



Knowledge, Attitudes, and Practices toward Family Planning and Reproductive Health among Married Women of Reproductive Age in Selected Districts in Jordan

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Jordan Communication, Advocacy and Policy Project

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ACRONYMS

CSS	Center for Strategic Studies
DOS	Department of Statistics
EMHPNET	Eastern Mediterranean Public Health Network
FP	Family Planning
CCA	Circassian Charity Association
IUD	Intrauterine Device
JAFPP	Jordan Family Planning and Protection Association
JCAP	Jordan Communication, Advocacy, and Policy Project
MOH	Ministry of Health
MWRA	Married Women of Reproductive Age
NGO	Non-governmental Organization
LAM	Lactational Amenorrhea Method
OCP	Oral Contraceptive Pill
RH	Reproductive Health
SHOPS	Strengthening Health Outcomes through the Private Sector
UNHCR	United Nations High Commissioner for Refugees
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

Despite significant improvements in access to family planning (FP) services and information in Jordan, total fertility has stalled since 2002 at an average of 3.5 children per woman. Contraceptive prevalence has stagnated at 61%, with a fifth of the population relying on traditional methods¹.

To guide activity design and measure program impact, the Jordan Communication, Advocacy, and Policy Project (JCAP) conducted a population-based survey to measure knowledge, attitudes, and practices with respect to fertility choices and FP practices in Jordan. The survey also measured social and cultural norms and behavioral determinants related to gender roles, empowerment, decision making and sources of information on FP. The final survey sample of 4,076 Jordanian and Syrian married women in reproductive age (MWRA) comprised 81% Jordanian and 19% Syrian women with all respondents answering the same questionnaire. The sample, based on the 2004 Jordan Census frame updated by Department of Statistics (DOS), covered eight JCAP intervention districts and sub-districts, and eight matched control sites. The sub sample of Syrian MWRA was selected from 4 of the 16 total districts where larger populations of Syrians were known to be living within host communities. The sample findings are representative of MWRA living in the 16 sites, and are not generalizable to the national population of MWRA.

JCAP will use the study findings to guide an implementation approach that will help measurably increase the uptake and use of integrated FP services.

The survey findings shed light on family planning program areas that are successful and may not be priorities for further investments. These areas include the following:

- Awareness about FP methods is almost universal. 95% of respondents could recall at least one FP method.
- Women are reasonably empowered to contribute to the decision related to their fertility, the number of their children, and the use of contraceptive methods.
- Religious factors are not major deterrents to FP practices in Jordan.
- Most women know where to obtain a FP method (87%). The public sector had the major share of delivering services to sample respondents who sought services within the last 12 months preceding the survey (63%).
- Respondents expressed awareness of the benefits of FP, citing its benefits to their own health and wellbeing, to their families, and to Jordan's socio-economic growth.
- Syrians did not differ significantly from Jordanians with regard to their fertility preferences and their attitudes and behavior toward FP. Syrian women tend to marry younger, however. Syrian respondents were younger, resided more in urban areas, were less educated, and poorer.

General Findings with Strategic Significance

- Concerns about side effects and contraceptive method safety remain prevalent.

¹ "Jordan Population and Family Health Survey 2012," www.dhsprogram.com, retrieved on October 11, 2015

- One third of the respondents do not believe that modern contraceptive methods are more effective than traditional methods.
- A desire to have more children and larger families remains a social norm.

Findings with Program Implications

Fertility Preferences

- A desire to have larger families remains a dominant social norm. More than half of the respondents (61%) wanted four or more children. The respondents' average ideal family size is 3.7 (the same for both Jordanians and Syrians).
- A male child remains a strong social preference. Despite the finding that a majority of respondents (71%) denied having a child sex preference, almost half of them (45%) indicated that they will continue bearing children until they have a son.
- Most of the respondents have been exposed to a FP method (83%) and most of them know where to obtain the service (87%). Yet 40% of their last pregnancies were unplanned. When asked about their last pregnancy/childbirth, 12% indicated that it was mistimed, 20% did not want to have any more children, and 8% were undecided or gave a fatalistic response.

These findings underline the need for JCAP to focus its communication on addressing them by providing messages that counter these cultural norms. Presenting positive deviance is one approach to emphasizing the benefits reaped by those who have fewer children and/or showing how families with only girl children are happy and achieving status (financial security or other rewards) through the accomplishments of their daughter(s). The finding that a substantial number of pregnancies are mistimed or not wanted implies the importance for JCAP messages to address the importance of couples making clear decisions on their fertility preferences, and taking follow through actions to realize these decisions.

Knowledge, Beliefs and Use of FP Methods

- Intrauterine devices (IUDs) were the most common method of FP at 21%, followed by withdrawal at 14%. Oral contraceptive pills (OCPs) were the third most common method at 10%, and male condoms ranked fourth at 6%. Respondents considered withdrawal more effective than all hormonal methods.
- Concerns about FP method side effects and safety remain the most prevalent reason for not using modern contraceptive methods (47% of the responses).
- One third of the respondents still do not believe that modern methods are more effective than traditional methods. 44% rated the effectiveness of the pill as moderate or low; 36% rated the effectiveness of the IUD as moderate or low. By contrast withdrawal, the main traditional method, was categorized as highly effective by 58%.
- Seventy-seven percent believed that use of contraception by newly married women will reduce their ability to get pregnant in future.
- Almost half (46%) of the respondents expressed a desire to limit childbearing. However, among this group, 25% were not using any contraceptive method.

These findings show the importance for JCAP to provide more and improved communication and messages about the meaning of side effects of hormonal methods, both in terms of their health safety and how women have successfully handled them. Furthermore, JCAP can provide more targeted information on the effectiveness of the different methods, especially comparing modern to traditional method effectiveness. Finally, it is clear that JCAP should take actions to improve communication to counter the strong, dominant belief that newly married couples risk their fertility if they use modern methods prior to giving birth to their first child.

FP Messages

- Classical media (TV, radio, newspaper, magazines) continue to be the most trusted source for FP information.
- Medical providers ranked as the most trusted non-media source for FP information (94%), followed by household outreach workers (86%).

Gender Related Findings

- More than half of respondents (52%) agreed that a woman should tolerate violence (verbal, physical, sexual) to keep the family together.
- Seventy-two percent of respondents actively contribute to making decisions related to visits to healthcare, visits for FP and reproductive health (RH) and major household purchases
- Almost all women (94%) cited joint decision making on number of children, while 73% cited joint decision making on FP use.

These findings show that the majority of women report some empowerment around FP/RH decision making. However many still experience limitations on their mobility, participation in the making key decisions and lack full empowerment to take actions to ensure the welfare of their children and themselves.

KEY FINDINGS

Background Characteristics of Respondents:

Residence

- Seventy percent of women sampled lived in urban areas, in contrast to the national figure of about 85%, as selected sites included more rural localities.

Education

- Only about 5% of women sampled had no education, while 23% had education above secondary school. Jordanian women had an illiteracy rate of 4% and more of them (27%) had higher education compared with 7% and 5% for Syrian women, respectively.

Employment

- About 83% of respondents have never worked; only 10% were currently working and 7% had worked in the past. Around 12% of Jordanian women were currently working compared with less than 1% of Syrian women. Almost 78% of those currently working were teachers.

Income

- Respondents were relatively poor compared with the national population, with half of the sample in the lowest two Quintiles, 21% in Quintile one and 29% in Quintile two.
- Levels of income and employment status were associated with the educational level.

Comparability of Intervention and Control

- Overall, the intervention and non-intervention groups were reasonably similar in most respects, justifying the continued use of the two groups to measure performance.

Marriage and Fertility

- About 96% of respondents were living with their husbands. Jordanian women reported higher rates of living with their husbands at more than 98%, while 11% of Syrians had husbands living elsewhere.
- Five percent of women were in a polygynous union, with the majority of these having one co-wife. Polygyny was inversely associated with level of education; one fifth of women with no education were living in polygynous union compared with only 2% of women with higher educational levels.

Age of Marriage

- The mean ideal marriage age and youngest age for a woman to get married were reported at 22 and 19 years, respectively. Jordanian women reported mean ideal age of marriage and youngest acceptable age of marriage at one year higher than the overall mean and Syrian women cited these mean ideals at one year lower.
- The actual overall mean age at first marriage was 21 years, while the median age at first marriage was 20, meaning that half of women sampled were married at age 20 or below (minimum age of 13 and maximum of 49 years). The median age at first marriage was 20 for Jordanians compared with 19 for Syrians. Women with the highest level of education and those with a history of employment reported a higher median age of first marriage at 23 years.

Pregnancy

- About 12% were pregnant, with slightly more Syrian women (13%) currently pregnant compared with Jordanian women (11%). Women with no education, those belonging to the poorest income quintile, rural residents, women living in the south, and unemployed women showed higher rates of pregnancy.
- Around 42% of respondents had experienced miscarriage in the past, with an average of about 2 miscarriages per woman (range 1-17 miscarriages).
- Only 70% of women who reported a previous unplanned pregnancy were using contraception at the time of the survey, and only half of them were using a modern method. Accordingly, a considerable number of women who wanted to limit their births were not using a contraceptive method.

Age at First Birth

- The median age at first birth was 22 years, two years higher than median age at first marriage. More than half (53%) of women had given birth within one year after marriage, and an additional 31% within 2-3 years. The importance of demonstrating fertility is highlighted in the finding that 84% of women had born at least one child within 3 years of marriage.

Number of Live Births

- Overall, the mean number of children ever born² was 3.8, increasing steadily from less than 1 among MWRA aged 15-19, to 5.5 among women aged 45-49. While 9% had never given birth to a live child, more than 12% had given birth to seven or more children.

² Children ever born is the mean number of children born alive to women in an age group

Fertility Preferences

Family Size Preferences

- According to national figures, women in Jordan desired almost double the number of children required for replacement fertility. The desired mean number of children for women in the sample was 3.7, with no difference between Syrian and Jordanian women.
- About 46% of the sample wanted to have more children in the future or were undecided. Fifty percent of women with 3 children and 12% of those with 5 or more reported wanting additional children.
- A preference for larger families was clear. Sixty-one percent felt an 'ideal family size' would be four or more children. Further, 10% of women with no children desired a family size with six or more children, and 14% of women with six or more children also desired that number. Overall, 72% of respondents reported their spouses desired the same number of children they did, while 18% reported their husbands wanted more children than they did.

Birth Spacing Preferences

- Of women who wanted more children, 18% planned to become pregnant within less than 2 years from the last birth, while the majority (82%) wanted a child after two years. The desired mean waiting period was 33 months.
- The desired mean waiting period between the last birth and future pregnancy for all currently married women, except infecund women, was 34 months. About 63% wanted a child within 2-3 years and 26% after three years, while the remainder wanted a child in less than two years.
- One fifth of respondents wanted to become pregnant immediately after miscarriage while more than half of the women wanted to wait for 6 months or more. The mean number of reported months to wait after abortion was around 7 months.

Timing of Birth Preferences

- Only a quarter of respondents believed in delaying the first child for newly-wed couples, with an average of one year of desired delay. More than three quarters (77%) believed that use of modern contraceptives by newly-weds was expected to reflect negatively on future pregnancies.
- Overall, 46% of women wanted no more children in the future or were sterilized. Of women who stated they wanted to limit their childbearing, 25% were not users of any contraceptive method. In terms of modern method use, 44% were not using a modern method.
- Around 61% of last pregnancies were wanted then, 12% were wanted later, 20% were not wanted, and about 8% were either undecided or gave fatalistic responses. Only 70% of women with an unwanted last pregnancy reported using any contraceptive method, and only half of them were using a modern method.

Child Sex Preference

- When asked about a sex preference for children, 71% of respondents expressed no child sex preference and said their husbands agreed.
- Despite this, 45% of all respondents said they would continue to bear children beyond their ideal family size if they had no boys. When this figure was calculated exclusively for women who stated they had no child sex preference, the result was only two percentage points lower, at 43%, confirming a discrepancy in their views about the importance of male children.

Knowledge of FP Methods

- All respondents in this survey knew at least one FP method and 95% managed to spontaneously recall at least one method. Correct description of recognized methods was above 75% for all methods.
- Women had mixed understanding of the effectiveness of various FP methods. While ranking sterilization and IUD use as highly effective methods, women failed to recognize the effectiveness of some hormonal methods such as implants and injectables.
- Only two thirds (65%) of women thought that modern methods are more effective than traditional methods, which might explain the relatively high prevalence of traditional method use in Jordan.
- The findings indicated, however, that women did not have enough accurate information about the safety of contraceptive methods to enable them to make choices based on scientific evidence.
- About one third (35%) of women correctly identified halfway between two menstrual periods as the point with the greatest chance to become pregnant, indicating poor knowledge of the ovulatory cycle. Surprisingly, only 41% of rhythm users provided the correct answer.

Use of FP Methods

- Although this is not a nationally representative sample, the stagnation of contraceptive prevalence experienced over the past decade seems to be continuing in 2015. The overall contraceptive prevalence rate among women age 15-49 in this survey was 58% (59% for Jordanian women and 51% for Syrians). About 41% of women were using a modern contraceptive method and 17% were using a traditional method. Of all women interviewed, use of the IUD was the dominant method at 21%, followed by use of withdrawal at 14% and contraceptive pills at 10%. Other long- and medium term- acting hormonal contraceptives such as implants and injectables were used by less than 2% of women in total.
- For non-method users, almost half (46%) were either currently pregnant or desiring to become pregnant. Fertility-related reasons accounted for another 36% of their reported reasons for not using a method. Among this group, opposition to FP use by a husband or other family members was reported as low at 2%.
- The majority of women (56%) reported that it was their own personal decision to practice or not to practice contraception. For those whose use of methods was influenced by others, doctors and husbands were the most common advisors, accounting for 12% and 8% of responses, respectively.
- Overall, 59% of respondents reported their intention to use modern contraception in the future, almost 18 percentage points higher than the current rate of modern method use at 41%. More than 92% of these respondents preferred to use either IUDs or pills in the future, with little interest in the rest of the methods.
- Respondents cited fear of side effects as the most common reason (47% of all responses) for not using or continuing to use a modern method. Fertility-related reasons came in second at 19%. Opposition to use by the respondent herself, her husband, or others was third at about 13%, and only 12% of responses cited no reason for not using modern method.
- The main social reason for a woman not to use a modern FP method was the desire for more children, accounting for almost 15% of responses, followed by the maternal desire for sons (13%).

- About 72% of respondents reported their husbands approved the use of modern methods, and 51% have discussed FP with their husbands over the last 6 months. More than half of respondents (54%) preferred their husbands to join in a FP counseling session but less than 1% reported their husbands had ever done so.

FP Messages and Services

- A large majority of respondents (83%) had been exposed to at least one source of FP messages, whether a media or non-media source, over the previous 12 months. The lowest exposure to any media or non-media source was observed among women aged 15-19, Syrian women, those with no education, and women in the poorest income quintile.
- Overall, 66% and 51% of women saw FP messages via television and print media, respectively. Nearly two-thirds (63%) of women cited other women, relatives, or friends as a source of FP messages. Around 31% of women reported receiving messages about FP through outreach workers.
- Classical media channels are trusted sources for FP messages for almost two-thirds of respondents (64%), followed by other print material at 56%. Forty percent of women trusted social media such as Facebook, Twitter, and Instagram. Forty-three percent trusted other web sources. Social media and other web sources had lower rates of trust among uneducated women, those in the poorest income quintiles, and Syrian women.
- Medical providers and outreach workers were the most trusted non-media sources of FP messages at 94% and 86%, respectively. About half of respondents reported trusting husbands, other female family members, female friends, neighbors, and religious leaders.
- Forty-five percent of respondents denied that media had had any influence on their thinking about use of FP methods, while 44% of respondents said TV messages influenced their thinking about use of FP methods. In terms of non-media influences, outreach workers influenced about 26%.
- About 87% of women knew where to obtain a FP method, and 30% had sought FP services over the previous year. Maternal and child health clinics at the Ministry of Health were the main source of these FP visits (about 59%). Nine percent of respondents used the Jordan Family Planning and Protection Association (JAFPP) for FP services. Three-quarters of women who had sought FP services during the previous year received a FP method. Of the quarter who did not receive an FP method, many indicated that they had had other reasons for their visit. About two-thirds (64%) of women who visited a facility to get FP services were highly satisfied, with an overall mean score of 8 on a 0-10 scale. Respondents were the least satisfied with the range of methods offered, providers' explanation on method choices and side effects, length of waiting time, and availability of methods.

Benefits of FP Use

- **FP Benefits for the woman:** More than 80% of respondents reported that FP improves women's health. One-quarter suggested that finances would be easier, and 22% thought that FP improves the welfare of children. Overall, one third of respondents cited three benefits of FP for a woman, and only 2% reported knowing no benefits.
- **FP Benefits for the family:** The highest rate (63%) of perceived benefits as a result of use of FP was helping improve finances. Thirty-one percent of women managed to list three benefits of FP to the family and only about 2% failed to cite any benefit.

- **FP Benefits for Jordan:** About half (51%) of respondents reported that FP has the benefit of reducing population growth rate, 40% cited improved employment opportunities, 31% recognized improved access to public services such as health and education, while 15% connected FP with improved national security. Ten percent of women did not see any connection between FP and benefits to Jordan. Removing Syrian women from the analysis still showed that 9% of Jordanian women did not see any FP use benefits to the nation.
- Almost 90% of women strongly or moderately agreed that birth spacing will contribute to better opportunities for children and parents. The overall mean score of women agreeing with the subject statement was 7.8 out of 10.

Women's Empowerment

- Thirty-one percent of working women decided by themselves how to spend the money they earn, while two-thirds decided jointly with their husbands. Young women aged 20-24 and those living in rural areas and in the south were less likely than other women to make the decisions on spending the income they earned.
- About half of the women who worked in the past stopped working either because of marriage or becoming pregnant. Another 14% of women reported losing their job, while 10% quit their job due to the nature of employment (fixed contracts and working as part-timers).
- Women were most likely to participate in decisions related to their healthcare visits (87%) or FP visits (89%), compared with participating in decisions related to major household purchases (78%). Women's perception on who should make these decisions was very close to their practice.
- The majority of women (94%) stated that the number of children is a joint decision with husbands.
- A smaller majority of women (73%) reported joint decision making with their spouses in using or not using FP methods. Husbands led the decision on FP use in 6% of cases.
- The percentage of women who had ever gone alone to markets and healthcare centers was higher for places within their residence area compared with those outside their residency areas. About 67% had gone alone to a local market, compared with 56% to a market outside their residence area. Similarly, 68% of the women reported going alone to a nearby healthcare center compared with 52% going alone to healthcare further away. Women's ability to go out unaccompanied increased with age. Lower rates of going out alone were reported among women living in the south, and those who were Syrian, uneducated, belonging to the lowest income quintile and unemployed. Less mobility was also associated with lower use of modern contraceptive methods.
- About 43% of respondents strongly agreed that women and men should share household chores, while 8% expressed their complete disapproval. The overall mean of score was 6.4 on a scale of 0 to 10; the youngest age group (15-19) and those with less education showed lower agreement.
- Nearly 61% strongly agreed that men and women should have equal access to social, economic, and political opportunities. One-third moderately agreed, and only 1% disagreed. The overall mean score was 7.7.
- In regard to the concept that a woman should tolerate violence to keep the family together, the average score was 4.4 on a scale of 0 to 10. The range of scores was wide; while 29% expressed strong disagreement, 27% strongly agreed that women should tolerate violence to keep the family together.

- Around 89% of women agreed with at least one reason for a husband being justified in beating his wife. Excluding the reason of women having relations with other men, 78% still justified wife beating for at least one other reason such as insulting or disobeying the husband. Agreement for wife beating was highest (87%) for a woman having relations with other men, and lowest (40%) for burning the food. Agreement with wife beating was higher among young women aged 15-19 , those living in rural areas, those without education.

1 INTRODUCTION

1.1 Background

JCAP is a five-year USAID-funded activity that aims to increase demand for and use of modern family planning methods; increase capacity of government, civil society, and other partners for social behavioral change, policy, and advocacy; and improve the enabling environment for FP programs. JCAP will conduct major communication campaigns at the national level. But it also will employ a phased approach to implementing community-based, field-level programming with key target groups in eight selected geographic sites.

As part of the initial activities, JCAP conducted a population-based survey to measure and establish baseline values for knowledge, attitudes, and practices related to FP/RH of MWRA. These findings are intended to serve as a basis for informing programmatic activities, establishing targets and providing the foundation from which to assess changes attributable to JCAP's work. For this latter purpose, JCAP carried out the current baseline study and plans to conduct an end line survey following a quasi-experimental design. The sampling methodology and assumptions produce representative results, generalizable to the geographic sites of interest. The design of the study enables use of inferential statistics to provide valid and reliable estimates of change across time.

This report provides the results of the baseline survey, which covered 16 districts in the three regions of Jordan (central, north and south). Eight of the districts survey served as paired controls for the eight intervention sites. In addition to Jordanian women, the survey deliberately included Syrian women in the central and north regions since they are a target population of importance to the JCAP Activity.

The Center for Strategic Studies (CSS) at Jordan University was responsible for all aspects of the data collection field work, and data entry. East Mediterranean Public Health Network (EMPHNET) performed data checking, cleaning, statistical analysis and report writing for the baseline survey.

1.2 Survey Objectives

The main objectives of the survey are:

- To provide reliable estimates of knowledge, attitude, and practice parameters related to FP and reproductive health for MWRA aged (15-49) living in JCAP implementation and non-implementation (control) sites in Jordan. The information generated by the baseline will inform program managers and improve programming decisions
- To analyze the comparability of demographic and other key characteristics of MWRA respondents in intervention and control sites to document their equivalencies at baseline
- To provide a methodologically and statistically sound basis and valid findings as the foundation for measuring changes in key knowledge, attitude, and practice variables across time. The project will incorporate the findings from this baseline study in a planned end-line impact assessment of the JCAP Activity. The assessment will measure 'difference in the differences' at start and completion.

1.3 Methodology and Organization of the Survey

Study Design

This study follows a "quasi-experimental design" in which there is random selection of study subjects. There also is a pretest and posttest in intervention and control sites without the random allocation of

subjects to either intervention or control groups. This survey provides the pretest (baseline) data for future comparisons. The following Table 1.1 summarizes the study design:

Table 1.1 Summary of the Study Design				
Study Groups	Assignment	June 2015	Intervention	June 2019
Intervention Districts	[N]	O ₁	X	O ₂
Control Districts	[N]	O ₁		O ₂

N: *Non-random assignment of the intervention or control sites*

O₁: *The pretest measurements of the selected knowledge, attitudes, and practices toward FP and reproductive health*

X: *JCAP community-based interventions*

O₂: *The posttest measurements of the selected knowledge, attitudes, and practices toward FP and reproductive health*

Sampling Universe

All currently MWRA aged 15-49 residing in 14 districts and two sub-districts shown in Table 1.2 constituted the sampling universe of this study. The JCAP technical team chose the 16 sites based on criteria related to programmatic interventions such as population size, high total fertility rate, proportion of currently married women who want to limit childbirth but are not using contraception, presence of Syrians living in host communities, and adequate representation of women belonging to the poorest wealth quintile.

Additional considerations included the timeframe, available resources, recommendations of stakeholders, and identified needs based on findings of the DOS, Ministry of Planning reports, and the United National High Commissioner for Refugees (UNHCR). The selection process focused on selecting geographic areas where project outreach and community interventions will yield significant results for increasing demand for FP/RH, strengthening communities' advocacy capacity, and identifying and mobilizing local champions.

It should be clear that the control and intervention districts were preselected and are not random. As a result, the overall figures in this report reflect totals for the women in the 16 districts and are not representative of the national population of women of reproductive age. Figures for urban-rural residence and regions are solely related to the distribution of districts within these groups and not representative of the residence and regions of Jordan.

Table 1.2: Selected intervention and control districts by region and population size (N=1,809,510)

Intervention Districts	Region	Population	Control Districts	Region	Population
<i>Irbed (Bani Obeid)</i>	North	117,150	<i>Ajlun (Qasabah)</i>	North	115,910
<i>Koorah (Qasabah)</i>	North	114,000	<i>Ramtha</i>	North	136,660
<i>Mafraq (Qasabah)</i>	North	127,830	<i>Hashemiyah</i>	Central	58,920
<i>Jarash(Qasabah)</i>	North	195,900	<i>Salt (Qasabah)</i>	Central	138,790
<i>Quaismeh</i>	Central	334,940	<i>Russeifa</i>	Central	341,290
<i>Na'oor*</i>	Central	52,150	<i>Theban</i>	Central	35,910
<i>Hissa</i>	South	10,830	<i>Qatraneh</i>	South	8,670
<i>Huseiniya</i>	South	10,940	<i>Aeil*</i>	South	9,620
Total		963,740			845,770

* Selected sites are sub-districts

Sample Size

This survey selected a sample of 4,076 MWRA from 16 districts. In six pairs of districts (intervention and control), the study selected a sample of 200 women in each a total of 2,400 women. In the remaining two pairs of districts, the study selected a sample of 400 MWRA in each district for a total of 1,600 women. Given the random selection of women in each district, a sample of 200 women per district is expected to detect a difference of 14 percentage points comparing the pretest and posttest surveys with 80% power and a significance level of 0.05.

Sampling Design

The study applied a stratified multi-stage cluster sampling, in which the selected districts served as the basis for stratification. In total, it constructed 16 strata. The study selected samples independently in each sampling stratum with equal probability of selection. The 2004 Jordan population census served as the source frame for the sampling within the selected districts. The most recently updated frame was obtained from the DOS.

The primary sampling unit at the first stage of selection was a cluster of census blocks, and each census block is a cluster of households. Each primary sampling unit had an average of 74 households. In the first stage, 17 primary sampling units were drawn by using probability proportional to size.

In the second stage, the study chose a sample of 12 households with eligible women from each selected cluster during the data collection phase. It used systematic random sampling based on the cluster size from the census frame. This brought the sample size to be drawn from each stratum to 204 women.

In four strata (districts) with an expected high population of Syrians living in host communities, the study doubled the number of selected primary sampling units to 34, while keeping 12 households in the second stage of selection. Doubling the sample size in the subject four strata was intended to obtain an adequate sample of Syrian women. The sample size was selected from each of the four strata and amounted to approximately 408 women divided between Jordanian and Syrian women.

Finally, in the third stage of sampling, the study chose one eligible woman at random from each selected household. It applied a random selection process when choosing both Syrian and Jordanian respondents in each of the four selected districts with doubled sample size. For the remaining 14 districts, the study selected only households with Jordanian families. Table 1.3 summarizes the distribution of the sample and interviews by intervention and control districts. (See Appendix I for calculation of weights).

Table 1.3: Distribution of planned sample size and actual number of interviewed MWRA 15-49 by intervention and control districts

Intervention Districts	Planned Number	Actual Number	Control Districts	Planned Number	Actual Selected Number
<i>Irbid (Bani Obeid)</i>	204	204	<i>Ajlun (Qasabah)</i>	204	204
<i>Koorah (Qasabah)</i>	204	204	<i>Ramtha</i>	408	408 [198]*
<i>Mafrq (Qasabah)</i>	408	408 [204]*	<i>Hashemiyah</i>	204	204
<i>Jarash(Qasabah)</i>	204	204	<i>Salt (Qasabah)</i>	204	204
<i>Quaismeh</i>	408	408 [188]*	<i>Russeifa</i>	408	408 [199]*
<i>Na'oor*</i>	204	204	<i>Theban</i>	204	204
<i>Hissa</i>	204	203	<i>Qatraneh</i>	204	204
<i>Huseiniya</i>	204	201	<i>Aeil*</i>	204	204
Total	2040	2036		2040	2040

* Number of Syrian women in brackets

Questionnaire

Appendix II shows the questionnaire the project used to collect data from currently MWRA (15-49) residing in the 16 selected districts. The content covered questions related to socioeconomic and demographic characteristics, marriage, fertility, fertility preferences, knowledge of FP methods, use of FP methods, media sources of FP information, FP services received during the previous year, FP benefits, and women empowerment.

Background characteristics questions provided information about basic demographic characteristics of women including age, residence, region, nationality, education, income, and job.

Marriage and fertility questions covered several variables related to polygyny, number of women's previous marriages, age at first marriage, co-habitation with husband status, age at first birth, current pregnancy, number of children ever born children, and number of miscarriages.

Questions of fertility preferences addressed women's desire for children, spacing period between children, timing of pregnancy, number and sex of children preferred, desire of delaying first child, perception of modern methods use by newly-weds, and ideal age of marriage. Other question examined the extent of unwanted births, women's desire to limit birth, and desire to have more births if current children are all females.

Questions of knowledge of FP methods collected information on women's ability to recall and describe FP methods. The survey asked women about the effectiveness and safety of individual methods they knew and their knowledge of the fertile period.

The questionnaire also contained a series of questions on the use of FP methods, including current and future use, reasons for not using, individual sources of advice related to use, concerns about use, the reasons for husbands not supporting use, and the decision responsibility for use, and other questions related to husband approval of use and participation in FP counseling.

The survey asked respondents about their exposure to FP information from media sources, the media influence on their thinking about FP methods, and the individual and media sources they trusted.

To learn about FP services women received during the previous year, the survey asked about knowledge of and access to FP services. Additionally, the survey asked respondents a set of questions related to their satisfaction with any FP visit.

To assess women's awareness of FP benefits, the survey asked respondents to identify the benefits of contraceptive methods to women, their family, and Jordan in general.

The survey collected information about women's empowerment related to spending money earned by the women, going out alone, and reasons for stopping work. Further, the survey asked women about their participation in decision making on issues related to major purchases, healthcare-related visits, and number of children. Questions also covered women's attitudes toward equal access to various opportunities, tolerance of violence, birth spacing, and responsibilities for household chores. The survey asked women their opinion about justifying beating of a woman by a husband in general and about justifying her husband's beating of the respondent.

The study used CSPro version 6.1 to create data dictionaries and design data entry screens translated into Arabic. The project included all necessary validation rules and skips. The program ensured that respondents would answer every question outside the set skips. The project captured geo-coordinates during data collection to ensure collection of data from the pre-selected households. The project collected cellular phone numbers from almost all surveyed women. The project used phone calls for data cleaning later. The project used CSPro software for Android for data collection on 64 tablets.

Training and Main Field Work

The project used 16 teams with a total of 64 data collectors. All were female with higher education and longstanding experience in data collection with CSS at the Jordan University and DOS. A senior supervisor headed each team. Two field coordinators facilitated data collection. The survey director managed the survey. To facilitate data collection, the project assigned each interviewing team a number of clusters in the sample area. Each field supervisor, in collaboration with the field coordinator, divided the team to ensure that one interviewer completed all adjacent sampled households. Each interviewer covered six interviews a day.

