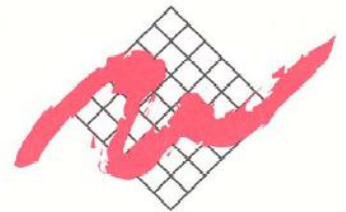


The Status of Women in the Middle East and North Africa (SWMENA) Project

Focus on Morocco | Health Care Access Topic Brief

*A project by the International Foundation for Electoral
Systems (IFES) and The Institute for Women's Policy
Research (IWPR) with funding from the Canadian
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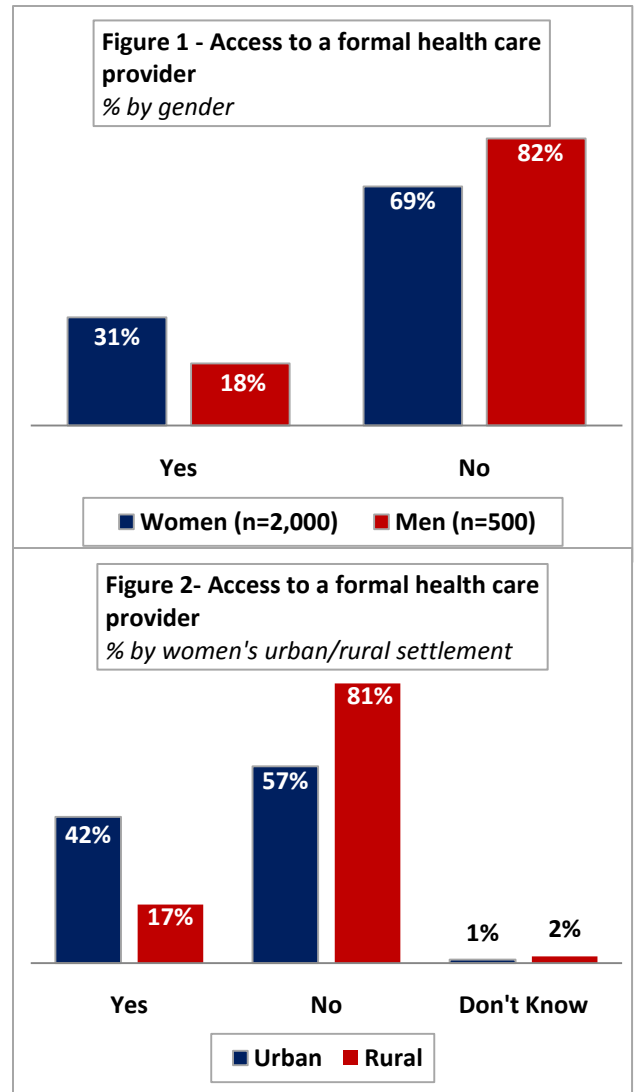
HEALTH CARE ACCESS

The SWMENA survey, in addition to gathering information about women’s and men’s economic, social and political status, investigated the extent to which women in Morocco had access to formal health care. The survey also examined issues of affordability, quality of care, utilization, and proximity to medical services. This topic brief presents the principal findings with respect to women’s access to health care.¹

Formal Health Care and Traditional Medicine

Moroccan women were asked whether they had access to a formal health care provider and whether they ever used traditional medicine. The questions were designed to assess whether women and their families have options so that they can seek formal health care providers and specialists to deliver preventive, routine and emergency health care to maintain overall health and well-being. It should be noted that in urban areas, government-funded health centers or clinics are located in every district, and services rendered are free of charge.

