

**Child-spacing Practices  
and Knowledge in Jordan**

A Summary Report  
of the Results of the  
HEALTHCOM Evaluation Baseline Survey  
August- September 1988

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## SUMMARY

This document reports the results of a baseline survey of child-spacing knowledge, attitudes, and behavior among women in Jordan. The sample consisted of 930 women 35 years old and under who had a child under two years old at the time of the survey.

The last birth interval was less than two years in over half our sample (57 percent). The average interval between births was 24.0 months, and the median interval was 22 months. Younger women in the sample (25 years old or under) were significantly more likely to have a shorter last birth interval than women over 26 years old.

These findings indicated that the women in our sample wanted a relatively large number of children, but also suggested that many would be open to the idea of spacing or even completely avoiding more births. Forty-two percent of the women interviewed said they wanted no more children than those they already had or the child they were currently carrying. The desire for more children was related to parity. A large majority (79 to 84 percent) of women with only one or two children said they wanted more children. Approximately 60 percent of women with three or four children said they wanted more, and 36 to 44 percent of women with five to seven children said they wanted still more.

Overall, there seemed to be a high level of positive attitude toward a space of at least two years between births. When asked their opinion about the appropriate difference in age between children, approximately 21 percent of the mothers answered less than two years, 40 percent said two years exactly, while 38 percent answered that there should be more than two years between children.

A large proportion of the women in our sample potentially would be interested in information about child spacing. Thirty-four percent of all women in the sample said they wanted to wait two or more years before having another child and 43 percent said they didn't want any more children at all.

Many women had experience using specific methods to attempt to space their children. Forty percent of all women (and 48.8 percent of women currently not pregnant) claimed to be using something to space pregnancies at the time of the survey, while another 16 percent said they had tried something in the past. However, 43 percent of all women in the sample had no experience at all with any method of spacing (modern or traditional).

Twenty-nine percent of all mothers reported using modern contraceptive methods (IUD, pill, condom, spermicide) and 11 percent were using methods such as abstinence, withdrawal, and rhythm. Of the women who were at risk of becoming pregnant

(those not pregnant at the time of the interview), 35 percent reported that they were using a modern contraceptive method.

The data indicate a need in Jordan for child-spacing information and services. Among mothers who said they wanted no more children or no children for two or more years (and who were not currently pregnant), only half reported that they were currently using a method to space children, and only 37 percent were using a modern method.

Fear of side effects was significantly related to nonuse of modern contraceptives. Only 10 percent of women who said having an IUD could result in health problems reported current use of an IUD, compared to 56 percent of women who said there were no health side effects. Thirteen percent of women who said birth control pills could have harmful effects reported current use of the pill, compared to 40 percent of women who said there were no negative health effects.

Husband's approval of child spacing was significantly related to use of any child-spacing method and to use of a modern method. Thirty-eight percent of women who said their husband approved of child spacing were currently using a modern contraceptive method, compared to 24 percent who said their husband did not approve, and six percent who didn't know.

Lack of knowledge about where to go for child-spacing information or services was not a likely explanation for low use of contraceptives. Only seven percent of the women said they didn't know where to go for information on child spacing and six percent said they didn't know where to go for child-spacing services. The most frequently named source of information or services was a private doctor. This suggests an important role for doctors in child-spacing efforts in Jordan.

The survey results indicate that there is a role for child-spacing services and information in Jordan. Mothers in the survey generally had a positive attitude toward child spacing. The majority wanted to space their children two or more years apart or wanted no more children. However, less than half the women who said they wanted to space or stop births were doing anything to try to space their children. Two constraints to turning women's positive attitudes toward child spacing into child-spacing behavior may be fear of side effects from use of available contraceptives and lack of husband's approval for child spacing.

## BACKGROUND AND DESCRIPTION<sup>1</sup>

Health Communication for Child Survival (HEALTHCOM) is a five-year communication program designed to assist developing countries promote the widespread use of effective child survival strategies. HEALTHCOM is sponsored by the Office of Health and the Office of Education within the Bureau for Science and Technology of the U.S. Agency for International Development and is administered by the Academy for Educational Development. The program will work in up to 17 countries, using a research and development approach to promote changes in behavior that affect child health. The Center for International, Health, and Development Communication at the Annenberg School for Communication is responsible for summative evaluation in up to 15 countries and for providing assistance in formative evaluation when requested.