To facilitate communication and enable researchers to stay connected with the field staff, the study team created a Whatsapp group that included all interviewers and supervisors. At the end of each day, all supervisors came back the center to return the tablets for downloading data, uploading of any software updates, and charging.

Before data collection, interviewers received two days of training followed by one day of pilot testing. The survey was implemented over 12 days starting June 7, 2015.

Data Processing and Analysis

The study used Stata version 14 for data processing and analysis. The study team performed data cleaning over two weeks. The project phoned women with unlikely answers to confirm or revise the responses. For example the project contacted all women who reported getting married before age 15 to double check. The team followed the same approach for women giving unrealistic responses for spacing periods.

For 18 cases with non-numeric answers for income, the study imputed income using linear regression with educational level.

The project used the survey module in Stata to produce all analyses that used stratum, primary sampling units, and relative weight. Since results of this study are not representative at any level outside of the selected districts, the project avoided comparison of these results with DHS and other nationally representative data.

2 BACKGROUND CHARACTERISTICS

2.1 General Characteristics

Table 2.1 presents the distribution of respondents by background characteristics, including age, residence, nationality, type (intervention vs. control), educational level, income, and employment.

The mean age of respondents was about 34 years, with 32% under 30. The lowest representation was among women aged 15-19 (less than 3%) and the highest was among women aged 30-34 (22%). Seventy percent of the women live in urban areas (defined as localities with a population of 5,000 or more, as stated in the 2004 Population and Housing Census). This figure is lower than the national figure of about 85% since the selected sites have more rural localities. The central and north regions were each represented by 40% of the sample, with 20% representation of the south, as dictated by the location of selected districts. Distribution of the sample by residence and region reflects the distribution of the 16 pre-selected districts and does not reflect national representation.

The sampled women were equally distributed among intervention and control sites as planned in the selection process. Jordanians represented 81% of the sample and the rest were Syrians living in host communities. Women with no education were fewer than 5%, while about 23% had education higher than secondary school. The average reported monthly income was around 380 JDs and ranged from 30 to 6,000 JDs. The study divided the distribution of income into quintiles from one (lowest or poorest) to five (highest or richest). Income quintiles do not necessarily reflect the overall wealth status in Jordan. Almost half of the respondents (49.4%) belonged to the lowest two income quintiles. About 83% of respondents had never worked, with only 10% currently working and 7% having worked in the past.

The small differences observed between weighted and un-weighted numbers reflected the fact that weighting was done at the district (stratum) level and echoed variations within the district, not at the regional or national levels.

Table2.1: Percent distribution of currently MWRA 15-49 by selected background characteristics

Variable	%	Weighted N	Un-weighted N
Age Group*			
15-19	2.4	99	102
20-24	10.3	421	416
25-29	19.0	774	783
30-34	21.8	888	872
35-39	19.7	804	803
40-44	15.6	634	636
45-49	11.2	456	464
Residence			
Urban	69.6	2,836	2,831
Rural	30.4	1,240	1,245
Region			

Table 2.1: Percent distribution of currently MWRA 15-49 by selected background characteristics

Variable	%	Weighted N	Un-weighted N
<i>Central</i>	40.0	1,632	1,632
<i>North</i>	40.0	1,632	1,632
<i>South</i>	19.9	812	812
Type			
<i>Control</i>	50.1	2,040	2,040
<i>Intervention</i>	50.0	2,036	2,036
Nationality			
<i>Jordanian</i>	80.8	3,293	3,293
<i>Syrian</i>	19.2	783	783
Education**			
<i>No Education</i>	4.7	190	189
<i>Primary</i>	48.8	1,991	2,008
<i>Secondary</i>	23.9	973	968
<i>Higher</i>	22.6	922	911
Income Quintiles***			
<i>Q1</i>	20.5	834	828
<i>Q2</i>	28.9	1,179	1,174
<i>Q3</i>	11.2	458	458
<i>Q4</i>	25.7	1,049	1,060
<i>Q5</i>	13.7	557	556
Job			
<i>Currently Working</i>	10.1	411	407
<i>Worked in the Past</i>	7.3	297	298
<i>Never Worked</i>	82.7	3,369	3,371
Total	100	4,076	4,076

*Mean age of respondents 33.9 years.

**Secondary and higher education categories refer to the completed level of education, while primary includes completed and partially completed primary education.

*** Average monthly income from all sources was 380

2.2 Background Characteristics by Type (Intervention vs. Control)

Table 2.2 shows the distribution of background variables by type of study site. Distribution of age groups, nationality, and income quintiles were similar in both intervention and control sites as judged by the overlapping confidence intervals. There was an obvious difference between intervention and control sites by residence. The study selected more urban sites in the intervention group and more rural sites in the control group. This happened because the study did not consider urban/rural residence in the stratification during selection of study sites.

Concerning differences in education, only the illiterate group had higher representation in intervention sites. Employment differences between the intervention and control sites were in the category of “Has worked in the past.” The study observed no difference for currently working women.

In general, the matching of control and intervention sites by background variables is acceptable. The study will deal with the observed differences by applying appropriate statistical testing during the posttest phase.

Table 2.2: Percent distribution and 95% confidence intervals of background characteristics by type

Variable	Type		Total	Number of Women
	% Intervention [95% CI]	% Control [95% CI]		
Age Group				
<i>15-19</i>	2.1 [1.5,3.0]	2.8 [2.1,3.6]	2.4 [1.9,3.0]	99
<i>20-24</i>	9.8 [8.2,11.6]	10.9 [9.5,12.4]	10.3 [9.3,11.5]	421
<i>25-29</i>	19.9 [18.0,21.9]	18.1 [16.3,20.0]	19 [17.7,20.4]	774
<i>30-34</i>	21.8 [20.0,23.6]	21.8 [20.2,23.6]	21.8 [20.6,23.1]	888
<i>35-39</i>	19.3 [17.6,21.2]	20.1 [18.5,21.8]	19.7 [18.5,21.0]	804
<i>40-44</i>	15.5 [13.8,17.4]	15.6 [13.9,17.5]	15.6 [14.3,16.9]	634
<i>45-49</i>	11.6 [10.2,13.2]	10.8 [9.4,12.3]	11.2 [10.2,12.3]	456
Residence				
<i>Urban</i>	61.1 [52.8,68.8]	78.1 [69.6,84.7]	69.6 [63.8,74.8]	2,836
<i>Rural</i>	38.9 [31.2,47.2]	21.9 [15.3,30.4]	30.4 [25.2,36.2]	1,240
Region				
<i>Central</i>	50 [43.1,56.9]	30.1 [24.9,35.7]	40 [35.5,44.7]	1,632
<i>North</i>	30 [24.0,36.8]	50.1 [43.4,56.8]	40 [35.2,45.0]	1,632
<i>South</i>	20 [15.1,26.0]	19.8 [15.6,24.8]	19.9 [16.6,23.7]	812
Nationality				
<i>Jordanian</i>	80.5 [76.9,83.7]	81 [77.1,84.4]	80.8 [78.2,83.2]	3,293
<i>Syrian</i>	19.5 [16.3,23.1]	19 [15.6,22.9]	19.2 [16.8,21.8]	783

Table 2.2: Percent distribution and 95% confidence intervals of background characteristics by type

Variable	Type		Total	Number of Women
	% Intervention [95% CI]	% Control [95% CI]		
Education				
<i>No Education</i>	3 [2.1,4.3]	6.3 [5.0,7.9]	4.6 [3.8,5.6]	190
<i>Primary</i>	49.8 [46.4,53.1]	47.9 [44.7,51.2]	48.8 [46.5,51.2]	1,991
<i>Secondary</i>	25.3 [23.2,27.5]	22.5 [20.4,24.7]	23.9 [22.4,25.4]	973
<i>Higher</i>	22 [19.2,25.0]	23.3 [20.9,25.9]	22.6 [20.8,24.6]	922
Income Quintiles				
<i>Q1</i>	22.1 [19.3,25.1]	18.8 [16.0,22.0]	20.5 [18.5,22.6]	834
<i>Q2</i>	29.3 [27.6,31.2]	28.5 [26.3,30.8]	28.9 [27.5,30.4]	1,179
<i>Q3</i>	11.5 [10.0,13.2]	10.9 [9.6,12.4]	11.2 [10.2,12.4]	458
<i>Q4</i>	24.6 [22.3,27.0]	26.9 [24.7,29.2]	25.7 [24.1,27.4]	1,049
<i>Q5</i>	12.5 [10.9,14.3]	14.8 [12.9,17.0]	13.7 [12.4,15.0]	557
Job				
<i>Currently Working</i>	9.7 [8.0,11.7]	10.4 [8.9,12.3]	10.1 [8.9,11.4]	411
<i>Worked in the Past</i>	5.9 [4.9,7.2]	8.6 [7.4,10.0]	7.3 [6.5,8.2]	297
<i>Never Worked</i>	84.4 [82.0,86.4]	80.9 [78.9,82.9]	82.6 [81.1,84.1]	3,369
Total	100	100	100	4,076
Number of Women	2,040	2,036	4,076	

2.3 Respondents' Level of Education

Table 2.3 shows that prevalence of illiteracy among women increases with age, starting with absence of illiteracy among the youngest age group and reaching more than 10% in the eldest age group of 45-49 years. Higher education was most prevalent among women in the 25-34 age group.

Rural residents had a higher prevalence of illiteracy at 6% compared with urban residents at 4%. Rural residents had less higher education, at 20% compared with 29% for urban residents. Oddly, the south region had the highest illiteracy rate at 13% and the highest prevalence of high education at 27%.

Collectively, the study observed no major differences in educational levels among women belonging to control and intervention sites except that more illiterate women were in the intervention sites (6%) compared with only 3% at control sites. Jordanian women had a lower illiteracy rate at 4% and a higher percentage of women with higher education at 27%, compared with 7% and 5 % for Syrian women respectively.

Educational level was associated with income. The study observed higher education in about 7% of the poorest income quintile and up to 58% in the richest quintile. Employment is also strongly associated with level of education, especially at the higher educational level. About 77% of currently working women possessed higher education compared with only 13% of women who had never worked.

Table 2.3 Percent distribution of educational level of MWRA 15-49 by other background variables

Background	No	Primary	Secondary	Higher	Total	# of
Age Group						
<i>15-19</i>	0	94.9	5.1	0	100	99
<i>20-24</i>	2.4	57.2	26.7	13.7	100	421
<i>25-29</i>	2.3	42.0	24.2	31.5	100	774
<i>30-34</i>	4.0	40.5	26.2	29.3	100	888
<i>35-39</i>	3.8	48.7	25.8	21.7	100	804
<i>40-44</i>	7.6	52.4	22.4	17.7	100	634
<i>45-49</i>	10.4	54.7	18.8	16.2	100	456
Residence						
<i>Urban</i>	3.9	51.5	24.6	20.1	100	2,836
<i>Rural</i>	6.4	42.9	22.3	28.5	100	1,240
Region						
<i>Central</i>	2.9	51.2	27.4	18.5	100	1,632
<i>North</i>	2.5	49.3	23.5	24.7	100	1,632
<i>South</i>	12.5	43.1	17.6	26.8	100	812
Type						
<i>Control</i>	3.0	49.8	25.3	22.0	100	2,040
<i>Intervention</i>	6.3	47.9	22.5	23.3	100	2,036
Nationality						
<i>Jordanian</i>	4.2	41.7	27.3	26.9	100	3,293
<i>Syrian</i>	6.8	78.8	9.7	4.7	100	783
Income Quintiles						
<i>Q1</i>	6.8	72.7	14.1	6.5	100	834
<i>Q2</i>	5.8	54.8	27.7	11.8	100	1,179
<i>Q3</i>	2.8	48.7	27.3	21.2	100	458
<i>Q4</i>	3.2	38.3	28.9	29.6	100	1,049
<i>Q5</i>	3.3	20.7	18.3	57.7	100	557
Job						
<i>Currently Working</i>	1.2	9.6	12.5	76.6	100	411
<i>Worked in the Past</i>	0.7	22.1	24.6	52.6	100	297
<i>Never Worked</i>	5.4	56.0	25.2	13.4	100	3,369

Table 2.3 Percent distribution of educational level of MWRA 15-49 by other background variables

Background	No	Primary	Secondary	Higher	Total	# of
Total	4.7	48.8	23.9	22.6	100	4,076

2.4 Respondents' Employment Status and Occupation

The vast majority of women (83%) had never been employed, while only 10% were currently working. An additional 7% had worked in the past (Table 2.4). The proportion of currently employed women ranged from 0% among the 15-19 age group to 14% among women aged 30-39.

Women with 3-4 children had the highest employment rate at 13%. The study observed that the lowest rate (7%) was among women with no children. This finding might reflect the differences of employment by age rather than by the number of children.

Rural residents had a higher employment rate at 15% compared with urban residents' 8%. More women worked in the selected districts in the south (19%) compared with 7% and 10% in the central and north regions. Control and intervention sites had similar levels of employment. There were obvious differences in employment among Jordanian (12%) and Syrian women (less than 1%).

Levels of education and income are clearly associated with employment. One third (34%) of women having higher education were currently employed, compared with only 5% of women who completed secondary education and less than 3% with primary or no education. About half (52%) of women belonging to the richest income quintile were currently employed compared with only 1% of women in the poorest income quintile.

Table 2.5 shows that 78% of employed women were working as teachers and only 3% as professionals. The small number of employed women and the dominance of the teacher category preclude further interpretation of working status by background variables.

Table 2.4: Percent distribution of employment status of currently MWRA 15-49 by background variables

Background Variable	Currently Working	Worked in the Past	Never Worked	Total	# of Women
Age Group					
15-19	0.0	0.0	100.0	100	99
20-24	1.2	2.1	96.7	100	421
25-29	8.0	9.0	83.0	100	774
30-34	14.0	10.0	75.9	100	888
35-39	14.2	7.1	78.7	100	804
40-44	11.9	5.7	82.4	100	634
45-49	6.5	7.7	85.8	100	456
Number of Children Ever Born Alive					
0	6.7	8.5	84.8	100	356
1-2	9.8	9.5	80.7	100	873
3-4	13.3	8.7	78.1	100	1,405

Table 2.4: Percent distribution of employment status of currently MWRA 15-49 by background variables

Background Variable	Currently Working	Worked in the Past	Never Worked	Total	# of Women
<i>5+</i>	7.9	4.3	87.8	100	1,442
Residence					
<i>Urban</i>	8.1	8.0	83.9	100	2,836
<i>Rural</i>	14.5	5.7	79.8	100	1,240
Region					
<i>Central</i>	6.4	9.2	84.4	100	1,632
<i>North</i>	9.1	7.1	83.8	100	1,632
<i>South</i>	19.4	3.8	76.8	100	812
Type					
<i>Control</i>	9.7	5.9	84.4	100	2,040
<i>Intervention</i>	10.4	8.6	80.9	100	2,036
Nationality					
<i>Jordanian</i>	12.4	8.0	79.6	100	3,293
<i>Syrian</i>	0.4	4.2	95.4	100	783
Education					
<i>No Education</i>	2.6	1.1	96.3	100	190
<i>Primary</i>	2.0	3.3	94.7	100	1,991
<i>Secondary</i>	5.3	7.5	87.2	100	973
<i>Higher</i>	34.1	16.9	49.0	100	922
Income Quintiles					
<i>Q1</i>	1.2	4.3	94.5	100	834
<i>Q2</i>	1.6	7.3	91.1	100	1,179
<i>Q3</i>	1.7	8.2	90.0	100	458
<i>Q4</i>	8.2	8.7	83.1	100	1,049
<i>Q5</i>	51.7	8.2	40.1	100	557
Total	10.1	7.3	82.7	100	4,076

Table 2.5 Percent distribution of occupation of currently MWRA 15-49 by background variables

Background Variable	Teacher	Professional	Applied Technical Skills	Mid-level Skills	Lower-level Skills	Number of Women
Number of Children Ever Born Alive						
<i>0</i>	67.5	0.0	8.3	8.4	15.8	24
<i>1-2</i>	79.3	5.7	8.2	1.2	5.7	86
<i>3-4</i>	83.8	1.1	4.7	4.7	5.6	188
<i>5+</i>	68.0	4.4	5.3	13.7	8.6	113
Residence						
<i>Urban</i>	75.6	2.1	5.6	8.0	8.7	230
<i>Rural</i>	80.1	3.9	6.1	5.0	5.0	180
Region						
<i>Central</i>	75.3	2.9	7.0	3.4	11.5	104
<i>North</i>	74.2	1.9	6.5	9.3	8.0	149
<i>South</i>	82.3	3.8	4.4	6.3	3.2	158
Type						
<i>Control</i>	74.8	4.0	6.0	7.0	8.2	198
<i>Intervention</i>	80.2	1.9	5.6	6.4	6.0	213
Nationality						
<i>Jordanian</i>	78.1	2.9	5.9	6.7	6.4	408
<i>Syrian</i>	0.0	0.0	0.0	0.0	100.0	3
Education						
<i>No Education</i>	39.8	0.0	0.0	39.6	20.6	5
<i>Primary</i>	30.8	5.0	5.0	25.2	33.9	40
<i>Secondary</i>	62.3	1.9	1.9	17.3	16.5	51
<i>Higher</i>	86.6	2.8	6.6	2.1	1.9	314
Income Quintiles						
<i>Q1</i>	20.7	0.0	10.2	10.3	58.8	10
<i>Q2</i>	69.3	5.4	0.0	5.3	20.1	19
<i>Q3</i>	37.2	0.0	0.0	50.2	12.6	8
<i>Q4</i>	71.7	1.2	1.2	10.3	15.7	86
<i>Q5</i>	82.9	3.4	7.6	4.4	1.7	288
Total	77.6	2.9	5.8	6.7	7.1	410

2.5 Respondents' Nationality

The study selected Syrian women living in the host communities. Table 2.6 shows that Syrian women were younger than Jordanian women, with 24% falling in the 15-24 age group compared with only 10% of Jordanian women. The majority of Syrian women (90%) lived in urban areas compared with 64% of Jordanian women. Syrian women were equally distributed in the north and central regions. The study selected no Syrians from the south. The latter fact is related to the sampling design and not to the actual representation of Syrian women in the regions. The study selected an equal number from the central and north regions and none from the south. Syrian women were equally represented in the control and intervention districts.

Generally, the educational level of Syrian women was lower than Jordanians, with 27% of Jordanian women possessing higher education compared with less than 5% of Syrian women. Prevalence of no education was higher among Syrian women at 7% compared with only 4% of Jordanian women. The proportion of Jordanian women in the poorest income quintile was 10%, compared with 63% of Syrian women. In contrast, the proportion of Jordanian women in the richest income quintile was 16% compared with less than 1% of Syrian women. Jordanian women who were currently employed constituted 12% of the sample compared with less than 1% of Syrian women.

Table 2.6: Percent distribution of nationality of currently MWRA 15-49 by background characteristics

Background Variable	Nationality		Total	Number of women
	Jordanian	Syrian		
Age Group				
<i>15-19</i>	1.2	7.4	2.4	99
<i>20-24</i>	8.9	16.4	10.3	421
<i>25-29</i>	19.0	19.0	19.0	774
<i>30-34</i>	22.0	21.1	21.8	888
<i>35-39</i>	20.9	14.9	19.7	804
<i>40-44</i>	16.4	12.0	15.6	634
<i>45-49</i>	11.7	9.2	11.2	456
Residence				
<i>Urban</i>	64.6	90.4	69.6	2836
<i>Rural</i>	35.4	9.6	30.4	1240
Region				
<i>Central</i>	38.0	48.7	40.0	1632
<i>North</i>	37.4	51.3	40.0	1632
<i>South</i>	24.7	0.0	19.9	812
Type				
<i>Control</i>	49.9	50.7	50.1	2040
<i>Intervention</i>	50.1	49.3	50.0	2036
Education				
<i>No Education</i>	4.2	6.8	4.7	190
<i>Primary</i>	41.7	78.8	48.8	1991
<i>Secondary</i>	27.3	9.7	23.9	973
<i>Higher</i>	26.9	4.7	22.6	922

Table 2.6: Percent distribution of nationality of currently MWRA 15-49 by background characteristics

Background Variable	Nationality		Total	Number of women
	Jordanian	Syrian		
Income Quintiles				
<i>Q1</i>	10.4	62.6	20.5	834
<i>Q2</i>	29.9	24.8	28.9	1179
<i>Q3</i>	12.6	5.4	11.2	458
<i>Q4</i>	30.3	6.6	25.7	1049
<i>Q5</i>	16.8	0.6	13.7	557
Job				
<i>Currently Working</i>	12.4	0.4	10.1	411
<i>Worked in the Past</i>	8.0	4.2	7.3	297
<i>Never Worked</i>	79.6	95.4	82.7	3369
Total	100.0	100.0	100.0	4076

3 MARRIAGE AND FERTILITY

3.1 Polygyny

Marital unions in Jordan are predominantly of two types—those that are monogamous and those that are polygynous. The distinction has social significance and possible implications for fertility. The distribution of women living in polygynous unions is shown in Table 3.1.

Overall, 5% of women were in a polygynous union with the majority having only one co-wife. Older women were more likely to be in a polygynous union than younger women. Fewer than 5% of most age groups were in a polygynous union, compared with 8% and 11% for the older age groups of 40-44 and 45-49 respectively.

Polygyny was more prevalent among women living in rural areas (6%) compared with 4% for women living in urban localities. About 10% of women living in the south were in polygynous union compared with less than 4% in the other two regions. There was no major difference in the rate of polygyny among control and intervention groups. Prevalence of polygyny among Syrian women (5%) was only one percentage point less than among Jordanian women (6%).

Level of education was strongly associated with polygyny; 20% of women with no education were in a polygynous union, compared with 2% of women with higher education. There was little variation in polygyny prevalence among income quintiles. However, the highest rate of polygyny (6%) was among women belonging to the richest income quintile. Currently employed women were least likely to be in a polygynous union, at 4%.

Table 3.1: Percent distribution of currently MWRA 15-49 by number of co-wives by background characteristics

Background Variable	0	1	2+	Total	# of Women
Age Group					
<i>15-19</i>	95.2	4.8	0.0	100	99
<i>20-24</i>	98.4	1.6	0.0	100	421
<i>25-29</i>	97.9	2.0	0.1	100	774
<i>30-34</i>	96.1	3.6	0.3	100	888
<i>35-39</i>	94.9	4.2	0.9	100	804
<i>40-44</i>	91.8	7.7	0.5	100	634
<i>45-49</i>	86.8	11.3	2.0	100	456
Residence					
<i>Urban</i>	95.1	4.4	0.6	100	2,836
<i>Rural</i>	93.9	5.6	0.5	100	1,240
Region					
<i>Central</i>	96.4	3.4	0.3	100	1,632
<i>North</i>	95.5	3.9	0.6	100	1,632
<i>South</i>	89.8	9.3	1.0	100	812
Type					
<i>Control</i>	94.9	4.6	0.5	100	2,040

<i>Intervention</i>	94.5	4.9	0.6	100	2,036
Nationality					
<i>Jordanian</i>	94.4	5.1	0.5	100	3,293
<i>Syrian</i>	95.8	3.5	0.8	100	783
Education					
<i>No Education</i>	80.2	18.8	1.1	100	190
<i>Primary</i>	93.5	5.7	0.8	100	1,991
<i>Secondary</i>	96.8	2.8	0.4	100	973
<i>Higher</i>	98.1	1.8	0.1	100	922
Income Quintiles					
<i>Q1</i>	94.3	4.6	1.1	100	834
<i>Q2</i>	94.6	5.1	0.3	100	1,179
<i>Q3</i>	96.3	3.3	0.4	100	458
<i>Q4</i>	94.9	4.8	0.4	100	1,049
<i>Q5</i>	94.0	5.3	0.7	100	557
Job					
<i>Currently Working</i>	96.1	3.4	0.5	100	411
<i>Worked in the Past</i>	92.9	6.2	1.0	100	297
<i>Never Worked</i>	94.7	4.8	0.5	100	3,369
Total	94.7	4.7	0.6	100	4,076

3.2 Age at First Marriage

Table 3.2 shows the distribution of the median and mean age of first marriage by background variables, excluding the youngest two age groups.

Overall, median age at first marriage was 20 with a mean of 21 years. The minimum age was 13 and maximum was 49 years. Unexpectedly, the median age in the rural areas and in the south was one year higher than other categories. This finding was related to the fact that most Syrian women were living in urban areas and none were sampled from the south. The mean age at first marriage for urban-rural residence and for the three regions for Jordanian women was approximately 21 years. The median age for Jordanian women was two years older than for Syrian women (21 and 19).

Women with higher education had the highest median age (23) at first marriage. Median age at first marriage was similar across the first four quintiles at 20 years, except for the richest quintiles with a median of 22 years. Women with employment history had higher median age (23) compared with 20 years for those who had never worked.

About 96% of respondents were living with their husbands, while husbands were living elsewhere in 4% of cases (not shown in Table 3.2). Jordanian women had higher rates of living with their husbands at more than 98% compared with 89% of Syrian women.

Table 3.2: Distribution of median and mean age at first marriage among women aged 25-49 by background characteristics

Background Variable	Median	Mean	Mean [Min-Max]
Age Group			
<i>15-19</i>	NA	NA	NA
<i>20-24</i>	NA	NA	NA
<i>25-29</i>	20.0	20.9	[14-29]
<i>30-34</i>	21.0	21.5	[14-33]
<i>35-39</i>	20.0	21.4	[14-37]
<i>40-44</i>	20.0	21.8	[14-44]
<i>45-49</i>	20.0	21.5	[13-49]
Residence			
<i>Urban</i>	20.0	21.3	[13-49]
<i>Rural</i>	21.0	21.7	[13-48]
Region			
<i>Central</i>	20.0	21.2	[14-48]
<i>North</i>	20.0	21.4	[13-49]
<i>South</i>	21.0	21.6	[13-42]
Type			
<i>Control</i>	20.0	21.3	[13-49]
<i>Intervention</i>	20.0	21.5	[13-42]
Nationality			
<i>Jordanian</i>	21.0	21.6	[13-49]
<i>Syrian</i>	19.0	20.2	[13-46]
Education			
<i>No Education</i>	20.0	20.8	[14-46]
<i>Primary</i>	19.0	20.4	[13-49]
<i>Secondary</i>	20.0	21.6	[14-48]
<i>Higher</i>	23.0	23.2	[19-42]
Income Quintiles			
<i>Q1</i>	20.0	21.1	[14-44]
<i>Q2</i>	20.0	21.3	[14-49]
<i>Q3</i>	20.0	21.4	[13-38]
<i>Q4</i>	20.0	21.3	[13-48]
<i>Q5</i>	22.0	22.2	[14-45]
Job			
<i>Currently Working</i>	23.0	23.2	[13-42]
<i>Worked in the Past</i>	23.0	23.4	[15-41]
<i>Never Worked</i>	20.0	20.9	[13-49]
Total	20.0	21.4	[13-49]

3.3 Children Ever Born

About 9% of married MWRA had never given birth to a live child, and 85% of them were in the youngest two age groups (Table 3.3). More than 12% of women had given birth to seven or more children, with 65% of them in the oldest two age groups. Overall, the mean number of children ever born was 3.8, increasing steadily from less than 1 among women age 15-19 to 5.5 among women age 45-49. The mean of children ever born to women aged 40-49 in the south was more than six, compared with five children in the central and north regions. Women with no education had a higher mean of children ever born at six, compared with five children for women with higher education.

The study did not ask about the number of living children. This might affect the interpretation of analysis of some important variables by number of children, rather than number of living children. Nevertheless, the low child mortality rate in Jordan would be expected to minimize the difference between ever-born and living children.

Table 3.3: Percent distribution of women by number of ever-born children and mean number of ever-born children by age group

Age Group	0	1	2	3	4	5	6	7+	Total	# of W	Mean of Ever Born
15-19	60.7	25.8	8.4	4.1	1.0	0.0	0.0	0.0	100	99	0.6
20-24	24.3	25.9	28.3	15.3	4.0	1.9	0.2	0.0	100	421	1.6
25-29	7.3	14.4	26.7	28.1	14.7	6.6	1.8	0.4	100	774	2.6
30-34	5.0	3.7	14.5	26.6	26.7	12.4	6.5	4.7	100	888	3.6
35-39	3.9	2.6	6.2	14.6	23.1	21.1	14.4	14.1	100	804	4.5
40-44	5.1	1.7	3.5	7.5	13.3	21.0	19.6	28.4	100	634	5.3
45-49	6.9	2.1	3.3	5.3	14.7	13.2	18.1	36.4	100	456	5.5
Total	8.8	7.9	13.5	17.4	17.3	13.1	9.7	12.4	100	4,076	3.8

3.4 Age at First Birth

Fifty-three percent of women had given birth within one year after marriage and another 31% gave birth within the next 2-3 years after marriage (Table 3.4). Only 8% of women had their first baby after 4 years of marriage, and about 9% had never given birth. The short marriage-to-birth interval accords with prevailing social norms in Jordan that pressure newly-weds to have a child as soon as possible.

Eighty-four percent of those who had never had a child were among the youngest two age groups. The median age at first birth was 22 years, two years higher than the median age at first marriage. Differences in the median age at first birth occurred only for the higher education group and currently working women (24 years) and for women in the richest income quintile (23 years). There were no major differences in the marriage-to-birth period by other background variables.

