

Problematizing Neoliberalism and Development: Creating Citizens (and Future Citizens) through Reproduction and Childrearing in Morocco

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Abstract: This article analyzes reproductive and childrearing practices among working-class women in Rabat, Morocco. Drawing on my ethnographic fieldwork in reproductive health clinics and at an NGO, in combination with an examination of images and texts and the more recent literature, I problematize the concepts of development, neoliberalism, and the neoliberal citizen. My objective is to trace the reorientation of the development agenda in Morocco, from a focus on economic development to social development, with particular attention to the National Initiative for Human Development (2005-2010), and the subsequent impacts on reproduction and the rearing of the future generations among poorer urban segments of the Moroccan population. Even though the influence of neoliberalism on subjectivity has been widely researched, although there is less documentation when it comes to the Middle East and North Africa as compared to other world regions, I argue that it is unproductive to have a set conceptualization of neoliberalism, and rather while there are underlying defining characteristics, it is more productive to examine the varied practices, beliefs, and discourses that shape neoliberal reform and create neoliberal citizens and subjectivities. I show how the goals and hopes among my women participants for child bearing and childrearing and the ways in which particular reproductive practices were promoted to women in clinics in Rabat and the media are enmeshed within a neoliberal ideology and reform in Morocco. I provide a nuanced account of reproduction from multiple analytic levels that foregrounds Morocco's global position and the effects of globalization on everyday lives.

Keywords: Morocco, Reproduction, Motherhood, Neoliberalism, Development.

Morocco has come to play a very prominent role in the popular media that has appeared in the West, particularly the United States, in the twenty-first century. Ad campaigns, from popular American brands like Banana Republic, have been photographed in Morocco,¹ and hi-end fashion house Dior collaborated with Moroccan artists and designers for its Spring 2020 collection, which was showcased at the El Badi Palace in Marrakech.² Films, like *The Green Zone* starring American actor Matt Damon and *Babel* starring American film star Brad Pitt, have been shot in the country. And, Meknes,

1. "#BRNoBoundaries: 72 Hours in Marrakech," April 30, 2019, <http://bananarepublic.us/2019/04/30/brnoboundaries-72-hours-in-marrakech/> (accessed July 30, 2019).

2. "Dior Jets to Marrakech for Spring 2020 Collection," April 30, 2019, <https://www.harpersbazaar.com/fashion/fashion-week/a27321038/dior-marrakech-resort-2020-show/> (accessed August 7, 2019).

one of the four Imperial Cities in Morocco, was named the top international tourist destination for the best value by the American magazine, *Money*.³

Morocco has long induced feelings of enchantment and mystery, from the winding alleys of the old medina in Fes to the brightly colored walls of Marrakech. Morocco's geographic location on the continent of Africa just miles from Spain and its past as a French protectorate (1912-1956) in combination with its deep historical and cultural ties to the Middle East through its Arab and Muslim populations and the adoption of the Arabic language – even though the dialect spoken is much different from other parts of the Middle East and certainly not all in Morocco will identify as Arab – has challenged the borders of the “East” and “West.” King Hassan II (c. 1929-1999) emphasized this unique positioning when he stated, “Morocco is like a tree of which roots are planted firmly in Africa, but which has its branches in Europe.”⁴ Edmund Burke III suggests that Morocco and the Maghrib inhabit an ambiguous space that is “not quite Africa, not quite Arab, not quite European.”⁵ Burke argues French colonial ethnography and the archive of knowledge about Morocco played a critical role in shaping French policies and legitimizing French rule in the country earlier in the twentieth century. Moreover, Burke suggests that under French colonial rule, and in part due to the French and European social science research taking place at the time in Morocco, the idea of “Moroccan Islam” was developed and solidified, a concept that has continued far beyond the colonial period.⁶ Even though there is a vast amount of anthropological and social science research conducted in Morocco by Moroccan and foreign scholars alike, the country's constant political, cultural, social, and economic transitions due to its geographic positioning in the world and its far-reaching global relationships have produced new questions to be asked and new topics to be explored.

Edward Said reminds us that “neither the term Orient nor the concept of the West has any ontological stability; each is made up of human effort, partly affirmation, partly identification with the Other.”⁷ Said masterfully demonstrates in *Orientalism* that the “East” and the “West” are not inherently

3. Allana Akhtar, Shaina Mishkin, Prachi Bhardwaj, and Katilin Mulhere, “The 20 Best Places to Go in 2019,” March 4, 2019: <http://money.com/money/longform/best-places-to-travel-2019/>.

4. Neils Posthumus and Anna Mayumi Kerber, “The Road to 2010: A Soccer Journey from Marrakech to Johannesburg,” in *Africa's World Cup: Critical Reflections on Play, Patriotism, and Space*, eds. Peter Alegi and Chris Bolsmann (Ann Arbor: University of Michigan Press, 2013), 178.

5. Edmond Burke III, “Theorizing the Histories of Colonialism and Nationalism in the Arab Maghrib,” in *Beyond Colonialism and Nationalism in the Maghrib*, ed. Ali Abdullatif Ahmida (New York: Palgrave, 2000) 17.

6. Edmond Burke III, *The Ethnographic State: France and the Creation of Moroccan Islam* (Oakland: University of California Press, 2014).

7. Edward Said, *Orientalism* (New York: Vintage Books, 1979), xii.

natural concepts, but rather, they are produced through discourses, images, and texts.⁸ I found in my research on reproduction in Morocco⁹ that the ways working-class women living in and near the capital of Rabat spoke of contraception mirrored how they have come to think of themselves as Moroccan citizens given the country's historical ties to Europe, its identification as a Muslim country since 99% of Moroccans are Muslim,¹⁰ its desire to play a larger role in the global economic market, and the changing social and technological landscape. Bits of each of these aspects were often integrated into how they framed their use or non-use of contraception to limit or space their pregnancies. For instance, one woman, named Salima told me that she liked living in Morocco, even though she had family abroad, "Because it's not France. It's not Europe, but it's not Saudi Arabia." She continued that she can do "these things" here, with "things" meaning using contraception, since they are not *ḥarām*.

