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Ambiguity in Disability Statistics and Institutional Research in Morocco

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Critical Disability Theory

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Disability in Morocco can only be understood through the country’s historical context. It is a history of colonialism, erasure of culture and language, money, debt, independence, and neocolonialism of which disability and personhood is deeply intersected. Moroccan history spans from the beginning of human-beings. The first people in Morocco are the Amazigh people, commonly known by the pejorative name of “Berbers”. The Amazigh people became subjects of the Holy Roman Empire and were under the control of Carthage; Volubilis was the wealthy, fertile capital of the region and the olive oil producer of the world. In the 7th century, Morocco and the surrounding region got its ubiquitous name, the Maghreb. Maghreb means “the West '' in Arab and shows how new language and culture arrived with the Arab Empire and redefined history. The new Islamic dynasty, the Idrisid dynasty, supported the arts, education, and expanded their empire and religion to Spain. Morocco was not ruled by Amazighs again until the 11th century when the Mulism, Almoravides dynasty came into power. The Amazigh and Arab communities both laid claims to the region and their control alternated. Since the 1500s, Arab dynasties have controlled Morocco despite Morocco having the largest Amazigh population in Africa. This has led to concerns in Amazigh representation in modern-day government. In the 1800s, the French attempted to gain some power in Morocco as they had in neighboring Algeria by supporting civil war, but Morocco prevailed with a stable, unified, and wealthy monarchy that quickly overpowered the intrusive French interference. However, over time, Morocco accrued debt from France and France used this as a tactic to force Morocco to allow French control of the Moroccan economy. In 1912, the sultan signed the Protectorat Français which allowed French governmental supervision while the Sultan remained as king; this was a form of indirect rule, a colonial ideology that was built on using indigenous power structures. The kingdom regained independence in 1956. In the 1970s, King Hassan II staked his claim to the Spanish Sahara. Spain agreed to divide the territory between the Moroccan and the Mauritian governments but Morocco insisted its dominance. The indigenous people, the Sahawis, have fought for independence since the 1970s and have gained international support, but Morocco does not allow their independence; this is most likely due to the valuable phosphates found in the region. Moulay Mohammed VI currently rules over Morocco. During his rule, progressive movements -- like the feminist movement and Amazigh movements-- have made strides, but his omnipresent power is said to come from Allah, so the Kind’s word is final and influence endless (Encyclopedia Britannica).

Recorded disability history in Morocco did not begin until 1982 with the signing of a social protection law for the visually impaired. In 1993, the country expanded this social protection law in order to address all disabilities. A 2004 national census began to collect widely needed information on disability in the country, but while the efforts are commended, the collection methods were poor. 2008 marked the year that Morocco signed the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) which mandated that the country report disability information and advancements by April 2011. Unfortunately, information was not published until April 2015. The delay could have been caused by the conduction of the 2014 census, but no explanation was provided (Trani et al. 2015). The late appearance of disability history could be the result of class differences, the suppression of the Amazigh languages, lost history from the nomadic peoples, and the stigmatization of people with disabilities. Data collection on disability is therefore new and very complicated.

The African Disability Yearbook, a website compiled by Syracuse University scholars that collects data on disability throughout Africa, posted that in 2004, Morocco had a disability prevalence of either 7%, as determined by the United States Department of State: Bureau of Democracy, Human Rights, and Labor, 2.3%, as determined by the Moroccan General Census of Population and Housing, 32%, as determined by the World Report on Disability, 5.12%, as determined by the Disability Survey, or 10%, as determined through the study by Chetouani, *‘Etude numérique de problèmes non linéaire et application aux problèmes de dynamique de populations’*, a PhD thesis from Mohammed the First University (Kanter et al. 2015).

Most of the methods performed in 2004 seem difficult to find if published. The Kingdom of Morocco’s High Commission on Planning conducted the Moroccan General Census of Population and Housing which reported that 2.3% of the population, 680,537 total people, experienced disability. In this study, disability was defined as under the standards of The International Classification of Impairments, Disabilities and Handicaps which separates disability into three categories: physical, mental, and sensory (Touhami 2015).

In 2014, the census performed by The Kingdom of Morocco’s High Commission on Planning redefined disability to meet UN standards; disability was defined as anyone with “complete disability or having a lot of difficulty in one of the six functional domains namely seeing, hearing, communication, remembering/concentrating, walking and selfcare.” While there isn’t a definition for “complete disability”, it can be assumed that “complete disability” when defining disability means inability. With this new definition, 4.1% of the population was identified as having a disability, 1,353,766 people. It was also reported that 80% of people with disabilities are “inactive” and only 13% are employed . Inactivity was not defined (Touhami 2015). This study clearly highlights one of the largest problems with looking at Moroccan data on disability, there are not any operational definitions published. While it is likely that there was a definition for “inactive”, it is unknown to the larger population looking to read, retest, or analyze the data.

