

Primary Health Care Initiatives (PHCI)
Project
Contract No. 278-C-00-99-00059-00
Abt. Associates Inc.

PHCI Technical Report

Building A National Research Agenda

Volume IV:

Summaries of Existing Research in Reproductive Health and Family Planning in Jordan

June 7, 2001

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Mission

Primary Health Care Initiatives will demonstrate that improvements in quality of care can be achieved and sustained at both facility and household levels by establishing an integrated model of family care, in which family preventive and curative health needs, including reproductive health, are satisfied by a family health provider team, in a holistic manner.

June 7, 2001

This report comprises Volume IV in a series of four PHCI/MOH Research Agenda reports, *Building a National Research Agenda*:

- Volume I: Developing a National Research Agenda for Primary Health Care in Jordan
- Volume II: Developing a National Research Agenda for Reproductive Health and Family Planning in Jordan
- Volume III: Matrix of Existing Research in Reproductive Health and Family Planning in Jordan
- Volume IV: Summaries of Existing Research in Reproductive Health and Family Planning in Jordan

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Acronyms

ADRA	Adventist Development and Relief Agency
CA	Cooperating Agency
CBR	Crude Birth Rate
CBS	Community Based Services
CE	Continuing Education
CEDPA	Center for Development and Population Activities
CDC	Centers for Disease Control and Prevention
CHC	Comprehensive Health Center
COP	Chief of Party
CPP	Comprehensive Post Partum
CPR	Contraceptive Prevalence Rate
CTO	Cognizant/Contracting Technical Officer
DET	Directorate of Education and Training at the Ministry of Health
DG	Director General (at the Governorate level)
DHS	Demographic Health Surveys (Macro International)
DMPA	Depot Medroxy-Progesterone Acetate (Depo-Provera)
DOS	Department of Statistics
DPHC	Directorate of Primary Health Care
DPP	Directorate of Planning and Projects
EU	European Union
FH	Family Health
FP	Family Planning
GDP	Gross Domestic Product
GFR	General Fertility Rate
GOJ	Government of Jordan
HC	Health Centers
HCM	Health Communications and Marketing
HMIS	Health Management Information Systems
HTT	Health Team Trainer
IEC	Information, Education and Communication
IPPF	International Planned Parenthood Federation
IUD	Intrauterine Device
JAFPP	Jordan Association for Family Planning and Protection
JAFS	Jordan Annual Fertility Survey
JFPA	Jordan Family Planning Association
JHFS	Jordan Husbands' Fertility Survey
JHU/PCS	Johns Hopkins University/Population Communication Services
JICA	Japan International Cooperation Agency
JNPC	Jordan National Population Commission
JPFHS	Jordan Population and Family Health Survey
KAP	Knowledge, Attitudes and Practices
LAM	Lactational Amenorrhea Method
MCH	Maternal and Child Health
MIS	Management Information System
MOH	Ministry of Health
MRO	Market Research Organization
NGO	Nongovernmental Organization
NPS	National Population Strategy
OC	Oral Contraceptive

PHC	Primary Health Care or Primary Health Center
PHCI	Primary Health Care Initiatives project
PHR	Partnerships for Health Reform
PIR	Performance Improvement Review
RH	Reproductive Health
RMS	Royal Medical Services
QA	Quality Assurance
QI	Quality Improvement
QIP	Quality Improvement Program
SES	Socioeconomic Status
STI	Sexually Transmitted Infection
STTA	Short-term Technical Assistance
SOW	Scope of Work
TA	Technical Assistance
TFR	Total Fertility Rate
TOT	Training of Trainers
UN	United Nations
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
USAID	United States Agency for International Development
WHO	World Health Organization

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Introduction

1.1 Primary Health Care Initiatives Project (PHCI)

In cooperation with the Hashemite Kingdom of Jordan, USAID/Jordan developed a comprehensive program to improve the provision of primary and reproductive health care in the public sector. The Primary Health Care Initiatives (PHCI) project is a five-year bilateral project designed to meet the needs of the Ministry of Health (MOH) in achieving their goal of improved primary health care in Jordan. The goals of the project are to improve access to and quality of reproductive and primary health care services through an integrated family health model. These goals are to be achieved through six key interventions:

- Quality Assurance
- Primary Health Care Training and Continuing Education
- Health Management Information Systems (HMIS)
- Renovation and Equipment
- Research and Evaluation
- Health Communications and Marketing (HCM)
- Management Strengthening

The project is expected to contribute towards the achievement of USAID/Jordan's Strategic Objective SO3: Improve access to and quality of reproductive and primary health care; and to assist the MOH-Jordan achieve its Primary Health Care (PHC) strategy. The Project activities correspond with two intermediate results that are part of the USAID Mission's strategic framework:

IR3.1: Improved knowledge of contraceptive methods and reproductive health.

IR3.2: Increased availability of reproductive and primary health care.

The project, which began in 1999, is being implemented throughout the country and aims to improve the performance of the existing primary care network of public facilities.

1.1.1 Framework for PHCI Implementation

Jordan's demographic and epidemiological profile makes it vitally important to incorporate reproductive health into a model of restructured and improved primary care. Experience and lessons learned have shown that throughout the world, providing reproductive health (RH) services through primary health care (PHC) facilities responds to strong client preference to receive care in one location and from familiar providers. Integrating reproductive health services provides a number of benefits, not only to clients, but also to the health delivery system as a whole. Some of the benefits include continuity of care, reduction of missed opportunities, more cost effective improvements in quality of management and clinical services and, most importantly, improved coverage due to increased client demand.

1.1.2 PHCI Mission

PHCI will demonstrate that improvements in quality of care can be achieved and sustained at both facility and household levels by establishing an integrated model of family health care, in which family preventive and curative health needs, including reproductive health, are satisfied by a family health provider team, in a holistic manner.

1.1.3 PHCI Strategic Framework

Abt Associates Inc. and its partners are collaborating with the MOH, as well as other ongoing projects, to implement a model of family health care in which reproductive health, child health, adult health and health promotion will be delivered by a family health provider team as an integrated package of services. The PHCI project interventions will be implemented simultaneously in order to produce maximum and sustainable impact.

The integrated approach consists of the following components:

Supply Improvements

- Clinical Training
- Management Development
- Health Management Information Systems (HMIS)
- Facility Renovation
- Provision of Essential Equipment

Demand Improvements

- Demand Creation
- Management of Customer Expectations
- Customer Feedback
- Community Outreach

Quality Improvements

- Quality Standards
- Performance Improvement
- Monitoring and Feedback
- Staff Improvement

Applied Research

- Quality Improvement
- Service Delivery
- Access
- Demand Sustainability

1.1.4 Partnership with Counterparts and Stakeholders

To promote partnership and coordination with the Ministry of Health, PHCI specified the creation of a project Steering Committee. This Steering Committee is composed of primary health directors at the directorate level of the MOH and is chaired by the Undersecretary of the MOH. It is charged with providing advice and counsel to the project team, as well as to monitor project implementation.

The PHCI team works closely with a group of appointed MOH counterparts and other local experts in all aspects of project implementation. Each technical component works concurrently with a designated counterpart team, and technical working groups provide invaluable assistance in the implementation of the project. This collaborative PHCI/MOH team – comprised of project staff and MOH counterparts – plans, designs and implements activities according to the project goal of improving primary health care in Jordan.

1.1.5 Commitment to Applied Research

One of the project’s major components is Research and Evaluation. In the project’s *Annual Workplan - Project Year Two*, the PHCI/MOH Research Team proposed to coordinate efforts to develop national research strategies in primary health care and reproductive health and family planning.

To place this effort into context, it is important to recall the general mandate of the project. PHCI is tasked with assisting the MOH achieve improvements in access to and quality of primary health care and reproductive health in Jordan. To fully achieve this objective, the project needs to undertake applied research to better inform both the project’s implementation, as well as broader decision making in Jordan. In other words, PHCI intends to undertake research that will improve the success of the project as well as improve the ability of other stakeholders including the MOH, other Ministries, donors, implementing agencies, universities, etc. to make decisions regarding health care in Jordan. PHCI’s model of the process of research and its expected outcomes is shown in Figure 1.1 on the following page.

As stated in the Research component section of the PHCI Annual Workplan PY2, PHCI planned for the following activities to support the project objective of *conducting research to support quality improvements in reproductive and primary health care*.

Coordinate RH/FP Related Research Activities among the Family Planning Community. Although much research has been conducted on different family planning and health topics, many questions still remain suggesting gaps in our understanding of RH/FP and health trends. Moreover, there have been minimal efforts to synthesize the different research to create a common understanding of the FP situation that would point to strategic directions to address the stalled CPR. PHCI proposes convening a meeting among CAs, counterparts and Jordanian researchers working on RH/FP issues to: a) **determine what current research exists on RH/FP**, b) identify gaps in the research, and c) coordinate which group and agency will conduct the needed research. In addition, the participants will discuss dissemination strategies to foster greater understanding and consensus on RH/FP priorities.

Collaborate with other PHCI Technical Components on Targeted Research Activities. As noted in the workplan, each of the technical areas has identified research activities that will help shape their technical strategies, provide additional information on RH/FP and PHC issues and evaluate the impact of their activities. The Research Technical Advisor will assist them to carry out these research activities.

1.2 Objective of Establishing a National Research Agenda

The primary purpose of developing a national RH/FP research agenda was to build a set of researchable questions to guide primary health care research activities over the next three to five years. With this set of prioritized research questions, the MOH, universities, donors, and others can select questions that are consistent with their mandate, as worked out with the MOH, and implement these. A second purpose was to initiate a process of dialogue among stakeholders around critical health sector issues.

Thus, the intention is to identify issues that deserve attention, determine the adequacy of existing research findings on issues of importance to stakeholders, decrease the duplication of efforts among stakeholders, and serve as a mechanism to support collaborative efforts in research endeavors in Jordan.

This is the first national research agenda to be developed in Jordan. It is crucial that strong partnerships be developed and maintained to ensure that the resulting collaborative associations are lasting.

1.3 Methodology

1.3.1 Preliminary Research

To best prepare for the development of a national RH/FP research agenda, it was first necessary to assess which research questions had already been adequately answered in Jordan and highlight gaps in existing research. PHCI contacted donors, implementing agencies, the MOH, and others involved in RH/FP activities in order to collect existing studies on RH/FP in Jordan. In addition, the project conducted literature reviews and collected other published reports including a limited number of relevant studies conducted in other countries.

The products developed during the preliminary stages of developing national research agendas in PHC and RH/FP resulted in a series of reports. Volumes III and IV of this series present summarized findings from collected RH/FP research. Volume III contains a consolidated matrix that briefly summarizes the findings from the collected studies. This report comprises Volume IV, and presents a set of summaries documenting the objectives, methodology, findings and recommendations for each study collected. It is hoped that the research community will utilize these resources in the process of prioritizing the research agenda, as well as for planning future research efforts.

1.3.2 Using Existing Findings to Inform New Agenda

The findings included in these reports will be used to inform decision-makers of the extent of existing research in RH/FP, as well as highlight research gaps. The PHCI/MOH Research Team coordinated a RH/FP Research Roundtable consultation on April 10, 2001 to allow for open discussion among various stakeholder groups regarding topics to consider for further research in the field of RH/FP in Jordan.

The results of this roundtable were consolidated and organized by topic within three core categories – systems, demand and supply. The existing studies that PHCI collected and summarized were used to assess which of the identified topics had already been explored sufficiently and where gaps remain. This assessment was completed in Volume II: Developing a National Research Agenda for Reproductive Health and Family Planning in Jordan.

Summaries

The following pages contain the summaries of existing research on reproductive health and family planning in Jordan. Please note that while an effort was made to collect as much existing documentation of previous RH/FP research conducted in Jordan as possible, the following document includes only reports that were readily available. This report should not be considered as exclusive or exhaustive; without doubt, much relevant research has been completed that was not collected. Additional resources, including reports from research conducted in other countries, should be sought and taken into consideration when considering further research endeavors.

1. Analysis of Policy and Legal Barriers to Improved Reproductive Health Services in Jordan

The POLICY Project. May 2000. The Futures Group International, Jordan National Population Council, MRO

Objectives

- > To identify barriers to the improvement of reproductive health care, family planning, and the success of the National Population Strategy.

Methodology

The study relied on three sources of information to identify the barriers to a successful policy approach to family planning in Jordan.

- > Literature review of existing research.
- > Legal study of Jordan's laws, acts, regulations, and formal policies related to the delivery of information and services for family planning and reproductive health.
- > Interviews with key officials, researchers, service providers, and other stakeholders (donors, NGOs, etc.).

Findings

Barriers to Improved Family Planning – by sector where action is required

Barriers	Public Sector	NGOs	Private Doctors	Pharmacy
Midwife/Nurse IUD insertion – Extended Medical License	XX	XX	XX	
Female sterilization – increase access	XX		XX	
Eliminate duty on pills and condoms - reduce prices	XX		XX	XX
Promulgate National Population Strategy	XX			
Government funding of Community Based Services (CBS)	XX	XX		
Government funding of local community meetings	XX	XX		
Improved RH education in schools	XX			
Government funding for Pre-marital examinations & counseling	XX	XX		
Improved responses to side effects of modern contraceptives	XX	XX	XX	XX

Recommendations

- > Continuity of care:
 - € Premarital exams and FP counseling;
 - € CBS to recruit and monitor client base;
 - € Full utilization of midwives and nurses to provide care for female clients, and to improve clinical and counseling services;
 - € A coordinated postpartum policy;
 - € RH education in schools.
- > Dealing with side effects:

- € Improved education and counseling to explain how the modern methods of contraception work;
 - € Improving the clinical and counseling response when side effects are presented;
 - € Improving the reliability of the traditional methods of contraception.
- > Vision of the future:
- € Link RH and FP policy closely with economic development;
 - € Utilize local community meetings to disseminate a vision for the future to reduce family pressure to have children and to build understanding of the RH policy.

2. Cost Benefit Analysis Study of Family Planning in the Context of Health Insurance in Jordan

The POLICY Project. July 2000. Touqan Management Consultants

Objectives

- > To conduct a cost-benefit analysis of the option to include family planning services in the basic packages offered by insurance companies.

Methodology

- > Surveys of existing and potential FP users.
- > Interviews with insurance experts, representatives of the five largest insurance companies, and company executives from the five largest self-insured companies.

Findings

- > Jordan Association for Family Planning and Protection (JAFPP), MOH MCH centers and NGOs were the main FP service providers and accounted for 46 percent of the market share. The private sector accounted for 36 percent of the market share.
- > None of the insurance companies covered contraceptives. The basic package typically included normal and cesarean delivery, prenatal, baby care, and after-birth complications.
- > Only one self-insured company, Housing Bank, covered contraceptives.
- > Cost-benefit analysis conducted on data from one insurance company and one self-insured company revealed a cost-benefit ratio of less than 1. This implied that including family planning services in the basic packages could save insurance companies money.

3. Family Planning Knowledge, Attitudes and Public Advocacy: Findings from the 1997 Survey of Muslim Religious Leaders in Jordan

Jordan National Population Commission, Johns Hopkins University. December 1998

Objectives

- > To identify Muslim leaders' knowledge and attitudes regarding the concept of family planning and modern contraceptive methods, as well as their advocacy practices.

Methodology

- > A self-administered questionnaire was completed by 91 percent of Muslim leaders in Jordan (1594 male and 61 female). The questionnaire included five sections: Socioeconomic background characteristics; knowledge, attitudes, and practices (KAP) regarding FP; views regarding social issues relevant to FP (family size, male preference, spousal communication, and decision making within families); views regarding compatibility of various contraceptive methods with Islamic Shari'a, as well as the conditions and reasoning behind such views; and, FP advocacy.

Findings

Approval	Religious leaders approved of family planning. The majority (82 percent) believed that FP is <i>mubah</i> (permitted) in line with Islamic tenets, 4 percent thought FP to be <i>makruh</i> (not forbidden, but undesirable), and 10 percent were uncertain. Only 4 percent of the respondents felt that FP is <i>haram</i> (religiously forbidden).
Preaching on FP	About 36 percent of the leaders had preached about FP in the year prior to the study. The older leaders and those with more education were most likely to have preached about FP.
Contraceptive knowledge	Religious leaders knew, on average, five modern contraceptive methods and three traditional methods.
Images of contraceptive methods	There was a great deal of uncertainty among religious leaders about different methods and their acceptability under Islam. There was a positive association between how well a method is known and its acceptance under Islamic principles. Traditional methods were viewed more positively than modern methods. Among modern methods, the condom had the most positive image.
Small family ideal	Most religious leaders agreed that there are advantages to having small families.
Decision-making	Almost all (90 percent) of the respondents felt that the husband and wife should make FP decisions jointly.
Male preference	Religious leaders were presented with a statement asserting that a couple should continue having children until they have at least one son. The respondents reported mild disagreement with the statement.

Recommendations

- > Policymakers should work in collaboration with the Ministry of Awqaf and Islamic Affairs to create a consistent policy on FP and modern contraceptives in accordance to Islamic tenets, encourage religious leaders to speak publicly on the acceptability of FP (Friday lectures, etc.), and to integrate health, social issues, and FP into their sermons.
- > In order to speak publicly and advocate for the acceptability of FP, religious leaders must have the necessary information. Religious leaders should receive specific information about contraceptive methods,

descriptive discussions on which methods are within *Shari'a* (to strengthen knowledge of FP), and issues regarding quality of life (to strengthen attitudes towards FP). Materials should be provided as well as opportunities for training/seminars for discussing FP.

4. Funding and Expenditures within the Jordanian Family Planning Program

Winfrey, W. and I. Almasarweh. December 1998. The POLICY Project

Objectives

- > To review the funding and expenditure levels of the Jordan family planning program in 1995. Although detailed financial data is not available, the study has estimated aggregate percentages of funding and expenditures made of program components – service delivery, training, IEC, etc.

Methodology

- > Identified funding and expending organizations.
- > Defined the flows of expenditures from sources of funding to expenders.
- > Collected data on “how much” was spent and on “what”.
- > Developed allocation rules between FP expenditures and other expenditures.
- > Aggregated expenditures and funding under specific programs.

Findings

In 1995, approximately \$5.7 million were spent on FP.

1) Percentage Distribution of Expenditures by Type of Organization

Organization	Percentage
USAID Institutional Contractors	5
All NGOs	17
All Government	55
Commercial Sectors	23

2) Percentage of Distribution of Funding by Organization

Organization	Percentage
GOJ	36
User-fees (self funding)	31
UNFPA	9
USAID	15
IPPF	4
EC	2
UNRWA	3

3) Expenditures for FP Program Components

Program Component	Percentage
Service Delivery	57
Training	12
IEC	8
Research, Evaluation, and Policy	17
Administration	5
Other	1

The top financer for service delivery was the GOJ, followed by user-fees paid by clients. Most of the funding for training and IEC came from USAID, 39 and 47 percent respectively. Research,

evaluation, and policy was funded predominantly by GOJ (53 percent), followed by USAID (34 percent) and UNFPA (13 percent).

5. Hashemite Kingdom of Jordan Health Sector Study

The World Bank. August 1996. World Bank Country Study

Objectives

- > To conduct an overall study of the Jordanian health sector and analysis of various health indicators.
- > To make recommendations for health reform to improve system performance, along with the population's health status, equity and access, macroeconomic and microeconomic efficiency, clinical effectiveness of service delivery system, and quality and consumer satisfaction.

Methodology

- > Completed in collaboration with GOJ, two groups of Jordanian experts worked with a multidisciplinary team from the Bank. A Technical Working Group of Jordanian experts collaborated with the Bank team to develop information, analyze policy options and develop recommendations.
- > Overall guidance for the study was provided by a Policy Steering Committee, chaired by H.E. Minister of Health and senior officials from the Royal Medical Services, Jordan University Hospital, Ministries of Finance and Planning, Social Security Corporation, and the private sector.

Findings

- > Jordan performed better than most countries in the region in terms of accessibility to health care and health outcomes. Health services were delivered through an extensive network of public and private facilities.
- > The care was financed and delivered through two major public health programs: the Civil Insurance Scheme administered by MOH, and the Royal Medical Services. Another public program included JUH. UNRWA provides services to Palestinian refugees.
- > The health care system was expensive, inefficient, and there were geographic maldistributions of resources. Almost 8 percent of the GDP was spent on health care annually, which was much higher than other countries in Jordan's class.
- > There was an overall excess of capacity, particularly in the hospital sector (69 percent in public and 49 percent in the private sector). Lack of regulation particularly for the private sector had resulted in a boom in the hospital industry, creating excess supply.
- > There were inefficiencies in terms of overall management, procurement, storage, distribution, pricing policies, and rational use of pharmaceuticals.
- > Coverage for the poor and disabled was mostly provided by the MOH, although 20 percent of the population lacks formal coverage.
- > Lack of coordinated policy apparatus and relevant data for decision-making prevented effective policymaking.