Drawing on my own ethnographic research on reproduction in Morocco along with a review of the current literature in anthropology and related disciplines, I will show in this article that reproductive discourses and practices in Morocco parallel more global neoliberal shifts in development given the country's geographic position and its position within world economic, social, and political relations. However, I will take this a step further. I argue that even though notions of self-reliance, "active" participation, and personal responsibility are at the forefront of these discourses surrounding reproduction and there is a push for women to have greater rights and control over their bodies in Morocco, these ideas ultimately cause women to participate in development in ways that reinforce their citizenship through their abilities to have children, to control the population size, and to nurture the future generations. Women who attended the reproductive health clinics where I conducted my ethnographic research appropriated certain reproductive health practices and spaces of intervention and made them into something else than what they were intended; however, at the same time, doing so also circumscribed their Moroccan citizenship and identities through their reproductive bodies.

Theoretically my intention in this article is to complicate the concepts of neoliberalism and development through an analysis of reproductive practices among mainly working-class urban women in Morocco. In July of 2019, on

8. Said, *Orientalism*.

9. Courtney Hughes Rinker, "A Place to Belong: "A Place to Belong: Colonial Pasts, Modern Discourses, and Contraceptive Practices in Morocco," in *Anthropology of the Middle East and North Africa: Into the New Millennium*, eds. Sherine Hafez and Susan Slyomovics (Bloomington: Indiana University Press, 2013): 239-57.

10. Rachel Newcomb, *Everyday Life in Global Morocco* (Bloomington: Indiana University Press, 2017), 6.

the 20th anniversary of King Mohammed VI taking the throne, the King said in a speech to Morocco that social issues will remain a priority for development. He commended the country for making strides in recent decades, but he also noted that some segments of the population have not benefited as much as others from state development programs, as they still do not have access to basic social services or they are not able to meet their everyday needs.¹¹ King Mohammed VI emphasized that social inequalities must be eradicated so that all the Moroccan population can take advantage of development projects and initiatives that are being implemented (or will be in the future). The ways he framed development in his 2019 speech parallels more global discourses about social justice and movements to reduce systemic inequalities. In this article, I give particular attention to how globalization and a subsequently changing social and economic landscape impacts their decisions and practices and what this means for how we conceptualize neoliberalism. Rachel Newcomb writes in her work on how globalization has impacted the middle-class in Fes, “Because globalization involves different processes than modernization, many have also internalized globalization’s neoliberal encouragement that individuals take control of their own economic future in the private sector.”¹² Likewise, she demonstrates in her ethnography of a Fassi family how “globalization-processes are woven into the fabric of everyday life.”¹³ What I pick up on here is how neoliberal ideology has impacted reproduction in Morocco, and specifically how particular practices are promoted to women by health providers and how they incorporate these practices into their daily lives. I cannot accomplish this task without acknowledging that globalization is occurring within Morocco and that the country is deeply situated within regional and global networks, as Newcomb highlights in her book.

Elsewhere I have argued that poorer urban women expressed their anxieties about their future as well as the future of their children and Morocco through the ways they talked about contraception, particularly the intra-uterine device (IUD) and birth control pills.¹⁴ Following a neoliberal agenda, the state expects citizens to make the best decisions that will enhance their well-being and the nation. The Moroccan women who took part in my ethnographic research did not see birth

11. Leila Ouchagour, “Nouveau modèle de développement: La feuille de route Royale,” *Aujourd’hui Le Maroc*, July 31, 2019: <http://aujourd'hui.ma/actualite/nouveau-modele-de-developpement-la-feuille-de-route-royale>.

12. Newcomb, *Everyday Life in Global Morocco*, 14.

13. *Ibid.*, 25.

14. Cortney Hughes Rinker, “Responsible Mothers, Anxious Women: Contraception and Neoliberalism in Morocco,” *Arab Studies Journal* 21, 1 (2013): 97-121.

control as a way for them to become self-sufficient and responsible citizens, but rather, they saw it as a way to deal with the daily struggles of being working-class. Likewise, Jessica Marie Newman in her work on single motherhood and abortion in Rabat and Casablanca, Morocco notes that even though there is a stigma (and perhaps even legal consequences) surrounding single motherhood, “Moroccan single mother’s very real need for financial independence intersects with the entrepreneurial ethos of associations’ professional training programs and valorization of remunerative employment.”¹⁵ Newman connects the work of the associations (used interchangeably with non-governmental organizations, NGOs) she studied in, with structural adjustment in Morocco in the 1980s when the government came to rely more on NGOs for providing social services, as well as with the more recent neoliberal ideology that centers on self-reliance, “hard work,” and responsibility. She also found that “for many single mothers in Morocco without social or familial support, these forms of autonomous personhood remain out of reach.”¹⁶ My specific observation of the anxiousness that working-class women expressed through the language they used to talk about contraception, along with Newman’s arguments about single motherhood, highlight that we cannot theoretically accept neoliberalism or neoliberal reform as is,¹⁷ and this has also been proposed by Catherine Kingfisher and Jeff Maskovsky who state, “Neoliberalism has emerged as one of the key concepts for studies of cultural and political-economic change on a global scale. Yet its enthusiastic adoption and application in recent anthropological work raises some significant theoretical and political problems.”¹⁸ Given the global reach of neoliberal reform, in this article I will show that it is more productive to examine the various practices and discourses that shape neoliberal subjectivity and produce neoliberal citizens to understand how it unfolds within the Moroccan context.

Research Methods

I will craft my arguments in this article by drawing on my own ethnographic research in Morocco as well as current literature and studies by scholars based in Morocco and abroad on related topics. I conducted the vast majority of my fieldwork in Rabat, upon which this article is based, between 2006 and 2009 (for a total of 19 months), but I have since returned to Rabat and Marrakech for three shorter trips in the summers of 2014, 2015, and

15. Jessica Marie Newman, “Aspirational Maternalism and the ‘Re-Constitution’ of Single Mothers in Morocco,” *Journal of Middle East Women’s Studies* 14, 1 (2018): 62.

