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**Cultural Constructions of Gendered Health in
Morocco from a United States' Perspective:
How Gendered 7ashuma (Shame) Shapes and Enables
Women's Health in this area of the World**

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Final Honors Thesis

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1. INTRO:

I stand in the middle of a number of different identities. I am Mexican. I am American. I am Sicilian. I am read as Arab— nothing specific, just dangerous. I navigate these identities daily. I am profiled regardless of my milieu, because I never fulfill “enough” of one of the above. I am human. I seek to study a multitude of aspects within different cultures, not unlike my own nebulous identity.

I was raised at the hands of a single mother in a bilingual household that required moving every six months, and sometimes staying with friends during periods of homelessness. I graduated school at 16. I lost my best friend and my only father-figure at 18. I struggled to grieve with the suicide of my friend and the death of my grandfather in my early years of college. Through the support of my advisors, I developed a better understanding of the value of every human life.

It was through studying others’ circumstances that I reconciled my own. I began studying Arabic language and culture, and subsequently traveled to Egypt to fulfill a childhood fantasy of Ancient World obsessions—and mummies—but the extended study was something much more. Upon speaking to a woman in Cairo’s main bazaar, I was first exposed to the complexities of gender in this area of the world as she took me to a segregated space for women in her father’s silver shop in 5an-al5alili (Khan-alkhalili). She explained this to me as a form of protection within this bazaar—as per her father, the patriarch’s advice.

Following this experience, I knew I needed to study abroad, and I spent eight months in Morocco. Living with a host family for 5 months gave me insight into the day-to-day inner workings of a Moroccan household. In both my home life and my school life, I was privy to the private matriarch that was my host mom and public patriarch that was my host dad. Living on

my own during the summer further enriched my experience. I retroactively realized issues of gender that had manifested even through my months with host family and even further in my summer research. From my time with Amazigh, or as these peoples are more frequently referred to— Berber—women sitting down to discuss domestic violence with an Islamic Arab Women’s NGO, and my time with Moroccan individuals, especially Moroccan women in homes, kitchens, bathhouses, I wove together how cross-cultural understandings of health care can vary and permeate every aspect of life.

Ultimately, the way I reconcile my 16-year-old self and the world-traveler I’ve become is through my one unchanged desire: the desire to heal. This is a desire that is an intricately human phenomenon. Through my study of modern Egypt, I have come to study the ancient Egyptians and their healing practices. These are manifested in the figure of Sekhmet, the leonine goddess of healing and medicines. The followers of Sekhmet, her priests, were skilled doctors that took pulses. She protected those in need, especially in times of war and famine. Beyond healing individuals, she was adept at healing the social illness plaguing the land. Even though medicine today is based in science rather than religion, it still serves to alleviate illnesses of the body as well as issues plaguing society.

In that sense, the tales of Sekhmet are an allegory of my goals in medicine, and what I seek to explain a portion of my work with my thesis. In my own life, there have been times I couldn’t see a physician. My family was not considered below poverty level, and was therefore ineligible for state-sponsored healthcare. My inability to see a physician in times of need revealed to me the glaring faults of the U.S. system, and the importance of accessibility to care, and revealed the ways in which I perceive and experience healthcare and healthiness. I still believe that everybody should have access to healthcare— quality healthcare— no matter their

circumstances, positionality, or identity. I think this is a right. This point was further driven home during my time abroad. I believe the Egyptians got it right; I believe in medicine, rather than Sekhmet, as the social power responsible for the well-being of the individual, and the well-being of society. In desiring to heal my own trauma, I desire to heal social inequality; but more than anything, I desire to heal others. The way that I begin to do this is through listening and seeking to understand others' construction of health.

Furthermore, I have come to juxtapose my experiences with healthcare in both the United States and abroad in Morocco. In my research, I seek to show how health is a cultural construct that varies from place to place. The way that women understand and experience health in the U.S. is very different than the way that health is experienced and exists in Morocco. In the U.S., I have never been publicly shamed for telling a friend, "I just got my period—do you have a tampon or pad?". If I didn't know basic biology, I would infer that Moroccan women don't get their periods because of how rarely it is mentioned, for to ask for such a thing in public would surely be *7ashuma*.

My research began as a search for a specific aspect of health, Female Genital Mutilation, but led me to investigating more structural issues at play and the intersectionality of health and culture. Specifically, I began to wonder what does it mean to be a healthy woman? What does it mean to be a healthy woman in America? What about a woman in Morocco? How does being a woman shape how health exists? What does being a woman and taking care of your health in Morocco look like? Health is a cultural construct, and therefore so is the way it is done, and these methods do not necessarily exist elsewhere. On the one hand, Morocco is a conservative nation when it comes to the shaming of women, practiced by both men and women. Yet on the other

hand, such a structure enables women to connect with each other and even experience intimacy in protected ways to create a sub-structure within Moroccan society.

In order to understand this contradiction, I will first tell the story of health in Morocco, which began long before my eight months of living there with the concept of “hashuma”—shame, or an adjective meaning shameful (American Anthropological Association).

Etymologically, the word is derived from the Arabic root “it7asham” meaning modesty. It was transformed into 7ashuma, and applied to a variety of scenarios. My first encounter with this word was playfully with the director of Amideast’s Morocco Program, Doha AitAhmed, when she told me on my first day “ya Analiza, 7ashuma 3lik” as transliterated in accordance with Arabeezy format for linguistic purposes (Grabowski, 2015(b) & Somody). As I scarfed down my first authentic la7am (meat) couscous from the giant tagine (hand painted, clay cooking pot) with a spoon, rather than mashing up the vegetable balls in the center with my hand to mold them into a utensil boat to scoop couscous with, I was being publicly shamed, though jokingly, for my inability. When I asked Doha later what “7ashuma” (hashuma) meant, she explained to me that it meant, “shameful” and could be utilized in a variety of situations from a joke to a seriously inappropriate scenario (Grabowski, 2015(b)). My later experiences were contextualized to frame this thesis to demonstrate how the 7ashuma custom is extremely prevalent throughout Morocco (Crawford). I believe that it was only through long-term exposure and integration into the culture that I was able to reach a limited understanding of how deeply 7ashuma culture runs throughout Moroccan society, even to the point of permeating health care and transcending time and social norms.

For this reason, I think it is very important to situate the health care system in Morocco through the history of the kingdom in Morocco to understand how I came to experience and

understand the 7ashuma culture, and how 7ashuma shapes every aspect of life, especially women's health in Morocco. The story of women's segregated health in Morocco starts long before my eight months of living there, and is deeply embedded in its historical and colonial legacy, to shape and govern women's lives with shame culture. Women's understanding of health as well as their access to healthcare in Morocco is regulated by the concept of 7ashuma, which creates ideas of taboo and cleansing attributed to religion, though not necessarily that of Islam, and policing of women's bodies.

2: HISTORICAL BACKGROUND:

Familial Legacy:

The area of present day Morocco has been occupied since Paleolithic times, and single dynasty, the Alaouite, has endured. The religion that currently dictates Moroccan Law and claims 99% of its people, Islam, first arrived in 680 CE. When Morocco became an area that was a majority Muslim, there were subsequent conflicts with the Berbers, the native peoples of the region. There is a complicated and long history of invasion from the nation's founding with the Idrisid dynasty in 789 CE. Islam further spread throughout these lands, converting even the Amazigh peoples, when the Moors were expelled from Spain in 1492 CE (Grabowski, 2015(d)). The current dynasty, the Alaouite, came to power in 1666 CE (Moudden). While the legacy of the Alaouite dynasty is important for present day, the French and Spanish invaded in the later part of the 19th century and claimed these lands as their own, and Western values—particularly implicit shamelessness—challenged Moroccan ideals, and contributed to today's prevalent 7ashuma culture that governs women's bodies.

The French colonizers officially exploited Morocco of its fruitful resources, both its peoples and its lands, for nearly fifty years; it was this in combination with the centuries long unofficial exploitation that left behind a longstanding French legacy in Morocco. Despite a strong French occupation in Morocco, its existence as a protectorate of France was technically abolished in 1956. Yet, the colonial experience prevailed. Under Christian French imperialist rule, Moroccans, and especially Moroccan Muslims, were considered second-class human beings. Moroccans endured countless violations on both their lands and their lives. The French were deemed all that was “proper” and “shameless” and the Moroccans stood in contrast to them. Even in French elitism women’s status was below that of men. Such customs under the French prevented women from being considered a man’s equal (Lazreg). To be a Moroccan woman, well that was as low as one could be in French colonial society. I believe it was this violent French colonization to “civilize” the Moroccan peoples, to raise their status as human beings—particularly Moroccan men’s status—that contributed to its longstanding legacy of gendered shaming; this is a concept that is not inherently Islamic, despite many popular opinions trying to portray Islam as being incompatible with feminism (Sarrat). For at the time, presumably, to be a French man meant one was a “shameless”, superior being. Yet, Morocco’s existence as a French protectorate meant France still claimed legitimacy and imposed its own kingdom’s values on Moroccan lands.

