

Kingdom of Morocco
Ministry of Health

Morocco

National Survey on Maternal and Child Health

ENSME 1996-1997

SUMMARY REPORT

NATIONAL SURVEY ON MATERNAL AND CHILD HEALTH, MOROCCO (ENSME, 1996-1997)

SUMMARY REPORT

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This report summarizes the main findings of the principal report of the National Survey on Maternal and Child Health (ENSME, 1996-1997), undertaken in Morocco by the Ministry of Health (Direction de la Planification et des Ressources Financières, Service des Études et de l'Information Sanitaire). The 1996-1997 ENSME is part of the Pan Arab Project for Child Development (PAPCHILD).

This project is a pioneering effort in the Arab region; it represents an important step toward the formulation of comprehensive programs for maternal and child health within the framework of national development plans. PAPCHILD is being executed by the League of Arab States, and is supported by Arab, international, governmental, and non-governmental organizations (LAS, AGFUND, UNFPA, UNICEF, WHO, UNSTAT and IPPF).

Editing and printing of this summary report are financed by USAID, and technical assistance is provided by Macro International Inc., Calverton, Maryland, U.S.A.

Additional information on the ENSME may be obtained from the Service des Études et de l'Information Sanitaire, Ministère de la Santé, Avenue Mohamed V, Rabat, Morocco (Telephone and Fax 212-7-762781). Regarding the PAPCHILD program, information can be obtained from the Pan Arab Project for Child Development, League of Arab States, 22 A Taha Hussein Street, Zamalek, Cairo, Egypt (Telephone 202-340 4306; Fax 202-3401422).



Background

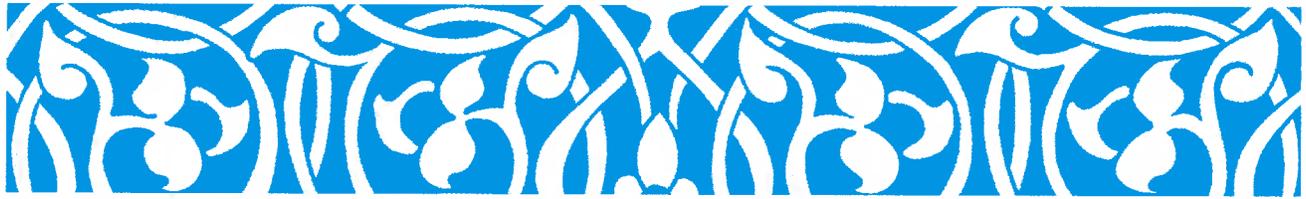
This report summarizes information from the 1996-1997 Morocco National Survey on Maternal and Child Health—Enquête Nationale sur la Santé de la Mère et de l'Enfant (ENSME 1996-97). The ENSME was conducted by the Service des Études et de l'Information Sanitaire, Direction de la Planification et des Ressources Financières of the Ministry of Health.

The survey was implemented in two stages. In the first stage, a nationally representative large sample of 44,932 households was interviewed, and questionnaires were completed for 68,318 women age 15-49. Fieldwork took place between November 1996 and May 1997. The questionnaires for the large sample consisted of two parts: the Household Questionnaire and the Individual Questionnaire. The Household Questionnaire was used to list all usual household members and visitors and to identify those present in the household during the night before the interviewer's visit. For each of the individuals included in this questionnaire, information was collected on the relationship to the household head, age, sex, educational level (for those six years and older), work status (for those 15 years and older) and survival of parents. In addition, the household questionnaire collected information on general and maternal mortality in the five years preceding the survey. The Individual Questionnaire was administered to all women age 15-49, and obtained information on the following topics: respondent's background, reproduction (five years preceding the survey), contraception and immunization.

In the second stage, a small sample of households was selected from the large sample. Of this sub-sample, 5,686 households were interviewed. Within these households, 5,311 ever-married women age 15-49 were identified as eligible for an individual interview and of these, 5,096 were interviewed. In addition, 5,240 children under age 5 were identified for the child questionnaire. Fieldwork for the small sample lasted approximately three months from October to December 1997. Three types of questionnaires were used in the small sample: the Household Questionnaire, the Woman's Questionnaire and the Child's Questionnaire. The Household Questionnaire listed all usual residents of a sampled household, plus all visitors who slept in the household the night before the interview. Some basic information was collected on the characteristics of each person listed, including their age, sex and marital status. Information on housing characteristics



(source of water, type of toilet facility, and ownership of various durable consumer goods) was also collected. The Woman's Questionnaire was used to collect information from eligible women on the following topics: respondent's background, marriage, reproduction (pregnancy history), reproductive health, chronic morbidity and other reproductive illnesses, STDs and AIDS, breastfeeding, family planning and husband's background. The Child's Questionnaire obtained information on child-care practices, prevalence and treatment of diarrhea and other illnesses, accidents, and height and weight.



Characteristics of households and respondents

More than one in two households (55 percent) have electricity although significant differences exist between urban and rural areas: nearly all urban households (92 percent) have electricity compared with 14 percent of rural households. Just over half of households (58 percent) have access to safe drinking water (faucet water, public tap and cistern truck). Those in urban areas are better supplied with water than those in rural areas; 99 percent of urban households having access to government inspected water compared with 13 percent of rural households.



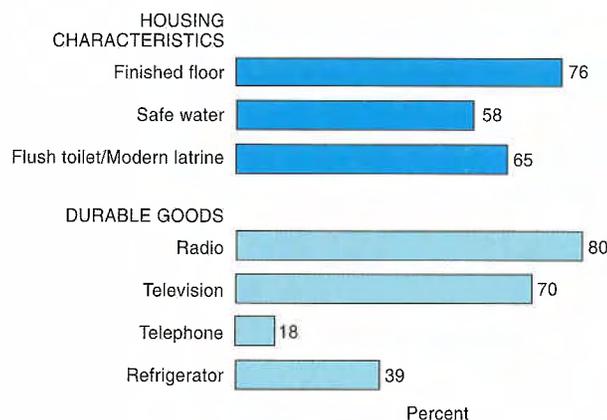
USAID/N. Nolan

Three quarters of households have finished floors (mainly tile and cement); this type of flooring is more common in urban (97 percent) than in rural areas (53 percent). More than one household in four (28 percent) is lacking a toilet, while 65 percent have adequate toilet facilities (a private or public flush toilet or improved pit latrine). There is significant variation in the availability of toilet facilities between urban and rural areas: only 2 percent of urban households are without a toilet compared with more than half (58 percent) of rural households.

Among durable goods found in Moroccan households, the radio is the most pervasive: about four households in five (80 percent) own a radio.

In rural areas, less than one in five households has access to safe drinking water.

