to health under Article 12 of the International Covenant on Economic, Social and Cultural Rights includes sexual and reproductive health services, including access to family planning.<sup>101</sup> The right to contraceptive information and services is grounded in women’s and girls’ rights to equality and non-discrimination, life, privacy, health, to decide freely and responsibly on the number and spacing of their children, and information and education.<sup>102</sup> In this context the Committee on the Elimination of Discrimination against Women has said that women and girls must have “access to information about contraceptive measures and their use, and guaranteed access to sex education and family planning services.”<sup>103</sup>

Similarly, according to the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa, states have an obligation to ensure that women and girls have the “right to control their fertility” and “right to choose any method of contraception.”<sup>104</sup> Moreover, the Programme of Action of the International Conference on Population and Development (a landmark international political consensus document) recognized the right of all individuals to have access to safe, effective, affordable and acceptable methods of family planning of their choice.<sup>105</sup>

<sup>94</sup> A. Bankole, R. Hussain, G. Sedgh, C. Rossier, I. Kaboré, G. Guiella, *Unintended pregnancy and abortion in Burkina Faso: Causes and consequences*, Guttmacher Institute, 2014.

<sup>95</sup> Ministère de la Santé, Direction générale des études et des statistiques sectorielles, *Annuaire statistique 2014*, mai 2015, p. 132 for the number of clandestine abortions and the number of therapeutic abortions performed. See p. 145 of the same document for the number of abortion-related deaths in 2014.

<sup>96</sup> A. Bankole, R. Hussain, G. Sedgh, C. Rossier, I. Kaboré, G. Guiella, *Unintended pregnancy and abortion in Burkina Faso: Causes and consequences*, Guttmacher Institute, 2014, p. 12. For full details of the methodology employed by the Guttmacher Institute to conduct the research into abortion, see pp. 23-26 of the same report.

<sup>97</sup> Institut National de la Statistique et de la Démographie (INSD), Ministère de l’Économie et des Finances [Burkina Faso] and ICF International, *Burkina Faso Demographic and Health Survey 2010*.

<sup>98</sup> See for example UNFPA and Guttmacher Institute, *Adding it up: Costs and benefits of contraceptive services estimates for 2012*, June 2012. Available at: [www.guttmacher.org/pubs/AIU-2012-estimates.pdf](http://www.guttmacher.org/pubs/AIU-2012-estimates.pdf)

<sup>99</sup> UNFPA, *State of world population 2005: The promise of equality*, 2005, p. 6. Available at: [www.unfpa.org/publications/state-world-population-2005](http://www.unfpa.org/publications/state-world-population-2005)

<sup>101</sup> UN Committee on Economic, Social and Cultural Rights, General Comment No. 14: The right to the highest attainable standard of health, 11 August 2000, UN Doc.E/C.12/2000/4, para. 14.

<sup>102</sup> CEDAW, article 16 (1) (e)

<sup>103</sup> CEDAW Committee, General Recommendation No. 21 (Thirteenth session, 1994), Equality in marriage and family relations

<sup>104</sup> See Article 14 (1) African Union, *Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa*, 11 July 2003. Available at: [www.achpr.org/instruments/women-protocol/](http://www.achpr.org/instruments/women-protocol/)

<sup>105</sup> See paras 7.2 and 7.3, Chapter VII of the Programme of Action of the UN International Conference on Population and Development, 1994.

In its General Comment No. 15, the Committee on the Rights of the Child articulated the action that must be taken by states party to the Convention to guarantee young people's human rights: *"Family planning services should be situated within comprehensive sexual and reproductive health services and should encompass sexuality education, including counselling. They can be considered part of the continuum of services described in Article 24, paragraph 2 (d), and should be designed to enable all couples and individuals to make sexual and reproductive decisions freely and responsibly, including the number, spacing and timing of their children, and to give them the information and means to do so. Attention should be given to ensuring confidential, universal access to goods and services for both married and unmarried female and male adolescents. States should ensure that adolescents are not deprived of any sexual and reproductive health information or services due to providers' conscientious objections."* Further, it also stipulates that short-term contraceptive methods such as condoms, hormonal methods and emergency contraception should be made easily and readily available to sexually active adolescents. Information about, and access to, long-term contraceptive methods should also be provided.<sup>106</sup>

## KEY BARRIERS TO CONTRACEPTIVE USE

Across all the interviews and focus groups conducted by Amnesty International, women and girls highlighted a number of consistent factors which prevent them, particularly those in rural areas, from accessing sexual and reproductive health care and services. These include the cost of goods; attitudes including stigma and decisions taken by other family members; lack of information and comprehensive sexual education; and the geographical distance to facilities where information, services and goods are available.

## PARTNER CONTROL: WOMEN AND GIRLS DENIED CHOICES

Nearly all the 254 women and girls who took part in focus groups, and the 125 women and girls individually interviewed, told Amnesty International that they suffer verbal abuse or physical violence when they raise the issue of contraception with their partners. They also said that such conversations were forced upon them as their lack of control over financial resources meant that they had to ask for money from their partners to buy contraceptive products.<sup>107</sup>

Interviewees described how the issue can arise every three months when a woman or girl needs to discuss getting the funds necessary to obtain a contraceptive injection. This creates a high risk of abuse or violence and often means she is denied the ability to decide about her own health and life. As " Bintou " describes:

*"Right before I became pregnant with my youngest child, I went to the CSPS to take advantage of the free contraception week, but I arrived too late, it was already over. I had asked my husband for money. He got angry, it was something I could not talk about with him. He would systematically say no and in our culture, when the husband says something, women have to listen and obey. Asking for money already leads to beatings when it's for groceries, so you can imagine when you want money for contraceptives..."<sup>108</sup>*

Another woman, "Khadjatou", a 26-year-old farmer and mother of four children, told Amnesty International how she was beaten when she attempted to space the births of her children:

*"I would have liked to use a contraceptive method to space the births of my children but my husband refused to let me. So I just refuse to have intercourse with him when I think I am fertile. It makes him angry and he beats me. But I resist because by spacing the births of children, they have a better chance to grow up healthy. By the grace of God, if I have money, I will use a contraceptive method and hide it from my husband."<sup>109</sup>*

<sup>105</sup> See paras 7.2 and 7.3, Chapter VII of the Programme of Action of the UN International Conference on Population and Development, 1994.

<sup>106</sup> See paras 69 and 70 of the UN Committee on the Rights of the Child (CRC), General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (Art. 24), 17 April 2013, CRC/C/GC/15.

<sup>107</sup> Scores of interviews conducted by Amnesty International, including in Ouahigouya, in May 2015.

<sup>108</sup> Interview conducted by Amnesty International in Bobo-Dioulasso in May 2015.

<sup>109</sup> Interview conducted by Amnesty International in Bama in May 2015.

Women reported that bringing up the issue of contraception was fraught with risks, as men often reacted violently and accused them of having affairs. “Audrey”, a 30-year-old mother of three children, told Amnesty International:

*“I only learned about family planning after the birth of my youngest child. I didn’t know about it before. Last year, in 2013, I brought a condom home. It had been given to me during a discussion group on family planning. When my husband saw the condom, he accused me of wanting to have affairs. I tried to explain to him how I had got it. He beat me, he punched me in front of the children. He threw the meal I had prepared on the floor. I fled to my uncle’s, where I now live. My husband has two other wives, he doesn’t give us anything but he comes to see the children sometimes.”<sup>110</sup>*

Health workers also told Amnesty International that they witnessed husbands and other relatives abusing and being violent with women and girls because they used contraception. Some health workers even suffered threats and confrontations themselves; men were often angry when they discovered that their wives or female relatives were using contraception, and visited the clinic insisting that the implant or injection be reversed or removed. A Chief Nurse in Kotedougou explained:

*“Men sometimes complain at the CSPS when they learn that their wives are using a method of contraception. One of them came to me once saying ‘It’s I who married her so she must have my authorization before she can use contraception.’ Men think that contraception can lead to infidelity. Men often come to insult the midwife.”<sup>111</sup>*

A health worker in Kouakoualé told Amnesty International: *“[Cultural norms often dictate that] women need permission from their husbands to come to the CSPS for family planning – women sometimes face difficulties to discuss contraception with their husbands. Also, women are financially dependent on their husbands and even if they have their own money, they are often obliged to obtain their husband’s authorization, and the husband finds it difficult to agree. For example, a mother of two children (from another marriage) that used the implant came to North CSPS for it to be removed, saying her husband was opposed to her using contraception. Nurses discussed with her, explaining that it was her choice to insert the implant. The next day, the husband’s brother came in and demanded that the nurses remove the implant from the woman. The nurses finally agreed to remove it after a discussion with the woman [to ascertain her wishes]. The woman explained that it had got heated at home.”<sup>112</sup>*

Even without the need to request financial support, most of the women and girls interviewed by Amnesty International said that their husbands would disapprove of them using contraception. While a few did report getting the permission or support of their husband, most of the 379 women and girls consulted reported having to use contraception in secret. Many said they preferred to use the most discreet form, such as an implant or injection, despite it being more expensive than the contraceptive pill, female condom or other methods.

