



# ADOLESCENT AND YOUTH REPRODUCTIVE HEALTH IN

# JORDAN

Status, Issues, Policies,  
and Programs



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Status, Policies, Programs, and Issues

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**POLICY Project**

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## ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
ARH	Adolescent reproductive health
ASFR	Age-specific fertility rate
CEDPA	Centre for Development and Population Activities
CMS	Commercial Market Strategy (Project)
DHS	Demographic and Health Survey
DOS	Department of Statistics
FGC	Female genital cutting
FP	Family planning
HIV	Human immuno-deficiency virus
ICPD	International Conference on Population and Development
IMR	Infant mortality rate
IPPF	International Planned Parenthood Federation
IT	Information technology
JAFPP	Jordan Association for Family Planning and Protection
JHU	Johns Hopkins University
JHU/CCP	Johns Hopkins University Center for Communication Programs
JLCS	Jordan Living Conditions Survey
JUST	Jordan University of Science and Technology
KAP	Knowledge, attitudes, and practices (survey)
MMR	Maternal mortality rate
MOE	Ministry of Education
MOH	Ministry of Health
MOY	Ministry of Youth and Sport
MRO	Market Research Organization
NGO	Nongovernmental organization
PBWRC	Princess Basma Women's Resource Center
PSD	Public Securities Department
RH	Reproductive health
RHAP	Reproductive Health Action Plan
RTI	Research Triangle Institute
STI	Sexually transmitted infection
TFR	Total fertility rate
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency
USAID	United States Agency for International Development

# 1 INTRODUCTION

This assessment of adolescent reproductive health (ARH) in Jordan is part of a series of assessments in 13 countries in Asia and the Near East.<sup>1</sup> The purpose of the assessments is to highlight the reproductive health status of adolescents in each country, within the context of the lives of adolescent boys and girls. The report begins with social context and gender socialization that set girls and boys on separate lifetime paths in terms of life expectations, educational attainment, job prospects and labor force participation, reproduction and duties in the household. The report also outlines laws and policies that pertain to ARH and discusses information and service delivery programs that provide reproductive health information and services to adolescents. The report identifies operational barriers to ARH and ends with recommendations for action to improve ARH in Jordan.

In Jordan, the government of His Majesty King Abdullah is paying more attention to the needs of Jordan's youth to ensure a more healthy transition to adulthood. The support of the Royal Family has always been a great resource that national and international agencies can rely on. The work of Her Majesty Queen Rania Al-Abdullah in advocating for the formulation of the Royal Commission on Human Rights, the National Committee for Family Safety, and lately the National Council for Family Affairs are tangible indicators of her dedication to securing the development and protection of the Jordanian family. Nearly one in four (23 percent) Jordanians is an adolescent (ages 10 to 19), while young adults as a whole (ages 10 to 24) make up one-third of the population, or just over 1.6 million persons. Jordan's population ages 15 to 24 will grow from 1 million in 2000 to around 1.3 million in 2020.<sup>2</sup> Educational attainment has increased for both girls and boys; the 1997 Jordan Demographic and Health Survey (DHS) indicated that about 90 percent of both girls and boys have completed secondary education or higher. Additionally, there is very little gender disparity in educational attainment (Figure 2). Young men make up most of the adolescent labor force yet young women face much higher rates of unemployment. Marriage is socially important and proving fertility is paramount for couples when they first marry. In 2000, young women aged 15 to 24 contributed to over one fourth of total births in Jordan and the number of births born to adolescents will continue to rise (Figure 3).

Yet, country entities do not have clear or consistent definitions of adolescents and adolescents have been neglected by policies and programs. Many women and men marry and enter into marriage with only vague information on reproductive health. Reproductive health information and services are considered the domain of the married. Women are for the most part not seen for family planning services until they have had their first child. Still, as contraceptive prevalence has risen for all married women (from 40 percent in 1990 to around 56 percent in 2000), and for married adolescents, unmet need for family planning has declined from 22 percent to 18 percent among adolescents ages 15–19 and from 20 percent to 15 percent among the older adolescents (ages 20–24) during the same period (see Figure 4).<sup>3</sup>

Promising initiatives are underway to reach adolescents with reproductive health information and services. The potential for the success of these initiatives is heightened by the high-level political support that currently exists in Jordan. However, several challenges remain. The reproductive health needs of youth will be best addressed as part of a broader package aimed at the healthy development of youth, which will be a multisectoral approach including health, education, and labor. Within this multisectoral approach, the sexual and reproductive health of young adults is a critical dimension of individuals'