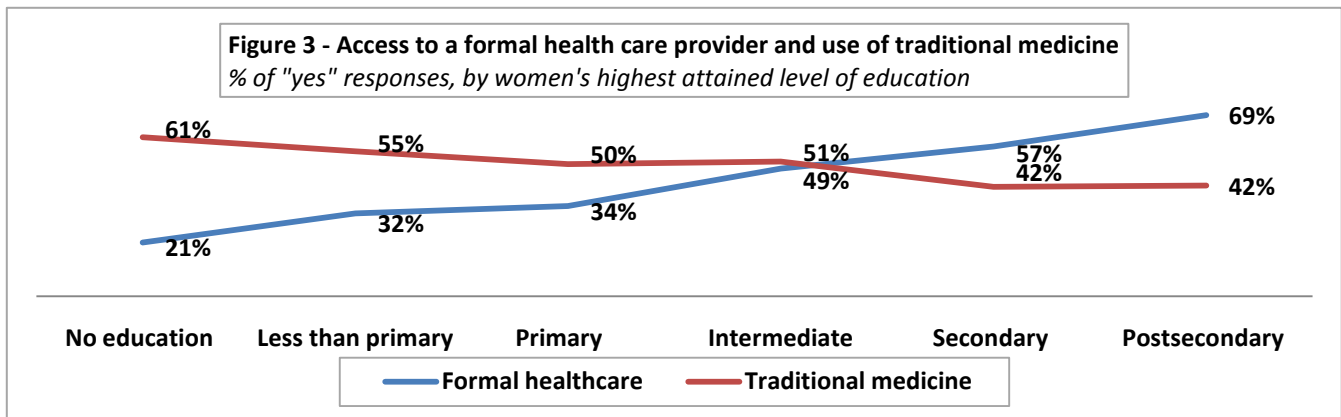
- More than seven in ten Moroccans (71%) do not have access to a formal health care provider.
- As Figure 1 illustrates, more men than women say they do not have access to a formal health care provider (82% and 69%, respectively), and women report that they are more likely than men to have access to a physician or licensed health care provider (31% vs. 18%).
- In Morocco, access to formal health care is more than twice as readily available in urban areas compared to rural areas (42% vs. 17%) (Figure 2). The overwhelming majority of women, however, still report a lack of access to a health care provider regardless of region (57% of urban residents and 81% of rural residents).
- Men and women with higher levels of education are more likely to have access to formal health care providers and less likely to use traditional medicine than those with



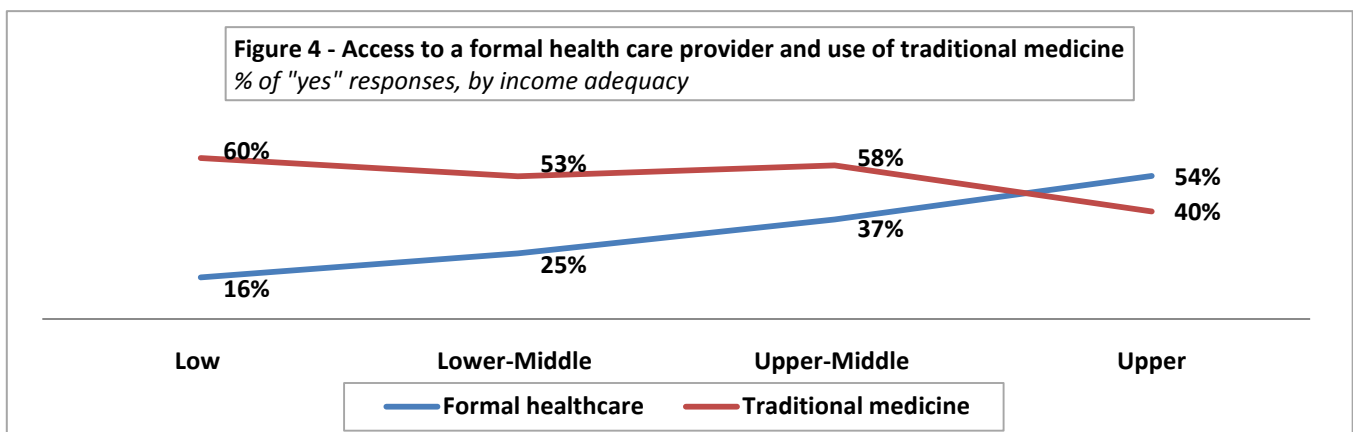
¹ From December 2009 through January 2010, the SWMENA survey was disseminated to 2,000 women and 500 men in Morocco. The survey is designed to assess how women in Morocco view themselves as members of society, the economy and the polity.

lower levels of education (Figure 3). The results are interesting to note since 91% of Moroccan women have less than a secondary education or no formal education compared to 86% of Moroccan men (*for more information on educational levels, please see "Educational Attainment and Career Aspirations Topic Brief"*). Seventeen percent of women have access to both a formal health care provider *and* make use of traditional medicine.

- Women with a postsecondary education are significantly more likely to have access to a formal health care provider (69%), compared to women with less than a primary education (32%) and those with no education (21%).
- Non-educated women are three times more likely to make use of traditional medicine than to have access to a formal health care provider (61% vs. 21%).



- Women with an intermediate level of education have access to a formal health care provider and use traditional medicine at about the same rates (49% and 51% respectively).
- More than four in ten women with a postsecondary degree utilize traditional medicine (42%), while almost seven in ten have access to a formal health care provider (69%).

