SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AMONG YOUTH IN JORDAN

A Landscape Analysis
Acknowledgments
This report was produced as part of the “Understanding and Meeting the Sexual and Reproductive Health Needs of Jordanian and Syrian Youth.” This work is part of the Sexual and Reproductive Health Research Programme with project number W 08.560.012, which is financed by the WOTRO Science for Global Development of the Netherlands Organisation for Scientific Research (NWO).

The authors would like to thank Dania Zabalawi for her extensive efforts in transcribing and translating the focus group discussions used in this project.

Photo (front cover):
Adolescent girls take a break from class at their school in Mafraq, Jordan. © 2006 Basil Safi, Courtesy of Photoshare

Author Affiliations
Jewel Gausman: Women and Health Initiative; Department of Global Health and Population; Harvard T.H. Chan School of Public Health; Boston, MA, USA

Areej Othman: School of Nursing; University of Jordan; Amman, Jordan

Iqbal Hamad: Jordanian Hashemite Fund for Human Development (JOHUD); Amman, Jordan

Maysoon Dabobe: Jordanian Hashemite Fund for Human Development (JOHUD); Amman, Jordan

Insaf Daas: Center for Women’s Studies; University of Jordan; Amman, Jordan

Ana Langer: Women and Health Initiative; Department of Global Health and Population; Harvard T.H. Chan School of Public Health; Boston, MA, USA

Suggested citation
# TABLE OF CONTENTS

List of Acronyms ........................................................................................................ 5

Executive Summary .................................................................................................... 6

Introduction .................................................................................................................. 8
  Background on Sexual and Reproductive Health Among Youth in Jordan ................ 8
  Objectives of this report .......................................................................................... 9
  References ............................................................................................................... 9

Study Procedures and Methodology ......................................................................... 12
  Overview .............................................................................................................. 12
  Methodology for Literature Review .................................................................... 12
  Methodology for Focus Groups with Key Informants ......................................... 13
  Limitations .......................................................................................................... 14
  References .......................................................................................................... 14

Overview of Results .................................................................................................. 16
  Literature Review ............................................................................................... 16
  Focus Group Discussions with Key Informants .................................................. 17
  References .......................................................................................................... 17

Family Planning & General Reproductive Health ..................................................... 18
  Summary of Literature Review ........................................................................... 18
  Background/Epidemiology ............................................................................... 18
  Health Service Delivery Environment ............................................................... 20
  Policy Environment ............................................................................................ 22
  Key Stakeholder’s Perspectives ......................................................................... 24
  Summary of Research Gaps .............................................................................. 26
  Summary of Lessons Learned & Opportunities for Intervention ....................... 26
  Summary of Programs ......................................................................................... 28
  References .......................................................................................................... 29

Maternal Health ......................................................................................................... 33
  Summary of Literature Review ........................................................................... 33
  Background & Epidemiology ............................................................................. 33
  Summary of Programs ......................................................................................... 34
  Key Stakeholder’s Perspectives ......................................................................... 35
  Summary of Research Gaps .............................................................................. 35
  Summary of Lessons Learned & Opportunities for Intervention ....................... 35
  References .......................................................................................................... 35

Comprehensive Sexual Education .............................................................................. 37
  Summary of Literature Review ........................................................................... 37
  Background & Epidemiology ............................................................................. 37
  Key Stakeholder’s Perspectives ......................................................................... 37
  Summary of Programs ......................................................................................... 38
  Summary of Research Gaps .............................................................................. 39
  Summary of Lessons Learned & Opportunities for Intervention ....................... 39
  References .......................................................................................................... 39
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJYC</td>
<td>All Jordan Youth Commission</td>
</tr>
<tr>
<td>AWO</td>
<td>Arab Women Organization of Jordan</td>
</tr>
<tr>
<td>CBD</td>
<td>Community Based Distribution</td>
</tr>
<tr>
<td>COC</td>
<td>Combined Oral Contraceptives</td>
</tr>
<tr>
<td>CSPD</td>
<td>Civil Status and Passports Department</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
</tr>
<tr>
<td>DOS</td>
<td>Department of Statistics</td>
</tr>
<tr>
<td>FEMTF</td>
<td>Forced and Early Marriage Task Force</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>FP</td>
<td>Family planning</td>
</tr>
<tr>
<td>HPV</td>
<td>Human papilloma virus</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, education, and communication</td>
</tr>
<tr>
<td>IUD</td>
<td>Intra-uterine device</td>
</tr>
<tr>
<td>JOHUD</td>
<td>Jordanian Hashemite Fund for Human Development</td>
</tr>
<tr>
<td>JPFHS</td>
<td>Jordan Population and Family Health Survey</td>
</tr>
<tr>
<td>LAM</td>
<td>Lactational Amenorrhea Method</td>
</tr>
<tr>
<td>MSM</td>
<td>men who have sex with men</td>
</tr>
<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually transmitted infection</td>
</tr>
<tr>
<td>TOT</td>
<td>Training of Trainers</td>
</tr>
<tr>
<td>USAID</td>
<td>US Agency for International Development</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

Addressing the sexual and reproductive health and rights (SRHR) of youth living in Jordan is an important public health priority. The SRHR challenges of youth in Jordan have become more acute in recent years, as a result of the strains placed on the health system by the increasing demand for services brought on by the large population of Syrian refugees that have fled to Jordan. While research and programs in this area are beginning to expand, there has been limited dissemination and collation of existing evidence and programmatic experience to date.

The purpose of this landscape analysis is to provide an in-depth review of intervention programs, research, and policies focused on the sexual and reproductive health and rights (SRHR) of youth in Jordan between the ages of 10-24 years that has been conducted since 2008 focused on family planning, gender-based violence, child marriage, This review will provide a resource for policy-makers and program managers to better understand the current evidence base, past programmatic experience, existing policy environment, national priorities in SRHR, gaps in policy, and opportunities for improvement.

The SRHR topics considered for this review include a wide range of topics, including: family planning, pre-marriage counseling, sexual education, counseling and information provision on SRHR topics, abortion, maternal health and safe delivery, sexually transmitted infections, puberty, early marriage, gender-based violence, female genital cutting, and reproductive cancers (breast, cervical, prostate, and testicular). An exhaustive search was conducted to examine research and programmatic experience published in both the domains of peer-reviewed and gray literature. Furthermore, focus group discussions were carried out with key stakeholders in the domains of practice and policy to identify gaps and future priorities.

The formal and gray literature review yielded 1,049 documents. Of these, a total of 94 documents were determined meet the eligibility criteria, with 37 documents found in the domain of family planning, 3 in the domain of maternal health, 3 in the domain of sexual education, 16 in the domain of sexual and gender-based violence, 15 in the domain of child marriage, 15 in the domain of STIs/HIV, and 16 in the domain of reproductive cancers. No documents were found that focused on either abortion and female genital cutting among youth in Jordan. The focus groups conducted with stakeholders included a range of perspectives across many of these areas.

In general, there remains important gaps in research and programs targeting SRHR issues among youth. Below is a summary of key findings across each topical domain.

Family planning
- Overall, there is very limited data on sexual and reproductive health-related knowledge, attitudes, and practices among unmarried adolescents living in Jordan.
- No studies were found that focused on sexual and reproductive health issues among Palestinian refugees.
Most studies among Syrian refugees focus on camp settings; there is very little data on Syrians (especially Syrian youth) living outside of camps and those living in urban settings.

**Maternal Health**

- Significantly more research is needed to understand the maternal health status and experiences obtaining maternal health care among both married and unmarried youth in Jordan.

**Comprehensive Sexual Education**

- Research and programmatic experience with regard to comprehensive sexual education remains very limited in Jordan. Research and evaluations are needed to design locally-acceptable curricula and to document lessons learned in its introduction.

**Sexual and Gender-based Violence**

- Additional research is needed to better understand how youth, and other affected populations, perceive services dedicated to help support survivors of SGBV.
- There is currently a limited understanding of the gaps in the existing service delivery infrastructure available to support survivors of SGBV. Additionally, more research is needed to assess providers’ competence and facility in providing services to survivors of SGBV.

**Child Marriage**

- More in-depth research on the determinants of child marriage across Jordan is needed to identify children most at risk and to improve the salience of programs in prevention and response. As child marriage is not as sensitive of a topic as other forms of gender-based violence, research may be more easily conducted through existing arenas such as safe spaces, registration centers, monitoring efforts, etc.

**Sexually Transmitted Infections and HIV/AIDS**

- Stronger disease surveillance data on HIV/AIDS and STIs is needed to provide more robust estimates of the burden of disease in Jordan in order to design more effective programs. This data is critically needed among both risk populations, including youth, refugees, and sexual minorities, and the general population.
- Improved data is needed on the acceptability of the HPV vaccine among youth and their parents.

**Reproductive Cancers**

- More robust data is needed on knowledge, attitudes, and practices with regard to reproductive cancers among youth in Jordan – especially with regard to cancers that have the potential to affect young people, including breast, cervical, and testicular.
- Further in-depth research is needed to explore men’s and women’s experiences and socio-cultural barriers with regard to screening for reproductive cancers in Jordan.
INTRODUCTION

BACKGROUND ON SEXUAL AND REPRODUCTIVE HEALTH AMONG YOUTH IN JORDAN

Young people are defined as those aged between 10–24, including adolescents (10–19 years) and youth (15–24 years). During these years, youth undergo fundamental physiological and psychosocial changes. In resource-poor countries, the obstacles preventing a healthy transition to adulthood are the highest, placing youth at an increased risk of sexual reproductive morbidity and mortality. Sociocultural norms create barriers to youth obtaining specific and timely sexual and reproductive health (SRH) information and services.

Youth in Jordan constitute 20.4% of the population, many of whom face considerable SRH challenges, including the prevention of unintended pregnancy and STIs, early marriage, and sexual coercion and violence. Exacerbating these challenges, youth find existing services unpleasant, inadequate, and unprofessional. Youth indicate that they consider their parents to be a trusted source of SRHR information, but their parents are ill equipped for such discussions, as discussing sex-related issues within families is often taboo. Given these limitations, the high demand for SRH information and services documented among Jordanian youth is not currently being met.

While the SRH needs of youth are considered by the Government of Jordan to be a national priority, the provision of youth-friendly SRH services remains nascent and underutilized. The MOH estimates that only 1% of adolescents access primary health care, and the SRH services that are provided to youth are often of poor quality. For example, youth pay higher out-of-pocket expenditures than older women for contraceptives and youth are often advised not to use contraception because of fears over infertility, as girls are expected to become pregnant soon after marriage.

Jordan’s health system also faces a unique challenge with the recent influx of Syrian refugees. Of the estimated 1.2 million Syrian refugees currently living in Jordan, only 16% reside official camps. More than 30% live in the capital, 30% in Irbid, 16% in Mafraq and 14% in Zarqa. The population increase directly affects the lives of youth living in these communities, as it has strained the already overburdened health system and deepened existing socioeconomic deprivation and gender-based discrimination. Syrian youth seeking refuge in Jordan also face unprecedented SRHR challenges. The crisis has caused young girls to become increasingly vulnerable to poor SRH outcomes, such as early pregnancy, child marriage, gender-based violence and sexual assault, potentially linked to changing economic pressures, community dynamics and social norms. Many Syrian women lack basic SRHR information, and fear stigmatization and discrimination from service providers and their communities should they seek SRH services. For refugees in camps, the SRHR situation is bleak, and research has documented severe supply and demand side barriers. While there is limited data on Syrians outside of camps, they are considered to be the most vulnerable to adverse SRHR health outcomes as they tend to be younger, poorer and less educated.
In addition to Syrian refugees, Jordan is home to other refugee populations from elsewhere in the Middle East, especially Palestinian and Iraqi refugees. More than two million registered Palestinian refugees live in Jordan, with 18% of them living in Jordan’s ten recognized Palestinian refugee camps. Additionally, an estimated 10,000 Palestinian refugees from Syria have entered Jordan since the beginning of the conflict. Health-related quality of life is thought to be lower among Palestinian refugees living in camps versus those living outside of camps. A 2007 study estimates that there are between 450,000 and 500,000 Iraqi refugees living in Jordan, with the majority living in Amman governorate.

OBJECTIVES OF THIS REPORT

The purpose of this landscape analysis is to provide an in-depth review of intervention programs, research, and policies focused on the sexual and reproductive health and rights (SRHR) of youth in Jordan between the ages of 10-24 years. To date, there has been limited dissemination and collation of existing research and programmatic experience. This research will contribute to generalizable knowledge in that it will provide a resource for policy-makers and program managers to better understand the current evidence base, past programmatic experience, existing policy environment, national priorities in SRHR, gaps in policy, and opportunities for improvement.

Specifically, this review aims to answer the following research questions:

1. Examine which existing policies facilitate the provision of youth friendly services, and which produce barriers;
2. Synthesize information available from existing studies and programmatic experiences that address youth SRHR in Jordan; and,
3. Identify gaps in the research, policy and programmatic environments that could strengthen the provision of youth-friendly health services in Jordan.

REFERENCES


18. Ministry of Health of Jordan; UNFPA; and The National Women’s Health Care Centre. An evaluation of comprehensive maternal, child and reproductive health services. 2015.


32. UNRWA. Where We Work. [https://www.unrwa.org/where-we-work/jordan](https://www.unrwa.org/where-we-work/jordan).


STUDY PROCEDURES AND METHODOLOGY

OVERVIEW

This landscape analysis uses two different methodologies in order to offer a comprehensive review of research, programs and policies targeting SRHR issues related to youth in Jordan. These methodologies include: 1) a literature review of published and unpublished research, programmatic reports, and policy papers; 2) focus group discussions with key informants in the domains of research, policy, and practice. This research has been reviewed and approved by the Harvard T.H Chan School of Public Health Institutional Review Board and the University of Jordan Institutional Review Board.

For this analysis, the terms “youth” and “SRHR” are defined in order to be consistent with internationally-recognized definitions in the literature. Youth are defined to include individuals aged 10-24 years. SRHR topics considered for this review include a wide range of topics, including: family planning, pre-marriage counseling, sexual education, counseling and information provision on SRHR topics, abortion, maternal health and safe delivery, sexually transmitted infections, puberty, early marriage, gender-based violence, female genital cutting, and reproductive cancers (breast, cervical, prostate, and testicular).

METHODOLOGY FOR LITERATURE REVIEW

Documentation on intervention programs, research, and policy were identified using several approaches. Published/academic literature, gray literature (published online), policy documents (published and unpublished), and unpublished information on activities obtained through implementing organizations directly were all considered to be eligible for inclusion.

Documents were included if they were focused on programs or research conducted between 2008 and 2018. This time period was selected as it is most relevant to the current programmatic context in Jordan, while still allowing for an extensive synthesis of past programs and research. For policies, only current policies were included so as to understand the existing policy environment for youth SRHR.

Academic and Peer-Reviewed Literature

Documents were obtained through PubMed, JSTOR, Embase, Medline, Web of Science, CINAHL, and Google Scholar were searched using the following pre-specified search terms:

("reproductive health" OR “sexual health” OR “family planning” OR “contraceptive” OR “pre-marriage” OR ((sex OR sexual) AND education”) OR ((“family planning” OR “contraceptive” OR reproductive) AND (counseling OR information)) OR “sexually transmitted infections” OR “sexually transmitted diseases” OR “venereal disease” OR puberty OR “early marriage” OR “child marriage” OR “arranged marriage” OR “age of marriage” OR “domestic violence” OR “gender-based violence” OR “gender norms” OR “breast cancer”
OR “cervical cancer” OR “prostate cancer” OR abortion OR “maternal health” OR “safe delivery” OR “female genital cutting” OR “female genital mutilation”) AND Jordan

Additionally, reference lists from the studies retrieved through the literature search were manually screened for additional studies that met the inclusion criteria. Studies were excluded if they did not target the desired age range, were conducted prior to 2008, were not conducted in Jordan, or were not focused on one of the defined SRHR topical areas.

**Gray Literature and Policy Documents**

Gray literature was defined to include documents published online or those available only in hard-copy, but outside of the sphere of academic, peer-reviewed literature. In order to obtain gray literature, the following four approaches were used: (1) grey literature databases, (2) customized internet searches, (3) targeted websites, and (4) consultation with contact experts.

**Documents Published Online**

To find documents available online, internet searches were conducted in the following databases and search engines: (1) OpenGray, (2) PopLine, (3) Development Experience Clearing House, (4) Google, (5) Knowledge 4 Health. Additionally, websites for organizations that have ongoing activities in Jordan were manually searched for relevant documents.

**Hard-Copy Only Documents**

To obtain documents published only in hard-copy, a list of organizations active in the field of SRHR in Jordan was constructed based on internet searches and input from local donor organizations and relevant government ministries and departments. Individuals from these organizations were contacted individually in order ask them for any relevant programmatic documents. The list of organizations can be found in Appendix A.

**Unpublished Information on Relevant Activities**

To ensure that this report includes a comprehensive list of relevant activities that have been conducted in Jordan, the organizations listed in Appendix A were also asked for information about whether they conducted any youth-focused SRHR programs consistent with our definition.

**Data Abstraction**

Two individuals reviewed each document that was obtained in the literature search to determine whether it met the criteria for inclusion. Once all documents were reviewed, consensus was reached to identify a final list of relevant documents. From this list, data were abstracted into tables and synthesized for the analysis.
Four focus group discussions (FGD) were conducted with key informants from government, donor organizations, and local and international implementing organizations. Key informants were identified through consultation with local experts in the field of SRHR in Jordan. Participants were asked about existing policies that are in place in Jordan that pertain to the SRHR needs of youth, what are the barriers and challenges in providing services to youth aged 10-24 related to these policies, and how can the existing policy environment be strengthened. Focus groups were organized according to organization type so that donors/international organizations, governmental agencies, and service delivery organizations/non-governmental organizations were each organized into separate focus groups. FGDs were recorded, transcribed and notes were taken on information obtained during the session. Data obtained from the focus groups were thematically coded by two coders. The list of organizations who participated in FGDs can be found in Appendix B.

