

## RESPONSIBLE MOTHERS, ANXIOUS WOMEN: CONTRACEPTION AND NEOLIBERALISM IN MOROCCO

Cortney Hughes Rinker

Dressed in a white lab coat and black hijab, Amal sat behind her desk in the counseling room of a clinic that specializes in reproductive and maternal healthcare located just outside Rabat, Morocco. Amal was not only the sole counselor who checked in patients and updated their charts, but she was also the clinic director, responsible for overseeing both medical services and administration. I sat across from her, behind her hung a piece of cardboard with various methods of contraception taped to it. As she gestured to it, I asked what was the most popular method for women who came to this clinic, which is tucked away in a working-class neighborhood. She explained that oral contraception (referred to as *la pilule*)<sup>1</sup> is the most popular because it is “easy” and “private” for women, requiring fewer trips to the doctor for supplies and care. Even though Amal and I spoke in a mix of Moroccan Arabic and French, she made sure I understood her point by saying “number one”<sup>2</sup> in English and pointing with her index finger. By using the birth control pill, women can control their own fertility as long as they remember to

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Cortney Hughes Rinker is Assistant Professor in Department of Sociology and Anthropology at George Mason University

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take it each day. Amal said they only need to see the doctor once a year for a well-woman exam and make a trip to the clinic every three months for new cycles of pills. (Patients may purchase up to three months' worth of birth control pills on any visit to the clinic.)

As of 2008, approximately sixty-three percent of Moroccan women of childbearing age are using one method of contraception or another.<sup>3</sup> Global and community health scholars often break contraception down into two categories. Modern contraception includes those methods that are prescribed by a physician or should be carried out under the care of a trained medical professional, including oral contraceptives, the intrauterine device (IUD), and injections. In contrast, traditional contraception refers to practices such as herbal remedies, coitus interruptus, abstinence, prolonged breast-feeding, post-partum taboos, and the rhythm method. As in Amal's clinic, the most popular modern method of contraception in Morocco is the birth control pill followed by the IUD. Both methods are widely available in clinics and hospitals, and women can purchase the pill without doctor's orders in pharmacies across the country.

Andrew Russell and Mary Thompson suggest "contraceptives are important new technological 'facts' on the global stage. However, just as importantly they are mental 'conceptions.'"<sup>4</sup> Methods of contraception "do not just 'work,' they work in bodies in a wide variety of perceived ways"<sup>5</sup> and are both medical practices and social constructions. My goal in this article is to show that for the working-class female participants I observed and interviewed in Rabat, birth control is a material means through which they express their doubts about the future of their country and their children. I pose that part of their anxiety stems from changing constructions of feminine citizenship that have accompanied new development initiatives. Some prior scholarship on Morocco has argued that women's citizenship hinges upon their ability to give birth, ideally to several children. For example, in her study of family planning among rural women in southern Morocco, Rahma Bourqia argues that birth defines women's existence both psychologically and socially. She discovered that poorer women in her sample were very apprehensive about accepting family planning because limiting the number of children in their households would be detrimental to their roles in society. Moreover, parents expect their children to take care of them when they grow older. Bourqia writes, "The most important investment and capital for women is to have

children.”<sup>6</sup> Also, Vanessa Maher suggests that because a Moroccan woman tends to have children over a long period of time, “there are always children around her, dependent on her for care and attention and greatly reducing her mobility. So it is that most of her activities must be carried out within a severely circumscribed space.”<sup>7</sup> Certainly, children in Morocco continue to play an important role in women’s (and men’s) lives and their self-perception as citizens. Women’s citizenship status, however, is no longer specifically based on “investment” in a larger number of children. As shown in other countries around the world, the quality of children (in terms of education, personal achievement, and their potential future contributions to their families and society), as opposed to the number of children one bears, has become much more important for women in Morocco.

This transformation in childbearing and childrearing occurred as the Moroccan government introduced and implemented neoliberal modernization programs. Most notable here was the National Initiative for Human Development (INDH). King Mohammed VI launched the INDH in 2005 in part to transform constructions of citizenship in keeping with neoliberal logics of self-regulation, active governance, and responsibility. Such logic necessitates that men and women rely not on the government or others for support but on themselves. Marysia Galbraith in her work on family life in Poland describes neoliberalism as “generally associated with the minimization of state control . . . via deregulation, privatization, and limited social provisions” and “grounded in ideals of individual freedom and initiative, which encourage citizens to take responsibility for their own economic wellbeing.”<sup>8</sup> Following this rhetoric, the state expects Moroccan citizens to make strategic decisions in their lives that will not only improve their wellbeing but will also enhance national competitiveness in the world market.<sup>9</sup> The government, along with non-governmental organizations (NGOs) and international organizations (IOs), has adopted this logic in its promotion of family planning. Contraception is an avenue for women to participate directly in development especially since the state claims that their reproductive behaviors fall within its domain of governance.<sup>10</sup>

The introduction of reproductive technologies has mixed effects on the target populations.<sup>11</sup> The working-class women who participated in my research spoke of contraception positively but also with misgivings. It is a way for them to alleviate anxiety about the future through making respon-

sible choices as to their fertility and reproduction. Contraception also raises the bar for women, however, giving them an extra sense of responsibility to raise children who can excel in life. Thus it may cause some anxieties while easing others. The Moroccan state places a great deal of responsibility on women for producing healthy, educated, and moral children who will become the future citizens of the nation. Faye Ginsburg and Rayna Rapp remind us that in its “biological and social sense,” reproduction is “inextricably bound up with the production of culture.”<sup>12</sup> In Morocco, sensible reproductive practices and decisions are key to the neoliberal vision of the modern, but the working-class women in my study did not have access to private physicians or schools for their children. A lack of financial resources and income-generating opportunities for these women made it difficult for them to raise children who are educated, morally upright by society’s standards, and physically and emotionally healthy. It also caused anxiety about their children’s futures and their value as mothers because they might be unable to provide material items or financial support.