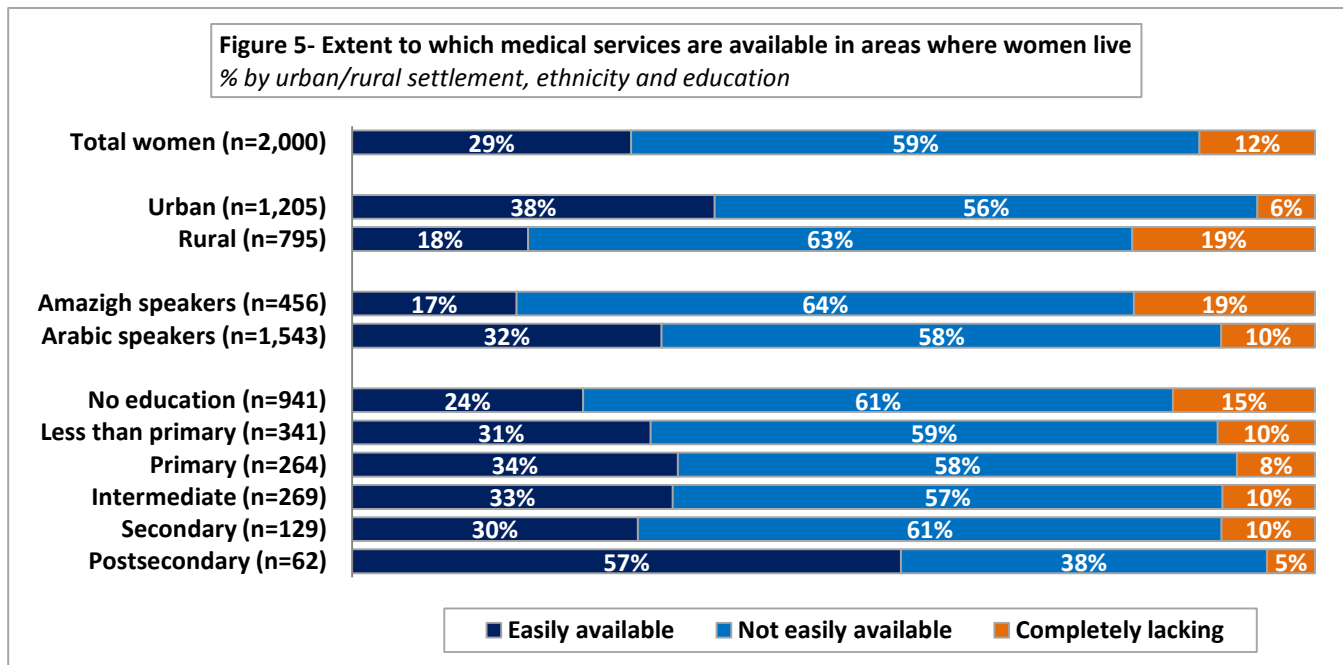


When comparing the use of formal health care and traditional medicine by income adequacy, there is also an inverse relationship between the two as income adequacy² increases (Figure 4).

- There is a large discrepancy between access to formal health care and use of traditional medicine among women at low levels of income adequacy: 60% of low-income women resort to traditional medicine while only 16% have access to a formal health care provider.
- Access to formal health care is higher for women at higher income adequacy levels. Upper-income women are more than three times as likely to have access to a formal health care provider (54%) compared to low-income women (16%).

Availability of Medical Services

Women were also asked about the availability of medical services in the areas where they live. Less than three in ten women (29%) find that medical services are easily available, while almost six in ten women (59%) say that they are not easily available, and slightly more than one in ten women (12%) find medical services completely lacking.



