Priorities of Sexual and Reproductive Health Issues and Studies in Jordan

Based on the Final Results of the Jordan Population and Family Health Survey 2023

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Forward

As part of the Higher Population Council's efforts to create an enabling environment for research on family health components in general, and reproductive health in particular, and to encourage researchers and specialists to utilize the data from family surveys conducted periodically by the Department of Statistics, including the raw data from the Population and Family Health Survey 2023.

The Higher Population Council prepared this study with funding from the United Nations Population Fund to develop a national agenda focusing on priorities related to family and reproductive health issues, studies, and research for the next five years. This agenda will guide the Council and partner national institutions in generating knowledge that helps inform policies, programs, resource allocation, and decisions, as well as improve the output of reproductive health programs and services in Jordan.

Through an in-depth review of the statistical tables and main results of the 2023 Population and Family Health Survey and its questionnaire; a draft of the issues highlighted by this Survey was prepared, and a draft of lists of research and studies that address these issues was also prepared, classified into studies leading to policies, programs, and services. The draft of the issues and lists of proposed studies was sent to our partners from national institutions, to review and provide their comments on them, whether by adding or amending them, in preparation for their participation in two workshops held specifically for this purpose.

The first workshop was held for the governorates of the central and northern region, with participation from representatives of the Ministry of Health and health directors; representatives of the Ministry of Planning and International Cooperation; the Royal Medical Services; the Department of Statistics; the Higher Council for the Rights of Persons with Disabilities; faculties of medicine and nursing at the University of Jordan, Jordan University of Science and Technology, Al-Hussein Bin Talal University, and Al al-Bayt University; Institute for family health; and the Health Services Quality Project - USAID.

The second workshop was held for the southern region governorates, involving health directors from the southern governorates; representatives from the faculties of medicine and nursing at the University of Jordan/Aqaba; Mutah University; Al-Hussein Bin Talal University, and Aqaba University of Medical Sciences; Tafileh Governmental Hospital; Al-Shamieh Health Center; and Sheikh Mohammed Bin Zayed Hospital/Aqaba.

Participants in the two workshops engaged in deep discussions about various issues and studies. They reviewed the draft lists of studies and made amendments through working groups. Additionally, the participants were asked to assign numerical weights to each study, which helped identify priority issues and studies based on these weights.

The Higher Population Council presents this report as a comprehensive report to be easily accessible for researchers and students in the field of reproductive health. This report is intended for academics, relevant national institutions, researchers, and graduate students. Through this initiative, the Higher Population Council is contributing a valuable resource to its ongoing efforts to provide knowledge and information that support policies and decisions aimed at improving various aspects of family health.

May God grant us all success in serving our beloved country and our Jordanian society under the leadership of His Majesty King Abdullah II Ibn Al Hussein, may Allah safeguard him and illuminate his path toward continued progress and prosperity.

Secretary General

Prof. Dr. Issa Masarweh

Acknowledgment

The Higher Population Council extends its gratitude and appreciation to Dr. Musa Taha Al-Ajlouni, the expert who prepared the study report.

Thanks, are also extended to the experts and representatives of the health and research sectors in our government institutions, local community organizations, and international institutions who participated in the discussion sessions, reviewed the draft list of issues and research topics, revised and enriched them, and assigned priority rankings. Their contributions greatly enhanced this study and provided the agenda for reproductive health research priorities with a national perspective that aligns with our needs and cultural context.

We also extend our gratitude and appreciation to the United Nations Population Fund (UNFPA) for their financial support in conducting this study, and for their continued support in implementing the Council's activities in the field of reproductive health for all segments of the Jordanian society.

We also extend our thanks to the staff of the General Secretariat of the Higher Population Council who worked on the technical support, review, revision, and finalization of this study.

Study Team

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- Expert Dr. Musa Taha Al- Ajlouni

Higher Population Council Team

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Workshop Participants from the Central and Northern Region

Name	Organization	Name	Organization
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2. Mr. Kamal Ahmed	Ministry of Health	12. Ms. Iman Bani Mufrej	Department of Statistics
3. Dr. Taha Al-Tamimi	Director of Capital Health Directorate	13. Lt. Colonel Rima Kiwan	Royal Medical Services
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6. Dr. Faisal Makahle	Director of Mafraq Health Directorate	16. Dr. Sawsan Al-Majali	Consultant/USAID
7. Dr. Muhammad Al-Tahan	Director of Jerash Health Directorate	17. Ms. Hiba Abu Shindi	USAID
8. Dr. Akef Al-Suleihat	Director of Ajloun Health Directorate	18. Dr. Raja Khater	USAID
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10. Sakhr Ali Al-Badarin	Ministry of Planning and International Cooperation	20. Dr. Muntaha Ghraibeh	University of Science and Technology
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		22. Dr. Jamila Abu Duhail	Hashemite University
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		24. Dr. Manar Al-Azzam	Al al-Bayt University
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Workshop Participants from the Southern Region

Name	Organization	Name	Organization
1. Dr. Ayman Al-Tarawneh	Director of Karak Health Directorate	11. Dr. Amal Aqeel Al-Btoush	Mu'tah University - Faculty of Medicine
2. Dr. Mona Al-Amaira Director	Director of Tafilah Health Directorate	12. Dr. Nidal Al-Nawaisah	Mu'tah University - Faculty of Medicine
3. Ms. Ghadir Al-Amaira	Tafilah Health Directorate	13. Dr. Ahmad Al-Nawafleh	Mutah University - College of Nursing
4. Dr. Issam Al-Saudi	Tafilah Health Directorate	14. Dr. Iqbal Al-Farajat	Al-Hussein Bin Talal University
5. Dr. Muhammad Al-Saleh	Tafilah Hospital	15. Dr. Ibtihal Al-Naimat	Al-Hussein Bin Talal University
6. Dr. Ahmad Al-Saoub	Ma'an Health Directorate	16. Dr. Duaa Duwairj	Al-Hussein Bin Talal University
7. Dr. Mahmoud Al-Khatatneh	Ma'an Health Directorate	17. Dr. Mahmoud Al-Kalaldeh	University of Jordan/Aqaba
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9. Mrs. Shadia Al-Baz, Al-	Shamiya Health Center/Aqaba	19. Dr. Maram Qaddoura	Aqaba University for Medical Sciences
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Table of Contents

List of Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CSOs	Civil Society Organizations
DOS	Department Of Statistics
DHS	Population and Family Health Survey
FP	Family Planning
HHC	High Health Council
HPC	Higher Population Council
HIV	Human Immunodeficiency Virus
ICPD	Cairo International Conference on Population and Development
JPFHS	Jordan Population and Family Health Survey
SRH	Sexual and Reproductive Health
STDs	Sexually Transmitted Diseases
UNFPA	United Nations Fund for Population Activities
WHO	World Health Organization

Executive Summary

Introduction

Sexual and reproductive health (SRH) expresses the ability to have a satisfactory and safe sex life, freedom to reproduce and the assertion of the right of men and women to know and use appropriate family planning methods that enable women to safely pass their pregnancy, childbirth and Postpartum. It provides the couple with the best opportunities to have a baby in good physical, psychological and social health.

The Higher Population Council (HPC) adopts a consistent policy that focuses on supporting and encouraging scientific research and utilizing the results of research in formulating policies and developing programs and services that improve sexual and reproductive health and reflect positively on population indicators. Therefore, HPC has developed in partnership with all concerned parties a series of national priorities for sexual and reproductive health research for 2009, 2011, 2014 and 2019 based on the results of population and family health surveys.

In continuation of this approach, this study comes to complete the Council's efforts in updating the national agenda for sexual and reproductive health research priorities, primarily based on the sexual and reproductive health issues included in the 2023 Population and Family Health Survey form and results.

Methodology

This study relied on an analytical approach based on the survey and results of the 2023 Population and Family Health Survey to identify sexual and reproductive health issues. It also used a qualitative approach to reach consensus among partners in the three regions of the Kingdom—central, northern, and southern—on the priorities of issues and studies in sexual and reproductive health through focus group discussions. Additionally, a quantitative approach was employed to assess the priorities of issues and studies by partners using the Likert scale (from 1 to 5 points). Based on specific criteria agreed upon with the participants, the research topics approved by the partners from the three regions were compiled and entered into a computer using Excel. The mean responses for each research topic were calculated, and the research topics were ranked under three main categories (policies, programs, and services) in descending order from the highest to the lowest average.

Results

A national agenda for sexual and reproductive health research priorities was reached based on the questionnaire and results of the 2023 Population and Family Health Survey, consisting of (47 titles) covering policies (17 titles), programs (20 titles), and services (10 titles) arranged according to the degree of priority. An entire chapter was allocated to identify the research topic that received an average priority score of 3.5 or more from the partners (28 research papers). The illustration shows the title of the study, its objectives, and importance.

Conclusion and Recommendations

The study recommends publishing the list of priorities for sexual and reproductive health research and studies to all stakeholders and relevant parties, including research and academic institutions, in addition to displaying it on the knowledge platform for sexual and reproductive health research (Share-Net Jordan). This list is expected to guide scientific research activities and allocating research resources over the next five years to address priority issues, which, when tackled, will improve family health and well-being, positively impacting population indicators and sustainable development in Jordan.

Chapter 1: Introduction, Objectives and Methodology

1. Introduction

Sexual and reproductive health, as defined by the World Health Organization and the Program of Action of the Cairo International Conference on Population and Development (ICPD) of 1994, is "a state of complete physical, mental and social well-being in all aspects relating to the reproductive system and its functions and processes, and is not merely the absence of disease or infirmity." In this sense, sexual and reproductive health expresses the ability to enjoy a satisfying and safe sexual life, the ability to reproduce, or the freedom to decide whether, when and how often to reproduce, and the affirmation of the right of men and women to know and use methods and means of family planning that are appropriate to them, which enable women to pass through the period of pregnancy, childbirth and the postpartum period safely, and provide the couple with the best opportunities for giving birth to a child enjoying physical, psychological and social health[1].

Sexual and reproductive health has a significant impact on the overall health of individuals and society, and has been of increasing interest from a health, economic and overall development perspective. The Sustainable Development Goals, adopted by the United Nations General Assembly in September 2015, include a specific goal on health: to ensure healthy lives and promote well-being for all at all ages (SDG 3). In support of this goal, there is a specific target to ensure universal access to sexual and reproductive health-care services by 2030 (SDG 3.7). In addition, the Fifth goal of the Sustainable Development Goals, the third target of which stipulates the elimination of all harmful practices, such as child, early and forced marriage, and female genital mutilation (FGM), and the sixth target is to ensure universal access to sexual and reproductive health services and reproductive rights, as agreed upon in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Declaration and platform for Action, and their final documents[2].

The WHO Global Health and Sexual and Reproductive Health Strategy identifies several key aspects of sexual and reproductive health services, all of which require rapid progress. These aspects are[3]:

• Improving prenatal, intrapartum, postpartum care, and care for newborns.

• Providing high-quality Family Planning services in scientifically, socially and legally acceptable ways, including infertility services.

• Eliminating unsafe abortions and controlling their complications.

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1 https://iris.who.int/bitstream/handle/10665/70833/WHO_FRH_RHT_HRP_97.1_eng.pdf

2 https://iris.who.int/bitstream/handle/10665/258738/9789241512886-eng.pdf

3 World Health Organization (WHO). Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets. Geneva: WHO; 2004.

• Combating sexually transmitted infections (including HIV), genital infections, cervical cancer, breast cancer, and other gynecological diseases that can lead to death.

• Promoting sexual health.

• Sexual and reproductive health for men.

• Promoting adolescent and youth health.

• Prevention and treatment of infertility and sexual dysfunction.

• Prevention and management of domestic violence.

The Jordanian National Strategy for Reproductive and Sexual Health 2020-2030, prepared by the Higher Population Council, highlighted the most important challenges facing sexual and reproductive health and family planning in Jordan, which can be summarized as follows[4]:

- Failure to give reproductive and sexual health a national priority and link it to the Sustainable Development Goals and the global commitments of the Nairobi Summit.
- Disparities in access and fair access to quality services between geographical areas and between different segments of society in the same region.
- Absence of comprehensive and unified indicators related to reproductive and sexual health.
- Shortage of qualified human resources in the field of sexual and reproductive health, gender-based violence, and their uneven distribution.
- Lack of adequate, sustainable and prioritized budget for reproductive and sexual health issues, and the reliance of reproductive and sexual health programs on funding from donors, and the lack of institutionalization and sustainability of these programs.
- Weak coordination, cooperation and partnership between different sectors that take into account the social determinants of reproductive and sexual health, and the dispersion of efforts by international and local institutions regarding reproductive and sexual health services and programs.
- Lack of a unified package for sexual and reproductive health services and gender-based violence, and the lack of unified training and procedural guides for all components of sexual and reproductive health.
- The existence of misconceptions in society about reproductive and sexual health issues and gender-based violence.

4 Higher Population Council, The Jordanian National Strategy for Reproductive and Sexual Health 2020-2030

- Lack of involvement of local communities in the development and implementation of reproductive and sexual health interventions and lack of participation of men, boys and youth.
- Failure to include the concepts of reproductive and sexual health and gender-based violence in school and university curricula.
- Lack of national programs for reproductive and sexual education for youth, adolescents and people with disabilities, and their limitation to institutional programs and initiatives.
- Weak documentation of programs, initiatives and services provided at the national level, in addition to weak research and studies related to reproductive health, especially with regard to the reproductive health of youth, adolescents, people with disabilities and the elderly.
- Marginalization of the reproductive and sexual health sector in crisis response and not considering it as a basic primary service.
- Lack of electronic platforms specialized in reproductive and sexual health services and information, especially during crises.
- Lack of mobile stations/teams to facilitate access to reproductive and sexual health services.

The Higher Population Council attaches great importance to the issue of sexual and reproductive health as an important element in population dynamics. The Council supports efforts to balance population growth and economic resources to promote development, create an enabling environment to capture population opportunity, and strive to strengthen national sexual and reproductive health programs. This will help Jordan achieve sustainable population and economic growth.

