



Exploring Sexual and Reproductive Health Education in Morocco: An Overview of the Literature

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Abstract

This article attempts to provide a comprehensive exploration of Sexual and Reproductive Health Education in the Moroccan context, emphasizing the unique perspectives and challenges faced within the country. Through a critical analysis of available literature, the article aims to explore the current status of sexual and reproductive health education in Moroccan schools. Drawing on insights from researchers and educators, this study delves into the cultural and social factors that shape the implementation and effectiveness of such educational programs. The study aimed to collect data by reviewing relevant literature. In doing so, the article reviews previous works published to unveil the current status of Sexual and Reproductive Health Education in the Moroccan context from both electronic and non-electronic sources. The search used equivalent keywords and terms, covering both old articles and newly published ones. In the light of the comprehensive literature review conducted, results show that in Morocco, there is growing recognition of the importance of sexual and reproductive health education. This study also highlights the urgent need for targeted interventions and policy reforms to strengthen Sexual and Reproductive Health Education in Morocco.

1. INTRODUCTION

Sexual and reproductive health education is crucial for empowering young individuals with the necessary knowledge, skills, and attitudes to make serious decisions about their sexual well-being. In Morocco, efforts to provide comprehensive sexual health education have seen progress over the years, but persistent challenges remain. Like many other countries, in Morocco, there has been a growing recognition of the importance of including sexual health education in the school curriculum. This education can cover a wide range of topics, including information about anatomy, contraceptives, sexually transmitted infections (STIs), healthy relationships, consent, and gender equality. By equipping students with this knowledge, they are better prepared to navigate their sexual lives in a safe and healthy manner.

Reproductive health and sexual education are subjects of significant importance in Morocco's educational system, just as they are globally recognized (Benharrouse, 2020). The Moroccan

approach to SRHE issues is shaped by the nation's unique blend of cultural, religious, and social factors. This distinct context influences the development of curricula, implementation strategies, and the broader societal discourse on reproductive health and sexual education. That's why, Sex education generally “provokes debate in Morocco every time it is brought up among educators and decision makers” (Souidi, 2014, p. 78).

2. METHODOLOGY

The study was conducted with the objective of gathering pertinent data from an extensive literature review. To achieve this, various databases including Google Scholar, JSTOR, and Web of Science were used. Specific keywords and phrases pertaining to reproductive health, sexual health, reproductive health education, and sexual education were employed during the search process. Furthermore, to broaden the scope, the search was refined by incorporating terms such as 'Morocco' and 'Moroccan Context' in combination with the previously mentioned search criteria. In order to identify additional relevant studies, manual examinations of reference lists of articles were also carried out.

3. LITERATURE REVIEW

According to World Health Organization, reproductive health is “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes” (WHO, 2006, p. 3). WHO differentiates three dimensions of reproductive health: as a human condition (including health and well-being), as an approach (policies, legislation, and attitudes), and as services (provision, access, and utilization). As for Reproductive health education, it encompasses an education of a wide range of knowledge and skills related to sexual and reproductive well-being. Reproductive health education aims to empower individuals with accurate information about sexual health, contraception, fertility, and overall well-being. It plays a vital role in promoting healthy choices and behaviors.

Reproductive health education (RHE) encompasses a wide array of topics, including family planning, maternal and child health, contraception, and the prevention and management of sexually transmitted infections (STIs) (Cameron et al., 2019). The International Glossary of Infertility and Fertility Care (2017) defined Reproductive health education as “the understanding of reproduction, fertility, associated individual risk factors (e.g., advanced age, sexual health factors, and sexually transmitted infections), and lifestyle factors (such as smoking and obesity), as well as non-personal risk factors (e.g., environmental and workplace factors)” (p. 1793). It plays a pivotal role in empowering individuals to make healthy decisions regarding their sexual and reproductive lives by providing accurate, accessible, and age-appropriate information. Reproductive health education is “an important component of school curricula. It helps students in the decision-making process regarding several issues concerning reproductive health” (Joseph et al., 2020, p.2). In recent decades, the importance of reproductive health education has grown significantly, recognized as a means to address health disparities and promote gender equality (Sutton et al., 2020). It contributes to reducing maternal and child mortality, preventing unintended pregnancies, and ensuring safe and healthy sexual practices. Moreover, reproductive health education empowers individuals to make choices aligned with their values and preferences, fostering autonomy and self-determination.

