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## POPULATION GROWTH AND FAMILY PLANNING IN MOROCCO\*

Morocco's rapid population growth over the last 65 years is part of a pattern common to the Arab and Muslim worlds and developing countries in general. So are the impediments facing governmental efforts to check it and thus avoid economic and social catastrophe. At the same time, the Moroccan experience with population growth and family planning policies contains certain distinguishing features. A recent United Nations Population Fund (UNFPA) report placed Morocco among a small group of countries which registered 'very respectable advances' during recent decades but found further progress more difficult to achieve.<sup>1</sup> From another angle, Morocco was classified some years earlier as being among one of only three Arab countries, along with Tunisia and Egypt, which both properly identified the severity of their population problems and took active steps to counter them.<sup>2</sup> The intent of this article is to discuss the Moroccan experience as it has evolved in the 35 years since independence, from both individual and comparative perspectives, to examine the obstacles faced and gains achieved, and to point to possible future trends.

A cautionary word regarding statistical sources is in order. The history of field research is littered with poor methodologies, unprofessional interviewers, and innumerable official agencies interested in particular outcomes so as to serve their own ends. Thus, one should approach *all* statistical data with a healthy

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1 Nafis Sadik, *The State of World Population 1990*, United Nations, New York 1990, p. 4.

2 Abdel-Rahim Omran, *Population in the Arab World: Problems and Prospects*, New York and London 1980, p. 183.

dose of skepticism, and particularly those dealing with intimate aspects of personal behavior. Nonetheless, there appears to be a broad consensus among international agencies and official Moroccan bodies regarding the credibility of data relevant to fertility issues. Moreover, statistical trends appear to broadly correlate with relevant non-quantifiable data. In any case, there is unquestionably a need for further research on demographic-related issues, both on the statistical and attitudinal levels, not only with regard to Morocco but to the Middle East as a whole.

### *Statistical Profile*

In 1972, one researcher of Moroccan demographic trends gloomily predicted that during the coming decade Morocco's population would increase at a more rapid rate than the existing rate of ca. 3.0 percent per annum, perhaps reaching 3.5 percent per annum. Family planning policies, he therefore concluded, would not make a significant contribution to solving Morocco's economic problems 'for a very long time indeed.'<sup>3</sup> His first forecast was overly pessimistic; his second is not easily quantifiable, and therefore difficult to evaluate. Nonetheless, the most obvious feature of Morocco's population is that it *has* increased steadily: from just over 7 million people in the mid-1930s, to an estimated 9.35 million in 1952 just prior to the French departure, over 11.6 million in 1960, almost 15.4 million in 1971, 20.4 million in 1982 and more than 25.1 million in 1990.<sup>4</sup> In other words, Morocco's population has increased 350 percent during the last half-century, and by 75 percent in the last 20 years alone. Population density in 1991 was 152 percent more than the world average.<sup>5</sup> Annual growth rates are

- 3 G. H. Blake, 'Morocco: Urbanization and Concentration of Population,' in J.I. Clarke and W.B. Fisher (eds.), *Populations of the Middle East and North Africa: A Geographical Approach*, London 1972, p. 422.
- 4 *La population du Maroc*, Rabat 1974; *Population légale du Maroc* (Ministère du Plan, Direction de la Statistique) Rabat 1983; Sadik, *The State of World Population 1990*, tables of 'Population Indicators' (annex). The 1936 census, covering the entire French zone and generally considered the first reliable account of Morocco's population, stipulated the total Muslim population to be nearly six million people. By the mid-1930s, it was generally accepted that rapid population growth was already underway, owing primarily to France's increasing pacification of the country (Will D. Swearingen, *Moroccan Mirages: Agrarian Dreams and Deceptions, 1912-1986*, London 1988, pp. 95-96). The post-independence years have witnessed a large-scale emigration of approximately 95 percent of the Moroccan Jewish community, which had previously numbered ca. 250,000-300,000, and 90 percent of French citizens, who numbered approximately 350,000 one the eve of independence (Blake, p. 411).
- 5 *World Population Profile: 1991* (U.S. Department of Commerce, Bureau of the Census) Washington, D.C. 1991, p. 39.

another salient indicator in this regard: they have consistently hovered between 2.5 percent and 3 percent per annum since 1965 (the estimated rate for the 1990–95 period is 2.4 percent). This number is just slightly below the regional average (covering 16 Arab countries, Iran, Turkey and Israel) of 2.98 percent per annum, a figure which gives the Middle East region the second highest growth rate in the world, following sub-Saharan Africa, and implies a doubling of the population within 24 years.<sup>6</sup> Indeed, projections by Moroccan demographers stipulate that Morocco's population in the year 2007 (25 years since the 1982 census) will range between ca. 34.5 million to ca. 40.3 million people. The upper figure, if reached, will in fact mark a doubling of the 1982 population; the lower an increase of just under 60 percent.<sup>7</sup>