Within this framework, the Higher Population Council was keen to provide an enabling environment for research that would enable policy makers, program developers and service providers to use sound information in the field of sexual and reproductive health necessary to make evidence-based decisions to improve sexual and reproductive health programs and services in Jordan. The Council, in cooperation with its partners, has been engaged in identifying priorities for studies and research that address sexual and reproductive health issues for several cycles in 2009, 2011, 2014 and 2019 based on data from the population and family health surveys conducted by the Department of Statistics. It also circulated these priorities to research centers and published them on the Knowledge Platform for Reproductive Health website.

In continuation of this approach, the Council, in partnership with national governmental institutions, civil society institutions, academic institutions, and relevant international institutions, prepared this study on the priorities of sexual and reproductive health issues, studies, and research in Jordan, based mainly

on the questionnaire and results of the 2023 Population and Family Health Survey. The Council aims through this study to come up with a national agenda for the priorities of sexual and reproductive health issues, studies, and research for the next five years, as a guide for the Council and national and international research bodies in preparing sexual and reproductive health studies, and in a way that contributes to directing the allocation of research resources to priority problems; helps policy makers and decision makers to understand the main problems and issues related to sexual and reproductive health in Jordan and to formulates policies and programs and provides services directed to address issues and problems. This comes from the tasks of the General Secretariat of the Higher Population Council in following up on the implementation of the National Strategy for Reproductive and Sexual Health in Jordan for the years 2020-2030 and following up on the performance indicators of the pregnancy and family planning program in Jordan based on the statistics produced by family surveys in addition to the administrative statistics of different institutions.

2.Study Objectives

This study aims to achieve the following:

- Identify the priorities of sexual and reproductive health issues that emerged from the questionnaire and results of the 2023 Population and Family Health Survey.
- Identify research and study priorities according to the themes (policies, programs and services) to address these priorities.
- Direct research efforts towards priority sexual and reproductive health issues in a way that serves the development of policies and programs to address them.
- Support, and update the National Strategy for Sexual and Reproductive Health 2020-2030 and its operational plans with priorities for sexual and reproductive health issues.
- Provide a national agenda of research priorities in the field of sexual and reproductive health for national institutions, relevant funding agencies, researchers and university students.

3. Methodology

Study Approach

This study is based on analytical research method based on secondary data. The qualitative method was used to obtain consensus from partners on the SRH research priorities utilizing seminars in addition to the use of a quantitative approach to assess the priority ranks of the proposed research topics by partners using the Likert Scale (1-5 degrees) based on specific criteria agreed with the participants.

Study Steps

1. Reviewing lists of priorities for studies and research on sexual and reproductive health prepared by the Council in 2009, 2011, 2014 and 2019, and the reports, studies and strategies related to sexual and reproductive health in Jordan to identify these issues and become familiar with the policies, programs and services related to this topic.

2. Conducting a review of the questionnaire and results of the 2023 Population and Family Health Survey, through which sexual and reproductive health issues were identified as shown by the results of this survey and classified according to the main topics of sexual and reproductive health included in the survey report.

3. In light of the sexual and reproductive health issues that emerged from the questionnaire and results of the 2023 survey; a draft of the priorities for studies on sexual and reproductive health was prepared, classified according to the axes of policies, programs and services.

4. Reviewing the criteria set by the Steering Committee for Population Research for determining research priorities for 2012 and adopting an updated list of these criteria. These criteria include the following axes:

- Avoiding repetition: Does research add new knowledge?

- Positive impact on the sexual and reproductive health of the population

- Importance/danger/seriousness/size of the problem or issue

- Justice in access to services: Does the research address inequality and disparities between regions and groups, especially marginalized ones?

- Are there risks to the lives of a large number of people if the research is not conducted?

- Will the research have positive economic impacts on the treasury and the family?

- Feasibility: financially/temporarily/technically/culturally/politically/availability of information

- Ethical dimension

5. Two workshops were held, the first for the central and northern regions and the second for the southern region, which both included a number of experts, specialists and partners from all governmental, private, civil, international and research sectors to discuss the draft priorities of studies and research related to sexual and reproductive health indicated in the third paragraph above, suggest other research topics that are of priority from their point of view, and evaluate and prioritize each research topic using a Likert scale of 1-5 degrees (1: very weak, 2: weak, 3: average, 4: high, 5: very high) according to the criteria referred to in paragraph 4 above, which were presented to the participants and approved by them before starting to evaluate and set marks for the priorities of studies and research.

At the end of the two workshops, the lists of research priorities approved by the participants were collected after they set the priority scores and entered into the computer using the Excel program to calculate the arithmetic mean for each research topic according to the different themes of policies, programs and services and according to the degree of importance reflected by the arithmetic mean score.

7. Preparing the study report in Arabic and English.

Chapter 2: Previous Studies and Efforts of the HPC in Defining SRH Issues and Research Priorities and Introduction to the Population and Family Health Survey 2023

1. Previous Studies and Efforts of the HPC in Defining SRH Issues and Research Priorities

The HPC adopts a clear policy reflected in the successive strategic and executive plans of the Council, which focuses on supporting and encouraging scientific research and utilizing the results of research in formulating policies and developing programs and activities that lead to improving sexual and reproductive health and positively reflect on the 2030 Agenda for Sustainable Development and the ICPD Program of Action. In this regard, the HPC has conducted four main studies during the last fifteen years to review and analyze the research on sexual and reproductive health in Jordan and identify priorities of SRH issues on which the national agendas for research priorities on sexual and reproductive health were built. These studies are summarized as follows:

The 2009 Study to Identify Reproductive Health/Family Planning Research Priorities[5]

To determine research priorities in reproductive health and family planning, three penal discussions have been convened for representatives from the Ministry of Health, Jordanian Royal Medical Services, Universities, Private Sector, Professional Associations, Donors, International Agencies, Public Institutions and Civil Society Organizations (CSOs). The three meetings aimed at prioritizing and discussing family planning research as outlined in family planning review report (2001-2008) using 5-point Likert scale. The participants in the panel discussions have been asked to propose research topics of priority. At the end of the three panel discussions, the proposed research topics were consolidated in a single excel sheet and sent to the participants via email to assign points of priority and approve them using Likert Scale. Upon consolidation of the approved research topics in the above excel sheet (the group proposed by the participants and outlined in the study of reviewing family planning research), the average rate for participants' answers on each research topic has been calculated and the research topics have been classified under the three main headings (policies, programs and activities) by descending order. A national agenda for priority family planning research covering policies (10 topics), programs (14 topics) and services (17 topics) arranged by priority level.

The 2011 Study to Identify Reproductive Health/Family Planning Research Priorities[6]

The Higher Population Council reviewed family planning research conducted in Jordan from 2008 to 2011 to identify gaps and prioritize family planning research topics for developing a national agenda.

5 Higher Population Council (2009). Identification of Priority Research Topics Related to Family Planning.

6 Higher Population Council (2011). Identification of Priority Research Topics Related to Family Planning.

A focal discussion session was held with representatives from the Ministry of Health, the Higher Health Council, the Royal Medical Services, universities, the private sector, professional associations, donors, international agencies, public institutions, civil society organizations, and the Department of Statistics. The session aimed to discuss, evaluate, and rank family planning research priorities as outlined in the Family Planning Research Review Report (2008-2011) using the Likert scale (from 1 to 5 points). Participants were also asked to suggest additional priority research topics from their perspective.

At the end of the session, the proposed research topics were compiled into a unified format and sent to participants via email for validation and to assign priority points to each topic using the Likert scale. The approved research topics (from both the Family Planning Research Review and those suggested by participants) were then compiled into one list and entered into a computer using Excel. The responses for each research topic were aggregated and the topics were ranked under three main categories: policies (6 topics), programs (6 topics), and services (10 topics), in descending order from the highest to the lowest priority. This process resulted in a national agenda for family planning research priorities.

Reproductive Health Research Priorities Based on Population and Family Health Survey 2012[7]:

In order to determine the priorities of research in the field of reproductive health/family planning based on the 2012 Population and Family Health Survey, the Higher Population Council, in cooperation with the Center for Strategic Studies at the University of Jordan and the International Foundation for Development Cooperation (ICF), held a meeting in February 2014, which included experts and researchers in the fields of in-depth scientific research on population and family health, to come up with priority topics based on the results of the survey conducted by the Department of Statistics.

After that, the Steering Committee for Population Research discussed the priorities of the research proposed by the experts based on the results of the 2012 Population and Family Health Survey. The committee established a set of criteria to assign priority scores to the proposed studies. The research was categorized according to three key areas of family planning: policies, work programs, and services. Afterward, members of the Steering Committee for Research ranked the priorities using the Likert scale, scoring from 1 to 5 points for each of the three areas. Additionally, the priorities for proposed topics that fell outside the scope of the Population and Family Health Survey were identified, as they required data from alternative sources. Ultimately, a national agenda was developed for family planning research priorities, which included six topics related to policy, six topics related to programs, and ten topics related to services, all arranged in order of priority.

7 Higher Population Council (2014). Research priorities in the field of reproductive health based on the results of the Population and Family Health Survey 2012.

Priorities of sexual and reproductive health issues and studies based on the results of the Population and Family Health Survey 2017/2018[8]:

This study relied on an analytical method based of the results of the Population and Family Health Survey 2017/18 and the recommendations of studies in the field of reproductive health to identify sexual and reproductive health issues, in addition to using a qualitative method to obtain consensus from partners on the priorities of studies in the field of sexual and reproductive health using the discussion group method. The quantitative method was also used to evaluate the priorities of issues and studies by partners using Likert scale (from 1-5 points), and based on specific criteria agreed upon with the participants; the research topics approved by the partners (the topics were based on the results of the Population and Family Health Survey 2017/2018 based on studies and reports from outside the survey) were collected and entered into the computer using Excel program. The arithmetic mean of the participants' answers for each research topic was calculated and the research topics were arranged under the three main headings (policies, programs and activities) in descending order from the highest to the lowest average.

A national agenda for sexual and reproductive health research priorities was reached, consisting of 36 titles divided into two parts: the first includes research priorities based on the results of the Population and Family Health Survey 2017/2018 (25 titles) covering policy axes (10 titles), programs (7 titles) and services (8 titles) arranged according to priority level. The second part includes research priorities based on the results of studies and reports from outside the survey (11 titles) covering policy axes (4 titles), programs (4 titles) and services (3 titles) arranged according to priority level. A whole chapter was allocated to identify research that received an average priority score of 3 or more from partners, and their number reached 22 research, indicating their title, objectives and importance.

2. Jordan Population and Family Health Survey 2023: General Introduction[9]

The 2023 Population and Family Health Survey is the eighth in a series of demographic and health surveys conducted in Jordan, following surveys carried out in the years: 1990, 1997, 2002, 2007, 2009, 2012, and 2017/2018. The Department of Statistics conducted this survey in response to the needs of the Ministry of Health, the Higher Population Council, and other relevant national institutions. Data was collected from January to June 2023. The survey protocol, including the collection of vital signs, was reviewed and approved by the Institutional Review Board of the International ICF.

The 2023 Population and Family Health Survey was conducted with funding from the Government of Jordan, USAID, UNFPA, UNICEF, WHO, and WFP in collaboration with ICF International, which provided technical assistance through the World Demographic and Health Surveys Program.

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8 http://www.share-net-jordan.org.jo/?q=ar/node/12114

9 Department of Statistics, 2024, Population and Family Health Survey 2023.

This survey aims to provide reliable estimates of fertility levels, marriage and sexual activity, reproductive preferences, family planning methods, maternal and child health, breastfeeding practices, nutrition, child mortality, knowledge and attitudes regarding HIV/AIDS and other sexually transmitted infections (STIs), women's experience with violence, and disability among family members; at the national, urban and rural, regional, and governorate levels, in addition to representing the community by nationality (Jordanian, Syrian, and other nationalities) for the purposes of evaluating existing population and health programs and policies and developing strategies, plans, and programs for population issues and family health.

The 2023 JPFHS sample was designed based on the framework used in the 2015 Jordan Population and Housing Census (JPHC); the survey was designed to provide representative results at the national level, and for urban and rural areas separately, for each of Jordan's (12) governorates, and to cover four groups by nationality: Jordanians, Syrians living in camps, Syrians living outside camps, and other nationalities.

The response rate for households interviewed was 98% at the national level, while the response rate for eligible women aged 15-49 was 97%, and the response rate for men aged 15-59 was 90%. 19,475 households were interviewed, including 12,595 ever-married women aged 15-49 and 5,873 men aged 15-49.

Chapter 3: Sexual and Reproductive Health Issues based on Jordan Population and Family Health Questionnaire and Survey 2023

After reviewing the survey questionnaires and in-depth analysis of the results shown in the 2023 Population and Family Health Survey Report, and based on the World Health Organization's concept of the dimensions and components of sexual and reproductive health, issues related to sexual and reproductive health in Jordan were identified and classified according to the main topics of the survey report, as follows:

1. Marriage and Exposure to the Risk of Pregnancy

There is a link between marriage and a woman's risk of pregnancy. Marriage is also an important factor in determining fertility levels. However, the timing and circumstances of marriage also have an important impact on the lives of both women and men.

1.1 Marital Status

- The results of the current survey showed a decrease in the percentage of women who had previously been married by 2% compared to the results of the Population and Family Health Survey for 2017-2018, where this percentage was 60% compared to 58% in the current survey.
- The percentage of Syrian women aged 15-49 who have never been married is high (75%). This result (needs interpretation by the Department of Statistics).

In all societies, there is usually a percentage of women who have never married for non-social reasons such as disability, illness, or lack of a minimum level of physical fitness and beauty.

It is worth noting that although a model for people with disabilities was added to the survey for the first time, sexual and reproductive issues for people with disabilities were not included in the results report of the survey, except for a table for people with disabilities according to marital status, which opens the way for researchers to further analyze these issues using raw data.

