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CONTINUUM *Complete*
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RAYMOND J. NOONAN, PH.D., CCIES WEBSITE EDITOR

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CONTINUUM *Complete*
International
ENCYCLOPEDIA
OF SEXUALITY

Updated, with More Countries

2004

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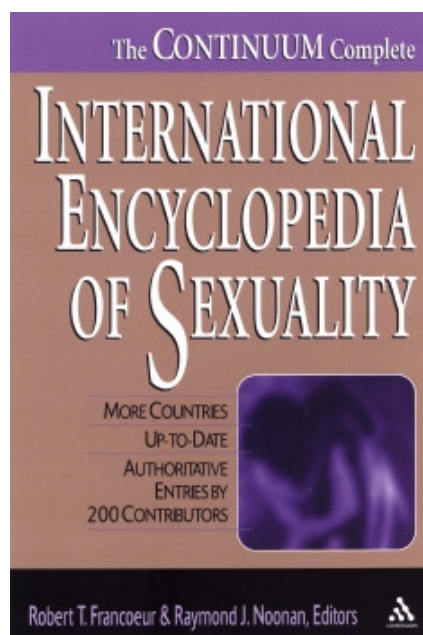
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Morocco

(*Le Maroc*) (French)

(*al-Mamlaka al-Maghrebia*) (Arabic)

(The Kingdom of Morocco)

Nadia Kadiri, M.D., and Abderrazak Moussaïd, M.D.,*
with Abdelkrim Tirraf, M.D., and Abdallah Jadid, M.D.

Translated by

Raymond J. Noonan, Ph.D., and Dra. Sandra Almeida

Comments by Elaine Hatfield, Ph.D., and

Richard Rapson, Ph.D.; Updates by the Editors

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Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

A. Demographics

Morocco is situated on the northwestern coast of Africa. It shares its borders with Algeria to the east and south, and with Mauritania to the southwest. It is bordered on the west by the Atlantic Ocean and on the north by the Mediterranean Sea, the two expanses of water being separated by the Strait of Gibraltar, which is situated to the north of Morocco. The area of Morocco is 172,410 square miles (446,550 km²), slightly larger than the state of California. About 20% of the land of Morocco is arable. Fertile plains extend the length of the Atlantic coastline: in the regions from the center-north, the plain of Fès-Saïss; to the south, the plain of Souss-Massa; and to the south-southwest, the Tadla. To the east of these plains, the Atlas Mountains, which peak at 4,165 meters (13,665 ft.) (Toubkal), extend from the southwest of Morocco to the confines of the Algerian borders in the northeast. To the north, the Rif Mountains connect the northwest coast of Morocco to West Algeria (l'Ouest Algérien). Of the great wealth of Morocco, along with farming and its human resources, is the mining of phosphate, which is found in great abundance in the central regions of Morocco, the city of Khouribga, and in the Moroccan Sahara. Until 1976, the Mo-



(CIA 2002)

roccan Sahara represented one of the last vestiges of French colonialism in Morocco.

In July 2002, Morocco had an estimated population of 31.17 million. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

Age Distribution and Sex Ratios: 0-14 years: 33.8% with 1.04 male(s) per female (sex ratio); 15-64 years: 61.5% with 0.99 male(s) per female; 65 years and over: 4.7% with 0.82 male(s) per female; *Total population sex ratio:* 1.0 male(s) to 1 female

Life Expectancy at Birth: *Total Population:* 69.43 years; *male:* 67.2 years; *female:* 71.76 years

Urban/Rural Distribution: 53% to 47%

Ethnic Distribution: Arab-Berber: 99.1%; other: 0.8%; Jewish: 0.2%

Religious Distribution: Muslim: 98.7%; Christian: 1.1%; Jewish: 0.2%

Birth Rate: 23.69 births per 1,000 population

Death Rate: 5.86 per 1,000 population

Infant Mortality Rate: 46.49 deaths per 1,000 live births

Net Migration Rate: -1.09 migrant(s) per 1,000 population

Total Fertility Rate: 2.97 children born per woman

Population Growth Rate: 1.68%

HIV/AIDS (1999 est.): *Adult prevalence:* 0.03%; *Persons living with HIV/AIDS:* NA; *Deaths:* NA. (For additional details from www.UNAIDS.org, see end of Section 10B.)

Literacy Rate (*defined as those age 15 and over who can read and write*): 43.7% (*male:* 56.6%, *female:* 31%) (1995 est.); *attendance for nine years of compulsory school:* 95% (education is free and compulsory from age 6 to 16)

Per Capita Gross Domestic Product (*purchasing power parity*): \$3,700 (2001 est.); *Inflation:* 1% (2001 est.); *Unemployment:* 23% (1999 est.); *Living below the poverty line:* 19% (1999 est.)

B. A Brief Historical Perspective

Morocco is rich in Paleolithic remains, particularly in parts of North Africa and the Sahara, which were populated until the Neolithic era. The people who settled in the region soon after that were probably natives of Europe and Asia. They became the ancestors of today's Berbers. In the 7th

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century B.C.E., the Phoenicians laid the foundations of commerce on the Mediterranean coast of North Africa at sites having Berber names that became the great ports of Tingi (Tangier), Melilia (Russadir), and Casablanca. The conquest of Carthage by the Roman Empire in the 1st century B.C.E. assured Roman domination of the entire African Mediterranean coastline to the Straits of Gibraltar. From 25 to 23 B.C.E., Juba II, a Berber sovereign, administered the Berber kingdom of Mauritania (Algeria, Morocco, and a part of Mauritania). Around 42 C.E., the emperor Claudius I annexed the whole empire of Mauritania to the Roman Empire. In 429, Morocco underwent the invasion of the Vandals. The Byzantine general Bélisaire regained the region in 533. After the conversion of the emperor Constantine I the Great in the 4th century, Christianity expanded in the Roman regions.

It appears that Islamic troops reached the Atlantic Ocean in 681 under the command of Oqba Ibn Nafii. The real conquest started later on, between 705 and 707, under the direction of Moussa Ibn Noursair. The Muslim establishment was in the meantime long and difficult. Many Muslim dynasties, claiming Arabic origins for religious reasons or prestige, ruled in various areas of the country. In 788, Idriss I, descendant of Ali, son-in-law of the Prophet, founded the dynasty of the Idrissides. It is from this age that dates the founding of the city of Fès, which became an important religious and cultural center of the Islamic world under Idriss II. The rigorist Almoravide warriors of Islam went on to dominate the region beginning in 1062, the date at which they founded Marrakech as the crossroads of commercial routes between the Arab world and the Sahara. A new reform movement, the Almohades (the Unities), launched by Ibn Toumart in the first half of the 12th century, put an end to the Almoravide empire in 1147, marking the triumph of the seated Berbers of the anti-Atlas under the aegis of Abd Al-Moumen (1130-1163). The Almohades exercised their authority over what are currently Algeria, Tunisia, Libya, and part of Portugal and Spain.

