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JORDAN

Geography

The Hashemite Kingdom of Jordan covers about 95,000 square kilometers in the upper northwestern part of the Arabian peninsula. Its main topographical divisions are an arid desert area to the east and a series of lightly forested highlands to the west, which are cut by the deep Jordan River Valley. The climate in the highlands is a dry variant of the Mediterranean pattern; and the desert climate is similar to that of the surrounding Arabian and Syrian deserts. Rainfall is very light, with an average of 400 millimeters per year in the highlands, 200 in the valley and less than 50 in the desert.

Few natural resources have been found in Jordan. Despite extensive exploration, no petroleum has been located. There is some copper, manganese and high-grade iron ore, but there is no commercial exploitation of these metals. Exploitable phosphate reserves have been found, and increased phosphate exportation revenues have played an important role in Jordan's finances during the mid-1970's.

In 1973 more than 80% of Jordan's land was not suitable for cultivation as it is too arid. Lowland area south of Yarmuk River to the northern end of the Dead Sea is intensely cultivated through irrigation from the East Ghor Canal, paralleling the Jordan River. In 1965 the great majority of farms were owner-operated. The land tenure is hereditary and conform to the Ottoman Land Code of 1856 (a Muslim code).

Almost all industries are located in the Irbid-Amman-Az Zarqua areas.

Population

The estimated population of Jordan as of mid 1977 was 2.9 million. During the period 1970-74 there was an estimated annual population growth rate of 3.32%, resulting from an estimated birth rate of 46.8 per 1000 population and a death rate of 14.5 per 1,000. If maintained, such a population growth leads to a doubling in 22 years. Life expectancy at birth in 1972 for males was 59.1 and for females was 57.4, with a gain in life expectancy of about one year per annum during the 1960's.

Infant mortality rates have also declined noticeably in recent years. The current rate is estimated to be in a range of 90-100 per 1,000 live births, as opposed to a 1961 range of 150-160.

The population of the East Bank (90% of the total) is largely confined to a quarter of the total land area, along the western highlands and in the Jordan Valley. Population density in these areas is an estimated 273 persons per square mile. Scattered nomads or semi-nomadic groups inhabit the desert areas, with a density of three persons per square mile.

Jordan, unlike many less developed countries, is predominantly urbanized. It is now 70% urban as compared to 44% in 1961. The three largest areas, Amman, Zarqa and Irbid, account for six of every ten residents, and Amman alone accounts for three of every ten. During the past twenty years Amman has grown three times as fast as the rest of Jordan.

Over half of Jordan's population (51.2%) is under 15 years of age, with 36.8% between 15 and 44 years, and 12% over 44. The pre-school age group (0-4 years) constitutes about 22% of the total population. Women in child bearing ages (15-44) represent roughly one-fifth of the population. Women in the child-bearing age and children under 5 years thus constitute about 41% of the population.

Labor outflow to other countries is thought to be in the range of 30% of labor supply in the occupational categories requiring university training, and in the technical and sub-professional occupations requiring two years of post-secondary training. As many as 5,000 working age males are thought to have emigrated in 1975. Women (educated) do not emigrate in such a large proportion.

Government

Jordan is a constitutional monarchy, and as such King Hussein I is a constitutional monarch. The Bicameral National Assembly is composed of a Senate whose members are appointed by the King, and the House of Representatives whose members are elected by direct suffrage. Jordanian women received the right to vote in April 1974.

Since independence in 1948 Jordan has generally followed a pro-western foreign policy. Diplomatic relations with the Union of Soviet Socialist Republics were established in 1963.

There are indications, according to US AID considerations, that the Government of Jordan is concerned about and is attempting to improve the quality of life of the low income majority. It has plans for irrigation projects. AID cooperates with a village

development project and assists the Farmers Association. In 1977 Government of Jordan made a decision to revise existing health services delivery patterns by focusing greater attention on primary level prevention and promotion services to population groups considered most at risk.