Housing Characteristics and Household Durable Goods

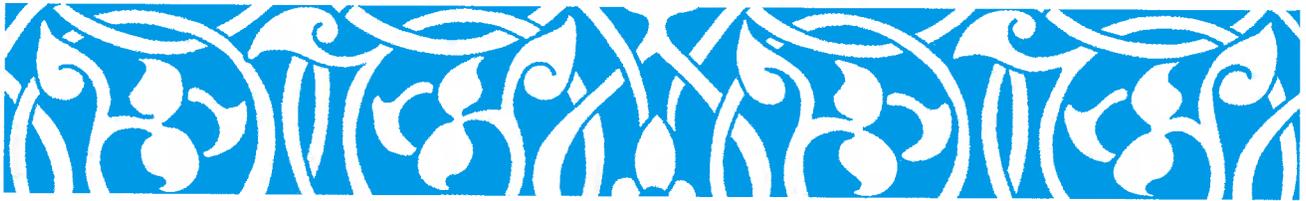




Television is available in more than two in three households (69 percent) and nearly one household in five (18 percent) has telephone service. The presence of durable goods varies by residence, with households in urban areas being better equipped than those in rural areas.

On average, Moroccan households have 5.9 persons. The mean number is 5.5 persons in urban areas and 6.5 in rural areas. The mean number of persons per sleeping room is 2.9. This figure is slightly higher in rural (3.1) than in urban areas (2.8).

Among married women age 15-49 years, 73 percent are illiterate and 13 percent only know how to read and write. Of the 14 percent who have attended school, 3 percent have primary education, 6 percent have preparatory level education, and 5 percent have attended secondary or higher education.



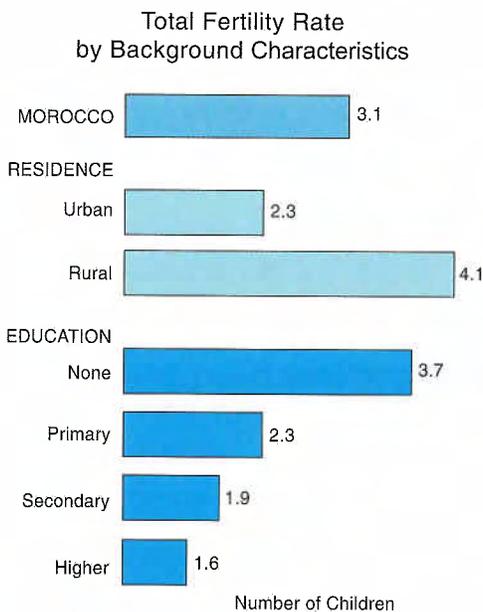
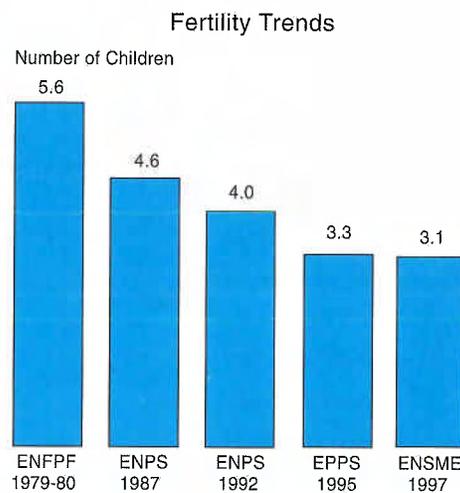
Fertility

Levels and trends

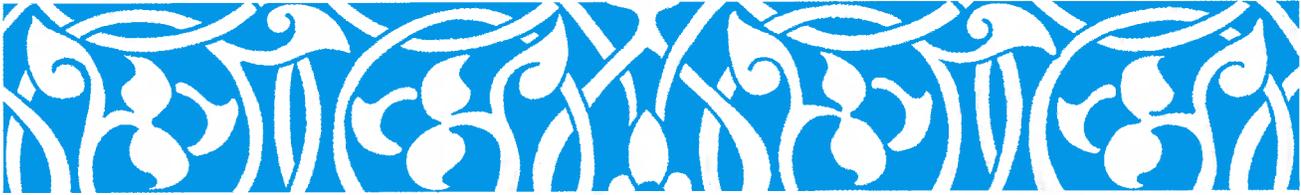
At current levels, Moroccan women will give birth, on average, to 3.1 children. Over the past 20 years, the fertility of Moroccan women has continued to drop: it went from 5.6 children per woman in the period 1976-1980 to 3.1 children during the period 1995-1997, or a decline of 45 percent.

In the past 20 years, the level of fertility dropped from 5.6 to 3.1 children per woman.

Results from the 1997 ENSME show differences in fertility by residence. The fertility of women in rural areas is higher than that of women in urban areas: rural women will give birth, on average, to 4.1 children compared with 2.3 children for urban women. By region, the number of children per woman varies from 2.1 in Grand Casablanca to 3.8 in Taza-Alhoceima-Taounate.



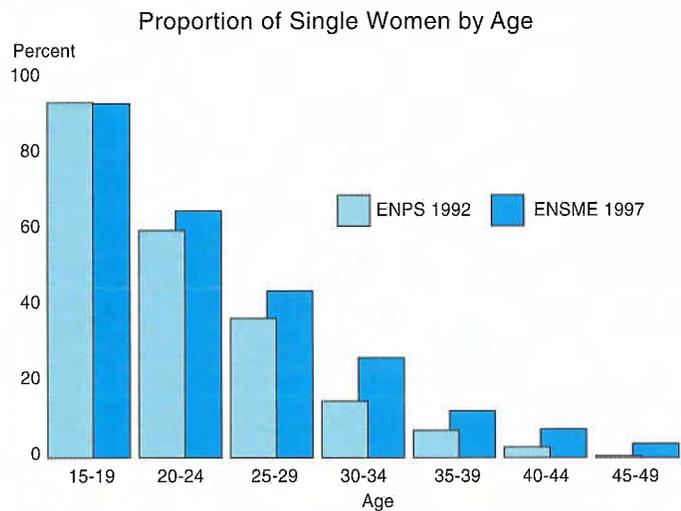
Fertility levels drop rapidly with increasing level of education: women with primary education have, on average, 1.4 children less than those with no education (2.3 children compared with 3.7 children, respectively). Women with secondary education or higher education (1.9 and 1.6 children, respectively) have about two times fewer children than women with no education.