Table 3.4: Percent distribution of timing of first birth in years after marriage, percent of women who have never given birth, and median age at first birth by background variables

Background Variable	0-1 Years	2-3 Years	4 Years and more	Have Never Given Birth	Total	# of Women	Median Age at First Birth in Years*
Age Group							
<i>15-19</i>	30.4	9.8	0.0	59.8	100	99	NA
<i>20-24</i>	46.4	26.2	2.9	24.5	100	421	NA
<i>25-29</i>	56.3	32.6	3.8	7.3	100	774	21
<i>30-34</i>	53.9	32.5	8.6	5.1	100	888	22
<i>35-39</i>	55.2	31.1	9.7	4.0	100	804	22
<i>40-44</i>	53.9	31.7	9.6	4.9	100	633	22
<i>45-49</i>	47.5	30.5	15.1	6.9	100	455	22
Residence							
<i>Urban</i>	52.6	30.5	8.5	8.4	100	2,835	22
<i>Rural</i>	52.3	31.0	6.9	9.8	100	1,239	22
Region							
<i>Central</i>	52.3	31.4	8.3	8.0	100	1,630	22
<i>North</i>	52.0	29.8	8.5	9.7	100	1,632	22
<i>South</i>	53.9	31.0	6.4	8.6	100	812	22
Type							
<i>Control</i>	53.0	31.0	8.2	7.9	100	2,039	22
<i>Intervention</i>	52.1	30.4	7.8	9.7	100	2,035	22
Nationality							
<i>Jordanian</i>	53.8	30.6	7.4	8.2	100	3,292	22
<i>Syrian</i>	47.3	30.8	10.6	11.3	100	782	21
Education							
<i>No Education</i>	46.0	31.6	12.3	10.2	100	188	21
<i>Primary</i>	51.4	30.1	9.3	9.2	100	1,991	21
<i>Secondary</i>	50.7	34.1	7.3	7.9	100	973	22
<i>Higher</i>	58.3	28.1	4.9	8.7	100	922	24
Income Quintiles							
<i>Q1</i>	47.0	31.2	10.2	11.6	100	833	21
<i>Q2</i>	49.6	31.7	9.0	9.7	100	1,178	22
<i>Q3</i>	55.9	29.5	6.8	7.9	100	458	22
<i>Q4</i>	55.3	29.0	7.6	8.2	100	1,049	21
<i>Q5</i>	58.8	31.8	4.7	4.7	100	557	23
Job							
<i>Currently Working</i>	60.4	27.8	5.9	5.9	100	411	24
<i>Worked in the Past</i>	54.4	27.5	8.1	10.1	100	297	24
<i>Never Worked</i>	51.4	31.3	8.3	9.1	100	3,367	21
Total	52.5	30.7	8.0	8.8	100	4,074	22

*Median is calculated for age groups 25-49 years.

3.5 Current Pregnancy and Miscarriages

Table 3.5 shows that about 12% of MWRA were currently pregnant. The rate of pregnancy decreased steadily with age, with 40% of MWRA aged 15-19 currently pregnant compared with less than 1% of women aged 44-49. Prevalence of current pregnancy among urban residents was two percentage points less at 11% than the 13% rate for rural residents. Twelve percent of women residing in the south were currently pregnant, compared with 11% in other regions. Slightly more Syrian women were currently pregnant (13%), compared with 11% of Jordanian women.

Income quintiles had different current pregnancy prevalence rates. Only 8% were currently pregnant in the richest income quintile compared with 14% of the poorest quintile. Currently working women were less likely to be pregnant (9%) compared with 12% of those who had never worked.

Table 3.5: Percent distribution of MWRA 15-49 currently pregnant and mean number of children ever-born for women aged 40-49 by background characteristics

Background Variable	Currently Pregnant	Mean # of Children Ever Born to Women Aged 40-49	Number of Women
Age Group			
<i>15-19</i>	40.2	NA	99
<i>20-24</i>	26.4	NA	421
<i>25-29</i>	15.3	NA	774
<i>30-34</i>	13.0	NA	888
<i>35-39</i>	7.9	NA	804
<i>40-44</i>	2.8	5.3	634
<i>45-49</i>	0.9	5.5	456
Residence			
<i>Urban</i>	10.9	5.2	2,836
<i>Rural</i>	12.9	5.8	1,240
Region			
<i>Central</i>	11.2	5.2	1,632
<i>North</i>	11.4	5.0	1,632
<i>South</i>	12.4	6.4	812
Type			
<i>Control</i>	11.2	5.4	2,040
<i>Intervention</i>	11.8	5.4	2,036
Nationality			
<i>Jordanian</i>	11.1	5.5	3,293
<i>Syrian</i>	13.4	5.1	783
Education			
<i>No Education</i>	11.6	6.1	190
<i>Primary</i>	11.3	5.6	1,991
<i>Secondary</i>	11.7	5.0	973
<i>Higher</i>	11.9	4.9	922
Income Quintiles			

Table 3.5: Percent distribution of MWRA 15-49 currently pregnant and mean number of children ever-born for women aged 40-49 by background characteristics

Background Variable	Currently Pregnant	Mean # of Children Ever Born to Women Aged 40-49	Number of Women
Q1	14.3	5.0	834
Q2	12.1	5.2	1,179
Q3	11.8	5.1	458
Q4	10.4	5.8	1,049
Q5	8.1	5.5	557
Job			
Currently Working	8.9	4.9	411
Worked in the Past	10.4	4.7	297
Never Worked	11.9	5.5	3,369
Total	11.5*	5.4	4,076

**A total of 5.5% of respondents were currently pregnant according to the DHS 2012. This indicator in DHS was calculated for all women age 15-49 irrespective of marital status. The prevalence of currently pregnant among married women in DHS 2012 was 11.8%*

Table 3.6 shows that about 42% of respondents experienced miscarriage in the past, with an average of about two miscarriages per woman, ranging from 1-17 miscarriages.

Table 3.6: Percent distribution of women aged 15-49 who experienced miscarriage and mean number of miscarriages

Experienced Miscarriage	%	Number of Women	Mean # of Miscarriage	Min-Max
Yes	41.9	1,707	1.8	1-17
No	58.0	2,365	NA	NA
Do Not Know	0.1	4	NA	NA
Total	100.0	4,076	NA	NA

4 FERTILITY PREFERENCES

4.1 Desire for Children

Forty-six percent of women in the survey either wanted no more children in the future or had been sterilized. Forty-six percent of respondents wanted to have more children in the future or were undecided. The desire to have no more children is associated with number of children ever born, at around 4% for women with one child, 18% with two children, and reaching 72% for those who had given birth to six children or more. Twelve percent of women with five or more children ever born still wanted more children.

Table 4.1: Percent distribution of women aged 15-49 by desire for children according to number of children ever-born

Desire for Children	Number of Children Ever Born*							Total
	0	1	2	3	4	5	6+	
Have More	53.0	80.8	64.1	50.0	27.2	16.8	8.0	36.4
Have No More	0.4	4.4	17.9	32.2	53.3	65.2	71.8	43.6
Undecided	14.4	6.1	9.6	12.8	12.7	10.4	4.9	9.6
Sterilized	0.4	0.0	0.0	0.3	1.0	3.1	7.3	2.3
Infecund**	31.8	8.7	8.4	4.8	5.9	4.6	8.0	8.1
Total	100	100	100	100	100	100	100	100
Number of Women	248	358	542	715	726	556	930	4,076

*Number of children includes current pregnancy

** includes infecund, menopausal, and difficult to get pregnant and those who underwent hysterectomy

4.2 Desired Spacing Period among Women Who Want More Children

Table 4.2 demonstrates that 18% of women who wanted more children planned to become pregnant within less than 2 years from the last birth, while the vast majority, 82%, wanted a child after two years. About 56% wanted a child within 2-3 years and 28% wanted a child after 3 years. The desired mean waiting period for a subsequent birth was 33 months.

Women in younger age groups expressed a greater desire to wait for two years or more after the last birth before becoming pregnant compared with women in the older age groups. However the differences should be interpreted with caution due to the small number of respondents in the older two age groups. While the proportion of women who wanted to wait two years or more was more than 80% for the youngest age groups (15-19 and 20-24), this was true for only 58% and 32% of the older age groups of 40-44 and 45-49 respectively. The mean waiting period was the lowest among the latter two age groups at 22 and 18 months respectively.

Seventy-eight percent of Syrian women wanted to space their births for two years or more compared with 83% of Jordanian women. There were no other major differences. The vast majority desired birth spacing of two years or more.

Table 4.2: Percent distribution of desired birth spacing for MWRA 15-49 who want more children and mean of desired birth spacing by background characteristics

Background variable	Desired spacing from last birth among women who wanted more children				Mean	# of W
	Less than 24 months	24-36 months	More than 36 months	Total		
Age Group						
<i>15-19</i>	18.1	69.2	12.7	100	28.3	78
<i>20-24</i>	14.1	57.5	28.4	100	33.4	274
<i>25-29</i>	13.9	53.2	32.9	100	35.0	462
<i>30-34</i>	19.7	52.6	27.8	100	32.8	386
<i>35-39</i>	19.7	56.3	24.0	100	31.4	172
<i>40-44</i>	42.2	47.3	10.5	100	21.9	57
<i>45-49</i>	67.6	18.8	13.6	100	17.7	15
Residence						
<i>Urban</i>	18.8	54.0	27.3	100	32.4	976
<i>Rural</i>	16.5	55.6	27.9	100	33.1	468
Region						
<i>Central</i>	18.6	55.5	25.9	100	32.0	543
<i>North</i>	19.2	51.6	29.2	100	33.1	583
<i>South</i>	14.9	58.1	27.0	100	32.9	318
Type						
<i>Control</i>	16.5	55.4	28.2	100	33.0	672
<i>Intervention</i>	19.4	53.7	26.8	100	32.3	772
Nationality						
<i>Jordanian</i>	17.2	54.0	28.8	100	33.2	1,192
<i>Syrian</i>	22.2	56.8	21.0	100	30.0	252
Education						
<i>No Education</i>	35.1	54.1	10.8	100	24.8	37
<i>Primary</i>	18.5	58.1	23.4	100	31.8	598
<i>Secondary</i>	16.0	53.5	30.5	100	33.2	351
<i>Higher</i>	17.7	50.6	31.8	100	33.9	459
Income Quintiles						
<i>Q1</i>	18.9	58.6	22.5	100	31.0	291
<i>Q2</i>	17.2	57.4	25.4	100	32.4	424
<i>Q3</i>	16.2	50.8	33.0	100	34.2	155
<i>Q4</i>	20.3	51.3	28.4	100	32.3	374
<i>Q5</i>	15.7	51.3	33.0	100	34.7	201
Job						
<i>Currently Working</i>	18.4	49.6	32.0	100	33.8	189
<i>Worked in the Past</i>	20.2	48.9	30.9	100	33.1	140
<i>Never Worked</i>	17.7	56.0	26.3	100	32.4	1,115
Total	18.1	54.5	27.5	100	32.6	1,444

4.3 Desire to Limit Childbearing

Table 4.3 shows differentials in the desire to stop childbearing. Around 46% of women expressed their desire to bear no more children. Analysis by number of children ever born revealed an increasing trend of desire to limit childbearing. Fewer than 4.4% of women who had given birth to one child wanted to stop childbearing, compared with 79% of women who had six or more children.

In general, women living in urban areas were more likely to want to stop childbearing (47%) compared with women in rural areas (42%). Women in the central region were more likely to want to limit childbearing (49%) than those living in the south (41%).

Forty-eight percent of women living in control districts wanted to limit childbearing compared with 43% of women living in the intervention districts. A less pronounced difference was associated with nationality; 49% of Syrian women wanted to limit childbearing compared with 45% of Jordanian women.

The proportion of women who want no more children decreases as the level of education increases, from 50% among uneducated women to 34% among those who have completed higher than secondary education. This is counter to expectations. However, the relationship between education and the desire to limit childbearing is mixed when analyzed by the number of children ever born. An inverse relationship between education and the desire to limit childbearing is true only of women with two children.

There were no notable trends in the desire to limit childbearing based on income quintiles. Women in the poorest and richest quintile had similar desires to limit, at 47% and 49% respectively. Forty-seven percent of women who had never worked wanted to limit childbearing compared with only 37% of those who were currently working or who had worked in the past. This finding is likely to be related to the fact that currently employed women had fewer children than those who had never worked. While only 27% of employed women had five or more children, 37% of those who had never worked had this number of children (not shown in Table 4.3).

Table 4.3: Percentage of women aged 15-49 who want no more children by number of children according to background characteristics

Background variable	Number of Ever Born Children*							Total
	0	1	2	3	4	5	6+	
Residence								
<i>Urban</i>	1.3	5.8	17.3	35.6	58.5	69.1	80.6	47.2
<i>Rural</i>	0.0	1.5	19.5	24.2	42.9	66.5	75.9	41.8
Region								
<i>Central</i>	1.2	6.9	23.4	36.6	58.1	74.4	82.1	49.4
<i>North</i>	0.9	4.3	14.0	33.9	56.2	63.5	80.5	44.1
<i>South</i>	0.0	0.0	13.3	19.3	39.1	63.5	73.0	40.8
Type								
<i>Control</i>	0.9	4.5	21.6	34.1	56.7	71.9	82.8	48.3
<i>Intervention</i>	0.7	4.4	14.1	30.7	51.9	64.7	75.2	42.7
Nationality								
<i>Jordanian</i>	0.0	3.0	17.3	31.0	52.4	67.4	78.2	44.8
<i>Syrian</i>	3.6	8.7	20.6	39.2	62.4	72.1	82.6	48.5
Education								
<i>No Education</i>	0.0	0.0	42.7	15.5	55.1	56.1	66.3	50.0
<i>Primary</i>	1.7	5.5	21.2	37.2	54.1	69.5	81.3	50.8
<i>Secondary</i>	0.0	6.8	16.3	27.3	61.1	69.8	80.4	44.7
<i>Higher</i>	0.0	1.7	13.9	31.5	47.1	65.1	76.4	34.2
Income Quintiles								
<i>Q1</i>	3.3	5.0	23.0	38.7	61.0	67.0	81.6	46.7
<i>Q2</i>	0.0	3.8	18.1	27.9	52.0	68.9	78.4	43.2
<i>Q3</i>	0.0	5.7	18.6	31.6	54.9	66.1	82.0	45.5
<i>Q4</i>	0.0	5.0	17.9	32.3	51.4	69.9	79.0	45.7
<i>Q5</i>	0.0	0.0	9.3	34.5	54.2	67.5	75.4	48.5
Job								
<i>Currently Working</i>	0.0	0.0	11.6	27.8	45.8	68.0	65.7	37.5
<i>Worked in the Past</i>	0.0	1.8	13.9	32.2	58.9	66.2	85.0	37.4
<i>Never Worked</i>	1.0	5.1	19.4	33.3	55.1	68.4	79.8	47.2
Total	0.8	4.4	17.9	32.4	54.3	68.3	79.0	45.5

*Number of children includes current pregnancy

** includes infecund, menopausal, and difficult to get pregnant and those who underwent hysterectomy

Table 4.4 shows that women who wanted to stop childbearing were using contraceptive methods at much higher rate than non-limiters, with almost double the rate of using modern contraceptives (56% compared with only 28% of non-limiters). Unfortunately, 25% of women who wanted to limit their childbearing were not users of any contraceptive method.

Table 4.4: Percent distribution of MWRA 15-49 who wanted no more children according to status of current contraceptive use

Contraceptive Use	Wants to limit childbearing *	Does not want to Limit	Total	Number of Women
<i>Any Method</i>	74.7	43.5	57.7	2,352
<i>Any Modern</i>	55.9	28.1	40.8	1,662
<i>IUD</i>	30.1	13.5	21.0	858
<i>Injectables</i>	1.6	0.7	1.1	46
<i>Implants</i>	1.2	0.3	0.7	29
<i>Pills</i>	11.1	8.4	9.6	393
<i>Male Condom</i>	6.5	4.9	5.6	230
<i>LAM</i>	0.2	0.3	0.2	9
<i>Female sterilization</i>	5.1	0.0	2.3	95
<i>Other Modern Methods</i>	0.2	0.0	0.1	3
<i>Any Traditional</i>	18.8	15.4	16.9	691
<i>Withdrawal</i>	15.4	12.5	13.8	563
<i>Periodic abstinence</i>	2.6	1.6	2.0	83
<i>Other Traditional M</i>	0.8	1.3	1.1	45
<i>Not Using</i>	25.3	56.5	42.3	1,724
Total	100	100	100	4,076

**Includes sterilized women*

4.4 Ideal Number of Children

Table 4.5 shows that the mean desired number of children was around four, while only 33% of women desired a family size of three or fewer children. The majority of women (61%) desired more than three children. About 6% of the respondents did not express a desired number of children and reported that number of children is dependent on "God's will."

The relatively high desire for around four children was similar across various background variables, with only a few decimal points difference in some instances. Women in the oldest age group had a mean of desired children at exactly 4 compared with 3.7 for other age groups.

Syrian and Jordanian women desired the same number of children, with an overall mean of 3.7. Education was expected to reveal some differences, but this study showed exactly the same mean ideal number of desired children among uneducated women and those with higher education.

In general, women in Jordan desire almost double the number of children required for replacement fertility.

Table 4.5: Percent and mean distributions of the desired number of children by background variables

Background Variable	Percent Distribution of Desired Number of Children				Mean Desired Num of Children*	Number of Women
	Three or Fewer	More Than Three	Non-Numeric Responses	Total		
Age Group						
15-19	33.2	53.8	13.0	100	3.7	99
20-24	30.2	62.4	7.5	100	3.7	419
25-29	34.9	58.7	6.5	100	3.7	771
30-34	32.5	62.8	4.7	100	3.7	880
35-39	35.9	59.0	5.1	100	3.6	797
40-44	33.3	62.1	4.6	100	3.7	620
45-49	31.2	64.0	4.8	100	4.0	447
Residence						
Urban	33.7	59.7	6.6	100	3.7	2,813
Rural	32.6	64.1	3.3	100	3.8	1,221
Region						
Central	34.7	56.0	9.4	100	3.6	1,619
North	34.7	62.6	2.7	100	3.7	1,613
South	28.3	67.9	3.8	100	4.0	802
Type						
Control	34.2	63.5	2.3	100	3.7	2,018
Intervention	32.6	58.5	8.9	100	3.7	2,015
Nationality						
Jordanian	33.8	61.6	4.6	100	3.7	3,254
Syrian	31.8	58.6	9.6	100	3.7	780
Education						
No Education	31.2	57.7	11.1	100	3.8	185
Primary	34.2	59.7	6.0	100	3.7	1,972
Secondary	33.2	61.2	5.6	100	3.7	964
Higher	32.2	64.3	3.6	100	3.8	913
Income Quintiles						
Q1	34.2	60.4	5.4	100	3.7	827
Q2	32.8	60.1	7.1	100	3.7	1,162
Q3	35.6	57.4	7.0	100	3.6	453
Q4	33.1	62.2	4.7	100	3.7	1,040
Q5	32.2	64.5	3.3	100	3.8	552
Job						
Currently Working	31.5	65.8	2.7	100	3.8	407
Worked in the Past	38.6	56.5	4.9	100	3.6	292
Never Worked	33.2	60.8	6.0	100	3.7	3,334
Total	33.4	61.0	5.6	100	3.7	4,034***

*Mean does not include non-numeric responses

**Number of children ever born includes current pregnancy

Table 4.5: Percent and mean distributions of the desired number of children by background variables

Background Variable	Percent Distribution of Desired Number of Children				Mean Desired Num of Children*	Number of Women
	Three or Fewer	More Than Three	Non-Numeric Responses	Total		

***Infecund women were not asked the question.

Table 4.6 shows the distribution of ideal number of children by the exact number of children ever born. Women who had never given birth had a desired family size of 3.9 children. That was nearly the same as the desired family size among women with six or more children ever born (3.8). Four children was the choice of the largest percentage of women in this survey, regardless of the number of children ever born. About 10% of women with no children desired six children or more, while 14% of women who gave birth to six or more children still desired that number of children.

Table 4.6: Percent distribution of MWRA 15-49 by ideal number of children and mean ideal number of children according to the number of children ever born

Ideal Number of Children	Number of Ever Born Children*							Total
	0	1	2	3	4	5	6+	
0	0.0	1.2	1.7	3.3	3.6	4.6	5.5	3.5
1	0.5	2.3	2.4	2.8	1.8	2.5	1.5	2.1
2	11.2	16.6	18.0	11.5	14.3	15.5	12.6	14.1
3	18.6	18.2	13.0	16.8	10.4	13.1	12.1	13.8
4	41.7	38.3	43.2	39.6	45.9	31.1	36.4	39.3
5	14.4	8.3	10.6	12.2	9.8	17.7	13.0	12.3
6+	9.8	8.4	5.7	7.7	7.6	10.9	13.9	9.5
Non-Numeric	3.8	6.7	5.4	6.1	6.7	4.6	5.1	5.6
Total	100	100	100	100	100	100	100	100
Number of Women	213	355	541	712	725	556	930	4,034
Mean Ideal Number of Children**	3.9	3.6	3.6	3.7	3.7	3.7	3.8	3.7

*Number of ever born children includes current pregnancy

*Mean does not include non-numeric responses

4.5 Child Preference by Number and Sex

Overall, 72% of respondents reported desiring the same number of children as their spouses, and 18% reported their spouses wanted more children than they did (Table 4.7). Women belonging to the control sites expressed more agreement with their spouses at 74%, compared with 70% in the intervention sites.

About 71% of women respondents and their spouses reported no child sex preference. While 18% of spouses preferred boys over girls, only 13% of women reported preference for a male child. In contrast, 16% of women reported female child preference compared with 11% of their spouses. There were mild differences in child preference between control and intervention sites.

Table 4.7: Percent distribution of child preference in number and sex by respondent and husband according to type

Variable	Type		Total	Number of Women
	Control	Intervention		
Does Your Husband Want the Same Number of Children?				
<i>Same number</i>	74.2	69.8	72.0	2,903
<i>More children</i>	16.2	19.9	18.0	728
<i>Fewer children</i>	4.9	5.2	5.0	203
<i>Don't know</i>	4.8	5.1	5.0	200
Child Sex Preference by Respondent				
<i>Girls</i>	13.6	18.0	15.8	637
<i>Boys</i>	12.1	13.2	12.6	509
<i>No Preference</i>	73.9	68.7	71.3	2,876
<i>Don't know</i>	0.4	0.2	0.3	11
Child Sex Preference by Husband				
<i>Girls</i>	9.7	11.3	10.5	422
<i>Boys</i>	15.6	20.2	17.9	722
<i>No Preference</i>	74.1	68.1	71.1	2,868
<i>Don't know</i>	0.6	0.5	0.5	22
Total	100	100	100	4,034

4.6 Having More Children beyond Desired Number

Table 4.8 shows that only about half of the respondents would stop childbearing if they reached the desired family size and had no boys, compared with 45% who would continue childbirth. Women in the 15-19 age group, those living in the south, and uneducated women indicated they were least likely to stop childbearing if they reached the desired family size and had no boys. The rest of the background variables were not associated with much variation.

Table 4.8 shows contradictory results to Table 4.7 in relation to child sex preference. While the majority reported no child sex preference, 45% of respondents reported that they would continue childbearing if they reached the desired family size and had no boys. When this figure was calculated exclusively for women who had no child sex preference, it declined by only two percentage points to 43%, confirming the discrepancy between expressed attitude and expressed behavior.

Table 4.8: Percent distribution of MWRA 15-49 who would have more children beyond desired number if they have no boys by background variables

Background Variable	Would continue to have children beyond desired number if a woman has no boys			Total	# of Women
	Yes	No	Not Sure		
Age Group					
<i>15-19</i>	49.1	43.5	7.4	100	99
<i>20-24</i>	39.1	55.7	5.3	100	419
<i>25-29</i>	38.8	55.7	5.6	100	771
<i>30-34</i>	46.0	49.8	4.2	100	880
<i>35-39</i>	47.8	47.6	4.6	100	797
<i>40-44</i>	48.0	48.0	4.0	100	620
<i>45-49</i>	47.1	47.8	5.1	100	447
Residence					
<i>Urban</i>	44.2	51.2	4.7	100	2813
<i>Rural</i>	46.1	48.8	5.1	100	1221
Region					
<i>Central</i>	42.4	52.9	4.8	100	1619
<i>North</i>	44.3	50.9	4.8	100	1613
<i>South</i>	50.4	44.7	4.9	100	802
Type					
<i>Control</i>	43.0	52.2	4.8	100	2018
<i>Intervention</i>	46.5	48.7	4.8	100	2015
Nationality					
<i>Jordanian</i>	44.8	50.6	4.6	100	3254
<i>Syrian</i>	44.6	49.7	5.6	100	780
Education					
<i>No Education</i>	51.4	44.0	4.6	100	185
<i>Primary</i>	46.3	48.9	4.9	100	1972
<i>Secondary</i>	42.4	52.3	5.3	100	964
<i>Higher</i>	42.6	53.2	4.2	100	913
Income Quintiles					
<i>Q1</i>	41.4	52.1	6.5	100	827
<i>Q2</i>	47.6	48.3	4.1	100	1162
<i>Q3</i>	40.5	55.9	3.6	100	453
<i>Q4</i>	45.0	50.1	4.8	100	1040
<i>Q5</i>	46.8	48.7	4.6	100	552
Job					
<i>Currently Working</i>	42.2	53.5	4.3	100	407
<i>Worked in the Past</i>	42.4	53.4	4.2	100	292
<i>Never Worked</i>	45.3	49.8	4.9	100	3334
Total	44.8	50.5	4.8	100	4034

4.7 Desired Spacing Period for all Women

In contrast to Table 4.2, in which only women who wanted more children were asked about the desired waiting period from the birth of last child until becoming pregnant again, Table 4.9 shows responses to a similar question asked to all women including currently pregnant ones, with the exception of infecund women.

Table 4.9 demonstrates that about 12% of women planned to become pregnant within less than 2 years, while the remaining women wanted a child after two years. About 63% wanted a child within 2-3 years and 26 % after 3 years. The desired mean waiting period was 34 months.

About 25% of women aged 45-49 expressed a desire to wait less than two years compared with lower figures for other age groups. The mean waiting period was lowest among the youngest and oldest age groups, at 29 and 27 months respectively.

Twenty-one percent of uneducated women wanted to space their children less than two years apart, compared with only 9% of women with higher education. Only about 7% of women in the richest income quintile desired spacing of less than 2 years compared with 13% of women in the poorest income quintile. We found no other major differentials.

Table 4.9: Percent distribution of desired spacing between the birth of a child and next pregnancy among MWRA 15-49 by background variables

Background variable	Desired waiting period of woman who wants more children			Mean	# of W
	Less than 24 months	24-36 months	More than 36 months		
Age Group					
15-19	15.8	70.0	14.2	28.9	99
20-24	10.3	63.2	26.5	33.7	419
25-29	10.7	60.6	28.7	34.8	770
30-34	8.1	63.8	28.1	34.9	878
35-39	9.5	63.2	27.3	34.6	797
40-44	10.6	67.0	22.4	33.1	620
45-49	24.9	57.9	17.2	27.4	448
Residence					
Urban	11.2	63.7	25.2	33.5	2,812
Rural	12.3	61.5	26.2	33.3	1,220
Region					
Central	12.2	62.9	24.9	33.1	1,619
North	12.2	60.8	27.1	33.8	1,611
South	8.9	67.7	23.4	33.5	802
Type					
Control	11.1	63.3	25.7	33.7	2,016
Intervention	12.0	62.7	25.3	33.3	2,015
Nationality					

Table 4.9: Percent distribution of desired spacing between the birth of a child and next pregnancy among MWRA 15-49 by background variables

Background variable	Desired waiting period of woman who wants more children			Mean	# of W
	Less than 24 months	24-36 months	More than 36 months		
<i>Jordanian</i>	11.0	62.3	26.7	33.9	3,253
<i>Syrian</i>	13.9	66.0	20.2	31.7	779
Education					
<i>No Education</i>	20.6	63.6	15.8	29.0	185
<i>Primary</i>	12.3	64.4	23.3	32.8	1,970
<i>Secondary</i>	11.0	59.0	30.0	34.5	964
<i>Higher</i>	8.6	64.1	27.3	34.6	913
Income Quintiles					
<i>Q1</i>	12.8	65.0	22.2	32.5	826
<i>Q2</i>	11.4	65.1	23.5	33.1	1,162
<i>Q3</i>	8.6	65.0	26.4	34.3	453
<i>Q4</i>	14.1	58.1	27.8	33.3	1,039
<i>Q5</i>	7.4	63.2	29.4	35.3	552
Job					
<i>Currently Working</i>	9.3	62.2	28.5	34.6	407
<i>Worked in the Past</i>	11.1	57.0	31.9	34.7	293
<i>Never Worked</i>	11.9	63.6	24.5	33.2	3,331
Total	11.5	63.0	25.5	33.5	4,032*

*Excludes infecund

4.8 Desired Waiting Period after Miscarriage

The survey asked all women in the sample except infecund women about their desired waiting period to become pregnant following a miscarriage.

Table 4.10 shows 20% of respondents wanted to become pregnant immediately after miscarriage, while 52% of the women wanted to wait six months or more. The mean number of desired months to wait before becoming pregnant again after abortion was around seven months.

The highest percentages of women who wanted to become pregnant immediately after miscarriage were among women age 15-49 (25%), rural residents (23%), and women with no education (23%). The lowest desired waiting periods after miscarriage were among women aged 35-39 and women with higher education (17%) and among women who experienced miscarriage in the past (18%).

Table 4.10: Percent distribution of desired waiting period between miscarriage and next pregnancy among MWRA 15-49 by background variables

Background variable	Desired waiting period of woman who wants more children				Mean	# of W
	Do not Want to Wait	<6 Months	=>6 Months	Total		
Age Group						
15-19	25.4	31.8	42.8	100	5.6	99
20-24	21.4	28.5	50.1	100	6.1	419
25-29	17.6	30.0	52.5	100	6.7	771
30-34	21.3	27.3	51.4	100	6.4	880
35-39	16.5	28.5	55.1	100	7.1	797
40-44	20.6	25.0	54.3	100	7.0	620
45-49	20.4	29.9	49.8	100	6.2	447
Residence						
Urban	18.2	29.6	52.2	100	6.7	2,813
Rural	22.6	25.1	52.4	100	6.5	1,221
Region						
Central	19.7	29.7	50.6	100	6.4	1,619
North	19.3	29.6	51.1	100	6.3	1,613
South	19.7	22.5	57.8	100	7.6	802
Type						
Control	20.2	28.3	51.5	100	6.4	2,018
Intervention	18.9	28.1	53.0	100	6.9	2,015
Nationality						
Jordanian	18.9	28.2	53.0	100	6.8	3,254
Syrian	22.3	28.5	49.2	100	5.8	780
Education						
No Education	23.4	31.0	45.6	100	5.5	185
Primary	19.5	29.3	51.2	100	6.6	1,972
Secondary	21.2	27.3	51.6	100	6.3	964
Higher	17.1	26.2	56.7	100	7.2	913
Income Quintiles						
Q1	19.0	29.5	51.5	100	6.4	827
Q2	19.5	31.1	49.4	100	6.3	1,162
Q3	15.5	26.7	57.8	100	7.3	453
Q4	21.9	25.8	52.3	100	6.7	1,040
Q5	19.3	26.0	54.7	100	6.9	552
Job						
Currently Working	18.2	24.9	57.0	100	7.0	407
Worked in the Past	14.1	29.4	56.5	100	7.4	292
Never Worked	20.2	28.5	51.3	100	6.5	3,334
Had Miscarriage						

Table 4.10: Percent distribution of desired waiting period between miscarriage and next pregnancy among MWRA 15-49 by background variables

Background variable	Desired waiting period of woman who wants more children				Mean	# of W
	Do not Want to Wait	<6 Months	=>6 Months	Total		
<i>Yes</i>	17.9	29.9	52.3	100	6.4	1,710
<i>No</i>	20.8	27.0	52.3	100	6.8	2,323
Total	19.5	28.2	52.3	100	6.6	4,034

4.9 Wanted Last Pregnancy

Table 4.11 demonstrates that 61% of last pregnancies were wanted at that time, 12% were wanted later, 20% were not wanted, and about 8% of women were either undecided or gave fatalistic responses.

