POPULATION SOCIETIES



Maghreb, Morocco, Marrakech: Demographic convergence, socioeconomic diversity (1)

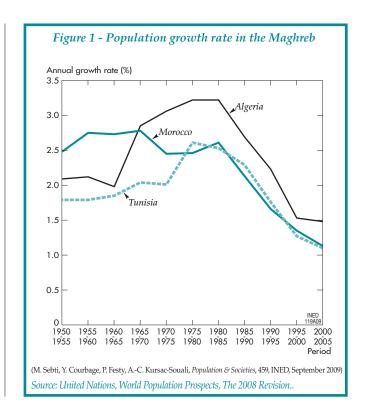
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Against a background of rapid population growth, the countries of the Maghreb – Algeria, Morocco and Tunisia – have undergone radical change over the last 30 years. Although at different stages of economic development, all three countries have experienced closely parallel trends of fertility decline, increasing life expectancy and urban growth, suggesting that developments in health and the family are relatively independent of the socioeconomic context.

Tn 2008, the Maghreb totalled 76 million inhabitants: lacksquare 35 million in Algeria, 31 million in Morocco and 10 million in Tunisia, the region's least populous country.

Population trends in all three countries have followed a similar pattern. Between 1980-1985 and 2000-2005, the annual population growth rate fell by 1.7 percentage points in Algeria, 1.5 points in Morocco and 1.4 points in Tunisia (Figure 1). And in the space of two decades (1985-2005) the proportion of city-dwellers increased by 15 points in Algeria, 10 points in Morocco and 11 points in Tunisia (Figure 2).

Two key factors have shaped population trends in all three countries over the last fifty years: first, following a period of rapid increase up to the 1980s, population growth has slowed considerably in recent decades; second, the urban population has grown much faster than that of rural areas, giving rise to rapid urban development [2].

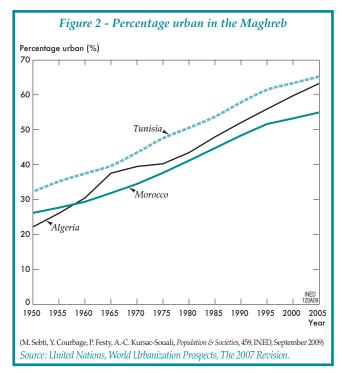


⁽¹⁾ This article is based on a book published recently by the same authors [1].

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The mechanisms behind these trends are well understood. The strong population growth in the first period was a consequence of lower mortality – thanks to improved living conditions, progress in education, and widespread vaccination – combined with still high fertility. The subsequent slowdown reflects the rapid fertility decline resulting from higher age at marriage and the diffusion of contraception. Emigration is also a contributing factor, despite severe entry restrictions imposed by western countries.

Urbanization was fuelled by the massive exodus of rural populations, driven away by farm mechanization or by drought, combined with the strong appeal of city life. In recent decades, this trend has been amplified by

Table 1 - Selected demographic and socioeconomic characteristics of the Maghreb countries

	Morocco	Algeria	Tunisia
Population (millions) (1), mid-2008	31.2	34.8	10.3
GNI per capita (USD) ⁽²⁾ , 2007	4,050	7,640	7,140
Female literacy rate (3) (%)			
Women born circa 1960	30	45	60
Women born circa 1980	55	81	88
Infant mortality rate ⁽⁴⁾ (per 1,000 births), 2000-2004	40	31	23
Total fertility rate ⁽⁴⁾ (mean number of children per woman), circa 2006	2.4	2.3	2.1

- (1) Source: Estimates published by national statistical institutes.
- $^{\scriptscriptstyle (2)}$ Source: World Bank, conversion to USD using the purchasing power parity method.
- (3) Source: Population censuses.
- (4) Source: Vital statistics (Tunisia), national family and health surveys, and authors' estimates.

(M. Sebti, Y. Courbage, P. Festy, A.-C. Kursac-Souali, Population & Societies, 459, INED, September 2009)

migration from small and medium-sized towns towards the major urban centres, resulting in intensified urban sprawl [3].

Large economic and social disparities in the Maghreb...

The economic and social situations in the three countries are very dissimilar. The gross national income per capita in 2007 (based on purchasing power parity) was USD 7,140 in Tunisia, USD 7,640 in Algeria and just USD 4,050 in Morocco (Table 1), the level reached in Tunisia 20 years ago (in constant currency).

There are also marked differences in educational levels. In the Maghreb as a whole, fewer than 10 % of women born before 1940 are able to read and write. For more recent generations, Moroccan women have benefited much less from improvements in schooling than Algerian and, above all, Tunisian women: 9 in 10 women born around 1980 are literate in Tunisia, 8 in Algeria, but only 5.5 in Morocco. The situation of young women in Morocco today is equivalent to that of young Algerian women 18 years ago and young Tunisian women 24 years ago.