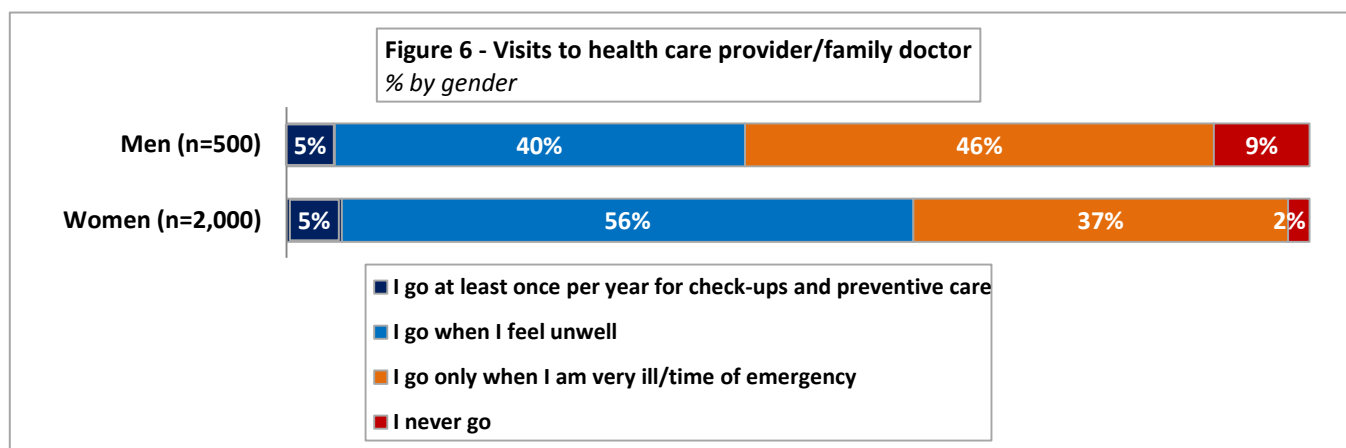
² “Income Adequacy” was determined by responses to the following question, “Tell me the answer which best reflects the current financial situation of your family/ household.” Women were categorized as low-income if they responded with “We do not have enough money” or “We have enough money for food,” as lower-middle income if they responded with “We have enough money for well-balanced meals;” as upper-middle-income if they responded with “We have enough money for food and clothes; we can save some;” and as upper-income if they responded with “We can afford some expensive things” or “We can afford anything we want.”

Figure 5 shows that there are differences in access to medical services among women by area in which they live, whether they are Arabic- and Amazigh-speakers, and by their educational levels. *Access to health care is affected both by urban/rural residency and by primary language spoken (Amazigh and Arabic).*

- The majority of women, regardless of their location, find that medical services are not easily available (56% of urban residents and 63% of rural residents). Women who live in urban areas are more than twice as likely as rural residents to find medical services easily available (38% of urban residents and 18% of rural residents). Women living in rural areas are more than three times as likely as urban residents to find medical services completely lacking (19% of rural residents and 6% of urban residents).
- One-third of Moroccan Arabic-speaking women find medical services easily available, compared to only 17% of Moroccan Amazigh-speaking women. Almost twice as many Amazigh-speaking women as Arabic-speaking women find medical services completely lacking (19% and 10% respectively).
- There are significant differences in access to medical care among women with different education levels. Women with no education are less likely to receive medical care than women who have had access to education. More than twice as many women with a postsecondary education find medical services easily available (57%), compared to almost one-quarter of non-educated women (24%). Three times as many non-educated women as women with a postsecondary education find medical services completely lacking (15% and 5% respectively).

Visiting the Doctor

- Moroccans were asked how often they visit a health care provider or family doctor. Very few men or women reported that they go to the doctor for annual check-ups or preventative care (5%). As illustrated in Figure 6, more than four times as many men as women never go to the doctor (9% of men and 2% of women).
- The data suggest that women tend to get treatment before their condition worsens, while men more often get treatment when they are very ill or experiencing a medical emergency: more women than men go to the doctor when they feel unwell (56% of women and 40% of men), while more men go to the doctor when they are very ill or in times of emergency.



