

# Driving Momentum to End Child Marriage in Jordan: Evidence for Social Impact

**Summary Report of Lunching Meeting  
10 October 2022**



**HARVARD**  
**T.H. CHAN**  
SCHOOL OF PUBLIC HEALTH

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The Higher Population Council(HPC) grateful for the generous support from the Harvard School of Public Health for Global Development which funded this work under the Impact and Innovation Grant #481.20.115, Which was implemented within a participatory approach by HPC and its national partners the Jordanian Hashemite Fund for Human Development and the University of Jordan (Women's Studies Center and College of Nursing) and its international partners Harvard School of Public Health for Global Development

This report was prepared by The HPC as a general record of Part of the paragraphs that occurred held during the Lunching Meeting of the Driving Momentum to End Child Marriage in Jordan: Evidence for Social Impact Study, this report captures the main points and highlights of the meeting. It is not a complete record of all details discussed, nor does it embellish, interpret, or enlarge upon matters that were incomplete or unclear. Statements represent the individual views of each workshop participant, none of the statements represent analyses by HPC.

## Background of the study

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Ending child marriage is an urgent global social and public health priority (UNGA 2015). In Jordan, local customs and norms, gender inequality, poverty, and a lack of opportunities (Robinson 2021) contribute to the percentage of marriages involving a girl under 18 years, reaching upwards of 24% (Higher Population Council 2017). These girls face physical violence, sexual assault, and verbal harassment in the home (Gausman 2019), and lead to higher risk of poor physical health and mental wellbeing outcomes for both the mother and child (JCAP 2106).

Past qualitative research using qualitative methods linked child marriage with domestic violence, unwanted sexual activity, early childbearing, miscarriage, poor child health, depression, and suicide and death (Gausman 2019). In addition, interviews with key stakeholders emphasize the need for robust, quantitative evidence on the health consequences of child marriage to promote social and policy change.

Despite the urgent priority to end child marriage, to date, there have been no robust, quantitative studies that examine the health outcomes on women married as children in Jordan. This study will narrow key evidence gaps by demonstrating the detrimental consequence of child marriage on maternal and child health, and mental health.

The aim of this study is to contribute to the limited body of robust, quantitative evidence of the impact of child marriage on maternal and child health outcomes in Jordan. To compare maternal health outcomes, namely pregnancy-related outcomes, post-partum depression, contraceptive use, maternal & child nutrition, and domestic violence, we conducted a survey using a validated tool among women aged 20-24 years at primary health clinics. Using this data, we compare perinatal health outcomes for women who

were married as children to those who were not with the aim to report on a range of sexual and reproductive health, maternal health, and mental health outcomes.

A secondary aim of this project was to engage local communities and stakeholders in sharing messages on study findings to the wider community and policymakers to end child marriage. This has been accomplished by engaging with the Jordanian Hashemite Fund for Human Development (JOHUD) to engage youth in a youth-led video competition and social media campaign. Youth participants created videos about how they view child marriage using their own experience, which were voted on by local communities and key stakeholders.

## Methodology

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The study sample consisted of from three communities in Jordan that are heavily affected by child marriage: Irbid, Mafraq, and Zarqa. from a list of the highest volume health facilities in each area and recruited randomly women who were attending post-natal health visits. All women were aged between 20-24 years of age who were within six weeks post-partum attending post-natal care at the health facility. Data collection was completed in June 2022.

The study sample size of 586 women (293 in each arm) was calculated assuming a baseline prevalence of post-partum depression of 20%, compared to a hypothesized prevalence of 30% among women married as children (alpha of 0.05% and 80% power).

Only women between 20-24 years old are eligible for the study. The rationale for this selection is two-fold. First, we chose this age range to be consistent with global indicators related to child marriage. SDG Indicator 5.3.1 is defined as the percentage of women aged 20-24 years who were first marriage or in union before the age of 18. Second, existing literature indicates that women aged 20-24 are more likely to provide accurate information on their true age of marriage should it have occurred before the age of 18, whereas in many settings, women younger than 20 have been found to give incorrect information about their marital status due to social desirability bias.

Additional data on social, economic, and demographic information, including wealth, educational attainment, maternal social support, refugee status, etc. were also collected from participants. Study instruments were adapted from existing tools that were previously validated in Jordan, including the WHO Module on Sexual and Gender-based Violence and the Demographic and Health Surveys.

Data were collected via verbal survey in a private room at the health facility that took approximately 45 minutes to one hour to complete.

## Meeting Purpose

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HPC held lunching meetings on 28th September 2022 with its relevant partners who represent various national public, private, volunteering bodies, international organizations and academic institutions. The purpose of the meeting was to present most important preliminary results of the study.

## Meeting Participants

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Participants at the Meeting consisted of 100 Relevant Stakeholders for Sexual and Reproductive Health formed from experts, health professionals, researchers, Psychological and social educator, policy makers and sexual and reproductive health services providers in Jordan from the public and private sectors, funders, and civil society organizations.

On the sidelines of the meeting, an exhibition was held to present the significant knowledge findings in the field of sexual and productive health of studies, films, brochures, promotional materials and other related to partner institutions working in this field.

[appendix: 1 Attendees List](#) ..... 8

## SUMMARY OF OPENING REMARKS

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The meeting was opened by the Secretary-General of the Higher Population Council, Prof. Dr. Issa Masarweh

Dr. Issa Masarweh, indicated that there are some challenges that face the reproductive and sexual health issues in Jordan; especially the limited integration between the programs of reproductive and sexual health and the primary healthcare programs in the health centers and the Obstetrics and Gynecology services at the hospitals, lack and weakness of the programs that assess the level of the reproductive and sexual health services currently provided in both private and public sectors, the extent of service providers compliance with the accredited protocols and the satisfaction of its beneficiaries, weakness of reproductive and sexual health services provided to Syrian refugees and the existence of financial, social, cultural, awareness barriers that prevent accessing such services.

He also draws attention to the knowledge findings exhibition in the field of reproductive and sexual health services related to the partner institutions working in this field aims to introduce the national achievements in this fields and to exchange knowledge and expertise between the partner bodies to benefit all parties.