... and similar demographic profiles

In contrast to the economic and social differences observed, the demographic situations of the three countries are quite similar.

Infant mortality (measured by the death rate of children below age one) is higher in Morocco (40 per thousand) than in Algeria (31 per thousand) and well above that of Tunisia (23 per thousand). In the early 2000s, the infant mortality rate in Morocco was practically equivalent to the levels recorded by its neighbours in the early 1990s, while for living standards and education, the time lag is twice as long (twenty years). The fertility rate in Morocco in 2004-2008 stands at 2.4 children per woman, equivalent to that of Tunisia 6 years earlier.

In all three countries of the Maghreb, demographic behaviour is thus relatively similar despite their socio-economic differences. This is an important point, since living standards and educational levels are classic determinants of demographic trends, with improvements in economic and cultural conditions generally being associated with progress in the demographic transition.

Real differences between urban and rural Morocco...

Reinforced by the rural exodus of the 1960s to 1980s, which coincided with the first signs of transformation in health and family behaviours, the differences between cities and rural areas are even more pronounced than the disparities between countries.

The urban-rural divide is especially visible in terms of public infrastructure: the lower density of schools and health centres in rural areas is reflected in the Box 1

Affluent and popular neighbourhoods in Marrakech

The districts of Marrakech vary considerably in terms of social make-up and public amenities. The traditional city centre – the medina – adjoins the modern district of Gueliz, where there are 2.5 times more high-school graduates and 3.5 times more homes with a bath or shower than in the medina (Table).

Yet the demographic profiles of these two districts are very similar. Infant mortality is slightly higher in the medina (40 deaths before age one per 1,000 births) than in Gueliz (34 per thousand), while fertility is slightly lower (1.8 children per woman versus 1.9) and age at marriage is the same in both districts

While in socioeconomic terms the inhabitants of Gueliz are much more privileged than those of the medina, population trends in the two districts are similar, and equally advanced in the demographic transition.

Table – Selected demographic and socioeconomic characteristics of the districts of Marrakech

	Medina		Gueliz	
	Men	Women	Men	Women
Percentage of high-school graduates among persons aged 25+	17	5	43	13
Percentage of dwellings with bath or shower	17		60	
Infant mortality (deaths per 1,000 births)	40		34	
Total fertility rate (mean number of children per woman)	1.8		1.9	
Mean age at first marriage (years)	33.1	28.0	33.0	28.2

Source: Haut commissariat au plan du Maroc, based on the 2004 census.

(M. Sebti, Y. Courbage, P. Festy, A.-C. Kursac-Souali, Population & Societies, 459, INED, September 2009)

educational levels and health of rural populations.

Let us examine the case of Morocco. In 1982, threequarters of urban families were connected to the mains power supply, compared with just one family in twenty in rural areas. In 2004, 43% of rural populations were connected, versus 90% of city-dwellers. The urbanrural gap is progressively narrowing, however, and by the end of this decade, the proportion of rural homes with a mains power supply will equal that of Moroccan cities some thirty years earlier (Table 2).

In terms of literacy, only 30% of rural men born in the 1950s can read and write, compared with 70% of urban men from the same cohorts. For women, the proportions are 5% and 40%, respectively. For the cohorts born in the 1980s, 68% of men and 36% of women in rural areas are literate, versus 92% and 82%, respectively, in the cities.

Standards of living are improving, but no signs of a narrowing of urban-rural disparities have been observed since independence (1956). When, in 2000-2001, mean per capita spending in rural areas reached 5,300 dirhams (around 500 euros), it caught up with the level of urban spending observed in the late 1950s, more than forty years previously. The time lag of rural populations in Morocco with respect to their urban counterparts is three or even four decades.

... and converging demographic trends

Over the last three decades, infant mortality in Morocco has been 50% higher in rural areas than in urban areas, and child mortality (between ages 1 and 5) three times higher. Yet the urban-rural gap is much smaller than that observed for living standards or educational levels. Mortality between 1993 and 2004 in rural areas corresponds to the urban mortality level of the early 1980s.

The current fertility of rural populations is equivalent to that of city-dwellers around 15 years ago. The most recent total fertility rate (TFR) in rural areas (3.0 children per woman in 2001-2004) corresponds to the urban rate of the late 1980s, and is only 40% higher than the urban TFR today. The gap narrows further if we look at the two main factors influencing fertility, i.e. age at marriage and proportion of contraceptive users, whose levels lag behind those of the urban population by just ten years [4].

♦ The same demographic transition for all?