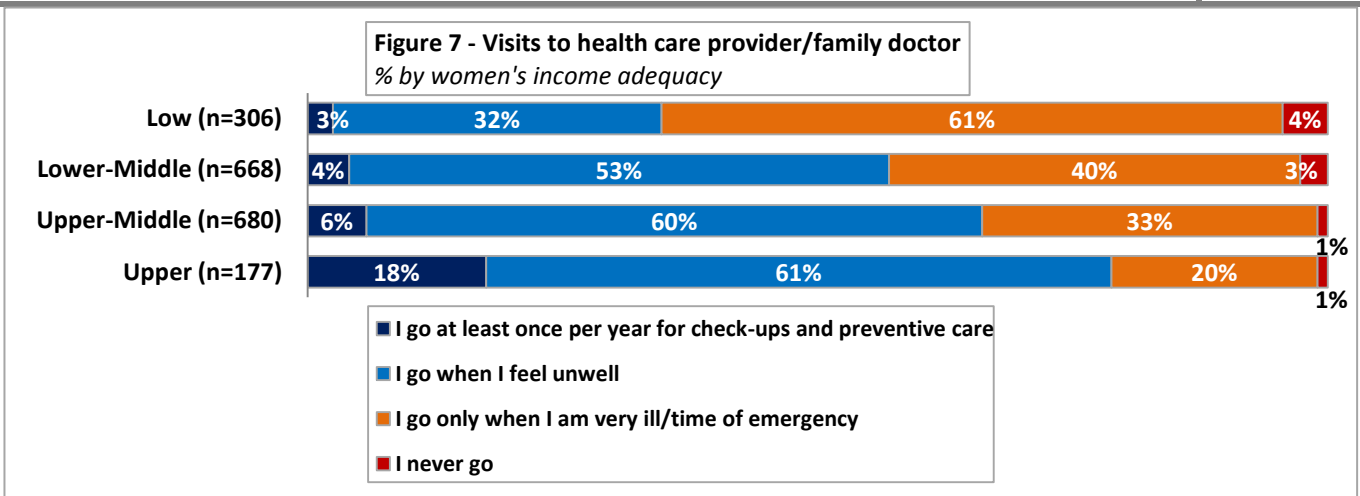
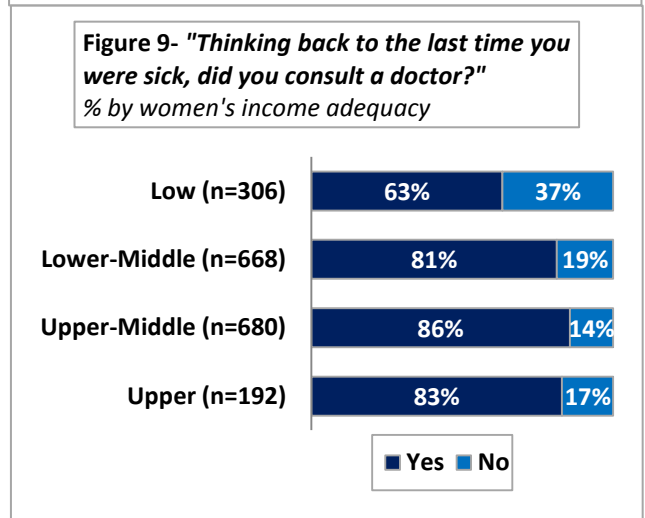
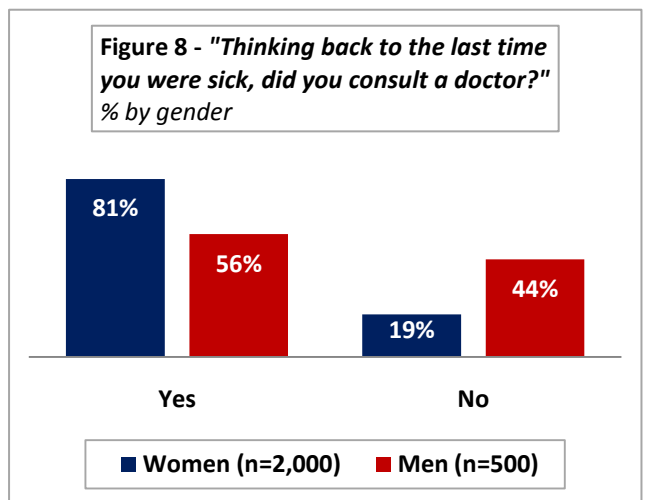


Figure 7 shows that women with low levels of income adequacy are much less likely than higher income women to visit doctors for preventative care and at early stages of illness.

- Upper-income women were six times as likely as low-income women to get annual check-ups and preventative care (18% and 3%) and almost twice as likely to go to the doctor when feeling unwell (61% and 32%).
- More than three times as many low-income women as upper-income women only go to the doctor when they are very ill or experiencing a medical emergency (61% and 20%).

Figures 8 and 9 show the responses of Moroccans who were asked, "Thinking back to the last time you were sick, did you consult a doctor?"