The Jordanian government seems committed to women's progress. Specifically for the purpose of increasing women's participation in all aspects of the economy at the national level, a symposium sponsored by the Ministry of Labor and chaired by the Crown Prince was held in Amman, April 4-7, 1976. The Ministry of Labor consequently established a Department of Women's Affairs to carry out the 55 Resolutions adopted at the symposium.

Economy

Prior to 1948 Jordan (known as Trans Jordan at the time) was a country of primitive agriculture, extensive nomadism and minimal industry. In the decade prior to 1967, however, economic growth was recorded at an annual level slightly over 10%. The real economic growth in 1976 was estimated at almost 7%. Jordan's real per capita income in 1976 was U.S. \$360, slightly lower than it had been in 1966. Given the events of the 1967-76 decade, Jordan's maintenance of its standard of living reflects both the adoption of effective economic policies and the mobilization of foreign resources. The 1976 budget projected that 40% of recurring expenditures would be financed by foreign assistance, primarily from the U.S., Saudi Arabia and Kuwait.

An ambitious 1976-80 Development Plan calls for 12% real growth annually, and \$2.3 billion in private and public sector investment concentrated in agriculture, mining, manufacturing, tourism, and transportation. One percent of planned investment resources is allocated to the health sector.

Jordan is essentially a free market country. Its economy is characterized by comparative poverty of the private sector, and needs heavy investments to provide effective irrigation, transport and electric power.

<u>Sector</u>	<u>Percentage of the Gross Domestic Product (GDP) 1960-1973</u>
Agriculture	18.8%
Manufacturing	10.4
Construction	5.1
Transportation and Communications	9.0
Trade	21.7
Public Administration and Defense	17.1

Unlike many less developed countries, Jordan's agricultural sector is small, comprising 10.3 percent of output in 1975, and utilizing 23 percent of the labor force. The country's agricultural potential is modest, lacking as it does abundant rainfall and large areas of fertile land. The Jordan Valley however, is a large and important food producing area.

Inflation became a serious problem in the mid-1970's. The cost of living index in Amman registered 20% annual increases in 1974 and 1975. Manpower shortages have led to rapidly rising wages (albeit starting from a very low base) in the private sector, and have added to already existing inflationary pressures. The housing demand exceeds supply, and therefore, has increased construction costs. Rising food prices, and large land speculation profits compete for a limited supply of consumer goods.

There is virtually no unemployment in Jordan. A study of the labor force in Jordan estimated that 382,000 persons (19.6%) of the (East Bank) population are participants in the labor force. The low participation is due to three factors: (a) 50% of the population is less than 15 years old, (b) limited role of women in the economy, and (c) male workers are drawn off to oil states. Gradually young women are entering the domestic market in larger numbers, but it is still common for them to stop working when they marry.

Jordan has one of the lowest percentages of economically active female populations in the world. Of 93 countries worldwide, Jordan ranked 94th with 5.91% of the female population engaged in economic production of goods or services.

Bedouin and rural women are not considered part of the labor force because their work is confined to families, but they are, in fact, a most important part of the informal sector. Their work includes agriculture, taking care of livestock, selling domestically produced butter and yogurt in neighboring towns, weaving rugs and embroidery.

The following table gives data on female participation in the labor force of Jordan:

Economic Activity of Women, Jordan, (1961)

<u>Sector, by Occupation</u>	<u>Index of Femaleness (a)</u>	<u>Distribution Index (b)</u>
professional and technical work	30.46%	22.77%
administrative and managerial work	0.83	0.09
clerical work	5.31	4.32
sales work	0.76	0.94
service work	11.43	12.19
agriculture and related work	5.12	33.00
production and related work	4.06	26.69

Sector, by Industry

agriculture and related industries	5.14%	33.39%
mining and quarrying	0.05	0.02
manufacturing	15.82	24.43
electricity, gas, water and sanitary services	0.89	0.07
construction	0.09	0.17
commerce	1.26	1.87
transport, storage and communication	1.14	0.64
service	3.44	39.40

(a) Index for Femaleness is derived by dividing the number of females in each category by the total number of laborers both male and female in that same category; for example, it shows the percentage of women who are in the agricultural labor force.

