

**Memorandum**

Date June 24, 1987

From Charles W. Warren, Ph.D., Demographer, Program Evaluation Branch (PEB), and Phyllis A. Wingo, M.S., Assistant Chief, Research and Statistics Branch (RSB), Division of Reproductive Health (DRH), Center for Health Promotion and Education (CHPE)

Subject Foreign Trip Report (AID/RSSA): Jordan, June 2-6, 1987--Symposium on Husbands' Attitudes on Fertility and Family Planning in Jordan

To James O. Mason, M.D., Dr.P.H.
Director, CDC

Through: Assistant Director for Science, CHPE *Thm*

SUMMARY

- I. PLACES, DATES, AND PURPOSE OF TRAVEL
 - II. PRINCIPAL CONTACTS
 - III. SYMPOSIUM SCHEDULE
 - IV. SUMMARY AND CONCLUSIONS OF 1985 JORDAN HUSBANDS' FERTILITY SURVEY
 - V. FUTURE ACTIVITIES
- APPENDIX A: SYMPOSIUM SCHEDULE
APPENDIX B: 1985 JORDAN HUSBANDS' FERTILITY SURVEY REPORT (TABLE OF CONTENTS)

SUMMARY

A symposium on husbands' attitudes toward fertility and family health was held by the Jordanian Department of Statistics (DOS), to disseminate findings of the 1985 Jordan Husbands' Fertility Survey (JHFS). The 1985 JHFS was conducted by the DOS with technical assistance provided by DRH/CDC. About 60 participants attended the symposium, including the director general of the Department of Statistics and representatives from the Jordan Family Planning and Protection Association, the Jordan Population and Family Development Study and Training Center, and the University of Jordan. Charles Warren presented the major findings from the 1985 JHFS, and Phyllis Wingo presented information using microcomputer software to enter and edit survey data. DRH/CDC has developed microcomputer software for such purposes and DRH has used the package in three surveys (Mauritius, Jamaica, and Paraguay). The DOS has keen interest in upgrading their computer technology with the DRH/CDC system.

The results from the 1985 JHFS point to the uniqueness and usefulness of collecting fertility and family planning information from husbands. Without the JHFS, it would not be possible to know the extent of the negative and/or fatalistic attitudes of husbands toward fertility control and contraceptive use, or to have information related to the wives' apparent problem in controlling their future fertility behavior. How program officials address these issues will be important for the future success of the family planning program in Jordan. Without the 1985 JHFS, the identification and extent of these issues would not be known.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

Amman, Jordan, June 2-6, 1987, at the request of AID/POP/Washington and USAID/Amman, to participate in a Department of Statistics symposium on results

from the 1985 JHFS. This travel was in accordance with the Resource Support Services Agreement between AID/POP/Washington and CDC/CHPE/DRH.

II. PRINCIPAL CONTACTS

A. USAID/Amman

1. Mr. Robert Haladay, Health and Population Advisor
2. Ms. Doris El Khazem, Assistant Health Population Advisor

B. Government of Jordan

1. Dr. Abdulhadi Alawin, Director General, Department of Statistics.
2. Mr. Fahad Hiyari, Chief Demographic and Surveys Section.
3. Ms. Huda Ghniem, Chief of Programming, Computer Center

III. SYMPOSIUM SCHEDULE

The symposium schedule is shown in Appendix A. The focus of the symposium was the presentation of findings from the 1985 JHFS. The 1985 JHFS was conducted by the Department of Statistics with technical assistance from DRH/CDC (See CDC Jordan trip report dated March 1986).

Approximately 60 persons participated in the symposium and included representations from the Ministry of Health, Family Planning and Protection Association, Population and Family Development Study and Training Center, and the University of Jordan. The final report from the 1985 JHFS was to be released following the symposium. An outline of the content of the report is shown in Appendix B. Press coverage was excellent.

IV. SUMMARY AND CONCLUSIONS FROM THE 1985 JORDAN HUSBANDS' FERTILITY SURVEY

The 1985 JHFS consisted of interviews of husbands of women who were currently married when interviewed in the 1983 Jordan Fertility and Family Health Survey (JFFHS). This report focuses on the attitudes and behavior of these husbands toward family planning and fertility-related issues such as birthspacing and breast-feeding practices. Where possible, the attitudes and behavior of the husbands were compared to those of their wives.

Fertility

In 1983, Jordan had a total fertility rate of 6.6 which, when combined with relatively low mortality, yielded an annual growth rate due to natural increase of approximately 3 percent. The high level of fertility was a consequence of very short birth intervals (27 months), modest levels of breast-feeding (11 months) and moderate levels of contraceptive use (26 percent). Results from the 1985 JHFS suggest husbands' attitudes toward fertility and fertility control are in close agreement with the actual practice found in 1983. Over one-half of the husbands stated that family size decisions are "up to God." However, this figure ranges from 79 percent for husbands who were illiterate to 31 percent for those with some secondary education. Husbands also reported short birth intervals (29 months), similar to the 1983 birth interval length. As with the family size decision, birth interval length was positively associated with husbands education.