3.1. The Outcomes of Sexual and Reproductive Health Education

Sexual and Reproductive health education has been associated with numerous positive outcomes, both at the individual and societal levels. Research has shown that comprehensive reproductive health education is linked to a reduction in the rate of unintended pregnancies, particularly among adolescents (Meadows, 2017). Access to accurate information about contraception and family planning methods equips individuals with the knowledge needed to make responsible decisions about their reproductive health. Moreover, reproductive health education has contributed to a decline in maternal and infant mortality rates. It has been observed that regions with strong reproductive health education programs tend to exhibit lower maternal mortality ratios and better neonatal health outcomes (Greene & Merrick, 2005). Knowledge about prenatal care, safe delivery practices, and postpartum care significantly impacts the health of mothers and infants.

Research has shown that comprehensive SRHE is associated with various positive outcomes. It equips individuals with the knowledge and skills needed to engage in responsible sexual behaviour and maintain healthy relationships. A study by Farnam et al. (2008) found that individuals who received comprehensive sexual education reported a higher level of knowledge about sexual health, a greater ability to communicate about sexual matters and a reduced likelihood of engaging in risky sexual behaviours. Sabah et al., 2010 stated that:

“Young people are often exposed to situations with vulnerability for sexual health. Childhood and adolescence are periods when situations of risk emerge. It is the most convenient moment to initiate them with actions, making it possible to preserve or improve their health conditions. The school remains, for the young people, the principal source of information on sexual health. It is the only place where the children and the teenagers can reach objective information. The school thus has a role to play for educating the young people by the knowledge.” (p. 30)

In addition to its impact on individual health outcomes, reproductive health education plays a vital role in promoting gender equality. A study by Braeken and Cardinal (2008) found that individuals who receive comprehensive reproductive health education tend to have a better understanding of their sexual and reproductive rights. This knowledge empowers women and girls to make appropriate decisions about their bodies and fertility, reducing gender disparities in reproductive decision-making. Despite these positive outcomes, it is essential to acknowledge that not all regions or communities have equal access to comprehensive reproductive health education. Disparities exist based on socioeconomic status, cultural norms, and geographic location. This uneven distribution of education can exacerbate existing health disparities and perpetuate gender inequality.

Despite these positive impacts, the implementation of SRHE programs remains a subject of debate and contention in various parts of the world. Critics argue that comprehensive sexual education promotes values that conflict with their beliefs, leading to resistance and challenges in implementing such programs (Browes, 2015). This highlights the importance of understanding the cultural and social context in which sexual education is implemented and tailoring programs to address specific concerns.

3.2.SRHE in Morocco

In the context of Morocco, literature has revealed that integrating comprehensive reproductive and sexual education into schools is of paramount importance. Beamish and Abderrazik (2003) stated that “Morocco was the first country in the region to introduce population education into the national high-school science curriculum” (p.17). The cultural and social fabric of Morocco emphasizes traditional values, and incorporating this education into the curriculum can help bridge the gap between conservative norms and the evolving needs of young learners. Addressing reproductive and sexual health in Moroccan schools becomes crucial given the early onset of puberty and the changing societal landscape. By providing accurate and culturally sensitive information, the education system can empower Moroccan students to navigate the complexities of their developing bodies and emotions with confidence and knowledge.