LIMITATIONS

Several limitations may have influenced the findings presented in this review. While every attempt was made to be exhaustive in the literature review, some studies or documents may have not been arbitrarily excluded in the analysis because they did not appear in the search results. This may be especially true with regard to the documentation of past and current programs, as many organizations’ reports remain unpublished. While alternative approaches to retrieve information about programs were utilized, including direct communication with individuals from organizations known to work in the domain of SRHR in Jordan, it is still possible that some programs may be missing. Additionally, programs that were reviewed but did not specifically describe youth as a population targeted by a program or study were purposely omitted in order to maintain focus on experience directly relevant to the specific needs and challenges of youth. For example, this includes programs or studies that included a large age range (with a small youth sample) but did not specifically disaggregate data by age in reports or publications, or did not specifically describe youth as being a distinct target group of an intervention, were not included in the review.

REFERENCES


OVERVIEW OF RESULTS

LITERATURE REVIEW

The formal and gray literature review yielded 1,049 documents. Of these, a total of 94 documents were determined to meet the eligibility criteria. Results were organized according to topical area of focus, including: family planning, maternal health, sexual education, sexual and gender-based violence, child marriage, STIs/HIV, and reproductive cancers. No documents were found that focused on either abortion and female genital cutting among youth in Jordan. The final list of documents included in the review can be found in Appendix C.

Additionally, the analysis presented in this review uses the social ecological model as a guiding framework in order to understand youth SRHR as it is embedded in multiple layers of context. Following this model, the results are divided into those that directly address youth, those that address youth indirectly as part of the overall population, and those that pertain to elements of the supportive environment that are particularly relevant to youth, such as those that focus the influence of family or peers, or those that describe attributes of the service delivery, policy, or legal environments. Figure 1 provides an overview of the documents retrieved according to this framework.

Figure 1: Summary of Results According to the Ecological Model

<table>
<thead>
<tr>
<th>Supportive Environment</th>
<th>Youth Indirectly</th>
<th>Youth Directly</th>
</tr>
</thead>
<tbody>
<tr>
<td>FP (15 documents)</td>
<td>FP (16 documents)</td>
<td>FP (15 documents)</td>
</tr>
<tr>
<td>Maternal Health (0 documents)</td>
<td>Maternal Health (1 document)</td>
<td>Maternal Health (3 documents)</td>
</tr>
<tr>
<td>Sexual Education (2 documents)</td>
<td>Sexual Education (0 documents)</td>
<td>Sexual Education (1 document)</td>
</tr>
<tr>
<td>SGBV (3 documents)</td>
<td>SGBV (15 documents)</td>
<td>SGBV (16 documents)</td>
</tr>
<tr>
<td>Child Marriage (7 documents)</td>
<td>Child Marriage (0 documents)</td>
<td>Child Marriage (13 documents)</td>
</tr>
<tr>
<td>STIs/HIV (10 documents)</td>
<td>STIs/HIV (0 documents)</td>
<td>STIs/HIV (5 documents)</td>
</tr>
<tr>
<td>Reproductive Cancers (0 documents)</td>
<td>Reproductive Cancers (0 documents)</td>
<td>Reproductive Cancers (5 documents)</td>
</tr>
</tbody>
</table>

Crosscutting Key findings
- Studies often do not report the age range included in the study, and those that do, often do not disaggregate results by age.
• Much of the existing literature does not consistently use internationally-recognized definitions to disaggregate data by age, which leads to difficulty when attempting to isolate results most pertinent to youth populations.
• Data on refugee populations, especially Syrians living outside of camps, Palestinians and Iraqis, remains extremely limited across all domains of youth SRHR.
• Unmarried youth are often not included in research on SRHR topics.

FOCUS GROUP DISCUSSIONS WITH KEY INFORMANTS

Sixteen organizations were represented by participants in the four key informant focus groups. Focus group size ranged from 5 to 12 participants and each lasted for about 1.5-2 hours. Discussion focused on research and programmatic priorities, and understanding policy and implementation barriers related to providing SRHR services for youth.

REFERENCES

SUMMARY OF LITERATURE REVIEW

The literature review yielded a total of 37 documents that were relevant to family planning among youth in Jordan published after the year 2007. Fourteen of the 37 documents were found in peer-review journals, while the remaining 23 consisted of program documents, reports, and other unpublished literature. Fifteen of the documents explicitly targeted youth in the age range of 10-24 as part of the study’s specified aims or program objectives; 16 of the documents included youth indirectly as part of the overall study population, program, or policy; while fifteen documents targeted other levels of the ecological model in ways that were relevant to youth, including religious leaders and health service providers, or discussed programmatic or policy approaches.

BACKGROUND/EPIDEMIOLOGY

Contraceptive use among youth in Jordan remains low. The most recent Demographic and Health Survey (DHS) conducted in 2012 found that among all married adolescent girls aged 15–19, 72.5% were not using a method of contraception.\textsuperscript{1,2} Additionally, while 39.1% of married adolescent girls report not wanting a child in the next two years, only 35.2% of these of these women are using a contraceptive method.\textsuperscript{1} Pills and the lactational amenorrhea method (LAM) are the most commonly used methods among adolescents aged 15-19 (11.4% and 4.1%, respectively), while male condoms, injectable contraceptives, withdrawal, and intrauterine devices (IUDs) are not commonly used by young women.\textsuperscript{1} A knowledge, attitudes and practice survey conducted in 2015 among married women of reproductive age found that 18.3% of women between the ages of 15-19 years were using family planning (FP), with about half of them using a traditional method; the percentage of women using a modern method is higher among youth aged 20-24, with 40.1% of women aged 20-24 using any FP method and 27% using a modern method.\textsuperscript{3}

The results of several studies indicate that knowledge of contraceptive methods is low among Jordanian, Syrian and Iraqi youth living in Jordan.\textsuperscript{3-5} Jordanian women aged 15-24 years have very low knowledge regarding effectiveness of modern versus traditional methods; in one study, nearly half of the women aged 15-19 and 15.9% of women between the ages of 20-24 in the study sample did not know if modern or traditional methods were more effective.\textsuperscript{3} A qualitative study conducted among Syrian adolescents living in camps (in Zaatri and Irbid City) suggests that knowledge related to specific methods of modern family planning, as well as the benefits of its use, is almost nonexistent among Syrian youth—especially unmarried youth; although, girls were found to have slightly higher knowledge than boys.\textsuperscript{4} Among Iraqi refugees living in Amman, one study suggests that knowledge of FP tends to be high among adults; however, adolescents aged 15-19 were found to have limited knowledge about reproductive health and contraceptive methods—especially, emergency contraception and female condoms.\textsuperscript{6} Another study conducted among a slightly older sample of Iraqi refugees living in Amman (aged between 18-30 years) found that knowledge of family planning methods was also very low among this age group.\textsuperscript{5}
Misinformation and concerns over the possibility of negative side effects related to family planning use are especially prominent among younger women. The most common reasons that women between the ages of 15-24 years report for not using a method of contraception include a current pregnancy or desire to become pregnant, current breastfeeding, postpartum amenorrhea, fear that using FP will affect subsequent fertility, or opposition to use FP use.\textsuperscript{1, 3} Studies have consistently found that young women believe that contraceptive use before their first birth will reduce their ability to become pregnant or negatively affect subsequent pregnancies.\textsuperscript{1, 3, 7} Concerns over contraceptives affecting the fertility of young women has been found to be common among both Iraqi refugees and Syrian refugees living in Jordan.\textsuperscript{5, 8}

Most young women tend to obtain information about family planning from other women, television, community events, and radio, as many women do not think social media and the internet are trustworthy sources. Medical providers, outreach workers, and female family members are also common sources of FP information for women between the ages of 15-24.\textsuperscript{3} Adolescents aged 12-18 in a qualitative study conducted in Jordan indicated that they regularly obtain information regarding SRHR from the internet, but that they need better sources of information relating to reproductive health for them and their parents.\textsuperscript{9}

Pregnancy rates tend to be very high among married youth. A 2015 study found that 40% of married women between the ages of 15-19 were currently pregnant, as compared to 24.6% of those aged 20-24.\textsuperscript{3} There has been little evidence of a decline in the number of children desired among youth in Jordan over the last few generations.\textsuperscript{10} Among Syrian adolescents, there may be increased pressure to start childbearing early and to have large family sizes in an attempt to repopulate after the war.\textsuperscript{11} High rates of pregnancy among married adolescents may reflect social norms that pressure them into having a child soon after marriage. Young women in both qualitative and quantitative studies conducted in Jordan describe feeling social pressure to become pregnant soon after marriage; very few Jordanians believe that young couples should delay their first birth after marriage and childbearing is considered to be the most important expectation for and by couples.\textsuperscript{3, 7} A quantitative study indicates that 18.2% of women aged 15-19 and 15% of women aged 20-24 express social pressure to become pregnant soon after marriage as reason for not using a family planning method.\textsuperscript{3} In one qualitative study, a young Jordanian women said that, “People start asking you after the first month of marriage whether you ‘save anything inside your abdomen,’ meaning, ‘Are you pregnant yet?’ So is the nature of life. I got pregnant after two months of marriage.”\textsuperscript{12} A qualitative study among unmarried Iraqi boys and girls aged 15-19 found general consensus that most Iraqi youth would first approach their mother (for girls) or father (for boys) if they had a question regarding their reproductive or sexual health.\textsuperscript{6} One study among Syrian refugees living in camps in 2014 found that the proportion of deliveries in girls under the age of 18 was 11 percent.\textsuperscript{13}

Despite the pressure that young women describe to begin childbearing soon after marriage, there appears to be a strong desire for both birth spacing and limiting among this age group. One study found that only 18.1% of women aged between 15-19 years and 14.1% of those aged 20-24 years wanted a birth interval of less than 24 months after their first child, while 14.8% of women aged 15-19 and 25.9% of women aged 20-24 indicated that their last birth was either wanted later or not at all,\textsuperscript{3} thus signifying significant unmet need for spacing and limiting among youth. Women married during adolescence (estimated at 6% of Jordan’s adolescent population) may have increased unmet need for family planning, as they are less likely
to use contraception, often have lower autonomy, and are more likely to experience intimate partner violence.  

Most studies reviewed did not discuss sexual behavior among adolescents, especially unmarried adolescents. The results of a qualitative study among Syrian adolescents found that youth (and adults) discussed that the difficult living conditions and stress prevented them from participating in sexual activity. The participants in a qualitative study among Iraqi youth living in Amman indicated that sexual activity is uncommon among adolescents, and that it would bring shame on the household while putting the girl at risk of an honor killing or a forced marriage; however, the participants indicated that it does occur on occasion and that it is sometimes transactional in nature.

Two studies conducted among youth documented how social expectations limit male partner involvement in family planning and reproductive health more generally. Among both Jordanian and Syrian youth, qualitative and quantitative studies document that women are thought to be primarily responsible for family planning while men rarely discuss issues related to reproductive health. In a quantitative survey that included youth, 70% of women aged 15-19 years reported not discussing FP with their husband over last 6 months compared to 50.2% among women aged 20-24 years. A qualitative study focused on gender norms in relation to family planning found that youth describe how cultural values and shame limit the degree to which men participate in reproductive health-related decisions, such as accompanying their wives to family planning centers; however, a majority of unmarried Jordanian and Syrian women in the study indicated that they would prefer to have their husbands accompany them to family planning centers because they wanted to feel the support and involvement of their partners. Married men in the study, however, indicated that they would refuse to accompany their wives to health centers because such matters are the women’s responsibility. A study among Jordanian adolescents aged 12-18 years had similar findings: all the male participants agreed that they would not go to the maternal and child health centers in their community because only women go there to obtain services. One study in Jordan that was not conducted specifically among youth, but may have included youth in the overall sample (no age-related information provided), found that compliance with a home-based counseling intervention was lower among those assigned to couples counseling as compared to women-only counseling, thus possibility being illustrative of men’s refusal to participate in family planning interventions. In some cases, however, attitudes appear to be changing among Jordanian youth. One study found that half of unmarried male and female Jordanian and Syrian respondents said that discussion between partners of family planning and reproductive health issues would help to lay a stronger foundation for married life as well as help encourage mutual understanding.

HEALTH SERVICE DELIVERY ENVIRONMENT

A few small studies have examined how youth perceive the reproductive health and family planning service delivery environment. A study conducted among Jordanian adolescents aged 12-18 revealed both very limited knowledge of reproductive health services available in their community as well as poor
perceptions of quality of care available to youth. Young Jordanian women in this study tended to believe that reproductive health services are only available for pregnant women, not for adolescents. A study carried about by UNFPA in 2010 found that only about one-third of the young men and women included in the sample (aged 15-24) had heard about reproductive health as a general concept, and the majority thought that reproductive health consisted only of family planning. Few women in Zaatri and Irbid camps knew of adolescent centers in the camp; in Zaatri women were attracted to the youth centers as they offered life skills courses in addition to reproductive health information, while women in Irbid did not identify any centers that offered reproductive health information, and that they would not allow their daughters to attend mixed gender groups.

There is limited data with regard to whether family planning services are actually offered and available to youth in both communities and camps. One study conducted health facility assessments in Zaatri and Irbid camps. In Zaatri camp, health facilities were open and services were said to be available to adolescent females; while in Irbid, unmarried women could attend clinics, but they would not be provided with contraceptive methods. Additionally, in Zaatri camp, male condoms were in stock, but there were no female condoms, while in Irbid, condoms were not supplied to non-married women at the majority of clinics, but they could obtain condoms in pharmacies.

Regardless of whether family planning services were available to youth, several studies documented youth’s concerns over privacy and confidentiality in obtaining reproductive health and family planning services in their communities because of strict social norms governing adolescent sexual behavior. Similar fears over community acceptance and embarrassment were expressed by both Jordanian and Syrian youth. In Zaatri camp, young Syrian women spoke about embarrassment in having to ask for condoms, and feared being overheard by men. In Irbid, most women, including young women, knew that condoms were available at pharmacies for a cost. One study that evaluated the quality of FP counseling of selected public and private clinic in Jordan noted a lack of private rooms at MOH clinics. While this study was not directly focused on youth, this was a concern echoed by youth in other studies.

Little information is available as to where youth typically go to obtain family planning services. One study among Jordanians indicates that women tend to obtain FP services in the public sector, no age-disaggregated data was presented. Similarly, while the results of a small study indicate that Iraqi refugees most often obtain their FP methods at the pharmacy (40%) and a much smaller percentage (27%) obtain their methods at a health center, there was no information presented specific to youth.

A few qualitative studies conducted among Jordanians and Syrians have documented that youth perceive FP services to be of poor quality. The concerns expressed by Jordanian youth over the quality of FP and SRH services echo those of studies conducted in the general population, such as long wait times, poorly staffed clinics, and bad communication skills. Additionally, youth cite concerns that providers do not take them seriously, treat them like children, do not know what information youth need, and view youth’s questions as inappropriate. Additionally, Syrian refugees in Irbid and Zaatri camp indicated that they felt disrespected by service providers, experienced understaffed facilities with long wait times, and high cost of transportation to facilities. A study among urban Syrian refugees that included youth between the
ages of 12-24 years found that youth report that poor treatment by healthcare workers is among the greatest disincentives to seeking reproductive health services.\textsuperscript{20}

A small number of studies have assessed the quality of services provided by FP service providers, with some of the findings being especially pertinent to youth. A study comparing MOH services to the services of a private provider found that the FP counseling conducted at MOH clinics was of inferior quality – namely with regard to providers discussing the range of methods available, discussing risks and benefits, as well as instructions for using a method. As youth have even more limited background information with FP and few other informational resources, these issues may be even more important for youth clients.\textsuperscript{17} One study examining knowledge of evidence-based medicine with regard to FP found pervasive misconceptions and concerns regarding side effects of methods in the medical community.\textsuperscript{21-23} Several of these misconceptions relate directly to providing youth with contraceptive methods. One of these studies conducted among 108 private sector providers in Jordan found that at baseline, correct knowledge and prescribing practices related to combined oral contraceptives (COCs) were poor – especially with regard to younger clients. For example, only 78\% of providers were willing to prescribe COCs to a newly married 21 year-old wishing to delay childbirth.\textsuperscript{24} The study also found that female providers were more willing to provide COCs to young women.\textsuperscript{24}

\begin{mdframed}
POLICY ENVIRONMENT

The Ministry of Health and the Royal Medical Services are the FP main service providers while private, non-governmental organizations such as private clinics, charities, international NGOs, and United Nations agencies provide health services around the country.\textsuperscript{25} Insurance coverage differs by sex for adolescents in Jordan; Jordanians under the age of 18 are covered under their parents’ plan if they are enrolled in education and one of their parents has public health insurance (Health Act 83/2004). There is no current policy with regard to children and adolescents aged 6-18 who are not covered under public insurance. After the age of 18, young men depends on their education or employment status, while young women are covered by their parents’ insurance until they are married.\textsuperscript{25} For Jordanians, the Ministry of Health heavily subsidizes public health services for uninsured Jordanians and family planning services are specifically exempted from any fees.\textsuperscript{11}

Currently, the Ministry of Health pilots some youth-oriented services, but there is no systematic implementation. Provision of sexual and reproductive health services to youth remains controversial, and while youth-friendly services theoretically exist in women and child health centers, there is limited evidence of these services actually being youth-friendly.\textsuperscript{25} Services provided in schools are limited to medical examinations, referrals and awareness-raising campaigns while international organizations have taken the lead in implementing SRH/FP health promotion and awareness-raising programs throughout the country.\textsuperscript{25} Currently, SRH education does not target adolescents under the age of 18 years and The Higher Population Council has partnered with some universities to begin to integrate SRH education into mandatory university courses.\textsuperscript{25} The Ministry of Youth conducts annual camps for youth aged 15-24 to
\end{mdframed}
encourage healthy lifestyles that includes some information on reproductive health. Higher Population Council is the lead agency in developing sexual and reproductive health policies.