Consistent with the husbands' attitudes associated with high fertility, a large percentage of wives appeared to lack control over their future fertility desires. Over 30 percent of wives, who stated that they wanted no more children in the 1983 JFFHS, had a child between the two surveys. This lack of control was more apparent in rural than urban areas and for younger couples (wives age 25-34 years), regardless of level of education of the husband. The inability to control fertility was further demonstrated by the fact that couples whose husband had preparatory or higher education reported slightly higher levels of unplanned pregnancies than the less educated; also possibly reflecting the fact that higher educated husbands have lower family size desires. In contrast to these attitudes associated with high fertility, husbands favored relatively long durations of breast-feeding (nearly 2 years). This is nearly twice as long as the actual duration of 11 months reported in 1983.

Contraceptive Use

There is a great deal of variation in the knowledge of individual methods of contraception in Jordan. Husbands tended to nearly universally know of the pill and IUD (90+ percent), but female sterilization was only moderately well known (70 percent) and knowledge was fairly low for all other methods. With the exception of the pill, almost universally known, knowledge of methods was strongly correlated with husband's education. Wives' knowledge was equal to or greater than their husbands for all methods, even male oriented methods such as withdrawal, male sterilization, and condoms.

The overall level of current contraceptive use reported by husbands in 1985 (27 percent) was identical to that reported by their wives in 1983. The method-mix was also similar, with the IUD the most prevalent method used, followed by the pill, sterilization, and rhythm. However, when the reported use of husbands in 1985 is compared to that of their wives in 1983, interesting differences were found. The most striking was the finding that for wives who stated they were using female sterilization in 1983, over 30 percent of their husbands reported non-use in 1985. However, nearly 80 percent of these husbands reported menopause, subfecundity, or surgical sterilization as the reason for non-use in the 1985 JHFS. Among other methods, only the IUD had 50 percent or more continuation between 1983-1985. In most cases, the change was toward non-use.

The relationship between contraceptive use and numerous social and demographic factors was similar for husbands in 1985 and their wives in 1983. In particular, use was higher in urban than rural areas; the higher socioeconomic groups had higher use, and age and number of living children had curvilinear relationships.

For the IUD, pill and female sterilization, the order of importance of the source reported for each method was similar for husbands and wives. However, the level of importance of each source varied a great deal between husbands and their wives. The primary sources for each were: IUD (private physician and Family Planning and Protection Association), pill (pharmacy and private physician), and female sterilization (public hospital, private physician, and private hospital).

Need for Family Planning Services

Overall, the level of need for family planning services defined "at risk of an unplanned pregnancy" was very different for husbands and their wives. Thirty-three percent of husbands compared to 20 percent of wives were defined as in need of services. The discrepancy is due to the different reasons for non-use given by husbands and their wives. Wives were much more likely to state "wants to get pregnant" as their reason for non-use, while husbands gave "religion" as an important reason for non-use.

For both wives in 1983 and their husbands in 1985, there was a wide gap between those desiring to use contraception and those in need of family planning services. For wives, the gap was 16 percent (20 percent in need--4 percent desiring to use) and for husbands 31 percent (33 percent in need--2 percent desiring to use). This gap suggests there is a large number of potential users in Jordan but, until attitudes toward contraceptive use change, they will remain at high risk of having an unplanned pregnancy.

The identification of those who need to be served shows similarities between the 1983 JFFHS and the 1985 JHFS. In both surveys, those with low socioeconomic status (i.e., illiterate, <1800JD annual total family income, or whose husbands work in agricultural or laborer occupations), those with six or more children, and those living in urban areas are the populations with the greatest concentration of couples in need of family planning services.

Reproductive Health Attitudes

In general, the majority of husbands in Jordan have negative attitudes toward contraception and have no desire to regulate their fertility. Specifically, nearly 40 percent of the husbands do not believe in using contraception. However, there are important differences by residence, husband's age, and socioeconomic status. Those husbands who do not believe in contraception felt no need to discuss the issue of using contraception with their wives (95 percent said "No"). In addition, over one-half of the husbands felt decisions concerning family size should be left "up to God." Over three-fourths of these husbands had not discussed the family size issue with their wife.

Among husbands who did believe in the need to at least discuss contraception and family size issues with their wife, the majority felt the decisions should be made jointly by husbands and wives. While three-fourths of these husbands had discussed the use of contraception with their wives, only 60 percent had discussed family size issues.

