



**Identification of Sexual and Reproductive
Health Issues and Research Priorities based
on Demographic and Family Health Survey
(2017 / 2018)**

2019



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يتحمل المؤلف كامل المسؤولية القانونية عن محتوى مصنفه
ولا يعبر هذا المصنف عن رأي دائرة المكتبة الوطنية أو أي جهة حكومية أخرى.

Foreword

The Higher Population Council prioritizes the issue of sexual and reproductive health as an important element in population dynamics and supports its efforts to balance population growth and economic resources in order to promote development and to create an enabling environment to capture the population opportunity, by achieving sustainable population and economic growth.

The Council recognizes that sexual and reproductive health research encompasses a wide range of scientific disciplines, which requires identifying national priorities for its issues, identifying priorities for studies that seek to provide information to drive policies and programs and set objectives for the sexual and reproductive health strategic and operational plans, and the objectives of the follow-up plan to realize and capture the population opportunity.

As part of its efforts to provide a research environment that will enable policymakers and program developers to use sound sexual and reproductive health information needed to make evidence-based decisions to improve reproductive health programs and services in Jordan, the Council has been working to identify and prioritize issues and studies related to sexual and reproductive health for several cycles in 2009, 2011, and 2014.

Continuing this approach, the Council, with funding from the Share-Net Foundation, prepared this study for the priorities of sexual and reproductive health issues, studies, and research in Jordan based on the Population and Family Health Survey 2017/2018, which is prepared periodically by the Department of Statistics every five years. This effort stems from a participatory approach with government institutions, civil society organizations, the private sector, academics from Jordanian universities and representatives of international institutions operating in Jordan.

This study aims to propose a national agenda for the priorities of sexual and reproductive health issues, studies, and research for the next five years in order to guide the allocation of limited research resources to priority problems and to help decision makers recognize the main problems related to sexual and reproductive health in Jordan.

In conclusion, we are confident that this study will be directed to sexual and reproductive health research of relevant national and research institutions, researchers, and graduate students; we will work to disseminate it to all institutions and organizations working in this area in addition to publishing it on the knowledge platform for sexual and reproductive health.

May Allah help us all to serve our precious Jordan and our Jordanian society under the leadership of His Majesty King Abdullah II Ibn Al-Hussein.

Secretary General

Dr. Abla Amawi

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Last but not least, we give our thanks and gratitude to the experts and representatives of the health and research sectors in governmental institutions, community organizations and international institutions who participated in the seminars and reviewed, amended, added and prioritized the draft list of issues and research topics; their contribution enriched this study and gave the sexual and reproductive health research agenda a national identity and a realistic dimension.

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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	The Higher Health Council
HPC	The Higher Population Council
HIV	Human Immunodeficiency Virus
ICF	International Coach Federation
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

Sexual and reproductive health (SRH) encompasses the ability to have a satisfactory and safe sex life, the freedom to reproduce and the right of men and women to know about and to use appropriate family planning methods and methods that enable women to safely navigate their pregnancy, childbirth and puerperium. Knowledge of SRH provides a couple with the best opportunity to have a physically, psychologically and socially healthy child.

The High Population Council (HPC) utilizes a consistent policy of focusing on supporting and encouraging scientific research and utilizing the results of such research in formulating policies and developing programs and activities that improve sexual and reproductive health and reflect positively on population indicators. Therefore, the HPC has developed in partnership with all concerned parties a series of national priorities for sexual and reproductive health research for 2009, 2011, and 2014.

Continuing this informed scientific approach, this study complements the Council's work to develop an updated national agenda for sexual and reproductive health research priorities based mainly on sexual and reproductive health issues highlighted in the results of the Population and Family Health Survey 2017/2018 in addition to the issues highlighted by studies and reports outside this survey.

This study is based on the analytical research method stemming from secondary data. The qualitative method was used to obtain consensus from partners on the SRH research priorities utilizing the method of seminars in addition to the use of a quantitative approach to assess the priority ranks of the proposed research topics by partners by using the Likert Scale (1-5 degrees) based on specific criteria agreed with the participants. The priority scores of the research topics assigned by the partners were compiled and entered into the computer using Excel. The arithmetic mean of the participants' answers for each research topic was calculated and the research topics were ranked under the three main headings (policies, programs and activities) in descending order from the highest to the lowest. The research that obtained an arithmetic average of less than 3 scores was excluded from the list of research priorities.

A national agenda for SRH research priorities was reached, consisting of 36 titles divided into two parts. The first part includes research priorities based on the results of the DHS 2017/2018 (25 titles) covering the three levels: Enabling Environment (policies) (10 topics), Institutional (programs) (7 topics) and Individual and Community (services) (8 topics). The second part

includes the research priorities according to the results of studies and reports from outside DHS 2017/2018 (11 titles) covering Enabling Environment level (policies (5 topics), Institutional level (programs) (3 topics) and Individual and Community level (services) (3 topics). A full chapter was devoted to the definition of the research, which received an average priority by the partners 3 or more scores (20 research topics); the definition shows the title of the study, objectives and importance.

The study recommends that the SRH research agenda should be disseminated to all stakeholders to identify and conduct SRH research activities in accordance with their objectives, capacities and resources. It is also hoped that this agenda will encourage the initiation of a process of dialogue among stakeholders on sensitive and important issues in the area of reproductive health, family planning in particular, and population issues in general. This will improve the well-being of the family and reflect positively on the population indicators in Jordan.

Chapter one

Introduction, Methodology and Previous Studies

1. Introduction

Sexual and Reproductive Health, as defined by the World Health Organization and the Program of Action of the 1994 Cairo International Conference on Population and Development (ICPD), is "a state of complete physical, mental and social well-being in all aspects of the reproductive system, its functions and processes, and is not just absence of illness or disability". In this sense, sexual and reproductive health expresses the ability to enjoy a satisfactory, safe sex life, the ability to reproduce, the freedom to decide the timing and frequency of reproduction, and the right of men and women to know and use appropriate family planning methods and methods that enable women to navigate safe pregnancy, childbirth and puerperium. It involves providing the couple with the best chance of having a healthy, physical and psychological baby ^{1,2}.

Sexual and reproductive health greatly affects the overall health of individuals and society and has been a growing concern from the overall health, economic and developmental perspective of society. Goal 3 of the Sustainable Development Goals ensures that enjoying a healthy lifestyle and well-being at all ages by all people is an indispensable element in the sustainable development of any state ³.

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 antenatal, postnatal, and neonatal care.
- Providing high quality Family Planning services in scientifically, socially and legally acceptable ways, including infertility services.
- Eliminating unsafe abortions and control their complications.
- Combating sexually transmitted diseases (including HIV), reproductive tract infections, cervical cancer, breast cancer and other gynecological diseases that can lead to death.
- Promoting sexual and reproductive health.
- Promoting adolescent and youth health.

¹ WHO: http://www.who.int/topics/reproductive_health/en/

² U.S. Department of Health and Human Services, National Institute of Child Health and Human Development. Reproductive Health for the 21st Century: From Cells to Self. February 2001. Web: <http://www.nichd.nih.gov/publications/>

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

-
- Prevention and treatment of infertility and sexual impotence.
 - Prevention and management of domestic violence.

Promoting sexual and reproductive health and family planning in countries with high fertility and neonatal rates such as Jordan helps to reduce poverty and avoid 32% of all maternal deaths and nearly 10% of child deaths according to various studies. It also contributes significantly to women's empowerment, including basic education, and long-term environmental sustainability ⁴.

The Higher Population Council attaches great importance to the issue of sexual and reproductive health as a vital 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 to achieve sustainable population and economic growth.

In view of the importance of the reproductive health program and services in Jordan, the Higher Population Council (HPC) as a national body concerned with coordinating efforts in the field of reproductive health / family planning prepared a national strategy for reproductive health / family planning 2013-2018 with active participation of all relevant national and donor agencies. The Council this year is in the process of reviewing and updating this strategy in the light of the developments under the title “National Strategy for Sexual and Reproductive Health for the years 2020-2024”.