“Odile”, a mother of five, explains: *“When I heard about family planning, I talked to my husband. He said that women who take contraception do so to have affairs. I then decided to use contraception, but in secret. My husband realized that I was following a method of contraception; he searched the house and threw away all the products. I ended up pregnant. At the time of this pregnancy, I was still at school, 3rd grade, I had to interrupt my studies for two years, as there was nobody to look after my child. I wanted to be a nurse but I have ended up as a secretary.”<sup>113</sup>*

Health workers also repeatedly said that women’s primary concerns in consultations for contraception were the discreetness of the method and the cost, rather than what they preferred or was best suited to them and their physical health. One health worker told Amnesty International that women’s attendance was high on market days when their presence at the clinic could go unnoticed by their husbands. Another health worker told Amnesty International that *“Women hide to come to the CSPS. They’d rather use injections than other methods because it leaves no visible trace.”<sup>114</sup>*

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<sup>110</sup> Interview conducted by Amnesty International in Koumi in July 2014.

<sup>111</sup> Interview conducted by Amnesty International with a senior nurse in Kotédougou in July 2014.

<sup>112</sup> Interview conducted by Amnesty International with a nurse in the region of Bobo-Dioulasso in July 2014.

<sup>113</sup> Interview conducted with a secretary in Bobo-Dioulasso in July 2014.

<sup>114</sup> Interview conducted by Amnesty International in July 2015.



In addition to being prevented from using family planning methods, unmarried girls and young women frequently told Amnesty International that their partners refused to wear a condom, or that it was impossible to negotiate condom use.

### **COST OF CONTRACEPTION ACTS AS A SIGNIFICANT BARRIER**

*“After my son was born, I began taking contraceptives. I had regular injections but it costs 750 CFA (about us\$1, 25). It’s expensive for me. I also need to travel to get to the CSPS. That’s how I got pregnant the second time because I was late in doing my injection. I went to the CSPS two days late because I had no money to go sooner and I also had to pay to travel there.” “Martyne” (not her real name), a 27-year-old woman interviewed by Amnesty International in May 2015 in Ouahigouya.*

The cost of contraception has for some time been recognized by the authorities as a significant obstacle to access.<sup>115</sup> Current prices for contraceptive products (applied since 2015) are the result of one of the recommendations made in a 2014 report by USAID.<sup>116</sup>

The government sets and reviews prices annually for a range of generic contraceptive products, and established a multi-sector committee with responsibility for revising such costs. A subsequent decree was issued to publicize the fixed and agreed prices signed by the Minister of Health and the Minister of Finance.<sup>117</sup> Product costs are subsidized by up to 80%,<sup>118</sup> with the assistance of technical partners such as the UNFPA, USAID and the Organisation Ouest Africaine De la Santé (WAHO).<sup>119</sup> Amnesty International was informed by the Ministry of Finance in May 2015 that the government contributes 500,000,000 CFA (US\$836,454) per year towards the costs. Amnesty International was told by UNFPA that donors contribute US\$1million to match the government’s contribution.<sup>120</sup> The contraceptives are then given to the Centre d’achat des médicaments essentiels génériques (CAMEG), which distributes them to despatching warehouses (depots répartiteurs de districts (DRD)). The DRDs forward them to the primary health care centres (CSPS), and into the community through community health workers, NGOs, women’s organizations and other channels. Before they are distributed, prices are fixed by the authorities for the different levels. This pricing policy is supposed to reduce costs, promote transparency and ensure that the products are available to the population.<sup>121</sup>

The Secretary General of the Ministry of Health informed Amnesty International in 2013 that the government was committed to achieving a contraceptive prevalence rate of 25% and that the authorities would reduce the price of contraception by 50%. He added that the Ministry was “pleading to increase the budget for contraceptives as there is a problem related to availability of stocks”.<sup>122</sup> At a subsequent meeting in May 2015, the Minister of Health in the transitional government (from October 2014 until December 2015) in place at the time, told Amnesty International that the decision to halve the price of contraceptives had been implemented, and that the government was committed to lifting all barriers to accessing contraceptives.<sup>123</sup> However,

<sup>115</sup> Ministry of Health, Plan national de relance de la Planification Familiale 2013-2015, janvier 2013.

<sup>116</sup> USAID, Repositionnement de la planification familiale au Burkina Faso, La politique de tarification des contraceptifs, octobre 2014.

<sup>117</sup> Interview conducted by Amnesty International with the Minister of Health in May 2015.

<sup>118</sup> This was explained to us in several meetings by government officials and international assistance and co-operation involved in the funding of this specific component of health care provision conducted during 2014 and 2015. For a further and detailed overview of the process, see T. Gandaho, C. Streifel, M. Maiga et A. Chen, *Repositionnement de la Planification Familiale au Burkina Faso: La Politique de Tarification des Contraceptifs*, Washington, DC, Futures Group, Health Policy Project, 2014. Available at: [www.healthpolicyproject.com/pubs/447\\_FINALBURKINAPRICINGreport.pdf](http://www.healthpolicyproject.com/pubs/447_FINALBURKINAPRICINGreport.pdf)

<sup>119</sup> This was explained to us in several meetings by government officials and international assistance and co-operation involved in the funding of this specific component of health care provision. For a further and detailed overview, see Gandaho, T., C. Streifel, M. Maiga et A. Chen, *Repositionnement de la Planification Familiale au Burkina Faso: La Politique de Tarification des Contraceptifs*, Washington, DC, Futures Group, Health Policy Project, 2014. Available at: [www.healthpolicyproject.com/pubs/447\\_FINALBURKINAPRICINGreport.pdf](http://www.healthpolicyproject.com/pubs/447_FINALBURKINAPRICINGreport.pdf)

<sup>120</sup> Interview conducted by Amnesty International with officials in May 2015.

<sup>121</sup> This was explained to us in several meetings by government officials and international assistance and co-operation involved in the funding of this specific component of health care provision. For a further and detailed overview, see T. Gandaho, C. Streifel, M. Maiga et A. Chen, *Repositionnement de la Planification Familiale au Burkina Faso: La Politique de Tarification des Contraceptifs*, Washington, DC, Futures Group, Health Policy Project, 2014. Available at: [www.healthpolicyproject.com/pubs/447\\_FINALBURKINAPRICINGreport.pdf](http://www.healthpolicyproject.com/pubs/447_FINALBURKINAPRICINGreport.pdf)

<sup>122</sup> Meeting at the Ministry of Health in May 2015.

<sup>123</sup> Interview with Minister of Health, conducted by Amnesty International in May 2015.

according to the Minister, the Ministry was concerned that people might not trust the quality of products if they were made free too quickly and without careful prior planning.<sup>124</sup>

Health workers told Amnesty International that there were various reasons why the new reduced prices were not always made available, including because a pharmacy has to exhaust past stock before selling the products at official new prices.<sup>125</sup> There were also major differences in pricing and availability between the public and private sectors. For example, a packet containing three months' supply of the contraceptive pill costs a woman from 150 CFA (US\$0.26) in the public sector to 1,750 CFA (US\$3) in a private chemist; the injectable contraceptive costs between 500 CFA (US\$0.86) and 800 CFA (US\$1.37) and lasts two or three months; and the durable contraceptive methods (intrauterine devices and implants) are not available through private chemists and cost 1,000 CFA (about US\$2) everywhere. The situation is the same for the "collier du cycle" (a small beaded bracelet women use to count the days of their cycle), which sells at 500 CFA (US\$0.86).<sup>126</sup> A male condom costs 10 CFA (US\$0.016) in the public sector. Female condoms are sold for 100 CFA (US\$0.16), but are not available at all private chemists.

However, in all the locations where Amnesty International conducted its research, including Ougadougou, Dori, Bobo-Dioulasso, Kaya, Ouahigouya and surrounding areas, women and girls and health professionals repeatedly told delegates that despite the subsidy, the residual cost remains a crucial barrier to women and girls accessing the services and care they need and are entitled to. The issue of cost was raised as a major concern in every focus group and interview. Women and girls described the cost of contraception as an obstacle or difficulty that made them unable to use contraception, or led to their using it inconsistently or sporadically. The cost of contraception was in itself a barrier, as was the additional cost of travelling to the clinic.

## IMPACTS OF NOT BEING ABLE TO AFFORD CONTRACEPTION

"Rokhaya" is a 28-year-old woman who has three children with no revenue of her own. Her husband is a farmer who agrees to give her money to pay for contraception. "Rokhaya" uses a contraceptive implant, which cost her 2,500 CFA (or about US\$4.3) for three months. After her second child, her husband refused to give her money to renew her contraception and she became pregnant again.<sup>127</sup>

The cost of contraception also influences decisions about which method to use, meaning that women and girls do not necessarily choose the one that they would prefer but rather the cheapest, or the one available at the nearest clinic to get to, or through the most discreet means. The lack of financial resources leads to inconsistent use of contraception, elevating the risk of unwanted and sometimes high-risk pregnancies. Nurses interviewed by Amnesty International stressed that the high cost of removing implants, around 1,000 CFA (US\$1.71), also acts as a disincentive and is problematic if a woman has a bad reaction to the implant or changes her mind and cannot afford to have it removed.<sup>128</sup>

Women and girls frequently observed to researchers that they would not have had so many children if they had been able to afford to consistently use contraception.<sup>129</sup> This situation was the same in all the locations that Amnesty International conducted interviews. For example, "Binta", aged 25 with six children, sells goods in a market in a town near Bobo-Dioulasso. She is married to a man with other wives. "Binta" told Amnesty

<sup>124</sup> Interview conducted by Amnesty International with the Minister of Health in May 2015.

