

Prof. Dr. Abdessamad DIALMY

WHICH SEX EDUCATION FOR YOUNG MUSLIMS?

Translation of Satyel Larson



30 November 2010

Dear Reader,

At the initiative of FILAD, a philanthropic advisory bureau in The Netherlands, the World Congress of Muslim Philanthropists (WCMP) had generously given the floor to Prof Abdessamad Dialmy (Moroccan sociologist) for addressing the importance of "*Sex Education for Young Muslims*". Prof Dialmy's key-note speech was delivered on 21 March 2010 in Doha, Qatar.

FILAD's reason for highlighting the subject of *Sex Education* was the stated need of numerous educators in the Middle East / North Africa region to be equipped with knowledge, skills and educational resource materials, in order to effectively address the related questions and issues raised by young Muslims.

Professor Dialmy, whose scientific work in relation to sexuality and gender has spanned a period of about 35 years, is a consultant to many international organisations and national institutions like UNICEF, UNFPA, Population Council, Ministry of Health in Morocco, as well as an acclaimed speaker at international conferences.

You, dear reader, will hopefully enjoy reading the various research articles compiled herewith. Your possible feedback will be welcomed.

Words of thanks and appreciation are expressed to firstly, the author, Prof Abdessamad Dialmy for his innovative work on a subject that is sometimes found to be culturally delicate.

With great devotion, the translator, Ms Satyel K. Larson, student at Berkeley University, has produced an English version of the compiled articles, for which we would like to thank her.

Finally, Prof Dialmy's input to the World Congress of Muslim Philanthropists as well as the production and distribution of this present compilation would not have been possible without the generous financial support of the Royal Netherlands Embassy in Doha and the Open Society Institute-Amman. Our sincere thanks go to each of these funders.

Wim Antonio Monasso LL.M.

Director, FILAD

CONTENT

Introduction

The erotic education of the youth: the sources

**Prevention of STIs – HIV in the sexual
behavior of the youth**

Sexual education in schools

**Sex education according to the ordinary
Moroccan man**

**Sexual education according to health-care
providers**

**The importance of sexual education for young
Muslims: a study project**

INTRODUCTION

Premature sexuality, simultaneous multi-partnerships, masculine and feminine sexual work, rape, spread of STIs and incidence of HIV/AIDS among bachelors and youngsters¹, involuntary pregnancy are some of the frequent problematic manifestation of sexuality in Morocco today². This alarming situation is the result of a facto sexual liberalism³, which is very artificial and superficial. This false sexual liberalism is lived savagely, illegitimately and in the absence of education, without the necessary sexual education that should have accompanied it. For example, contraceptive education for young girls and the promotion of condoms in terms of knowledge and ethics are quite timid. At this

¹ The percentage of bachelors surviving with VIH is on the ascendancy. In fact, between 1986 and 1997, 20% only of persons surviving with VIH were bachelors. However, this percentage reached 39% in June 2001. Since that time, bachelors are more affected than married persons (36%). Similarly, 25.4% of AIDS patients are young, aging between 20 and 29 years. Epidemiological Analysis of Cumulative AIDS Cases Registered on 30 June 2001, Ministry of Health, DELM/DMT, HIV-AIDS Service (Title /hp/k).

² A. Dialmy: Youth, AIDS and Islam, Casablanca, Eddif, 2000.

³ A. Dialmy, Sexuality and politics in Morocco, FNUAP, 2000.

level, ignorance is quite pervasive and the needs to know and know-how are important. Consequently, all actors concerned with sexuality affirm that “sexual education has become a public necessity in Morocco”⁴. But what is exactly meant by sexual education in Morocco? Is it simply a question of transmitting knowledge concerning sexual organs and their function? Is it only meant to teach the youth erotic techniques to reach utmost pleasure? Is it an education aiming at the promotion of gender equality? Does it only focus on teaching the youth how to avoid STIs-HIV and involuntary pregnancy? Further than that, does it recognize sexuality as a human right independently of sex, matrimonial status and sexual orientation in such a way as to liberate the individual and provide him/her with necessary autonomy? Does sexual education aim at the transmission of pure knowledge, know-how or know-how-to-be?

Understood in a comprehensive sense, sexual education is all this at once. It encompasses this content

⁴ A. Dialmy: “Sexual Education, a Public Necessity”, Interview with Al Ahdath Al Maghribiya, 6-7 March 1999 (in Arabic).

and all these objectives. To which extent Morocco, a Muslim country and patriarchal society, can accept to implement automatically this comprehensive definition of sexual education? Can it, under the name of development, totally sever with religious and cultural heritage regarding sexuality education? Does this heritage impose certain restrictions and limits? Furthermore, in the face of the comprehensive definition of sexual education, can Morocco but develop cultural resistance for fear of putting the social order in question, and of going too far?

THE EROTIC EDUCATION OF THE YOUTH⁵

The Sources

How do Moroccan youth learn to make love? What are their sources in this domain? Through which modes of communication does the erotic content of sexual education circulate in Moroccan society? Is the erotic behavior of youth formed as a consequence? What are the principal characteristics of this behavior?

I – THE SOURCES OF INFORMATION

Three principal modes regulate the field of communication about eroticism: interpersonal communication, reading and audio-visual.

⁵ This text is taken from out study "Jeunesse, Sida et islam au Maroc", Casablanca, Eddif, 2000, pp.136-148 .

1- Interpersonal Communication

The relations between peers, lovers and spouses are spaces that can exchange information and education about eroticism.

Peers are an incontestable source of information and training. They act as narrators of personal experiences, models of behavior (to imitate), and as facilitators of meetings in when they help the novice boyfriend to flirt or take him to a sex worker for the first time.

Verbal communication between peers, whether boys or girls, remains in compliance with the norms of sexual boundaries. A grocer in Fez recounts: “ ... [O]ne day, I asked a girl if she had gotten her period yet. She responded that I was an ass... and that made me to hit her...”. Mixed-sex education has not yet itself led to a sexual culture that has abolished verbal frontiers between the two sexes. As C. Baudelot and R. Establet⁶ write “It does not suffice to just establish a mixed-sex space. This in itself does not establish, in practice, a complete equalization of status and roles or the affirmation of the identity of each sex.” Co-education in schools does not automatically

⁶ C. Baudelot et R. Establet : *Allez les filles*, Paris, Seuil, 1992, p. 72.

integrate the two sexes at every level. Academic sociality reproduces the rules of general sociality around issues of sex.

More distant yet, sexual practices between lovers and spouses do not necessarily open a space for discussion about sex, either before or after it occurs. A high school student acknowledges that he dares not ask his partner whether she takes birth control pills. For her part, the girl never asked him to wear a condom. Shame is a strong impediment that prevents lovers from speaking about their sexual relations. It is more present in the woman, who rarely dares to take sexual initiatives in speech by, for example, saying to her partner, “come, make love to me.” A housewife in Fez declares: “Why speak about sex with my husband? Sex, it is something we do, not something we speak of...If we speak of it, we will no longer have the time to do it.” However, this silence between lovers and spouses is neither general nor systematic. Youth of both sexes claim to speak about sexuality within a relationship. Even in one individual, the two tendencies can coexist. This is the sign of a society in the midst of a sexual transition.

Sexual discussion between spouses takes the form of a neo-patriarchal interrogation, especially in the beginning of a marriage. This can be witnessed during the wedding night. The

husband interrogates his wife about her sexual past. This interrogation reveals two things. First, that the man dissociates between Quranic virginity (total sexual inexperience) and consensual virginity (plural and diversified sexual experience not resulting in the “deflowering” of the girl). And second, that the marriage can take place without pre-conjugal sexual contact between the spouses. A number of young men do not want to have pre-conjugal sexual relations with their future wife. Having such relations with a young girl causes a number of young men not to marry that partner, suspecting, in consequence that there must have been prior sexual relations, and causing him to have contempt for her and to consider her a prostitute. The refusal of young men to have sexual relations with a future wife valorizes virginity and signifies an attitude of contempt towards sexuality in general. Only marriage confers honor to sex. It (i.e., *al-nikah*) renders sex transcendent⁷ (to borrow the excellent expression of *Bouhdiba*) and is an entrance into the sexual by way of the sacred.

⁷ A. Bouhdiba : La sexualité en Islam, Paris, PUF, 1975, p. 24.

2- Reading

Reserved for the elite in traditional Morocco, the *Oulema* to be specific, reading was tied to the sacred, to The Book *par excellence*, the Qur'an.⁸ Today, prolonged schooling transforms reading more and more into a means of individualisation, cultural appropriation⁹ and social promotion. However, reading for itself as a vector of general culture and leisure, remains an exceptional act. Youths of the popular classes do not circulate in an environment that is conducive to reading for the pleasure of reading. Books remain inaccessible due to their price and the insufficiency of cultural infrastructures. Cities are marked by the inexistence of municipal libraries worthy of the name. Reading has not yet become a mass, extra-educational practice.

A fortiori, the theme of sexuality is excluded from the mass reading market. For this reason, many of those surveyed

⁸ H. Ferhat : “ Le livre : instrument de savoir et objet de commerce dans le Maghreb médiéval ”, Hespéris-Tamuda, Vol XXXII, 1994, p. 54.

⁹ D. Eickelman : “ Enseignement supérieur de masse et conception religieuse dans les sociétés arabes contemporaines ”, A'faq, n0 53-54, 1993, p. 195 (traduction de M. Afif).

admitted to not having read anything about sexuality. Those that explicitly refer to pornographic books and periodicals about sexuality are always young men. They often refer to *Hayatouna al Jinsya* (Notre vie sexuelle/Our sexual life), *L'homme et la sexualité* (Man and Sexuality) by N. Essaadaoui, and Freud. Not one youth cited *Le Jardin Parfumé* by Nefzaoui. Amongst young women, it is rare to find those who admit to having read books about sex. For them, a respectable young woman neither reads journals about sex, nor watches films about the subject. Not a single young woman admitted to having read a pornographic magazine or one that deals with sex. Instead, they profess to begin reading romance novels as well as magazines such as *Intimacy (Intimité)* and *Us two (Nous deux)*, from the age of 13-14 years old.

No girl or woman cited the periodical *Women of Morocco [Femmes du Maroc (FDM)]* which, while not specifically taking up the theme of eroticism, devotes a section in each of its editions to erotic education. Reading this magazine would bother young men more, not because of its two regular pages on erotic practices, but rather because it is considered a magazine for “good women (une revue de bonnes femmes)”. A brief perusal of several editions of FDM reveals

that it is attempting to give an erotic education to its readers. Impotence¹⁰, sexual obsession¹¹, lack of desire¹², sensory inhibition¹³, orgasm¹⁴, the first sexual experience of men¹⁵, premature ejaculation¹⁶, caresses after lovemaking¹⁷, Viagra, and soaring consumption of birth control¹⁸ are some of the themes treated by *Femmes du Maroc* from the double scientific-ethical (permissive) perspective of sexual education in the erotic field.

It is worth noting in passage that these articles were prepared and edited by a French journalist, Géraldine Dulat, as if the Moroccan female journalist would not yet dare to take up this theme. In these articles, G. Dulat, interviews several male sexologists. Moroccan sexology, a fledgling science, is still monopolized by men. “Compared to men, women researchers are more reserved in the subfield of sexuality. They seem to

¹⁰ Femmes du Maroc, n° 16, Mars 1997, pp. 48-51.

¹¹ Femmes du Maroc, n° 17, Avril 1997, pp. 38-41.

¹² Femmes du Maroc, n° 18, Mai 1997, pp. 54-56.

¹³ Femmes du Maroc, n° 21, Septembre 1997, pp. 52-53.

¹⁴ Femmes du Maroc, n° 26, Février 1998, pp. 54-56.

¹⁵ Femmes du Maroc, n° 27, Mars 1998, pp. 52-53.

¹⁶ Femmes du Maroc, n° 28, Avril 1998, pp. 62-63.

¹⁷ Femmes du Maroc, n° 29, Mai 1998, pp. 62-63.

¹⁸ Femmes du Maroc, n° 30, Juin 1998, pp. 72-73.

thus reproduce, at the level of knowledge, the social stigma cast on women regarding sex.¹⁹

The dissociation between sexuality and love, characteristic of the bourgeois morality according to Reich, is thus visible in young Moroccans and leads to a sexual division of the objects of reading. It leads young men to consult (foreign) documentation about sex and leads young women to read things about love. However, it seems that marriage confers upon the wife the legitimacy to read books about sexuality and sexually transmitted diseases (STDs). The legitimate sexuality of the wife seems in several cases to give her the right to instruct herself about things related to sex, as well as to speak about sex without shame or guilt.