Masarweh confirmed that facing these challenges related to reproductive and sexual health requires unifying the national public and private efforts, and hard and cooperative work to support such issues through adopting and implementing planned, methodological and studies initiatives to achieve targeted aims in this field.

## SUMMARY OF The Presentation

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The most important results of the study were presented through a presentation under the titled “Perinatal Health Consequences of Early Marriage in Jordan ”the presentation lead by Prof. Dr. Areej Othmanin ( Dean of the College of Nursing / university of Jordan) and Prof. Dr. Maysoon Al-Atoum,( Director of the Center for Women's Studies /university of Jordan).

During the presentation, the audience was informed about the most important results of the study which provide robust evidence to fill an important research gap in Jordan with highlighting the harms of child marriage.

### **Most results presented:**

#### **Fertility and Family Planning**

When compared to women married after the age of 18 years, women married before the age of 18 years were significantly more likely to:

- Have more pregnancies (2.11 pregnancies versus 1.51 pregnancies)
- Have their first pregnancy prior to the age of 18 years (41.0% compared to 0.6%)
- Report husband or family interference in contraceptive use: 17.2% reported that their husband refused to let them use a method of contraception compared to 9.6%.

#### **Maternal Health**

The research results highlight that woman married before the age of 18 had:

- Lower use of antenatal care (77.4% received at least 7 ANC visits compared to 87.1% among women married above the age of 18)
- More frequent excessive bleeding during labor and post-partum period
- 60% more likely to experience post-partum hemorrhage
- 20% more likely to experience a high fever post-partum

#### **Mental Health**

Women married before the age of 18 were significantly more likely to suffer from post-partum depression and to be at high risk for suicide

- Women married early had double the risk of post-partum depression and nearly 3 times the risk of having suicidal thoughts
- Women married before the age of 18 have lower social support and coping ability

#### **Intimate Partner and Domestic Violence**

Women married prior to the age of 18 were significantly more likely to experience all forms of intimate partner violence. Women married under the age of 18 had:

- Five times higher risk of experience sexual violence and more than double the risk of physical and phycological violence perpetrated by their husband than women married later.

### **Some of the points that were presented during the presentation consisted of :**

- **Global evidence about the health consequences of child marriage and Evidence from JORDAN about the health consequences of child marriage?**
- **the aims of conducting the study, Methodology, Who Participated in the Study**

The Presentation show ended with an opportunity to the Attendees with questions and answers, Main discussion issue was:

All attendees were interested and called for the necessity of preparing other specialized studies in the field of scientific evidence on the health effects of child marriage and the need to start spreading awareness and preparing campaigns that would limit the marriage of those under 18 years of age.

Everyone also called for the necessity of preparing studies on the psychological and social effects of the marriage of those under the age of 18

The attendees extended their thanks and appreciation to the Higher Population Council As a national body that works and is keen to illuminate and alert the most important national population issues, the most important of which is the issue of marriage for those under the age of 18, and called for the need to provide them with the final results of the study as national proof of the necessity of work and not encouraging the girls marriage of those under the age of 18 years.

[appendix: 2 Perinatal Health Consequences of Early Marriage in Jordan](#) ..... 16

### **Youth Videos**

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Dr. Maysoon Al-Daboubi from the Jordanian Hashemite Fund for Human Development (JOHUD) present two movies Show movies

JOHUD is, a local community development organization that has continuous interactive media training programs with young people, conducted and implemented a youth-led video competition and a campaign on social media to translate the results of the study into strong community-led messages.

JOHUD works with youth and other members of study communities in a social media video production competition. Young people were invited to participate in a competition to translate the main findings from the study into live media sites. A group of community members were asked to vote on the sites produced and select the top three winners, and the videos will be widely disseminated through a social media campaign. Given the clear recommendation that messages about child marriage should come from local communities, engaging young people in interpreting study findings, and translating them into locally prominent messages would be a powerful approach to changing community attitudes.

During the meeting, two selected top winning films were shown

## Conclusions

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This study has produced robust evidence showing that women who are married prior to the age of 18 years continue to face significantly worse maternal and reproductive health outcomes compared to women who are married later in life. The results are produced from a large, randomly selected study sample representative of the population of Jordan. While these results are preliminary in nature, they point to an urgent need to end the practice of child marriage and provide increased support for women who are already married.



## appendix: 1 Attendees List



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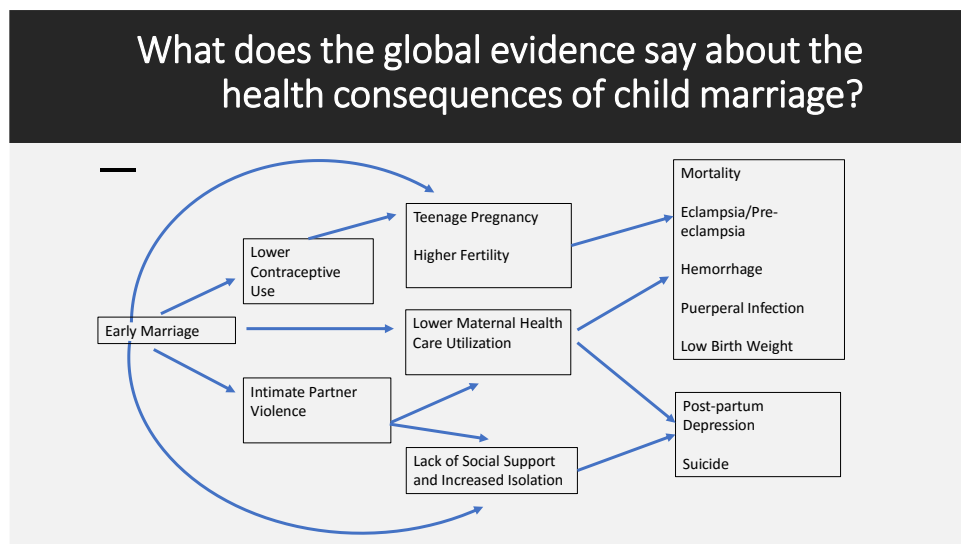