The policy environment for family planning in Jordan faces several important challenges that affect all women and men of reproductive age, including youth. An assessment of the family planning environment in Jordan conducted in 2017 to better understand the Jordan’s stalling fertility rates revealed several important challenges, including limited government investment in family planning programs, limited availability of a diverse range of contraceptive methods, provider behaviors that limit informed counseling and contraceptive choice, and strong social norms regarding family size. The assessment recommends that stronger government investment to improve the quality, accessibility, and availability of family planning service delivery combined with social and behavioral change interventions to realize large scale improvements.

A few national policy documents address the reproductive health among youth in Jordan. The National Reproductive Health Policy includes needs of youth as a cross-cutting priority in order to support the development of positive beliefs with regard to reproductive behavior, and seeks to engage youth in awareness, services and policies; however, there is weak implementation of these measures as the policy lacks specific indicators and disaggregated data to monitor the health status of youth. UNFPA, however, has begun to work with Jordan’s Department of Statistics (DOS) to improve its capacity to disaggregate gender-sensitive data and information on youth and vulnerable groups. A policy document focused on demographic change in Jordan includes promoting healthy behaviors among youth, adolescents and the community. The National Youth Strategy from 2005-2009 included “support and develop reproductive health services for young people, and introduce concepts on the quality of health and social preparation for a sound family life through (a) the dissemination of guidance and counseling activities in the health and psychological preparation for family life, including the medical examination before marriage (b) the provision of youth-friendly services in youth organizations, which focus on reproductive health, and are supported by the departments and academic cadres.” A more recent youth strategy or policy has not been approved to replace the previous one which ended in 2009 likely as a result of shifting priorities, institutional instability, financial constraints, and limited political ownership; A new youth strategy (2018-2025) is under prolonged development but remains at an early stage and represents a significant shortcoming in addressing the needs of youth in Jordan. The exclusion of youth sexual and reproductive health from national policy documents appears to reflect the conservative cultural norms in the country.

While youth are recognized as an important population group with regard to economic development in both the National Strategy for Health Sector in Jordan (2015-2019) and the National Reproductive Health Strategy (2014-2018), they fail to recognize the unique health needs of youth as a specific population group (High Health Council, 2015). In 2008, a youth-specific assessment of the reproductive health policy environment showed little improvement in the degree to which the policy environment supported adolescent reproductive health between the years 2000 and 2008. According to the assessment, political support was still the strongest in 2008 of all the domains examined (but had declined since 2000), while the legal and regulatory environment, resources, program components and research and evaluation
were the weakest components. The main issues identified by the assessment to specifically affect youth with regard to the reproductive health policy environment include:

- There remain legal and regulatory restrictions as to what FP services can be provided to youth (the assessment did not reveal the specifics as to what the legal and regulatory restrictions are)
- Health staff are not trained to counsel youth specifically on sexuality and RH matters
- Condoms are not available in channels specifically designed for youth
- FP is not regularly offered to youth in specific youth friendly service delivery points
- Community-based distribution (CBD) of family planning is not regularly available, and there are not youth CBD agents
- There is limited research to inform policy on matters related to youth

With regard to Syrian refugees living in Jordan, many of the same policy constraints affecting Jordanian youth also apply to Syrian youth; however, there are some policy constraints unique to refugees. A study conducted by the Higher Population Council in 2016 among Syrian refugees in urban areas found that youth between the ages of 12 and 24 years reported that the requirement to have an ID card to access health services was the greatest policy-based obstacle in terms of accessing reproductive health services. In addition, an additional policy constraint related to Syrian refugees relates to changes in the policy on out-of-pocket payments for health services by refugees. Prior to 2014, Syrians were provided free primary health care, including family planning to registered Syrian refugees; however, a change in policy required that Syrians pay the same rates as uninsured Jordanians. Although, family planning services are exempted from charge for uninsured Jordanians, there was still confusion that discouraged Syrians from seeking family planning services. In 2016, the Ministry of Health clarified the policy stance by issuing a letter indicating that maternal and child health services are free for all registered Syrian refugees. Additionally, in late 2015, the Ministry of Health announced a reduction in price of the health services card for registered Syrian refugees above age 12 from 30 JD to 5 JD, which is thought to significantly improve access to family planning among registered Syrian refugees living in Jordan. The large percentage of Syrian refugees, however, remain unregistered, and as a result have very little access to public health services.

KEY STAKEHOLDER’S PERSPECTIVES

Key stakeholders in focus group discussions identified several programmatic and policy-related priorities pertinent to family planning and sexual and reproductive health among adolescents in general. A central theme that emerged is the need to develop a more robust and integrated platform that includes information and services focused on a range of SRHR issues pertinent to youth – and the need to downplay what is perceived as an exclusive focus on family planning. Participants indicated that the overwhelming programmatic focus on family planning causes other important issues in the domain of adolescent SRHR to be neglected and it creates challenges for organizations wishing to expand their focus to include additional topical areas in their programs beyond family planning difficult. Several participants indicated that because of the strong emphasis placed on family planning, people in communities equate the term “sexual and reproductive health” with family planning and it causes them
to shy away from participating in such programs as they equate them with what they perceive to be a foreign, externally-driven agenda. Participants suggested that programs may find more success in youth-focused sexual and reproductive health programs if they begin with topics that are less controversial, such as women’s physical and mental health around the time of pregnancy, before including topics that are more sensitive, like family planning.

Despite the sensitivity of family planning, participants emphasized that family planning programs are still essential for youth, especially those that include information related to delaying first births and birth spacing. Family planning programs were thought to be especially important for adolescents that get married before the age of 18 years, as young women are expected to have a child very soon after marriage, even if they are married very young.

Integrating sexual and reproductive health information into other programmatic platforms was also cited as being successful by participants, despite concerns related to the conservative environment found in many communities across Jordan. One participant indicated that integrating sexual and reproductive health information into a life-skills program was welcomed by youth participants and their parents. The participant indicated that at first, “we were afraid that parents would not allow their kids to come. It’s actually the opposite; parents are happy that someone is telling the truth to their children.” Using other approaches, such as including a compulsory sexual education course at the university level, was identified as a potential strategy to overcome issues related to the sensitivity of the topic. Using pre-marital counseling and pre-conception care as an opportunity to provide youth with information on a range of sexual and reproductive health topics was highlighted as a potential opportunity to reach youth using a socially-acceptable platform. Participants also emphasized the need to develop creative ways to engage parents and build their capacity in discussing sexual and reproductive health information with their children, as youth trust the information provided to them from their parents.

Finally, stakeholders indicated that the existing sexual and reproductive health service delivery environment is not adequately youth-friendly. Youth, especially young men, do not seek reproductive health services because centers are not welcoming towards youth. Additionally, most services include youth as part of the overall clientele, rather than a special population with unique needs.

At the policy-level, stakeholders discussed several ongoing challenges, as well as opportunities to address those them, that would help to re-orient services to make them more youth-friendly. Ongoing challenges exist with regard to the enforcement of policies that make it difficult for youth to access reproductive health services at government facilities. Participants highlighted a policy that prohibits pregnant women from accessing reproductive health services without a marriage license. This policy poses a particular problem for married Syrian adolescents because they are often married by religious authorities and do not receive an official document certifying their marriage. Similarly, there has been ongoing confusion over the price of reproductive health services at government facilities for Syrian refugees. In recent years, the policy regarding payment by Syrian refugees for certain reproductive health services has changed so that there is considerable confusion with regard to what services are free and which ones require a charge. Participants indicated that the policy is not consistently implemented
across facilities which keeps Syrian women from accessing reproductive health services, especially for refugees in urban areas where NGOs are not as active in providing health services, as they are in camps.

In terms of future policy priorities, participants mentioned that the Government of Jordan is currently developing a new youth reproductive health policy for 2019-2023, which includes criteria for youth friendly services. Participants emphasized the importance of ensuring that the policy takes an integrated approach that includes a range of topics in addition to family planning, such as sexual education, puberty, child marriage, and gender-based violence. Once the youth-friendly service criteria are approved and adopted, stakeholders indicated that implementing a national-level monitoring and evaluation plan will be critical to ensuring that youth-friendly services are offered and their delivery is sustained.

Finally, the need for a government-wide body tasked with ensuring coordination across sectors that focus on youth-related programming was identified by participants as a way to ensure a unified approach and to maximize impact. Participants also supported ongoing efforts to build a platform to document, collect, and disseminate past experience and evidence from research programs that target youth in Jordan; however, they indicated that such efforts are still fairly nascent. As one participant indicated, “efforts aren’t gathered under one roof to see what has been achieved before we continue [implementing] and add to it,” thus resulting in duplication and disjointed implementation.

**SUMMARY OF RESEARCH GAPS**

- As of 2012, the Jordan DHS only administered the woman’s questionnaire to ever-married women. There is no nationally representative survey that assesses sexual and reproductive health-related needs and outcomes among never-married women (which is particularly important to youth).

- Overall, there is very limited data on sexual and reproductive health-related knowledge, attitudes, and practices among unmarried adolescents living in Jordan.

- No studies were found that focused on sexual and reproductive health issues among Palestinian refugees.

- Most studies among Syrian refugees focus on camp settings; there is very little data on Syrians (especially Syrian youth) living outside of camps and those living in urban settings.

**SUMMARY OF LESSONS LEARNED & OPPORTUNITIES FOR INTERVENTION**

- *Youth in Jordan are interested in sexual reproductive health topics and are willing to be active participants in research and programs.* Despite Jordan’s conservative cultural norms regarding
sexual and reproductive health, the few studies conducted among youth indicate that youth in Jordan (including Syrian and Iraqi youth) are open to engaging in topics related to family planning and reproductive health. As noted in one document detailing the implementation of a SRH intervention that targeted youth in Jordan, “the taboo nature of RH topics was a concern for the project partner, [but] facilitators and program staff were surprised by the enthusiasm with which youth received the information.”

- **Entertainment–focused mass media may offer an effective platform through which to reach youth with SRHR information, especially related to birth spacing.** Discussing birth spacing rather than family planning may be a more socially and culturally acceptable.

- **Interventions that target youth before marriage may help to shift attitudes towards family planning and male involvement.** Youth recommend using social media along with formal classes and training on SRHR related issues. In one study, an unmarried young man indicated “Of course, family planning concerns both partners and attending workshops on that issue must be compulsory, just like the mandatory pre-marriage blood test.” Despite lower participation among men, home-based counseling was found to be acceptable and effective in improving attitudes towards FP and dispel misconceptions/fears about methods, although this was not specifically examined among an age-disaggregated sample including youth. Targeted FP education for young women and men in Syrian refugee camps could increase FP uptake by alleviating cultural pressures regarding fertility.

- **Integrate family planning information into pre-marital counseling**

- **Create a more accepting community environment through parents, community leaders, and religious leaders may help to encourage youth to seek SRH services.**

- **Ensure that youth-friendly SRH services are available in communities.** These services should be private, confidential, and offer high quality services specifically for youth. Offering a range of services, such as both life skills and family planning, as well as gender-segregated services, may increase the acceptability of such centers.

- **Improve laws and policies pertaining to early marriage.** The intersection between gender-based violence and family planning use among married adolescents suggests the need to improve enforcement of the practice and empower girls at risk of early marriage.

- **Develop and approve a comprehensive SRH policy for youth.**

- **Introduce mandatory comprehensive sexual education in schools, with a focus on puberty, gender-based violence and intimate relationships, family planning, the importance of birth spacing and delayed first-birth for women’s health, and STIs.**
• Include men in SRHR information to encourage their positive and supportive participation in their partner’s health.\(^\text{13}\)

### SUMMARY OF PROGRAMS

**Hayati Ahla (2008-2012)**  
Two media and informational campaigns were organized as part of a partnership between the Higher Population Council, the MOH, and the Jordan Health Communication Partnership (funded by USAID). The focus of these programs was to target unmarried youth with information on family planning as an important part of life planning. Several activities occurred as part of this project, including:
- A television campaign.
- Peer trainers in Mafrqa, Balqa and Karak governorates were trained to promote healthy lifestyles and behaviors and FP. Peer trainers also organize plays and awareness sessions for their peers.

The Arab Women Speak Out is a program implemented by the Jordan Health Communication Partnership (funded by USAID) that consists of two parts: 1) a training encourages participants to explore SRH subjects through participatory exercises and presentations and 2) an information dissemination program that uses social networks to distribute flash cards with messages about reproductive health and FP. This project does not explicitly target youth, but youth were a large percentage of the sample. In Phase I in Irbid, 20.6% of the sample was between 15-24 years of age and in Phase II, 26.5% of the study population was between the ages of 15-24. In Zarqa, approximately 23% of the total sample consisted of individual ages 18-29 but no further age-disaggregation. An evaluation revealed that both interventions had a positive effect on knowledge of positive benefits of FP and the benefits of a small family; however, results were not disaggregated by age.

**Consult and Choose Project (Zarqa and Irbid: 2011)**  
Posters and wall charts were spread around in MCH Centers, and providers were given FP counseling tools under the slogan of Hayati Ahla. The video Hayati Ahla was also shown in waiting rooms in MCH Centers. Results were not disaggregated by age but generally improved knowledge of FP and birth spacing.
- Zarqa: 6.7% of sample less than less than 20 years of age.\(^\text{38}\)
- Irbid: No married women came to the center for FP prior to having a first child, and only 12% of the women who visited the center had only one child; 6.73% of clients were less than 20 years of age.\(^\text{39}\)

**Mabrouk I and II (2012)**  
A two-part informational kit implemented by Jordan Health Communication Partnership to target newlywed couples and new parents within information on FP, birth-spacing, postnatal care, and child development. The kit was distributed to newlyweds and new parents in the Civil Status and Passports Department (CSPD) Offices. Later, the Hayati Ahla film was screened in CSPD waiting rooms.\(^\text{41}\) There was
no specific reporting of client age, but assumed to be targeting youth considering that it focuses on newlyweds and new parents. Key results include:

- Significantly more males (95%) than females (85%) reported that they had heard of, seen or read the Mabrouk II package in the CSPD offices ($p<0.001$).
- The information was considered by clients to be highly valued with a high level of satisfaction, and improvements in FP knowledge and attitudes were observed.
- In the evaluation for the screening of Hayati Ahla in CSPD offices, only 3.8% of clients were under the age of 20 and 28.9% were between 21 and 30 years.

**Planning For Life Phase 2: (2011-2012)**
This was a pilot project conducted in several countries that focused on integration of reproductive health and FP with International Youth Foundation’s youth development programs, while building capacity of staff and program partners to integrate RH/FP topics into future programs. The project was implemented in partnership with the Jordan River Foundation’s Youth: Work Jordan. An evaluation found that RH/FP knowledge and attitudes were significantly improved. Target group was 15-24 year olds in Jordan who are unemployed and out of school.31

**Y-PEER:**
A youth-led network that uses social media, theatre and interactive workshops to reach youth aged 18-30 and raise awareness about healthy behaviors, reproductive health and gender-based violence.25

**Continue to Family Happiness (2016-2017)**22
This project was funded by USAID and implemented in conjunction with the JCAP Project, with approval from the Ministry of Planning and International Cooperation, the Ministry of Social Development, the Ministry of Education, the Ministry of Health and the Ministry of Health. This project targeted women of reproductive age in general (including women aged 15-49 years) with 337 recreational educational lectures were held for 670 women in the field of reproductive health and family planning. 259 women were transferred to the Jordanian Association for Family Planning and Protection for the use of family planning methods (no age data available). In addition, the project held 10 training workshops for 70 women between the ages of 15-22 years who were soon to be married.

**REFERENCES**


8. Doedens WG, N; Krause, S; Onyango, MA; Sami, S; Stone, E; Tomczyk, B; Williams, H. Reproductive health services for Syrian refugees in Zaaatri Refugee Camp and Irbid City Jordan: an evaluation of the Minimum Initial Service Package March 17-22 2013. 2013.


22. El-Khoury MT, Rebecca; Chatterji, Minki; Choi, Soon Kyu. Effectiveness of evidence-based medicine on knowledge, attitudes, and practices of family planning providers: a randomized experiment in Jordan. BMC health services research 2015; 15(1): 449.


33. West Li-D, H.; Ba-Break, M.; Morgan, R. Factors in use of family planning services by Syrian women in a refugee camp in Jordan. The journal of family planning and reproductive health care 2016.

34. UN Committee on the Rights of the Child. Concluding observations on the consolidated fourth and fifth periodic reports of Jordan, 2014.


SUMMARY OF LITERATURE REVIEW

Very limited information was found on issues related to maternal health among youth in Jordan. No studies were found in the academic literature that focused specifically on maternal health among youth. The 2012 JPFHS was found to be the best source of information related to maternal health among youth; however, the JPFHS only includes ever-married women in the study population. One report in the gray literature provided a further analysis of data from the JPFHS on issues related to maternal health among youth. Two documents were found that included a limited amount of information on maternal health among Syrian youth in refugee camps.