As part of its efforts to provide a research environment that will enable policymakers and program developers to use sound sexual and reproductive health information needed to make evidence-based decisions to improve reproductive health programs and services in Jordan, the Council has been working on identifying and prioritizing issues and studies related to sexual and reproductive health for several cycles in 2009, 2011, and 2014.

Continuing this approach, the Council, with funding from the Share-Net Foundation, prepared this study for the priorities of sexual and reproductive health issues, studies and research in Jordan based on the Population and Family Health Survey 2017/2018, which is prepared by the Department of Statistics every five years. This effort is based on a participatory approach with government institutions, civil society organizations, the private sector, academics from Jordanian universities and representatives of international institutions operating in Jordan. This study aims to propose a national agenda for the priorities of sexual and reproductive health issues, studies and research for the next five years, in order to guide the allocation of limited research resources to priority problems and to help decision makers recognize the main issues related to sexual and reproductive health in Jordan.

4 Higher Population Council (2009). Critical Review and Annotated Bibliography of Selected Studies in Family Planning in Jordan (2001 to Date); March 2009.

2. Study Objectives

The purpose of this study is to determine the priorities of sexual and reproductive health issues arising from the results of the Population and Family Health Survey of 2017/2018 in addition to all other sources, such as strategies, plans, studies and research, related to sexual and reproductive health, and to then determine the priorities of research studies according to three levels: Enabling Environment (policies), Institutional (programs), and Individual and Community (services).

To this end, this study aims to achieve the following objectives:

- Direct research efforts towards sexual and reproductive health priority issues in order to adopt proper policies, programs and services to address these issues.
- Support the National Sexual and Reproductive Health Strategy 2020-2024 with development of the priorities for sexual and reproductive health issues with a focus on youth and adolescents.
- Provide a national agenda of research priorities in the field of sexual and reproductive health to be distributed for funding bodies, researchers and university students based on:
 - o Results of Population and Family Health Survey 2017/2018
 - o Results of previous scientific studies.

3. Methodology

Study Approach

This study is based on the analytical research method from secondary data. The qualitative method was used to obtain consensus from partners on the SRH research priorities utilizing the method of seminars in addition to the use of a quantitative approach to assess the priority ranks of the proposed research topics by partners by using the Likert Scale (1-5 degrees) based on specific criteria agreed with the participants. The priority scores of the research topics assigned by the partners were compiled and entered into the computer using Excel. The arithmetic mean of the participants' answers for each research topic was calculated and the research topics were ranked under the three main headings (Enabling Environment (policies), Institutional (programs) and Individual and Community (services) in descending order from the highest to the lowest.

Study Steps

- 1) Review the lists of sexual and reproductive health priority issues and research agenda prepared by the HPC in the years 2009, 2011, 2014 and reports, studies and strategies related to sexual and reproductive health in Jordan.

Comprehensive review and analysis of the results of the Population and Family Health Survey (DHS) for 2017-2018; the issues of sexual and reproductive health as revealed by this survey were categorized according to the main themes of sexual and reproductive health and reviewed with the HPC.

- 3) In addition to the DHS 2017-2018 SRH issues, another list of issues based on the relevant SRH reports and studies was prepared.
- 4) In light of the sexual and reproductive health issues, a draft of the research priorities on sexual and reproductive health has been prepared and grouped according to policies, programs and services themes.
- 5) The criteria set by the Steering Committee for Population Research to determine research priorities was adopted, updated and reviewed in consultation and with the stakeholders during the validation workshop.
- 6) A workshop of stakeholders and partners including experts, specialists and representatives from all governmental, private, civil, international and research sectors was held to discuss the draft priorities of SRH studies and research described in the fourth paragraph above. During this workshop the participants were asked to propose other priority research topics, evaluate and prioritize each research topic using the Likert Scale of 1- 5 scores (1: very weak, 2: weak, 3: medium, 4: high, 5: very high) according to the criteria referred to in paragraph 5 above .
- 7) At the end of the workshop, lists of research priorities approved by the participants after placing the priority scores were compiled and were introduced to the computer using Excel program to collect the participants' answers and calculate the arithmetic mean of each research topic according to the degree of importance reflected by the arithmetic average score.
- 8) Preparation of the study report in Arabic and English.

4. 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 ten years to review and analyze the research on sexual and reproductive health in Jordan to 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 Priorities⁵**

To determine research priorities in reproductive health and family planning, three panel discussions were convened for representatives from the Ministry of Health, Jordanian Royal Medical Services, universities, the private sector, professional associations, donors, international agencies, public institutions and civil society organizations (CSOs). The three meetings aimed to prioritize and discuss family planning research as outlined in the family planning review report (2001-2008) by using the 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 by using Likert Scale. Upon consolidation of the approved research topics in the above Excel sheet (the group proposed by participants and outlined in the study of reviewing family planning research), the average rate for participants' answers on each research topic was calculated and the research topics were 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 activities (17 topics) arranged by priority level.

■ **The 2011 Study to Identify Reproductive Health/Family Planning Research Priorities⁶**

The HPC has commissioned a consultant to review and analyze family planning research conducted from 2008 to 2011 to specify gaps and priorities of family planning research to be used in developing a national agenda for priorities and circulate it among relevant institutions. A central panel discussion was held with the participation of representatives from the Ministry of Health, High Health Council (HHC), Jordanian Royal Medical Services, private companies, professional associations, donors, international agencies, government institutions, civil society organizations (CSOs) and the Department of Statistics. The panel aimed to discuss, evaluate and arrange priorities of family planning research (from 2008 to 2011). The participants were asked to propose research topics of priority. At the conclusion of the panel discussion, 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 by using Likert Scale. Upon consolidation

5 Higher Population Council (2019). Identification of Priority Research Topics Related To Family Planning.

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

of the approved research topics in the above Excel sheet (the group proposed by participants and outlined in the study of reviewing family planning research), the average rate for participants' answers on each research topic was calculated and the research topics were classified under the three main headings (policies, programs and activities) by descending order. A national agenda for priority family planning research covering policies (6 topics), programs (6 topics) and services (10 topics) arranged by priority level.

■ Reproductive Health Research Priorities Based on Population and Family Health Survey 2012⁷ :

To determine research priorities in reproductive health and family planning based on the results of the population and family health survey in 2012, HPC, Center of Strategic Studies of the University of Jordan and International Coach Federation (ICF) convened a meeting in February 2014 with the participation of experts and researchers in population and family health to identify topics of priority according to the results of the survey implemented by the Department of Statistics. Then, the Steering Committee discussed research priorities proposed by the experts for population research based on the results of the population and family health survey in 2012. The Steering Committee set a group of standards according to which the proposed studies were classified by priority through answering the following questions :

- Does the proposed research add new knowledge on the topic? It means that the topics have not been discussed in previous studies or successive survey reports year after year.
- Will the results of the proposed research be applied and result in a significant impact on the health and lives of a large number of citizens?
- Will the research outcomes have economic results, including reducing the use of resources allocated to provide health services and other essential services and reduce its costs on the treasury and family?
- Does the research deal with inequalities and variances between various population groups, particularly marginalized groups?
- Is the research implementable in a reasonable time frame?
- Would not conducting the research lead to various risks on the life of large number of people?
- The study contribution in proposing programs, developing programs and providing services.
- The impact of study on reproductive health/family planning.

⁷ <http://www.share-net-jordan.org.jo/?q=ar/node/12114>

The research has been classified according to the three axes of family planning: policies, action programs and services. Then, the members of the Steering Committee arranged the priorities according to the 5-point Likert Scale as per the three axes. The priorities for the three topics have been specified beyond the scope of the population and family planning survey as it requires data from alternative sources. The national agenda for priority family planning research covers themes of policies (6 topics), programs (6 topics) and services (10 topics) arranged by priority and posted on the Reproductive Health Knowledge Platform, Jordan.