The HEALTHCOM project in Jordan has focused on two primary topics, effective breastfeeding and child spacing, under the umbrella theme of "The Health of the Mother and the Child." The overall program is under the patronage of Her Majesty the Queen and is located in the Noor al-Husseini Foundation. Activities related to breastfeeding and child spacing began in early 1988. This report presents the findings of the baseline survey on child spacing.

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<sup>1</sup> We would like to thank the individuals and organizations in Jordan who contributed to this survey and report. Ms. Abeer Hamdan of the Noor al-Husseini Foundation provided invaluable logistic support before and during the data collection. Ms. Anne Roberts of the Academy for Educational Development and Dr. Robert Hornik and Ms. Susan Zimicki of the Center for International, Health and Development Communication gave useful input at all stages of the survey, including the final analysis. This activity would not have been possible without the technical and logistic support and assistance of the Noor al-Husseini Foundation and the USAID Mission in Jordan.

Results of interviews carried out in Jordan in 1983 indicated that more than 45 percent of the children in Jordan were born at intervals of less than two years and 25 percent were born at intervals of 18 months or less.<sup>2</sup> An interval of at least two years between births is considered to be better for the health of the new infant and also the children already born into a family. Analyses of World Fertility Survey (WFS) data from Jordan indicate that the death rate for children born after an interval less than two years is four times that for children born after an interval of two years or more.<sup>3</sup> Children born at the start of an interval less than two years were 1.25 times more likely to die before the age of 5 than children born at the start of a longer interval. Evidence that short intervals affects the mother's survival or physical health is not as striking. However, in the focus group interviews carried out by the HEALTHCOM project, both men and women frequently discussed the negative physical and psychological effects of short intervals on the well-being of the mother.

As part of their child survival activities in Jordan, the HEALTHCOM project and the Noor al-Hussein Foundation have designed a television campaign to address child spacing. Messages have been developed explaining the concept of birth spacing, discussing the advantages of spacing pregnancies two years apart, and referring women to their doctor or to a Maternal Child Health Clinic for information and services.

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<sup>2</sup>Jordan Fertility and Family Planning Survey 1983 - Report of Principal Findings (Amman: Department of Statistics and Atlanta, Georgia: Centers for Disease Control, 1984).

<sup>3</sup>Birth Spacing and Child Survival, Deborah Maine & Regina McNamara, Center for Population and Family Health, Columbia University, 1985.

## Description of the Evaluation

The primary component of the HEALTHCOM evaluation design was a before-after survey of approximately 1000 women of childbearing age. The baseline survey was carried out in August and September 1988, and was supplemented with open-ended interviews with a small sample of women from the same geographic areas. After the campaign, an equivalent sample of women will be interviewed using the same survey instrument.

The goal of the sampling procedure was to obtain a representative sample of women 35 years old or younger who currently had a child under two years old. This is the group for which messages about breastfeeding and child spacing will be most relevant.

The sampling was carried out with the assistance of the Jordanian Department of Statistics, which has developed a sampling frame based on the 1979 census. Fifty clusters were systematically chosen from the census lists, 35 urban clusters and 15 rural clusters (70 percent of the population in Jordan lives in urban areas and 30 percent in rural areas)<sup>4</sup>. The urban clusters were selected to represent different socio-economic groups and the rural clusters were chosen to represent villages of varying sizes.

We wanted a sample of twenty women 35 years old and under with a child under two years old from each cluster. Examination of other statistics from Jordan indicated that one out of every three households tends to have a child under two. This suggested that, in order to find 20 households with young children, we would need to start with at least 60 households in a cluster.

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<sup>4</sup> The Hashemite Kingdom of Jordan Department of Statistics. (1987). Statistical Yearbook. Amman, Jordan: Department of Statistics Press.

Therefore, within each cluster, the number of households was counted. If there were fewer than 50 households in a cluster, the cluster was expanded according to a predetermined set of rules. Groups of households were then assigned to each interviewer, with the expectation that one out of every three would have an appropriate woman for the sample.

In all, 930 survey interviews were carried out in the 50 clusters chosen. The interviews covered knowledge, attitudes, and behavior related to breastfeeding and child spacing, sources of information for breastfeeding and child-spacing information, media use, and demographic characteristics. In addition, 33 open-ended interviews were carried out with women from the sample areas. These interviews discussed when and why mothers start supplementing breastfeeding, and social and other influences on child spacing. The interviewers were female graduates of a two-year social work program. The team supervisors were female graduates of the communication program at Yarmouk University.