1.2 Polygyny

Although polygamy is not common in Jordan (4% of currently married women reported that their husbands had more than one wife), polygamy is more common among older, less educated and more affluent groups, with variations in polygamy between governorates, where it reached, for example, 6% in the governorates of Mafraq, Jerash and Tafilah,while it was 3% in the governorates of Zarqa, Irbid, Balqa and Karak.

The low incidence of polygamy in Jordan may be due to the fact that marriage to a second wife is often preceded by divorce from the first wife, and therefore polygamy becomes rare.

1.3 Marriage before the age of 18

- Despite a significant decrease compared to 1990, the rate of early marriage (i.e. marriage before the age of 18) remains relatively high among women in Jordan: 16% of women aged 20-49 were married before the age of 18.
- There is variation in the rate of early marriage according to governorates, nationality, and educational level of women, as well as variation between Syrian women inside and outside the camps.
- The high rate of early marriage is due to the length of the age group of women 20-49, as the percentage of women married under the age of 18 in the age group 45-49 reached 23.1% compared to 9% in the age group 20-24, at the national level, the percentage among Jordanian women reached 7% compared to 20.2% among Syrian women and 9.4% among other nationalities. Accordingly, the problem is mostly among Syrian women, and from here we can call for intensifying programs to reduce early marriage among Syrian women.
- It is preferable in future final reports of national surveys to use the Sustainable Development Goals 2030 indicator for the age group 20-24 instead of 20-49 years according to indicator No. 5-3-1 "The percentage of women aged 20-24 who were married before the age of fifteen and before the age of eighteen".

It is worth noting that the Jordanian Personal Status Law allows early marriage for those who have reached the age of 16 (i.e. completed 15 years), those who have reached the age of 17 (i.e. completed 16 years), and those who have reached the age of 18 (i.e. completed 17 years). The records of the Department of the Chief Islamic Judge provide data that enable the calculation of the percentage of girls by nationality who marry at (but not completed) the age of 15, 16, or 17 among those who marry for the first time.

2. Fertility

Delaying first births and lengthening the interval between births play an important role in declining fertility levels in many countries. These factors also have positive health consequences. In contrast, short birth intervals (less than 24 months) can lead to adverse outcomes for both newborns and their mothers, such as preterm birth, low birth weight, and death. Giving birth at a very early age is associated with an increased risk of complications during pregnancy and childbirth and higher rates of neonatal mortality.

2.1 Total Fertility Rate

- The total fertility rate has been stabling since the 2017-2018 survey, reaching 2.6 children in the current survey, a slight decrease from the results of the 2017-2018 Population and Family Health Survey, which was 2.7 children. This rate has become low, and it is not wise to work on reducing it further.

Also, this rate is a technical term that is difficult for many to understand what it means, and it is not actual but expected, i.e. it is the number of children that a married or unmarried woman is expected to give birth to when she reaches the end of her reproductive life if she follows her reproductive behavior according to the age-specific fertility rates prevailing in her society when the survey/interview was conducted with all women of reproductive age. Therefore, we suggest that instead of this rate, the total marital fertility rate (Marital Total Fertility Rate) be calculated and its variance be analyzed according to other variables.

- The disparity in fertility rates between rural and urban areas (2.6 children in urban areas and 2.8 children in rural areas).
- There are sharp disparities in the total fertility rate according to governorates (3.1 in Mafraq and Ajloun, 3.0 in Jerash and Zarqa, and 1.9 in Aqaba), nationality 4.1 among Syrian women (with disparities between Syrian women residing inside the camps and those residing outside the camps), educational level (3.4 for women with an education level less than secondary compared to 2.1 for those with an education level higher than secondary) and welfare level (3.9 for women at the bottom of the welfare ladder compared to 1.4 for those at the top of the welfare ladder).
- It is noticeable that the total fertility rate is below replacement level (2.1) in Mafraq Governorate (1.9) and in Balqa Governorate (2%) and for women at the highest welfare level (1.4). This requires knowing the influencing factors.

Likewise, the increase in birth rates among Syrian women leads us to think about strengthening birth control programs among Syrians and addressing the factors affecting the increase in rates among them.

- A relatively large proportion of births (14%) occur within less than 18 months after the previous birth and about a third of births (27%) occur within 24 months after the previous birth, despite the average spacing period between births increasing steadily over time. This issue has an impact on fertility, in addition to its impact on the health of mothers and their children.

2.2 Children Ever Born and Living

- The average number of children born to married women aged 45-49 years - who are likely to no longer be able to have children - has increased to 4.1 children. This is called completed childbearing.
- 5% of currently married women aged 45-49 years have not had any children (wife without children), which represents primary and secondary infertility, and we do not know the reason behind these two types, whether it is from the husband or the wife or both.

- 3% of live births in the five years preceding the survey were multiple births (twins). Given the importance of studying the social characteristics of women who have twins, the Council is currently preparing a fact sheet on this topic.

In future final reports of surveys, we need to indicate the percentage of married women who have only daughters and those who have only sons.

2.3 Birth Intervals

- The birth interval is the length of time between two consecutive births. Short birth intervals (less than 24 months) are associated with an increased risk of death for both the mother and her child.
- A large proportion (41%) of births occurred within a relatively short interval of 24 months or less than 18 months after the first birth. 27% of births occurred within less than 24 months of the previous birth, and 14% occurred within less than 18 months after the previous birth. This issue has an impact on fertility, in addition to its impact on the health of mothers and their children.

Birth intervals after the first child are usually short for several reasons, including wanting a male child after a female child, a short period of abstinence from marital relations after birth, a short period of exclusive breastfeeding, poor counseling before leaving the maternity ward in hospitals and during the postpartum period as well, and high use of traditional contraceptives with high failure rates. The most important thing is to measure and study the period between pregnancy loss and subsequent birth, because for biological reasons (lack of breastfeeding due to loss of the fetus and/or loss of a newborn) and psychological reasons (compensation for what was lost), the wife becomes pregnant again early.

- There are differences in the average interval between births according to the presence of child deaths from previous births, according to the sex of the previous newborn, according to the mother's education level, according to the nationality, and according to the mother's level of economic well-being.
- There are differences according to the order of birth, as the percentage of births with a spacing of less than 24 months increases among those born in second and third place.
- There are also differences according to the governorates, as the occurrence of births in a period of less than 24 months in each of the governorates of Madaba was 30.6%, Mafraq 32.6%, Jerash 32.5%, and Ma'an 32.4%.

2.4 Age at First Menstruation

- The age at which a young woman experiences her first menstrual period is an important milestone in her life. It indicates the beginning of her fertile years.
- The average age at first menstruation among women aged 15-49 is 13.3 years.
- The age at first menstruation is lower among women aged 15-19 (12.9 years) compared to women in older age groups (13.2-13.3 years).

The need to focus on health and psychological awareness about the menstrual cycle among schoolgirls, especially in primary classes, and how to deal with it in a healthy way to avoid illness and infertility later on, and the need to find appropriate health facilities in schools. It is worth noting that a study was recently prepared by the Higher Population Council, on the monthly cost of sanitary pads for a non-pregnant mother and her daughters, which reflected the significant economic burden on the family.

2.5 Arrival of Menopause

- Women reach menopause early during their reproductive years, with 6% of women aged 30-49, 0.6% in the 30-34 age group, 1.5% in the 35-39 age group, and 8.1% in the 40-45 age group.

Women reaching this stage early is worth considering because it determines the family's reproductive choices. Is there a relationship between the early arrival of a girl's first menstruation and her later arrival at menopause, and what are the measures needed for this transformation?

2.6 Teenage Pregnancy

- 3% of adolescent women aged 15-19 have ever been pregnant and 7% of women aged 25-49 gave birth before the age of 18. Despite the low rates, they carry a risk related to educational and work opportunities for women, and are also linked to high fertility levels, the possibility of miscarriage or abortion, and possible health effects on the mother and the newborn.
- There are differences in the rates of teenage pregnancy 15-19 years according to nationality, the mother's education level, and according to the governorates (5% in Zarqa and 4% in Jerash and Mafraq) and the mother's level of welfare.
- The large increase in the rate of teenage pregnancy 15-19 years among Syrian women (12% for women in camps and 8% for women outside camps) is due to the impact of marriage below eighteen years of age among Syrian women.

Teenage pregnancy can reduce women's educational and employment opportunities and is associated with higher levels of fertility and higher rates of neonatal mortality. Therefore, the 2030 Sustainable Development Goal 3.7 on ensuring universal access to sexual and reproductive health care services by 2030 has included a sub-target (3-7-2) on the birth rate among adolescent girls aged 10-14 and 15-19.

2.7 Pregnancy Outcomes

- Adequate and appropriate prenatal care, especially in high-risk pregnancies, is significantly associated with positive maternal outcomes. Pregnancy usually ends with a live birth, fetal death (miscarriage), or a stillbirth, i.e. a pregnancy that has completed 28 weeks of pregnancy, or an intentional abortion.
- The percentage of pregnancies that ended with a live birth was (86.4%), and this percentage decreases with the advancement in the pregnancy order to reach 81.4% in the fourth pregnancy order and above. It also decreased from this percentage in the governorates of Ajloun (81.3%), Jerash (83.6%), the capital (84.1%), and Balqa (84.4%). This percentage decreased among Jordanians (85.9%) compared to Syrians (89.3%) and holders of other nationalities (89.2%).
- 12% of pregnancies among women aged 15-49 years in the three years preceding the survey resulted in miscarriage, and 1% resulted in intentional abortion. There are differences in the rates of unintentional abortion according to the mother's nationality, governorates, and between urban and rural areas.
- 0.3% of pregnancies were stillbirths (pregnancy lasting 28 weeks or more).

Pregnancy loss is associated with negative effects on the mother, such as anxiety and depression. The Council conducted a preliminary analysis of pregnancy loss and its timing.

3. Fertility Preferences

- Information on fertility preferences can help family planning planners assess the desire to have children, the extent of unwanted or inappropriate pregnancies, and the demand for contraceptives to space or limit births. This information indicates the direction that fertility patterns may take in the future.

It is essential to conduct the following analyses based on the raw survey data: (1) Analyze the desire for having more children among wives and husbands, not based on the total number of children they have, but separately based on the number of sons and daughters they each have. Additionally, (2) compare the number of men and women who have two or three sons only with those who have two or three daughters only, to examine the effect of the gender composition of children in the family on the desire to stop having children.

3.1 Desire for Another Child

- There is a gap between men's and women's attitudes on issues related to reproduction:

- 12% of currently married women want to have another child within the next two years, compared to 21% of currently married men.

- More than half of women (57%) and slightly less than half of men (49%) do not want any more children or have been sterilized.

- 30% of men who do not have living children do not want any children, compared to 4% of women who do not have living children. This percentage requires attention due to its significant increase compared to previous years.

- 22% of women who do not have children stated that they are unable to have children, and this percentage varies among those who have children, reaching 7.2% of all women 15-49. On the other hand, the percentage of men who do not have children and stated that they are unable to have children reached (7.9%). This percentage varies for those who have children, reaching 1.2% of all men aged 15-49, and rising to 3.6% for men if we expand the age group to (15-59).
- There are differences in the percentages of married women who do not want to have more children according to the mother's nationality, reaching (57.1%) among Jordanians and 52.4% among Syrians. It also varies clearly between Syrians inside the camps, reaching (38.9%), and outside the camps (54.6%). The percentage of married women who do not want to have more children also varies according to the governorates, reaching its highest in the governorates of Tafilah and the capital (64.5%, and 62%) respectively, and reaching its lowest in the governorates of Mafraq and Irbid (44.6%, 48.3%) respectively. It also varies according to the level of welfare.

3.2 Ideal Family Size

- There is a gap between men's and women's attitudes regarding the ideal family size. The average ideal number for ever-married women was 3.7 compared to 4.1 for ever-married men, and for currently married women it was 3.7 children compared to 4.2 for currently married men aged 15-49.
- There are differences in the ideal number of children according to the mother's nationality; The Jordanian women had 3.7 children, compared to 4.1 for Syrian women. According to the governorates, the ideal number of children reached a maximum of 4 children in the governorates of Jerash and Ajloun, and a minimum of 3.2 in Ma'an Governorate and 3.3 children in Aqaba Governorate. According to the mother's education level, the ideal number of children increased from 3.6 children for mothers with a higher education to 4.1 for mothers without education. The ideal number also increased from 3.2 children for mothers aged 15-19 to 4 children for mothers aged 45-49.

3.3 Fertility Planning Status

- The widening gap between desired and actual childbearing increases women's exposure to miscarriage and abortion, which poses a risk to women's health.
- The presence of 19% of unwanted births, which is not a small percentage and needs to be studied (10% were mistimed (i.e. desired at a later date). 9% of births were not desired at all).
- The percentage of unwanted births increased from 6% in 2017-2018 to 9% in 2023.

3.4 Wanted Fertility Rates

- There is a gap between the total wanted fertility rate in Jordan of 1.9 children and the current total fertility rate of 2.6 children (about 0.7 children less).
- The gap between the wanted fertility rates and the actual fertility rates increased from (0.5 children) according to 2017-2018 survey to 2023 (0.7 children) in 2023 survey.
- There are differences in the gap between the wanted total fertility rate and the actual total fertility rate according to the mother's nationality. While the difference between Jordanian women was 0.7 children, the difference between Syrian women was 1.2 children. There is also a difference according to the governorates, the mother's education level, and the level of welfare.

The wanted fertility rate for Syrians (which is 2.9 children) could be used to estimate the number of Syrians and compare their number when the total fertility rate among them (4.1 births per woman) remains the same.

4. Family Planning

Couples may use family planning methods to limit the number of children they have, space them out, or wait before having their first child for a number of reasons. The benefits of family planning are not limited to improving maternal or child health, family planning can also significantly enhance opportunities for higher socioeconomic status, education, employment, and women’s empowerment.

4.1 Contraceptive Knowledge

- Although currently married women and men have excellent knowledge of any family planning method, with over 99% of currently married women and men having heard of at least one method of family planning, the least popular methods among previously married women and all men are male sterilization (26% and 18%, respectively), female condoms (34% and 17%, respectively), and emergency contraception (34% and 18%, respectively).