The Moroccan Ministry of Solidarity, Women, Family and Social Development led a census on disability in 2014 as well. Disability was defined as “having impairments, functional limitations, and participation in the following categories: family environnement, accessibility, access to healthcare, technical help, education, employment and revenue, and socialization and discrimination”. The participation element of this definition is unclear because it is difficult to participate in some of the above categories and participation may refer to lack of participation in some categories such as education or family environments. Interviewers verbally administered quantitative self-report surveys to individual households and qualitative surveys to institutions. It is unknown why they decided to only send quantitative self-report surveys to households and not institutions. Furthermore, they used the Washington Group Short Set of Questions on Disability which is a limited set of questions that do not allow nuance and can severely misrepresent disability. These questions include only 6 questions, each one asking about a different aspect of ability. The questionnaire can be found at the end of this analysis. Data found that 6.8% of the population had a disability and ¼ of households had a disabled member of the family living in the home. 51.3% of people of “active age” are disabled, yet “active age” is not defined --- another example of unclear operationalized definitions. 24.6% declared unemployment. There were a myriad of problems with the methods of data collection. The people reporting the responses admitted to feeling very embarrassed asking demographic questions and questions related to disability. Some reporters decided to change the questions to be asked in the negative form to reduce personal embarrassment which unstandardized the standardized questions. Language and communication barriers also led to misunderstood and unreported questions (Touhami 2015).

The 2014 prevalence of disability reported on by the Laboratory of Clinical Neuroscience of Medicine and Pharmacy of Fès at Mohammed Ben Abdallah University used data from face-to-face interviews that were screening for disability using the Washington Group Short Set of Questions on Disability, the same survey used by the Moroccan Ministry of Solidarity, Women, Family and Social Development. It is unclear if they used 2014 census data and analyzed it differently than the study above. Interestingly, using the same methods and populations as the Ministry, they found different results. Their assessment found that 9.5% of the population has a disability. University professors who publish studies using methods such as the Washington Group Short Set of Questions on Disability reinforce the limited perception of disability in the society and perpetuate data confusion; the available data is unclear and deeply flawed (Hajjioui et al. 2019). The quagmire of data prompts the question, *who can be trusted?*

The data would be more trustworthy with transparency. As previously mentioned, operationalizing definitions is important for the public to understand and draw conclusions from the data. With ambiguous definitions, the public is denied access to information that impacts their daily lives. Operationalizing definitions would include both defining definitions like “inactive” and defining the area from which the data is sourced. For example, foreign organizations and governments such as the UN and US Department of State do not consider the Western Sahara as a region within Morocco but instead as a separate country, independent territory, or political site of contention. The exclusion of the Sahawi people may alter the statistics. The Sahawi people may have very different disability experiences and culture given their perception of Moroccan and Mauritian neocolonialism. Their access to healthcare and governmental aid may be different because they are in contested Moroccan, Mauritian, and Saharan territory. If King Mohammed VI intentionally omits data from this region, he is not only silencing the voices and needs of a marginalized, predominantly Amazigh region but he is also separating these people from the rest of the country to avoid fraternity in a post-Arab Spring government, where a citizen’s voice is *sometimes* heard. In addition, Mohammed VI’s, possible decision to have multiple ministries exploring disability statistics in the same year without clear results could be evidence of governmental disorganization or suppression of the truth. By creating confusion, the reality is lost.

The inclusion of more rural areas is also important given the cleavage between rural and urban classes. While it is more difficult to collect data from cities built from Rif Mountain caverns and around Sahara Desert oasis, a large population with potentially more physical disability from labor intensive jobs and cultures, must be considered. This census could be performed by local governments because they know the communities better and the travel patterns of nomadic groups in their area. Nomadic groups can also have data captured by tourist organizations and enterprises because they often survive off of donations from and the curiosity of tourists. Locals and travel organizations may aid in language support for censuses as well, because while Amazigh recently became an official language of Morocco, the governmentally recognized Amazigh is a combination of three different, widely spoken Amazigh languages. Governmental and institutional transparency is necessary for active change and improvement to occur.

Data can also improve with method reformations. In the Moroccan Ministry of Solidarity, Women, Family and Social Development led census, quantitative data was collected from households. On the contrary, qualitative data was collected from institutions but utilization of the data was no longer reported. Reporting this data would help the public understand Moroccan institutions and help destigmatize mental health and disability by being communicative about these institutions and the type of care it provides. Stigmatization was also seen by interviewers who felt uncomfortable posing disability related questions. If disability was discussed and people overtly showed interest in the rights of people with disabilities, there would be more research transparency. Islam is very important in Morocco, so verbal recognition of people with disability from immams and religious leaders or by community members in religious settings could nurse progress in the disability movement.

Stigmatization, erasure of culture through various waves of colonisation, neocolonialism, and the monarchy’s strong grip on power has deeply tangled itself with disability. Disability statistics have imprints of governmental and institutional intervention and Moroccan conversation around disability has been suppressed and stigmatized. Suppression could have occurred through exclusion of marginalized groups, language barriers, and poor research methods and results. Through the help of locals and religious affiliation, there is hope for the progress of the disability movement in Morocco. While this paper took a turn from the intended subject, questions on how these statistics translate to lived experience still rest: “How does Islam’s pillar or charity impact people with disability and how does the organized religion affect the disability movement? In what ways does society exclude those living with disability? How does immigration from Sub-Saharan African countries and emigration from the Maghreb influence the disability movement?”

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