In 1269, the Mérinides of the Arabic Berbers took over the throne, but they could not maintain the unity of the North African empire of the Almohades. During the reconquest of Spain, which exiled the Arabs and the Jews, the great majority of Spanish Muslims found refuge in Morocco they took over. In 1415, Ceuta (Sebta) was occupied by the Portuguese. In 1497, Melilia fell to the Spanish. The intrusions of the Europeans provoked the rise of the Beni Saâd (or Saâdiens), who became masters of the country in 1554. Moroccan Saâdiens, aided by Moorish and Jewish refugees from Spain, created a prosperous and unified country. In this period, Moroccan architecture and arts flourished. In 1664, Maulay Rachid founded the Alaouite dynasty, which still reigns to this day in Morocco. The Alaouite dynasty knew its apogee under the sultan Moulay Ismail (1672-1727), the builder of the city of Meknès. His reign was followed by a long period of family rivalries. At the end of the 18th century, only the northern third of Morocco remained under the administration of the sultan.

On March 30, 1912, the sultan recognized the French protectorate. Spain, for its part, assumed control of the north of Morocco, from the enclave of Ifni (southwest) and from the Moroccan Sahara (west). The occupation of the country was not total until 1934. After World War II, the Moroccan nationalist resistance forced independence in 1956, opening the era of the constitutional monarchy in Morocco. The last vestiges of European colonialism persisted until the recent past. The enclave of Ifni was not returned to Morocco until 1964, and the Moroccan Sahara was not recovered until 1976 at the end of a popular nationalist march called the "Green March." Two other enclaves, small ports situated on

the Mediterranean coast west of Tangier, Ceuta and Melilia, are still occupied by Spain.

1. Basic Sexological Premises

A. Character of Gender Roles

The traditional family structure remains very faithfully attached to the archaic patriarchal scheme. The father is, in general, a patriarch who inspires respect and to whom one owes obedience and acknowledgment. The mother is the housekeeper "wife-mother" who does everything. She is the one who makes the decisions in the social sphere. But she prepares her own strategy for managing her ecosystem by imposing a strong personality in the household. She reveals herself to be more conservative than the man. When a woman becomes a mother, she is always considered a potential danger, because she is perceived as having a devastating effect on the man. However, our Islamic religion adopts an ambivalent attitude toward women. On one side, she is considered as being more wily than *Iblis* (Satan) whom she incarnates in our collective unconscious; on the other side, the *Hadith* (*Words of the Prophet*) considers woman as a simple being of spirit, whose faith is incomplete. This notion is largely predominant in the rural population, whereas city women have begun to rebel against this state of things (Moussaid 1992; Naamane 1990). [Update 1998: In terms of Moroccan cultural change, there are continuing tensions between the people of the *magzken* in the urban organized government and the people of the rural and tribal *bled*. These tensions often focus on the differences between modern Western sexual and marital values and the age-old customs and values espoused by the tribal and rural cultures (Fernea 1998, 63). (End of update by R. T. Francoeur)]

B. Sociolegal Status of Males and Females

In the legal sphere, the rights of the individual man or woman are governed by the penal code, the code of commerce, and the code of family (personal) law (*mudawana*). Morocco's penal and commercial codes are identical in scope, with men and women sharing the same rights and obligations. To the contrary, the code of family law, which regulates man-woman relations in the domains of marriage, repudiation, filiation, custody of the children, guardianship, and inheritance, is far from being equitable (*Statut du Code* 1996).

[Update 2000: A first step in reform of the *mudawana* came in the early 1980s, when the Union de l'Action Feminin and other groups gathered over a million signatures in support of a petition urging the King to reform the family law regulating marriage, divorce, inheritance, child custody, and polygamy. There is still no central office to deal with alimony or child support. The new code is known as the *Statut du Code Personnel "Mudawana"* (1996) (Fernea 1998, 106, 113, 120). (End of update by R. T. Francoeur)]

If the penal and commercial codes are inspired by French law, the Moroccan code of family law is inspired by the *Chariâ* (*Islamic Law*), especially that of the Malékite rite. Although the *Chariâ* accepts polygamy with up to four legitimate wives, Moroccan law adopts some restrictions with the view of limiting the practice of polygamy, and poses conditions of equality in the treatment of the co-spouses. Polygamy is to be avoided when a disparity is to be feared (Article 30.1).

On the other hand, Moroccan women still have not been able to reach a real emancipation and autonomy vis-à-vis men, despite the important changes observed in our modern society. The Moroccan woman still commonly estimates the man to be superior to her, tolerates work of a temporary nature, judges having children, especially boys, as all important for inheritance, thinks that virginity is of major im-

portance, and accords a great place to the ceremony of marriage. The woman in our society is a woman in evolution, but she remains linked to the group (Amir 1988; Kacha 1996; Moussaid 1992). This woman is opposed to the total transformation of those who might lead us toward an insecure situation. This opposition is because of internal resistance that is linked to the educational and external schemas in the measure where the social milieu brakes this desire for change (Amir 1988; Kacha 1996).

On March 12, 2000, two rival demonstrations by several hundred thousand Moroccans bore testimony to the transitional tensions and evolution evident in our country. The issue of both demonstrations was a government plan for a variety of social and human rights reforms proposed by the new King, Mohammed VI, who came to the throne after the death of his father, King Hassan II, in July 1999. Among other reforms, the government plan would fully replace with a court divorce the practice of repudiation, in which the husband can divorce his wife by a triple verbal declaration. The reform would also provide for equal division of money and property in a divorce, and support a literacy program for rural Moroccan women, over 80% of whom are illiterate. In the capital, Rabat, 200,000 to 300,000 members and representatives of women's groups, human rights movements, and political parties ended their march supporting the reform with a concert. In Casablanca, at least 200,000 men and women marching in separate columns—some claimed twice that number—denounced the reform (Associated Press 2000).

[Update 2000: In terms of judiciary power, Morocco is far ahead of Egypt, with 20% of its judges being women, compared with no Egyptian female judges. On the other hand, whereas Egyptian President Sadat appointed 35 women to his country's Parliament in 1981, Moroccan women had to wait 37 years following independence to have two women elected to the Moroccan Parliament (Fernea 1998, 117). (End of update by R. T. Francoeur)]

C. General Concepts of Sexuality and Love

In Islam, the love of God occupies a big place in the heart of the believer with regard to carnal love. This has not prevented sexuality from flourishing with the advance of Arab-Islamic civilization, across the different dynasties, in passing through the great sociocultural cities of Damas, Baghdad, and Cairo (Malek 1995). Since those early times, the arts, knowledge, amorous poetry, and sexual culture have not ceased to deteriorate. This degradation puts in relief the contradictions that exist between the religious law and the traditions that are a part of what is prescribed by Islam concerning sexuality and what is forbidden within the family, in the extended community, and in the whole society. While the Muslim religion is more permissive, in contrast to Christianity, it gives primacy to carnal pleasure within the framework of marriage as a means of union with the other and with God. This glorification of sexual pleasure is a necessary ornament to the existence of the believer. Sexual abstention is, consequently, advised against, almost forbidden: "Rahbaniatan: The monasticism that they [Christians] have created has not ever been recommended or enjoined by us," the Koran tells us. The *nikah* (marriage), the religious and judicial framework in which sexuality exerts itself, organizes the sexual connections, their breaks, their changes, and the practical consequences that they entail.