■ **Study of Translating Research Evidence into Better Sexual and Reproductive Health: How to Evaluate, Improve, and Institutionalize Research Uses in Jordan, Cameroon and Nigeria, 2018.**

The HPC, Share Net Project - Netherlands and Erasmus University Rotterdam - Netherlands co-conducted a study entitled “Translating Research Evidences into Better Sexual and Reproductive Health: How to Evaluate, Improve and Institutionalize the Research uses in Jordan, Cameroon and Nigeria.”

A training workshop was held to identify research evidence priorities in reproductive health in Jordan with participation of partners from national institutions concerned with reproductive health and a group of researchers and academics. The workshop aims to determine sexual and reproductive health priorities to be available to policy makers and planners for setting strategies and plans for achieving sustainable development objectives.

The leader of the study executive team will be from Erasmus University Rotterdam - Netherlands with the participation of professionals from Jordan, Nigeria and Share Net Project - Netherlands. To achieve the study objectives, the strategies, studies and research published in Jordan, Nigeria, and Cameroon will be reviewed and meetings will be convened with interested health researchers, decisions makers, civil society organizations and other development organizations to set a road map for priorities of the scientific manuals relating to sexual and reproductive health to work on during the years ahead.

5. Jordan Population and Family Health Survey 2017/2018: General Introduction⁷

The Department of Statistics (DOS) carried out the 2017-18 Jordan Population and Family Health Survey (PFHS). As with the previous surveys carried out in 1990, 1997, 2002, 2007, 2009, and 2012, the key objective of this survey is to provide comprehensive data on fertility, mortality, family planning, and maternal and child health and nutrition as a tool for assessing existing population and health programs and policies.

8 The Department of Statistics (DOS), 2018. Population and Family Health Survey 2017/2018

This survey is distinguished by its high household response rate (98%) at the national level relative to previous surveys and, in particular, the 99% response rate among eligible women ages 15-49. It is noteworthy that tablets were used for the first time to collect data during interviews (recording of responses and data transfer from the field to the main database), which had a positive effect on data quality.

It should also be noted that data were collected for the first time from men age 15-59 (among whom the response rate was also high, at 97%). The survey sample was designed to obtain estimates of the main survey variables at the national level, for urban and rural areas, for the country's three regions (Central, North, and South) and 12 governorates, and for three national groups (Jordanians, Syrians, and individuals of other nationalities). More than 19,000 households, 14,870 ever-married women age 15-49, and 6,640 men age 15-59 were interviewed between October 2017 and January 2018.

Chapter Two

Sexual and Reproductive Health Issues

First: Sexual and Reproductive Health Issues based on Jordan Population and Family Health Survey 2017/2018

Following an in-depth analysis of the findings outlined in the 2017-2018 Population and Family Health Survey report and based on the WHO concept of sexual and reproductive health dimensions and components, issues related to sexual and reproductive health in Jordan were categorized by key topics as follows:

1) Marriage and Exposure to the Risk of Pregnancy

- Polygamy is more common among the older age groups and in some governorates and among the less educated and well-being. 4% of currently married women report that their husbands have more than one wife, 7% of women aged 45-49 years their husbands have more than one wife, and the most common polygamy was in Mafrq Governorate (7%) and among uneducated women (13%).
- The percentage of unmarried women and men in the 35-39 age group (11.7% and 18.5%), in the 40-44 age group (9.2%, 9.6%) and in the 45-49 age group (8.7%, 3.5%) respectively for women and men.
- The average age of marriage among women is 22.7 years, while the average age at marriage for men is 27.9 years. There were differences in the median age at first marriage, where the highest was among women with a higher level of secondary education (25 years) and among uneducated women (23 years). The average age at first marriage for Jordanian women is 22.9 years compared to 19.6 years for Syrian women.
- Prevalence of consanguineous marriages (28% of marriages) in Jordan, although lower than in previous surveys.
- The proportion of women aged 25-49 years who are married under 18 years of age is high (15%), although it is lower compared to previous population and family health surveys. Although recent specialized studies that have examined the marriage of minors by age indicate that the problem of marriage of minors among Jordanians tended to increase between 2012-2015 and reached very high levels among Syrians.
- High rate of teenage marriage (10% of married women aged 15-18 years married before age 15).

2) Fertility

- A relatively large proportion of births (16%) occurred in less than 18 months after the previous birth, despite an increase in the average period of birth spacing steadily over time.
- There are sharp disparities in the total fertility rate (although it has dropped to 2.7 children) by governorate, nationality, educational level, welfare level, urban and rural areas.
- The total fertility rate of Syrian women in Jordan is high, reaching 4.7 children per woman.
- The average ideal number of children is higher among women aged 15-49 years and among men of the same age group (3.9 children and 3.8 children respectively), although lower than in 1990 (4.4 children).
- The presence of unplanned or wanted births (14%), although this percentage is clearly lower than previous surveys.
- The proportion of women who reached the age of menopause early, 6% of married women have reached the age of menopause in the age of 30-34 years.
- Teenage childbearing: A proportion of women aged 15-19 years (5.2%) have started child bearing, 1% of them have given birth before age 15, and 7% of women aged 25-49 years have given birth before reaching the age of 18; although these rates are low, they carry a high risk of education and employment opportunities for women, and are also associated with high fertility levels. Teenage childbearing is also associated with complications during pregnancy and childbirth and high neonatal mortality.
- The percentage of married women with five children who do not want to have more children is lower than in the 2012 survey (decreased from 81% to 79%).
- Despite the high median age at first birth (24.6 years) among women aged 25-49, it is important to know the determinants of the duration between marriage and first birth.
- There is a gap between men's and women's attitudes in reproductive issues. For example, 49% of currently married women do not want to have more children, while 28% of married men currently do not want to have another child.
- Total wanted fertility is higher in rural areas (2.4 children) compared to urban areas (2.1 children).
- High gaps between wanted and actual fertility according to nationality (Syrian women one child compared to other nationalities 0.5 children) , governorates (in Balqa and Mafraq 0.9 children each and in Amman, Zarqa and Karak 0.4 children each) , welfare levels (0.9 children among women in the lowest wealth quintile and 0.2 children among women in the highest quintile) and between education levels (0.7 - 0.9 children among secondary and under women and 0.9 children among women with higher education levels).

These disparities may reflect a high percentage of unmet needs among Syrian women, women in some governorates such as Balqa and Mafraq, women at low levels of well-being and women in under university education levels. The high gap between wanted and actual fertility increases women's vulnerability to abortion, which poses a risk to women's health.

3) Family Planning

- Decrease in the use of family planning methods from 61% to 52% between the two most recent surveys. This, although not reflected in the total size of childbearing, increases the rates of unwanted or unplanned pregnancies and reduces the interval between births.
- Decrease in the use of modern family planning methods from 40% to 37% between the two most recent surveys.
- Disparities in the use of modern family planning methods by governorate, nationality, educational level and welfare level (25% in Ma'an and 43% in Jerash; 32% for Syrian women and 38% for Jordanians; 35% for women in the lowest welfare quintile compared to 39% in the highest welfare quintile).
- Contrary to what is expected, there is a steady increase in the use of traditional methods of family planning with a higher level of education, offset by a decrease in the use of modern methods among educated women higher than secondary level, which reached 36% compared to women in secondary education (41%).
- More than a quarter of women mistakenly think they are more likely to become pregnant immediately after the end of their menstrual cycle and 7% say there is no specific fertilization period.
- The high rate of discontinuation of family planning methods (30%), due to reasons related to the inadequacy of the method (12%) or the failure of the method (11%), and the desire for a more effective method (9%).
- The high percentage of unmet need for family planning methods (14%) in DHS 2017/2018 after decreasing from 27% in 1990 to 12% in 2012. This percentage varies between governorates, educational level and nationality (17% in Madaba and Mafraq; 10% in Ajloun and Tafiela; 20% for uneducated women and 13% for secondary education; 19% for Syrian women compared to 14% for Jordanian women).
- Unmet need is high among Syrian women (19%) and other nationalities compared to 14% for Jordanians.
- Demand for family planning among currently married women aged 15-49 decreased to 66% in DHS 2017/2018 from 66% in 1999 to 71% in 2002 and 73% in 2012.