In Europe, however, given the high level of education, the turn towards sex in written culture is much more frequent. The young Moroccan man who emigrates or travels to Europe realizes the ease of accessing documented information about sexuality. For him, this is transformative. Two attitudes stem from this experience. Either he is seduced and begins to consume sexually written culture, or he condemns it, seeing in

¹⁹ A. Dialmy : “ Le champ Famille-Femmes-Sexualité au Maroc : 1912-1996 ”, op. cit. p. 72.

it a danger for Muslims in general. The latter was the case for a Moroccan worker in Düsseldorf: “I had never looked at pornography before... it is something that can negatively influence the comportment of a Muslim... it is a Jewish plot aiming to make young people deviate... the path through which the Jewish West enters to destroy the faith of Muslims is the woman, the propaganda of sex... Jews spend millions of dollars annually to make these films, in order to shake the souls of peaceable Muslims.”

This rejection of written and audio-visual sexual culture is characteristic of young fundamentalists. In this culture, they see a kind of Trojan horse used by the Other--the enemy West defined as such because defined as Jewish—to put to death the Islamic sacredness of sex. For these fundamentalists, while Christianity and Judaism are accused of commercializing sex, only Islam continues to make sex sacred and to refuse its commercialization. The West, for these fundamentalists, does not promote sex from a religiously neutral secularity, but from its Jewish foundations.

Other young Moroccans born and educated in France, and living in France with their families, proclaim themselves to be intellectually advanced on the subject of sex since the

Moroccan mother, adapting to the local milieu, herself buys sexual education books for her children. Thus, it seems that immigration pushes parents to open themselves up and to reconsider the prohibitive principles of a closed, traditional islamic socialization. However, both the father who advises using contraceptives and the mother who buys sex education books direct this information towards the young man only.²⁰ Thus while being open to sex education, immigrant parents reproduce a socio-islamic sexual morality that valorizes the virility of the boy while attempting to manage and promote it. The girl, however, remains outside this modern intra-familial educative relationship. Her virginity remains an obsession for the parents. “The mother will teach her (daughter) at a very early age to have respect, in fear of the father so far away, and to adopt in front of him, as in front of all men, a submissive attitude, discreet and modest. The ideas of *hachma*, *‘aïb*, *haram* et *horma* (*decency, shame, forbidden* and *sacredness*) will return as a leitmotif in the maternal discourse so as to inculcate in the daughter the attitude of discreetness that is expected of

²⁰ See this in A. Dialmy : Jeunesse, SIDA et Islam au Maroc, op. cit.

her.”²¹. Immigration thus does not lead, as Andezian and Streiff²² have shown, to “radical modifications of representations linked to traditional sexual roles.”²³ The young female Moroccan adolescent will remain the support, “the object-carrier of cultural identity” of the culture of origin, to borrow an expression from Odile Reveyrand.²⁴

3- The audio-visual

Of course, reading supposes a choice, a decision and an effort. But first, it supposes a general and real education and a perception of the book as an object of leisure and a source of general culture. As highlighted above, this perception of reading is actually absent, and the relationship to the book

²¹ Z. Guerraoui : “ Les relations filles-parents dans l’immigration maghrébine en France ”, *Cahiers de sociologie économique et culturelle*, Le Havre, 23 Juin 1995, p. 62.

²² S. Andezian et J. Streiff : “ Relations de voisinage et contrôle social ”, *Peuples Méditerranéens* (Femmes de la Méditerranée), n 22-23, Janvier-Juin 1983, p. 253.

²³ Z. Guerraoui : “ Les relations filles-parents dans l’immigration maghrébine en France ”, *Cahiers de sociologie économique et culturelle*, Le Havre, 23 Juin 1995, p. 62.

²⁴ O. Reveyrand : “ Devenir des femmes d’autres cultures en France ”, *L’interculturel en éducation et sciences humaines*, Université Toulouse-Le Mirail, Service des publications, 1995, T. 2, p. 633.

remains a pragmatic relation of immediate (academic) utility. The act of reading fades in front of the rise of the audio-visual that establishes itself with the little effort and means that it requires. Sitting in front of a television or cinema screen is experienced as true leisure. Thanks to the TV or movie screen Moroccan society re-experiences its culture of orality, while reading remains associated with school and boredom, practiced by a limited intellectual elite.

For the young Moroccan, the TV or movie screen becomes the principle line of reception of an international sexual culture: according to the CNJA²⁵, 70% of young urban dwellers spend their free time watching television and films. Thanks to foreign film and television programs, the young Moroccan effects a disengagement²⁶ from his community. The viewing of relatively accessible erotic and/or pornographic films permits him to achieve a rupture with traditional values about sexuality. The latter are spoken about by an educator and a physician, who opposes them to the *mediatization* of sex: “For

²⁵ Conseil National de la Jeunesse et de l’Avenir (CNJA) : Enquête nationale auprès des jeunes en 1993. Activités socio-culturelles des jeunes, Ed CNJA, Rabat, 1994, p. 4.

²⁶ M. Bennani-Chraïbi : *Soumis et rebelles, les jeunes au Maroc*, Casablanca, Le Fennec, 1996, pp. 36-43.

us, an Arab-Muslim society, it is shocking to transmit all that (contained in the sexual act) by the intermediary of the mass-media... the satellite dish, it does not give us back a strategy of sexual education that is our own, it is imposed upon us... in a Muslim State, we can not speak of it directly... except during the Friday prayer or in the mufti's corner "*roukn al moufti*."²⁷

In the Moroccan living room, it is even more inconceivable that a father watches pornography in the presence of his sons, daughter, or even his wife. In Great Britain itself, a debate took place, "to determine if satellite television channels devoted to erotic-pornographic programs should not be prohibited."²⁸ The presence of parents in the home prevents young Moroccans from seeing these films with ease. The parents remain the guardians of a traditional conjugal sexual ethic. When these films are watched at home, the youth is obliged to resort to slyness, watching clandestinely. A schoolboy from Fez reports:

²⁷ A religious television program that answered questions from viewers by showing the boundaries between the licit and the illicit.

²⁸ B. Spencer : "Contexte normatif du comportement sexuel et choix des stratégies de prévention", *Sexualité et Sciences Sociales, Population*, 48^{ème} année, Sept. Oct. 1993, numéro 5, p. 1431.

Yes, I have watched pornos at home, thanks to the satellite dish... but never with ease, I would have to be home alone or change the channel if someone comes in the room...Never have I seen a porno from beginning to end...only bits and pieces...definitely on Friday night on the German channels...I am afraid that my mother will surprise me...these films are forbidden (haram) and so it is shameful...I do not want my mother to change her opinion about me, she sees me as a wise and serious boy...and then I am scared that she will tell my father.

In Morocco, watching pornography is an act experienced through guilt, an act done in the name of the other part of oneself, the part kept hidden from the family. Watching such films is not respectable. To circumvent parental censure, watching such films happens essentially in (internet) cafés and cinema houses, i.e., in public places, far from the sacredness of the parental home. Cafés and movie theaters are certainly

considered places of sociality and cultural leisure, and are above all, profane places where all boundaries can be crossed.

The boundary of age is one of these boundaries that are abolished during the viewing of sex films in cafes and movie theaters, and often at a very early age. Boys of 7 years old attend the viewing of pornographic films, despite the official prohibition. In cafes, the transgression of this law, a standard practice, creates a new intergenerational sociality. Children, adolescents and adults consume the same erotic scenes, putting an end to generation gaps. Every adult was objectively considered a parent and was respected as such, something that puts an end to the intergenerational viewing of sex movies.

The sexual boundary seems more resistant than the generational one. Thus, for young women, the viewing of pornographic films is more difficult in public places like movie theaters. Independent of the content of such films, movie theaters remain more visited by men.²⁹ For girls, the cinema is considered to be a place that perverts morals and “going to the cinema appears as a clandestine outing.”³⁰ *A fortiori*, when it

²⁹ D. Jaïdi : *Publics et cinéma au Maroc*, Rabat, Ed Al Majal, 1992.

³⁰ M. Mellakh : *Les lycéens et la socialisation au Maroc*, Doctoral Thesis in Sociology, Université d’Aix-Marseille I, 1997, p. 228.

concerns pornographic films, the girl is more inhibited. A student of law recalls: *“I wanted to go to the cinema with my girlfriends to see a pornographic film... in the end, we gave up, the movie theater is certainly full of bums and hooligans... you only find one or two girls with their boyfriends...we were scared...”*.

For girls, going to the movie theater without being chaperoned by male companions to see a pornographic film is not a neutral or insignificant act, not for the girls themselves, nor for the male spectators in the audience. It is an act understood as the sign of a call, of the predisposition of girls to sex.

As for cafés, despite the general tendency towards their de-sexualization, the cafés where one views sex films or soccer games are frequented uniquely by men. Here, mixing of the sexes finds a limit yet to be passed. The appearance of cafés designated for women is an in-existent phenomenon. Consequently, the young woman can view pornographic films either clandestinely in the familial home, or with ease at the apartment of a sex partner who lives alone. This of course assumes the existence of a rather advanced dialogue about sex between the two partners.

The viewing of sex films does not signify the acquisition of a cinematographic culture. Youth pay attention neither to the name of the directors nor to the principal actors. They do not even remember the title of the film viewed and cannot summarize it.

“Pornos, yes, I have seen a number of them...The titles? I never pay attention...We don’t care. What’s important is to see erotic scenes...It is enough for there to be nudity on the cover to start watching...We don’t even know what the film’s about. “ (A High School Student in Fez.)

For the youth, what matters in these films is the sexual culture found therein. For them, these films constitute a demonstrative initiation to things about sex. Objectively, it is a pedagogical tool. Young men say they learn how to kiss, make love, and change sexual positions. Thanks to these films, they discover oral sexuality. Youth who defend this point of view complain that no one speaks to them about these things in their circle of friends or at school, and that these films come to

respond naturally to a need and to fill an important gap in their education.

“Frankly, I prefer sex, not the normal sexual pose... Sex, it is as I see on the German channels... honestly, I learned a lot... all the poses, cunnilingus, fellatio...”

Young women, in general timid and reserved, equally express the need for an erotic education. “We lack a real sexual culture,” claims a female student of law. Young women “justify” their viewing sex films by the necessity to learn how to behave sexually once married. Thus, the pedagogical function of sex films is equally affirmed by girls, who express the necessity for women to learn about theoretical erotic culture before marriage. It seems to us that the expression of such a demand marks the incontestable evolution of the young Moroccan woman.

In conclusion, we can affirm that the viewing of pornographic films constitutes an instrument of sexual education, a substitute for the failure of the Moroccan educational structures. The TV or movie screen tends to become the main teacher of erotic material for Moroccan youth.

The viewing of pornographic films trivializes sexual knowledge.³¹ Indeed, the interest in these films cannot be understood as the manifestation of a perverse voyeurism, or as evidence of the decline of moral and religious sense. Effectively, the role of the screen in the sexual education of young people cannot be reduced to the transmission of erotic content. Information about STI / AIDS also comes through the Western broadcasting channel since the Moroccan state engages with this subject at a minimal level. "Thanks to a German channel, I can learn about modes of transmission of AIDS," says a mechanic in Nador. However, some television programs on AIDS have been broadcast by the private channel 2M. The rarity of such programs makes people remember them. There are even young Moroccans who have never heard of AIDS in Morocco. It is their emigration to Europe that causes them to learn about AIDS through the media. The official Islam of Morocco stands as an obstacle to public recognition of the existence of AIDS, because for this Islam, saying that AIDS exists, is to recognize the existence of debauchery—that is, of an illegal and/or perverse sexuality.

³¹ H. Davis : “Des femmes marocaines et la chaleur de Saint-Tropez ”, *Les Cahiers de l’Orient*, n° 20, 1990, pp. 197-198.

THE PREVENTION OF STD / AIDS AMONG THE YOUTH³²

Preventive consciousness of youth that remains generally poorly informed and leads to excessive stigmatisation. Thus, for certain youth, amongst the strategies to prevent the transmission of HIV, the best option is to isolate people who are infected with HIV by completely cutting them off from the different circuits of social and daily life. Marginalization may also be voluntary. "The patient had to isolate and distance (himself) from people ... He must not even make use of his things... towels, razors, bed, plates, knife, syringe, fork, spoon." But at this level, all young people propose instead the sterilization of syringes as a prevention strategy during the transfusion of blood or taking drugs.