## CHARACTERISTICS OF THE SAMPLE

### Geographic Characteristics of the Sample

The sample reflects the national rural-urban distribution in Jordan, with 69 percent of the respondents from urban areas and 31 percent from rural areas. The sample also resembles the national distribution of the population in terms of geographic location. The largest group of women in the sample were from the Amman Governorate (37 percent), followed by women in the northern governorates of Irbid (27 percent) and Zarqa (14 percent). Those remaining came from the northern governorates of Balqaa (7

percent) and Mafrag (4 percent), and the southern governorates of Karak (4 percent) and Ma'an (6 percent).<sup>5</sup>

### Demographic Characteristics of the Sample

During the interviews, a number of questions were asked about the mother, her husband and her household to determine ages, marital and childbearing history, family size, and socio-economic characteristics.

The age of the women in the sample ranged from 13 to 39 years old (see Table 1). The majority of the mothers were between 21 and 30 years old and the median age of the respondents was between 26 and 27 years. Two mothers had ages out of range (36 and 39 years) and eight had no age data.

Table 1  
Ages of Women in the Sample

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Age	Percent
20 years or less	9.5
21-25 years	34.1
26-30 years	31.8
31-35 years	24.6

(n=920)

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<sup>5</sup>National figures show the following distribution according to governorate: Amman -42 percent, Zarqa - 15 percent, Irbid - 24 percent, Mafrag - 4 percent, Balqaa - 7 percent, Karak - 6 percent, Tafiela - 2 percent, and Ma'an - 4 percent. (The Hashemite Kingdom of Jordan Department of Statistics. (1987). Statistical Yearbook. Amman, Jordan: Department of Statistics Press).

The majority of women in the sample had married by the age of 20; the median age at marriage was 17 years. Almost one-third of the women in the sample had married before the age of 17. Thirteen percent married at age 17, while another 39 percent married when they were between 18 and 21 (see Table 2).

Table 2  
Age of Respondents at Marriage  
and at First Pregnancy

Age	Percent Married	Percent Pregnant
16 years or less	32.4	21.5
17 years	12.9	12.7
18 years	12.8	14.9
19 years	11.1	11.8
20 years	9.6	10.2
21 years	5.0	8.3
22-25 years	13.9	16.6
26-30 years	2.1	3.6
31-35 years	.1	.2
	(n=916)	(n=916)

Almost half (49.1 percent) of the women were pregnant by the time they were 18 years old. A little over one-fifth were pregnant for the first time when they were sixteen years old or younger (refer back to Table 2). This group is at greater risk of problems with their own and their baby's health during pregnancy or delivery and at greater risk of giving birth to babies with low birth weight. Overall, the women in our sample tended to

marry young, and become pregnant soon after they married. At the time of the survey, almost one quarter (22 percent) of the women were currently pregnant.

The respondents reported having from one to 14 children (see Table 3). Half of the mothers had between one and three children, one third had 4 to 6, and 19 percent had more than 6 children. The average number of children was four (with a standard deviation of three children).

Table 3  
Total Number of Children

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Number of Children	Percent of Mothers
1	17.6
2	16.3
3	15.7
4	11.2
5	12.5
6	8.2
7	5.0
8	5.6
9 - 14	8.2
	(n=927)

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In many countries, it is particularly important for a couple to have at least one son. Having a living son may influence their attitudes to and use of child-spacing methods. The average number of boys in a family was two (with a standard deviation of 1.8). Thirty percent of the women had one boy, 21 percent had

two boys, and 37 percent had three or more boys. Fourteen percent of the women reported having no boys, which could be a factor in attempts to become pregnant again in a short period of time.

Most of the women in our sample had some education beyond the primary level. Twenty-two percent had never been to school at all, another 20 percent completed between 1 and 6 years, while the largest group of women (45 percent) had between 7 and 12 years of education (see Table 4). Another 12 percent had between 13 and 26 years of school. The average number of years in school was seven years, with a standard deviation of five years.