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

[Comment 1998: To understand Moroccan culture, one needs to have some sense of the Spanish, French, Portuguese, Berber, and Arabic influences that have been

blended together to create modern Moroccan linguistic heritage and customs. In Moroccan civil law, we are dealing with Islamic law, local customary law, and the resonance of tribal law, Spanish and Portuguese customs, and the French penal code. Attitudes toward women, for instance, come not only from Islam, but also earlier presences, such as the Tuareg nomads in the south and the mountains. When Herodotus spoke of the "blue men of the desert," he commented on how socially strong the Tuareg women were, and called them Amazons. When the Tuaregs became Muslims, they kept their tribal laws (Fernea 1998, 63-64). (End of comment by R. T. Francoeur)]

A. Cultural Factors

The sexual behavior of humans is largely influenced by their sociocultural context. In our societies, to bring up the subject of sexuality is *hchouma*. This word is delicate to translate: On the one hand, it means "disgrace," on the other hand, it means "modesty." It is a code to which one conforms without reflecting on it and which legislates all the situations of existence. *Hchouma* presents itself thus like a thick veil that separates two worlds in total opposition: The one is governed by local customs and excludes every possibility for a being to affirm oneself as an individual, except for the social model. The other universe is done in silence and in secret. It is the world of the person beyond the conventions (Naamane 1999).

In the Arab world, sexuality remains a taboo, the oppression of women keeps their appearance more archaic; however, many voices are being raised against this state of things. Thus, many voices are being raised to denounce the situation of women in the Arab world and especially the sexist discrimination: polygamy, the wearing of the veil, and their non-participation in public life (Attahir; Cherni 1993; Kacem 1970).

In Morocco, the role of the woman and her status varies as a function of her ethnic origin, of her rural or urban setting, and of her socioeconomic and intellectual level, among others. Thus, according to the last census (1997), only a quarter of the urban women are illiterate, compared with 89% of rural women. Likewise, with the practice of polygamy, which varies according to the regions. The Berbers and the Fassis are less polygamous than the inhabitants of the Chaouia (region of the center). Women of the Moroccan Rif and of certain regions of the north work in the fields, assuming the rougher tasks, while men are generally passive. However, these women benefit from more experience, the right to education, and the right to work. But despite the recent changes in women's personal status [*mudawana*], more limits are emphasized in the persistence of polygamy, no right to divorce (the husband's prerogative), and no equality for inheritance, where a daughter inherits half of what a son receives.

However, misogyny remains common currency in Morocco; the woman holds a social status of second rank. She often remains less desired at birth than the boy. She frequently has less access to education. If she works, she has to do double work: professional activities and household activities. And she owes obedience to her husband.

B. Source and Character of Religious Values

Knowing that 99% of Moroccans are Sunni Muslims, a remark must be made immediately: Islam is far from being the religion most repressive of feminine sexuality as it is current to believe; well to the contrary, Islam's view of sexuality takes more of the sense of a sacred duty, where erotic practices are encouraged, pleasure is pursued, and the satisfaction of the woman is indicated. Islam distinguishes itself in this way from the Judeo-Christian culture, where sexual-

ity is a "regrettable necessity," a moment of victory of the body over the soul according to classical duality (body/soul, good/bad).

In considering woman as an erotic and seductive being, but also deceptive, Islam creates fears of the ominous role she can play in destabilizing society. Thus the prophet said: "I will not let this point be the cause of worse discord for men than for women."

Mernissi (1983) writes in this framework: For Islam, the woman is an invincible seductress; the undoing of the man is inevitable if he does not have recourse to God. The prophet orders his disciples: "Do not visit the women alone, Satan will seize you" (Berrada et al. 1999). In order to avoid the ominous consequences of that sensual and seductive tyranny over the social equilibrium, the Koran has foreseen the following measures:

- *Prohibition of Coeducation.* However, in Morocco, coeducation in the primary and secondary schools and universities is a current practice. Women have the right to enter any profession or job. Just recently can one find women employed as traffic police.
- *Wearing of the Veil.* In Morocco, one finds great freedom regarding the wearing of the veil. Despite the extremist events that have occurred over the years, Morocco has witnessed a rise of integration and accommodation. Although the number of women who wear the veil has increased greatly, the wearing of the veil is a trivial act, neither rejected nor required.
- *Sexist Discrimination and Oppression of Women.* Islam has attributed to women the status of minors. During all periods of life, it is the man (father, husband, or son), who manages her life. She owes him obedience and submission. She can be beaten in the case of disobedience (*Les Femmes IV*: Sourat 38).
- *Polygyny.* Islam gives to man the right to have four wives at the same time (*Les Femmes IV*: Sourat 3). In defense of this right, the Imam Ghazali explains: "There are some men whose sexual desire is so ebullient, that a single woman does not satisfy them and does not protect them against the risk of becoming adulterous. It is desirable in this case that they marry several women (from one to four)" (Al Ghazali 1992). Thus, on the one hand, for Islam, it is the woman who is a seductress and nymphomaniac. On the other hand, it is the man who needs four women to appease his needs! Mernissi (1983) poses the question whether it is not the dreaded polyandry that is at the base of the conclusions regarding the erotic nature of women. The sexual satisfaction of women is taken into account by such laws that made sexual satisfaction of the woman a conjugal right in the case of polygamy and that authorized divorce in the case of the impotence or abstinence of the husband. Thus, the sexually satisfied woman will not try to look for sexual pleasure in illicit extramarital relationships.
- *Control of Women's Sexual Practices.* Islam constrains the woman to make love with her husband every time that he wants. In the case of refusal, she exposes herself to the curse of God. The prophet, reported by Boukhari, said: "The woman who refuses to satisfy the needs of her husband is cursed until she accepts."

Islam gives the woman the right to accept sexual pleasure. Thus, "the preliminary games [loveplay] (*mulaaba*) are warmly recommended by the prophet," "caress your women until they are tender." These preliminaries are destined for the satisfaction of the woman, just as the sexual act is not a bothersome duty, but the happiest gift from heaven (Boudhdiba 1986).

The frequency of marital contact has also been regulated. Thus, the Imam Al Ghazali (1992) recommends that Muslims make love with their wives as frequently as possible. He proposes for the polygamous at least one contact every four days.

Sodomy is prohibited. "Cursed are those who take the woman by the anus," said the prophet (Al Ghazali 1992). Sexual contact during menstruation is forbidden by the Koran (*The Génisse II*: Sourat 22). Masturbation, even though not forbidden, is not recommended. It is permitted only in the case of the risk of adultery or in the event marriage is not possible. Sexual contacts outside of marriage are prohibited.