- There are slight variations in knowledge of family planning methods by governorate and by women's nationality.
- 48% of women mistakenly believe that they are most likely to get pregnant immediately after their period ends, and 9% say that there is no specific fertile window or that they do not know when the fertile window is. When this low knowledge of the fertile window is combined with the use of traditional methods of contraception, the result is unwanted and/or close pregnancies and births.

4.2 Contraceptive Use

- Although the rate of use of family planning methods among married women increased in this survey to (60%) compared to (52%) according to the 2017-2018 survey, the increase was in the use of traditional family planning methods (22%), as the rate of use of modern methods by Jordanian couples witnessed relative stability according to the results of the last two family surveys 2017/2018 and 2023, reaching 38.1% and 39% respectively, while the rate of use of traditional methods increased to a record level from 13.3% to 22.3%, which is the highest among all Arab societies, and these methods are characterized by a high failure rate.
- There is a variation in the use of family planning methods according to the number of living children and according to the governorates, as it reached its lowest in Mafraq Governorate at 38.3% and its highest in Madaba and Ajloun Governorates (63.7%). It also varies according to nationality, as it reached its highest among Jordanian women (61.3%) and its lowest among Syrian women (50%). It also varied between Syrian women inside and outside the camps, as it decreased inside the camps to 41.1% compared to 51.4% outside the camps. It also varied according to the educational level and the level of welfare.
- Contrary to what is expected, there is a steady increase in the use of traditional methods of family planning with the rise in the educational level, while the percentage of use of modern methods among women decreases with the rise in the educational level.

  The percentage of use of traditional methods in Ma'an Governorate exceeded the percentage of use of modern methods (28.3% for use of traditional methods versus 24.3% for use of modern methods).
- Among married women aged 15-49 who are not currently using a modern method of family planning, the most common reasons for not doing so were reasons related to the method (for example, fear of side effects (82%).

Therefore, the Council will work with the support of the United Nations Population Fund to implement a study on the trends in the use of traditional family planning methods and their causes.

4.3 Informed Choice

Informed choice refers to women being informed about the side effects of the family planning methods they use, what to do if they experience side effects, and other methods they can use.

- Only 56% of women who started using a modern family planning method in the five years preceding the survey were informed about the side effects or problems related to the method used, what to do if they experience side effects, and other methods that can be used. Government health centers were the most prominent providers of this service in the public sector (65%), while the Jordanian Family Planning Association was the most prominent provider of this service in the private sector (74.9%).

The provision of counseling services is weak in Jordan despite the many opportunities for this, but they are wasted and underutilized opportunities, especially when the woman is in a health facility of any type and for any reason. This service, despite its important positive effects and low cost, does not receive sufficient attention from health care providers.

4.4 Discontinuation of Contraceptives

- More than a quarter of women have stopped using contraceptives, with 29% of women who started using contraceptives in the five years prior to the survey stopping within 12 months. This was attributed to reasons related to wanting to become pregnant (54%), side effects of the method (14%), failure of the method to prevent pregnancy (12%), or wanting a more effective method (6%).

4.5 Demand for Family Planning

- More than a quarter of currently married women aged 15-49 (29%) said they did not need family planning.

Jordan now ranks first in the region in the rate of use of traditional birth control methods, which are methods in which the husband participates in using them.

- There is a significant percentage of unmet need for family planning methods (11%), despite its decrease compared to the results of the 2017/18 survey, which was (14%). But if we add to this percentage the percentage of women using traditional methods, the percentage of married Jordanian women who have an unmet need for an effective method of birth control reaches 32.3%. This is a very high percentage, and if it is not met, it will be responsible for most unintended births.
- The percentage of unmet need for family planning methods varies according to the woman's age,

as it gradually increases from 7% in the 40-45 age group to reach 18% in the 15-19 age group. It also varies according to the governorates, as it reached its highest in the governorates of Mafraq and Karak (23.6%, 18.6%) respectively, and its lowest in the governorates of Amman and Aqaba (9%) for each of them. It also varied according to nationality, as it reached (10%) among Jordanian women and (17.8%) among Syrian women. It also varied among Syrians inside the camps (21.4%) compared to (17.2%) outside the camps, and it also varies according to the educational level.

- The percentage of demand met by modern methods for women varies according to age, as it decreased from (58.3%) in the age group 45-49 to reach (42.1%) in the age group 15-19, and it also varied according to nationality, as it reached 54.7% among Jordanians, while it reached 49% among Syrians, and it also varied according to governorates, as it reached its highest in Madaba Governorate (62.4%) and its lowest in Ma'an Governorate (37.2%).

The Council conducted an analysis to estimate the impact of the unmet need to use a modern method on each of the following: the volume of unintended childbirth, the number of pregnancies, the number of births, the number of antenatal visits, and the number of midwives.

It is worth noting that Sustainable Development Goal 2030 No. 3-7, which aims to ensure universal access to sexual and reproductive health care services by 2030, includes a sub-goal (3-7-1) regarding the percentage of women of reproductive age (15-49 years) whose need for family planning is met by modern methods.

4.6 Pressure to Become Pregnant and Future Use of Contraception

- 7% of women reported experiencing pressure from their husbands or family members to become pregnant. The percentage of women who reported such pressure was highest in Ma'an (17%) and Balqa (15%), while it was lowest in Aqaba and Irbid (4% each). This pressure and family interference must be studied, particularly in cases of newlyweds, childless couples, and couples with daughters only.
- A large percentage (69%) of those who are not currently using family planning have no intention of using family planning in the future.
- The percentage of women who reported that they do not intend to use a method of contraception in the future was highest among those with four or more living children (73%).

In order for the analysis to be more accurate, it is necessary to link the percentage of women who do not intend to use contraception in the future to the woman's age, as she may be at an age when she cannot have children later, which means that she does not need to use the family planning methods, as well as linking them according to nationality.

4.7 Exposure to Family Planning Messages

- Weak health education about family planning methods that women receive from health service providers, as there is a large percentage (75%) of those who do not currently use family planning methods have not discussed the issue of family planning with health service providers.

This reflects the lack of interest of service providers in providing awareness services about the importance of using family planning methods and the lack of awareness among women to consult service providers about family planning issues. This result is not consistent with the recent campaign on family planning, whose slogan was "Your family is your capital"!

- There are differences in the percentages of health education about family planning methods that women receive from health service providers according to the woman's educational level, regions and governorates.
- A significant proportion of men (42%) were not exposed to family planning messages from the media, even though the vast majority of decisions to use or abstain from contraception are made with their husbands.
- The most common source of family planning messages among married women aged 15–49 was a community meeting or social event (75%), while the least common source was radio (22%) and newspaper (32.2%). Among all men aged 15–49, the most common source was social media (43%), and the least common source was radio (10%).

5. Infant and Child Mortality

- Decrease in child mortality rates, neonatal mortality, infant mortality, and under-five mortality rates in the 2023 Population and Family Health Survey compared to the 2017-2018 survey.
- Contrary to expectations, child mortality rates are higher in urban areas than in rural areas, with under-five mortality rates reaching 16 deaths per 1,000 live births among children in urban areas, compared to 13 deaths per 1,000 live births among children in rural areas.
- The mortality rates of children under five years of age are higher among mothers with secondary and higher education (18 deaths per 1000 live births and 13 deaths per 1000 live births respectively) compared to mothers with no education (2 deaths per 1000 live births). This sharp difference may be due to the small sample size of uneducated mothers. Therefore, we suggest that special statistical treatment be carried out in future surveys to reduce the effect of sample size on calculating rates.
- The mortality rates are higher among children under five years of age who were born to mothers of

other nationalities (21 deaths per 1000 live births) compared to children born to Jordanian mothers (16 deaths per 1000 live births) or children born to Syrian mothers (12 per 1000 live births). This difference in rates is more evident in relation to neonatal mortality, which reached 18 deaths per thousand live births among children of other nationalities, 7 deaths per thousand live births among Syrian children, and 9 deaths per thousand live births among Jordanian children.

- The mortality rate among children under the age of five varied according to the level of economic welfare, as this rate was lower in the fourth and highest quintile of welfare (10 deaths per 1000 live births) compared to the third, second and first quintile of welfare (18-19 deaths per 1000 live births).
- There was a variation in the mortality rates of children under the age of five between governorates, as it reached its highest in Balqa Governorate (24 deaths per thousand live births) and its lowest in Mafraq Governorate (5 deaths per thousand live births).

6. Perinatal Mortality

- Perinatal mortality rates are higher in urban areas (12 deaths per 1000 pregnancies) compared to rural areas (5 deaths per 1000 pregnancies).
- Perinatal mortality rates varied between governorates, with the highest in Amman (13 deaths per 1000 pregnancies) and the lowest in Ma'an (zero deaths per 1000 pregnancies) and then Mafraq (3 deaths per 1000 pregnancies).
- Perinatal mortality rates varied by nationality, with the rate among Syrian women living outside the camps reaching 14 deaths per 1000 pregnancies and among Jordanian women reaching 11 deaths per 1000 pregnancies, compared to 3 deaths per 1000 pregnancies among women of other nationalities and 4 deaths per 1000 pregnancies for Syrian women inside the camps.
- There are also disparities according to the welfare quintiles, with the highest perinatal mortality rate in the second quintile (19 deaths per 1,000 pregnancies) and the lowest in the fourth quintile (6 deaths per 1,000 pregnancies).
- Contrary to what might be expected, the perinatal mortality rate was lowest among mothers with no education (3 deaths per 1,000 pregnancies) and highest among mothers with secondary education (12 deaths per 1,000 pregnancies). Again, this could be attributed to the small size sample of the mothers with no education.

7. High-Risk Fertility Behavior

- A high percentage (81%) of currently married women in Jordan who belonged to a high-risk category

that could have been avoided if they had become pregnant at the time of the survey (54% belonged to multiple high-risk categories, and 27% belonged to a single high-risk category), an increase of 5% over the results of the 2017-2018 survey. Only 14% did not belong to any high-risk category.

The probability of dying in childhood is usually much higher among children born to young mothers (less than 18 years) or old mothers (more than 34 years), children born after a short birth interval (less than 24 months after the previous birth), and children born to mothers with a high birth rate (more than three children).

8. Maternal and Child Health Care

Health care services during pregnancy, childbirth and postpartum are important for the survival and well-being of mothers and babies. Antenatal care can reduce health risks for mothers and babies by monitoring pregnancy and screening for complications. Giving birth in a health facility, with skilled medical care and sanitary conditions, reduces the risk of complications and infections during labor and delivery. Timely postnatal care provides an opportunity to treat complications from childbirth and teach the mother how to care for herself and her newborn.

8.1 Antenatal Care Coverage

- The proportion of women who received health care in the first trimester of pregnancy decreased from 85% in the 2017-18 Population and Family Health Survey to 73% in the 2023 survey.
- 17% of women who had ever been pregnant did not visit antenatal care for the first time until the seventh month or later.
- There were differences in the number of antenatal care visits by governorate, educational level and welfare level. Women living in Karak and Ma'an were the least likely to have had at least eight antenatal care visits (43% and 44% respectively), while women in Mafraq and Ma'an were the least likely to have had their first visit in the first trimester (64% and 67% respectively). The proportion of women who had at least eight antenatal care visits increased with increasing education, from 38% among those with no education to 72% among those with higher education. The proportion of women who had at least eight antenatal care visits increased from 49% among those in the lowest wealth quintile to 81% among those in the highest wealth quintile.
- The proportion of mothers who had their last child protected against neonatal tetanus was low (only 18% had received a tetanus vaccine during pregnancy).

8.2 Components of Antenatal Care

- About a quarter of women who had ever been pregnant did not receive counselling about their diet (24%) and breastfeeding (23%), and more than a third (37%) were not asked about vaginal bleeding.
- 45% of women who gave birth alive were not counseled about danger signs, and 38% were not told where to go if they had serious health problems during pregnancy.
- These findings about poor health counseling for pregnant women during their visits to health care providers, especially in the last trimester of pregnancy, are consistent with the poor rates of counseling about family planning services provided to them, which were previously mentioned.
- Low percentage of women who were given tetanus injections during pregnancy to prevent neonatal tetanus, which is one of the leading causes of death among infants (18% of the most recent live births of women in the two years preceding the 2023 Reproductive Health Survey were protected against neonatal tetanus), noting that this percentage was 28% in the 2017-2018 Population and Family Health Survey. There are differences in the provision of this protection according to urban and rural areas, governorates, and the educational level of mothers.

8.3 Delivery Services

- There are differences in the place of delivery according to the nationality of women (90% of live births of Syrian women occurred in a health facility, compared to more than 99% of live births of Jordanian women and 97% of live births of women of other nationalities). 43% of live births in Syrian refugee camps occurred in “other” facilities, not classified as health facilities, and scattered places such as cars and ambulances.
- The rate of caesarean sections has increased significantly (43% of all births). This percentage is constantly increasing, as it was 6% in the 1990 survey and 30% in the 2012 survey, and decreased slightly to 26% in the 2017-2018 survey, then returned to a significant increase in the 2023 survey.
- There are variations in caesarean section rates according to age, governorate, education level, nationality, and level of economic well-being.
- Cesarean sections are more common among live births in private facilities (51%) compared to live births in public facilities (40%).

It has been scientifically proven that the use of caesarean sections without medical necessity may expose women to the risk of short-term and long-term health problems. It is worth noting here that the Council has prepared a policy brief to reduce elective cesarean sections without medical justification.

- The percentage of newborns receiving direct skin-to-skin contact with their mothers has decreased significantly, from 67% in the 2017-2018 survey to 28% in the 2023 survey. This rate varies considerably by governorate, ranging from 14% in Mafraq to 46% in Aqaba. There was little difference between births in public hospitals (28.7%) and private hospitals (28.3%).
- 48% of newborns receive their first bath less than 6 hours after birth, contrary to the World Health Organization's recommendation that the baby's first bath should be 24 hours after birth to reduce the risk of hypothermia.
- Short stay of women who underwent a cesarean section in the hospital, as 70% of these women stayed in the hospital for 1-2 days after birth only, contrary to global practices that recommend this period of 3-4 days, as monitoring the mother and baby after birth is essential to ensure timely diagnosis and treatment of any complications that may arise.