<sup>125</sup> Interviews conducted by Amnesty International with nurses during the two research trips.

<sup>126</sup> Several interviews conducted by Amnesty International with government officials and international agencies involved in the funding of this specific component of health care provision. For a further and detailed overview, see T. Gandaho, C. Streifel, M. Maiga et A. Chen, *Repositionnement de la Planification Familiale au Burkina Faso: La Politique de Tarification des Contraceptifs*, Washington, DC, Futures Group, Health Policy Project, 2014. Available at: [www.healthpolicyproject.com/pubs/447\\_FINALBURKINAPRICINGreport.pdf](http://www.healthpolicyproject.com/pubs/447_FINALBURKINAPRICINGreport.pdf)

<sup>127</sup> Interview conducted by Amnesty International in Bobo-Dioulasso in May 2015.

<sup>128</sup> Interviews conducted by Amnesty International with nurses throughout the mission. One of the nurses told Amnesty International that it is difficult for a woman to obtain 100 CFA (US\$0.16) to prepare a sauce for the day's meal, so 1,000 CFA (US\$1.67) is a very large amount, especially for those who have to rely on their husband economically.

<sup>129</sup> During interviews and focus groups conducted by Amnesty International across Burkina Faso during 2014 and 2015, including one in Ouahigouya in May 2015.

International that if she had the money for contraception, she would not have chosen to have six children as they do not have the means to support them:

*“I had my first child at 16. I had no knowledge of contraception until I had my fourth child. There is less than one year of age difference between my children. First my husband was opposed to me using contraception, he said if it made me sick, he would not be responsible. If I had known about contraception before, I would have spaced the births, because now I have trouble taking care of all my children. My husband said that if I took contraception, he would reject me. But when he realized that we have many children, and we do not have the means to support them, he agreed. My husband finally agreed, but it’s me who pays for contraception costs. I earn an average of FCFA 1,500 (US\$2.50) per day. With the money I earn, I feed my children. Contraception is expensive. There are times when I have difficulties to renew my birth control, because I have no money. If I had had the information earlier, I would have never had six children. Husbands here make all the decisions in the family, even on contraception. I want contraception to be free.”<sup>130</sup>*

The same issues arose during a discussion group with nine women in Bama in May 2015. One of them told Amnesty International: *“Lack of financial means is a crucial problem that prevents many women from using contraception. Most of the men here are tough in nature, poverty makes them bitter. When a woman talks about contraception, men think it’s an extra expense in addition to the already long list of household expenses.”*

Men and boys also spoke about the issue of payment for contraception, some highlighting it as a concern for themselves as well as for their wives and girlfriends. For example, in one focus group in Koumi in May 2014 with 16 boys and men, one young man observed that *“contraception is expensive, there are women who do not have the means to purchase them.”* In another group a man commented that: *“Sometimes at the end of a course of contraception such as taking pills or injections, women demand new contraceptives before having intercourse. It is very difficult because sometimes you don’t have the money to go back to the CSPS. If it was free, that would be fine.”<sup>131</sup>* Others felt that women and girls should pay for contraception if they used it without the consent of their husband or partner. If there was agreement on use, it was felt that the cost should be covered by the husband.

## **FREE CONTRACEPTION WEEK**

The impact of the cost of contraceptives, even when subsidized, for low-income women can be seen by the significant increase of contraceptive demand during Burkina Faso’s annual “Free contraception week”. Organized by UNFPA and the government each year, women across the country are offered free contraceptives through NGOs and local health facilities.

Many of those interviewed by Amnesty International highlighted its value both in raising awareness and enabling some women and girls to be able to access contraception. A health professional in Kaya told Amnesty International in May 2015 that the usual attendance of 10 people per month for family planning was multiplied by five during the free contraception week,<sup>132</sup> while another health professional working for Marie Stopes International in Bobo-Dioulasso also confirmed high attendance. One health worker commented:

*“I believe that the cost is high for women because they cannot afford to buy the products. As part of the free week for contraception, there was a high rate of attendance by women, some 85 of whom came to take the products. Over 100 other women did not get any that day, as the stock ran out due to the high demand.”<sup>133</sup>*

Another health worker also confirmed that the percentage of women coming for family planning increases threefold during the free contraception week. He told Amnesty International:

*“This week we have a busy week because of family planning being free. We usually get one-three people per day for contraception. But during the week of free contraception, we get five-seven people per day, half of whom are new patients.”<sup>134</sup>*

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<sup>130</sup> Interview conducted by Amnesty International in Bobo-Dioulasso region in May 2015.

<sup>131</sup> Focus group conducted by Amnesty International in the Bobo-Dioulasso region in May 2014.

<sup>132</sup> Interview conducted by Amnesty International with a health professional in Kaya in May 2015.

<sup>133</sup> Interview conducted by Amnesty International with health professionals in Kotédougou in July 2014.

<sup>134</sup> Interview conducted by Amnesty International with health professional in May 2015.

“Madeleine”, a 40-year-old farmer and mother of six children, explained to Amnesty International:

*“I had not used a contraceptive method until the free family planning week last year. I took advantage of the free contraceptives because I cannot afford them. My husband has always agreed that I should use a contraceptive method but we just can’t afford it. I pray to God that a free contraception week will take place before mine expires.”*<sup>135</sup>

According to UNFPA, 25% of the women who obtain contraceptives during the free contraception week are new users.<sup>136</sup> The huge demand during the free contraception week also undermines the argument made to Amnesty International by an official from the Ministry of Health and two health professionals that if contraception was free, people would not trust the quality of the products and would not use them.<sup>137</sup>

## **DISTANCE AND COST OF TRAVEL CREATE ADDITIONAL BARRIERS**

Many of the 379 women and girls and the 56 health professionals interviewed by Amnesty International expressed concern about the long distances women and girls have to travel to get to health care facilities where sexual and reproductive information, services and goods are provided. Such facilities are often far from people’s homes, especially in rural areas, and transport is unreliable and expensive. This is particularly acute for women and young girls who do not have their own money and must rely on their husbands or families. The lack of a public transport network and the poor road conditions, especially during the rainy season, increase the difficulties. Although the authorities have increased the number of health facilities around the country over the last five years, there are nevertheless enormous disparities between urban and rural areas. Facilities are inequitably distributed, especially the CSPS. Regions such as the Sahel continue to have a high ratio of inhabitants to CSPS and people have to travel larger distances to access CSPS. According to the 2014 Annual Statistics published by the Ministry of Health, there is a ratio of one CSPS for every 13,706 inhabitants in the Sahel region, in comparison with one CSPS per 6,696 inhabitants in the Centre-South region.<sup>138</sup>

The official map of health facilities for 2015 showed that the districts containing the largest cities had far shorter average distances to health facilities than remote areas in the East and the Sahel regions. For example, in the Central region, the proportion of people living more than 10km from a health facility was less than 1% – a figure that rose to 28% in the more rural Central North region, and over 47% in the Sahel region.

### **Proportion of population against the distance to a hospital**

	2014 <sup>139</sup>		
	Proportion of the population in %		
Region	0-4km	5-9km	10km or +
Centre	96.4	2.7	0.9
Centre-East	52.3	27.1	20.6
Centre-North	45.6	26.2	28.2
East	33.4	25.4	41.2
Sahel	35.6	16.6	47.8

<sup>135</sup> Interview conducted by Amnesty International in Kouakouale in May 2015.

<sup>136</sup> Interview conducted by Amnesty International with UNFPA representatives in May 2015.

<sup>137</sup> Interview conducted by Amnesty International with the Minister of Health in May 2015.

<sup>138</sup> Ministère de la Santé, Direction générale des études et des statistiques sectorielles, Annuaire statistique 2014, mai 2015, p. 61.

<sup>139</sup> Ministère de la Santé, Direction générale des études et des statistiques sectorielles, Annuaire statistique 2014, mai 2015, p. 12.

Looking at trends since 2010, it also appears that while there has been some progress towards reducing distances to health facilities in the Central region, there has been little change in the Eastern region, and a growth in those living further away than 10km in the Sahel region.

#### Proportion of population against the distance to a hospital (comparing 2010 and 2014)

	2010 <sup>140</sup>			2014 <sup>141</sup>		
	Proportion of the population in %			Proportion of the population in %		
Region	0-4km	5-9km	10 km or +	0-4km	5-9km	10km or +
Centre	79.4	14.4	6.2	96.4	2.7	0.9
East	33.4	23.9	42.7	33.4	25.4	41.2
Sahel	34.8	24.8	40.4	35.6	16.6	47.8

Women living in the Sahel region raised the most concern about the long and sometimes hazardous journeys needed to reach a health facility. Most of the women Amnesty International met said that they had to travel long distances on bicycles or on foot to reach a health centre, a problem exacerbated by the absence of a public transport system in Burkina Faso. In a focus group discussion with women in Bama in May 2015, one of them said: “Women met with many difficulties including the distance, the shortest distance is 5km and the longest one is 15km to the CSPS, this is very difficult as there is no [public] transport, we have to walk or to cycle, we do not have enough financial resources”. In addition, women said they try and go to health centres discreetly to avoid being questioned by their husbands. Some try to go to health centres during market day.