Marriage

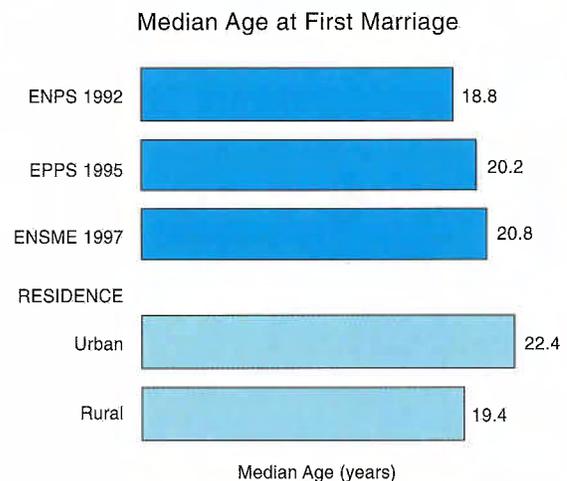
The proportion of women who are single decreases with increasing age: in Morocco, 87 percent of women are single at age 15-19 years, 61 percent at 20-24 years, and a quarter

are still single at age 30-34. In recent years, the proportion of single women has been declining more slowly, indicating later age at marriage: 61 percent of women were still single at age 20-24 years in 1997, compared with 56 percent in 1992, and 41 percent of women were not yet married at age 25-29 in 1997, compared with 34 percent in 1992.

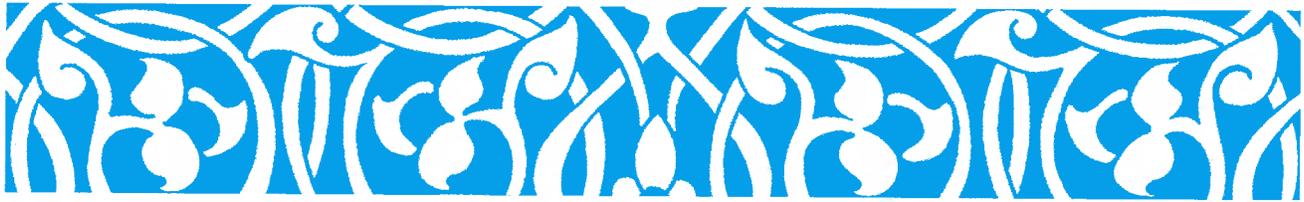


The age of entry into first union remains relatively young: one in two women is already married at age 20.8 years. However, age at first union is increasing; it was estimated at 20.2 years in the 1995 EPPS and 18.8 years in the 1992 ENPS.

Age at first union is substantially higher among urban women than among rural women: the average age in urban areas (22.4 years) is 3 years higher than that in rural areas (19.4 years).



One in two women is already married at age 20.8 years.



Fertility preferences

Among married, fertile women, more than one in two (51 percent) want no more children. Women who want to limit births are, proportionally, more numerous in urban areas than in rural areas (53 percent and 49 percent, respectively).

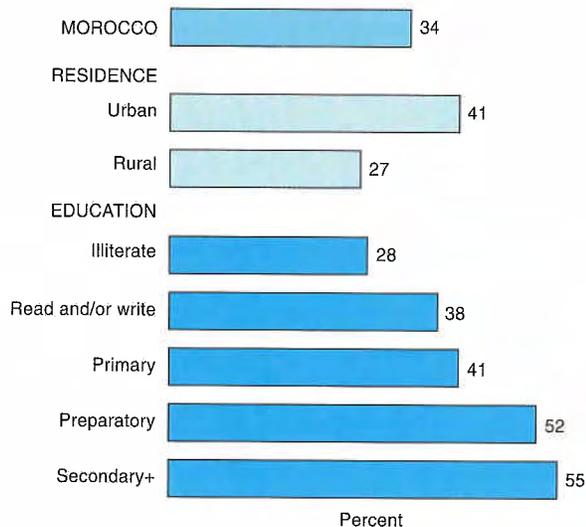
Significant differences are found between regions. The proportion of women wishing to limit their progeny varies from 46 percent in the Marrakech-Tensift-El Haouz region to 62 percent in the El Gharb-Chrarda region.

Level of education has a strong effect on the desire limit children. Among women with 2 children, 55 percent of those with secondary education or higher do not want any more children compared with 38 percent of those who only know how to read and write; among illiterate women, the proportion is 28 percent.

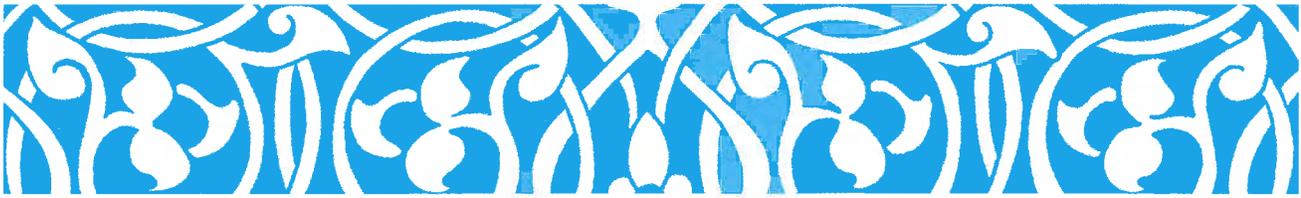


Approximately one married, fertile woman in two (51 percent) wants no more children.

Desire to Limit Childbearing among Currently Married, Fertile Women Who Have Two Children



For ever-married Moroccan women, the mean ideal family size is 3.4 children. The number of children wanted varies with residence and education. Rural women want an average of 3.7 children compared with 3.1 for urban women. The ideal number of children for illiterate women is 3.7 compared with 2.5 for those with secondary education, a difference of 1.2 children.



Family planning

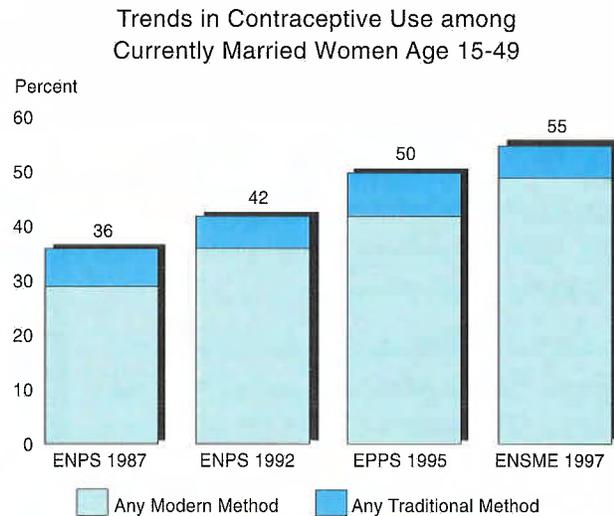
In Morocco, nearly all women (99.7 percent) know at least one method of contraception. This level of knowledge is equally high when limited to modern methods and varies only slightly by age, marital status, education, and region.

In 1997, 78 percent of women in union reported having used at least one modern method of contraception at some time. In 1992, the proportion was 63 percent.

At the time of the survey, 55 percent of women in union were using a contraceptive method, either modern (49 percent), or traditional (6 percent). The proportion of users has increased significantly: it went from 36 percent in 1987 to 55 percent in 1997, an increase of 53 percent over a 10-year period.