BACKGROUND & EPIDEMIOLOGY

According to the 2012 JPFHS, the total fertility rate among ever-married women in Jordan aged between 15-19 was estimated to be 26 per 1,000 women and for ever-married women aged between 20-24 years, it was estimated to be 139 per 1,000 women. Fertility among both age groups has shown a slight decline since 2009 (from 32 per 1,000 women among ever-married women aged between 15-19 years, and 152 per 1,000 among ever-married women aged between 20-24 years). The fertility rate among ever-married, urban women aged between 15-19 years is higher than that compared to ever-married, rural women in the same age group: 27 to 18 per 1,000 women, respectively. Interestingly, among women aged between 20-24 years, fertility is higher among ever-married rural women (142 per 1,000 women) compared to urban women (138 per 1,000).

Use of antenatal care is high among all women in Jordan. Only 1.7% of ever-married women aged less than 20 years who had a live birth in the five years preceding the survey reporting having received no antenatal care. More than 90% of women aged less than 20 years report having their first antenatal care visit before four months of pregnancy. The quality of antenatal care among women aged less than 20 years of age, as a considerably smaller proportion of women in this age group report having been informed of the signs of pregnancy complications, told where to go if they experience any complications, informed of the signs of postnatal complications, and told to have two postnatal visits. Additionally, according to further analysis of data from the JPHS, young women under 24 have 0.8 (p<0.05) fewer ANC visits than women over the age of 25.

Facility delivery is high among all age groups, but data show that 92.8% of women aged 15-19 years delivered in a facility compared to 98.8% of women aged 20-24. While small in magnitude, 2.6% of women between the ages of 15-19 delivered at home compared to 1.1% among women aged between 20-34 years. Only 6.7% of women aged less than 20 years reporting having discussed family planning before discharge after delivery compared with 12.7% among women aged between 20-34 years. Nearly
30% of women aged less than 20 years report receiving no postnatal checkup compared with 12.7% aged between 20-24 years.¹

Data on maternal health among refugee women is extremely limited, and the little available data focuses on women in camps. According to one study conducted in 2014, the proportion of deliveries among Syrian refugee girls under the age of 18 in camps amounted to 11% of all deliveries.³ A survey among Syrian refugees found that overall, less than half of pregnant women in Syrian refugee households (47.9%) had access to prenatal healthcare, which represents a 10% decrease from 2016.⁴ Additionally, only 51.9% of Syrian refugee households with lactating women indicated that they had access to postnatal healthcare.⁴ In general, while health services are available for deliveries within camps, refugee women report being displeased with the quality of care provided as a results of other demands on service providers, the limited number of clinics, and the lack of female doctors.⁵,⁶

**SUMMARY OF PROGRAMS**

*Provision of quality and equitable access to comprehensive reproductive health services for Syrian refugees and other vulnerable women In Zataari camp and Berm (2012-2018)⁷*

This activity is implemented by the Jordan Health Aid Society in partnership with UNFPA in Zataari refugee camp (2012 to present) and on the Berm (2016 to present). Beneficiaries include youth as part of the overall population. Services provided include:

- Free of charge comprehensive primary reproductive health care (including antenatal, postnatal, family planning, nutrition, STIs, clinical management of rape, referral of SGBV survivors, health awareness, and psychosocial support to pregnant and lactating women).
- Maintaining referral pathways between nutrition and SRH services for pregnant and lactating women.
- Medical screening of newborns within 72 hours of birth
- 24/7 reproductive health care clinic bale to facilitate normal vaginal deliveries and an active transport system for obstetric emergencies

*Reproductive Health for Women and Girls Awareness (2010-2011)*

The Reproductive Health Project was implemented in partnership with the Family Development Association, UNFPA and in cooperation with doctors specialized in the field of women's and family health from the Jordanian Society for the Organization and Protection of the Family. This project targeted women between the ages of 15-49. A series of programs and activities targeted more than 150 women of Iraqi and Jordanian nationality in the fields of maternal and reproductive health, psychological and social counseling. Additionally, the project used home visits for women beneficiaries to raise their awareness and provide advice on reproductive health issues.
KEY STAKEHOLDER’S PERSPECTIVES

Stakeholders focused primarily on the constraints with regard to refugees’ access to maternal health services. Specially, participants indicated that women who cannot produce an official marriage certificate are not allowed to access maternal health services provided by the Ministry of Health, including hospital delivery. This concern is most pronounced among Syrian refugee youth, as they may get married outside of the official government system by way of a religious authority. Additionally, there remains some confusion among stakeholders as to the policy regarding the assessment of fees for refugees for reproductive health services at Ministry of Health facilities. Participants indicated that while this is a barrier as it makes such services prohibitively expensive for many refugees, it mostly affects women outside of camps, as there are a large number of NGOs operating within camps to provide women with reproductive health services.

SUMMARY OF RESEARCH GAPS

• Significantly more research is needed to understand the maternal health status and experiences obtaining maternal health care among both married and unmarried youth in Jordan.

SUMMARY OF LESSONS LEARNED & OPPORTUNITIES FOR INTERVENTION

• Access to high quality, respectful maternal health care for women of all ages, including both married and unmarried women, should be a priority.

• Availability of high quality, comprehensive emergency obstetrical services for refugee women both within and outside of camps needs to be secured.8

REFERENCES


COMPREHENSIVE SEXUAL EDUCATION

SUMMARY OF LITERATURE REVIEW

Three documents were found that related to sexual education among youth in Jordan. One document in the academic literature was found on menstrual knowledge and practices among youth in Jordan, which was included in this section because it discussed knowledge acquisition in a school-based setting. Additionally, one document was found in the gray literature that focused on the assessment of a school-based health education intervention that included information on sexual and reproductive health among youth in Jordan. Another description of a youth education project was found on UNFPA’s website.

BACKGROUND & EPIDEMIOLOGY

One study conducted among 490 school-aged girls between the ages of 12-18 relating to premenstrual preparation. In this study, 82.4% of girls reported that they did not feel adequately prepared during menstruation. Participants reported that their mothers, teachers, sisters and friends were the most common sources of menstruation-related information, while health teams, books, journal, TV and internet, were considered to be less likely sources of information.

KEY STAKEHOLDER’S PERSPECTIVES

With regard sexual education, many participants emphasized the need to expand the scope of existing programs to include a wider variety of topics, such as puberty, biological change, sexually transmitted infections, child marriage, mental health, and gender-based violence. Many participants indicated the need to begin sexual education by age 10 and continue it through graduation. While some participants expressed concern that using the phrase “sexual and reproductive health” with regard to educational programs may be somewhat sensitive, other participants expressed the opposite sentiment and believed that the word “sexual” must be included. One participant shared an anecdote that at a government conference on youth-friendly health services, two representatives from the Ministry of Islamic and Holy Affairs were the strongest proponents that youth-friendly health services must be provided under the name “sexual and reproductive health” rather than just “reproductive health.”

Participants also discussed the need to strengthen existing school based education and also engage peer educators. Currently, while some schools deliver lectures on sexual and reproductive health, there is no consistent curriculum and there is a lack of qualified educators. Stakeholders suggested that in order to scale-up and institutionalize sexual education programs in schools, the Ministry of Education and the Ministry of Health need to be engaged. Peer educators were seen as an important complement to school-based programs, and another way to make sexual education programs more sustainable. Participants indicated that youth currently obtain incorrect information on sexual and reproductive health from either the internet or from their friends, which underscores the need for robust peer education programs.
Finally, stakeholders indicated that boys are often neglected in existing efforts related to sexual education; however, developing sexual education programs for boys is a priority—especially within the domains of puberty, sexually transmitted diseases, and gender-based violence. Participants said that men often know very little about sexual and reproductive health. In particular, they are a source of misinformation regarding family planning methods, which should be a focus of educational programs targeting both men and boys in order to improve the reproductive health of their future partners.

**SUMMARY OF PROGRAMS**

*Talking Frankly Initiative (2009-2011)*

The Talking Frankly Initiative was implemented through a partnership between FINE Hygienic Paper Company, FINE Sancella Hygiene Jordan, and the USAID-Funded Jordan Health Communication Partnership/Johns Hopkins University, Center for Communication Programs. The Talking Frankly Initiative’s goal was to raise health and hygiene awareness among young students in schools across Jordan, and was implemented in 12 boys’ schools and 10 girls’ schools in Madaba, Ajloun, Balqa, Zarqa, Irbid, and Amman—reaching up to 6,000 students in the 7th, 8th, 9th, and 10th grades.

The intervention includes three components: 1) sex-specific information booklets that includes information on adolescence and puberty, physical and biological develops and changes at puberty, personal hygiene, physical well-being, and nutrition, 2) lecture courses, 3) competition between schools.

The assessment revealed that the intervention had several important results related to sexual and reproductive health among youth.

- Receptivity of the intervention was high: more than 60% of boys and girls reported doing all or some of the exercises in the booklet.
- Readership was associated with improved knowledge related to puberty and adolescent development among boys and girls, including about knowledge about the menstrual cycle and changes to personal hygiene related to pubertal changes.
- Approximately 50% of participants reported that the booklet improved their relationship with their family and peers.
- Participants reported most often discussing the book with their parents and friends. 43% of boys and 24% of girls reported discussing puberty with their parents after reading the booklet.

*All Jordan Youth Commission (2014)*

In 2014, UNFPA and the All Jordan Youth Commission (AJYC) entered into an agreement to build the capacity of AJYC youth coordinators and youth communities on reproductive health and health lifestyles to create interactive and creative educational materials in order to help institutionalize a new health program for youth in Jordan. At the end of the project, trained youth will conduct three events for youth in three governorates that promote their products and good reproductive health information for youth.
Promoting knowledge of reproductive health rights among youth and related aspects in Jordan (2012-2013)

This project was implemented by the Family Development Association and was funded by ACTED and the Ministry of Education. The project targeted 14,000 students (boys and girls) between the ages of 12-18 years from different schools in all governorates in the Kingdom through holding awareness sessions and health counseling on reproductive health issues, including puberty. Training and training workshops were carried out by 1400 trained teachers and members of local committees, heads of associations, members of administrative board and volunteers from local community leaders.

SUMMARY OF RESEARCH GAPS

- Research and programmatic experience with regard to comprehensive sexual education remains very limited in Jordan. Research and evaluations are needed to design locally-acceptable curricula and to document lessons learned in its introduction.

SUMMARY OF LESSONS LEARNED & OPPORTUNITIES FOR INTERVENTION

- Introduce mandatory comprehensive sexual education in schools, with a focus on puberty, gender-based violence and intimate relationships, family planning, the importance of birth spacing and delayed first-birth for women’s health, and STIs.\(^6,7\)

- Ensure that approaches to sexual education are equally effective among boys and girls. The experience of the Talking Frankly Initiative indicates that girls may need a more interactive approach as the intervention did not exhibit as strong of an effect on boys as it did girls.\(^2\)

- The role of schools and teachers in puberty education for girls and their mothers should be reinforced through well-planned health education interventions.\(^1\)

REFERENCES


SEXUAL AND GENDER-BASED VIOLENCE

SUMMARY OF LITERATURE REVIEW

In this review 16 documents were found that include a youth-specific focus on gender-based violence; fifteen of these documents addressed youth directly, and three presented youth-relevant data relating to the service delivery environment. Eleven of these documents were obtained from the academic literature, and five were found in the gray literature. Honor killing is an important type of gender-based violence in Jordan that affects youth in Jordan. Two of the documents on sexual and gender-based violence were found to focus on honor-killing specifically.

BACKGROUND/EPIDEMIOLOGY

Gender-based violence in Jordan is relatively widespread.\(^1\) Approximately one in four women have experienced some form of violence from someone within their home (including fathers, husbands, and brothers), thereby making domestic violence the most common type of violence experienced by women.\(^2\) Another study found that the overall prevalence of violence perpetrated against pregnant women in a Bedouin community was estimated at 40.6.\(^3\)

Honor killing and early marriage are also forms of gender-based violence that are perpetrated against young women in the Jordanian context. Eight of the documents that were included in the review provided estimates of the prevalence of specific types of gender-based violence across youth population subgroups. These documents indicate that violence is commonly experienced by women across the life-cycle. A study that uses data from the 2012 DHS suggest that about 25% of married women aged 15-29 experience domestic violence, which is consistent with average estimates among all women of reproductive age.\(^4\) Another study that focuses on violence during pregnancy that included youth aged 15-24 years as part of a larger sample found that age was not significantly associated with experiencing violence during pregnancy; however, no additional age disaggregated data was reported.\(^2\) In this study, the prevalence of physical, emotional, verbal and sexual violence perpetrated by husbands during their wife’s pregnancies were estimated to be 10.4%, 23.4%, 23.7%, and 5.7%, respectively.\(^2\) A forensic analysis of medical records of reported cases of abuse among Jordanians found that young women between the ages of 12-18 were more likely than other age categories to report having experienced abuse (32.8% of the 128 cases reviewed occurred among women aged 12-18), and sexual abuse was the most common form (41.1% of all cases, but not disaggregated by age).\(^5\) The consequences of sexual abuse were severe: 20% of the young women left their home and 13% of the victims became pregnant with pregnancies that are considered to be illegal by the state.\(^5\)

Family violence is also an important type of violence experienced by youth in Jordan. One study using data from the 2012 Jordan Population and Health Survey found that family violence after the age of 15 years was commonly reported among young women (14.7% of women who were married under the age of 18 and 17.2% who were married after the age of 18).\(^6\)
Among Syrian and Palestinian refugees, gender-based violence is also common. Three documents focused on gender-based violence among Syrian refugees living in camps. According to a qualitative study among adolescent girls in Zaatri camp, young women aged 12-18 are the most common targets of domestic violence, and young women reported an increase in domestic violence since coming to Jordan. Male spouses and fathers/male guardians are the most common perpetrators of violence against women. Many Syrian girls, boys and women also experience sexual harassment and are feel threatened by sexual violence; according to one document, girls and women identify their homes (because of there being no locks, presence of male relatives and lack of privacy), showers/latrines, and communal areas (kitchens) as unsafe places within camps. Existing data also suggest that rape and sexual violence are likely to be the most common types of violence experienced by young Syrian women and girls living in camps. The results of one study mention that young men also feel vulnerable to sexual assault and rape. Finally, another qualitative study conducted among Syrian adolescent boys and girls found that physical and psychological violence committed by family members was also a major concern.

Gender-based violence also appears to be a common experience among young Palestinian female refugees. One study was found on this topic among Palestinian refugees. The study used a cross-sectional convenience sample of women attending UNRWA clinics, and found that 83% of women less than 20 years of age and 75% of women aged between 21-30 experienced interpersonal violence related to controlling behavior; 63% of women ages less than 20 and 59% of women aged 21-30 years experienced economic interpersonal violence; and 40% of women aged less than 20 years and 53% of women 21-30 years experienced emotional interpersonal violence. Sexual and physical interpersonal violence were less commonly reported (21% of women aged less than 20 years, and 27.5% of women aged between 21-30 years reported experienced physical interpersonal violence).

Given that Jordanian and Syrian social norms emphasize the importance of privacy regarding events that take place within the home, the limited information available on health services, as well as the lack of resources available for women, most cases of gender-based violence go unreported to authorities. Syrian women rarely report abuse; the results of one study indicate that a woman would face additional threats or violence from family members if she were to report violence to authorities. Additionally, one report indicated that lack of freedom of mobility among women (and young women in particular) may also limit a woman’s ability to report situations of abuse. Sexual assault seems to be considered to be one of the least socially tolerated forms of abuse; however, it also brings shame on the victim and her family. As such, the results of one study suggest that the experience sexual abuse may be associated with women seeking help from non-family resources such as police or health centers, unlike with other forms of gender-based violence, where family members are the most likely source of support.

In terms of the determinants of gender-based violence, one small qualitative study (12 participants) took a life course perspective to conduct narrative life histories among women aged older than 22 years. Participants in this study were asked about their adolescent years, and the results indicate that the patterns of abuse often began during childhood, with discrimination within families, women’s fathers teaching their brothers to commit violence against women, and women’s fathers forcing them into early marriage. Some women in the study described their future husbands using rape as a means to ensure that
the marriage would take place, despite the women’s wishes. In order to reduce the prevalence of gender-based violence in the future, the women in the study emphasized the importance providing young women with skills and education so that they can remain financially independent.

The prevalence of honor-killing in Jordan is not well established. The 2014 Jordanian government submission to the UN Committee on the Rights of the Child (UN CRC 2014) identified 50 cases of honor killing between 2000 and 2010. Young women are most likely to be victims of honor killings. The report showed that 12% of victims were aged under 18 years, and 56% were aged 18–28 years. Among these victims, 25% were killed for spending the night away from home; 21% were killed because of illegitimate pregnancy, 13% were killed because they were raped, and 1% were killed because of talking to someone on the phone. In these cases, rumors are considered sufficient to justify honor killing.

Within communities, gender-based violence appears to be largely acceptable. Data published by the Jordanian Department of Statistics indicates that there is widespread acceptance of gender-based violence; 87% of Jordanian women justified wife beating under at least one circumstance. A study conducted among Syrians living in camps found that both married and unmarried men often believe that husbands are justified in beating their wives in several circumstances, including if she does not want children or uses family planning methods without the husband’s consent. Attitudes towards the acceptability of gender-based violence appear to be reinforced in younger generations beginning at an early age. A study on community acceptance of honor killing that was conducted among 856 adolescents aged 14-16 who were recruited from 14 schools across Jordan found that 40% of boys and 20% of girls believe that killing a daughter, sister or wife for dishonoring the family can be justified. Additionally, the results of this study suggest that lower socioeconomic status and lower levels of educational attainment are associated with supportive attitudes toward honor killing.