The Alaouite dynasty reemerged in 1956 with Sultan Muhammad V as he worked alongside the French—but more realistically the French handpicked the Sultan to allow for French interests (Moudden). The Sultan best suited the position of puppet to continue to allow French imperialism, and subsequently French values toward shame, specifically regarding the inferior status of women and how they can be made to feel inferior through shame within

Moroccan society, prevailed. The Sultan also conveniently claimed to the Muslim people of Morocco that he himself was the direct descendant of the founder of Islam, the Prophet Muhammad (Peace Be Upon Him). Therefore, it was such that he became the ‘rightful’ king of Morocco, yet this realistically could not have happened without French support.

The Sultan’s transition to King of Morocco conveniently included putting both thoughts and values, which included those of the French, into Moroccan practice. For these organized contributions, King Muhammad V is best regarded as the individual responsible for the “founding of the modern” day Kingdom of Morocco (Grabowski, 2015(d)). Following his—and French—perpetual power that was later codified, French has continually been recognized as an official language. Yet this stands in contrast to any language and any religion of the Moroccan people. Islam is the religion of Morocco. Its Holiest book—The Qur’an— is written in Classical Arabic (FusHa). While it is not frequently a conversational language, as it is a language usually reserved for religious prayers, it is still basis of the central practice (Islam) of 99% of the Moroccan people. French is still the language of the courts, of the law, and of higher education in Morocco. Not only did King Muhammad V enable the French to linguistically prevail during his rule, he also served as the catalyst for French culture and values to prevail in Morocco with his own actions. King Muhammad V built himself and his descendants a proper mausoleum in the center of the country’s capital—Rabat—despite any form of idolatry as being *7aram* (haram), meaning forbidden and a sin against God, in Islam. This first return to “Moroccan” control of the lands laid the foundation for a French legacy—including the persecution and policing of women’s bodies—a tradition that is passed down through patrilineage.

Due to the strong French influence, I believe that herein lies a French legacy, manifesting through traces of Western colonialism, patriarchy, and hegemonic masculinity as seen through

7ashuma culture and how this links to gendered shame structures that play out today as we follow the history of kingship. King Hassan II was King Muhammad V's successor, and not well liked, as he continued such a Western legacy while ruling with an 'iron fist'. King Hassan II is remembered for being the perpetrator of a number of human rights violations, including mysterious disappearances and a multitude of abuses towards any who opposed his authoritarian rule. Yet, he officially ruled without question because of his claimed direct descent from the Prophet (PBUH). Such a claim in the Muslim world is tantamount to unquestionable legitimacy, as opposition against the King is sacrilegious—it means going against the Prophet (PBUH) and going against all of Islam. King Hassan II was the ultimate ruler—both politically and religiously— even officially declared “3mir Al-Mumineen” (Commander/Prince of the Faithful) in the constitution (Grabowski, 2015(d)). Despite his questionable ruling, King Hassan II is responsible for a very important political maneuver. He enacted the first Moroccan Constitution, which guaranteed equal rights to both men and women. This constitution, like the current one, failed to be implemented as such. His rule is referred to as the “years of lead” by both Moroccans and global historians alike, due to the heavy rule and policing done under his reign for all, particularly with the policing of women's bodies and the emergence of 7ashuma culture (Grabowski, 2015(d)). Many men and women were subject to “mysterious disappearances, jailings, and exiles”—including the persecution and imprisonment of his own adopted daughter, Malika Oufkir (Oufkir).

King Hassan II was succeeded by one of his sons— King Muhammad VI— the current king of Morocco since 1999. King Muhammad VI is often referred to as the “peoples' King” (Ezroua). He is considered to be very fair towards men and women, and also responsible for major reformations in women's health during the 2004 referendum and another referendum in

2011, as prompted by the public. The public outrage regarding Moroccan policy stems from the uprisings during the Arab spring, which spread across the Middle Eastern North Africa (MENA) region from its beginning in Tunisia in 2010. As the Arab Spring swept across North Africa, there were uprisings in several major cities in 2011 throughout Morocco, including Rabat and Casablanca. In response to this, King Muhammad VI amended the constitution in 2011, signifying his devotion to the Moroccan people, and his commitment to written gender “equality”. In delving into the long history of colonization for Morocco, which implies Western values—that is shamelessness—we can begin to understand why 7ashuma is so important in the current state of Morocco, where Islamic interpretation is claimed as the overarching, authentic base of values.

Family Law:

Following the referendum of 2011, particularly to the “Mudawana”, or the family law, a number of changes have been implemented. The policy change has shaped the current approach to health in Morocco and affect women’s lives. Despite the changes, the 7ashuma customs have prevailed, as seen through the current approach to health in Morocco and its numerous effects on women’s lives, including the ramifications from the Arab Spring and the implementation of the 7ashuma culture on day-to-day life.

Despite the referendum, certain rights and privileges are still not awarded to women, as shown by the shaming responses to women’s health and the family policy from the Mudawana (Ed, M.K.). Sex outside of marriage continues to be illegal in Morocco (Ali). Prior to the referendum of the Mudawana in 2011, single-motherhood was even more challenging than it continues to be. These women and children are defined by Moroccan law as “‘illegitimate’— [and] are among the most legally and socially marginalized people in the Middle East and North

Africa (MENA) region, not just in Morocco” (Bordat, 2010, p. 6). The ramifications of this are that often times these women are neglected and exist as social pariahs within the regular society; not only this, but because of having a child or children, they can be left without a legal identity in Morocco. It is the case that without such, “they cannot access of a host of other fundamental rights, and legal empowerment can be impossible,” and consequently, leaves these mothers desperate and oftentimes destitute, begging on the streets for survival (Bordat, 2010, p. 1).

Prior to the first amendment of the Moroccan Family Code, the Moudawana, in February 5, 2004, the treatment and resources available to unwed mothers was different than today. That is not to say, however, that from its original codification these women were completely neglected, and I do not claim that following the amendment to the Moudawana, these women had completely transformed their lives; rather, this is an attempt to show a change in the personal code—particularly surrounding the *7ashuma* narrative around single-motherhood.

Despite these women and children being denied a legal existence, they continue to exist and there are a lot of them. Prior to 2004, single women, who will be referred to as “unwed mothers” for simplicity’s sake, and their children were unable to obtain the Family Booklet (*Le Livre de Famille*) (Grabowski, 2015(a)). The Family Booklet in Morocco is a necessity should one wish to receive vaccinations (which are deemed a legal necessity), ever work, attend school, obtain a passport, a *hawia* (national id), or even leave the county (Grabowski, 2015(e)). This booklet is the single most important official document, as it proves one’s legal identity, including the family lineage, family name and “civil status as an official citizen” in Morocco (Grabowski, 2015(a)). During this same time, before the amendment in 2004, the Family Booklet could only be obtained through its creation upon marriage; included in this very important document was the spouse(s)’s personal information and that of any descendants (i.e. children). Because these

mothers are unwed, they could not obtain this, and therefore neither could their children. There are not exact numbers on how many mothers and children went (and continue to be) undocumented (Grabowski, 2015(a)). Due to these stipulations, these women and children do not legally exist as citizens in Morocco, and consequently, they struggle with basic rights. In order to advocate for legal empowerment, one must first be recognized as a legal person.

Under Moroccan law, without the legal identity of the Family Booklet, “unwed mothers and their children are not legally recognized because they lack the legal identity necessary to assert a host of other fundamental rights” (Grabowski, 2015(e)). Further, they can be forced into picking the lesser of two bad situations: either neither of them is recognized as officially existing; or worse, they are criminally prosecuted for having had sexual relations outside of marriage and their children are left motherless, falling through the system. Unable to escape these social taboos, the ramifications are lacking data, unreliable statistics, and very scant resources conveying “primarily sensationalist and anecdotal information” (Bordat, 2010, p. 6). An example of this is a claim from 2003, that in Casablanca there were 5,000 unwed mothers; in reality, however, this must be an underestimation given the current social structure and that Casablanca alone accounts for 10% of the total Moroccan population, of which are 32 million people (unnamed survey referred to in J Abbiateci’s ‘Maroc: l’impossible combat des mères célibataires’, Basta!) in 2007. The reality of the situation is this: there was little, if any recording of these unwed mothers and their children prior to 2004, and much of this practice has carried forth until today.