**appendix: 2 Perinatal Health Consequences of Early Marriage in Jordan**

Slide 1



Slide 2

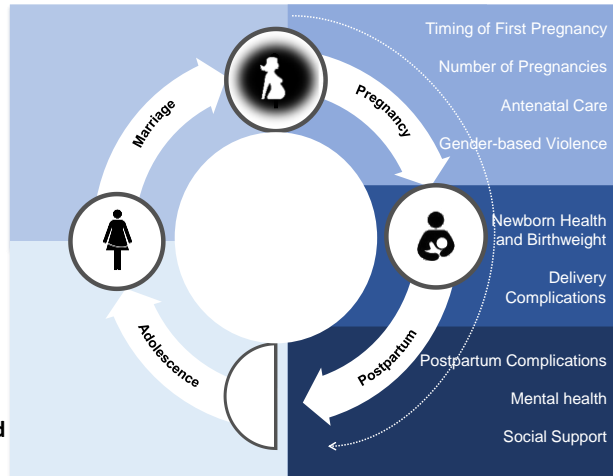


## Slide 3

### Why Conduct this Study?

- Global data are often of poor quality
- Most studies have small sample sizes
- Few studies conducted in the middle east

**Our goal is to produce **HIGH QUALITY EVIDENCE** from Jordan on the Maternal Health Consequences of Child Marriage**



## Slide 4

### Methodology

#### Conducted a two-armed, cross-sectional study of post—partum women

- Sample size calculation performed to ensure sufficiently large sample
- Women 6 weeks post-partum

#### Recruited more than 293 women aged 20-24 year in each arm

- Recruited from Jordanian health facilities during post-natal care visits in Irbid, Mafrqa, and Zarqa
- Data collected in June 2022

#### Directly compared health outcomes among women married before age 18 and women married at 18 years or older



## Slide 5

### Who Participated in Our Study?

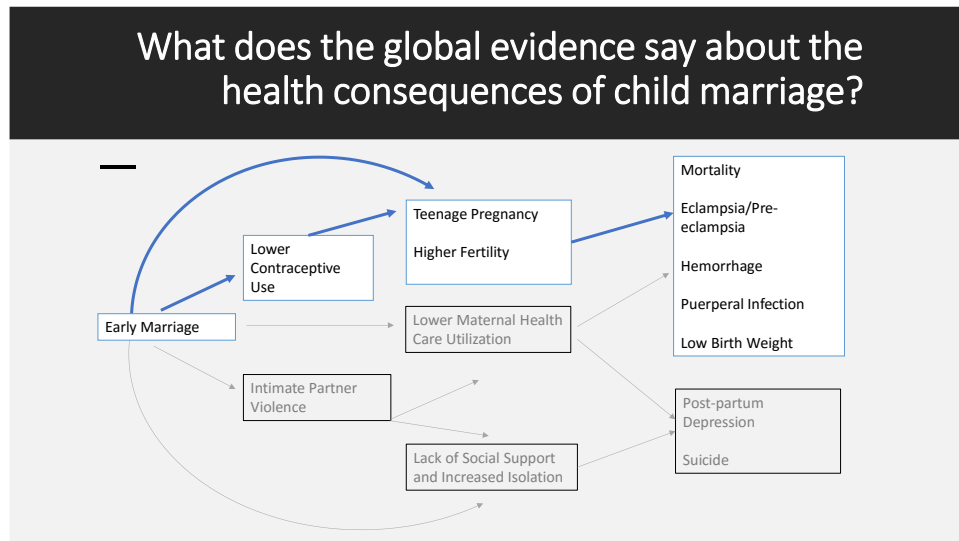
	Married older than 18 years	Married before 18 years	P-value
<b>Nationality [n (%)]</b>			<0.001
Jordanian	265 (86.0)	185 (62.3)	
Syrian	41 (13.3)	101 (34.0)	
Palestinian	2 (0.6)	11 (3.7)	
<b>Registered Refugee [n (%)]</b>	36 (11.6)	96 (32.3)	<0.001
<b>Education [n (%)]</b>			<0.001
No formal education	3 (1.0)	7 (2.4)	
Primary/elementary	42 (13.5)	150 (50.5)	
Secondary	113 (36.3)	104 (35.0)	
More than secondary	153 (49.2)	36 (12.1)	
<b>Wealth quintile [n (%)]</b>			
Poorest	22 (7.1)	51 (17.2)	<0.001
Poor	42 (13.5)	103 (34.7)	
Middle	64 (20.6)	58 (19.5)	
Rich	65 (20.9)	50 (16.8)	
Richest	118 (37.9)	35 (11.8)	

## Slide 6

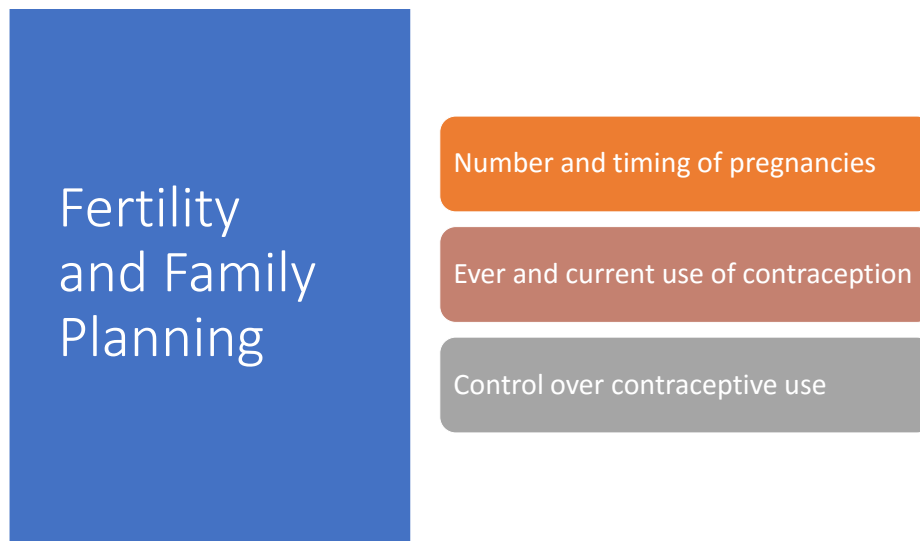


### Fertility and Family Planning

Slide 7



Slide 8



Slide 9

### Number and Timing of Pregnancies

	Married older than 18 years	Married before 18 years	P-value
Number of pregnancies [mean (SD)]	1.51 (0.82)	2.11 (1.01)	<0.001
Age at first pregnancy [mean (SD)]	20.91 (1.79)	17.97 (1.59)	<0.001
First pregnancy under the age of 18 [n (%)]	2 (0.6)	121 (41.0)	<0.001