Proposed Reforms

The establishment of a permanent national body involving all stakeholders could allow for a coordinated major health reform effort.

- > Need to improve management of the health sector.

- > Obtain better value for money by investing in ways to improve efficiency.
- > Improve clinical practice, quality of care, consumer satisfaction, equity and access.

6. Jordan Annual Fertility Survey, 1999

Hashemite Kingdom of Jordan Department of Statistics, US Census Bureau International Programs Center. 1999

Objectives

- > To better understand Jordan's changing demography.

Methodology

- > Household (HH) interviews/questionnaires (rider to Employment and Unemployment study). Data from 7,064 HH (5,173 eligible women identified, 5,114 successfully interviewed).

Findings

- > There was a steady, possibly accelerating, decline in Total Fertility Rate (TFR) during 1995-1999. An estimate of TFR, for the three-year period ending August 1999, if age-specific rates were constant, was 3.8. Fertility in the North and South regions was higher than in the Central region.
- > Declines in fertility levels were coupled with noteworthy changes in marriage and childbearing patterns. There was an upward trend in age at marriage, a decrease in the proportion of younger women married, and decreased or delayed childbearing within marriage.
- > Over 75 percent of currently married women (aged 15-49) reported having ever used some form of contraception to regulate the timing or number of births, and 56.7 percent were currently using some method (an increase since the 52.6 percent reported in the 1997 Jordan Population and Family Health Survey (JPFHS)).
- > The majority of women using contraception used a modern method (modern method prevalence rate increased from 37.7 in 1997 to 39.8 in 1999). The IUD continued to be the favored modern method among women in Jordan, with the pill second.
- > Women with larger numbers of children were more likely to be currently using FP than those with fewer children are. Only 1.5 percent of married women with no children reported using any type of FP.
- > Nearly 63 percent of women using a modern method of contraception utilized private sector services and supplies, showing a decrease since the 1998 JAFS (72 percent). The majority of women using the pill, IUD, condoms and vaginal methods obtained services/supplies from the private sector, while those using injectables, Norplant, and female sterilization typically used a public sector source.

7. Jordan Population and Family Health Survey, 1997

Demographic and Health Surveys. 1997. Jordan Department of Statistics, Macro International

Objectives

- > To provide information on levels and trends of fertility, infant and child mortality, and family planning, as well as other population related characteristics.

Methodology

- > Household surveys.

Findings (Select Findings)

- > At the current fertility level, a Jordanian woman would have an average of 4.4 children, three less children than the average TFR 20 years ago.
- > Age at first marriage was increasing. In 1997, 45 percent of women aged 15-49 were single, compared to 34 percent in 1976. Staying in school appeared to be a motivation in delaying marriage.
- > In Jordan, the median duration of insusceptibility to pregnancy (amenorrhic or abstaining) was only 3.8 months; the median duration of breastfeeding was 11.9 months. In addition, supplemental foods were introduced early.
- > The gap between desired fertility and observed fertility was 1.5 children. If all undesired births were avoided, the TFR for the three-year period preceding the survey would have been 2.9 children (34 percent less than observed rate).
- > The majority (92 percent) of ever-married women was exposed to FP messages on radio and television and 65 percent by print media. Almost all respondents considered mass media an acceptable method of relaying FP messages.
- > Knowledge of FP methods was high; women knowing of a modern method were also likely to know where to obtain the method.
- > Over half (53 percent) of married women were currently using contraception and almost all were using a modern method. The most popular methods were IUD (23 percent) and pill (7 percent). Approximately 15 percent were using traditional methods. The use of female sterilization was low (4 percent) .
- > Use of FP was closely related to the number of living children a woman has.
- > Nearly three-quarters (73 percent) of women using a modern method of FP obtained contraception from a private source. Most often, JFPPA clinics were used – 36 percent of all IUD insertions were done at JFPPA facilities. Among those using a public source, 40 percent obtained contraception from maternal and child health centers.
- > Almost half of all women using contraception, during the five years prior to the survey, had discontinued their method within 12 months of starting use (49 percent). Of these women, 14 percent became pregnant while using the method and 11 percent of past users reported side effects as the reason for discontinuation.
- > Unmet need for family planning was about one in seven women. The need for FP was negatively related to level of education; women with no formal

education have a higher unmet need and lower demand for FP than women with formal education do.

8. Maternal Health in Asia and the Near East: An Assessment Report

Claudia R. and L. Zynia. April 1999. Information Management Consultants, Center for International Health Information

Objectives

- > To aid the USAID Asia and the Near East (ANE) Bureau in its strategic planning in maternal and newborn health by providing information on the current state of maternal health in ANE focus countries and by clarifying the most productive approaches to programming.

Methodology

- > Literature review.
- > Analysis of existing data from USAID, World Health Organization (WHO), Demographic and Health Surveys (DHS) (Macro International), Population Reference Bureau, United Nations (UN), United Nations Development Program (UNDP), United Nations Children's Fund (UNICEF).

Findings

- > The birth rate in Jordan was 2.6 percent and the TFR was 4.4 children per woman.
- > Jordan spent almost 8 percent of Gross Domestic Product (GDP) on health.
- > Progress had been made in increasing and improving FP and Maternal and Child Health (MCH) services. Over 96 percent of women accessed prenatal care and trained professionals attended 87 percent of deliveries.
- > Maternal mortality rates were low.
- > Contraceptive prevalence rate (CPR) was 38 percent.
- > The most common contraceptive method was IUD.
- > Unmet need for FP was 22.4 percent.
- > HIV prevalence in adults was 0.02.

Recommendations

While health indicators were good compared to other countries in the region, social services would likely not be able to keep up with the current population growth. One way to address the future MCH needs cost-effectively is through a national CPP program that will address the needs of the mother and child in one location.

9. The MOH Institutions Medical Referral System for Non-Urgent Cases

Government of Jordan. Ministry of Health – Jordan Directorate of Internal Audit

Objectives

- > To determine the inefficiencies in the Ministry of Health referral system and to make recommendations for improvement.

Methodology

- > Questionnaire for specialists at comprehensive health centers (sample of 24)
- > Questionnaire for physicians at primary health centers (sample of 32)

Findings

- > The referral system directed patients in a multi-directional manner among the following types of facilities: tertiary care hospital, general hospital, comprehensive health center and primary health centers. Referral forms were utilized by the MOH and included referral information from the referring physician and feedback by the consulted physicians.
- > There were problems with inadequate information on the referral forms, lack of feedback from specialists to primary levels, and an overall shortage of information sharing regarding patients' status.
- > Of the collected questionnaires, only 27 percent contained adequate referral information and none contained feedback.

Results of questionnaires:

Adequacy of referral form information	The items that required the most attention on the referral form include the following: referring party, clinical examination, treatment, past medical history, referral in general, and preliminary diagnosis.
Reasons for inadequate feedback from consulted physician to referring physician	Most physicians reported that there was a 'lack of instructions' in providing feedback and a lack of forms on which to provide feedback. Some physicians also noted that they did not have time to provide feedback.
Reasons for inadequate information from referring physician on referral form	Most responses indicated 'inadequate feedback', time limitations, and that the 'reason for referral is other than the patient's health'. Also noted was limited ability to diagnose and lack of instruction (ambiguity).

Recommendations

- > Modifications to the referral form with an additional space for feedback are necessary, as well as instructions for the physicians in completing the forms and for following-up on referrals.
- > Nurses should be utilized to assist in the completion of paperwork.
- > Workshops could be held at health centers to increase awareness of the

importance of referral information.

10. The Policy Environment Score: Measuring the Degree to Which the Policy Environment in Jordan Supports Effective Policies and Programs for Reproductive Health

Almasarweh, Issa, Hady Amr, John Stover. October 2000. The POLICY Project, Jordan National Population Commission

Objectives

- > To measure the degree to which the policy environment in Jordan supports the improvement of reproductive health.

Methodology

- > Use of the Policy Environment Score (PES) tool, including detailed interviews with 25 respondents.

Findings

- > Most of the scores for Jordan fell in the lower middle or middle score ranges and all scores (except STIs and AIDS) had improved since 1997.
- > Family planning and safe pregnancy had the highest scores, although there was still room for improvement. Most improvements occurred in political support, legal and regulatory environment and research and evaluation. The lowest scores in the FP environment were in “organizational structure” and “evaluation and research.” Adolescent policy scores achieved the greatest improvement from 1997 to 2000 (17 to 40).
- > For FP:
 - € The most positive programmatic elements noted were the freedom of providers to provide FP services, use of mass media and lack of import duties on contraceptives. The lowest programmatic score was inadequate outreach.
 - € The legal and regulatory environment for FP was supported by the freedom to use IUDs, pills and condoms. The barriers to sterilization were considered negatively. Also negative is the lack of legal support for a minimum age for marriage.
 - € FP organizational structure was limited by the lack of private sector involvement in the development of FP policies.
 - € FP research and evaluation had improved, but it was still the lowest scoring element. Service statistics systems were inadequate and information was not utilized by managers to inform decisions.
- > For STI/AIDS: Results were similar as those for FP.
- > For Adolescents: Significant progress was seen between the two surveys, although there was still room for improvement in the following:
 - € Ensuring that unmarried adolescents have access to RH services.
 - € Allowing pregnant adolescents to continue schooling.
 - € Ensuring adequate access to RH services.

11. Policy Implications and Future Program Issues of Family Planning and Fertility Reduction in Jordan

Hammouda, Ahmad. December 1989. *Egyptian Population and Family Planning Review* 23: 1-25

Objectives

- > To determine policy and program directions in family planning and other development activities to reduce fertility levels in Jordan.

Methodology

- > Data was obtained from the 1985 Jordan Husbands' Fertility Survey (JHFS), 1983 Jordan Fertility and Family Health Survey (JFFHS) and 1976 Jordan Fertility Survey (JFS).
- > Information from other background documents (local agencies, Ministry of Planning and Ministry of Health, World Bank, United Nations Population Fund (UNFPA) and International Planned Parenthood Federation.

Findings

- > During the 1980s, female enrollment in secondary and higher education improved significantly in Jordan (mostly in rural areas). Educational attainment reduced the TFR considerably from 9.01 for illiterate women to 3.17 for women with secondary education. One result of increased educational attainment was a delay in marriage.
- > Breastfeeding was widely practiced, almost universally, but not exclusively or for long periods of time. The mean duration of full breastfeeding was only three months, while postpartum breastfeeding in general lasted for a mean of 11.4 months and amenorrhea for six months. Rural, older, and less educated women had longer periods of breastfeeding.
- > Causes of fertility decline 1976-1983: The status of Jordanian women had improved in respect to education, health, position with the family, and involvement in the development process during the 1980s. Such changes also affected social norms such as family size, age at first marriage, etc.
- > Modernization and some of its related effects resulted in a decrease in the age of first marriage (delay of marriage) and decrease in the percent of married women in younger age groups, directly associated with the decline in fertility.
- > The majority of family planning acceptors were those in older age brackets. Young and low parity women were low acceptors.
- > Female participation in the labor force was low, as was participation in social services and development efforts.
- > FP services and programs seemed to respond to the felt need of the population, rather than real need. Real demand existed for FP, with nearly 20 percent of women expressing a need for FP. Service providers had little success in identifying or reaching the populations in need.
- > Almost 40 percent of the husbands stated they "do not believe in family planning." Most FP services were primarily targeted towards women.

Recommendations

Policy implications and program issues:

- > Delay of marriage or postponement of the first child: Some policies to influence fertility in this respect are formal legislation, increased years of education, promotion of participation of women in paid employment and other activities outside of the home and cultural/social changes. Special services need to be targeted to young women and men (young and low parity) to promote FP.
- > Education
- > Integration of health care, nutrition, breastfeeding and FP services.
- > Urbanization policy and rural development.
- > Improving the role and status of women.
- > Leadership and management of FP.
- > Male involvement in FP.

12. Policy Lessons Learned in Finance and Private Sector Participation

Smith, Janet, Rob Ritenthaler, Elizabeth Mumford. March 1998. The POLICY Project Working Paper Series No. 2

Objectives

- > To present lessons learned throughout the implementation of different projects and activities and emphasize mechanisms to strengthen the policy environment.

Methodology

- > Analysis of findings from the OPTIONS II Project and the POLICY Project.

Findings

Government Role	Governments should be responsible for ensuring that resources from both public and private sources are adequate.
Government Subsidies	Government subsidies should be suitably targeted.
Private Sector Provision of Care	The public sector should encourage the participation of the private sector in the provision of FP services.
Clients' Ability to Pay	Many clients can actually afford to pay for services.
Legal and Regulatory Barriers	Legal and regulatory barriers can hamper efforts to improve participation of the private sector.
Government Role in Regulating Quality	Although experience may be inadequate, governments should maintain responsibility for ensuring quality.
Private Sector Collaboration	The private sector is often a willing partner.
Donor Coordination	Donors need to coordinate to avoid duplication of efforts and complexities in implementation.

13. Post-Cairo Reproductive Health Policies and Programs: A Comparative Study of Eight Countries

Hardee, K., K. Agarwal, N. Luke, E. Wilson, M. Pendzich, M. Farrell, H. Cross. September 1998. The POLICY Project

Objectives

- > To assess the process and progress in moving toward an ICPD-defined RH focus in select countries (Bangladesh, India, Nepal, Jordan, Ghana, Senegal, Jamaica, and Peru).

Methodology

- > The case studies were conducted through in-depth interviews with 20-24 key individuals in each country in the areas of population and reproductive health. The respondents were from government ministries, parliaments, academic institutions, NGOs, women's groups, private sector, and donor agencies. The POLICY Staff or consultants served as interviewers for the case studies and reviewed published materials as appropriate.

Findings (Jordan)

- > The level of participation and political support for reproductive health was not sufficient to fully implement the ICPD program. The 1996 NPS had moved partially toward the adoption of the ICPD and RH. At the end of 1997, the NPC had appointed a task force to review the strategy to reflect the ICPD recommendations.
- > Jordan lacked a consensus definition of RH and the MOH, vaguely aware of ICPD, had not fully embraced RH as a new approach to the organization and delivery of services.
- > The participation among stakeholders in policymaking and program planning was only partial. At the time, there had been no change in setting priorities among RH health elements, or efforts by government to mobilize resources for RH. Allocating resources to programs or financing any additional RH services cannot proceed effectively until countries have determined priorities for their RH activities and planned for implementation.
- > The 1996 NPS functioned as the main implementation plan for population policies at the national level; however, it did not clearly identify how the government hoped to achieve its goals. ICPD had facilitated policy debate but implementation was still questionable. Jordan had made progress in working with religious leaders, policy makers, and the public, however, much remained to be done. Awareness-raising activities needed to be targeted to high-level policymakers. Efforts were also needed to reach providers, the general population, and policymakers to emphasize the benefits of an RH approach.

Recommendations

Each of the countries needed to implement the following steps to move closer to the ICPD goal:

- > Plan for integration of decentralized services. An integrated RH approach, with careful planning and coordination among all stakeholders is most

effective.

- > Build local capacity and develop human resources to plan and implement programs.
- > Improve quality of care.
- > Address legal, regulatory, and social issues.
- > Identify and clarify the role of donors.

14. Reproductive Health Case Study: Jordan

Nancy Luke. September 1998. The POLICY Project

Objectives

One of the eight country case studies conducted to assess the nation's process and progress in moving toward a Reproductive Health (RH) focus.

- > To describe the policy environment for RH and role of the 1994 International Conference on Population and Development (ICPD) in shaping policies and programs in RH.

Methodology

- > The case study was conducted through in-depth interviews with key individuals in the areas of population and RH including representatives from government ministries, parliaments, academic institutions, nongovernmental organizations (NGOs), women's groups, the private sector, donor agencies, and health care staff. Interviews were carried out with 34 people from 19 different organizations.
- > Additional information was gathered from discussions with several representatives of technical assistance organizations based in the United States.

Findings

- > *Policy formulation:* The first NPS was drafted in 1992 and approved in 1996. It has served as the basis for the report of Jordan's delegation to ICPD. The NPS, however, had not incorporated all the recommendations from the ICPD Program of Action, although it was being revised at the time of the study.
- > *Policy implementation:* Jordan lacked a formal process for translating national policies into operations policies for Ministry of Health (MOH) service delivery, and until recently, lacked operational guidelines for FP and RH. A comprehensive set of national guidelines for all sectors did not exist.
- > *Resource Allocation:* With an exception of FP, no information was available on funding and expenditures for reproductive health as a whole, or for specific elements. The major financiers of the FP program was the Government of Jordan (47 percent), major donors such as USAID, UNFPA, IPPF, and the European Union (EU) (38 percent), UNRWA (4 percent), and self-funding through cost recovery and user fees (11 percent).
- > *Challenges:* The ICPD had a positive influence on policy dialogue, however, the transition between dialogue and policy implementation was weak. Dialogue had highlighted the following issues requiring attention:
 - € Raising awareness.
 - € Use of data for decision making.
 - € Infrastructure and trained personnel.
 - € Need for broader and active participation.
 - € Socio-cultural context of FP.

15. Respect for Religion and Tradition: Key to Family Planning in Jordan

I. Williams. September 1990. *Populi* 17(3): 38-44

Objectives

- > To provide an overview of the family planning situation in Jordan.

Methodology

- > Literature review (assumed).
- > Possible interviews with organizations/leaders (undetermined).

Findings

- > According to the report, children in Jordan are no longer an immediate economic asset. Jordan is no longer a pastoral-agricultural economy with a premium on large families but family size has not yet reflected this economic transition.
- > Jordan had an extremely high dependency ratio; each working man or woman supported no less than five dependants. The number of dependants per economically active person in industrialized societies was two and in developing countries was three. Remittances from Jordanians working in other countries intensified this ratio in the 1980's.
- > Public policy was geared towards maternal and child health, as opposed to family planning. "This is an imaginative approach, invoking Islam and the Koran in the cause of reducing the birth rate." The policy emphasis was on birth spacing, as opposed to limiting births, to avoid opposition.
- > Jordan Family Planning Association (JFPA) aimed to encourage the establishment of an ideal smaller family size, through linkages with government and other involved agencies, as well as, relationships with influential leaders (including religious leaders).
- > Dr. Ali Othman, advisor to Princess Basma, discussed some changes evident in Jordan, "Twenty years ago, the cost of having children was small, and it was seen as insurance for the future. Now it is more of a burden than insurance. Children have to be sent to school and college; they want to leave and establish their own families. Instead of being their parents' pension, they are the dependants! And as a general rule, the more educated the woman, the fewer children she will have."

Recommendations

The absence of coercive approaches to family planning, coupled with marketing approaches linking FP to traditional and religious tenets (protecting the health of mother and child in Islam, recommended periods of breastfeeding in the Koran) seemed to be very effective. These approaches deserve further research both in Jordan and in other countries.

16. Situation Analysis of the Reproductive Health Program in Jordan

Mawajdeh, Salah. September 2000. The Population Council, United Nations Population Fund

Objectives

- > To assess the ability of health facilities to provide reproductive health services of high quality.
- > To document the actual quality of reproductive health services received by female clients during the study period.
- > To assess clients' perception of services received at these facilities.

Methodology

- > Observations of provider-client interactions and clinic components and interviews of staff and clients from 79 MOH, 18 JAFPP, and 11 UNFPA service delivery points. The study identified key indicators of reproductive health program readiness, such as the availability and functioning of each sub-system. It also assessed the quality of care provided to and received by clients, using the 6 elements of quality of care provided to and received by clients (Bruce-Jain Framework).

Findings

Strengths of the system:

- > The system of MCH/FP services was widely accessible which included FP, vaccination and immunization, curative care for children, oral rehydration, and prenatal and postnatal care.
- > The system was universal and free.

Weaknesses of the system:

- > There was a lack of real choice – client choice was influenced by provider bias, age, parity, regulations, etc.
- > There were deficiencies in information exchange between providers and clients – particularly for STI, HIV/AIDS, etc.
- > There was an occasional lack of privacy, as well as stock-outs of supplies.
- > Providers had insufficient training in MCH topics.
- > The use of IEC materials by providers was inadequate.