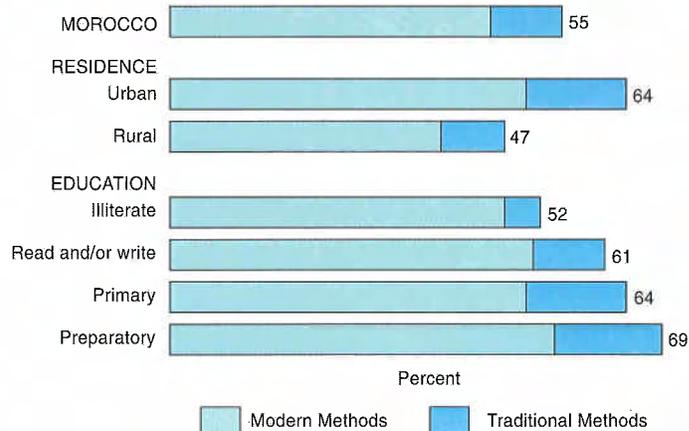
The proportion of users of contraceptive methods varies by residence and education. In rural areas, 44 percent of women in union use a modern method compared with

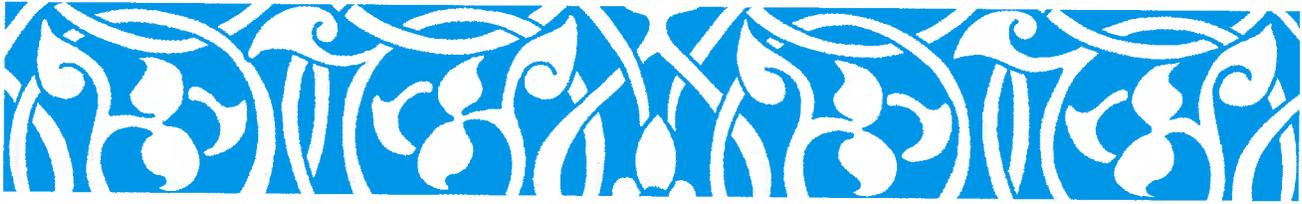
54 percent in urban areas. By education, the use of modern methods varies from 47 percent among women with no education to 52 percent among those with primary education, and reaches 55 percent among women with at least preparatory level education.



Contraceptive prevalence has increased significantly: it went from 36 percent in 1987 to 55 percent in 1997, an increase of 53 percent over a 10-year period.

Current Use of Contraception by Residence and Education among Currently Married Women Age 15-49





Among contraceptive users, the pill is the most frequently used method (69 percent); 10 percent rely on the IUD and 5 percent choose sterilization. The condom is the preferred method of 2 percent of users, and 12 percent rely on traditional methods.



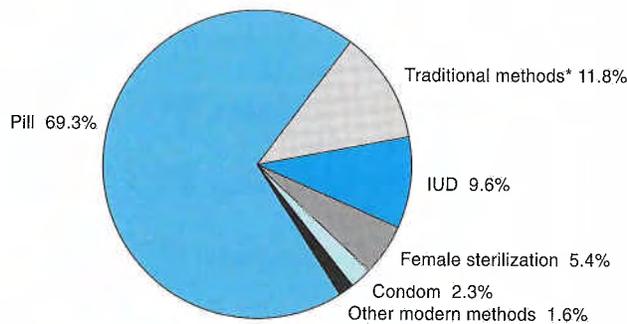
Direction de la Population/MSP

Among the women in union who were not using contraception at the time of the survey, 52 percent expressed their intention to use a method in the future.

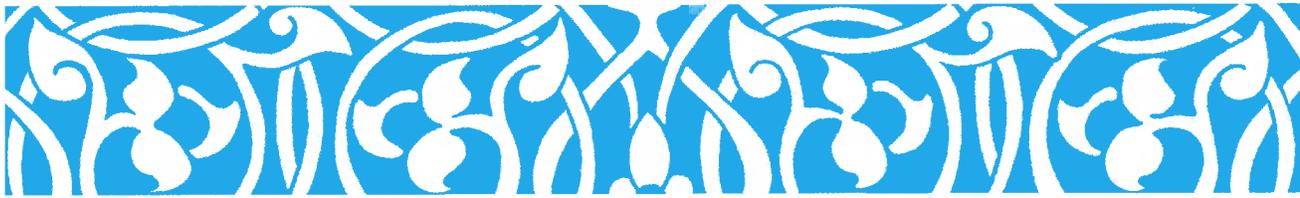
Among married women who are nonusers of contraception, two in three (66 percent) have discussed family planning with their spouse. The proportion is higher in urban areas and for women with secondary education or more (78 percent and 92 percent, respectively) than for women in rural areas or for those with no education (58 percent and 60 percent, respectively).

Among women in union who were not using contraception, 52 percent expressed the intention to use a method in the future.

Current Use of Contraception by Method among Currently Married Women 15-49



* Prolonged breastfeeding not included



Reproductive health

Symptoms of complications during pregnancy

Almost one woman in three (29 percent) has had at least one symptom of obstetrical complications during pregnancy. The most frequently reported symptoms were severe infection (17 percent) and bleeding (16 percent). In 5 percent of cases, women reported having had eclamsia.

The frequency of obstetrical complications is influenced by a woman's age and number of pregnancies. Women age 35 or older are more likely to report having had a symptom of complications during pregnancy (32 percent) than women age 15-19 (24 percent), or women age 20-34 (29 percent). In addition, 35 percent of women with 6 or more pregnancies reported having had at least one symptom of obstetrical complications.

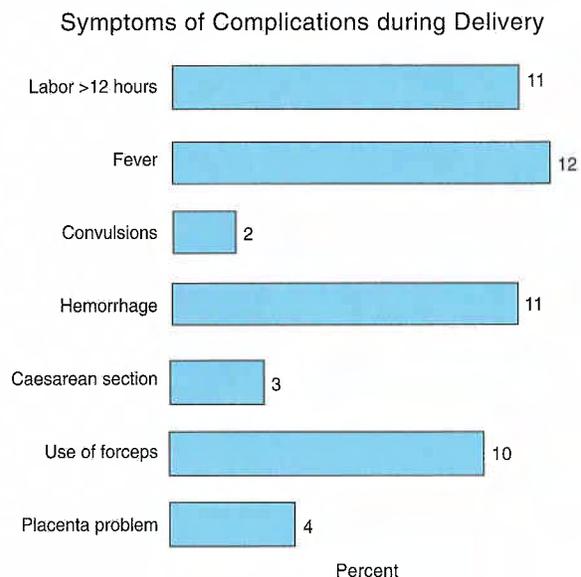
Almost one woman in three (29 percent) has had at least one symptom of obstetrical complications during pregnancy.

Symptoms of complications during delivery

Among complications reported by women during delivery, fever, heavy bleeding (hemorrhage), and labor lasting more than 12 hours are mentioned most frequently (12 percent, 11 percent, and 11 percent, respectively).