Since the Moroccan Family Code governs many issues including: divorce, child custody and guardianship, parentage, inheritance, marital property, and otherwise, which are all derived from Islamic jurisprudence and reasoning, the lack of recognition for these unwed women and

their children can have unseen precepts. Because these are codified through the law and even in a way, they are seen as coming directly from Islam, it can make it nearly impossible to advocate for change concerning these women and children, leaving these “women and children desolate” (Grabowski, 2015(a)).

A number of difficulties may arise for these women, specifically these three cases which stem directly from the law: first, being that sexual relations outside of marriage are illegal in Morocco; second that Moroccan law does not recognize adoption or “natural” paternity, and fathers must be the ones to claim the children as their biological own, especially since women cannot claim a man as the fathers or request paternity tests; third, pertaining to the illegality of abortions that even in the case of rape, which is classified as a “crime against morality” and also not legal in the case of incest (class notes, March 1, 2015). Specifically before 2004, each baby born out of wedlock was assigned the title, “Baby X” (Grabowski, 2015(a)). They could not ever attend school, get proper work, get a passport, or do any other privileges awarded to those legally in the system. In order for a child to legally exist under Moroccan law, the birth must be “registered at the Civil Status Office where s/he was born” and prior to 2002, there were no specifics on what to do in order to register children born out of wedlock. Registration also requires a marriage certificate from the parents (Bordat, 2010, p. 9). While the 2011 referendum made it possible for these women to obtain the Family Booklet, the women lose a lot of time, while enduring public *7ashuma*, and perseverance through other difficult obstacles.

Still, there are other struggles with regards to reproductive health that women navigate in Morocco daily. Per accordance with Moroccan law, sex outside of marriage is regarded as *zinna* (illegal fornication), and can result in a five month up to a three-year prison sentence, even though this is not always enforced (Bargach, 2002, p. 147). If a pregnant woman goes to the

hospital to give birth, obviously unwed, then it also becomes apparent that she broke the law. Technically speaking, according to the law, the employees at the hospital must call the police (though this is not always the case), and it becomes their responsibility to ensure that the mother does something with the child, and “there aren’t orphanages [in Morocco]”, says Bordat (Grabowski, 2015(e)). Particularly in rural areas, it is more common for these mothers to abandon, kill, or leave the child with someone else. Despite not being formally recognized, in terms of readily available, reliable statistics, pregnancy outside of marriage is actually widespread in Morocco. I am able to make this inference because in the city of Casablanca alone, there were at least 5,000 unwed mothers in the year 2000 (Grabowski, 2015(e)). This is not an entirely accurate number, because many of these continue to go undocumented, and especially did so before the reform. Prior to 2002, a mother could not register her child in the legal system of Morocco with the aforementioned Family Book.

The abortion rates are also unavailable, as it is illegal in Morocco. Yet this does not stop abortions, and thus women are forced to find outside sources to meet their needs, such as the case when *Women on Waves* came to Morocco in 2012 (Rhiwi). After the rectifying of the Moudawana, Moroccan politicians were considering making abortion legal in the case of incest or rape; as the law stood—and continues to stand—in Morocco, many women are forced to marry their rapists because of the *7ashuma* they bear from society, as they are considered unmarriageable after fornication. With this in mind, *Women on Waves*, a Dutch organization that provides safe abortions to women in countries where getting a safe abortion is not easily accessible or illegal, ended up setting sail to make port in Casablanca, Morocco (Gomperts). *Women on Waves* provides comprehensive resources via their website to women seeking abortions. They have a link where one can select the country of residence to see abortion policies

in that country, and if abortions are illegal *Women on Waves* provides further information on how to obtain a safe abortion. One of the ways that they do this is to provide resources on where to get an affordable, safe abortion if it is legal in the country selected; if not, they also do this through medical advice on obtaining an over the counter medication that can be taken in high doses to induce abortion—that is it forces you to shed your uterine lining. Should neither of these be a feasible option, *Women on Waves* has online resources to mail the individual abortions pills and is also working on delivering flight abortions, which is very promising considering that they have completed their first flight abortion. So, when the demand for abortions in Poland was made apparent to the organization, *Women on Waves* sent their drone over from a neighboring country, where abortions are legal, and successfully delivered abortion pills.

Similarly, in Morocco there was a demand for safe abortions, and *Women on Waves* responded. When *Women on Waves* arrived in Morocco to offer safe, free abortions to Moroccan women, Moroccan politicians completely cast aside any talk of legal abortion, perhaps feeling that any power over women's bodies had been usurped from them by other, outsider Western women (Eickelman).

3. LIT REVIEW:

Cleansing and Shame:

Dieste and Lluís describe the Moroccan methodology of understanding of health practices, as directly related to the politics of these lands. In an attempt to simplify this very complicated notion, it is best explained as they describe the Moroccan conception of body as being spiritual as much as it is physical. They seek out to answer the questions of: Is the body the problem? How do notions of the body play out in every day life? With these as a basis, I framed

these into how they relate and actually play out into specific health practices of cleansing for Moroccan women.

They describe health practices that are ritualized, including the weekly (or biweekly) visit to the *7emaam*, the public baths, and most importantly how the perception of the woman's body is sacred—which is why the cultural norm, which is written into the law, exists of concealing Moroccan women's bodies. In drawing on the colonial legacy that was left behind by the French—and continues to be codified into the law via the politicized interpretation of Qur'anic Hadith—Morocco propagates hegemonic masculinity, which in turn is practiced by men and women in the society to exhibit shame culture (Ali).

Esteemed Moroccan feminist Fatima Mernissi chronicles daily activities in her introduction in *Doing Daily Battle* to give concrete examples of very real battles for Moroccan women revolved around an underlying theme of shame. She speaks to the womanly body as she writes, “Beauty and sexuality (in the narrow sense of seductiveness) are supposed to be the major poles around which the life of a woman revolves” (Mernissi, 1989(d), p. 1). The perception of women's bodies in Morocco as somehow inherently unclean or even dangerous is built into this “...society where change is viewed as an external attack and where tradition occupied a pre-eminent place in the so-called strategies for ‘the future’ and for ‘development policies’ (as is the case in the Muslim countries), ideology and perception have an over-determining influence”, says Mernissi as she categorizes the ways in which tradition transcends everything else (Mernissi, 1989(d), p. 3). Moroccan colloquial Arabic buys into this idea of tradition, and is actually quite culturally conservative, as tradition is built into the language of Darija with the frequently utilized word(s) “Sa7a” (Sahha) or “Bee-Sa7a” (Bee-Sahha), “referencing physical strength and fearlessness, also conveyed a notion of physical health and resistance to illness” (Bowen, p. 33).

Cleansing rituals may be utilized as a means of policing women's sexuality wrote Mernissi in "The Modern Situation: Moroccan Data" from "Part Two: Anomic Effects of Modernization on Male-Female Dynamics" in her work *Beyond the Veil*. One of the ideas that Mernissi uncovers in her research is "sexual desegregation" in the "use of space by the sexes"—including that of the collective *7emam* as perceived by men as a means of protecting women (Mernissi, 1987(b), p. 90). This desegregation is similar to what Ahmed describes in her work—and both make it a necessity to have another space for women in such a deeply patriarchal society. Mernissi goes on to question the domestic space, and what that may mean for cleansing rituals, which may be the reason that showers are not very common even in urban Moroccan households.

This is further shown in "Ritual, strategy, or convention: Social meanings in the traditional women's baths in Morocco" as Staats details the highly ritualized *7emaam* culture, and we can see how it connects to the shame of women's bodies in Morocco (p. 1). Staats describes different experiences at the *7emaam*, from Azrou in the Middle Atlas Mountains of rural Morocco to the northern city of Tangier to the capital of Rabat. Drawing on experiences from both rural and urban Moroccan life, she was privy to these women's hidden sphere from the larger Moroccan society and shares an analysis of her journal notes on this "social organization...and why its use persists" (Staats, 1994, p. 1). She even describes the experience as "luxurious" and "erotic" as these three rooms are filled exclusively with women that spend time "rub[ing], scrub[bing] and massag[ing] themselves and each other" in the public bath (Staats, 1994, p. 1). It is also significant in the ritual that is practiced among these women, and their children—as they are always with their mothers in the *7emaam*. From the very entrance where the undressing is done, there is the "important social rule...not [to] be broken and serves a taboo