(b) The Distribution Index is derived by dividing the number of females in each category by the total number of females in all categories;* the total of the distribution index figures may not be 100% due to rounding.

*for example it shows the percentage of women employed in agriculture within the total female labor force.

Service Sector

Health: Improving standards of living in Jordan over the past few decades has been accompanied by a general improvement in the nutrition status of children.

A recent examination of public hospital admission records, however, did indicate that twenty percent of children admitted were actually suffering from malnutrition, even though more readily identifiable accompanying conditions tended to be recorded. Contributory factors are thought to include early weaning to non-pasteurized cow's milk, prolonged breast feeding with little or no supplementation, lack of health and nutrition knowledge on the part of mothers, unpotable water, and poor sanitation facilities. The Government does not have a focal point for nutrition concerns, which might foster a shared view among the several relevant public and private agencies. Without such a policy consensus, the remaining "hard core" of malnutrition in Jordan is likely to be affected very slowly by further socio-economic advances.

The initial access points to health care for the poor majority of Jordan's population are the Kingdom's 82 urban and 250 rural clinics. The full time staff in these clinics are assistant nurses, (usually male), to whom minimal serious responsibilities are delegated. And yet there is tremendous potential at this level of the health care system for the effecting of improvements in the country's health care status through such activities as simple curative services, health education, especially in hygiene and nutrition, simple case-finding, maternal and child health outreach, environmental sanitation work and vital statistics reporting. The current assistant nurse cadre could be upgraded or a new auxiliary cadre could be created; whatever alternative is followed, the need to extend the work of physicians and nurses, through the recognition of an important new component of the health care team is clear.

There are only half as many registered nurses in Jordan as there are practicing physicians. Active recruitment programs designed to attract students to the country's several nursing schools, continue to encounter the traditional unacceptability in Muslim societies of females attending to physical needs of males who are not members of their own families. Changes in this attitudinal structure cannot be expected to be rapid.

Ministries of Health in developing countries are usually weakly - managed organizations with minimal prestige and bargaining power among their countries' socio-economic planning communities. Jordan's has been no exception. But the Ministry of Health (MOH) with greatly improved organizational arrangements and management capability, could play a critical role in the country's development process. Effective MOH efforts towards the reduction of infant

mortality, for example, could lead to a fertility rate reduction and thus to a more favorable dependency ratio among the population, as well to a lower bite out of the national budget for social services expenditures.

Jordan's contiguity with Israel is the overwhelming fact of the Kingdom's geopolitical life. The East, West and oil-rich Arab states continue to pour resources into the development and maintenance of Jordan's military capability. A genuine middle East settlement could permit the diversion of some of these aid flows to health concerns, and would certainly lead to an increase in the \$10 per person per year now available for public expenditures on the health sector.

Nineteen seventy-five data shows that tuberculosis, measles, meningitis, malaria, typhoid and infectious hepatitis are the most frequently occurring diseases.

In 1976 the infant mortality rate was reported to be 11 per 1000 live births. However, as in most less developing countries, the recorded infant mortality rate are lower because of underreporting. Health officials and other informed estimates put the actual figure in the range of 90 to 100 deaths per 1000 live births.

The major causes of infant mortality are: gastro-enteritis and diseases of the respiratory system. Prenatal mortality in 1974 was 16% of the total infant mortality.

For children between the age of one and five years, the major killers, again, are diseases of gastro-enteritis group, and of the respiratory system. Accidents and injuries are other known causes and follow next as major killers.

Recorded major nutritional deficiencies in Jordan are: signs of protein-calorie malnutrition and growth retardation in infants and young children; continued low rate of growth in late childhood and adolescence; low blood concentrations of Vitamin A; low urinary excretions of thiamine and riboflavin.

There are an estimated 86 centers in Jordan for services for mother and children. Estimated 50% of these centers are located in towns with population of 10,000 and the rest in small communities.