The gravity of Morocco's rapid and prolonged population growth can only be understood against the background of its economic difficulties. A few examples will suffice. Morocco was thought (incorrectly) by French administrators to have once been the 'granary of Rome.'<sup>8</sup> However, despite its considerable agricultural potential and active export citrus sector, Morocco was by the mid-1980s importing between one-third and one-half of its cereal needs, up to one-third of its sugar and nine-tenths of the raw material for its vegetable oils.<sup>9</sup> Foreign indebtedness at the end of the 1980s was approximately \$20b., with the ratio of debt service ratio being 29.1 percent. Overall unemployment in urban areas was estimated at 14 percent; the rates among those between the ages of 15–24 was nearly double the overall figure, standing at 27.5 percent.<sup>10</sup> Like most non-oil producing Arab countries, Morocco suffers from a considerable 'resource gap' (investment minus domestic savings).<sup>11</sup> Inevitably, the combination of rapid population growth and economic policies which benefit relatively small sectors of the population places enormous pressure on both the educational systems and labor markets, not to mention, ultimately, the political

6 Alan Richards and John Waterbury, *A Political Economy of the Middle East*, Boulder, Col. 1987, p. 83.

7 *Analyses et tendances démographiques au Maroc* (Centre d'Etudes et de Recherches Démographiques, Premier Ministre, Ministère du Plan, Direction de la Statistique), Rabat 1986, p. 186.

8 Swearingen, *Moroccan Mirages*, pp. 15–36.

9 Swearingen, 'Morocco's Agricultural Crisis,' in I. William Zartman (ed.), *The Political Economy of Morocco*, New York, p. 160.

10 *Morocco, Country Profile 1990–91*, (The Economist Intelligence Unit) London 1990, pp. 18, 50.

11 Richards and Waterbury, pp. 220–21.

systems. In sum, to cite Richards and Waterbury, the capacity of Morocco's economy and administration to provide its citizens with the goods necessary if they are to contribute to economic growth — good health, education, and professional and vocational skills — have been, like most other Middle Eastern states, overwhelmed by numbers.<sup>12</sup>

For Morocco, as for most of the Middle East, the continuously high annual growth rates can be basically explained by the 'stubbornly slow decline' in fertility vis-à-vis a corresponding drop in the death rate.<sup>13</sup> Morocco's crude birth rate, defined as the number of births per 1,000 of the total population, declined from 49 in 1965 to 36 in 1985, whereas its crude death rate dropped from 18 per thousand to 11. Another, more salient indicator is the total fertility rate (TFR), namely, the amount of children which women bear during their lifetime. In 1970, Morocco's TFR stood at 7.1 per woman, at the end of the 70s it had dropped to 5.9, and by 1990 was approximately 4.2. In this regard, only Tunisia and Lebanon among Arab countries registered lower TFRs, with Egypt, Kuwait and the United Arab Emirates being on approximately the same level. This decline in TFR is not at all insignificant. Nonetheless, it did not lead to a reduction in the annual growth rate, owing to concurrent increases in both the relative and absolute numbers of women of child-bearing age (15–49 years of age; 44 percent of all females, as of 1975).<sup>14</sup> As is true throughout the developing world, Morocco's population is markedly young: 60 percent of the population is under 25 years of age, with two-thirds of that number being under 15.<sup>15</sup>

It is a commonplace that family size is determined by many factors — socioeconomic, health-related, cultural and attitudinal, and governmental policies — which mutually reinforce each other. With regard to quantifiable indicators, Morocco is, as one would expect, firmly situated among the less developed countries (LDCs). In the health sphere, its infant mortality rate (which nearly always correlates directly with fertility rates) has dropped from 160 per thousand live births in 1960, to 100 in 1981, to 73 in 1989. Similar drops were recorded in other Arab countries, but the contrast to rates ranging between

12 *Ibid.*, pp. 101–102.

13 *Ibid.*, p. 84.

14 Omran, p. 68.

15 AID, 'Congressional Presentation Document for Economic Assistance Programs,' 1990; 'World Population Tables,' in *Meeting The Population Challenge*, United Nations Population Fund, New York 1990.

5–9 per thousand among the OECD nations remains stark.<sup>16</sup> The consequences for family planning programs were stated graphically by a senior Moroccan Health Ministry official at the 1974 World Population Conference in Bucharest:

How can we ask a couple to limit the number of their children if no reasonable guarantee can be given them about the chance of those children's survival?... It seems to me to be vain to hope for any change in attitude and behavior as far as procreation is concerned if the fundamental reasons for such behavior remain unchanged. And among these reasons — and there are many — infant mortality occupies a special place.<sup>17</sup>

A related health indicator was the percentage of births attended by a health worker — 29 percent during the years 1983–88, in contrast to 47 percent in Egypt, 68 percent in Tunisia, and 99–100 percent in the OECD countries.<sup>18</sup> In terms of life expectancy rates, here too there has been a measurable improvement, from about 43 years during the early 1950s, to 53 years in 1978, and 63 years in 1990. This was about average for the Arab world, slightly above the overall average for LDCs, and significantly below the life expectancy rates (75–78) of OECD nations.<sup>19</sup>