The percentages of women who reported wanting no more children increased steadily with age, starting at 2.5% for women age 15-19 and reaching about 29% and 27% for women aged 40-44 and 45-49, respectively. The reverse was noted for percentages of wanted pregnancies. Wanting no more children was more prevalent among urban residents (21%) compared with rural residents (15%). Women with higher education reported the lowest rate of wanting no more children compared with other educational categories (15%). There were no differences or mixed results based on other background characteristics.

Table 4.11 Percent distribution of planned status of the last birth by MWRA 15-49 by background variables

Background variable	Wanted Then	Wanted Later	Wanted No More	Undecided/Fatalistic	Total	Number of Women
Age Group						
<i>15-19</i>	75.5	12.3	2.5	9.8	100	41
<i>20-24</i>	69.4	16.5	9.4	4.7	100	319
<i>25-29</i>	65.4	14.9	12.1	7.7	100	717
<i>30-34</i>	59.6	13.2	16.9	10.3	100	840
<i>35-39</i>	59.9	12.5	20.3	7.4	100	769
<i>40-44</i>	55.1	8.3	28.8	7.9	100	600
<i>45-49</i>	57.0	8.2	26.5	8.3	100	425
Residence						
<i>Urban</i>	59.9	12.1	20.5	7.5	100	2,597
<i>Rural</i>	62.8	12.7	15.1	9.4	100	1,113
Region						
<i>Central</i>	61.4	11.2	19.7	7.7	100	1,496
<i>North</i>	62.4	11.5	18.3	7.8	100	1,473
<i>South</i>	56.2	16.1	18.5	9.3	100	741

Table 4.11 Percent distribution of planned status of the last birth by MWRA 15-49 by background variables

Background variable	Wanted Then	Wanted Later	Wanted No More	Undecided/ Fatalistic	Total	Number of Women
Type						
<i>Control</i>	62.1	11.9	18.7	7.4	100	1,874
<i>Intervention</i>	59.4	12.7	19.1	8.8	100	1,836
Nationality						
<i>Jordanian</i>	60.9	12.1	18.7	8.3	100	3,013
<i>Syrian</i>	60.1	13.2	19.7	7.0	100	697
Education						
<i>No Education</i>	59.3	10.6	20.5	9.6	100	171
<i>Primary</i>	59.9	11.6	20.8	7.7	100	1,809
<i>Secondary</i>	61.8	12.6	18.0	7.6	100	895
<i>Higher</i>	61.8	13.7	15.4	9.1	100	836
Income Quintiles						
<i>Q1</i>	60.3	12.6	20.1	7.0	100	740
<i>Q2</i>	62.8	10.8	18.6	7.8	100	1,061
<i>Q3</i>	62.2	16.1	14.1	7.6	100	418
<i>Q4</i>	59.7	11.5	19.3	9.5	100	960
<i>Q5</i>	58.1	13.3	20.7	8.0	100	531
Job						
<i>Currently Working</i>	58.2	14.1	17.1	10.6	100	387
<i>Worked in the Past</i>	62.8	10.5	14.7	12.0	100	267
<i>Never Worked</i>	60.9	12.2	19.5	7.4	100	3,057
Total	60.8	12.3	18.9	8.1	100	3,710

Table 4.12 shows current contraceptive use among women who reported their last pregnancy as unwanted. Only 70% of these women reported currently using any contraceptive method, and only 51% of them were using a modern method. Accordingly, there was considerable untapped demand among women who wanted to limit their births.

Table 4.12: Percent distribution of planned status of the last birth by MWRA 15-49 by current contraceptive use

Contraceptive Use	Wanted Then	Wanted Later	Wanted No More	Undecided/ Fatalistic	Total	Number of Women
<i>Any Method</i>	59.6	66.9	69.9	61.3	62.6	2,323
<i>Any Modern</i>	41.7	47.1	51.4	41.5	44.2	1,640
<i>IUD</i>	20.6	24.7	28.4	24.1	22.9	849
<i>Injectables</i>	1.1	1.3	1.4	1.7	1.2	45
<i>Implants</i>	0.8	0.7	1.1	0.3	0.8	29
<i>Pills</i>	10.6	11.4	8.9	10.4	10.4	384
<i>Male Condom</i>	6.4	7.4	6.3	2.3	6.2	229
<i>LAM</i>	0.2	0.2	0.4	0.0	0.2	8
<i>Female sterilization</i>	2.0	1.5	5.0	2.7	2.5	94
<i>Other Modern Methods</i>	0.1	0.0	0.0	0.0	0.1	3
<i>Any Traditional</i>	17.9	19.8	18.5	20.1	18.4	683
<i>Withdrawal</i>	14.2	16.7	15.2	17.2	15.0	555
<i>Periodic abstinence</i>	2.3	1.3	2.7	2.3	2.2	83
<i>Other Traditional M</i>	1.4	1.8	0.6	0.7	1.2	45
<i>Not Using</i>	40.4	33.1	30.1	38.4	37.4	1,387
Total	100	100	100	100	100	3,710

4.10 Mean Desired Age of Marriage

Women in the sample reported the mean ideal age of marriage and youngest age for a woman to get married to be 22 and 19 years respectively. Women age 15-19 proposed a mean ideal age of marriage and youngest age of marriage that were about two years less than those proposed by women in other age groups. Syrian women reported a mean ideal age of marriage of 20 years and youngest age of marriage of 18 years, compared with Jordanian women who reported 23 and 20 years for ideal age of marriage and youngest acceptable age of marriage, respectively.

Women with higher education, those belonging to the richest quintile, and women with history of employment proposed about one year later than other groups for mean ideal age and mean youngest age at marriage.

The findings from Table 4.13 for the mean ideal age of marriage conformed to the actual mean age of marriage of respondents in Table 3.2, with minor variation.

Table 4.13: Distribution of mean ideal age and mean youngest age of a woman to get married by background characteristics

Variables	Mean of Ideal Age of Marriage for a Woman	Mean of Youngest Age of Marriage for a Woman	# of Women
Age Group			
<i>15-19</i>	19.8	17.3	99
<i>20-24</i>	21.5	19.0	421
<i>25-29</i>	22.3	19.6	774
<i>30-34</i>	22.3	19.5	888
<i>35-39</i>	22.1	19.5	804
<i>40-44</i>	22.1	19.4	634
<i>45-49</i>	21.9	19.2	456
Residence			
<i>Urban</i>	21.8	19.2	2,836
<i>Rural</i>	22.6	19.8	1,240
Region			
<i>Central</i>	21.7	19.3	1,632
<i>North</i>	22.0	19.4	1,632
<i>South</i>	22.7	19.4	812
Type			
<i>Control</i>	22.1	19.5	2,040
<i>Intervention</i>	22.0	19.2	2,036
Nationality			
<i>Jordanian</i>	22.5	19.7	3,293
<i>Syrian</i>	20.2	18.0	783
Education			
<i>No Education</i>	21.0	18.5	190
<i>Primary</i>	21.3	18.8	1,991
<i>Secondary</i>	22.4	19.7	973
<i>Higher</i>	23.4	20.5	922
Income Quintiles			
<i>Q1</i>	21.0	18.4	834
<i>Q2</i>	21.9	19.2	1,179
<i>Q3</i>	22.4	19.6	458
<i>Q4</i>	22.4	19.7	1,049
<i>Q5</i>	23.2	20.2	557
Job			
<i>Currently Working</i>	23.5	20.5	411
<i>Worked in the Past</i>	23.3	20.3	297
<i>Never Worked</i>	21.8	19.1	3,369
Total	22.1	19.4	4,076

The ideal median age of marriage and median youngest age of marriage was exactly the same as the rounding of the mean and was removed to reduce crowding of the table

4.11 Delay of First Child

Table 4.14 shows that 25% of respondents believed in delaying the first child of newly-wed couples, with an average of one year of desired delay. About 77% of respondents believed that use of modern contraceptives by newly-weds would make future pregnancies more difficult.

Women aged 20-24 showed the highest frequency of desiring a delay of a first child (32%). The rate declined steadily to 19% for the age group 45-49. About 62% of women in the youngest age group of 15-49 believed there would be negative effects from using a contraceptive immediately after marriage, compared with 79% of women aged 45-49.

Women living in the central region accepted the idea that newly-weds could delay their first child at a higher rate (28%) compared with other regions (23%). Conversely, a lower rate of women residing in the central region (74%) believed that modern contraceptive might affect future pregnancies compared with women living in the south (82%). Syrian women gave similar responses to those of Jordanian women. Uneducated women expressed lower rates of acceptance of the idea of delaying first child (18%), compared with other educational categories.

Overall, 77% of women believed that use of modern contraceptive methods by newly-weds would negatively affect future pregnancies. This indicates not only the social norm of having children immediately after marriage, but also lack of knowledge about safety of modern methods.

Table 4.14: Percent distribution of women who agree with delaying a first child, suggested mean months of delay, and percent who think that use of modern methods will negatively affect future pregnancies

Variables	It is desirable to delay first child	Mean Months to delay first child	Modern method reflects negatively on future pregnancies for newly-wed	# of Women
Age Group				
15-19	17.5	11.5	61.6	99
20-24	31.7	10.8	74.0	421
25-29	29.0	11.1	77.6	774
30-34	25.6	11.6	75.1	888
35-39	22.7	13.2	78.6	804
40-44	20.8	13.4	77.2	634
45-49	18.7	10.2	79.1	456
Residence				
Urban	25.3	11.5	75.6	2,836
Rural	23.1	12.5	78.9	1,240
Region				
Central	27.6	11.5	73.9	1,632
North	22.6	11.3	76.4	1,632
South	22.6	13.4	82.4	812
Type				
Control	24.0	11.9	77.3	2,040
Intervention	25.2	11.7	75.9	2,036

Table 4.14: Percent distribution of women who agree with delaying a first child, suggested mean months of delay, and percent who think that use of modern methods will negatively affect future pregnancies

Variables	It is desirable to delay first child	Mean Months to delay first child	Modern method reflects negatively on future pregnancies for newly-wed	# of Women
Nationality				
<i>Jordanian</i>	24.7	11.8	77.5	3,293
<i>Syrian</i>	24.1	11.9	72.9	783
Education				
<i>No Education</i>	17.8	12.8	75.6	190
<i>Primary</i>	24.7	12.3	76.3	1,991
<i>Secondary</i>	26.2	11.1	75.8	973
<i>Higher</i>	24.0	11.2	78.3	922
Income Quintiles				
<i>Q1</i>	23.7	12.7	76.4	834
<i>Q2</i>	27.0	11.3	75.4	1,179
<i>Q3</i>	26.1	12.3	78.7	458
<i>Q4</i>	23.3	11.3	74.9	1,049
<i>Q5</i>	22.0	12.0	80.7	557
Job				
<i>Currently Working</i>	23.7	12.4	80.3	411
<i>Worked in the</i>	28.8	11.7	79.0	297
<i>Never Worked</i>	24.3	11.7	75.9	3,369
Total	24.6	11.8	76.6	4,076

5 KNOWLEDGE OF FP METHODS

5.1 General Knowledge of FP Methods

This survey's goal was to determine the level of knowledge of contraceptives in detail since knowledge of specific methods is a precondition for using them. The survey collected information about women's knowledge of contraceptive methods first by asking women to recall any methods they knew. Then the interviewer listed each method of FP and asked whether the respondent had heard of it. The interviewer also asked women to describe all methods they managed to recall or heard of and to give a rating of effectiveness and safety of the method on a 0-10 scale.

Table 5.1 indicates that all respondents in this survey knew at least one FP method, and 95% managed to spontaneously recall at least one method. Almost all respondents succeeded in mentioning the most commonly used modern contraceptive methods, namely IUDs and pills. About 90% of respondents knew about male condoms and withdrawal, while only 60% had knowledge of implants.

Surprisingly, only 72% of respondents knew about female sterilization. Only 10% knew about male sterilization as a contraceptive method. Knowledge of the Lactational Amenorrhea Method (LAM) was limited to 56% of women. Knowledge about barrier contraceptives other than male condoms scored low. There was almost a total absence of knowledge about emergency contraception.

The correct description of recognized methods was above 75% for all methods except the Nova Ring. The highest rates of correct description were for pills, condoms, and female sterilization, with figures at 90% or more, followed by IUD at 86%.

Table 5.1: Percent of MWRA 15-49 who recalled, recalled and heard of and correctly described contraceptive methods by specific method

Method	Recall only	Recall and Heard of	Correctly Described
<i>IUD</i>	91.5	99.4	86.3
<i>Injectables</i>	43.4	80.1	75.3
<i>Implants</i>	31.9	59.6	79.6
<i>Pill</i>	85.5	99.8	93.8
<i>Male Condom</i>	47.0	90.2	92.3
<i>Nova Ring</i>	2.0	11.3	62.4
<i>Foam/Jelly/suppository</i>	4.8	20.2	75.1
<i>LAM</i>	2.7	56.3	78.3
<i>Female Sterilization</i>	7.4	71.7	89.9
<i>Male Sterilization</i>	1.7	10.1	76.8
<i>Emergency Contraception</i>	0.4	1.7	76.4
<i>Withdrawal</i>	30.9	90.8	97.0
<i>Rhythm Periodic abstinence</i>	12.8	70.4	70.5
<i>Other Trad.(Breastfeeding)*</i>	10.4	99.5	97.3
Any method	95.3	100.0	NA
Any Modern Method	95.2	100.0	NA
Any Traditional Method	38.5	97.2	NA

*Breastfeeding was included

5.2 Effectiveness of FP Methods

Respondents scored the perceived effectiveness of each method using a 0-10 scale, with zero score indicating no effectiveness and a score of 10 indicating the highest level of effectiveness. The scale was divided into three categories; 0-4 “not effective or of low effectiveness,” 5-7 “moderate effectiveness,” and 8-10 “high level of effectiveness.” The analysis of this section focuses on women’s understanding of the effectiveness of each contraceptive method rather than the effectiveness of each method based on scientific evidence.

Table 5.2 demonstrates that respondents gave a satisfactory ranking for some important contraceptive methods as judged by the mean score and the high effectiveness category responses, while ranking was incorrect for other methods. The footnote in Table 5.2 gives the reported ranking of effectiveness of various contraceptive methods.

Female and male sterilization were correctly given the highest rank, with a mean score of 9 out of 10, followed by the IUD with a mean score of about 8. Injectables, male condoms, and Nova Ring appeared at the bottom of the list. The low-ranking for effectiveness of injectables indicates lack of in-depth knowledge about this method. Withdrawal was ranked the fifth most effective with a mean score of 7, while it should be considered among the least effective methods. Women also misunderstood the effectiveness of traditional breastfeeding, giving it a higher score than male condoms and other traditional methods.

Interviewers asked women later about the effectiveness of modern methods compared with traditional methods. Table 5.3 showed that only 65% of women thought that modern methods are more effective than traditional methods, which helps explain the relatively high prevalence of traditional method use in Jordan.

Table 5.2: Percentage of reported effectiveness categories and mean score of effectiveness of FP methods on a 0-10 Scale

Method	Effectiveness				Mean Score	Total Number of Women
	Not/Low	Moderate	High	Total		
<i>Female Sterilization</i>	3.1	11.7	85.2	100	8.9	2,256
<i>Male Sterilization</i>	4.2	15	80.9	100	8.7	260
<i>IUD</i>	8.7	26.8	64.6	100	7.8	3,635
<i>Emergency</i>	4.1	25.1	70.9	100	7.8	49
<i>Withdrawal</i>	11.1	31.1	57.8	100	7.4	3,079
<i>Pill</i>	12.1	32.1	55.9	100	7.3	3,582
<i>Implants</i>	13.1	31.5	55.5	100	7.2	1,415
<i>LAM</i>	13	36.9	50.1	100	7.2	1,857
<i>Foam/Jelly/suppository</i>	11.5	40.4	48.1	100	7	449
<i>Breast feeding</i>	16.6	34.1	49.3	100	7	3,383
<i>Injectables</i>	17.1	32.6	50.3	100	6.9	1,940
<i>Male Condom</i>	17.2	31	51.9	100	6.9	2,918
<i>Periodic abstinence</i>	18.9	38.5	42.7	100	6.6	2,308
<i>Nova Ring</i>	23.8	34.3	41.9	100	6.3	360

Not/Low (0-4)

Moderate (5-7)

High (8-10) based on 0-10 score

Ranking of effectiveness of contraception by WHO, 2007; UNDP, 2004; Hatcher et al., 2003
Sterilization, Implant, IUD, Injectable, Pills, LAM, Male condoms, Female condoms, Diaphragm, Spermicides, Withdrawal, periodic abstinence, Other traditional methods

Only 32% of women aged 15-19 thought that modern methods are more effective compared with more than 60% of women in other age groups. Fewer Syrian women (61%) were in favor of modern methods compared with Jordanian women (66%). There is a strong association between educational level and correct understanding of modern methods as more effective than traditional methods, with 58% of uneducated women agreeing with this statement compared with 69% of women with higher education. About 59% of women in the poorest income quintile gave the correct answer compared with 73% of women in the richest income quintile. Finally, 71% of currently working women thought that modern methods are more effective compared with 64% for those who had never worked.

Table 5.3: Percent distribution of MWRA 15-49 understanding of effectiveness of modern vs. traditional methods by background characteristics

Background Variable	Modern less effective	Modern equally effective	Modern more effective	Not sure/ Dk	Total
Age Group					
15-19	7.1	19.1	31.9	42.0	99
20-24	4.6	15.2	64.3	15.9	421
25-29	6.8	18.9	65.2	9.1	774
30-34	4.4	18.0	66.2	11.4	888
35-39	5.3	19.8	66.7	8.3	804
40-44	5.9	15.5	67.7	10.9	634
45-49	5.4	17.2	64.3	13.1	456
Residence					
Urban	5.2	18.2	64.8	11.8	2,836
Rural	5.9	16.7	65.8	11.5	1,240
Region					
Central	5.0	20.0	64.8	10.3	1,632
North	5.8	18.4	62.9	13.0	1,632
South	5.7	12.2	70.3	11.8	812
Type					
Control	5.2	19.6	63.7	11.5	2,040
Intervention	5.7	15.9	66.5	11.9	2,036
Nationality					
Jordanian	5.4	18.0	66.1	10.5	3,293
Syrian	5.8	16.7	60.9	16.6	783
Education					
No Education	5.6	13.9	57.9	22.6	190
Primary	5.5	17.4	63.2	13.9	1,991
Secondary	5.0	18.6	66.8	9.5	973
Higher	5.7	18.5	69.0	6.9	922
Income Quintiles					

Table 5.3: Percent distribution of MWRA 15-49 understanding of effectiveness of modern vs. traditional methods by background characteristics

Background Variable	Modern less effective	Modern equally effective	Modern more effective	Not sure/ Dk	Total
Q1	6.4	17.3	59.0	17.3	834
Q2	5.1	17.6	65.0	12.3	1,179
Q3	4.5	18.2	65.6	11.7	458
Q4	6.0	19.5	65.9	8.6	1,049
Q5	4.5	15.5	72.5	7.6	557
Job					
Currently Working	6.6	16.4	71.1	5.9	411
Worked in the Past	5.0	20.1	67.7	7.3	297
Never Worked	5.3	17.7	64.2	12.8	3,369
Total	5.5	17.8	65.1	11.7	4,076

Not/Low (0-4)

Moderate (5-7)

High (8-10) based on 0-10 score

5.3 Safety of Individual Methods

Table 5.4 demonstrates that respondents considered traditional methods, LAM, and sterilization as the safest contraceptive methods, with a mean score of 8 out of 10. Given widespread fears of hormonal contraception, it is not surprising that respondents rated hormonal methods such as pills, implants and injectables as the least safe methods. It is hard to interpret the fact that almost half of respondents did not consider the male condom highly safe. Although IUDs are the mostly used contraceptives, about one-fifth (19%) of women considered them as not safe or of low safety, and less than 50% considered IUDs as highly safe. While breastfeeding other than LAM is not formally classified as a contraceptive method, interviewers would expect responses close to 100% in terms of high safety and a mean score close to 10. But that was not the case. Given the unexpected findings above, more work needs to be done to assess whether safety has been confounded with effectiveness.

Concerns about the safety of commonly used methods might contribute to high method discontinuation rates in Jordan. These findings indicate that there is urgent need to improve women's knowledge about the safety of modern methods.

Table 5.4: Percent distribution of perception of the safety of individual contraceptive methods according background characteristics among MWRA 15-49

Method	Method Safety				Mean Score	Total Number of Women
	Not/Low	Medium	High	Total		
IUD	19.1	34.6	46.3	100	6.8	3,602
Injectables	39.7	36.9	23.4	100	5.2	1,924
Implants	34.8	37.3	27.9	100	5.5	1,381
Pill	31.6	38.1	30.3	100	5.7	3,563
Male Condom	18.6	29.0	52.4	100	6.9	2,864
Nova Ring	25.9	38.2	36.0	100	6.2	353
Foam/Jelly/suppository	19.1	41.9	39.0	100	6.6	429

<i>LAM</i>	7.9	23.7	68.4	100	8.0	1,859
<i>Female Sterilization</i>	9.4	18.9	71.7	100	8.1	2,120
<i>Male Sterilization</i>	6.3	17.1	76.6	100	8.3	251
<i>Emergency Contraception</i>	4.1	31.2	64.7	100	7.7	49
<i>Withdrawal</i>	9.8	23.8	66.4	100	7.8	3,057
<i>Periodic abstinence</i>	11.3	28.6	60.0	100	7.5	2,308
<i>Breastfeeding</i>	7.1	19.9	73.0	100	8.3	3,383

5.4 Knowledge of Fertile Period

A basic knowledge of the fertile period is useful for the successful practice of coitus-dependent methods such as withdrawal, barrier methods, and particularly for the practice of the rhythm method.

Table 5.5 presents the distribution of respondents categorized by the time during the ovulatory cycle when they thought a woman was most likely to get pregnant. The data reflect whether or not the woman was currently using the rhythm method. Non-rhythm users included users of other contraceptive methods and non-users.

Table 5.5 shows that 35% of women correctly identified the halfway point between two periods as the point with the greatest chance to become pregnant. Surprisingly, rhythm users were only six percentage points higher than non-users (41% compared with 35%). This finding indicates that extensive counseling to improve knowledge of ovulatory cycle should precede any introduction in Jordan of the Standard Days Method or any other fertility awareness method.

Table 5.5: Percent distribution of women by knowledge of the fertile period during the ovulatory cycle according to current use of the rhythm method

Knowledge of Period	Rhythm Users	Non-Rhythm Users	All Women	# of Women
No Specific Days	17.2	19.5	19.4	792
Just before her period	1.2	1.7	1.7	67
During her period	1.2	0.6	0.6	24
Right after her period	37.4	34.7	34.7	1,414
Halfway between two periods	40.6	34.6	34.8	1,417
Don't know	2.4	9.0	8.9	361
Total	100	100	100	4,076

6 USE OF FP

6.1 Current Use of Contraceptive Methods

The contraceptive prevalence rate among respondents was 58%. About 41% of women were using a modern contraceptive method, compared with 17% using a traditional method. Use of IUDs was the most common (21%), followed by withdrawal (14%) and contraceptive pills (around 10%). These three methods together account for 77% of method use among respondents.

Less than 6% of women used male condoms, while less than 2% of women used long-acting hormonal contraceptives such as implants and injectables combined. Less than 1% of respondents used the LAM. Only about 2% of women used female sterilization, and there was virtually no male sterilization. It is likely that Jordan will not be able to lower fertility rates without increasing use of long-acting hormonal methods and sterilization. These figures show that there is still a lack of interest or understanding of these methods among women in Jordan.

Contraceptive use differed by background characteristics, as shown in table 6.1. Use of contraception rose with an increasing number of children. The percentage of use increased from 8% among currently married women with no children to 69% among women with five or more children.

The use of contraception also varied by age. Use among currently married women started as low as 18% among the age group 15-19, peaked at 66% among the age group 35-39, and then decreased to 51% among the age group 45-49. Women of the younger age groups mainly relied on IUDs, withdrawal, pills, and male condoms. Female sterilization was more common among women of older age groups. The prevalence of sterilization increased from 2% among the age group 35-39 to 8% among the age group 45-49. Although the IUD, pills, and male condoms are common among the older cohorts, the prevalence of use of these methods decreased starting at the age group 35-39.

The overall use of contraceptive methods was slightly higher in urban areas (58%) than in rural ones (57%), with urban women using more modern methods and fewer traditional methods than rural women. Regionally, the prevalence of contraception is slightly higher in the central region (59%) than in the southern region (58%), and the northern region (57%). Current use of contraception among the control group (59%) is around two percentage points higher than in the intervention group (57%). The prevalence of contraception is also higher among Jordanian women (59%) than Syrian women (51%). This finding is mainly related to Jordanian women using more traditional methods than Syrian women.

Patterns of use are evident by education and income quintiles. Contraceptive use increased considerably from women with no education (47%) to women with higher education (61%). Traditional methods saw a similar increase. Additionally, use of contraception increased from 51% among women in the poorest income quintile to 66% among women in the richest quintile. Traditional method use also increased by income quintile. Women who were currently working had a higher prevalence of contraception (67%) than women who worked in the past (58%), and who never worked (57%). This pattern held for traditional method use as well.

Table 6.1: Percent distribution of MWRA 15-49 by contraceptive method currently used according to background characteristics

Background Variable	Any Method	Any Modern method	IUD	Injectable	Implants	Pills	Male Condom	Female Sterilization	Other Modern	Any Traditional	Withdraw	Abstinence	Other Traditional	Not Using	Number
Number of Children															
0	8.4	6.1	2.5	0.3	0.0	2.5	0.3	0.3	0.3	2.2	2.2	0.0	0.0	91.6	359
1-2	46.0	27.4	12.4	0.7	0.2	8.9	5.0	0.0	0.1	18.7	15.1	1.8	1.7	54.0	869
3-4	66.3	47.5	26.5	1.2	0.8	11.2	7.1	0.6	0.1	18.9	15.5	2.5	0.9	33.7	1,417
5+	68.5	50.8	25.4	1.5	1.1	10.4	5.9	5.9	0.6	17.7	14.3	2.2	1.2	31.5	1,432
Age Group															
15-19	18.3	9.3	1.0	0.0	0.0	3.0	5.3	0.0	0.0	9.0	6.1	1.0	1.9	81.7	99
20-24	40.1	27.1	14.4	0.0	0.2	7.0	5.5	0.0	0.0	13.0	10.9	0.5	1.7	60.0	421
25-29	58.8	40.6	21.0	1.4	0.8	11.8	5.1	0.3	0.3	18.2	14.5	2.1	1.6	41.2	774
30-34	61.4	42.8	21.8	1.5	0.8	11.7	6.3	0.5	0.3	18.6	15.5	1.9	1.3	38.6	888
35-39	65.7	49.0	24.4	1.0	1.5	11.7	7.6	2.1	0.6	16.8	13.8	1.9	1.1	34.3	804
40-44	63.8	43.9	23.7	1.8	0.5	7.2	4.7	5.9	0.2	20.0	16.7	2.7	0.6	36.2	634
45-49	50.9	37.5	20.2	0.4	0.0	5.6	3.4	7.6	0.2	13.5	10.2	3.3	0.0	49.1	456
Residence															
Urban	58.2	42.5	22.8	0.9	0.7	10.0	5.8	2.3	0.2	15.7	12.4	2.1	1.2	41.8	2,836
Rural	56.6	36.6	17.0	1.6	0.8	8.9	5.4	2.4	0.6	20.0	17.2	1.9	0.9	43.4	1,240
Region															
Central	58.6	42.8	22.7	1.2	1.0	9.5	6.2	2.1	0.2	15.9	12.5	2.1	1.3	41.4	1,632
North	56.7	41.3	22.8	0.7	0.3	9.6	6.0	1.6	0.2	15.5	12.3	2.1	1.0	43.3	1,632
South	57.8	35.7	14.1	1.8	1.0	10.0	3.9	4.2	0.6	22.2	19.6	1.7	0.9	42.2	812
Type															
Control	58.8	41.5	22.2	1.0	0.8	9.0	5.7	2.4	0.4	17.2	14.3	1.8	1.2	41.3	2,040
Intervention	56.7	40.0	19.8	1.3	0.6	10.3	5.6	2.3	0.2	16.7	13.4	2.3	1.1	43.3	2,036
Nationality															
Jordanian	59.3	41.2	20.8	1.3	0.9	9.7	5.9	2.4	0.3	18.1	15.1	2.0	1.0	40.7	3,293
Syrian	51.1	38.7	21.8	0.4	0.1	9.6	4.5	2.0	0.3	12.4	8.7	2.2	1.5	48.9	783

Table 6.1: Percent distribution of MWRA 15-49 by contraceptive method currently used according to background characteristics

Background Variable	Any Method	Any Modern method	IUD	Injectable	Implants	Pills	Male Condom	Female Sterilization	Other Modern	Any Traditional	Withdraw	Abstinence	Other Traditional	Not Using	Number
Education															
<i>No Education</i>	47.4	36.8	11.8	2.1	0.5	14.4	1.6	5.8	0.5	10.6	10.6	0.0	0.0	52.6	190
<i>Primary</i>	56.4	40.6	20.4	1.1	0.8	9.4	5.8	3.1	0.1	15.7	13.1	1.6	1.0	43.7	1,991
<i>Secondary</i>	59.7	43.2	23.7	1.3	0.6	10.9	4.9	1.4	0.4	16.5	13.3	2.0	1.2	40.3	973
<i>Higher</i>	60.7	39.2	21.5	0.8	0.7	7.8	7.0	0.9	0.7	21.5	16.6	3.4	1.5	39.3	922
Income Quintiles															
<i>Q1</i>	50.8	37.2	20.2	0.4	0.6	9.7	4.6	1.4	0.4	13.6	10.0	2.2	1.3	49.2	834
<i>Q2</i>	56.6	39.7	19.8	1.4	0.6	10.5	5.4	1.8	0.3	16.9	14.5	1.3	1.1	43.4	1,179
<i>Q3</i>	59.3	41.9	21.7	2.0	1.1	10.7	4.5	1.8	0.2	17.4	14.2	2.0	1.2	40.7	458
<i>Q4</i>	59.7	41.6	20.5	1.3	0.9	9.3	6.8	2.7	0.2	18.1	14.8	2.1	1.1	40.3	1,049
<i>Q5</i>	65.5	45.6	25.3	0.7	0.5	7.4	6.4	4.6	0.5	19.9	16.2	3.2	0.5	34.5	557
Job															
<i>Currently Working</i>	66.5	42.6	24.1	0.7	0.7	5.9	8.7	1.7	0.7	23.9	20.0	3.6	0.2	33.6	411
<i>Worked in the Past</i>	57.6	39.2	17.5	1.7	1.1	11.8	5.4	1.7	0.0	18.4	13.7	3.4	1.3	42.4	297
<i>Never Worked</i>	56.7	40.7	21.0	1.1	0.7	9.9	5.3	2.5	0.3	16.0	13.1	1.7	1.2	43.3	3,369
Total	57.7	40.7	21.0	1.1	0.7	9.6	5.6	2.3	0.3	17.0	13.8	2.0	1.1	42.3	4,076

6.2 Reasons for not using FP Methods

Table 6.2 indicates that 46% of non-method users were either currently pregnant or desired to become pregnant. Fertility-related reasons accounted for another 36% of all reported reasons for non-use. This category includes infecund, postpartum amenorrhea, not having sex, and difficulty getting pregnant. Health-related reasons including side effects of methods and health conditions accounted for 9% of all reasons. Other method-related reasons such as access and cost were less than 3%. Only 2% reported opposition to use a method by a husband or other family members. Religious reasons and rumors were almost absent, at less than 1%.