Table 4  
Education of Respondents and their Husbands

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Years of Education	Percent of Mothers	Percent of Husbands
0	22.3	11.9
1-6	20.4	17.7
7-12	45.3	50.9
13 or more	12.0	19.5
	(n=927)	(n=921)

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We also asked each woman about her husband's age and education. The husbands of the women in our sample ranged in age from 16 to 88 years old. The median age of the husbands in this sample was between 31 and 32 years old. The average difference in age between husbands and their wives was seven years (ranging from 1 to 53 years).

Husbands had a slightly higher educational level than the respondents. Only 12 percent had no schooling at all, 18 percent had 1 to 6 years of schooling, while 50 percent had 7 to 12 years, and one-fifth of the men had between 13 and 31 years of education (refer back to Table 4). The mean educational level for husbands was 9 years, with a standard deviation of 5 years.

Eight hundred and twenty-seven of the mothers were able to give us an estimate of monthly income for the household. In this group, monthly income ranged from 0 to 4000 dinars, with a median of approximately 120 dinars<sup>6</sup>. Approximately 40 percent of the respondents claimed to have a monthly income of 100 dinars or less, 44 percent had between 101 and 300 dinars, and 16 percent had a monthly household income of 301 dinars or more.

An estimate of per capita income was derived by dividing total monthly income by the reported number of persons in the household. Table 5 shows the distribution of per capita monthly income, which ranged from 0 to 1334 dinars. More than half of the sample had a per capita income of less than 20 dinars a month; 20 percent reported 10 dinars or less per capita, and 34 percent reported between 11 and 20 dinars a month.

Other indicators of relative wealth of the household were examined in addition to monthly income by asking the women if there were certain consumer items in their household. Most of the respondents had radios (86 percent), and even more had televisions (93 percent). A third of the respondents said they had a car, while a quarter of the households had telephones, and even fewer (16 percent) had video tape recorders.

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<sup>6</sup>At the time the interviews were carried out, one dinar was the equivalent of approximately \$3.00 U.S.

Table 5  
 Monthly Per Capita Income  
 in Households in the Sample

Per Capita Monthly Income (in Dinars)	Percent of Households
0 to 10	20.3
10.100 to 20	34.3
20.100 to 30	16.9
30.100 to 40	11.9
40.100 to 50	5.7
50.100 to 100	8.5
Over 100	2.4
	(n=827)

### Use of Health Services

To measure use of health services, the mothers were asked where their youngest child was born and about their last visit to a doctor or clinic. Overall, we found high levels of use of both private and public health services.

Most of the women (60 percent) reported giving birth in a public hospital, while 18 percent went to a private hospital, and 21 percent gave birth at home. During their last birth, 43 percent of the mothers mentioned that a doctor was present during the delivery, and 54 percent said that a midwife was present (see Table 6). Other people present during the birth were the woman's husband, mother-in-law, mother, or other relative.

Table 6  
People Present at Birth of Last Child

People Present	Percent of Mothers	Total n of Mothers*
Midwife	53.7	925
Doctor	43.3	927
Husband	23.7	924
Mother-in-law	22.7	927
Mother	17.0	924
Other relative	9.3	924
Other	13.8	923

\* This question allowed mothers to give more than one answer. The total number of mothers used to determine the percentage varies slightly because of missing values.

Mothers were also asked when they had last visited a clinic, hospital or doctor about their youngest child or last pregnancy. Approximately one-fifth said they had not been to a health facility at all. The remaining mothers said they had been to a private doctor or hospital (29 percent), public hospital or government clinic (27 percent), or Maternal Child Health (MCH) care clinic (24 percent).

In general, the health facilities seem to be easily accessible to mothers. Mothers who had been to a health facility for their youngest child or last pregnancy were asked how far away that facility was. For these women, facilities were quite close: 35 percent said it was within 10 minutes, while another 54 percent said there was a facility between 11 and 30 minutes away. On average, the facility was about 20 minutes from the woman's home (with a standard deviation of 16 minutes). Of the mothers

who had been to a health facility, most (82 percent) believed that it was not difficult to get there.

## CHILD-SPACING PRACTICE AND KNOWLEDGE

The study reported here examined birth intervals and child-spacing behavior by mothers. We also asked a number of questions measuring knowledge and attitudes about child spacing and use of child-spacing methods and services.