16. Newman, “Aspirational Maternalism,” 62.

17. Graham Burchell, Colin Gordon, and Peter Miller, eds., *The Foucault Effect: Studies in Governmentality* (Chicago: University of Chicago Press, 1991).

18. Catherine Kingfisher and Jeff Maskovsky, “Introduction: The Limits of Neoliberalism,” *Critique of Anthropology* 28, 2 (2008): 115.

2018. I also conducted a short period of fieldwork in 2008 in the Mid-Atlas Mountains.

I conducted my earlier long-term ethnographic fieldwork primarily in two reproductive health clinics run by a non-governmental organization;¹⁹ one clinic is located in Rabat and the other is located in a nearby town. The clinics were frequented by women who were mainly of the working and lower-middle class who would come to see the obstetrician-gynecologist (Ob-Gyn)²⁰ or one of the other specialists who worked at the clinics, such as general practitioners, psychiatrists, or dermatologists. The physicians were all part-time at the clinics and would only work one or two mornings or afternoons per week, as they were usually full-time employees in the public health system. The women (and all patients) could not make appointments with the physicians, but rather would be seen in the order in which they arrived and were checked in by the clinic director. This meant that sometimes women would come in the morning and wait for a few hours to see the doctor, after they arrived from their other place of employment.

During my fieldwork, I spent the majority of my time in the clinics' counseling rooms where women (and a few men depending on which doctor they wanted to see) would discuss their needs with the director, have their paper chart created or updated, and pay for services. Even though contraception and other services were free in the public health centers, the private reproductive health clinics where I conducted my research charged a small fee for services; but it was subsidized by the NGO and according to the administration, helped to keep the services of high quality. The physicians and the directors at the two clinics stressed to me that they would not leave until all patients were seen that day. This meant that in one day, the Ob-Gyn may have to see 30 patients in three to four hours, some of which had come for sonograms while others came for yearly exams or for check-ups after giving birth. I was able to observe the women's conversations with the director about their health needs and concerns and as the women waited for the physician to arrive, I was able to observe their discussions amongst themselves in the waiting room. Some women would come with family members, most often their mother, mother-in-law, or sister-in-law, and I was able to also engage them in conversations about reproduction and motherhood. The clinic just outside of Rabat also had a sewing room for women and had two women who would

19. I conducted ethnographic fieldwork in a mix of French, Moroccan Arabic, and English. All translations of interviews and text are my own. I do not use real names in this article so to protect the privacy of my participants. I had approval from the NGO to conduct my research, which was also approved by the Institution Review Board (IRB) at the University of California, Irvine.

20. I have adopted the abbreviation Ob-Gyn from the American College of Obstetricians and Gynecologists (ACOG).

give sewing lessons. I asked one administrator at the NGO why the clinic offered sewing, and she stated it was a way for the clinic to retain patients and a way to attract new patients, as sometimes women would first come to use the sewing machines and then would seek out services. This was also a space in which I could observe women's conversations with each other and sometimes with their children when they would bring with them to the sewing room. I then had the opportunity to move into the exam room and sit with the physician as they saw patients so that I could observe the medical encounters and document the questions that patients asked and the types of information that the physicians provided women about reproductive and maternal health. Given the busy schedule of the physicians, I frequently asked my questions quickly in between patients, and had to follow up with them several times throughout the course of my fieldwork to get all the data that I needed. I kept a field journal with me at all times and would fill in my notes as soon as I could either in an empty exam room or just outside the clinic.

My fieldwork, however, extended far beyond the clinics given that the development agenda and the reproductive practices I was studying connected sometimes disparate spaces and people inside and outside of Morocco. After I built relationships with several female patients, I visited them in their homes to understand how they incorporated the information they gained from the clinics into their daily lives. These visits allowed me the chance to speak with their family members, typically siblings, parents, or spouses, about issues pertaining to reproduction and family. I also rode along with the NGO's community outreach worker for the Rabat region, participated in various events sponsored by the organization aimed at youth, and attended academic and public lectures in Rabat. In addition to informal interviews in the clinics with patients, physicians, and the directors, I also formally interviewed staff at the NGO's main office and at the Ministry of Health, as well as at international development organizations that work in Morocco, including the United Nations Development Program (UNDP), UN Women, the UN Population Fund (UNFPA), the United States Agency for International Development (USAID); these interviews allowed me to see how the neoliberal development agenda was being developed at the state and global levels, which then formed the context in which I could examine the ethnographic data I collected in the clinic and communities.

Even though the focus of my ethnographic fieldwork was not specifically reproductive health during the later trips, as my new project addresses pain and suffering during chronic and terminal illness in Morocco with particular attention to the use of opioids like morphine, given my previous research,

I took note of conversations, images, reports, and news stories related to reproduction and motherhood. I remember one of the first times I rode the tram in Rabat in 2014. The tramway opened in 2011 and I witnessed the early stages of its construction towards the end of my extended fieldwork a few years earlier. After I settled into my seat on that summer day, I looked up to see a poster about the steps to ensuring infant well-being hanging inside the tram car. Fieldwork does not stop when I return to my university in the United States, as I also monitor the international news and news from Morocco about topics related to my research interests, keep in touch with the contacts I made during my time residing in the country, and read the more recent academic literature. At my home institution, I came across a story about the low breastfeeding rate in Morocco compared to other countries, with only 27% of infants under six months of age being exclusively breastfed.²¹ The World Health Organization (WHO) recommends only breastfeeding infants who are under six months of age.²² Moreover, I noticed on social media posts about the *nāfsa* project, or the *nfīsa* in Moroccan Arabic, starting in 2018. The project aims to guide people on how to care for a new mother (particularly during the forty days after giving birth) through in-person trainings and online videos. Layla B., the woman behind the project, describes herself as “an entrepreneur, mother, soulful changemaker and business mentor, traditional Moroccan [sic] postpartum trainer, writer and philanthropist.”²³ I have used popular media in combination with academic literature and government reports to analyze the data I gathered on reproduction and motherhood during my more recent trips to Morocco and to re-evaluate and update the ethnographic data I collected during my long-term fieldwork that ended in 2009. I will now move to present more of my results here as a way to examine neoliberalism and development in Morocco within the context of globalization and transnational discourses surrounding health and well-being, economics, and gender.