Moroccan working-class women did not particularly view birth control as a means of becoming autonomous and self-sufficient citizens, despite its promotion as such in medical and neoliberal discourses of modernization. Rather, they saw contraception as a way to cope with the everyday tribulations of working-class life. Falling in line with the neoliberal rhetoric of development in Morocco, my female participants placed the burden of national enhancement on themselves and not the state. They continued to participate in development paradigms in a responsible manner, believing that their decisions would influence their own lives as well as those of their children and families. Thus, birth control can discipline women’s bodies and work to contain demands on the state.<sup>13</sup> The government, Ministry of Health, development agencies, medical providers, and popular culture promoted contraception as part of being a responsible and modern citizen. Yet the need to control fertility and raise the next generation of citizens also produces higher social expectations for women and alters their definitions of “good motherhood.”

### **Why Fertility and Reproduction Matter in Morocco**

In Morocco, reproduction plays a crucial role in development discourses and the state’s political agenda. The country’s population is relatively young; a large number of individuals have not yet reached the age of reproduction.

As of 2009, about twenty-nine percent of Morocco's thirty-two million people were under the age of fifteen. The population growth rate remains rather high at 1.4 percent annually even though the total fertility rate (TFR) has decreased significantly from 7.4 children in 1973<sup>14</sup> to 2.4 children per woman today.<sup>15</sup> The Population Reference Bureau uses these numbers to classify Morocco as a "less developed" country, a category in which growth averages 1.4 percent per year and the TFR is 2.7 percent.<sup>16</sup> This large number of youth has sparked a sense of urgency within the Moroccan government about educating the population, creating jobs for citizens, and enabling men and women to reach their full potential so that they can take on additional responsibility for producing a modern nation.<sup>17</sup> Unless it solidifies the foundation of development—population control—Morocco could face challenges as it tries to become a major player in the global economic and political scene.

Contraception is not a new concept in Morocco. In 1965, a Ministry of Planning report fueled concern about population growth. The report analyzed population projections through 1985 and outlined the consequences for employment and education if the population growth rate were to remain over four percent annually, its level at the time. It also outlined the numerous gains possible if the growth rate were to decrease to around two percent per year.<sup>18</sup> Soon thereafter, the government began the national family planning program. Since its inception, the program has reconfigured how citizens think of themselves and how they view the collective—a practice with neoliberal motivations. The main goal has been to increase the number of women who choose to regulate their fertility through modern contraceptive methods. To facilitate the creation of such an environment, the family planning program, under the umbrella of the Ministry of Health, has relied on the integration of various sectors of society, including NGOs, IOs, medical providers, community members, and religious leaders.<sup>19</sup> Improving communication between public and private sectors so as to increase awareness and use of contraception is one of the objectives of the program for the immediate future.

In discourses of development, state authorities frame contraception as a technique for optimizing one's standard of living. A 2006 report commissioned by the Moroccan government, *50 ans de développement humain et perspectives 2025 (50 Years of Human Development and Prospects to 2025)*,

states that women's use of family planning is essential to the creation of a "modern population." The report addresses women's position since Morocco's independence in 1956: "Women have played an important role in the evolution of the human potential of independent Morocco. After a period of being the most forgotten element in the human development process, women struggled and have achieved advancements that are now universally recognized."<sup>20</sup> It also implies that women have contributed to development through their reproductive choices much more than through their productive labor. The report reads, "Thanks to the changes in matrimonial and procreative behaviors of Moroccan women . . . and family planning programs in which a large portion of the female population participated, the country was able to manage the development of its population."<sup>21</sup>

The Ministry of Health has embraced the neoliberal development agenda in Morocco that emphasizes individual responsibility and self-regulation. The Ministry directly references the INDH in its Plan of Action for 2008-2012, which focuses on how to reconnect citizens with their bodies and health.<sup>22</sup> A key concept of the INDH is public participation at national and local levels. The field of human development, first introduced into policy dialogues by the UN Development Program, suggested that a policy focus on economic indicators might obscure people's perceptions, needs, and priorities. Human development takes the focus off of wealth accumulation and instead measures three capacities: life span, education level, and standard of living. The UN then ranks countries in the Human Development Index (HDI). In 2011, Morocco ranked 130 out of 187 countries. It was in the "medium human development" category.<sup>23</sup> The INDH mobilizes Morocco's institutional and financial resources to improve these social indicators (such as literacy, poverty, healthcare, education, and women's rights).

The government aims to foster "entrepreneurship, participation, and production" and to discourage reliance on others and the state.<sup>24</sup> In a 2005 speech to the UN General Assembly, King Mohammed VI located the new development initiative in a comprehensive attempt to enhance democracy, build social cohesion, and facilitate economic growth. He said, "The aim is to . . . free large segments of the population . . . from the yoke of poverty, illiteracy, and unemployment, thus enabling them to lead the decent life we wish to offer all our citizens."<sup>25</sup> That same year, in a speech to the Moroccan parliament, the king stressed that citizens must become "modernized"

through making the best choices about their lives, including efforts to have smaller families.<sup>26</sup> Within this agenda for development, “the disciplines of the body and the regulation of the population” have become the state’s primary subjects.<sup>27</sup> Contraception and reproductive decision-making, once considered intimate affairs of the individual and family, are now a requisite of good citizenship: they are no longer “private.”<sup>28</sup>

### **Reproduction: Engaging with Medical Anthropology, Feminist Studies, and Neoliberalism**

Contraceptive methods are not just “things-in-themselves.”<sup>29</sup> They cannot be separated from the social, political, and economic contexts in which they are utilized. In their study of family planning among Iranian and Afghan refugees in Iran, Diane Tober, Mohammad-Hossein Tagdisi, and Mohammed Jalali argue, “Decisions to use or not to use family planning are informed by a variety of factors, including cultural and religious differences, differential access to resources, and experiences of child death and infant mortality.”<sup>30</sup> Contraception does not have a universalized meaning. In my research, female participants turned contraceptive methods into meaningful practices that fit their everyday lives.

Studies of contraception in North Africa have taken many forms, but most often scholars focus on the tension between the emphasis on the family in social and religious discourses and the use of contraceptive methods to limit and/or space out childbirth. Donna Lee Bowen, for instance, contends that Moroccans suffer from “psychological dissonance” because Islam has taught them that large families are of great value. New conflicts arose when the government, public policy, and various institutions began instructing women about how they should make reproductive choices.<sup>31</sup> Rather than framing family planning in opposition to the value of the family within medical, religious, and social discourses, as much previous scholarship has done, I locate contraception and the family as converging concepts. Women I interviewed saw contraception as a necessary means of producing the ideal family. Conversely, contraception reconfigures the private and public spaces women inhabit as it forces the choices they make about their bodies onto center stage.