### Birth Intervals

In order to examine current birth intervals, women in the sample were asked about their last three pregnancies and, if they were pregnant, about their current pregnancy. Birth intervals were then calculated using methods similar to those used in analyses of the World Fertility Survey (WFS) data collected in Jordan in 1976.<sup>7</sup> For mothers who had two or more children and were not pregnant at the time of the interview, we calculated the interval between her two most recent live births. For women who were currently pregnant, we calculated the interval between the birth

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<sup>7</sup>Birth intervals were calculated to match the methods proposed by the World Fertility Survey in their 1976 study in Jordan. For women with two or more live births who were not currently pregnant, the last closed interval was defined as the period, in months, between the date of the last live birth and the live birth immediately preceding that. For women who were pregnant at the time of the interview, the last closed interval was defined as the period of time between the last live birth and the expected date of the next child. The data are limited to pregnant women with at least one other child or to women with at least two live births. As with the WFS figures, closed birth interval measures excluded those intervals exceeding five years so that mean lengths of intervals would not be affected by high values. This excluded 20 cases from our sample. Also, birth intervals of less than 9 months were excluded (37 cases). Thus, the birth intervals reported here range from 9 through 60 months.

of her last child and the expected birth of her next child. Women who had only one child and were not pregnant were not included in the analyses. In all, birth intervals will be presented for 715 of the 930 women in the sample.

The average interval between births was 24.0 months, and the median interval was 22 months. We found that 57 percent of the women's last birth intervals were under two years (see Table 7). Thirty percent of last births were 9 to 17 months apart (these mothers were becoming pregnant within 8 months after having a child) and 27 percent were 18 to 23 months apart (these mothers were becoming pregnant 9 to 14 months after having a child).

These figures show shorter birth intervals than those in previous surveys in Jordan. The Jordan Fertility and Family Health Survey<sup>8</sup> (JFFH) of mothers in 1983 found an average interval of 27 months. The difference is partially due to the different ages of the samples (the HEALTHCOM survey interviewed mothers 35 years and under with a child under two years, whereas the JFFH and WFS surveys sampled women 15-49 years old). It is likely that women over 35 with older children would have longer recent birth intervals.

We then examined birth intervals for women of different ages. We found that women under 25 years old were the most likely to have short birth intervals (see Table 8).

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<sup>8</sup>Department of Statistics, Amman and Centers for Disease Control, Atlanta, Georgia, 1984.

Table 7  
Interval Between Most Recent Births

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Months Between Births	Percent of Mothers
9 to 11	4.6
12 to 14	13.7
15 to 17	12.0
18 to 20	13.5
21 to 23	13.1
24 to 26	11.9
27 to 29	8.8
30 to 32	3.3
33 to 35	3.0
36 or more	15.0
	(n=715)

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Table 8  
Birth Intervals by Age of Mother\*  
(Percent of Mothers)

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Birth Interval	Age of Mother		
	Under 25	25-34	35
9-17 months	36.8	28.5	22.8
18-23 months	31.9	24.6	23.9
24 months or more	31.4	47.0	53.3
	n=204	n=411	n=92

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\*Difference significant at  $p < .001$ .

Other studies have found significant differences in fertility behavior by education of the woman, indicating that educated women have lower fertility rates than less educated women. Although preliminary analyses showed a significant difference in birth intervals between mothers of different educational levels, these differences disappeared when we controlled for age of the mother.

We also compared birth intervals by the family's per capita monthly income and level of medical service available in the community (Maternal Child Health clinic, health center, village clinic, or United Nations Relief and Works Agency clinic) and found no significant differences.

Overall, we found that the last birth interval was less than two years in over half our sample of women 35 years and under who currently had a child under two. Younger women in the sample were significantly more likely to have shorter birth intervals.

#### Knowledge and Attitudes about Child Spacing

We asked the women in our sample a number of questions to determine their knowledge and attitudes about child spacing. The survey results support the findings of earlier focus group interviews which found a high level of positive attitude toward a space of at least two years between births. When asked their opinion about the appropriate difference in age between children, approximately 21 percent of the mothers answered less than two years, 40 percent said two years exactly, while 38 percent answered that there should be more than two years between children (see Table 9). A quarter of the mothers said there should be three years between children and another eight percent said there should be four years.