3. Knowledge and Education about Sexuality

A. Government Policies and Programs

Sexual education, such as is seen in European and North American countries as part of the programs of academic study, does not exist in either primary or secondary academic programs. What is taught is provided in the form of scientific knowledge of the anatomy of the sexual organs and of the biology of fertilization. This sexual education is centered on procreation and prevention of sexually transmitted diseases.

B. Informal Sources of Sexual Knowledge

The expression "sexual education" is part of the multiple taboos that characterize our society. The subject frightens and worries Moroccans, because there has always been confusion between sexual education and sexual freedom. Discussing sexuality with parents remains a strong taboo in Morocco. A certain difference exists between the two sexes. For all young children, boys are encouraged to display their genital organs, whereas girls are supposed to hide their intimacy. At the time of preadolescence, the girl has discussions with her mother, who believes her role is to inculcate in her daughter the obligation to preserve her virginity and to avoid all sexual contact before the bonds of marriage. During these discussions, she prepares her daughter for puberty. The principal role of the mother is to obligate her to preserve her virginity with a talk full of modesty and *hchouma*. On the other hand, the preadolescent boy is left to his own devices, and has no one with whom to talk about his bodily transformations other than his friends and companions. A study in 1992 (Naamane 1999) showed that in 360 Moroccan men, divided equitably between the urban and rural areas, no man had ever gotten information from his father. In one case, the father made an allusion to the puberty of his son to ask him to begin to fast. Thus, in these situations where the young lack total communication about anything sexual with their parents and elders, it remains only to the young of their age, the media, and popular speech.

4. Autoerotic Behaviors and Patterns

Autoeroticism, in its broadest sense, is not condemned by the *Fikh* (religious law). Moreover, no Koranic verse mentions masturbation as a prohibited practice, so it is both a quite common and well known sexual outlet. The point of contention concerns the obligation of ablutions after involuntary touching of the genitals (Rissala in Malek, 1995, p. 29). In the rural areas, masturbation, as much as zoophilia, remains the instrument most used in a male youth's apprenticeship in sexuality. Adolescents masturbate themselves, often in a group, making from this event a competition that consecrates the one that ejaculates quickly and most strongly. If masturbation among adolescents is hushed, ignored, but not tolerated, that of adults is almost a sacrilege. It is a *hchouma*, more than a disgrace, without being truly illicit. In the popu-

lar mind, the fingers of the hand can symbolize the spelling of the word *Allah*: The little finger indicates the letter *A*, the ring and middle finger represents *LL*, and the closed index finger and thumb represents *H*, so the hand symbolizes *Allah* and must not be used as a sexual instrument.

5. Interpersonal Heterosexual Behaviors

A. Children

Infantile sexuality absolutely is said not to exist in our context. Instead, from early childhood, one inculcates an implicit sexual education totally antagonistic to the consideration of the two sexes. The sexuality of a boy is praised and valued. He must forge his virility from his young age; he must be the stallion who must get hard in the presence of a woman (Malek 1995). The sexual education of girls is done traditionally by the women of the family, by mothers, aunts, and older sisters. The older women tell the young girl what is forbidden and what is recommended in terms of repressing their sexuality.

B. Adolescents

Female adolescence is dominated by the repression of sexuality with the objective of preserving an intact hymen, the symbol of chastity, until the wedding day. The education of the senses of the body is negative and tends to block the personality of the girl on both the physical and psychic planes. The adolescent girl carries the mark [*prégnante*] of *hchouma* (disgrace) and honor, which crystallizes itself in the obsession with virginity (Naamane 1990). This education is perpetuated by the mothers, who make each step of the evolution of the girl a shock lived in anxiety. However, a study in the urban areas observed that "in three decades, the proportion of women initiated in the elementary principles of their sexuality changed from 38% to 55%." This initiation touches on two essential questions, menstruation and the gaining of knowledge of sexual contact (intercourse) (Naamane 1990). Paradoxically, in the large cities like Casablanca, girls have access to sexual information at a precocious age.

C. Adults

The sexuality of adults is only conceived of within the framework of marriage. The couple is then an inescapable notion and an obligation that brings one to social conformity. However, the stakes of control in this institution are varied. Contrary to the apparent patriarchy, there are many households that are managed by women with strong personalities. This reality is reinforced by the number of children: The more children a woman has, the greater is her power. And it is not by chance that polygyny is predominant in certain regions more than others.

[*Update 2001*: In the northern coastal region of the Rif, patterns of authority in the traditional Moroccan family are changing because of a major economic reality. Local unemployment has drawn 60% of the fathers and sons in the Rif to Europe in search of employment, leaving many households headed by women. At the same time, Morocco is witnessing an increase in the number of young and middle-aged women choosing to remain single. Almost invariably, these singles by choice are economically self-sufficient and well educated (Fernea 1998, 104, 116)

[The preliminaries to a traditional Islamic marriage negotiation are concerned with class, family histories (blood), and the dowry. Marriage in Morocco today involves new concerns about common goals, joint religious faith, educational background and career potential, and love and romance. In the High Atlas Mountains, the Ait Haddidou tribe follows a very different set of marriage customs. During the annual *moussem* or festival season in Imilchil, men and

women arrive looking for mates. The divorced, single, young, and middle-aged come in hopes of finding true love or at least a suitable partner. The village notary publics register the couples, so there is some record, but it is commonly understood that the couple can split up after a day or a month or a year, with no cost, no hard feelings, and no religious stigma (Fernea 1998, 64, 88-89, 104). (*End of update by R. T. Francoeur*)]

[*Comment 2003*: In Morocco, as in other cultures in which traditional tribal rural customs come into conflict with Western urban values, one of the most frequent and often-complex conflicts finds the family and older generation expecting the traditional arranged marriage, while the younger generation is being influenced by contact with the romantic marry-the-one-you-love view of marriage. Coping with this conflict of expectations and values requires some kind of compromise if the individuals and families involved are to avoid a major tragedy. (The reader is referred to Section 13 of the chapter on Sweden where the Editor summarizes the 2002 tragedy of Fadime Sahindal, a 26-year-old Kurdish woman who fell in love with a Swedish man and became the victim of an "honor killing" by her father.) Here we provide an abbreviated account of a Moroccan-tribal versus modern-marriage conflict that ended in a compromise. (The original 1987 account can be found in Roger and Terri Joseph's *The Rose and the Thorn*.) The Josephs' vivid descriptions of Moroccan family life make it clear that, even in Morocco, compromise is often required. In most of the world today, prospective brides and grooms, parents, elders, and the extended family have to consult with one another before arranging a marriage. Even in the most traditional of societies, parents and husbands have generally been forced to balance conflicting interests.