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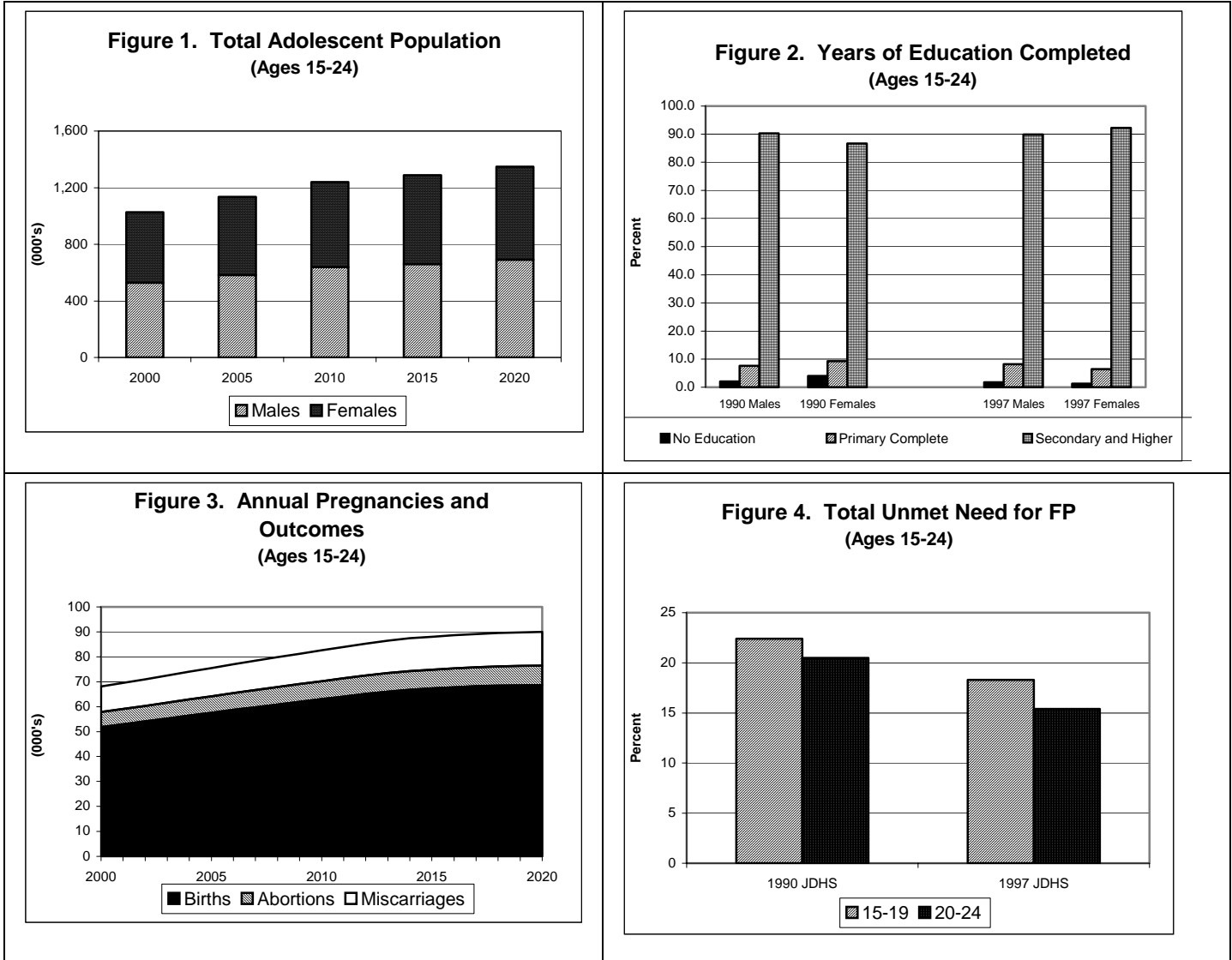
<sup>1</sup> The countries included in the analysis are Bangladesh, Cambodia, Egypt, India, Indonesia, Jordan, Morocco, Nepal, Philippines, Sri Lanka, Pakistan, Vietnam, and Yemen.

<sup>2</sup> SPECTRUM Model Population Projections for Jordan.

<sup>3</sup> DOS and Macro International, Inc., 1992; DOS and Macro International, Inc., 1997.

transition to adulthood and overall well-being. Young people need more information on reproductive health and access to services before they have their first child. Finally, more information is needed on the reproductive and sexual behaviors of youth. This research will provide a strong underpinning for future ARH programs.

ARH indicators in Jordan



Note: See Appendix 1 for the data for Figures 1 through 4

## 2 SOCIAL CONTEXT OF ARH

Various issues should be considered when looking at the social context of adolescent reproductive health. They include gender socialization, education and exposure to the media, self-efficacy and aspiration, employment, marriage, domestic violence, and smoking. These are discussed below.

### **Gender socialization**

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Adolescence is a crucial transitional period of the life cycle for socialization to gender roles including the preparation for family formation. In Jordan, strong gender differentiation occurs in adolescence socialization. A 1999 study has shown that gender stereotyping and roles exist in a number of subjects of school curricula. Two-thirds of female roles are portrayed in family settings (mainly as wives and mothers) and one-third in public life settings (96 percent for males). The female careers portrayed in public life were in nursing, teaching, clerical work, and unskilled labor. On the contrary, male careers were dominant in politics, business, skilled labor, and professional specialized occupations.<sup>4</sup> Girls in Arab societies are usually less mobile, less likely to study abroad, less likely to participate in paid work, and less likely to be tolerated by their parents with respect to matters such as smoking and living alone, and also tend to have heavier domestic responsibilities regardless of whether or not they are in school. The movements of adolescent girls are restricted and their participation in public activities is severely limited. Nearly half of the young women—42 percent—are both out of school and are not involved in paid work, so they tend to spend their adolescence in private spaces outside of the public sphere.<sup>5</sup> Young women's marriageability is an important consideration. Women strive to be "marriageable"—and to fulfill the conventional vision of womanhood. Women's decision-making powers are limited. For more than 18 percent of married women 15 to 24, decisions about their desired number of children are made by their husbands alone; a higher percentage—42 percent—of women make these decisions jointly with their husbands, and only 3 percent make these decisions themselves.<sup>6</sup> Husband-wife discussion of family planning (FP) is more prevalent among younger women, 29 percent and 19 percent of married women 15 to 19 and 20 to 24, respectively, never discussed FP with their husbands.<sup>7</sup>

### **Education and exposure to media**

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Article 6 of Jordan's Constitution guarantees the right of both sexes to education, and the Education Act No. 27 of 1988 extended free compulsory schooling to the first 10 years (Art. 10c), which means that students shall not leave school before the age of 16. His Majesty King Abdullah declared educational reform a national priority for the new millennium. English language has been introduced at an earlier stage of schooling and computer courses have also been introduced at various educational stages. The government places strong emphasis on providing education to all persons of school age. The Ministry of Education (MOE) provides around three-quarters of the educational services. As access to education has increased significantly over the last three decades, the proportion of adolescents who have never attended school has fallen in great part because of increased enrollment, especially by girls. According to MOE data, about 95 percent of young boys and girls (ages 6 to 15) are enrolled in the compulsory primary education.<sup>8</sup> The gender gap in adolescents' basic education does not exist, but gender disparities show at the university level. Young female students tend to concentrate in the fields of education, humanities,

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<sup>4</sup> Shteiva, 1999.

<sup>5</sup> DOS, 2001a.

<sup>6</sup> JNPC/GS, 1997.

<sup>7</sup> DOS and Macro International, Inc., 1997, p. 53.