The proportions of women currently pregnant and those who wanted to become pregnant are inversely related with age. Rates declined steadily from about 81% for the two reasons combined among women aged 15-19 to only 5% among women aged 45-49. Reporting health reasons for not using contraception was directly related to age, starting at 1% among women in the youngest age group and increasing to 15% among women in the oldest age group. Fertility-related reasons showed a similar trend.

Table 6.2: Percent distribution of reasons for not using a FP method by age groups

Reasons	15-19	20-24	25-29	30-34	35-39	40-44	45-49	Total %	Total #
Currently Pregnant	50.6	43.8	37.0	32.7	22.6	7.7	1.8	27.0	465
Wanted to become pregnant	30.4	27.9	23.2	23.9	18.3	11.4	3.2	19.4	334
Fertility Related	9.0	19.9	29.5	26.3	38.9	52.9	70.4	36.4	628
Opposition to Use	5.0	1.1	2.1	2.7	2.9	2.2	0.4	2.1	37
Religious/Rumors	0.0	0.4	0.9	0.3	1.4	0.4	2.3	0.9	15
Health Reasons	1.2	4.0	3.8	10.4	12.4	13.8	15.0	9.2	158
Other Method Related	3.7	2.1	1.8	3.2	1.8	5.6	3.1	2.9	50
Other Reasons	0.0	0.8	1.6	0.4	1.8	6.0	3.8	2.1	36
Total	100	100	100	100	100	100	100	100	1,724

6.3 Advice to Use or Not to Use FP

Table 6.3 indicates that the majority of women, over 56%, reported that it was their own personal decision to practice or not to practice birth control. For those whose use was subject to influence by others, doctors (12%) and husbands (8%) were the most common advisors. Mothers-in-law and other relatives accounted for 8% of responses. The rest of the responses were scattered among the remaining categories.

Table 6.3: Percent distribution of women's responses regarding who advised them to use or not to use an FP method

Who advised you to use or not to use FP Methods	% of Responses	Number of Responses*
No one (personal beliefs)	56.3	2,111
Doctor	12.2	459
Husband	8.1	303
Other relative	3.9	146
Do not know/other	3.9	143
Mother /Mother in law	3.5	131
Nurse	3.0	112
Community Outreach worker	2.4	88
Midwife (official)	2.3	86
Friends	2.3	84
Neighbors	1.0	37
Midwife (local some training)	0.7	25
Social worker (e.g., CCA or JAFPP)	0.6	24
Aldaiah (local birth attendant)	0.1	2
Total	100	3,753*

**This is a multiple response question where women were allowed to choose up to three reasons. Valid cases are 3,184 after excluding currently pregnant, infecund, menopausal, difficult to get pregnant, and hysterectomized women*

6.4 Future Use of Modern FP Methods

Table 6.4 shows the distribution of respondents by intention to use modern contraceptives in the future, regardless of current contraceptive use. Overall, 59% of respondents reported their intention to use contraception in the future, which is almost 18 percentage points higher than the current rate of modern method use (41%). A higher level of future demand for modern methods is a promising indicator. Thirty-five percent of women indicated their intention not to use any modern method in the future, and 6% were undecided.

The intention to use contraception rose from 33% among childless women to 67% among women with two children and decreased to 58% among women with four or more children.

Table 6.4: Percent distribution of currently MWRA 15-49 by intention to use in the future according to number of children ever born

Intention of future use	Number of Children*					Total
	0	1	2	3	4+	
Yes will use	33.3	54.1	66.7	64.8	58.0	59.0
will not use	49.4	32.4	25.2	30.2	38.0	34.8
Don't know	17.4	13.5	8.1	5.0	4.0	6.2
Total	100	100	100	100	100	100
Total # of Women**	168	330	496	667	1,990	3,651

*Includes current pregnancy

**Excludes infecund, hysterectomized, menopausal and female sterilization

Table 6.5 shows that among women with the intention to use a modern FP method in the future, 74% preferred to use an IUD to prevent pregnancy, and 19% preferred pills. Just over 92% of respondents preferred to use either IUD or pills in the future, with very few women choosing any of the rest of the modern methods. This underlines the relative disinterest of women in other modern contraceptive methods.

Table 6.5: Percent distribution of FP methods that women intended to use in the future

Method	Future Use	Number of Cases
IUD	73.6	1,585
Injectables	3.3	71
Implants	0.8	17
Pills	18.8	404
Male Condom	0.8	17
Nova Ring	0.1	2
Foam/Jelly/suppository	0.2	4
LAM	0.1	2
Female sterilization	1.5	31
Don't know	0.9	20
Total	100	2,152

6.5 Concerns about Use of Modern Methods

Table 6.6 shows women's responses for reasons they consider discontinuing a method or not using a method if they are currently not using. Every woman was given the chance to list up to three reasons. The row percentages in the table are those of multiple responses and not percentage of cases, while the numbers of women are those of cases.

As seen in the table, 47% of responses were related to fear of side effects of modern methods, emphasizing the women's knowledge gap in this area. Fertility-related reasons came second, covering about 19% of all responses. This category covered a wide range of reasons, including women who were infecund or sterile, menopausal, feared infertility, or wanted more children. Opposition to use by the respondent herself, spouse, or others and religious concerns came in third at about 13%. Only about 12% of respondents believed that there were no reasons preventing them from using modern contraceptive methods in the future. Access problems or lack of knowledge of a method accounted for only 1% of responses. Providers did not appear to be an obstacle for women to use contraception in the future, accounting for only 1% of responses.

Except for citing infrequent sex, which increased with age, there was no consistent pattern of association of reasons with age. Eighteen percent of women aged 15-19 gave no reasons to discontinue or not use modern contraception in the future, a higher figure than for other age groups.

Syrian women tended to fear side effects of modern contraceptives less, at 42% compared with 48% of Jordanians. Syrian women reported not having sex at about 5%, compared with Jordanian women at less than 3%; this is associated with the reported higher percentage among Syrian women not residing with their husbands.

Side effects concerns prevailed across various categories of background variables, with little variation. This would indicate that future use of modern FP methods is little influenced by availability issues but much more by women's misunderstanding of side effects regardless of socio-demographic status.

Table 6.6: Percent distribution of reasons why the respondent might not use or continue to use modern FP methods in the future by background variables (multiple responses)

Reasons	Percent of Responses									# of cases
	Infrequent Sex	Fertility Related	Opposition to Use	Side Effects	Method Related	Knowledge/ Access	Provider Related	No Reason Given	Total	
Age Group										
<i>15-19</i>	2.0	22.1	13.9	34.6	4.6	3.8	1.4	17.7	100	99
<i>20-24</i>	2.6	24.2	12.6	42.7	3.4	1.2	1.5	11.9	100	421
<i>25-29</i>	1.8	20.5	12.8	48.9	3.9	1.1	1.1	9.9	100	774
<i>30-34</i>	1.9	19.2	13.1	48.3	4.7	1.1	0.6	11.0	100	888
<i>35-39</i>	3.4	17.4	10.7	51.2	4.3	1.4	1.3	10.3	100	804
<i>40-44</i>	4.2	15.8	13.1	47.5	4.8	1.3	0.5	12.9	100	634
<i>45-49</i>	5.8	19.9	12.9	41.4	3.0	0.8	1.1	15.1	100	456
Residence										
<i>Urban</i>	3.2	19.0	11.9	47.2	4.2	1.3	1.1	12.3	100	2,836
<i>Rural</i>	2.7	20.0	13.9	47.1	4.1	1.2	0.9	10.2	100	1,240
Region										
<i>Central</i>	2.8	18.6	13.1	48.3	4.8	1.4	1.3	9.7	100	1,632
<i>North</i>	3.3	20.6	12.8	45.7	3.9	1.3	0.9	11.6	100	1,632
<i>South</i>	3.0	18.0	10.7	47.7	3.2	0.7	0.6	16.2	100	812
Type										
<i>Control</i>	3.8	18.5	12.6	48.2	4.1	1.3	1.2	10.5	100	2,040
<i>Intervention</i>	2.3	20.1	12.5	46.1	4.2	1.2	0.8	12.8	100	2,036
Nationality										
<i>Jordanian</i>	2.6	19.2	12.2	48.4	4.2	1.1	0.8	11.6	100	3,293
<i>Syrian</i>	4.7	19.6	13.8	42.1	4.1	2.0	1.7	12.0	100	783
Education										
<i>No Education</i>	5.3	20.3	15.9	39.3	3.6	0.7	1.8	13.1	100	190
<i>Primary</i>	3.5	19.2	12.9	44.8	4.4	1.3	1.1	12.8	100	1,991
<i>Secondary</i>	2.4	18.5	12.3	50.3	4.0	0.8	0.5	11.1	100	973
<i>Higher</i>	2.1	20.1	11.3	50.4	3.9	1.7	1.2	9.5	100	922
Income Quintiles										
<i>Q1</i>	4.3	19.5	13.5	43.6	4.2	1.6	1.3	11.9	100	834
<i>Q2</i>	3.0	19.7	12.2	46.5	4.3	1.3	0.9	12.1	100	1,179
<i>Q3</i>	2.5	19.2	13.8	49.0	3.6	1.2	0.9	10.0	100	458
<i>Q4</i>	2.6	18.6	13.2	47.7	4.4	1.1	1.1	11.4	100	1,049

Table 6.6: Percent distribution of reasons why the respondent might not use or continue to use modern FP methods in the future by background variables (multiple responses)

Reasons	Percent of Responses									# of cases
	Infrequent Sex	Fertility Related	Opposition to Use	Side Effects	Method Related	Knowledge/ Access	Provider Related	No Reason Given	Total	
Q5	2.5	19.4	9.3	51.5	3.7	0.7	0.8	12.3	100	557
Job										
<i>Currently Working</i>	2.4	19.3	9.7	53.0	3.4	1.2	0.3	10.7	100	411
<i>Worked in the Past</i>	1.2	22.1	10.7	48.8	3.2	1.5	0.9	11.7	100	297
<i>Never Worked</i>	3.3	19.1	13.0	46.3	4.3	1.2	1.1	11.8	100	3,369
Total	3.0	19.3	12.5	47.1	4.1	1.2	1.0	11.7	100	4,076

6.6 Personal, Family or Social Reasons Preventing a Woman Using a Modern FP

Table 6.7 provides the responses to questions covering personal, family, and social reasons a woman might not use a modern method from the respondent's perspective. Table 6.8 summarizes why a husband might not support use of modern methods from the respondent's perspective. The women could give up to three reasons in both tables.

Overall, the main reason cited for a wife not to use a modern FP method was the desire to have more children to fulfill her maternal role (15%), followed by the maternal desire for sons (13%). Twelve percent of the responses favored large families. Societal pressures to have sons accounted for an additional 10% of responses. Almost 17% of respondents thought a woman might not use contraceptives because her husband might marry another woman or abandon her. Only 9% of respondents thought that a woman would have no reasons preventing her from using a modern contraception.

Desire for more children was inversely related with age, cited by 18% of women aged 15-19 compared with less than 14% among women aged 44-49. The "no reason" category was more prevalent among the youngest age group, at 14%.

Surprisingly, respondents mentioned lack of awareness about FP methods and religious and access reasons at higher rates than in Table 6.2. The question in Table 6.2 related to the woman herself and focused on method-related reasons, while in Table 6.7, the question was about women in general and covered different types of reasons focusing on social causes.

Table 6.8 shows that 40% of respondents cited reasons related to having more children, more sons, and a larger family as the main factors leading a husband to not support the use of modern FP methods. About 9% thought that a husband might leave or get married to another woman if the wife controlled childbearing with modern methods. Only 5% indicated that husbands thought of children as care takers in old age and about 2% indicated that husbands would need more children for daily support. The least common reason given was peer influences, accounting for less than 1% of the total responses.

Additionally, 9% could not think of any reasons preventing a husband from supporting the use of modern contraception. Women in the youngest age group were more likely to cite no reason for the husband to disapprove use of modern methods (13%), compared with 8% in older age groups.

Table 6.7: Percent distribution of reasons a woman might not use modern FP methods as perceived by respondents according to age groups (multiple responses allowed)

Reasons	Age Group							Total #
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Wants more children to fulfill maternal role	18.2	15.9	14.3	14.7	14.0	15.0	13.6	14.6
Wants sons herself	9.1	11.6	13.1	12.5	13.5	12.3	13.7	12.7
Thinks large families are ideal	10.2	11.3	10.9	12.8	12.1	12.1	13.0	12.0
External pressure to have sons	10.0	9.1	10.8	9.1	10.6	12.1	9.1	10.2
Husband may take another	8.7	9.7	8.4	9.2	9.9	9.3	10.0	9.3
No reasons	13.5	10.2	9.7	9.0	7.8	7.5	9.6	8.9
Fear of being abandoned by husband	7.0	8.0	8.7	7.9	7.2	8.4	7.6	7.9
Perception of self as fertile	7.1	5.6	5.9	5.4	6.4	4.9	5.5	5.7
Lack of awareness with modern FP	5.5	5.2	5.9	5.8	5.6	5.4	5.5	5.6
Children are caretakers of parents in old age	4.7	5.0	4.3	5.7	4.6	5.7	4.9	5.0
Religious or cultural objections	3.5	3.8	3.5	3.7	3.7	3.9	4.3	3.8
Need children for daily help	1.5	2.3	2.5	2.3	2.3	2.2	1.9	2.3
Too much effort/time needed to obtain a method	1.0	2.3	2.1	1.9	2.5	1.2	1.6	2.0
% Total	100	100	100	100	100	100	100	100

**Based on 4,059 women with 17 missing cases*

Table 6.8 shows that 40% of respondents cited reasons related to having more children, more sons, and a larger family as the main factors leading a husband not to support the use of modern FP methods. About 9% thought that a husband might leave or get married to another woman if the wife controlled childbearing with modern methods. Only 5% indicated that husbands thought of children as care takers in old age and about 2% indicated that husbands would need more children for daily support. The least common reason given was peer influences, accounting for less than 1% of the total responses.

Additionally, 9% could not think of any reasons preventing a husband from supporting the use of modern contraception. Women in the youngest age group were more likely to cite no reason for the husband to disapprove the use of modern methods at 13%, compared with 8% in older age groups.

Table 6.8: Percent distribution of reasons a husband might not support use FP methods as perceived by respondents (multiple responses allowed)

Reasons	Age Group							Total #
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Wants more children to fulfill male role	11.1	12.9	14.0	13.9	12.9	14.1	14.4	13.7
Wants sons himself	17.0	14.7	12.8	13.0	13.8	12.9	12.8	13.3
Thinks large families are ideal	9.2	13.1	12.8	12.5	11.7	12.4	13.1	12.5
None given	12.7	8.7	9.8	9.0	7.6	7.8	8.4	8.7
Prefers wife to be pregnant	5.9	8.1	8.2	7.1	7.7	8.2	6.5	7.6
Does not want to limit/space	4.6	8.5	7.7	6.4	6.5	6.9	5.7	6.8
External pressure for having sons	5.1	6.1	5.5	6.3	6.4	6.3	7.0	6.2
Children are caretakers of parents in old age	7.3	4.7	4.7	5.5	5.3	5.8	5.0	5.3
Threatens to leave if no more children	4.6	4.7	5.4	4.7	4.8	4.0	4.5	4.7
Threatens to take another wife if no more children	2.9	3.8	3.8	4.6	4.1	3.8	4.2	4.0
Perceives a fertile wife as desirable	3.5	3.1	3.8	3.6	4.5	4.3	4.3	3.9
Religious or cultural objections	4.6	2.2	2.5	3.3	3.0	4.0	3.4	3.1
Need children for daily help (eg provide labor)	4.1	2.3	2.5	2.2	2.8	2.2	2.9	2.5
Lack of awareness with modern FP	3.3	2.5	1.9	2.5	3.0	2.0	2.5	2.4
Relatives' Pressure	2.8	1.2	2.2	2.2	2.2	2.3	1.7	2.1
Husband refuses to use condom	0.0	1.6	1.3	1.5	2.2	1.7	2.1	1.7
Husband refuses to use withdrawal	0.5	1.0	1.1	0.9	1.1	0.5	0.9	0.9
Peer Influences	1.0	0.8	0.3	0.8	0.7	0.9	0.6	0.7
% Total	100	100	100	100	100	100	100	100

Based on all cases with no missing values

6.7 Husband Approval and Participation in FP Discussions

Table 6.9 shows that about 72% of respondents reported their husbands approved the use of modern methods, and 51% discussed FP with their husbands over the previous six months. On a 0-10 scale, respondents gave a mean score of 7.5 for being comfortable discussing FP with husbands. While 54% of respondents preferred that their husbands join FP counseling sessions, less than 1% reported their husbands had ever joined them in a counseling session. There were no differences between control and intervention sites.

Table 6.9: Percent distribution of MWRA 15-49 by husband approval and participation in FP discussions by type of selected facilities

Variable	Type			Number of women
	Control	Intervention	Total	
Husband approval of modern FP				
<i>Approves</i>	70.4	73.7	72.1	2,937
<i>Disapproves</i>	15.2	14.9	15.1	614
<i>Disapprove, prefer traditional methods</i>	4.8	3.8	4.3	176
<i>Don't know</i>	9.6	7.5	8.6	349
Total	100	100	100	4,076
Discussed FP with husband over the last 6 months				
<i>Yes</i>	51	51	51	1,954
<i>No</i>	48.6	48.7	48.6	1,862
<i>Don't know</i>	0.4	0.3	0.3	12
Total	100	100	100	3829*
Would like husband to join FP counseling				
<i>Yes</i>	54.5	53.1	53.8	2,061
<i>No</i>	44.3	45.4	44.9	1,719
<i>Unsure</i>	1.2	1.5	1.3	51
Total	100	100	100	3,829*
Has your husband ever joined you in a FP session?				
<i>Yes</i>	0.9	0.6	0.8	31
<i>No</i>	98.8	98.9	98.9	3,999
<i>Do not Recall</i>	0.3	0.4	0.4	15
Total	100	100	100	4,045**
Mean level of comfort in discussing FP with husband on a 0-10 scale	7.5	7.6	7.5	3,735***

* Excludes infecund, menopausal, hysterectomized and tubal ligation

** Excludes infecund

* Excludes infecund, menopausal, hysterectomized and tubal ligation and "do not know" answers

Table 6.10 shows responses of women about discussing FP with a husband over the previous six months by background variables. Women aged 15-19 and 44-49, Syrian women, uneducated women, and those belonging to the poorest income quintile reported the lowest rates of discussing FP with husbands.

Table 6.10: Percentage of MWRA 15-49 who had discussed use of FP methods with their spouse in the last 6 months

Background Variable	Discussed	Did Not Discuss	Not Sure	Total	# of Women
Age Group					
<i>15-19</i>	30.3	69.7	0.0	100	99
<i>20-24</i>	48.8	50.2	1.0	100	419
<i>25-29</i>	60.0	39.7	0.3	100	769
<i>30-34</i>	56.9	42.8	0.4	100	876
<i>35-39</i>	49.6	50.2	0.1	100	769
<i>40-44</i>	43.9	55.9	0.2	100	557
<i>45-49</i>	39.2	60.5	0.3	100	339
Residence					
<i>Urban</i>	51.3	48.3	0.4	100	2,676
<i>Rural</i>	50.5	49.4	0.2	100	1,153
Region					
<i>Central</i>	51.7	48.2	0.1	100	1,553
<i>North</i>	51.6	48.0	0.4	100	1,536
<i>South</i>	48.6	50.9	0.5	100	740
Type					
<i>Control</i>	51.1	48.6	0.4	100	1,920
<i>Intervention</i>	51.0	48.7	0.3	100	1,909
Nationality					
<i>Jordanian</i>	52.6	47.1	0.3	100	3,081
<i>Syrian</i>	44.8	54.8	0.4	100	748
Education					
<i>No Education</i>	37.2	61.5	1.3	100	156
<i>Primary</i>	47.1	52.5	0.4	100	1,856
<i>Secondary</i>	56.9	42.9	0.2	100	928
<i>Higher</i>	55.5	44.4	0.1	100	889
Income Quintiles					
<i>Q1</i>	44.7	54.6	0.6	100	800
<i>Q2</i>	51.2	48.7	0.1	100	1,108
<i>Q3</i>	55.7	43.9	0.5	100	436
<i>Q4</i>	54.9	45.0	0.1	100	981
<i>Q5</i>	49.2	50.2	0.6	100	504
Job					
<i>Currently Working</i>	53.3	46.4	0.3	100	391
<i>Worked in the Past</i>	56.4	43.6	0.0	100	280
<i>Never Worked</i>	50.3	49.4	0.4	100	3,158
Total	51.0	48.6	0.3	100	3,829

7 FP MESSAGES AND SERVICES

7.1 Exposure to Media and Non-media FP Messages

Generally, television and radio were major sources of information about FP, in addition to print and other media. To assess the effectiveness of those media and other sources for disseminating FP information, interviewers asked women if they had heard, seen, or read messages about FP on the radio, television, or other media and non-media sources over the year preceding the survey.

Table 7.1 shows that the vast majority of MWRA (83%) had exposure to at least one source of FP messages. The lowest figures of exposure were among women aged 15-19 (52%), Syrian women (48%), those of no education (42%), and women in the poorest income quintile (42%).

Overall, 66% and 33% of women were exposed to FP messages via television and radio, respectively. The rate of exposure to electronic media was higher among women in the older age groups, residents of rural areas and in the south region, women with a higher level of education, women in the richest income quintile, and currently working women. The most pronounced difference in exposure to electronic media was between Syrian and Jordanian women, with the latter group at about 60% higher rates.

Fifty-one percent of all women had exposure to FP information via the print media such as newspapers, magazines, posters, bulletins, or booklets. The most pronounced differences in exposure to print media related to education, income quintiles, current employment, nationality, and age groups. As expected, more women with higher education, the richest income quintiles, currently employed, and Jordanian women had more exposure to print material.

About 27% of all women had no exposure to FP messages through electronic and/or print media. The highest rates of non-exposure were among women of the youngest age group, urban residents, Syrian women, uneducated women, women in the poorest income quintile, and women who had never worked. The most striking differences were between education and nationality.

Sixty-three percent of women cited other women relatives or friends as a source of FP messages, and 21% of women reported receiving FP messages through religious leaders, including “Waezat.” This proportion shows the importance of this channel to provide positive messages about FP. However, religious leaders often convey negative messages about FP. The question was about any type of messages so it is unclear what type of messages the women received.

Thirty-one percent of women reported getting messages about FP through outreach workers, mainly through Strengthening Health Outcomes through the Private Sector (SHOPS) and JCAP projects. Women in the youngest age group, those residing in rural areas and in the south region, Syrian women, uneducated women, and those belonging to the poorest quintile reported lower rates of getting FP messages from outreach workers.

Table 7.1 Percentage of currently MRWA 15-49 who heard or saw a FP message in the past year on various media and non-media sources

Background Variable	Radio	TV	Print Media*	None of these	Community Event**	Outreach Worker	Women	Religious	Any Source	Total # of Women
Age Group										
<i>15-19</i>	24.5	38.6	33.7	51.5	28.3	18.8	43.4	17.1	63.9	99
<i>20-24</i>	28.2	55.1	43.0	36.7	39.0	26.4	55.0	14.7	76.6	421
<i>25-29</i>	36.4	67.7	55.3	24.3	48.1	27.2	65.8	18.5	85.7	774
<i>30-34</i>	32.7	71.2	54.9	22.9	49.7	32.2	68.1	21.2	86.3	888
<i>35-39</i>	31.8	69.1	53.5	25.2	51.5	34.5	63.7	22.4	84.3	804
<i>40-44</i>	31.7	68.3	52.6	26.3	47.5	32.5	64.6	22.5	82.7	634
<i>45-49</i>	34.4	64.3	42.2	31.8	43.6	29.7	57.7	23.7	77.3	456
Residence										
<i>Urban</i>	31.7	63.6	50.2	28.9	45.3	31.9	61.7	19.3	82.2	2,836
<i>Rural</i>	34.6	72.9	53.3	23.6	51.3	27.4	66.4	23.8	83.8	1,240
Region										
<i>Central</i>	33.2	66.3	52.4	26.6	44.3	32.6	62.3	21.8	84.4	1,632
<i>North</i>	31.3	62.9	48.4	30.6	45.4	32.5	59.5	20.4	80.3	1,632
<i>South</i>	33.9	73.7	54.4	22.0	56.2	22.6	72.0	18.8	84.0	812
Type										
<i>Control</i>	35.0	68.4	52.6	25.7	47.5	33.0	65.1	22.7	84.6	2,040
<i>Intervention</i>	30.2	64.5	49.8	28.9	46.7	28.1	61.1	18.6	80.8	2,036
Nationality										
<i>Jordanian</i>	35.1	71.7	55.8	22.4	50.6	32.2	66.2	22.5	85.9	3,293
<i>Syrian</i>	22.1	44.2	31.7	47.6	32.6	23.5	50.2	12.6	69.2	783
Education										
<i>No Education</i>	25.2	54.7	21.7	42.1	34.7	17.2	51.4	8.8	71.5	190
<i>Primary</i>	28.0	61.1	44.2	32.8	41.6	28.8	59.2	18.3	78.6	1,991
<i>Secondary</i>	37.5	70.0	56.5	23.2	51.0	35.4	64.8	23.4	85.9	973
<i>Higher</i>	38.9	76.7	66.6	16.6	57.6	32.1	72.2	25.2	90.4	922

Table 7.1 Percentage of currently MRWA 15-49 who heard or saw a FP message in the past year on various media and non-media sources

Background Variable	Radio	TV	Print Media*	None of these	Community Event**	Outreach Worker	Women	Religious	Any Source	Total # of Women
Income Quintiles										
<i>Q1</i>	24.2	50.7	34.5	42.2	37.1	24.4	53.8	13.3	71.7	834
<i>Q2</i>	33.5	66.7	51.0	26.5	46.3	31.0	62.7	21.4	84.3	1,179
<i>Q3</i>	32.1	70.4	51.7	25.0	48.4	30.8	60.1	20.6	84.2	458
<i>Q4</i>	35.1	72.9	56.3	20.6	49.5	33.7	68.0	21.6	87.5	1,049
<i>Q5</i>	38.9	73.9	66.4	20.9	58.4	32.8	71.3	28.2	85.6	557
Job										
<i>Currently Working</i>	41.3	77.3	71.1	17.7	64.3	34.0	75.9	29.4	88.2	411
<i>Worked in the Past</i>	35.1	71.2	56.6	20.4	53.5	25.5	69.6	19.2	87.4	297
<i>Never Worked</i>	31.3	64.7	48.3	29.0	44.4	30.6	61.0	19.7	81.6	3,369
Total	32.6	66.4	51.2	27.3	47.1	30.6	63.1	20.6	82.7	4,076

*Includes newspaper, magazine, poster, bulletin, or booklet.

**Includes lecture.

7.2 Trusted Media Sources of FP

Table 7.2 demonstrates that the classical media channels are trusted sources for FP messages for 64% of respondents, followed by other print material at 56%. Respondents considered community lectures (51%) and events (43%) trusted sources. Forty percent of women trusted social media such as Facebook, Twitter, and Instagram, but a higher percentage, 43%, trusted other web sources.

Classical media held trust at a higher rate among women in older age groups, women residing in the south, Jordanian women, higher educational levels, and at a considerably higher rate among working women and women in the richest income quintile. Social media and other web sources had less trust among uneducated women, those belonging to the poorest income quintiles, and Syrian women.

Table 7.2: Percent distribution of media channels trusted as FP sources by MWRA 15-49 by background variables

Background Variable	Classical Media*	Other Print Material**	Social Media	Web Sources	Community Lectures	Community Events	Total # of Women
Age Group							
15-19	52.7	51.3	37.9	32.4	42.8	39.2	99
20-24	58.4	50.1	36.1	40.0	43.7	35.7	421
25-29	66.6	60.1	44.5	49.0	55.0	45.1	774
30-34	64.2	55.1	39.4	43.9	50.7	43.3	888
35-39	65.5	60.1	43.2	43.2	54.0	44.8	804
40-44	64.5	56.9	37.3	39.4	50.5	43.8	634
45-49	61.3	51.5	34.5	36.1	48.3	38.8	456
Residence							
Urban	63.6	56.5	39.7	42.3	50.3	43.0	2,836
Rural	64.1	55.8	40.3	43.0	52.5	41.8	1,240
Region							
Central	63.3	55.3	35.2	39.2	47.3	38.1	1,632
North	63.0	56.3	43.9	44.9	51.9	44.5	1,632
South	66.1	58.3	41.1	44.3	56.3	47.9	812
Type							
Control	64.1	57.4	39.6	43.1	51.6	43.1	2,040
Intervention	63.4	55.2	40.2	41.9	50.3	42.1	2,036
Nationality							
Jordanian	65.0	58.0	41.0	43.7	51.8	43.5	3,293
Syrian	58.4	49.3	35.3	37.4	47.5	38.8	783
Education							
No Education	45.6	31.7	23.5	26.6	31.2	22.4	190
Primary	61.8	54.2	36.1	37.6	48.2	40.5	1,991
Secondary	67.5	59.2	43.4	46.2	53.3	45.3	973
Higher	67.7	62.9	47.7	52.3	58.5	48.5	922
Income Quintiles							
Q1	57.5	48.0	33.6	35.2	44.8	38.2	834

Table 7.2: Percent distribution of media channels trusted as FP sources by MWRA 15-49 by background variables

Background Variable	Classical Media*	Other Print Material**	Social Media	Web Sources	Community Lectures	Community Events	Total # of Women
Q2	62.9	56.6	38.8	40.9	49.3	41.4	1,179
Q3	62.1	52.6	36.0	39.0	49.6	37.8	458
Q4	65.3	58.2	41.8	45.2	52.9	43.0	1,049
Q5	73.3	67.5	51.2	54.5	61.0	55.1	557
Job							
Currently Working	72.2	67.2	51.5	56.7	64.6	56.4	411
Worked in the Past	64.4	59.0	38.4	43.8	55.0	40.4	297
Never Worked	62.7	54.7	38.6	40.6	48.9	41.1	3,369
Total	63.8	56.3	39.9	42.5	51.0	42.6	4,076

* Includes TV, Radio, Magazines and Newspapers

**Includes brochures, leaflets and posters

7.3 Trusted Individual Non-Media Sources of FP

Table 7.3 shows medical providers and outreach workers as the most trusted sources of FP messages, at 94% and 86%, respectively. About half of respondents reported trusting husbands, other female family members, female friends and neighbors, and religious leaders as sources of FP information. There was not much variation across background variables regarding the trusted non-media sources of FP messages.