in women looking at other women's genital organs" to the "paraphernalia, including some Moroccan specialties", the 7emaam is a long-standing tradition that still incorporates 7ashuma among this women's only sphere (Staats, 1994, p. 1). Upon entering the 7emaam, "the bather must perform a ceremonial washing of the floor area" and the bather must take social cues, as "she may not take someone else's floor space, and must try not to splash others with water as she bathes" (Staats, 1994, p. 1). In addition to the social restrictions on the buckets of water, once the washing begins there are other expectations with "the sabon bildi, or country soap...[and] Rhasool[, which] is a traditional shampoo that comes in the form of hard, dry gray chunks that look like rocks. Two other requirements are small, natural scrubbing stone and the kees, a coarse black mitt" (Staats, 1994, p. 3). Even though Staats is examining and noting all of this from a Western, feminist gaze, she does an excellent job of interpreting the social structures in place, especially given her many years of living in Moroccan society, and this must be taken into consideration when examining her work (Hesse-Biber). According to Staats (1994), her takeaway from the bath is that the 7emaam is an hours long process that is:

a group experience of talk, laughter and the occasional dispute over territory or splashed water, which is forgotten after five minutes. When someone leaves the [7]emaam, she says b'sa[7]atik [b'sahatik] l'[7]ammam, a traditional blessing that means 'to the health of you and your bath.' It is as certain as are the Muslim traditions that shape Moroccan society that she will hear Allah atic sahad, the second half of the formula, 'God give you health' (p. 2)

which is also a very traditional response—further showing the conservative language that is utilized in Moroccan society. Although Valerie Staats, a Western woman with little Arabic background, attributes these rituals and practices from the 7emaam including the linguistic elements as conservative per Islamic code, this is not necessarily the case, as this language is not prevalent in the Muslim world, but has permeated Moroccan society and further continues this tradition of 7ashuma (Badran).

Reproductive Health and Shame

The conceptualization of women's body as interpreted through Islam by Moroccan male scholars is that the women's body is taboo—and anything having to do with its reproduction is also inherently *7ashuma*. The term “unwed mothers” is utilized, as it works in accordance with the legal terminology that refers to the mothers with children that are born “outside of the framework of legal marriage” (Bordat, 2010, p. 6). Putting aside the obvious negative social stigma within the predominantly Muslim society that is Morocco, these women may also face “criminal repression and legal discrimination [which] marginalize[s] these women and their children” which results in an even further unfathomable truth (Bordat, 2010, p. 1). These women and children are defined by Moroccan law as “‘illegitimate’—[and] are among the most legally and socially marginalized people in the Middle East and North Africa (MENA) region, not just in Morocco” (Bordat, 2010, p. 6). The ramifications of this are that often times these women are neglected and exist as social pariahs within the regular society; not only this, but because of having a child or children, they can be left without a legal identity in Morocco. It is the case that without such, “they cannot access of a host of other fundamental rights, and legal empowerment can be impossible,” and consequently, leaves these mothers desperate and oftentimes destitute (Bordat, 2010, p. 1).

In alignment with the law as aforementioned, we can apply how these specifications directly affect women's lives and limit what public, legal actions can be taken as *7ashuma* of giving birth out of wedlock can prevent them from making legal decisions. Just a few examples of the difficulties for these women come out of these three cases which stem directly from the law: first, being that sexual relations outside of marriage are illegal in Morocco; second that Moroccan law does not recognize adoption or “natural” paternity, and fathers must be the ones to claim the children as their biological own (women cannot claim a man as the fathers or request

paternity tests); third, pertaining to the illegality of abortions that even in the case of rape, which is classified as a “crime against morality” and also not legal in the case of incest (notes). This leaves women to find other methods of meeting their needs, which can sometimes prove dangerous and even be considered amoral by Moroccan society.

We get a first hand look at how trying life can be for single-mothers or women deemed social pariahs because of their sexual practices with Jamila Bargach’s account in her piece “Shortcomings of a Reflexive Tool Kit; or, Memoir of an Undutiful Daughter” in *Encountering Morocco: Fieldwork and Cultural Understanding*. She describes some of the work that Chenna does and how it all started when she witnessed what she perceived as a very violent taking of a child from its mother. She recounted this traumatic experience for us, and she described it from her time working as a social worker in the 1970’s when a “nurse snatched a nursing baby from its mother’s breast, and the milk shot out from the nipple and hit Chenna in the face” (Crawford, 2013, 148). This was so graphic and shocking for Chenna that it really did transform her from that moment on, as it was so physically shocking and emotionally disturbing that this laid the foundation and serves as a memory to motivate her for her organization ASF (notes from organization visit). Part of what allows them to break into the work force to sustain themselves and their children is the way by which the organization educates them on the legal and social rights that they have (Daoud).

Menstruation and Shame:

Menstruation as a method for shaming women is introduced by esteemed Moroccan feminist Fatima Mernissi’s *The Veil and the Male Elite* as she describes the regulation of basic daily activities in a Moroccan woman’s life because of perceived fear of *7ashuma*. We gain insight into how basic activities, like menstruation, are regulated based on whether or not they

will be interpreted as *7ashuma*. This is dictated by the Kingdom of Morocco, more specifically King Muhammad VI's constitution, meaning that parliament largely makes many of these decisions. The words of the law are not necessarily what happens, as it is so vague that the male elite take their interpretations of it and impose it on the greater society.

Menstruation is considered a right of passage within Moroccan society, as it indicates a young girl's transition into womanhood, and also gives birth to the possibility that she can now bring *7ashuma* upon herself and her family. Similar to Mernissi's works, this concept is described in the Al-Jazeera interview with Zakaria al-Sati, who is the head of the office of the president of the Marrakech-based Association for the Call to the Qur'an and the Sunnah as he spoke on the link between menstruation and marriage—as young girls, under age nine, are being considered for marriage. He advocates against this, as he expands on the Qur'anic verse interpretation to say that from “surrat al-Sala ...there is no link between marriage and the onset of female puberty” (Morocco). What he neglects to comment on is the way that menstruation is dealt with within the society, except to make clear that it is deemed a right of passage. This idea is elaborated by Saunders (2006) as he describes Tahar Ben Halloun's novel *L'enfant de sable* as Halloun proposes that “gender is a colonization of the body” and that this right of passage (p.1). Further, as Zakaria al-Sati explains, it is rather another way that Moroccan society shames women into their gender—it is another way to box women, and limit them within larger society, as it can force them to take time off from work or even from Salat (prayer), which is practiced five times per day in Moroccan society, with the call to prayer (Crawford).

4. METHODS:

My methods were carried out with a variety of mediums, through participant observation, notes during my stay, informal conversations, and lastly through formal interviews. Initially this study sprung from an exploration to satiate my curiosity as a feminist raised in the United States regarding the status of women, and what their day-to-day activities/lifestyles looked like as women from different ethnic groups, socioeconomic status and identities in Morocco. There were seven formal interviews and countless informal conversations in conjunction with eight months of participant observations. It was only decided that this information qualified as such when I reflected on the eight months spent living in two different cities in Morocco: Rabat, which is located in the North/center, coastal, and a very urban area with a population of 1.2 million, according to Legal Population Results from Morocco; and Settat, which is a Southern, land locked and much more rural with a population of only 116,000 people in total (Kingdom of Morocco).

Feminist Methods:

Initially, I intended to work on a project in the summer that merged together my two passions of medicine and Arabic language and culture. My time in Morocco during the Spring 2015 semester was filled with internal conflicts of my own identity and how I would navigate and facilitate the conversations with other women in Morocco. I felt in conflict with my spirit and my mind, while still striving to be intentional with each and every Darija word. I viewed everything with a feminist lens, yet felt that I was living in a “man’s world.” I couldn’t go outside unaccompanied by another woman or even better, a man, for my own safety. I am a feminist, yet I did not feel comfortable expressing such in the way I did in the U.S.— for fearing my own safety. Still, I lived in these Moroccan lands for eight months and was privy to certain aspects of a Moroccan home during my five-month home-stay. In my approach, I studied

Moroccan culture in the classroom, and lived it at home; in all aspects, I practiced cultural sensitivity and cultural relativity, navigating my own ideas of feminism, womanhood, and health in my own colonized mind (Fadiman).

Ethical Implications/Ethics of Fieldwork:

I also work to ensure that the relationships and experiences that I am recounting and observing, including those of my own, are not being portrayed in such a way as to work in alignment with usual stereotypes that are applied to the Arab world and the Middle Eastern/North Africa, and particularly to predominantly Islamic communities and nations. Part of my work was my active participation, as I lived and experienced these women's lives throughout my eight months as a participant observer. In addition to this, part of my immersion experience was also through my "Contemporary Moroccan Culture" course, as I visited a number of culturally relevant spaces and consciously practiced cultural sensitivity while learning from my Moroccan professor, Dr. Muhammad Ezroua to uncover the secret ways that *7ashuma* infiltrates society and how I must come to terms with this in my research and think about my own implications as a young woman, read as Moroccan, in the society.