A representative of Family Care International in the Sahel region told Amnesty International in May 2015 that “women do not like to go the CSPS as the distance between their dwellings and the health facilities is high.” A health professional in Kaya said that some women had to walk or cycle 9-14km to reach the health facility.<sup>142</sup> Few roads are paved beyond the cities and main arteries, and these are not well maintained.<sup>143</sup> In addition, women and girls often have to be ingenious to avoid being questioned by their husbands when they spend many hours travelling to reach the health facilities to seek information and care.

#### 2015: A NEW LAW ON VIOLENCE AGAINST WOMEN AND GIRLS

In 2015, the National Transitional Council in Burkina Faso took a significant step in relation to violence against women and girls when they passed a law defining new crimes and setting out the penalties. The new Law No.061-2015/CNT, entitled *Loi portant prévention, répression et réparation des violences à l’égard des femmes et des filles et prise en charge des victimes* (Prevention, Punishment and Reparations of Violence against Women and victims care), contains a provision making the denial by men and boys of their partners’ sexual and reproductive rights, including access to contraception, a criminal offence punishable with a fine. Article 13 of the 2015 Law on Violence against Women states:

“The person who commits any of the following acts is guilty of moral and psychological violence against a girl: the infringement on sexual and reproductive rights of the woman or the girl; the limitation of the full exercise of these rights, through coercion, blackmail, corruption or manipulation, in particular by prohibiting the use of contraceptive methods;... These actions could result in a fine ranging from fifty thousand (50,000) to five hundred thousand (500,000) francs [about US\$86 or US\$860 respectively].”

<sup>140</sup> Ministère de la Santé, Direction générale des études et des statistiques sectorielles, Annuaire statistique 2010, 2011.

<sup>141</sup> Ministère de la Santé, Direction générale des études et des statistiques sectorielles, Annuaire statistique 2014, mai 2015, p. 12.

<sup>142</sup> Interview conducted by Amnesty International with a health professional in Kaya in May 2015.

<sup>143</sup> Focus group conducted by Amnesty International with women in Kouakoualé in June 2014.

The recognition of the denial of sexual and reproductive autonomy as a criminal offence is a significant and welcome step. However, the adoption of the law must be accompanied by strengthened enforcement capacity within the criminal justice system and awareness-raising to ensure that it can prevent and end the abuses suffered by thousands of women and girls in Burkina Faso.

Nationwide training is necessary for the police, gendarmerie, prosecutors and judges in the application of Law No.061-2015/CNT, as well as international and regional human rights obligations and combating negative gender stereotyping. The government should also carry out awareness-raising campaigns in all communities and villages, emphasizing that the denial of women's and girls' right to use contraception is a criminal offence and publicize options for women and girls to seek assistance if they suffer abuses.

## **NEGATIVE AND POSITIVE ATTITUDES AMONG MEN AND BOYS ON CONTRACEPTION**

It has already been noted above that some men interviewed were supportive of the use of contraception. In focus groups with male students and other married and young men in Ouagadougou and in nine locations including in the Sahel, some participants voiced their support for their girlfriend's or wife's right to decide.

Significant support was also expressed in a meeting with more than 10 religious leaders in May 2015, where an imam at a mosque in Dori voiced concerns about women's rights and advocated for a campaign to raise awareness of their situation. He told Amnesty International:

*"Contraception is useful for women. They suffer less when they take contraceptives, they can space their children's births. It's no use having many children when you can't feed them or pay for their schooling. There is a real suffering among women. Early pregnancies are sometimes associated with shame. Early marriages should not take place. We must forbid early marriages."*<sup>144</sup>

The imam added that contraception should be free in order to encourage women to use it, and that there should be an awareness-raising campaign on the issue.

In a focus group in Bobo-Dioulasso in May 2014 with 14 boys and young men, all of them members of a human rights organization, concerns were expressed that young girls had to abandon schooling during pregnancy and when the baby was born. They said that young pregnant students should not be mocked. They added that there should be an awareness campaign and that men and boys should be more involved in the issue of family planning. They said that times have changed and people should no longer believe the cliché that having many children is a symbol of richness.<sup>145</sup>

## **INTERNATIONAL OBLIGATIONS TO ENSURE THE ACCESSIBILITY AND AFFORDABILITY OF FAMILY PLANNING SERVICES**

As highlighted earlier, access to family planning is a crucial component of the right to health. Information about health facilities, goods and services must be made available to everyone and be physically, economically and socially acceptable to all, free from discrimination. They must be affordable for all individuals,<sup>146</sup> and must be within safe physical reach of all sections of the population, especially marginalized groups.<sup>147</sup> The Committee on the Elimination of Discrimination against Women has repeatedly expressed its concerns about rural women and girls and those living in poverty, highlighting the obligation of states to ensure that cost does not become a barrier to access.<sup>148</sup>

The subsidies introduced by the government between 2013 and 2015 constitute an important step towards dismantling the financial barriers that prevent women and girls being able to afford contraceptive health care. It also recognizes that cost and affordability is a problem. However, significant difficulties remain. The vast majority of the 379 women and girls interviewed for this report have clearly and powerfully articulated how the

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<sup>144</sup> Interview conducted by Amnesty International with a group of religious leaders, including the chief imam of Dori, in May 2015.

<sup>145</sup> Focus group conducted by Amnesty International with 14 boys and young men in Bobo-Dioulasso in May 2014.

<sup>146</sup> Committee on Economic, Social and Cultural Rights, General Comment No. 14: The right to the highest attainable standard of health, 11 August 2000, UN Doc.E/C.12/2000/4, para. 12.

<sup>147</sup> Committee on Economic, Social and Cultural Rights, General Comment No. 14: The right to the highest attainable standard of health, 11 August 2000, UN Doc.E/C.12/2000/4, para. 12.

<sup>148</sup> See General Recommendation No. 24 paras 26 and 27, and, further, C. Chinkin, M.A. Freeman and B. Rudolf, *The UN Convention on the Elimination of All Forms of Discrimination against Women: A Commentary*, Oxford University Press, 2012, pp. 320 and 321.

costs of contraceptives impede their ability to exercise their right to decide if, and when, to have children, and how many.

Women and girls living in the most poverty continue to be confronted by financial barriers which mean that they either cannot afford contraception or use it inconsistently, leading to multiple unwanted pregnancies. The residual cost also leads to women and girls living in poverty having to depend on the willingness of male partners to cover the cost. Conversations about family planning, due to unaddressed negative attitudes and misconceptions about contraception, can and do result in violence and abuse.

The government of Burkina Faso decided in March 2016 to lift some key specific financial barriers facing pregnant women to access health care. For example, costs relating to caesarean sections and delivery, amongst other key health care services required by women and girls during pregnancy, were addressed. This is a significant and positive development for women's and girls' ability to access life-saving health care and prevent unnecessary maternal deaths and morbidity. In line with this shift in policy, the government should consider making available – free of charge – at least some categories of contraceptive products, which women are able to use safely and discreetly. This could help remove one of the most significant barriers that currently impedes women's and girls' ability to access family planning services. The government should seek international assistance and co-operation, as needed, to do so.

The Burkina Faso government must respect, protect and fulfil women's and girls' right to contraceptive information and services, free from discrimination, violence or coercion. The obligation to protect requires states to ensure that third parties, including partners, do not limit access to any guaranteed rights.<sup>149</sup> The Committee on the Elimination of Discrimination against Women has stated that *"[s]tates may also be responsible for private acts if they fail to act with due diligence to prevent violations of rights or to investigate and punish acts of violence, and for providing compensations."*<sup>150</sup> The Special Rapporteur on the right to health has noted that states must *"ensure that neither third parties nor harmful social or traditional practices interfere with access to prenatal and post-natal care and family planning or curtail access to some or all contraceptive methods"*.<sup>151</sup>

Article 5 of the Convention on the Elimination of All Forms of Discrimination against Women requires Burkina Faso to take measures to modify existing social and cultural patterns of conduct, which are based on stereotyped roles for men and women. The Committee on the Elimination of Discrimination against Women has called on states to take all necessary action to improve the situation for women *"including the dismantling of patriarchal barriers and entrenched gender stereotypes"*.<sup>152</sup> The government of Burkina Faso must take concrete action, including through education and awareness-raising programmes to challenge and change discriminatory and harmful stereotypes of women and girls to enable women and girls to exercise their sexual and reproductive rights.

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<sup>149</sup> In the context of the right to health, the ICESCR Committee has said that "States should also ensure that third parties do not limit people's access to health-related information and services". Para. 35, Committee on Economic, Social and Cultural Rights, General Comment No. 14, The right to the highest attainable standard of health (Twenty-second session, 2000), U.N. Doc. E/C.12/2000/4 (2000)

<sup>150</sup> CEDAW, General Recommendation No. 19 (Eleventh session, 1992) on Violence against Women, para. 9.