Table 7.3: Percent distribution of individuals trusted as FP sources by MWRA 15-49 by background variables (percent of cases)

Background Variable	Female Family Member	Husband	Female Friend / neighbor	Medical provider	Outreach worker	Religious Leaders	Total # of Women
Age Group							
15-19	64.3	62.6	50.4	91.8	83.9	48.5	99
20-24	50.2	48.6	44.2	89.7	82.9	43.5	421
25-29	57.3	51.8	46.4	94.4	87.7	50.6	774
30-34	53.6	52.0	44.3	95.6	86.8	49.8	888
35-39	53.0	49.5	45.2	94.1	85.5	50.4	804
40-44	50.4	46.7	47.8	94.6	86.7	49.2	634
45-49	47.5	47.4	46.1	91.9	84.3	47.6	456
Residence							
Urban	53.5	50.2	45.4	93.6	85.8	48.1	2,836
Rural	51.6	49.5	46.7	94.3	86.3	51.2	1,240
Region							
Central	52.9	50.8	42.9	94.5	85.5	46.6	1,632
North	50.7	47.8	44.2	93.0	85.1	47.9	1,632

Table 7.3: Percent distribution of individuals trusted as FP sources by MWRA 15-49 by background variables (percent of cases)

Background Variable	Female Family Member	Husband	Female Friend / neighbor	Medical provider	Outreach worker	Religious Leaders	Total # of Women
<i>South</i>	57.2	52.7	54.6	94.1	88.7	56.3	812
Type							
<i>Control</i>	53.1	49.2	45.6	94.5	86.1	48.9	2,040
<i>Intervention</i>	52.7	50.8	45.9	93.1	85.9	49.2	2,036
Nationality							
<i>Jordanian</i>	53.5	50.0	46.6	94.2	86.5	49.7	3,293
<i>Syrian</i>	50.6	50.1	42.5	92.2	83.5	46.2	783
Education							
<i>No Education</i>	45.0	43.0	42.4	86.1	79.4	44.5	190
<i>Primary</i>	52.4	50.1	46.2	93.3	86.0	48.8	1,991
<i>Secondary</i>	53.2	50.5	45.9	94.4	86.0	49.3	973
<i>Higher</i>	55.3	50.7	45.5	95.7	87.2	50.2	922
Income Quintiles							
<i>Q1</i>	49.5	46.2	42.0	92.4	84.4	45.3	834
<i>Q2</i>	53.8	50.3	47.8	92.8	85.1	49.5	1,179
<i>Q3</i>	49.3	47.0	43.2	92.9	84.1	47.7	458
<i>Q4</i>	53.4	51.7	45.8	95.1	86.6	49.2	1,049
<i>Q5</i>	58.1	54.3	49.4	96.4	90.3	54.4	557
Job							
<i>Currently Working</i>	57.2	52.2	49.3	96.9	87.8	55.1	411
<i>Worked in the Past</i>	51.7	48.5	37.2	95.4	87.0	45.8	297
<i>Never Worked</i>	52.5	49.9	46.1	93.3	85.6	48.6	3,369
Total	52.9	50.0	45.8	93.8	86.0	49.0	4,076

7.4 Media Influence on Thinking about Using FP Methods

While the previous sections explored media and non-media exposure to FP messages, this section examines whether different information channels influenced a woman in her thinking about using FP methods.

Table 7.4 demonstrates that 55% of respondents reported influence by the listed sources. TV influenced about 44% of respondents in their thinking about using FP methods, and 26% mentioned written materials and outreach visits to households as information sources that influenced their decisions. Eighteen percent reported influence based on religious sermons and group lectures in the community.

Table 7.4: Percent distribution of responses concerning sources influence on thinking about using FP methods

Information Sources	% of Cases	Number of Women
TV	44.3	3,184
Written material (brochure, magazine, flyer, newspaper)	25.7	3,184
Outreach visit to your household	24.9	3,184
Radio	20.8	3,184
Internet	21.9	3,184
Community awareness event	20.2	3,184
Group lecture in the community	18.4	3,184
Sermon	18.0	3,184
Any source	55.4	3,184
None of the sources	44.6	3,184
Total	100	3,184

** Currently pregnant, infecund, menopausal, and difficult to get pregnant and hysterectomized were not asked the question.*

Table 7.5 shows the media rating by degree of influence on respondents who chose any of the media sources in Table 7.4. Almost two thirds of respondents ranked TV as the main source of influence, followed by outreach visits to households at 12%. Radio was ranked the least important source at less than 1%, but this is likely because most of those who chose radio also chose TV and ranked it as more important than radio.

Table 7.5: Percent distribution of main source that influenced thinking about using FP methods

Information Sources	% of Cases	Number of Cases
TV	66.0	1,163
Outreach visit to your household	11.9	209
Internet	7.2	127
Written material (brochure, magazine, flyer, newspaper)	5.1	89
Group lecture in the community	3.6	64
Sermon	3.2	56
Community awareness event	2.3	40
Radio	0.5	10
Total	100	1,763*

** Does not include those who answered "No" to any of the questions in Table 7.4*

7.5 Visits to FP Services in the Last Year

Table 7.6 shows that about 87% of women knew where to obtain a FP method, while only 30% sought FP services in the previous year. Almost 63% of respondents who visited a health facility to get FP services went to public sector facilities, and the rest went to private sector entities. Maternal and Child Health clinics at the Ministry of Health (MoH) were the main source of FP visits, accounting for 59% of responses. Royal Medical Services did not play a noticeable role in provision of FP services in the surveyed districts. Among private sector entities, doctors account for 16% of all visits made by respondents. About 9% of respondents cited JAFPP as their source of FP services, while other non-governmental organizations (NGOs) accounted for an additional 2% of visits. The UNRWA share of visits was only about 3% as most of the selected districts lack UNRWA facilities.

Seventy-eight percent of women who sought FP services during the previous year obtained a FP method. The majority of respondents who did not get a contraceptive method during their visit (78%) reported that the reason of the visit was not to get a FP method. The rest of the reasons are cited at low proportions and difficult to interpret due to the small number of observations.

Table 7.6: Percent distribution of MWRA 15-49 by source of FP services over the last 12 months

FP Visit Related Variable	Percentage	Number*
Know a place to obtain a FP Method	87.0	3,645
Visited a health facility to get FP services	30.4	3,645
Place the FP service was obtained		
Public	62.9	711
<i>MOH/ University Hospitals</i>	3.2	36
<i>MOH Health center</i>	59.1	667
<i>RMS</i>	0.7	8
Private	37.1	426
<i>Hospital</i>	4.7	56
<i>Doctor</i>	15.6	180
<i>Pharmacy</i>	2.5	28
<i>JAFPP</i>	8.9	100
<i>UNRWA</i>	3.3	38
<i>Other NGOs</i>	2.2	24
Total	100	1,109
Got a FP method during visit	74.0	1,109
Reason for not getting a method		
<i>Reason for visit was not to receive FP method</i>	77.5	224
<i>Service provider was not available</i>	3.2	9
<i>FP method was not available</i>	3.9	11
<i>Service provider did not support the FP method</i>	2.0	7
<i>Costs too much</i>	1.0	3
<i>Long waiting time</i>	0.7	2
<i>Referral to another FP service center</i>	2.1	6
<i>Service Provider did not advise me encouraged me</i>	4.2	12

Table 7.6: Percent distribution of MWRA 15-49 by source of FP services over the last 12 months

FP Visit Related Variable	Percentage	Number*
<i>There were no female to provide the service</i>	0.7	2
<i>Others</i>	4.3	12
Total	100	289
<i>*Excludes women who were infecund, menopausal and difficult to get pregnant.</i>		

Table 7.7 shows that public sector facilities attracted women to get FP visits across income quintiles. Surprisingly, women belonging to the poorest income quintile sought FP service from the private sector more than women in other quintiles, at about 46%.

Table 7.7: Percent distribution of type of facility used to obtain FP methods by income quintiles

Place the FP Service was obtained	Q1	Q2	Q3	Q4	Q5	Total	# of Women
Public	54.4	67.0	64.3	65.8	56.8	62.9	697
<i>MOH/ University Hospitals</i>	3.2	2.8	2.7	4.3	2.1	3.2	35
<i>MOH Health center</i>	50.2	63.9	61.0	60.8	53.8	59.1	655
<i>RMS</i>	1.1	0.3	0.6	0.7	0.8	0.7	7
Private	45.6	33.0	35.7	34.3	43.2	37.1	412
<i>Hospital</i>	6.9	3.8	5.3	2.7	7.4	4.7	52
<i>Doctor</i>	16.6	12.8	11.9	16.1	23.4	15.6	173
<i>Pharmacy</i>	3.8	2.0	2.8	2.2	2.4	2.5	27
<i>JAFPP</i>	5.2	8.2	13.3	9.7	9.4	8.9	99
<i>UNRWA</i>	7.2	4.7	0.4	2.0	0.7	3.3	37
<i>Other NGOs</i>	5.9	1.5	2.0	1.6	0.0	2.2	24
Total	100	100	100	100	100	100	1,109

7.6 Satisfaction Level for the last FP visit

Table 7.8 showed 64% of women who visited a facility to get FP services were highly satisfied, and fewer than 8% expressed a low level of satisfaction. The overall mean score was 8 on a 0-10 scale. The largest rates of low satisfaction were for the range of methods offered, providers' explanation of method choices and side effects, length of waiting time, and availability of methods.

Table 7.8: Percent distribution of satisfaction and mean score of satisfaction on a 0-10 scale during last visit for FP counseling

Variable	Level of Satisfaction			Mean Score	Total Number of Women
	Low	Moderate	High		
Length of time spent waiting	9.9	35.2	54.9	7.4	1,109
Time allocated for your session	8.9	32.6	58.5	7.6	1,109
Privacy of your session	8.8	27.9	63.4	7.7	1,109
Range of methods offered	11.6	32.3	56.1	7.3	1,109
Availability of methods	9.1	32.0	58.9	7.5	1,109
Provider's explanation of method choices	11.4	34.1	54.5	7.3	1,109
Provider's explanation of side effects	10.9	29.3	59.8	7.4	1,109
Your concerns and questions were	9.7	26.6	64.3	7.7	1,109
Your overall satisfaction with visit	7.6	28.0	64.4	7.8	1,109

Low (0-4)

Moderate (5-7)

High (8-10) based on 0-10 score

Table 7.9 shows the difference in mean satisfaction score by public-private type of facility. The mean level of satisfaction was only few decimal points higher for private facilities compared with public facilities. The overall satisfaction score was 8.1 for private compared with 7.6 for public facilities.

Table 7.9: Mean score of satisfaction on a 0-10 scale during last visit for FP counseling by type of facility visited

Method	Type of Facility		Total	Total Number of Women
	Public	Private		
Length of time spent waiting	7.4	7.3	7.4	1,109
Time allocated for your session	7.5	7.7	7.6	1,109
Privacy of your session	7.5	7.9	7.7	1,109
Range of methods offered	7.2	7.5	7.3	1,109
Availability of methods	7.5	7.7	7.5	1,109
Provider's explanation of method choices	7.2	7.5	7.3	1,109
Provider's explanation of side effects	7.2	7.7	7.4	1,109
Your concerns and questions were answered	7.5	7.9	7.7	1,109
Your overall satisfaction with visit	7.6	8.1	7.8	1,109

8 BENEFITS OF FP

8.1 Benefits to Women

Interviewers asked respondent to list any benefits of FP that they know in general for women. The list of benefits included 10 items, in addition to “no benefits” or “did not know any benefit” for using FP.

Table 8.1 shows that more than 80% of women knew that FP improves women’s health. Only about 40% knew that it can improve child health, while 30% of respondents knew that mothers would be able to give more attention to each child. Twenty-six percent of women thought that finances would be easier, and 22% thought that FP improves the welfare of children. Only 17% of women thought that use of FP reduces worries about unwanted pregnancies.

Overall, 33% of respondents recognized three benefits of FP to a woman, and only 2% reported knowing no benefits. About 28% cited only one benefit, 18% mentioned two, and 10% mentioned four benefits. The proportion of women citing more than four benefits decreased sharply with each additional benefit. Women belonging to control sites did not show major differences from women in the intervention group.

Table 8.1: Percent distribution of reported benefits of FP for a woman and percent distribution of number of benefits by MWRA according to type

Variable	Type		
	Control	Intervention	Total
Distribution of Benefits			
Improves woman’s health	82.2	80.2	81.2
Improves children’s health	39.2	38.4	38.8
Mother able to give more attention to each child	29.2	30.7	30.0
Finances are easier	25.8	24.4	25.1
Welfare of children (more resources per child)	24.4	19.3	21.9
Reduces risks from having too many pregnancies	16.2	15.4	15.8
Reduces worry about unwanted pregnancies	17.2	14.4	15.8
Reduced stress- fewer needs and demands to meet	14.3	11.1	12.7
Woman has more time to do things for herself	10.4	10.6	10.5
Woman has more time to do other work	6.7	6.1	6.4
Don’t know	0.9	1.2	1.1
There are No benefits	0.8	1.2	1.0
Distribution of Number of Benefits			
0	1.6	2.5	2.0
1	27.0	29.1	28.1
2	18.0	17.8	17.9
3	32.3	34.1	33.2
4	11.3	8.7	10.0
5	4.0	3.4	3.7
6	2.8	1.9	2.4
7	1.6	1.2	1.4
8	0.7	0.9	0.8

Table 8.1: Percent distribution of reported benefits of FP for a woman and percent distribution of number of benefits by MWRA according to type

Variable	Type		
	Control	Intervention	Total
9	0.3	0.4	0.4
10	0.4	0.2	0.3
Total	100	100	100
<i>This tables is based on all women (4,076)</i>			

8.2 Benefits to Family

The same approach used in Table 8.1 applied to Table 8.2 about benefits of FP to the family as perceived by respondents.

The largest proportion of women (31%) managed to list three benefits of FP to the family, and only about 2% failed to see any benefit. Twenty-eight percent reported only one benefit, 19% reported two benefits, and 10% reported four benefits. Smaller proportions of women reported more benefits.

The highest response rate (63%) was that finances would become easier with FP use. Between 32-37% of women noted that FP could benefit women by enabling them to give more attention to children, could improve women's health, and could improve children's health. Only 22% chose reduced chances of unwanted pregnancies as a benefit of FP use.

Table 8.2: Percent distribution of reported benefits of FP for the family and percent distribution of number of benefits by MWRA according to type

Variable	Group		
	Intervention	Control	Total
Distribution of Benefits			
Finances are easier	63.7	61.6	62.6
Mother able to give more attention to each child	36.2	37.7	36.9
Improves woman's health	35.2	33.7	34.5
Improves infant and child health	32.5	32.1	32.3
There is more time for husband and wife	26.9	24.0	25.5
Reduced Stress - fewer needs and demands to	24.6	22.7	23.6
Reduces unwanted pregnancies	22.4	18.2	20.3
Woman has more time to do other work	17.1	17.5	17.3
There are No benefits	1.3	1.8	1.6
Don't know	1.0	1.1	1.1
Distribution of Number of Benefits			
0	2.0	2.8	2.4
1	26.6	29.7	28.1
2	19.5	18.0	18.8

Table 8.2: Percent distribution of reported benefits of FP for the family and percent distribution of number of benefits by MWRA according to type

3	31.4	31.2	31.3
4	10.7	9.5	10.1
5	5.3	4.8	5.1
6	2.7	2.6	2.7
7	1.1	1.0	1.1
8	0.7	0.4	0.6
Total	100	100	100
<i>This tables is based on all women (4,076)</i>			

8.3 Benefits to Jordan

Fifty-one percent of the respondents perceived FP as a way to reduce the population growth rate. Forty percent of women recognized improved employment opportunities as a benefit, while 31% recognized improved access to public services such as health and education. About 17% knew that FP will reduce competition for natural resources, especially water. The vast majority (85%) did not see FP as means of improving national security.

In general, about 10% of women did not see any connection between FP and benefits to Jordan.

Removing Syrian women from the analysis still shows that 9% of Jordanian women did not identify any benefits to Jordan. Thirty-two percent of respondents recognized at least one benefit of FP to the country. Twenty-two percent mentioned two benefits, 24% mentioned three benefits, and only 8% mentioned four benefits.

Overall, most women do not understand the benefits of FP to Jordan; these issues are not discussed in public or during FP sessions.

Table 8.3: Percent distribution of reported benefits of FP for Jordan and percent distribution of number of benefits by MWRA according to type

Variable	Type		
	Intervention	Control	Total
Reduced rate of population growth	51.4	49.8	50.6
Improved opportunities for employment	41.3	38.0	39.6
Improved access to public services- health, education, etc...	31.5	30.4	30.9
Enhanced economic development	25.3	29.2	27.3
Reduced crowding on roads and for transport	24.9	21.9	23.4
Reduced competition for/drain on natural resources including water	18.7	15.8	17.3
National Security	13.4	16.0	14.7
Don't know	6.6	6.1	6.3
There are no benefits	2.5	3.5	3.0
Number of mentioned benefits			
0	9.4	11.5	10.4

Table 8.3: Percent distribution of reported benefits of FP for Jordan and percent distribution of number of benefits by MWRA according to type

1	32.5	30.6	31.5
2	21.7	21.7	21.7
3	22.5	24.6	23.6
4	8.7	6.8	7.8
5	3.4	3.5	3.4
6	1.3	1.0	1.2
7	0.5	0.3	0.4
Total	100	100	100
<i>This tables is based on all women (4,076)</i>			

8.4 Birth Spacing will contribute to better opportunities

Table 8.4 presents the distribution of women's agreement level regarding the idea that birth spacing will contribute to better opportunities for parents and children. Women assigned their level of agreement on a scale from 0 to 10, where 0 meant no agreement at all and 10 meant absolute agreement. A score of zero was equated with the "Do Not Agree" category, scores 1 to 4 were equated with the "Moderately Disagree" category, scores 5 to 7 were equated with the "Moderately Agree" category, and scores 8 to 10 were equated with the "Strongly Agree" category.

The overall mean score of women agreeing to positive effects of birth spacing was 7.8 out of 10. Around 63% strongly agreed and 27% of women moderately agreed to the positive contribution of birth spacing for the family. Less than 1% completely disagreed with the statement.

No major differences appeared among various categories except for some differences related to age groups and educational level. Ninety percent of surveyed women either strongly or moderately agree with the benefit of birth spacing, indicating strong acceptance of the birth spacing concept.

Table 8.4: Percent distribution of women's response to the statement that birth spacing will contribute to better opportunities for the family and mean score of responses according to background variables

Background Variable	Do you think that birth spacing will contribute to better opportunities for parents and children?					Mean Score on 0-10 Scale	Total # of Women
	Strongly Agree	Moderately Agree	Moderately Disagree	Do Not Agree	Total		
Age Group							
15-19	51.8	35.5	12.7	0.0	100	7.4	99
20-24	66.1	22.6	10.4	1.0	100	7.9	421
25-29	65.3	26.0	7.9	0.8	100	7.9	774
30-34	62.0	28.0	9.9	0.1	100	7.8	888
35-39	63.0	25.4	10.8	0.9	100	7.7	804
40-44	62.3	27.7	9.1	0.9	100	7.8	634
45-49	58.3	26.2	15.3	0.3	100	7.4	456
Residence							
Urban	62.1	26.6	10.9	0.5	100	7.8	2,836

Table 8.4: Percent distribution of women's response to the statement that birth spacing will contribute to better opportunities for the family and mean score of responses according to background variables

Background Variable	Do you think that birth spacing will contribute to better opportunities for parents and children?					Mean Score on 0-10 Scale	Total # of Women
	Strongly Agree	Moderately Agree	Moderately Disagree	Do Not Agree	Total		
<i>Rural</i>	63.8	26.3	9.0	0.9	100	7.8	1,240
Region							
<i>Central</i>	63.3	25.2	10.2	1.3	100	7.8	1,632
<i>North</i>	61.6	28.0	10.2	0.2	100	7.7	1,632
<i>South</i>	63.4	26.0	10.6	0.1	100	7.8	812
Type							
<i>Control</i>	64.7	24.0	10.4	0.9	100	7.8	2,040
<i>Intervention</i>	60.5	29.0	10.2	0.3	100	7.7	2,036
Nationality							
<i>Jordanian</i>	63.2	26.1	10.0	0.6	100	7.8	3,293
<i>Syrian</i>	60.0	28.0	11.5	0.5	100	7.6	783
Education							
<i>No Education</i>	54.0	30.2	15.9	0.0	100	7.2	190
<i>Primary</i>	60.6	28.0	10.8	0.5	100	7.7	1,991
<i>Secondary</i>	63.8	25.5	10.1	0.7	100	7.8	973
<i>Higher</i>	67.5	23.5	8.3	0.8	100	8.0	922
Income Quintiles							
<i>Q1</i>	62.8	26.4	10.3	0.5	100	7.8	834
<i>Q2</i>	61.7	27.8	10.2	0.3	100	7.8	1,179
<i>Q3</i>	65.3	23.7	9.7	1.3	100	7.9	458
<i>Q4</i>	62.6	25.3	11.5	0.6	100	7.7	1,049
<i>Q5</i>	62.2	28.4	8.7	0.8	100	7.8	557
Job							
<i>Currently Working</i>	66.9	24.4	7.3	1.5	100	8.0	411
<i>Worked in the Past</i>	70.0	23.1	6.6	0.4	100	8.1	297
<i>Never Worked</i>	61.5	27.0	11.0	0.5	100	7.7	3,369
Contraceptive Use							
<i>Any Modern Method</i>	62.5	26.5	10.3	0.8	100	7.8	1,662
<i>Any Traditional</i>	71.7	21.2	6.4	0.7	100	8.2	691
<i>No Using</i>	59.4	28.6	11.4	0.6	100	7.6	1723
Total	62.6	26.5	10.3	0.6	100	7.8	4,076

9 WOMEN'S EMPOWERMENT

9.1 Spending Earned Money

Interviewers asked currently working women about who decides to spend money they earn. Table 9.1 shows that 66% of women decide jointly with their husbands, and 31% decide by themselves. Only 3% of women stated that it was the husband who decided how to spend money the woman earned.

The vast majority of working women (97%) participated in decision making to spend their earnings. Some differences were observed for certain categories of spending earnings. Young women in the age group 20-24 and rural women were less likely than other women to make spending decisions by themselves on the money they earned. Joint decision making is four percentage points higher among the control women (68%) than the intervention women (64%).

The percentage of women who decide jointly with their husband how to spend their own earnings increases by education level from 40% among women with no education to 68% among women with higher education. The joint decisions also increase by income quintile from 42% among women in the lowest quintile to 70% among women in the highest quintile.

table 9.1: Percent distribution of who decides to spend women's earned money by background variables

Variable	Respondent	Husband	Respondent and Husband Jointly	Total Number of Women
Age Group				
20-24	20.8	0.0	79.2	5
25-29	26.0	3.3	70.8	62
30-34	31.8	1.6	66.6	125
35-39	28.7	5.1	66.3	114
40-44	34.2	2.6	63.2	75
45-49	36.1	3.4	60.6	30
Residence				
Urban	34.3	4.7	61.0	230
Rural	26.1	1.1	72.8	180
Region				
Central	30.2	4.7	65.2	104
North	33.4	2.7	63.9	149
South	28.4	2.5	69.0	158
Type				
Control	30.3	1.5	68.2	198
Intervention	31.0	4.6	64.4	213
Education				
No Education	60.4	0.0	39.6	5
Primary	34.2	2.5	63.2	40
Secondary	32.2	7.1	60.8	51
Higher	29.5	2.6	67.9	314

table 9.1: Percent distribution of who decides to spend women's earned money by background variables

Variable	Respondent	Husband	Respondent and Husband Jointly	Total Number of Women
Income Quintiles				
Q1	58.5	0.0	41.5	10
Q2	36.3	5.4	58.3	19
Q3	25.1	12.6	62.3	8
Q4	35.8	4.2	60.0	86
Q5	28.0	2.5	69.5	288
Total	30.7	3.1	66.2	411

Note: Percentages are based on row totals

Only 3 Syrian women reported working, and all stated that they make the decision along with their husbands.

9.2 Reasons for Stopping Work

Table 9.2 shows 49% of women who worked in the past stopped working either because of marriage or becoming pregnant. Another 14% of women reported losing their job, while 10% quit their job due to the nature of employment (fixed contracts and working as part-timers). Reasons reported under "other" category included responses related to caring for children, low salary, long distance from home, looking for another job, and studying.

table 9.2: Percent distribution of reasons for stopping work among women who worked in the past

Reasons for stopping working in the past	%	Number of Women
<i>Got married</i>	34.3	102
<i>Became pregnant</i>	15.1	45
<i>Became ill</i>	1.8	5
<i>Husband opposed</i>	3.5	10
<i>Didn't need to work</i>	3.3	10
<i>Didn't want to work</i>	5.0	15
<i>Lost job</i>	14.4	43
<i>Retired</i>	5.6	17
<i>Other</i>	5.0	15
<i>Fixed contract/part time</i>	9.7	29
<i>Syrian Crisis</i>	2.4	7
Total	100	297

9.3 Women's Participation in Decision Making

To assess women empowerment related to decision making, interviewers asked currently married women about major household decisions such as major household purchases, health care visits, visits related to RH care and FP centers, and respondent's perception of who should make decisions about a woman's healthcare.

Table 9.3 shows the percentage of women making decisions independently or jointly with their husband by background variables and contraceptive use. About 72% of women contributed independently or jointly with their husbands to all three decisions, while nearly 6% of women did not contribute to any of the major decisions. Women were most likely to participate in decisions related to their healthcare visits (87%) or FP visits (89%), compared with participating in decisions related to major household purchases (78%).

Women's perception on who should make decisions was close to their practice. Eighty-six percent of women thought that they should make the decisions about their health care alone or jointly with their husband, and the rest of the women thought such decisions should be made by either the husband alone or a senior family member.

Participation in all three decisions fluctuated from a low of 46% among women in the youngest age group, 15-19, to a high of 78% among women aged 35-39. Women residing in urban areas, women in the intervention group, women who are Syrian, and women residing in the central region were less likely than women in other categories to participate in all three decisions.

More than three-fourths of women (79%) with higher education participated in all three decisions, in contrast to 60% of women with no education. About 82% of women in the highest income quintile participated in all three decisions, compared with around two-thirds (67%) of women in the lowest income quintile. Currently working women participated in those major decisions at rates 17 and 13 percentage points higher than women who worked in the past and women who never worked, respectively.

Generally, making joint decisions did not vary much by current contraceptive use. Women not using any method were slightly less likely to participate in the three decisions (70%), compared with women using a modern method (74%) and women using a traditional method (73%).

Table 9.3: Percentage of women who usually make specific decisions either by themselves or jointly with their husband by background characteristics

Background Variable	Specific Decisions*			All three decisions	None of the three decisions	Decision about respondent's healthcare**	Total Number of Women
	Major Household Purchases	Visit to Healthcare	Visit to FP/RH				
Age Group							
<i>15-19</i>	55.7	72.9	71.7	45.8	18.0	73.5	99
<i>20-24</i>	67.6	77.5	81.8	60.1	11.7	79.8	421
<i>25-29</i>	76.0	84.5	87.4	68.3	6.4	84.5	774
<i>30-34</i>	80.7	87.0	91.0	74.8	5.6	87.7	888
<i>35-39</i>	83.3	90.6	91.4	77.6	3.7	89.0	804
<i>40-44</i>	83.0	90.3	91.5	77.3	4.2	88.2	634
<i>45-49</i>	77.3	87.5	88.3	72.1	6.6	88.7	456
Residence							
<i>Urban</i>	77.2	85.7	87.7	70.4	6.6	85.8	2,836
<i>Rural</i>	81.0	88.2	91.1	75.6	5.2	87.7	1,240
Region							
<i>Central</i>	76.6	85.3	86.9	68.8	6.5	84.9	1,632
<i>North</i>	80.3	87.4	89.3	74.1	6.0	87.7	1,632
<i>South</i>	78.0	87.1	91.4	74.1	5.9	86.8	812
Type							
<i>Control</i>	79.7	87.3	90.5	74.0	5.2	87.5	2,040
<i>Intervention</i>	77.0	85.6	87.0	70.0	7.2	85.2	2,036
Nationality							
<i>Jordanian</i>	79.4	87.0	89.6	72.9	5.5	86.8	3,293
<i>Syrian</i>	74.0	84.4	85.1	68.1	9.1	84.7	783
Education							
<i>No Education</i>	65.3	80.5	79.2	60.3	15.3	80.0	190
<i>Primary</i>	75.3	84.5	86.9	69.1	7.4	84.5	1,991

Table 9.3: Percentage of women who usually make specific decisions either by themselves or jointly with their husband by background characteristics

Background Variable	Specific Decisions*			All three decisions	None of the three decisions	Decision about respondent's healthcare**	Total Number of Women
	Major Household Purchases	Visit to Healthcare	Visit to FP/RH				
<i>Secondary</i>	79.9	88.4	90.5	73.9	5.3	88.4	973
<i>Higher</i>	85.8	90.0	92.8	78.6	2.7	89.6	922
Income Quintiles							
<i>Q1</i>	72.4	83.1	84.1	66.5	10.0	84.3	834
<i>Q2</i>	75.5	85.9	87.6	69.5	7.2	85.0	1,179
<i>Q3</i>	76.1	82.1	87.7	67.4	5.7	84.3	458
<i>Q4</i>	82.5	89.2	91.8	76.0	4.0	88.4	1,049
<i>Q5</i>	87.3	91.4	93.3	81.6	2.9	90.1	557
Job							
<i>Currently Working</i>	90.5	92.0	93.7	83.7	1.7	91.1	411
<i>Worked in the Past</i>	77.8	86.3	87.2	67.2	4.7	85.1	297
<i>Never Worked</i>	76.9	85.8	88.3	71.0	6.9	85.9	3,369
Contraceptive Use							
<i>Any Modern Method</i>	79.7	87.5	90.0	73.7	5.7	86.9	1662
<i>Any Traditional Method</i>	79.8	88.3	89.9	72.8	3.9	88.3	691
<i>No Using</i>	76.4	84.8	87.1	70.0	7.6	85.1	1,723
Total	78.3	86.5	88.7	72.0	6.2	86.4	4,076

* Responses are based on current practice

** Responses are based on women's perception

9.4 Decision on Number of Children

Currently married women were asked who decided on the number of children in the family. Table 9.4 shows the majority of women (94%) stated that it was a joint decision. Only 3% of women reported that it was the husband's decision, and another 3% reported the decision to be primarily the wife's.