HEALTH SERVICE DELIVERY ENVIRONMENT

No studies were found that focus on the health service delivery environment for Jordanians, Iraqis, or Palestinians. Knowledge of service availability for survivors of SGBV appears to be extremely low among Syrians.

The results of one survey indicate that a vast majority (83%) of Syrian refugees that participated in the study were not aware of any services in their community. One study was found to have been conducted among health service providers in Syrian refugee camps, which focused on their ability to respond to clients who were victims of gender-based violence. The study was conducted as a survey among 14 camp-based service providers in which they indicated that they generally had very limited past experience with sexual assault and low confidence in responding to such cases.

POLICY ENVIRONMENT
Currently, there is no policy in Jordan that provides guidance for gender-based violence or care for survivors.\textsuperscript{19} The Ministry of Health and UNFPA have developed guidelines, trainings, and distributed post-rape kits in camp settings, but quality of care for survivors of sexual violence still needs significant improvement.\textsuperscript{20}

There remains legal justification for honor killings in Jordan. Although Article 98 of the Jordanian Penal Code allows for reduced sentences for perpetrators of honor killings if there are mitigating circumstances, Jordanian courts have recently begun dismissing claims of mitigating circumstances and imposing longer sentences.\textsuperscript{15,17} Mitigating circumstances include a man’s “fit of fury” or a woman’s “wrongful and dangerous act,” including adultery.\textsuperscript{15} In the case of adultery, a man is exempt from any penalty.\textsuperscript{17} The defense of mitigating circumstances is not available if the victim is under 18 years of age.\textsuperscript{15} Prior to judiciary reforms pertaining to honor killings in 2001, including the establishment of a special court, the average sentence ranged between three months and two years.\textsuperscript{17}

**KEY STAKEHOLDER’S PERSPECTIVES**

Family protection is a national priority in Jordan. The National Council leads a national team focused on domestic violence. The Council has approved a national strategy on domestic violence and has developed detailed implementation procedures to institutions with SGBV programming. Activities focus on awareness-raising activities about SGBV that are integrated into ongoing community outreach activities, including integration into early childhood programs to prevent violence against children. Additionally, the strategy includes a training curriculum for health and social workers. Currently, there are approximately 10 family counseling offices located across Jordan that focus on preventing and responding to cases of family violence.

Within the domain of health services, the Ministry of Health has integrated violence screening into maternal health services. Specifically, health providers at family planning centers are required to screen pregnant and post-partum women for violence during and after pregnancy.

**SUMMARY OF RESEARCH GAPS**

- Additional research is needed to better understand how youth, and other affected populations, perceive services dedicated to help support survivors of SGBV.

- There is currently a limited understanding of the gaps in the existing service delivery infrastructure available to support survivors of SGBV. Additionally, more research is needed to assess providers’ competence and facility in providing services to survivors of SGBV.

**SUMMARY OF LESSONS LEARNED & OPPORTUNITIES FOR INTERVENTIONS**
• Transform gender norms early that lead to discrimination against girls and women and child marriage. Support teachers to eliminate discrimination in the classroom, and promote gender equity, respectful inter-personal relationships, and peaceful conflict resolution through the mandatory curriculum in schools. 15 Challenge traditions and taboos to ensure young women are empowered to make decisions about their reproductive and social lives. 21

• Ensure schools have adequately trained social workers to support youth who experience gender-based violence in their homes. Build community protection committees and link them to other existing structures such as parent-teacher associations, school councils, child friendly spaces. 8

• Ensure that youth have access to sexual and reproductive health information and services, including emergency contraception and post-rape care.

• Integrate mental health services with SRHR services, and ensure access to quality services for sexual and gender-based violence for women and youth. 8, 19 Ensure that the health providers actively screen for violence as part of routine service provision. 6 Mobile services should also be strengthened to reach rural areas. 10

• Support legal reform that empowers women to come forward by providing them with access to legal resources 10 and holds perpetrators of GBV and honor killing accountable.

SUMMARY OF PROGRAMS

16 Days of Activism Against Gender-Based Violence 15
UN Women organizes an annual global campaign entitled “16 Days of Activism Against Gender-Based Violence. In 2015, several Jordanian civil society organizations participated and Princess Basma Bint Talal, supported the campaign.

Arab Women Organization of Jordan (AWO)
AWO is engaged in several initiatives to promote women’s participation in policy and civil society, as well as advocating for increased gender-equitable policies. 22

Safe Spaces 8
UNFPA-supported safe spaces includes case management, psychosocial support, and legal services for survivors of GBV. In Zaatari Camp, UNFPA runs OASIS space in conjunction with UN Women. Safe Spaces are closely aligned with SRH services to facilitate care and referral.

Amani
Supported by UN Agencies, including UNFPA, UNHCR, and UNICEF, Amani is an information campaign that focuses on child protection and gender based violence, and recognizes early marriage as a form of sexual and gender-based violence. The campaign provides communities with informational material to distribute
that targets both adults and children through the story of a girl named “Amani” and her family. Communities distribute the messages through learning spaces, local radio, health clinics, etc.\textsuperscript{23}

**Arab Women Speak Out (Irbid: 2011, Zarqa: 2009-2010)\textsuperscript{24,25}**

The Arab Women Speak Out is a program implemented by the Jordan Health Communication Partnership (funded by USAID) that consists of two parts: 1) a training encourages participants to explore SRH subjects through participatory exercises and presentations and 2) an information dissemination program that uses social networks to distribute flash cards with messages about reproductive health, including early marriage. The results of the second phase in Irbid include a focus on early marriage. At baseline, 85% of participants disagreed with the statement that “early marriage is a good basis for a happy and stable life.” At endline, over 90% of all participants reported discouraging their daughters or nieces from marrying before the age of 18 and their sons or nephews before the age of 22.\textsuperscript{26}

**Emergency Assistance for Refugees and Host Communities affected by the Syrian Crisis in Jordan (2017)\textsuperscript{27}**

This activity was funded by DfID, and was implemented by CARE International and the Jordan Women’s Union. In 2017, 54 awareness raising sessions were conducted for 1,620 women and adolescents, with an average 30 participants per session, at CARE centers in Amman, Azraq, Irbid, Mafraq and Zarqa. Topics discussed in the awareness-raising sessions included: reproductive health, the psychological and physical effects of violence, and sexual violence and mechanisms of protection against sexual violence. Under this project, at JWU, CARE also conducted a training of trainers (ToT) for 10 CARE staff, to enhance their knowledge and support in psychosocial activities, particularly on the topic of SRHR. The majority of respondents reported that their participation has a direct effect on enhancing their social wellbeing (77%), it increased self-esteem (74%), enhanced stress relief (61%), increased their information and skills (54%), enhanced their negotiation and communication skills (45%), increased their mobility in public space (36%), and enhanced their emotional regulation (36%). In addition, 30% of crisis-affected population (especially women and adolescent girls of reproductive age) reported accessing at least one sexual and reproductive health service through support by CARE and/or its partners.

**My Vision for the Future: an adolescent and youth focused assessment on GBV and SRHR (2018)\textsuperscript{27}**

This project is an ongoing research activity conducted by CARE International in Partnership with Plan International. The purpose of this assessment is to support the delivery of programming for the prevention and response to GBV among adolescents and youth in Jordan. The assessment aims to 1) describe the existing evidence base for interventions to address GBV as it affects female and male adolescents and youth in Jordan and 2) Identifies solutions for preventing and respond to GBV in Jordan to be implemented with adolescents and youth. Additionally, this study will attempt to identify means to support adolescent and youth survivors of sexual violence and young married women through sexual and reproduction health (SRH) services.

**REFERENCES**


SUMMARY OF LITERATURE REVIEW

While child marriage is considered to be a type of gender-based violence, it is discussed separately given its complicated role and high prevalence in Jordan. Fifteen documents were found that focus on early (child) marriage in Jordan. Of these, 13 focused on youth specifically, and seven included discussion of the overall policy and program environment. All but three of the documents were retrieved from the gray literature. The vast majority of research and documentation related to child marriage in Jordan relates to Syrian refugees, despite the practice also being prevalent among other nationalities living in Jordan, including Jordanians.

BACKGROUND/EPIDEMIOLOGY

The prevalence of child marriage in Jordan remains a contentious issue among all population subgroups. One study that examined the marriages registered by Sharia courts in Jordan found that 13.2% of marriages included a woman under the age of 18; 12.7% among Jordanians, 17.6% among Palestinians, 25% among Syrians, and 4% among Iraqis. Another study indicates that in 2014, it is believed that 32% of Syrian marriages involved a girl between the ages of 15-17. In focus group discussions in Zaatri and Irbid, indicated that the most common age for girls to marry in their communities was approximately 15, with a range from 13 to 20, and the age depended on where the family originally resided in Syria. An analysis using data from the 2012 Population and Family Health Survey suggests that women from poorer backgrounds and women with lower levels of education are more likely to be married before the age of 18 than richer and better education women. An analysis using data from the Jordan Population and Family Census also found similar percentages of girls who were married before the age of 18 years. This study found an increase from in the percent of marriages to girls under the age of 18 years, from 13.7% in 2011 to 18.1% in 2015. The governorates with the highest percentages of marriages occurring to girls under the age of 18 were Mafraq (24.5%), Zarqa (18.8%) and Irbid (17.7%).

In Jordan, it is believed that child marriage in the Syrian population has increased dramatically since the start of the conflict. One study conducted among Syrian youth indicates that according to young women themselves, child marriage has become much more common after the war. In 2011, data indicates that the percentage of registered Syrian marriages involving a girl between the ages of 15-17 was estimated at 12% to 13%. An analysis of data from the Population and Family Census found that the total percentage of registered marriages of girls under the age of 18 years among Syrians in Jordan increased from 12% in 2011 to 34.6% in 2015. Within these marriages, the spousal age gap has also increased. In a qualitative study, Syrian youth indicated that in Syria, young women who were married early were often also married to a young man of a similar age; however, in Jordan, youth indicate that it is much more common for young girls to marry men who are much older, as an older man is thought to be more capable
of protecting her. In 2012, one study reports that among Syrian girls married between the ages of 15-16, 16.2% married men who were 15 or more years older, 31.8% married men who were 10-14 years older, and 37.2% married men who were 5-9 years older. Interestingly, a much lower percentage of Palestinian and Jordanian girls who marry early marry someone much older than them. 6% of Palestinian girls and 7% of Jordanian girls who married early married someone more than 15 years older than them.

The documents reviewed vary considerably with regard to their findings as to whether child marriage is acceptable in Jordan. A qualitative study conducted among Jordanians, Iraqis, Syrians, and Palestinians found that most people believed that there were certain compelling circumstances under which early marriage is acceptable, although many believed that child marriage was not generally advisable. Many women who were interviewed across nationalities who were themselves married early do not think child marriage to be a positive practice, but felt forced into marrying off their daughters early due to social pressure.

Child marriage is thought to have been both a widespread and socially accepted practice in Syria. In Jordan, one study conducted among Syrians living in host communities found that between 20-45% of respondents believed child marriage to offer some benefit, and 100% of respondents agreed that early marriage predated the Syrian crisis as being an acceptable practice. Another qualitative study, however, conducted among both Jordanians and Syrians found that youth strongly rejected child marriage, while some married women of reproductive age accepted the practice if the female in question was mature enough.

According to the literature, there are some similarities across nationalities with regard to the most predominant reasons for child marriage; however, there are also some variation according to nationality. The vast majority of the existing literature and data focus on Syrian refugees. According to the research, both the role of tradition as well as the preservation of a family’s honor are some of the most commonly cited reasons. Young Syrian women indicate that there are clear benefits of child marriage, including obtaining more respect from the community. The results of one qualitative study provide some indication that norms regarding child marriage have potentially shifted; some of the study’s respondents indicated that in Syria, they did not support the idea of child marriage but the difficult circumstances in camps make it a necessity.

The literature indicates that there may be an interaction between the high prevalence of sexual violence and the practice of child marriage. A few studies discussed the role of the social and physical environment in the camp setting as one reason why child marriages occur. In camps, prostitution, sexual assault and rape are thought to be fairly common. With the breakdown of traditional social structures and norms resulting from the conflict, as well as the high prevalence of sexual violence in camps, some families believe that early marriage is a way of protecting their daughters in what is perceived as an unsafe environment. In a qualitative study conducted in Irbid, women indicated that child marriage occurs because fathers want someone to protect their daughters because of the poor security situation, or that they do not want to take responsibility should their daughter be raped. In another study, older girls living in camps who are unmarried say that they start to feel rejected from their families because the concern
over protecting their honor adds to the burden that they believe they place on their families.\textsuperscript{11} For young women, child marriage may also provide an opportunity to escape from an abusive situation within the home.\textsuperscript{4} Another study discussed the tremendous amount of shame put on a woman and her family if a woman loses her virginity outside of marriage, regardless of whether the consent was given for the sexual encounter or if it was forced.\textsuperscript{11} As a result, forced marriage after rape is common.\textsuperscript{6}

Several studies also cite a number of economic reasons for the increasing prevalence of child marriage among Syrians. Child marriage is thought to reduce the burden of the number of people that need to be provided for in a family.\textsuperscript{1} One survey conducted among Syrian families living outside of camps revealed that child marriage offers an economic incentive for some families, and some families may even rely on it as a source of income.\textsuperscript{9} In the study, 6.7\% of those surveyed indicated that the bride price they receive for their daughters is one of their top three sources of income.\textsuperscript{9} In Syria, the exchange of goods or money for a bride is a common practice. Conversely, some families report having used early marriage as a means to gain economic support from their new sons-in-law.\textsuperscript{12}

Several studies also documented that child marriage is incentivized, as it may offer families a way out of the camp if their daughter marries a non-Syrian, thereby serving as means for both the woman and her family to obtain greater benefits, state-support, and security in an unknown environment.\textsuperscript{1,9} The official policy of the Jordanian government is that Syrians can legally move into host communities when sponsored by a Jordanian (known as the “bail-out” system).\textsuperscript{7} There is some fear that as the economic situation worsens overall, early marriages to non-Syrians may increase because of the added security that this provides to families.\textsuperscript{7} One study that interviewed key informants in camps also echoed this fear, indicating that men from other countries have been found in camps looking for young brides.\textsuperscript{3} This could thereby create a predatory environment for young women in camps. Qualitative data indicates that that some Syrian families are concerned about the interest of foreign men in Syrian girls, and have rejected marriages proposals from non-Syrian men (Jordanians and other nationalities) as they are disrespectful to their daughters.\textsuperscript{7}

Only one document was found to discuss the reasons for child marriage among Jordanians and Palestinian refugees. Among Jordanians, study participants overwhelmingly reported that the major contributing factor to child marriage was the fact that it was a socially-accepted tradition, and that it was believed to ensure protection for girls.\textsuperscript{1} Among Palestinians, poverty was considered as the most important contributing factor, although providing protection for girls was also seen as an important reason for the practice.\textsuperscript{1} This study also reported, that similar to Syrians, that there is also some incentive for Palestinians to marry their daughters to Jordanians, as they also get the added benefit of being able to leave the camp and take advantage of benefits afforded to Jordanian citizens.\textsuperscript{1}

Despite the fact that many perpetrators believe that child marriage is a mechanism to protect young girls, the victims often find themselves in exploitative and abusive situations, and at increased risk of sexual and gender-based violence.\textsuperscript{8} One study using data from the 2012 Population and Family Health Survey attempting to examine the relationship between child marriage and intimate partner violence in Jordan found that among all married women of reproductive age in Jordan, those who married before the age of
18 were more likely to report intimate partner violence compared to those who married at or after the age of 18.4 Previously, there were social safeguards in place in Syria in order for families to verify the suitability of the groom in an attempt to protect the bride; however, these processes have eroded in the conflict and as a result.11 As a result of this and the increased pressures that encourage child marriage, qualitative research suggests that young girls may be at increased risk of sexual and gender-based violence within their marriage.7,11

POLICY AND LEGAL ENVIRONMENT

The documents reviewed highlight several ways in which the policy and legal environment is inadequate to protect girls from early marriage. Child marriage remains legal in both Jordan and in Syria. In Jordan, the minimum age of marriage is 18 years for both girls and boys, but girls can marry as young as 15 with approval from a Shari’a court.6,7 While the conditions according to the law that allow marriage for girls under the age of 18 years are somewhat restrictive, the fact that child marriage remains relatively common in Jordan indicates that the marriages are commonly approved despite the restrictions in the law.6 In Syria, the legal age of marriage for girls is younger than in Jordan (16 years), but girls as young as 13 can marry with the approval of Shari’a courts.1,7 Religious officials have issued some fatwas against child marriage; however, they do not appear to have had an effect on limiting the practice.2

Given the gaps in the legal environment, several non-governmental organizations have engaged in the policy sphere to coordinate activities aimed to prevent child marriage. In 2013, Sexual and Gender-Based Violence Sub-working group established the Forced and Early Marriage Task Force (FEMTF) to serve as a platform to exchange information, provide technical support, develop joint actions to address the issue of forced and early marriage, build capacity of stakeholders and develop joint actions and strategies.1 Additionally, UNHCR is working to collaboration with the Government of Jordan to improve the personal status law which contains legislation on the legal age of marriage.11

A few documents expressed concern, however, with regard to the way that the child marriage has become a focus of advocacy efforts and the media. One document citing an interview with a key informant indicated that the informant believes that advocacy efforts on child marriage have not been fully informed, and as a result, have reduced the capacity of non-governmental organizations to respond to both child marriage and other forms of gender-based violence because of backlash and increased sensitivity to the issue among Syrians.3 Additionally, the media attention to child marriage is believed by some working on programs to have negatively affected how Jordanians view Syrians, and that it has increased sexual assault and harassment of Syrian girls by individuals of other nationalities.11

KEY STAKEHOLDERS’ PERSPECTIVES

The National Council heads the National Commission to Reduce Child Marriage. The National Commission focuses on advocating for and approving policies related to child marriage and has put into place an action plan to continue efforts to limit child marriage in Jordan. As the National Commission

52
focuses their efforts at the policy level rather than on service delivery, their activities center on advocacy, such as expressing the needs of women and girls to policymakers and raising awareness about child marriage in communities to parents. Participants mentioned the Commission’s 16-day campaign to limit child marriage that was implemented in conjunction with the Higher Population Council, which focused on raising awareness about the negative impact child marriage has on girls’ mental, physical, and reproductive health. Additionally, stakeholders indicated that a policy paper will soon be published on child marriage that was developed in a participatory consultative process that included the Chief Justice Department and lawmakers.