In addition, the production of the modern Moroccan population is closely linked to individuals’ bodily practices. The majority of literature

on reproduction focuses on individual practices and the influences on individual reproductive decision-making. I illustrate here how women's use of contraceptive methods reflects national development endeavors. Political reforms of the past three decades, including the restructuring of education, the revision of the *Mudawana* (Morocco's family law)<sup>32</sup> and Nationality Code, and the implementation of new development initiatives, have caused individuals to carve out new identities as Moroccan citizens.<sup>33</sup> At the same time, these changes have created higher standards for what is considered success and raised expectations of personal achievement for the next generation. Future citizens are expected to become productive and educated members of society who contribute economically to its growth, hold high moral standards, and will be accountable for their actions. These requirements have in turn placed greater pressure on mothers to produce the modern citizens that the state desires.

Scholars of neoliberalism emphasize that the development of the free market has reinstated the "morally responsible individual"<sup>34</sup> who makes informed choices that improve his or her wellbeing. Nikolas Rose writes of advanced liberal societies, "The human beings who were to be governed—men and women, rich and poor—were now conceived as individuals who were *active* in making choices in order to further their own interests and those of their family."<sup>35</sup> Within a neoliberal framework, society grants women greater responsibility in the production of the future nation and its citizens. The state frames contraception as the responsible, necessary, and moral thing to do, given that the Moroccan government discourages couples from having more children than they can financially and physically care for, or from having children too close in age. In addition, contraception relieves the burden on Moroccan women's bodies since they not only give birth but also perform the majority of childrearing duties. With fewer children to care for (or with children who are adequately spaced), women can also take on income-generating activities such as sewing or other wage-labor jobs that will advance their children's future and education and relieve the state's burden to provide financially for its citizens. As a sign of its commitment to this ideal, one of the private health clinics in Rabat where I conducted fieldwork offered sewing classes for its female patients, their families, and friends.

In Morocco, women have become central to the neoliberal paradigm, not just through their productive labor outside of the home, but even more



so through their bodies and their reproduction. In her study of Palestinian women's reproduction in Israel, Rhoda Kanaaneh describes women's bodies as "fields of contest"<sup>36</sup> through which visions of the nation are defined and contested. "Fields of contest" help in understanding how medicine, neoliberal modernization, social discourses of gender and the family, new notions of citizenship, and different visions of the future are debated through and upon Moroccan women's bodies. Because the women I worked with are at the center of these intersecting forces, they expressed ambivalence about their reproductive bodies and their relationship to the nation-state. Contraceptive methods became a way for them to position themselves within development discourse, to struggle with competing images of the future, and to negotiate new meanings of modern citizenship and motherhood. Here I disentangle multiple discourses that adapt the current rhetoric of self-governance and responsibility in order to discern how working-class women understand these discourses.

In part, diverging discourses exist because the meaning and goals of development are ambiguous and are not homogenous even within a single community. Malinda Smith contends that development discourses in Africa are often "seductive," which grants them authority and durability. Development agencies typically characterize Africa as a "tragedy" in terms of development due to inherent flaws within the countries themselves, but Smith argues that this perspective is flawed. It is more productive to examine the results of development surveys critically, to question the global economic logic, and to examine the process by which multiple discourses converge and translations occur.<sup>37</sup> By doing so, one may discard the vocabulary of "success" and "failure" and focus instead on better understanding how development is perceived at multiple levels of society.

The main objective of this article is to describe how development, neoliberalism, social expectations, and bodily practices intersect in working-class Moroccan women's lives. On the one hand, contraception enables women to be "modern" and "responsible citizens." On the other, it allows them to mitigate everyday difficulties of being working-class in Morocco. Even though women did not use a vocabulary of neoliberalism per se, I suggest that their reproductive practices and choices conform to such rhetoric by accepting the duty of "sensible" childbearing and not relying on the state.

## Individual Choice and Responsibility in Reproductive Decision-Making

Ideas of individual choice are combined with notions of self-governance and responsibility. In recent years, popular women's magazines have published several articles on contraceptive methods available to women in Morocco. For instance, in 2008 *Famille Actuelle* ran the article, "*Contraception: Choisissez celle qui vous convient*," which suggests that women should be able to choose the contraceptive method that best suits their bodies and lives. The last sentence stresses this point: "The best contraception is the one we choose!" Posters on the walls of reproductive health clinics in Rabat also depicted contraception as a responsible practice. These clinics primarily served working-class women who lived in the area. One waiting room poster portrayed the "ideal" nuclear family: a woman sits on a couch sewing while her husband and young daughter read a book together nearby. A little boy is playing next to the woman's feet. A thought bubble appears above her head. The Arabic caption reads, "The pill for protection from pregnancy, easy to use and effective." At the bottom of the poster there is a calendar and a woman's hand holding a cycle of birth control pills. Another poster on the wall of a second clinic shows this same family, surrounded by places where birth control pills are available: the hospital, local clinics, outreach programs, and pharmacies. These posters, which women in my study were exposed to regularly, frame contraception as a responsible and easily accessible practice for women in Morocco. They suggest that women have little excuse for not using it to regulate their fertility.

While the age of first marriage and first birth is increasing in Morocco for women (21.4 years old and 23.9 years old respectively), the average time interval between first marriage and first birth is relatively short at just seventeen months.<sup>38</sup> Discourses of self-regulation and choice do not always coincide with Moroccan women's realities. Kristin Luker writes of choices surrounding fertility and pregnancy:

These choices are not always explicit or clearly articulated: in perhaps the majority of life situations, this calculation of the "risks of life" is a subtle, intuitive, continuing process. This intuitive nature of most of the decision making that goes on in everyday life is sustained by the fact that the social milieu dictates exactly how explicit such decision making can be.<sup>39</sup>

Parents' desire to have sons in combination with social constructions of family and womanhood often create a tension between women and their kin and social networks over the use of contraception.