Women with 6 pregnancies or more had the highest levels of fever and heavy bleeding (17 percent and 13 percent, respectively). By comparison, labor lasting more than 12 hours is more common in first deliveries (15 percent).

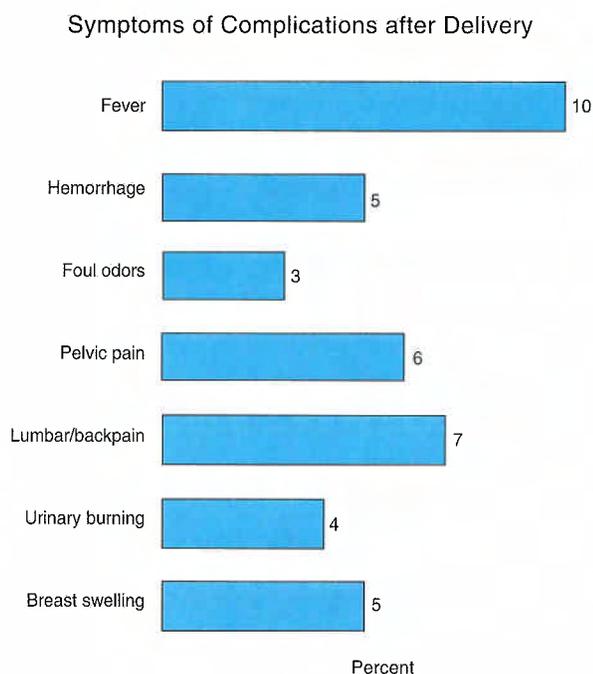
In 3 percent of cases, a caesarean section was necessary. This intervention is more frequent in first deliveries (5 percent) and for women in urban areas (6 percent).





Symptoms of complications in the six weeks following delivery

In the six weeks following delivery, the most frequently reported symptom of complications is fever (10 percent). Pelvic pain and lumbar or back pain were mentioned by 6 percent and 7 percent of women, respectively. Five percent of women had pain/swelling in their breasts, 5 percent had heavy bleeding, 4 percent had burning on urination, and 3 percent had foul odors. Women age 35 or older and women with 6 or more pregnancies reported these symptoms most often.



Antenatal care and place of delivery

During the three years preceding the survey, mothers had antenatal consultations for more than half (56 percent) of all pregnancies. However, in more than a third of cases, this care was not given on a regular basis. Women in urban areas (62 percent) and those having secondary education or more (90 percent) were most likely to receive regular antenatal care. Only 21 percent of women in rural areas and 26 percent of illiterate women were regularly followed during their pregnancies.

Mothers had antenatal consultations for more than half (56 percent) of all pregnancies.

For 41 percent of births in the last three years mothers received tetanus vaccinations to protect against neonatal tetanus.



More than half of births in the past three years took place at home, while two in five took place in a public health center.

More than half of births in the past three years (54 percent) took place at home, while two in five (40 percent) took place in a public health center; only 6 percent of births occurred in a private health center. In rural areas, nearly three quarters of births (73 percent) took place at home compared with one in four (25 percent) in urban areas. Likewise, only 3 percent of births to women with secondary education or more took place at home, while 66 percent of women with no education gave birth at home. In 1992, 72 percent of births took place at home.



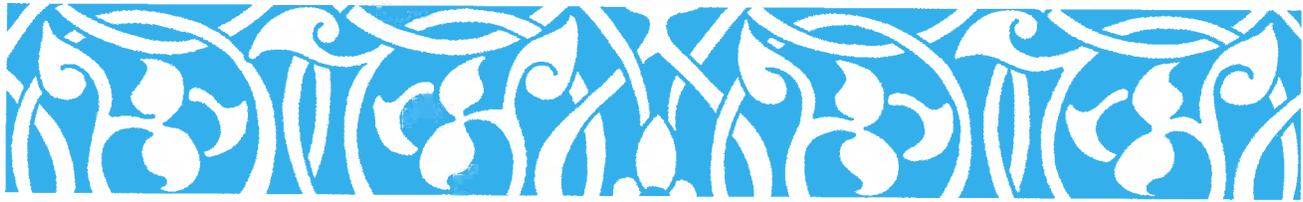
Direction de la Population/MSP

Postnatal care

Among women who gave birth in the past three years, 87 percent received postnatal care. The proportion of women who benefited from postnatal follow-up was high regardless of residence or level of education.

Symptoms of reproductive morbidity

Reproductive morbidity was evaluated based on symptoms reported by women in union: 19 percent reported symptoms of infertility, 14 percent problems with the menstrual cycle, 13 percent genital prolapse, 13 percent urinary infection, 10 percent vaginal discharge and 5 percent urinary incontinence. Fourteen percent of women reported more than one symptom of reproductive morbidity.

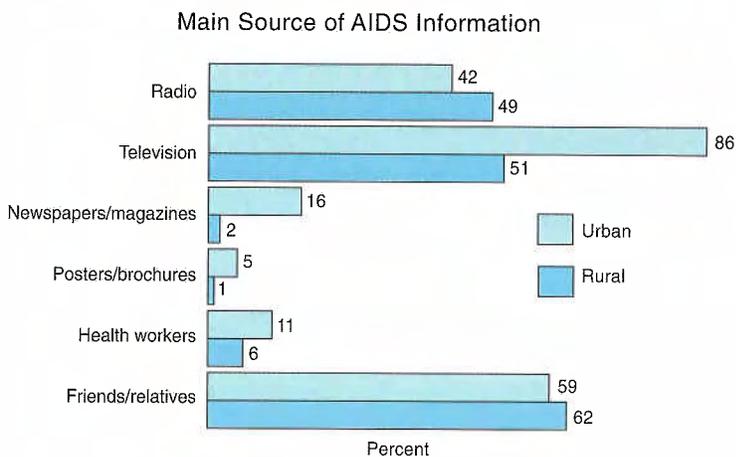


STDs and AIDS

Among women in union age 15-49, 84 percent reported knowing at least one sexually transmitted disease (STD). Syphilis is the most frequently mentioned STD (20 percent).

More than four in five women in union age 15-49 (83 percent) have heard about AIDS.

In rural areas, the proportion is 70 percent compared with 96 percent in urban areas. Likewise, only 77 percent of women with no education have heard about AIDS compared with almost all women with primary education or more.



Among women in union age 15-49, 83 percent have heard about AIDS.

Regardless of residence, television is the main source of information on AIDS (86 percent in urban areas and 51 percent in rural areas). Radio is also a significant source of information and was mentioned by 42 percent of urban women and 49 percent of rural women. Finally, a large proportion of women obtained information about AIDS from friends/relatives (60 percent).





Infant and child health

Immunization

Among children age 12-23 months, 87 percent are completely immunized compared with 76 percent in 1992.