Recommendations

- > Expand services.
- > Improve infrastructure.
- > Train staff.
- > Improve the quality of care, based on the 6 indicators in Bruce-Jain model.
- > Improve counseling skills and improve information exchange.

17. Changes in the Recent Fertility Levels and Demographic Components in Jordan, 1972-1983

Saleh, Kamal. 1986. *Studies in African and Asian Demography: CDC Annual Seminar 1985*. Cairo Demographic Centre Research Monograph Series No. 15

Objectives

- > To investigate fertility changes in Jordan during 1972-1983.
- > To study any changes in structural factors (age structure, marital status structure, and marital fertility) and to assess the contribution of such changes on fertility decline.

Methodology

- > Several techniques were used to measure changes in Crude Birth Rate (CBR), General Fertility Rate (GFR), and TFR.
- > Data was collected from censuses, National Fertility Survey (1972), Jordan Fertility Survey (1976), Jordan Fertility and Family Health Survey in 1983, and the Jordan Demographic Survey (1981).

Findings

- > In Jordan, a change in age structure was evident between 1972-1983. The percentage of women in younger age groups (aged 15-24 years) was 43.11 percent in 1972 and 49.9 percent in 1983. For the peak reproductive years in Jordan (ages 25-29) the percentage of women decreased from 17.08 percent to 12.8 percent.
- > The change in age structure contributed to almost 25 percent of the decline in the CBR and GFR. However, with a large number of young women who will reach their peak reproductive years in the near future, the affect of age structure would play a less significant role in fertility decline.
- > Changes in marital status affect fertility mostly in populations where the majority of births occur within marriage. Marital status had the greatest effect on fertility decline in this time period. Women married later, decreasing their reproductive lives. Increased participation in the labor force, improved female education, and delay in marriage are factors that contribute to an improvement in women's role and status in society. Improved status of women leads to declines in fertility.
- > Marital fertility was very high in Jordan and the role of FP had not been effective. FP may have failed because: 1) Women began using FP after already achieving their ideal family size; 2) FP methods were used incorrectly; or, 3) FP methods used had low effectiveness.

Recommendations

- > FP programs should increase promotion of their activities and services, especially to rural populations.
- > Official support of FP should be more active.

18. Client Profile Related to Service Utilization Report

Comprehensive Postpartum Project. December 2000. Pathfinder International, MRO, Infotec

Objectives

- > To generate CPP client profiles related to service utilization at CPP centers. Four categories of admission status were used in analysis: antenatal, postpartum, antenatal - postpartum, and family planning.

Methodology

- > Data from the Health Management Information Systems (HMIS) at CPP centers.
- > A profile was developed based on patients' age, education level, employment, number of living children, type of clinic, region of residence, medical history (personal and family), method of delivery, birth outcomes, and places of delivery.

Findings

- > The acceptance of methods by CPP clients is disproportionate with the national figures.
- > Twenty percent of CPP clients are using oral contraceptives. However, the national average documented by JPFHS survey documents only seven percent of all married women use the pill.
- > The usage of condoms by CPP clients is also considerably higher than the national rate.
- > Only 14 percent of CPP clients use IUD as opposed to 23 percent of the national average.

Comments

This study is specific to CPP clients; therefore, extrapolation of its results for the entire nation may not be appropriate. However, a similar study could be conducted for the MOH clients to generate their profile.

19. The Contraception Adoption Process

Shteivi, Mousa and Michael Bernhart. August 2000. Commercial Market Strategies/Jordan

Objectives

- > To examine the decision-making process preceding adoption, influential sources of advice, reasons for discontinuation, and the process of re-adopting contraceptive methods.

Methodology

- > Interviews with a sample of 155 women who had adopted a modern method within the previous 18 months.

Findings

- > Women typically first discuss contraception with their husbands (43 percent), physicians (37 percent), and friends (11 percent). When discussed, women receive recommendations mostly for the IUD and pill (43 percent and 46 percent respectively).
- > *Adoption/Method Selection:* Once a decision is made to adopt contraception, women seek advice from physicians (72 percent), husbands (11 percent), and nurses (10 percent).
- > *Discontinuation:* About 64 percent of users discontinued their method within 12 months. The majority of pill discontinuers (66 percent) cited side effects as the reason to stop, while 39 percent of IUD users stopped because of side effects and 41 percent wanted another pregnancy. Approximately 80 percent of those who stopped discussed discontinuation with someone, and about 46 percent discussed the issue with their husband and 45 percent talked with a physician.
- > *Re-adoption:* Most (85 percent) of the discontinuers wanted advice on another method before stopping the first method. The most frequently recommended method was the IUD (52 percent), followed by the condom (19 percent), and pill (11 percent). Almost all adopted a new method.
- > *Provider selection:* Women ranked the following factors as important in selecting a provider: 1) service quality; 2) good treatment; 3) proximity; 4) privacy; 5) cost; and, 6) recommendations from others.

Recommendations

- > Physicians were considered to be very respected and credible, and carried great influence in women's decisions. Husbands were also very influential in decisions relating to initiation of contraception use and discontinuation.
- > Despite a large number of women who discontinue their methods, most adopted another method indicating overall support of FP.

20. Contraceptive Switching in Bangladesh

Steele, Fiona and Ian Diamond. 1999. *Studies in Family Planning* 30(4): 315-328

Objectives

- > To examine contraceptive behavior after the discontinuation of a modern family planning method.

Methodology

- > Analysis of 1993-1994 Bangladesh Demographic and Health Survey.

Findings

- > Individual level characteristics that influence switching behavior included:
 - ∈ Method used
 - ∈ Method-related difficulties with previously used methods
 - ∈ Education.
- > There was a great deal of unexplained variation in method switching at both the individual and community levels.

21. Cultural Meanings of Childbirth: Muslim Women Living in Jordan

Khalaf, Ina'am and Lynn Callister Clark. December 1997. *Journal of Holistic Nursing* 15(4): 373-388

Objectives

- > To study the experiences of childbirth among Muslim women living in Jordan.

Methodology

- > Literature review.
- > Interviews with 32 Muslim women during the first few weeks of postpartum that had delivered healthy full-term infants. Participants were recruited from acute care settings, clinics and refugee camps.

Findings

Reasons for having children	<ul style="list-style-type: none">• "Fulfilling their destined role as women."• "A woman would go to heaven if she had a baby."• "It is the responsibility of every married woman."• "Without children, life would be empty."• "My concern was to have a baby as soon after marriage as possible."
Pressures	<ul style="list-style-type: none">• To have children soon after marriage.• Son preference.
Family Unit	<ul style="list-style-type: none">• A desire to create a strong family unit.
Arab Culture	<ul style="list-style-type: none">• Importance of continuing Arab blood lines, perpetuate Muslim faith and increase Islamic and Arab population.
Security	<ul style="list-style-type: none">• Economic and emotional security to mothers.• Security against divorce for mothers.
Motherhood feeling	<ul style="list-style-type: none">• Emotional feelings about giving birth.
Reliance on the will of God to control the destiny of women	<ul style="list-style-type: none">• God willing.• Fatalistic attitudes.
Spirituality of giving birth	<ul style="list-style-type: none">• Increased faith.• Integration of spiritual, emotional, intellectual and physical dimensions of birth.• Spiritual connection to baby.• Women were "made sacred" by giving birth.

Recommendations

- > Women require competent, culturally sensitive, respectful and responsive caregivers.
- > Social support is important for positive outcomes of life events such as childbearing.
- > Women's ability to share their feelings about childbirth helped to validate their experiences.
- > Nurses should facilitate cultural and traditional practices during and after the birth (prayers, cleansing, female modesty, dietary wishes, etc.).

22. Current Practices of Contraceptive Use Among Mothers of Children 0-3 Years of Age Attending UNRWA MCH Clinics

Jaber, Amin Abdel. November 2000. United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA)

Objectives

- > To evaluate the family planning program at UNRWA health facilities delivering care to Palestinian refugee women.
- > To measure contraceptive prevalence rates (modern methods), contraceptive method mix and source of FP services among refugee women with children aged 0-3 years.

Methodology

- > Follow-up cross-sectional survey (baseline survey conducted in 1995), with a sample of 954 mothers with children aged 0-3 years who attended 11 different Child Health Clinics with their children.

Findings

- > The FP program was introduced in 1993 as a component of maternal and child health services provided by UNRWA.
- > In 1995, the contraceptive prevalence rate for modern methods among mothers with children aged 0-3 years was 33.9 percent. The majority of women were using IUD as their contraceptive method (61.2 percent).
- > In the baseline, UNRWA was the second most used provider of FP services among the target population (38 percent).
- > Overall contraceptive prevalence rates in the follow-up study increased to 58.8 percent. Modern method prevalence was found to be 48.6 percent.
- > In this survey, UNRWA was determined to be the main source of family planning for the sample, providing care to 49.4 percent of the women surveyed. Government facilities provided FP to 19.2 percent of the women, and 31.5 percent of the women received care from 'other' sources.
- > Most women stated that the reason they were not using family planning was lactation (45.3 percent), while 21.4 percent were pregnant, 16.3 percent wanted another child and 9.2 percent faced family opposition to FP.
- > Method mix did not change between surveys; the IUD continued to be the most frequently used method, followed by oral contraceptive pills and condoms.
- > Breastfeeding was not frequently practiced among the sample population, with less than 20 percent of mothers lactating.

23. Differentials in Intermediate Fertility Variables in Four Muslim Countries

Ahmad, Sultan. June 1986. *Asian Profile* 14(3): 2, 49-65

Objectives

- > To examine the effects of intermediate fertility variables on fertility in four Muslim populations.

Methodology

- > Ever-married Muslim women in Bangladesh, Indonesia, Jordan, and Pakistan were included in the sample. (This summary provides findings for Jordan only.)
- > Intermediate variables (defined by Davis and Blake) based on three logical steps in the reproductive process: intercourse, conception, and parturition (see below) were used.

Findings

Variable	Findings in Jordan
Age of entry into sexual unions	In most traditional societies, premarital sexual activity is not permitted or tolerated by society. Moreover, marriage is the only outlet for sexual activities leading to early and near universal marriage. The mean age at first marriage in Jordan was 17. Where there is little control over fertility within marriage, age at first marriage may be an important variable in fertility.
Permanent celibacy (measured by number of women never marrying by age 40-44 or 45-49)	In Jordan, of women aged 40-44, only 2.1 percent were never married.
Amount of reproductive period lost after or between unions	Reproductive period lost time can be caused by early death, high age difference between husband and wife (which increases the number of young widows), divorce and other reasons. About 95.7 over ever-married women in Jordan were currently married. Percentage of widows was low, and percentage of divorced women was relatively low.
Voluntary abstinence, involuntary abstinence and coital frequency	In many Muslim societies, intercourse during menstruation and often a few days following is not practiced (the woman is considered impure). Thus, intercourse could end up being practiced during more fertile times of the menstruation cycle.
Fecundity or infecundity as affected by involuntary causes	In Jordan, only 1.7 percent of ever-married women aged 40-49 was childless, as was 2.0 percent of ever-married women aged 35-40.
Fecundity or infecundity as affected by voluntary causes	Only 1.8 percent of ever-married women were reported as ever using sterilization (self or husband), and 2.7 percent of ever-married exposed women used sterilization as a contraceptive method.
Fetal mortality from involuntary and voluntary causes	Such data is difficult to collect, but the study used information relating to wasted pregnancies, stillbirths, and spontaneous abortions and induced abortions. On average, ever-married women in Jordan lost 0.9 pregnancies. Pregnancy wastage (non-live births) accounted for 14 percent of completed pregnancies in Jordan. About 7 percent experienced a spontaneous abortion, and 15.1 percent reported at least one induced abortion.

24. Discontinuation of Family Planning Methods Report (CPP)

Comprehensive Postpartum Project. December 2000. Pathfinder International, MRO, Infotec

Objectives

- > To profile CPP clients who discontinued their method of FP

Findings

- > 60 percent of the discontinuers abandoned their method within a year. The rate of abandonment for was as follows for specific methods: condoms (58 percent), injectables (62 percent), IUD (8 percent), and Norplant (65 percent). Client's discomfort with these methods would be overcome through counseling. Discomfort, however, often resurfaced when influenced by family and friends.
- > Discontinuers were mostly younger women under 30 years of age who might be expected to have more children.
- > Approximately, 58 percent of discontinuers attended MOH clinics, while 30 percent used Royal Medical Services (RMS) and 12 percent used NGO clinics.
- > Friends and relatives continued to be the largest influence in decisions about family planning methods.
- > Stillbirth and abortions were not significant causes for discontinuation (less than 1 percent).
- > Discontinuers showed a somewhat high level of caesarian deliveries (8 percent of all discontinuing clients).

Method Discontinued	Accepted	Discontinued
Base	47,994	5666
Pills	38%	33%
IUD	27	38
Condoms	17	16
Lactational Amenorrhea Method (LAM)	11	3
Injectables	5	6
Sterilization	1	-
Norplant	1	5

25. Effect of Education on Marital Fertility in Four Muslim Countries

Ahmad, Sultan. January-June 1985. *Genus*, XLI (1-2)

Objectives

- > To study the effects of education on fertility in four Muslim countries.

Methodology

- > Sample included Muslim ever-married women in Bangladesh, Indonesia, Jordan, and Pakistan who were still in their first marriage. (This summary reports findings for Jordan only.)
- > Data was collected during the mid-1970s through the World Fertility Survey.

Findings

- > In Jordan, an increase in the level of education was associated with a decrease in fertility.
- > Comparing fertility rates by the duration of marriage, those with 6 or more years of education had the lowest fertility among all marriage duration groups.
- > Less education may not always have an impact on fertility. However, the report showed that the fertility of women with 1-5 years of education did not differ much compared to women with no education. This could have been due to the fact that this level of education occurs at an early age and females tended to remain in their traditional environment, thus their exposure to the 'outside world' was not significant enough to alter their values and customs regarding reproduction. In addition, women with little or no education tended not to have great influence on fertility decisions.
- > Education in some areas actually increased fertility as women let go of some traditional norms. For example, duration of breastfeeding and postpartum abstinence may decrease due to more external exposure. If these changes are not coupled with increased use of effective contraception, fertility may increase. In addition, women with higher education will more likely be healthier and have better nutrition, which increases fecundability and lowers fetal wastage.
- > Women in Jordan with 6 or more years of education breastfed their last born child for an average of 9.6 months, approximately 4 months less than uneducated women.
- > Well-educated women were more likely to use effective contraception in Jordan. Of currently married women in their first marriage, the distribution of those using an efficient contraceptive method was 14.6 percent of those women with no education, 25.7 percent of those women with 1-5 years of education, and 34.2 percent of those women with 6 or more years of education.
- > In marriages where both the husband and wife were highly educated, fertility was found to be lower. In fact, the husband's higher education had an effect on lowering fertility only when the wife was also well-educated.

Recommendations

- > The study mentioned that a policy approach to decreasing fertility could

have been to increase levels of education among females beyond six years.

26. Family Planning Knowledge, Attitudes and Practices in Jordan

Underwood, Carol. October 1997. Jordan National Population Commission, Johns Hopkins School of Public Health Center for Communications Programs

Objectives

- > To collect information about family planning knowledge, attitudes, intentions, and practices.

Methodology

- > A questionnaire was completed in two separate samples: 1) 1000 married women aged 15-49 and 2) 1000 men married to women aged 15-49.

Findings

	Women	Men
FP knowledge	<p>Women spontaneously named an average of 4.6 methods.</p> <p>Education and income were positively associated with method knowledge.</p> <p>Overall knowledge was low.</p>	<p>Men spontaneously named an average of 2.6 methods.</p> <p>Education was positively associated with method awareness.</p>
Attitudes and beliefs about FP	<p>84 percent approved of FP, higher among users than non-users; urban women were more likely than rural women to approve of FP.</p> <p>Most women had positive attitudes towards FP.</p> <p>Husband-wife communication was associated with FP use, as was communication in one's social network.</p> <p>Gender role: current users believed in joint decision-making more than non-users.</p>	<p>74 percent approved of FP. Higher approval was reported among users than non-users, men in middle age ranges were more likely to approve than other age groups.</p> <p>Current users were twice as likely to have talked to their wives about FP than never users.</p> <p>Only 52 percent reported that their mothers approve of FP and less than 50 percent believed there was approval from their mother-in-law.</p>
Perceptions of providers and clinics	<p>Only 8 percent of the women stated something they did not like about services (too expensive, long wait, discourteous staff, male staff).</p> <p>Only 7 women cited providers as the reason for discontinuation.</p>	
Religion and FP	<p>86 percent believed FP is <i>halal</i>.</p> <p>Many, however, were uncertain of appropriateness of specific methods.</p>	<p>80 percent believed FP is <i>halal</i>.</p> <p>Although 72 percent of never users believed that FP was acceptable under Islam, only 49 percent personally approved of it.</p> <p>Men were more critical than women were regarding the acceptability of specific methods.</p>
Images of methods	<p>IUD and pill were preferred methods.</p> <p>Effectiveness, comfort, safety and obstruction of conjugal relations were important factors in choice.</p>	<p>The pill received lower ratings on safety than IUD.</p> <p>IUD was considered easier to use, more comfortable and more effective by users and discontinuers than non-users.</p>
Family Size	<p>Younger women wanted smaller families.</p>	<p>The tendency to adopt FP was associated with</p>

	There was a decline in son preference, but 40 percent still said couples should continue to have children until a son is born.	current parity and ideal family size. All groups revealed son preference, and they wanted to pass the preference onto their own children. There was little evidence of decline in son preference among men.
Intention to Use	About 50 percent of current non-users did not plan to use a method in the future.	Nearly 75 percent of non-users stated they never intend to use FP, and 81 percent of never users and 60 percent of discontinuers would never use FP in future. Reasons for nonuse: 20 percent said wives were pregnant, 20 percent wanted another child; while other reasons included side effects and other health concerns (20 percent), inconvenience (6 percent) and infecundability (5 percent).
Unmet need	About 66 percent of the women stated they did not want more children. Unmet need was highest among younger women and among discontinuers. Education was associated with unmet need.	Unmet need was significantly higher for men than women. Approximately 29 percent of the men had an unmet need for limiting, and 11 percent had unmet need for spacing.
Source of FP	25 percent used private provider as first source of FP, 20 percent used MCH clinics and 20 used percent FP clinics.	
Media habits	75 percent had seen a FP message on TV in the previous 6 months, and 40 percent of the viewers took some action as a result of viewing. Only 50 percent of women listened to the radio. Of listeners, 60 percent recalled hearing something about FP in the 6 previous months. Only 25 percent of women read weekly newspapers. Of readers, 19 percent read something about FP.	60 percent of the men saw something about FP on TV in the previous 6 months. Of those taking actions as a result, 60 percent said they talked with their wives about FP. 65 percent listen to the radio, and of these, almost 50 percent recalled hearing something about FP in the preceding 6 months.
Fortieth Day	It would be feasible to link the fortieth day postpartum visit to assess the health of the mother and child , immunize the infant and provide FP counseling.	70 percent of men reported that the 40 th day postpartum represents a return to conjugal relations.

27. Family Planning Knowledge, Attitudes and Practices among Currently Married Men and Women in Jordan

Jordan National Population Commission, Johns Hopkins University. October 1997

Objectives

- > To assess the distribution patterns of FP knowledge, attitudes, and beliefs among the Jordanian population, and to provide the information to develop effective FP interventions.

Methodology

- > The study was based on 2 nationally representative samples – 1000 married men and 1000 married women between the age groups of 15-49. The questionnaire was designed to collect information about current family planning knowledge, attitudes, intentions, and practices. The key variables measured were demographic characteristics, media habits, current contraceptive use, knowledge of contraceptive methods, intention of use, desired family size, and others.

