Morocco

Country profile

For Demographic and Health Surveys, the years refer to when the Surveys were conducted. Estimates from the Surveys refer to three or five years before the Surveys.

Morocco and the world

1. Maternal mortality ratio: global, regional and country data, 2005

A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, from any cause related to the pregnancy or its management but not from accidental or incidental causes. The maternal mortality ratio is the number of maternal deaths per 100,000 live births per year. The ratio in Morocco is 240 per 100,000 lower than the average of 420 per 100,000 live births in the Eastern Mediterranean Region of WHO and the average of 400 per 100,000 live births globally.

2. Lifetime risk of maternal death (1 in N), 2005

The lifetime risk of maternal death is the estimated risk of an individual woman dying from pregnancy or childbirth during her adult lifetime based on maternal mortality and the fertility rate in the country. The lifetime risk of dying from pregnancy-related causes in Morocco is 1 in 150, which is lower than the average of 1 in 61 in the Eastern Mediterranean Region of WHO and the global figure is 1 in 92.

Demographic and health data

3. Total population (in thousands)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>30,853</td>
</tr>
</tbody>
</table>


A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management but not from accidental or incidental causes. The most frequent causes of maternal deaths in Africa (for the period of 1997–2002) were haemorrhage (uncontrolled bleeding), sepsis or infections including HIV, hypertensive disorders (high blood pressure) and other causes. There are no country-specific data for Morocco.

5. Total fertility

The total fertility is the average number of children that would be born to a woman over her lifetime. The total fertility rate can be separated into the births that were planned (wanted total fertility rate) and those that were unintended (unwanted total fertility rate). According to a survey conducted in 2003-2004, the total fertility rate was 2.5 per woman in Morocco.

6. Proportions of births by urban versus rural location

Among the women interviewed in a survey conducted in 2002, about 50% of births occurred in the rural areas.\(^1\)

The total number of births (in thousands): 629 (2005)\(^2\)


Perinatal mortality refers to deaths of fetuses in the womb and newborn babies early after delivery. It includes (1) death of fetus in the womb after 22 weeks of gestation and during childbirth, and (2) death of a live-born child within the first seven days of life. These deaths are considered a reflection of the availability and quality of both maternal and newborn health care. According to a survey conducted in 2003-2004, overall, the perinatal mortality rate was 35 per 1,000 pregnancies. The rate was higher in rural than in urban areas.

8. Adolescent pregnancy rate by age for girls 15–19 years old

Adolescent pregnancy is pregnancy in an adolescent girl (girls 10–19 years old). The adolescent pregnancy rate indicates the proportion of adolescent girls who become pregnant among all girls in the same age group in a given year. According to surveys conducted in 1992 and 2003-2004, adolescent pregnancy had declined in all ages groups except among adolescents aged 15 and 18 years.

9. Adolescent pregnancy rate by urban versus rural location

In Morocco, a survey conducted in 2003-2004 found about 2.2% of women aged 15–19 reported to be pregnant with their first child. The rate of pregnancy was higher in the rural areas (3.7%) than in the urban areas (1.2%).

10. Adolescent pregnancy by subregion

Adolescent pregnancy rates vary between different parts of Morocco. According to a survey conducted in 2003-2004, the rate was highest in Centre-Nord (4.7 %), and lowest in the Sud subregion (1.3 %). Adolescent pregnancy rates can vary for many reasons including cultural norms, socioeconomic deprivation, education, access to sexual health information and contraceptive services and supplies.
11. Unmet need for family planning, 2003–04  10%

The unmet need for family planning is the proportion of all women who are at risk of pregnancy and who want to space or limit their childbearing, but are not using contraceptives.


12. Family planning: modern contraceptive use by age group

Modern contraceptive methods include oral and injectable hormones, intrauterine devices, diaphragms, hormonal implants, female and male sterilization, spermicides and condoms. In general, according to surveys conducted in 2003-2004, contraceptive use moderately increased with age, peaking at the 35-39 age group.

13. Contraceptive use by urban versus rural location

In Morocco, according to a survey conducted in 2003-2004, about 55% of currently married women were using modern contraceptive methods. Rates were slightly higher in urban (56%) than in rural areas (53%).

14. Contraceptive use by subregion

According to a survey conducted in 2003-2004, use of modern contraceptive was highest in the Centre and Oriental subregions (60%). The lowest rate was in Tensift subregion (49%).

15. Antenatal care

Antenatal care visits (ANC) include all visits made by pregnant women for reasons relating to pregnancy. According to a survey conducted in 2003-2004, about 68% of women received ANC for their latest pregnancy that ended in a live birth. Of the pregnancies that ended in a live birth, about 68% were given ANC by a skilled provider at least once.

16. Utilization of skilled birth attendants

A skilled birth attendant is an accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications among women and newborns. All women should have access to skilled care during pregnancy and at delivery to ensure that complications are detected and managed. In Morocco, a survey conducted in 2003-2004 showed that, overall, about 63% of childbirths were assisted by a skilled birth attendant. The rate was higher in urban (about 85%) than in rural (about 40%) areas.
17. Utilization of skilled birth attendants by wealth quintile

Whether a woman delivers with the assistance of a skilled attendant is highly influenced by how rich she is. In a survey conducted in 2003-2004, about 95% of women in the highest wealth quintile had a skilled attendant present at birth compared to about 30% of women in the lowest wealth quintile, representing over a three-fold difference.

18. Utilization of skilled birth attendants by subregion

The percentage of women giving birth with the assistance of a skilled attendant also varies by regions within Morocco. According to a survey conducted in 2003-2004, coverage ranged from about 48% in Oriental to about 72% in Centre subregions.