Still, when it came time to venture out on my own and conduct interviews with Moroccan women of different socio-economic classes, I was met with new challenges—particularly regarding how I would navigate cross-cultural norms and prevent bringing shame upon myself and these women when I interviewed them. Among the things that I found it challenging, was the implementation IRB form. Many of the Moroccan women that I interviewed did not know what I was referencing when I explained what "informed consent" meant, and some did not know how to write their names. This was especially difficult when I spoke with Amazigh (Berber) women, who live predominantly in rural areas of the Maghreb region, but was still challenging with the

three that I spoke with that now live in urban areas. They had relocated from a more rural mountainous region for economic reasons. These women did not speak Modern Standard Arabic (al-FusHa), which is what I am trained to write, read, and speak. While I became conversational in the Moroccan dialect, Darija, these women also did not speak Darija well enough to converse. The majority of the Amazigh in Morocco speak only their mother-tongue, a sparsely written Amazigh dialect that starkly contrasts any Semitic or Romance language. The three Amazigh women I spoke with all came from the Middle Atlas Mountains in Morocco. After finding trouble sustaining themselves in a purely agricultural lifestyle, they moved to the city, yet only spoke Tamazight (a Berber dialect). I had an informal translator, the only woman that I have ever met that speaks English, both al-FusHa and al-Darija, and Tamazight. She accompanied me for the two interviews that I conducted with the Amazigh women. Their names, and specific identifiers will not be mentioned, as they are not relevant to the study. One of the women asked to be interviewed with a friend present, and they would both interject when they wanted to speak.

During the Holy Month of Ramadan, I was put in a precarious position where I shifted my methodologies for cultural sensitivity purposes, as I came to realize that taboos and superstitions are very ritualistic and very real for women in Morocco, and I saw them as a way of perceiving health (in a transient way). These feed into a gendered construction in Moroccan society. When I asked these individuals about FGM, they almost always responded with vague answers. All either said it doesn't exist, or they do not know. Yet, all except one noted it was taboo, or shameful, to discuss such parts in public or with non same-sexed individuals.

During the Holy Month of Ramadan, conducting interviews was difficult because nearly all shops were closed from sunrise to sundown, but I still managed to spend a bit of time with families through participant observation and conduct same-sexed interviews, as this is what is

deemed appropriate discussions during Ramadan. It was difficult to get data during this time because of the way the topics of sex and the body are stigmatized. I was told “we cannot discuss 7ashuma things during Ramadan” so much of the data required feminist approach and cultural sensitive analyses.

From the 17th of June 2015 until the 17th of July, interviews done during the day were different than those before and after Ramadan. More than half of the interviews required moderation and censoring of questions, and were answered with suggestive vague responses so as to not offend the “Holiness” of the month. See Table below for list of questions that were asked to every individual. Most questions were answered, but some about women’s health practices were put off, or simply answered with a “No”.

The superstitions are so prevalent that this led to me being asked for modified “Ramadan-approved questions” after asking the first question beyond background information during an interview with a nineteen year old woman. In my question, “What is your opinion on Female Genital Mutilation?”, I was sure to utilize a very graphic word in Arabic, that is “mutilation” and was told this was deemed inappropriate for Ramadan. My question was then modified during the Holy Month of Ramadan to, “What is your opinion on Female circumcision or cutting?”. This is a different question, but I believe a similar message was communicated. The first woman explained that I could face reluctance to answer during my interviews because of asking about this taboo subject matter, in alignment with the responses by three bilingual women regarding the original questions in Table 1. She explained about taboos and superstitions as realities, meaning that if I talk about scandalous societal imperfections, I could “bring bad luck to the household to those that talk[ed] with me during the Holy Month,” said one woman. See Table 2 to see modified questions for Ramadan; women were marked out of nine interviews during

Ramadan, and women that simply answered “No” without any elaboration are not counted in answering the question.

Table 1:	
Question Number (#)	Question (?)
1.	What is your name? Age? Gender?
2.	What can you tell me about yourself (occupation, family, etc.) ?
3.	What is your family position? How do you identify in Moroccan society?
4.	What is your opinion on Female Genital Mutilation?
5.	What do you know about it (FGM) as a practice?
6.	Are there any religious connotations with it?
7.	Is it a part of Moroccan culture? Does it relate to other daily activities?
8.	Do you know if there are any other stigmas or stereotypes with it? Because of it?
9.	Do you know of anyone that has practiced it? If so, who?
10.	Can you talk about the subject of FGM openly? Does anyone talk about it? What can you say or not say/about what?
11.	Why do you think it is or is not a part of Moroccan culture?
12.	What else can you tell me about this practice and women?
13.	Are there any sort of religious attachments to this practice?

Table 2:			
Question #	Original Question (OQ)	Ramadan Question (RQ)	Women that Answered RQ (#/9)
4.	What is your opinion on Female Genital Mutilation?	What is your opinion on Female cutting or circumcision?	5/9
5.	What do you know about it?	Can you tell me anything you may have heard about it?	5/9
6.	Are there any religious connotations with it?	Do you ever hear that it may be tied with religion?	6/9
10.	Can you talk about the subject of FGM openly? Does anyone talk about it? What can you say or not say/about what?	Do people talk about female circumcision? What is said?	4/9

Participant Observation and Field Notes:

Yet, inside my house I was a participant observer and saw how my Moroccan mother dictated every detail. It was truly her house. When I was not making Moroccan mint tea with extra extra sugar, I informally asked her questions about health. Each time my roommate, Olivia, or myself asked a question, our host mom would insist it was common practice, and that we were “crazy, silly girls” for displaying our awe at the ritual (participant observation). And each time our host mom called her girlfriends and gossiped about her host-daughters, and our strange habits of asking questions about drinking tap water, not refrigerating our food then reheating it on the stove, and visiting a dentist for her toothache. Why don’t we boil the water before we drink it? Why must the chicken be warm? Why don’t you go to the dentist if your tooth is bothering you? Why don’t you go to the doctor since you have been sick for two weeks? Why do we have to wear separate house shoes? Why don’t we have a freezer or a refrigerator? Why is the

toilet in the shower? Why is there no toilet paper? The questions were infinite. As the matriarch of our household, our house-mother dictated every aspect of our lives. After our first weekend of her scrubbing my back and breasts at the public women's baths, the 7emaam (hemaam), as her friends watched on in encouraging our initiation into this Moroccan women only space, I knew I could ask her anything. Fatima-Zahara, "Umi" as we call her, is a very modern, daring to loosely tie or go without hijab (head scarf), and visits the market by herself frequently. She defied so many boundaries imposed by the deeply embedded patriarchy, including the law, that exist in the MENA region, and in Morocco. She was a rule breaker, and allowed an open space for my roommate and I to talk about our host-sister's young marriage, children, tampons, and even the "women's doctor" (gynecologist).

I am not really one to journal, yet because I was experiencing culture shock during most of my days, every day, I began to write and I loved emailing my mom back home in Arizona with daily complaints. I noted things that bothered me, that shocked me, that made me feel indifferent, or were simple observations from the sou8 (souq), or street market, and Carrefour, the grocery store. Looking back on my emails and notes, I gathered valuable observations. I remembered how used pads had to be disposed of—hidden in a grocery bag and thrown away at school. I wrote that I felt linguistically failed to be in Morocco, "expecting to study Arabic and improve my Arabic skills for fourth year Arabic" and was being smothered by French language and culture (field notes). Re-reading my rants about being publicly 7ashuma'd for entering a men's coffee shop, for not giving more than two dirhams to the begging woman on the street, for not responding to catcalls by wandering Moroccan men's eyes, and for going to the beach in a one-piece bathing suit were all causes of frustration and confusion at the time. All of these experiences culminated in helpful field notes for this work.

Formal Interviews with Individuals:

My networking skills, mainly listening to nameema (gossip) from Moroccan women on the street selling r3'ifa (rghifa: a Moroccan unleavened bread) or working at the Amideast building, enabled me to later set up formal interviews with these women and their friends. During my "official" research period, which was after the school-year ended, that was the time when I decided to prepare a set of questions to ask. I was able to interview, and record, several interviews, yet found many of them to be incompatible with this work. Only seven women's interviews ended up being substantial, with four being recorded audio, articulated in a way that they are useable for this work. Those seven were transcribed and translated. Because of the nature of circular, tangential Moroccan language and conversation, the interviews were thirty-four minutes at the shortest and three and one half hours at the longest. I actively worked to practice cultural sensitivity of my own predisposed ideas of these lives by giving structured questions. While they were hesitant with many of my questions, they answered all of them. Still, each conversation with every person was unique, and sometimes we would not get through all of the questions. I interviewed primarily middle class Moroccans, as they were willing to work with my language competencies, and allowed my research to be conducted without monetary exchange or other expectations/incentives.