<sup>151</sup> Right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 3 August 2011, A/66/254, para. 55. Available at: [daccess-dds-ny.un.org/doc/UNDOC/GEN/N11/443/58/PDF/N1144358.pdf?OpenElement](https://daccess-dds-ny.un.org/doc/UNDOC/GEN/N11/443/58/PDF/N1144358.pdf?OpenElement)

<sup>152</sup> CEDAW, Article 5.

# 3. A VACUUM OF INFORMATION, UNSAFE ABORTION AND EMERGENCY CONTRACEPTION

Chapters 1 and 2 of this report have examined in detail the situation of early, child and forced marriage in Burkina Faso and how the lack of affordable contraception affects women's and girls' choices regarding if and when to have children, and how many. This final chapter considers the absence of information available to women and girls on options for contraception. It reveals how a vacuum of information fosters a climate for myths about contraception as well as negative stereotypes of women and girls. It discusses how the lack of access to emergency contraception is a crucial factor in the high number of unwanted pregnancies, and needs to be made more widely available, particularly for victims of rape. Finally, the chapter highlights how the lack of information about and access to safe abortions contributes to the number of unwanted pregnancies and puts at risk the lives of those women and girls who undergo unsafe and clandestine abortions.



## THE RIGHT TO SEXUAL AND REPRODUCTIVE INFORMATION AND EDUCATION IN BURKINA FASO

Access to quality, accurate and appropriate information is essential for women and girls to be able to make informed choices about their sexuality and reproduction, and to be able to prevent diseases and access health care services when necessary. The right to information and education – in particular to accurate, acceptable, timely and quality information about sexual and reproductive health – is established in several international and regional human rights treaties to which Burkina Faso is party.<sup>153</sup>

The right to contraceptive information and services is grounded in women's and girls' rights to equality and non-discrimination, life, privacy, health, to decide freely and responsibly on the number and spacing of their children, and information and education.<sup>154</sup> In this context, the Committee on the Elimination of Discrimination against Women has said that women and girls must have “*access to information about contraceptive measures and their use, and guaranteed access to sex education and family planning services.*”<sup>155</sup>

The right to health-related information includes state obligations to provide comprehensive sexuality education to all children and adolescents, both in schools and outside.<sup>156</sup> The lack of accurate, evidence-based and age-appropriate information about sexuality puts adolescents at greater risk of unplanned pregnancies, sexually transmitted infections (STIs) and HIV/AIDS, as well as coercive sexual activity and exploitation. The Committee on the Rights of the Child has said that states “should provide adolescents with access to sexual and reproductive information, including on family planning and contraceptives, the dangers of early pregnancy, the prevention of HIV/AIDS and the prevention and treatment of sexually transmitted diseases.”<sup>157</sup> Any curriculum for comprehensive sexuality education must be consistent with the International Technical Guidance on Sexuality Education.<sup>158</sup> It must include information about reproduction, pregnancy and childbirth, contraception, HIV and STI prevention, gender-based violence and non-discrimination and equality; and the skills to enforce these rights and manage relationships, while addressing cultural attitudes and taboos regarding adolescent sexuality and keeping in mind informed consent and the evolving capacity of the child.

## LACK OF ACCESS TO INFORMATION

Although the right to information about family planning is established in the 2005 Law on Reproductive Health, the government has yet to launch the nationwide, comprehensive awareness campaign needed to make this a reality. In its national plan on family planning, the Plan national relance de la Planification Familiale 2013-2015, the government set out plans to conduct outreach and sensitization with community leaders, religious leaders and “maisons de femmes” (local groups of women) in rural areas.<sup>159</sup> The Plan National committed to targeting young people. For urban populations, mass media campaigns were run on TV and radio, as well as billboards between 2013 and 2015. The government also planned to post family planning messages on the internet, especially social networks, during 2014 and 2015 as well as add a family planning message to unrelated national events.

Activities were planned to last throughout 2014 and 2015. As of publication of this report, no assessment report had been released showing the impact of the Plan National, which focuses on the provision of information

<sup>153</sup> These include the UN Covenant on Economic, Social and Cultural Rights (party since 1999), the UN Convention on the Rights of the Child (party since 1990), the UN Convention on the Elimination of All Forms of Discrimination against Women (party since 1987), the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (party since 2006) amongst other pertinent treaties.

<sup>154</sup> CEDAW, article 16 (1) (e).

<sup>155</sup> CEDAW Committee, General Recommendation No. 21 (Thirteenth session, 1994), Equality in marriage and family relations.

<sup>156</sup> CRC/GC/2003/4, para. 26.

<sup>157</sup> General Comment No. 4 (2003) Adolescent health and development in the context of the Convention on the Rights of the Child, para. 28.

<sup>158</sup> UNFPA, *State of the world population 2015*. Available at:

[www.unfpa.org/webdav/site/global/groups/youth/public/International\\_Guidance\\_Sexuality\\_Education\\_Vol\\_I.pdf](http://www.unfpa.org/webdav/site/global/groups/youth/public/International_Guidance_Sexuality_Education_Vol_I.pdf)

<sup>159</sup> Ministry of Health of Burkina Faso, Plan national de relance de la Planification Familiale 2013-2015. Available at: [advancefamilyplanning.org/sites/default/files/resources/Plan%20de%20relance%20PF\\_2013-2015\\_final.pdf](http://advancefamilyplanning.org/sites/default/files/resources/Plan%20de%20relance%20PF_2013-2015_final.pdf)

about reproduction and family planning rather than sexual health and sexually transmitted diseases, with the exception of HIV/AIDS.<sup>160</sup>

During the interviews and focus groups, many of the 379 women and girls frequently stated that the first time they heard about contraception was after giving birth. Several of them, particularly those living in rural areas, said they had not attended school, or only for short periods, and had not received community outreach information or education on sexual and reproductive health.

The lack of information on sexual and reproductive rights and contraception is especially fundamental for young people, many of whom told Amnesty International that they did not have the information they needed about family planning. They were concerned that their lack of access to information or knowledge that sexual intercourse could lead to pregnancy and sexually transmitted infections meant that they were unable to prevent pregnancy. One woman, “Mariam”, told Amnesty International:

*“When I had my first child at 15 with an older man, I had no knowledge of contraception, I didn’t know any contraception method. I didn’t know women could get pregnant after having intercourse. It’s only after my third child was born that I learned about contraception.”<sup>161</sup>*

Of the 14 boys and young men who participated in a focus group in Bobo-Dioulasso with Amnesty International, only one of them said that he had received information on family planning. He had attended a meeting on contraception by Burkinabè Association for the Well-Being of the Family (Association Burkinabè pour le Bien-Être Familial, ABBEF) with a young female friend.

A 22-year-old woman, “Therese”, who had had a clandestine abortion told Amnesty International: *“I did not know I could get pregnant from having intercourse. After seven-eight weeks, I was still waiting for my period. I went to see someone who told me to take a concoction to terminate the pregnancy. When I drank it, I bled, my belly hurt a lot. Someone told me to go to a clinic run by an NGO to get the care I needed. They told me there about the various contraceptive methods.”<sup>162</sup>*

Most of the women and girls interviewed in rural areas said they had limited access to broadcast media, and that the only way of accessing information for many was through community events and outreach, mobile clinics, word of mouth, or when visiting health clinics. In the Plan National, community information provision on issues around family planning do feature, but very few of the women and girls interviewed had received information about sexual and reproductive health, including options for contraception. Those who had received information said it was only when they were being discharged after giving birth. Although some of those interviewed had heard some details about sexual and reproductive health, this was largely limited to prevention of pregnancy, and not on sexually transmitted infections.<sup>163</sup>

There is a deficit of “youth friendly” services in Burkina Faso – places where adolescents can access information, services and goods confidentially. During the focus groups and one-to-one interviews, young people told Amnesty International that they felt reluctant to seek information about family planning in health centres as they were likely to meet family members or neighbours, particularly in rural areas. This is also of particular concern for young and/or unmarried women and girls, who wish to keep confidential their request for contraception.

Several health workers and young people called for improvement in the number of accessible, confidential, youth-friendly services.<sup>164</sup> One health worker in Kotédougou told Amnesty International in 2014: *“The state should create centres for young people as it is difficult for them to speak about contraception within a space frequented by adults.”<sup>165</sup>*

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<sup>160</sup> Ministry of Health of Burkina Faso, Plan national de relance de la Planification Familiale 2013-2015. Available at: [advancefamilyplanning.org/sites/default/files/resources/Plan%20de%20relance%20PF\\_2013-2015\\_final.pdf](http://advancefamilyplanning.org/sites/default/files/resources/Plan%20de%20relance%20PF_2013-2015_final.pdf)

<sup>161</sup> Interview conducted by Amnesty International in Ouahigouya in May 2015.

<sup>162</sup> Interview conducted by Amnesty International in Bobo-Dioulasso in July 2014.