Even though articles like the one in *Famille Actuelle* claim that women are able to decide when to use contraception, and the posters portray contraception as a responsible decision, the intersection of internal and external forces produces a space of contention surrounding bodily practices. What do the concepts of responsible citizenship and motherhood mean for working-class women in Rabat? How do they make sense of responsibility when they do not have the resources that many wealthier men and women have? How do women handle conflicts within their families and relationships that arise over their use of modern contraceptive methods? A director at the Ministry of Health, Dr. Mohammed, stated that personnel are to explain the benefits of contraception to women: "First we tell women that contraception can help them. It can make their lives better. Then we talk to them about how it can make their children's lives better, too. And, after that, we talk about how it can help society, since women will have fewer children or they will space them better." Medical providers and staff are expected to explain that contraception can enhance children's wellbeing because their parents will be able to invest their time and financial resources in a smaller number. The women involved in my research ultimately viewed contraception in a similar manner even though they did not place as much importance on becoming self-sustaining citizens as they did on negotiating the struggles of daily life in their working-class neighborhoods.

### **Brief Notes on Methodology**

Research for this project took place between 2008 and 2009 in and near Rabat, Morocco.<sup>40</sup> I conducted in-depth research at two health clinics run by an NGO dedicated to sexual and reproductive health care, a public health clinic, and selected female patients' homes. This article focuses on the information I collected primarily from one of the NGO's clinics located on the outskirts of Rabat. In addition to contraception, the clinic offers ultrasounds, pregnancy tests, annual gynecological exams, sexually transmitted diseases (STD) testing, infertility treatments, general health care, dermatology, paediatrics, and psychiatry. Contraception was one of

the most popular services the clinic offered, according to the counselors and the NGO that ran the facility. I observed, on average, ten women per day come to receive birth control pills or condoms or to have the doctor insert or check on their IUDs. This particular clinic primarily services a working-class population and charges a small fee that is much less than what women would pay in public hospitals for care or at pharmacies for contraception. It was also a highly feminized space due to social anxieties surrounding male-female interaction and the gendered construction of reproduction in Morocco.

The remaining sections of this article focus on the stories of three particular women: Amina, Nawal, and Fatima. All three of these interviews took place in a private health clinic. Amina and Nawal were patients, while Fatima was the director and counselor who checked patients in, took down their vital signs, charted their services, and spoke with them about family planning. The interviews with the two patients were spontaneous yet revealing. Sitting with Fatima in the counseling room afforded my presence legitimacy and allowed me to build relationships with female patients, although this was a long process. Developing rapport with staff and women was crucial for my research because it provided opportunities to ask questions about fertility, to learn about women's fears about childbearing and motherhood, and to discern their anxieties about their futures and those of their families in a time of rapid economic and social change. This rapport enabled me to gather the rich stories I present here.<sup>41</sup> Building on scholarship in feminist anthropology, I take up Lila Abu-Lughod's call for "narrative ethnographies of the particular in a continuing tradition of fieldwork-based writing."<sup>42</sup> By using specific stories of Moroccan working-class women to analyze the intersection of development, reproduction, motherhood, and health, I show how the "particulars," which Abu-Lughod argues are "always crucial to the constitution of experience," inform women's responses to neoliberal development rhetoric.<sup>43</sup> She writes, "The effects of extralocal and long-term processes are only manifested locally and specifically, produced in the actions of individuals living their particular lives, inscribed in their bodies and their words."<sup>44</sup> These vignettes demonstrate how these women respond to various pressures as they make choices about contraception.

## The Stories of Three Women

### Amina: Envisioning France and the Fear of Failure

Amina was twenty-eight years old when we met at the health clinic in the summer of 2008. She accompanied her sister one afternoon for a follow-up visit for her IUD. The three of us chatted while they waited for the doctor, Dr. Sana', an obstetrician/gynecologist (ob/gyn) who held a graduate degree from a university in the United States. It was not uncommon for women to wait for hours to see the doctor. Doctors saw women in the order they arrived. To have a chance of being seen first, women arrived very early in the morning. I listened to Amina talk about contraception, pregnancy, and her future as a mother. Her sister was anxious about her visit, so Amina, a nursing student, accompanied her. She explained that as a healthcare professional in training, she understands the stress of unwanted pregnancies, having too many children, and having unprotected sexual intercourse. Amina encouraged her younger brother, who was in his late teens and not yet married, to use condoms, and her sister, who was recently married, to use contraception, just like she does. Amina was married to Badr, a French national of Moroccan heritage who lived and worked outside of Paris. His immediate family was in France, but Amina continued to live with her parents and brother in Morocco. I asked her what she wanted to do after she finished nursing school. She responded that she wanted to move to France to be with her husband. She was still waiting for her visa at that point. By the time I finished my fieldwork in late summer 2009, Amina had graduated from nursing school and moved to France, but had yet to secure a job in the nursing field.

Amina and her husband did not have any children. When I asked, she responded with *pas encore* (not yet) but *in sha' allah* (God willing), they would in the future. Amina wanted no more than three children; two would be perfect. Before they began trying to conceive, Amina wanted to live in France: "I don't want to live here in Morocco with my children. Life is too hard here. Life is too difficult for children today, much more difficult than when I was a child." Amina's analysis of the situation reflects higher social expectations for children that place pressure on parents who lack well-paying jobs and suffer from an overall lack of job security as well as "multiple symptoms of educational crisis."<sup>45</sup> Amina explained that her children's lives, as well as her own, would be much better in France because the future is too bleak in Morocco.

Amina was reluctant to be a first-time mother. Her husband sent her money every month, but it was just enough to pay her bills and buy necessities. Contraception was a way to ease her anxiety about her lack of resources to provide for a child. Her fear illustrated the discrepancies between the future she wanted and the future she believed she would have if she and Badr remained in Morocco. Shana Cohen writes that in Morocco, “trends in unemployment, economic insecurity, and the consumption of luxury goods become . . . factors in the organization of social structure and the formation of self-identity.”<sup>46</sup> Amina had not secured work in France and Badr did not make a salary sufficient to support a family. This situation informed her reproductive practices and her identity as a mother. Amina was also concerned about the academic and professional opportunities available to her future offspring. Her use of contraception, her encouragement of others to adopt family planning, and her strong desire to raise her children in France speak to larger social, political, and economic conditions, reflecting recent changes embedded in the neoliberal development paradigm and global market integration.

#### **Nawal: Islam, Finances, and Managing Fertility**

While Amina used contraceptives in planning for the future, twenty-six year-old Nawal used them in response to her family’s immediate financial concerns. Nawal lived with her husband and six-year-old daughter in the area. She and her husband (also a second cousin) were married when she was nineteen. The marriage was arranged and Nawal moved to Rabat right after the wedding. Nawal was not native to Rabat; her family is from an area near Fes.