Findings

- > *Knowledge:* Women were aware of more numbers of FP methods than men were. Neither men nor women had detailed knowledge of all the methods, however. Contraceptive use was higher with higher education, upper income levels and was positively correlated with method awareness.
- > *Approval:* 84 percent of all women approved of FP. Almost 92 percent of current users approved of FP, while 83 percent of discontinuers and 65 percent of non-users approved of FP.
- > *Communication:* Husband-wife communication was correlated with contraceptive use. Almost 86 percent of the women current users had discussed FP with their husbands.
- > *Religion and FP:* 86 percent of women believed that FP is allowable within religious tenets.
- > *Intention:* Half of the women who were current non-users planned on using FP in the future, while the proportion of intention of use for men was much lower.
- > *Current contraceptive use:* The contraceptive prevalence rate (CPR) reported was 49.3 percent (40 percent of women used modern methods and 9.3 used traditional methods). The CPR reported by men was 44.7 percent (33.4 percent of men used modern methods and 11.3 percent used traditional methods).
- > *Nonuse:* The top 5 reasons for nonuse of FP were: currently pregnant, breast-feeding, desire for another child, recent delivery, and side effects and health consequences.
- > *Unmet need:* 66 percent of women in the sample did not want more children. Approximately, 42 percent of never users and 70 percent of discontinuers did not want more children.
- > *Advocacy:* 78 percent of women and 60 percent of men had encouraged others to use contraception.

Recommendations

The desire for large family size was very apparent. Policymakers need to discuss the implications at both familial and societal levels of large families. The young age structure and relatively high population growth rate in Jordan both pointed towards continued population growth.

The study highlighted several information gaps among Jordanians in the matters of FP. To implement a successful program, the following concepts should be kept in mind:

- > A media campaign that encourages husband-wife communication for contraception should be launched.
- > Messages should be developed specifically to respond to doubts or questions on FP.
- > Several segments within the broader audience should be addressed specifically.
- > Better information about which methods are appropriate, how to handle side effects, and where methods can be obtained may be necessary.

Comments: This study briefly mentioned issues relating to the value of children and optimum family size. It highlights the continued preference for a male child, as well as the difference between ideal and actual family size categorized by the age of women. Even though the study did not directly identify determinants of change in fertility, it did allude to factors such as knowledge of FP methods, approval, spousal communication etc, which significantly influence contraceptive utilization. The study briefly discussed unmet need among women wanting to limit bearing children or wanting to practice birth spacing.

28. Fertility and Family Planning in Jordan: Results from the 1985 Jordan Husbands' Fertility Survey

Warren, C.W., F. Hiyari, P. Wingo, A.M. Abdel-Aziz, L. Morris. January -February 1990. *Studies in Family Planning* 21(1): 33-39

Objectives

- > To measure husbands' attitudes toward birth spacing and breastfeeding.
- > To compare differences in attitudes about family planning between husbands and their wives.
- > To assess husbands' knowledge, attitudes, and practices regarding contraception.

Methodology

- > The sampling framework for the 1985 JHFS was based upon the 1983 JFFHS. Women who were identified as currently married in the 1983 JFFHS and were still married and could be located in 1985 were used as the base sample. Of husbands eligible for inclusion in the JHFS, 88 percent completed interviews.

Findings

Family Size: "If you could determine the total number of children you want in your life, how many would you have?"

- > Over 50 percent of husbands responded "God will decide"; this attitude was strongest in rural areas (66 percent) and among less educated husbands (70 percent of illiterate husbands). Even for the highest educated groups, over 30 percent gave this response. Fertility was, on average, higher for those indicating that family size was up to God. Over three-fourths of husbands with this response had not discussed the issue with their wives.
- > A large percentage of women seemed to lack control over their fertility. Of women interviewed in the 1983 JFFHS, 30 percent of the women who indicated that they did not want another child had an additional birth by the 1985 JFFHS, while 67 percent of those who wanted another child had one. Rural wives in both "want another" and "do not want another" categories were more likely to have had another child.

Birth Interval: "How old do you think it is best for a child to be before another child is born?"

- > Over 60 percent of husbands felt that a birth interval of less than 25 months was ideal, with an average desired interval of 29 months (similar to the actual interval of 27 months found in 1983 JFFHS). Desired birth interval increased slightly with education (32 months for husbands with secondary education).

Breastfeeding: "How old do you think a child should be before the mother stops breastfeeding him/her?"

- > On average, husbands believe that breastfeeding should last for almost two years (21 months), which is nearly twice as long as the actual reported period of 11.4 months (1983 JFFHS).
- > Husbands with higher education status (secondary education or higher)

believed in a shorter interval of breastfeeding (19 months) than less educated husbands (21-22 months).

Contraceptive Use:

- > Overall, wives were more knowledgeable than their husbands were regarding FP methods.
- > Over 90 percent of husbands knew of the IUD and pill, while only 73 percent knew about female sterilization (compared to 93 percent of women). There was over 10 percent difference between female-male knowledge for withdrawal, rhythm, male sterilization, and injections.

Reproductive Health Attitudes:

- > Nearly 40 percent of husbands responded that they “do not believe in practicing contraception.” Over 50 percent of husbands in rural areas, between 33-50 percent over age 40, nearly 40 percent with less than preparatory education and 50 percent of non-users did not believe in practicing contraception.
- > Generally, husbands with higher education and in urban areas were more likely to believe in practicing contraception.
- > Regarding the topic of discussing FP with their wives, 95 percent of husbands who did not believe in practicing contraception did not discuss the issue with their spouses. Meanwhile, over 50 percent of husbands who felt either they or their wives should make the decision had discussed the issues with their wives.

Recommendations

- > The 1985 JHFS suggested some serious barriers to improving family planning in Jordan.
- > Hammouda (1987) suggested that one of the reasons for these negative/fatalistic attitudes was that FP services in Jordan had been directed only towards women. He suggested two initiatives that could lead to change: 1) increase availability of male methods, 2) in educational programs, emphasize the need for males to have positive attitudes towards FP. Additionally, males should be included in FP educational programs.

29. Fertility Levels Among Jordanian Women Have Fallen Sharply, But Unwanted Childbearing Remains High

Olenick, I. 1999. *International Family Planning Perspectives* 25(4): 203-4

Objectives (Implied)

- > To analyze the variance between the TFR in Jordan (4.4 births per woman) and Jordanian women's wanted fertility rate (2.9 births per woman).
- > To assess why the percentage of unwanted births remains high in Jordan (nearly 17 percent of recent births were not wanted).

Methodology

- > Analysis of the Jordan Population and Family Health Survey 1997.

Findings

- > Younger women were marrying later than those in older generations: women aged 25-29 were married at a median age of 23.1, compared with 19.4 among those aged 44-49. In 1997, the median age for marriage was 21.5.
- > The TFR in Jordan for the three years preceding the survey was 4.4 lifetime births per woman, significantly lower than the 1976 TFR of 7.4 births. Women in rural areas had almost one more birth than those did in urban areas (5.0 compared to 4.2). Educational status had little effect on TFR.
- > The median age at first birth for women aged 25-49 was 23.2 years. The younger women (25-29 years) began childbearing at a later age than women aged 45-49 (24.7 years and 21.1 years respectively).
- > On average, Jordanian women considered 4.2 children ideal, close to the TFR.
- > Twenty percent of births in the five years prior to the survey were reported as mistimed, and another 17 percent were unwanted.
- > Wanted fertility (a composite index calculated similarly to the TFR but excluding births exceeding the number women consider ideal) was 2.9 births per woman. Actual fertility was nearly 50 percent higher than wanted fertility. The greater differences in wanted fertility and actual fertility were noted in women in rural areas and with little or no education.
- > Nearly 80 percent of married women had ever used contraception, 53 percent were currently using, and 38 percent were currently using a modern method. The IUD was the most common modern method, with the pill and female sterilization following (23, 7 and 4 percent respectively). The most common natural method was withdrawal (7 percent).
- > Less than 1 percent of married women with no children used a modern method of contraception, as compared to 36 percent of women with two children and 48 percent of women with four or more children.
- > Most women obtained their contraception from a private medical source (72 percent). Those who obtained services from a public source used an MCH center (11 percent), or government hospital or health center (7 percent).
- > Nearly 50 percent of women discontinued their method within the first 12 months of use. Reasons for discontinuation were most frequently reported

- as method failure (14 percent) and side effects (11 percent).
- > Among women not practicing contraception at the time of the survey, nearly half reported they intended to do so within the coming year (48 percent), 18 percent intended to do so later, and 28 percent did not intend to use a method. Six percent were unsure.
 - > Those who reported they did not intend to practice contraception responded that they wanted another child (25 percent), had fecundity problems (20 percent), or cited menopause or hysterectomy (12 percent).
 - > Fifty-five percent of women were exposed to FP messages on television and radio, 35 percent by television only, and 9 percent had never heard a message.
 - > The infant mortality rate had declined over the past two decades to 38.0. The mortality rate for children aged 1-4 had increased from 4.1 to 5.9 deaths per 1,000. Both infant and child mortality rates were nearly 50 percent higher in rural areas than urban areas. Infant mortality was 2.5 times as high for women with no education, while child mortality was four times higher.
 - > Most infants born in the three years preceding the survey were breastfed (95 percent) but few received breast milk exclusively.
 - > Nearly all (98 percent) ever-married women had heard of AIDS. Of these women, only one percent believed that there was no way to avoid infection with the virus causing AIDS.

30. Fertility Preferences and Fertility Regulation Behavior in Jordan (1976)

Al-Najjar, Latifa. 1990-1991. *Studies in African and Asian Demography: CDC Annual Seminar*, Cairo Demographic Center

Objectives

- > To examine the effect of fertility preferences on fertility regulation behavior.
- > To study the determinants of intention to use contraception in the future, as well as the desire for future births.

Methodology

- > Literature review.
- > Use of 1976 Jordan Fertility Survey (JFS). Cross tabulation, standardization, and discriminate analysis technique (to distinguish between women who wanted vs. did not want more children and between women who intended to use vs. did not intend to use contraception in the future) were used in the analysis.
- > Fertility regulation measures (knowledge, practice, and intention to use contraception in the future) were analyzed for relation to two measures of fertility preferences: desire for future births and the desired family size compared to actual family size.

Findings

- > Knowledge of contraception, continuation of contraceptive use, and intention to use contraception in the future are positively related with the motivation measures (i.e., they were higher among women who wanted to cease childbearing and those whose desired family size was less than their actual size).
- > The level of knowledge of contraception was high (over 90 percent), indicating that a narrow variation in this level may not be of great significance.
- > The proportions of use of contraception – ever user, current user and intended user – were significant. All three user-rates showed the same type of relation with the three fertility preference variables (degree of fulfillment of desired family size, desire for future births and wantedness of last birth). The greater the level of fulfillment of desired family size, the greater were all three contraceptive user rates. Higher user rates were also displayed by those wanting no more births than those wanting more births were, and by those who did want their last birth and those who wanted the last birth.
- > Regarding consistency between RH behavior and desire for future birth, 18.5 percent of exposed women showed inconsistent behavior with their desire to end their child bearing which highlights a risk of unwanted pregnancies.
- > Discriminate analysis between women who wanted versus women who did not want more children, and those who intended versus did not intend to use contraception in the future, indicated the importance of certain demographic and socioeconomic status (SES) variables. In both analyses, the desired family size (relative to actual family size) was among the most

- important variables.
- > Desired family size seemed to be one of the most important correlates of desire for future births and for the intention to use contraception in the future. These desires or intentions were further related to actual use and/or unmet need of contraception.

Recommendations

- > Attitudinal variables appeared to be important for motivation to lower fertility and the socioeconomic correlates highlight those priority groups for intervention.

31. Health Perceptions and Health Behaviors of Poor Urban Jordanian Women

Mahasneh, Sawsan Majali. December 1999. University of Jordan School of Nursing

Objectives

- > To document the health perceptions and health behaviors of poor urban Jordanian women aged 14-45 years.
- > To explore the environmental, social and economic factors that affect women's health.

Methodology

- > Descriptive study in which 267 women aged 15-49 years living in households with income below the poverty line were interviewed. The sample was randomly selected from the urban populations of Amman, Zarq'a and Irbid.

Findings

- > Approximately 84 percent of the women were housewives only, and about 58 percent had no personal income. About 24 percent of the households had no one working.
- > The main stress factor encountered by women was reported to be financial in nature.
- > Most women regularly brushed their teeth on a daily basis and bathed once a week. Most women ate, on average, 2.7 meals each day, although 60 percent reported frequently missing one or more meals a day. The most common foods consumed were bread, vegetables, rice and dairy. Almost half of the sample believed that their diets were inadequate, and lacking in meat and fish, vegetables, dairy and carbohydrates.
- > Over half (63 percent) of the women performed no physical activity (exercise) and gave reasons such as lack of time, lack of motivation, health problems and others.
- > Over 14 percent of the sample smoked, and only 1.9 percent reported consuming alcohol.
- > Most women thought that personal hygiene, good rest and well-balanced diets help protect their health most.
- > About 63 percent of the women considered frequent medical check-ups important.

Recommendations

- > Emphasize healthy lifestyle in terms of diet, exercise, reduced stress and not smoking.
- > Increase awareness of health and lifestyle choices.
- > Improved communications with health providers and women in their communities.

32. Husband's Occupation and Marital Fertility in Four Muslim Populations

Ahmad, Sultan. June 1985. *Asian Profile* 13(3): 243-51

Objectives

- > To examine the effects of husbands' occupation on fertility in four Muslim populations.

Methodology

- > The sample included Muslim ever-married women in Bangladesh, Indonesia, Jordan, and Pakistan who are still in their first marriage. (This summary reports findings for Jordan only)
- > Data was collected during the mid-1970s in the World Fertility Survey.
- > Four broad occupational categories were used: professional and clerical, sales and services, agricultural and household, and skilled and unskilled.

Findings

- > High fertility had, in other studies, been associated with those associated in primary industries (especially agriculture and mining), while those in professional level occupations (white collar, urban industrial workers) had shown lower fertility (United Nations, 1973).
- > The lowest marital fertility in Jordan was found among the professional and clerical occupational category, in all duration of marriage groups. The fertility in this occupational group was about 0.5 children less than the other occupational groups.
- > Husbands' occupation had a significant effect on fertility only in Jordan and Java (Indonesia). Lower fertility was likely due to a high percentage of wives in the professional and clerical group having over six years of education (61 percent), as well as the fact that 18 percent of the wives worked after marriage. In comparison, only 10 percent of women in the agriculture and household category had six or more years of schooling and 15 percent worked after marriage.

33. In Their Own Words: A Qualitative Study of Family Planning in Jordan

Khoury, Nadine and Carol Underwood. October 1996. Johns Hopkins Center for Communications Programs, IEC Field Report No. 6

Objectives

- > To explore the nature of gender roles in family life by looking at such issues as decision-making and the division of labor in household management and care of children;
- > To establish the extent of husband-wife communication regarding family size and family planning;
- > To determine how religious beliefs influence attitudes and behaviors related to family size and FP;
- > To assess the levels of awareness and understanding of the available contraceptive methods, and to learn preferred and actual sources of FP information;
- > To explore people's images of contraceptive methods (FP users and health care providers);
- > To detect reasons and situations that lead to FP use, discontinuation, or never use;
- > To examine the intentions and motivating factors of former users and non-users;
- > To determine preferred sources for contraceptives and FP information, including possible media channels.

Methodology

- > Qualitative research methods, consisting of a series of 24 focus groups, were conducted among married women aged 15-49 and men currently married to women aged 15-49.

Findings

Knowledge about FP methods	The most recognized methods included IUD, pill, condoms, vaginal tablets, and sterilization. Not many knew of injectables or Norplant Breastfeeding was a popular method of spacing, although not very successful Withdrawal and rhythm were also familiar, but not well understood
Attitudes and beliefs about birth spacing and FP	Birth spacing (muba'ada) was perceived as allowable under Islam Family planning (tanzim al-osra), was thought to mean an intentional decision to limit all future births, was viewed as counter to Islamic tenets Most preferred natural methods over modern methods, as they are seen as more religiously appropriate and safe Side-effects of modern methods were considered "unnatural" and "invasive" There were many misconceptions about methods – use, side effects, etc. Sterilization was viewed by almost all as forbidden by Islam
Intentions to practice FP	The principal motivator to use FP was economic Some wanted to limit family size to provide good quality of life for all their children, while others believed that God would provide for all The health of mother and child were thought to be religiously appropriate reasons

	to practice FP
Family planning practices	Most had used a traditional method. Most who had tried a modern method experienced some physical discomfort, and most thought a 'rest period' from usage was needed
Obstacles to FP	Family pressures to have a child as soon as possible Family pressures to have a son Lack of communication between husband and wife about family size and FP Reliance on traditional methods early in marriage Fear of harmful side effects of modern contraceptives Lack of knowledge about contraceptives

Recommendations

- > Lack of knowledge about modern methods was a serious barrier to FP acceptance; more educational interventions were necessary, especially to provide in-depth information of different methods including possible side effects.
- > Additional research was warranted to study other barriers.

34. Intermediate Variables Affecting Fertility in Four Muslim Countries

Ahmad, Sultan. September 1987. *Journal of Family Welfare* 34(1)

Objectives

- > To study the differentials in selected variables and their effects to explain fertility differentials in four selected Muslim populations.

Methodology

- > Respondents who reported themselves as ever married and Muslim in Bangladesh, Java, Jordan, and Pakistan were included in the sample. (This summary reports findings from Jordan only).
- > Data was collected in the World Fertility Survey in the mid-1970s on select intermediate variables (length of breast-feeding, use of contraception and number of induced abortions).
- > Models and estimates used: Bongaarts' model was used to estimate the effect of the four intermediate variables on fertility in each population: $TFR = C_m \times C_c \times C_a \times C_i \times TF$, where TFR = Total Fertility Rate; C_m = Index of marriage; C_c = index of contraception; C_a = Index of induced abortion; C_i = Index of postpartum infecundability; and TF = Total fecundity rate. Median duration of breastfeeding of the last-born child was used to estimate the duration of postpartum infecundability; and total marital fertility rates were calculated with the average number of births reported in the five years prior to the survey.

Findings

- > The estimates for Jordan of the intermediate fertility variables' indices were $C_c = .804$; $C_a = .978$; $C_i = .778$. The model estimate for Total Marital Fertility Rate was 9.36.
- > The purpose of the model was to present an estimated breakdown of the effects of each variable on fertility levels, not necessarily to estimate total marital fertility.
- > Induced abortion seemed to play a determining role in fertility in Jordan, but not in any other population studied. The effect of contraception was second highest in Jordan, while the effects of postpartum infecundability were slight in Jordan (lowest of all countries).
- > The effects of widowhood and divorce were low in Jordan.

35. Islamic Precepts and Family Planning: The Perceptions of Jordanian Religious Leaders and their Constituents

Underwood, Carol. September 2000. *International Family Planning Perspectives* 26(3)

Objectives

- > To understand the knowledge, attitudes and beliefs about family planning and how they differ from the public.

Methodology

- > Two surveys (nationally representative) of married men and women aged 15-49 and a census of all Muslim religious leaders in Jordan.

Findings

- > Most of the respondents (men, women and religious leaders) believed that FP was acceptable within Islamic beliefs.
- > About a third of religious leaders had previously (in year preceding survey) preached about FP.
- > The majority of women (75 percent) and nearly two thirds of men talked with their spouses about FP. Only 9 and 17 percent of women and men, respectively, spoke with their religious leaders about FP.
- > All groups tended to agree that decisions about FP should be made jointly between the husband and wife.
- > Women and religious leaders were more likely than men were to support specific methods under Islam.
- > Almost all respondents wanted more information about FP.

36. Jordanian Youth Survey: Knowledge, Attitudes and Practices on Reproductive Health and Life Planning

Schoemaker, Juan, Alfred Yassa, Soliman Farah, Lina Qardan, Lamia Jaroudi. April 2001. Johns Hopkins University Center for Communications Programs, Jordan National Population Commission

Objectives

- > To understand the knowledge, attitudes and beliefs about reproductive health and life planning, as well as sources of information about such issues and needs among youth in Jordan.

Methodology

- > Interviews with 1046 males and 1096 females aged 15 – 24 years.

Findings

- > Many youth did not understand the meaning of reproductive health, although they had knowledge regarding FP, STIs and HIV/AIDS.
- > Only 37 percent of the respondents knew of premarital counseling (an effective means to confront such issues related to FP and other RH issues).
- > Almost all of the youth knew of HIV/AIDS, but had very little knowledge of other STIs. Less than one-fifth (17 percent) knew of methods to prevent infection.
- > Most youth went to health providers or relied on media to relay messages/information on FP.
- > Only about half of the sample associated FP as a means of birth spacing, while only 40 percent responded that FP was associated with planning one's life.
- > Most youth wanted to achieve a higher level of education. Most wanted to study beyond high school.
- > Health facilities and the media were the main sources of FP information for youth. Men preferred media, while women preferred health facilities as their source of information. Only 13 percent stated that their parents were a primary source of FP information.
- > Most youth thought that their parents did not have knowledge of FP or were embarrassed to speak with their parents about the issue.