<sup>8</sup> MOE, 2001.

religion, social and natural sciences, fine arts, architecture, agriculture, pharmacy, and dentistry, while males dominate in law, business, engineering, medicine, veterinary, para-medical, mathematical and computer sciences.<sup>9</sup> In addition, young Jordanians are well exposed to mass media, especially television. Eight of 10 watch television every day and 96 percent make use of at least one medium—television, radio, or print media—at least once a week. Almost half of them (46 percent) also have access to the Internet,<sup>10</sup> through individual connection, Internet cafes, or schools and universities. Around 30 percent and of Jordanian households have a satellite dish and over one-fifth have mobile phones.<sup>11</sup>

***Curtailed education due to marriage:*** One of the main reasons cited by youth for dropping out of school is early marriage. Approximately 54 percent of females aged 15 to 24 dropped out of the educational system because of early marriage.<sup>12</sup> However, educational attainment is strongly associated with early pregnancy and motherhood. The percentage of women ages 15 to 19 that are pregnant or have given birth decreases from 18.1 percent among those with no education to 1.9 percent among those with a secondary education.<sup>13</sup>

### **Self-efficacy and aspiration**

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Jordanian youth ages 15 to 24 have positive attitudes toward themselves, which increases with age and education. However, girls are less likely to rate themselves as highly capable of negotiating to achieve conflict resolution compared with boys (83 percent vs. 88 percent), or freely express their opinions before their parents (83 percent vs. 87 percent). Both girls and boys express a sense of optimism by believing that their future is bright (74 percent vs. 71 percent) and feeling that they possess many good qualities (82 percent vs. 75 percent). Jordanian youth also have high education aspirations. Although around 24 percent do not want to continue further in their education, the majority of youth have high educational aspirations. More than 40 percent would like to get a university degree and 24 percent want to get a post-graduate degree.<sup>14</sup>

### **Employment**

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The legal age for formal employment is 16 (Article 73 of Labor Law No. 8 for 1996). Articles 74–76 of the Labor Law also set specific restrictions on the employment of persons who have not yet reached their 18<sup>th</sup> birthday. In recognition of the increasing magnitude of child and juvenile labor, albeit with poor data, the Ministry of Labor established a child labor unit responsible for collecting data on the conditions of child employment. However, only 16 percent of the boys (ages 15–19) and around one percent of the girls in a recent study reported working, compared with 57 percent and 10 percent, respectively, among the 20 to 24 year-old age group. Although more than half of males (ages 15–24) are not currently enrolled at school, two-thirds of the males who are not enrolled work. The corresponding figures for females are 47 percent and 10 percent, respectively.<sup>15</sup> The larger percentage of young women neither working nor in school (42 percent) suggests an underutilization of their time.

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<sup>9</sup> DOS, 2001c.

<sup>10</sup> JNPC/GS, 2001a, p. 4.

<sup>11</sup> DOS, 2001b.

<sup>12</sup> PBWRC, 1999, p. 8.

<sup>14</sup> DOS and U.S. Bureau of the Census, 2000, p. 21.

<sup>15</sup> JNPC/GS and JHU Center for Communication Programs, 2001.

<sup>16</sup> DOS, 2001a.

## Marriage

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As noted above, marriage is an important element in Jordanian society, and a number of complex issues should be considered in a discussion about it. These are explored below.

**Age at marriage:** Article 5 of the Personal Status Law No. 61 for 1976 stipulates that the bridegroom should have reached 16 years of age and the bride 15 years to possess the legal capacity for marriage. In 2000, a significant number of women who got married (32 percent) were younger than 20 and 40 percent were between 20 to 24 years of age.<sup>16</sup> Girls are more likely than boys to marry as adolescents (e.g., 12.7 percent of adolescent girls aged less than 20 years and 48.6 percent of females aged 20 to 24 are ever-married compared with 1.4 percent and 16.1 percent of adolescent boys in the same age groups).<sup>17</sup> Conversely, the fact that age at marriage is increasing for both women and men poses a new challenge, particularly for young men, who tend to marry later and be more sexually active before marriage than girls or young women. The median age at marriage for females in Jordan is among the highest in the Arab Region and has increased in the last three decades.<sup>18</sup> In December 2001, the government amended the Personal Status Law of 1976 by raising the legal age at marriage for both sexes to 18 years<sup>19</sup> so that it is in line with the Civil Code Act No. 43 of 1976, which fixes the age of majority at 18 years according to the Gregorian calendar. For a marriage contract to be legal and abiding for both parties, it should be blessed by parents or guardians and officially registered. Therefore, consensual or “*orfi*” marriage is illegal in Jordan, because it jeopardizes the wife’s rights, and is penalized by Article 274 of the Penal Code. The marriage squeeze resulting from an imbalance of females and males in the prime marriage age groups should not be ruled out by fertility change and social norms governing the groom-bride age difference.

**Social pressure:** Once married, couples are under social pressure to begin childbearing immediately. There is a great emphasis placed on couples to prove their fertility. Although recent information on first-order birth intervals is not available, it is believed to be the shortest interval because the median birth interval for mothers aged 15 to 19 years is the shortest (18.8 months) compared with birth intervals for older mothers. In fact, over 86 percent of births to mothers ages 15 to 19 are born with 24 months from a previous birth.<sup>20</sup> Married adolescents are less likely to use FP methods compared with older couples. Around 6 percent and 23 percent of married women aged 15 to 19 and 20 to 24 years, respectively, are currently using a modern contraceptive method. The current use of any method by the two age groups (17 percent and 38 percent, respectively) delineates the continuing prevalence of traditional methods among young couples.<sup>21</sup>

**Polygyny:** The incidence of polygyny is lower among married adolescent females—2.3 percent and 2.4 percent for the age groups 15 to 19 and 20 to 24, respectively.<sup>22</sup> In 2000, 7.3 percent of registered marriages were polygynous.<sup>23</sup>

**Katib Alketab:** A phenomenon that is currently taking place in Jordan is the growing practice—*Katib Alketab*—of young couple to sign a marriage contract and start cohabitation before the marriage ceremony actually takes place. In Islamic societies, a marriage becomes official through its public announcement by the families. Since pregnancy among formally unmarried women is unacceptable in

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<sup>16</sup> DOS, 2001c, p. 20.

<sup>17</sup> Almasarweh, 1999, p. 734.

<sup>18</sup> Rashad and Khadr, 1998.

<sup>19</sup> The Hashemite Kingdom of Jordan, The Prime Ministry, 2001.

<sup>20</sup> DOS and Macro International, Inc., 1997, p. 30.

<sup>21</sup> DOS and U.S. Bureau of the Census, 2000, p. 29.

<sup>22</sup> DOS and Macro International, Inc., 1997, p. 57.

<sup>23</sup> DOS, 2001c, p. 20.

Jordan, pregnancies or break-offs of relationships following the onset of cohabitation (after *Katib Alketab*) are presumably unwanted and cause a crisis for all persons involved. Since many young couples enter into these relationships without the benefit of reproductive health services and information, the risk of unwanted pregnancy is high.