In the winter of 2008, Nawal was five months pregnant with her second child, a boy, when she came to the clinic for a sonogram wearing a gray *niqab*. Nawal came once a month for a check-up with the ob/gyn, but Fatima told her that she did not have to come so often. Fatima recommended that women should have three sonograms per pregnancy, a number Nawal had far exceeded. Nawal was thrilled about her second pregnancy and very happy she had waited until her daughter was a little bit older before having another child. She used the birth control pill to space her two pregnancies. Nawal worked very hard cleaning, cooking, doing laundry, taking care of

the household, and caring for her young daughter. Her husband worked in construction, but it was not always a reliable occupation. “Life is hard,” she said.

Despite everyday difficulties, however, Nawal believed that, for Muslims, children are a very important part of life. She pointed out that children are the main focus of the family in Morocco and play a key part in what it means to be a Moroccan woman.<sup>47</sup> She explained,

I love my daughter. I love my family. I love being a mother. For us, for Muslims, children are the heart of life. Children are very important for everyone. I like it when my daughter comes home from school. She says, “Mama, I learned this today in school,” and she will show me her papers. I am so happy because I did not go to school like she does.

Assuring her daughter’s education is significant for Nawal who did not finish high school. She said: “I didn’t go to school, so this is good! My parents made me work to help the family. I worked as a maid.”

Although Nawal placed a high value on family, she believed that God does not want Muslims to have more children than they can provide for adequately. She thought that while all husbands and wives should carefully consider the number of children they have, those who have less wealth should only have a few children and should space them appropriately. Nawal thought that parents should provide their children with food, clothing, education, and love, and that they should take care of the children until they are old enough to marry or move out. For her, providing these necessities reflects positively on the parents as Muslims; conversely, not being able to provide children a “good” life reflects poorly on them.

In her work on women’s healthcare in the Middle East and North Africa, Carla Makhoul Obermeyer has argued that those in power sometimes use Islamic rhetoric to re-inscribe women’s inequality given that multiple interpretations of religious beliefs and practices exist.<sup>48</sup> Muslim women like Nawal, however, use their beliefs and practices to critique gender hierarchies and political and social discourses. Indeed, Nawal draws on her understanding of what Islam says of reproduction to justify her use of contraception. While economic factors, such as her husband’s lack of job security, as well as her own exhausting work, contributed to her decision to

delay pregnancy, Nawal justified her choice based on her interpretation of Islamic teachings. My conversation with Nawal intersects with Susie Krehbiel Keefe's findings in Tanzania. Even though Islamic jurists often prohibited sterilization, many Muslim Tanzanian women nevertheless chose to be sterilized due to financial and social factors. While some scholars suggest that Islam is against family planning,<sup>49</sup> Keefe notes that Islam teaches that God does not want to burden believers physically or mentally. Thus, the use of contraception, and even sterilization in some cases, is permitted.<sup>50</sup> Nawal rejects the argument that Islam does not allow contraception. She "pragmatically" draws on her beliefs to counter her anxieties about the financial and physical burdens of bearing and providing for children. Islamic interpretations are multiple and malleable.

#### **Fatima: Childrearing and the Tired Body**

Fatima is the director of the health clinic where I conducted research outside of Rabat. She has worked there since 2003 and is herself a mother to a young son, Ahmad, who was two years old at the time of my fieldwork. Fatima brought Ahmad to work with her on occasion, along with his nanny, as he was too young to go to school and both she and her husband worked full time. Fatima took a personal interest in her patients and knew most returning ones by name. She took joy in seeing them through their treatments and pregnancies. She was very strict in her instructions, however. If women did not follow her directions, or if they complained about something they had already been warned about, she would express marked displeasure. One day a young woman came in complaining of pain from her IUD that she had inserted just a few days before. Fatima said to me, "I told her it's new. Her body doesn't know it yet. When her body becomes comfortable, the pain will go away. She does not need to see the doctor or have it removed. This is normal!"

In nearly all of the counseling sessions I witnessed, Fatima told her patients that contraception would ease their fatigue. By spacing pregnancies or by limiting their number of children, their bodies would rest. Furthermore, Fatima believed that such family planning would allow her patients to better care for and play with their children, facilitating their development. Fatima linked the state's development paradigm to women's reproductive health by suggesting that contraception would improve their



lives and that of their children. She wanted women to learn that they need to care for themselves so as to care for their offspring and ensure that they are well fed and dressed, that they develop intellectually, and that they have a home that promotes academic achievement. (This environment would contrast with Nawal's childhood home, in which she had to work at a young age to help support her family.)

In her research in Saharan Morocco, Marybeth Macphee theorizes that women attributed ailments and illnesses to the use of modern technologies, including new health practices.<sup>51</sup> New innovations that restructured the day and the household meant to ease pressure and strain on the family actually evoke historical metaphors of health and morality. Similar to Macphee's findings, Fatima pointed out that new models of childbearing that encourage reproductive health and focus on the quality of children have far-reaching effects on women who attend the clinics. Working hard to ensure that one's children measure up to the government's new standards of academic and personal success inflicts wear and tear on women's bodies. Contraception can mitigate these aches by allowing women to recover after birth, space their pregnancies, and limit the number of children they need to care for. Fatima admitted that she feels tired because of working to support her family and the physical labor of childrearing. Her fatigue is why she used contraception to space her pregnancies and why she advocates that other women use it as well. While Fatima and her husband hoped to have one more child, she wanted to wait a year or two to let her body recover from childbirth and caring for her toddler, Ahmad. Ahmad needed too much of her attention and she could not handle caring for an infant and a toddler at the same time. Having children too close in age could prohibit the older one from receiving the attention that he needed, thus slowing his physical and mental development, she argued.

During counseling sessions, Fatima advised women using contraception to wait at least two years between pregnancies. She explained that after female patients at the clinic give birth (most often at a maternity hospital in Rabat since the clinic does not have the proper equipment), she requires them to come back for a follow-up visit with the doctor. Fatima argued, "Women should not become pregnant again so soon. They need to use contraception. We have contraception that will not be a problem if they are breastfeeding." (She refers here to a pill with lower hormone levels.) In the first follow-up

visit, Fatima did not give women the choice to avoid using contraception because she knew another pregnancy so soon would be harmful to their bodies. She allowed the women to choose the method they wanted, but did not allow them to leave the clinic without making that choice. Fatima promoted a message similar to the Moroccan government's—contraception is morally necessary. On one occasion, Fatima was taking the blood pressure of a young woman who was five months pregnant. I asked the patient if she had other children. She responded she had one son who was three years old. Fatima exclaimed: "That's planning!"