Slide 10

### Number and Timing of Pregnancies

	Married older than 18 years	Married before 18 years	P-value
Number of pregnancies [mean (SD)]	1.51 (0.82)	<b>2.11 (1.01)</b>	<0.001
Age at first pregnancy [mean (SD)]	20.91 (1.79)	17.97 (1.59)	<0.001
First pregnancy under the age of 18 [n (%)]	2 (0.6)	121 (41.0)	<0.001

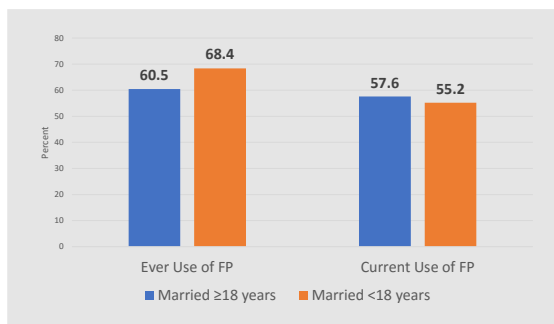
Slide 11

### Number and Timing of Pregnancies

	Married older than 18 years	Married before 18 years	P-value
Number of pregnancies [mean (SD)]	1.51 (0.82)	2.11 (1.01)	<0.001
Age at first pregnancy [mean (SD)]	20.91 (1.79)	<b>17.97 (1.59)</b>	<0.001
First pregnancy under the age of 18 [n (%)]	2 (0.6)	<b>121 (41.0)</b>	<0.001

Slide 12

### Ever and current use of Contraception



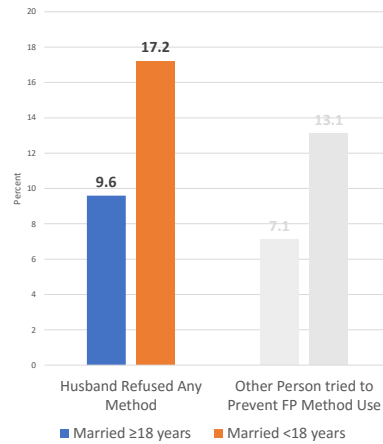
- Past and current contraceptive use was similar in both groups
- Slightly higher ever use of family planning method among women married under the age of 18.

## Slide 13

### Control over Contraceptive Use

Women married before the age of 18 reported greater interference in method use by husband

- 70% were “verbally told”
- 24% said their husbands shouted or got angry

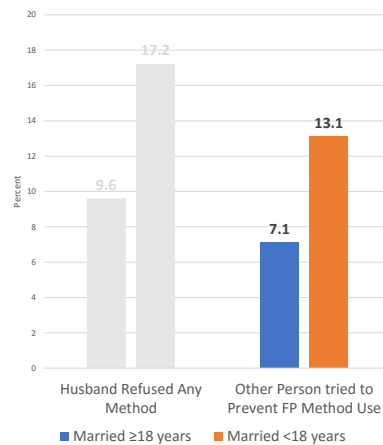


## Slide 14

### Control over Contraceptive Use

Women married before the age of 18 also reported more interference in decisions related to contraceptive use by family

- Most common family members to interfere were mother-in law (74%) and father-in-law (15%)



A pregnant woman wearing a light brown hijab and a pink long-sleeved top is sitting on a brown couch. She is smiling and looking down at a tablet device she is holding in her left hand. Her right hand is resting on her pregnant belly. The background is a softly lit room with a white door. In the bottom right corner, there is a small text credit: "Image Source: istockphoto".

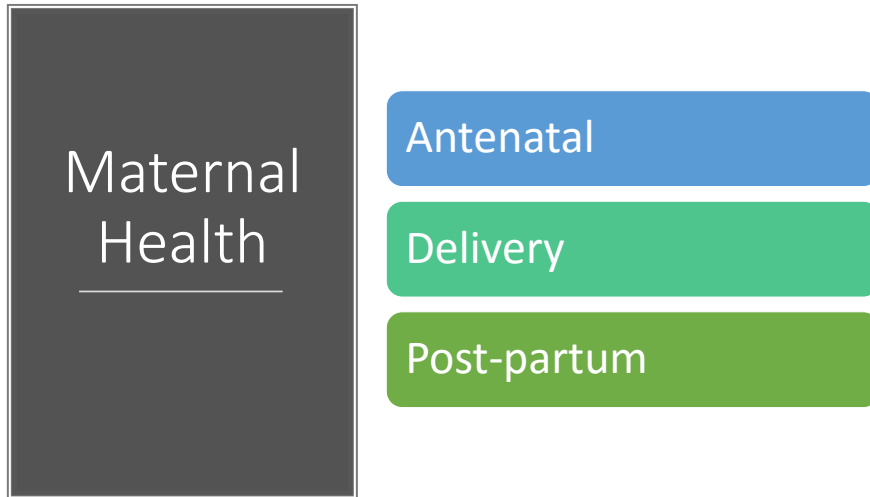
# What does the global evidence say about the health consequences of child marriage?

```

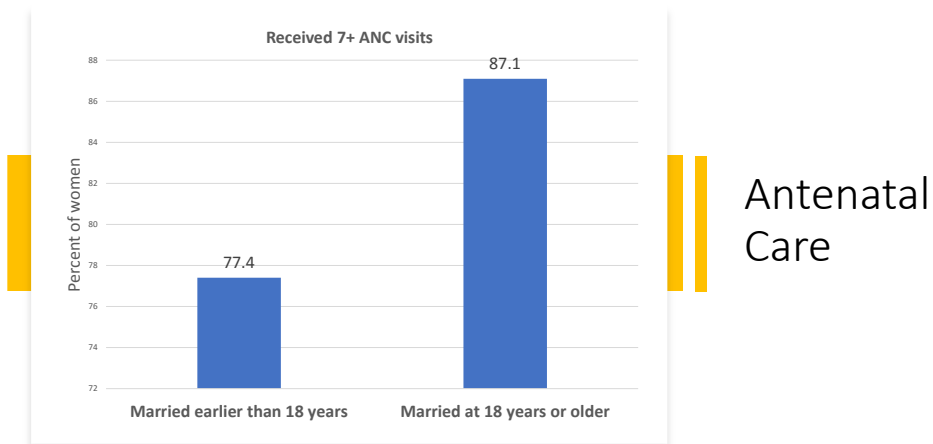
graph LR
    EM[Early Marriage] --> LCU[Lower Contraceptive Use]
    EM --> IPV[Intimate Partner Violence]
    EM --> LMHCU[Lower Maternal Health Care Utilization]
    LCU --> THF[Teenage Pregnancy  
Higher Fertility]
    IPV --> LSS[Low Birth Weight]
    IPV --> PPDep[Post-partum Depression]
    IPV --> SI[Suicide]
    LMHCU --> THF
    LMHCU --> LSS
    LMHCU --> PPDep
    THF --> M[Mortality  
Eclampsia/Pre-eclampsia  
Hemorrhage  
Puerperal Infection  
Low Birth Weight]
    THF --> PPDep
    LSS --> SI
    PPDep --> SI
    SI --> SI
  