37. Knowledge, Attitudes and Practices of Basic Life Skills among Jordanian Parents and Youth: A National Study

UNICEF. July 1998

Objectives

- > To assess the level of awareness of married parents and youth on personal health and RH issues.
- > To provide UNICEF with a picture of Basic Life Skills (BLS) among Jordanian parents and youth.

Methodology

- > Focus group discussions with ever-married males and females, and with adolescent males and females aged 15-18 years.
- > KAP study of a community-based sample of ever-married males and females and a school-based sample of male and female youth.

Findings

- > Most rural groups stated that there were no healthcare facilities in or near their villages. For basic health care, they needed to travel long distances, and thus they had little faith in the health system.
- > Most respondents received FP information by newspapers, television, pamphlets and books.
- > Most respondents understood the need for basic nutrition, although a reason for not following a good diet was often because they could not afford to do so.
- > Most youth recognize that drugs are a growing problem. Young urban males stated that stress and family problems could often lead to drug use. Most females reported that the biggest problem among young males was smoking.
- > While urban females thought that decisions were made jointly by men and women, most rural females felt that males were the decision-makers.
- > Rural females thought that family planning referred to a treatment received by pregnant women to prevent congenital malformations. Urban females stated that family planning had to do with spacing births to have healthy children.
- > Most parents and youths reported showering at least once a week, and most washed their hands before eating.
- > Most parents and youths recognized that smoking and the consumption of alcohol have negative health effects.
- > The knowledge of sexually transmitted infections was varied, although there seemed to be misconceptions about specific STIs.
- > Most parents thought that the youngest age for a woman to have a healthy pregnancy was 20 years of age, while youth report an age of 27 years. Both groups reported the maximum age for healthy pregnancy was in their early forties.
- > Most parents and youth felt there was a need for premarital screening for such things as genetic disease, mental conditions and blood compatibility.
- > About 41 percent of men reported to use a method of FP, while 72 percent of women did. Males reported that pills were most commonly used, while

females reported traditional methods and the IUD as the most frequently used methods.

- > Most women reported having received antenatal care during their last pregnancy.
- > Almost all of the respondents knew that breastfeeding could be used as a contraceptive method, and most knew of the benefits of breast milk.

38. Market Assessment Study Report: Overall Conclusions and Recommendations Combining the Qualitative and Quantitative Stages

Jordan Association for Family Planning and Protection (JAFPP). November 1998. John Snow International, Market Research Organization, JAFPP

Objectives

- > To provide a detailed understanding of habits, attitudes, motivations and health needs of existing and potential JAFPP clients in order to help determine the potential for increased and broader use of the clinics.

Methodology

- > Qualitative study of potential users.
- > Quantitative study of existing patients in four JAFPP clinics.

Findings

Several issues were identified in the assessment that required attention to increase the JAFPP client base, including:

- > JAFPP clinics needed to create wider awareness (through marketing) of its existence and what it services it offers;
- > Use needed to be broadened among existing clients;
- > Their image needed enhancement from an FP provider to a provider of a wide variety of health care services;
- > Counseling services on FP and women's health should be added;
- > The clinics should add to the comfort of patients (e.g. providing beverages in the waiting room, play music, or TV).
- > The study also mentioned that it may be affordable and acceptable to clients to institute a small increase in fees for select services.

39. Maternal Health Care Utilization in Jordan: A Study of Patterns and Determinants

Obermeyer, Carla and Joseph Potter. May/June 1991. *Studies in Family Planning* 22 (3): 177-187

Objectives

- > To analyze patterns and determinants of utilization of maternal health care services in Jordan.

Methodology

- > Analysis of 1983 Jordan Fertility and Family Health Survey (sample of 5,049 households in five governorates).

Findings

- > The majority of women seeking prenatal care sought services in the private sector (57 percent), and the most common types of providers (in order of use) are private physicians, MCH centers, government hospitals, UNRWA centers and others. Of women using private prenatal services, 55 percent received 'adequate care' while only 38 percent of women using public services received 'adequate care'.
- > Although the majority of prenatal care was provided in the private sector, over two times the number of attended births occurred in public facilities than in private facilities. Almost half of the women who delivered in public facilities received prenatal care from private providers. This suggested that a large proportion of women covered for delivery at public facilities by insurance still used private services for prenatal care. This pattern was also evident for those women giving birth at home.
- > Urban residence, high standards of living and high levels of education positively affected utilization of prenatal care. Large numbers of children and rural residence negatively affected prenatal care utilization.
- > According to WHO data, the utilization of prenatal care in Jordan was average for a developing country.
- > The use of private care for prenatal services had many implications. For example, most women who used private providers were more likely than those using public services to receive adequate care. Contrary to this, however, was the fact that most private providers were trained in curative care as opposed to preventive care.
- > The public sector provides most delivery services, and about one third of women delivering in public facilities have received no prenatal care.
- > The costs of delivery in public facilities were covered by the government, and could be relatively expensive in private facilities. Many women were willing to pay out of pocket for inexpensive prenatal care from private providers (avoiding long waiting times and having a choice in provider).
- > It is possible that differentials in maternal health care utilization were due to 'lack of demand' for some subsets of the population.

40. Men's Knowledge of and Attitudes toward Birthspacing and Contraceptive Use in Jordan

Petro, Wasileh. 1999. *International Family Planning Perspectives* 25(4): 181-5

Objectives

- > To assess men's views regarding birthspacing and contraceptive use to inform a strategy of targeting men for family planning services in Jordan.

Methodology

- > Cross sectional survey conducted among a convenience sample of 241 men whose wives delivered in three hospitals (Jordan University Hospital, Al-Basheer Hospital, and the Royal Medical Services) in Amman during 1996-1997.
- > Potential respondents had to have at least one child and every third eligible man was asked to participate. After giving consent (written or verbal), a trained male doctor or male nurse conducted an interview consisting of 108 questions covering participants' background characteristics, marriage and fertility information, and views and attitudes toward birthspacing and contraception.

Findings

Knowledge measures:

- > Nearly all respondents had heard of the concept of birthspacing (98 percent). Only 40 percent correctly defined it as "planning for pregnancies"; while 42 percent thought it meant "delivering a smaller number of children" and 10 percent believed it meant, "using contraceptives to prevent pregnancy."
- > While 69 percent of men were aware of male contraceptives on the market, 60 percent opposed the marketing of male methods. Nearly 70 percent did not know of a source of information about male contraceptives; 35 percent stated that media and information programs should be available, including 26 percent who called for a special television program addressing issues related to male contraception.
- > Regarding willingness to use male contraceptives, 28 percent reported they were willing to use. A third, 33 percent, of men said they would use male contraceptives if their wives could not use contraceptives for medical reasons, although 60 percent of men in such circumstances said they would not use a method and 15 percent did not know if they would be willing.
- > Responses showed that men were aware of setbacks to having large families including statements that large families were less happy than small families and large numbers of children effected the quality of child-rearing and the physical and mental health of parents. The majority (84 percent) stated that frequent births might lead to health problems for the mother.
- > One-third of men believed that contraceptive use would decrease their wives' satisfaction with sex and two-fifths thought it would cause infertility.
- > Nearly 86 percent thought that family planning was the responsibility of

both the husband and wife, and about half (52 percent) thought that use of male contraceptives would increase if special male FP services were available.

Recommendations

- > A few findings were significant including the lack of clear understanding of the concept of birthspacing, the high percentage of men who acknowledge their responsibilities in FP decisions, and that nearly half of the surveyed men believed that male contraceptive use would increase if special services were offered to men.
- > Male services need to be expanded, and initiatives to encourage the use of male contraceptives should be implemented.
- > Educational campaigns and programs targeting men should be designed to improve FP knowledge.
- > More research is warranted to examine Jordanian couples' decision-making on issues related to fertility and FP/RH.

41. Perceptions of Contraceptives: A Projective Study

Khoury, Nadine and Michael Bernhart. November 2000. Commercial Market Strategies/Jordan

Objectives

- > To examine perceptions about contraception and users of FP.

Methodology

- > Projective technique – three matched samples of 45 women aged 20-44 were shown three fictional medical records of 31 year-old women with three children. The records were identical except for contraceptive method (IUD, sterilization, and rhythm method). Open-ended questions were asked regarding the women's perceptions of the medical records.

Findings

The women were viewed with considerable difference based on their choice of method.

Method	Perception
Female Sterilization (VSC)	Negative perception Viewed as uneducated, unaware of consequences, poor health, and indifferent to family and husband Thought reason for choice was poor health or poverty (not indicated in medical record) Thought the woman needed to justify their choice
Rhythm Method	Old fashioned, traditional Unreliable Husband was viewed as less concerned with his family's future
IUD	Well-respected Woman perceived as educated, having stable family life, valued member of society, and conservative (not a risk taker)

Recommendations

- > Contraceptive method seemed to be linked with perceptions regarding overall family life – standard of living, health, etc.
- > IUD users were well-respected, and could be used as role models that represent women's roles in society – mother, wife, and community member.
- > Sterilization was stigmatized and viewed very negatively. Its adoption as a preferred method in Jordan would likely not come about easily.

42. Prevalence and Determinants of Anemia and Iron Deficiency Among Jordanian Women 15-49 Years of Age: A National Study

Mawajdeh, Salah, Osama Badran, Aktham Haddadin. May 1996. UNICEF, MOH

Objectives

- > To examine the prevalence and determinants of anemia among Jordanian women of childbearing age (15-49 years of age).

Methodology

- > Cross-sectional survey with Jordanian women in the reproductive age range, utilizing personal interviews and collections of blood samples to measure hematological status.

Findings

- > Results showed that 28.6 percent of the participants were anemic and 55.3 percent were iron deficient.
- > The prevalence figures were below the world average for anemic women (37 percent), when compared to the World Health Organization's Maternal Health and Safe Motherhood statistics. The Jordanian figures were much better than other developing countries, such as in Africa (44 percent), Asia (45 percent) and Latin America (31 percent).
- > It was determined that reproductive health indicators were highly correlated to mean hemoglobin levels, and the prevalence of anemia and iron deficiencies.
- > No links were established between hematological status and indicators of socioeconomic status or nutritional status.

Recommendations

- > Review policies of iron and vitamin supplementation of pregnant women at Maternal and Child Health centers and develop better protocols to manage supplementation.
- > Review available protocols regarding the management of anemia and iron deficiency.
- > Coordinate a public media campaign to educate the public regarding anemia and iron deficiency.
- > Educate and train providers on these issues.

43. Qualitative Research on Reproductive Health Knowledge and Needs among Jordanian Youth

The POLICY Project. August 2000. The Futures Group International, MRO

Objectives

Qualitative focus group discussions were designed to explore attitudes and opinions of Jordanian youth on the following subjects:

- > To test awareness of Jordan's population growth
- > To explore attitudes to marriage, family life, gender equality, RH/FP and birth spacing
- > To explore the gender equality issue of attitudes towards the birth of baby girls
- > To determine awareness of available methods of contraception
- > To establish awareness of STIs and awareness on how they can be avoided
- > To examine young people's perception on the role of media in campaigning about RH and FP.

Methodology

- > Ten focus group discussions were carried out among recruited youth (15-24 years of age) in October 1999.

Findings

- > *Appreciation of population problem:* The younger generation was aware of the ramifications associated with rapid population growth rate.
- > *Experience of large families:* Dissatisfaction with the experience of growing up in large family was a surprising finding – and was a strong motivator for young adults to not repeat the same experience for their children.
- > *Postponing the marriageable age:* Many believed the practice of early marriage for causing overpopulation.
- > *Birth spacing:* Most young adults seemed to favor to birth spacing. Women seemed more inclined towards wanting smaller families than men were.
- > *Methods of contraception:* Inadequate FP education at schools, and limited sources of information were deemed responsible for a lack of in-depth knowledge about FP.
- > *Islam and FP:* The teachings and requirements of Islam were important considerations for most.
- > *Barriers to FP* included social pressures, traditional family norms and the lack of a fully trusted method of contraception.
- > There was a need for effective FP education for youth.

Comments

This was a qualitative focus group study. Even though it gives the reader a sense of the prevailing perceptions on FP, it is not conclusive or sufficient enough to base policy decisions.

44. Reproductive Health Needs of Menopausal Women in Jordan

Chowdhury, Durre. August 2000. Princess Basma Women's Resource Center

Objectives

- > To determine the reproductive health needs, morbidities and psychosocial factors affecting menopausal women in Jordan.

Methodology

- > Questionnaire
- > Focus groups with menopausal women (84 women) in three governorates (Amman, Zarqa, and Jerash),

Findings

- > All of the women reported having access to a medical facility, and most reported that their health has declined since the onset of menopause.
- > Most women felt that menopause is a natural life event/process, more than two-thirds felt it is 'marker of old age'.
- > Women tended to have a general knowledge of menopause and tended to agree that health risks increased with menopause.
- > Approximately half of all the women had no knowledge of osteoporosis, and those who had any knowledge knew only very basic information.
- > The majority of women had never had a breast exam or Pap smear.
- > Most women were unaware of methods to treat symptoms of menopause.

Recommendations

- > Promote the expansion of outreach services to widows, rural women and low-income women.
- > Improve health education programs to increase awareness of women's health issues.
- > Target health promotion efforts.

45. Rumors and Misinformation Study: Qualitative Research

Comprehensive Postpartum Project. February 1998. Pathfinder International

Objectives

- > To explore the knowledge, experience, and beliefs of Jordanian women concerning contraceptive methods
- > To explore the knowledge, experience, and beliefs of family planning service providers concerning contraceptive methods

Methodology

- > Qualitative research to explore knowledge, experience, and beliefs
- > Six group discussions with clients (5 groups of women, 1 group of men). Groups were divided by age group, region, and by use of modern contraceptive methods.
- > Interviews with 23 FP service providers (including general practitioners, OB/GYNs, nurses, and midwives). Providers worked in both public and private hospitals, clinics, or health centers.

Findings

	Client	Providers
General attitudes towards FP	Agreement that population was too high, but that it was someone else's fault (those with >10 children) Males tended to feel that high population caused 'self' problems rather than societal problems	Providers were in favor of birth spacing, mostly for health of mother and child
FP and the Individual	Child spacing is mentioned in Koran Prime motivation for spacing was economic Relatively few [women] mentioned the issue of their own well-being	Spacing has financial/economic benefits Patient misconceptions created difficulties
FP in practice	Readily available Misuse, discontinuation (for medical reasons) Little or no advice from hospitals after birth of child (most did not even expect it) Rumors, misconceptions affected usage	Difficult to convince patients of advantages Must address both health concerns as well as acceptability of contraceptives within the teachings of Islam
Issues regarding specific methods	IUD and pill were preferred Varying degrees of understanding, rumors, misinformation, and fears	IUD was the overall preferred method – major advantage is 'fixed' method, minimal side effects. Varying degrees of understanding of methods, views on suitability, and side effects

Recommendations

A major challenge was the lack of appropriate education and communication regarding:

- > The CPP – its aims, benefits, and availability.
- > The benefits of family planning.
- > Specific methods of contraception available, including how they work, for whom they are appropriate and possible side effects.
- > Communication efforts were required for both providers and clients.

Providers:

- > Lack of knowledge, or misunderstandings, about contraceptive methods. Providers needed training in each method – how it works, suitability, correct use, and side effects.
- > Lack of communication between provider and client. Provider must be able to communicate effectively and clearly to the client about contraceptives. Training in communication skills and availability of materials was required.

Clients:

- > Inform clients of CPP, their aims, and locations.
- > Stress family planning as a form of birth spacing to overcome misconceptions regarding limitation.
- > Provide appropriate information for the client to bring home and share with spouse, and also to alleviate fears by providing information on side effects.
- > Special emphasis was needed to relay information – especially communicating the economic and health benefits of child spacing – to husbands.

46. Rumors and Misinformation Study, Quantitative Research Final Report

Glovis Inc. September 1997. Comprehensive Postpartum Project

Objectives

- > To investigate the knowledge, experience, and beliefs of Jordanian women and family planning services providers concerning contraception and more specifically, regarding different methods (separate study, not reported in this summary).
- > To measure the extent of attitudes and beliefs to inform the content of the CPP communication strategy.

Methodology

- > Qualitative research (specifics not reported).

Findings

- > Most women (85 percent) agreed that contraceptive use is acceptable within Islamic tenets and over half agree strongly (58 percent). Existing users of contraception and younger women were more likely to show strong agreement, although non-users and older women were not more likely to disagree.
- > Nearly all women supported the idea that adequate child spacing is necessary to allow each child to be cared for (94 percent agree and 67 percent agree strongly).
- > Ideal family size varied, the average ideal number of children was 4.7; the majority stated four or more children (43 percent reported 4-5, 33 percent reported 6 or more). Nearly half of the older women (41 and over) thought the ideal was 6 or more children. There was also a significant difference between current users and non-users of contraception (contraception could be used for more than spacing).

Ideal Number of Children:	Rationale
1-3	To ensure adequate care for each child. (65 percent) Due to current economic situation and high cost of living. (52 percent)
4-5	To ensure ability to provide adequately, and economics. (58 percent) "Reasonable" number of children. (34 percent)
6 or more	Adequate care (18 percent) and economics (13 percent). "Limitation is forbidden." (31 percent) Children are "God's gift." (31 percent) Children are a "support/pride to their families." (30 percent)

- > Spontaneous awareness of methods was highest for the IUD and pill. Prompted awareness showed very low (only a few people) knowledge of Norplant and vasectomy.
- > Most preferred methods were the IUD and pill due to effectiveness (54 percent), 'most suitable method', ease of use and convenience and lack of adverse effects on the body. Those women preferring natural methods stated lack of adverse effect on the body and the fact that they were natural as reasons.

47. Segmentation of Family Planning Services by Sector in Jordan

The POLICY Project. December 1999

Objectives

- > To analyze contraceptive usage patterns, disaggregated by economic status by cross-tabulating various demographic characteristics, service utilization patterns, and method preferences against an economic status index (ESI).

Methodology

- > Secondary analysis of the 1997 Jordan Population and Family Health Survey. Various demographic characteristics, service utilization patterns, and method preferences were cross-tabulated against an ESI. The ESI was a composite of four separate sub-indices that capture various aspects of economic status in Jordan, including:
 - ∈ Occupation sub-index measuring the earning capacity associated with the respondent's husband's occupation
 - ∈ Education sub-index measuring the educational attainment of the respondent's husband
 - ∈ Household assets sub-index measuring the wealth of the household
 - ∈ Crowding sub-index assessing the wealth of the household, measured by the number of sleeping rooms per household member.

Findings

- > About 17 percent of the highest economic status families used the public sector and an additional 20 percent used NGOs. Approximately 31 percent of the lowest ESI groups used private services, perhaps reflecting a perception of low quality in the public sector.
- > There were no significant differences in the use of contraception across economic groups in urban areas, but contraceptive use in rural areas was 20 percent less among women of very lowest economic status than among women belonging to higher income groups.
- > Quality of services influenced the choice of FP service provider for the top economic group. Price and accessibility were the major determinants for the lower income groups. The middle groups appeared to be more sensitive to quality than price. Public sector clients were concerned with the price of services and to a lesser extent with accessibility and quality. The NGO clients sought good prices and high quality.

Recommendations

- > About 17 percent of the clients that belong to the top economic strata and use the public facilities could be charged a user fee to enhance sustainability of the system
- > Steps should be taken to improve the quality of services the public sector offers, since 31 percent of those in the lowest economic strata sought services from the private sector, presumably because of better quality

services.

- > The public sector also needs to increase its capacity of offer services, since in the future more family planning users will come from poorer population groups.
- > Steps should be taken to target women using traditional methods to use modern contraceptive methods.

48. Service Utilization Patterns among CPP Centers Report

Comprehensive Postpartum Project. December 2000. Pathfinder Intl., Market Research Organization (MRO), Infotec

Objectives

- > To provide a detailed understanding of habits, attitudes, motivations and health needs of existing and potential JAFPP clients to help determine the potential for increased and broader use of the clinics.
- > To examine the service utilization pattern of the 20 CPP centers and give a comparative performance analysis.