In addition to encouraging contraception, Fatima also promoted the neoliberal idea of assuming individual responsibility that the Moroccan government endorsed. She believed that women, not the state or other individuals, must bear the burden of family planning, which includes making sure that infants and children grow up to be healthy adults through proper nutrition, clothing, and education. But Fatima realized that these expectations are high for the vast majority of women, who have fewer resources at their disposal and financial pressures that can, in turn, place great strain on their health.

### **The Effects of Neoliberal Modernization: Standards, Reinterpretation, and Fatigue**

#### **The Individual: Children and the Need to Meet New Standards**

The three stories above highlight an important theme in the shifting understandings of the neo-liberal self. The INDH in particular calls for a process of individualization as it discourages citizens from relying on the state and other individuals for resources. While the government may provide Moroccans with necessary tools, it is Moroccans' responsibility to use such tools appropriately to make the best decisions for themselves and their families. This logic, in combination with the effects of globalization, has subsequently changed how Moroccans think of themselves and of their roles as citizens.<sup>52</sup> At the same time, changing notions of the individual have transformed women's ideas about their own responsibility as it relates to fertility and pregnancy. Control over their bodies and health for the greater good becomes citizens' ethical responsibility to self, family, and nation.<sup>53</sup>

This process of individualization was not seamless, however, as women had to consider their families' desires and cultural expectations of motherhood in addition to advice from medical staff.

Notions of the individual as productive and self-regulatory have reconfigured what it means to be a responsible woman and mother. Both current and future generations now have the opportunity to reach new standards of living and achievement. Shana Cohen suggests that "success" is now defined as having the necessities of "a good life," such as housing, education, food, and participating in leisure activities, such as taking a vacation or purchasing a car. While these standards have been set by and for the middle class, they are now staples in broader discourses of modernity and social definition of modern citizens.<sup>54</sup> In Amina's account of her contraception use, she does not define herself as middle-class, but those standards clearly shape her decisions about pregnancy. She worried that her future offspring might not be able to achieve these standards in Morocco—not because they will be incapable, but because they may not have the academic or professional resources they need to reach their maximum potential. Her story shows how social expectations for success cut across class lines and inform working-class women's decisions.

Amina's story exemplifies many women's anxieties as they contemplate starting a family. On the one hand, Amina's fear about raising a child in Morocco stemmed from her doubts about the public education system. She did not trust the system and did not want to jeopardize her children's future. Thus, Amina's anxiety was tied to the possible financial burdens of raising children in Morocco. Amina and her husband could not afford private education in Morocco, and they assumed that schooling in France would have much more to offer their children. Amina explained that even though her husband was a French national, he did not make a good salary. She was concerned that the cost of having children was high in relation to their income, a point emphasized by Nawal and Fatima as well. They would not be able to provide their children with the tools to live up to the standards of success set for future generations.

This response was common among women I met in the clinics. One woman in her mid-twenties expressed the fear that her daughter would need to leave Morocco to find a job. She stated, "My husband's family lives in Italy. They moved there for work because there is no work here. My daughter may

have to go, too, but I want to send her to a good school so she can find a job here in the future.” By ensuring that her daughter was well educated, this young mother believed she had a better chance at finding a well-paying job in Morocco. From these women’s stories, it is evident that contraception is a way for Moroccan women to delay the financial burdens involved in producing future citizens.

Amina and the young mother who was concerned that her daughter would need to go to Italy for work looked to places outside Morocco to find ways for their children to meet social expectations. Amina did not believe that conceptions of citizenship and achievement were better in France than in Morocco. Rather, she explained, her children would not be able to meet Moroccan standards if they stayed in the country. These stories evidence the argument that Moroccan women are under immense pressure to produce future generations who embody particular neoliberal traits—independence, individualism, and responsibility.

#### **Rules of Childbearing: Drawing on Islamic Teachings about Fertility and Motherhood**

Like Amina, Nawal faces great uncertainty about her family’s future. Nawal drew upon what she believed Islam says about childbearing in order to justify her use of contraception. Using contraception was a way for her to relieve stress, to alleviate the financial constraints of having many children, to counter her husband’s unpredictable work schedule, and most importantly, to prove herself as a Muslim woman. Nawal clearly and simply stated that God knows what is happening in her life, and therefore it is acceptable to use contraception to space her pregnancies. If she did not plan her pregnancies, she may not be able to physically, emotionally, or financially handle being a mother to children who are too close in age. According to her, God understands what people can and cannot bear and provides for them accordingly. Fatima referenced a verse from the Qur’an to emphasize this point: “God provides for everyone out of His abundance, for God is resourceful, wise” (4:130).

For Nawal, Islam has taught her to control her fertility in order to make the most out of what God has given her. She did not express a desire for more wealth. Instead, she talked about how to use her current resources, including contraception, to provide for her children. Nawal did not think that

God denies people the right to have children; on the contrary, she believed God encourages Muslims to become parents, as it fulfills an important part of their needs. She stipulated particular ways, however, in which Muslims should go about building families.

Nawal's story speaks to trends that stem in part from Morocco's attempt to integrate into a global economy. Even though the unemployment rate has dropped in recent years, it remains at around ten percent.<sup>55</sup> Occupations such as construction jobs are low-paying and offer few benefits. While the government has fostered large-scale training programs for a more skilled workforce, not all graduates or employees are able to find administrative roles in the private or public sectors that match their education and preparation.<sup>56</sup> These economic problems exert pressure on women to limit the size of their families. The government and medical providers promote a rhetoric that is similar to Nawal's. For example, the Ministry of Health does not discourage procreation, but it encourages contraception to limit or space pregnancies. Dr. Sana', the ob/gyn who examined Amina's sister, explained, "If a woman is forty and has one child, I will not tell her to stop until she has two. But, if she is forty and has three children, that is different. Then she should use contraception or even consider sterilization." Dr. Sana' was confident that with proper medical care and spacing between births, even older women who might be termed "high-risk" because of their age could have healthy pregnancies.