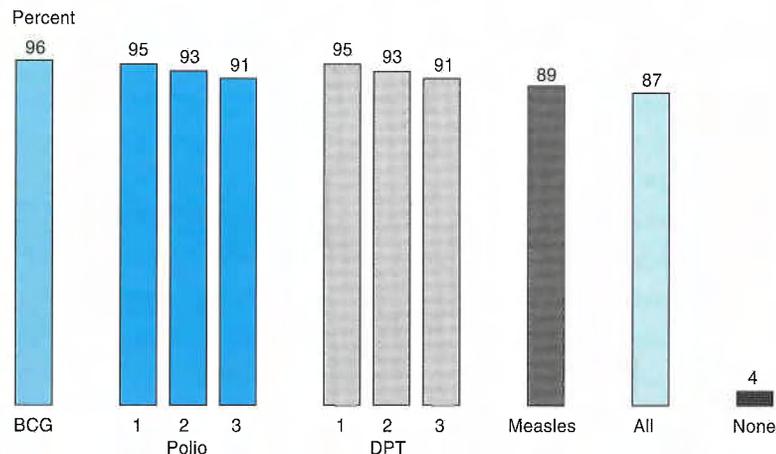
More than four in five children age 12-23 months (87 percent) have received all the vaccinations in the Expanded Program on Immunization (EPI), namely BCG vaccine, three doses of polio and DPT vaccine, and measles vaccine. In 1992, this proportion was just 76 percent. On the other hand, 4 percent of children have received none of these immunizations.



USAID/N. Nohari

With regard to specific coverage, 96 percent of children age 12-23 months have received BCG, 89 percent have been vaccinated against measles, and 91 percent have received three doses of polio and DPT vaccine.

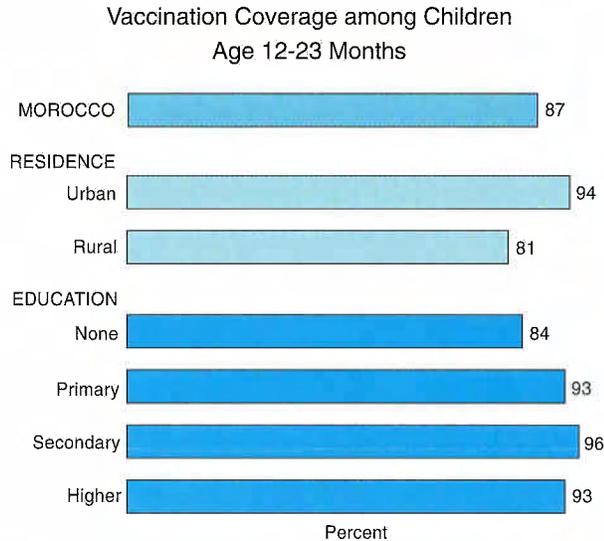
Vaccinations among Children Age 12-23 Months



Mother's education plays an important role in the level of vaccination coverage for children: only 84 percent of children whose mothers have no education are completely immunized while 93 percent of those whose mothers have primary education and 96 percent of those whose mothers have secondary education are fully immunized.

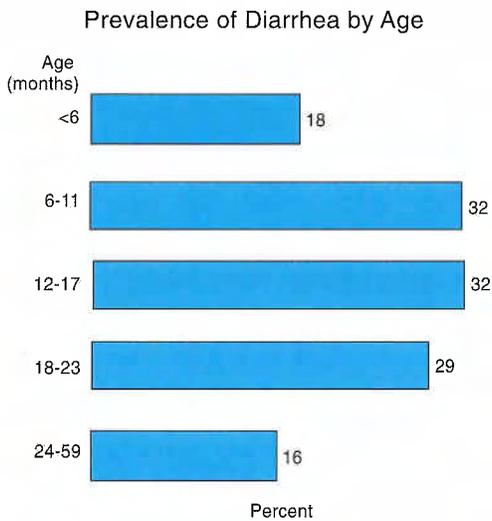


Vaccination coverage among children in rural areas—81 percent have received all the EPI vaccinations—is lower than that among children in urban areas (94 percent). By region, the proportion of children fully immunized varies from 76 percent in the Taza-Alhoceima-Taounate region to 95 percent in the regions of Grand Casablanca and Guelmim Smara.



Children's illnesses and treatment

About one in five children less than five years of age (21 percent) had at least one episode of diarrhea in the two weeks preceding the survey. Among these children, 3 percent had a symptom of dysentery. The prevalence of diarrhea is highest among children age 6-23 months: nearly one child in three had at least one episode of diarrhea.



The prevalence of diarrhea diminishes with increasing level of mother's education: 23 percent of children whose mothers are illiterate and 20 percent of those whose mothers only know how to read and/or write had diarrhea during the two weeks preceding the survey. Among children whose mothers have primary education, the prevalence of diarrhea is 14 percent; it is only 7 percent

About one in five children less than five years of age (21 percent) had diarrhea in the two weeks preceding the survey.



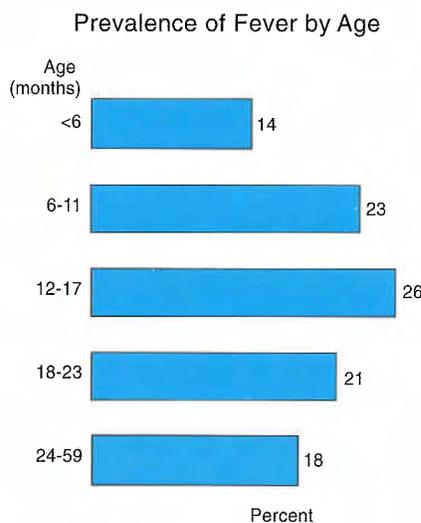
among children whose mothers have secondary education. Children from rural areas are more affected by diarrhea than those from urban areas (25 percent and 15 percent, respectively). By region, the prevalence of diarrhea is greatest in Marrakech-Tensift-Haouz (30 percent) while it is lowest in Laayoune-Boujdour (3 percent).

Seventy percent of children with diarrhea in the two weeks preceding the survey received no treatment. Just over one child in four received increased liquids (27 percent) and in 29 percent of cases, the child was treated with ORS (oral rehydration salts).



USAID/IN. Nolan

Nearly one in five children under five (19 percent) had fever in the two weeks preceding the survey.



Among children under five, nearly one in five (19 percent) had fever during the two weeks preceding the survey. Children age 12-17 months are most commonly affected by fever (26 percent). Children in urban areas are more prone to fever than those in rural areas (21 percent and 18 percent, respectively).

Among sick children, only 29 percent were taken for consultation to a health facility or to a private physician. The medication given most frequently to treat fever was aspirin (32 percent). Nearly one child in three received no treatment (31 percent) for fever.

About one child in five had a cough (18 percent) in the preceding two weeks and 9 percent had a cough with short, rapid breathing. At age 6 to 23 months, the prevalence of cough and cough accompanied by short, rapid breathing is about one and a half times greater than at age less than six months. The proportion of children with cough and cough accompanied by short, rapid breathing is higher in urban than in rural areas (33 percent compared with 22 percent).