Methodology

- > A qualitative investigation (focus groups) among potential users
- > A quantitative study (exit interviews) among exiting clients

Findings

Strengths	Service was professional and highly ranked by clients. Fees were considered satisfactory and good value. A loyal user base will recommend JAFPP to others. Offers the standard services that non-users claim they require.
Weaknesses	Not widely known among non-users. Depends heavily upon word of mouth to spread awareness. Clients were unaware of the wide range of services offered. Perceived by clients as mainly a source for FP services only.
Opportunities	Expand client base by increasing awareness and knowledge. Broaden use among existing clients who went elsewhere for services offered by JAFPP. Introduce limited fee increases for certain services.
Threats	Low/free services at public facilities and UNRWA. Private sector for gynecological problems and services. Opening of new "improved" public centers. Price sensitivity.

To increase the JAFPP client base, the following steps were identified:

- > JAFPP clinics must create wider awareness (advertise) of their existence and what they do. Broaden use among existing clients. Enhance their image from only FP providers to providing a wide variety of health care services.
- > Add counseling services on FP, female health including for older women.
- > Add to the comfort of visiting patients, providing beverage in the waiting room, play music or TV.
- > A small increase in fees for certain services may be affordable and acceptable.

49. Should Eliminating Unmet Need for Contraception Continue to Be a Program Priority

Jain, Anrudh. January 1999. *International Family Planning Perspectives* Volume 25

Objectives

- > To determine if the success or failure of family planning programs is evaluated in terms of a decrease or an increase in unmet need.
- > To ascertain whether or not FP programs should focus merely on the satisfaction of unmet need.

Methodology

- > Data from the 1991/1992 DHS in Peru was analyzed, in addition to a follow-up survey in 1994 of two regions.

Findings

- > Unmet need was a good indicator of FP program success compared to others since it incorporates a woman's expressed desire to regulate her fertility.
- > The findings showed that while an overall decline in unmet need likely signified an improvement in a country's FP service delivery program, an increase (or lack of change) does not necessarily mean that a program has failed. Unmet need, therefore, is not always an appropriate indicator to measure the success of FP programs.
- > A more appropriate indicator to measure success of FP programs could be the measurement of unmet need at the individual level. This indicator, however, disregards women who are classified as having no unmet need.
- > The reduction in unintended pregnancies (or unwanted births) seemed to be a good indicator to use.
- > Programs should concentrate on reducing unintended pregnancies among women who want to space or limit their childbearing or among women who are practicing contraception.
- > The reasons for unintended pregnancies among women using contraception included method failure (with correct use), inconsistent use of method, or method termination and conception occurred before another method started. The last two reasons were the most likely.

50. The Socio-economic Determinants of Contraceptive Use in Jordan

Hammouda, Ahmad. June 1986. *The Egyptian Population and Family Planning Review* 20(1)

Objectives

- > To identify which factors influence the use of contraceptive methods.

Findings

The variables that positively affected the use of contraceptives included:

- > Wife's level of education,
- > Husband's level of education,
- > Number of children wanted less the number of living children,
- > Total number of living children, and
- > Marital duration.

Place of residence, region of residence, and religion were negatively correlated to the likelihood of using contraceptive methods.

51. Unmet Need and Intention to Use Family Planning Among Jordanian Women

The POLICY Project, January 2000

Objectives

- > To develop a profile of women who have the greatest need for FP in the near future.

Methodology

- > Analysis of the JPFHS.

Findings

- > The largest demographic group with an unmet need or with the intention to use FP was pregnant or amenorrheic women. 64 percent of women with an unmet need and 73 percent of women who intended to use FP in the next 12 months were either pregnant or amenorrheic.
- > About 29 percent of married women either wanted to stop having children or to delay their next births, 22 percent said they intended to use FP within the next 12 months.
- > Approximately 15 percent of women were using traditional methods.
- > Approximately 45 percent of women in Jordan have the potential to become modern contraceptive users in the near future.

Table 1: Need for Family Planning as Defined in the Final Report of the JPFHS 1997

Need Status	Percent of Married Women
Unmet need for family planning	
Unmet need for spacing	7.4
Unmet need for limiting	6.8
Method failure	4.5
Total unmet need	18.7
Met need for family planning	
Met need for spacing	18.2
Met need for limiting	34.3
Total met need	52.6
Menopausal, infecund, or want a child soon	28.7
Total	100
# Observations	5,337

Table 2: Demographic Characteristics of Women Across the Different Need Categories Using a Prospective Basis for the Evaluation of All Married Women (%)

	Not Currently Using Family Planning			Using Traditional Family Planning Methods		Using Modern Family Planning Methods		In-fecund	All Women
	Want Soon	Want to Space	Want to Limit	Want to Space	Want to Limit	Want to Space	Want to Limit		
Age of Women									
15-19	9.5	11.4	1.5	3.5	0.2	3.9	0.2	1.3	3.9
20-24	23.0	35.3	7.1	23.2	3.7	22.1	3.4	4.6	14.6
25-34	43.2	47.6	39.7	61.6	31.7	64.6	34.6	18.1	42.5
35-49	24.3	5.8	51.8	11.7	64.4	9.4	61.8	76.0	39.0
Total	100	100	100	100	100	100	100	100	100
Education Level									
None	7.6	4.6	16.2	3.5	8.7	1.6	8.1	27.0	8.8
Primary	13.1	11.9	20.0	4.8	18.3	8.8	17.8	23.0	15.0
Secondary	56.1	58.0	49.6	57.2	49.0	59.0	54.0	37.8	53.7
Higher	23.3	25.5	14.3	34.6	24.0	30.7	20.2	12.2	22.5
Total	100	100	100	100	100	100	100	100	100
Region									
North	28.0	30.8	27.3	30.9	27.1	28.9	21.3	26.1	26.7
Central	65.2	60.9	64.6	63.8	67.7	65.0	73.5	67.7	66.9
South	6.8	8.3	8.1	5.3	5.3	6.1	5.1	6.3	6.4
Total	100	100	100	100	100	100	100	100	100
Residence									
Urban	51.5	50.6	51.5	50.9	52.2	55.5	60.4	50.3	54.1
Rural	48.5	49.4	48.5	49.1	47.8	44.5	39.6	49.7	45.9
Total	100	100	100	100	100	100	100	100	100
# Observations	734	757	817	375	437	640	1,424	304	5,488

Table 3: Comparison of Women Who Intend to Use Family Planning in the next 12 Months with Women Who Did Not (%)

	Want Soon		Want Later		Want No More	
	Do not Intent to use*	Intend To Use	Do not Intent to use*	Intend To Use	Do not Intent to use*	Intend To Use
Age of Women						
15-19	8.2	16.3	13.6	10.8	1.0	1.8
20-24	23.0	20.4	32.8	36.7	1.0	10.6
25-34	41.7	50.3	41.9	49.2	20.1	51.0
35-49	27.1	12.9	11.6	3.4	77.8	36.7
Total	100	100	100	100	100	100
Education Level						
None	8.3	4.0	8.6	3.2	29.5	8.1
Primary	14.1	8.1	17.2	9.7	28.1	15.9
Secondary	53.4	65.8	57.1	58.5	34.7	57.8
Higher	24.1	22.1	17.2	28.7	7.6	18.3
Total	100	100	100	100	100	100
Children Ever born						
None	42.0	29.1	21.2	16.2	1.4	0.6
1-2	30.7	38.5	40.9	51.3	6.9	20.2
3-4	15.4	20.3	23.2	21.4	17.7	31.0
5-6	7.8	9.5	7.6	8.6	21.9	21.2
More than 6	4.1	2.7	7.1	2.6	52.1	27.1
Total	100	100	100	100	100	100
# of Observations	538	148	198	538	288	510
Pregnant	5.6	15.6	36.4	61.2	7.7	55.9
Amenorrheic	4.6	6.1	15.7	22.1	6.3	22.0

* The "Do not intend to use" category includes those women who do not intend to use at any time in the future and women who intend to use at some time in the future beyond 12 months from now.

Table 4: Reasons For Not Using Family Planning (%)

	Want Soon		Want Later		Want No More	
	Do not Intent to use*	Intend To Use	Do not Intent to use*	Intend To Use	Do not Intent to use*	Intend To Use
	Fecundity Related	7.2	8.8	5.1	4.8	22.4
Pregnant or Amenorrheic	5.6	19.6	39.3	72.4	12.2	72.0
Want More Children	76.5	56.8	31.1	12.5	3.5	1.6
Opposition to Use	2.0	6.1	10.2	2.0	12.9	2.4
Lack of Knowledge	--	--	--	--	0.3	--
Health or Side Effects	8.3	8.8	13.3	7.3	44.4	9.6
Accessibility or Cost	--	--	--	--	--	0.6
Other	0.4	--	1.0	0.9	4.2	3.7
Total	100	100	100	100	100	100
# Observations	540	148	196	537	286	510

52. Work Status of Women and Marital Fertility in Four Muslim Populations

Ahmad, Sultan. July-December 1986 *Demography India* 15(2): 215-2

Objectives

- > To test the hypothesis that working women will have a lower fertility than their non-working counterparts in populations where sex segregation and domination of males over females are common and women's work outside the home is not socially or culturally valued.

Methodology

- > The sample includes Muslim ever-married women who are still in their first marriage in Bangladesh, Indonesia, Jordan, and Pakistan. (This summary reports findings for Jordan only)
- > Data was collected during the mid-1970s in the World Fertility Survey. In the core questionnaire, work was defined as 'work other than housework including work on the family farm', and included 'work paid for in cash or in kind, as well as unpaid work.' Jordanian women were asked about entire work histories.

Findings

- > The mean number of children born in the five years preceding the survey to the women included in the sample indicated an inverse relationship (though weak) between work status and fertility in Jordan.
- > Aside from the youngest and oldest age groups, fertility was lower for women who worked after marriage as compared to those who did not work.
- > The differences between those women who worked and those who did not work after marriage were marginal for most age groups. Fertility was lower among working women than non-working women, only with marriages of less than 20 years duration; at higher duration of marriage, the difference was insignificant. This was likely due to the fact that 'among women in the early peak of childbearing, participation in the labor force is more incompatible with fertility than it is among older women.' Moreover, it could show that work participation could affect fertility only temporarily.
- > There seemed to be no significant link between work status and fertility in Jordan. The absence of this relationship could have been because most women were engaged in traditional jobs compatible with childcare. For example, the mother could watch the children while working, and perhaps could take breastfeeding breaks from her work. These assumptions were supported by characteristics of working women: among women who worked before, as well as during marriage, 40 percent had 6 or more years of education (high literacy in Jordan made this characteristic less significant than in other countries), and more than half were living in rural areas. Of those working before but not during marriage, 29 percent had more than 6 years of education.
- > The characteristics of the working women suggested that most probably came from low-income families and probably worked to supplement family income for survival rather than increase social status or standards of living.
- > Another indicator of importance was the relationship between

breastfeeding patterns and use of contraception among working and non-working women. This was because: 1) if work and childrearing were incompatible, it was to be expected that breastfeeding will be shorter for working women than non-working women, and 2) if working women derived more pleasure from their work than bearing additional children, they would try to control their own fertility with contraception.

- > Duration of breastfeeding was 11.9 and 12.3 months for working and non-working women respectively. There was no significant difference in breastfeeding practices.
- > Users of current methods of contraception among working and non-working women were 22.9 and 23.1 respectively.
- > The lack of significant differences in fertility between working and non-working women was likely because most of the working women were from lower- and lower-middle class socioeconomic classes, working mainly to supplement family earnings in ways that did not hinder childrearing.

Recommendations

Facilitating access of women to more material resources (income producing activities) and encouraging freedom of movement outside the home permitting communication with others in the community would likely have a 'fertility reducing' effect.

53. Another Side of Quality: Commentary

Ferdinand, D.L. May 1996. *Reproductive Health Matters* (7): 144-5

Objectives

- > To assess the impact of an integrated gender perspective in the Women's Programme at PROFAMILIA (Asociacion Dominicana Pro-Bienstar de la Familia).

Methodology

- > Awareness-raising workshops held for the PROFAMILIA staff (97 women and 47 men) over a six-month period.

Findings

- > Difficulties were faced when women attempted to seek care when husbands:
 - € refused to allow them to leave their household duties
 - € prohibited their wives from being examined by male providers
 - € refused to participate in exams for infertility.
- > Additional difficulties faced by women in seeking care included a fear of being accused of infidelity following gynecological exams (due to use of vaginal lubrication).
- > In many cases, the husband played a very limited role or did not participate in FP decisions. In many other cases, however, the husband made most decisions including which methods their wives would use or the overall rejection of contraception.
- > Discontinuation was often caused by a husband's dislike of side effects, or sometimes when a husband would be away from home for some time (i.e., the husband required that a method be stopped while he was not to be home to 'prevent' unfaithfulness).
- > Most women focused on pleasing their partners before considering their own desires or needs.
- > Women were often so strongly affected by their husbands' opinions and feelings that their 'choices' were in fact in response to fears of their partners' attitudes.
- > Such findings led PROFAMILIA to commit to a gender perspective that defines new indicators in improving quality of care provided to women.

54. Assessing the Quality of Reproductive Health Services, No. 5

Al-Qutob, Raeda, Salah Mawajdeh, Laila Nawar, Salama Saidi, Firas Raad. 1998. The Population Council: The Policy Series in Reproductive Health

Objectives

- > To assess the quality of prenatal health services in public Maternal and Child Health facilities in Irbid Governorate.

Methodology

- > Manager interviews, provider interviews, home interviews of women and facility observations.

Findings

- > *Management:* Several weaknesses were identified in the knowledge of structure and process indicators. Nearly one third of managers did not know the workload of midwives according to number of patients, over half were not aware of the status or presence of equipment and some did not have job descriptions.
- > *Information Exchange:* The majority (nearly three-fourths) of managers did not feel that health care providers were adequately trained in health education. Midwives conducted most health education activities (there was very little physician participation) and there were no IEC materials available. Many women (66 percent) were unsatisfied by the quality of information received and did not show signs of having received adequate information.
- > *Women-Provider Relationship:* Women reported that privacy and 'sympathetic ears' are important factors to feeling satisfied with a facility. Providers often neglected to ensure adequate privacy. In addition, care was often too focused on the completion of a form (such as the obstetric card) as opposed to assessment of the patient as a person (i.e., lack of interpersonal communication).

Recommendations

- > Gaps in management at structure and process levels should be dealt with to improve quality.
- > Providers should be trained to provide health education.
- > IEC materials should be available for use in health education activities.
- > Providers' interpersonal skills deserve attention to improve quality.

55. Avoiding Unintended Pregnancy in Peru: Does the Quality of Family Planning Services Matter?

Mensch, Barbara, Mary Arends-Kuenning, Anrudh Jain, Maria Rosa Garate. March 1997. *International Family Planning Perspectives* 23(1)

Objectives

- > To determine the degree that quality of services impacts the avoidance of unintended pregnancy.

Methodology

- > Analysis of 1991-1992 Peru Demographic and Health Survey linked with data from a 1994 follow-up survey of 1093 women.

Findings

- > Of the 1093 women (who had participated in both surveys), 20% had a mistimed or unwanted pregnancy in the time between the DHS and follow-up survey.
- > The main reasons for unintended pregnancies included:
 - € Failure of traditional method in 35% of women
 - € Lack of any contraceptive use in 26% of women
- > Quality of care: The effect of quality of care on a woman's ability to avoid an unintended pregnancy was shown through regression models to be significant. (Although, in models that included rural-urban residence and region, these variables as well as quality of care did not have an effect.)

56. Blue Circle Brand and Advertising: A Focus Study Group

Lebedeh, Jumila. March 2000. Commercial Market Strategies

Objectives

- > To assess attitudes toward family planning and Blue Circle products, collect first hand report on experiences, and obtain information and recommendations for the improvement of video advertisements.

Methodology

- > Six focus groups, two each in Amman, Zarqua, and Irbid. Out of 56 participants (all women), 47 were not currently using contraceptives. All participants earned at least JD 250 monthly.

Findings

Beliefs:

- > Most women approved of contraceptives for birth spacing, but not to limit family size. Ironically, their explanations about the advantages of FP use had to do with limiting family size (for example, the effects of a large family on the husband and on the mother). Responses suggested that the socially acceptable response that limiting births is not permitted is at odds with desires for a small family.
- > Responses demonstrated beliefs that there are exaggerated negative side effects associated with each method.

Current usage:

- > Women choose methods based on trial and error. Based on discussions with women friends, family, neighbors, etc., about methods that have worked, they talk with a physician, who prescribes what he/she thinks most suitable. If method works and doesn't have negative side effects, they continue. If not, they go to physician to change methods.
- > IUD and the pill were the most commonly used methods.

Barriers to FP usage:

- > Husband wanted more children, refused to use contraceptives, or did not condone FP
- > Family only had girls, preference towards boys
- > At health center: no female physician, long wait, many clients, and unpleasant behavior of providers
- > Late marriage led to need for high fertility
- > Misconceptions about FP
- > Pressures from family, including mothers in law
- > Fear that FP is not approved or not in keeping with religious beliefs

Recommendations

To improve ads on family planning methods, focus should be on the following areas:

- > *Message Content:* Thorough discussion of each method, how they work side effects, etc.

- > Message Presentation:
 - € Use song, music, humor, and episodes.
 - € Make specific to Jordan context (ads were dubbed from Egypt)
 - € Make ads more informative
 - € Target those about to marry, less educated, and husbands
 - € Feature women physicians, older male physicians, husbands and wives discussing, interviews with users, persons from many social strata, older women discussing problems for not having used FP, men promoting FP, and children describing advantages of smaller family

57. Comprehensive Postpartum Project, Brainstorming Results

Comprehensive Postpartum Project. January 2000. MRO, Pathfinder International

Objectives

- > To use findings from the CPP and CBS studies and generate ideas about viable options to improve sustainability.

Methodology

- > Brainstorming session following a structured presentation of research findings. The participants included representatives of different segments of the health sector.

Findings

CPP Referral System	<p>CPP referral information was not given enough importance. Information recorded is insufficient for the MCH medical and administrative personnel (MCH perceives this was an indication of limited patient involvement/interaction at CPP). CPP booklet should contain more medical information.</p> <p>No capacity to confirm referrals.</p> <p>Other information gaps. Women referred from CPP were not given sufficient information (i.e., location/hours of MCH centers) leading to failed referrals.</p>
The “elitist” problem	<p>It appeared that the clients perceive the CPPs to be of much better quality (compared to other centers, mostly MCH) and thus overutilized CPP rather than visiting MCH centers closer to their homes. CPPs received over 50 percent of normal pregnancies.</p>
Optimizing the “step-pyramid” model	<p>The referral system needed improvement in channeling patients from primary to secondary to tertiary care. Many patients that were seen at CPP could be treated a primary level.</p>
Sustainability	<p>Most participants viewed the CBS as a success.</p> <p>Grassroots approach and in line with other projects.</p> <p>Practical nurses - there were 300 practical nurses in Jordan that could receive training as an incentive/motivator. They could serve as a community-based infrastructure to deliver advice and information regarding FP and contraceptive methods.</p> <p>Jordan National Forum for Women.</p> <p>From push to pull. Need to increase demand by informing the community about the responsibilities of CBS. Encourages a sense of community responsibility and that quality services should be expected.</p>
Still room for help from NGOs	<p>While overall sustainability comes from long-term solutions from CBS itself, certain areas could use assistance from NGOs:</p> <p>Supervision</p> <p>NGO support to build awareness of primary health centers</p>
Limiting the number of visits	<p>The CBS project showed that visiting several women at once was most efficient, creating more collective participation and reducing anxiety faced by women making FP decisions.</p>
Optimize Staffing/training	<p>Staffing must be balanced. Issues of concern was overstaffing, expanding the role of the nurse, need for more female doctors, and need to clear job descriptions for supervisors.</p>
Promote “culture of collegiality”	<p>A change in mentality is needed. This appeared to be the most important point of discussion.</p>

Recommendations

- > The expansion of the referral booklet to include more medical information will be more costly and time-consuming; thus it was agreed that the booklet would include basic medical information as opposed to a

- complete medical history.
- > CPP centers need to provide clients with adequate referral information including the location and hours of MCH centers to prevent failed referrals and unnecessary return visits to the CPP.
 - > Quality improvements were needed at MCH centers to prevent misuse of CPP centers.
 - > Need to increase demand for community based services by informing communities of what to expect from CBS. Expectations for quality services should be raised to motivate health workers to deliver quality services.
 - > Minimize number of visits through the establishment of group counseling sessions.