In theory, the strategies proposed by youth are as follows: the marginalization of seropositives and the sick, condom use, fidelity, avoidance of prostitutes, the clinical

³² This text is taken from our study "Jeunesse, Sida et islam au Maroc", Casablanca, Eddif, 2000, pp. 180-194.

examination of the client by the prostitute, marriage, abstinence and HIV testing. Strategies such as "only having sex with known people," or "asking questions of new partners," were never mentioned.

Condoms and avoidance of prostitutes are considered the best means of protection. While the former is pointed to in the case of those frequenting prostitutes, avoiding prostitutes is considered better. Young people logically conclude from this that they can do without a condom if they do not frequent prostitutes. The selection of a single partner is sufficient, and it is cited as a good means of prevention. For some youth, that selection consists in not sleeping with foreigners, even though "they were Arabs." Fidelity still leaves doubts since it is not verifiable. Oral sex is equally shown as a safe, alternative sexual activity. Getting married to a virgin is cited by young men, while some girls for their part, believe in remaining "virgins" until marriage in order to safeguard themselves from HIV. Finally, it should be noted that many young people cite Islamic solutions such as early marriage "if conditions allow it," or total premarital abstinence.

To what extent does this theoretical knowledge of the means of prevention against the risk of HIV

transform itself into a consciousness of risk that leads to rational sexual behavior? And to what extent does this knowledge transform itself into preventive practice? Does it induce the use of condoms or a change in sexual behavior (i.e., abstinence or fidelity)? The theoretical knowledge of prevention methods does not automatically translate into a transformation in consciousness and practice. Hence, three attitudes: the first is a double absence of both consciousness and risk prevention; the second, a consciousness of risk that does not translate into protected sexual behavior; and the third is a transformation of awareness of risk that translates into effective preventive practice.

1- Unawareness

It is imperative to distinguish between knowledge and consciousness. The former is theoretical and the latter is existential. Awareness of risk is the sign of the transformation of knowledge into practice. This dichotomy between knowledge and consciousness is attested to by a female sex worker, who says that despite their knowledge of diseases, few people in

Morocco use condoms. Among her clients, she names highly educated elites (and among them doctors), for whom only pleasure counts and the awareness of risk is absent. This only happens to others, say these hedonists.

But often, the lack of awareness of HIV risk is the result of dangerous preconceptions. One of these irrational preconceptions consists in denying all risk of contracting HIV through sexual relations in Morocco. Moroccans are "magically" exempt from any attack by HIV. Only foreigners, including other people from the Maghreb are suspected of having the disease. Another bias that betrays a lack of knowledge about AIDS consists in saying that only receptive homosexuality is a mode of HIV transmission. In other words, only the homosexual who is sodomized is capable of catching AIDS. Young people say that they sodomize foreigners, workers or tourists with the conviction that they are not taking any risk. Using a condom is useless according to such "reasoning." But when, for example, a foreign worker manifests the desire to sodomize in turn a seller of cigarettes, the latter declares that he is afraid and demonstrates an awareness of risk. It is clear that the perception of "intromissive" (i.e., active) sodomy as free from the risk of HIV and receptive sodomy as

risky reflects the absence of a real and complete awareness of risk. For us, perceiving only receptive sodomy as synonymous with HIV risk is simply a pretext of being "learned" to avoid being sodomized. This is because the one being sodomized is seen as someone who renounces his masculinity and behaves like a woman, and thus acts contemptibly. This "logic" considers it to be fair that only those who are sodomized are being perverse and thus deserve punishment. Catching AIDS is the punishment of passive homosexuals, who are socially regarded as the only ones who violate the religious prohibition of homosexual sodomy. The prohibited character (*haram*) of homosexual sodomy, albeit penetrative, is completely overshadowed here. The social valorization of the active homosexual is unconsciously exploited to exclude HIV risk. Thus, for the popular consciousness of the youth, the passive homosexual is lost both socially and in terms of his health. But what can be said to the passive homosexual prostitute who denies the existence of AIDS? Is this the expression of a genuine ignorance? Is it simply a good illustration of Sartrean theory of emotions in which fear is annihilated by the

annihilation of its object? According to L. Imane³³, the majority of male prostitutes do not protect themselves.

2 - Awareness of risk without preventive practice

The second relation that is found between awareness of risk and preventive practice is the relation of non-compliance—that is, the relation of non-transformation of consciousness into behavioral practice. Non-compliance is specifically linked to condoms. Indeed, a negative social image of the condom makes its use somewhat problematic despite an awareness of its suitability as a prevention strategy. What are the dimensions of this image?

For many young people, the condom prevents total enjoyment and its use impairs their excitement. For others, heterosexual sodomy, considered better than vaginal penetration, is more difficult with a condom. And for others, the non-use of condoms can only be explained by its unavailability

³³ L. Imane : “ La prostitution masculine au Maroc”, Kalima, n° 24, Mars 1989, et L. Imane, *Prévention de proximité auprès des prostitués masculins au Maroc*. Casablanca, ALCS, inédit, 1995, p. 2.

at the time of the sexual act, suggesting that the latter is unpredictable and circumstantial. Sometimes, condom is used during the first sexual interaction, while sex that occurs again the same night happens without a condom because it is no longer available. An opportunist sexuality, made of chance encounters and quasi-immediate consummation, is a reckless sexuality.

The condom is also accused of being expensive and its acquisition, moreover, requires going to the pharmacy, which is a public recognition of fornication. The condom is thus rarely used in marriage, which is seen as the space of a safe sexuality where sexual diseases cannot be transmitted. Hence the necessity of vending machines, the need for which is expressed by the "fornicators" in order not to give themselves away. Some young people also believe it is unnecessary to use condoms because of their fragility and permeability, but this criticism is addressed specifically to the Moroccan condom. "The argument" that has the most weight in this direction reproduces "a rumor saying that the lubrication in condoms contains HIV." This rumor, a spoken text without signature, represents, in our opinion, clandestine advertising against condom use in the

service of religious fundamentalism that see the promotion of condoms as an incentive for extramarital sex.

The nature of sexual relations with one's partner is in turn an important parameter in relation to condom use. Indeed, the condom is practically unused in sexual intercourse with a young woman who is a virgin. The "virgin" will herself deny that her partner wears a condom, because its use is associated with sexual intercourse with sex workers, or at least with a deflowered girl. The latter, while not defined as a sex worker in the strict sense, is viewed as equivalent to a prostitute because she is supposedly easy and has multiple sexual partners. In the imagination of the Moroccan middle class, a deflowered girl is incapable of constancy and fidelity. But even in this case, the girl is offended by the use of condoms for a purpose other than contraception. Condoms, for her, express doubt and mistrust.

In some cases, drinking alcohol causes one to forget to use a condom, even during sexual intercourse with a sex worker, and even if the young man has been accustomed to wearing one. Sometimes, a kind of "*I could care less*" attitude replaces drunkenness to express a lack of self-control. Enjoyment comes first, before any fear. Young people do not want to think about AIDS and

rush headlong into sexuality without prevention or fear of illness and death. This sexuality is lived in a compulsive way to forget a bitter fact of life, and is the means of a self-confirmation. Sexuality is all that remains for a young person who has nothing and who is nothing (because of unemployment).

In relations of prostitution, the majority of sex workers admit to not being able to impose condom use on the client for fear of losing business. The percentage of prostitutes who reported using condoms was 5% in 1990 and 9% in 1995, according to the PNLIS.

Sex workers prefer to ignore that a client is ill. For them, the use of a condom serves first to protect the client. As for them, they consider themselves already dead. Their souls are dead, they say. The will of the customer, sovereign³⁴, shows that "male dominance" finds in prostitution a privileged field to

³⁴ Describing her work, a prostitute reveals that the client's will is sovereign, "The S Hotel in Fez, I could not refuse any clients... in the long run, it was tiring ... having to meet everyone's demands... there are some who take me from the front, others behind... one prefers to lie next to me, the other to stand, a third prefers fellatio, and tenth sits, takes out his sex, sodomizing me and making me sit on it ... I used alcohol and drugs everytime before sex to be able to adapt to each demand. "

express itself fully and annihilate completely the personality of the woman. The client-sex worker relationship shows how "the possibility to protect oneself is limited ... when there is a great imbalance in the relationship." ³⁵ A quasi-mystical conduct of abandonment at the hands of God thus appears in the female sex worker, who does not control her life, and becomes resigned and fatalistic. Convinced that what happens and what can happen to her depends on social and supernatural external forces, the female sex worker no longer has an "orientation of internal control"³⁶ and cannot consequently practice appropriate preventive measures. This attitude comes from a specific religiosity in which one is completely passive before the divine will. For the sex worker, this attitude is calming and dispels guilty feelings.

3 - Awareness of risk in action

The changes in sexual behavior since there was first talk about AIDS or since one first heard of AIDS

³⁵ B. Spencer : " Jeunes hétérosexuels : les obstacles culturels au safer sex ", *Transcriptase*, 8, 1992, 35-37.

³⁶ The term is borrowed from the book, *Les comportements sexuels en France*, s. d A. Spira et N. Bajos, Paris, La Documentation Française, 1992.

have gone in two opposite directions. The first is a return to ethics consisting of a resacralization of sexuality. The second consists in maintaining a sexually “free” lifestyle” associated with the systematic use of condoms. The former is reformist, the latter hygienist.

In the reformist direction, very few youth adopt choice-of-a-partner and monogamy as means of prevention. Religion and faith are explicitly cited to justify the change of sexual behavior, reminding the young person that premarital sex is illegal, religiously speaking. Religious sentiment thus appears to be a true prophylaxis.

“I did not used a condom with the prostitute ... afterwards, I regretted it. I cried. I went home quickly, and I washed my penis with water, bleach, Tide, Ariel soap and perfume. Then I locked myself in a room with the Quran. The entire night, I spent it reading the Quran and crying. I asked God to forgive me and save me. I was afraid of AIDS ... For the first time, I had the feeling of having committed the sin of zina (fornication)... I promised myself never to do it again. ”

The hygienist direction establishes the condom as

a sure means of prevention, and the presence of condoms becomes almost mandatory. *"The last time, it was last Saturday ... it was with my friends in a brothel in neighborhood H... here in Fez ... We drank a lot, but even so, I wore protection... I always have one on me, like my identity card."*

The national ID card, document issued by the police services, is currently the main form of identity that gives one access to other administrative documents such as passports. As such, it is essential and allows one to "do everything". The comparison of the condom to a national identity card shows how the condom has become indispensable and almost mandatory. If the national ID card protects the individual from police raids, so common a few years ago, the condom protects the individual from being caught in an AIDS raid, which is more dangerous, definitive, and without the possibility of return. Accordingly, some young people always keep condoms in the car, which acts as an instrument of seduction, a mobile space for sex. For them, the use of condoms is the natural and logical result of the knowledge of the risk of AIDS, and it is defined as the guarantor of sexual health. Young women themselves are beginning to be able to verbally express the need

to use condoms. The use of condoms has been steadily growing in the millions³⁷:

1990	1,5 (millions)
1991	3
1992	5
1993	7
1994	9
1995	11
1996	15

But what is meant here by consumption? Are we speaking about condoms that are actually used during sex? Or is it simply condoms that are sold or distributed? For it is evident that the number of condoms sold and distributed is greater than the number of condoms that are actually used.

Moreover, if the theoretical knowledge of AIDS is apparently changing in terms of the awareness of acute and preventative risk, the experience of having an STD as it affects the ego or a loved one is a stronger determinant in the adoption

³⁷ Evaluation du PNLS, Evaluat/HP/J, 16-07-1997.

of preventive practices. Indeed, many young people have changed their sexual behavior as a result of the experience of having an STD. This change has mainly been seen to occur in men, insofar as an STD affects the foundational space of their sexual identity as a man. "If a man is suffering from an illness in his genitals, what is left for him? Why do we even call him a man? It is because of his virile member that we call him a man". The STD, rendering man temporarily banned from and/or incapable of having sex, is basically considered a definitive entrance into the sphere of feminine horizontality, and of sexual impotence. The STD is thus a warning signal, it reveals the fragility of the Moroccan, the penis being a kind of 'Achilles heel,' and the core of his personality. But insofar as disease leads to prevention, it is important that the disease be experienced as a sexually transmitted disease, because the adoption of an appropriate preventive practice is based primarily on recognition of the sexually transmittable character of the disease. If the young person continues to attribute in good faith his STD to the cold, he cannot adopt a preventive sexual strategy. The perception of sex as a mode of transmission is fundamental in order for the STD to become a factor of change in sexual behavior in terms of prevention. To protect oneself

sexually, a clear awareness of sexual transmissibility is necessary.