**Consanguineous marriage:** Approximately 55 percent and 53 percent of married adolescent women ages 15 to 19 and 20 to 24 years, respectively, are married to a relative. Of the adolescent women married to relatives, 52 percent and 58 percent, respectively, are married to their first cousins.<sup>24</sup> Around 46 percent of all married women (ages 15 to 49) report being married to a relative.<sup>25</sup>

## Domestic Violence

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The “culture of silence” renders the prevalence of family and reproductive health/gender-based violence underreported and makes it difficult to assess the scope and magnitude of the problem. Since violence in many cases occurs in the home, it is believed that over 90 percent of the cases are not reported. Available data show that adolescents and youths are the main victims. The age groups that are most exposed to violence among females are 19 to 27 (54 percent) followed by under 18 (17 percent).<sup>26</sup> Published official statistics for the 1990s show that 38 percent and 35 percent of the victims are under 18 and 18 to 27 years, respectively. The majority of these crimes are sex-related (48 percent sexual assault, 12 percent rape, 9 percent intended murder, 6 percent attempted murder, 6 percent kidnapping, 18 percent severe harm, and 1 percent unintended murder).<sup>27</sup> In 2000, 215 attempted murders, 81 intended murders, 76 rapes, 48 kidnappings, 594 ravishes, 851 narcotics, 106 prostitutions, and 33 abandoned children who born outside of marriage were reported.<sup>28</sup> One of the severe and disturbing forms of reproductive health (RH)/gender-based violence in Jordan is honor killing. The number of reported honor killings averaged about two per month during the period from the mid-1980s to the mid-1990s.<sup>29</sup> The perpetrators are usually male family members and are generally sentenced leniently—especially if they are juveniles—as a result of inadequacies that exist in Jordanian criminal prosecution, mainly in the exonerating interpretation of Article 340 of the Jordanian Amended Penal Code No. 86 for 2001. The article stipulates that a person will benefit from ameliorating excuse (punishment) if he surprises his wife or any of his female kin or sister in an act of adultery and kills or injures her or her partner. The annual number of honor killings may be higher since many cases of female suicides are honor-related. Between 1980 to the early 1990s, the country had an average of 12 female suicides and 244 attempted female suicides each year.<sup>30</sup>

## Smoking

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Adolescents begin smoking as early as at 10 years of age and 19.3 percent of adolescents ages 13 to 15 smoke (14.5 percent of females and 25 percent of males). While peer pressure is the main factor for males, family influence is the main factor that affects the initiation of smoking for females. The majority of adolescent smokers smoke to imitate others (37 percent) or because it is very easy to get cigarettes (29 percent).<sup>31</sup> While male smokers tend to smoke in public places, female smokers smoke at home. Only 52 percent of adolescents know about the danger of secondhand smoking.<sup>32</sup> One of the new, common habits among Jordanian adolescents is smoking “*Argeleh*,” (hubbly bubbly—a combination of tobacco

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<sup>24</sup> Jordan DHS 1997 (unpublished results taken from the raw survey data).

<sup>25</sup> Almasarweh, 1999, p. 743.

<sup>26</sup> Nassar et al., 1998.

<sup>27</sup> PSD, Criminal Investigation Administration, 2001.

<sup>28</sup> DOS, 200c.

<sup>29</sup> PSD, Criminal Investigation Administration, 2001.

<sup>30</sup> JNPC/GS and JHU Center for Communication Programs, 2001.

<sup>31</sup> Jordanian Society for Anti-Smoking and UNICEF, 1999.

<sup>32</sup> Jordanian Society for Anti-Smoking and UNICEF, 1999.

leaves and fruit shavings in molasses), which may have more profound health risks than smoking cigarettes. The Ministry of Health (MOH) is currently stepping up measures to enforce By-law No. 64, 1977 for the Protection of Public Health from Smoking Harms.

# 3 ARH ISSUES

A discussion of ARH issues should include puberty; RH knowledge; early, high-risk pregnancy; unwanted pregnancy, abortion; and HIV/AIDS and sexually transmitted infections (STIs).

## Puberty

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The 2000 *Jordan Youth Survey* results show that youth lack information about puberty and the maturation process. Over half (57 percent) of young females experienced shock and fear at the time of first menstruation. When asked about what topics they would like to get more information about, 86 percent of male and female youth mentioned physiological changes and puberty.<sup>33</sup>

## RH knowledge

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Knowledge of modern contraceptives among married women ages 15 to 24 is universal (100 percent).<sup>34</sup> In 2000, young women could spontaneously mention 2.6 modern methods, on average. However, misunderstandings about the stance of Islam with regard to the most widely known modern methods still persist, especially among young men. Notwithstanding familiarity with FP and HIV/AIDS, a large percentage of young men (44 percent) and women (29 percent) do not understand the concept of RH and more youth (ages 20 to 24) than adolescents (ages 15 to 19) know the meaning of RH, especially among women. The percentage of men who don't know the meaning of RH is almost twice as high (39 percent compared with 20 percent) as among women. One in five young Jordanians associated RH with child health. Another 16 percent associated RH with prenatal care, 14 percent with safe delivery and postnatal care, and 11 percent each with FP and safe motherhood.<sup>35</sup>

## Early, high-risk pregnancy

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Unlike other countries in the region (Yemen and Egypt, for example), Jordan does not have the problem of teenage childbearing. The median age at first birth was 24.7 among women ages 25–29 compared with 21.1 among women ages 45–49. In 1990, 18 percent of married women had already begun childbearing by the age of 19. This figure declined to 13.9 percent and 11.6 percent in 1997 and 2000, respectively. However, infants born to mothers younger than age 20 have the highest infant mortality rate (around 50 per 1,000 births), possibly because births to young mothers are more likely to have low birthweights.<sup>36</sup>

## Unwanted pregnancy and abortion

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Although there are no data on induced abortion, some in the health sector have the impression that illegal abortions are taking place since 2.4 percent and 5.5 percent of births and pregnancies to adolescent females ages 15 to 19 and 20 to 24 years, respectively, are unwanted. In addition, 16.3 percent and 23.7 percent of births and pregnancies in the same age groups are mistimed.<sup>37</sup> This situation is the result of greater reliance on traditional FP methods, which usually have higher failure rates. Over 65 percent and

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<sup>33</sup> JNPC/GS and JHU Center for Communication Programs, 2001.

<sup>34</sup> DOS and Macro International, Inc., 1997.

<sup>35</sup> JNPC/GS and JHU Center for Communication Programs, 2001.

<sup>36</sup> DOS and Macro International, Inc., 1997, pp. 32, 78, 86; DOS and U.S. Bureau of the Census, p. 22.

<sup>37</sup> DOS and Macro International, Inc., 1997, p. 71.