Participants emphasized several important challenges in enforcing policy and laws related to child marriage. From a social perspective, participants indicated that marriage under the age of 18 years has become the norm in many rural communities, especially among Syrian refugees. Participants emphasized that while many think that child marriage is primarily a problem among Syrians, it is actually becoming increasingly common among Jordanians in rural areas as well. Programs focused on transforming social norms related to child marriage are necessary in order to shift public opinion. Engaging youth was seen a potential effective approach, especially in utilizing internet-based approaches and social media. One participant, however, cautioned that there has been some backlash to external efforts focused on shifting social norms around child marriage. Any work in this domain must be careful to use terminology that comes from within communities, rather than through using phrasing that implies an external agenda. For example, even the term “child marriage” is often problematic as community members do not fully understand it given that it is a normative cultural practice and reject programs focusing on it as being insensitive to their local customs.

From a legal perspective, participants indicated that the current laws are easy to work around and contain many loopholes – thus highlighting the need for stronger laws that restrict child marriage even further that are coupled with improved enforcement. Some participants indicated that child marriage is unlikely to be eradicated, given that many believe it services an important purpose; however, it was suggested that implementing a policy where by an official investigation determined whether an underage girl would benefit from marriage and whether it is something that the girl wants would greatly limit its prevalence.

SUMMARY OF RESEARCH GAPS

- More in-depth research on the determinants of child marriage across Jordan is needed to identify children most at risk and to improve the salience of programs in prevention and response. As child marriage is not as sensitive of a topic as other forms of gender-based violence, research may be more easily conducted through existing arenas such as safe spaces, registration centers, monitoring efforts, etc.

SUMMARY OF LESSONS LEARNED & OPPORTUNITIES FOR INTERVENTIONS
• Encourage young girls to stay in school and promote life-skills and livelihoods training and financial independence.⁹,¹³ When young girls stay in school and succeed in their studies, they are less likely to be seen by their families and communities as ready for marriage.⁶ Additionally, girls that are able to generate income may be seen as more valuable by their families.⁶

• Strengthen laws that prohibit child marriage;² including increasing the minimum age at which discretionary permission to marry can be granted by a shari’a court and issuing more precise instructions with regard to the application of the special permissions to marry below the age of 18.¹

• Improve the enforcement of laws on child marriage so that law is systematically applied.⁴,⁶

• Ensure that youth have access to quality SRHR information and services. Girls that are informed about their reproductive health may be more able to refuse child marriage.⁶

• Engage men and boys to support transformation of harmful gender norms.

• Engage communities in addressing child marriage by involving women, community and religious leaders, and educating them about the risks of child marriage.⁶,¹² Additionally, ensure that youth are included in interventions. Invest in informal policy and regulatory bodies within communities so that they are less willing to grant permission for child marriages.⁶

SUMMARY OF PROGRAMS


The Arab Women Speak Out is a program implemented by the Jordan Health Communication Partnership (funded by USAID) that consists of two parts: 1) a training encourages participants to explore SRH subjects through participatory exercises and presentations and 2) an information dissemination program that uses social networks to distribute flash cards with messages about reproductive health, including early marriage. The results of the second phase in Irbid include a focus on early marriage. At baseline, 85% of participants disagreed with the statement that “early marriage is a good basis for a happy and stable life.” At endline, over 90% of all participants reported discouraging their daughters or nieces from marrying before the age of 18 and their sons or nephews before the age of 22.¹⁶

REFERENCES


3. Doedens WG, N; Krause, S; Onyango, MA; Sami, S; Stone, E; Tomczyk, B; Williams, H. Reproductive health services for Syrian refugees in Zaatri Refugee Camp and Irbid City Jordan: an evaluation of the Minimum Initial Service Package March 17-22 2013. 2013.


SUMMARY OF LITERATURE REVIEW

Fifteen documents were found to be relevant to STIs, including HIV/AIDS, among youth in Jordan. Five peer-reviewed studies were found to relate to youth directly, while an additional five studies investigated issues related to STIs from the perspectives of other relevant caregivers or individuals, such as health care providers and religious leaders; however, none of these studies directly investigated issues related to delivering STI services to a youth population. Five documents were retrieved from the gray literature, and one in the peer reviewed literature were found to relate to the overall policy/programmatic environment related to STIs – in particular HIV/AIDS.

BACKGROUND/EPIDEMIOLOGY

In Jordan, the burden of sexually transmitted infections (STIs) is not well documented among the population in general, and there is extremely limited information available on the prevalence of HIV/AIDS and other STIs among youth. The latest ministry of health yearbook does not include any prevalence estimates of STIs in the general population, or among youth.1

The latest Jordan Population and Family Health Survey (JPFHS) presents information on HIV/AIDS-related knowledge, practices, and attitudes among youth.2 Knowledge of HIV/AIDS was found to be nearly universal among ever-married women aged 15-24 years; the report estimates that almost all women (98%) have heard of HIV/AIDS.2 Furthermore, more than 50% of ever-married women between the ages of 15-24 years reported that using condoms can prevent HIV, and 80% said that limiting sexual intercourse to one uninfected partner could prevent AIDS; however, only approximately 50% agreed that both acts could prevent the spread of the virus.2 Factoring in this and other knowledge indicators regarding HIV/AIDS, less than 10% of ever-married women between the ages of 15-24 years were identified as having comprehensive knowledge about HIV/AIDS, and only 15.5% knew where to get an HIV test. On average, only 30.25% of currently married women between the ages of 15-49 have discussed HIV/AIDS prevention with their husband. Results showed that currently married women between the ages of 15-19 years (12.2%) were less likely to report having discussed ways to prevent HIV/AIDS with their husbands than women between the ages of 20-24 years (24.8%).2

Young women included in the survey also displayed unfavorable attitudes toward people carrying the HIV/AIDS virus. For example, only approximately 20% of the respondents between the ages of 15-24 believed that a female teacher who has HIV, but is not sick, should be allowed to continue teaching, and approximately 20% said that they would buy fresh vegetables from shopkeeper who has HIV/AIDS.2 Women between the ages of 15-24 years, in general, showed less accepting attitudes towards those living with HIV/AIDS on a range of indicators than older women.2
Five of the six documents retrieved in the search on STIs among youth were focused on HIV/AIDS. Two studies conducted among university students found HIV to be widely recognized as an important issue and that students reported fairly high knowledge about HIV/AIDS in general. The study by Alkhasawneh et al. was conducted at two large universities in Jordan among students, staff, and faculty (results not disaggregated by age), also found that while knowledge relating to condom use and HIV prevention was low among both men and women, it was significantly lower among women. In a study conducted by Badahdah et al., the majority (90%) of participants were unmarried. The study found that university women who expressed shame related to HIV are also more likely to stigmatize those infected with the disease. A large, cross-sectional study that included 8,129 youths aged between 14 and 25 years randomly selected from schools across each of Jordan’s 12 governorates found that on a 13-item HIV knowledge test, participants answered on average 7 questions correctly. Female respondents and youth from rural areas demonstrated significantly lower levels of knowledge than did males and youth from urban areas. More females (69%) than males (43.9%) said that they would be embarrassed or hesitant to seek health services if they experienced pain in their reproductive area.

With regard to sources of information regarding HIV, the study by Al-Khasawneh et al. found that more young women (50.4%) than young men (33.5%) reported receiving information on HIV from their parents. Books, magazines, and the internet were the most common source of information reported. Participants who reported receiving HIV-related information from their parents or health centers had a lower level of knowledge than those who reported receiving information from informational materials (book, magazines, the internet, etc.) and those who received information from teachers, and lectures.

A unique study that was conducted among 97 men who have sex with men (MSM) found that more than half of the sample consisted of university students, with 75% of the sample being between the ages of 17-25 years. In this study, only 7% of participants had ever been married, more than 60% of the participants identified themselves as part of a population at risk of developing HIV/AIDS, and the majority of participants believed that condoms were effective at preventing HIV transmission. No specific age-disaggregated data was presented by the authors.

With regard to other STIs aside from HIV/AIDS, the JPFHS reports that ever-married women between the ages of 15-19 years and 20-24 years are less likely to have heard of STIs other than HIV/AIDS than older, ever-married women. According to the survey results, 40% of ever-married women between the ages of 15-49 years had heard of STIs apart from HIV/AIDS compared to only 20.9% among ever-married women between the ages of 15-19 years and 33.6% among ever-married women between the ages of 20-24 years.

One study was found to focus on human papilloma virus (HPV) among youth. The study was conducted among 450 university students at a large university in Jordan. The results indicated that most students had heard of HPV (68%), and 59% new that infection with HPV could lead to precancerous/cancerous disease in the genital tract. While only 45% of respondents had heard about the HPV vaccine, 78% had heard about it through health care providers.

No documents were found that focused on HIV/AIDS or STIs among refugees in Jordan.
HEALTH SERVICE DELIVERY ENVIRONMENT

Four studies focused on knowledge, attitudes, and practices among health care providers towards HIV/AIDS (2 studies) and or STIs (2 studies). The studies focused on HIV/AIDS did not focus on attributes of the service delivery environment that were specifically relevant to youth, rather they focused on the care environment in general.\(^8,9\) These studies found that many comprehensive primary health care centers in Jordan do not have standard protocols in place that address HIV/AIDS,\(^9\) nursing staff are not prepared to provide information on HIV/AIDS,\(^8,9\) nurses have low knowledge regarding HIV transmission, incidence, and prevention,\(^8\) and that a majority of nurses (2/3 of the sample) would refuse to give care to someone who tested positive for HIV/AIDS.\(^8\)

The two studies focused on HPV among medical providers indicate that health professionals in Jordan have limited knowledge of HPV itself and prevention efforts.\(^10,11\) One of the studies was conducted among 187 female health care workers and found that nearly half of the medical providers interviewed did not know that screening was available for cervical cancer, and only 26% of the participants knew about the HPV vaccine.\(^10\) The other study was conducted among 400 obstetricians and gynecologists in Jordan and found that while the majority of respondents knew about the vaccine (79%), and believed the vaccine should be given to girls before initiation of sexual activity (78%), only 67.5% of providers indicated that they would prescribe HPV vaccines to clients.\(^11\) In the same study, providers were asked about whether adolescents and their parents would accept the vaccine. Fifty-five percent of respondents thought that parents would accept the vaccine for their daughters and 62% thought that adolescents would accept the vaccine.\(^11\)

POLICY ENVIRONMENT

Jordan launched the National AIDS Program within the Ministry of Health in 1986, followed in 2005 by the National AIDS Strategy 2005-2009 to promote peer education, develop life skill strategies among the youth population, provide voluntary counseling and testing (VCT), and provide free antiretroviral drugs to people living with HIV.\(^12\) The Ministry of Health is working with international bodies such as UNAIDS and the World Health Organization to combat the threat of AIDS in Jordan.\(^13\)

The National Strategic Plan on HIV AIDS (2012-2016) identifies several key areas as priority, including strengthening the availability and reliability of information, strengthening HIV prevention focusing on high risk groups, improving case detection and care for people living with HIV/AIDS, creating a supportive legal and policy environment, and creating capacity for an effective response.\(^14\) The National Strategic Plan identifies youth as a vulnerable population that is important to address for an effective national response.\(^15\)

Information, education, and communication (IEC) programs are central to many of the strategies that are identified in national policies. IEC strategies are identified to target youth in general, as well as those
identified to be most-at-risk (including youth in rehabilitation centers, drug addicts, survivors of child abuse, etc.), and address HIV/AIDS under the context of “healthy lifestyles,” “women’s empowerment,” and “reproductive health.” However, there remains an absence of HIV prevention interventions among youth in schools and universities.

Given Jordan’s relatively conservative culture, religious leaders are an important component of the policy environment related to HIV/AIDS. One study that focused on Muslim religious leaders attitudes towards HIV/AIDS found that in general, they do not perceive AIDS to be a major health problem in Jordan, and they believe that following Islamic values lowers participation in risky sexual behavior. Additionally, the religious leaders in the study agreed that they have responsibilities in preventing HIV/AIDS, that sex education contributes to healthy behaviors, and consequently to the prevention of HIV transmission, that the youth are expected to have the highest prevalence of HIV, and that young adolescents should be targeted by HIV/AIDS prevention programs as they need to be provided with scientific knowledge and Islamic teachings to reinforce healthy behaviors.

**SUMMARY OF RESEARCH GAPS**

- Stronger disease surveillance data on HIV/AIDS and STIs is needed to provide more robust estimates of the burden of disease in Jordan in order to design more effective programs. This data is critically needed among both risk populations, including youth, refugees, and sexual minorities, and the general population.

- Improved data is needed on the acceptability of the HPV vaccine among youth and their parents.

**SUMMARY OF LESSONS LEARNED & OPPORTUNITIES FOR INTERVENTIONS**

- *Strengthen HIV education programs targeting young women and youths living in rural areas* in order to reduce disparities in HIV-related knowledge, attitudes and practices.

- *Improve parents’ knowledge of HIV/AIDS, STIs and safer sexual behaviors* as parents appear to be both an important information source for their children, but also a source of incorrect information.

- *Address Syrian refugees in HIV and STI prevention efforts* by ensuring the availability of comprehensive SRH service delivery and clinical management of rape and STIs within the humanitarian response setting in Jordan.

- *Improve service providers’ knowledge of HIV transmission, and build their capacity to respond to patients’ needs* in order to help alleviate dear, anxiety and stigma related to caring for patients with HIV/AIDS.
• **Strengthen knowledge of HPV and the HPV vaccine among health care workers, parents, and youth.**\(^{10,11}\)

• Engage men and boys together in reproductive health services so that they can be equally screened for STIs.\(^{17}\)

### SUMMARY OF PROGRAMS

**Red Ribbon\(^ {15}\)**
Red Ribbon was a television series and social media campaign produced by Ro’ya TV designed to raise awareness of HIV/AIDS among youth in Jordan.

**Expanding HIV Prevention in Jordan (2006-2008)**
The expanding HIV Prevention in Jordan Program was implemented by Family Health International and funded by USAID. FHI/Jordan implemented SBC programs for youth and most-at-risk populations and build capacity among four local NGOs to implement and monitor programs targeting these vulnerable groups. FHI/Jordan also increased uptake of VCT services by most-at-risk populations primarily as a result of referrals made by implementing agencies, thus contributing to the national effort in reaching these vulnerable groups. FHI/Jordan conducted peer education training at University of Jordan and has since expanded to other universities and community mobilization centers, and held a workshop on “Theatre based techniques in HIV/AIDS Youth Peer Education” university students at Al-Yarmouk University in Irbid. FHI also posted the following materials relevant to HIV prevention efforts in Jordan among youth on their website:

- Youth Participation Guide translated into Arabic and adopted to the Jordanian context by the FHI/Jordan country office. The Arabic version was produced and printed in September 2007
- Voluntary Counseling and Testing for Youth, A Manual for Providers in the Middle East and North African Region, translated into Arabic and adopted to the Jordanian context by the FHI/Jordan Country office. The Arabic version was produced and printed in May 2007

**Provision of quality and equitable access to comprehensive reproductive health services for Syrian refugees and other vulnerable women In Zataari camp and Berm (2012-2018)\(^ {17}\)**
This activity is implemented by the Jordan Health Aid Society in partnership with UNFPA in Zataari refugee camp (2012 to present) and on the Berm (2016 to present). Beneficiaries include youth as part of the overall population. Services provided include:

- Free of charge comprehensive primary reproductive health care (including antenatal, postnatal, family planning, nutrition, STIs, clinical management of rape, referral of SGBV survivors, health awareness, and psychosocial support to pregnant and lactating women).
REFERENCES


REPRODUCTIVE CANCERS

SUMMARY OF LITERATURE REVIEW

Sixteen academic articles were retrieved in the literature review that focused on reproductive cancers in Jordan; of them, only 5 studies were relevant to youth. No gray literature was found pertinent to these topics. Three studies investigated issues related to breast cancer, one study focused on cervical cancer, and one study examined issues related to both breast and cervical cancer issues. No studies were found that focused on issues related to either testicular or prostate cancer among youth. No studies were found that focused on aspects of either the service delivery or policy environment that were directly pertinent to youth.

BACKGROUND & EPIDEMIOLOGY

According to the 2012 Jordan Cancer Registry, reproductive cancers are common in Jordan. According to national statistics, breast cancer is the most common form of cancer in Jordan; accounting for 20.1% of overall cancer cases. Among women, breast cancer accounts for 37.3% all cancers. Cervical cancer is not commonly diagnosed among Jordanian women; only 3.3% of female cancers were cervical cancers. Among Jordanian men, prostate cancer is the fourth most common type of cancer, with it representing 8.4% of newly diagnosed cancers among men. Testicular cancer represented 2.5% of all newly diagnosed cancer cases among men. While reproductive cancers are not typically common among youth, these cancers are included in this review as there are important knowledge and behavioral components related to these cancers with regard to awareness, screening, and early detection.