8.4 Postnatal Care

Postnatal care is essential to maternal and newborn care and affects the health and well-being of newborns and mothers. The World Health Organization recommends that both mothers and newborns receive postnatal care within 24 hours of birth.

- 30% of mothers did not receive a medical examination within 24 hours after birth, 17% did not receive a medical examination within two days after birth, and 14% did not receive any medical examination after birth.
- There were differences in the proportion of mothers who received health care within two days after birth according to the mother's nationality and level of economic well-being.
- The low pro.
- portion of women who gave birth to live babies who received all six standard examinations and consultations (blood pressure measurement, information about vaginal bleeding, family planning, problems with urination, suffering from any pain, feeling sad or depressed) in the first two days after birth (only 24%).
- About a third of newborns (34%) did not receive a medical examination within the first 4 hours after birth and 25% did not receive a medical examination within 24 hours after birth.
- There were differences in the proportion of newborns who received health care within two days after birth according to governorates, mother's nationality and level of economic well-being.
- Only 42% of newborns received postnatal care that included examinations and all five key newborn elements (umbilical cord examination, temperature measurement, monitoring and/or counseling on breastfeeding, informing the mother of danger signs and how to recognize them if the baby needs immediate attention, and newborn weight), with significant differences according to level of well-being, mother's education, and place of residence.

8.5 Breast and Cervical Cancer Examinations

Breast and cervical cancers are treatable if diagnosed early. Therefore, screening women for these two types of cancer is important for early diagnosis and timely treatment.

- Only 15% of women aged 15-49 have been screened by a doctor or other health care provider for breast cancer despite ongoing national screening campaigns. Similarly, only 16% have been screened for cervical cancer.
- The proportion of women who have received breast and cervical cancer screenings is higher in urban areas than in rural areas and increases with education and household wealth. There are disparities in this proportion by governorate and nationality.

8.6 Problems in Accessing Health Care

- 31% of women aged 15-49 are not covered by health insurance. This may pose a challenge for women and children who are not health insured and negatively impact the reproductive and child health of this segment, increase the percentage of unmet health needs, and reduce the rate of demand for modern family planning methods for women who are not covered by health insurance, especially since there are reports indicating that family planning services are not covered by private health insurance.
- Insurance coverage varies greatly by governorate. For example, 94% of women in Ajloun have some form of health insurance coverage, compared to only 56% of women in Amman. The percentage of insurance coverage among women increases with the level of education, from 57% among those with no education to 74% among those with more than secondary education.
- More than half of women (59%) aged 15-49 faced at least one problem in obtaining health care for themselves, and the most frequently mentioned problems in securing health care were Covid-19 (41%) and obtaining money for treatment (23%).
- The percentage of women who faced at least one problem in obtaining health care varies according to urban and rural area, educational level, level of welfare and nationality.

9. Child Health

9.1 Child's Size and Birth Weight

A significant percentage (15%) of newborns had low birth weight (less than 2.5 kg). There are variations in this percentage according to the mother's age at birth, the number of births to the mother, whether the mother is a smoker or not, urban and rural areas, governorates, mother's nationality, educational level and welfare level.

9.2 Vaccination of Children

- The percentage of children aged 12-23 months who received all basic vaccinations increased to 93% compared to the 2017-2018 survey. This is offset by a decrease in the percentage of children who did not receive any vaccinations from 7% to 1% between the two surveys.
- There are significant disparities in coverage of basic vaccinations among children aged 12-23 months by nationality (81% non-Jordanian children), welfare level (85% lowest welfare quintile), regions (83% in the southern region), and governorates (70% in Tafilah).
- 78% of children aged 12-23 months were fully vaccinated according to the national vaccination schedule, which means that 22% of children were not vaccinated according to this schedule.
- There is a significant disparity in the vaccination coverage rate according to the national schedule among children aged 24-35 months by governorate, ranging from 25% in Ma'an to 76% in Zarqa.
- It is noteworthy that Syrian children living in camps aged 12-23 months received the highest vaccination rate according to the national schedule (88%) compared to Jordanian children (78%), Syrian children outside the camps (79%), and children of women of other nationalities (67%).

9.3 Symptoms of Acute Respiratory Infection, Fever, and Diarrhea

- The percentage of children under five years of age who showed symptoms of acute respiratory infections in the last two weeks before the survey increased from 6% in the 2017-2018 survey to 8% in this survey. There are variations in this percentage according to urban and rural areas, governorates, mother's nationality, educational level, and family welfare level.
- 14% of children under five had a fever in the two weeks prior to the survey and 11% had diarrhea. There was variation across governorates in the proportion of children who had diarrhea, ranging from 7% in Irbid to 17% in Karak.
- Only 18% of children under five who had diarrhea in the two weeks prior to the survey were given more fluids than usual, and only 44% were fed according to the recommended practice of giving the same or more food.
- Boys were more likely than girls to go to health care providers for advice or treatment for diarrhea (67% and 58%, respectively). Boys were also more likely to receive oral treatment and continued feeding than girls (44% and 38%, respectively).

10. Nutrition of Children and Women

10.1 Nutritional Status of Children

- 8% of children under 5 years of age suffer from stunting (short for their age), 2% suffer from wasting (thin for their height), 3% suffer from being underweight (thin for their age), and 9% suffer from being overweight (too heavy for their height).

- Variation in stunting and overweight rates according to the mother's educational level.
- There is variation in the rate of stunting between governorates (the rate of stunting in Mafraq Governorate, for example, is 15%, and in Ma'an and Tafilah 13% compared to Ajloun 5% and Irbid 7%).
- The percentage of children who suffer from being overweight is higher among mothers who are overweight (obese) compared to mothers who have a normal weight.
- The proportion of children classified as overweight increases with household wealth, from 7% in the lowest wealth quintile to 13% in the highest wealth quintile.
- More than half of children under 5 years of age (56%) are not having their weight and height measured, contrary to WHO's recommendation that all children should have their height and weight measured regularly, especially at this age.

10.2 Infant and Young Child Feeding Practices

- Optimal infant and young child feeding (IYCF) practices are critical to the health and survival of young children. Recommended IYCF practices include early initiation of breastfeeding (within the first hour after birth), exclusive breastfeeding for 2 days after birth, exclusive breastfeeding for the first 6 months of life, continued breastfeeding for 2 years or beyond, and introduction of safe, appropriate and adequate complementary foods at 6 months of age[10].
- The percentage of children who were breastfed within an hour after birth is low (only 34%), while this percentage was 67% in the 2017-2018 survey. There is also a low percentage of exclusive breastfeeding during the first two days after birth (only 38%). There are variations in these percentages according to the level of welfare, governorates, the extent of receiving advice on breastfeeding, and the type of birth, natural or cesarean section.

The reason, according to the survey results, is that a high percentage of newborns are separated from their mothers immediately after birth, especially in private hospitals (70%), contrary to the international code for promoting exclusive breastfeeding. Therefore, these hospitals must be inspected to ensure that midwives are not measuring the role of sales representatives by keeping free samples of infant formula and bottles to give to the mother upon her discharge. In addition to the weak advice on breastfeeding during the last month of pregnancy and the postpartum period.

- At the age of 0-1 month, 31% of children are exclusively breastfed. 33% receive a mixture of breast milk, infant formula and/or animal milk, and 30% are not breastfed.

10 WHO. https://www.who.int/publications/i/item/9789240018389

- Only 24% of children under 6 months are exclusively breastfed, while 30% are not breastfed at all. There are significant variations in these percentages according to the mother's educational level.
- Only 24% of children aged 12-23 months are currently breastfed. There are variations in these percentages according to the child's age, governorates, urban and rural areas, and the level of welfare.

The low rate of breastfeeding in general was reflected in the low rate of women using the method of stopping menstruation by breastfeeding (lam), despite the existence of several projects supporting breastfeeding implemented by the USAID Agency.

- A low rate of children aged 6-23 months who receive the minimum acceptable nutritional standards (27%), and this rate drops to (21%) for those who receive breastfeeding.
- 65% of children aged 6-23 months ate unhealthy food, 56% received sweetened drinks, and 33% did not eat any vegetables or fruits during the previous day.
- The percentage of children consuming unhealthy foods and sweetened drinks varied by governorate.
- Contrary to what was expected, the percentage of children who ate unhealthy foods and sweetened drinks and did not eat vegetables or fruits at all during the day before the survey increased with the increase in the family's level of welfare.
- The percentage of mothers with children aged 6-23 months who received advice on how or what to feed their children decreased, as this percentage was only 14%.

10.3 Anemia Prevalence in Children

- About a third of children (32%) aged 6-59 months have anemia, and these rates vary by governorate (the highest percentage is in Mafraq 45%), the mother's level of education, and the level of well-being.
- Only 16% of children aged 6–59 months were given iron tablets or syrup in the last 12 months of the survey, and 64% of children aged 12–35 months were given vitamin A supplements at any time.

10.4 Women's Nutritional Status

Chronic malnutrition results from eating too little food or an unbalanced diet that lacks adequate nutrients. Women of reproductive age (15–49 years) are generally at risk of malnutrition due to low food intake, inequitable distribution of food within the household, improper food storage and preparation, infectious diseases, and poor care practices.

- The prevalence of unhealthy food consumption among women of reproductive age (15-49 years), where (93%) of women consumed sweetened drinks and (78%) consumed unhealthy foods. There are variations in these percentages according to the woman's level of education, level of intelligence and nationality.

- About a quarter (24%) of women of reproductive age (15-49 years) do not have the minimum dietary diversity, with variations in this percentage depending on the woman's level of education and the level of family welfare.

10.5 Anemia in Women

Anemia in women can lead to fatigue, lethargy, decreased physical productivity, and poor work performance. Anemia is a major concern among pregnant women because it can lead to increased maternal mortality and poor birth outcomes.

- About a third of women (32%) of reproductive age (15-49 years) have anemia (17% mild, 14% moderate, and 1% severe). This percentage is considered high, although it has decreased compared to the results of the 2017-2018 survey, which was 43%.
- The prevalence of anemia increases with the number of children born, from 28% among women who have no children to 44% among women who have six or more children.
- Anemia rates among women vary by urban and rural area, nationality, women's education level, and family welfare level.

11. Knowledge and Attitudes Related to HIV/AIDS and Other Sexually Transmitted Infections

- The percentage of married women aged 15-49 who know that the risk of mother-to-child transmission of HIV can be reduced by the mother taking special medications decreased from 26% in 2017 to 17% in 2023. This percentage also decreased among men from 26% to 9% during this period.
- The percentage of married women and men aged 15-49 who have heard about antiretrovirals that treat HIV decreased (13%) for women compared to (9%) for men.
- The percentage of married women and men aged 15-49 who know about pre-exposure prophylaxis (PrEP) decreased to 7% of women and 5% of men.
- The majority of married women and all men aged 15–49 who have heard about HIV or AIDS believe that children living with HIV should not attend school with children who are HIV-negative (87% and 86%, respectively).
- The proportion of young men and women who have knowledge of HIV prevention is low (only 9% of young women and 22% of young men). These proportions vary by region, province and nationality.
- Only 2% of married women and 3% of all men aged 15–49 have been tested for HIV.

  The vast majority of both women and men (91%) have discriminatory attitudes towards people living with HIV.

- 7% of married women and 4% of married men aged 15-49 had sexually transmitted diseases in the 12 months preceding the survey, and 25% of women had foul-smelling or abnormal vaginal discharge.
- The incidence of sexually transmitted diseases varies between women and men according to the level of well-being, with the incidence rate in the fifth level of well-being (8% for men and 6% for women) being higher than the incidence rate in the first level (6% for men and 4% for women).

Based on these results, it is clear that the overall knowledge of HIV and sexually transmitted diseases is very low in Jordan. It is worth noting that the Higher Population Council prepared two fact sheets, the first on sexually transmitted infections and diseases, and the second on human immunodeficiency virus and acquired immunodeficiency syndrome - AIDS in Jordan based on the 2023 Population and Family Health Survey.

12. Domestic Violence

- A large percentage (75%) of children aged 1-14 years were exposed to at least one type of violent discipline (72% were exposed to psychological punishment, 53% were exposed to physical punishment, and 10% were exposed to severe physical punishment).
- 14% of respondents believe that physical punishment is necessary for proper child upbringing.
- The percentage of children exposed to violent discipline varies according to governorates (the highest percentage is in Zarqa 90%, and the lowest percentage is in Aqaba 57%), nationality, mother's educational level, and level of well-being.
- 13% of married women aged 15-49 years were exposed to physical violence since the age of 15. This percentage decreased significantly, as it was 34% in the 2012 survey and 21% in the 2017-2018 survey.
- 18% of women were subjected to physical, sexual or emotional violence by their husbands. This percentage also decreased significantly compared to the results of the 2017-2018 survey, which was 26%. The percentage of women who were subjected to any physical violence during the past 12 months was 15%.
- The percentage of women who were subjected to physical, sexual or emotional violence by their husbands varied according to the governorates (the highest percentage was in Zarqa 37%, and the lowest percentage was in Irbid 11.3). This percentage also varied according to the mother's nationality, educational level and family welfare level.
- 3% of women who had previously been married were subjected to sexual violence by their husbands.
- 24% of women who were subjected to physical or sexual violence by their husbands had injuries.

- The low rate of seeking help (only 34%) among women aged 15-49 who were subjected to any form of physical or sexual violence, despite its increase compared to the results of the 2017-2018 survey, which was only 19%.
- Among women who were subjected to physical or sexual violence and sought help, the most common source of help was their family (72%). Other common sources were the husband's family (23%), social work organizations (7%), neighbors (5%), and the police (5%).

Resorting to official bodies to obtain protection and assistance from domestic violence is low, indicating the existence of a strong culture of silence in Jordanian society, which is the primary obstacle to combating domestic violence.