Various socioeconomic indicators complement the statistical picture. Female literacy rates have risen slowly, from 11 percent in 1970, to 18 percent in 1980, and 22 percent in 1985, placing Morocco fourteenth out of 18 Arab countries. Male literacy was higher, as to be expected, but still reached no more than 45 percent. Secondary school enrollment during the 1980s amounted to 43 percent of males and just 30 percent of females. Per capita income as of 1987 was only \$620. 6.9 percent of Morocco's GNP was spent in the health and education spheres, compared to 7.7 percent in Tunisia and between 10–14 percent in the OECD countries. Seventy percent of Morocco's population had access to health services during the mid-1980s, and 60 percent to potable water. Finally, like most other LDCs, Morocco was becoming increasingly urbanized, with the percentage of urban dwellers having reached 48 percent in 1990, and with a 3.8 percent projected annual growth rate of the urban population between 1990–1995.

16 Richards and Waterbury, p. 106; Moroccan Ministry of Health statistics (cited by AID compilation, 'Demographic, Health and Educational Facts on Morocco,' 1990); Sadik, *The State of World Population 1990*, 'Population Indicators' tables.

17 Stanley P. Johnson, *World Population and the United Nations*, Cambridge 1987, p. 108.

18 Sadik, 'Social Indicators.'

19 Omran, p. 113; Sadik, *ibid.*

*Changing Policies, Changing Attitudes*

Taken together, the statistical profile enumerated above would be daunting to any family planner. Population growth, however, is not only a function of all of the above variables: family planning programs often act as independent variables in their own right, having both a direct impact on population trends and indirect, complementary effects in the socioeconomic sphere. Or, in other words, 'the lag between the early stages of modernization and a shift to smaller family size desires can be shortened significantly by the introduction of family planning programs, and (...) this in turn will aid the development process.'<sup>20</sup> What then have been the Moroccan government's policies with regard to population growth and family planning? What roles have international agencies taken? What have been the obstacles facing policy formulation and implementation? To what extent have people's attitudes and predilections changed with regard to family planning? In short, how much progress has been achieved in controlling population growth in Morocco?

Tunisia, Morocco's neighbor, was the first Arab country to implement a family planning policy. A two-year experimental program, initiated in May 1963, was followed by the adoption of a nation-wide program in June 1966. Overall, Tunisia has had far more success than any other Arab country in limiting population growth (its projected annual growth rate between 1990-1995 is only 1.3 percent). One may conclude that its family planning program plays a part in this success, as long as it is seen within Tunisia's overall historical and socioeconomic context.

There is some evidence that Tunisia's initial activities were discussed during a meeting between Tunisia's President Habib Bourguiba and Morocco's King Hasan in late 1965, and that the US was also encouraging Morocco to follow the Tunisian example.<sup>21</sup> A Ministry of Planning Report in 1965 pointed to the economic gains which could be achieved during the following two decades if the birth rate could be substantially decreased.<sup>22</sup> Consequently, in February 1966, Morocco's ministers of planning and public health formally inaugurated a family planning policy. However, results were slow in coming. Unlike in

20 C. Chandrasekaran and Albert I. Hermalin (eds.), *Measuring the Effect of Family Planning Programs on Fertility*, Dolhain (Belgium) 1975, p. 5.

21 Scott D. Grosse, 'The Politics of Family Planning in the Maghrib,' *Studies in Comparative International Development* (Spring 1982): 27; Robert J. Lapham, 'Population Policies in the Maghrib,' *The Middle East Journal* 26/1 (Winter 1972): 5.

22 George F. Brown, 'Moroccan Family Planning Program — Progress and Problems,' *Demography* 5 (1968): 627.

Tunisia, the newly inaugurated plan had not been accompanied by any pre-program population policies, such as liberalizing abortion laws, making contraception devices available, or addressing issues relating to the status of women.<sup>23</sup> In fact, the law barring the importation of contraceptives was only repealed in July 1967,<sup>24</sup> accompanied by a liberalization of the law governing therapeutic abortions. There were other signs of government laxity. A newly created ministerial commission on population convened only twice between 1966 and 1975; a 1968 Health Ministry directive made each state doctor responsible for developing a family planning program for his particular region, without providing any budgetary support; as of 1977, regular health service personnel had not received any special training or motivational support in family planning.<sup>25</sup> The modest goal established in the early 1970s of reducing the crude birth rate from 49 per thousand to 45 per thousand over the course of five years (1972–1977)<sup>26</sup> was not achieved.