Many boys said that they stopped seeing sex workers, or used condoms consistently, as the result of an STD. The experience of an STD plays an undeniable educational role and is in itself an excellent teacher who sharpens the senses for the necessary awareness of prevention. The STD causes pain, fear of impotence, madness, social stigma, and death. In some rare cases, the STD leads to total premarital abstinence. Without knowing that STDs make the bed of AIDS by multiplying the statistical risk of HIV, young people experience the STD through the fear of AIDS. The STD transforms the risk of AIDS into an obsession and becomes a powerful force of prevention.

EDUCATION IN THE FIELD OF POPULATION (EFP)³⁸

After the conference in Bucharest (1974), EFP has appeared as "an educational response to demographic, economic, social and real political problems,"³⁹ in the context of demographic transition without industrial transformation. Education about population is a substitute for the missing industrial and urban revolution that would have spontaneously brought about a decline in the birthrate. Education about procreative sexual behavior intends here to create awareness about demography, i.e., to link reproduction to socioeconomic conditions.

The launch of the EFP programs began with the signing of cooperation agreements between various ministerial departments and the UNFPA, and with the signing of an

³⁸ This text is taken from our paper "Les politiques d'éducation sexuelle" in *Santé de reproduction au Maroc: facteurs démographiques et socioculturels*, CERED, 1998

³⁹ L'éducation en matière de population : une perspective contemporaine, Etudes et documents d'Education, Paris, UNESCO, n° 28, 1980.

agreement establishing a coordination unit for IEC⁴⁰/ EFP activities consisting of: Ministry of the Interior and Information, Ministry of Public Health, Ministry of Labour and Social Affairs, Ministry of Youth and Sports, Ministry of Agriculture and Agricultural Investment, Ministry of National Education, and the Moroccan Association of Family Planning. The unit has published a newsletter since 1994 called *at-Tarbiya as-Sukkaniya* (education population).

The involvement of several ministries in a coordination cell shows that the EFP has not materialized itself in a specific and autonomous institutional framework. Its implementation is a matter for both formal school education and informal education. If the first is monopolized by the Ministry of National Education, the second, on the contrary, is dispersed among several ministries.

1- EMP in formal education

In 1982, A. Bekkali, director of elementary education and the first cycle of general primary education, proposed a national definition of the scholastic EFP: it is a

⁴⁰ IEC : Information Education and Communication

multidisciplinary educational activity aimed at raising awareness among the youth about demographic phenomena, both national and international, through their interactions with economic, social, cultural and environmental data, to rationalize their behavior in accordance with the civilizational and religious foundations of Moroccan society⁴¹.

The establishment of the EFP programs began in 1981:

1981-1986: preparation of a theoretical and methodological platform for the integration of education about population in the scholastic field.

1987-1992: training of inspectors, teachers and instructors, creation of teaching materials.

1992-1996: training 25,000 teachers in the 2nd cycle of primary education on the subject, producing a self-study training package, building four experimental centers of socio-education to consolidate the influence of EFP on local communities, training courses for inspectors of the first cycle of basic education.

⁴¹ A. Bekkali : “ Le discours sur la population et le programme d’enseignement... ”, Symposium maghrébin sur l’IEC en matière de population, MEN / FNUAP, 1997, p. 24, partie arabe.

In terms of curriculums, EFP is not established as a distinct and autonomous field of study. Rather, it has been integrated into various pre-existing fields: Arabic language, history and geography, Islamic education, natural sciences, and women's and family education. The reasons for the integration of EFP into the existing materials are the following, according to Z. Chraïbi⁴²: to not overload students with an additional subject, many notions of the EFP are already in the subjects being taught, to avoid creating additional work. Migration and habitat conditions, the specter of hunger, drinking water and industrial pollution are the four themes that mark the presence of EFP in Arabic language courses in the college education. In the same cycle, history and geography courses integrate EFP through the following themes: the population of Morocco, agriculture and sea fishing, the population of Africa, the environment and means of its protection in Morocco.

How was EMP integrated into the materials that remain—namely, Islamic education, feminine-family education, and the natural sciences?

⁴² Z. Chraïbi : “ Les notions de population dans les programmes du deuxième cycle de l’enseignement fondamental ”, Symposium maghrébin sur l’IEC en matière de population, op. cit. p. 44, partie arabe.

Islamic Education

To what extent can Islam adapt to modernity in liberating the body from the imperative of maximum fertility? An Islamic Malthusianism, is it conceivable? In fact, Muslim *fuqahā*, subject to the logic of the state (dependent and underdeveloped), do not remain impervious to the dominant international neo-Malthusianism. As such, they were led to advocate on behalf of Islam the image of the planned-fertility body, i.e., a limited one. Hence, we find ourselves faced with two sets of contradictory texts—one, traditionalist justifying a maximally procreative body, and the other, more modernist, advising to the believer not to seek maximum reproductivity. Certainly, we must recognize that the corpus unfavorable to fertility is a minor one of the proactive type. But its existence, even its possibility, reveals the historical spirit of Islam, insofar as there are, in the ranks of the administrators of the Sharia, *fuqahā* who favor the adoption of neo-Malthusianism in Islam. Modern history imposes on the Islamic body that it not be defined by maximum fertility, and Islam has no interest in opposing modernity. And though some of its administrators

would like to define it according to maximum fertility, they could not, because Islam represented a key moment in the gradual construction of the modern body, and modernity in general. What is rather more significant is that the involvement of the *fuqahā* in managing population growth is a symptom of the actual efficiency of the Islamic superego in the coming-to-be of Arab societies. States know this and have had recourse to this internal legitimation, even if it is far from being decisive in the final analysis. The politics of the body are of a different logic, anti-religious in general, and the recourse to politics by the Muslim jurist originates in the incompleteness and delay of Arab-Islamic modernity. However, the search for an Islamic juristic (*fiqhic*) legitimacy, in addition to its social and political necessity, contributes to the abandonment of a substance-Islam, i.e., a referential model, fixed and defined once and for all.

The rejection of maximum fertility and the adoption of family planning are in the name of an Islam in perpetual construction, due to health, economic and educational needs. Consequently, the use of modern contraceptive techniques in

the context of the married couple is completely legitimate⁴³, and we thus find EFP in some chapters of Islamic educational texts:

- A chapter on morality in the second year of high school on the Islamic education of the sexual instinct and the fight against debauchery.⁴⁴

- A chapter on the status of the family in Islam in the 3rd year of high school: the status of women in Islam, the rights of spouses, the modes of dissolution of marriage, the waiting period (after divorce), child custody, maintenance and breastfeeding, and Islam and family planning.⁴⁵

Feminine-Familial Education

Arabized since the 1985-1986 school year, feminine education is a matter that was taught only to schoolgirls until 1996. The content of the textbook “The Feminine Education”⁴⁶

⁴³ Rencontres pédagogiques des professeurs de l'éducation islamique dans le secondaire (en arabe), Ministère de l'Education Nationale, Rabat, 1996, pp. 59-62.

⁴⁴ Programme d'éducation islamique dans l'enseignement secondaire (en arabe), Ministère de l'Education Nationale, Rabat, 1996, p. 12.

⁴⁵ Ibid. p. 13.

⁴⁶ Ministère de l'Education Nationale : L'éducation féminine, Casablanca, Dar At-Taqafa, 1993, en arabe.

covers the following topics: the importance of the protection of human reproduction, sexually transmitted diseases, pregnancy, health care during pregnancy, family planning, childbirth, cleanliness of the infant, infant feeding, the physical and mental development of children, childhood diseases, immunization, and prevention and first aid. As shown, the manual is characterized by the predominance of demographic content. It addresses the schoolgirl as a future mother.

In the introduction of the manual, the authors do not mention the chapter on STDs. This chapter begins by saying that these diseases can be transmitted either sexually or by pollution (*talawwut*), by which it means through the shared use of towels or toilets that are not cleaned, without specifying which of the STDs may be transmitted through nonsexual and non-bloody ways. Among the modes of transmission of HIV, the chapter cites "lack of health awareness"!⁴⁷

The chapter then exposes four STDs and the methods of preventing them, without showing any photo or image of genitals affected by one of these STDs. The STDs presented are syphilis (2 pages), chancroid (7 lines), gonorrhoea (15 lines) and AIDS (2 pages). The means of prevention are summarized in

⁴⁷ Ibid. p. 11.

half a page. According to the manual, STD prevention is achieved through cleanliness and purification before and after intercourse, condom use and spermicidal lotions. The chapter concludes with the recommendation that "the person with AIDS should seek treatment quickly, because the faster it is taken care of, the greater one increases one's chances of recovery"⁴⁸!

Throughout the book, the image of a man appears only very rarely:

- On page 32, in the chapter on family planning: the photograph shows a man reading a paper in the presence of his wife and four children. There, the man is dressed in a suit while the woman is dressed in a *djellaba*. The large number of children is linked to the poor and illiterate woman, who is symbolized as such through her wearing of the *djellaba*. However, in other photographs and images where the woman appears with a single baby, for whom she provides care, she has instead a modern look. The modern woman is shown as not having many children.

- On page 48 where the man appears as a physician caring for an infant in an incubator.

⁴⁸ Ibid. p. 13.

- On page 109 where the man still appears as a doctor vaccinating a baby.
- On page 111 where the man-father gives first aid to the child in the event of an accident.
- On page 113 where the father pulls the electric cord to cut the current when the child is being electrically shocked.

The manual is thus characterized by the absence of a father who participates in the daily caretaking of the child. Consequently, the manual is not in compliance with new standards of accountability and equality between the sexes.

A first step towards closing the gap between the two sexes was performed in 1996: "It was decided that boys and girls benefit from this material since it focuses on the family and its questions. It deserves to be called home education instead of feminine education. ”⁴⁹ This material is said to find its place among the subjects of enlightenment, such as industrial and agricultural technology, and fine arts. The subject is taught in 9th grade, at a rate of 18 lessons for 2 hours each. But the

⁴⁹ Ministère de l'Éducation Nationale : Programmes et orientations pédagogiques pour l'enseignement de l'éducation familiale dans le deuxième cycle de l'enseignement fondamental, 1996, p. 3.

manual has remained the same, and boys are very embarrassed⁵⁰ to study a book entitled “The Feminine Education.” The program itself literally takes the textbook “The Feminine Education” of 1993.

The referential content of the fundamental chapter on family education, on the protection of human reproduction⁵¹, discusses the following:

- Defines pregnancy, the reproductive organs of women, the period of activity of the reproductive tract of women,
- Lists a few symptoms of pregnancy
- Clarifies the concept of fertilization.

As has been shown, the biological content of family education is linked to reproduction, which is shown from the perspective of family planning. Indeed, it is to acquaint the student with some dangers that threaten the pregnancy and that cause infant mortality, to make him or her aware of the role of the mother in preserving the health of the fetus and the child, the negative effects of successive pregnancies on maternal and

⁵⁰ According to the declaration of a teacher of the subject whom we interviewed ourselves at the same school, Ibnou Marine of Fez, April 16, 1998.

⁵¹ *Ibid.* p. 18.

child health, the economic and social consequences of successive pregnancies, and their adverse effect on the balance of the family.

For lack of administration in this area, teaching family education is not generalized to all the junior high schools in Morocco,

The Natural Sciences

Considered neutral information in principle, this subject matter is fundamentally dominated in turn by the paradigm of reproduction. It excludes any transmission of knowledge about desire or pleasure. There is a repression of the erotic, but it takes into account the preventive.

In the second year of a Humanities education, the program tries to consolidate the knowledge of the pupil about immunization reactions of the body to make the pupil aware of the importance of prevention and the limitations of therapy. The third point of this paragraph deals with AIDS as an example of an immune deficiency. In this framework, there is an analysis of the historical data on AIDS, an identification of the modes of

AIDS transmission and prevention methods, and a presentation of modes of HIV testing through ELISA and Western Blot⁵².

In the third year of experimental sciences, agricultural sciences and letters, students learn human reproduction through anatomy and physiology of the reproductive system in men and women, fertilization, fetal development, contraceptive techniques, and the prevention of STDs (o.e., gonorrhea, syphilis, hepatitis B and AIDS). The study of immunology is treated through the example of AIDS.