<sup>163</sup> Ministry of Health of Burkina Faso, Plan national de relance de la Planification Familiale 2013-2015. Available at: [advancefamilyplanning.org/sites/default/files/resources/Plan%20de%20relance%20PF\\_2013-2015\\_final.pdf](http://advancefamilyplanning.org/sites/default/files/resources/Plan%20de%20relance%20PF_2013-2015_final.pdf)

<sup>164</sup> Interviews conducted by Amnesty International in Ouagadougou, Bobo-Dioulasso, Ouahigouya, Kaya, Dori, Koudougou and several towns and villages in the rural areas surrounding these cities and towns.

<sup>165</sup> Interview conducted by Amnesty International with the chief nurse in Kotédougou in May 2014.

## MYTHS, STIGMA AND A VACUUM OF INFORMATION

During interviews and focus groups it became clear that the absence of information and education – as outlined above – fostered a climate for myths about contraception as well as negative stereotypes of women and girls. Opposition to contraception is often rooted in negative stereotypes, male control and dominance over women and girls, and the traditional roles assigned to women. One young girl who had had an early pregnancy told Amnesty International: *“Women are seen merely as a reproductive machine: procreate, give children. It’s almost a duty, no one can choose a different path.”*<sup>166</sup>

Women were often accused of wanting to have affairs if they raised the issue of contraception with their partners. One of the participants in a focus group with 15 women in May 2015 in Dori said: *“Men are opposed to contraception as they believe that women are frivolous and they will have an affair. Men say that when you have contraception you have to pay for the lives you have killed in the next world.”*<sup>167</sup>

One man in a focus group near Bobo-Dioulasso explained that using family planning is an attempt to “deceive God” and that *“When the woman is protected, she will go look elsewhere for partners...”*.

A number of women and girls also explained that when they discovered that they were pregnant, they were compelled to leave the family home to give birth.<sup>168</sup> The birth of a child within the home outside marriage was believed by some to lead to the death of the woman’s or girl’s father, which meant the girl was banished by her family, fled herself, or sought a clandestine abortion. This practice of banishment in the belief that the birth would cause the death of the father in the household was relayed to the Amnesty International delegation by most of the people interviewed, including village chiefs and directors of shelters.<sup>169</sup>

In a focus group with young male members of a human rights organization in May 2014, one said: *“Those who are educated see the advantages of family planning. On the contrary, those who are not see inconvenience in family planning. They think that God is giving them children.”*<sup>170</sup>

Women and girls across the country described the stigma attached to using contraception. For example, participants in a discussion group in Bama told Amnesty International that some women were shunned by their community after they started to use contraception during the free contraception week in May. One said: *“Many women have been rejected because of using contraception. During the last week of free family planning, women suffered repercussions for having adopted a contraceptive method.”* Another added: *“There are at least two cases of women suffering repercussions in the village. They have been forced out by their families for a few days and were compelled to remove the contraceptive implant in order to be able to rejoin the household.”*<sup>171</sup>

Other myths highlighted to Amnesty International during focus groups conducted across the country in 2014 and 2015 included beliefs that *“Contraception can make women infertile”* and can lead to *“twins”*.

## THE RIGHT TO INFORMATION ABOUT, AND ACCESS TO, EMERGENCY CONTRACEPTION

The World Health Organization (WHO) describes emergency contraception as “methods of contraception that can be used to prevent pregnancy in the first five days after sexual intercourse. It is intended for use following unprotected intercourse, contraceptive failure or misuse (such as forgotten pills, or breakage or slippage of condoms), rape or coerced unprotected sex.”<sup>172</sup>

Access to emergency contraception can be a critical factor in preventing unwanted pregnancies.<sup>173</sup> If women and girls whose contraception has failed, or who have been raped, are denied access to emergency contraception through obstacles such as cost and availability, they are denied their right to prevent pregnancy.

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<sup>166</sup> Interview conducted by Amnesty International in a shelter in Ouagadougou in May 2014.

<sup>167</sup> Interview conducted by Amnesty International with women in Dori in May 2015.

<sup>168</sup> Interviews conducted by Amnesty International in shelters with girls and women as well as experts in Ouagadougou in July 2014 and May 2015.

<sup>169</sup> Interviews conducted by Amnesty International in shelters with girls and women as well as experts in Ouagadougou in July 2014 and May 2015.

<sup>170</sup> Interview conducted by Amnesty International in the region of Bobo-Dioulasso in May 2014.

<sup>171</sup> Focus group conducted by Amnesty International in Bama in April 2015.

<sup>172</sup> See WHO fact sheet number 244, *Emergency Contraception*, available at: [www.who.int/mediacentre/factsheets/fs244/en/](http://www.who.int/mediacentre/factsheets/fs244/en/)

<sup>173</sup> For more information and the detailed guidance provided to states about access to emergency contraception see, among others, WHO, *Ensuring human rights in the provision of contraceptive information and services: guidance and recommendations*, 2014, pp. 9, 10 and 20.

In the case of rape victims, it denies them the opportunity to mitigate one of the potential consequences of the crime they have endured. The UN Committee on the Rights of the Child has urged states to guarantee girls' right to information about, and free and timely access to, emergency contraception, particularly in cases of rape.<sup>174</sup>

## LACK OF ACCESS TO EMERGENCY CONTRACEPTION

Emergency contraception is on the Burkina Faso government's Essential Medicine List.<sup>175</sup> When a drug is on this list, it should be stocked by all health centres throughout the country at all times and be available, affordable and accessible without discrimination. Emergency contraception can be, and is, prescribed by doctors and midwives who treat rape victims, although it is also available without prescription at those pharmacies that stock it.<sup>176</sup> All the doctors and health professionals interviewed by Amnesty International said that provided a rape victim sought assistance within the relevant time period, they would explain emergency contraception to her and supply her with a prescription.

However, the emergency contraceptive pill is far from affordable, costing between 3,000 and 3,650 CFA (US\$6 or US\$7).<sup>177</sup> This cost is not waived for rape victims. None of the hospitals, regional clinics or CSPS visited by Amnesty International stocked the product. Of the 56 health professionals interviewed, those who had provided services to victims of rape all said they left it up to women and girls themselves to locate a pharmacy where emergency contraception was stocked and to travel there at their own expense.

For girls and women victims of rape who are not working, live in poverty, or who are dependent on their husbands or families for the funds, this may be an insurmountable barrier to overcome. This obstacle may be further exacerbated if the rapist is her husband, father or other relative.

*"If a victim of rape comes in within 48 hours after it has happened, I offer a prescription for the morning-after pill [emergency contraception] and an HIV/AIDS test. The pharmacy which stocks the emergency contraception is in town. It costs about 3,000 CFA (US\$ 5). I have seen three cases of rape since the beginning of this year [2014]. One was 11 years old, one was between 13 and 14, and the last was an adult woman, I cannot recall her age. Sadly, I do not believe that any of the victims of rape who I have treated would have been able to cover this cost for the morning-after pill."<sup>178</sup>*

The lack of availability of information about emergency contraception and the huge obstacles to it being accessible and affordable is of great concern, not only for women and girls whose contraceptive method has failed or not been used, but also for rape victims. Radical improvements by the government of Burkina Faso are needed in the provision of information about and access to emergency contraception, as well as measures to address the key obstacles to ensuring this. Without these, women's and girls' health, as well as their right to be free from inhuman and degrading treatment, will be at risk.

## BARRIERS TO ACCESSING SAFE AND LEGAL ABORTION SERVICES

Article 387 of Burkina Faso's Criminal Code criminalizes abortion. However, there are exceptions to this, and abortion is permitted when a woman's life or physical or mental health is at risk, or when the foetus has a serious condition or incurable impairment.<sup>179</sup> Abortion is also permitted in cases of rape or incest, but only within the first 10 weeks of pregnancy, and the woman must follow the procedure for seeking a judicial authorization. In order to access an abortion, a legal/procedural requirement must be fulfilled by a prosecutor establishing that a crime of rape or incest has been committed. An additional barrier to accessing a legal abortion is the requirement that the public prosecutor must establish that a crime has been committed in cases

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<sup>174</sup> CRC/C/CRI/4, Costa Rica, UN Committee on the Rights of the Child, June 2011, para. 64 (e): "Ensure that girls and adolescents have free and timely access to emergency contraception and raise awareness among women and girls about their right to emergency contraception, particularly in cases of rape."

<sup>175</sup> See 18.2 of the Burkina Faso Essential Medicine List from 2007 at: [www.remed.org/html/politique\\_pharmaceutique\\_burki.html](http://www.remed.org/html/politique_pharmaceutique_burki.html)

<sup>176</sup> This was stated in interviews with doctors and midwives conducted in 2014 and 2015. Further, see: [www.cecinfo.org/country-by-country-information/status-availability-database/countries/burkina-faso/](http://www.cecinfo.org/country-by-country-information/status-availability-database/countries/burkina-faso/) and [www.npr.org/templates/story/story.php?storyId=5599022](http://www.npr.org/templates/story/story.php?storyId=5599022)

<sup>177</sup> Interviews conducted by Amnesty International in 2014 and 2015 with doctors and midwives in public hospitals, CSPS confirmed this cost.

<sup>178</sup> Interview conducted by Amnesty International with a health professional in the Bobo-Dioulasso region in June 2014.