When I interviewed them, I found out mostly that they didn't know where to begin. Although I had set up twenty formal interviews, only seven were useful for this work, as the others did not answer questions or we did not have conversations that pertained to this topic or the machinery malfunctioned. Each interview was a new challenge. When I first began, the first woman I met with was not literate in either reading or writing. This happened on two other occasions. In two cases, women did not wish to be recorded as they feared their peers would hear

their voices, and that the interview would be incriminating—detailing intimate details of 7ashuma or how these details permeate into shameful aspects of their lives. Another time the recorder was not turned on, and I only had my interview notes to recall the experience. Five of the seven women asked to remain anonymous. Three asked to only speak with a translator, whispering to her and then having the translator give me a summary of the original.

Formal Interviews with Moroccan Non- Government Organizations:

My organization-focused interviews began with informal conversations and led to two formal conversations with two women's organizations in Morocco. In having the opportunity to speak with multiple women at two NGOs in the city of Rabat and Casablanca, Association Solidarité Feminine (ASF) and Forum Azzahrae pour la Femme Marocaine (FAFM), this enabled me to spend time with the women there and also interview their leaders regarding gendered health frameworks as influenced by taboos in Morocco.

The first organization that I visited was Association Solidarité Feminine, The Feminist Solidarity Association, (ASF) in Casablanca that works for single-mothers in Morocco. Specifically, the two related missions are “to fight child abandonment and to help promote a dignified life for unwed mothers and their offspring” (Bargach, 2002, p. 147). . Unwed mothers have no place in Moroccan law, and they and their children are deemed invisible both socially and legally in Moroccan society. These women are forced to live on the literal outskirts of society with their children and often engage in illegal work to get by. While ASF works to empower these unwed mothers with skills so that they can potentially achieve economic independence for them and their children, it is only a three-year program for fifteen women.

ASF is awkwardly located on the outskirts of Casablanca in a shanty area, and through help of my professor Raja Rhouni, a quadlingual Moroccan scholar and professor at Amideast, I

was able to arrange two visits. During my visits at ASF, I was able to conduct a single formal interview with the organization's founder, and also have informal conversations with three women and play with children working and receiving the organization's services (Grabowski, 2015(e)). None of the women interviewed wished to have the conversations recorded, but all consented to me actively taking notes during the conversation. Every person over age 12 that I spoke with at this organization identified as female, and many only spoke the colloquial Moroccan Darija with little formal Arabic and no English. I formally spoke with Aicha Ech-Chenna, who I learned to be a well-respected woman in the global feminism sphere, as well as the founder of ASF and current president of the organization. The translator, who was my professor, conversed with Aicha Ech-Chenna in Moroccan French. Due to my professor's professional relationship with the organization, I was able to prepare questions about single-motherhood before my interview with Ms. Ech-Chenna. Additionally, I had informal talks in Darija with the women working at ASF, majority of them unwed mothers belonging to the organization. We spoke about how they found the organization, what role it plays in their lives, and how long they planned to be involved in ASF (Grabowski, 2015(e)). There was a child-care center for children under age 12, filled with cribs and toys where the thirty or so children were predominantly young girls. I had the chance to actively participate in time with the children (from age 3 months to 12 years of age), mostly playing and calming them down.

The second organization I had the opportunity to visit was Forum Azzahrae pour la Femme Marocaine (FAFM), which translates to as Al-Azzahrae Forum For Moroccan Women. Al-Azzahrae Forum's slogan from their Arabic pamphlet is "Honored Woman, Consolidated Family, and Sustainable Development,"; this was explained to me as emphasis on the well being of the entire family via the woman that comes to the organization. FAFM is

officially a women's network in the center of metropolitan Rabat, Morocco. Primarily, FAFM is for the protection and promotion of family rights, "which may include women", but with emphasis on the entire family's unification; they also follow up on reported incidents of domestic abuse or "other family issues" and violence's, which are *7ashuma* in Moroccan society, as it is considered to be airing one's issues to the public—very inappropriate and shameful (Participant Notes). The organization is made up of all women, and they are a well-connected group of individuals, much larger than that of ASF. Due to this, FAFM works closely with the Economic and Social Counsel of Morocco to help Moroccan women gain economic and social independence from their husbands, as well as sometimes consult on legal services (Etudes Féminines). Although FAFM officially rebuffs any claim to the word "feminist" in English, Arabic (both colloquial and standard), and French, this organization has emerged as a national "women's advocacy organization" and are locally renown for being the place that advocates for survivors of domestic violence in Morocco (Informal Conversations).

FAFM was located just a twenty minute walk away from my host-home in Rabat, Morocco and through the introduction from Dr. Raja Rhouni, I was introduced to this organization early on and was therefore able to access this NGO upwards of five times, so long as I did not bring *7ashuma* upon them, and I only shared what I was allowed to in this work. In my visits, I spoke to several leaders, who do not wish to be identified for this research. The leaders allowed me to take notes during our conversations. During my informal conversations with women, I did not take notes per the leaders' suggestion, but all women consented to the utilization of their ideas and thoughts for this research. In total, I had three formal visits that were very structured, private/secretive and the interviews were done one-on-one in a small closet without windows, stipulating that anonymity be kept due to the safety of the organization's

members. Informally, I volunteered here for six weeks from late April 2015 until early June 2015, which enabled me to speak with over ten women seeking the organization's services. Both formal and informal talks with these Moroccan women were conducted in Darija. Informal talks were done without prior question preparation or background information on them. Formal talks were conducted with prepared questions. The leaders spoke English, and often asked about the way the United States handled issues with women regarding domestic violence, zinna, unwed mothers, and even abortion. Since the organization has a negative connotation with various western ideologies like the term "feminism", particularly because they associate it as inherently Western, I approached this work with a feminist framework/mindset in an effort to address gendered cultural differences (Mohanty).

Informal Interviews:

Following this participant observation and immersion with note taking and formal interviews, I received summer funding to conduct research with Moroccan women regarding Female Genital Mutilation. I planned to research how FGM affects family life and personal, intimate aspects of women's lives in Egypt, where FGM is very prevalent, yet Colgate deemed this an "unsafe for travel" experience, and allowed me to resubmit my same application with a different country-- I chose the place I had already called home for five months: Morocco. This created further limitations, though, as I was working within an area that I wasn't even sure widely practiced FGM. Due to this, my formally conducted interviews were transformed into unique conversations about women's health, accessibility to resources, and knowledge of such resources available to them. I found the women via personal contacts at Amideast or otherwise, and through my host-mother's ever expanding social circle. They all made it clear to me that I

was navigating 7ashuma culture in order to expose some of the shameful ways that their society functions to shape their lives.

When I initially decided I would conduct interviews, I wanted to get a complete breadth of Moroccan society, and have a structured approach. Once I began to actually conduct them, things changed, and I also had the opportunity to reflect back on my many conversations with Moroccan men, women, and other American students, like myself, that were also studying abroad in Morocco. In facilitating these informal discussions, I often stuck with my formal outline of a few basic questions. I began with “What do you know about [the taboo practice of] FGM?” and followed up with “Would such a practice be considered a Moroccan ritual?”. Even though I introduced the sensitive material I would be asking about, many participants wished to not be recorded, leading to different, often informal conversations. Even with my practicing this, I still had difficulty in getting answers that addressed the questions I asked, as I was believed to be bringing 7ashuma onto my interviewees by asking such scandalous questions, and could bring jinns (bad energy in the form of spirits) into their lives, if I was not careful (Al-Ahami). For further questions, see Table 1. With some women, upon their answering or not to the first question, the conversation would go elsewhere. The men were more reluctant to let the conversation flow. In addition to the twenty-one of interviews, Following this, I stayed with a family for a month in Morocco— separate from my host family time. This mother allowed me to interview her and her daughter. The daughter, Sara’, spoke English, and the interviews were all informally conducted with them as well as my using participant observation, notes, and reflections (Grabowski, 2015(c)). The information I gathered from this experience spanned my time with them.