As shown, EFP in a formal academic education delivers information about biological content strongly linked to reproduction and demography, on the one hand, and content related to preventing STDs and AIDS, on the other. This information is acquired through participatory teaching methods, characterized by the preparation of information packets, free discussion, and the use of audio-visual materials, including animation. With these methods, EFP establishes an open relationship between teacher and student, a relationship that allows them to address sensitive issues and taboos relating to

⁵² Programme des sciences naturelles dans l'enseignement secondaire (en arabe), Ministère de l'Éducation Nationale, Rabat, 1996, p. 27.

sexuality. In EFP, the important thing is not to vertically transmit facts, but to induce responsible behavior and attitudes in the face of questions about demographics. As a form of secondary socialization, EFP in a co-ed class contributes to a break with the primary family socialization and gender segregation.

However the evaluation studies that have been conducted by the Ministry of Education show that schooling has little effect on demographic behavior, especially in rural areas⁵³. A greater proximity to the teacher--who has assimilated more to the population according to its lifestyle and material concerns--is not sufficient. Inadequate teacher training in the subject of population, and the break between the school and its rural surroundings are responsible for what little impact schooling has had. In addition, the integration of EFP into subjects already being taught is not enough for it to become independent as a separate, new point of view.

This lack of impact of school education has also been recorded with regard to STDs and AIDS in two of our surveys, *STDs in*

⁵³ M. Fettouhi, A. Aït Lkhiari et al : Le rayonnement de l'école sur son environnement (en arabe), Ministère de l'Éducation Nationale, Direction Générale des Questions Éducatives, 1996, pp. 45-91.

Morocco: Social Construction and Behavioral Therapies, and *Youth, AIDS and Islam in Morocco*. The social representations of STDs and AIDS that we reveal in the chapter on preventive education are indeed very far from the scholarly knowledge transmitted through the EFP.

2-The EFP in Informal Education

The underdevelopment of education and the prevailing illiteracy have led other ministerial departments of the coordination unit EFP / IEC to integrate EFP into the programs against illiteracy, as well as into agriculture and health counseling. Thus, the Ministry of Youth and Sports (Division of Women) has provided EFP training to its directors of women's centers at the national level to integrate EFP into women's centers. For its part, the Ministry of State for the Interior also has outreach programs for citizens on the interaction between population and environment. As for the Ministry of Handicrafts and the Ministry of Labour and Social Affairs, they consolidated the EFP in programs against illiteracy that reaches 200,000 citizens in welfare centers each year. Textbooks that integrate the fundamentals of EFP have been printed. Fifteen

teachers from the National Institute of Social Action (Tangiers) have been trained in EFP. The Department of Public Health in turn strengthened IEC activities in the fields of maternal and child health, and family planning, and has organized activities⁵⁴ in the field of EFP.

For its part, the Moroccan Association for Family Planning has programs such as “*Youth, traditional communication and family planning* (June 1993-May 1995)” through which it aims to plan the fertility of the youth.

Currently, 22 EFP clubs have been created in scholarly establishments and have played a role in raising awareness and mobilizing students about population issues. The effort is ongoing in the framework of the integration of EFP in continuing education through interactive television. This project, initiated by UNFPA, aims at:

- The organization of actions and support for the development of “*Education for All*” through the integration and dissemination of EMP messages to contribute to the advancement of

⁵⁴ Activités du service central d'éducation pour la santé dans le domaine de l'éducation en matière de population, MSP / Service Central de l'Education pour la Santé, Rabat, 1989, inédit.

women, reproductive health and sustainable development.

- The reinforcement among the population, of an awareness of the negative impact of population growth on the environment.

SEX EDUCATION ACCORDING TO THE ORDINARY MOROCCAN MAN⁵⁵

"Sex education, this is the first time I have heard about this. What is it?" In addition to this sincerely unmindful response revealed by a civil servant, two other spontaneous reactions should be noted:

- Once reduced to nothing more than how to make love, sex education is said to be redundant and unnecessary because "we spontaneously learn to do that." Behind this attitude is the expression of embarrassment by fathers to speak to their own children about such things.

- Once identified as preventing illegal pregnancies and sexually transmitted diseases, sex education is seen as an encouragement and incentive to fornication and debauchery. This education that shows how to avoid pregnancy and STDs must itself be avoided. It is accused of being a "Western-style sex education."

⁵⁵ This text is taken from our study, "Identité masculine et Santé reproductive au Maroc", Middle East Research Competition/LCPS, 2000, publiée par les éditions Saad Warzazi (Casablanca, 2010) sous le titre « Critique de la masculinité au Maroc », pp. 111-120.

Consequently, three major attitudes should be distinguished with regard to sex education: conditional acceptance, moralist refusal, and Islamist revival.

1- A Conditional Acceptance

"Knowledge is a right," "knowledge of things is better than ignorance": we refer to these maxims in Agadir to give legitimacy to sex education. Sex education is knowledge to which we are entitled. 60.5% believe that "the young woman has the right to know everything about sex." In Oujda, a relative majority of 41% is for the young woman's right to know (against 40%).

Accepting sex education is to first accept such education as a transfer of biological knowledge about sexual anatomy and physiology, and heterosexual intercourse. Indeed, sex education is defined as "a progressive explanation of the difference in genitalia, the reasons for the appearance of breasts in the girl and their absence in the boy." An unmarried civil servant says that he is willing to explain to his son about the sperm that will begin to flow out of him at puberty. This civil servant asks the teacher to stop once the sexual act becomes possible in practice. "... So start at 5 years and stop at 15 years ... 10 years of sex

education.” The question of age is very controversial. For some, the child must know what the sexual act is and "stop talking about it when he reaches seven years old.” For others, it is necessary to talk about sexuality when adolescence approaches, "when sexual desire is there." Finally, for a third category, sex education must be conceived of as "continual training." The idea that sex education should begin at an early age has caused the following reactions:

Attitudes Cities	Unfavorable	Intermediate	Favorable	No response
Agadir	34,15%	7,32%	54,47%	4,07%
Khenifra	41,30%	18,48%	40,22%	0,00%
Oujda	50,00%	9,46%	36,49%	4,05%
Rabat	19,81%	12,26%	65,09%	2,83%
Tanger	33,90%	10,17%	49,15%	6,78%
Tétouan	42,86%	12,86%	34,29%	10,00%
TOTAL	35,88%	11,64%	48,28%	4,20%

48% are in favor of starting sex education at an early age (against 36%). The cities that are the most favorable are Rabat (65%) and Agadir (54%). Oujda had the most unfavorable attitude (50%). The favorable attitude to sex education is reflected at the level of administrative areas as follows:

education (60%), health (49%), interior (48%), agriculture (46%) and infrastructure (41%). The favorable attitude prevails except in the case of ministry of infrastructures.

Accepting sex education is also to accept it as an erotic education. A civil servant of the Interior in Rabat believes that there are men who betray their wives because their wives do not know how to make love. There are also men, he continued, to whom we bring a prostitute to show them what they need to do on the wedding night. These men have never made love and need to learn how to do so. Accepting sex education is also agreeing to convey useful knowledge about sexually transmitted infections. This led to the discovery of the usefulness of "hoods" (i.e., condoms) which is very necessary in disease prevention.

Accepting sex education is also to transmit knowledge about the organization of the family, family planning, and contraception. For a civil servant of infrastructure in Agadir, girls have more need for sex education because they must know about contraception. "If the girl knows that there are contraceptives, she does not become pregnant," he says. About the proposition, "sex education helps prevent diseases and

unwanted pregnancies,” an absolute majority of 68% responded favorably, as can be seen in the following table:

Attitude City	Unfavorable	Intermediate	Favorable	No res
Agadir	19,51%	2,44%	75,61%	2,44%
Khenifra	19,57%	9,78%	68,48%	2,17%
Oujda	36,49%	9,46%	47,30%	6,76%
Rabat	10,38%	1,89%	85,85%	1,89%
Tanger	23,73%	1,69%	62,71%	11,86%
Tétouan	27,14%	7,14%	51,43%	14,29%
TOTAL	21,56%	5,15%	67,75%	5,53%

Only the city of Oujda is in agreement with the idea, only by a relative majority of 47% (against 36%). The lowest absolute majority was found in Tetouan (51%), while the highest was found in Rabat. At all administrative sectors, a favorable response represents the majority, which varies between 60% (infrastructure) and 73% (education). The health

sector is favorable to the idea by a percentage of 70%. The aged are more numerous and are more likely to be favorable (71% against 60% among the youngest).

Sex education is called similar insofar as it does not discriminate between boys and girls, targeting them together. "Sex, they both do it." The proposition, "sex education must address itself to both sexes without discrimination" has indeed received a favorable majority response of 59%. Oujda is the only city where the unfavorable response (patriarchal) wins by 46% against 42%. In all administrative sectors, the positive feminist non-discriminatory response wins. The highest percentage was recorded in education (69%). Health comes second with 65%.

Sex education is defined as a process that must engage parents and children. Parents no longer can hide behind the notion of shame in order not to reproduce the anti-sex education they themselves received. The proposition, "the father and mother shall jointly assure for the sex education of their children" has also received a majority response of 56% (against 31%). Oujda is the only city where the unfavorable response wins by a relative majority of 45% (against 43%).

However, the involvement of parents in the sex education of their children should be generally segregated in the sense that it is recommended that mothers take care of daughters and fathers sons, so that there remains some respect and decency. To justify this segregation, a saying of the prophet is quoted in which he recommends separation of the sexes while sleeping. And then, says a health civil servant, "the father will not have the audacity to talk about contraception with his daughter." Another health civil servant believes that "if we talk openly about sex within the family, the father may be tempted to sleep with his daughter and brother with his sister... It is better that a man does not discuss such things with his daughter." Thus intra-familial discussion about sex, even if it is informative and educational, is accused of being an erogenous act in itself, and thus a risk. Familial sex education poses the risk of heterosexual father-daughter incest, and it is to prevent this incest that gender segregation is recommended. Mother-son heterosexual incest is not feared, nor is homosexual father-son or mother-daughter incest. Father-daughter heterosexual incest is feared because it is the unconscious model that underlies marital sex. In the patriarchal logic, the husband is in principle the one who initiates his wife sexually, he is her master

(*shaykh*), i.e. her spiritual father in matters of sex. Homosexual incest and heterosexual mother-son incest do not constitute a cultural or social reference and have no institutional extension. Even their recurrence as socio-pathological phenomena is virtually zero.

The testimony of a civil servant of agriculture in Khénifra confirms this segregationism, while adding another dimension: "I gave condoms to my son and his friend... then, I told them to go sleep with prostitutes so that my son does not remain repressed, so they know about sex... so that he does not go sleep with other boys... ". However, the courage of this father comes to a halt when he confronts his daughter's sexuality. He invokes the "social conditions" that do not allow him to do the same thing with the girl. "I cannot tell my daughter to go to 'sleep around'... we are egotistical, we men, we really want to have sex with the girls of others, but we do not want anyone to have sex with our girls," he admits. Behind the honor of the father hides an unconscious monopolizing incestuous desire with respect to the daughter.

2- A Sex Education against Debauchery

The proposition, “sex education leads to debauchery” has received the following responses:

Attitude City	Favorable	Intermediate	Unfavorable	No Respo
Agadir	22,76%	9,76%	63,41%	4,
Khenifr	30,43%	19,57%	50,00%	0,
Oujda	43,24%	9,46%	43,24%	4,
Rabat	21,70%	5,66%	70,75%	1,
Tanger	23,73%	6,78%	59,32%	10,
Tétouar	35,71%	10,00%	44,29%	10,
TOTAL	28,63%	10,31%	56,68%	4,

There is an absolute majority of 57% who believes that sex education does not lead to debauchery. Oujda is the only city where the two opposing views were statistically neutralized: 43% for each. In all administrative sectors, the majority thinks that sex education does not lead to debauchery: education (73%), interior, health (60%), and agriculture and infrastructure (41%).

The age variable shows that younger people are more likely to think that sex education does not lead to debauchery.

But the gap with the older is not that significant (61% against 57%).

Sex education is considered necessary, because without it, you learn bad things in the street. It shows the child that there is a sexual relationship between the man and the woman, "so that the child does not deviate towards homosexuality" (Khenifra). Sex education, defined as the prevention of homosexuality, is therefore prevention of debauchery, where homosexuality is the perverse figure of debauchery. Sex education does not mean total freedom or individualism, "it is not the absence of limits." Sex Education, "is before anything about giving information, it is not sexual practice ... When I teach my child about sex education, that does not mean that I push him to 'sleep around,' I just give him knowledge of his body... I also give him a religious reference that allows him to assess his actions and whether they are right or wrong." The religious reference appears as a component of sex education without ever transforming itself into Islamist politics.