- A higher percentage of women receiving contraceptives from the public sector without being informed about the side effects of the method (62%) compared to those who went to the private sector.
- A large percentage (79%) of married women who do not currently use family planning methods did not discuss family planning with health service providers. This reflects the lack of interest of service providers in providing awareness services on the importance of using these methods.
- Low percentage of married women (aged 15 to 49) who make informed decisions about sexual relations, contraceptive use and reproductive health care (58.2%).
- Large percentages of married women (56%) who do not use family planning methods have no future intention to use such methods.
- A large proportion of men (55%) have not been exposed to family planning messages from the media.

4) Infant and Child Mortality

- The infant mortality rate (17 per 1,000 live births) is constant in the 2017-2018 Population and Family Health Survey compared to the last survey in 2012, although under-five and neonatal death rates have decreased.
- High under-five mortality rate in rural areas, with an average of 24 deaths per 1,000 live births, compared with 19 deaths per 1,000 in urban areas.
- Disparities between the mortality rate of children under the age of five between the governorates; it has reached the maximum in Mafraq governorate (23 deaths per thousand live births) and the lowest in Aqaba Governorate (10 deaths per thousand live births).
- The high infant and under-five mortality rate for those born to mothers aged 40-49 at the time of birth, with 29 deaths per 1,000 infants and 38 deaths per thousand among children under five.
- The high mortality rate of children under five years of age for Syrian mothers (25 per thousand) compared to the deaths of children born to Jordanian mothers (16 per thousand).
- The high mortality rate of children under five years of age for uneducated mothers or those with primary education level (22 per thousand) compared to children born to mothers who received higher education (13 per thousand).
- Relatively high and stable perinatal mortality (13 per 1000 pregnancies for 7 months or more). This ratio varies considerably between governorates, nationality, age at birth and mother education level.
- High rate of high-risk births (75%) (mother age less than 18 or more than 34 years, spacing periods less than 24 months and birth order more than three).

5) Maternal and Child Health

- The proportion of women who received health care in the first trimester of pregnancy decreased from 91% in the 2012 Population and Family Health Survey to 85% in the 2017/2018 Survey.
- Decrease in the proportion of mothers whose newborn was protected from neonatal tetanus (only 28% were given tetanus vaccine during pregnancy).
- The proportion of mothers and newborns who did not receive a medical examination during the first two days after birth (17% and 14%, respectively).
- There is disparity between regions, education level, levels of well-being and nationality with regard to health care provided to women during pregnancy and after childbirth.
- High Caesarean birth rate (26% of all births). There is a significant difference between planned and unplanned cesarean deliveries, indicating that a large proportion of this type of operation is not required or unnecessary. There are variations by age, governorate and nationality in this area.
- Obstacles and problems for married women have access to health care such as physical barriers, distance from health facility, not knowing where to go, obtaining approval to go to the doctor, and fear that the health care provider is not female (42% of women suffer from at least one problem).
- The low turnout of young couples to medical examinations before marriage (42% for male and female couples in the age group less than 20 years and 42.9% for the age group 20-34).
- Low rates of breast and uterine cancer screening for women who have already married and their ages 15-49.
- 17% of babies at birth have low weight (less than 2.5 kg).
- Babies of younger mothers under the age of 20 and mothers aged 35-49 are somewhat more likely to have low weight (21% and 20%), respectively.
- The percentage of children aged 12-23 months who received all basic vaccines decreased from 93% in the 2012 Population and Family Health Survey to 86% in the 2017-2018 Survey. This corresponds to an increase in the proportion of children who did not receive any vaccinations from 1% or less to 7% among the two surveys.
- There are significant differences in coverage of basic vaccines among children aged 12-23 months according to the governorates (the highest in Tafleeh governorate 91%, and the lowest in Ma'an governorate 64%), nationality (Syrians, 76% compared to 88% for Jordanians) and the level of education (children of uneducated mothers 47% compared to 84% among mothers with primary education and 85% among mothers with higher education than secondary).

- Proportion of children under the age of five years who developed symptoms in the last two weeks before the survey related to diarrhea 10%, fever 13%, and acute respiratory infections 6%.
- Replacing breast milk with other liquids or foods at an early age in Jordan. Only 26% of children under 6 months received pure breastfeeding. Contrary to the recommendation of exclusive breastfeeding, 38% of children under 6 months of age were given water, milk or other liquids other than milk, while 17% received complementary foods in addition to breast milk. 20% of babies have never breastfed.
- Decrease in the proportion of children who continue to breastfeed for one year to 36% and those who continue breastfeeding for two years to 15%.
- Decrease in the proportion of children aged 6-23 months who receive the minimum acceptable food standards to (23%) and the existence of substantial differences in this rate between the governorates, nationality and the level of education of the mother and well-being.
- High rates of children aged 6-59 months and mothers aged 16-49 years with anemia (32% and 43%, respectively). These rates vary by governorate.
- 54% of women aged 15-49 years are considered overweight or obese.
- 81% of children aged 1-14 years were subjected to at least one form of violent discipline, and 14% of respondents believed that corporal punishment was necessary for proper child-rearing.
- 37% of households are not covered by health insurance and 42% of women (aged 15 to 49) do not have health insurance. This may increase the percentage of unmet needs and reduce the rate of demand for modern family planning methods for women not covered by health insurance, especially as there are reports showing that family planning services are not covered by private health insurance.
- 27% of the reasons for admission to hospitals were for the care during pregnancy or child birth and 11% for the care of newborns and children.

6) Sexual Transmitted Diseases

- The percentage of women who have ever married and have comprehensive knowledge of HIV decreased from 13% in the 2012 survey to 9% in the 2017-2018 survey, and the percentage of women who know how to prevent HIV have also decreased from 52% to 42% during these surveys with differences by governorate and nationality of women.
- Decrease in the proportion of young women (15-24 years) who have comprehensive knowledge of HIV (7%) and also decrease among young people of the same age (8%).

- A large proportion of women and men have incorrect information on ways of spreading and reducing HIV. The proportion of women and men aged 15-49 years who know that HIV can be transmitted during pregnancy, childbirth and breastfeeding was (50% and 42%) respectively, and only 26% of women and men know that the risk of AIDS transmission to the child can be reduced by special drugs.
- The prevalence of discriminatory attitudes towards people living with HIV (90% among women and 87% among men).
- 27% of previously married women and 40% of men know where to go for HIV screening. This is evidence of poor media outreach programs, which impedes access to AIDS detection and early diagnosis centers.
- Significant proportion of previously married women and men aged 15-49 who have heard of STIs other than HIV (34% and 33%), respectively.
- Percentage of men who have heard of sexually transmitted diseases (STDs) other than HIV and reported having sexually transmitted disease during the 12 months prior to the survey (11%).

7) Domestic Violence

- A large percentage (46%) of married women aged 15-49 years and men of the same age group (69%) agree that the husband beating the wife is justified in at least one of the following cases: burning food, arguing with the husband, going out without consent, neglect of children, disobedience to the husband, cursing husband, betraying him with someone else.
- Unexpectedly, attitudes justifying wife beating become more common with higher educational level for men (56% of uneducated men agree to beating wives compared to 72% of men with secondary education and 68% of men with higher secondary level).
- A significant proportion of women have been subjected to physical violence, especially from their husbands, where the percentage of women who have been married before the age of 15 - 49 years and exposed to any physical violence since the age of fifteen amounted to 21%, and the proportion of those who experienced any physical violence during the last 12 months amounted to 14%. The source of this violence was mainly 71% of the current husband, 15% of the previous husband, 13% of the brother, 12% of the father and 9% of the mother.
- 26% of married women aged 15-49 were subjected to physical, sexual or emotional violence by the current husband or the last husband, and 20% of women were subjected to husband violence during the past 12 months, with 7% reporting a recurrence of violence during the last 12 months. This phenomenon has continued despite the decline in this percentage compared to the results of the 2012 survey, where it was 34%. There is an impact of this

violence on the rest of the family members as the survey indicated that women who reported that their parents beat their mothers more exposed (56%) to spouse violence than women who were told that their parents did not beat their mothers.