Redefining the Neoliberal: Reproduction, Gender, and Development

Scholarship in anthropology that takes up questions of gender, identity, citizenship, development, and nationalism in various geographic and cultural contexts has demonstrated that women’s bodies and lives are critical sites where ideological struggles between different actors over the future of the

21. See, “World Breastfeeding Week: Morocco Urged to Support Breastfeeding in the Workplace,” *Morocco World News*, August 5, 2015, <https://www.moroccoworldnews.com/2015/08/164832/world-breastfeeding-week-morocco-urged-to-support-breastfeeding-in-the-workplace/>.

22. See, “Exclusive breastfeeding for six months best for babies everywhere,” World Health Organization, January 15, 2011, https://www.who.int/mediacentre/news/statements/2011/breastfeeding_20110115/en/.

23. See, <https://www.laylab.co.uk/about>.

community or state take shape.²⁴ Victoria Bernal emphasizes, “gender plays a significant role in the intersection of global and local cultures.”²⁵ Faye Ginsburg and Rayna Rapp, in their noteworthy edited volume *Conceiving the New World Order: The Global Politics of Reproduction* suggest that reproduction in its “biological and social senses” is “inextricably bound up with the production of culture.”²⁶ Feminist scholarship has shown that women’s reproductive bodies and reproduction more generally has a critical role in how the nation defines and imagines itself in the present and future. Reproduction, Rapp notes “provides a lens through which cultural norms, struggles, and transformations can be viewed,” particularly when it is conceived of as being “problematic.”²⁷ Furthermore, Nira Yuval-Davis reminds us, “The central importance of women’s reproductive roles in ethnic and national discourses becomes apparent when one considers that one usually joins the collective by being born into it.”²⁸ In this article, I synthesize feminist critiques of nationalism with anthropological approaches to understanding the local/global connections and research on reproduction in medical anthropology to analyze how the shifting landscape in Morocco impacts everyday women’s reproductive practices and their reproductive bodies.²⁹

Reproduction in Morocco, I suggest, was framed as one of the major obstacles that needed to be addressed in order for the country to move forward, increase the pace of its development, and become a larger global economic and political player. Mounting criticism from feminist activists led the state to create a plan of action for integrating women more into development through increased access to domains like education and health care and through growing their participation in the public sphere.³⁰ However, in a report compiled by academics and researchers in Morocco reads, “Thanks to the changes in matrimonial and procreative behaviors of Moroccan women...

24. Su’ad Abdul Khabeer, “Citizens and Suspects: Race, Gender, and the Making of American Muslim Citizenship,” *Transforming Anthropology* 25, 2 (2017): 103-19; Cristina Cielo, Lisset Coba, and Ivette Vallejo, “Women, Nature, and Development in Sites of Ecuador’s Petroleum Circuit,” *Economic Anthropology* 3, 1 (2016): 119-32.

25. Victoria Bernal, “Islam, Transnational Culture, and Modernity in Rural Sudan,” in *Gendered Encounters: Challenging Cultural Boundaries and Social Hierarchies in Africa*, ed. M. Grosz-Ngate and O. Kokole (New York: Routledge, 1997), 131.

26. Faye D. Ginsburg and Rayna Rapp. “Introduction: Conceiving the New World Order,” in *Conceiving the New World Order: The Global Politics of Reproduction*, eds. Faye D. Ginsburg and Raya Rapp (Berkeley: University of California Press), 2.

27. Rayna Rapp, “Gender, Body, Biomedicine: How Some Feminist Concerns Dragged Reproduction to the Center of Social Theory,” *Medical Anthropology Quarterly* 15, 4 (2001): 469.

28. Nira Yuval-Davis, “Nationalism, Feminism, and Gender Relations,” in *Understanding Nationalism*, eds. Montserrat Guibernau and John Hutchinson (Cambridge: Polity Press, 2001), 123.

29. Marcia Inhorn, *Cosmopolitan Conceptions: IVF Sojourns in Dubai* (Durham: Duke University Press, 2015).

30. Karim Zaouaq, “Les femmes et l’accès aux soins de santé reproductive au Maroc,” *L’Année du Maghreb* 17 (2017): 169-83.

and family planning programs in which a large portion of the female population participated, the country was able to manage the development of its population.³¹ Part of this concern with the population stems from the fact that the population of the Middle East and North Africa is younger than other world regions, with individuals over the age of 65 only comprising 4.7% of the population of the region.³² This is true for Morocco, where about 25% of the population is aged 15 and younger and the annual population growth was 1.25% in 2018.³³ This growth rate is higher than for countries classified by the United Nations (UN) as having “very high human development” or “high human development,” which have 0.8% annual growth and 0.7% annual growth respectively. The fertility rate (total, births per woman) in Morocco was 2.45 as of 2017, which is a drastic decline from the 1960s, when the fertility rate was around seven.³⁴ There was a lingering concern left over from a 1965 report compiled by the Economic Planning Department in Morocco that stated the country would face economic consequences if the population growth did not slow down.³⁵ The Moroccan Family Planning Program was established in 1966 under the Ministry of Health with the purpose of creating an environment that would facilitate the use of family planning methods among married couples (given that sexual intercourse outside of marriage is forbidden in Islam). In light of the more recent statistics, the government has remained concerned about whether or not the country’s economy and infrastructure would be able to handle the needs of current and future generations given the need for education, training, health care, and other services that would propel modernization. This anxiety about population growth versus resources is why reproduction, and particularly women’s bodies, became a central part of the development process in Morocco, as well as elsewhere.