5. FINDINGS:

Cleansing and Shame:

The cleansing of women's bodies in Morocco is directly related to systems of shame. In being a perceived woman within Moroccan societies, I was able to utilize my participant observation, notes, and participation as well as interviews to find that cleansing of the "female" body requires special care, cleansing, and ritual, because it is also a superstitious practice in Morocco. There is only a widely accepted gender binary in Morocco, so "female" is meant to represent the bodies that are perceived as what we would call "womanly"—but Moroccans call "female" – by the larger Moroccan society. These bodies are usually distinguishable by breasts and most likely a head-scarf (hijab) as identifiers. This binary played out in my interviews with women, as women's bodies being treated as stereotypically inferior to men's bodies in Morocco. It is also imperative to note that Moroccan speakers do not distinguish between English utilization of "female" and "woman" or "male" and "men". These biological categories are, therefore, predetermined by the language (Badran). The concept of gender identifiers as being different than biological ones does not exist within the language. The possibility of gender as a variable social construct is virtually eliminated from birth, as every word in the language is gendered. Even inanimate objects in Arabic have genders. The very word "jins" means sex (biological parts) and is used interchangeably with what we, as English speakers, would ascribe as gender (Badran). There is no such word as male, as it is considered a redundant term— there are two terms closely related, such as grammatically referring to etymology as "masculine" and there is "man", which denotes that the individual is both male and a man. For instance, "alshams" the sun is masculine; "howa alrajul", he is a man by nature of implied "he". Because of this linguistic limitation, much of the shame, the very word "7ashuma" in ending with "a" is

feminine. *ʔashuma*'s existence is a word that is for women; it is a shame that is defined to be borne by women.

Throughout both formal and informal interviews, there was a reluctance to speak openly of women's, or female's, bodies because of taboos and *ʔashuma* culture, yet there existed a same-sex unspoken "safe space" in the Moroccan *ʔemaam*. In this space, I built special relationships with Fatima-Zahara, my host sister, and my aunts-- as we all bathed together once a week and they washed me thoroughly, scrubbing me three times with henna with rosewater, kelp/mud mixture, and finally soap (*sabon beldi*). I came to know the *ʔemaams* as a ritualistic practice, one that was for cleansing of the body, but also was indicative of symbolic gestures done. I was led to a small washing mat to sit, surrounded by a defense of five-gallon buckets outlining my washing square. My host family washed my body thoroughly three times, an authentic washing, in this women's-only space. First my host mom rinsed me, as she poured scalding hot water from a single five-gallon bucket, as I sat on a mat huddled over my knees in the hottest room. Immediately after turning my skin pink, I was covered in a kelp mixture. This was followed by an abrasive scrub with a "kies", a surprisingly razor sharp hand scrubber used in the *ʔemaam*. Then we moved our washing fort into the second room, where my second washing happened. I, again, sat on the mat in the middle as I was rinsed with hot, though not scalding, water and then scrubbed with a loofah and no soap, but this time I was covered in a brown mud mixture. In the final room, the coolest room, I was washed with warm water and henna on my body to "restore" my skin. Here my hair was washed for me with shampoo and conditioner, but only after the body was washed. My host mom painfully, combed my hair out. Just a wall over, the men would wash, but I imagine this space to be very different from our side of the *ʔemaam*.

In this space, mud was not the dirty mud that I grew up with in the United States. It was to cleanse, to purify, with both the kelp from the sea and the mud from the earth.

The cleansing of the body, what for many American women is typically done by a five-twenty minute shower is an hours long deliberate process in the Moroccan 7emaam (public baths), so as to not bring 7ashuma onto themselves and their families. In the States, I will take a “longer” twenty-minute shower at home on the weekends, but aim for ten during the week. This is not the case in Morocco; many individuals, even in the urban areas like Rabat, Casablanca, Tangier, and Settat, do not have showers in the home or do not take showers in the home. Additionally, the public baths are the only way to “get properly clean”, which is in accordance with Moroccan culture and conceptions of purity and cleanliness and healthiness, according to the women at the 7emaams (informal conversations). My host mother told me “you shower too much and it isn’t good for your health” and I was showering twice a week at most. This went on throughout much of the semester, and was commonly heard by many of the other American students in my program, indicating very different health practices. Many young American women vehemently disliked the 7emaam because of the “public nakedness” said a student from American University in DC, and another because it seemed like a “total waste of time just to shower” (Anonymous). I came to understand this practice as a ritual that cleansed one to start the week.

In the way that water is cleansing and even purifying of 7ashuma in Morocco; blood follows as it is treated like water in many ways. The blood from animal sacrifices is transformed into Holy blood and believed to bring Baraka (blessings), and this will bring protection and redeem one from 7ashuma. The way that blood is treated and the precautions, or lack thereof, practiced in Morocco are very different than in the U.S. During my time traveling, I observed my

first “al-3aquiqa”, which is a sacrifice made on the seventh day of an infant’s life. For Moroccan boys, they get two sheep sacrificed in a 7alal (Halal, meaning in accordance with Islamic jurisprudence) way: two lives for the life of a boy (Grabowski, 2015(c)). For Moroccan girls, one sheep is sacrificed in a 7alal way: a life for a life. This sacrifice comes from the Qur’anic piece that tells of Ibrahim’s (Abraham) willingness to sacrifice Ishmael, but his son is saved by a ‘great sacrifice’ as stated in the Qur’an: a life for a life. While there is nothing in the Qur’an that states that a boy is worth two lives, and a girl is worth one, this is customary in Morocco (Grabowski, 2015(c)). After informal conversations with every Moroccan mother I knew with an infant about her child’s “al-3aquiqa”, I saw my first one for a friend’s niece.

What I observed was more than I imagined, the cutting of the sheep is so ritualistic, that there is the smearing of the blood upon “leaving of the animal’s soul” on the infant (Grabowski, 2015(c)). After watching this ritual, my friend Sara’ explained that “the animal is sacrificed to Allah, and the animal’s blood is for Allah; therefore the child is a child of Allah”. After this, the nuclear family (which includes extended family often in Moroccan homes) eats with the child’s parents. The entire animal must be eaten, and every part used. For example, half of the meat goes to the poor, the animal’s waste is used for fertilizer, the coat for wool, and the bones for tools. The entire sacrifice is not unsanitary, taboo, scary or grotesque by Moroccan standards. Yet, I was able to see how it takes a strong conviction of cultural relativism to sit through this hours-long ceremony for this pink, sleeping child. There were children ranging from suckling to my age gathered around in excitement for the sacrifice. I was trying to observe everyone’s actions to act in accordance, and avoid 7ashuma behavior as I bared witness to this very different tradition, and watched blood smeared onto the seven-day-old child’s palm.

My exposure to blood in this way is unparalleled. As an assistant sports medicine trainer, I am OSHA Trained each year— meaning I am well versed in exposures to infectious diseases via blood contact. In the U.S., blood is deemed impure, and exposure to blood is considered dangerous for a number of reasons. The only time blood is considered safe, and usable, is when it passes a number of tests from The American National Red Cross, a humanitarian organization that specializes in blood; these tests, when they are run, are not generally known to the public. What is known is that should one come into contact with any sort of blood, you should panic because of all of the germs and risks you are now exposed to. For me, blood is not a part of a sacred ritual, but rather, a bodily fluid that poses a risk to me, particularly HIV. I go and donate blood every few months so that it can save up to four lives; Moroccans don't believe in blood transfusions because of the association of blood as a body part much like the American equivalent of soul. You don't just give those away, because if you do that is *7ashuma*.

Menstruation and Shame:

Through interviews, participant observation and notes from my time, as well as my own experiences, I was able to see how even women's monthly bleeding, menstruation, is provisioned by the King of Morocco and is even considered *7ashuma* by the general public—especially if anyone knows you are on your period or that you are experiencing any symptoms. The general response to tampons, of which these men were unfamiliar except for one that had been to America, was that they were *7ashuma*. None of the four men I formally interviewed knew where tampons could be purchased in Morocco, how they worked, or if they were even legal. When I asked many women about menstruation, often informally answering, “Where are the tampons in Morocco? Are there any?” I was privy to hear and even see how a Moroccan woman handles this monthly event. I was met by a number of responses. About half of the seventeen women I

formally spoke with through interviews were over age thirty, and explained how pads are expensive and not necessarily feasible. Through informal observation, having my period abroad (and bringing my own pads from the U.S.), and my own shopping experience while there, I saw how even the day to day luxury of deciding to dispose of the menstrual blood how I wish is mandated in Morocco to some degree. Through the lack of menstrual products available, and the creative methods I saw women go through to disguise their periods (stuffing their underwear with old rags or cloths, and reusing them) I understood this to be a different way of dealing with menstruation, and even bodily, blood. I always use single-use products, and carefully make sure the blood is covered when disposing, but this is not the case in Morocco. My host mother would re-wash cloths for herself every month, and even told me not to worry that “the sun takes care of everything” for her justification as to how she knew that the cloths were clean for next use (Grabowski, 2015(f)).

In terms of how menstruation is further mandated is through religious dictation that becomes law, to colonize women’s bodies through systems of shame. Through the King’s claim to legitimacy in a 99% Muslim country, many women explained to me through interviews that tampons would be a “violation”. I concluded that the utilization of tampons would be perceived as penetration. I understood the tampon to be a violation of the most sacred space in accordance with religious texts (that of the Qur’an and the Bible’s Old Testament) (Wadud). In other words, the vagina is both revered and feared. There exists an association with everything about the woman as pertaining to sexuality, and that “every woman could be a ‘Qarina [a seductress in the Qur’an, that is particularly prevalent in Moroccan folklore that appears with beautiful with hooves, and curses]” (Grabowski, 2015(a)). To acknowledge that anything besides her husband’s penis can enter her vagina is *ʿashuma*— an unthinkable. Tampon warnings are restricted to the

insert card of the tampon box: warning against Toxic Shock Syndrome if worn longer than eight hours.