In 2005, Morocco has signed the Covenant on the Rights of the Child in Islam (CRII) that clearly insists on the rights of Muslim children to “receive proper sex education distinguishing between the lawful and unlawful.” (Organization of the Islamic Conference [OIC], 2005, p.7). If Morocco were to sign such agreement emphasizing the rights of Muslim children to receive proper sex education distinguishing between lawful and unlawful practices, it would signify a commitment to ensuring that children in the country are provided with comprehensive and culturally sensitive sexual education. Such a commitment would align with broader international principles, including the United Nations Convention on the Rights of the Child (CRC), which calls for the recognition of the rights of children to education, health, and information (United Nations, 1989). Emphasizing the distinction between lawful and unlawful practices in sex education may reflect cultural and religious considerations, ensuring that the education provided respects the values and beliefs of the community. In practice, incorporating such principles into national policies would likely involve collaboration between governmental bodies, religious authorities, and educational institutions to develop a curriculum that is both informative and culturally appropriate. It would also involve efforts to create awareness and acceptance within society regarding the importance of providing children with accurate and age-appropriate sexual education.

Morocco's approach to sexual education has been influenced by cultural and religious considerations. Rosen, Murra and Moreland (2004) argued that in Morocco “explicit reproductive health and sexual health education for youth is lacking, and students are “famished” for this kind of information” (p. 17). The Ministry of National Education and Vocational Training has historically left the inclusion of sexual education in the curriculum to the discretion of individual schools and teachers. Some schools may cover aspects of reproductive health and anatomy in biology classes, but the depth and comprehensiveness of the education can vary. Youssef Souidi (2014) explained that:

At the level of school curricula, sex education is not instituted as a specific and autonomous course. It has been integrated in different, already existing, courses, namely Arabic, history and geography, Islamic education, natural sciences and female-family education (p. 81-82)

The integration of this education can serve as a platform to dispel cultural taboos and myths surrounding sexuality, fostering a more open and healthy society. As per the directives of the Ministry of National Education, the rationale behind incorporating sexual education into the current academic curriculum stems from the objective of mitigating the burden on pupils and students by avoiding the introduction of an extra course. This strategic decision is particularly pertinent considering the pre-existing inclusion of several aspects of sexual education within the content of the ongoing courses (Souidi, 2014).

However, this incorporation into the Moroccan school system aligns with global efforts to promote sexual and reproductive health as a fundamental human right. By customizing the curriculum to reflect Morocco's unique cultural context while providing a comprehensive and inclusive approach, the educational system can contribute significantly to the holistic development of young Moroccans, fostering a generation that is well-informed, respectful, and capable of making healthy decisions regarding their reproductive and sexual health.

Rosen, et al. (2004) argued that “almost everywhere, sexuality education programs have faced serious implementation challenges that diminish their reach and effectiveness” (p.8). Morocco, like many other countries, has grappled with addressing sexual education in the context of cultural and religious considerations. Several studies and reports have highlighted that sexual education in Morocco often faces challenges due to societal taboos surrounding the topic, making it a sensitive and contentious issue (Beamish & Abderrazik 2003). The approach to sexual education has varied across different regions and schools, with some providing more comprehensive information while others may offer limited or no sexual education at all. Rosen, et al. (2004) illustrated that in Morocco:

Adolescents are starved for sexual and reproductive health information. Physical maturation, reproduction, and sexuality are sensitive, even taboo, topics that are avoided even within families, and youth demonstrate a tremendous gap in their knowledge of and interest in learning about these issues. (p.8).

Since the 1985-86 academic year, sexual education has been addressed to only girls as “education for females”. This course has been conducted in Arabic, exclusively for junior high-school girls until 1996. A significant milestone in gender equality was achieved in 1996, as both girls and boys were included in the curriculum. Minister for National Education Rachid Belmokhtar stated in December 1997 that the course, initially labelled as "feminine education," should be referred to as "family education" to emphasize its relevance to both genders. This course, alongside other specialized subjects like industrial technology, plastic education, and farming technology, is not universally offered. It is typically introduced in the 9th grade, consisting of 18 lessons, each lasting two hours. Despite the change in inclusivity, the course manual has remained unchanged, causing discomfort among young boys who feel awkward using a textbook titled "Female Education" (Souidi, 2014).