King Mohammed VI, who has been lauded as an advocate for women’s rights and a king of the poor, launched the National Initiative for Human Development (L’initiative nationale pour le développement humain or INDH) in the Spring of 2005, which was a five-year program based on a new form of governance that involved state and local offices to enhance “accountability and

31. Royaume du Maroc, *Rapport Général: 50 Ans de Développement Humain & Perspectives 2025* (2006), 8.

32. R.R. Hajjar, T. Atil, Z. Al-Mandhari, M. Oudrhiri, L. Balducci, and M. Silberman, “Prevalence of Aging Population in the Middle East and Its Implications on Cancer Incidence and Care,” *Annals of Oncology* 23, 7 (2013): 11-24.

33. World Bank, “Population Growth (Annual %),” accessed October 29, 2018. <https://data.worldbank.org/indicator/SP.POP.GROW>.

34. United Nations Development Programme, *Human Development Indices and Indicators 2018 Statistical Update* (New York: United Nations Development Programme, 2018), 47.

35. George Brown, “Moroccan Family Planning Program: Progress and Problems,” *Demography* 5, 2 (1968): 627-31.

transparency” and the “use of social and economic infrastructure and services by poor and vulnerable groups”³⁶ funded by the state, local governments, and external donors. The INDH, and the underlying shift in Morocco from a focus on purely economic development to a mix of economic and social development, engaged with global neoliberal discourses of development centered around individual responsibility, the maximization of abilities, and active participation in society.³⁷ In a speech about the INDH, King Mohammed VI stressed to the Moroccan parliament that development is contingent upon the citizens and it is the state’s responsibility to create a new mentality in them that is built upon notions of “entrepreneurship, participation, and production.”³⁸ Koen Bogaert, in his examination of neoliberalism, globalization, capitalism, and the urban landscape in Morocco, reminds us that there was not only a “Moroccan transition to neoliberalism but also a transition within actually existing neoliberalism.”³⁹ In tracing what he calls neoliberal projects in Morocco, he argues that those reforms and policies from the 1980s that we may call neoliberal are very different from what we consider neoliberal today in Morocco. This is evident, I would suggest, partly from the state’s shift from prioritizing economic development, to investing resources in social and human development with the intention of having economic benefits in the long-run.⁴⁰

Even though the INDH aimed to alleviate poverty and vulnerability and to enhance the country’s infrastructure for citizens to take advantage of, what is striking is how women’s bodies were framed in discourses and discussions about it – the focus was still on their reproductive instead of productive labor, thus highlighting that reproduction is a central (somewhat problematic) issue in Morocco’s development. The 2006 development report referenced above recognizes that women have been a “forgotten element” in development in Morocco, particularly since the country achieved independence from France in 1956; however, it goes on to state that more recently women have been acknowledged as key actors: “Women have played an important role in the evolution of the human potential of independent Morocco. After a period of being the most forgotten element in the human development process, women struggled

36. World Bank, “National Initiative for Human Development Support Project (INDH),” accessed August 3, 2019. <http://projects.worldbank.org/P100026/national-initiative-human-development-support-project-indh?lang=en>.

37. David Graeber, “Neoliberalism, or The Bureaucratization of the World,” in *The Insecure American: How We Got Here and What We Should Do about It*, eds. Hugh Gueterson and Catherine Bestman (Berkeley: University of California Press, 2009), 79-96.

38. Jason Ben-Meir, “Royal Activities: King Seeks to Foster New Citizenship Mentality,” *Morocco Times*, October 14, 2005.

39. Koen Bogaert, *Globalized Authoritarianism: Megaprojects, Slums, and Class Relations in Urban Morocco* (Bloomington: Indiana University Press, 2018), 54.

40. See Bogaert, *Globalized Authoritarianism* for an excellent discussion of structural adjustment programs in Morocco.

and have achieved advancements which are now universally recognized.⁴¹ In recent decades, there has been a shift in resources into projects focused on women led by local and international organizations. This is especially the case in the Middle East and North Africa where humanitarian efforts have remained high particularly in impoverished and war-torn areas.⁴² Although the government has realized that Moroccan women play critical and legitimate roles in development and within multiple levels of society, women's participation is still primarily conceptualized within the realm of bodily practices.

Responsible Decision Making: Limiting and Spacing Pregnancies

Reproductive health has been a key theme in women's magazines in Morocco, from the time I conducted fieldwork on the topic to my more recent trips. A cover of the magazine *Telquel* in 2018 featured a story about the violence that occurs against Moroccan women while seeing a gynecologist or giving birth. And, during my earlier fieldwork, I found several articles on reproduction and motherhood at the magazine and newspaper kiosks that line the streets of Rabat. Many of the articles I gathered focused on the use of contraception and emphasized well-being and self-improvement through its use, although I would argue they lacked an analysis of the social and familial networks which impact Moroccan women's choices sometimes. Kristin Luker reminds us of the complex nature of reproductive choice: "This intuitive nature of most of the decision making that goes on in everyday life is sustained by the fact that the social milieu dictates exactly how explicit such decision making can be."⁴³

The women's magazine *Famille Actuelle* featured an article in 2008 titled "Contraception: Choose the One that Suits You," which outlined the various contraceptive methods that were available at that time in Morocco.⁴⁴ Just the article's title highlights the ideal that women should be able to choose which one is best for their bodies and everyday circumstances. One magazine article featured a gynecologist in Casablanca who emphasized that women have many choices when it comes to finding a method of contraception, and they should consult with a doctor to find the right one. Even though the

41. Royaume du Maroc, *Rapport Général: 50 Ans de Développement Humain*, 11.

42. Lila Abu-Lughod, *Do Muslim Women Need Saving?* (Cambridge, MA: Harvard University Press, 2013); Chandra Talpade Mohanty, *Feminism without Borders: Decolonizing Theory, Practicing Solidarity* (Durham: Duke University Press, 2003).

43. Kristin Luker, *Taking Chances: Abortion and the Decision Not to Contracept* (Berkeley: University of California Press, 1991).