```



Slide 17



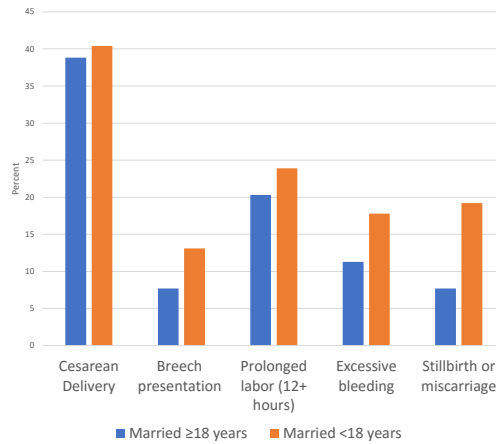
Slide 18



## Slide 19

### Delivery

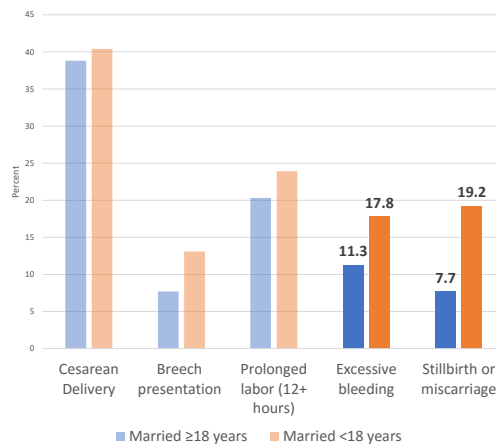
- Delivery complications were more common among women married before age 18.



## Slide 20

### Delivery

- Women who married early were significantly more likely to experience
  - Excessive bleeding/hemorrhage
  - Stillbirth or miscarriage
- No difference found between groups in
  - Institutional Delivery
  - Place of delivery
  - Skilled birth attendance



Slide 21

Post-Partum			
Increased likelihood of experience post-partum complications among women married before 18 years			
Within 2 months or less after birth [n (%)]	Married ≥18 years	Married <18 years	p-value
Excess vaginal bleeding	26 (8.4)	41 (13.8)	0.044
High fever	50 (16.1)	76 (25.6)	0.005

Slide 22

Post-Partum			
Increased likelihood of experience post-partum complications among women married before 18 years			
1.6x more likely to experience post-partum hemorrhage			
Within 2 months or less after birth [n (%)]	Married ≥18 years	Married <18 years	p-value
Excess vaginal bleeding	26 (8.4)	41 (13.8)	0.044
High fever	50 (16.1)	76 (25.6)	0.005

Slide 23

Post-Partum			
Increased likelihood of experience post-partum complications among women married before 18 years			
1.6x more likely to experience post-partum hemorrhage			
1.2x more likely to experience high fever (infection)			
Within 2 months or less after birth [n (%)]	Married ≥18 years	Married <18 years	p-value
Excess vaginal bleeding	26 (8.4)	41 (13.8)	0.044
High fever	50 (16.1)	76 (25.6)	0.005