In Morocco, the king stands at the apex of a system that is at once highly centralized and highly segmented.<sup>27</sup> The king is thus capable of influencing both policy making and popular attitudes with regard to family planning. Indeed, Hasan's low profile attitude during the 1960s and 1970s contributed to the slow pace of change in both the policy and attitudinal realms. Even more recently, the king chose not to take the lead. While Hasan supports family planning in principle, he has rarely discussed the matter in public, let alone used the throne as a 'bully pulpit' to guide the population in that direction. One example of Hasan's deliberately low profile, particularly during the 1960s and 1970s, was the failure of the Moroccan press to report Hasan's signing in 1966 of a UN declaration of heads of state recognizing the severity of unplanned population growth and recognizing that family planning was 'in the vital interest of both the

23 Lapham, 'Population Policies in the Maghrib,' p. 5.

24 In the late 1960s, only an estimated 2 percent of Moroccan couples were practicing contraception. Lapham, 'Population Policies in the Middle East and North Africa,' *MESA Bulletin* 11/2 (May 1977): 6. A 1973 study estimated that only 3 percent of married Moroccan women of childbearing age were using modern methods of contraception, despite their somewhat improved availability. (Robert Castadot and Abdelkader Laraoui, 'Morocco,' *Country Profiles*, New York (September 1973), cited in Fatima Mernissi, 'Obstacles to Family Planning Practice in Urban Morocco,' *Studies in Family Planning* 6 (12) (1975): 418.

25 Grosse, p. 28; Professor Dale Eickelman, communiqué.

26 Chandrasekaran and Hermalin, pp. 67–69.

27 John Waterbury, *The Commander of the Faithful*, London 1970; Dale Eicklemann, 'Royal Authority and Religious Legitimacy: Morocco's Elections, 1960–1984,' in Myron J. Aronoff (ed.), *The Frailty of Authority*, New Brunswick, N.J. 1986, pp. 181–205.

nation and the family.<sup>28</sup> It was not until 1978 that he first spoke out in favor of family planning;<sup>29</sup> although the idea had gained increasing legitimacy during the 1980s, the king continued to maintain a certain personal distance. The king's daughter, Princess Laila Meriem, has been active in the promotion of child survival programs, but not so much in family planning per se.

A number of factors can be ascribed to Hasan's wariness. The king's pre-eminent status in the kingdom is bound up with his spiritual role, enshrined in the Moroccan constitution, as *amīr al-mu'minīn* (Commander of the Faithful). Consequently, much of his action, or inaction, stems from his desire not to offend the sensibilities of Morocco's Muslim society. This is not to say that Islam is, or has ever been, monolithic with regard to birth control.<sup>30</sup> Yet, there have always existed strong pronatalist tendencies in the Islamic world, shaped by both cultural bias and doctrinal teachings.<sup>31</sup>

At the same time, there appears to be a significant variation of attitudes on the subject, influenced by education as well as sex. The results of Donna Bowen's inquiry into the attitudes of Moroccan *'ulamā'* and Moroccan women toward family planning during the 1970s were instructive. She found that in general, the higher the rank of the religious leader, the more familiar he was with classical Islamic opinion recognizing the right of the married couple to control their progeny. Conversely, as the status of the *'alīm* declined (lower level teachers and *fuqaha*), the more he resisted the thought of such freedom. The two groups of *'ulamā'* tended to view the issue in different contexts and emphasize varying Islamic sources to support their arguments.<sup>32</sup> Views on family planning expressed by various Muslim experts on jurisprudence and religious thought at an international Islamic conference, held in Rabat in December 1971,

28 Brown, p. 627; Grosse, p. 28. The declaration also stated that 'the opportunity to decide number and spacing of children is a basic human right.' Five other heads of governments with predominantly Muslim populations signed as well: the Shah of Iran, Jordan's King Ḥusayn, Tunisia's President Bourguiba, Egypt's President 'Abd al-Nasir, and Malaysia's Prime Minister Abdul Rahman. The text of the declaration is in *Islam and Family Planning: International Islamic Conference, Rabat, December 1971*, vol. 2 (Beirut, 1974), pp. 533-534.

29 Grosse, p. 41. In essence, policies promoting contraception were starting from scratch.

30 Basim Musallam, *Sex and Society in Islam: Birth Control Before the 19th Century*, Cambridge, 1983, *passim*.

31 Nadia H. Youssef, 'The Status and Fertility Patterns of Muslim Women,' in Lois Beck and Nikkie Keddie (eds.), *Women in the Muslim World*, Cambridge, Mass., and London 1978, pp. 87-88.