<sup>179</sup> See Article 387 and 386 of the Criminal Code and the Burkina Faso Ministry of Health's Prevention et Prise en Charge des Avortements à Risque, Politique Normes et Protocoles. The gestational limit for health and life exceptions is detailed as being 28 weeks. In the case of rape victims it is 10 weeks.

of rape or incest; this is particularly problematic given the short gestational limits referenced earlier.<sup>180</sup> A prosecutor told Amnesty International that since rape is a crime, the legal proceedings can be extremely long (up to 10 years), especially since the relevant Court – the Criminal Court – does not sit permanently. Any delay, such as waiting for judicial approval, can prove critical in the provision of, and access to, time-bound health services such as abortion.

Despite the government's efforts to increase the provision of post-abortion care through the introduction of protocols, training and service provision, little appears to have been done to inform the general population of the legal provisions allowing abortion.<sup>181</sup> A study conducted by the Guttmacher Institute into unsafe abortion in Burkina Faso also highlighted the lack of information provided by the government to women and girls about circumstances in which they can access legal abortions.<sup>182</sup> Most of the women Amnesty International met in rural and urban areas were not aware of the circumstances in which they could access abortion services. The very low numbers of women accessing safe and legal abortion services every year, compared with those women and girls requiring post-abortion care due to clandestine procedures, speak for themselves. In 2014, 2,377 clandestine abortions were recorded by the government and 50 deaths were registered resulting from complications related to abortion. There were just 48 legal abortions performed in the same year.<sup>183</sup>

## **UNNECESSARY AND PREVENTABLE MATERNAL DEATHS AND MORBIDITY FROM UNSAFE ABORTION**

The lack of information about, and access to, sexual and reproductive health information services and modern contraception methods leads to a high number of unwanted pregnancies that sometimes end in unsafe abortion. These abortions are performed outside public health centres, often in unhygienic conditions and by untrained practitioners.

The Guttmacher Institute documented the scale of preventable deaths from unsafe abortions, finding that women in rural areas resort to the most risky methods to self-induce an abortion, are the most likely to suffer serious complications, and also are the least likely to have services accessible geographically and of sufficient quality to preserve their life and health.<sup>184</sup>

Amnesty International interviewed eight women and girls who had obtained and survived clandestine and unsafe abortions, all of whom were unmarried.<sup>185</sup> They had used various methods, including traditional medicine and a terrifying and painful clandestine abortion in a private house. They all told Amnesty International of the intense pressure on women and girls to not become pregnant outside marriage. They reiterated the findings detailed above that if they do, they risk being banished from the family home and village. Women and girls frequently told Amnesty International that they did not have information about how pregnancy happened, how to prevent it, or how to access safe and legal abortion services. Finding oneself pregnant was consequently a shock for many.<sup>186</sup>

One young woman, an 18-year-old domestic worker in Bobo-Dioulasso, told Amnesty International that she did not know how to avoid pregnancy as she had never been to school or received any information about sexual and reproductive health. She was sending most of her earnings to her family in Côte d'Ivoire and to her brothers for their studies. She told Amnesty International:

*"When I discovered I was pregnant I was worried that my boss would not keep me if I got a big belly, and I was going to lose my job, and that I would also be thrown out of the house. I was given an address by friends to get an abortion. It was a room within a house, the place was not clean, there was dust, I did not see any*

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<sup>180</sup> Code de Procédure pénale and interviews conducted by Amnesty International with prosecutors, including the then Procureur du Faso, in Ouagadougou, in 2014 and 2015.

<sup>181</sup> In interviews conducted by Amnesty International, few people other than the medical health professionals had information about the circumstances in which abortion is legal.

<sup>182</sup> A. Bankole, R. Hussain, G. Sedgh, C. Rossier, I. Kaboré, G. Guiella, *Unintended pregnancy and abortion in Burkina Faso: Causes and consequences*, Guttmacher Institute, 2014, p. 48. Available at: [www.guttmacher.org/pubs/unintended-pregnancy-Burkina-ENG.pdf](http://www.guttmacher.org/pubs/unintended-pregnancy-Burkina-ENG.pdf)

<sup>183</sup> Ministère de la santé, Direction générale des études et des statistiques sectorielles, *Annuaire statistique 2014*, p. 132.

<sup>184</sup> A. Bankole, R. Hussain, G. Sedgh, C. Rossier, I. Kaboré, G. Guiella, *Unintended pregnancy and abortion in Burkina Faso: Causes and consequences*, Guttmacher Institute, 2014, p. 18.

<sup>185</sup> The fact that the problem of unsafe abortion disproportionately affects single women and girls in Burkina Faso was also found by the 2014 study by the Guttmacher Institute. See A. Bankole, R. Hussain, G. Sedgh, C. Rossier, I. Kaboré, G. Guiella, *Unintended pregnancy and abortion in Burkina Faso: Causes and consequences*, Guttmacher Institute, 2014.

<sup>186</sup> Interviews conducted by Amnesty International with women and girls across Burkina Faso in 2014 and 2015.

disinfectant. The man asked me to get on a table, there was no sheet or any cloth. I do not know what he introduced in my vagina, it could have been a pair of scissors, I was lying down and I was afraid. I did not see anything. After I paid 15,000 francs (around US\$25), I went back home. I began to bleed like when I have my periods and I had a bad stomach ache. I went back to see the person again, he did the same operation and then told me that if it did not work, I'll have to pay again. I then went to the CMA and they referred me to an NGO to get aftercare services."<sup>187</sup>

Several nurses and doctors described to Amnesty International the common methods used by women and girls to terminate their pregnancies in the absence of information about, and access to, safe and legal abortion services. "Marion"(), a nurse in Bobo-Dioulasso, said: "*The women who come to seek post-abortion care have often used the following to induce an abortion: inserted into the vagina cassava stems, or herbal products, honey and Coca Cola, Nescafé and quinine, all causing pain and bleeding. There are also untrained back-street health professionals who conduct clandestine abortions.*"<sup>188</sup>

The Guttmacher study also documented a similar list of the risky and desperate means women and girls will resort to in order to terminate unwanted pregnancies.<sup>189</sup>

There has been some significant focus by professional medical bodies, government authorities and agencies on improving the provision of, and access by, women and girls to post-abortion care.<sup>190</sup> Important progress has been made by the government, for example with the development of protocols for, and delivery of, post-abortion care, including the development of protocols, procedures and training among health professionals.<sup>191</sup> However, the governments need to remove the barriers which still impede women's and girls' ability to access safe and legal abortion services in accordance with the law and in accordance with international human rights standards relating to women's and girls' right to life and health, amongst other rights at risk. These barriers include lack of information, the distance to a clinic with trained staff to provide the services, the cost, the requirement of judicial authorization, which is difficult to obtain within a 10-week period.

## **WOMEN'S AND GIRLS' RECOMMENDATIONS TO THE AUTHORITIES**

*"If barriers are removed to contraception, women may enjoy good health and make a contribution to family well-being!"*

*"Contraception should be free for all women and girls, if I had the means I would not be in this situation."* Eighteen-year-old single mother, banished from her family after becoming pregnant.

*"The government must focus on educating men and women, women often lack information about their rights."*

*"They must reduce the cost and make it free, as well as sensitize men to family planning. Also, improve the road conditions."*

*"We need the contraceptive products to be made free."* Salimata, who had given birth eight times and had five children.

*"The question of violence against women must be constantly fought and awareness-raising conducted."*

*"We would prefer to adopt a method which is better for us, and it would be better to choose with full knowledge of the facts. Financial constraints force women to just adopt the least expensive method."*

*"There should be a quality service, with time to make a full assessment before proposing a method."*

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<sup>187</sup> Interview conducted by Amnesty International in Bobo-Dioulasso in May 2014.

<sup>188</sup> Interview conducted by Amnesty International with nurses in May 2014.

<sup>189</sup> A. Bankole, R. Hussain, G. Sedgh, C. Rossier, I. Kaboré, G. Guiella, *Unintended pregnancy and abortion in Burkina Faso: Causes and consequences*, Guttmacher Institute, 2014.

<sup>190</sup> K.T. Storeng and F. Ouattara., "*The politics of unsafe abortion in Burkina Faso: The interface of local norms and global public health practice*", *Global Public Health* 9.8 (2014): 946–959, PMC, Web, 31 January 2016. Available at:

[www.ncbi.nlm.nih.gov/pmc/articles/PMC4285657/#cit0002](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4285657/#cit0002) as well as A. Bankole, R. Hussain, G. Sedgh, C. Rossier, I. Kaboré, G. Guiella, *Unintended pregnancy and abortion in Burkina Faso: Causes and consequences*, Guttmacher Institute, 2014.

<sup>191</sup> K.T. Storeng and F. Ouattara. "*The politics of unsafe abortion in Burkina Faso: The interface of local norms and global public health practice*", *Global Public Health* 9.8 (2014): 946–959, PMC, Web, 31 January 2016. Available at:

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*“We must reduce the costs of contraception and make them free – they are too expensive.”*

*“We need awareness about family planning and advice, and engage with the boys to get them to understand the importance of condoms. The government should also give advice to parents, and tell them to be more understanding towards children, they should offer forgiveness to their children because I did not want to end up in my situation, I fell pregnant because I had no information.”* Twenty-two-year-old “Viviane”, banished by her parents for pregnancy outside marriage.