- The low rate of seeking help (19% only) among married women who have been subjected to any form of physical or sexual violence committed by the husband.
- The percentage of women who have been married and have been subjected to violence (physical, sexual or emotional) by the husband varied between the governorates where it reached the highest in both Zarqa and Balqa governorates (36%) and lowest in the Ajloun governorate (10%).
- Prevalence of violence against children under 14 years of age (81% of children have suffered severe psychological, physical or physical punishment).
- High percentage of children under five who have been left alone or in the care of another child under the age of 10 (16% in 2017-2018 survey, up from 9% in 2012 survey).

8) Women's Empowerment and Gender Equality

- A small percentage (only 13%) of married women aged 15-49 work.
- 15% of working wives alone decide how to use their financial returns, 78% of women decide jointly with their husbands how to use their financial returns, while 7% of husbands make the main decision on the use of their wives returns.
- Only 11% of married women aged 15-49 have a home and 8% own land. Female ownership of houses varies by governorate from 5% in Ajloun to 44% in Balqa. The percentage of women's land ownership ranges from 3% in Zarqa to 29% in Balqa.
- 20% of women have a bank account and use it.
- There are differences by governorate and nationality between women who have a bank account. In Ma'raq, for example, this percentage is 10%, in Karak 29% and 21% of Jordanian women compared to 3% of Syrian women.
- 78% of married women participate in all their health care decisions, major household purchases, family visits and relatives.
- There are differences by work, governorate, nationality, educational level and well-being on women's participation in decision-making. In Ma'an, for example, this percentage is 62% and 85% in Karak. This percentage is higher among Jordanian and working women compared to Syrian and non-working women.
- 67% of women can refuse marital cohabitation with their husbands if they do not want to and 71% of them can claim their husbands to use condoms.
- Disparities in the percentage of women who can reject marital cohabitation with their husbands by region, level of education, and family well-being (75% in the South, compared to 68% in the North and 65% in the Central Region; 59% among the uneducated and 89% for

those with higher education); 60% for women in the lowest welfare quintile and 75% for the highest quintile.

Second: Sexual and Reproductive Health Issues based on Studies outside Jordan Population and Family Health Survey 2017/2018

In addition to the Population and Family Health Survey 2017-2018, the most important reports, studies and strategies related to sexual and reproductive health (SRH) in Jordan were reviewed to identify SRH issues that were not reflected in the Survey or were not among the topics included in the survey. These issues are classified under two headings: sexual and reproductive health and family planning:

1) Reproductive and Sexual Health

- Limited integration of sexual and reproductive health and primary health care programs in health centers and obstetrics and gynecology services in hospitals ^{9,10}.
- There is a lack and weakness of programs that assess the level of sexual and reproductive health services currently provided in the public and private sectors and the extent to which service providers are committed to the protocols adopted and the extent of patient satisfaction ¹¹.
- Weak sexual and reproductive health services provided to Syrian refugees and the existence of financial, social, cultural and awareness barriers that prevent them from accessing these services ¹².
- Weak services for sexual health, sexually transmitted diseases, adolescent and youth health in government health centers and lack of an integrated package of essential sexual and reproductive health services for these age groups ¹³.
- Lack of specialized and integrated sexual and reproductive health services (medical, psycho social, and family services) addressed to the most vulnerable groups such as people with special needs, victims of rape and sexual violence, AIDS patients and their contacts ¹⁴.

9 المجلس الأعلى للسكان (2019)، ورشة عمل تطوير الإستراتيجية الوطنية للصحة الجنسية والإنجابية 28 آب / 2019.

10 Raeda Al-Qutob and Maha AlSaheb (2017). Assessing the Integration of Sexual and Reproductive Health into Primary Health Care with the Aim of Achieving Universal Health Coverage in Jordan. 5th International Congress on Primary Healthcare & Family Medicine November 29-30, 2017 Madrid, Spain. <http://www.imedpub.com/proceedings/assessing-the-integration-of-sexual-and-reproductive-health-into-primary-health-care-with-the-aim-of-achieving-universal-1286.html>

11 المجلس الأعلى للسكان (2019)، ورشة عمل تطوير الإستراتيجية الوطنية للصحة الجنسية والإنجابية 28 آب / 2019.

12 Harvard Scholl of Public Health (2019). Understanding and meeting the sexual and reproductive health [SRH] needs of Jordanian and Syrian youth. <https://www.hsph.harvard.edu/women-and-health-initiative/projects/understanding-and-meeting-the-sexual-and-reproductive-health-needs-of-jordanian-and-syrian-youth/>

13 United Nations (2018). United Nations Youth Strategy: Youth 2030. https://www.un.org/youthenvoy/wp-content/uploads/2018/09/18-00080_UN-Youth-Strategy_Web.pdf

14 United Nations (2018). United Nations Youth Strategy: Youth 2030. https://www.un.org/youthenvoy/wp-content/uploads/2018/09/18-00080_UN-Youth-Strategy_Web.pdf Higher Population Council; Share- Net Jordan (2018). Position Paper Rights of Persons with Disabilities to Reproductive Health Services and Sex Education. https://www.share-net-jordan.org.jo/sites/default/files/Position%20Paper-SRHof%20Persons%20with%20Disabilities-Eng%20%28004%29_1.pdf

- Shortage of sexual and adolescent health providers and insufficient specialized training programs for providers of these services¹⁵.
- Weak legislation and programs to implement the rights-based approach in the provision of sexual and reproductive health services¹⁶.
- Lack of coordination between international donor organizations that finance sexual and reproductive health and family planning programs and the absence of a unified official arm to coordinate and monitor the work of these organizations and their focus on vertical programs¹⁷.
- Limited specialized courses in the field of adolescent and sexual and reproductive health in medical and health colleges¹⁸.
- The need for educational programs covering the health of adolescents and sexual and reproductive health in school curricula with content and style that commensurate with the social and religious culture prevailing in society¹⁹.
- Weakness in sexual and reproductive health information systems²⁰.
- Poor funding and irregular availability of medicines and supplies for integrated sexual and reproductive health services²¹.
- Absence or weakness of pre-marriage counseling related to sexual and reproductive health²².
- Lack of regular periodic information programs on sexual and reproductive health²³.
- Maternal mortality is predominantly among the less fortunate, less educated and uninsured and 60% are preventable²⁴.

2) Family Planning

- There is a bias from reproductive service providers towards some modern family planning methods, especially permanent ones²⁵.
- Severe shortage of female family planning providers, especially in areas outside the capital²⁵.
- Circulation of misinformation about the side effects of modern family planning methods and the weakness of informed education programs to counter this information²⁶.
- Weak coverage of private health insurance programs for family planning services and sexual health counseling²⁷.

15 Higher Population Council (2015). Jordan Agenda Setting for Sexual and Reproductive Health and Rights Knowledge Platform (Share-Net International). <http://share-netinternational.org/wp-content/uploads/2017/02/Annex-9-Jordan-agenda-setting-and-mapping.pdf>

16 المجلس الأعلى للسكان (2016)، الإستراتيجية الوطنية للصحة الإنجابية/تنظيم الأسرة 2018-2023 (تحديث مراجعة منتصف المدة 2016)

17 المجلس الأعلى للسكان (2019)، ورشة عمل تطوير الإستراتيجية الوطنية للصحة الجنسية والإنجابية 28 آب/ 2019

18 Higher Population Council (2009). Critical Review and Annotated Bibliography of Selected Studies in Family Planning in Jordan (2001 to Date); March 2009.