40 percent of married women ages 15 to 19 and 20 to 24, respectively, who use FP rely on traditional methods.<sup>38</sup>

### **STIs and HIV/AIDS**

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Young Jordanians live under strict parental supervision and in a culture that does not tolerate sexual promiscuity. Therefore, the spread of HIV has been limited compared with other countries.<sup>39</sup> Cumulative AIDS cases increased from four cases in 1986 to 258 cases by the end of 2000, of which 38 new cases were reported in 2000. Over half (54 percent) of the cumulative cases are among non-Jordanians and 44 percent are among those younger than 30 years of age, of which 2 percent are between the ages of 15 and 19 and 32 percent are between the ages of 20 and 29.<sup>40</sup> The increase in AIDS cases may be the result of better reporting rather than an increase in annual incidence rates. The majority of young people have heard about AIDS and know specific ways to avoid it, but other STIs such as chancroid (25 percent), gonorrhea (18 percent), and syphilis (4 percent) are not well known.<sup>41</sup> The MOH operates a hotline, provides free counseling and treatment for AIDS patients, and organizes awareness campaigns. In addition, the MOH conducts universal blood screening and testing for non-Jordanian residents.<sup>42</sup> Although data on STIs are lacking, health personnel allege that gonorrhea is quite prevalent and the risk of exposure to STIs increases as young Jordanians are more internationally mobile. Around 2,000 cases of STIs are reported monthly, with a significant proportion of them among youth.<sup>43</sup>

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<sup>38</sup> DOS and U.S. Bureau of the Census, 2000, p. 22.

<sup>39</sup> UNAIDS/WHO, 2000.

<sup>40</sup> MOH Information Center, 2001.

<sup>41</sup> DOS and Macro International, Inc., 1997; JNPC/GS and JHU Center for Communication Programs, 2001.

<sup>42</sup> The telephone hotline number is 6-5697933.

<sup>43</sup> JAFPP, 2001.

# 4

## LEGAL AND POLICY ISSUES RELATED TO ARH

Legal barriers, existing ARH policies, and ARH policy initiatives are all subjects to be considered when discussing legal and policy issues related to ARH.

### **Legal barriers**

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Although the Labor Law No. 8 for 1996 entitles working women to a paid maternity leave of 10 weeks (article 70) and breaks of not more than one hour daily during the first year for breastfeeding (article 71), there are no specific provisions for first-time or adolescent mothers. The paid maternity leave for public sector female employees, according to the Civil Service By-law No. 55 for 2002 (article 108), is 90 days. State entities do not have clear or consistent definitions of adolescents. Generally, adolescents have been largely neglected by policies and programs.

### **Existing ARH policies**

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When reviewing the Jordanian policy with regard to adolescents, we would find, on one hand, that there are important policies affecting adolescents and that four ministries, a specialized committee for youth within the Parliament, and two specialized councils are responsible for addressing the needs of adolescents. On the other hand, state entities do not have clear or consistent definitions of adolescents who have been largely neglected by policies and programs. Below are relevant policies that affect young adults, directly or indirectly.

**Population policy:** Jordan's National Population Strategy explicitly addresses young adults by recognizing the need for enhancing the health, welfare, and potential of all children, adolescents, and youth and educating them about reproductive health according to the special characteristics of each group. The prevalent attitude in the country is that the best way to protect young adults from engaging in unacceptable behaviors (such as premarital sex) is for them to stay at home until they marry, so that parents and members of the extended family closely supervise them. Therefore, what limited reproductive and sexual health education young people may receive has been the responsibility of families.

**Premarital exam:** The premarital exam, launched by the Jordanian MOH five years ago to reduce the incidence of certain inherited diseases and improve pregnancy outcomes, is not mandatory. The program is not functioning very well, however, and only a small proportion of the newly married have taken the exam thus far. Although 85 percent of Jordanians ages 15 to 24 (92 percent of females compared with 79 percent of males) have heard about premarital screening, only 37 percent of them (44 percent of females compared with 30 percent of males) have heard about premarital counseling and only 9 percent have sought screening.<sup>44</sup>

**School health:** Preventive health care, including medical check-ups and detections, lab tests, supplementary vaccinations, and school public health inspections are provided by the School Health Services for students in public and private schools. In addition, colleges and universities provide health services for their students through a compulsory health insurance system. These services do not, however, systematically include reproductive health care.

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<sup>44</sup> JNPC/GS and JHU Center for Communication Programs, 2001.

**Female genital cutting (FGC)/female genital mutilation:** FGC is not prevalent in Jordan. However, a daily newspaper in 1998 reported that FGC is practiced in some villages in Wadi Araba in Southern Jordan where an older woman is practicing it on girls ages 8 to 12.<sup>45</sup> The practice of FGC traces back to the Egyptian ancestry of people living in this area. Attitudes toward this practice vary among religious leaders.

**Marriage:** State policy accords great importance to marriage and motherhood. The legal age at marriage used to be 15 years for girls and 16 for boys—both ages are still considered too young for marriage by many, especially women activists. Therefore, a new law passed in December 2001 raised the legal age at marriage to 18 years for both sexes, except in certain cases that are left to a judge to decide according to the best interest of adolescents who are to be married.

**Motherhood and childhood:** Public Health Act No. 21 of 1972 obligates the MOH to do everything in its power to safeguard the health of citizens. Ministry statutes also state that all citizens have a right to benefit from health services. In 1999, Her Majesty Queen Rania commissioned a national team to develop a national strategy for early childhood development. In 2001, a royal decree established the National Council for Family Affairs. Successive national socioeconomic development plans, including the 1999–2003 Plan, stressed improving health with specific objectives in all health areas, including maternal and child health.<sup>46</sup> The Labor Law and the Civil Service By-law entitles working women to fully paid maternity leave (70 to 90 days) and to one hour off per day for breastfeeding for one year, but it does not have any provisions for first-time or adolescent mothers.<sup>47</sup> The Labor Law also accords working mothers the right to one year unpaid leave and day-care facilities in institutions where there are 10 or more children under the age of four. The most recent maternal and child health indicators (maternal mortality rate or MMR, antenatal care, assisted delivery, infant mortality rate or IMR, immunization coverage levels for major vaccine-preventable diseases, under-five mortality) are among the best in the Middle East Region.

**Abortion:** Induced abortion is illegal under Jordanian laws except in cases where a pregnancy endangers a mother's life. There is no consensus on the legality of abortion in cases in which the fetus is malformed. In all cases, induced abortion has to be justified by medical reasons, as determined by specialized physicians.<sup>48</sup>

### **ARH policy initiatives**

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ARH policy initiatives have built upon developed ARH strategies, available political support for ARH programming, and data from a survey on adolescents.