44. For a historical analysis of emergency contraception and the contemporary public debates surrounding it in Morocco, see Elena Chopyak, "Introducing Emergency Contraception in Morocco: A Slow Start after a Long Journey," in *Abortion Pills, Test Tube Babies, and Sex Toys: Emerging Sexual and Reproductive Technologies in the Middle East and North Africa*, edited by L.L. Wynn and Angel Foster (Nashville: Vanderbilt University Press, 2016), 27-43.

birth control pill is easily accessible, as it was free of charge in the public health center I often visited for fieldwork and can be provided by pharmacies without a prescription, the physician stated that it may not be the best option. For instance, the reproductive health clinic's directors stated that for some women the intra-uterine device is optimal because it requires less office visits. Articles like these stress that women have the right to choose to use contraception to limit or space pregnancies, and more importantly, the right to take control of their bodies. However, the underlying theme of these articles is that choosing to use contraception is not completely optional, but more expected of women, as it not only could improve women's lives, but also can enhance the development of society. Moroccan women should accept contraception because it is not only easy to access – like the pill – but it is the right thing to do for themselves, their families, and society.

Dr. Mohammed Yacoubi, Founding President of *la Fédération marocaine de reproduction humaine* (the conference of the Moroccan Society of Fertility and Contraception in 2018 included a tribute to him as he had presided over the society for over two decades), stated in a women's magazine *Citadine* in 2008, "It is essential that women take control of their bodies." Dr. Yacoubi notes that contraception is not an easy decision, but such decisions should be made – when to start, which type – based on the advice of a physician. According to him, women having control of their reproductive bodies is "logical" because this control can facilitate them using contraception to avoid unwanted pregnancies. The well-being of the nation is linked to contraceptive use, which he describes as a "an excellent thing" because without it, the birth rate will grow, only handicapping the country's progress. Women exercising control over their bodies and lives is not just essential for their health, but is also framed as being critical to the greater population. The medical community has a responsibility "*d'informer la population marocaine*" about the various methods of contraception that are available; however, it is up to women as to which method they ultimately choose. Moroccan women can decide not to use a method, and as I found in my fieldwork, there are a plethora of societal and social forces (e.g., finances, reproductive desires of husbands and families, access to health care) they must navigate in their reproductive decision-making. But, according to articles like these, not choosing to use a method is not particularly the most correct or moral choice they should be making, as individual contraceptive use is being linked to both personal and national gains.

Contraception was also an important part of women's visits to the general practitioner at the reproductive health clinics where I conducted fieldwork.

When women would come in for an annual check-up or for a general health concern, the physician was to ask them about their use of contraception and their desires when it came to reproduction. Hanging on the wall was a list of questions and topics that the general practitioner should cover in their visits with women. One of the questions was whether or not women (who are not post-menopausal and of reproductive age) are currently using a method of contraception. One of the family physicians I observed, who also worked in the public health system, stated that she would ask women about contraceptive use and if they planned to have (more) children. If they were not using one and either wanted to space pregnancies or not have any more children, then she would refer them to the clinic's director for more information about their options. The directors stated that the birth control pill was the most popular method because of the privacy it affords women and the fact that it requires relatively few trips to the clinic or the pharmacy (at the clinic women could get up to a three-month supply at one time). The pill in particular was talked about by medical staff not only in terms of its effectiveness, but also in regards to how it permits women to take control over their bodies. One of the directors emphasized that they are not allowed to force women to use a method if they do not want to nor can they compel them to use a particular method, with the exception of if women have health issues that would prevent them from using a specific method (like the pill or IUD which release hormones into the body). The clinic directors told me the first method they will talk about with women is the birth control pill because it is easy to use, effective, inexpensive, and private. (In one of the clinics there is a poster that details the health conditions under which women should not take the pill and clinic directors did ask about these conditions before recommending it as a method).

I suggest that the articles in the women's magazines I recalled here in addition to the discussions of contraception, specifically the birth control pill in the clinics, emphasize the body as self-sufficient and self-regulating. The underlying themes of responsible decision-making parallels discussions of neoliberal reform and the creation of neoliberal citizens. In *Powers of Freedom: Reframing Political Thought*, Nikolas Rose writes of advanced liberal societies, "The human beings who were to be governed – men and women, rich and poor – were now conceived as individuals who were *active* in making choices in order to further their own interests and those of their family."⁴⁵ Articles in popular media and conversations in the clinics emphasized that women are to be the only ones responsible for their bodies, but this does not account for the complex networks that women inhabit in their everyday lives that impact their choices about reproduction. Discussions of the privacy of the

45. Nikolas Rose, *Powers of Freedom: Reframing Political Thought* (Cambridge: Cambridge University Press, 1999), 142.

pill, for instance, emphasized that fertility was the responsibility of women since it was out of reach of Moroccan women's husbands, but sometimes the desires of their husbands, or their husbands' families, as mothers and sisters-in-law did come to the clinics with women, conflicted with what women wanted for themselves. Nevertheless, the message of making responsible and rational reproductive decisions that Moroccan women receive – either from health professionals or magazines – was consistent with the larger neoliberal reforms happening in the country.

Motherhood under Shifting Development Agendas

Throughout my fieldwork, I discovered that there was a shift in how Moroccan women thought of themselves as mothers and in how they talked about their children depending on their age at first birth. I purposely included younger women in my study who had one child (or a two or three children), who were pregnant, or who were contemplating having their first child in addition to older women, such as these women's mothers, who had given birth during the reign of King Hassan II and therefore under the previous development agendas that emphasized economic gains over addressing social and structural issues. Childrearing is one more way that Moroccan women, particularly the working-class women who participated in my research, have appropriated the neoliberal logic of development that comes through the INDH to fit their everyday circumstances.

I particularly observed women's conversations in the waiting rooms of reproductive health clinics to discern the multiple definitions of good motherhood and expectations for their children. I found that younger women who had small children were more apt to want their children to grow up to be moral and to, as one woman noted, have "a good heart." While being successful was important, that was to be gained through pursuing an education and hard work – not through corruption, which many citizens and scholars believe runs through Morocco.⁴⁶ In comparison, older women who had children who were nearing or had reached adulthood, focused more on children as an economic investment in which they expect a return. Older women expressed the need for their children to support them in any way possible, even if it may not be much. At one of the reproductive health clinics, one patient's mother remarked that her oldest daughter (out of seven children) was a "good child" because she paid for her brother's education and would send money to the family from Germany, where she was living and working. I link this shift first to the development and economic policies in Morocco in place until the late 1990s that prioritized financial gains over social growth, but then, with the death of

46. Sylvia I. Bergh, "Constraints to Strengthening Public Sector Accountability through Civil Society: The Case of Morocco," *International Journal of Public Policy* 4, 3-4 (2009): 344-65.