20 Saheb, Maha (2017). UNFPA Assessment of SRH Integration in Selected Arab Countries "Jordan Country Report".

21 Higher Population Council (2009). Maternal Mortality in Jordan 2007.

22 Higher Population Council (2009). Critical Review and Annotated Bibliography of Selected Studies in Family Planning in Jordan (2001 to Date); March 2009.

23 المجلس الأعلى للسكان (2018)، الخطة الإستراتيجية للمجلس الأعلى للسكان 2018 - 2022

24 Higher Population Council (2011). Feasibility of Family Planning Services Inclusion within Public and Private Employers Health Insurance Plans; August, 2011.

Chapter Three

Sexual and Reproductive Health Research Priorities

1. Criteria for Priority Setting

Since it is difficult to address all the needs, issues and problems related to sexual and reproductive health in the community as revealed by the Population and Family Health Survey 2017-2018 and other sources, a set of criteria was needed to prioritize research issues. The list of criteria adopted by the Council to prioritize research that was developed in 2012²⁸ was adopted after and presented to the partners who attended the workshop held by the HPC to discuss sexual and reproductive health (SRH) issues and validate and rank the SRH research agenda. The SRH research validation and priority ranking criteria list includes:

1. Avoid repetition: Does the research add new knowledge?
2. Positive impact on the sexual and reproductive health of the population.
3. The importance / seriousness / magnitude of the problem or issue (for example, does the research deal with inequality and disparities between population segments, especially marginalized?)
4. Are lives of a large number of people at risk if research is not conducted?
5. Will the research have positive economic effects on national and family levels?
6. Feasibility: financially, chronologically, technically, culturally, politically, availability of information.
7. The moral dimension.

2. The Priorities of Sexual and Reproductive Health Research Based on Population and Family Health Survey Data 2017/2018

This section contains priority lists of the studies and research titles (25 titles) based on the sexual and reproductive health issues generated by the 2017/2018 Population and Family Health Survey, grouped by three levels: Enabling Environment (policies) (10 titles), Institutional (programs) (7 titles) and Individual and Community (services) (8 titles). This list is a summary of what was agreed upon by the partners representing all governmental, private, research and international sectors.

28 المجلس الأعلى للسكان (2019). الشروط المرجعية لتنفيذ الدراسة الخاصة بتحديد الأولويات والدراسات الخاصة بالصحة الجنسية والإنجابية حسب نتائج مسح السكان والصحة الأسرية 2017-2018

1) Enabling Environment (policies)

Policies are the general rules issued by the legislative or government bodies or the higher public councils that include laws, regulations, instructions, plans, and general directions related to achieving the sexual and reproductive health of the population.

Table 1: List of sexual and reproductive health research based on the results of the population and family health survey 2017/2018 presented by rank and average scores / policies theme

Rank	Study title	Average Score (maximum score:5)
1	What are the reasons for the low demand for early detection tests of breast and cervical cancer?	4.20
2	Trends and reasons for low breastfeeding (absolute to two years of age) among women in Jordan.	4.00
3	Domestic violence against women: factors, motives and causes.	3.60
3	Trends, causes and health and social risks of teenage marriage and pregnancy	3.60
5	What factors affect unplanned or unwanted pregnancies?	2.80
5	Analysis of inequity in providing of family planning services in Jordan	2.80
7	The consanguineous (relatives) marriage in Jordan: causes , future trends and impact on sexual, reproductive and children's Health	2.60
7	Prevalence of violent discipline of children under the age of fourteen: causes and the reasons for the differences between governorates, nationality and the level of mother's education and welfare	2.60
9	The impact of employment of married women on the sexual and reproductive health of women	2.40
10	Polygamy in Jordan: causes and impact on sexual and reproductive health	1.80

2) Institutional level (Programs)

The program is the 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 objectives of the policy and bring it 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 2017/2018 presented by rank and average scores /programs theme

Rank	Study title	Average Score (maximum score:5)
1	The causes of high rates of anemia among mothers aged 15-49 years and their variation by governorates	4.60
1	The causes of high rates of anemia among children aged 6-59 months and their variation by governorates	4.60
3	Causes of low proportion of children aged 6-23 months who receive the minimum acceptable food standards and how to maintain acceptable food standards for those children	4.00
4	Understand the causes of discrepancy between infant and under-five mortality rates among governorates, urban and rural areas, maternal education level, nationality and maternal age at birth	3.60
5	The impact of women's empowerment on reducing births exposed to high risks and propose policies, programs and services that help to reduce high risks births	2.80
5	What are the factors affecting the duration between marriage and first birth and the differences in this duration between the governorates, nationality, educational level, welfare level, urban and rural?	2.80
7	What is the mutual impact of Jordanian and Syrian cultures on sexual and reproductive health?	2.00

3) Individual and community (services)

Services are activities and actions that are directed to a targeted population by the sexual and reproductive health program in order to achieve the objectives for which the program was found and ensure the translation of policies to actions, 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 2017/2018 presented by rank and average scores / Services theme

Rank	Study title	Average Score (maximum score:5)
1	Unmet sexual and reproductive health needs: types, magnitude and causes with focus on adolescents, and Syrian women	4.60
2	Factors and reasons that contributed to the decrease in the use of family planning methods with emphasis on the decrease in the use of modern family planning methods	4.20
2	The high rate of cesarean deliveries in Jordan causes and ways to reduce these deliveries	4.20
4	The constant infant mortality rate and the high perinatal mortality rate: factors that have led to this and how to lower these rates	2.80
4	Causes and determinants of the gap between desired and actual fertility by nationality, governorates, levels of well-being and levels of education	2.80
4	What are the causes of obesity among women aged 15-49 years and the impact on women's sexual and reproductive health?	2.80
7	The effectiveness and appropriateness of current family planning methods among married women in the 15-49 age group	2.60
8	Understand the motives and reasons behind the steadily increase in the use of traditional methods of family planning by women with high level of education	2.60

3. Research Agenda for Sexual and Reproductive Health based on Studies outside Jordan Population and Family Health Survey 2017/2018

This section contains priority lists of research titles (11 titles) based on sexual and reproductive health issues from reports and studies outside the Population and Family Health Survey 2017/2018 grouped by three levels: Enabling Environment level (policies) (5 titles), Institutional level (programs) (3 titles) and Individual and Community level (services) (3 titles).

Table 4: List of sexual and reproductive health research based on studies outside Jordan population and family health survey 2017/2018 presented by rank and average scores /policies, programs and services themes

Rank	Study title	Average Score (maximum score:5)
1	Mapping and review courses and specialized educational topics in the field of adolescent health and sexual and reproductive health in educational curricula and propose appropriate amendments	4.60
2	Maternal mortality in Jordan: What are the preventable deaths and how can to avoid them?	4.20
2	Mapping human resources that provide sexual and reproductive health services in the public and private sectors to identify gaps in numbers, distribution and training	4.20
4	Enumerate and review legislation related to sexual and reproductive health and propose amendments or legislation necessary to promote sexual and reproductive health	2.80
4	Enumerate and review legislation related to women's empowerment, indicate strengths and weaknesses and propose amendments or legislation necessary to empower women economically, socially, politically and healthily	2.80
Programs Theme		
1	Assess the role and impact of current promotion and education programs on positive attitudes and practices of sexual and reproductive health	4.40
2	Assess the level and extent of integration between sexual and reproductive health services and primary health care programs	4.20
2	Assess the extent to which the results and outputs of the 2012 Population and Family Health Survey were used in sexual and reproductive health policies and programs	4.00
Services Theme		
1	Examine possible public-private partnerships models in the area of sexual and reproductive health services and how to benefit from global experiences in this area	4.20
2	Study and assess the unmet needs of the most vulnerable groups such as people with intellectual disabilities / autism, victims of rape and sexual violence, AIDS patients and their contacts	4.20
2	Assess the appropriateness of sexual and reproductive health (SRH) services currently provided in the public and private sectors and the extent to which service providers are committed to the SRH protocols	4.20

Chapter Four

Definition of Research Topics

This chapter is devoted to the definition of research topics (20 topics) which has obtained an average priority of 3 scores or above divided into two parts. The first part includes research priorities (11 titles) based on the results of the Population and Family Health Survey 2017/2018 grouped by three levels: Enabling environment (policies) (4 titles), Institutional level programs (4 titles) and Individual and community level (services) (3 titles). The second part includes research priorities (9 titles) based on the results of studies and reports from outside the Survey covering policy themes (3 titles), programs (3 titles) and services (3 titles). The definition of each research indicates the title, objectives and importance of the study.