Table 9  
 Mother's Opinion About  
 Appropriate Space Between Children

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Number of Months	Percent of Mothers
0 to 8	3.8
9 to 11	.4
12 to 14	14.1
15 to 17	1.6
18 to 20	.7
21 to 23	.2
24 to 26	40.4
27 to 29	.2
30 to 32	1.2
33 to 35	.3
36 or more	35.5
Don't know	1.3
	(n=924)

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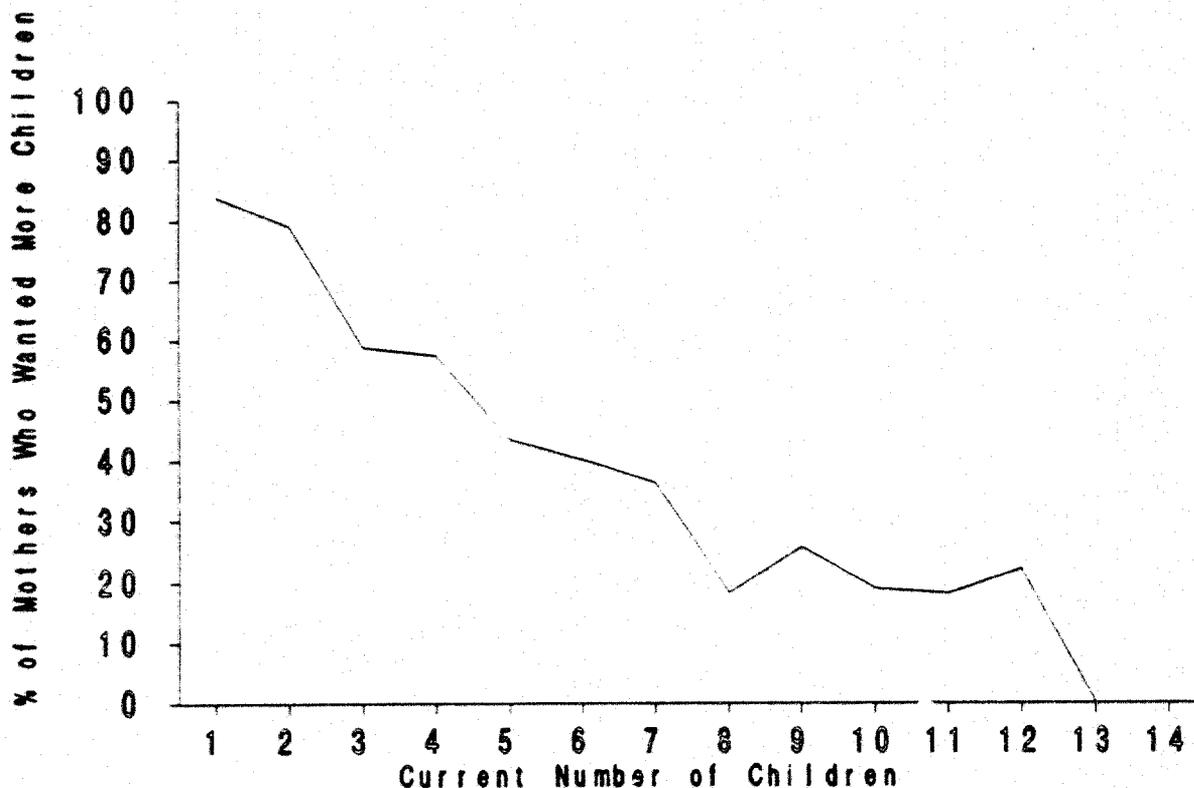
Focus group interviews and other research had indicated that Jordanians want large families and might respond negatively to messages about child spacing because they thought spacing was equivalent to limitation of family size. We asked the women in the sample whether they wanted more children, how many children they wanted in all, how long they wanted to wait until the next child, if they thought they could space two years and still have the number of children they wanted, and if they thought pregnancy spacing was the same thing as birth control or family limitation.

Our findings indicated that the women in our sample wanted a relatively large number of children, but also suggested that many would be open to the idea of spacing or even completely avoiding more births. Forty-two percent of the women interviewed said

they wanted no more children than those they already had or the child they were currently carrying.<sup>9</sup>

Figure 1 shows the percentage of women of different parity who said they wanted more children. The large majority (79 to 84 percent) of women with only one or two children said they wanted more children. Approximately 60 percent of women with three or four children said they wanted more, and 36 to 44 percent of women with five to seven children said they wanted more. 36 to 44 percent of women with five to seven children said they wanted more.