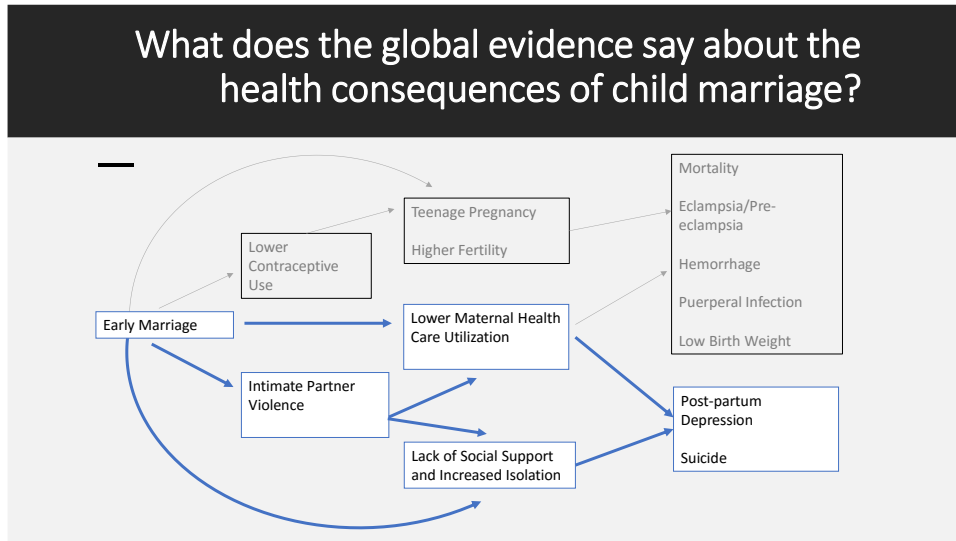
Slide 24



Post-Partum  
Mental Health

Image Source: UNHCR/Jordi Matas

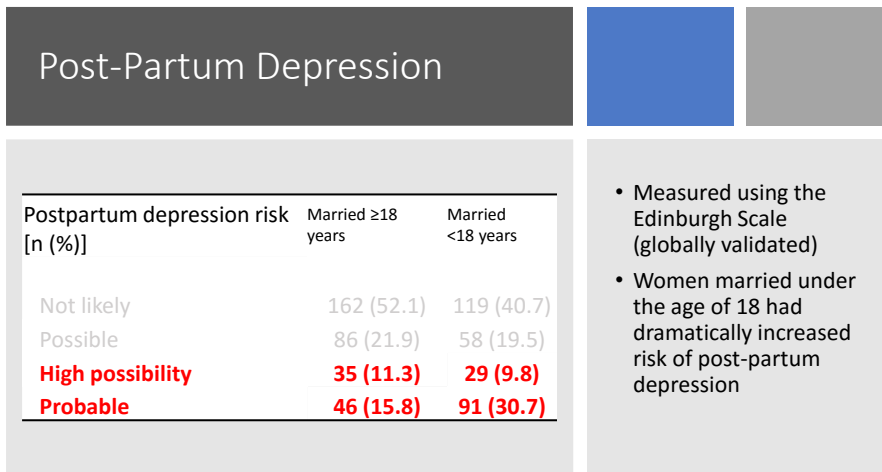
Slide 25



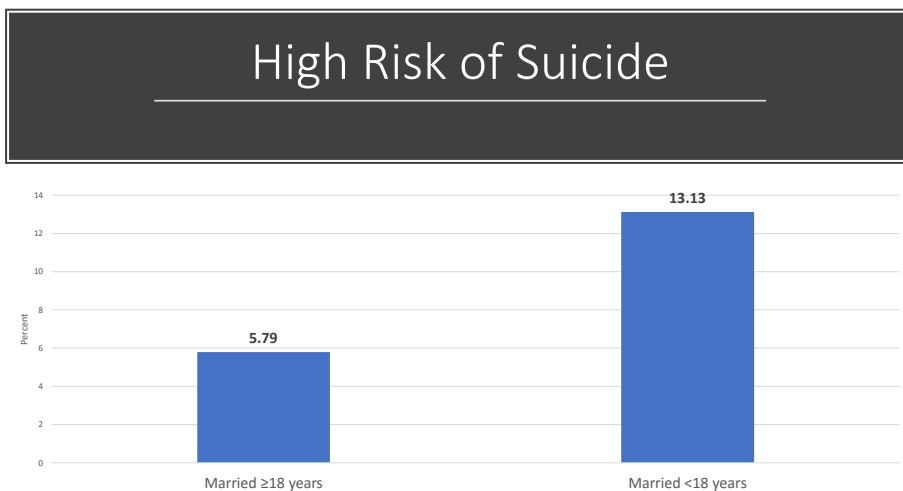
Slide 26



## Slide 27



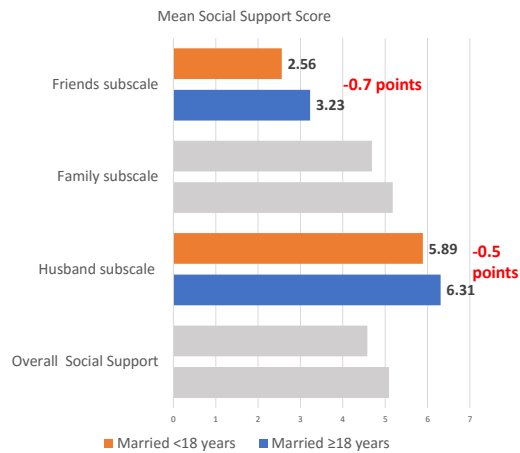
## Slide 28



## Slide 29

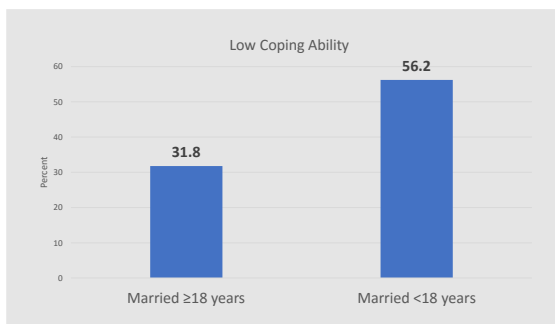
### Social Support

- Social support is defined as **the receipt of support or comfort from others**, typically to help them cope with biological, psychological, and social stressors. (source: APA)
- Women married before the age of 18 have lower social support across all domains
- Largest difference in scores relate to social support received from friends (- 0.7 points) and husband (-0.5 points)



## Slide 30

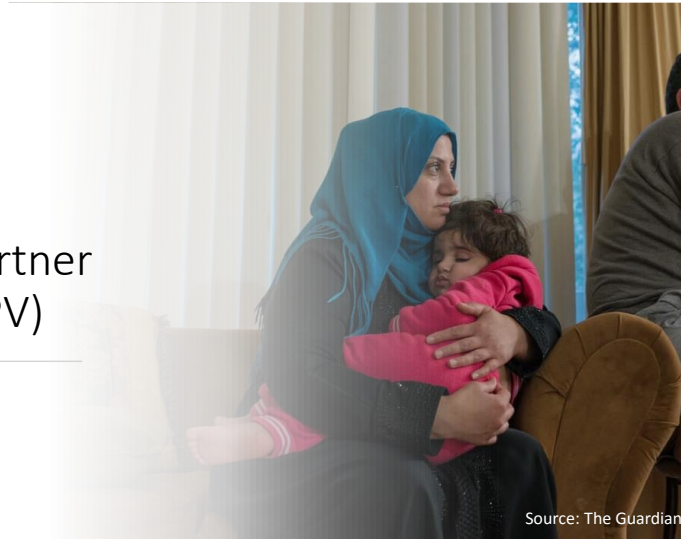
### Coping Response



- Coping refers to one's ability to self-regulate in response to different experienced stressors.
- Used the "Brief Resilience Coping Scale" to measure coping response
- Women married early have a lower ability to cope with adversity and stressful life events