32 Donna L. Bowen, 'Islam and Family Planning in Morocco,' *The Maghreb Review* 5/1 (January-February 1980).

conformed in the main to Bowen's findings regarding the higher ranking 'ulamā'. 'Islamic Law,' one of the conference's resolutions stated, 'allows the Muslim family to be able to look after itself as regards the procreation of children, whether this is in the sense of having many or few of them.'<sup>33</sup>

As for the village women interviewed in the Bowen study, most viewed the matter pragmatically. Their main concern was not the nature of religious teachings on birth control but whether or not the spacing and ultimately limiting of family size would promote family health and thus enable women to better care for their home and family. Very few subscribed to the view that family planning was absolutely contrary to the will of God.<sup>34</sup> Interviews of poor urban women conducted in the 1970s by the noted Moroccan sociologist Fatima Mernissi confirm a general desire for spacing and size limitation for (a) economic reasons and (b) in order to maintain their health and beauty and thus guard against abandonment by their husbands, which in their former agrarian communities had been discouraged by the social pressures embodied in the extended family, networks of social control which were far weaker in urban slums. The interviews also highlighted widespread use of traditional techniques of both birth control and abortion, and for a variety of reasons.<sup>35</sup>

Conservative Muslim (mostly male) sensibilities toward family planning among the population initially found expression at the political level. The Istiqlal party had led the fight for Moroccan independence, and was still a powerful political force during the 1960s and 1970s. On both religious and nationalist grounds, Istiqlal was strongly opposed to family planning. Its founder and charismatic leader, 'Allal al-Fassi, came from a family of prominent 'ulamā'. As a believer, he could not countenance the idea that limiting the size of the *umma* (community) might strengthen its power; rather, he felt, population limitation would weaken it. As a nationalist, he tended to share the view of many Third-World nationalists, both Marxist and conservative, that family planning was a new Western device to constrain the emerging nations.<sup>36</sup>

33 *Islam and Family Planning*, vol. 2, p. 490.

34 Bowen, 'Islam and Family Planning in Morocco,' p. 27.

35 Mernissi, *Doing Daily Battle: Interviews with Moroccan Women*, New Brunswick, N.J. 1989, pp. 32-33, 189-191; and 'Obstacles to Family Planning Practice in Urban Morocco,' pp. 419-422. Other researchers also point to a gross underestimation of the actual occurrence of induced abortions in Muslim countries. Youssef, p. 97.

36 Muslim scholars at a conference on family planning acknowledged the problem. One stated that 'any effort in population control will remain suspect, both politically and culturally, as long as it is seen as a foreign assault and a stratagem.' Another called on family planning workers to confront the numerous political misconceptions and accusations (ranging from

According to Mernissi, the 'purely strategic' concerns of international organizations that finance demographic programs in the Third World resulted in the rejection by Moroccan 'progressive forces' of family planning 'without ever asking about the desires and needs of Moroccan women in this matter.'<sup>37</sup> In addition, both Hasan and the opposition political parties were confident that with enhanced economic development the problem would be solved by itself, as Morocco would be able to properly sustain a much larger population. These views were widely shared among the LDCs throughout the 1970s.<sup>38</sup>

Despite the slow pace of change, the groundwork was gradually being laid for more substantial programs during the 1980s. Much of the initial impetus for promoting family planning during the late 1960s was provided by various international organizations — the Ford Foundation, the UN Population Commission, the Swedish International Development Authority and the International Planned Parenthood Federation.<sup>39</sup> During the 1970s, the expansion of UN-sponsored actions under the banner of the UNFPA included Morocco, which was initially classified as one of 53 'priority' or 'borderline' countries in need of special assistance.<sup>40</sup>

Given the UNFPA's integrated approach to the problem of family planning, much of its financing has been directed toward strengthening maternal and child health programs. In Morocco, it began by supporting a project providing training in family planning techniques, information, and education for medical and paramedical personnel of the Ministry of Public Health.<sup>41</sup> An assessment of needs was carried out in 1979, following which a number of projects were drawn up and implemented. One of them involved the training of supervisors

Zionist and imperialist plots to designs by Muslim upper classes to reduce the numbers of Muslim masses so as to prevent them from claiming their rights); *Islam and Family Planning*, vol. 2, pp. 289, 19.

37 Mernissi, *Doing Daily Battle*, pp. 11–12.

38 Dr. Hasan Hathout, a Kuwaiti obstetrician/gynecologist and participant in the Rabat conference on family planning, endorsed the view that peace, development, cooperation, and share-the-wealth policies would enable Islamic countries to solve the population explosion without resorting to family planning. 'I say this,' he stated, 'although I am a doctor and give prescriptions for contraceptives.' *Islam and Family Planning*, vol. 1, p. 333.

39 Brown, p. 627.

40 'Priority' countries were to receive 70 percent of UNFPA allocations. Following the initial needs assessment and the fixing of criteria, Morocco was dropped, in 1982, from the list. Arab League countries which remained on the list were Egypt, Sudan, Somalia, Mauritania and the two Yemens. Sadik, *Population: The UNFPA Experience*, New York and London 1984, pp. 9–10; Omran, p. 191.