One notable concern has been the lack of standardized and consistent sexual education curriculum in Moroccan schools. The absence of a clear and unified approach can result in a disparity in the quality and extent of sexual education provided to students (Rosen, et al. 2004). Additionally, cultural norms and conservative attitudes have, at times, influenced the content

and scope of sexual education, potentially limiting the inclusion of topics such as contraception, sexual diversity, and consent.

3.3.Challenges of Sexual and Reproductive Health Education in Morocco

According to this literature review analysis, cultural and religious factors have been explored as the main emerging themes that represent the main challenges of Sexual and Reproductive Health Education in Morocco.

3.3.1. Religious challenges

Muslim culture exerts a considerable impact on the formulation and delivery of sexual and reproductive health education in Morocco. Rooted in Islamic values, these influences shape various aspects of the educational approach, taking into account the country's predominant religious context. According to Beamish and Abderrazik (p.1, 2003) “Muslim culture directly affects programs and policies involving adolescent reproductive health, and it shapes adolescent reproductive health issues and challenges to a great extent”.

One significant aspect influenced by Islamic teachings is the emphasis on modesty and privacy. Islamic principles encourage individuals to maintain modesty in personal matters, affecting how sexual and reproductive health education is presented. This often involves a careful balance between providing essential information and respecting individual privacy, aligning with cultural sensitivities. Beamish and Abderrazik (2003) argue that policymakers and political parties commonly exhibit a reluctance to broach Adolescent Reproductive Health (ARH) issues in policy discussions or public debates due to the apprehension of facing opposition from Islamic leaders and parties.

Gender roles and relations are also influenced, with some Muslim cultures favouring gender-segregated educational settings. In Morocco, this could translate into separate programs for males and females, reflecting cultural norms. This was apparent in the period between 1985 and 1996 school years when sex education was taught as a course named Feminine Education. The latter was a course taught in Arabic and only for junior-high school girls.

Furthermore, the importance of the family is a central theme in Islamic teachings. Sexual and reproductive health education in Morocco should mandatory incorporate discussions on family planning and highlight the role of parents in guiding their children through these matters. This emphasis on the family structure aligns with the values propagated by Islam. For this importance of the theme of family, the Minister of National Education Rachid Belmokhtar in December 1997 proposed the name ‘Family Education’ for the course of sex education. He said: “It has been decided that both girls and boys should take advantage of this course, given the fact that it concerns the family. It deserves to be labelled ‘family’– instead of ‘feminine’– education.” (As cited by Souidi, 2014).

3.3.2. Cultural Sensitivity

Due to the country's cultural norms, sexual and reproductive health education in Morocco is presented in a culturally sensitive manner, avoiding explicit content and focusing on essential information. This could impact how sexual education is conducted and how effectively sexual and reproductive health information is transmitted. In Morocco, the cultural norms significantly shape the approach to sexual and reproductive health education, emphasizing a culturally sensitive methodology that carefully navigates the societal expectations and sensitivities surrounding these topics. The avoidance of explicit content and the focus on essential information in sexual education reflect a broader cultural context that places a premium on modesty and discretion in discussing matters related to physical maturation, reproduction, and sexuality. The cultural sensitivity embedded in sexual and reproductive health education in Morocco arises from a recognition of the conservative nature of the society, where explicit discussions on these topics might be deemed inappropriate or taboo. Consequently, the delivery of information is tailored to align with these cultural norms, ensuring that the educational content is presented in a manner that is respectful of traditional values. Beamish and Abderrazik (2003) explained that:

Adolescents are starved for sexual and reproductive health information. Physical maturation, reproduction, and sexuality are sensitive, even taboo, topics that are avoided even within families, and youth demonstrate a tremendous gap in their knowledge of and interest in learning about these issues. (p. 24)