More than two in five children sick with cough (45 percent) were treated with syrups while 12 percent were given antibiotics. Nearly one in three children received no treatment during the illness.

Breastfeeding and supplements

Breastfeeding is widely practiced in Morocco; 95 percent of children born in the last five years were breastfed. The mean duration of breastfeeding is 13.5 months.

Although the World Health Organization recommends that children receive only breast milk until about age 6 months, 12 percent of Moroccan children under the age of 3 months are already receiving solid foods and the average age for the introduction of supplements is 4 months. Moreover, by age 0-1 month 16 percent of children are nourished with a bottle.

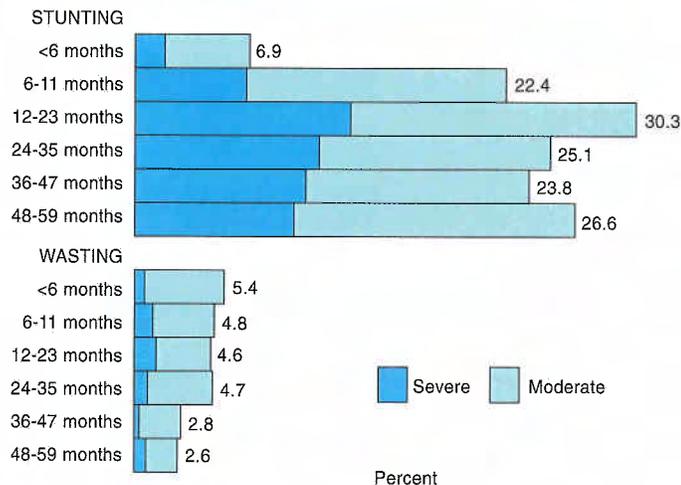
Breastfeeding is practically universal in Morocco: 95 percent of children born in the last five years were breastfed.

Nutritional status of children

In Morocco, one in four children under the age of five (24 percent) exhibits chronic malnutrition (stunting). In its severe form, chronic malnutrition affects 10 percent of children.

The level of chronic malnutrition has changed little since 1992 (23 percent); however, severe chronic malnutrition has increased slightly from 8 percent in 1992 to 10 percent in 1997. Stunted growth quickly worsens with age and nearly one child in three (30 percent) is affected by age 12-23 months.

Stunting and Wasting among Children Under 5 Years



By age 12-23 months, nearly one child in three (30 percent) is stunted.

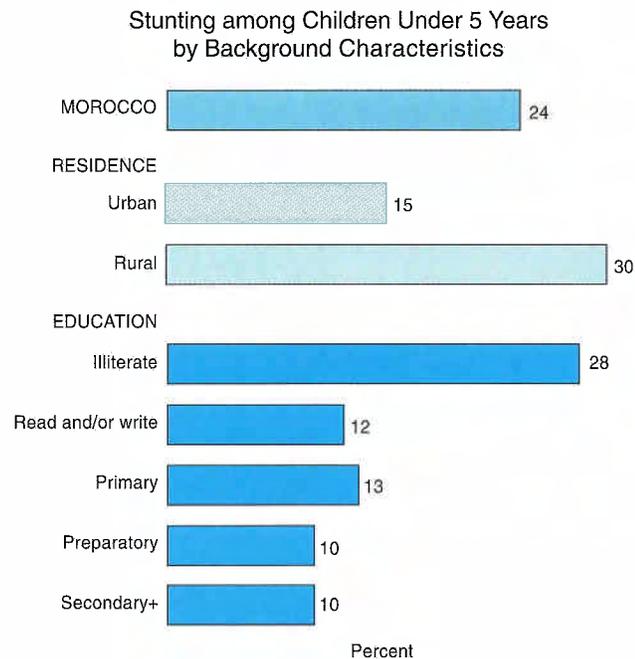


Among children under age five, 4 percent are wasted.

Among Moroccan children under five, 4 percent exhibit acute malnutrition (wasting); that is, they are too thin for their height. The prevalence of this form of malnutrition has been on the rise since 1992 when it was 2 percent.

Underweight status, which is indicated by low weight for age, affects nearly one child in ten under age five (9 percent). One quarter of these children are severely underweight.

The proportion of children who are underweight in rural areas is twice that in urban areas (30 percent compared with 15 percent). Among children whose mothers are illiterate, 28 percent are underweight compared with 13 percent among children whose mothers have primary education and 10 percent among those whose mothers have preparatory level education or more.





Infant and child mortality and maternal mortality

Infant and child mortality

For the period 1992-1997, the ENSME estimates that infant mortality—or the probability of dying between birth and the first birthday—is between 37 and 51 deaths per 1,000 live births. For the same period, of 1,000 children surviving to the first birthday, the ENSME estimates that 10 to 11 will die before the age of five. Overall, of 1,000 children born alive, 46 to 61 will die before their fifth birthday.

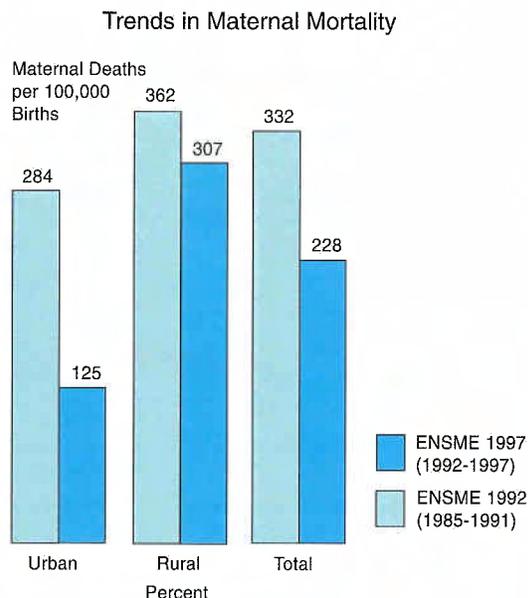
About five children out of a hundred die before reaching their fifth birthday.

The ENPS-I estimated mortality between birth and the fifth birthday at 92 per 1,000 for the period 1982-1987. With mortality for the period 1992-1997 at 46 to 61 per 1,000, it appears that infant and child mortality have almost been cut in half over the 10-year period.

Infant and child mortality varies substantially by residence and mother's education. During the first five years of life, twice as many children die in rural areas as in urban areas. Likewise, mortality among children whose mothers never went to school is two times higher than that of children whose mothers have primary education.

Maternal mortality

For the period 1992-1997, the rate of maternal mortality is estimated at 228 deaths per 100,000 births. Women in rural areas run a risk of dying from maternal causes that is two and a half times that of women in urban areas (125 per 100,000 and 307 per 100,000, respectively). Overall, however, the level of maternal mortality has dropped significantly since the period 1985-1991 when the ENPS-II estimated the level of maternal mortality at 332 per 100,000 births.