41 Omran, p. 187

(*monatrices*) in 360 women's centers, which operated in urban slums and rural areas, in matters such as nutrition, hygiene, home economics, and child spacing and its importance for the well-being of the family. The project also included components designed to strengthen the training capabilities of the centers in skills that would enable women to enter the wage-earning labor force, e.g. typing, bookkeeping and accounting.<sup>42</sup> Other projects included support for updating cartographic work in preparation for the 1982 census and for five surveys dealing with household expenditures and consumption patterns, nutrition, employment, fertility and mortality. Finally, the UNFPA funded a 'Regional Seminar on Population Education and Curriculum Development.' Held in Rabat, the gathering of 37 educators from 21 Arab nations reached a consensus that population education should be integrated into all existing educational programs, and that the employment of innovative curricula and methods could contribute to the renewal of Arab education in general.<sup>43</sup>

The late 1970s witnessed a significant intensification of economic hardship owing to the fall in phosphate prices, increased military expenditures to finance Morocco's war for the Western Sahara and the country's declining ability to feed itself. One researcher suggests that the economic crisis shook Moroccan officials out of their previous complacency, and led them to more open and sustained advocacy of a 'strong' family planning program. The same observer also suggested that the greater emphasis on family planning policies in Morocco since 1978 may partially reflect Morocco's increased dependence upon external sources of aid, making the government 'more sensitive to the importunings from Washington (USAID and the World Bank) in favor of population control.'<sup>44</sup>

In any case, the ground was becoming riper: the 1980s witnessed more sustained and far-reaching family planning programs spearheaded by the US Agency for International Development (USAID). These programs scored significant successes. Concurrently, improvements in a number of 'social indicators' pointed to favorable complementary trends in the socioeconomic sphere. Thus, although it was far too early to speak of a revolutionary transformation, or even a decisive breakthrough in checking Morocco's spiraling population growth, one could clearly point to a degree of progress.

USAID's goals have been straightforward: to assist Moroccan programs 'to

42 Sadik, *Population: THE UNFPA Experience*, p. 81

43 *Ibid.*, pp. 124, 140, 142.

44 Grosse, pp. 22, 31, 36. In 1980, the debt service ratio reached 32.7 percent, two years later it was 43.2 percent. *Morocco, Country Profile 1990-91*, p. 14.

expand the voluntary use of family planning methods, to improve population and demographic planning, and to increase the rates of child survival.' Of particular importance has been its assistance in delivering a package of family planning and primary health services to more than 70 percent of the population.<sup>45</sup> The results have been significant, in a number of mutually reinforcing areas, and appear to substantially confirm Mernissi's earlier thesis that the key to successful family planning lay in making modern medicine a more attractive alternative than it had been previously.<sup>46</sup>

By 1990, family planning assistance, including contraceptives, had become available in 3,600 clinics and dispensaries, with a dispensary said to be situated within 10km. of every individual.<sup>47</sup> According to a 1987 study conducted by the Moroccan Ministry of Health and with the assistance of the Westinghouse Corporation's Institute for Resource Development, USAID and UN agencies (*Enquête nationale sur la planification familiale, la fécondité et la santé de la population au Maroc [ENPS]*), the percentage of married women of reproductive age (15–44) using contraception nearly doubled during less than a 10-year period: from 19.4 percent in 1979–80, and 25.5 percent in 1983–84, to 35.9 percent in 1987. An overwhelming percentage of these were using 'modern' as opposed to traditional means of birth control, the pill being the preferred method of most.<sup>48</sup> The initial, officially-sponsored programs during the late 1960s had mostly involved the intra-uterine device, but interest in it quickly declined once the pill was introduced in 1969.<sup>49</sup> Predictably, there was a significant difference between the rate of urban women (51.9 percent) and that of rural women (24.6 percent) who used contraceptives.<sup>50</sup> The *ENPS* survey found

- 45 USAID also provides financial support to the Moroccan government's national vaccination and oral rehydration therapy (ORT) campaigns. The latter is a key weapon in the fight against dysentery, a prime cause of infant death in the Third World. Morocco now manufactures its own ORT packets. USAID, 'Congressional Presentation Document for Economic Assistance Programs,' 1990, p. 171; Richards and Waterbury, p. 110.
- 46 Mernissi, 'Obstacles to Family Planning Practice in Urban Morocco,' p. 424.
- 47 Interview with Joyce Holifield, USAID program head, Rabat, May 1990.
- 48 *Enquête nationale sur la planification familiale, la récondite et la santé de la population au Maroc (ENPS) 1987*, Royaume du Maroc, Ministère de la Santé Publique Service des Etudes et de L'Information Sanitaire, and Demographic and Health Surveys, Institute for Resource Development/Westinghouse, Rabat and Columbia, Md., March 1989, p. 62.
- 49 Bowen, 'Women and Public Health in Morocco: One Family's Experience,' in Elizabeth Warnock Fernea (ed.), *Women and the Family in the Middle East*, Austin, Texas 1985, p. 137.
- 50 On the other hand, the percentage of users in the rural areas is more impressive than it first seems. In the late 1960s, according to one ethnographer, contraception was 'rarely practised' in the villages of the Middle Atlas mountains. Vanessa Maher, *Women and Property in Morocco*, Cambridge 1974, p. 107.