58. Comprehensive Postpartum Project – Client Satisfaction Study

Comprehensive Postpartum Project. March 1998. MRO, Pathfinder International

Objectives

- > To measure client satisfaction of with Comprehensive Postpartum (CPP) centers.
- > To measure improvements in service delivery.

Methodology

- > Exit interviews with 300 clients at nine CPP centers.

Findings

- > Clients were, in general, satisfied CPP services.
- > Waiting time needed improvement – over half of the clients were unsatisfied with the waiting time in the clinics. The average time was 50 minutes.
- > Most clients would return to the CPP clinic, and would refer their friends or family.
- > Most clients knew of the CPP centers by word of mouth.
- > Most clients were under 40 years of age and 25 percent had children. The average number of children for CPP clients seemed to be less than the average for the population as a whole.
- > About 33 percent of clients were currently using a modern FP method and another 33 percent were pregnant.
- > The most common causes for visiting the CPP centers were antenatal visits, followed by gynecological problems and family planning.
- > Only 20 percent of the clients reported having received FP counseling during their visit. Most counselors provided information on the IUD, pills and injectables.
- > It appeared that CPP materials were not highly utilized.

59. Comprehensive Postpartum Project – Client Satisfaction Study (Wave 2)

Comprehensive Postpartum Project. July 1999. MRO, Pathfinder International

Objectives

- > To measure client satisfaction with Comprehensive Postpartum (CPP) centers.
- > To measure improvements in service delivery.

Methodology

- > Exit interviews with 450 clients at ten CPP centers.

Findings

- > In general, clients were satisfied with CPP services, although service quality had declined in several areas since the Wave 1 study.
- > The results showed a significant reduction in waiting time, time with MD/counseling, and time at reception and thus there was an overall decrease in time spent at clinic. These decreases were due to more efficient administrative procedures, increase in antenatal and child visits (instead of more time-consuming gynecological visits) and more clients returning for FP counseling.
- > There were some changes in the client age profile and an increase in clients that were more likely to use FP.
- > The television advertising campaign seemed to be successful as a means of marketing services. Friends and relatives continue to be main source of motivation for CPP visits.
- > The proportion of clients ever receiving FP counseling has not changed, but the proportion of women who received such counseling during the current visit declined. Most counseling was implemented with use of the flip chart or the wall chart.
- > There was a significant increase in the number of FP methods being discussed at each counseling session, as well as an increase in satisfaction from counseling.
- > The number of clients watching the video in the waiting room was low, although those who watched the video found it interesting.

60. Comprehensive Postpartum Project Operations Research - CBS Sustainability Study

Comprehensive Postpartum Project. December 1999. MRO, Pathfinder International

Objectives

- > To gain a better understanding of the work of community-based workers, their motivations, and approaches.
- > To inform the design and implementation of a sustainability system for the CBS program.

Methodology

- > In-depth interviews with Adventist Development and Relief Agency International (ADRA) supervisors, administrators, field supervisors, and field workers (community-based workers).

Findings

- > The use of 'natural' communications channels to influence behavior through personal influence and opinion leaders is very effective. It promotes credibility of outreach efforts, is high impact, and has a very low cost as compared to other awareness building efforts such as mass media.
- > Each CBS worker used a kit during their counseling sessions, which included printed information on modern contraceptive methods, a flip chart, and a model uterus. Sessions entailed an in-depth description of different methods, their advantages, disadvantages, and potential complications. The client made all decisions regarding method choice.
- > The perspective of in-home counseling, as opposed to counseling in a clinic or hospital, was much more comfortable for the client. The women often invited friends and relatives to join in at-home sessions, increasing the overall reach of the CBS efforts, as well as increasing word-of-mouth impact of the education.
- > Field workers spent a specified amount of time each week in the office, having a positive impact on their work. Stories were shared, information relayed, and lessons learned through both staff meetings and informal discussions regarding their experiences.
- > It was estimated that nearly half of all referrals were 'lost' due to misinformation, miscommunication, or "diverging organizational goals."

Recommendations

- > Redefine the referral system to include all health agencies, both public and private.
- > Build upon the successes of the CBS system that is simple, effective, and allows for tracking of referrals.

**61. Comprehensive Postpartum Project, Operations Research
CPP/CBS Outreach Program**

Comprehensive Postpartum Project. September 1999. MRO, Pathfinder International

Comments: This document is a proposal submitted by MRO. It does not report any findings.

62. Comprehensive Postpartum Project Operations Research, the Referral System

Comprehensive Postpartum Project. April 2000. MRO, Pathfinder International

Objectives

- > To evaluate the CPP referral system.
- > To highlight problems and make recommendations regarding the referral system.

Methodology

- > In-depth interviews (specifics not reported).

Findings

- > The main problems with the referral systems were as follows: 1) clients failed to bring referral slips with them to the centers; 2) staff at centers failed to contact the referring center and thus accurate records were not maintained; 3) other information gaps.
- > It appeared that the CPPs were providing service to many women who were not high risk. The increased patient load had reduced the time available for counseling.

Referral Type	Reason	Problems
From MCH to CPP	High-risk pregnancies, fetal abnormalities, ultrasound, availability of desired contraceptive method, and other GYN issues.	MCH workers did not seem to understand the role of CPP centers. Not clear when MCH should refer to CPP.
From CPP to MCH	Follow-up on methods, stabilized condition (mainly pregnancy), women's request (when MCH is closer to home), and problems with baby up to 40 days requiring special treatment.	Women did not give the MCH their CPP booklet. MCH staff did not take CPP booklet. Even when taken, no confirmation was given to CPP that referral occurred.
From Ob/Gyn to CPP	Mainly Ob/Gyn doctors at the clinics that were referring patients to the connected CPP.	Process was relatively smooth (it typically was the same provider).
Other facilities	Counseling on FP, antenatal care, and sometimes to avoid MCH clinics	Smooth ADRA workers manually collected referral forms to track.

Recommendations

- > More patient education was required to inform patients of the importance of referrals, documentation, and complete medical records.
- > Administrative loopholes must be dealt with to ensure proper information flow.
- > The following suggestions were made: 1) an internal communications campaign to target all relevant medical and administrative staff within the health care system; 2) a series of collaborative workshops to build plans and share ideas on the referral system, and; 3) a set of practical means to improve the referral system should be agreed upon.

63. Fertility Reduction and the Quality of Family Planning Services

Jain, A.K. January/February 1989. *Studies in Family Planning* 20(1): 1-16

Objectives

- > To determine whether or not a focus on the quality of family planning services matches the achievement of demographic objectives.

Methodology

- > Literature review of existing research and utilization of an analytical framework that links six elements of quality and fertility.

Findings

- > Quality elements must be considered in all FP programs, such as contraceptive choice, adequate method information, competent care, good client/provider relations, follow-up, and others.
- > Attitudes towards FP and continuation of methods will likely improve if the quality of FP services is enhanced.
- > Providing quality care to a smaller number of FP acceptors was more effective than attempting to cover a larger number of clients while neglecting quality.
- > Success of a FP program is largely dependent on the couple's desire to regulate their fertility, which in turn is linked to the quality of services provided.

64. Focus on the Philippine DMPA Reintroduction Program: Continuing Users versus Drop Outs

The Population Council. April 1996. The Population Council Research News: ANE Operations Research and Technical Assistance Project (7): 1-2

Objectives

- > To identify factors related to DMPA method continuation and/or discontinuation between two surveys.

Methodology

- > Interviews with 812 DMPA acceptors.

Findings

- > Both continuing users and discontinuers had similar socioeconomic backgrounds.
- > Those women who were informed of possible side effects were three times more likely to continue using DMPA than those who were not counseled.
- > Women who perceived that the clinic providers were courteous and caring were 10 times more likely to continue the method use.
- > Additional quality of care factors affected method continuation, such as
 - € screening
 - € specific information on managing side effects
- > Women who returned to the clinic with side effects did not receive encouragement to continue using the method and were more likely to stop.
- > Women whose husbands did not approve of the method were twice as likely to discontinue than those women with husbands who supported the method use were.

65. Health Facilities Master Plan

Government of Jordan. January 1999. Ministry of Planning

Objectives

- > To document the status of health facilities in Jordan and analyze the requirements of individual facilities.

Methodology

- > Collection and analysis of health facility data.

Findings

- > Hospital bed capacity in Jordan was not extremely excessive and the bed capacity was erratic (some have excess capacity while others are short of beds).
- > There was a trend of building too many small hospitals.
- > There was a need for rationalization of resources and services to provide for better allocation among facilities.
- > Most hospitals had adequate space, although the distribution of space among various functional departments was not always appropriate (for example, laundry areas may be spacious while clinical consulting rooms are crowded).
- > Private hospitals tended to have more spacious inpatient areas, although overall space allocations were just as poorly planned as in the public facilities.
- > Primary care facilities typically had 80 percent of the required space to perform functions. Better efficiency could be achieved by planning larger centers (target populations of over 30,000 when possible).
- > Private sector facilities tended to have ample equipment, while public facilities often lacked the necessary resources. Areas of concern included a lack of necessary equipment; the layout of sterile supply areas and treatment of clean/dirty areas; the use of damaged equipment; lack of inventories; inconsistent procurement policies; and a lack of clinical input into equipment choice.
- > The estimated cost of improving the current physical deficiencies in the public sector hospitals was about JD57 million. The cost of replacing equipment was JD10 million. (Total cost breakdown: JD 38 million for MOH facilities, JD 23 million for Royal Medical Services facilities and JD 6 million for Jordan University Hospital).

66. The Impact of the Healthcom Mass Media Campaign on Timely Initiation of Breastfeeding in Jordan

McDivitt, J., S. Zimicki, R. Hornik, A. Abulaban. October 1993. *Studies in Family Planning* 24(5): 295-309

Objectives

- > To examine the impact of a mass media breast-feeding campaigns within the context of other activities occurring during and after child's birth.

Methodology

- > Two surveys – one before the seminar and media campaign (1988), and second, after the campaigns (1990). 930 interviews were conducted for 1988 survey, and 966 for the 1990 survey. A women with a child 2 years or younger was eligible for the first survey and a woman with a child no more than 20 months old was eligible for the second.
- > Questionnaire included questions on knowledge, attitudes, and practices related to breastfeeding, and child spacing; sources to obtain information on childcare; media use; demographic characteristics.

Findings

- > Between the 1988 and 1990 survey, initiation of breastfeeding increased significantly, from 90.5 percent to 97.2 percent. Among mothers who breastfed, timely initiation increased from 40 percent to 54 percent in the same time period. 18 percent reported initiating breastfeeding within one hour after birth, compared to 3 percent before.
- > Knowledge that a mother should initiate breastfeeding within 6 hours of her baby's birth increased from 51 percent to 75 percent.
- > After the campaign, knowledge levels and campaign exposure was high.
- > Parity, residence, and where the child was born were all independent predictors of timely initiation of breastfeeding and of change in timing of initiation during the two years of the study's duration.
- > The increase in initiation of breastfeeding with 6 hours occurred only among mothers who gave birth in a public hospital or home. Mothers giving birth in private hospitals showed significantly lower rates of timely initiation before the communication program and no significant improvement after it ended, despite increase in level of knowledge.

These findings suggested that the intervention had an impact on timely initiation of breastfeeding, however, this increase may have been either the result of pre-existing trends or other influences. The exact impact is difficult to ascertain.

Lessons Learned

- > IEC campaigns were most effective when the mother and her surrounding people (friends, family, health care providers, etc.) are also targeted, who are likely to support her change in breast-feeding initiation behavior.
- > If hospital policies and routines do not support timely breast-feeding, then the mother will find it hard to breast-feed immediately even if she wants to. Providing mothers with information about initiation and colostrum should be one part of larger integrated program that also targets

policymakers, hospital administrators, and staff.

67. The Impact of Outreach on the Continuity of Contraceptive Use in Rural Bangladesh

Hossain, Mian Bazle and James F. Phillips. 1996. *Studies in Family Planning* 27(2): 98-106

Objectives

- > To assess the impact of household outreach on the continuity of contraceptive use.

Methodology

- > Analysis of data from two rural districts in Bangladesh.

Findings

- > Outreach workers (young married women) were trained to conduct home visits to women, provide contraceptive information and to promote contraceptive use.
- > Household outreach had a significant net effect on the continuation of contraceptive use during the study period, and the degree of this effect increased with time.
- > The study findings suggested that lasting contraceptive continuation benefited from home-based outreach over time.

68. Improved Utilization of Spacing Methods – Intrauterine Devices and Low-Dose Combined Oral Contraceptives through Reorientation Training for Improving Quality of Services

Indian Council of Medical Research. September 1994. *Contraception* 50(3): 215-228

Objectives

- > To assess the effects of training in counseling skills, motivational skills, screening, management of side effects, and follow up on the overall utilization of spacing methods in India.

Methodology

- > Providers at district and state Post Partum Centers followed 4808 IUD acceptors and 1961 oral contraceptive (OC) acceptors for 24 months.

Findings

- > The one-year continuation rate for IUD users was about 89 percent, and the two-year continuation rate was approximately 76 percent. Lost to follow-up rates were about 20 percent.
- > Reasons for IUD discontinuation included:
 - € Involuntary pregnancy
 - € Partial/complete expulsion
 - € Bleeding/pain
 - € Pelvic infection
 - € No need for contraception
- > The one-year continuation rate for OC users was about 58 percent, and the two-year continuation rate was approximately 37percent. Lost to follow-up rates were about 20 percent.
- > Reasons for OC discontinuation included:
 - € Lost to follow-up
 - € Personal reasons
 - € Desire for another pregnancy
- > The technical aspects of retraining improved the continuation rate of IUDs.
- > Loss to follow-up remained high for both IUD users and OC users.

69. Improving Family Planning Program Performance through Management Training: The 3Cs Paradigm

Jain, S.C., A. Barkat, K. Lundeen, A.J. Faisal, T. Ahmed, M.S. Islam. Fall 1999. *Journal of Health and Population in Developing Countries* 2(1): 1-25

Objectives

- > To determine if management training assistance can improve the overall performance of service delivery.

Methodology

- > “Action research” (not specified)

Findings

- > The study reported that “competently executed determined effort” was a more effective alternative to overall socioeconomic development in a developing population.
- > A well-designed, well-organized, and properly implemented management training program coupled with appropriate follow-up can have a significant influence on the effectiveness and productivity of a system, even if the system was staffed by a unenthusiastic and indifferent staff.

70. The Influence of Quality of Care on Contraceptive Use in Rural Bangladesh

Koenig, Michael, Mian B. Hossain, Maxine Whittaker. 1997. *Studies in Family Planning* 28(4): 278-289

Objectives

- > To evaluate the role of “quality of care” on contraceptive practice.

Methodology

- > Analysis of prospective data from a sample of 7800 Bangladeshi women of reproductive age.

Findings

- > There was evidence that women’s perceptions of quality of care were significantly associated with the likelihood of adopting FP methods.
- > Non-users who perceived a high quality of care were 27 percent more likely to adopt a contraceptive method than those who rated quality lower were. This effect was also more pronounced in the continuation of method use.
- > High quality of care was highly associated with method continuation, with a 72 percent greater probability of method continuation (use of any method).

71. Introducing More Contraceptive Methods in Jordan

Gallagher, M. Spring 1998. *AVSC News* 36 (1): 3, 8

Objectives

- > To determine the feasibility of introducing Norplant and Depo-Provera in Jordan in an effort to increase the knowledge, choice, availability and use of FP methods.

Methodology

- > Data collected from a sample of 300 patients who received Norplant or Depo-Provera from three health centers in Amman.

Findings

- > Most clients reported that the following were reasons for selecting either of the two methods:
 - ∈ Desire to delay pregnancy for a long period of time
 - ∈ Length of protection
 - ∈ Ease of utilization
 - ∈ Perception of less side effects as compared to other methods
 - ∈ Aversion to previously used methods.
- > The majority (80 percent) of the Norplant users and a third of Depo-Provera users, at the end of six months, were very satisfied with the method and would continue using their respective method.
- > Most users reported at least one side effect during that period.
- > Side effects were the main reason for method discontinuation.
- > Discontinuation of Depo-Provera was also affected by attitudes of external decision-makers (providers, counselors, husbands, and family members).

72. Introducing Quality in Healthcare: An International Perspective

Al-Assaf, A.F. 1999. *Journal for Healthcare Quality* 21(1): 4-15

Objectives

- > To discuss the elements of a continuous quality improvement process, elements of successful implementation and methods used by Jordan and Saudi Arabia to implement the process.

Methodology

- > Assessment of the implementation of a continuous quality improvement process in Jordan and Saudi Arabia.

Findings

Results from Jordan's experience:

- > The quality paradigms were implemented in one pilot governorate under a USAID project with the monitoring and quality control directorate managing implementation.
- > Four interventions were highlighted including 1) reorganizing for quality, 2) training for quality, 3) implementing quality assurance activities, and 4) assessing improvements in quality.
- > Quality councils were formed at the hospital level with the objectives to develop training in quality improvement, facilitate QA activities and coordinate implementation of QI activities and improving processes.
- > Training was organized early in the project to sustain efforts in areas such as problem solving, process-improvement, standards, monitoring, team building and customer service.
- > Standards were developed at both hospital and primary care levels.
- > Some examples of quality improvements include a study of the use of specific drugs in hospitals which resulted in revised policies and changes in physician behavior and a study of childhood immunization in a district, resulting in reduced cost of programs following the identification of waste and duplication of efforts.
- > The model was expanded to additional governorates, with plans to extend to all governorates in the next several years. It was expected that these quality councils would become the main actors in policy formation and coordinators of health activities in Jordan.
- > It is extremely important to institutionalize quality in health to achieve quality improvements in the overall health sector.

73. Integration of Reproductive Health Services within the JAFPP Clinics

Mawajdeh, Salah, Raeda Qutob. December 1997. The Family Health Group

Objectives

- > To determine the health needs of communities served by JAFPP clinics and to determine if JAFPP could provide such services.

Methodology

- > Descriptive study utilizing the following methods: cross-sectional study with home and clinic based interviews; focus group discussions with men, women and youth; and an assessment of clinic structure and work flow.

Findings

- > About half of the women in the community-based sample were using contraceptive methods, and the IUD was the most common method. Traditional methods were used by 18 percent of the women.
- > Discontinuation was most frequently due to health-related problems (45.9 percent) and pregnancy (35.8 percent).
- > About two-thirds of the women surveyed had correct knowledge of sexually transmitted infections, although the same number of women did not know that condoms were a preventive method for STIs.
- > Approximately 75 percent of the women surveyed preferred that their health care provider be a female. Over 60 percent of the women stated that they had not been seen by a "preferred" provider for antenatal, postnatal and ultrasound services or RH counseling.
- > About three-quarters of women who had not used a JAFPP clinic before stated that they would use the clinics if services were available. The women's willingness to pay was as follows: less than 40 percent would pay for counseling, 60 percent would pay for ultrasound and over 80 percent would pay for gynecological exams. For such services (non-delivery services), the mean of suggested fees ranged from 2.4 to 3.8 JDs per service.
- > About 16 percent of women wanted to receive FP, health education and counseling services from JAFPP clinics, 14 percent requested child health services and nearly 10 percent requested regular medical check-ups.
- > All of the surveyed men, women and youth displayed the need for more RH education.
- > Misconceptions and misinformation were identified regarding RH and FP.

Recommendations

- > Increase involvement of men of all age groups in JAFPP activities.
- > Health campaigns are necessary to provide effective health education to the community.
- > Pre-marital counseling should be offered to couples prior to marriage.
- > Coordination of care is important.

74. Job Satisfaction among Jordanian Registered Nurses

Zuraikat, Nashat and J. McCloskey. 1986. *International Nursing Review* 33(5): 143-7

Objectives

- > To identify the major factors which cause job satisfaction and dissatisfaction among Jordanian nurses.

Methodology

- > Literature review on job satisfaction of nurses.
- > Nationwide survey of Jordanian nurses; questionnaires completed by 312 Jordanian staff nurses working in army, government, and private hospitals with a total response rate of 62 percent.
- > The questionnaire included three parts: demographic, the McCloskey Reward Satisfaction Scale, and open-ended questions. Content validity was confirmed for Jordanian nurses by a panel of health professionals in Jordan.

Findings

- > About 77 percent of respondents were female nurses and 23 percent were male. The majority (84 percent) was under age 35. Most of the sample (over 90 percent) held a diploma in nursing, while 9 percent had baccalaureate degrees.