[The Moroccan tribal world, for example, is definitely a man's world. Men possess absolute authority over their wives and children. They have the power to take several wives. They often promise their sons and daughters to potential allies at very young ages. Yet, if you think of your own family, you will surely observe that things do not always go as they are "supposed" to. Some fathers are impossible. Eventually, family members learn that it is easier to give in than to try to argue. Some aunts are strategic geniuses—they can enlist an army of relatives to plead, threaten, and haggle on their behalf.

[Hamadi and Fatima, for example, were going along, happily married, when Hamadi decided that it was time to acquire a second wife. Within days, everyone in his immense, extended family was squabbling. Fatima threatened to divorce Hamadi if he married again. She refused to share her house with another woman. Fatima's brothers warned Hamadi that if Hamadi and Fatima got a divorce, they would reclaim all the land she had brought into the marriage. (Hamadi had spent years planting fruit and nut trees on the property.) Fatima threatened to take their twin daughters to her brother's house as well. Technically, Hamadi's family "owned" the infants, but because they were still nursing, he would have to wait two years to collect them. In Morocco, twins are considered to be *baraka* (good fortune); if Hamadi's daughters left, people might conclude that good fortune had left Hamadi's house. To add to Hamadi's woes, Fatima issued a final warning. If Hamadi divorced her, she would march bare-breasted to the weekly market. This left him badly shaken. Things got worse. One of Fatima's brothers had married Hamadi's cousin. He announced that if there was to be bad blood between the two families, he would divorce his wife. Hamadi's mother complained that the money Hamadi had saved for a second wife should be spent on Hamadi's son, Ali, who had just turned 15. He needed money for his wedding. Finally, a tired Hamadi surrendered. He concluded, "Women are to be

gotten around, but I guess I won't get around these" (Joseph & Joseph 1987, 55).

[When other "all powerful" Moroccan fathers tried to force their children into unappealing marriages, sympathetic family members employed an avalanche of strategies to thwart them. Young lovers persuaded mothers, uncles, brothers, neighbors, and business partners to plead on their behalf. One fond mother slyly hinted that a prospective bride her son secretly disliked was bad tempered, lazy, and had a bad reputation. When his father forced Abdallah to marry a woman he disliked, Abdallah claimed his wife was a witch. He divorced her and married the woman he had been attracted to in the first place. After that, his poor father's alliances were really in shambles.

[One young woman threatened to kill herself if she were forced to marry. Many relied on witchcraft or magical charms to get their way. One woman warned an unappealing suitor (Haddu) that she had visited a *dhazubrith* (witch) and obtained a spell that was guaranteed to make him impotent. The marriage took place, but the hapless Haddu was unable to "become stiff" (p. 49). He tried counter-charms, but to no avail. He finally agreed to dissolve the marriage. Sometimes, these desperate stratagems worked; sometimes they did not. (*End of comment by Hatfield & Rapson, 1996, 47-48*)]

As for extramarital relations, they are illicit. But socially, the "treachery" of the woman is much more condemnable than that of the man. In reality, after 30 or more years of marriage, the woman often becomes much more demanding with regard to her husband and does not hesitate to get involved with extramarital relations. In urban areas, despite the traditional norms and ideals, marriage is more and more inaccessible because of material constraints, particularly, the high cost of living and high unemployment, which make marriage impractical for many young men. The "detribalized" urban space creates intense sexual needs, but offers very few possibilities to satisfy them (Dialamy 1995).

In 1971, the average size of households was over 5.6 persons; this rose to 5.9 persons in 1982. In the same year, 1982, the rate of occupation was 2.3 persons per room. Many couples do not have a private bedroom. Thus, the beginning of a couple is hypothetical because of the absence of this exclusive and independent space that permits the spouses to isolate themselves during their sexual play, the condition imposed by the *Chariâ* and tradition.

Divorce by "repudiation" is an absolute weapon available only to the man, who can use it when he desires, even though the last modifications of the code of family law (1993) tend to humanize it more. The custody of children remains the full right of the mother, who to receive it should remain single until the boy is 12 years old and the girl is 14, the age at which a child has the right to choose the parent with whom he or she wants to live. When the mother remarries, the custody of the children returns automatically to the father (*Statut du Code* 1996).

Access to sexual pleasure is an inalienable right, prescribed by our religion, for both spouses to the same degree. Consequently, pleasure opens the path to all sexual practices. Only sodomy is prohibited by all the theological traditions. Instead, according to irrational popular ideas, the missionary position alone is well accepted. The other positions are seen as being generators of disorders and diseases.

6. Homoerotic, Homosexual, and Bisexual Behaviors

A. Homosexuality

Homosexuality (*liwat*) derives from the name of Lot, whose person and tribe is mentioned on numerous occa-

sions by the sacred books (Malek 1995). In Morocco, male homosexuality is considered a punishable offense by both the *Chariâ* and the civil penal code. This attitude pushes homosexual practice into a clandestine realm, with all the obvious consequences associated with such social denial. Conformity to all-important social rules requires a male, regardless of his sexual orientation, to get married and have children. Within this façade of social conformity, homosexual males create well-closed spaces, cafés, cinemas, nightclubs, and so on, where they can meet other like-minded males without endangering their façade. They are completely sealed to all who come to these places for encounters.

Female homosexuality or *sihaq* is not mentioned in the Koran. It is prevalent in certain regions of Morocco, particularly the north, but remains hidden, unmentioned, and unstudied.

B. Homoeroticism

Westerners consider certain behaviors of Arabs in general as signs of latent homosexuality. It is a matter of certain completely acceptable male behaviors, like holding hands, putting an arm around another man's shoulder, embracing the face, bathing together (Moorish bath), and masturbating in a group during adolescence in rural areas. From our point of view, these behaviors have nothing to do with being sexual. They are part of our everyday culture.

7. Gender Diversity and Transgender Issues

No scientific work has been performed in the transgendered field. The real transsexual subject is rarely seen as anything other than an isolated entity. They are generally confused with homosexual persons or persons with other deviant behavior. Casablanca has been known for a long time as a city where transsexuals came from all over the world for sex-change surgery. Although available, these operations were always practiced in a clandestine way.

However, cases do arise in the course of psychological consultations, in which the young behave in school or during everyday life in a manner opposite their sexual identity. In the course of follow up, some of these persons experience depression syndromes because of this conflict between their sexual identity and their social identity. Management of such cases is difficult in Morocco, where there is a complete legal void concerning this clinical entity. (See Section 8D below for transvestism.)

8. Significant Unconventional Sexual Behaviors

Sexology in our context must take account of sexually deviant or perverse behaviors. The particularity comes from the fact that what is perverse for us in the East may not be considered so in the West and vice versa. In this framework, it is the conformity to the prevailing social rules that sets the criteria for normality. All behavior that does not obey the said social criteria, is considered in our society as an offense. The question that is posed then is: Why are we seeing many transsexuals and transvestites in the West and very few in our Islamic countries, and then only in very specific and close circles? In our point of view, the answer lies in the close relationship between behavior and the system (society and power) in which we are living. If the social system is too liberal, too permissive, it will favor easy access and freer expression of more sophisticated "perversities." At the same time, a too rigid and repressive system will favor the appearance of a meager, weak, and repressed sexu-

ality (Moussaid 1997). See also the discussion of transvestism in Section 8D, Paraphilias, below.