Contrary to the Protection from Domestic Violence Law No. 15 of 2017, health and education service providers do not carry out the tasks assigned to them by law, which is to detect and report all forms of domestic violence against children, adolescents and young adults enrolled in schools, and women visiting health centers, because they want to avoid trouble. So, what is the point of enacting the law if those charged with enforcing it do not care about it?

- High trends to justify wife beating: A large percentage of married women and men in the age group between 15-49 years (34% for women and 62% for men) agree to justify wife beating in certain cases (at least in one of the following cases: burning food, arguing with the husband, going out without telling him, neglecting children, disobeying the husband, insulting the husband, infidelity). Note that these percentages decreased compared to the 2017-2018 survey, where it was 46% for women and 69% for men.
- The percentages of those who justify beating women vary according to the ages of men and women, as well as according to the governorate, the nationality of women, their educational level, and the level of family welfare.
- 71% of married women in the age group 15-49 years were subjected to controlling behaviors by their husbands.

13. Women's Empowerment

- A small percentage (13%) of married women aged 15-49 work.
- 13% of working wives decide alone how to use their income, and 80% of women decide jointly with their husbands how to use their income. These percentages vary according to regions, governorates, women's nationality, and educational level.

- Low percentage of women owning real estate, only 7% of married women aged 15-49 own a home and 5% own land. Women's homeownership varies according to governorates from 5% in Zarqa, Mafraq, and Karak to 20% in Jerash. Women's land ownership ranges from 2% in Mafraq to 15% in Jerash. Women's home and land ownership varies sharply according to the family's level of welfare and women's level of education.
- Low percentage of women who have bank accounts (only 19% of women have a bank account and use it). There are significant differences according to governorates and nationality among women who have a bank account. In Mafraq and Zarqa, for example, this percentage is 7% and 8% respectively, and in Balqa and Karak it is 23%, and 18% of Jordanian women compared to 1% of Syrian women.

It is worth noting that the 5th Goal of the 2030 Sustainable Development Goals addressed the issue of women's economic empowerment and included several sub-goals.:

Sub-Goal 5-A Undertake reforms to grant women equal rights to economic resources, as well as access to ownership and control over land and other property, financial services, inheritance and natural resources, in accordance with national laws.

Sub-Goal 5-A-1 (a) Proportion of total farmers who own agricultural land or have secure rights to agricultural land, by sex, and (b) Women's share among owners or rights holders of agricultural land, by type of tenure.

Sub-Goal 5-1 Eliminate all forms of discrimination against women and girls everywhere.

Sub-Goal 5-1-1 Whether there are legal frameworks in place to promote, enforce and monitor equality and non-discrimination on the basis of gender.

The latest agricultural census provides data on this indicator, and there is a special gender unit in the Department of Lands and Survey and the Ministry of Agriculture concerned with this indicator and has an administrative record of ownership by gender.

- 76% of married women (aged 15-49) make informed decisions about sexual relations, use of family planning methods, and reproductive health care. This percentage varies according to the woman's age, nationality, education, welfare level, and work status.
- 78% of married women participate in all decisions related to their health care, major household purchases, and visits to family and relatives.

- There are differences according to work, governorates, nationality, educational level, and welfare level regarding the percentage of women's participation in decision-making. In Ma'an, for example, this percentage is 69% in Zarqa and 87% in Ma'an. This percentage increases among Jordanian women and working women compared to Syrian women and non-working women, and it also increases with the increase in the educational level and family welfare.
- 83% of women can refuse to have sexual intercourse with their husbands if they do not want to, and 76% of them can ask their husbands to use condoms.
- The percentage of women who can refuse marital relations with their husbands varies according to the wife's age, whether the wife is working or not, nationality, educational level, and family welfare level. This percentage increases with the woman's age and if the wife is working, or if her nationality is Jordanian, or if she has a higher educational level or a higher economic welfare level.

As previously mentioned, the 5th goal of the 2030 Sustainable Development Goals includes sub-targets on women's rights to sexual and reproductive health and their right to make decisions about sexual relations, use of contraception, and reproductive health care:

5-6 Ensure universal access to sexual and reproductive health and reproductive rights, as agreed in accordance with the Program of Action of the International Conference on Population and Development, the Beijing Platform for Action, and the outcome documents of their review conferences.

5-6-1 Proportion of women aged 15-49 years who make informed decisions about sexual relations, use of contraception, and reproductive health care.

Chapter 4: Sexual and Reproductive Health Research Priorities based on the results of the 2023 Population and Family Health Survey

This chapter includes priority lists of studies and research titles (47 titles) based on sexual and reproductive health issues that emerged from the 2023 Population and Family Health Survey, classified according to policy themes (17 titles), programs (20 titles), and services (10 titles).

These lists are the summary of what was agreed upon by the partners from the three regions of the Kingdom representing all governmental, private, civil, research, and international sectors after discussing the studies draft presented to them, amending and adding to them, and giving weight to the priority of each study according to the criteria agreed upon with them (avoiding repetition, positive impact on the sexual and reproductive health of the population, importance/danger/seriousness/size of the problem or issue, economic return and impact, feasibility, ethical dimension, justice in obtaining services) through the two workshops held by the Higher Population Council for these partners (the Central and Northern Regions Workshop and the Southern Region Workshop). The participants also determined a priority score for each study based on the average scores of the eight criteria using a Likert scale (from 1 to 5 points).

1. Policies Theme

Policies are general rules issued by legislative or governmental bodies or higher councils and include laws, regulations, instructions, plans, bylaws, decisions and general directions related to achieving sexual and reproductive health for the population. Based on these policies, the process of developing programs is carried out, such as the policy of early detection of chronic diseases or legislation that determines the age of marriage or instructions related to maternity leave.

Table 1: List of Sexual and Reproductive Health Research Based on The Results of The Population and Family Health Survey 2023 Presented by Average Score Rank /Policies Theme

	Study title	Average Score (M:5)
1	Evaluate and study the components of postnatal care for mothers and newborns and compare them with best practices and accepted standards.	4.4
2	Analyze trends in high-risk pregnancies among married women at the time of the survey in Jordan and explore strategies to reduce these risks.	4.1
3	Investigate the causes of low birth weight in children and propose necessary policies, programs, and services to address this issue.	4.1
4	Evaluate the national childhood vaccination coverage program and identify disparities within Jordan.	3.9
5	Examine the unmet need for modern family planning methods, focusing on disparities according to governorates and nationality, and propose appropriate mechanisms to reduce these gaps.	3.9
6	Conduct an analytical study of sexually transmitted disease cases, assessing their characteristics, disparities, and determinants.	3.9

	Study title	Average Score (M:5)
7	Study the levels, trends, and disparities of infertility and childlessness, along with factors associated with secondary infertility.	3.9
8	Evaluate changes in sustainable development indicators related to sexual and reproductive health 2017-2023.	3.9
9	Analyze trends in celibacy among females in Jordan, estimating the size of the celibate population (those who have never married) in the 45-49 age group.	3.6
10	Investigate the causes of disparities in neonatal and infant mortality rates based on governorates, nationality, welfare groups, and maternal characteristics.	3.6
11	Analyze trends in unwanted births, examine their economic and health impacts, as well as the psychological and social consequences, and explore ways to reduce these occurrences.	3.4
12	Study the impact on sexual and reproductive health resulting from approximately one-third of women of reproductive age not being covered by health insurance.	3.3
13	Identify appropriate mechanisms for integrating family planning services into obstetrics and gynecology departments in hospitals.	3.3
14	Examine the determinants of the reproductive window for Jordanian girls and explore the relationship between early puberty and early menopause before the age of 50.	3.1
15	Investigate the trends in inequality regarding sexual and reproductive health services across different regions and governorates of the Kingdom.	2.9
16	Analyze the determinants of early transition for the first-born in Jordan.	2.0
17	Study the economic empowerment of Jordanian women concerning their right to inheritance, focusing on transactions in the Department of Lands and Survey related to inheritance distribution and sale before and after the testator's death, and their impact on women's economic empowerment.	1.8

2. Programs Theme

The program is a specific organizational framework that aims to achieve a set of activities and interventions for sexual and reproductive health that are planned in advance to achieve the policy's objectives and bring them into reality, using the appropriate human, material, and technological resources, such as the program of early detection of breast cancer or the program of vaccination of children.

Table 2: List of Sexual and Reproductive Health Research Based on The Results of The Population and Family Health Survey 2023 Presented by Average Score Rank /Programs Theme

	Study title	Average Score (M:5)
1	Prepare a fact sheet on pregnancy outcomes (miscarriage, stillbirth, live birth, abortion) based on the 2023 Population and Family Health Survey data.	4.8

	Study title	Average Score (M:5)
2	Examine children's overweight issues, focusing on their consumption of unhealthy foods and sweetened processed drinks. Analyze the variations in these rates between governorates, maternal education levels, nationality, and welfare status.	4.4
3	Investigate the causes of high anemia rates among children aged 6-59 months and how these rates vary by governorate, age, gender, maternal education level, and welfare status.	4.3
4	Examining the reasons behind the prevalence of violent discipline in children under the age of fourteen, including variations across governorates, nationality, education level, and welfare status.	4.3
5	Study the causes of stunting in children to identify contributing factors and propose effective programs and services to reduce it.	4.3
6	Investigate the causes of high obesity and overweight rates among women aged 15-49 years.	4.3
7	Examine the causes of high anemia rates among mothers aged 15-49 years, and analyze how these rates vary by governorate, education level, and welfare status.	3.9
8	Investigate the causes of physical, sexual, or emotional violence that some women experience from their husbands, as well as the low rates of seeking help. Analyze variations in this phenomenon based on governorate, nationality, maternal education level, and welfare status.	3.8
9	Study trends in breastfeeding from the first hours after birth until the age of two, considering the roles of both service providers and families in shaping these trends.	3.6
10	Assess the sexual and reproductive health status for young men and women from 15-24 years.	3.6
11	Analyze the economic, health and social impacts of families with twins.	3.4
12	Explore the determinants of sexual and reproductive health for married women under the age of 18, focusing on childbirth, preferences, contraceptive use, unmet needs, maternal and child health, violence, and empowerment.	3.4
13	Investigate reasons for short spacing periods after the birth of the first child and the consequences for women's health.	3.4
14	Study the low prevalence of comprehensive knowledge about HIV/AIDS and sexually transmitted diseases.	3.3
15	Analyze the variations in childbirth preferences between men and women, focusing on their desires for additional children and the ideal family size according to the number of boys and girls they have.	3.1
16	Investigate the high total and completed fertility rates among Syrian women, both inside and outside the camps.	3.0
17	Study trends in the use of modern family planning methods by gender and identify influencing factors based on population and family health surveys.	3.0
18	Analyze the disparities in total fertility rates and the differences in trends between the desired total fertility rate and the actual total fertility rate, considering maternal nationality, governorate, education level, and welfare status.	2.9
19	Investigate trends in the use of traditional family planning methods by governorate, nationality, education level, and welfare status—conducting a quantitative study based on population and family health surveys.	2.9
20	Analyze the pressures women face from their husbands or family members to become pregnant, and the resulting effects, and propose programs to reduce these pressures through both quantitative and qualitative research.	2.5

3. Services Theme

Services are activities and actions that are directed directly or indirectly to the population groups and segments targeted by the sexual and reproductive health program in order to achieve the objectives for which this program was established and ensure the translation of policies into reality, such as health services provided to mothers and newborns immediately after birth.

Table 3: List of Sexual and Reproductive Health Research Based on The Results of The Population and Family Health Survey 2023 Presented by Average Score Rank /Services Theme

	Study title	Average Score (M:5)
1	Investigate the reasons for the high rate of separation of newborns from their mothers in maternity wards at private sector hospitals.	4.8
2	Conduct a survey to evaluate the practices of healthcare workers in private hospitals' maternity wards compared to the international guidelines for promoting exclusive breastfeeding and prohibiting the promotion of breast milk substitutes.	4.7
3	Explore the reasons for the low percentage of women undergoing medical examinations for early detection of breast cancer.	4.5
4	Examine the reasons for the low percentage of women undergoing medical examinations for early detection of cervical cancer.	5.4
5	Analyze the determinants of skin-to-skin contact between mothers and newborns immediately after birth, based on the findings from the last two population and family health surveys (2017/2018 and 2023).	4.1
6	Investigate the reasons for the shortcomings in health education and awareness services related to family planning.	3.9
7	Conduct a survey to evaluate family planning counseling services provided to women at health service delivery sites.	3.8
8	Study the factors and reasons contributing to discontinuing family planning methods or the unwillingness to use such methods.	3.5
9	Assess the health, psychological, social, and economic impacts of menstruation on girls under 14 years of age, particularly primary school girls, through both quantitative and qualitative methods.	3.3
10	Examine the marital status of the elderly (65 years and above), their functional difficulties, and living arrangements.	2.9

Chapter 5: Definition of Research Topics and Recommendations

1. Definition of Research Topics and Conclusion

This section is dedicated to introducing the research and studies that received an average priority from the partners during the two workshops of 3.5 marks or more, and their number reached 28 research papers, covering the three themes: policies (10 titles), programs (10 titles), and services (8 titles), arranged according to the degree of priority. The definition of each research paper shows the title of the study, its objectives, and its importance.

I. Policies Theme

1) Evaluate and study the components of postnatal care for mothers and newborns and compare them with best practices and accepted standards.

Objectives of the study:

- Evaluation of postnatal care for mothers and newborns, especially twins.

- Identifying the components of health care provided to mothers and newborns in hospitals and health centers after birth.

- Comparing the components of this care with the internationally recognized standards and protocols approved by the World Health Organization

- Studying the reasons for the discrepancies in this care, if any.

- Proposing appropriate policies and interventions to provide this care with all its components and for all target groups.

Importance of the study:

The postnatal period begins immediately after the birth of the child and continues for up to 6 weeks (42 days). This is a critical period for the survival, health, and well-being of newborns and mothers. Postnatal care is an essential element of maternal and newborn care, and the World Health Organization recommends that both mothers and newborns receive postnatal care within 24 hours of birth. This study provides the necessary evidence for health policy makers to identify shortcomings in postnatal care provided to mothers and newborns and develop policies and protocols to address them.