Factors Contributing to Job Satisfaction as Perceived by Jordanian Staff Nurses

Factor	Category	Mean
Immediate supervisor	Social	3.9
Nursing peers	Social	3.8
Physicians worked with	Social	3.66
Control over work conditions	Psychological	3.65
Amount of responsibility	Psychological	3.54
Delivery of care method	Social	3.52
Flexibility in scheduling	Safety	3.47
Opportunity to work straight days	Safety	3.43
Recognition by peers	Psychological	3.36
Recognition by supervisor	Psychological	3.35
Flexibility in scheduling weekends off	Safety	3.35
Control over what goes on at work	Psychological	3.29
Status compared to other groups	Psychological	3.16
Vacation	Safety	3.14
Hours of work	Safety	3.05

- > Jordanian nurses were most satisfied with their relationship with their immediate supervisors. They were also satisfied with their relationship with their nursing peers, with physicians, with control over work conditions, and with the amount of responsibility. The least important factor contributing to job satisfaction was work hours. The top three

- factors were 'social' factors.
- > On average, the nurses were more dissatisfied than satisfied. Factors contributing most to job dissatisfaction were opportunities to write and publish, opportunities to participate in nursing research, and opportunities for part-time work and attend educational programs. The top three factors were 'psychological factors.'
 - > Findings reveal that Jordanian nurses are satisfied, to some extent, with their social and safety rewards in the work setting and dissatisfied with psychological rewards.

Recommendations

- > Hospital administrators must ensure better benefit packages and more attractive salaries.
- > More choice in hours of work/shifts should be offered.
- > Priority should be given to the introduction of a career ladder for promotion based on annual performance evaluations, as well as, opportunities for continuing education.
- > Social and psychological needs should be considered in order to recruit and retain competent nurses.

75. Jordan Family Planning Communication Strategy, 1997-2002

Jordan National Population Commission, October 1997

Background

The Jordan National Population Commission General Secretariat (NPC/GS), with technical assistance from Johns Hopkins University/Population Communication Services (JHU/PCS), developed a 5-year strategy. The Strategy was based on information from a 1995 qualitative study, a 1996 KAP survey, a 1996 Needs Assessment Document (results from a workshop), and included input from 17 government and nongovernmental health, social, medical organizations, and donors and professionals. The overall strategy included defining target audiences; effective messages and means of communication; a general program for implementation, and sought to create integrated IEC for family planning. The goal was to increase the contraception prevalence rate by 8 percentage points from 39 to 47 percent.

Key Findings Informing Strategy

KAP: The 1996 KAP survey demonstrated high unmet needs for FP services, fears about health effects of contraceptive use, desire among women to be pregnant, and inadequate information available on FP. Men are often the decision-makers about family planning, yet their knowledge was somewhat limited.

Opportunities: Include widespread access to television and radio programs, high literacy levels, political commitment at high levels, highly developed health infrastructure, etc.

Constraints: Lack of coordination of IEC activities, lack of technical expertise in social communication research, rumors and misconceptions about family planning, apprehensions among religious leaders, and a general desire for large families.

Core Strategy

Premise: Knowledge, attitudes, and behavior are best influenced by exposure to consistent, reinforcing, culturally appropriate, familiar, and credible messages through appropriate channels. The *approach* is 3-tiered: (1) interpersonal communication (one-on-one provider/client), (2) community outreach (group discussions, participatory methods), and (3) communication through mass media.

Strategic Objective: Increase the rate of use of modern and traditional contraceptive methods by maximizing access to quality information and services.

Sub-themes:

- > Family planning is consonant with tenets of Islam
- > Modern contraceptive methods are safe, reversible, and healthy
- > MOH and NGO clinics have high quality, affordable services
- > Service providers are competent, informed, caring, and friendly

Audiences: Men, women, religious leaders, service providers

The strategy identified four *target issues* to confront with IEC, broke down each issue into population segments, specified appropriate message and approaches for each, and then specified a plan for monitoring and evaluation, including indicators. The four issues were:

1. Men's participation in family planning decisions, encourage discussion, and encourage condom use.
Objective: Increase men's knowledge and awareness of benefits of family planning.
Audiences: Broken down by age group.
2. Insufficient knowledge about Islam and family planning
Objective: Increase awareness/knowledge of religious leaders about Islam, encourage them to be advocates of family planning.
Audiences: Religious leaders who are: (a) high ranking, (b) less supportive of FP, (c) supportive but do not speak out, (d) opposed to FP.
3. Lack of information on modern contraceptives among women
Objective: Increase awareness of methods, consent of Islam, increase usage, and women as advocates of FP.
Audiences: Those who don't use contraception, those with 4 or more children and women who are pregnant or with newborns
4. Limited access to and poor quality of family planning services and counseling.
Objective: Increase provider awareness and skills to provide correct information and promote FP.
Audiences: Physicians, nurses and midwives

Monitoring and Evaluation: Include participant observation, mystery client visits, exit interviews to assess workshops, training, etc.

Participation: IEC task force included government agencies, media, universities, USAID, etc.

Sustainability: Several legislative actions and political appoints have already been made, political commitment exists.

76. Jordan Family Planning IEC Needs Assessment: Findings and Recommendations

Jordan National Population Commission, IEC Project (JHU). May 1997

Objectives

- > To conduct a needs assessment of IEC for the Jordan population program, in order to develop an IEC strategy specifically addressing population and family planning.

Methodology

- > Research of a group of 30 representatives from 17 Jordanian governmental and non-governmental health, social, media organizations, workshop proceedings, and participant recommendations.

Findings

The analysis of the Family Planning IEC situation in Jordan revealed the following conclusions:

- > *Policy Environment:* GOJ and Islamic leadership in Jordan had favorable policies towards FP and Family Health (FH). Policies that have been enacted in support of working mothers and ensuring equality in work place were often viewed as encouraging large families.
- > *Service Delivery Infrastructure and Resources:* Existing network of service delivery was adequate in quantity but not in quality.
- > *IEC Infrastructure and Resources:* Lack of cohesive policy, and lack of coordination at the national level, which could lead to duplication and repetition of activities.
- > *Unmet Need:* 1996 KAP survey findings stated that 90,000 women of reproductive age with an expressed wish to limit childbearing or delay their next birth were unable to obtain FP services in the public sector.
- > *Client's KAP:* 1996 KAP stated that spontaneous knowledge of FP methods was universal but detailed knowledge of specific contraceptives was limited.
- > *Contraceptive Prevalence Rate:* CPR was 48 percent (39 percent modern methods and 9 percent traditional methods).
- > *Decision-Making:* Men were most often decision-makers. Inadequate knowledge about specific methods and how they work hampered the process of making an informed choice.
- > *Social Support:* Social network, and religion and religious leaders' teachings played a key role in family planning decision making.
- > *Media Habits:* FP messages in the mass media were acceptable to most Jordanians.
- > *Research:* Research on service providers, religious leaders and IEC materials was scarce.

Recommendations

- > Review existing policies.
- > Identify appropriate target audiences.
- > Position FP as providing the family with better health and happiness.
- > Institute quality control benchmarks for products and services.

- > Enhance use of mass media.
- > Seek leadership support and active participation in conveying the FP message from religious leaders, as well as community leaders.
- > Build IEC capacity among the MOH and all other interested parties.
- > Conduct further research on utilization of communication materials and its impact.

77. Measurement of the Quality of Family Planning Services

Veney, James, Robert Magnani, Pamina Gorbach. October 1992. The Evaluation Project Working Paper WP-O-02

Objectives

- > To address the issue of measuring quality in family planning services and to determine the most appropriate mechanisms to measure quality.

Methodology

- > Review of literature, existing frameworks and operational applications

Findings

- > The concept paper suggested that improving the level of understanding of the clients' perceptions of quality was an integral step in improving utilization.
- > Existing frameworks and tools were not adequate to measure quality in FP.
- > Measures of quality needed to be multi-dimensional.
- > Several issues, or research gaps, need to be confronted to better measure quality:
 - € Research to assess the appropriate mix of measurements to gauge quality, including the client's definition of quality.
 - € An analysis of the relationship between such measures and outcomes of family planning programs (continuity, improved utilization, decreased fertility, etc.).
 - € Development of indices to measure various elements of quality.

78. Media Habits in Jordan: An Overview

Glovis Inc. 1996

The report included a presentation based on study in 1996 and showed data on media habits in Jordan. It showed the predominance of television viewing among the population at large, and suggested that television should be used to target persons with low incomes and education levels. The remainder of the presentation was otherwise irrelevant.

79. Midterm Evaluation of the Jordan Family Health Services Project

Cromer, Charlotte, James Hudson, Saher Shuqaidef. May 1996. POPTECH Report No. 96-068-037

Objectives

- > To assess the performance of the Family Services Health Project.

Methodology

- > A three person evaluation team (authors) utilized various methods of data collection and data analysis including document review, interviews and site visits.

Findings

The following recommendations were made based on findings of the assessment to ensure achievement of project objectives:

- > Expand support for QA at the MOH central level.
- > A permanent steering committee should be formed to support QA.
- > QA resources should be channeled through the MQC Directorate, which will be responsible for coordinating implementation of all QA activities.
- > An external party should evaluate family health services and family planning training activities.
- > QA activities should be expanded to other governorates.
- > Family planning deserved more attention in the expansion of activities into other governorates.
- > Commodity Import Program funds should be utilized by the MOH to renovate MCH centers.
- > Studies in family planning and MCH programs should also focus on reducing cost as an element of improving quality.
- > The issue of inadequate exposure of family medicine residents to 'technical and philosophical aspects of clinical management for independent decision making' should be addressed.

80. Mystery Shopper Study of Pharmacies in Amman

Basim, Luma and Michael Bernhart. February 2000. Commercial Market Strategies/Jordan

Objectives

- > To assess the status of contraceptive availability and counseling from private pharmacies.

Methodology

- > A mystery shopper presented herself as soon to be married and desiring to postpone pregnancy.
- > The mystery shopper visited 25 pharmacies in Amman.

Findings

Service/access	All pharmacies were willing to assist. Almost all (22 of 25) sold the shopper contraceptives, while 3 did not want to see without a prescription. Seven (of 25) referred the shopper to a physician. In six pharmacies, hormonal methods would not be provided and the pharmacist told the shopper that it could have a future affect on her health.
Methods	11 pharmacists seemed to favor a method, mostly oral contraceptives or condoms. Three young male pharmacists responded to inquiries about condoms with reproach stating that she had not taken her husband's interests into consideration. All of the pharmacists talked about pills and most about condoms. Some spoke of the IUD, vaginal contraceptives, and traditional methods. No pharmacist mentioned DMPA unless asked. Seven stocked DMPA, but did not want to sell it without a prescription. Only 14 described advantages and disadvantages of each method offered and 11 described side effects. Medical information was often wrong, suspect, or misleading.
Manner	All were courteous, cooperative, and willing to spend approximately 20 minutes with the shopper.
Screening	None of the pharmacists asked about medical history.

Recommendations

- > Pharmacists require education and training on contraceptives. The information given was often wrong, incomplete or misleading.

81. Pre-testing of Communication Materials.

Comprehensive Postpartum Project. November 1997. MRO, Pathfinder International

Objectives

- > To determine the effectiveness of three communication methods, the wall chart, CPP promotional poster, and IUD take-away flyer, in terms of comprehension, motivation, and involvement.

Methodology

- > Two discussion groups to evaluate wall chart and poster (the Clients Wall Chart, CPP Promotional Poster and IUD Take-away Flyer) and a survey of 54 persons using IUD.

Findings

Wall chart: Fulfilled the purpose of illustrating the various methods, and was clear, informative and attractive. The combination of all available methods in one place, with illustrations and explanations, was considered very helpful. In response, women reported they would ask their doctors, gynecologists, or MCH centers for more information. Some text was not entirely appropriate, such as the slogan “Congratulations for the new born baby, now you can choose a family planning method immediately after birth,” sparking controversy over the suitability of some methods during that period.

CPP Promotional poster: The poster was viewed as an advertisement for mother and child care and it attracted attention. The blue color was considered calm, and clients liked the idea of having all services in one place (FP and birth services) with modern equipment and convenience. Criticisms suggested that picture of the mother and child was not clear, that the poster informed them about services with which they were already familiar, and that group members failed to comprehend that these services were part of a new project

Of the 54 respondents to the survey on the *IUD take-away flyer*, one third were currently using the IUD, and 31 percent were using the birth-control pill. The concept of a flyer was liked by a majority of respondents, who also liked the picture of the IUD and the explanation of how it works. A third of respondents found some aspect of the message difficult to believe or understand, particularly postpartum insertion and insertion after cesarean section or miscarriage. Many thought that the flyer should include information on side effects or disadvantages of IUD.

82. Pre-testing of Four Video Magazines

Comprehensive Postpartum Project. September 1998. MRO, Pathfinder International

Objectives

- > To determine whether the four videos on family planning were effective in conveying health messages.

Methodology

- > Videos were shown at waiting rooms of two centers, Al-Bashir and Madaba and exit interviews were conducted with 131 clients.

Findings

- > Videos were closely watched by virtually all the interviewees (92 percent); they were considered enjoyable and a good source of information and entertainment.
- > The intended messages of the importance of family planning and mother-child health were understood.
- > The most widely recalled selection was the doctor talking about various contraceptive methods.
- > Almost all (99 percent) of the clients found something they liked in the video.
- > Virtually all of the viewers understood the message and found the video suitable (96 percent, 95 percent respectively).
- > Despite the fact that they were interviewed upon exiting, 15 percent had already been motivated to discuss the video.
- > About half of the sample, including both users and nonusers of contraceptive methods, reported that they learned something new.
- > There were few criticisms, focused mainly on sound quality or perception that people no the video were not Jordanian.

Recommendation

- > Utilizing a video in clinic waiting rooms is a good way to convey messages on family planning.

83. Study of Using the All-Contraceptive Methods Flip Chart: The Main Report

Comprehensive Postpartum Project. January 1997. Jordan University, Pathfinder International, MOH Health Education Department

Objectives

- > To determine the extent to which staff uses the flip chart, and how they do so.
- > To identify the level of comprehension of users and the extent to which the method helped inform decisions in choosing a family planning method.
- > To guide the design of a national flip chart for all contraceptives and training for counselors in its use.

Methodology

- > Questionnaires were implemented in three clinics (at Al-Bashir Hospital, King Hussein Medical Center, and third location not specified), (pre-test conducted at King Hussein Medical Center).
- > There were three questionnaires with open-ended and closed-ended questions; one administered to counselors and 2 to clients. Sample size: 11 counselors, 125 clients (of which 62 were not interviewed because flip-chart was not used)

Findings

General: The training and qualifications of counselors was varied, but all had received training in family planning, most in the use of the flip chart. Most clients (75 percent) were already using a form of contraceptive.

Use of flip chart:

- > The average counseling session took 16 minutes and was most often conducted by nurses.
- > The flip chart was used only intermittently and not all pictures were shown.
- > When the flip chart was not used, it was because clients wanted only specific information, were willing to see/touch real contraceptives, did not have enough time (counselors or clients in a hurry), there was difficulty in use, or there was an attempt to avoid embarrassing clients or counselors.
- > Fewer clients reported having seen flip chart than number claimed by counselors.

Perceptions of flip chart: Counselors	Perceptions of flip chart: Clients
<p>Most believed it to be useful, all at least moderately useful</p> <p>About half said they were embarrassed by some of the illustrations, especially those of sex organs</p> <p>Suggested improvements in materials used and design style</p> <p>Most thought pictures were not suitable and wanted clearer, more expressive examples</p>	<p>90 percent of mothers said the flip chart helped them understand what the counselors described, 75 percent said it helped them choose the most convenient method.</p> <p>Most found the charts appealing because they clarified information on contraceptives.</p> <p>Some noted embarrassing pictures, especially sex organs, and errors in pictures (e.g. administration of injection in incorrect location).</p> <p>Certain pictures were not considered appealing because they were considered unclear, inappropriate social settings, embarrassing.</p>

Recommendations

- > To improve flip chart, it should be made of more durable materials, pictures should be culturally appropriate and more appealing, and the chart should be tested before it is finalized.
- > To improve counseling and use, the atmosphere of health center should be improved to be more comfortable and functional (private room, one counselor dedicated to counseling, have related education materials on hand).
- > To improve staff performance, guidelines should be provided in the flipchart use, counselors should receive continuous training, and a system of continuous supervision and performance evaluation should be implemented.

84. Treatment Practices of Female General Practitioners in Amman

Bagaeen, Omar and Michael Bernhart. August 2000. Commercial Market Strategies/Jordan

Objectives

- > To examine the treatment and counseling practices of general practitioners (GPs) for three types of reproductive health clients
 - € A young nulliparous woman who wished to postpone pregnancy
 - € A young low-parity woman who wished to space births
 - € An older high-parity who wished to have no more children

Methodology

- > Sample of 30 class-A GPs in Amman.
- > Each case was described to the GP and the GP would provide an explanation of how she would treat each case. Follow-up questions regarding reasoning, justification, understanding of contraceptive methods and method preferences were asked.

Findings

A young nulliparous woman who wished to postpone pregnancy – Postponer	70 percent of the GPs advised pregnancy, about 30 percent advised immediate pregnancy. Almost all (97 percent) would provide a method: 43 percent oral contraceptive (OC), 40 percent traditional and 10 percent condoms. Only 27 percent would ask if the client had a preference. 17 percent would counsel on method use, 20 percent would talk about side effects and 7 percent would request a follow-up visit.
A young low-parity woman who wished to space births – Spacer	90 percent of the GPs would provide a method: 53 percent OC, 30 percent IUD, 7 percent traditional, 7 percent DMPA. Only 23 percent would ask about client preference. 13 percent would counsel on method use, 10 percent would talk about side effects.
An older high-parity who wished to have no more children – Stopper	80 percent of the GPs would provide a method: 73 percent IUD, 20 percent OC, and 7 percent sterilization. As a second choice method they recommended 44 percent OC, 28 percent IUD, 24 percent traditional, 20 percent sterilization, 16 percent DMPA, 12 percent condoms. 20 percent of the GPs would counsel on method use, 23 percent would talk about side effects.
Method preferences	70 percent of the GPs stated OC as first method and 27 percent preferred IUDs. 67 percent knew little about implants, 30 percent knew little about DMPA. 17 percent and 40 percent would advise discontinuation of implants and DMPA respectively.
Selection Criteria	Ranked criteria included: 1) medical suitability; 2) method effectiveness; 3) likelihood of patient using method correctly; 4) client preference; 5) likelihood of continuation; 6) cost to client; 7) likelihood client will not need follow-up service.
Knowledge	Most providers provided inaccurate responses regarding the

Recommendations

- > The findings showed that provider barriers existed to contraception by nulliparous women, IUD use by nulliparous women, and contraception by women who want to stop having children.
- > Discontinuation was increased by: 1) not asking for client preference, 2) not disclosing side effects, 3) advising discontinuation of select methods, and 4) not scheduling follow-up visits.
- > Method failure was affected by a lack of explanation regarding method use.

85. Quality of Care and Family Planning Drop-Outs in Bukidnon Province: A Survey Study

Palma-Sealza, L. January-December 1993. *Philippine Population Journal* 9(1-4): 1-11

Objectives

- > To determine the percentage of FP users who became dropouts and to assess the reasons for and factors associated with discontinuation.

Methodology

- > Interviews with married women of reproductive age who was recorded as a contraceptive acceptor in 1992. Sample of 400 women, probability-proportionate-to-size sampling method.

Findings

- > In the majority of cases (73.4 percent) FP status matched clinical records; however, 22 percent of those women believed to have stopped using FP had actually switched methods.
- > Most discontinuation was due to side effects.
- > Discontinuation was more pronounced in women who were poor, had low education levels and who had higher parity.
- > Husbands' attitudes had more of an influence on discontinuation than the attitudes of wives.
- > Clients who felt their providers were approachable and friendly were less likely to discontinue their FP methods.
- > Women who received more information were less likely to drop out, while women who had to return often to the clinic for contraceptive supplies were more likely to drop out.

Recommendations

The following issues were identified that required additional attention:

- > Side effects.
- > Targeting of high drop-out groups.
- > Husbands' attitudes.
- > Adequate information regarding FP options.
- > Improved quality of care.
- > Promotion of IUDs.
- > Mechanisms for re-supplying of methods to reduce need for return to clinics.

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