19. Place of delivery

Delivery in a health facility can reduce maternal and neonatal death and morbidity. According to a survey conducted in 2003-2004, about 61% of births were reported to have taken place in a health facility. A smaller proportion of women (about 39%) delivered at home with the associated risks.

20. Caesarean section rates by urban versus rural location

Caesarean section is a surgical procedure in which incisions are made through a woman’s abdomen and womb to deliver her baby. It is performed whenever abnormal conditions complicate vaginal delivery, threatening the life and health of the mother and/or the baby. According to a 2003-2004 survey, about 5% of births were delivered by caesarean section in Morocco. The rate in the rural areas was lower (about 2%) than in the urban areas (about 9%).

21. Caesarean section by subregion

Caesarean section rates also vary between subregions in Morocco. A survey conducted in 2003-2004 showed a higher rate in Sud and Centre subregions (7%), and a lower rates in the Centre-Nord subregion (2%).

22. Low birth weight

Babies weighing less than 2500 g at birth are considered to have low birth weight. According to a survey conducted in 2003-2004, of those babies who were weighed at birth, about 5% were reported to weigh less than 2500 g (2.5 kg). Low-birth-weight babies often face severe short- and long-term health consequences and tend to have higher mortality and morbidity.
23. Anaemia in pregnancy

Anaemia refers to abnormally low levels (less than 110 g/l) of haemoglobin (iron-containing oxygen proteins) in the blood. Severe anaemia is an important contributing factor to maternal deaths due to haemorrhage during childbirth. There are no country-specific data for Morocco.

24. Prevention of mother-to-child transmission of HIV

Antiretroviral drugs help to prevent the transmission of HIV from the mother to the child among pregnant women living with HIV. There are no country-specific data for Morocco.

25. Equity – gap in coverage of four major interventions by wealth quintile

This graph illustrates the gap in coverage of four key interventions (family planning, maternal and newborn care, immunization, and treatment of childhood illness) by wealth. The coverage gap reflects the difference between the goal of universal coverage of everyone (universal coverage) in these four intervention areas and actual coverage. Where the gap is larger, it means that there is less adequate coverage. The opposite indicates better coverage. The graph indicates that, in the surveys conducted in 1992 and 2004, the cover-age gap is highest for the poorest and is lowest for the richer members of society (wealthiest quintile). Overall the gap in the survey conducted in 2004 (28%) was lower, (that is, improved coverage) when compared to the 1992 survey (46%). Achieving equity requires improving coverage levels in the poorest quintiles.

26. Reproductive health

Maternal health

Unknown

Unknown

27. Financial flow

(per capita expenditure on health, in US dollars) 2007 234

28. Human resources

The work of at least 23 health workers (doctors, nurses or midwives) per 10 000 population is estimated to be necessary to support the delivery of the basic interventions required to achieve the Millennium Development Goals related to health. Globally, 57 countries have been identified with critical shortages below this minimum. These countries have a severe crisis in human resources for health. Of these 57 countries, 36 are in sub-Saharan Africa. Morocco, with about 13 health workers (as defined above) per 10 000 population, is well below this threshold and is one of the countries facing this crisis daily, with mothers and children lacking access to proper maternal and child care, HIV/TB and malaria care, and sexual and reproductive health information and services, including skilled birth attendants.

The shortage is exacerbated by staff losses due to migration (in search of a better life) of skilled staff to high-income countries, leaving behind already impoverished health services and systems.

Increasing the human resources around the world and establishing a balance between the services needed and the personnel available, and their distribution, are key elements of a well-functioning health system and critical requirements for achieving Millennium Development Goals.
29. Ratification of treaties and support of international consensus

<table>
<thead>
<tr>
<th>Convention</th>
<th>Ratification Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
<td>Yes</td>
</tr>
<tr>
<td>Convention on the Rights of the Child</td>
<td>Yes</td>
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<tr>
<td>International Covenant on Economic, Social and Cultural Rights</td>
<td>Yes</td>
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<tr>
<td>International Conference on Population and Development</td>
<td>Yes</td>
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<tr>
<td>Fourth World Conference on Women</td>
<td>Yes</td>
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</tbody>
</table>

Sources:

30. Other determinants of health: water, sanitation, communication and road networks

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed-line and mobile phone subscribers (per 100 population)</td>
<td>57 (2006)</td>
</tr>
<tr>
<td>Internet users (per 100 population)</td>
<td>20 (2006)</td>
</tr>
<tr>
<td>Roads paved (% of total roads)</td>
<td>62 (2005)</td>
</tr>
<tr>
<td>Improved water source (% of population with access)</td>
<td>83 (2006)</td>
</tr>
<tr>
<td>Improved sanitation facilities (% of urban population with access)</td>
<td>85 (2006)</td>
</tr>
</tbody>
</table>


For further information contact:

Child and Adolescent Health and Development
Tel: +41 22 791 3281
E-mail: cah@who.int
Web site: www.who.int/child_adolescent_health/en

Gender, Women and Health
Tel: +41 22 791 2394
E-mail: genderandhealth@who.int
Web site: www.who.int/gender

Immunization, Vaccines and Biologicals
Tel: +41 22 791 4612
E-mail: vaccines@who.int
Web site: www.who.int/immunization/en

Making Pregnancy Safer
Tel: +41 22 791 3966
E-mail: MPSinfo@who.int
Web site: www.who.int/making_pregnancy_safer/en

Reproductive Health and Research
Tel: +41 22 791 3372
E-mail: reproductivehealth@who.int
Web site: www.who.int/reproductive-health