Conclusions

The 1985 JHFS provided valuable insights about husbands' attitudes and behavior concerning issues related to fertility and family planning in Jordan. The results suggest that serious obstacles exist, which need to be overcome before family planning utilization will increase significantly in Jordan. Among these barriers to service are:

1. Nearly 40 percent of the husbands do not believe in using contraception, and over 50 percent view family size as "up to God." Until these attitudes change, fertility regulation and ultimately the potential for fertility decline probably will be quite limited in Jordan. Thus, any population policy related to family planning in

Jordan should take these attitudes into consideration. Program policymakers may want to concentrate their efforts in this regard on younger males (less than age 30), where attitudes are less rigid (less than one-third were not in favor of contraception or left family size decisions "up to God").

2. There is a wide gap between the population identified as in need of family planning services and those desiring to use family planning. An information, education, and communication (IEC) program directed toward fertility regulation and birthspacing may help reduce this gap. Since urban areas have a relatively high concentration of couples "in need" of family planning services, an IEC campaign, in conjunction with the family planning program in these areas, may be a good place to start.
3. A large number of wives appear not to be in control of their fertility behavior. Nearly one-third of women, who did not want an additional child in 1983, had a birth between the two surveys. This problem was accentuated for couples where the husband had some formal education. Significant change in this problem is most likely related to the need to change the negative attitudes that exist toward fertility regulation.

The results from the 1985 JHFS point to the uniqueness and usefulness of collecting fertility and family planning information from husbands. Obviously, without the JHFS it would not be possible to know the extent of the negative and/or fatalistic attitudes of husbands toward fertility control and contraceptive use, or to have information related to the wives' apparent problem in controlling their future fertility behavior. In addition, by having data for husbands and wives, it was possible to identify inconsistencies in responses and/or changes in attitudes which have direct programmatic and policy implications. In particular, two issues (reasons for non-use and planning status of last pregnancy) lack consistency between responses in the husband and wife surveys in Jordan. Husbands give very different reasons for non-use (religion) than their wives (want to get pregnant). Data on non-use are used to compute "in need" of family planning services; therefore, given these differences, the identification of program targets may be somewhat problematic. The extent to which last pregnancies were unplanned is very different as reported by husbands and wives. Wives are three times as likely to identify a pregnancy as unplanned as their husbands. How program officials address these issues will be important for the future success of the family planning program in Jordan. Without the 1985 JHFS, the identification and extent of these issues would not have been known.

V. FUTURE ACTIVITIES

The Jordan Department of Statistics has keen interest in upgrading its computer technology in the area of survey data editing and entry. DRH/CDC has developed microcomputer software which makes this process simple and fast. The USAID Mission will be working with DOS to determine the most appropriate mechanism for requesting this assistance from CDC.

Charles W. Warren

Charles W. Warren, Ph.D

Phyllis A. Wingo

Phyllis A. Wingo, M.S.

Appendix A

1985 Jordan Husband's Fertility Survey

Symposium Schedule

June 4, 1987

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| Introduction | Dr. Abdulhadi Alawin, Director General, DOS |
| Methodolgy of Planning and Implementation of the 1985 JHFS | Mr. Fahad Hiyari, Survey Director, DOS |
| Major Fundings of the 1985 Jordan Husbands' Fertility Survey | Dr. Charles W. Warren, Demographer, CDC |
| Determinants of Contraceptive Knowledge and Use Based on the 1985 JHFS | Mr. Nawaf Kalaldeh, Demographer, DOS |
| Contraceptive Use, Fertility Differentials and Family Planning Issues in Jordan | Dr. Ahmad Hammouda, Professor, Population Studies Department, University of Jordan |
| Family Planning, Contraception and Health | Dr. Hani Atrash, Medical Epidemiologist, CDC (Slide Presentation, Dr. Atrash did not attend the Symposium). |
| The CDC Survey Data Management System-Adapation for Surveys Conducted in Jordan | Ms. Phyllis Wingo, Mathematical Statistician, CDC . |

Appendix B

Table of Contents

| | <u>Page</u> |
|---|-------------|
| CONTRIBUTORS TO THE SURVEY | 11 |
| SUMMARY AND CONCLUSIONS | 1 |
| I. INTRODUCTION | 8 |
| II. SURVEY DESIGN AND METHODOLOGY | 12 |
| III. GENERAL CHARACTERISTICS OF HUSBANDS | 17 |
| IV. FERTILITY, BIRTHSPACING, BREAST-FEEDING, AND PLANNING STATUS OF LAST PREGNANCY | 19 |
| V. KNOWLEDGE OF CONTRACEPTIVE METHODS | 24 |
| VI. EVER USE OF CONTRACEPTION | 27 |
| VII. CURRENT CONTRACEPTIVE USE | 29 |
| VIII. SOURCE OF CONTRACEPTION | 34 |
| IX. REASONS FOR NON-USE AND DESIRE TO USE | 35 |
| X. NEED FOR FAMILY PLANNING SERVICES | 39 |
| XI. GENERAL REPRODUCTIVE HEALTH ATTITUDES | 41 |
| REFERENCES | 45 |
| TABLES | |
| QUESTIONNAIRE | |

2