The variations in decision making about the number of children by background variable were minimal, with all categories reporting joint decisions at 93% or higher. The only exception was for education; 91% of uneducated women reported joint decision on number of children compared with 95% for the higher education group.

Table 9.4: Percent distribution of decisions about number of children by background variables

Background variable	Who makes decision on number of children			Total	# of Women
	Wife	Husband	Joint Decision		
Age Group					
15-19	0.0	3.2	96.8	100	99
20-24	3.1	3.7	93.2	100	420
25-29	3.2	3.6	93.2	100	774
30-34	2.5	3.1	94.4	100	888
35-39	1.9	3.2	94.9	100	802
40-44	3.6	3.5	92.9	100	633
45-49	3.8	3.2	93.0	100	456
Residence					
Urban	3.0	3.6	93.5	100	2,833
Rural	2.6	2.9	94.5	100	1,239
Region					
Central	3.2	3.1	93.7	100	1,629
North	2.9	3.5	93.6	100	1,632
South	2.0	3.7	94.4	100	811
Type					
Control	2.7	2.4	94.9	100	2,039
Intervention	3.0	4.3	92.7	100	2,033
Nationality					
Jordanian	3.0	3.3	93.8	100	3,291
Syrian	2.3	3.8	93.9	100	781
Education					
No Education	1.7	7.3	91.0	100	189
Primary	3.0	3.7	93.3	100	1,988
Secondary	3.3	2.8	93.9	100	973
Higher	2.2	2.5	95.3	100	922
Income Quintiles					

Table 9.4: Percent distribution of decisions about number of children by background variables

Background variable	Who makes decision on number of children			Total	# of Women
	Wife	Husband	Joint Decision		
<i>Q1</i>	2.2	4.1	93.7	100	832
<i>Q2</i>	2.1	3.3	94.6	100	1,179
<i>Q3</i>	3.6	2.7	93.7	100	456
<i>Q4</i>	3.7	3.5	92.8	100	1,049
<i>Q5</i>	3.1	2.6	94.3	100	557
Job					
<i>Currently Working</i>	2.4	3.1	94.5	100	411
<i>Worked in the Past</i>	5.0	4.0	91.0	100	297
<i>Never Worked</i>	2.7	3.4	94.0	100	3,365
Total	2.8	3.4	93.8	100	4,072*

*Just 4 cases reported decision made by other family members and were excluded from the analysis.

9.5 Decision on FP Use

Table 9.5 shows that 73% of women reported a joint decision with her husband concerning using or not using FP methods. One-fifth of respondents (21%) reported that they decide themselves on FP use, and only 6% of women reported that their husbands controlled the decision on FP use.

No major differences were observed according to background variables. However women in the central region, uneducated, and those belonging to poorest income quintile reported a slightly lower rate of join decisions.

Table 9.5: Percent distribution of decisions about use of FP in the household by background variables

Background variable	Who decides about use of FP in the household			Total	# of Women
	Respondent	Husband	Joint Decision		
Age Group					
<i>15-19</i>	5.3	11.6	83.1	100	98
<i>20-24</i>	18.7	9.6	71.7	100	418
<i>25-29</i>	17.9	6.8	75.3	100	768
<i>30-34</i>	19.3	6.2	74.5	100	880
<i>35-39</i>	22.9	5.1	72.0	100	797
<i>40-44</i>	20.9	5.4	73.7	100	618
<i>45-49</i>	26.4	3.8	69.8	100	443
Residence					
<i>Urban</i>	21.0	6.5	72.6	100	2,803

Table 9.5: Percent distribution of decisions about use of FP in the household by background variables

Background variable	Who decides about use of FP in the household			Total	# of Women
	Respondent	Husband	Joint Decision		
<i>Rural</i>	19.1	5.5	75.4	100	1,220
Region					
<i>Central</i>	24.0	7.2	68.8	100	1,614
<i>North</i>	19.2	5.7	75.1	100	1,610
<i>South</i>	15.6	5.1	79.3	100	799
Type					
<i>Control</i>	20.9	6.0	73.2	100	2,014
<i>Intervention</i>	19.9	6.4	73.7	100	2,009
Nationality					
<i>Jordanian</i>	20.7	5.6	73.7	100	3,246
<i>Syrian</i>	19.3	8.5	72.2	100	777
Education					
<i>No Education</i>	21.3	11.0	67.7	100	183
<i>Primary</i>	21.1	7.2	71.7	100	1,966
<i>Secondary</i>	21.5	5.2	73.4	100	963
<i>Higher</i>	17.5	4.2	78.4	100	912
Income Quintiles					
<i>Q1</i>	23.6	8.5	68.0	100	822
<i>Q2</i>	19.5	6.7	73.7	100	1,161
<i>Q3</i>	19.6	6.2	74.2	100	452
<i>Q4</i>	19.2	5.6	75.2	100	1,038
<i>Q5</i>	20.3	2.9	76.8	100	551
Job					
<i>Currently Working</i>	19.8	3.6	76.7	100	406
<i>Worked in the Past</i>	22.3	8.0	69.7	100	292
<i>Never Worked</i>	20.3	6.4	73.4	100	3,325
Total	20.4	6.2	73.4	100	4,023*

*Infecund were excluded as well as 10 cases who reported decision made by other family members

9.6 Going out Alone

Table 9.6 examines another indicator of women empowerment: their ability to go out alone to markets and healthcare facilities.

In general, the percentage of women who went alone to places such as markets and healthcare centers was higher when those places are within their residence area. About 67% of married women reported going alone to local markets compared with 56% who reported going alone to markets outside their residence area. Similarly, 68% of the women reported going alone to healthcare centers in their residence area compared 52% for going alone to healthcare facilities outside the residence area.

Empowerment of women to go out unaccompanied was directly related to age. Sixteen percent of women aged 15-19 reported going out alone to local markets. That figure rose steadily to reach 80% for women aged 44-49. The same trend applied to going out alone to other places.

Regional differences were noted; only 48% of women in the south reported going out alone to the local market compared with more than 70% of women in the central and north regions. Syrian women had less mobility. Only 52% said they went unaccompanied to local markets, compared with 71% of Jordanian women.

There were differences in the proportion of women going out alone according to education, income, and employment. Only 47% of uneducated women reported going out alone to a local market, compared with 71% of women with high education. Fifty-seven percent of women in the poorest income quintiles went out locally compared with 79% of women in the richest income quintiles. And 64% of the never employed went out to a local market, compared with 83% of the currently employed. The same trend applied to going out alone to other places.

Current use of modern contraception was associated with higher rates of going out unaccompanied among MWRA across the four variables. Seventy-one percent of modern method users reported going alone to a local market, compared with about 64% for nonusers and traditional method users.

Table 9.6: Percent distribution of MWRA 15-49 going out unaccompanied by background variables

Background variable	Woman has gone alone since marriage To:				Total Number
	Local Market	Market Outside Residence Area	Healthcare in Residence Area	Healthcare Outside Residence Area	
Age Group					
15-19	16.2	11.8	13.7	9.1	99
20-24	44.3	35.1	45.8	31.4	421
25-29	61.1	49.4	62.3	45.6	774
30-34	68.3	55.0	69.6	53.3	888
35-39	76.0	63.8	75.5	59.4	804
40-44	76.6	65.2	76.3	60.9	634
45-49	79.5	67.3	79.5	64.7	456
Residence					
Urban	67.9	55.6	68.1	52.2	2,836

Table 9.6: Percent distribution of MWRA 15-49 going out unaccompanied by background variables

Background variable	Woman has gone alone since marriage To:				Total Number
	Local Market	Market Outside Residence Area	Healthcare in Residence Area	Healthcare Outside Residence Area	
<i>Rural</i>	65.8	55.3	66.9	52.1	1,240
Region					
<i>Central</i>	71.2	58.6	70.8	55.4	1,632
<i>North</i>	72.5	59.9	71.4	56.2	1,632
<i>South</i>	48.8	40.4	54.1	37.6	812
Type					
<i>Control</i>	71.2	58.1	70.8	54.1	2,040
<i>Intervention</i>	63.3	52.9	64.6	50.3	2,036
Nationality					
<i>Jordanian</i>	70.8	59.0	72.2	56.1	3,293
<i>Syrian</i>	52.2	41.0	48.9	35.9	783
Education					
<i>No Education</i>	46.7	35.6	46.0	33.2	190
<i>Primary</i>	61.5	49.3	62.7	46.6	1,991
<i>Secondary</i>	74.7	61.8	74.6	58.0	973
<i>Higher</i>	76.1	66.3	75.7	62.1	922
Income Quintiles					
<i>Q1</i>	57.3	45.5	56.2	40.7	834
<i>Q2</i>	65.4	53.2	66.6	50.8	1,179
<i>Q3</i>	66.8	55.6	69.8	50.7	458
<i>Q4</i>	71.3	60.0	71.9	57.4	1,049
<i>Q5</i>	78.9	67.0	77.8	63.6	557
Job					
<i>Currently Working</i>	83.4	73.9	82.6	69.4	411
<i>Worked in the Past</i>	77.4	69.4	77.0	63.1	297
<i>Never Worked</i>	64.4	52.1	65.1	49.1	3,369
Contraceptive Use					
<i>Any Modern</i>	71.4	59.5	72.8	56.4	1662
<i>Any Traditional</i>	64.3	51.5	67.5	48.8	691
<i>No Using</i>	64.4	53.3	62.8	49.4	1,723
Total	67.3	55.5	67.7	52.2	4,076

9.7 Women and Men Should Share Household Chores

Interviewers presented all women a series of statements and asked them about their level of agreement regarding household chores sharing, women's equal access to opportunities, and violence tolerance. Women assigned their level of agreement on a scale from 0 to 10, where 0 meant no agreement at all and 10 meant absolute agreement. A score of zero was equated with the "Do Not Agree" category,

scores 1 to 4 were equated with the “Moderately Disagree” category, scores 5 to 7 were equated with the “Moderately Agree” category, and scores 8 to 10 were equated with the “Strongly Agree” category.

Table 9.7 shows that the mean of score was 6.4, with 43% of women strongly agreeing that women and men should share household chores, while 8% expressed their complete disapproval of this statement.

Women in the youngest age group (15-49) and uneducated women showed the most pronounced differences, with mean scores of 5.6 and 5.1 respectively. Other differences were minor, including those related to contraceptive use.

Table 9.7: Percent distribution of women’s response to the statement that women and men should share household chores and mean score of responses by background variables

Background Variable	Women and men should share household chores					Mean Score on 0-10 Scale	Total # of Women
	Strongly Agree	Moderately Agree	Moderately Disagree	Do Not Agree	Total		
Age Group							
<i>15-19</i>	30.4	39.8	19.0	10.8	100	5.6	99
<i>20-24</i>	40.9	35.4	16.8	6.8	100	6.4	420
<i>25-29</i>	46.0	33.8	12.9	7.3	100	6.6	773
<i>30-34</i>	44.8	35.2	12.7	7.4	100	6.6	886
<i>35-39</i>	42.9	37.3	13.5	6.4	100	6.6	804
<i>40-44</i>	42.4	32.3	16.4	8.9	100	6.2	633
<i>45-49</i>	35.4	38.9	17.9	7.8	100	6.1	452
Residence							
<i>Urban</i>	41.3	36.8	14.4	7.6	100	6.4	2,828
<i>Rural</i>	45.2	32.4	15.1	7.3	100	6.5	1,239
Region							
<i>Central</i>	37.8	38.0	16.1	8.1	100	6.2	1,629
<i>North</i>	45.1	37.0	12.1	5.8	100	6.7	1,626
<i>South</i>	46.6	27.1	16.7	9.6	100	6.3	812
Type							
<i>Control</i>	42.6	35.8	14.2	7.4	100	6.4	2,035
<i>Intervention</i>	42.4	35.1	15.0	7.5	100	6.4	2,032
Nationality							
<i>Jordanian</i>	43.8	34.5	14.2	7.6	100	6.5	3,289
<i>Syrian</i>	36.8	39.5	16.6	7.2	100	6.2	778
Education							
<i>No Education</i>	31.6	29.0	22.1	17.2	100	5.1	188
<i>Primary</i>	38.3	36.6	16.4	8.8	100	6.1	1,987
<i>Secondary</i>	44.2	36.3	12.9	6.6	100	6.6	972
<i>Higher</i>	52.0	33.3	11.1	3.7	100	7.1	920
Income Quintiles							
<i>Q1</i>	38.8	37.4	14.2	9.6	100	6.2	830

Table 9.7: Percent distribution of women's response to the statement that women and men should share household chores and mean score of responses by background variables

Background Variable	Women and men should share household chores					Mean Score on 0-10 Scale	Total # of Women
	Strongly Agree	Moderately Agree	Moderately Disagree	Do Not Agree	Total		
<i>Q2</i>	41.1	34.3	15.8	8.8	100	6.3	1,177
<i>Q3</i>	44.3	35.7	12.2	7.9	100	6.5	458
<i>Q4</i>	41.1	36.9	15.7	6.2	100	6.4	1,047
<i>Q5</i>	51.9	31.9	12.6	3.6	100	7.0	556
Job							
<i>Currently Working</i>	56.1	30.2	10.1	3.6	100	7.3	411
<i>Worked in the Past</i>	43.8	35.6	14.1	6.5	100	6.6	296
<i>Never Worked</i>	40.7	36.0	15.2	8.1	100	6.3	3,361
Contraceptive Use							
<i>Any Modern Method</i>	41.9	36.2	14.7	7.3	100	6.4	1,660
<i>Any Traditional</i>	46.6	32.6	13.1	7.8	100	6.6	688
<i>No Using</i>	41.5	35.9	15.1	7.6	100	6.4	1,719
Total	42.5	35.4	14.6	7.5	100	6.4	4,067*

*9 cases answered "Do Not Know" and were removed from the analysis

9.8 Men and Women Should Have Equal Access to Social, Economic, and Political Opportunities

Table 9.8 presents the distribution of women's agreement level regarding the idea that women and men should have equal access to social, economic, and political opportunities. Excluding the cases who responded "Do Not Know" to this statement, the mean score of responses was 7.7 out of 10. Nearly 61% strongly agreed with this statement, and one-third (33%) of women moderately agreed, while only about 1% did not agree at all to equal access of opportunities.

There were no strong differentials based on background characteristics except for uneducated women, of whom 5% reported complete disapproval, and only 47% indicated strong agreement.

Table 9.8: Percent distribution of women's response to the statement that women and men should have equal access to social, economic, and political opportunities and mean score of responses by background variables

Background Variable	Women and men should have equal access to social, economic and political opportunities					Mean Score on 0-10 Scale	Total # of Women
	Strongly Agree	Moderately Agree	Moderately Disagree	Do Not Agree	Total		
Age Group							
<i>15-19</i>	52.1	43.4	4.6	0.0	100	7.6	96
<i>20-24</i>	65.8	30.1	2.9	1.2	100	7.9	412
<i>25-29</i>	62.1	32.9	4.0	1.0	100	7.8	762
<i>30-34</i>	60.3	32.4	5.6	1.7	100	7.7	878
<i>35-39</i>	61.4	32.6	5.1	1.0	100	7.8	795
<i>40-44</i>	60.9	33.2	4.8	1.1	100	7.8	625
<i>45-49</i>	54.7	37.0	6.1	2.2	100	7.5	449
Residence							
<i>Urban</i>	60.8	32.9	5.1	1.3	100	7.8	2,789
<i>Rural</i>	60.5	33.9	4.2	1.5	100	7.7	1,229
Region							
<i>Central</i>	60.2	33.3	5.3	1.3	100	7.7	1,602
<i>North</i>	59.3	34.5	5.0	1.2	100	7.7	1,611
<i>South</i>	64.5	30.2	3.6	1.7	100	7.9	805
Type							
<i>Control</i>	61.4	32.8	4.6	1.2	100	7.8	2,002
<i>Intervention</i>	60.0	33.5	5.1	1.4	100	7.7	2,016
Nationality							
<i>Jordanian</i>	62.4	31.8	4.6	1.2	100	7.8	3,267
<i>Syrian</i>	53.3	39.2	5.6	2.0	100	7.5	751
Education							
<i>No Education</i>	47.0	39.7	8.3	5.0	100	7.0	180
<i>Primary</i>	58.6	35.0	5.2	1.3	100	7.7	1,949
<i>Secondary</i>	62.9	31.6	4.5	0.9	100	7.9	968
<i>Higher</i>	65.5	29.7	3.7	1.1	100	8.0	920
Income Quintiles							
<i>Q1</i>	56.3	36.2	5.7	1.8	100	7.5	804
<i>Q2</i>	60.5	33.1	5.2	1.3	100	7.8	1,162
<i>Q3</i>	64.3	30.9	4.2	0.7	100	7.9	452
<i>Q4</i>	60.5	33.1	5.0	1.4	100	7.7	1,045
<i>Q5</i>	65.0	30.8	3.1	1.1	100	8.0	555
Job							
<i>Currently Working</i>	66.6	29.9	2.6	1.0	100	8.1	410
<i>Worked in the Past</i>	67.3	27.4	5.0	0.3	100	8.0	296

Table 9.8: Percent distribution of women's response to the statement that women and men should have equal access to social, economic, and political opportunities and mean score of responses by background variables

Background Variable	Women and men should have equal access to social, economic and political opportunities					Mean Score on 0-10 Scale	Total # of Women
	Strongly Agree	Moderately Agree	Moderately Disagree	Do Not Agree	Total		
<i>Never Worked</i>	59.4	34.1	5.1	1.5	100	7.7	3,313
Contraceptive Use							
<i>Any Modern Method</i>	59.7	33.4	5.7	1.3	100	7.7	1,648
<i>Any Traditional Method</i>	70.2	26.6	2.0	1.2	100	8.1	686
<i>No Using</i>	57.8	35.6	5.1	1.4	100	7.7	1,684
Total	60.7	33.2	4.8	1.3	100	7.7	4,018*

58 cases answered "Do Not Know" and were removed from the analysis

9.9 Tolerance by a Woman of Violence

Table 9.9 presents the distribution of women's agreement level regarding the statement that women should tolerate violence, whether it is verbal, physical, or sexual, to keep the family together. The overall mean of agreement level among the women was low at 4.4 out 10. Twenty-nine percent expressed complete disapproval of the statement while 27%strongly agreed with.

Women living in the rural areas, the south region, women with no education, and those who had never worked were more likely to agree to tolerating violence. This was especially pronounced among uneducated women. Only 13% disagreed with the statement, compared with more than 34% of women with secondary education or higher. Tolerance of violence had no association with current contraceptive use.

Table 9.9: Percent distribution of women's response to the statement that a woman should tolerate violence to keep the family together and mean score of responses by background variables

Background Variable	A woman should tolerate violence (verbal, physical, sexual) to keep the family together					Mean Score on 0-10 Scale	Total # of Women
	Strongly Agree	Moderately Agree	Moderately Disagree	Do Not Agree	Total		
Age Group							
<i>15-19</i>	30.2	32.9	17.7	19.2	100	5.1	98
<i>20-24</i>	22.0	25.2	19.6	33.3	100	3.9	417
<i>25-29</i>	26.3	23.4	21.4	28.9	100	4.3	771
<i>30-34</i>	25.5	24.9	18.5	31.1	100	4.2	887
<i>35-39</i>	25.0	26.7	21.3	27.0	100	4.3	801
<i>40-44</i>	31.1	22.5	19.4	27.1	100	4.7	632

Table 9.9: Percent distribution of women's response to the statement that a woman should tolerate violence to keep the family together and mean score of responses by background variables

Background Variable	A woman should tolerate violence (verbal, physical, sexual) to keep the family together					Mean Score on 0-10 Scale	Total # of Women
	Strongly Agree	Moderately Agree	Moderately Disagree	Do Not Agree	Total		
<i>45-49</i>	30.2	29.5	14.9	25.5	100	4.9	454
Residence							
<i>Urban</i>	25.4	24.9	19.4	30.3	100	4.3	2,826
<i>Rural</i>	29.6	26.3	19.4	24.7	100	4.7	1,234
Region							
<i>Central</i>	22.4	24.0	20.8	32.8	100	3.9	1,624
<i>North</i>	25.9	27.7	18.5	27.9	100	4.5	1,627
<i>South</i>	36.9	23.2	18.6	21.3	100	5.2	809
Type							
<i>Control</i>	25.4	24.9	19.2	30.5	100	4.2	2,030
<i>Intervention</i>	28.0	25.8	19.6	26.6	100	4.6	2,030
Nationality							
<i>Jordanian</i>	26.5	23.9	20.0	29.6	100	4.3	3,283
<i>Syrian</i>	27.5	31.4	16.9	24.2	100	4.8	777
Education							
<i>No Education</i>	41.7	29.9	15.1	13.3	100	6.0	190
<i>Primary</i>	30.5	25.7	19.4	24.4	100	4.8	1,978
<i>Secondary</i>	21.5	25.5	18.8	34.2	100	3.9	971
<i>Higher</i>	21.0	23.4	21.0	34.7	100	3.7	921
Income Quintiles							
<i>Q1</i>	29.8	26.8	16.7	26.7	100	4.7	826
<i>Q2</i>	28.7	27.2	18.7	25.4	100	4.7	1,173
<i>Q3</i>	24.0	21.3	21.5	33.1	100	4.0	457
<i>Q4</i>	24.0	24.0	21.2	30.8	100	4.1	1,048
<i>Q5</i>	25.2	24.9	20.0	29.9	100	4.2	557
Job							
<i>Currently Working</i>	25.6	23.4	18.3	32.7	100	4.1	410
<i>Worked in the Past</i>	16.5	19.3	24.4	39.7	100	3.2	297
<i>Never Worked</i>	27.8	26.1	19.1	27.1	100	4.5	3,354
Contraceptive Use							
<i>Any Modern Method</i>	26.7	24.2	19.6	29.5	100	4.3	1,660
<i>Any Traditional</i>	28.3	25.6	19.5	26.7	100	4.5	685
<i>No Using</i>	26.1	26.3	19.3	28.4	100	4.4	1,715
Total	26.7	25.3	19.4	28.6	100	4.4	4,060

16 cases answered "Do Not Know" and were removed from the analysis

9.10 Reasons that justify beating of a women by her husband

To assess attitudes related to wife beating, interviewers asked women if they think the husband has the right to beat or hit his wife when the husband gets upset or angry over a wife's behavior. The behaviors varied between incidentals such as burning food and more serious ones such as having a relation with another man. Table 9.10 presents the percentages of currently married women who agreed with the different reasons of wife beating according to background variables and contraceptive use.

Additionally, interviewers asked women if they think the husband has the right to beat or hit the respondent herself when he gets upset or angry because of her behavior. Table 9.11 presents survey findings pertinent to responses referring to women justifying their own husband beating them for the same reasons mentioned in Table 9.10.

Table 9.10 shows that around 89% of women justified at least one reason for a husband beating his wife. They were most likely to support wife beating if the reason is related to a woman having relations with another man (87%). Excluding relations with other men, 78% justified at least one of the other listed reasons for beating a wife. Women were least likely (40%) to agree to beating for burning food. For reasons related to the husband directly, 73% of women agreed with beating when the wife insults her husband, 72% when she disobeys him, 66% when she refuses to have sex with him, and 52% when she argues with him. Sixty-five percent justified a beating if the wife neglected children, and 63% did so for a wife who went out without permission.

Some women were more likely to justify beating than others, including women aged 15-19, those living in rural areas, and women with no education. There were no major differences based on current contraceptive use.

Table 9.11 presents survey findings that are similar to those in Table 9.10 despite the change to the wording of the question referring to women justifying their own husband's beating.

Approximately 88% of women rationalize at least one reason for their husband beating the respondent, while only 75% did so when excluding having relations with another man. The distribution of responses was similar to the one in the previous table.

Table 9.10: Percentage of MWRA 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons by background characteristics

Background Variable	Goes out without permission	Neglects child(ren)	Burns food	Insults him	Disobeys him	Argues with him	Refuses to have sex with him	Has relations with another man	Any Reason	Total Number of Women
Age Group										
<i>15-19</i>	70.8	69.2	43.7	76.2	79.3	57.7	70.3	90.7	91.7	99
<i>20-24</i>	64.3	65.9	43.7	73.3	71.1	52.2	61.8	84.8	86.6	421
<i>25-29</i>	60.9	63.3	37.2	71.9	69.5	49.4	62.4	86.8	87.8	774
<i>30-34</i>	64.8	65.4	41.9	72.9	71.9	51.1	66.2	87.9	89.2	888
<i>35-39</i>	63.3	65.8	40.5	76.1	74.0	55.6	69.3	90.2	92.1	804
<i>40-44</i>	61.3	64.2	40.0	72.3	70.6	52.4	68.2	87.3	88.3	634
<i>45-49</i>	61.9	63.1	38.6	71.2	70.6	50.3	64.1	82.9	86.2	456
Residence										
<i>Urban</i>	61.9	63.0	39.8	72.3	70.6	49.8	64.3	86.3	87.8	2,836
<i>Rural</i>	65.5	68.8	41.6	75.2	73.8	57.1	69.4	89.4	91.1	1,240
Region										
<i>Central</i>	59.9	62.2	40.3	71.3	69.5	49.2	62.3	85.8	88.0	1,632
<i>North</i>	61.6	63.0	38.6	73.2	71.8	52.4	65.5	87.7	89.2	1,632
<i>South</i>	71.8	73.5	43.7	76.9	75.4	57.0	73.6	89.2	89.8	812
Type										
<i>Control</i>	64.3	66.1	41.5	73.7	72.5	54.9	67.5	86.5	88.2	2,040
<i>Intervention</i>	61.6	63.5	39.2	72.7	70.7	49.2	64.2	88.0	89.4	2,036
Nationality										
<i>Jordanian</i>	62.8	65.0	39.5	72.7	71.2	51.6	65.7	87.3	88.8	3,293
<i>Syrian</i>	63.7	63.7	43.9	75.1	73.3	54.0	66.5	86.9	89.0	783
Education										
<i>No Education</i>	68.9	70.2	43.3	77.3	77.2	60.2	76.4	88.1	91.4	190

Table 9.10: Percentage of MWRA 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons by background characteristics

Background Variable	Goes out without permission	Neglects child(ren)	Burns food	Insults him	Disobeys him	Argues with him	Refuses to have sex with him	Has relations with another man	Any Reason	Total Number of Women
<i>Primary</i>	64.7	65.0	43.6	74.5	73.2	54.3	67.2	87.6	89.3	1,991
<i>Secondary</i>	62.4	64.6	37.8	73.6	71.4	52.3	65.3	88.6	89.7	973
<i>Higher</i>	58.7	63.3	35.3	69.1	67.1	45.3	61.3	84.9	86.2	922
Income Quintiles										
<i>Q1</i>	64.7	65.1	44.3	75.4	74.0	55.0	67.7	86.8	88.7	834
<i>Q2</i>	63.4	63.7	42.9	73.1	71.5	53.1	67.2	87.1	88.9	1,179
<i>Q3</i>	65.6	67.4	38.0	73.5	72.5	54.9	66.1	88.2	89.1	458
<i>Q4</i>	61.8	64.3	36.6	72.2	70.9	49.7	64.1	88.1	89.3	1,049
<i>Q5</i>	59.5	65.5	37.7	71.6	68.7	47.5	63.1	85.6	87.6	557
Job										
<i>Currently Working</i>	59.4	63.8	37.1	67.6	65.4	46.6	62.1	84.9	85.9	411
<i>Worked in the Past</i>	53.6	59.3	31.4	66.3	60.8	41.4	55.3	84.1	86.3	297
<i>Never Worked</i>	64.3	65.4	41.5	74.5	73.3	53.7	67.2	87.8	89.4	3,369
Contraceptive Use										
<i>Any Modern</i>	63.1	65.3	39.4	74.4	72.4	52.4	66.1	87.5	89.0	1,662
<i>Any Traditional</i>	64.6	68.3	42.6	74.9	73.8	52.1	69.1	89.1	90.2	691
<i>No Using</i>	62.2	62.9	40.3	71.3	70.0	51.7	64.3	86.3	88.1	1,723
Total	63.0	64.8	40.3	73.2	71.6	52.0	65.8	87.2	88.8	4,076

Table 9.11: Percentage of MWRA 15-49 who agree that her husband is justified in hitting or beating her for specific reasons by background characteristics

Background Variable	Goes out without permission	Neglects child(ren)	Burns food	Insults him	Disobeys him	Argues with him	Refuses to have sex with him	Has relations with another man	Any Reason	Total Number of Women
Age Group										
<i>15-19</i>	73.7	64.5	51.1	79.3	79.3	56.3	70.0	89.7	91.7	99
<i>20-24</i>	60.5	61.5	37.4	69.4	68.6	50.0	59.0	85.1	86.5	421
<i>25-29</i>	59.4	59.3	35.1	69.2	66.2	47.4	60.5	85.1	86.8	774
<i>30-34</i>	59.9	64.0	38.7	70.9	69.6	48.6	64.4	86.7	87.7	888
<i>35-39</i>	60.1	63.4	39.3	73.6	72.9	53.3	67.4	88.3	90.4	804
<i>40-44</i>	57.8	61.7	37.8	70.2	68.7	51.4	65.8	85.1	86.4	634
<i>45-49</i>	58.5	61.3	37.8	70.3	69.1	49.8	61.4	82.4	84.7	456
Residence										
<i>Urban</i>	58.3	60.1	37.2	70.1	68.6	48.1	61.7	85.0	86.8	2,836
<i>Rural</i>	63.2	66.6	40.1	73.0	71.8	54.9	68.4	87.8	89.1	1,240
Region										
<i>Central</i>	58.7	60.2	37.8	68.9	67.1	48.0	61.3	84.3	86.6	1,632
<i>North</i>	57.8	59.6	37.7	70.5	69.3	51.1	62.7	86.4	87.8	1,632
<i>South</i>	66.0	70.9	39.4	76.0	75.0	52.9	70.5	88.0	88.8	812
Type										
<i>Control</i>	61.2	63.8	39.5	72.3	70.8	52.5	65.2	85.5	87.1	2,040
<i>Intervention</i>	58.3	60.4	36.6	69.7	68.3	47.9	62.2	86.3	87.9	2,036
Nationality										
<i>Jordanian</i>	59.3	62.5	37.1	70.8	69.5	49.7	64.1	86.1	87.6	3,293
<i>Syrian</i>	61.8	60.3	42.4	71.8	69.7	52.2	62.2	84.8	87.2	783
Education										
<i>No Education</i>	69.9	68.5	47.5	74.3	75.8	62.9	72.1	88.1	90.3	190

Table 9.11: Percentage of MWRA 15-49 who agree that her husband is justified in hitting or beating her for specific reasons by background characteristics

Background Variable	Goes out without permission	Neglects child(ren)	Burns food	Insults him	Disobeys him	Argues with him	Refuses to have sex with him	Has relations with another man	Any Reason	Total Number of Women
<i>Primary</i>	62.2	61.9	41.2	72.3	71.2	52.7	65.7	86.3	88.0	1,991
<i>Secondary</i>	58.0	62.9	35.1	70.6	68.6	48.6	62.2	86.8	88.5	973
<i>Higher</i>	54.4	60.4	32.5	67.8	65.8	43.8	59.3	83.6	84.8	922
Income Quintiles										
<i>Q1</i>	63.1	61.5	42.4	73.1	72.1	52.4	64.8	86.3	87.9	834
<i>Q2</i>	60.4	61.4	40.9	70.9	69.3	51.8	64.5	86.3	88.5	1,179
<i>Q3</i>	61.4	65.6	38.4	71.1	70.3	54.5	65.2	85.2	87.1	458
<i>Q4</i>	57.6	61.3	34.0	70.5	68.4	48.3	62.8	86.6	87.7	1,049
<i>Q5</i>	56.2	62.8	33.0	68.9	67.9	43.6	60.8	83.7	84.8	557
Job										
<i>Currently Working</i>	55.1	62.2	36.0	66.0	65.2	41.7	61.2	84.0	84.5	411
<i>Worked in the Past</i>	49.4	55.4	28.3	62.0	60.4	41.9	53.3	81.8	83.0	297
<i>Never Worked</i>	61.3	62.6	39.2	72.4	70.9	52.0	64.9	86.5	88.3	3,369
Contraceptive Use										
<i>Any Modern</i>	59.5	62.7	37.5	71.9	69.8	51.1	64.3	85.8	87.3	1,662
<i>Any Traditional</i>	60.8	64.9	39.7	72.8	71.7	49.1	66.2	88.1	90.0	691
<i>No Using</i>	59.6	60.4	38.1	69.4	68.5	49.8	62.2	85.0	86.7	1,723
Total	59.8	62.1	38.1	71.0	69.6	50.2	63.7	85.9	87.5	4,076

9.11 Current Use of Contraception by Women Empowerment

To get a sense of the relationship between women empowerment and the choice of contraceptive methods used, the survey examined the relationship between type of contraception and the number of decisions in which women participated and the number of reasons for justifying wife beating. Table 9.12 shows the distribution of women by current contraceptive method used.