Mortality is declining rapidly across the country, among children especially, and progress in hygiene

Table 2 - Selected demographic and socioeconomic characteristics of rural and urban populations in Morocco

	Rural population		Urban population				
	Men	Women	Men	Women			
Percentage of dwellings with a mains power supply							
1982	5		74				
2004	43		90				
Literacy rate (1)							
Born in the 1950s	30	5	70	40			
Born in the 1980s	68	36	92	82			
Mean spending per person (constant dirhams, 2001) (2)							
1959-1960	3,400		5,400				
2000-2001	5,300		10,600				
Child mortality between ages 1 and 5 (per 1,000 survivors at age 1) (3)							
1981-1985	47		15				
1993-2004	15		5				
Total fertility rate (mean number of children per woman) (3)							
1985-1989	5.8		3.0				
2001-2004	3.0		2.1				
(1) Source: Domilation concuers							

- ⁽¹⁾ Source: Population censuses.
- (2) Source: National household consumption surveys.
- (3) Source: National family and health surveys.

(M. Sebti, Y. Courbage, P. Festy, A.-C. Kursac-Souali, Population & Societies, 459, INED, September 2009)

Box 2

Demographers meet the people of Marrakech

Morocco is hosting the 26th International Population Conference* from 27 September to 2 October, 2009. Following on from the conference in Tours, France in 2005, demographers from across the world will present their latest research findings.

For the very first time, the conference will take place in an Arab and an African country, and the choice of Marrakech reflects the strong interest in the populations of this region.

For lovers of oriental civilization and tourists from all countries, Marrakech exerts a powerful attraction. It offers a host of spectacular sites, from the pavilion of the Menara gardens reflected in the still waters of the basin, to the bright lights of Djemaa el Fna square under the towering minaret of the Koutoubia mosque. No-one more than the Marrakchis themselves understands the magic of this mythical meeting place. It is they who provide the best custom to the neighbouring souks and who most often enjoy a stroll in the Menara gardens.

In this magical setting, men and women go about their daily lives. Though its inhabitants are very diverse, Marrakech is often portrayed as a city marked by poverty. How do poor people in Marrakech live their lives today? How do they cope with their situation? How successfully do they seek solutions to their problems? To answer these key questions, we need to look more closely at their living conditions, alongside those of Moroccans and of their North African neighbours.

The notion of poverty is relative. The inhabitants of Marrakech are in a slightly better situation than the farmers in the neighbouring countryside. The living standards of rural populations is generally lower than that of their urban counterparts, and this differential has often been a catalyst of rural exodus throughout the Maghreb. But Marrakech is the Moroccan city with the lowest standard of living. For a level of 100 in Marrakech, it stands at 150 in Casablanca (the economic capital), 125 in Rabat-Salé (the administrative capital), 110 in Meknès and 105 in Fès (the two historic inland cities, comparable to Marrakech in many respects). Moreover, the per capita income in Morocco is considerably lower than in the other countries of the Maghreb. Marrakech is thus a poor city in a general context of poverty on several geographic levels.

Demography plays a particular role in the study of living conditions in the city. It is a factor of key importance as population growth, exacerbated by rural exodus, places pressure on the city's limited resources in terms of employment and housing. But it is also a factor of adjustment, revealing the capacity of a population to regulate its numbers via the demographic transition.

In September 2009, a collective publication on the demography and living conditions of the people of Marrakech will be published by the Institut national d'études démographiques [1].

has been universally beneficial. Massive vaccination campaigns have improved child health among all social groups, both urban and rural.

Regarding fertility, certain differentials are still observed (including a smaller increase in age at marriage among rural populations), but contraception is almost equally available across the kingdom.

While major contrasts still persist in the cultural and economic domains, the demographic transition has been more homogeneous. This relative independence of demographic behaviour with respect to living conditions is not specific to the Maghreb. Countries where fertility is close to the symbolic threshold of two children per woman include Vietnam and Azerbaijan where per capita GNI is just USD 3,000, alongside the United States and Norway, where it reaches USD 40,000. This convergence of behaviours in the Maghreb is observed in the mortality statistics at national level, but also at city and neighbourhood levels (Boxes 1 and 2), illustrating the relative disconnection between the socioeconomic environment and demographic trends (notably relating to health and the family) [5].

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ABSTRACT

In 2008, the Maghreb totalled 76 million inhabitants, with 35 million in Algeria, 31 million in Morocco and 10 million in Tunisia. Although incomes and living conditions vary, population growth has followed a parallel downward trend in all three countries since the 1980s. Differences in mortality rates have been narrowing, while fertility has fallen to low levels throughout the Maghreb. These contrasts are also observed within Morocco, where rural-urban disparities, accentuated by rural exodus, remain large. While income and educational levels still vary by a factor of two, demographic behaviours are converging, despite persisting inequalities in access to healthcare. A detailed district-by-district study confirms these analyses for the population of Marrakech itself.

^{*} Conference organized by the International Union for the Scientific Study of Population (IUSSP).