**ARH strategies:** Based on the National Population Strategy and the background provided by the youth, fertility, and employment surveys of 2000, the Jordanian National Population Commission, with technical assistance from Johns Hopkins University (JHU), developed the first National RH and Life Planning Youth Communication Strategy for 2000–2005. The main objective of the strategy is to expand on the ongoing and successful FP communication programs by focusing on youth ages 15 to 24, who constitute a large segment of Jordan's population. The strategy is introducing innovative approaches to cross-generational communication by targeting primary audiences (married and unmarried youth ages 15 to 24) and secondary audiences (parents and family members, educators, and school social workers, government

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<sup>45</sup> Charkasi, 1999.

<sup>46</sup> MOP, 1999.

<sup>49</sup> Hashemite Kingdom of Jordan, Ministry of Labor. 1996. Labor Law No. 8, 1996; Civil Service By-law for 1996.

<sup>48</sup> Al-Tamimi, 1998.

officials and decision makers, and religious leaders).<sup>49</sup> In addition, the Jordan Association for Family Planning and Protection (JAFPP) Strategy for 2001–2005 includes a substrategy for youth that expands its current initiatives both in quantitative and qualitative terms to build youth leaders and committees to reach out to youth in new and remote areas.<sup>50</sup>

***New political support to focus on adolescents:*** Although family violence is still underreported, the subject has been placed on the highest national agenda because of the efforts of Their Magesties King Abdullah and Queen Rania. Her Majesty is patronizing the National Committee for Family Safety, which was established in 2000 and given the responsibility for introducing legislative change and planning and establishing monitoring mechanisms for programs related to the protection of vulnerable family members. The Unit of Family Protection was also established in the Department of Public Security to undertake multiple measures to protect children, juveniles, and other family members from domestic violence and abuse.

***Adolescents survey:*** In addition to the 2000 knowledge, attitudes, and practices (KAP) survey on RH and the Life Planning Youth Survey (the *Jordan Youth Survey*), UNICEF and the Department of Statistics (DOS) are currently conducting a national survey on adolescents ages 10 to 24 to gather information on their attitudes, participation, and gender disparities.

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<sup>49</sup> JNPC/GS, 2001b.

<sup>50</sup> JAFPP, 2001.

# 5 ARH PROGRAMS

ARH programming has focused on various societal sectors, including the public sector, schools, community outreach, and nongovernmental organizations (NGOs).

**Public sector:** To date, reproductive health services, information, and education specifically targeting Jordan's young adults have been limited. In fact, unmarried youth do not receive reproductive health services from the public sector. Nevertheless, in terms of programs, there are some model interventions in place and promising initiatives in the works as a consequence, at least in part, of Jordan's involvement in the International Conference on Population and Development (ICPD) in Cairo in 1994. The ICPD was a catalyst for action on reproductive health in Jordan. Government institutions mobilized around the conference and NGOs also became intensely active; the level of activity has remained high since then, and USAID, UN agencies, International Planned Parenthood Federation (IPPF), and other donors have been playing a supportive role. The strategy for reaching Jordan's population objectives has been broadened to support expanded availability of reproductive health information by governmental and nongovernmental organizations to adolescents and youth. The new strategy also stresses female education and calls for increased employment opportunities for women to reduce the gender gap.<sup>51</sup>

**Shabab 21 campaign:** A noteworthy effort is a national media campaign run by the National Population Commission that promotes reproductive health information and life planning skills for young men and women. The intervention involves a series of television spots, radio songs, outreach through meetings at local universities and colleges with religious and community leaders, dissemination of brochures, and contests on knowledge of population and RH matters in Jordan. Collaborating on this campaign is the USAID-funded Johns Hopkins University Center for Communication Programs (JHU/CCP).<sup>52</sup> The website of the campaign is [www.shabab21.com.jo](http://www.shabab21.com.jo)

**“Ingaz” youth economic opportunities program:** Ingaz is a continuing program that was originally sponsored by Save the Children Fund, USAID, and the private sector. It aims to enhance the leadership skills, networking, voluntarism, and employability of Jordanian youth.<sup>53</sup>

**Telephone hotlines:** Early in 2001, the MOH launched a hotline for young persons to provide them with medical information and counseling on HIV/AIDS and other reproductive health issues. In addition, counselors are conducting home visits with AIDS patients.<sup>54</sup>

**Peer education:** Building on its early initiatives, which reached over 100,000 youth and aimed at motivating national organizations to involve youth in implementing their own programs, JAFPP collaborated with the Ministry of Youth and Sport (MOY) in 2000 to start a project funded by the Netherlands Fund and called “Youth to Youth for Safe RH.” The project has established an RH unit in 11 of the MOY youth centers and has equipped them with awareness-raising tools. The project uses the peer education approach by utilizing the identified skills of talented youths to prepare and implement awareness-raising activities for their peers. The activities involve sexual and RH awareness-raising through seminars, peer education, and dissemination of materials among members of youth centers. Over 22,000 young people were reached by this initiative. The other initiative, “Festivals of Innovative

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<sup>53</sup> JNPC/GS, 2000a.

<sup>54</sup> JNPC/GS, 2000b.

<sup>53</sup> Ingaz Program, 2001. An Arabic language brochure about the program.

<sup>54</sup> The telephone hotline number is 6-5697933

Youth,” uses an education through entertainment approach. So far, four festivals took place that were organized by the youth committees themselves. The initiative involves youth in addressing their physical and mental health and social needs through innovative messages aimed at building positive attitudes and practices among youth with regard to STIs, premarital exams, gender inequality, and drugs.<sup>55</sup>

The Princess Basma Women’s Resource Center (PBWRC), a nonprofit and nongovernmental support mechanism for community groups and policymakers, first initiated its activities with youth in 1997. Since then, a comprehensive youth program has been set up at the center in response to the numerous needs of young Jordanians. The youth program focuses on youth ages 14 to 24 from different backgrounds and from all regions in Jordan. The program uses a methodology primarily based on a youth-to-youth approach, where young people are provided with a friendly atmosphere in order to feel comfortable discussing their ideas and feelings and the challenges they face. Since 1997, PBWRC has conducted numerous activities throughout the Kingdom. Youth who have continually participated in the activities gather at PBWRC informally to share their experiences with other youth. The group of youth, who have become known as PBWRC Friends, have reached 600 young people from all over the Kingdom. A strength of the group is that it includes individuals who would not, in normal circumstances, have the opportunity to interact. The group has also proved its ability to actively participate in the social development process. Many of the group’s members, and those they have worked with, are called upon by the NGO community and the government as participants and partners in development-related initiatives. PBWRC’s creative and dynamic approach and ability to work in an Arab context is increasingly recognized by international agencies, which see it as a valuable partner in implementing regional youth programmes. PBWRC’s areas of work with youth include communication and negotiation skills, conflict resolution, life skills, gender, environment, peer research, advocacy, information technology (IT), media and communication, networking, leadership, adolescent health, human rights, community activism, living values, working with children with special needs, writing skills, job market orientation, cultural exchange, and training of trainers and facilitators.<sup>56</sup>