A. Sexual Abuse of Children

The sexual abuse of children seems to be frequent, but is usually hidden by the families. In the legal field, these abuses are very seriously punished whether that abuse involves a male or a female child.

B. Prostitution

Prostitution or *zina* has always existed in our Arab-Muslim landscape, as it has in all historical civilizations. In the recent past, at the time of the French protectorate, prostitution was regulated and supervised in brothels. Today, it is repressed and constitutes an offense, which leads to other negative effects and risks. In effect, there is a "sexualization" of different social factors, which are becoming more obvious in our country. This "sexualization," evident in the prostitution relationship (giver-receiver), is generated by the material concerns and the crushing weight of the entire social system, which neglects the woman to the point where she is reduced to her body and to her sexual appeal, and is forced to rely on prostitution to survive. Prostitution may sometimes be ignored, because it is occasional, but even then, it does raise some problems. This appearance of sexual freedom is in fact a kind of slavery of the young girl who has affairs with many men, some old, some rich, some strangers, some unfaithful spouses, and some dissatisfied husbands (Moussaid 1997; Naamane 1990).

C. Pornography and Erotica

The pornographic industry, *khalâa*, as it exists in the West, is not present in Morocco. Instead, consumer spending has become more and more widespread, even while it is limited to certain social classes that are in contact with the Western world. The intrusion of the media, particularly satellite television and videocassettes, in our audiovisual field, has changed the previous situation by giving all levels and social classes access to pornographic images and materials. Meanwhile, the possession of pornographic documents, films, magazines, and so on, constitutes a criminal offense. On the other hand, Morocco was unique in the Arab world, being the only Arab country where the ancient works of Arab erotology of the 14th century, *The Perfumed Garden*, and so on, were available. These books, which deal with sexual behavior and erotic pleasures, are now perceived as true pornographic documents, especially by young adolescents.

D. Paraphilias

Frotteurism

Frotteurism is a very prevalent behavior in our country, generated by the great frustration of the citizens. This frustration is a consequence of the years of repression, which censures all sexual relations outside the bonds of the marriage. The favorite place for this practice is the crowded public transportation system.

Zoophilia

In rural areas, zoophilia is still very widespread and not blameworthy. With masturbation, it constitutes an obligatory passage in the adolescent male's apprenticeship of sexuality. Although this practice has never been mentioned in the Koran, it is prohibited without question by the *Chariâ*: "He who has copulated with a beast, kill him and kill the animal."

Transvestism

Takhanout is more or less tolerated, insofar as in the past, women were absent from the artistic scene, and cross-dressing men played the role of women. This practice has always existed and exists still in certain domains where

women have not yet gained access. These transvestites are, in general, homosexuals who practice without any impunity, as long as there is no public act.

9. Contraception, Abortion, and Population Planning

A. Pregnancy Outside of Marriage

Pregnancy outside of marriage is prohibited and remains punishable by law and religion. It appears that such pregnancies are more frequent in the urban than the rural areas, but no statistical study has touched this problem. However, there exist a not insignificant number of abandoned infants born out of wedlock, of which the state takes temporary charge in anticipation of their being adopted by welcoming families.

B. Abortion

Only therapeutic abortions are authorized and practiced in a hospital setting. Non-therapeutic abortions are practiced secretly by physicians in private practice following standard medical methods. There are no accurate official statistics. Moreover, considering that contraceptive methods are not taught to young girls who get involved with illicit sexual relationships, their pregnancies are candidates for the voluntary interruption of pregnancy (IVG, *interruptions volontaires de grossesses*). These IVGs are also frequent among married women who utilize IVG in case of undesired pregnancies.

C. Family Planning

Family planning is a program integrated within the healthcare system. It is based on the spacing of births and not on their limitation. It has contributed to reducing considerably the risks of morbidity and maternal and infant mortality. It is also an essential component of the strategy of the socioeconomic development of the country. The principal actors are the state in the public sector, the private sector, and the ONGs (*organisations nongouvernementales* or non-governmental organizations, NGOs), in particular the Moroccan Association of Family Planning. The latest study documents the results of their efforts: 99% of married women have heard of at least one contraceptive method, and 92% know where to obtain information or services for at least one method.

By decreasing order, the best-known family planning methods are the pill, the intrauterine device, tubal ligation, condoms, the injectables, and the vaginal methods. The pill remains the contraceptive method the most used, with 64% in 1995 compared to 68% in 1992. The rate of contraceptive use has increased significantly since 1980. In effect, in 1995, 50% of married women utilized some contraceptive method compared to 41.5% in 1992, 35.9% in 1987, and 19.4% in 1980 (all methods combined).

The principal objectives of Morocco's family planning program are:

- To respond to the expressed and potential needs of the population concerning family planning and contraception;
- To attain a contraceptive prevalence in favor of the long-term methods;
- To modify contraceptive use in favor of the long-term methods;
- To involve the societal agents of the different agencies in our society—youth, sports, social affairs, agriculture, etc.—to participate in the promotion of the concept and methods of family planning; and
- To augment participation of the private sectors in the supplying of contraceptives to attain a balance between both

private and public sectors, a kind of social marketing project. At the present time, the private sector accommodates 38% of the demand for contraceptive products.

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

The sexually transmitted diseases (*maladies sexuellement transmissibles, MST*) and AIDS (*SIDA*) are illnesses known all over the world, and Morocco and the Arab Muslim countries are not exceptions.

At the present time, there is the Program to Fight Against STD and AIDS under the direction of the Epidemiology and the Fight Against Illness Division of the Ministry of Health, which organizes those activities in coordination with elected leaders, the local authorities, and the ONGs (NGOs). Table 1 lists the incidence of several STDs since 1991.

The incidence of STDs is progressively increasing; it increased from 50,567 cases in 1991 to 189,021 cases at the end of 1997 and 100,827 cases in the first half of 1998, despite the underreporting of cases in the public sector and its almost complete absence in the private sector.

The incidence of vaginal discharges (leukorrheas) is much higher than that of urethral discharges. In the early 1990s, syphilis outranked chancres (*Hemophilus ducreyi*), but this has been reversed in recent years. Eighty percent of the cases reported occur among 15- to 44-year-olds, with females accounting for 71% of the cases.

A variety of factors have contributed to the increase in STDs in Morocco, including:

- More than half the population is young;
- Tourism jobs in the country;
- The proximity of Europe and the important number of Moroccan nationals returning from abroad;
- The low socioeconomic level;
- The delay in the average age of marriage, which now approaches 30 years old;
- Self-medication by carriers of STDs;
- The anarchistic, unregulated prescription of antibiotics; and
- The poor use of condoms among those with extramarital relationships.