The observations made by Beamish and Abderrazik in 2003 underscore the challenges associated with sexual education in Morocco. The assertion that adolescents are "starved for sexual and reproductive health information" highlights a critical gap in knowledge and awareness. The cultural taboos surrounding these topics contribute to a reluctance to openly discuss issues related to physical maturation, reproduction, and sexuality, both within families and in wider social contexts. The characterization of these topics as "sensitive" and "taboo" suggests a pervasive cultural hesitancy to engage in open dialogue about sexual and reproductive health matters. This cultural context not only impacts the dissemination of information but also influences the receptiveness of youth to learn about these essential aspects of life. The significant knowledge gap and lack of interest among adolescents, as noted by Beamish and Abderrazik, indicate that cultural norms may act as barriers to effective sexual and reproductive health education.

While these factors demonstrate the potential influence of Muslim culture on sexual and reproductive health education in Morocco, it's essential to note that there can be diversity within the Muslim community, and interpretations of Islamic teachings may vary. Balancing cultural and religious values with the need for comprehensive and accurate sexual education is a complex challenge that requires careful consideration of local beliefs and practices.

4. RESULTS AND DISCUSSION

The review of the literature above reveals that there is a cultural and religious Sensitivity in Moroccan SRHE. Morocco, as a predominantly Muslim country, is deeply rooted in Islamic

values and traditions. These cultural and religious factors significantly influence the approach to reproductive health and sexual education, emphasizing the need to strike a balance between promoting sexual and reproductive health and preserving cultural and religious values (Cense et al., 2018). Islamic teachings emphasize modesty, family values, and personal responsibility. Smerecnik et al. (2010) argue that 'Religious thought is of enormous influence on believers' views and opinions concerning sexuality'. In Morocco, this alignment between religious values and the objectives of sexual education programs underscores the promotion of healthy relationships, responsible behaviour, and personal well-being (Obermeyer, 2000). While recognizing the importance of sexual education, the Moroccan educational system places exceptional importance on delivering content that respects cultural and religious norms. In this context, the curriculum strives to impart knowledge about sexual health in a manner that aligns with Islamic values, avoiding content that may be perceived as contrary to these values.

Conservative societal attitudes can pose significant hurdles in the promotion of comprehensive sexual education in Morocco (Smerecnik et al., 2010). Some communities and individuals may hold reservations about openly discussing sexuality and related topics. These conservative viewpoints often lead to debates over the extent to which sexual education should be included in the curriculum and may even restrict the scope of these programs. To navigate this challenge, Moroccan educators, policymakers, and advocates have engaged in ongoing dialogues with conservative communities. They work to bridge the gap between traditional values and the need for comprehensive sexual education by emphasizing the positive impact of such education on public health, well-being, and family life.

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The challenge, therefore, lies in developing strategies that bridge the gap between religious and cultural norms and the necessity of providing comprehensive sexual education. This may involve finding culturally sensitive ways to encourage open communication within families, promoting awareness campaigns that respect cultural sensitivities, and fostering an environment where adolescents feel comfortable seeking information about sexual and reproductive health. Such initiatives would strive to navigate the delicate balance between cultural respect and the imperative to equip youth with the knowledge necessary for making healthy decisions about their sexual and reproductive well-being.

5. CONCLUSION

The misconceptions and taboos surrounding SRHE topics can prevent young people from seeking necessary information and services. Addressing these stigmas requires a comprehensive approach that involves community engagement, awareness campaigns, and destigmatization efforts. Moreover, there is a need for increased collaboration between government agencies, educational institutions, healthcare providers, and civil society organizations to ensure a comprehensive and integrated approach to sexual health education. By fostering partnerships and coordination among various stakeholders, more effective programs and resources can be developed to support young people in making healthy decisions about their sexual and reproductive health. While progress has been made in advancing sexual and reproductive health education in Moroccan schools, significant challenges persist. Addressing these obstacles requires a collective effort to promote open dialogue, provide accurate information, train educators, and reduce stigmas surrounding sexual health. By working together to overcome these challenges, Morocco can build a more inclusive and supportive environment for young people to access the knowledge and resources they need to lead healthy and empowered lives.

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