King Hassan II and international scrutiny for not addressing infrastructure and social concerns, the country transitioned to focusing on the improvement of women's rights, enhancing educational opportunities, alleviating poverty, and increasing literacy rates among women. Subsequently, this shift is also connected to the fact that older Moroccan women tended to start to have children earlier in life and continued to have children through their late thirties and forties. Kaarouch et al. in their study of advanced paternal age (APA) and in-vitro fertilization (IVF) in Morocco recommends that age 40 for men be the maximum for assisted reproduction.⁴⁷

One morning when I was at the reproductive health clinic in Rabat, the director checked in women who came to see the Ob-Gyn. One older woman came into the counseling room and wanted a consultation with the doctor. The director asked the basic questions that she posed to all first-time patients, one of which was how many children they had. This woman responded four and that she does not want anymore. She had two boys and two girls. As the director was writing this information in the chart, the woman offered, "I know. This is a lot." The director comforted her with, "No, not a lot," even though she, along with the Ob-Gyns, often recommended a woman has no more than three children. Next, the director asked if all the children attended school and particularly asked about the girls. The woman shook her head in agreement; two of her children were old enough to work and live elsewhere away from their family's home. The director reminded her that the education of mothers and future mothers is not optional, especially according to Islam and Allah. It is obligatory (*darūrī*) and will only improve their lives and their families' well-being. I observed on several occasions that women who had four or more children would feel the need to justify this to the clinic director. One woman who came to the reproductive health clinic just outside of Rabat in June 2008 seemed physically uncomfortable when she said she had five children.

The number of children women have is actually a very complex matter because women who are working-class may see children as an economic investment in which will have a better "return" later in life, and in addition, children have a connection to Moroccan women's social status and identity.⁴⁸ Having several children will increase the chances of being cared for in old age. This came through when I met an older woman in a women's weaving co-op in the Mid-Atlas Mountains. I asked her what she does with the money

47. I Kaarouch, et al. "Paternal Age: Negative Impact on Sperm Genome Decays and IVF Outcomes after 40 Years," *Molecular Reproduction and Development* 85, 3 (2018): 271.

48. Rahma Bourqia, "Women, Uncertainty, and Reproduction in Morocco," in *Family, Gender, and Population in the Middle East: Policies in Context*, ed. Carla Makhlouf Obermeyer (Cairo: The American University of Cairo Press, 1995), 136-46.

that she earns from selling the rugs and blankets she makes. She said she purchases her diabetes medication with the money and some of the funds will go towards her household (located in a rural village) or to buy yarn. The rest of the money will go to her four sons, who live near her but not with her. She stated that she supports them because prior to her participation in the weaving co-op (in which women keep 100% of the proceeds since there is no middleman), her sons helped take care of her and her husband financially. She is now re-paying them. She said, “They are good boys.” Likewise, back in Rabat, one woman who had a grown son with a family of his own explained, “He has a family, but helps us too. He was in the army. I know his sons will do the same for him.”

But for some younger women in my study, economic return was not as salient in their descriptions of their children or in their discussions of childrearing. One of the community volunteers for the NGO that runs the reproductive health clinics had a son who was six years old at the time and a daughter who was two years old. (Volunteers go into more rural communities and smaller towns to distribute information and contraception for a small fee to the inhabitants – birth control pills and condoms.) She recalled, “My parents promised me to be married when I was just six years old. They did not know anything. When I was sixteen, I told them that I did not want to marry this man. They agreed. I do not want to do this to my daughter. I chose my husband. I met him when I was eighteen years old. We married and I’m happy. That is what I want for my daughter.” She went on, “I like what I do. I like working with women. I like that I can do this and be a mother.” We talked about what she wanted for her children in the future. She wanted them to graduate high school and go on to higher education. She stated, “I am important (...). I will send my kids to school. I cook for them and I clean the house. I wash their clothes (...). This is all hard work. Who will do this for them?” For this volunteer, being a mother was an important job and she wanted to do the hard work in order for her children to be successful in multiple ways, not just economically, but also hard workers and concerned citizens, like herself, as she often brings them with her when she works with women in her town for the organization. She took great pride in being a mother and raising the next generation of Moroccan citizens; and she wanted to teach other mothers how to do the same.

Newcomb writes, “Globalization has brought new discourses about marriage, family formation, reproduction, and infertility to Morocco, as well as many of the same biomedical treatments that are available in Western countries.”⁴⁹ I found that how women talked about the future citizens (i.e.,

49. Newcomb, *Everyday Life in Global Morocco*, 61.

their children) differed depending on when they raised their children and the political and social landscape at the time in Morocco. Older women, like the woman who participated in the weaving co-op, saw children more as a “security blanket” for older age, which I would suggest is connected to the emphasis on reforms that pushed for economic growth in the 1990s. Economic growth would lead to the improvement of social indicators. However, in the late 1990s and starting in the early 2000s, there was the shift to social development and focusing on social issues within development initiatives. Economic prosperity and social development are seen to exist in tandem, and this particularly comes through the INDH. Women who had younger children, like the one woman I met at the clinic who expressed she wanted her daughter to have a “good heart” or the volunteer, were more focused on raising children who are educated, hard workers, and responsible – it is only with these qualities can they be successful financially.