2) Analyze trends in high-risk pregnancies among married women at the time of the survey in Jordan and explore strategies to reduce these risks.

Objectives of the study:

- Identify the factors, trends and causes associated with high-risk pregnancies among married women aged 15-49 years.

- Know the reasons for the disparity in high-risk pregnancy rates among married women at the time of the survey in Jordan according to governorates, nationality, educational level, welfare level, urban and rural.

- Suggest policies and interventions that reduce high-risk pregnancy rates among married women, especially among social groups that suffer from high-risk pregnancy rates.

Importance of the study:

- The survival of infants and children depends in part on the demographic and biological characteristics of their mothers. The risk of death in childhood is generally much higher among children born to young (<18 years) or older (>34 years) mothers, children born after a short birth interval (<24 months after the previous birth), children born to mothers with a large number of births (more than three children), and children born in multiple pregnancies (twins).

- High-risk pregnancies are also associated with a higher risk of maternal mortality, especially if they are accompanied by risk factors related to maternal chronic diseases such as diabetes and hypertension.

- The findings of this study help to formulate policies that limit high-risk pregnancies and focus on awareness and information programs to reduce these pregnancies in regions and social groups that suffer from high-risk pregnancies.

3) Investigate the causes of low birth weight in children and propose necessary policies, programs, and services to address this issue.

Objectives of the study:

- Know the causes of low birth weight in children.

- Identify the causes of disparities in low birth weight by region, nationality, mother's education level, well-being, age, number of births, multiple pregnancies, average duration of spacing between pregnancies, and care during pregnancy.

- Propose policies, programs, and interventions to reduce the percentage of children suffering from low birth weight.

Importance of the study:

Knowing the causes of low birth weight in children can help policymakers and program managers evaluate the effectiveness of current reproductive health programs, and formulate policies and programs to reduce the percentage of children with low birth weight, which currently constitutes 15% of all births according to the results of the 2023 survey, which leads to improving children's health in Jordan, given the consequences of low birth weight in children on health status in later life stages in the future.

Also, knowing the reasons for disparities in low-birth-weight rates in children according to regions, nationality, mother's education level, well-being, age, number of births in the woman, and care during pregnancy, helps develop policies and programs that are directed to the region and groups that suffer most from this problem.

4) Evaluate the coverage of the National Child Immunization Program and identify disparities within Jordan.

Objectives of the study:

- Identify the reasons, obstacles and challenges that prevent full coverage of the National Child Immunization Program.

- Identify the reasons for disparities in vaccination coverage rates among children according to regions, nationality, mother's education level and welfare.

- Propose policies and programs that support the National Immunization Program in Jordan and increase the current rates of vaccination coverage.

Importance of the study:

Comprehensive immunization of children against common vaccine-preventable diseases is of paramount importance in reducing diseases and deaths among infants and children. This study represents a vital step to ensure the protection of children's health, by strengthening the National Immunization Program in Jordan, which is one of the best programs in the Eastern Mediterranean region. This study can help formulate policies, programs and interventions to achieve full coverage of children targeted by the National Immunization Program, which leads to improving children's health in Jordan and reducing mortality rates among them.

5) Examine the unmet need for modern family planning methods, focusing on disparities according to governorates and nationality, and propose appropriate mechanisms to reduce these gaps.

Objectives of the study:

- Identify the factors, causes and obstacles behind the unmet need for modern family planning methods that contribute to the low use of these methods despite the need of married women for them.

- Identify the reasons for the disparities in the rates of unmet need for modern family planning methods according to governorates, nationality and educational level.

- Propose policies, programs and interventions that help reduce the rate of unmet need and increase the rates of use of modern family planning methods, focusing on areas and groups that have higher rates of unmet need for family planning methods, especially modern ones.

Importance of the study:

Reducing the rates of unmet need and increasing the rates of family planning methods use, especially modern ones, has an effective impact on reducing unwanted pregnancies, enhancing maternal and child health, and increasing the chances of obtaining a higher social and economic status, educational level, employment and better empowerment, especially among women.

The outcomes of this study help in formulating policies that limit high-risk pregnancies and focusing on awareness and media programs to reduce these pregnancies in areas and social groups that suffer from high-risk pregnancies.

6) Conduct an analytical study of cases of sexually transmitted diseases, assessing their characteristics, disparities, and determinants.

Objectives of the study:

- Identify the social, economic, cultural and environmental characteristics of people who have been infected with sexually transmitted diseases.

- Identify the risk factors that lead to sexually transmitted diseases in Jordan.

- Know the reasons for the disparities in rates of sexually transmitted diseases according to governorates, nationality, educational level and level of well-being.

- Identify the effects of sexually transmitted diseases from the social, economic, health and psychological aspects.

- Improving monitoring and reporting systems related to sexually transmitted diseases.

Importance of the study:

Sexually transmitted diseases, including HIV infection, impose many health challenges through their impact on quality of life, reproductive health and child health. The health consequences vary in their range from mild acute diseases to major painful health problems and psychological diseases. This study helps in formulating the necessary policies and programs to prevent sexually transmitted diseases, reduce their prevalence rates, and control the negative health, social, economic, and psychological effects resulting from infection.

7) Study the levels, trends, and disparities of infertility and childlessness, along with factors associated with secondary infertility.

Objectives of the study:

- Identify the demographic, health, genetic, social and economic characteristics of people with infertility and secondary infertility.

- Identify the risk factors that lead to infertility in Jordan.

- Know the reasons for variations in infertility rates according to governorates, nationality, educational level and level of welfare.

- Identify the effects of infertility from a social, economic, health and psychological perspective.

Importance of the study:

Treating infertility is an important part of realizing the right of individuals and couples to establish a family. The problem of delayed childbearing, or what is known as "primary and secondary infertility", affects both males and females, but most of its psychological, health and social consequences usually fall on females, especially in our eastern societies, in addition to the high economic cost of treatment.

The importance of this study stems from its being considered one of the first local studies that focus on this vital problem and its psychological, health and social effects, especially on married women who do not have children. The outcomes of this study help in formulating policies that limit infertility in both aspects and adopting appropriate programs to reduce the social and psychological effects of infertility in Jordan.

8) Evaluate changes in sustainable development indicators related to sexual and reproductive health 2017-2023.

Objectives of the study:

- Identifying the trends in sustainable development indicators related to sexual and reproductive health during the last two population and family health surveys 2017 and 2023.

- Knowing the reasons for the disparities in the trends of these indicators according to governorates, nationality, educational level and level of well-being.

- Identifying the areas of sexual and reproductive health whose indicators have declined or have not achieved Tangible progress in the 2023 survey compared to the 2017 survey.

- Proposing the necessary policies and programs to improve sexual and reproductive health indicators related to sustainable development goals.

Importance of the study:

The indicators of the Population and Family Health Survey contribute to measuring the extent of progress made by Jordan in some Sustainable Development Goals related to sexual and reproductive health through the indicators of the third goal and its branches related to public health and the indicators of the fifth goal and its branches related to gender equality. This study helps track the change in reproductive health indicators related to the sustainable development goals between the last two sexual and reproductive health surveys and formulate policies to enhance progress in these indicators or address the causes of the decline.

9) Analyze trends in celibacy among females in Jordan, estimating the size of the celibate population (those who have never married) in the 45-49 age group.

Objectives of the study:

- Estimating the size of celibacy among females in Jordan (those who have never married) in the age group 45-49.

- Identifying the trends of celibacy among females in the age group 45-49.

- Identifying the reasons for celibacy among females in the age group 45-49.

- Knowing the reasons for the disparities in trends of celibacy among females in the age group 45-49 between governorates, nationality, educational level and level of well-being.

- Identifying the effects of celibacy among females in the age group 45-49 from the demographic, social, economic, health and psychological perspectives.

Importance of the study:

This study derives its importance from the negative repercussions of celibacy among previously unmarried females in the age group 45-49 on society, family and single women. Spinsterhood deprives women of their biological and social right to have children and form a family and affects birth rates. This study guides legislators and decision-makers to the true extent of celibacy among women in this age group and the problems resulting from celibacy to address them and develop programs and means to reduce them, focusing on societies and population groups in which celibacy rates are more prevalent than others.

10) Investigate the causes of disparities in neonatal and infant mortality rates based on governorates, nationality, welfare groups, and maternal characteristics.

Objectives of the study:

- To identify the causes of the disparity in neonatal and infant mortality rates between governorates, nationality, educational level, welfare level and maternal characteristics.

- To suggest appropriate solutions to reduce these disparities and reduce child mortality rates in governorates and among population groups in which these rates exceed the national average.

Importance of the study:

This study provides important information that shows the reasons for the high rates of neonatal and infant mortality in some areas and among some population groups and the development of strategies and programs directed at children most at risk of death. This information also serves as a basic indicator of social and economic development and quality of life for population groups that experience high rates of child mortality and are often poor or marginalized. In addition, reducing neonatal and infant mortality rates

contributes to achieving sustainable development goals related to public health (Goal No. 3). It also contributes to the design of health programs and policies to strengthen health systems and prevent these deaths in the future, by increasing coverage and quality of pre-conception, antenatal, intra-natal and post-natal interventions.

II. Programs Theme

1) Prepare a fact sheet on pregnancy outcomes (miscarriage, stillbirth, live birth, abortion) based on the 2023 Population and Family Health Survey data.

Study objectives:

- Define each type of pregnancy outcomes that do not end with a live birth (miscarriage, abortion, and stillbirth).

- Explain the causes and risk factors associated with the outcomes of a pregnancy that does not end with a live birth (miscarriage, abortion, and stillbirth).

- Explain the rates of pregnancy outcomes (miscarriage, stillbirth, live birth, abortion) based on the 2023 Population and Family Health Survey data and compare them with the data prepared by health service providers.

- Explain the extent of disparities in miscarriage, abortion, and stillbirth rates according to governorates, nationality, cultural level, and welfare level.

- Propose appropriate solutions and recommendations to reduce the rates of births that do not end with a live birth.

Importance of the study:

his paper provides evidence-based information and knowledge on pregnancy outcomes in Jordan (miscarriage, stillbirth, live birth, abortion) based on data from the 2023 Population and Family Health Survey and any reliable scientific or official sources to know the percentages and rates of each type of these outcomes and the disparities according to governorates, nationality, educational level, welfare level and service provider, which helps in adopting the necessary health programs to reduce the rates of unjustified miscarriage and abortion and reduce the rates of stillbirths. Especially since pregnancy loss is followed shortly after a new pregnancy to compensate for the lost pregnancy and due to the absence of breastfeeding because the previous pregnancy did not end with a live birth, in addition to the weakness of counseling after pregnancy loss.

It is worth noting that the Higher Population Council has included in its 2025 plan the preparation of a fact sheet on this topic.

2) Examine children's overweight issues, focusing on their consumption of unhealthy foods and sweetened processed drinks. Analyze the variations in these rates between governorates, maternal education levels, nationality, and welfare status.

Objectives of the study:

- Identifying the causes of weight gain in children under five years of age and their consumption of unhealthy food and sweetened processed drinks.

- Knowing the causes of the variation in the high rates of weight gain in children under five years of age and their consumption of unhealthy food and sweetened processed drinks according to the governorates of the Kingdom, mother's education levels and nationality Welfare.

- Proposing appropriate solutions to reduce the rates of overweight and consumption of unhealthy food and sweetened beverages and give priority to areas and population groups that suffer from high rates.

Importance of the study:

Childhood obesity is a serious medical condition that affects children. It is particularly worrisome because excess weight usually puts children on the path to health problems that were previously considered problems specific to adults, such as diabetes, high blood pressure, and high cholesterol. Childhood obesity can also lead to low self-esteem and depression. Proper nutrition is the basis for children's health and growth. The results of this study help relevant health authorities in developing and developing programs that help reduce the rate of overweight in children under the age of five and reduce their consumption of unhealthy food and sweetened processed beverages.

3) Investigate the causes of high anemia rates among children aged 6-59 months and how these rates vary by governorate, age, gender, maternal education level, and welfare status.

Objectives of the study:

- Identify the causes of high rates of anemia among children aged 6-59 months. - Identifying the reasons for the disparity between the governorates of the Kingdom in the high rates of anemia among children aged 6-59 months.

- Propose appropriate solutions to address the high rates of anemia among children and give priority to areas and population groups that suffer from higher rates of anemia than others.

Importance of the study:

Anemia has serious health complications for the child's health, and therefore knowing the reasons for the high rates of anemia among children in this early age group helps in adopting policies and programs directed to areas and population groups that suffer from this problem, which will be positively reflected on the child's health and physical and mental development.

.4) Examining the reasons behind the prevalence of violent discipline in children under the age of fourteen, including variations across governorates, nationality, education level, and welfare status.

Objectives of the study:

- Identify the forms and types of violence practiced against children under the age of fourteen.

- Identify the reasons for the prevalence of the phenomenon of violent discipline of children under the age of fourteen.

- Identify the reasons for the disparity in the phenomenon of violent discipline of children according to governorates, nationality, mother's education level and welfare.

- Propose appropriate solutions to reduce this phenomenon, especially in the governorates and among groups that suffer from high rates of violent discipline of children under the age of fourteen.

Importance of the study:

The practice of violence against children inevitably leads to dire consequences for their brilliance, their future, and the formation of their personalities. From here, it becomes clear to us the importance of studying violence, knowing its causes, analyzing its consequences on the individual, and the extent of the danger that its practice may cause to children in particular. Having children who are abused by their families, their community, or in their schools hinders the development and growth of their personalities, and also hinders their academic achievement and the development of their educational level, and the possibility of them becoming violent people to their families in the future. This study helps in developing programs that help reduce the phenomenon of violent discipline of children under the age of fourteen.

5) Study the causes of stunting in children to identify contributing factors and propose effective programs and services to reduce it.

Objectives of the study:

- Identifying the causes of stunting in Jordan.

- Studying the disparities in stunting rates according to governorates, education level, and welfare level, and identifying their causes.

- Proposing programs and services to reduce stunting.