**School-based health education:** Since the 1990s, the MOE has ensured that primary curricula cover population information. Science curricula at late primary and secondary grades also include some information on the biology of human reproduction. The ovulation cycle is well known to ever-married women (two-thirds). Female adolescents are familiar with family planning, and all can name at least one modern method.<sup>57</sup> Nearly 86 percent of Jordanians (ages 15 to 24) know about HIV/AIDS, but other STIs are not well known (only 25 percent know of chancroid; 18 percent of gonorrhea; and 4 percent of syphilis); more uncommon STIs such as hepatitis B, chlamydia, and genital herpes are not known.<sup>58</sup> The MOE has also developed a guide in Arabic for physicians explaining the physiological and psychological development of adolescents.

**Community-based interventions:** Young Jordanians generally show low participation in their communities. Only 3 percent of young females and 11 percent of young males are members of clubs. Youth ages 19 to 29 also showed the lowest participation rate in the 1993 parliamentary election and 1995 municipal election.<sup>59</sup> Low rates of community participation may explain the lack of community-based interventions. However, three NGOs’ projects that are proving highly successful in breaching the reproductive health information gap among youth are JAFPP’s “Youth to Youth for Safe RH,” and “Festivals of Innovative Youth.” Both projects entail some aspects of a community-based approach.<sup>60</sup>

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<sup>57</sup> JAFPP, 2001.

<sup>56</sup> PBWRC/Queen Zein Al-Sharaf Institute for Development, 2002.

<sup>57</sup> DOS and Macro International, Inc., 1997.

<sup>58</sup> JNPC/GS and JHU Center for Communication Programs, 2001.

<sup>61</sup> DOS and FAFO, 1996.

<sup>62</sup> JAFPP, 2001.

The JNPC/GS Youth Communication Program uses integrated multi-media and community-based approaches in which specific messages and activities are tailored to reach young people ages 15 to 24 as a primary audience in addition to influential audiences of parents, family members, educators, community, and, secondarily, religious leaders. In addition, the Center for Awareness and Family Counseling in Zarka organizes awareness activities and provides counseling services for youth.

***Nongovernmental sector:*** The complementary role of the NGOs has always positively contributed to successful implementation of social programs in Jordan. NGOs provide around one-third of FP services while the public and private sector provide the remaining two-thirds. The government has around 1,000 service delivery centers (of which 345 are MCH centers), in comparison with 23 United Nations Relief and Works Agency (UNRWA) clinics and 21 clinics of the JAFPP. The principal health care provider in Jordan is the private sector (1,533 pharmacies, 3,865 pharmacists, and 5,575 physicians compared with 462 pharmacists and 4,018 physicians in the public sector).<sup>61</sup> In fact, NGOs are lightly regulated by the government through the Law of Societies and Social Associations No. 33 for 1966, and they freely elect their board of directors. Moreover, there is an NGO project that is showing great promise for reaching a sizable number of youth with services. The Commercial Market Strategy (CMS) Project, funded by USAID since 1999, is working with the commercial sector.

***Operations research:*** Operations research interventions among newlyweds and never-married adolescents are needed to assess their needs and increase their knowledge of a wide range of reproductive health matters.

***Programs beyond the health sector:*** In addition to the health sector, there are institutions in other domains that also have youth programs that can affect reproductive health outcomes. The Ministry of Youth and Sports (recently changed to the Higher Council for Youth) is implementing a leadership program that aims at providing adolescents with training and granting them the opportunity to meet with society leaders, academics, and policy makers. The MOE provides training, enhances the sense of communal responsibility of adolescents, and engages them in productive activities through Boy Scouts and Girl Guides activities. Similar activities are carried out by the Jordanian Society for Boy Scouts and Girl Guides itself. Other NGOs are conducting limited participation activities among adolescents employing two approaches: conducting leadership and communication skills training, and encouraging the creation of adolescent groups to advocate for children's rights.<sup>62</sup> The British Embassy is funding projects for university students and women's NGOs to improve the low voter turnout among youth of voting age and the candidacy of women in the upcoming 2002 election. At Jordan University of Science and Technology (JUST), the British Embassy is funding ongoing awareness-raising workshops on many topics, including women's issues and family protection, and the establishment of a Civil Society Development Center to carry out activities aimed at promoting gender awareness, democratic and independent thinking, leadership, open debate, participation in decision making, and community service among students and local communities. The British Council has begun a project with the Higher Council for Youth to train the supervisors of 15 girls' and boys' youth centers on understanding youth development, interacting with youth, and giving guidance to youth who attend their centers. The Council also provides the services of useful websites for youth.<sup>63</sup>

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<sup>61</sup> MOH Information Center, 2001.

<sup>62</sup> UNICEF, 2001.

<sup>63</sup> The British Council News, 2002.

# 6

## OPERATIONAL BARRIERS TO ARH

### Inability to obtain services

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Physicians usually discourage the use of a contraceptive method by newly married, young, and nulliparous women. In fact, the majority of physicians advise them to get pregnant and have a first birth. When they get past this providers' barrier, the contraceptive options are not the most effective because physicians favor natural methods. Since these women are not lactating, the remaining alternatives are withdrawal and the calendar method, which entails limited abstinence.<sup>64</sup>

### Limited information available to adolescents

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Unfortunately, there is little information available to adolescents, which leaves them with a lack of knowledge, information about reproductive health, and counseling and information.

**Lack of knowledge:** Young couples know little about sexuality and reproductive health when they marry, so they embark on their sexual and reproductive lives with little or no knowledge and limited skills for discussing or negotiating sexual and reproductive preferences and needs.