that 57 percent of women had practiced birth control at some point during their fertile lifetime, with 52 percent using modern methods. Reinforcing this picture is the growth in awareness among women of child-bearing age of at least one modern contraceptive method: an increase from 84 percent in 1979–80 to 98 percent in 1987. Moreover, 94 percent of the women knew where in the public sector — hospitals, dispensaries, health centers, or home visit outreach programs — they could obtain it. The private sector, mainly pharmacies, are the most important sources for two other means of birth control, i.e., vaginal methods and injections; the survey was taken prior to a more recent emphasis on condoms (see below). In the urban areas, these rates figures were close to 100 percent, while in rural areas, 96.2 percent knew of at least one method, and 91.4 percent knew how to obtain it. Another important indicator has been the increase in 'new acceptances' of birth control, from 7,500 in 1968, to 20,000 in 1969, 103,000 in 1976, 326,000 in 1983 and 330,000 in 1987 (figures covering the public sector only). In comparative terms, Morocco occupies the top tier among Arab and Muslim nations with regard to the rising prevalence of modern contraception, ranking second among Arab countries just behind Tunisia and about on a par with Egypt.<sup>51</sup>

A number of other correlating figures also point in a favorable direction. The 1982 census showed a steady drop in the percentage of early marriages (which normally tend to produce large families) — from 60 percent of women aged 15–19 in 1960 to 18.5 percent in 1982; preliminary results of a national demographic survey conducted between 1986–88 put the figure at 16.5 percent; similarly, in the 20–24 age bracket, over 95 percent of the women in 1960 had married, 60 percent in 1982 and just over 50 percent in 1987.<sup>52</sup> The average age of marriage for women in the 25–49 age group had risen by 1.3 years between 1979–80 and 1987, from 17.2 to 18.5.<sup>53</sup> In the health sphere, as already noted; infant mortality rates dropped significantly during the 1980s. The mortality rate of children ages 1–5 dropped from 52 per thousand in 1975–1979 to 31 per thousand in 1982–1986; malnutrition among infants (0–3 years) was rendered practically non-existent;<sup>54</sup> vaccination coverage for six childhood diseases

51 *ENPS*, Table 4.9, p. 54.

52 *ENPS*, p. 22; *Enquête démographique nationale, 1986–88, Rapport préliminaire* (Direction de La Statistique du Ministère du Plan), Rabat, November 1989, p. 17. The two studies display some variation with regard to the 1987 marriage figures. I have chosen to cite the latter.

53 *ENPS*, p. 105.

54 *ENPS*, chapter six.

increased from 50 percent in 1985 to 95 percent in 1989.<sup>55</sup> These figures bode well for the future: the most recent United Nations Children's Emergency Fund (UNICEF) report on the state of the world's children points to a direct correlation between falling infant mortality rates and declining fertility rates.<sup>56</sup>

Women's preferences on the subject of fertility, as measured in the *ENPS* survey, both confirm earlier studies and point to changing norms in the direction of increased family planning. On the one hand, a woman's status in Moroccan society is still largely determined by her children. Moreover, in the absence of comprehensive social security and pension plans, one's children, once grown, provide the parents with economic security in their old age.<sup>57</sup> On the other hand, considerations of the mother's health and economic factors are clearly growing in importance. According to the *ENPS* survey, the desired number of children dropped from 5.0 in 1979–80, to 3.7 in 1987. The study also pointed to the relation between education and women's perception of the desirable size of family: the higher the level of education, the less the desire to have any more — of women with three children, 34.1 percent of those without any education desired no further children, in contrast with 57.1 percent among those with at least primary education and 74.6 percent of the women with a secondary education. A 'non-negligible' percentage of women found it difficult to answer a hypothetical question of this nature — many of the 27 percent of those who could not give a desired number stated that 'it depends on God.' Altogether, the *ENPS* survey found 46 percent of the women surveyed as potential candidates for family planning services: 25 percent wanted no more children, and 21 percent wanted to employ birth control for birth-spacing purposes.<sup>58</sup>

A further salient indicator in measuring the status of Moroccan women in society, which in turn has a direct bearing on fertility levels, is the female activity rate in income earning activities.<sup>59</sup> Although the vast majority of women are not engaged in non-agricultural employment activity, the percentages of urban elite women engaged in the liberal professions and scientific fields, civil service and

55 USAID, 'Congressional Presentation Document,' p. 171.

56 *New York Times*, 19 December 1990.

57 Bowen, 'Women and Public Health in Morocco,' p. 136.

58 *ENPS*, pp. 69–70. Recent ethnographic work of a keen observer of Moroccan society, Professor Dale Eickelman, confirms that 'most women now normatively accept the notion of family planning, or thinking about numbers of children and the spacing of births.' Communiqué.