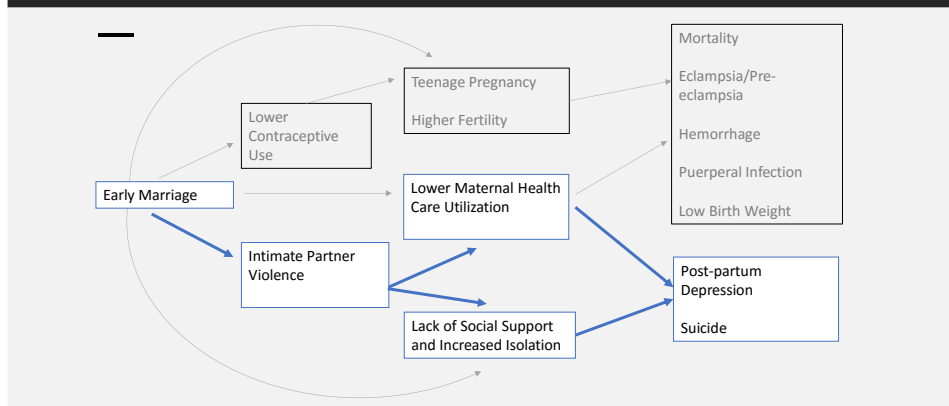
Slide 31

## Intimate Partner Violence (IPV)



Slide 32

## What does the global evidence say about the health consequences of child marriage?





Slide 33

# Intimate Partner Violence

Violence against a partners in an intimate relationship

---

Controlling

---

Psychological

---

Physical

---

Sexual

Slide 34

## Types of Violence

Controlling	Abuse of power to gain control over another person
Psychological	Words and non-physical actions to cause mental and emotional harm
Physical	Physical force used to hurt a partner
Sexual	Forcing sexual acts on a partner

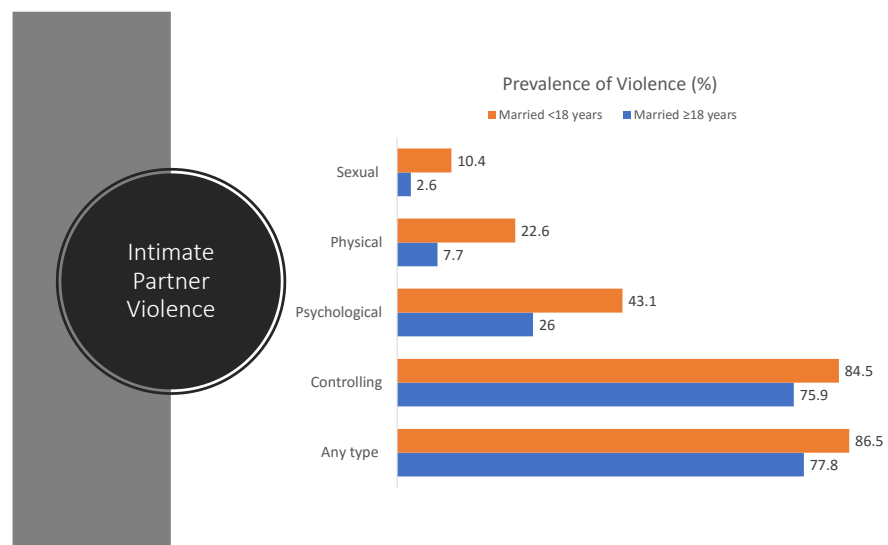
## Measuring Violence

### Survey questionnaire:

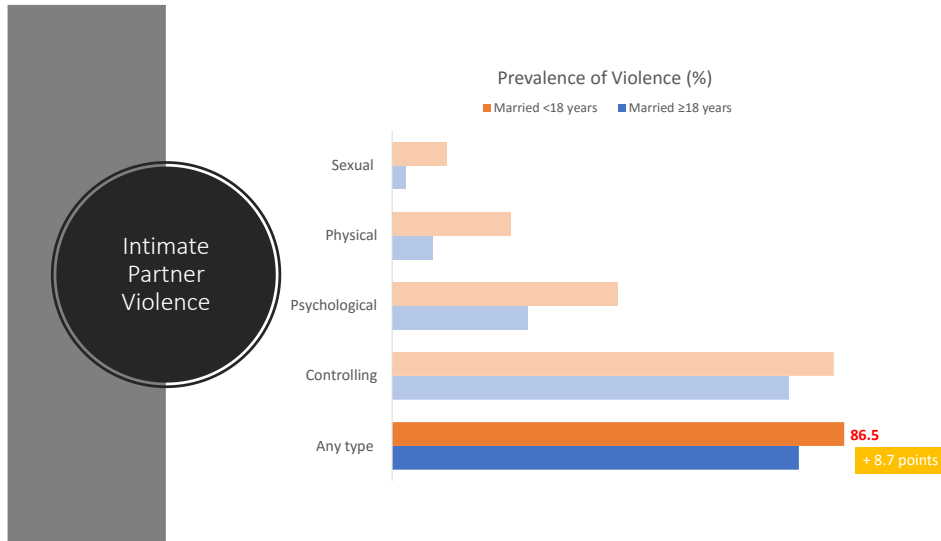
- WHO domestic violence questionnaire that was adapted and validated among Jordanian women