Figure 1  
Women's Desire for More Children by  
Current Number of Children



<sup>9</sup>The question was worded, "Would you like to have another child or are you content with the children you have? (IF WOMAN IS PREGNANT, ADD 'after this next child is born.")

Another way of looking at this was to ask those who wanted more children about their desired completed family size.

Approximately 10 percent of this group said they wanted a total of three children or fewer, 52 percent wanted four to six children, 23 percent wanted seven children or more, and 15 percent said they didn't know.

In terms of beliefs about child spacing, most of the women (81 percent) said that they could space their children and still have as many children as they want. However, many women also viewed child spacing and family limitation as the same thing. Forty-two percent thought this to be the case, 15 percent were not sure, and 43 percent disagreed.

To determine the percentage of women who might be open to messages on child spacing, we asked the mothers who wanted more children how long they would like to wait before their next pregnancy. Mothers who wanted more children said they wanted another child in from one month to six years (see Table 10). Over 60 percent of women who wanted more children reported wanting to wait at least two years before having another child.

It seems that a large proportion of the women in our sample would be interested in information about child spacing. Thirty-four percent of all women in the sample said they wanted to wait two or more years before having another child and 43 percent said they didn't want any more children at all. This finding was supported by the women interviewed in the open-ended interviews. Some wanted no more children because they already had enough, others wanted no more children because they were too poor, some wanted more children but wanted to space them so that they (the mothers) would be less tired.

Table 10  
Mothers' Desired Time Before Another Child

Time Desired Before Next Child	Percent of Mothers Who Wanted More Children	Percent of All Mothers
1-11 months	4.4	2.7
One year	24.5	14.8
13-23 months	8.0	4.5
Two years	31.7	19.2
More than two years	31.4	15.1
Wants no more children		42.5
	n=523	n=930

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### Use of Child-spacing Methods

We then looked at reported use of methods to space children. The women in the sample were asked if they and their husband were currently doing something or using any method to delay getting pregnant. If they said yes, they were asked what they were doing to delay pregnancy.

Many women had experience using specific methods to attempt to space their children. Forty percent of all women (and 48.8 percent of women currently not pregnant) claimed to be using something to space pregnancies at the time of the survey, while another sixteen percent said they had tried something in the past. Forty-three percent of all women in the sample had no experience at all with any method of spacing (modern or traditional). Of the women who said they were doing something

to space at the time of the survey, IUDs (42 percent) and pills (28 percent) were the most commonly used methods (see Table 11).

Table 11  
Mother's Current Use of Child-Spacing Methods

	Percent of Mothers Currently Using a Method	Percent of All Mothers in Sample
Currently using:		
IUD	42.0	16.7
Pill	27.9	11.1
Condom	2.4	1.0
Spermicide	.3	.1
Rhythm	9.8	3.9
Abstinence	5.7	2.3
Other (includes breastfeeding)	11.9	4.7
Currently pregnant		22.4
Not pregnant/not using any method		37.8
	(n=369)	(n=929)

The figures indicate that 29 percent of all mothers reported using modern contraceptive methods (IUD, pill, condom, spermicide) and 11 percent were using methods such as abstinence, withdrawal, and rhythm. Of the women who were at risk of becoming pregnant (those not pregnant at the time of the interview), 35 percent reported that they were using a modern

interview), 35 percent reported that they were using a modern contraceptive method.<sup>10</sup>

Of the large group of women who were most at risk of pregnancy (the 38 percent of all women not currently pregnant and not using any method), 41 percent said they wanted no more children and another 29 percent wanted a space of two years or more before their next child.

The data suggest that a large number of women are interested in spacing future children or even in stopping pregnancies altogether, but they either are not using child-spacing methods at all or are using methods that may not be effective. We found that, among mothers who said they wanted no more children or no children for two or more years (and who were not currently pregnant), only half (51 percent) reported that they were currently using a method to space children, and only 37 percent were using a modern method.

Other studies have indicated that the majority of women in Jordan are aware of the pill and the IUD. Why then are more women not using these methods to space their children?

#### Fear of Side Effects

One hypothesis suggested by the focus group interviews was that the women are afraid of side effects and other negative effects from the IUD and the pill. Women said IUD's and pills could make women sterile, cause serious bleeding or pain, or cause other illnesses such as cancer.