In its efforts to create a "modernized" population, the Moroccan state affirms the value of children and the family. The new family, however, is one with no more than three children, each of whom receives proper care and education. The state places the responsibility for creating this manageable and more affluent family in the hands of citizens and intends to change how individuals think of themselves as citizens and of the ideal family. It is only through these types of alterations that the government believes Morocco will succeed in the world market.

### **Fatigue: The Effects of Raising Future Citizens**

The final theme that emerges from these ethnographic encounters is fatigue. Fatima's story of her toddler and her advice to female patients about contraception highlight this point. Fatigue is a marker of the changes that have come with the INDH and the new neoliberal development agenda in

Morocco. This agenda places on mothers even greater responsibility for birthing and raising future citizens who are healthy, educated, responsible for their actions, hardworking, and economically productive. For Fatima, one's level of fatigue depends on a mother's responsibility and how hard she works to train her children to demonstrate these neoliberal traits. It is a different type of fatigue than that which results from having a large number of children. Feeling tired is a marker of a "good mother" who has a smaller number of children and puts the majority of her time and effort into facilitating their physical and mental development. In her conversations with patients at the clinics, Fatima argued that women should have smaller families so that they can ensure their children have all of life's necessities. Women's new charge requires them to work hard inside the home and sometimes outside as well to earn extra income.

Fatima acknowledges that raising a child is a daunting task. If women do it properly, providing support and the physical means for their children's growth, then she agrees that their bodies will become tired and worn out over time. Her work in the health clinic illustrates how women's participation in development through parenting can take a major toll on their physical wellbeing. In fact, Fatima's doctor ordered her to take bed rest for several weeks during my fieldwork because of the physical effects of working full time and caring for a young child. She had suffered on and off from headaches, indigestion, and severe fatigue for an extended period of time due to the physical and mental stress involved in her work and childrearing.

Childbearing for Fatima is not just reproduction; it is a form of production.<sup>57</sup> Fatima's discussion of her own use of contraception in combination with her work in the health clinic connects ideas of the body, health, culture, and development. People typically link fatigue to biological reproduction, including childbirth, breastfeeding, and caring for an infant. In this instance, however, Fatima links fatigue to women's production of normative future citizens. While children remain an important part of men and women's lives in Morocco, the terms of motherhood have changed.

## Conclusion

Contraception is much more than a medical practice for Moroccan women, as illustrated in the cases of Amina, Nawal, and Fatima. Contraceptive methods take on multiple physical, mental, emotional, and social meanings.

They serve both psychological and emotional purposes. Their meanings extend beyond their physical purpose of limiting or spacing pregnancies. In this case, contraception serves to quell anxieties that result from women's negative perceptions of the education system and professional opportunities in Morocco, to configure religious identities and new interpretations of Islam, and to ease physical stress on women's bodies produced by the need to enable the future generation of citizens that the government calls on its people to prepare. Using contraception becomes one way for women to express their fears, concerns, and frustrations about the nation as well as their personal conditions. It is also a means by which working-class women participate in the government's neoliberal development agenda. They take on the responsibility for producing a "modern" generation.

ENDNOTES

- 1 All translations in this article are my own. I take full responsibility for them.
- 2 All quotes in the article from individuals in Morocco are in the form of personal communication with the author.
- 3 Melanie Frerichs-Cigli, "On fait le point sur les nouvelles contraceptions," *Citadine* (1 October 2008), 83-84.
- 4 Andrew Russell and Mary Thompson, "Introduction: Contraception Across Cultures," in *Contraception Across Cultures: Technologies, Choices, Constraints*, eds. Andrew Russell, Elisa Sobo, and Mary Thompson (Oxford: Berg, 2000), 6.
- 5 *Ibid.*, 7.
- 6 Rahma Bourqia, "Women, Uncertainty, and Reproduction in Morocco," in *Family, Gender, and Population in the Middle East: Policies in Context*, ed. Carla Makhoul Obermeyer (Cairo: The American University of Cairo Press, 1995), 140.
- 7 Vanessa Maher, *Women and Property in Morocco* (Cambridge: Cambridge University Press, 1974), 107.
- 8 Marysia Galbraith, "Choosing and Planning in a Climate of Insecurity: Balancing Professional Work and Family Life in Poland," *Journal of the Society for the Anthropology of Europe* 8, no. 2 (2008), 16-30.
- 9 Sami Zemni and Koenraad Bogaert, "Trade, Security, and Neoliberal Politics: Whither Arab Reform? Evidence from the Moroccan Case," *Journal of North African Studies* 14, no. 1 (2009), 91-107.
- 10 Elizabeth Krause, *Crisis of Births: Population Politics and Family-Making in Italy* (Belmont, CA: Wadsworth, 2005).
- 11 Heather Paxson, *Making Modern Mothers: Ethics and Family Planning in Urban Greece* (Berkeley, CA: University of California Press, 2004).
- 12 Faye D. Ginsburg and Rayna Rapp, eds., *Conceiving the New World Order: The Global Politics of Reproduction* (Berkeley, CA: University of California Press, 1995), 29.