### Questions asked:

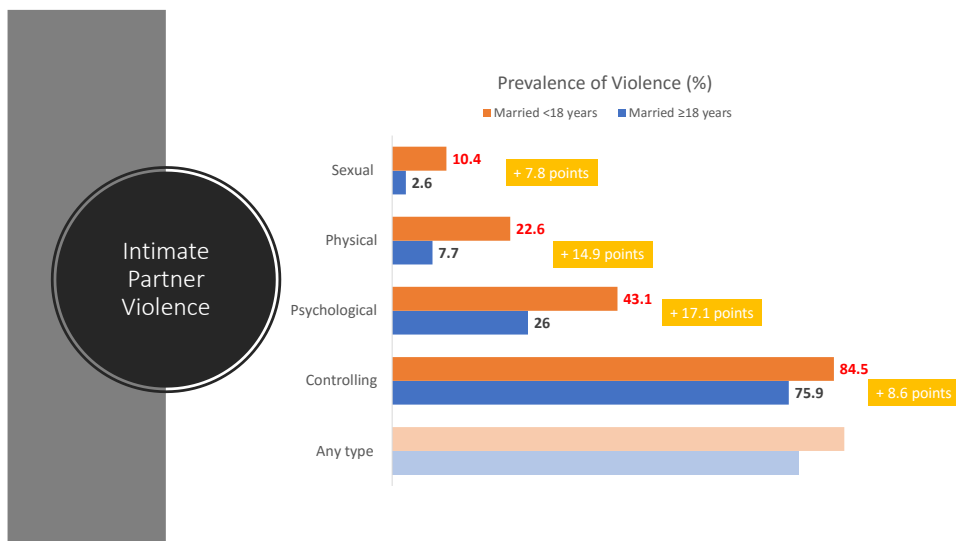
- Ever experience of an act of violence, and if when pregnant
- Women were asked to report ever experiencing an act of violence against them from a non-spouse family member



Slide 37



Slide 38



During pregnancy

	Married older than 18 years	Married before 18 years
Psychological violence	48 (15.4)	89 (30.0)
Physical violence	9 (2.9)	37 (12.5)
Sexual violence	5 (1.6)	24 (8.1)

During pregnancy

Women married under the age of 18 were significantly at higher risk of experiencing violence when pregnant		Married older than 18 years	Married before 18 years
	Psychological violence	48 (15.4)	89 (30.0)
	Physical violence	9 (2.9)	37 (12.5)
	Sexual violence	5 (1.6)	24 (8.1)

## Slide 41

### Violence from Family Members

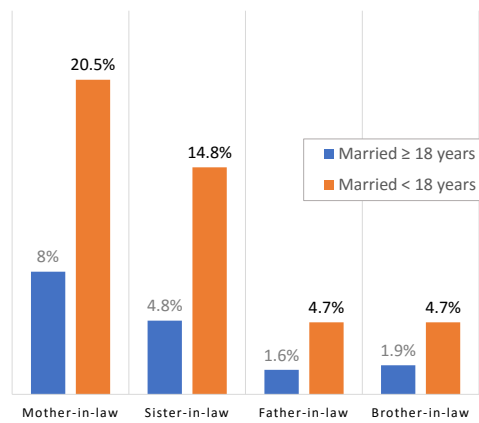
Since marriage, has anyone in your or your husband's family

	Married older than 18 years	Married before 18 years	P-value
Insulted, belittled, humiliated, intimidated, controlled, or threatened you?	35 (11.3)	75 (24.1)	<0.001
Ever hit, slapped, kicked or done anything else to physically hurt you?	9 (2.9)	22 (7.4)	0.019

## Slide 42

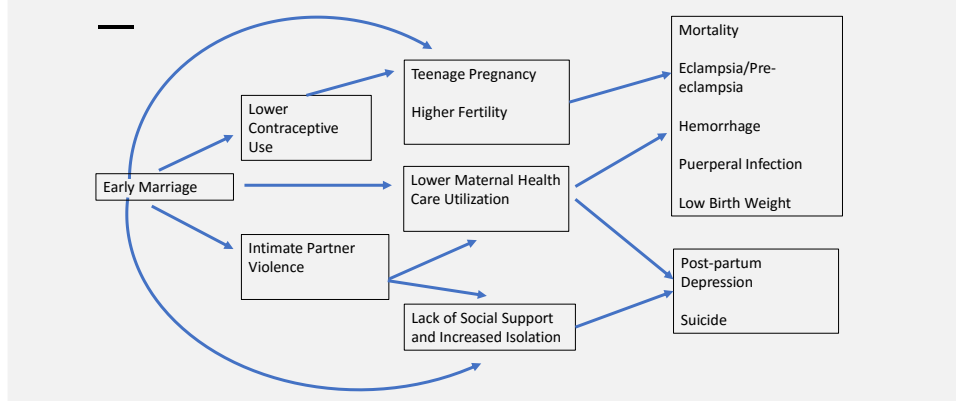
### Violence from Family Members

Relationship to perpetrator



Slide 43

## What does the **EVIDENCE FROM JORDAN** say about the health consequences of child marriage?



Slide 44

Questions &  
Discussion



## appendix: 3 Meeting Photo



HE. Prof. Dr. Issa Masarweh Secretary General  
of HPC



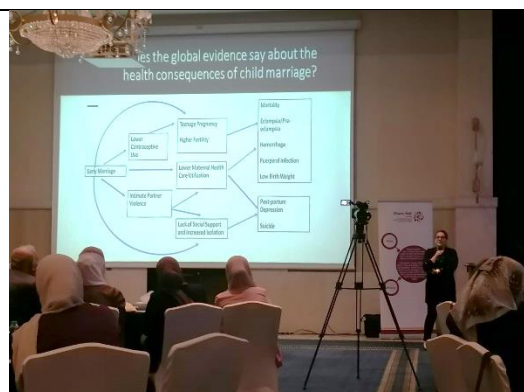
MS. Razan Al-Azzeh Meeting Presenter/HPC



Mr. Ali Almetleq – Director of studies and  
Policies Unit/HPC



Prof. Dr. Areej Othmanin ( Dean of the  
College of Nursing / university of Jordan)



Prof. Dr. Areej Othmanin ( Dean of the College  
of Nursing / university of Jordan)



Prof. Dr. Maysoon Al-Atoum,( Director of  
the Center for Women's Studies /university  
of Jordan).



Dr. Maysoon Al-Daboubi from the Jordanian Hashemite Fund for Human Development (JOHUD) present two movies Show movies



movie Show



movie Show



movie Show



Perinatal Health Consequences of Early Marriage in Jordan





**Attendees Group Photo**