In 1999, the Ministry of Health launched a new public policy and strategy for taking charge of the STDs. This strategy adopts the syndrome approach, based on treating the patient at paraclinics without waiting for the results of biological tests. This approach, which seeks to intervene immediately to break the chain of transmission of these diseases, is based on epidemiological public health considerations, fol-

lowing the USAID project strategy, with the contribution of AIDSCAP and the University of Washington. In coping with the STDs in Morocco, one should not ignore the fact that half of the carriers of STDs self-medicate with antibiotics. This poorly advised and unregulated use of antibiotics is the cause of atypical and asymptomatic, highly contagious forms of STDs (*Note Ministérielle No. 26 1997*).

B. HIV/AIDS

The first case of AIDS was diagnosed in Morocco in 1986. Its appearance was one of the elements that has allowed the very wide development of programs for the prevention of STDs using all the latest approaches. Tables 2 and 3 summarize the AIDS statistics in Morocco.

The age group predominantly affected is from 15 to 40 years old (69%). Ninety percent of the HIV-positive children are infected perinatally. Males account for 70% of the cases. The other particulars of AIDS in Morocco are: 42% are bachelors; 35% are married women; 85% were infected while living in Morocco; and 15% are recent immigrants.

Transmission modes include: heterosexual, 61%; homosexual, 10%; intravenous drug use, 9%; multi-risk, 8%; transfusion, 4%; perinatal, 4%; and unknown, 4%. Before the 1990s, the main modes of transmission were homosexual contact and IV-drug use; at present, the dominant mode of transmission is heterosexual intercourse.

In 1995, males with AIDS outnumbered females by three to one. The age distribution of AIDS cases was: 15 to 29, 24%; 30 to 39, 43%; and 40 to 49, 12%. STD patients, tuberculosis patients, and pregnant women showed an approximate seroprevalence of AIDS of 1 per 1,000. Eighty-three percent of the cases were urban, with the most cases reported in Oujda, Rabat, and Tangier. The transmission by blood products has noticeably diminished thanks to the screening by the Centers of Transfusion of the Kingdom, from 11.4% to 4% in 1998. However, the prevalence rate of HIV among blood donors, which was 1.3 per 10,000 in 1996 and 2 per 10,000 in 1997, had changed to 8 per 10,000 at the end of June 1998.

The actual prevalence rate of AIDS disease is 0.02%, which places Morocco among countries less touched, at the same level as the countries of the Maghreb in the western extremity of the Islamic world (northern Africa) and the Middle East.

In April 1998, the Ministry of Health adopted a national strategy to take charge of the HIV/AIDS challenge (*Circulaire Ministérielle No. 7 1998*). This strategy defines the modalities of the diagnosis of HIV, the prescription and utilization of the antiretrovirus (ARV) medications, the biological follow up, and the reporting of cases. The program is

Table 1
Statistics on STDs in Morocco, 1991-June 1998

Disease	1991	1992	1993	1994	1995	1996	1997	1998 (June)
Yeast/fungal	26,646	68,176	69,119	102,214	106,621	108,621	133,716	72,886
Urethritis	14,402	23,207	19,948	27,012	28,260	32,397	35,603	17,916
Syphilis	4,952	5,506	5,635	5,226	5,015	5,084	5,226	2,507
Chancre	2,161	2,981	3,153	3,720	4,742	4,289	5,807	3,081
Condyloma	761	775	429	451	804	1,138	662	285
Hepatitis	792	1,594	1,195	1,367	948	1,138	2,008	1,024
Genital herpes	598	651	477	502	458	574	561	220
Other STDs	225	544	1,108	2,013	3,793	2,722	5,438	2,902
Total	50,567	103,434	101,065	142,505	150,541	156,722	189,021	100,821

(*Note Ministérielle No. 491 1996*)

financed in its majority by the Ministry of Health, as well as by certain ONGs (NGOs).

The new program is based on two major, well-equipped facilities, the Hospital Ibn Sina in the capital city of Rabat, which serves the north of the country, and the Hospital Ibn Rochd in Casablanca, which covers the southern part of the country. These two centers work in close collaboration with referring centers at the regional level. Reporting cases of HIV/AIDS is obligatory in accordance with the 1995 decree of the Ministry of Public Health. In Morocco, because the country has endemic tuberculosis, the early pursuit of the *Koch bacillus* bacterium is systematic among seropositive patients.

Another aspect of the campaign against HIV/AIDS are sensitization and education programs, especially those for women, which are reinforced every year on December 1, on the occasion of the worldwide day of the fight against AIDS. Sensitization programs have also been implemented for healthcare professionals. HIV-detection equipment at all centers for blood transfusions has clearly improved the quality of donated blood. At the same time, a considerable effort was made to educate all professionals traditionally at high risk, such as barbers and dentists. More basic in the prevention of STDs and AIDS is the improvement of the socioeconomic level of the country.

[Update 2002: UNAIDS Epidemiological Assessment: According to the HIV Sentinel Surveillance, in 2001, the HIV-prevalence rate in Agadir, Marrakech, and Casablanca was high compared to previous years. But these latest data were not confirmed by the HIV Sentinel Surveillance conducted in 2001. So, we cannot conclude that the infection rate has considerably increased in these areas.

[The results of the HIV Sentinel Surveillance in 2001, in pregnant women were: in Agadir 0.20%, in Marrakech 0.00%, and in Casablanca 0.37%.

[At the end of 2001, the number of AIDS reported cases was 963, of which 69% were because of heterosexual transmission and 6% because of injection drug use in all cases. Among 963 AIDS cases reported, 620 were in males, of which 59% were because of heterosexual transmission and 9% because of injection drug use.

[Concerning STDs, 600,000 new cases of STDs are estimated, but had not been registered. The number of STD new cases registered in 2000 was 307,040, and in 2001 was 347,655. Of the STD registered cases in 2000, 39.6% were young adults between ages 15 and 29, and 44.2% were among those 30 to 44. In 2001, of the STD registered cases, 39.4% were young adults aged between 15 and 29, and 44.8% were among those 30 to 44.

[The estimated number of adults and children living with HIV/AIDS on January 1, 2002, were:

Adults ages 15-49:	13,000 (rate: 0.1%)
Women ages 15-49:	2,000
Children ages 0-15:	NA

[No estimate is available for the number of adults and children who died of AIDS during 2001.

Table 2

**The Epidemiology of AIDS in Morocco,
as of June 30, 1998**

Cumulative number of cases of AIDS disease	510
Number of declared cases in 1997	92
Number of declared cases (June 1998)	46
Number of adults affected (15-40 years)	351
Number of children affected (age < 15 years)	21
Cumulative number of deaths from AIDS	139

[No estimate is available for the number of Moroccan children who had lost one or both parents to AIDS and were under age 15 at the end of 2001. (End of update by the Editors)]

11. Sexual Dysfunctions, Counseling, and Therapies

A. Female Sexual Dysfunctions

Although female sexual dysfunctions are frequent in our society, they are usually concealed by society. Vaginismus represents the most frequent motive for a sexological consultation, because it puts the life of the couple's relationship in danger. Women who suffer from vaginismus do not consult a professional counselor or therapist until they are driven to do so by the partner and/or the family. In Morocco, the causes of vaginismus are, most often, a restrictive religious education, negative beliefs relative to the anatomy of the hymen, misconceptions about the mechanism of penetration, and sexual assault traumas (rapes and attempted rapes), which, unlike in the West, are rarely reported.