*“Women are embarrassed when they have to buy contraception from men – it would be good to recruit women for the distribution of contraceptives or have mobile teams of women.”*

*“The government must talk to men about spacing pregnancies to help women. They should also lower the price of contraceptive which is very expensive, and focus on educating girls to make them independent.”*

*“Lower the price of contraception or go free because many women cannot earn money.”*

*“The authorities should finance projects for women to be able to be independent. They should build places for women to meet up. They should also reduce the price of contraceptives.”*

*“They need to address prejudices about birth control, for example that the chance of a caesarean delivery is accentuated by contraception.”*

# 4. CONCLUSIONS AND RECOMMENDATIONS

The government of Burkina Faso has taken noteworthy steps towards respecting, protecting and fulfilling women's and girls' sexual and reproductive rights. The adoption of the National Strategy for the Prevention and Elimination of Child Marriage 2016-2025 and Law number 061-2015/CNT Concerning the Prevention, Punishment and Reparations of Violence against Women and victims care demonstrate the government's commitment to addressing abuses of women's and girls' sexual and reproductive rights. The government has displayed an openness to further legal reforms to address harmful practices.

However, the current legal framework, systems for enforcement and protection are inadequate and violate the government's obligations under international human rights law to protect women and girls from, and prevent, forced and early marriages. The government must urgently undertake legal reforms to ensure that all persons are protected from forced and early marriages, in all circumstances, and are able to access effective remedies and reparation.

As recently as February 2016, the government announced that it would introduce free health care to all pregnant women in an effort to reduce maternal mortality. This is an extremely significant and positive development for women's and girls' ability to access life-saving health care and prevent unnecessary maternal deaths and morbidity. In line with this shift in policy, the government should consider making available free of charge at least some categories of contraceptive products, which women are able to use safely and discreetly. This could help remove one of the biggest barriers that currently impedes women's and girls' ability to access family planning services. The government should remove financial and structural barriers which impede women's and girls' ability to access contraceptive services, including emergency contraception. It should seek international assistance and co-operation, as needed, to do so.

Our research highlights that lack of information on sexual and reproductive rights, as well as on entitlements to the services, goods and programmes which the government has made available, continue to hamper women's and girls' ability to exercise these rights. The government must address this vacuum of information through awareness-raising programmes aimed at communities, schools, health professionals and state officials. Such programmes should aim to challenge and change the underlying social and cultural attitudes which perpetuate harmful practices, gender stereotypes and discrimination, and to empower women and girls to exercise their rights.

## RECOMMENDATIONS

### TO THE MINISTRY OF JUSTICE

- Urgently reform the Persons and Family Code and the Criminal Code to ensure that the prohibition on forced and early marriages applies to all forms of marriage, including traditional and religious marriages. Make it a criminal offence for any person to use violence, threats, or any other form of coercion for the purpose of causing another person to enter into a marriage, whether or not such a marriage is legally binding, without their free and full consent.



- Amend the Persons and Family Code to set 18 years as the minimum age of marriage for both boys and girls in line with the African Charter on the Rights and Welfare of the Child and other international and regional human rights instruments.
- Adopt a legal requirement for all marriages, including traditional and religious marriages, to be mandatorily registered. Require state officials to check prior to registering any marriage that both parties are above the legal age of marriage and have given their full consent. If not, to refer the case to the police and social services to investigation and offer protection to any or both parties who have been married without their full and free consent. Establish appropriate penalties under the law for state officials who do not carry out adequate due diligence prior to registering a marriage.
- Establish a criminal offence for any person to carry out a marriage, even if it is not legally binding, without checking prior to conducting the marriage that both parties are above the legal age of marriage and have given their full consent.
- Ensure the law provides for protection orders and other measures for the safety of people who are at risk of forced and early marriages.
- Ensure that all victims of forced and early marriages have access to effective remedies and reparation.
- Train prosecutors and judges to respond effectively to cases of violence against women and girls by their partners or family members, including forced or early marriage and limiting women's and girls' ability to exercise their sexual and reproductive rights. Trainings must also specifically focus on Burkina Faso's international obligations to respect, protect and fulfil women's and girls' human rights and address negative gender stereotypes.
- Make available disaggregated data on complaints of forced and early marriages, investigations undertaken, protection measures, prosecutions and convictions.

#### **TO THE MINISTRY OF TERRITORIAL ADMINISTRATION, DECENTRALISATION AND INTERNAL SECURITY AND MINISTRY OF DEFENCE**

- Train the police, gendarmerie, and state officials involved in the registration of marriages to detect and respond effectively to cases where people are at risk or have undergone forced and early marriages. Develop a protocol for the police and gendarmerie – working with social affairs officials, teachers and health professions – to detect, monitor, prevent, and as appropriate investigate, such cases and to offer adequate protection to persons at risk.
- Document and make available disaggregated data on complaints of forced or early marriages, investigations undertaken, protection measures, prosecutions and convictions.

#### **TO THE MINISTRY OF HEALTH**

- Remove financial and structural barriers which impede women's and girls' ability to access contraceptive products and services, including emergency contraception. Consider making available free of charge at least some categories of contraceptive products, which women and girls are able to use safely and discreetly.
- Ensure the equitable distribution of health facilities, goods and services throughout the country. When choosing locations for new health facilities, prioritize the most marginalized sections of the population, who face the greatest barriers in accessing health facilities.
- Increase community outreach and mobile clinic services to provide family planning services and information in regions where people have to travel the largest distances to access CSPS, such as in the Sahel. Increase access to emergency contraception, by ensuring that all health centre throughout the country stock emergency contraceptives, by making it more affordable, and publicizing its availability.

- Ensure that any victims of rape are offered emergency contraception and testing and treatment for sexually transmitted diseases, by health professions, without charge, and informed that they can avail of legal abortions.
- Take all necessary measures to ensure that safe and legal abortion services are available, accessible, acceptable, and of good quality for all women who require them in the circumstances as set out in national legislation.
- Amend the Criminal Code to remove the requirement for victims of rape to seek judicial approval before they can access legal abortions.
- Provide training to health professionals to ensure that women, girls and boys at risk or who have been subjected to violence receive the information, health care and psycho-social support they need and have a right to.
- Develop youth-friendly services available at primary health care level, targeting areas where there are particularly high rates of forced and early marriage.
- Undertake information and education campaigns aimed at both women and men to provide accurate, evidence-based and comprehensive information about contraceptives and to correct commonly held misconceptions. Such efforts should include sexual education aimed specifically at adolescents, increase awareness of sexual and reproductive rights, including relevant protections under the laws and how to access such protection if any person faces the risk of abuse.
- Assess the implementation of the 2013-2015 National plan for family planning for the protection of sexual and reproductive health and rights and develop another plan to carry out awareness-raising and sensitization of communities, young people, religious and traditional leaders, health progressions on sexual and reproductive health and family planning.

#### **TO THE MINISTRY OF EDUCATION AND MINISTRY OF INFORMATION**

- Guarantee women and girls and men and boys access to quality and acceptable information and comprehensive sexuality education in communities and schools.
- Ministry of Women, National Solidarity and Family:
- Increase the number of shelters available to people at risk of forced and early marriages, and the availability of expert staff to support young people at risk.
- Conduct a national consultation in order to identify and develop programmes to provide better psychological, legal and financial support to people at risk of forced and early marriages.
- Ministries of Justice, Education, Health, Information and Women, National Solidarity and Family:
- Put in place protocols for social affairs officials, teachers and health professionals to follow when they become aware of people at risk of forced or early marriages to offer them protection and support.
- Consult survivors of forced or early marriages, including young people, on the development of policies and laws on the issue of forced or early marriage and access to sexual and reproductive health information, services and goods.


#### **TO THE INTERNATIONAL COMMUNITIES, INCLUDING INTERNATIONAL AND REGIONAL AGENCIES**


- Support the government of Burkina Faso, with adequate long-term and predictable technical and financial assistance, in its efforts to ensure the removal of financial barriers and structural barriers that impede women's and girls' ability to access contraceptive products and services, including emergency contraception, throughout the country.



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# COERCED AND DENIED

## FORCED MARRIAGES AND BARRIERS TO CONTRACEPTION IN BURKINA FASO

Every year thousands of women and girls in Burkina Faso undergo forced and early marriages. In the country's Sahel region, over half of all girls are married between the ages of 15 and 17. Amnesty International interviewed at least 35 victims of this harmful practice, which breaches women's and girls' human rights, who reported having to depend on their own ingenuity and courage to escape. Current legislation in Burkina Faso has critical gaps and does not cover religious and traditional marriages, leaving many women and girls unprotected and unsupported.

Despite efforts by the government to address the reasons that prevent access to contraception, there remains a high unmet need. More than 370 women and girls described how they suffer verbal abuse or physical violence when they raise the issue of contraception with their partners. Women's lack of control over income and the cost of contraceptive products results in their being unable to access contraception and make decisions about if, when, and how many children to have. Lack of information and costs also restrict women's and girls' ability to access emergency contraception, even for victims of rape.

This report calls on the authorities to urgently address the gaps in law and enforcement which leave women and girls without protection from forced and early marriages and to remove the barriers which prevent women and girls from accessing contraceptives.

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