Two papers were published that investigated knowledge and attitudes among female university students in Jordan in relation to breast cancer (both papers used the same study population). While the age range of the population is not reported in either study, university students in Jordan are typically aged between 18-24 years. The results of both studies showed that female college students in Jordan have relatively low knowledge of breast cancer warning signs, risk factors and knowledge. Participants answered 55% of questions related to breast cancer warning signs and 28% of the questions related breast cancer risk factors correctly. While 85% of participants were aware of a national breast cancer screening program in Jordan, only 15% reported having been previously screened at any facility. Only 36% of participants report conducting a breast self-exam monthly. Additionally, an analysis of the 2012 JPFHS presents similar results, with 24.6% of ever-married women between the ages of 20-29 years reporting having conducted a breast self-exam and only 13.3% of women aged 20-29 years reporting having had a clinical breast exam.

Two of the four studies focus on presenting the results of educational interventions targeting breast cancer-related knowledge, attitudes, and practices. A study focused on a breast cancer educational intervention among a population of Jordanian college students found that after the intervention,
knowledge of breast cancer risk factors, attitudes towards breast self-exam, and practice of breast self-exam improved compared to the control group. Similarly, a group education intervention that took place across five governorates in Jordan found that while the intervention improved knowledge and practices related to breast cancer and breast health among participants, behavior related to breast health remained relatively low after the intervention. While the study included women between the ages of 15-73 years, results were not disaggregated by age. However, the authors found that improved breast health practices were associated with older age.

The two studies focused on cervical cancer found that in general, knowledge among youth related to the disease was low. Using data from the 2012 JPFHS, one study found that 10.5% of ever-married women between the ages 20-29 ever had Pap smear testing. In another study conducted among 760 ever-married women between the ages of 17-72 years, 48% of study participants had heard about pap smears, 33.3% had heard about cervical cancer, and 14.3% had ever had a pap smear. While more than 20% of the study population was between the ages of 17-24 years, results of the study were not disaggregated by age. With regard to age, however, the authors report that older women were less likely than younger women to have had a pap smear. In general, women reported that the primary reasons for not obtaining a pap smear are because it was not suggested by a health professional, concerns over privacy or embarrassment, and fear of a poor result or of pain associated with the test.

### HEALTH SERVICE DELIVERY ENVIRONMENT

One study was retrieved in the literature search assessed on knowledge, attitudes and perceived barriers among community pharmacists towards breast cancer health promotion. While there was no information specific to youth presented in the article, in general, pharmacists showed relatively poor knowledge about breast cancer and screening practices. The majority of pharmacists in the study, however, indicated that they were interested in learning more about how they could promote breast health and improved screening practices.

### POLICY ENVIRONMENT

Although most international screening recommendations no longer advocate for regular breast self-examination, the Jordan Breast Cancer Program, still advises that women in their twenties should perform BSE monthly, as an attempt to shift the state of diagnosis from late to earlier stages. The King Hussein Cancer Center in Jordan recommends that women have Pap smears every two years to detect possible cervical cancer.

### SUMMARY OF RESEARCH GAPS
• More robust data is needed on knowledge, attitudes, and practices with regard to reproductive cancers among youth in Jordan – especially with regard to cancers that have the potential to affect young people, including breast, cervical, and testicular.

• Further in-depth research is needed to explore men’s and women’s experiences and sociocultural barriers with regard to screening for reproductive cancers in Jordan.  

SUMMARY OF LESSONS LEARNED & OPPORTUNITIES FOR INTERVENTIONS

• **Interactive educational programming, community health promotion, and social media messaging, including in schools,** may be effective means to increase understanding of risk factors related to reproductive cancers among youth in Jordan. Research elsewhere has found that multimedia interventions may be promising to help inform youth about risk factors associated with breast cancer that are most relevant to youth, such as smoking.

• **Targeting young women and their parents** with information related to cervical cancer and its prevention may be an effective strategy to improve rates of HPV vaccination among young women.  

• **Engage a broad range of health care professionals in promoting reproductive cancer awareness and screening,** targeting women and men of all ages, including youth.

REFERENCES


### APPENDIX A: LIST OF ORGANIZATIONS CONTACTED FOR PROGRAM SURVEY

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Organization Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abt Associates</td>
<td>NGO</td>
</tr>
<tr>
<td>Acted</td>
<td>NGO</td>
</tr>
<tr>
<td>Doctors Without Borders</td>
<td>NGO</td>
</tr>
<tr>
<td>GTZ</td>
<td>International Donor</td>
</tr>
<tr>
<td>High Health Council</td>
<td>Government of Jordan</td>
</tr>
<tr>
<td>International Medical Corps</td>
<td>NGO</td>
</tr>
<tr>
<td>International Relief Committee</td>
<td>NGO</td>
</tr>
<tr>
<td>International Rescue Committee</td>
<td>NGO</td>
</tr>
<tr>
<td>JCAP</td>
<td>Donor Funded Project (USAID)</td>
</tr>
<tr>
<td>JICA</td>
<td>International Donor</td>
</tr>
<tr>
<td>JICA</td>
<td>International Donor</td>
</tr>
<tr>
<td>Jordan Association for Family Planning and Protection (JAFPP)</td>
<td>NGO</td>
</tr>
<tr>
<td>Jordan Health Aid Society</td>
<td>NGO</td>
</tr>
<tr>
<td>Medair</td>
<td>NGO</td>
</tr>
<tr>
<td>Medicins du Monde</td>
<td>NGO</td>
</tr>
<tr>
<td>Mercy Corps</td>
<td>NGO</td>
</tr>
<tr>
<td>Ministry of Planning</td>
<td>Government of Jordan</td>
</tr>
<tr>
<td>National Council for Family Affairs</td>
<td>Government of Jordan</td>
</tr>
<tr>
<td>OXFAM</td>
<td>Charitable Organization</td>
</tr>
<tr>
<td>Palladum</td>
<td>NGO</td>
</tr>
<tr>
<td>Plan</td>
<td>NGO</td>
</tr>
<tr>
<td>Royal Health Aid Society</td>
<td>NGO</td>
</tr>
<tr>
<td>Royal Medical Services</td>
<td>Government of Jordan</td>
</tr>
<tr>
<td>Save the Children</td>
<td>NGO</td>
</tr>
<tr>
<td>SIDA (Canada)</td>
<td>International Donor</td>
</tr>
<tr>
<td>The World Bank</td>
<td>International Donor</td>
</tr>
<tr>
<td>Un Point Per</td>
<td>NGO</td>
</tr>
<tr>
<td>UNFPA</td>
<td>UN Agency</td>
</tr>
<tr>
<td>UNFPA</td>
<td>UN Agency</td>
</tr>
<tr>
<td>UNHCR</td>
<td>UN Agency</td>
</tr>
<tr>
<td>UNHCR</td>
<td>UN Agency</td>
</tr>
<tr>
<td>UNICEF</td>
<td>UN Agency</td>
</tr>
<tr>
<td>UNRWA</td>
<td>UN Agency</td>
</tr>
<tr>
<td>USAID</td>
<td>International Donor</td>
</tr>
<tr>
<td>Women and Child Directory, Ministry of Health</td>
<td>Government of Jordan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Organization Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>الجماعة الشركة الخيرية</td>
<td>NGO</td>
</tr>
<tr>
<td>جمعية الأسرة التنمية</td>
<td>NGO</td>
</tr>
<tr>
<td>جمعية العون الصحي الأردنية الدولية</td>
<td>NGO</td>
</tr>
<tr>
<td>رئيس جمعية الأمل الخيرية</td>
<td>NGO</td>
</tr>
<tr>
<td>عيادات الحسين العمالية</td>
<td>NGO</td>
</tr>
</tbody>
</table>
## APPENDIX B: KEY STAKEHOLDER FOCUS GROUP PARTICIPANTS (BY ORGANIZATION REPRESENTED)

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Organization Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Education</td>
<td>Government of Jordan</td>
</tr>
<tr>
<td>National Council for Family Affairs</td>
<td>Government of Jordan</td>
</tr>
<tr>
<td>National Committee for Women’s Affairs</td>
<td>Government of Jordan</td>
</tr>
<tr>
<td>Ministry of Health (Health Awareness and Media Department, Women’s Health Department)</td>
<td>Government of Jordan</td>
</tr>
<tr>
<td>Higher Population Council</td>
<td>Government of Jordan</td>
</tr>
<tr>
<td>UNHCR</td>
<td>UN Agency</td>
</tr>
<tr>
<td>UNFPA</td>
<td>UN Agency</td>
</tr>
<tr>
<td>USAID</td>
<td>International Donor</td>
</tr>
<tr>
<td>Institute for Family Health</td>
<td>NGO</td>
</tr>
<tr>
<td>Royal Health Awareness Society</td>
<td>NGO</td>
</tr>
<tr>
<td>The Jordanian Association for Family Planning and Protection</td>
<td>NGO</td>
</tr>
<tr>
<td>Jordanian Communication, Advocacy and Policy Project (JCAP)</td>
<td>NGO</td>
</tr>
<tr>
<td>Health Service Delivery Project (HSD)</td>
<td>NGO</td>
</tr>
<tr>
<td>Women Helping Women</td>
<td>NGO</td>
</tr>
<tr>
<td>Jordan Hashemite Charity Organization</td>
<td>NGO</td>
</tr>
<tr>
<td>National Women’s Comprehensive Health Center</td>
<td>NGO</td>
</tr>
</tbody>
</table>
## APPENDIX C: LIST OF LITERATURE INCLUDED IN THE REVIEW