For the period 1992-1997, maternal mortality is estimated at 228 deaths per 100,000 births.

Fact sheet

ENSME 1996-1997, Morocco

Sample size (large sample)

| | |
|-----------------------|--------|
| Households | 44,932 |
| Women age 15-49 | 68,31 |

Sample size (small sample)

| | |
|------------------------------------|-------|
| Households | 5,686 |
| Ever-married women age 15-49 | 5,096 |

Background characteristics of women interviewed

| | |
|--|------|
| Percent urban | 48.9 |
| Percent with no education | 73.4 |
| Percent who read and/or write | 13.0 |
| Percent attended primary | 2.9 |
| Percent attended preparatory | 6.0 |
| Percent attended secondary or higher | 4.7 |

Marriage and other fertility determinants

| | |
|--|------|
| Percent single women age 15-19 | 87.3 |
| Percent single women age 20-24 | 60.8 |
| Median age (in years) at first union (women 25-49) | 20.8 |

Fertility

| | |
|---|-----|
| Total Fertility Rate ¹ | 3.1 |
|---|-----|

Desire for children

| | |
|---|------|
| Percent of married, fertile women who want no more children | 51.1 |
| Mean ideal number of children (ever-married women) | 3.4 |

Knowledge and use of family planning

| | |
|--|------|
| Percent of women currently in union: | |
| Knowing any modern method | 99.7 |
| Having ever used any method | 84.4 |
| Currently using any method | 55.3 |
| Currently using any modern method | 48.8 |
| Percent of women currently in union using: | |
| Pill | 38.3 |
| Injection | 0.7 |
| IUD | 5.3 |
| Condom | 1.2 |
| Female sterilization | 3.0 |
| Calendar method | 3.2 |
| Withdrawal | 3.0 |

Reproductive health

| | |
|--|------|
| Percent of women having had any symptom of obstetrical complications during pregnancy ² | 29.2 |
| Percent of pregnancies ² for which mothers: | |
| Received antenatal care | 56.0 |
| Received at least one tetanus toxoid injection | 41.2 |
| Percent of births in the past three years that took place in a health facility | 45.6 |

Child health and nutritional status

| | | |
|---|--|------|
| Percent of children 12-23 months who have a vaccination card | | 62.2 |
| Percent of children 12-23 months who received: ³ | | |
| BCG | | 96.1 |
| DPT (three doses) | | 90.6 |
| Polio (three doses) | | 90.6 |
| Measles | | 88.5 |
| All EPI ⁴ vaccinations | | 87.1 |
| No vaccination | | 3.8 |
| Percent of children under 5 years who, in the two weeks preceding the survey had: | | |
| Diarrhea | | 20.9 |
| Cough and short, rapid breathing | | 9.0 |
| Percent of children born in the last 5 years who were breastfed | | 95.1 |
| Mean duration of breastfeeding in months ⁵ | | 13.5 |
| Percent of children under 5 years who are: | | |
| Stunted ⁶ | | 24.1 |
| Wasted ⁶ | | 3.9 |

Mortality

| | |
|---|-------|
| Infant mortality rate (/1,000) ⁷ | 37-51 |
| Under-five mortality rate (/1,000) ⁷ | 46-61 |
| Maternal mortality rate ⁸ | 228 |

STDs and AIDS

| | |
|---|------|
| Percent of ever-married women who know at least one STD | 83.5 |
| Percent of ever-married women who have heard of AIDS | 82.7 |

¹ Calculated from births to women age 15-49 during the the period 0-3 years preceding the survey.

² Pregnancies in the last three years.

³ Based on information from vaccination cards and mothers' reports.

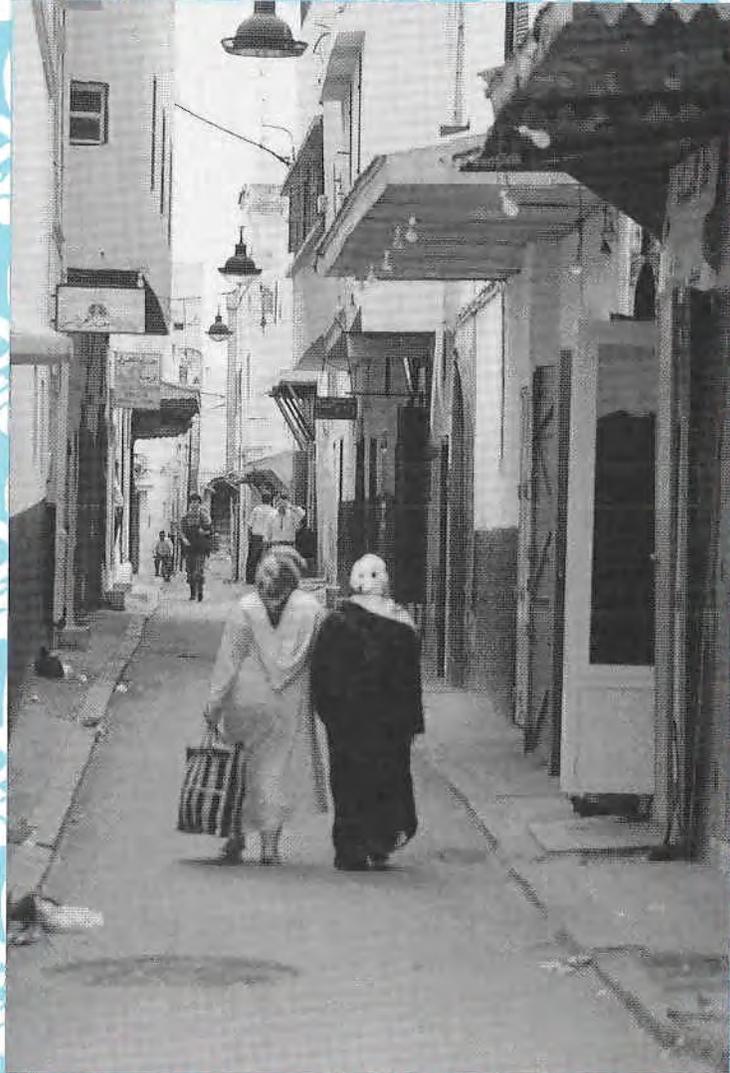
⁴ Expanded Program on Immunization

⁵ Based on births occurring during the five years preceding the survey.

⁶ Stunting: percentage of children whose height-for-age z-score is below -2 SD from the median of the NCHS/CDC/WHO reference population; Wasting: percentage of children whose weight-for-height z-score is below -2 SD from the median of the NCHS/CDC/WHO reference population.

⁷ Rates for the five years preceding the survey (1992-1997). The combined figure represents estimates based on the large and small samples.

⁸ Number of maternal deaths per 100,000 births. Estimate for the period 1992-1997.



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