Importance of the study:

The World Health Organization indicates that stunting means short stature for age, and is caused by chronic or recurrent malnutrition, and is usually associated with poor socio-economic conditions, poor maternal

health and nutrition, recurrent illness, and/or inadequate nutrition and care for infants and young children in the early stages of life, especially nutrition of pregnant women and children in the first thousand days of their lives starting from pregnancy, during pregnancy, nutrition awareness, complementary feeding, and encouraging breastfeeding. The danger of contracting this disease lies in the fact that it affects a person's life from early childhood and its symptoms and consequences continue with him in youth and old age, affecting his cognitive awareness, motor abilities, participation in public life, and dealing with life's capabilities in general.

This study helps in identifying the causes of stunting in Jordan and developing programs and services to reduce stunting rates in Jordan and give priority to areas and population groups that have high stunting rates.

6) Investigate the causes of high obesity and overweight rates among women aged 15-49 years.

Objectives of the study:

- Identify the social, economic and demographic determinants associated with obesity among Jordanian women, based on national data derived from the 2023 Population and Family Health Survey.

- Identify the causes of high rates of obesity and overweight among women aged 15-49 years.

- Study the disparities in obesity and overweight rates according to governorates, nationality, educational level and welfare level.

- Propose recommendations to reduce high rates of obesity and overweight among women.

Importance of the study:

Obesity is a serious public health problem because it significantly increases the risk of chronic diseases such as cardiovascular disease, type 2 diabetes, high blood pressure and coronary heart disease, as well as some types of cancer, and increases the risks associated with pregnancy and childbirth. This study helps in designing and implementing health programs that aim to reduce and combat overweight and obesity rates among women at the national level.

7) Examine the causes of high anemia rates among mothers aged 15-49 years, and analyze how these rates vary by governorate, education level, and welfare status.

Objectives of the study:

- Identify the causes of high rates of anemia among mothers aged 15-49 years.

- Identify the causes of variation in high rates of anemia among mothers according to governorates, education and welfare level, and its association with taking iron supplements during pregnancy car.

- Suggest appropriate solutions to address high rates of anemia among mothers and give priority to areas and population groups that suffer from higher rates of anemia than others.

Importance of the study:

Anemia, especially moderate and severe, among mothers has serious health complications for the mother and the child and their growth. Therefore, knowing the causes of high rates of anemia among mothers helps to adopt programs directed to areas and population groups that suffer from this problem, which will positively reflect on the health of the mother and her child and the economic and social well-being of women.

8) Investigate the causes of physical, sexual, or emotional violence that some women experience from their husbands, as well as the low rates of seeking help. Analyze variations in this phenomenon based on governorate, nationality, maternal education level, and welfare status.

Objectives of the study:

- Identify the forms and types of violence practiced against women by their husbands.

- Know the causes of physical, sexual or emotional violence that some women are exposed to by their husbands.

- Know the causes of the disparities in the rates of violence that women are exposed to by their husbands according to governorates, nationality, mother's education level, welfare, and age.

- Know the reasons for the low rate of seeking help when women are exposed to violence by their husbands
- Propose appropriate solutions to reduce this phenomenon, especially in governorates and among groups in which married women suffer from high rates of violence by their husbands.

Importance of the study:

The practice of violence against women in all its forms, physical, sexual and emotional, has direct consequences on the health, psychological and social aspects of women and its negative effects extend to children, especially children. Therefore, it is important to study domestic violence, know its causes, analyze its consequences, and identify the danger that its practice may cause to women, families, and society. This study helps develop programs that limit the phenomenon of domestic violence and increase the rates of seeking help and advice when this violence occurs.

9) Study trends in breastfeeding from the first hours after birth until the age of two, considering the roles of both service providers and families in shaping these trends.

Objectives of the study:

- Identify the reasons for the disparity in breastfeeding rates between governorates, nationality, educational level, welfare level, urban and rural areas.

- Study the role of health service providers in influencing breastfeeding trends, especially in the first hours of birth.

Importance of the study:

Increasing mothers' practice of breastfeeding has many health benefits for the mother and child, and many economic benefits, and protects mothers from a new early pregnancy. The outcomes of this study help focus awareness and media programs to promote breastfeeding in areas and among social groups that suffer from low breastfeeding rates and help activate the role of service providers in encouraging mothers to breastfeed.

10) Assess the sexual and reproductive health status for young men and women from 15-24 years.

Objectives of the study:

- Assess and identify the needs of young men and women in the age group 15-24 years in the field of sexual and reproductive health services.

- Identify the types and forms of different obstacles and related factors that lead to the low use of sexual and reproductive health services for young men and women in this age group.

- Provide recommendations that contribute to enhancing protection and healthy behavior for adolescents, young men and women.

Importance of the study:

This study is significant because it focuses on specific population groups that make up about 30% of the total population. Most of these individuals are single and have unmet needs in the area of sexual and reproductive health. This study offers important qualitative information, supported by evidence, which can assist health planners and decision-makers in directing their programs and services toward addressing the sexual and reproductive health needs of these groups. It takes into account their age, and unique circumstances, and ultimately aids Jordan in achieving sustainable development goals related to sexual and reproductive health for adolescents and youth.

III. Services Theme

1) Investigate the reasons for the high rate of separation of newborns from their mothers in maternity wards at private sector hospitals.

Objectives of the study:

- Study the reasons for the high rate of separation of the newborn from his mother in maternity wards in private sector hospitals, as shown by the results of the Population and Family Health Survey 2023.

- Propose interventions and recommendations that contribute to mothers sharing their children from birth, practicing skin-to-skin contact, and encouraging breastfeeding from the first hours of birth.

Importance of the study:

The World Health Organization recommends that mothers continue to share the room with their children from birth and that they are able to breastfeed. Specialized studies have shown that there is a need for more attention to ensure that practitioners are aware of the need for mothers and children to stay together during the first hours of birth and the critical early days, especially for children who are born very small in size or very early. This study provides a set of recommendations directed to health care providers, especially in private sector hospitals, to focus on providing all the necessary requirements for the child to stay with his mother from birth and not to separate him from her except in cases that require it and according to strict protocols.

2) Conduct a survey to evaluate the practices of healthcare workers in private hospitals' maternity wards compared to the international guidelines for promoting exclusive breastfeeding and prohibiting the promotion of breast milk substitutes.

Objectives of the study:

- Study the practices followed in private hospitals regarding steps to promote exclusive breastfeeding and the prohibition of promoting breast milk substitutes.

- Compare these practices with the international code on steps to promote exclusive breastfeeding and the prohibition of promoting breast milk substitutes.

- Propose recommendations and interventions that enable private hospitals to implement the International Code of Marketing of Breastmilk Substitutes.

Importance of the study:

Breastfeeding is the main source of food rich in benefits and important nutrients for the infant, and it provides the infant with energy from the first hours of life until 24 months of age. Breastfeeding is not just a means of feeding the child, but rather a natural process that carries health and psychological benefits for the mother, the child and the family. Breast milk plays a vital role in promoting child health and strengthening immunity, as well as supporting maternal health after childbirth. This study presents a set of recommendations directed to healthcare providers, especially in private sector hospitals, to focus on providing all the necessary requirements to encourage breastfeeding and not promote breast milk substitutes.

3) Explore the reasons for the low percentage of women undergoing medical examinations for early detection of breast cancer.

Objectives of the study:

- Identify the real reasons behind the low response rate of the targeted population groups to preventive examinations, especially those provided within sustainable national programs such as breast cancer examinations.

- Study the reasons for the disparities in conducting these preventive examinations according to regions, educational levels, welfare, nationality, health insurance and age groups.

- Propose appropriate interventions to increase the demand for preventive examinations for early detection of breast cancer.

Importance of the study:

Breast cancer is the first cancer that affects women in Jordan, accounting for 24.5% of the total number of cancer patients. Early diagnosis remains one of the most important strategies for early detection of breast cancer. This study provides the necessary evidence for program developers and health service providers to identify the reasons and factors that prevent the target groups from conducting preventive examinations for early detection of breast cancer and work to confront and overcome them, which reduces the risk of contracting this disease and early diagnosis and treatment of this disease, which positively reflects on the health of women and the family in general, in addition to the economic dimension and reducing the rising costs of health care associated with cancer.

4) Examine the reasons for the low percentage of women undergoing medical examinations for early detection of cervical cancer.

Objectives of the study:

- Identify the real reasons behind the low response rate of the target population groups to conduct examinations for early detection of cervical cancer.

- Study the reasons for the disparities in conducting examinations for early detection of cervical cancer according to regions, educational levels, welfare, nationality, health insurance and age groups.

- Propose appropriate interventions to increase the demand for examinations for early detection of cervical cancer.

Importance of the study:

Cervical cancer is cancer that arises in the lower part of the uterus. A Pap smear can be done to detect it at an early stage and thus ensure good treatment results. It is recommended that women do this test regularly, at least once every two years. As is the case with breast cancer, early detection of cervical cancer increases

increases the likelihood of successful treatment. This study provides the necessary evidence for health service providers to know the reasons and factors that prevent the target groups and prevent them from conducting preventive tests for early detection of cervical cancer and working to confront and overcome them, which helps in the early diagnosis and treatment of this disease, which positively reflects on women's health.

5) Analyze the determinants of skin-to-skin contact between mothers and newborns immediately after birth, based on the findings from the last two population and family health surveys (2017/2018 and 2023).

Objectives of the study:

- To identify the reasons and determinants that led to the low rates of skin-to-skin contact between newborns and their mothers after birth in the 2023 population and family health survey compared to the 2017 survey.

- To suggest appropriate recommendations for health service providers to implement this practice and adhere to it in maternity wards in government and private hospitals.

Importance of the study:

Practicing skin-to-skin contact immediately after natural birth, or after the mother's condition stabilizes after a cesarean section or difficult natural birth, is a beneficial practice for the mother as it contributes to reducing the risk of postpartum hemorrhage and depression. Also, skin-to-skin contact between newborns and their mothers shortly after birth reduces the stressful transition from the womb to the outside world and supports mothers to start breastfeeding and develop close and loving relationships with their children. It was observed that children who participated in early skin-to-skin contact cried less and had better cardiac and respiratory function stability than those who did not. This study is important because it helps to identify the reasons that led to the low rates of skin-to-skin contact of newborns with their mothers after birth in the 2023 Population and Family Health Survey compared to the 2017 survey and to suggest appropriate recommendations for health service providers to promote this practice and adhere to it in maternity wards in hospitals.

6) Investigate the reasons for the shortcomings in health education and awareness services related to family planning.

Objectives of the study:

- Evaluate health education and awareness services related to family planning.

- Identify gaps and shortcomings related to health education and awareness related to family planning.

- Propose policies, programs and services that enhance, and support health education and awareness services related to family planning.

Importance of the study:

Health education and increasing awareness of issues related to family planning and appropriate reproductive and sexual health ensure a healthy and dignified life. This awareness leads to making sound, knowledge-based decisions in marital life and enables the target groups to possess the necessary skills to protect themselves and others and better control their current and future reproductive lives. This study provides the necessary evidence for program developers and health service providers to identify the causes and factors responsible for the shortcomings in health education and awareness services related to family planning, which were highlighted by the latest Population and Family Health Survey 2023, and to take measures and interventions that address these shortcomings.

7) Conduct a survey to evaluate family planning counseling services provided to women at health service delivery sites.

Objectives of the study:

- Review primary health care programs and services provided to women in maternity and childhood centers and services provided to women in obstetrics and gynecology clinics and departments in hospitals to ensure that they include family planning counseling programs and services.

- Ensuring the availability of the basic requirements in health centers and hospitals to provide family planning services (modern family planning methods, trained human resources, educational brochures and resources, counseling services, information and follow-up system, etc.).

- Identifying gaps and shortcomings in providing family planning services in different health care delivery locations.

- Providing recommendations that contribute to the integration and provision of family planning services and counseling in primary and secondary health care delivery locations.

Importance of the study:

This study provides evidence-based information on the availability of the core package of family planning services and advice in health centers and in obstetrics and gynecology clinics and departments in hospitals, and identifies missed opportunities for providing family planning advice in hospitals after childbirth and before discharge, during mothers' visits to health facilities during pregnancy, postpartum visits, and child vaccination visits, and identifies gaps and problems that affect the integration of these services with health care programs provided to married and pregnant women, and proposes appropriate solutions to fill these gaps and make these services available to the target groups.

8) Study the factors and reasons contributing to discontinuing family planning methods or the unwillingness to use such methods.

Objectives of the study:

- Knowing the factors and reasons that contribute to stopping family planning methods use or not wanting to use them, especially modern family planning methods.

- Evaluating the counseling programs provided to beneficiaries and the efficiency of service providers.

- Explaining the reasons for the variation in the discontinuation rates of family planning methods or unwillingness to use them according to the governorates, nationality, educational level and welfare level.

- Proposing programs, services and interventions that reduce the discontinuation of family planning methods and help increase the rates of use of these methods.

Importance of the study:

Reducing the rate of discontinuation of family planning methods and increasing their rates of use, especially modern ones, has an effective impact on enhancing maternal and child health and increases the chances of obtaining a higher social and economic status, a better educational level, employment and empowerment, especially among women.

2. Conclusion

This study presents a revised list of research priorities in sexual and reproductive health, based on the 2023 Population and Health Survey. Its objective is to guide scientific research efforts over the next five years, focusing on key issues that enhance family health and well-being, while positively impacting population indicators in Jordan.

Given the evolving economic, social, and demographic conditions, research prioritization should be a dynamic process that is regularly reviewed.

It is recommended that the list of sexual and reproductive health research priorities be disseminated to universities, research centers and relevant bodies, in addition to displaying it on the knowledge platform for sexual and reproductive health research (ShareNet Jordan). These bodies should also be encouraged, according to their objectives, capacities and resources, to use this list to identify and select research activities related to sexual and reproductive health.

Finally, it is hoped that this agenda will encourage the initiation of a dialogue process among stakeholders on sensitive and important issues in the field of sexual and reproductive health and family planning and population issues in general.

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