**Lack of information about reproductive health:** To date, reproductive health information, education, and services specifically targeting Jordan's young unmarried adults have been limited. Most young persons tend to equate RH with maternity care, do not spontaneously associate RH with FP, and feel uncertain about what is permitted by Islam. Young people are critical of the teaching of RH in school curricula and complain about insufficient response by the teachers to their embarrassing questions. Although they are eager to learn about all matters concerning their sexual and reproductive lives, these matters have been covered minimally by the school curriculum and the media and often are not addressed within families or by parents. Youth are starved for information on sexual and reproductive health, and are under the impression that reproductive health centers are exclusively for married persons and babies.<sup>65</sup>

**Counseling and information for youth:** Young adults severely lack sexual and reproductive health information. Physical maturation, reproduction, and sexuality are sensitive—even taboo—topics that are avoided even within families, and youth demonstrate a tremendous gap in their knowledge of and interest in learning about these issues. Most young persons don't feel free to talk to their parents about RH/FP or the puberty and maturation process, and many teachers skip over these subjects because they are reluctant or feel uncomfortable. However, an increasing number of educators and school social workers recognize the need for youth to be informed about RH.<sup>66</sup>

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<sup>64</sup> Bagaeeen and Bernhart, 2000.

<sup>65</sup> MRO, 2000.

<sup>66</sup> JNPC/GS, 2001b.

# 7 RECOMMENDATIONS

**Capitalize on the political support for reaching adolescents:** The time is right to develop programs to meet the needs to adolescents. Both His Majesty King Abdullah and Her Majesty Queen Rania speak about the needs of young people for a healthy transition to adulthood, so political support for programs for adolescents is likely to continue.

**A holistic approach to adolescent health:** The reproductive health needs of youth have to be addressed as part of a broader package aimed at “better life planning by youth.” Isolating the reproductive health needs of youth raises questions and ruffles sensibilities, and it can be perceived as a Western approach to addressing youth issues. Also, reproductive health is not necessarily a priority of youth, whereas the more general concept of healthy development has more resonance among them. Additionally, reproductive health interventions for youth necessarily involve parents and different social sectors, including religion, education, and labor.<sup>67</sup> The sexual and reproductive health of young adults is a critical dimension of individuals’ transition to adulthood and overall well-being that has been sorely neglected. Although a growing number of organizations are working with youth and operating on a multisectoral level, two recent reviews revealed the absence of a national youth strategy, which was perceived by many youth experts as the most important shortcoming in addressing youth issues in Jordan. The reviews also called for upgrading the overall capabilities of Youth Centers to develop a clear vision and strategy and deliver better services for youth aged 10–24 years.<sup>68</sup>

**Provide information to adolescents:** Although a number of activities address adolescents’ needs for information on reproductive health, this remains a critical area for expanded interventions through a range of approaches including in-school and out-of-school information programs, peer counseling, better counseling from providers, and mass media. Young women and young men enter into marriage with insufficient information on sexuality, reproduction, and family planning. Many young women get pregnant immediately after marriage with inadequate information on safe motherhood. Young couples generally begin their first sexual experience with little or no information.

**Promote premarital counseling:** The low rate of premarital examinations in Jordan points to the need for promoting this service because it presents an excellent opportunity to provide timely and useful information, referrals, and services to young couples.<sup>69</sup> Targeting couples engaged to be married or who have just been married requires advocacy because counseling is not compulsory and may not be a socially acceptable intervention. There is also a need to institutionalize premarital counseling for young couples with the premarital medical exam program in Jordan.

**Conduct research on sexual behaviors and special stakeholders:** The Reproductive Health Action Plan (RHAP) of the NPS includes a number of ARH-related studies on STIs, school curricula, teachers, and cultural and legal barriers to ARH and RH in general. There is an urgent need to learn more about the reproductive and sexual behaviors of youth. Sexual behavior is a very difficult subject to broach, and the sexuality of youth, especially unmarried youth, is even more troublesome—so much so that even research on the subject is severely self-censored or stifled. Similarly, little is known about other subjects considered too sensitive to investigate: premarital sexual experience, arranged and forced marriage, abortion, gender-based violence, and, more generally, patterns of high-risk behavior, including those that

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<sup>67</sup> JNPC/GS, 2001b.

<sup>68</sup> Al Shareef, 2000; Adas, 2002.

<sup>69</sup> Various sources, including JNPC/GS 2001b. ARH and Life Planning Communication Strategy 2001.

increase the risk of HIV/AIDS. This research will help understand what youth know and think, and provide a strong underpinning for future ARH programs.

## APPENDIX 1. Data for Figures 1 through 4

<b>1. Adolescent Population (15–24) (000's)</b>					
	<b>2000</b>	<b>2005</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>
Males	528	583	638	661	692
Females	499	551	602	626	657
<b>2. Level of Education (%)</b>					
	<b>1990 Males</b>	<b>1990 Females</b>	<b>1997 Males</b>	<b>1997 Females</b>	
No Education	2.1	4.0	1.7	1.3	
Primary Complete	7.6	9.3	8.2	6.4	
Secondary and Higher	90.0	86.7	89.9	92.2	
<b>3. Pregnancy Outcomes (000's)</b>					
	<b>2000</b>	<b>2005</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>
Total Pregnancies	68	76	83	88	90
Births	52	58	63	67	69
Abortions	6	7	7	8	8
Miscarriages	10	11	12	13	14
<b>4. Unmet Need (%)</b>					
	<b>1990</b>	<b>1997</b>			
Total Unmet Need (15–19)	22.4	18.3			
Total Unmet Need (20–24)	20.5	15.4			

### Assumptions and Sources:

Figure 1. Total size of the adolescent population was developed by the POLICY/Jordan Office and estimated using the SPECTRUM Model.

Figure 2. Level of education for 1990 was taken from the 1990 Jordan DHS report, and for 1997 was taken from the 1997 Jordan DHS report. The figures cited are a weighted average of household educational attainment statistics for 15–19 and 20–24 year-olds.

Figure 3. Births, abortions, and miscarriages were calculated by multiplying the appropriate age-specific rates (i.e., TFR, abortion, and miscarriages) by the estimated number of adolescent females (single-age population estimates were calculated using the SPECTRUM Model). Total pregnancies were calculated by summing the total number of births, abortions, and miscarriages. Total fertility rate (TFR) for the base year was taken from the Jordan Annual Fertility Survey, 2000, and held constant for the 2000–2020 period. Age-specific fertility rates (ASFRs) were computed using the UN ASIA ASFR table. Mortality and migration rates were derived from World Population Prospects data. The abortion rate was assumed to be 12 per 1,000 (Profiles estimate). Since no age-specific rates were given for adolescents, the overall abortion rate for women was used. The miscarriage rate was assumed to be 15 percent (Guttmacher Institute estimate). Since no age-specific rates were given for adolescents, the overall miscarriage rate for women was used.

Figure 4. Levels of unmet need were taken from the 1990 and 1997 Jordan DHS reports.

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