The religious reference hides itself here behind the concept of debauchery and leads to the total rejection of a sexual education, whether in family or in public. It is thought that sexual education is the path to debauchery. "If we talk to

our children about sex education it means that we are encouraging them to debauchery. Therefore, we must not provide sex education to either the boy or the girl. If we give it to the boy, it will excite him and he will flutter around. He must discover sex by himself, because even if we do not give him an education in sex, nothing bad will happen. He will start to learn by himself around 15 or 16 years old, and the girl will learn when she gets married.” Similarly, a health civil servant believes that it is shameful for a Muslim state to treat these things in public, in newspapers. Another civil servant in agriculture thinks that we should not talk about sex to children, otherwise "they will go into the street." According to him, you just prepare the girl and "warn her against those who would take advantage of her.” They complain that the girls "go out" and "sleep around", now that they have known all about sex since primary school. “Perhaps just a course on STDs,” it was conceded in Agadir, meaning that there should not be dialogue about sex within the family and that sexual education should be reduced to this preventive dimension. The boy must know that debauchery leads to disease and the girl must learn to preserve her honor and to have fear of losing it. This line of thought

defines the educational message about sex as a deterrent message of fear.

Sex education should not lead to sexual practices before marriage (especially for the girl). Indeed, the pre-marital sexual activity of girls can only be thought of in terms of debauchery. The same term is also used with respect to boys, but in addition, it is thought of in terms of positive experiences that make of the boy a sexually initiated person who can in turn introduce sex to his wife. In short, we have here a sexually discriminating morality that serves to ensure the servitude of the female body in the patriarchal political economy.

3 – An Islamized Sex Education

A third approach consists in the religious moral appropriation of sex education. It is recommended here to confer the task of sex education to a school where Islamic ethics works efficiently, since the parents themselves lack a sexual education. “Sex education must be compulsory in schools,” said a civil servant of the Interior in Rabat. He continues, “Material that culminates in an examination... It must begin with things that scare you (about sex) ... then teach the boy how to stand in

front of a girl ... not to teach him how to fornicate, but how consummate the marriage, on the night of the penetration, this in connection with the religious aspect... It is necessary to deflower the very first time, to not ejaculate in the vagina at the time of the deflowering, otherwise the woman will forever be as wet as a pool... after defloration, women must sit so that the blood does not go back inside them... with a teacher, it's normal, he explains these things to you and makes sure that you respect them." The Islamization of sex education is not, as represented in this quote, mixed with a scientific knowledge of the body and virginity. Rather, it takes the form of popular medicine orally dispensed by elders, medicine that is overused in the classical treaties of Arab-Islamic erotology.

Moreover, this re-Islamization redefines sexual education as an education used to protect against pre-marital sex, the latter being defined as prostitution and debauchery. It is necessary to talk about all things sexual at puberty, but to prohibit adolescents of both sexes from engaging in any sexual activity. "Before marriage, it is animalistic," insofar as that sexuality does not respect the distinction between good and evil, right and wrong.

Islamism refuses to consider a boy's premarital sexual experience in a positive light. It is advised not to let him see movies that deal with sex, to supervise him constantly during adolescence, especially in his solitude, and to buy him magazines that deal with AIDS to frighten him. The girl has the right to know everything about sex, but without viewing pornography (transmitted by the foreign programming). She must store away the (good) knowledge about sex for her future married life, so that she does not fear the wedding night. However, she can practice sex in a dream: she can orgasm, but without a man... in essence, "the (erotic) dream is a mercy of God," says an education civil servant in Oujda.

Thus for this Islamist sex education, the real protection is not the condom. The "plastic" simply leads to debauchery. "You can you imagine," exclaims a civil servant of infrastructure, "they have given them condoms in high school... Me, I am afraid for my two daughters. We are certainly all for knowledge, but we do not want these things to be debated in homes, schools and government... it is too much." Accordingly, it is recommended to present contraceptives to the girl as dangerous for her health (we must lie!), and to not give her the opportunity to be alone with her fiancé.

**THE NOTION OF SEXUAL
EDUCATION
ACCORDING TO HEALTH CARE
PROVIDERS⁵⁶**

The causes of the spread of HIV in Morocco are well established and quite diverse: high prevalence of STDs (the bed of AIDS), unsafe sex (prostitution and male homosexuality), poor economic conditions, migration, rapid urbanization, international trade and tourism (particularly sex tourism), and women's subordinate status. Faced with the problem of STDs and AIDS, the Ministry of Public Health (MPH) launched several sexual and reproductive health programs, in which one finds IEC strategies being deployed, i.e.,

⁵⁶ This text is taken from our study, "La prise en charge éducative des porteurs MST dans la santé publique" réalisée en 1997 pour le Ministère de la Santé (Maroc) et l'Union Européenne.

health education programs that focus on the preventive content of sexual education.

Despite this broad agenda, the strategy in 2000 for the “Association Marocaine de Planification Familiale/Moroccan Association of Family Planning” (AMPF) was based on a review of the ministries of Health, Youth and Sports, and Social Affairs. According to AMPF, these departments do not deal seriously with sexual and reproductive health. Consequently, AMPF protects each individual’s right to sexual and reproductive health. Its activities aim to empower women, educate the youth, and to make men aware of their responsibilities. “The AMPF is one of the only organizations that address the issue of sexual health among adolescents. Youth committees have been formed and they transmit their knowledge through youth associations and at national youth centers.”⁵⁷ AMPF has 20 clinics across Morocco: IEC, counseling, medical consultations concerning family planning, distribution of pills, condoms and intrauterine devices. It has a

⁵⁷ Rapport d’analyse du programme d’élaboration de la stratégie, op. cit. p. 32.

television production unit that has produced two TV films, *Aziza* and *Aïnek mizanek*. For this strategy in 2000, the issue of youth and sexuality was one of AMPF's priorities. So that youth should not have to resort to illegal and unsafe abortions or to contract STDs, it is necessary to promote politics that defend the right of people to information and that establish an IEC on sexuality. "The sexuality of young people is often casual and random, and they do not always use the means of prevention such as condoms."⁵⁸ AMPF is also fighting against all the elements of inequality between men and women so that the woman can decide for herself in all matters related to sexual and reproductive health.

For its part, "Association Marocaine de Lutte contre le Sida/Moroccan Association of the Fight against Aids" (ALCS) has made commendable efforts to bring the issue of AIDS to the attention of the Moroccan population through TV, radio, press and conferences. It began a campaign to raise awareness among students of secondary education and produced audio-tapes with

⁵⁸ Le cadre théorique de la stratégie 2000, AMPF, numéro spécial (à l'occasion du 25^{ème} anniversaire de la constitution de l'AMPF), p. 11. In Arabic.

messages about AIDS to give to prostitutes.⁵⁹ ALCS aims especially at targets unrecognized by the MPH : prostitutes and homosexuals. "It was in 1999 that we became aware of the first works aiming to implement information projects with homosexuals, and this in Casablanca and Rabat ..." ⁶⁰. The absence of an openly gay community made the task more difficult, "the environment of male prostitutes appears to be the most visible face of homosexuality in Morocco."⁶¹

At the level of the National Program of Fight against AIDS (MPH), a focus group study⁶² bringing together the providers of (public sector) basic health care asked them, among others, about the issue of sex education in Morocco. This study is to our knowledge the only one that has dealt with this issue. "What is sex education for you? Who should educate? Must it be systematic, done by parents, medical personnel or teachers? ⁶³" Such were the questions asked in

⁵⁹ Rapport d'analyse du programme d'élaboration de la stratégie, op. cit. p. 32

⁶⁰ L. Imane : Prévention de proximité auprès des prostitués masculins au Maroc, ALCS, Casablanca, 1995, p. 1.

⁶¹ Ibid. p. 1.

⁶² A. Dialmy : La prise en charge éducative des porteurs MST dans la santé publique au Maroc, MSP / Union Européenne, 1997.

⁶³ Ibid. p. 62.

focus groups in Tangiers, Essaouira and Khenifra. The formulation of the question makes apparent an intense anxiety: what is sex education? What to teach? Who should be taught? Who will teach? How to teach?

The 3 'P's which are unconsciously the foundation of sex education, Permissiveness-Prevention-the Pill, consequently do not fail to worry educators in different societies. "Sex education for young people has for a long time been hampered by the uneasiness of adults that such knowledge encourages promiscuity among unmarried adolescents."⁶⁴

For this reason, discussion of sex education has been passionate and controversial among the interviewed Moroccan healthcare providers. It is first asked, what is it? Does it consist only in educating people about the negative consequences of unprotected sex? Does it explain sexual relations, its content, modalities, what we do ...? The lessons, do they have to start with the natural sciences and STDs and then continue through to religious education?

The synthesis of the views of Moroccan healthcare providers allows to distinguish between five contents:

⁶⁴ Jeunesse du monde 1996, Population Reference Bureau, Washington

-Biological content that consists in transmitting scientific knowledge about anatomy and sexual physiology. This content is based on the distinction between the true and the false. This is the first stage of sex education that health care providers called "primary prevention", which is precisely "the knowledge of the human body, genitals and their functions ..."

- Contraceptive content that consists in revealing the techniques of contraception. This content is based on the distinction between the useful and the un-useful.

- Preventive content, based on the distinction between healthy and harmful, and that exposes the dangers of STDs. Knowledge of STDs is called "secondary prevention" or health education. Here the special problem arises that "the whole population knows about AIDS but ignores gonorrhoea... Concentrating too much attention on AIDS, we forget the other STDs," it is recalled. For some health care providers, the preventive content of sex education cannot be totally medical (condom use) while bypassing the position of Islam in the matter. "We would like the *Oulema* to speak of STDs and of their consequences for the patient, family and society... Religion plays an important role in the prevention of STDs."

For a minority of doctors, "the message is not 'use a condom to prevent getting STDs ... STD's must not be directly fought' ... The message is to fight evil itself, the illegal sexual relations (*zina/fornication*), and we cannot fight it through tolerance (through advising the use of condoms)."

- Erotic content that opposes the pleasant to the unpleasant, including techniques for sexual intercourse and orgasm. This content is barely developed by Moroccan health care providers as a whole. When they talk about it, it is specifically to say that it does not target young girls. It is the content the least divorced from socio-religious norms, which provide the defenders of Islam with the most "arguments" for rejecting sex education. For often, sex education is reduced to this single erotic content. The position of health-care providers here parallels the authors of erotological textbooks. These authors, such as Shaykh Nefzawi, only address the man to introduce him to the erotic. The woman does not learn the erotic content of sex education until she is married, and then in a practical way, thanks to her husband-teacher. The woman undertakes the erotic education that the husband-teacher is supposed to practice in his relationship with his wife-disciple. It

is not meant for women to acquire erotic knowledge as theoretical knowledge in her premarital life.

-Normative content that draws a boundary between the permissible and the forbidden and that imposes a line of conduct for sex education in a society that perceives itself as Islamic. This content is the most developed and most controversial: in a non-secularized Moroccan society where Islam is dominant, sex education in its modern sense (equality of the sexes in pre-marital sexuality) is still a debated issue, first as a concept, then as to its aims, agents, methods, vernacular and media outlets.

1- The Ideology of Sex Education

For the secularizing trend that tends to separate the sexual and the religious and which exists in its infancy for some health care providers, it is necessary not to not punish the child if he or she is naked, and not to prohibit the mixing of the sexes. Sexuality is a legitimate activity in itself. For them, the legality of sexual activity is secondary, since the satisfaction of desire is natural and legitimate in itself, despite its institutional status. "We cannot tell the boys and girls to abstain. We can only ask

them to use condoms...". A similar principle applies to both sexes because the ideology of sex education implies gender equality (in facing sex).⁶⁵ But the caregivers themselves, especially in the ranks of nurses, have not fully assimilated and accepted the principle of gender equality in sexuality.

For the Islamist trend, sex education should not be regarded as predetermined: "This is not something already built... we are in an Islamic country, we must introduce certain things here." An Islamized sex education must avoid perversions such as homosexuality, which is crippling, and advocate early marriage in which one remains faithful to the spouse. Sex education in Islam, "is preventing people from doing certain things: we must ask the girl to be careful... if the girl loses her virginity, she enters very early into prostitution." Finally, some say that sex education does not mean sexual

⁶⁵ In 1889, the proclamation of Joannes Sagnol on the equality of the sexes, shortly before the Feminist Socialist Party published Socialism and Sexualism in Paris in 1893. Sex education accompanies or assumes equality of the sexes. For example, in 1911, Madeleine Pelletier published "The Sexual Liberation of Women". Sex education is also a refusal of the moral oppositions "legal-illegal" (marriage/fornication) and "normal-abnormal" (genital /non-genital) as patriarchal oppositions that govern the field of sexuality. Furthermore, sexual democracy recognizes the right of the homosexual minority to speak freely, without being criminalized or pathologized.

liberation and in contrast, prefer “medicalizing” the term by calling it "health education"⁶⁶ instead of sex education.