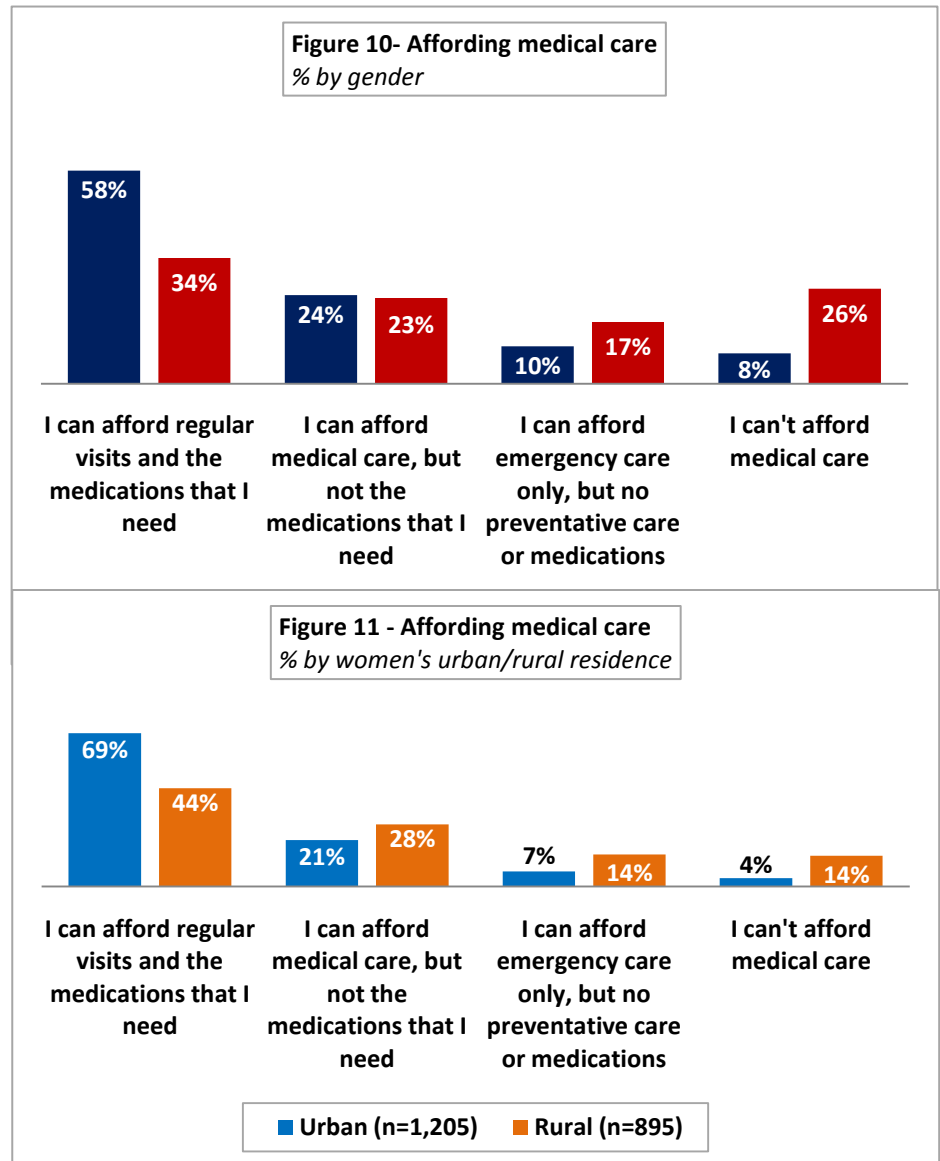
- More than eight in ten women (81%) went to the doctor the last time they were sick, compared to 56% of men (Figure 8).
- Low-income women are much less likely than women in the lower-middle income bracket and above to have gone to the doctor the last time they were sick (63% and 81%, respectively) (Figure 8).



Affordability of Medical Care

The survey asked respondents about the affordability of different forms of medical care. Figure 10 compares men’s and women’s responses, and Figure 11 shows women’s responses by region.

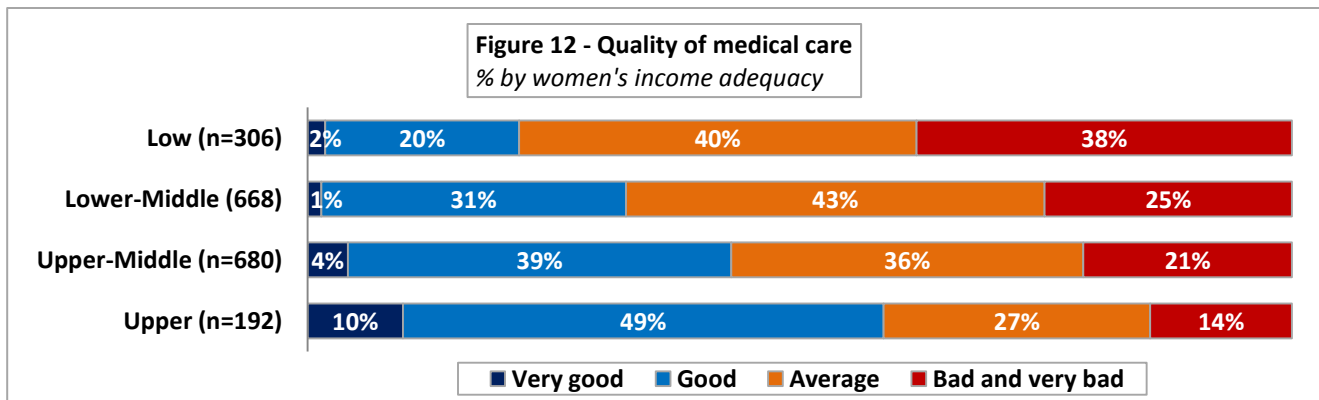
- Significantly more women than men said that they could afford regular medical visits and medications that they need (58% of women and 34% of men).
- More than one-quarter of men (26%) said that they cannot afford medical care, which is more than three times the rate that women report (8%).
- Almost seven in ten urban-dwelling women (69%) report being able to afford regular medical visits and necessary medications, compared to only 44% of rural-dwelling women.
- Women living in rural areas are more than three times as likely as urban women to say that they cannot afford medical care at all (14% of rural residents and 4% of urban residents).