1. Definition of Research Topics based on Jordan Population and Family Health Survey 2017/2018

First: Enabling Environment Level (policies)

1) What are the reasons for the low demand for early detection tests of breast and cervical cancer?

Objectives of the study

- Identify the reasons behind the low response rate of conducting preventive screening tests, especially those offered within sustainable national programs such as breast and cervical cancer screening.
- Study the causes of differences in conducting these preventive tests by regions, educational levels, welfare, nationality, health insurance and age groups.
- Propose appropriate policies and interventions to increase the demand for such important preventive tests.

Importance of the study

Early diagnosis remains one of the most important strategies for the early detection of diseases, especially chronic diseases such as cancer, especially in countries that suffer from scarce resources such as Jordan. This study provides the necessary information for the health policy makers to adopt evidence based strategies and programs to increase the rate of performing preventive screening tests by high risk women which will reduce the risk of breast cancer and cervical cancer, and reflect positively on the health of the family in general and women's health in particular in addition to reducing the rising costs of health care.

2) Trends and reasons for low breastfeeding (absolute to two years of age) among women in Jordan

Objectives of the study

- Understand the factors, trends and causes associated with low rates of breastfeeding (absolute to the age of two years).
- Identify the reasons for the differences in breastfeeding rates between the governorates, nationality, educational level, welfare level, urban and rural areas.

Importance of the study

Increased breastfeeding practice has health benefits for the mother and child and protects mothers from early new pregnancy. The results of this study help to design evidence based awareness programs directed to promote breastfeeding in regions and among social segments that suffer from low rates of breastfeeding.

3) Domestic violence against women: factors, motives and causes

Objectives of the study:

- Identify the forms of violence against women.
- Identify the causes and factors leading to violence against women and the social, psychological and physical effects of this violence.
- Identify the causes of differences in the rates of domestic violence against women by region, nationality, level of women education and well-being and age.
- Suggest policies, programs and services to control domestic violence against women.

Importance of the study

Providing a more comprehensive and accurate understanding of the type and causes of domestic violence faced by women in Jordan, in particular spousal violence and the reasons for differences in rates by region, nationality, level of women education, well-being and age, helps in adopting rational policies, programs and effective services to reduce and besiege this phenomenon and positively change societal perceptions and attitudes towards it.

4) Trends, causes and health and social risks of teenage marriage and pregnancy

Objectives of the study

- Understand the trends towards early marriage in Jordan.
- Identify the causes of differences in the trends and practices for early marriage between the governorates, nationality, educational level, welfare level, and urban and rural.
- Uncover the social, economic and educational causes of early marriage.

-
- Identify the social, economic, health and psychological effects of early marriage on women.
 - Suggest policies and programs to control teenage marriage.

Importance of the study

This study derives its importance because of the negative repercussions of early marriage on society, family and girls. Early marriage hinders the progress of young women and deprives them of their childhood and deprives them of education and work, and lead to widespread illiteracy and poverty, in addition to that early marriage has psychological, health and social risks for all family members. The study also guides lawmakers and decision-makers to the problems caused by early marriage so as to address them and to develop programs to address them, with a focus on the communities and populations with the highest rates of early marriage.

Second: Institutional Level (programs)

1. Factors contributing to high rates of anemia among mothers aged 15-49 years and their variation by governorates High rates of anemia among children aged 6-59 months : and their variation by governorates

Objectives of the study

- Identify the causes of high rates of anemia among mothers aged 15-49 years.
- Understand the reasons for the differences of rates of anemia among mothers between the governorates.
- Propose appropriate solutions to address the high rates of anemia among mothers and give priority to areas and communities that suffer from higher rates of anemia than others.

Importance of the study

Anemia, especially among mothers, has serious health complications for the mother and the child and their development. Knowing the reasons for the high rates of mothers' anemia helps to adopt policies and programs aimed at the regions and population groups suffering from this problem, which will reflect positively on maternal and child health and women's economic and social well-being.

2. Factors contributing to anemia among children aged 6-59 months and their variation by governorates

Objectives of the study

- Identify the causes of high rates of anemia among children aged 6-59 months.
- Find out the reasons for the differences among the governorates of the Kingdom in the high rates of anemia among children aged 6-59 months

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- Propose appropriate solutions to address high rates of anemia among children and give priority to areas and communities with higher rates of anemia.

Importance of the study

Anemia has serious health implications for the health of the child, and therefore the knowledge of the causes of high rates of anemia among children in this early age group helps to adopt policies and programs aimed at the regions and population groups that suffer from this problem, which will reflect positively on the child's health and his physical and mental development.

3. Causes and factors behind the low proportion of children aged 6-23 months who receive the minimum acceptable food standards

Objectives of the study:

- Identify the causes and factors that prevent infants and young children from obtaining minimum nutritional standards.
- Identify the reasons that led to sharp disparities between governorates, nationality, maternal education and well-being in infant and young child access to minimum acceptable nutritional standards.

Importance of the study

This study directs appropriate policies, programs and services to ensure that young children have access to a diet that includes essential nutritional elements necessary for their growth and development.

4. Understand the causes of discrepancies between infant and under-five mortality rates among governorates, urban and rural areas, maternal education level, nationality and maternal age at birth

Objectives of the study

- To find and understand the causes of differences in infant and under-five mortality rates among governorates, nationality, educational level, welfare level, urban and rural areas.
- Propose appropriate solutions to reduce these disparities and reduce child mortality rates in the governorates and among population groups where these rates exceed the national average.

Importance of the study

This study provides important information that explains the causes of high infant and under-five mortality rates in some areas and among some population groups and the development of strategies and programs directed for children at high risk of death. This information also serves as a key indicator of socio-economic development and quality of life for population with high child mortality rates, which are often poor or marginalized.

Third. Individual and community level (services)

1) Unmet sexual and reproductive health needs : types, magnitude and causes with focus on adolescents, and Syrian women

Objectives of the study

- Assessment of the needs of females and males in the age groups 15 - 25 years and Syrian women to sexual and reproductive health services.
- Identify the different types and forms of obstacles and related factors that lead to low use of sexual and reproductive health services for adolescents and Syrian women.

Importance of the study

This study draws its importance as it focuses on specific population groups who are usually underserved. The results of the various surveys and studies showed that they have a high percentage of unmet needs in the field of sexual and reproductive health. The results of this study draw the attention of policy makers and healthcare providers to the unmet sexual and reproductive health needs of these population groups, taking into account their age and special circumstances.

2) Factors that contributed to the decrease in the use of family planning methods

Objectives of the study

- Understand the factors and reasons that contributed to the low use of family planning methods in general and the low use of modern family planning methods in particular.
- Propose programs, services and interventions that help increase rates of family planning use.

Importance of the study

Increased rates of use of family planning methods, especially modern ones, have an effective impact on the promotion of maternal and child health and increase access to higher social and economic status, education, employment and better empowerment, especially among women.