2- Age and Target

"If we start from our religion, it must only apply to married people... there are verses that prohibit sexual intercourse for the unmarried." This fundamentalist discourse of several health care providers gradually transforms the general prohibition of premarital sex into a prohibition on the girl's sexuality only. Indeed, most anti-sex education views relate only to the girl. "The girl must save herself for her husband and remain a virgin. How would she benefit from sex education? Why should she learn about the sexual act?" Some female healthcare providers advise that the girl be properly educated from a very young age "for fear that the Christian will take her." Some of them think that sex education of the girl should begin when she enters the university: "it is at the university where the girl starts having relationships, going out with

⁶⁶ Medicalization obscures erotic content, which is considered subversive from the perspective of male domination. The exclusion of women from erotic knowledge is a form of her exploitation and her minimized importance (inferiorization).

friends... at 20 to 21 years old ... if we began the education before then, we risk introducing things into her life that she has not yet tried to do. Sex education is not something that should be undertaken with the girl, it risks tempting her and causing her to deviate.” The erotic content of sex education thus must be hidden from the girl. Sex education would be in itself a factor that leads to deviance and debauchery.

However, a minority of health care providers do not share this opinion. For them, sex education should begin in adolescence, even before puberty, for both sexes. "The earlier the better." At 8-9 years old for the girl, 10 years for the boy, sex must be understood, and for each age group we can speak a language that is appropriate.

3- The Educators

Three educators are nominated by the health care providers: parents, teachers and health professionals.

The Parents

The parents are responsible, they must explain sexuality to their children. But in order for the family to play this role, it is necessary that the parents not be illiterate. This condition is necessary but insufficient insofar as the parents, even when educated, find it hard "to talk about (sex)... It's shameful." We have not yet reached the necessary level of maturity to discuss sexuality within the family. The father must be respected: "as soon as the father comes home, the children must be silent...". "The father and children can be friends, but from there, to talk about sexuality, no." Only some educated parents in an urban environment respond to their childrens' questions on this subject. However, these parents respond only to ensure that their daughters remain virgins and their sons repress any homosexual tendencies.⁶⁷ This is telling of the lack of parental involvement in the sexual education (in its modern meaning) of their offspring.

Instead of calling into question the image of a Moroccan father who sexually censors his daughters in particular, and

⁶⁷ A. Belarbi : *Enfance au quotidien*, Casablanca, Le Fennec, 1991, pp. 111-113.

proposing to educate parents, the majority of healthcare providers believe that the mother is responsible for the sex education of the children. Some educated mothers thus explain the process of menstruation to their daughters and prepare them for it. On the one hand, we pass off this difficult task to the mother, and the other, we associated sexuality with domesticity, secondary and hidden. This attitude is in flagrant contradiction with the anti-sexist and public ideology of sexual education.

The Teachers

Many health care providers suggest that courses on sexuality should take place in schools. However, the mindset of teachers must then also evolve. A doctor reported that "during his presentation about STDs in school, the teacher left... because of shame and fear of losing his authority over the students." Therefore the teacher must distinguish between authority and discourses on sexuality. He must be able to discuss sexuality with his students without it meaning (above all for him first) a diminution of his authority. The flight of the teacher is not totally unjustified given the prevailing mentality in schools. A nurse who advised students to use condoms has

been accused by the students themselves of encouraging promiscuity.

In the same context, the professor of family education who we interviewed as part of this study on sexual education, admitted to telling students that extramarital relationships are a cause of STDs, knowing that this is untrue when protection is used. For fear of the parents, she did not dare to say that condoms protect against STDs regardless of the legal or illegal character of the sexual activity. According to a statement from a physician, "when the child told his father that the teacher told them about sex in class, the father went to admonish the teacher... and threatened to withdraw his daughters from the school".

The Health Care Professionals

For some health care providers, sex education (in its totality) is not within their purview. They do not agree to discuss prevention of AIDS and STDs. A doctor says that "the doctor is not supposed to lose a lot of time in the field of education... there are teams for that." The doctor will discharge the educational care to the nurse who gives "a bit of health

education.” Is this the sign of a devaluing of education by the doctor? Or is it merely a lack of time? But who among health care providers has the time to educate about health? A nurse argues that "the one who performs the triage does not have time to educate.” And ultimately, "the health professional intervenes too late in sex education... there is already an accumulation, a base ...”.

However, some doctors believe instead that the sexual-health education should be separate from authority and the authorities. To this end, it should be organized solely by the Ministry of Health and have its own officers. The MPH must conduct educational activities for prostitutes. The department already does so, but in a sexist way: "when the official wants to talk to women about this sensitive topic, men are brought out into the garden... After the women leave, the official speaks to the men, when the women are no longer there." A doctor approves of this conduct, adding that the speaker-educator must be of the same sex as the audience. This position, while respectful of the current mindset, is in flagrant contradiction with the co-education principle inherent in a mixed sex education.

4- The Methods

Health care providers rely on the mechanism of fear to teach youth about sex protection. Others insist that a traditional education made up of reprimands is a positive thing that should be restored. "Before, when a boy said a dirty word in the street, passers-by would bawl him out... they would teach him a lesson... now that's over...". The goal should not be to get adults to "berate" the youth when they say such words, but to educate them so that they no longer use "bad words".

Sexual democracy is generational and as a basic condition of sexual education, it dismisses coercion and punishment as educational methods. Nurses are heading in this direction: "Educate by making them understand, not by fear." Of course, sex education must also evade the evaders. It must respond to children in a straightforward way so that later on their sexuality is not wild and guilt-ridden, but clean and safe. Education must be continuous through more efficient interpersonal communication.

5- Language

A nurse raises an important question about the use of language, responding that "sex education must be conducted in Arabic. It is necessary, indeed, to be able to speak of sexuality in the Arabic dialect without being obscene. This is an important element of sexual education which aims to naturalize sex. Naturalizing it is to make speaking about sex natural in the maternal language (Arabic or Berber).

The preventative level of sexual education faces this problem of arabization. Caregiver and patient face the difficulty of naming the STD in the dialect, whether by shame or by lack of a corresponding word in the dialect. However, the STD carrier in Morocco uses many terms to name an STD (*berd, nouar, changar, qoummila ...*). Three problems arise at this level:

- the first is to arrive naturally at using these terms in daily communication ;
- the second is to find terms for STDS which are missing equivalents in the dialect;
- the third is to unify the different names of the same STD at the national level to allow caregivers and patients from

different regions to communicate better. But this raises the question of Tamazight. Should we not also find the names of STDs in Berber? Should we not unify the Berber words at the national level? Should we not develop the possibility for a therapeutic relationship in Berber?

The question of the language of sex education leads to the broader issue of communication about sexuality and its media outlets. Should sex education stop at the stage of interpersonal communication between teacher and student? Or should we instead turn it into a mass-media public education?

6- The Media Outlets

According to a doctor, regardless of the question of Islam, prostitutes and STDs exist in Morocco, they are there, and they must be treated with direct communication (between the transmitter or the receiver) and media communication (through the audiovisual).

Direct Communication

For some, the Moroccan population is not made to read billboards or signs. It is made for direct contact, "especially between two individuals ... the communication passes better ... we need an interpersonal education, case by case. » Orality is still characteristic of Moroccan society. Writing only reaches the urban elite. The high rate of illiteracy prevents people from correctly understanding the posters. According to a nurse, "the 'STOP AIDS' sign is poorly understood by the people... People who cannot read, when they see 'STOP,' they think of cars, and think the signs are about prevention of car accidents."

For this reason, many health care providers suggest sending mobile teams into the markets, to bring people together through the town crier in slums and rural areas. A woman doctor also suggests that we can also benefit from immunization and family planning programs to facilitate educational sessions in the health centers. A doctor proposes taking sexual education to bars, cafes, and cabarets: "it is there where most people get STDs," he says. Finally, a nurse intelligently recommends

lessons at the mosque, which echoes the recommendation that Mr. Decrop⁶⁸ made in 1950.

This direct communication would require training and educating of the health care personnel who are closest to the people. However, in the opinion of many caregivers, the will to know and fear are not sufficient reasons for poor people and those ignorant about health issues to listen to the educators from MPH. For the message to be received, these caregivers think it will be necessary to distribute medication: "People are more motivated, they listen to you if they know they have free medication... people who come to health centers are poor... when we give them treatment, the women return for check... it is necessary that the treatment is always available".

Some caregivers expressed reservations about direct contact with the population. The subject of sex education, even if only in its preventive aspect, is so sensitive. The people are so underdeveloped that "the outreach nurse who does health education has been attacked by men... It is necessary that she be accompanied by a man, who must then remain somewhat aloof

^{68 68} M. Decrop : « Comment concevoir l'éducation sexuelle chez les Musulmans marocains », *Maroc Médical*, n° 306, 1950, p. 1058-1060.

when she speaks to women." In this way, it is better that the education is indirect, through television and radio, posters and photographs.

The Audio-visual

Two opposing views here:

- The first, a minority opinion it must be said, rejects the use of audio-visual material. "For us, an Arab-Muslim society, it is shocking to transmit all of that (content about the sex act) through the mass media... the satellite dish, it does not fit into a strategy of sex education that is ours, it is forced upon us." In a Muslim state, "we cannot speak about such things explicitly... except in the Friday sermon or in the mufti's corner (*'roukn al moufti'*)." But for a woman doctor, "it is difficult to educate people about sex in the Islamic sense with everything you see on television, in magazines ...".
- The second advances the view on the contrary that foreign broadcasting (through the satellite dish) has shattered taboos and traditions to ensure that sex education can now easily be transmitted through the

medium of television. The illiteracy of parents, mainly in rural areas, leads them to acquire televisions, which are for them a better means of information and education. The television also allows them to escape their isolation and has more impact on social behavior: an immediate reaction from the population as a result of any medical program on TV has been proven.

For a nurse, it is time to stop playing hide and seek with STDs: "we must destroy the boundaries of taboo... it is necessary to talk about STDs and condoms on TV and on the radio. It is necessary to show television programs on STDs during primetime, and to show the television skits continuously." Further still, a nurse suggests showing seriously ill STD patients on TV: "... present a syphilitic... everyone will speak about it and everyone will remember it. The films shown in the public square of the villages are considered to be effective, as is advertising on television. Maximum use should be made of cartoons and televised dramas. These forms of communication are in simple, banal language and are more effective for the uneducated. They will attract even the attention of children." A physician recommends using *Rabat-Tamazight* for the Berber-speaking Moroccan population.

Posters and photographs are also recommended as possible ways to successfully circulate the educational message. While a nurse suggests "showing pictures of the reproductive systems and their operation," a doctor recommends "showing pictures of sick patients, well illustrated with photos of a bubo, the swelling of the vulva... an image that visualizes this or that particular STD." These educative pictures and photos can be put on boxes of matches, or on school notebooks. One doctor concluded by proposing "to assess the impact of what has already been done to produce the new" in the field of communication about sex education.

To assess this impact, we suggest examining to what extent the educational policies developed by the state and civil society have succeeded in producing sound practices in key areas of sex education, in this case the erotic, preventive, contraceptive and normative domains. Sex education, both its positive knowledge and code of conduct, is quadripartite: it is at once an erotic education, a preventive education, a contraceptive education, and a normative education. Without having fully completed the processes of urbanization and industrialization, has given education in Morocco been able to play a powerful role in changing sexual behavior to be

psychologically rewarding, and safe from STDs and unwanted pregnancies?

THE IMPORTANCE OF SEX EDUCATION FOR YOUNG MUSLIMS A STUDY PROJECT⁶⁹

In order to show the importance of sex education for young Muslims, this paper deals with the following points: aspects of sex education, efficiency of sex education in prevention, religious resistance to sex education, sexual data in Moslem world, study problematic and study objectives.