Anorgasmia, or inhibited female orgasm, is also frequent, but rarely constitutes a motive for a sexological consultation. Here, as with vaginismus, the causes are restrictive education, negative beliefs relative to female sexuality in general, the awkward behavior of the man, a lack of the development of fantasies [*agénésie fantasmatique*], and the prohibition of childhood and adolescent masturbation.

B. Male Sexual Dysfunctions

Erectile dysfunctions (ED) are very frequent among men and affect all ages and all social classes. An epidemiological study in the general population with a representative sample ($N = 651$) showed that globally, 54% of the men presented some erectile dysfunctions, distributed as mild in 38.8% of men, moderately troubling in 15.1%, and severely troubling in 1.1% (Berrada et al. 1999). But only a small minority of males who admitted to ED were willing to take responsibility and seek treatment. That is because of their socioeconomic conditions and certainly because of the feeling of disgrace and devaluation that the patient experiences when he sees in the therapist a rival who will judge him. Also keeping the patient from seeking help for ED are the irrational folk ideas that accompany sexual impotence, which suggest that it is because of *tqaf*, a form of sorcery, which is treatable by a faith healer (*marabout*). Apart from the well-known organic causes of diabetes, high blood pressure, cardiopathies, cholesterol, iatrogenicity, smoking, and so on, the psychogenic causes are more frequent for men over 40 years old. These may include conjugal monotony associated with the lack of fantasizing, and may be aggravated by performance anxiety. In effect, the process of fantasizing, in our society, is associated with adultery, and accordingly, are

Table 3

The Incidence of AIDS over Time

Year	New Cases	Accumulated Cases	Year	New Cases	Accumulated Cases
1986	1	1	1993	44	172
1987	9	10	1994	77	249*
1988	14	24	1995	57	306
1989	20	44	1996	66	372
1990	26	70	1997	92	464
1991	28	98	1998	46	510
1992	30	128	(June)		

*19 of the 77 new cases reported in 1994 had been previously counted as ARC (AIDS-Related Complex)

prohibited and inhibited for the majority of men. Among young adults, the relationship of circular causality, where various psychogenic factors—for the most part, religious and educational—interact, is a common cause of erectile dysfunction (Bonierbale 1991).

Premature ejaculation is beginning to become a very frequent symptom and a motive for consultation, more than before, when it was considered an indication of virility that one learns in the course of the collective masturbation during adolescence. At the present time, men are becoming more and more conscious of the frustration of their wives, and are thus beginning to take responsibility for it. A very frequent symptom in our cultural context is an association of premature ejaculation with the feeling of having a small penis. Constrained to conceal his assumed handicap, the subject will ejaculate quickly in a hurried sexual encounter.

C. Therapies

The therapeutic modalities available for male and female sexopathies are varied. Therapy is available from general practitioners, urologists, psychiatrists, endocrinologists, gynecologists, and so on, as well as by sexologists and andrologists, who are a small minority in the healthcare community. However, almost all of the patients will consult first, if not in an exclusive way, with the traditional faith healers (*marabouts*). The therapeutic arsenal from which medical personnel can draw is rather rich. The most recent products, intracavernous injections (IIC), Viagra, and aphrodisiacs, were available in Morocco before the majority of European countries made them available in the market.

12. Sex Research and Advanced Professional Education

The domain of teaching and of sexological research is still timid in our country. The Moroccan Association of Sexology (L'Association Marocaine de Sexologie, AMS) began an ambitious program in this domain after 1994. This program rests on the organization of an annual congress, with the participation of numerous experts in the sexological world, and of roundtables on a particular theme. Meetings and congresses of the AMS are organized in a different city and under the aegis of a different university each year. Among the objectives of the AMS is the installation of a program of teaching or a course of sexology within a university framework, and the organization of fundamental research oriented especially toward anthropological, psychological, psychoanalytic, sociological, neurological, biological, judicial, medicolegal, physiological, pathological, experimental, and therapeutic aspects of sexual behavior. This research should result in a conceptualization of sexology that is adapted to our Moroccan context. Given that the actual sociopolitical climate is not favorable, the AMS has decided to limit this discipline to the medical domain (sexual pathology). This adoption of sexology by the medical sciences may be only beneficial in the short run. The focusing on sexual behavior, in the long term, needs a reaffirmation and an acceptance of this science by society and by the medical community. Because sexology carries at the present time a pejorative connotation, research on sexual behavior is marginalized (Moussaid 1997).

Three professional organizations deal with sexological issues in Morocco:

The Moroccan Association of Family Planning (Association Marocaine de Planification Familiale, AMPF), 6, Rue Ibn El Kadi Casablanca, Morocco.

The Moroccan Association of Sexology (L'Association Marocaine de Sexologie, AMS), Abderrazak Moussaid,

M.D., 38, Boulevard Rahal El Meskini, 20 000 Casablanca, Morocco; +212-2-298-381 or +212-2-298-331; fax +212-2-221-114; psych@casanet.net.ma.

Les Orangers, E. Abdel Krim Hakam, Executive Director, Rabat RP, Morocco (or BP 1217, Rabat RP, Morocco); +212-7-721-224; fax: +212-7-720-362; cable: FAMPLAN RABAT.

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2. The International Encyclopedia of Sexuality, Vol. 4 (Francoeur & Noonan, 2001)

" . . . a masterpiece of organization. The feat of successfully compiling so much information about so many countries into such a coherent and readable format defies significant negative criticism."—*Sexuality and Culture*, Paul Fedoroff, M.D., Co-Director, Sexual Behaviors Clinic Forensic Program, The Royal Ottawa Hospital, Ottawa, Canada

3. The Continuum Complete International Encyclopedia of Sexuality (Francoeur & Noonan, 2004)

" . . . [a] treasure trove. . . . This unique compilation of specialized knowledge is recommended for research collections in the social sciences . . . as well as a secondary source for cross-cultural research."—*Library Journal*, March 15, 2004, p. 64

" . . . a book that is truly historic, and in many ways comparable to the great sexological surveys of Havelock Ellis and Alfred Kinsey. . . . Many works of undeniable importance are intended to speak about human sexuality. But in this encyclopedia we hear the voices of a multitude of nations and cultures. With coverage of more than a quarter of the countries in the world, . . . not only will the *Continuum Complete International Encyclopedia of Sexuality* remain a standard reference work for years to come, but it has raised the bar of sexological scholarship to a rigorous new level."—John Heidenry, editor, *The Week*, and author of *What Wild Ecstasy: The Rise and Fall of the Sexual Revolution*

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