3) The high rate of cesarean deliveries in Jordan: causes and ways to reduce these deliveries

Objectives of the study

- Identify the medical, social and demographic reasons behind the high rate of cesarean deliveries in Jordan compared to the rate allowed globally by the World Health Organization.
- Identify the differences between the rates of cesarean delivery by health sectors (public / private) and health insurance for women (insured / non-insured).
- Monitoring trends in caesarean sections at the national and health sectors
- Propose appropriate solutions and policies to curb the high rate of cesarean deliveries in Jordan

Importance of the study

Since scientific studies have shown that high rates of medically unjustified caesarean section have a negative impact on maternal and child health and have an economic cost to society and family, this study will be an attempt to explore the real reasons for the high rate of caesarean section in Jordan with its institutional, social, economic and ethical aspects. The results of this study help adopt policies and programs to reduce this phenomenon and keep the cesarean delivery rate within safe and acceptable limits.

2. Definition of Research Topics based on Studies outside Jordan Population and Family Health Survey 2017/2018

First: Enabling Environment Level (policies)

1) Mapping and review courses and specialized educational topics in the field of adolescent health and sexual and reproductive health in educational curricula and propose appropriate amendments

Objectives of the study

- Review undergraduate medical and health educational plans and courses in universities and community colleges to find out how well they cover the knowledge and skills of adolescent and sexual and reproductive health.
- Review educational plans and courses in schools, especially the secondary stage, to see how well they cover the knowledge and concepts related to adolescent health.
- Propose appropriate modifications to the curricula of universities, community colleges and schools to cover the minimum knowledge needed by health care providers and adolescents in the area of sexual and reproductive health.

Importance of the study

This research is necessary to make informed adjustments to the study plans in schools, universities and community colleges to cover the minimum knowledge and information needed by adolescents to maintain their sexual and reproductive health and know where to seek help in case of need for medical advice. It is also important for developing medical, nursing and allied health curricula to enable health professionals to provide effective sexual and reproductive health services for targeted groups, especially adolescents and married women.

2) Mapping human resources for sexual and reproductive health services in public and private sectors

Objectives of the study

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- Inventory of human resources working in the field of providing sexual and reproductive health services in the public and private sectors and categorizing them by health sectors (public, private and charitable), specialization, gender and geographical area.
 - Identify gaps in numbers, specialties, distribution, gender and training.

Importance of the study

Providing accurate and documented information about sexual and reproductive health service providers helps health planners and managers know the challenges, difficulties and gaps the health sector faces and develop appropriate plans to address them, which directly reflects on the effectiveness and quality SRH services and the reduction of unmet needs.

3) Maternal mortality in Jordan: What are the preventable deaths and how can to avoid them?

Objectives of the study

- Counting maternal mortality in Jordan during the study year and calculating the maternal mortality rate.
- Identify the direct and indirect causes of each death.
- Identify preventable deaths and the causes contributing to these deaths.
- Identify factors that, if addressed, would prevent maternal mortality.

Importance of the study

Maternal death has implications for the whole family and its impact is transmitted through generations, as well as complications that cause maternal mortality may damage the health of infants. Information from this study provide a reliable database that sheds light on maternal mortality in Jordan to identify changes in this rate compared to the 2007 study and to develop policies and programs to reduce maternal mortality .This will positively reflect on the health of married women and the quality of the family life.

Second: Institutional Level (programs)

1) Assess the role and impact of current promotion and education programs on positive attitudes and practices of sexual and reproductive health

Objectives of the study

- Inventory of educational and promotional programs in the field of sexual and reproductive health conducted by the audio-visual and written media.
- Quantitative and qualitative assessment of the contents of current media programs related to sexual and reproductive health issues.

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- Propose the necessary modifications and additions to the media programs to make them more responsive to the sexual and reproductive health needs of all segments of the population.

Importance of the study

The media is an important source of informed information needed by the public and policy makers on sexual and reproductive health issues. This study provides important information on the impact of current media programs on sexual and reproductive health trends and practices and helps to develop these programs to make them more effective and responsive to the needs of target populations.

2) Assess the extent to which the results and outputs of the 2012 Population and Family Health Survey were used in sexual and reproductive health policies and programs

Objectives of the study

- Review the results and outputs of the 2012 Population and Family Health Survey to identify sexual and reproductive health issues.
- Mapping sexual and reproductive health plans and programs in the public and private sectors that were developed or amended during the period from 2013 to 2018 to find their responsiveness to the sexual and reproductive health issues shown in the 2012 Population and Family Health Survey.

Importance of the study

Since the aim of the Population and Family Health Surveys is to provide comprehensive data on reproduction, mortality, family planning, maternal and child health and nutrition, domestic violence and women's empowerment at the national, urban, rural, regional and governorate levels, and nationality for the purpose of developing strategies, plans and programs, this study is particularly important as it assesses the extent to which these important and costly surveys have achieved the objectives for which they were found.

3) Assess the level and extent of integration between sexual and reproductive health services and primary health care programs

Objectives of the study

- Review primary health care programs and services provided in health centers to ensure they include sexual and reproductive health programs and services
- Ensure the availability of basic requirements in the health centers to provide sexual and reproductive health services (modern methods of family planning, trained human resources, bulletins and educational resources, counseling services, follow-up system, etc.)

Importance of the study

This study provides evidence-based information on the availability of the main package of sexual and reproductive health services in health centers, identifying gaps and problems affecting the integration of these services with primary health care programs. The study also, provides appropriate solutions to gaps in primary health practice and making SRH services available to women, men and youth.

Third: Individual and Community Level (services)

1) Examine possible public-private partnerships models in the area of sexual and reproductive health services and how to benefit from global experiences in this area

Objectives of the study

- Map the current situation with regard to cooperation and partnership between the public and private sectors in the field of sexual and reproductive health services and focus on success stories or failure in this relationship.
- Study the experiences of successful partnership between the public and private sectors at the Arab and international levels in the field of sexual and reproductive health services.
- Propose new and effective models and means of partnership between the public and private sectors in the field of sexual and reproductive health services based on studying the Jordanian experience and the international experiences.

Importance of the study

The involvement of the private sector with all its profit and non-profit components has become a major priority in the provision of health services and reproductive health services in particular in both developed and developing countries. This study provides information and evidence for policy-makers to enable them to develop new models to strengthen public-private partnership in sexual and reproductive health services and solve problems that impede this partnership.

2) Study and assess the unmet needs of the most vulnerable groups such as people with intellectual disabilities / autism, victims of rape and sexual violence, AIDS patients and their contacts

Objectives of the study

- Inventory of the most vulnerable groups of people with intellectual disabilities / autism, victims of rape and sexual violence, AIDS patients and their contacts and homosexuals.
- Assessment of sexual and reproductive health services provided to the above groups to identify gaps and unmet needs.
- Propose appropriate programs and services to meet the sexual and reproductive health needs of these groups.

Importance of the study

Information from this study provide a reliable database about the sexual and reproductive health needs of the most vulnerable and disadvantaged groups, especially the unmet needs, and the development of appropriate programs to meet these needs, which reflects positively on the quality of life of these groups.

3) Assess the appropriateness of sexual and reproductive health (SRH) services currently provided in the public and private sectors and the extent to which service providers are committed to the SRH protocols

Objectives of the study

- Assess the compliance of health institutions and providers with protocols and guidelines of sexual and reproductive health services in the public and private sectors.
- Assess the availability of human recourses, technical requirements and logistics needed for the provision of integrated sexual and reproductive health services.
- Measure the satisfaction of the clients with the level of sexual and reproductive health services provided to them.

Importance of the study

The information provided by this study provides health officials with important and useful information to help them develop and improve sexual and reproductive health services provided in the public and private sectors and make them more responsive to the needs of the population.

3. Conclusion and Recommendations

This study presents a new list of research and studies on sexual and reproductive health aimed at guiding scientific research activities over the next five years on the problems and priority issues that lead to improve the health and well-being of the family and positively reflected on the population indicators in Jordan. Research prioritization is a dynamic process that should be reviewed regularly due to changing economic, social and demographic conditions.

The study recommends that the list of priorities for sexual and reproductive health research should be disseminated to all stakeholders. It is also hoped that this research agenda will encourage the initiation of a dialogue process among stakeholders on sensitive and important issues in the area of reproductive health, family planning, and population issues in general.

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