I- ASPECTS OF SEX EDUCATION

According to the *Population Reference Bureau*, “sexual education should include not only reproductive anatomy, but also specific information on contraception, identification and prevention of HIV and other sexually

⁶⁹ I presented this paper/project at the 3th World Congress of Muslim Philantropists, Doha (Qatar), March 21-22.

transmitted diseases, and an education on sexuality and equality between men and women”⁷⁰. In line with this definition, the *World Population Report*, 1997, advocates that sexual education should start early on in life, being suited to age and development and should promote a positive attitude toward sexuality⁷¹. It is a measure of public health concerning the preparation of the individual to confront STI&HIV, involuntary pregnancy and sexual discrimination. Sexual education leads to a responsible sexual behavior.

Going even further, the *Pan American Health Organization* in collaboration with the *World Association for Sexology* (WAS) propose the notion of comprehensive sexual education⁷² which is based on positive attitudes regarding sexuality for all sexual actors

⁷⁰ Youth of the World, 1996, Population Reference Bureau, Washington.

⁷¹ Coleman, E. (1989), Promoting Sexual Health: The Challenges of the Present and Future. In J.J. Borrás Valls & Conchillo, M.P. (Ed.), *Sexuality and Human Rights*. Valencia, Spain.

⁷² Promotion of Sexual Health: Recommendations for Action, Proceedings of a Regional Consultation convened by the Pan American Health Organization (PAHO) World Health Organization (WHO) in collaboration with the World Association for Sexology (WAS) in Antigua Guatemala, Guatemala, May 19-22, 2000.

(independently of sex, age and sexual orientation)⁷³. The comprehensive sexual education implies several actors: parents, instructors, public care staff, civil and religious leaders, and professional mass media officers. All those actors need information and training according to specific programs. However, in addition to competence in knowledge and techniques, professional sexual educators should assimilate ethics respecting all sexual orientations (right to sexual specificity), all sexual practices (equivalence of modes of acquisition of sexual pleasure) and equality of sexes.

As we can deduce, this comprehensive definition of sexual education adds to traditional components the ones of education on gender equality and of sexual orientation. In fact, sexuality should not be structured in terms of inequality and power. In other words, male domination of the domain of sexuality should be eradicated. The integration of this component with sexual education undeniably is consecrated by recommendations

⁷³ For a more complete description of Guidelines for comprehensive sexuality education, see the SIECUS Guidelines for Comprehensive Sexuality Education: ed/guidelines/guide0000.html

of the ICPD (1994) and the Beijing Conference (1995) which openly called for gender equality, struggle against sexual discrimination against young girls and female autonomy.

Indeed, the individual right⁷⁴ to autonomous decision-making related to sexual and reproductive health has been highlighted by the Cairo Conference (1994). Besides the women's category⁷⁵, which is also mainly targeted by ICPD recommendations, action program on ICPD⁷⁶ stipulated that youngsters have the right to enjoy a satisfying and sure sexual life. This right, that is obviously valuable to both sexes is complemented by the right to information on sexuality, sanitary services which preserve dignity and confidentiality⁷⁷.

This tendency to express sexuality of youth (10-24 years) in terms of right, to set the notion of sexual

⁷⁴ World Population Report, 1997. The Right to Choice: Rights and Reproductive Health, FNUAP.

⁷⁵ "The right of women to master their sexuality, including sexual health and procreation, without any constraint, discrimination or violence, and to make free and responsible decisions in this domain", Ibid.

⁷⁶ "Action Program on ICPD", At-Tarbiya as-Sukkaniya (Demographic Education), no4, January 1995, p.6

⁷⁷ Action Program on the International Conference on Population and Development, Cairo, 1994, (paragraph 7.3).

rights as human rights was adopted and defended by the *International Planned Parenthood Federation (IPPF)*⁷⁸. The latter has designed a “Charter of rights” regarding sexuality and reproduction since 1995. In the name of this Charter, the IPPF developed throughout the world sexual education by peers, which “evaded the paternalistic approach”, and also reached non-schooled youngsters. The IPPF developed also services to respond to the needs of the youth regarding contraception, prevention, care and counseling. In the name of this Charter, some associations denounced incorrect sexual information sometimes spread through the school itself as a violation of the right to information and education⁷⁹.

The *World Association for Sexology* is more explicit and goes further by promulgating a “Declaration of Sexual Rights”⁸⁰, which was specific insofar as the rights to reproductive health were never referred to. This

⁷⁸ IPPF Annual Report, 1999, p.9.

⁷⁹ Ibid. p.11

⁸⁰ It is there the declaration of the 13Th World Congress of Sexology, 1997, Valencia, Spain. Revised and approved by the General Assembly of the World Association for Sexology (WAS) on August 26Th, 1999, during the 14Th World Congress of Sexology, Hong Kong, People’s Republic of China.

declaration specified 11 specific sexual rights, including the right to sexual education.

II- SEX EDUCATION EFFICIENCY

“Research showed that programs targeting the youth before they acquire sexual experience have more chances to lead adolescents to delay their sexual activities and to use contraceptive methods”⁸¹. A study commissioned by WHO analyzed 1 000 reports on Reproductive Health programs primarily in developed countries and found no evidence that the provision of sex education, including the provision of contraceptive services, encourages the initiation of sexual activity. In some cases, sex and HIV/AIDS education delayed the initiation of sexual intercourse, decreased sexual activity, and increased the adoption of safer sexual practices among sexually active young people⁸². In Latin America, several governments have realized that comprehensive

⁸¹ Ibid.

⁸² Grunseit, A., & Kippax, S. (1993). *Effects of sex education on young people's sexual behavior*. (Unpublished report).

sexual education may play an important role in the prevention of unintended pregnancy and STI⁸³. In the Sub-Sahara Africa region apparent success in decreasing rates of transmission of HIV have been credited, in part, to implementation of sexual health education in schools⁸⁴. From that, WHO concludes: “the combination between messages on abstinence and protected sexual practices is more efficient than advocating abstinence only”⁸⁵. Indeed, recent evaluation demonstrates that qualitative programs of sexual education increase knowledge, clarify values, increase communication between parents and children, help youngsters to delay their first sexual relation, increase the use of contraceptives and condoms, do not encourage the youth to have a high frequency of sexual relations⁸⁶.

⁸³ "An overview of sexual health: a public health issue", *World Association for Sexology*, January 2002, p. 46.

⁸⁴ E. Barnett et al: "Health & HIV/AIDS education in primary and secondary schools in Africa and Asia", DFID, Education Research Paper N° 14, 1995.

⁸⁵ Youth of the World, 1996, Population Reference Bureau, Washington.

⁸⁶ A. Grunseit and S. Kippax (1993), “Effects of Sex Education on Young People’s Sexual Behavior”, unpublished review commissioned by the Global Program on AIDS, World Health Organization, July 1993; K.A. Moore et al (1995), Adolescents

III- RELIGIOUS RESISTANCE

Against this international mounting of sexual and reproductive rights on the same footing as human rights, resistance has been expressed in the name of religion mainly. Thus, the Vatican rejected the recommendations of ICPD. The 3 P's (Permissiveness/Prevention/Pills) which were unconsciously the basis of sexual education worried religious educators in different societies. Consequently, religious people hindered sexual education for fear that "knowledge would encourage promiscuity among unmarried adolescents"⁸⁷. Also, religious people, this traditionally dominant "caste", have always had "the desire to limit sexual education to minimal biological information... (This desire) always emanated, according

Pregnancy Prevention Programs: Interventions and Evaluations, Child Trends, Inc. Washington DC; J.J. Frost and J.D. Forrest (1995), "Understanding the Impact of Effective Teenage Pregnancy Prevention Programs", *Family Planning Perspectives* 25(5): 188-86; and D. Kirby et al, "School-based Programs to Reduce Sexual Risk Behaviors: A Review of Effectiveness" *Public Health Reports*, 109(3), 1994, pp.339-60.

⁸⁷ World Youth, 1996, Population Reference Bureau, Washington.

to P. Brenot, from moralist positions based on a prohibition of sexuality”⁸⁸.

The reaction of Islamic States was equally unfavorable to recommendations of the ICPD program of action regarding sexuality. For official spokespersons of those States, all the notions pertaining to sexual and reproductive health should be treated in conformity with the prohibition of pre-marital and extra-marital sexuality. Maybe Dialmy's essay titled "Toward an Islamic sexual democracy"⁸⁹ is the alone work, which demonstrate that the necessity to protect premarital sexuality against STI/HIV risk is not incompatible with the spirit of Islam. Especially in "Sexual health and juridical innovation (*Ijtihad*)" chapter, the author argued that *Ijtihad* is necessary to protect sexual health as a central dimension of public health. Since premarital abstinence is unrealistic, it is less dangerous to use a condom.

⁸⁸ P. Brenot, *Sexual Education*, Paris, PUF, 1996, p.8.

⁸⁹ A. Dialmy: *Toward an Islamic sexual democracy*, Fez, Info-Print, 2000 (in Arabic). Let's signal that fundamentalists stopped the book impression and only 400 copies could be impressed and sought.

IV- SEXUAL DATA IN MOSLEM WORLD

Premature sexuality, masculine and feminine sexual work, sexual harassment, rape, spread of STIs and incidence of HIV/AIDS among bachelors and youngsters, involuntary pregnancy, honor killings and unsafe abortions are some of the frequent problematic manifestation of sexuality in Moslem world today.

Nowdays, non marital sexuality is not a marginal phenomenon. It becomes frequent and normalized because of the urbanization, schooling, employment and emancipation of women, growth of the age at the first marriage, the discovering of love and sexual pleasure as natural and human rights. The explosion of sexual activity is due to repression and cannot be stopped by repressive processes. It is a total social phenomenon to be managed safely. It is not an evil in itself, it is an evil when it is not informed, accepted and protected. It is not realistic to ask youngsters sexual abstinence until marriage. The period between puberty and marriage is too long.

Consequently the absence of sexual education is crucial in the apparition of this alarming situation. For example, contraceptive education for young girls and the promotion of condoms in terms of knowledge and ethics are quite timid. Percentage of young people aged 15–24 who both correctly identify two ways of preventing the sexual transmission of HIV and who reject two misconceptions about HIV transmission is weak : 16% in Algeria (2006) and 22% in Bangladesh.

At this level, ignorance is quite pervasive and the needs to know and know-how are important. Consequently, all actors concerned with sexuality affirm that sexual education has become a public necessity in order to protect public health. It enables them to make informed choices about sexuality, marriage and pregnancy.

V- STUDY PROBLEMATIC

But what is exactly meant by sexual education in Moslem world? Is it simply a question of transmitting knowledge concerning sexual organs and their function?

Does it only focus on teaching the youth how to avoid STIs-HIV and involuntary pregnancies? Is it also meant to teach the youth erotic techniques to reach utmost pleasure? Is it an education aiming at the promotion of gender equality between men and women in sexuality field? Further than that, does it aim to show that sexuality is a human right independently of sex, matrimonial status and sexual orientation in such a way as to liberate the individual and provide him/her with necessary autonomy?

Understood in a comprehensive sense, sexual education is all this at once. It encompasses this content and all these objectives. However, Moslem world cannot accept to implement automatically this comprehensive definition of sexual education. It cannot, under the name of development, totally sever with religious and cultural heritage regarding sexuality education. This heritage imposes two majors limits: sexuality has to be hetero, sexuality has to be marital

VI- STUDY OBJECTIVES

From now on, the major objective is to question all actors concerned with sexual education (youngsters, educators, institutional decision-makers and leaders of civil society) on what they understand by sexual education. Which attitude do they adopt regarding sexual education? Is their attitude warm or restrictive? What do they choose as the most useful to individual and social sexual development (warm attitude) and as mostly conforming to socio-religious educative traditions (restrictive attitude)? What are the meeting points and those of divergence between different actors? How do all those actors define the objectives, content, stages and methods of an adapted sexual education? Is it possible to reach a minimum consensus at different levels of the question? In one word, what is the maximum level of conciliation that we can obtain between religious constraints and sexual education in order to reach an adapted definition of sexual education?

It is probably this adapted definition that would allow decision-makers to draw up a global and integrated sexual policy.

Following from this, three main objectives are drawn up:

1) Description of attitudes toward religious traditions regarding sexuality and toward comprehensive meaning of sexual education.

2) Comparison between youngsters, educators, institutional decision-makers and leaders of civil society on one hand and between actors within the same category on the other hand.

3) Identification of the majority and consensual definitions of content, objectives, stages and methods of sexual education.

CONCLUSION

The achievement of the study's objectives will give to the Moslem decision-makers the necessary knowledge to impact on the sexual behavior in order to change it for reducing incidence of STIs-HIV,

unintended pregnancies, for promoting egalitarian gender relationships and for reducing the stigmatization of non heterosexual actors.

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of
Prof. Dr. Abdessamad DIALMY

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