

Research Briefs

Family Planning and Reproductive Health among Syrian Married Women of Reproductive Age

Approximately 1.27 million Syrian refugees have entered Jordan since 2011 (cite 2015 Census) marking an unprecedented growth crisis. More than 90% live outside camps, and most are classified as ‘extremely vulnerable.’¹ The Jordanian government is working to understand and respond to the reproductive health needs of the Syrian refugee population. In 2015 the USAID-funded Jordan Communication, Advocacy, and Policy Project (JCAP) conducted a population-based survey to assess knowledge, attitudes, and practices covering of 4,076 married women of reproductive age (MWRA) in Jordan, which included a sub sample of 788 Syrian women.² In 2016 JCAP completed a literature review of 43 documents produced between 2013 and 2016 to provide evidence on the reproductive health and family planning status of Syrian refugees living outside camps, including child marriage and other aspects of gender-based violence. This study also included additional comparative analysis of the KAP data for Syrian and Jordanian women.

MAJOR FINDINGS of the “Family Planning among Syrian Refugees in Jordan” and the “Knowledge, Attitudes, and Practices toward FP/RH among Syrian MWRA:”

¹ The Vulnerability Assessment Framework Steering Committee in Jordan under the auspices of the UNHCR Syrian Refugees Working Group developed the local index, discussed in the “Welfare of Syrian Refugees: Evidence from Jordan and Lebanon.”

² Syrian women in this study should not be considered as fully representative of Syrian women in Jordan since it was a purposive sample.

1. Syrian MWRA living in Jordanian communities are considerably younger, less educated, and poorer than their Jordanian counterparts. They also marry at a younger age, with a mean age at marriage of 20 years compared with a mean age at marriage of 22 for Jordanian women.

2. Syrian women cite their ideal number of children as 3.7 (mean), the same number as Jordanian women.

3. Current use of any family planning method among Syrian MWRA was 51%, with a reliance on IUDs for 22%, use of pills for 10%, and a very low use of other modern methods. Use of modern contraception is only slightly higher among Jordanian women (41%) compared with Syrian women (39%). Use of traditional methods in Syrians was lower at 12% compared with 18% of Jordanians.

3. Among Syrian MWRA who want to limit childbearing, use of modern contraceptives was 56% with use of traditional methods at 12%. Among Jordanians who want to limit, 56% use a modern method while 21% use traditional methods.

4. Although 79% of Syrian women agreed that birth spacing would contribute to better opportunities for the family, 37% indicated they would not use contraception in the future. In comparison, 34% of Jordanians agreed to birth spacing advantages.

5. The main reason cited for why women would consider discontinuing a method, or not using a method if non-users, was fear of side effects of

modern methods. Forty-two percent of Syrian MWRA cited fear of side effects of modern contraceptives compared with 48% of Jordanian women.

6. Overall, 66% of women had been exposed to family planning messages via television and 33% via radio in the past year. Syrian MWRA reported less exposure (33%) to family planning messages from outreach workers or community events than Jordanian counterparts (51%); 30% of Syrian women reported no exposure to family planning messages from any source, compared with 14% of Jordanian women. Fifty percent of both Syrian and Jordanian women reported trusting family planning information coming from their husbands.

7. The main reason cited for why a woman might not use a modern family planning method was the desire to have more children to fulfill her maternal role (15%), followed by the maternal desire for sons (13%). Forty-five percent of Syrian women had discussed family planning with their husbands over the previous six months compared with 53% of Jordanians.

8. Fifty-two percent of Syrian women who obtained contraception in the past year received it from a public health center or hospital, 6% from the Jordanian Association for Family Planning and Protection (JAFPP), and 11% from another NGO. Twenty-seven percent of Syrian women received their method from a private commercial source, doctor, pharmacy, or private hospital, compared with 22% of Jordanian women. Given the low income level of most of Syrian women, this finding points to difficulties and/or misconceptions regarding their access to public family planning services. In 2015, 36% of registered Syrian refugee households were unaware that refugees had subsidized access to government primary health centers.³

³ Approximately half of the 1.27 million Syrians in Jordan are registered refugees with the UNHCR.

9. In general Syrian women have less mobility. Only 52% compared with 71% of Jordanians said they went unaccompanied to local markets, and 49% compared with 72% of Jordanians would go alone for local health care.

10. Nearly 61% of all the women surveyed strongly agreed with the statement that women and men should have equal access to social, economic, and political opportunities, while one-third (33%) of women moderately agree. Only 53% of Syrian women strongly agreed with the statement compared with 62% of Jordanian women.

Child marriage and other forms of GBV:

- There is no appreciable difference between Syrian and Jordanian women with respect to tolerance of violence in the household. Over a quarter of MWRA strongly agreed that a woman should tolerate violence (verbal, physical, sexual) to keep the family together. Approximately 88% accepted at least one reason provided for their husband beating them.
- The proportion of all registered marriages among Syrian refugees of girls aged 15-17 increased almost threefold, from 12% in 2011 to nearly 32% in 2014. The status of Syrian refugees in Jordan has exacerbated existing pressures for early marriage due to poverty, perceived lack of safety for girls, and other factors. The absence of the Syrian's traditional social structures and lower financial and social status has also increased the danger that these girls may end up in abusive or exploitative situations.

Given the high mobility among refugees outside camps, their localization and concentration

Reasons for refraining from registering and obtaining a Ministry of Interior security card that permits access to government services include lack of documentation, geographic distance, lack of mobility, and fear of arrest.

requires frequent updating. Barriers and facilitators for Syrian refugees to access care are not sufficiently clear and may change over time.

As of February 2016, the MOH decreed that all maternal and child health services, including

family planning, will be free of charge for all fully registered Syrian Refugees.

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The Jordan Communication, Advocacy, and Policy (JCAP) Activity is a five year Cooperative Agreement No. AID-278-A-14-00002 funded by the United States Agency for International Development (USAID). The Activity's strategic objective is to increase the use and continuation of family planning and reproductive services as a safe, effective, and acceptable way to ensure a healthy family, build a sustainable community, and maintain a secure Jordan. JCAP is led by Abt Associates Inc. and its expected outcomes are increased demand for family planning services and improved capacity and enabling environment.

For more information on JCAP Activity, visit: <http://www.tawasol-jo.org>