Conclusion

Discussions of neoliberal reforms and subjectivity are certainly not unique to Morocco,⁵⁰ and this fact actually facilitates my arguments in this article. Through my examination of development policy and the INDH and my analysis of women’s magazines and reproductive practices of mainly working-class Moroccan women, I have hoped to show how global neoliberal discourses and logic have been appropriated within the Moroccan context at multiple levels. I recognize, however, that there are limitations to my work, as I primarily conducted my ethnographic fieldwork in an urban setting, did not have as much access to male partners, and in this particular article, did not give as much attention as I would have liked to socioeconomic status.⁵¹ Nonetheless, I have attempted to illustrate the ways that neoliberalism has informed the information women receive about reproduction and how they have incorporated it into their ideas of self and practices of motherhood. Sometimes the correlation is quite clear – such as articles in women’s magazines emphasizing that contraception is “logical” and can enhance women’s health and society – while at other times, the endpoints are the same, but the meanings and pathways vary – such as the organization’s volunteer emphasizing that motherhood is an important job, but she does it in a way to insure her children grow up to be productive and nurturing future citizens. Given that Morocco inhabits an important global position as an

50. For Brazil, see Alexander Dent, “Piracy, Culatory Legitimacy, and Neoliberal Subjectivity in Brazil,” *Cultural Anthropology* 27, 1 (2012): 28-49; for Belize, see Laurie Kroshus Medina, “Governing through the Market: Neoliberal Environmental Government in Belize,” *American Anthropologist* 117, 2 (2015): 272-84.

51. For a fuller discussion of status and class and how they pertain to my research, see: Cortney Hughes Rinker. *Islam, Development, and Urban Women’s Reproductive Practices* (New York: Routledge, 2013).

economic and political crossroads among multiple world regions and has far-reaching religious, cultural, and social connections within the Middle East and North Africa in particular, it is imperative to continue to investigate how global discourses of neoliberalism, development, and gender are playing out among multiple levels of society and in different domains, such as reproductive health, and in doing so, examine how they are actually co-created between the local and the global, rather than being taken as a given and the backdrop to the story.

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إشكالية الليبرالية الجديدة والتنمية: خلق المواطنين (ومواطني المستقبل) عبر الإنجاب وتربية الأطفال في المغرب

ملخص: تحلل هذه المقالة ممارسات الإنجاب وتربية الأطفال بين نساء الطبقة العاملة في الرباط بالمغرب. وبالاعتماد على عملي الميداني الإثنوغرافي في عيادات الصحة الإنجابية وفي منظمة غير حكومية، بالاقتران مع فحص الصور والنصوص والمؤلفات الحديثة، أ طرح إشكالية مفاهيم التنمية والليبرالية الجديدة والمواطن النيوليبرالي. وهدفي هو تتبع إعادة توجيه أجندة التنمية في المغرب، من التركيز على التنمية الاقتصادية إلى التنمية الاجتماعية، مع التركيز على اهتمام خاص بالمبادرة الوطنية للتنمية البشرية (2005-2010)، والآثار اللاحقة على الإنجاب وتربية الأجيال القادمة بين الشرائح الحضرية الأكثر فقرا من سكان المغرب. وعلى الرغم من أن تأثير النيوليبرالية على الذاتية قد تم بحثه على نطاق واسع، ورغم وجود وثائق أقل عندما يتعلق الأمر بالشرق الأوسط وشمال إفريقيا مقارنة بمناطق العالم الأخرى، فإنني أرى أنه من غير المجدي أن يكون عند المرء تصور محدد للنيوليبرالية، وبدلاً من ذلك، في حين أن هناك خصائص محددة أساسية، فمن الأفضل دراسة الممارسات المتنوعة والمعتقدات والخطابات التي تشكل أساسيات الإصلاح النيوليبرالي ومقوماته، وتخلق مواطنين وذاتيين ليبراليين جدد. وقد أوضحت كيف أن الأهداف والآمال بين المشاركات لدي من أجل الإنجاب وتربية الأطفال والطرق التي تم بها الترويج للممارسات إنجابية معينة للنساء في العيادات في الرباط ووسائل الإعلام تبدو متداخلة مع إيديولوجية الليبرالية الجديدة في المغرب وإصلاحها. كما قدمت وصفاً دقيقاً للتكاثر من مستويات تحليلية متعددة تبرز مكانة المغرب العالمية وتأثيرات العولمة على الحياة اليومية.

الكلمات المفتاحية: المغرب، الإنجاب، الأمومة، الليبرالية الجديدة، التنمية.

Problématiser le néolibéralisme et le développement: Créer des citoyens (et futurs citoyens) par la reproduction et l'éducation des enfants au Maroc

Résumé: Cet article analyse les pratiques reproductives et éducatives des femmes de la classe ouvrière à Rabat, au Maroc. En m'appuyant sur mon travail de terrain ethnographique dans des cliniques de santé reproductive et dans une ONG, en combinaison avec un examen des images et des textes et de la littérature plus récente, je problématise les concepts de développement, de néolibéralisme et de citoyen néolibéral. Mon objectif est de retracer la réorientation de l'agenda de développement au Maroc, d'une focalisation sur le développement économique au développement social, avec une attention particulière à l'Initiative nationale pour le développement humain (2005-2010), et les impacts ultérieurs sur la reproduction et l'éducation des générations futures parmi les segments urbains les plus pauvres de la population marocaine. Même si l'influence du néolibéralisme sur la subjectivité a fait l'objet de nombreuses recherches, bien qu'il y ait moins de documentation en ce qui concerne le Moyen-Orient et l'Afrique du Nord par rapport aux autres régions du monde, je soutiens qu'il est improductif d'avoir une conceptualisation d'ensemble du néolibéralisme, et bien qu'il y ait des caractéristiques définitives sous-jacentes, il est plus productif d'examiner les diverses pratiques, croyances et discours qui façonnent la réforme néolibérale et créent des citoyens et des subjectivités néolibérales. Je montre comment les objectifs et les espoirs de mes participantes en matière de procréation et d'éducation des enfants et la manière dont certaines pratiques de reproduction ont été promues auprès des femmes dans les cliniques de Rabat et les médias sont enchevêtrés dans une idéologie néolibérale et une réforme au Maroc. Je donne un compte rendu nuancé de la reproduction à partir de multiples niveaux d'analyse qui met en avant la position mondiale du Maroc et les effets de la mondialisation sur la vie quotidienne.

Mots-clés: Maroc, reproduction, maternité, néolibéralisme, développement.