59 Youssef, pp. 74–75.

even regional and local political organizations, have risen considerably.<sup>60</sup>

One other indicator of the growing acceptance of family planning as a *norm* is the absence, thus far, of public resistance from religious groups. Nonetheless, many rural women, in particular, still do not make it to the nearest dispensaries. In the view of USAID officials, distance seems to be less of a factor than persisting cultural resistance. Consequently, USAID considers it vital to undertake increased work with particular interest groups and local community leaders, such as *wālīs* and *qādīs*, in order to remove lingering resistance.<sup>61</sup> Another area in which there is substantial room for improvement is the use of the media and public-interest organizations to promote family planning programs more aggressively. The 1987 ENPS survey found that 73 percent of women had never been exposed to family planning information either through the radio, television, youth meetings or the Women's Union.<sup>62</sup> Moreover, nearly four-fifths of all women (89 percent of urban women, 70.8 percent of in the countryside), believed that the use of the mass media in this regard was appropriate belying the notion that Moroccan society is too 'prudish' for such an action.<sup>63</sup>

USAID is also placing greater emphasis on what is termed 'social marketing' of contraceptive devices, with particular emphasis on the employment of condoms to prevent the transmission of sexually communicable diseases. A program run jointly with the Ministry of Health and the Moussahama pharmaceutical group is widely promoting and marketing condoms at affordable prices. The growing awareness of the danger of AIDS is bound to increase the program's popularity. One positive result has been the effect on men's attitudes: a recent survey found that men were now much less ill-at-ease with the idea of asking to purchase condoms in pharmacies.<sup>64</sup>

A brief comparison between UNFPA targets for LDCs for the year 2000, contained in the 'Amsterdam Declaration' issued on 9 November 1989, and Morocco's current status sheds further light on the challenges facing it. Morocco's current infant mortality rate (73) is way above the UN target of 50.

60 John P. Entelis, *Culture and Counterculture in Moroccan Politics*, Boulder 1990, pp. 63–64.

61 Interview with Joyce Holifield, Rabat, May 1990.

62 On the other hand, one young woman's 1972 experience with the health system, as described by Bowen, included exposure to family planning information on television at both noon and eight o'clock in the evening. Bowen, 'Women and Public Health in Morocco,' p. 139.

63 *ENPS*, p. 61.

64 *L'Opinion*, 14 February 1990.

Much more work will therefore have to be done in providing both pre- and neonatal care; as of 1987, only 26 percent of all births were medically supervised — only 10 percent in the rural sector — while only 25 percent of women had at least one prenatal consultation (12.6 percent of rural women).<sup>65</sup> The UN target for contraceptive prevalence is 56 percent, well above Morocco's 35.8 percent of 1987. With regard to high maternal mortality rates in the developing world, which are directly related to high frequency of pregnancies and low rates of prenatal care and attendance at birth of qualified doctors or midwives, as well as illegal abortions, the Amsterdam Declaration set a goal of an at least 50 percent reduction, particularly in regions where the figure currently exceeded 100 per 100,000 live births. No precise figures are available for maternal mortality rates in Morocco. However, they are apparently quite high. According to the UNFPA, the rates in many of the Arab countries are below the ten worst-case levels cited, but are among the highest in the world, ranging between 340–500 deaths per 100,000 births.<sup>66</sup> One researcher confirms that Morocco belongs to this group, without providing figures.<sup>67</sup> The fact that therapeutic abortions, if the mother's health is endangered, have been legalized but are unavailable in the public sector and expensive in the private sector<sup>68</sup> undoubtedly contributes to the prevailing high rate of maternal mortality. In terms of life expectancy, on the other hand, Morocco has already reached the UN's target of 61 years. Additional improvements in health-related spheres will presumably raise that figure further.

### *Toward the Future*

Morocco's progress in the population sphere ran parallel to its relatively impressive macro-economic performance during much of the latter part of the 1980s: record harvests between 1987–1989, an economic growth rate of over 10 percent, low inflation (2.3 percent), increased exports and a sharply reduced

65 'Kingdom of Morocco: Demographic, Health and Educational Facts on Morocco,' USAID mimeo, 1989. The figures on medically supervised births are taken from a 1987 government survey. They differ slightly with UNFPA statistics previously cited, covering the 1983–1988 period.

66 At least one-half million women die each year from pregnancy and child-birth related causes, 99 percent of them in developing countries. *Meeting the Population Challenge*, UNFPA, New York 1990, pp. 8, 10, 35.

67 Omran, p. 112.

68 Bowen, 'Women and Public Health in Morocco,' p. 137.

budget deficit.<sup>69</sup> This impressive performance has slowed down more recently, however, and fundamental structural deficiencies remain as major obstacles to economic progress. The December 1990 riots in Fez indicated again that Morocco faces profound challenges in the socioeconomic sphere. Responding adequately to those challenges, while maintaining political stability, will severely test the capabilities of the Moroccan leadership. In the short term, further progress in the family planning sphere will do little to alleviate the existing situation. In the long run, however, a further lowering of Morocco's rate of population growth and accompanying measures in the health and welfare spheres are vital for both the regime and Moroccan society as a whole. The achievements of the last decade appear to provide a promising basis for even more sustained and far-reaching government policies.

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69 John Damis, 'Morocco and the Western Sahara,' *Current History* 89/546 (1990): 167.