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<sup>10</sup>However, we don't know if women used these methods correctly, particularly birth control pills. A number of women in the in-depth interviews reported getting pregnant while taking birth control pills.

We asked women if they thought pills or IUD's might cause any health problems for them. Our data show that most women had fears that pills or IUDs might cause health problems. Only eight percent of all the mothers said they did not fear health problems from pills, while 75 percent said they thought it might cause problems, and 17 percent said they were not sure. Relatively fewer women (50 percent) thought there might be problems from the IUD, 26 percent believed there were no health problems associated with the IUD, and 24 percent were not sure. In the open-ended interviews, few mothers talked about problems with IUD's, but over half mentioned problems with the pill. Many of these complaints were about headaches, which may be related to the types of pills distributed in Jordan in the past.

Fear of side effects was significantly related to nonuse of modern contraceptives (at  $p < .0001$ ). Only 10 percent of women who said having an IUD could result in health problems reported current use of an IUD compared to 56 percent of women who said there were no health side effects. Thirteen percent of women who said birth control pills could have harmful effects reported current use of the pill compared to 40 percent of women who said there were no negative health effects. Women who didn't know if IUD's or birth control pills could have negative side effects were the least likely to use either method (five percent of women who didn't know about IUD side effects said they were using an IUD and two percent of women who did not know about pill side effects said they were using birth control pills). They may have been women who knew very little about contraceptives overall.

### Family Support

Another hypothesis about why women may not be using effective spacing methods was that other important family members do not approve. In focus group interviews, women had said they wanted to space their children but they couldn't because their husbands

didn't approve. Another person who might influence the decision to space children was the woman's mother-in-law.

Each woman was asked if she thought her mother-in-law or husband would approve of her spacing her children. Eighty-three percent said their husbands would approve, 15 percent said they would not, and 2 percent were not sure. Eighty percent of the women said they had discussed the subject of child spacing with their husband, and most of these discussions (92 percent) had taken place since the birth of her last child.

Table 12 shows that husband's approval of child spacing was significantly related to use of both any child-spacing method and a modern method. Thirty-eight percent of women who said their husband approved of child spacing were currently using a modern contraceptive method, compared to 24 percent who said their husband did not approve, and six percent who didn't know if their husband approved or not.

Table 12  
Current Use of a Child-spacing Method  
by Husband's Approval

	Husband Approves	Husband Does Not Approve	Woman Doesn't Know
Woman Is Currently Using Any Method	53.1	30.9	5.9
Woman Is Currently Using a Modern Method	38.3 (n=590)	24.2 (n=95)	5.9 (n=17)

According to the women in the sample, their husbands were more likely to approve of child spacing than their mothers-in-law. Approximately 54 percent said their mothers-in-law would approve, 32 percent said they would not, and 14 percent were not sure. Mothers-in-law might, then, be a barrier to a woman spacing her children. However, further analyses indicated that mother-in-law approval was not significantly related to contraceptive use in our sample.

#### Knowledge about Where to Obtain Services

Another possible explanation for low use of contraceptives might be that mothers do not know where to go for child-spacing information or services. However, this does not seem likely because only seven percent of the women said they didn't know where one could go for information on child spacing and six percent said they didn't know where to go for child-spacing services. The possible sources of information and services are listed in Table 13. The largest group of mothers said one could go to a doctor for information or services. This suggests an important role for doctors in child-spacing efforts in Jordan.

#### Conclusion

Overall, the survey results indicate that there is a role for child-spacing services and information in Jordan. Mothers in the survey generally had a positive attitude toward child spacing. The majority wanted to space their children two or more years apart or wanted no more children. However, less than half the women who said they wanted to space or stop births were doing anything to try to space their children. Two constraints to turning women's positive attitudes toward child-spacing into child-spacing behavior may be fear of side effects from use of available contraceptives and lack of husband's approval for child spacing.

Table 13  
 Mothers' Knowledge of Where to Go  
 for Child-Spacing Information and Services

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Place to Go	For Information	For Services
Hospital	6.8	8.3
Doctor	44.1	48.1
Clinic	11.6	10.1
MCH Center	16.5	16.6
Family Planning Center	6.9	8.1
Family Member	3.3	n/a
Friend	3.1	n/a
Other	8.8	7.0
Don't Know	6.7	5.6
	n=930	n=930

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