Quality of Care

Moroccans were asked to rate the quality of the health care they receive by ranking it as very bad, bad, average, good or very good. Only a very small fraction of respondents report having very good health care (3%).

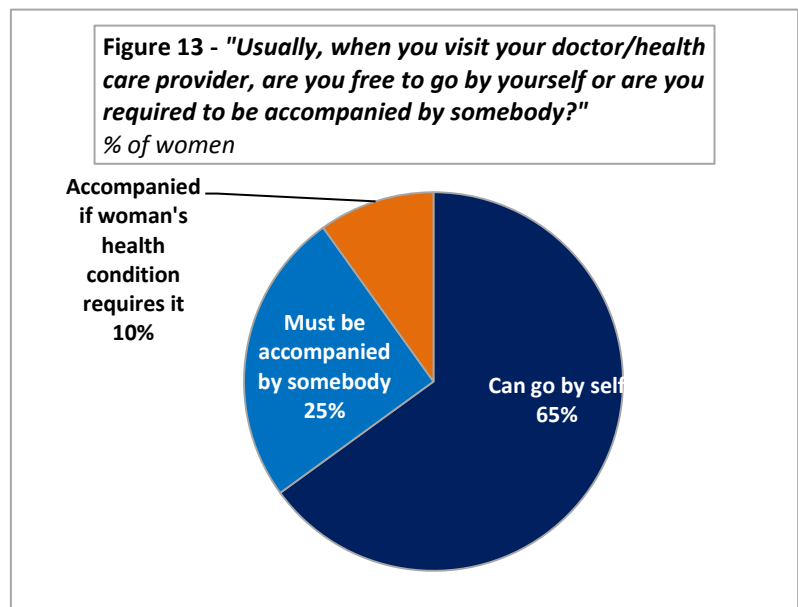
- Figure 12 shows women’s responses by income adequacy. As income adequacy increases so does the quality of medical care.
- Upper-income women are 5 or 10 times as likely as low- and lower-middle-income women to report having very good medical care (10%, 2% and 1% respectively). Almost four in ten low-income women (38%) receive bad or very bad medical care, compared to 14% of upper-income women.