<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Title</th>
<th>Journal</th>
<th>Focus</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alsaraireh AD, M</td>
<td>2017</td>
<td>Breast cancer awareness, attitude and practices among female university students: A descriptive study from Jordan</td>
<td>Health care for women international</td>
<td>Youth</td>
<td>Cancers</td>
</tr>
<tr>
<td>Alsaraireh AD, M</td>
<td>2017</td>
<td>Impact of a Breast Cancer Educational Program on Female University Students' Knowledge, Attitudes, and Practices</td>
<td>Journal of Cancer Education</td>
<td>Youth</td>
<td>Cancers</td>
</tr>
<tr>
<td>Taha H, Halabi Y, Berggren V, et al.</td>
<td>2010</td>
<td>Educational intervention to improve breast health knowledge among women in Jordan.</td>
<td></td>
<td>Youth</td>
<td>Cancers</td>
</tr>
<tr>
<td>A. a. P. A. Jordan Communication</td>
<td>2016</td>
<td>Family Planning Among Syrian Refugees Living in Jordan</td>
<td>NA</td>
<td>Youth</td>
<td>Early Marriage</td>
</tr>
<tr>
<td>Author/Institution</td>
<td>Year</td>
<td>Title of the Study/Report</td>
<td>Publisher/Keywords</td>
<td>Focus Area</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>------</td>
<td>---------------------------</td>
<td>-------------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>D. Spencer</td>
<td>2015</td>
<td>To protect her honour. Child marriage in emergencies-the fatal confusion between protecting girls and sexual violence</td>
<td>NA</td>
<td>Youth Early Marriage</td>
<td></td>
</tr>
<tr>
<td>G. Samari</td>
<td>2017</td>
<td>Syrian Refugee Women’s Health in Lebanon, Turkey, and Jordan and Recommendations for Improved Practice</td>
<td>World medical &amp; health policy</td>
<td>Youth Supportive Environment Early Marriage</td>
<td></td>
</tr>
<tr>
<td>Higher Populiation Council</td>
<td>2017</td>
<td>دراسة زواج الفاقيرات في الأردن</td>
<td>NA</td>
<td>Youth Early Marriage</td>
<td></td>
</tr>
<tr>
<td>Jordan Communication Advocacy and Policy Activity</td>
<td>2016</td>
<td>Exploring Gender Norms and Family Planning in Jordan: A Qualitative Study</td>
<td>NA</td>
<td>Youth Early Marriage</td>
<td></td>
</tr>
<tr>
<td>Jordan Communication Advocacy and Policy Activity</td>
<td>2015</td>
<td>Knowledge attitudes and practices toward family planning and reproductive health among married women of reproductive age in selected districts in Jordan</td>
<td>NA</td>
<td>Youth Early Marriage</td>
<td></td>
</tr>
<tr>
<td>R. Fowler</td>
<td>2014</td>
<td>Syrian Refugee Families’ Awareness of the Health Risks of Child Marriage and What Organizations Offer or Plan in order to Raise Awareness</td>
<td>NA</td>
<td>Supportive Environment Early Marriage</td>
<td></td>
</tr>
<tr>
<td>S. A.-K. Sahbani, M.; Hikmat, R.</td>
<td>2016</td>
<td>Early marriage and pregnancy among Syrian adolescent girls in Jordan; do they have a choice?</td>
<td>Pathog Glob Health</td>
<td>Youth Early Marriage</td>
<td></td>
</tr>
<tr>
<td>Save the Children</td>
<td>2014</td>
<td>Too young to wed: The growing problem of child marriage among Syrian girls in Jordan.</td>
<td>NA</td>
<td>Youth Supportive Environment Early Marriage</td>
<td></td>
</tr>
<tr>
<td>UN Women</td>
<td>2013</td>
<td>Gender-based Violence and child Protection among Syrian refugees in Jordan, with a focus on early marriage</td>
<td>NA</td>
<td>Youth Supportive Environment Early Marriage</td>
<td></td>
</tr>
<tr>
<td>Author(s)</td>
<td>Year</td>
<td>Title</td>
<td>Journal</td>
<td>Keywords</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>------</td>
<td>-------</td>
<td>---------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>Unicef</td>
<td>2014</td>
<td>A study on early marriage in Jordan 2014</td>
<td>NA</td>
<td>Youth; Supportive Environment; Early Marriage</td>
<td></td>
</tr>
<tr>
<td>UNICEF</td>
<td>2013</td>
<td>Shattered Lives: Challenges and priorities for Syrian children and women in Jordan</td>
<td>NA</td>
<td>Youth; Supportive Environment; Early Marriage</td>
<td></td>
</tr>
<tr>
<td>W. G. Doedens, N; Krause, S; Onyango, MA; Sami, S; Stone, E; Tomczyk, B; Williams, H</td>
<td>2013</td>
<td>Reproductive health services for Syrian refugees in Zaatri Refugee Camp and Irbid City Jordan: an evaluation of the Minimum Initial Service Package March 17-22 2013</td>
<td>NA</td>
<td>Supportive Environment; Early Marriage</td>
<td></td>
</tr>
<tr>
<td>A. B. Akour, Sanaa; Awwad, Oriana; Al-Muhaissen, Suha; Hussein, Rand</td>
<td>2018</td>
<td>Impact of a pharmacist-provided information booklet on knowledge and attitudes towards oral contraception among Jordanian women: an interventional study</td>
<td>The European Journal of Contraception &amp; Reproductive Health Care</td>
<td>Youth; Supportive Environment; FP</td>
<td></td>
</tr>
<tr>
<td>C. J. S. Clark, R. A.; Khalaf, I. A.; Gilbert, L.; El-Bassel, N.; Silverman, J. G.; Raj, A.</td>
<td>2017</td>
<td>The influence of family violence and child marriage on unmet need for family planning in Jordan</td>
<td>J Fam Plann Reprod Health Care</td>
<td>Youth; FP</td>
<td></td>
</tr>
<tr>
<td>C. K. Underwood, SS</td>
<td>2014</td>
<td>Friday sermons, family planning and gender equity attitudes and actions: evidence from Jordan</td>
<td>Journal of Public Health</td>
<td>Youth; Supportive Environment; FP</td>
<td></td>
</tr>
<tr>
<td>C. Underwood, S. Kamhawi and A. Nofal</td>
<td>2013</td>
<td>Religious leaders gain ground in the Jordanian family-planning movement</td>
<td>Int J Gynaecol Obstet</td>
<td>Supportive Environment; FP</td>
<td></td>
</tr>
<tr>
<td>E. Abel</td>
<td>2009</td>
<td>Jordan's 2002 to 2012 Fertility Stall and Parallel USAID Investments in Family Planning: Lessons From an Assessment to Guide Future Programming</td>
<td>Glob Health Sci Pract</td>
<td>Youth; Supportive Environment; FP</td>
<td></td>
</tr>
<tr>
<td>Author(s)</td>
<td>Year</td>
<td>Title</td>
<td>Journal/Publication Information</td>
<td>Location</td>
<td>Focus Area</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>------</td>
<td>----------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>---------</td>
<td>------------</td>
</tr>
<tr>
<td>F. M. N. Shakhatreh</td>
<td>2012</td>
<td>Family planning in women of childbearing age in disadvantaged south Jordan</td>
<td>European Journal of Contraception and Reproductive Health Care</td>
<td>Youth;</td>
<td>FP</td>
</tr>
<tr>
<td>G. Samari</td>
<td>2017</td>
<td>Syrian Refugee Women's Health in Lebanon, Turkey, and Jordan and Recommendations for Improved Practice</td>
<td>World medical &amp; health policy, Youth; Supportive Environment, FP</td>
<td>Youth;</td>
<td>FP</td>
</tr>
<tr>
<td>Health Communication Partnership</td>
<td>2008</td>
<td>Motivating healthy timing and spacing of pregnancies -- lessons from the field.</td>
<td>NA, Youth FP</td>
<td>NA</td>
<td>Youth;</td>
</tr>
<tr>
<td>Higher population council</td>
<td>2016</td>
<td>خدمات الصحة الإنجابية للسوريين</td>
<td>NA, Youth FP</td>
<td>NA</td>
<td>Youth;</td>
</tr>
<tr>
<td>Higher Population Council</td>
<td>2013</td>
<td>National Reproductive Health/Family Planning Strategy 2013–2017</td>
<td>NA, Youth FP</td>
<td>NA</td>
<td>Youth;</td>
</tr>
<tr>
<td>I. A. A.-M. Khalaf, Fatieh; Callister, Lynn Clark; Rasheed, Rowida</td>
<td>2008</td>
<td>Jordanian women's experiences with the use of traditional family planning</td>
<td>Health care for women international, Youth; FP</td>
<td>NA</td>
<td>Youth;</td>
</tr>
<tr>
<td>Jordan Communication Advocacy and Policy Activity</td>
<td>2016</td>
<td>Family Planning Among Syrian Refugees Living in Jordan</td>
<td>NA, Youth; Supportive Environment, FP</td>
<td>NA</td>
<td>Youth;</td>
</tr>
<tr>
<td>Jordan Communication Advocacy and Policy Activity</td>
<td>2016</td>
<td>Exploring Gender Norms and Family Planning in Jordan: A Qualitative Study</td>
<td>NA, Youth FP</td>
<td>NA</td>
<td>Youth;</td>
</tr>
<tr>
<td>Jordan Communication Advocacy and Policy Activity</td>
<td>2015</td>
<td>Knowledge attitudes and practices toward family planning and reproductive health among married women of reproductive age in selected districts in Jordan</td>
<td>NA, Youth FP</td>
<td>NA</td>
<td>Youth;</td>
</tr>
<tr>
<td>Jordan Health Communication Partnership</td>
<td>2012</td>
<td>Evaluation of the Arab Women Speak Out (AWSO) Initiative - 2nd Tier (Phase I) - in Irbid Governorate, Jordan, 2011</td>
<td>NA, Youth FP</td>
<td>NA</td>
<td>Youth;</td>
</tr>
<tr>
<td>Jordan Health Communication Partnership</td>
<td>2012</td>
<td>Evaluation of the Arab Women Speak Out (AWSO) Initiative - 2nd Tier (Phase II) - in Irbid Governorate, Jordan, 2012</td>
<td>NA, Youth FP</td>
<td>NA</td>
<td>Youth;</td>
</tr>
<tr>
<td>Organization</td>
<td>Year</td>
<td>Title</td>
<td>Authors/Report Details</td>
<td>Year</td>
<td>Topic Area</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Jordan Health Communication Partnership</td>
<td>2012</td>
<td>Evaluation of the “Hayati Ahla” Film in the Civil Status and Passports Department (CSPD) Offices Jordan- 2012</td>
<td>NA</td>
<td>Youth</td>
<td>FP</td>
</tr>
<tr>
<td>Jordan Health Communication Partnership</td>
<td>2011</td>
<td>Evaluation of the Consult and Choose Initiative in Irbid Governorate, Jordan- 2011</td>
<td>NA</td>
<td>Youth</td>
<td>FP</td>
</tr>
<tr>
<td>Jordan Health Communication Partnership</td>
<td>2010</td>
<td>Evaluation of the “Mabrouk II: You’ve Become a Mother and a Father” Initiative</td>
<td>NA</td>
<td>Youth</td>
<td>FP</td>
</tr>
<tr>
<td>K. T. O’Hara, LC; Carlson, CE; Haidar, YM</td>
<td>2013</td>
<td>Experiences of intimate-partner violence and contraception use among ever-married women in Jordan</td>
<td>Eastern Mediterranean Health Journal</td>
<td>Youth</td>
<td>FP</td>
</tr>
<tr>
<td>Khalaf, I.; Moghli, F. A.; Froelicher, E. S.</td>
<td>2010</td>
<td>Youth-friendly reproductive health services in Jordan from the perspective of the youth: a descriptive qualitative study</td>
<td>NA</td>
<td>Youth; Supportive Environment</td>
<td>FP</td>
</tr>
<tr>
<td>L. West, H. Isotta-Day, M. Ba-Break and R. Morgan</td>
<td>2016</td>
<td>Factors in use of family planning services by Syrian women in a refugee camp in Jordan</td>
<td>J Fam Plann Reprod Health Care</td>
<td>Youth</td>
<td>FP</td>
</tr>
<tr>
<td>M. Connelly</td>
<td>2011</td>
<td>Baseline study: Documenting knowledge attitudes and practices of Iraqi refugees and the status of family planning services in UNHCRs operations in Amman Jordan</td>
<td>NA</td>
<td>Youth</td>
<td>FP</td>
</tr>
<tr>
<td>N. Al-Awaki</td>
<td>2010</td>
<td>Private Sector Project for Women’s Health Evaluation Report: Evidence-Based Medicine (EBM) for Family Planning Program</td>
<td>NA</td>
<td>Supportive Environment</td>
<td>FP</td>
</tr>
<tr>
<td>OECD</td>
<td>2018</td>
<td>Youth Well-being Policy Review of Jordan</td>
<td>NA</td>
<td>Youth; Supportive Environment</td>
<td>FP</td>
</tr>
<tr>
<td>P. Lilleston</td>
<td>2012</td>
<td>Planning for Life Phase 2: Evaluation Report</td>
<td>NA</td>
<td>Youth</td>
<td>FP</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Year</td>
<td>Title</td>
<td>Journal</td>
<td>Focus</td>
<td>Disciplines</td>
</tr>
<tr>
<td>----------</td>
<td>------</td>
<td>-------</td>
<td>---------</td>
<td>-------</td>
<td>-------------</td>
</tr>
<tr>
<td>R. Jurdi</td>
<td>2008</td>
<td>Unintended pregnancies remain high in Jordan</td>
<td>Washington, DC: Population Reference Bureau</td>
<td>Youth</td>
<td>FP</td>
</tr>
<tr>
<td>S. Kamhawi, C. Underwood, H. Murad and B. Jabre</td>
<td>2013</td>
<td>Client-centered counseling improves client satisfaction with family planning visits: evidence from Irbid, Jordan</td>
<td>Glob Health Sci Pract</td>
<td>Youth</td>
<td>FP</td>
</tr>
<tr>
<td>S. M. Hamza</td>
<td>2012</td>
<td>Long-acting hormonal contraceptives: Without them, Jordan will not meet the population development goals</td>
<td>International Journal of Gynecology and Obstetrics</td>
<td>Supportive Environment</td>
<td>FP</td>
</tr>
<tr>
<td>The Jordan Evidence-Based Medicine/Reproductive Health (JEBM/RH) Group</td>
<td>2016</td>
<td>The best evidence on family planning methods and practices.</td>
<td>NA</td>
<td>Youth; Supportive Environment</td>
<td>FP</td>
</tr>
<tr>
<td>V. L. Cetorelli, Tiziana</td>
<td>2012</td>
<td>Is fertility stalling in Jordan?</td>
<td>Demographic research</td>
<td>Youth</td>
<td>FP</td>
</tr>
<tr>
<td>W. G. Doedens, N; Krause, S; Onyango, MA; Sami, S; Stone, E; Tomczyk, B; Williams, H</td>
<td>2013</td>
<td>Reproductive health services for Syrian refugees in Zaatri Refugee Camp and Irbid City Jordan: an evaluation of the Minimum Initial Service Package March 17-22 2013</td>
<td>NA</td>
<td>Youth</td>
<td>FP</td>
</tr>
<tr>
<td>World Health Organization</td>
<td>2016</td>
<td>Adolescent contraceptive use: data from the Jordan population and family health survey (JPFHS), 2012</td>
<td>NA</td>
<td>Youth</td>
<td>FP</td>
</tr>
<tr>
<td>CARE international</td>
<td>2013</td>
<td>baseline assessment of community-identified vulnerabilities among Syrian refugees living in Irbid Madaba, Mufraq, nd Zarqa</td>
<td>NA</td>
<td>Youth</td>
<td>MH</td>
</tr>
<tr>
<td>Ravishankar, N. Gausman, J</td>
<td>2016</td>
<td>Analysing equity in health utilization and expenditure in Jordan with focus on Maternal and Child Health Services</td>
<td>NA</td>
<td>Youth</td>
<td>MH</td>
</tr>
<tr>
<td>Samari, G.</td>
<td>2016</td>
<td>Syrian Refugee Women's Health in Lebanon, Turkey, and Jordan: Recommendations for Improved Practice</td>
<td>World Medical &amp; Health Policy</td>
<td>Youth</td>
<td>MH</td>
</tr>
<tr>
<td>A. G. Oweis, Muntaha; Alhourani, Rudaina</td>
<td>2010</td>
<td>Prevalence of violence during pregnancy: findings from a Jordanian survey</td>
<td>Maternal and child health journal</td>
<td>Youth</td>
<td>SGBV</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Year</td>
<td>Title</td>
<td>Journal Title</td>
<td>Journal Area</td>
<td>Region</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>------</td>
<td>----------------------------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>---------------</td>
<td>--------</td>
</tr>
<tr>
<td>A. M. B. Okour, Raja</td>
<td>2011</td>
<td>Spousal violence against pregnant women from a Bedouin community in Jordan</td>
<td>Journal of women’s health</td>
<td>Youth</td>
<td>SGBV</td>
</tr>
<tr>
<td>Eisner, Manuel, and Lana Ghuneim</td>
<td>2013</td>
<td>Honor killing attitudes amongst adolescents in Amman, Jordan</td>
<td>Aggressive Behavior</td>
<td>Youth</td>
<td>SGBV</td>
</tr>
<tr>
<td>G. Samari</td>
<td>2017</td>
<td>Syrian Refugee Women’s Health in Lebanon, Turkey, and Jordan and Recommendations for Improved Practice</td>
<td>World medical &amp; health policy</td>
<td>Youth</td>
<td>SGBV</td>
</tr>
<tr>
<td>H. A. Z. Al-Modallal, Ishtaiwi; Abujiiban, Sanaa; Shehab, Tariq; Atoum, Maysoun</td>
<td>2015</td>
<td>Prevalence of intimate partner violence among women visiting health care centers in Palestine refugee camps in Jordan</td>
<td>Health care for women international</td>
<td>Youth</td>
<td>SGBV</td>
</tr>
<tr>
<td>H. S. Abedr-Rahman, Hafsa Omar; Salameh, Rakiz; Alabdallat, Laith; Al-Abdallat, Imad M</td>
<td>2017</td>
<td>Role of forensic medicine in evaluating non-fatal physical violence against women by their husbands in Jordan</td>
<td>Journal of forensic and legal medicine</td>
<td>Youth</td>
<td>SGBV</td>
</tr>
<tr>
<td>J. R. Smith, L. S. Ho, A. Langston, N. Mankani, A. Shivshanker and D. Perera</td>
<td>2013</td>
<td>Clinical care for sexual assault survivors multimedia training: a mixed-methods study of effect on healthcare providers' attitudes, knowledge, confidence, and practice in humanitarian settings</td>
<td>Confl Health Supportive Environment</td>
<td>SGBV</td>
<td></td>
</tr>
<tr>
<td>Jordan Communication Advocacy and Policy Activity</td>
<td>2016</td>
<td>Exploring Gender Norms and Family Planning in Jordan: A Qualitative Study</td>
<td>NA</td>
<td>Youth</td>
<td>SGBV</td>
</tr>
<tr>
<td>Jordan Communication Advocacy and Policy Activity</td>
<td>2016</td>
<td>Family Planning Among Syrian Refugees Living in Jordan</td>
<td>NA</td>
<td>Youth</td>
<td>SGBV</td>
</tr>
<tr>
<td>Authors</td>
<td>Year</td>
<td>Title</td>
<td>Health care for women international</td>
<td>Youth</td>
<td>SGBV</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------</td>
<td>-----------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>R. S. Safadi, Valerie; Hamdan-Mansour, Ayman M; Banimustafa, Radwan; Constantino, Rose E</td>
<td>2013</td>
<td>An Ethnographic–Feminist Study of Jordanian Women's Experiences of Domestic Violence and Process of Resolution</td>
<td>Health care for women international</td>
<td>Youth</td>
<td>SGBV</td>
</tr>
<tr>
<td>Sexual and Gender-Based Violence Sub-Working Group</td>
<td>2015</td>
<td>Sexual and Gender Based Violence Refugees IN Jordan</td>
<td>NA</td>
<td>Youth</td>
<td>SGBV</td>
</tr>
<tr>
<td>W. G. Doedens, N; Krause, S; Onyango, MA; Sami, S; Stone, E; Tomczyk, B; Williams, H</td>
<td>2013</td>
<td>Reproductive health services for Syrian refugees in Zaatri Refugee Camp and Irbid City Jordan: an evaluation of the Minimum Initial Service Package March 17-22 2013</td>
<td>NA</td>
<td>Youth</td>
<td>SGBV</td>
</tr>
<tr>
<td>Jarrah SS, Kamel AA</td>
<td>2012</td>
<td>Attitudes and practices of school-aged girls towards menstruation</td>
<td>International Journal of Nursing Practice</td>
<td>Youth</td>
<td>SRH education</td>
</tr>
<tr>
<td>Jordan Health Communication Partnership</td>
<td>2011</td>
<td>Evaluation of the Talking Frankly Initiative Amman and Irbid</td>
<td>NA</td>
<td>Youth</td>
<td>SRH education</td>
</tr>
<tr>
<td>UNFPA Jordan</td>
<td>2013</td>
<td>UNFPA 8th Country Program</td>
<td>NA</td>
<td>Youth</td>
<td>SRH education</td>
</tr>
<tr>
<td>A. M. Badahdah and C. E. Foote</td>
<td>2010</td>
<td>Role of shame in the stigmatization of people with human immunodeficiency virus: a survey of female college students in 3 Arab countries</td>
<td>East Mediterr Health J</td>
<td>Youth</td>
<td>STIs</td>
</tr>
<tr>
<td>A. S. Alkaiyat, Christian; Liswi, Mohammad; Weiss, Mitchell G</td>
<td>2014</td>
<td>Condom use and HIV testing among men who have sex with men in Jordan</td>
<td>Journal of the International AIDS Society</td>
<td>Youth</td>
<td>STIs</td>
</tr>
<tr>
<td>B. A. Obeidat, ZO; Alzaghal, L</td>
<td>2012</td>
<td>Awareness, practice and attitude to cervical Papanicolaou smear among female health care workers in Jordan</td>
<td>European journal of cancer care</td>
<td>Supportive Environment</td>
<td>STIs</td>
</tr>
<tr>
<td>E. M. Alkhasawneh, Willi; Mandery, Jeffery; Seshan, Vidya</td>
<td>2014</td>
<td>Insight into Jordanian thinking about HIV: Knowledge of Jordanian men and women about HIV prevention</td>
<td>Journal of the Association of Nurses in AIDS Care</td>
<td>Youth</td>
<td>STIs</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Year</td>
<td>Title</td>
<td>Journal</td>
<td>Institution</td>
<td>Focus</td>
</tr>
<tr>
<td>----------</td>
<td>------</td>
<td>-------</td>
<td>---------</td>
<td>-------------</td>
<td>-------</td>
</tr>
<tr>
<td>E. M. I. Al-Khasawneh, Leyla; Seshan, Vidya; Hmoud, Olimat; El-Bassil, Nabila</td>
<td>2013</td>
<td>Predictors of human immunodeficiency virus knowledge among Jordanian youths</td>
<td>Sultan Qaboos University Medical Journal</td>
<td>Youth</td>
<td>STIs</td>
</tr>
<tr>
<td>F. N. Abu-Moghli, Manar; Khalaf, Inaam; Suliman, Wafika</td>
<td>2010</td>
<td>Islamic religious leaders’ knowledge and attitudes towards AIDS and their perception of people living with HIV/AIDS: a qualitative study</td>
<td>Scandinavian journal of caring sciences</td>
<td>Supportive Environment</td>
<td>STIs</td>
</tr>
<tr>
<td>Family Health International</td>
<td>2008</td>
<td>Expanding HIV Prevention in Jordan: USAID Bilateral Project Final Report</td>
<td>Youth; Supportive Environment</td>
<td>STIs</td>
<td></td>
</tr>
<tr>
<td>H. Nawafleh, K. Francis and Y. Chapman</td>
<td>2012</td>
<td>The impact of nursing leadership and management on the control of HIV/AIDS: an ethnographic study</td>
<td>Contemp Nurse</td>
<td>Supportive Environment</td>
<td>STIs</td>
</tr>
<tr>
<td>I. O. Lataifeh, N; Al-Mehaisen, L; Khriesat, W; Tadros, R; Khader, Y; Al-Sukhun, S</td>
<td>2014</td>
<td>A survey of Jordanian obstetricians and gynecologists’ knowledge and attitudes toward human papillomavirus infection and vaccination</td>
<td>European journal of gynaecological oncology</td>
<td>Supportive Environment</td>
<td>STIs</td>
</tr>
<tr>
<td>Royal Tropical Institute</td>
<td>2014</td>
<td>Initial scoping literature/ web review of sexual and reproductive health and rights networks, policies and practices, documentation and organizations for Share-Net international in Jordan</td>
<td>NA</td>
<td>Supportive Environment</td>
<td>STIs</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>2014</td>
<td>National Commitments and Policies Instrument</td>
<td>NA</td>
<td>Supportive Environment</td>
<td>STIs</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>2011</td>
<td>Jordan Report National Commitments and Policies Instrument</td>
<td>NA</td>
<td>Supportive Environment</td>
<td>STIs</td>
</tr>
</tbody>
</table>
| Z. M. W. Hassan, M. A. | 2011 | Knowledge and attitudes of Jordanian nurses towards patients with HIV/AIDS: findings from a nationwide survey | Issues Ment Health Nurs | Supportive Environment | STIs