It is also not common for toilet paper to be sold or available, because that would mean that women could bring shame upon themselves by leaving behind menstrual blood. Rarely in my host-home, and in the homes of other host families for American students, was there toilet paper because of *7emaam beldi* (*hemaam beldi*), or traditional bathroom. This is especially true of toilet paper use during menstruation. My host mother, sister, and aunt explained to me in informal conversations that it is “cleaner to just wash yourself”. In the *7emaam beldi*, there is an extra hose where you cleanse yourself after going to the bathroom, instead of using toilet paper. This ritualistic method of cleaning oneself is in alignment with *7ashuma* culture, so that women are pressured into maintaining a certain level of vaginal “cleanliness” so as to avoid shame.

Reproductive Rights and Shame:

Both my formal interviews and my informal conversations the discussion often led to one about women’s gynecological health, reproductive health, and sexual practices. These discussions were always shaped by *7ashuma* culture, as shame dictated how actions regarding reproductive health were, and continue to be, carried out in Morocco.

Most of the women explained to me about visiting the “women’s doctor”, but that it was not often done because it was taboo—it was “*7ashuma* to let the man that is not your husband see you there” (AitAhmed, 2015). The men did not know beyond it was a doctor that helped women, or perhaps were too reserved to say otherwise. They told me that you went if you were very upper middle class, upper class or the Princess. None of the women had been to a gynecologist. I was forced to go to the gynecologist as 18, as a virgin, without my mother. It seemed this was a right of passage for all girls my age to have a speculum up my vagina, with

my legs in stirrups. When I explained this to the women, they were horrified at our “dirty” and “crazy” practices. This is quite similar to our birthing procedures in the hospital, I told the ten or so women that professed their childbearing stories to me. The conception of risk for both ways of approaching, and sometimes fearing, the vagina is quite varying, but appeared to depend on different factors.

I asked about birth control, which is virtually non-existent except for some pharmacies that allow only men to purchase condoms with identification, because it is *7ashuma* for women to ask for such things in Morocco. The pill does not exist. Pull-out method is a popular choice. Much of what is known about sex education for these women comes from their friends or superstitions. Women in Morocco’s Reproductive Rights are written into Moroccan Law.

It is not unlike our stories of insurances covering birth control, and the shaming that pushes women in America to mandate their bodies, too. Should insurance cover it? How is it that a corporation can decide if you should have children, and when. Though this was not with an official question, the topic came up in over half of my formal conversations. In the twenty-one interviews, I spoke about birth control in seventeen of them.

The process of giving birth in Morocco is treated as casual, constant, and simple, because to make it a public affair is *7ashuma*. As an extension of reproductive rights, birth came up in seventeen of the twenty one interviews. When you had your child varied and so did the birth place-- it was possible that you would go to the hospital if you had the finances to do so, but even then there was no guarantee you would see the doctor. Doctors did not always follow up after the birth and did not give much guidance to the new mothers before sending them home just hours after giving birth, said the two that went to the hospital to give birth. The other women had women similar to midwives come and help them with the delivery or did it alone.

After speaking with a classmate and friend about her work as a Doula, I think that this is likely what I would want if I have a child, and I hope to break the system of shame. I also think about how that is really at the discrepancy of the woman here, and how some insurances will cover it. In the U.S., birth rates in the hospital are astonishing at 98.8% for 2012, according to Martin. I also think that this is tied with positionality in society as well as other life factors for these women. All interviewed individuals from age nineteen to seventy one were in support of giving birth— specifically pro-life— and yet could not or would not explain the process to me in Morocco except to vaguely say that pushing was involved and that it was done at home. In some informal discussions, I would hear criticisms regarding young mothers and unwed mothers, though it was not common place.

Through talking with the organization's leader and women at ASF, I was able to gain exposure to the ways that this taboo of sex outside of marriage comes through as a shameful reality. I found that unwed mothers continue to endure Moroccan stigmas of *7ashuma*. They are continually forced into picking the lesser of two bad situations: either neither of them is recognized as officially existing; or worse, they are criminally prosecuted for having had sexual relations outside of marriage and their children are left motherless, falling through the system. Still, they are unable to escape these social taboos, the ramifications are lacking data, unreliable statistics, and very scant resources conveying "primarily sensationalist and anecdotal information" (Bordat, 2010, p. 6). This propelled me into finding as much information as possible, given my own upbringing. Yet, the lack of information surrounding these individuals creates hardships with trying to understand, reflect and establish both a starting point and goals for the future with such little facts to go off of. Aside from this inherent invisibility that comes with the stigma of being an unwed mother, these women and children are also faced with the oppressive behavior

that is laden in the law; that is that the difficulties in accessing their rights further pushes them into a “social invisibility and legal inexistence” (Bordat, 2010, p. 8). The most utilitarian code existing for women in Moroccan law can become nearly inaccessible to these unwed women. Since the Moroccan Family Code governs many issues including: divorce, child custody and guardianship, parentage, inheritance, marital property, and otherwise, which are all derived from Islamic jurisprudence and reasoning, the lack of recognition for these unwed women and their children can have unseen precepts. Because these are codified through the law and even in a way, they are seen as coming directly from Islam, it can make it nearly impossible to “advocate for change” concerning these women and children (Grabowski, 2015(a)).

6. CONCLUSION:

My experience with gendered health in America comes from my twenty years as a Mexican- American woman raised by a single, intentionally unwed mother. My mother’s consistent devotion to her independence and my education has guided me. “Women, Health, and Medicine”, a course at Colgate University, helped me see how my mom’s actions have very real effects and helped push me to think critically about feminism and gendered health in my own life, too. In addition to this, I actually spent much of my time reflecting on my experience abroad, and the future of healthcare given my aspirations as a physician. In declaring myself a double major in Middle Eastern and Islamic Studies and Women’s Studies, I have learned much more about myself—more specifically the deeply rooted colonization that has shaped my life. Further, my decision to be a double major in these two subjects has enabled me to be intentional in my work to de-colonize my mind.

Escaping the structures that are in place is virtually impossible. I am born out of colonization. Even one of my mother tongues, (Mexican colloquial) Spanish, is the language of my peoples' first colonizers. This is particularly true for my own life, when I think about the legacy that carries through to my very existence—that of a Xicana, a Mexican-American woman that also claims indigenous descent. I was born in Southern Arizona and grew up with La Frontera culture—that of constantly crossing the physical existence of a “border” from the first “world”, the U.S. to the third “world”, Mexico. I have been having an identity crisis, having to confront the scary parts of myself and my life with the realization that the personal is political (Hesse-Biber). My life, my journey, and ultimately my survival of Colgate, has been shaped through my double major, and for that reason I was committed to putting myself into this thesis.

With all of this in mind, I grappled with feminisms, and how these individuals pushed the work into a different narrative and transformed it something I could not have anticipated. Health is a gendered construct that is rooted in the values of a society; that is to say that Health in America is situated in white, male, and usually Christian guidelines (Boston Women's Health Collective). In Morocco I encountered very different situations, languages, and individuals, and also concluded that health is gendered and structurally different than here, especially how it is practiced. Morocco is a complicated place—as it stands as both a conservative nation when it comes to the public shaming of women. And still, these women create a space where they can connect with one other within larger Moroccan society.

The health practices in the United States have become a very lucrative industry. Since the “gentleman doctor” days, medicine has become a respected business service and rooted in the ultimate truth: science. . In Morocco, it is a very different concept—it is more than just a business, and indicative of a larger image of health. Through this, the Moroccan women helped

me understand the very real structures of taboo and 7ashuma in Morocco that shape the way that health is practiced, and accessed, for these women. Without their stories, and their willingness to share secrets as they not only let me into this sphere, but invited me in, to this home they have created themselves—and for themselves—this would not have been possible. The knowledge that these individuals have is inspiring, as each dictated and shaped the conversation they wished to have with me. Any and every piece of knowledge is only a fraction of what these Moroccan women know and unconsciously implement, and I am eternally grateful as they repeatedly explained new, unparalleled, levels of 7ashuma and perspectives unbeknownst to me so that I could grasp even a tiny bit. The way that Moroccan women navigate and circumvent the 7ashuma culture is done in a meticulous and a most fascinating way. With this, they exposed just a few of the complexities that they experience to recreate health scenarios in their own lives.

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