The Jordanian Ministry of Labor, and Cooperative for American Relief Everywhere operate approximately 102 child feeding centers, and the Ministry of Education has a school feeding program. Other agencies distribute corn-soya milk and dried skim milk. It is noted that all these programs suffer from lack of coordination.

In 1971 the Jordanian Public Health Law authorized several services such as public health nursing, nutrition towards

improvement of health and nutrition services. However, as far as available literature indicate none of these have yet been started, perhaps due to a dearth of trained personnel.

Education: Jordanian legislation has allowed equal opportunities in education for all. Grades 1 - 9 are compulsory, but enrollment is limited by the government's ability to provide facilities. Schools are located throughout the nation, even in rather isolated spots. Males and females work together in farming in rural areas, but agricultural courses are intended for males only.

In the preparatory cycle (7th, 8th, 9th grades) academic subjects are taught plus at least one vocational course for each grade. There are both academic and vocational programs at secondary school level - academic for those destined for university; vocational to train middle-level technical personnel. Nearly 20% of secondary school students in 1976 were receiving vocational training. There is an effort to increase this to 30% by 1980. So far very few women have selected specialization in purely vocational or scientific fields.

Social Organization

Social life in Jordan centers around the family. An individual's loyalty to the family comes first and overrides most other obligations. Since the family is the most important social unit, the society assumes that all persons will marry when they reach an appropriate age. A household survey in 1972 yielded the following data:

<u>Ages</u>	<u>% married (women)</u>
15-19	30
20-24	73
25-29	93

Only 2% of women in the sample ages 40 - 44 had never been married.

Traditionally, in the Jordanian society, decision making authority rests with males. In some areas of the country there is a further tradition of bestowing adult status on married men only, and often only on fathers.

As noted above in this report both male and female children legally have an equal opportunity for education. But the legal provisions for receiving family living allowances exclude female

government employees most of whom are in the Ministry of Education.

At the University of Jordan, for example, medical insurance does not cover family members supported by a female employee.

Jordanian legislation condemns child labor. In practice, as in most less developed countries, some children do work to supplement family income.

Basic Human Needs

Food: The staple food in Jordan is wheat bread. The price of bread is regulated by government support. Almost 80% of the wheat needed per annum is imported and, discussions have been under way about a domestic wheat pricing policy.

Majority of rural Jordanians eat meat only on special occasions. Since 90% of the country is Islamic pork is taboo. Cheese, fruit, vegetables, and yogurt supplement the diet. As everywhere else in the world, there is a wider variety in foods eaten by the city residents.

Jordan is dependent on imported food supply, but exports fruits and vegetables. In 1974-75 fruits and vegetables comprised 25% of total exports from the country.

Breast feeding of infants is a common practice in Jordan. The weaning diet mostly consists of unpasteurized cow's milk.

Clothing: Locally manufactured clothing is readily available in Jordan.

Housing: As in all countries of the world, and especially so in the less developed countries, there is an inadequate supply of houses in Jordan. The government has organized a housing corporation to provide credit for residential construction in both private and public sector. However, the corporation's credit regulation do not meet the needs of the low-income families.

Service Agencies

The importance of women volunteers in urban Jordan is noticed and Jordanian society has urged females to do voluntary work. The voluntary charitable organizations offer traditional and vocational

training, make financial contributions to assist nurseries, centers for eradication of illiteracy, and old age centers. Over 90% of nurseries in Jordan belong to charitable associations that offer services to Jordanian children below 6 at nominal fees.

Some Jordanian national welfare agencies are: the Women's Union in Jordan, the Jordan Family Planning Association, Jordanian Rural Development Society, Al-Hussein Child Welfare Society, Jordan Red Crescent, Ladies of the White Bed Society.

The following international development agencies are engaged in work in Jordan: United Nations, Caritas, CARE, Near East Foundation, the International Red Cross, and YWCA and YWMA (Young Women's Moslem Association).