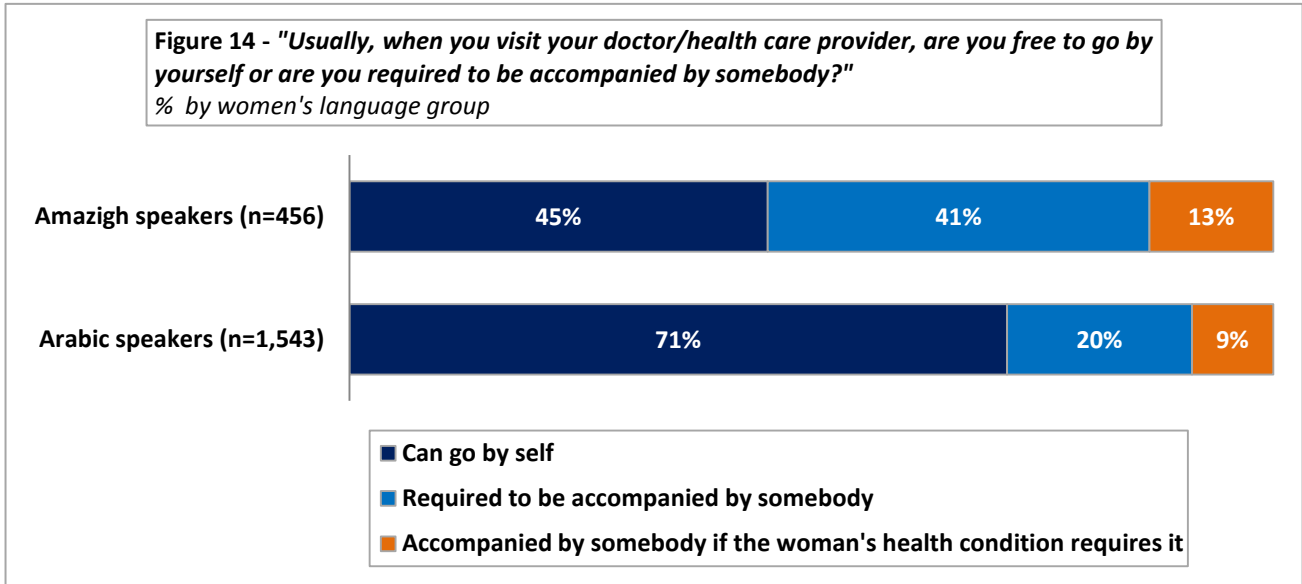
Freedom to Visit the Doctor

Moroccan women were asked whether they could visit their doctor or health care provider without the accompaniment by another person. Most women (65%) say they can go to the doctor by themselves, but a quarter of women say they must be accompanied (figure 13). *Because women are the primary caretakers in Morocco and typically escort children to the doctor or hospital, in some cases it may be necessary for women to be accompanied by their husband, e.g., when medical documents need to be signed, or expenses need to be covered.*

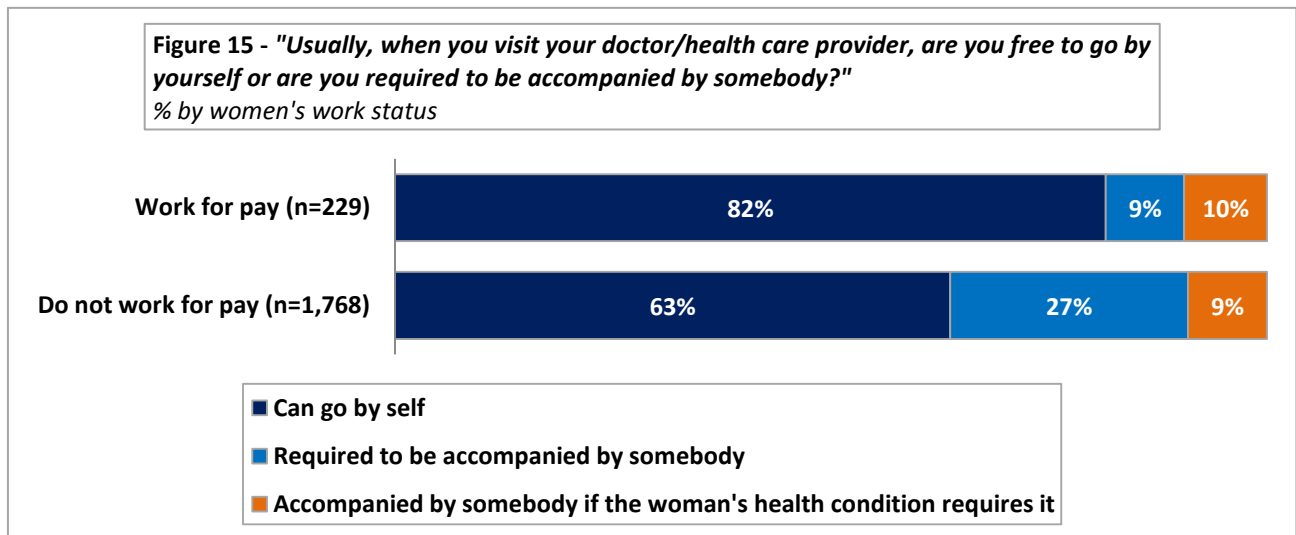
- Figure 14 shows that women who speak Arabic are much more likely than Amazigh



speakers to visit the doctor alone (71% of Arabic speakers and 45% of Amazigh speakers). Almost twice as many Amazigh speakers as Arabic speakers are required to be accompanied by somebody when they go to the doctor (41% and 20% respectively).



- Figure 15 shows that women who are not earning wages are three times as likely as women working for pay to be required to be accompanied when they visit their doctor (27% of women who do not work for pay and 9% of women who work for pay).



Gynecological and Obstetrical Medical Care

Not only do women need general medical care, but also reproductive health care and access to a gynecologist or obstetrician for specialized care. Survey respondents were asked if they have ever visited a gynecologist or obstetrician.

- Figure 16 shows that the majority of Moroccan women (52%) have never visited a gynecologist or obstetrician and slightly more than two in ten women (22%) visit only when pregnant.
- Only 6% of Moroccan women go to a gynecologist or obstetrician at least once every two years.
- Women with higher incomes visit gynecologists more frequently than do lower income women (Figure 17).
- Upper-income women are more than ten times as likely as low-income women to visit a gynecologist or obstetrician at least once every two years. Fewer upper-income women (37%) report having never visited a gynecologist or obstetrician compared to upper-middle-, lower-middle- and low-income women (43%, 60% and 62%, respectively).