- 13 Susan Greenhalgh, "Planned Births, Unplanned Persons: 'Population' in the Making of Chinese Modernity," *American Ethnologist* 30, no. 2 (2003), 196-215.
- 14 Youssef Courbage, "Fertility Transition in the Mashriq and the Maghrib: Education, Emigration, and the Diffusion of Ideas," in Obermeyer, 80-104.
- 15 Population Reference Bureau, 2009 "World Population Data Sheet."
- 16 On the "World Population Data Sheet," these are the numbers from the countries that are considered less developed and include China. When China is excluded, the population growth is 1.7 percent per year and the total fertility rate is 3.1 children per woman.
- 17 Kingdom of Morocco, "L'avenir se construit et le meilleur est possible," *50 ans de développement humain et perspectives 2025, note de synthèse du rapport général* (2006).
- 18 George F. Brown, "Moroccan Family Planning Program—Progress and Problems," *Demography* 5, no 2 (1968), 627.
- 19 For an in-depth discussion of the state, NGO, and IO relationship, see Julia Elyachar, *Markets of Dispossession: NGOs, Economic Development, and the State in Cairo* (Durham: Duke University Press, 2005).
- 20 *50 Ans de Développement Humain et Perspectives 2025*, 10.
- 21 *Ibid.*, 8.
- 22 Plan d'Action Santé, "Réconcilier le citoyen avec son système de santé," (July 2008).
- 23 UN Development Program, Human Development Index, <http://hdrstats.undp.org/en/countries/profiles/MAR.html>.
- 24 Jason Ben-Meir, "Royal Activities: King Seeks to Foster New Citizenship Mentality," *Morocco Times*, 14 October 2005.
- 25 King Mohammed VI, "Address by His Majesty King Mohammed VI King of Morocco." Address to the High-Level Meeting of the General Assembly commemorating the Sixtieth Anniversary of the Creation of the United Nations Organization, New York, 14-15 September 2005.
- 26 Ben-Meir, "Royal Activities."
- 27 Michel Foucault, *The History of Sexuality: An Introduction* (New York: Vintage Books, 1990), 139.
- 28 I would argue that bodily affairs have never been exclusively private. Theoretically, the body may be considered private, but in everyday life, policy, laws, and discourse dictate its practices and actions as well as individuals' choices concerning their bodies. See Hannah Arendt, *The Human Condition* (Chicago: University of Chicago Press, 1958).
- 29 Margaret Lock, Allan Young, and Alberto Cambrosio, eds., *Living and Working with the New Medical Technologies: Intersections of Inquiry* (Cambridge: Cambridge University Press, 2000), 12.
- 30 Diane Tober, Mohammad-Hossein Tagdisi, and Mohammed Jalali, "Fewer Children, Better Life? or 'As Many as God Wants'? Family Planning Among Low-Income Iranian and Afghan Refugee Families in Isfahan, Iran," *Medical Anthropology Quarterly* 20, no. 1 (2006), 68.
- 31 Donna Lee Bowen, "Pragmatic Mortality: Islam and Family Planning in Morocco," in *Everyday Life in the Muslim Middle East*, eds. Donna Lee Bowen and Evelyn A. Early (Bloomington, IN: Indiana University Press, 1993), 91-101.
- 32 The Mudawana is the Moroccan family code and is originally based on the Maliki school of Sunni Muslim jurisprudence. In 2004, the code was revised in order to grant women greater rights in marriage and divorce.
- 33 Shana Cohen, *Searching for a Different Future: The Rise of a Global Middle Class in Morocco* (Durham: Duke University Press, 2004).
- 34 Pat O'Malley, "Risk and Responsibility" in *Foucault and Political Reason: Liberalism, Neoliberalism, and Rationalities of Government*, eds. Andrew Barry, Thomas Osborne, and Nikolas Rose (Chicago: University of Chicago Press, 1996), 194.



- 35 Nikolas Rose, *Powers of Freedom: Reframing Political Thought* (Cambridge: Cambridge University Press, 1999), 142.
- 36 Rhoda Kanaaneh, *Birth of the Nation: Strategies of Palestinian Women in Israel* (Berkeley, CA: California University Press, 2002), 62.
- 37 Malinda Smith, ed., *Beyond the "African Tragedy": Discourses on Development and the Global Economy* (Aldershot: Ashgate Publishing Company, 2006).
- 38 Agata V. D'Addato, Daniele Vignoli, and Sutay Yavuz, "Towards Smaller Family Size in Egypt, Morocco, and Turkey: Overall Change over Time or Socio-Economic Compositional Effect?" *Population Review* 47, no. 1 (2007), 21-40.
- 39 Kristin Luker, *Taking Chances: Abortion and the Decision Not to Contracept* (Berkeley, CA: University of California Press, 1991), 78.
- 40 The American Institute for Maghrib Studies and the American Philosophical Society supported my fieldwork in Morocco.
- 41 The Institutional Review Board (IRB) at the University of California Irvine approved my research protocol.
- 42 Lila Abu-Lughod, "Writing Against Culture," in *Recapturing Anthropology: Working in the Present*, ed. Richard G. Fox (Santa Fe, NM: School of American Research, 1991), 153.
- 43 Ibid., 153.
- 44 Ibid., 150.
- 45 Sobhi Tawil, "Qur'anic Education and Social Change in Northern Morocco: Perspectives from Chefchaouen," *Comparative Education Review* 50, no. 3 (2006), 496.
- 46 Cohen, 4.
- 47 Often, when women, including Nawal, discovered I was not yet a mother, they told me that I would not be a "girl" any longer once I had my first child. It is only then that I would finally be able to understand life and become a woman.
- 48 Carla Makhoul Obermeyer, "Reproductive Choice in Islam: Gender and State in Iran and Tunisia," *Studies in Family Planning*, 25, no. 1 (1994), 41-51.
- 49 Filio Degni et al., "Religious Beliefs Prevailing Among Somali Men Living in Finland Regarding the Use of the Condom by Men and That of Other Forms of Contraception by Women," *The European Journal of Contraception and Reproductive Health Care* 13, no. 3 (2008), 298-303.
- 50 Susi Krehbiel Keefe, "'Women Do What They Want': Islam and Permanent Contraception in Northern Tanzania," *Social Science and Medicine* 63, no. 2 (2006), 418-429.
- 51 Marybeth Macphee, "The Weight of the Past in the Experience of Health: Time, Embodiment, and Cultural Change in Morocco," *Ethos* 32, no. 3 (2004), 374-396.
- 52 Shana Cohen and Larabi Jaidi, *Morocco: Globalization and Its Consequences* (New York: Routledge, 2006).
- 53 Judith Farquhar and Qicheng Zhang, "Biopolitical Beijing: Pleasure, Sovereignty, and Self-Cultivation in China's Capital," *Cultural Anthropology* 20, no. 3 (2005), 303-327.
- 54 Cohen, *Searching for a Different Future*.
- 55 See State Department statistics at [www.state.gov/r/pa/ei/bgn/5431.htm](http://www.state.gov/r/pa/ei/bgn/5431.htm).
- 56 Sarah Touahri, "Morocco Plans Training Project in Bid to Lure Offshore Investors," *Magharebia*, 3 March 2008.
- 57 Olivia Harris and Kate Young, "Engendered Structures: Some Problems in the Analysis of Reproduction," in *The Anthropology of Pre-Capitalist Societies*, eds. Joel Khan and Joseph Llobera (London: MacMillan, 1981), 109-147.