Contraceptive use produced little variability in empowerment indicators. Women who are current users of modern contraceptive methods were more likely to state that they participated in all of the three decisions compared with nonusers (74% vs. 70%), respectively. Differences in responses to reasons of justifying wife beating by husband were minimal and inconsistent.

Table 9.12: Percent distribution of currently MWRA aged 15-49 by current contraceptive method according to selected indicators of women's empowerment status

Empowerment Indicator	Any Method	Any Modern	Any Traditional	Not Using	Total	Number of Women
Number of decisions in which women participate						
0	5.2	5.7	3.9	7.6	6.2	252
1-2	21.4	20.6	23.3	22.5	21.8	890
3	73.4	73.7	72.8	70.0	72.0	2,933
Total	100	100	100	100	100	4,075
Number of reasons for which wife beating is justified						
0	10.7	11.0	9.8	11.9	11.2	456
1-2	14.7	14.6	14.8	17.0	15.7	638
3-4	7.5	7.6	7.1	6.2	6.9	281
5-8	67.2	66.7	68.4	64.9	66.3	2,700
Total	100	100	100	100	100	4,075

Appendix I Calculation of Weights

Sampling weight is the reciprocal of the probability of selection at each stage of sampling. In the case of a multi-stage sample, weights need to be calculated at each stage and then multiplied to have the final basic weight (expansion weight). The sample is self-weighted at the stratum level only and before updating the sampling units. After updating the sampling frame, the sample will not be self-weighted as some changes might occur. They could include total number of families in the cluster, non-responses in the drawn households, and change in the percentage of households from one cluster to another in the same stratum.

The survey drew primary sampling units with probability proportional to size and then drew the secondary sampling units in a systematic way. The survey calculated the weights as follows:

First: Calculate the probability that a sampling unit will be included in the sample that covers both the first and second stage of sampling

1- Prob. that cluster i from stratum h (P_{hi})

$$\text{Phi} = (n_h \times M_{hi}) / M_h$$

Where:

n_h = number of drawn primary sampling units from stratum (h)

M_h = number of households in the sampling frame from stratum (h) from 2004 census.

M_{hi} = total number of households in cluster (i) from stratum (h) as appeared in the sampling frame

2- probability of selecting family j from cluster i from stratum h (P_{hij})

$$\text{Phi} = m_{hi} / M'_{hi}$$

Where:

P_{hij} = probability that family j from cluster i in stratum h will be selected

m_{hi} = number of drawn households from cluster i in stratum h

M'_{hi} = number of households that are in cluster i from stratum h after updating the sampling frame.

Second: Calculate the final expansion weight

Primary weights for family j from cluster i in stratum h equals the inverse of the probability of selecting this family in the sample (W_{hij}):

$$W_{hij} = (M_h \times M_{hi}) / (n_h \times M_{hi} \times m_{hi})$$

If m_{hi} is constant for all the strata (12 households selected from each cluster), and $M'_{hij} = M_{hij}$ (number of households in the updated list for the selected cluster in the sample equals the original number in the sampling frame), then the sample is self-weighted within each stratum.

Also, it is important to consider the non-response rate for each cluster when calculating the weights. So in the case of non-response, calculate the adjusted weight as follows:

$$AdjWi = \frac{m_{hi}}{m''_{hi}}$$

Where:

- $AdjWi$: adjusted factor for cluster i in the h stratum
- m_{hi} : number of selected households from cluster i in stratum h
- m''_{hi} : total number of completed questionnaire from cluster i in stratum h

The final expansion weight for each selected household from cluster i in stratum h will be

$$W''_{hij} = W_{hij} \times m_{hi}/m''_{hi}$$

Relative weight:

The expansion weight will expand the sample size of selected women of reproductive age to their size in the selected communities. Calculate the relative weight to bring the total number of women to the selected sample size, yet keep the difference in the probability of selection.

- Calculate the total number of completed questionnaires after weighting (this is done by multiplying the completed questionnaire in each cluster by the weight of that cluster)
- Calculate the average weight (this equals total number of weighted questionnaires in 2 divided by total number of questionnaires before weight)
- Calculate the relative weight (final weight for each sampling unit divided by average weight)

Appendix II Baseline Survey Questionnaire

Metadata

Governorate	Questionnaire Nnumber
District:	Block No.
Sub District:	Building No.
City or Village:	Household Number
Region:	Cluster No.
Neighborhood	Serial Number of Family:
Stratum number	Mobile Number:
1. Urban 2. Rural	

Hello. My name is(.....). I am working with the **Center for Strategic Studies** at the University of Jordan on the implementation of the project “family happiness – Tawasol” funded by the USAID. We are conducting a field study on “women's reproductive health and family planning” in many places in Jordan. The information we collect help in the planning for health programs.

Your family has been chosen to participate in this study in a random way. I would like to ask you some questions about your family, your thoughts and behaviors related to reproduction. Questions normally take about 30-40 minutes. All the answers you give will be secret, because we do not save your name. Your answers will be compiled along with the answers of many other people before it is analyzed; **we have developed** several methods for data protections to minimize any risk of privacy pirating. The data set may be available at the Website for public, but there will not be any way to track individual responses.

You are not obligated to participate in this study, but we hope to agree to answer the questions, as your opinion is very important. In the case of you don't want to answer any question, please let me know and i will skip to the next question and you can stop the interview at any time.

In case you need more information about the study, you can contact the person listed on this card.

Do you have any questions?

Do you allow me to begin the interview now?

- The respondent accepts and agreed to be interviewed (1)—continue
- The respondent refuse to be interviewed (2)---end the questionnaire and thanks the respondent and leave the house.

31. Nationality: 1. Jordanian --skip to q20	2. Syrian
32.How many families live in this house?	<input type="text"/> <input type="text"/>

33. Family Serial Number	34. Total Number of Family Members
1	
2	
3	
4	
5	
6	








35. Insert family serial number that has at least one married women in the required age group	<input type="text"/> <input type="text"/>
20. Total number of family members <input type="text"/> <input type="text"/>	Males <input type="text"/> <input type="text"/> Females <input type="text"/> <input type="text"/>




41. Total number of married women in reproductive age (15-49) in this house	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div>
---	--

Interview date:	Month: 06	Year: 2015
Starting time:	MM HH	
Interviewer Name:	Supervisor Name:	

101	102	103	104	105	106	107
Individual Serial No.	Name:	Relationship to head of family 1.Husband/wife 2. Son/daughter 3. Father/mother 4. Grandson / granddaughter 5. Brother/sister 6. Other relatives 7.Maid 8.Others	Sex: 1.Male 2. Female	Date of Birth Month/Year Month Dk 88 Year DK 8888 <div>Month Year</div>	How old you were in your last birthday? Less than one year=0 More than 97 codes 97	Nationality 1. Jordanian 2. Syrian
XX			X	X	XX XXXX	XX X
01		Head of family	0			
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

No.	Questions and Filters	Coding Categories	Skip
200	1. Family member line number 2. Name:		
201 101 A	What is your marital status?	1. Married 2. Divorced 3. Widow 4. Seperated	If answer is not married, terminate interview
202 102	In what month and year you were born?	Month: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> 88. Don't Know Year: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> 8888. Don't Know	

203. 103	How old were you at your last birthday?	Age in complete years 	If aged 50 or above, terminate interview
203A.	How many times have you been married?		
203B.	The total number of years of your marriage?	Month:  88. Don't Know Year:  8888. Don't Know	
204. 608 A	What is the date of your current marriage?	Month:  Don't Know Year:  Don't Know	
205 101 B	How long have you been married for (the last marriage)?	Months:  Years:  00. less than a year	
206. 602	Is your husband living with you now or is he staying elsewhere?	1. Living with her 2. Staying elsewhere	
206a	Currently, how many wives does your husband have including you?	Number:.....	
207. 104	Have you ever attended school?	1. Yes 2. No	If no skip to 209
208. 106	What is the highest level of school you successfully completed?	1. No education/illiterate 2. Unofficial education (including Quran education) 3. Some primary education / secondary / primary 4. Completed primary school / preparatory 5. Some secondary education 6. Complete Secondary school 7. Qualifications beyond Secondary school, other than university degree, for example; a diploma or certificate from college 8. Started undergraduate 9. Finished Undergraduate 10 Postgraduate studies	
209.	Are you currently working (including self-employed)?	1. Yes employed 2. Yes self-employed 3. No Not Working	If no skip to 212
210.	What kind of work is this?	Record answer:.....	
211. 820	Who usually decides how the money you earn will be used?	1. Respondent 2. Husband 3. Respondent and husband jointly 4. Senior male family member 5. Senior female family member Other (specify).....	Skip to 214
212. 812 A	Did you work in the past?	Yes No	If no skip to 214

213. 812 B	Why did you stop working? MARK ONE ANSWER	Got married..... 1 Became pregnant..... 2 Became ill..... 3 Husband opposed..... 4 Other opposed..... 5 Didn't need to work..... 6 Didn't want to work..... 7 Didn't need money..... 8 I lost my job..... 9 Retired..... 10 Other (Specify)..... 11	
214.	What would you estimate is your total monthly household income from all sources?	 JD's 88888. Don't know 99998. Doesn't want to answer	
215.	What would you estimate is your total household monthly expenditure?	 JD's 88888. Don't know 99998. Doesn't want to answer	
216.	Who usually makes the decision about major household purchases? <u>Don't read answers</u>	1. Respondent 2. Husband 3. Respondent and husband jointly 4. Senior male family member 5. Senior female family member Other (specify).....	
217. 823	Who usually makes the decisions about health care for yourself? <u>Don't read answers</u>	1. Respondent 2. Husband 3. Respondent and husband jointly 4. Senior male family member 5. Senior female family member Other (specify).....	
218.	Who do you think should make the decisions about your health care? <u>Don't read answers</u>	1. Respondent 2. Husband 3. Respondent and husband jointly 4. Senior male family member 5. Senior female family member Other (specify).....	
219. 826	Who usually makes the decisions about your visits related to Reproductive Health care and Family Planning centers? <u>Don't read answers</u>	1. Respondent 2. Husband 3. Respondent and husband jointly 4. Senior male family member 5. Senior female family member 6. Don't go to RH care and FP centers Other (specify).....	
220. 201	Have you ever given birth?	1. Yes 2. No	If no skip to 224
221. 102	In what month and year was your first child born?	Month:..... 88. Don't know month Year:..... 8888. Don't know year	
222. 608 B	How old were you at the birth of your first child?	Age in years:  88. Don't know	

223.	In total, how many live births have you had from all marriages? (live births means: births that are alive and those who was born a live and died)	Number of daughters Number of sons Total:	<input type="text"/> <input type="text"/> <input type="text"/>	
224. 236	Have you ever experienced a miscarriage? How many in total?	Yes, number: No 89. Don't remember	<input type="text"/> <input type="text"/>	
225. 239	Are there certain days in a woman's cycle when she is more likely to become pregnant?	1. Yes 2. No 8. Don't know		If no /don't know skip to 227
226. 240	If yes, when is this time:	1. Just before her period begins 2. During her period 3. Right after her period has ended 4. Halfway between two periods 5. Other (specify)..... 88. Don't know		
227. 301	Have you ever heard of any methods that a couple can use to delay or avoid pregnancy?	1. Yes 2. No		If no skip to 233

Now I would like to ask you about family planning methods– the various methods that can be used to delay or avoid a pregnancy (228-232)

Researcher, ask q231 and 232 regardless of respondent answer to question 230

FP Method		228. RECALL Please tell me all FP Methods you know of Mark X	229. RECOGNIZE Have you heard of? Read each method with blank in # 26 column	If 228 & 229 yes			
				230. DESCRIBE Can you describe how this method is used?	Reference Answer for #28	231. How effective is this method? (Use Juster scale card)	232. How safe is this method? (Use Juster scale card)
01	IUD	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2	Women have a loop or coil placed inside their uterus by a doctor or midwife	88. Don't know	88. Don't know
02	Injectables		Yes No	Yes No	Women have an injection by a health provider that stops them from becoming pregnant	88. Don't know	88. Don't know
03	Implants		Yes No	Yes No	Women have one or small rods placed in their upper arm by a doctor to prevent pregnancy	88. Don't know	88. Don't know
04	Pill		Yes No	Yes No	Women take a pill every day at the same time to avoid becoming pregnant	88. Don't know	88. Don't know
05	Male Condom		Yes No	Yes No	Men put a rubber sheath on their penis before sexual intercourse	88. Don't know	88. Don't know
06	Nova Ring		Yes No	Yes No	Women insert a ring inside their vagina to prevent pregnancy	88. Don't know	88. Don't know

FP Method		228. <u>RECALL</u> Please tell me all FP Methods you know of Mark X	229. <u>RECOGNIZE</u> Have you heard of? Read each method with blank in # 26 column	If 228 & 229 yes			
				230. <u>DESCRIBE</u> Can you describe how this method is used?	<u>Reference Answer for #28</u>	231. How effective is this method? (Use Juster scale card)	232. How safe is this method? (Use Juster scale card)
07	Foam/Jelly/suppository		Yes No	Yes No	Women insert substance into vagina to prevent pregnancy	88. Don't know	88. Don't know
8	Lactational Amenorrhea Method (LAM)		Yes No	Yes No	User meets 3 criteria: less than 6 month PP; fully breastfeeding; no menstrual period	88. Don't know	88. Don't know
9	Female Sterilization (tubal ligation)		Yes No	Yes No	Women have an operation to avoid having any more children	88. Don't know	88. Don't know
10	Male Sterilization (vasectomy)		Yes No	Yes No	Men have an operation to avoid having any more children	88. Don't know	88. Don't know
11	Emergency Contraception.		Yes No	Yes No	Women can take special pills to prevent pregnancy, within three days after unprotected sexual intercourse, as an emergency measure	88. Don't know	88. Don't know
12	Withdrawal		Yes No	Yes No	Men can be careful and pull out before climax	88. Don't know	88. Don't know
13	Rhythm/Periodic abstinence		Yes No	Yes No	Women do not have sexual intercourse on the days of the month they think they can get pregnant.	88. Don't know	88. Don't know
14	Breast feeding (traditional)		Yes No	Yes No	Breast feeding avoids pregnancy	88. Don't know	88. Don't know
15	Other?			Yes No	Specify.....		

233.	Are you currently pregnant?	1. Yes 2. No 8. Unsure	If yes skip to 241
234. 303.1	Are you currently using any method to delay or avoid getting pregnant?	1. Yes 2. No	If yes skip to 236
235	What is the main reason for not using method to delay or avoid getting pregnant?	0. The wish of getting pregnant 1. Not having sex (skip to 246) 2. Hysterectomy (skip to 250) 3. Sub fecund/In fecund (skip to 250) 4. Menopausal (skip to 250) 5. Difficult to get pregnant (skip to 250) 6. Infrequent sex	

		7. Postpartum Amenorrhea 8. Breast feeding OPPOSITION TO USE 9. Respondent opposed 10. Husband opposed 11. Others opposed 12. Religious reasons 13. Rumors about the impact of methods LACK OF KNOWLEDGE 14. Knows no method 15. Knows no Sources METHOD RELATED Reasons 16. Health concerns 17. Fear of side effects 18. Lack of access/ too far 19. Costs too much 20. Inconvenient to use 21. Interferes with Body's normal processes 22. Others (specify).....		
236. 304 A	Who advised you on the use or non-use of family planning methods on the first place? Are there other people? MARK ALL ANSWERS GIVEN by order of responses: 1st, 2nd 3rd	34.a Code 0. No one (personal believes) 1. Husband 2. Nurse 3. Midwife (official) 4. Midwife (local –some training) 5. Aldaiah (local birth attendant) 6. Doctor 7. Community Outreach worker 8. Social worker (eg ICCA or JAFPP worker) 9. Mother /Mother in law 10. Other relative 11. Friends 12. Neighbours 13. Wa'azat 14. does not apply 15. Other (specify).....	34.b Order of response	
237.	Did information from any of the following sources influence your thinking about family planning methods? READ LIST MARK ALL ANSWERS GIVEN		1. TV 2. Radio 3. Internet 4. Written material (brochure, magazine, flyer, newspaper) 5. Community awareness event 6. Sermon 7. Group lecture in the community 9. Outreach visit to your household 9. SMS/text (hidden) 10. Other (specify).....	1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No
238	What is the main source you were influenced by more than the other?		1. TV 2. Radio 3. Internet 4. Written material (brochure,	

		magazine, flyer, newspaper) 5.Community awareness event 6.Sermon 7.Group lecture in the community 9. Outreach visit to your household 9. SMS/text(hidden) 10. Other (specify).....	
If NOT currently using any type of Family Planning (#234 = NO) Skip to 241,please check questions 228, 229			
239. 304 B	Which method are you using now to prevent pregnancy? <u>Don't read answers</u>	1. IUD 2. Injectables 3. Implants 4. Pills 5.Male Condom 6. Nova Ring 7. Foam/Jelly/suppository 8. Lactational Amenoreah Method (LAM) 9. Female sterilization 10. Male sterilization 11. Emergency Contraception 12. Withdrawal (traditional) 13. Rhythm/periodic abstinence method (traditional) 14. Breastfeeding (traditional) 15. Standard Days Method-cycle beads (SDM) 16. Other method (specify).....	Contraceptive Method. CLARIFY WITH RESPONDENT those FP methods considered Traditional vs Modern
240. 716 b	Does your husband know that you are using an FP method?	1.Yes 2.No 8. Don't know	
241.	During the past two years, have you used another FP method?	1.Yes 2.No	If no skip to 246
242.	What was the last method you were using? (if more than one, the last one used)	1. IUD 2. Injectables 3. Implants 4. Pills 5.Male Condom 6. Nova Ring 7. Foam/Jelly/suppository 8. Lactational Amenoreah Method (LAM) 9. Female sterilization 10. Male sterilization 11. Emergency Contraception 12. Withdrawal 13. Rhythm/periodic abstinence method 14. Breastfeeding (traditional) 15. Standard Days Method-cycle beads (SDM) 16. Other method (specify).....	
243.	How long did you use that method then in months?	Months <input type="text"/> <input type="text"/> 88. Don't know	
244.	Why did you stop using that	0 INFREQUENT SEX/HUSBAND AWAY	If Respondent is Not Using FP Now or

	method? <u>Don't read answers</u>	1 BECAME PREGNANT WHILE USING 2 WANTED TO BECOME PREGNANT 3 HUSBAND DISAPPROVED 4 WANTED MORE EFFECTIVE METHOD 5 SIDE EFFECTS/HEALTH CONCERNS 6 LACK OF ACCESS/TOO FAR 7 COSTS TOO MUCH 8 INCONVENIENT TO USE 9 FATALISTIC A DIFFICULT TO GET PREGNANT/MENOPAUSAL B WIDOW/DIVORCE/SEPARATION C RAMADAN D OTHER (SPECIFY)----- 88 DON'T KNOW	currently Pregnant Skip to 246
245	(If you are a current user) After how many months did you start using your current method?	Months <input type="text"/> <input type="text"/> 00. Less than a month 88. Don't know	
246. 704	In future, would you like to have more children or would you prefer not to have any more children?	1. Have more 2. No more 3. Undecided 8. Don't know	If answer (2,3,8) Skip to 248, Don't ask if female is Infecund, Menopausal, Hysterectomy
247. 705	How long would you like to wait from the birth of your last child, before becoming pregnant again? [If respondent is pregnant ask <i>after this birth</i>]	Months: <input type="text"/> <input type="text"/> Years: <input type="text"/> <input type="text"/> 00. Not wait 84. As Allah wants Don't know	Don't ask if female is Infecund, Menopausal, Hysterectomy
248. 711	Do you think that you will or will not use a modern family planning method to delay or avoid pregnancy in the future?	1. Yes will use 2. No will not use 8. Don't know	If no/don't know skip to 250 Don't ask if female is Infecund, Menopausal, Hysterectomy
249. 711 a	Which method would you prefer to use to prevent pregnancy? MARK FIRST CITED	1. IUD 2. Injectables 3. Implants 4. Pills 5. Male Condom 6. Nova Ring 7. Foam/Jelly/suppository 8. Lactational Amenoreah Method (LAM) 9. Female sterilization 10. Male sterilization 11. Emergency Contraception 12. Withdrawal 13. Rhythm/periodic abstinence method 14. Breastfeeding (traditional) 15. Standard Days Method-cycle beads (SDM) 16. Other method (specify).....	Don't ask if female is Infecund, Menopausal, Hysterectomy
Researcher: show New methods/traditional methods card			
250. 709 711	Can you tell me all your concerns and reasons why you might Not want to use or	47.a Codes	47.b Order of Response

B,C, D	<p>continue using a modern family planning method?</p> <p>MARK ALL REASONS OFFERED IN NUMERICAL ORDER (1ST 2ND 3RD)</p> <p>Probe twice—Any more reasons?</p>	<p>1. Infrequent sex/No sex</p> <p><i>Fertility-related reason</i></p> <p>2. Menopausal/Hysterectomy</p> <p>3. Infecund</p> <p>4. Wants more children</p> <p>5. Fear of infertility</p> <p><i>Opposition to use:</i></p> <p>6. Respondent opposed</p> <p>7. Husband opposed</p> <p>8. Others opposed</p> <p>9. Religious reasons</p> <p><i>Side Effects</i></p> <p>A. Interferes with body processes</p> <p>B. Mood Changes</p> <p>C. Bloat & weight gain</p> <p>E. Headaches, dizzy</p> <p>F. Bleeding irregularity</p> <p>G. Risk of Cancer</p> <p>H. Dangerous to health</p> <p>I. Can't use because of pre-existing health issues</p> <p>J. Fear of side effects</p> <p><i>Use related reasons:</i></p> <p>K. Forget to take</p> <p>L. Method failure risk</p> <p>M. Difficult to use</p> <p>N. Interferes with sexual experience</p> <p><i>Lack of Knowledge:</i></p> <p>O. Knows no method</p> <p>P. Knows no source</p> <p><i>Access reasons</i></p> <p>Q. Lack of access/too far/inconvenient to get</p> <p>R. Too much time to obtain method</p> <p>S. Costs too much to use</p> <p><i>Provider/facility reasons</i></p> <p>T. Lack of female providers</p> <p>U. Lack of privacy</p> <p>V. Provider offers limited methods</p> <p>W. Provider did not give method requested</p> <p>X. Requested Method not available</p> <p>Y. Inadequate counseling</p> <p>Z. Negative experience with FP provider</p> <p>AA. No concerns or reasons given</p> <p>BB. Other (specify).....</p>		
251.	<p>In your opinion, what are the personal, family or social reasons that prevent women from using a modern method of FP?</p> <p>MARK ALL REASONS OFFERED IN NUMERICAL ORDER</p>	<p>48.a Codes</p> <p>251. Wife:</p> <p>1. Religious or cultural objections</p> <p>2. Fear of being abandoned by husband</p> <p>3. Husband may take another wife</p> <p>4. Want more children to fulfill maternal role</p> <p>5. Perception of self as fertile and desirable</p>		

252.	(EG 1 ST 2 ND 3 RD 4 th , 5 th) Probe Twice—Any more reasons?	6.Thinks large families are ideal 7.External pressure to have sons 8.Wants sons herself 9.Too much effort/time needed to obtain a method 10.Children are caretakers of parents in old age 11.Need children for daily help (eg provide labor) 12. Lack of awareness with modern family planning 13. No reasons 14. Others (specify)..... 252. Husband: 1.Religious or cultural objections 2.Wants more children to fulfill male role 3.Does not want to limit/space 4.Prefers wife to be pregnant 5.Threatens to leave if no more children 6.Threatens to take another wife if no more children 7.Perceives a fertile wife as desirable 8.Thinks large families are ideal 9.External pressure for having sons 10.Wants sons himself 11.Children are caretakers of parents in old age 12.Need children for daily help (eg provide labor) 13.Husband refuses to use condom 14.Husband refuses to use withdrawal 15. Lack of awareness with modern family planning 15. Relatives' Pressure 16.Peer Influences 17. None given 18. No reasons 19. Other Specify.....		
253. 718	In your household, whose decision is it to use or not use a family planning method?	1.Mainly respondent 2.Mainly Husband 3.Joint decision 4.Senior male family member 5.Senior female family member 6. Other (specify).....		Don't ask for Infecund
254.	Thinking back over the past six months, did you and your husband ever discuss Together your personal use of FP methods?	1.Yes 2. No 8.Don't know		
255. 718 A	Do you think your husband approves or disapproves of couples using a modern contraceptive method to avoid pregnancy?	1. Approves 2. Disapproves 3. Disapprove, prefere traditional method 8. Don't know		
256.	Do you think that a couple	1. Yes		If answer=1, it should be

	should decide together how many children to have?	2. No 8. Not sure	3 in 257												
257.	Do you believe that Family Planning is primarily the responsibility of the wife, the husband or a joint responsibility?	1. Wife 2. Husband 3. Joint responsibility 8. Don't know													
258.	Would you like your husband to join you during family planning counseling?	1. Yes 2. No 8. Unsure	Don't ask if female is Infecund, Menopausal, Hysterectomy or q239=10												
259	Has your husband joined you in family planning consultation session?	1. Yes 2. No 8. Don't remember	Don't ask if female is Infecund,												
260.	On a scale from 0-10, where 0 means not comfortable at all, and 10 mean absolutely comfortable. To what extent do you feel comfortable discussing family planning with your husband?	<table><tr><td>10</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>0</td></tr></table> 88. Don't know	10	9	8	7	6	5	4	3	2	1	0	Don't ask if female is Infecund, or q239=10	
10	9	8	7	6	5	4	3	2	1	0					
261. 720	Does your husband want the same number of children that you want, or does he want more or fewer than you want?	1.Same number 2.More children 3.Fewer children Don't know	Don't ask if female is Infecund,												
262.	Do you prefer girls or boys?	1.Girls 2. Boys 3.No Preference Don't know	Don't ask if female is Infecund,												
263. 720 a	Does your husband prefer girls or boys?	1.Girls 2.Boys 3.No Preference Don't know	Don't ask if female is Infecund,												
264. 712	If you could start over and choose exactly the number of children to have in your whole life, how many would that be? (if recently married, or does not have children yet, ask about the number of children she would like to have)	Number <table><tr><td></td><td></td></tr></table> Refused to answer_____ skip to 266 0. Don't want to have children at all, skip to 266 84. as Allah want, skip to 266 89. Not sure, skip to 266 98. Refused to answer, skip to 266			Don't ask if female is Infecund, If q220=No, don't ask this question.										
265. 713	How many of these children would you like to be boys, how many would you like to be girls, and for how many would it not matter if it's a boy or a girl?	<table><tr><td>Boys</td><td>Girls</td><td>Either</td></tr><tr><td>Number <table><tr><td></td><td></td></tr></table></td><td><table><tr><td></td><td></td></tr></table></td><td><table><tr><td></td><td></td></tr></table></td></tr></table> Other: (Specify)..... 88. Don't know 98. Unspecified	Boys	Girls	Either	Number <table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			Don't ask if female is Infecund, Check total number of boys and girls equal to 264
Boys	Girls	Either													
Number <table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>									
266.	If you reach your ideal family size and have no sons, will you & your husband continue to bear more children?	1. Yes 2. No 8. Unsure	Don't ask if female is Infecund												

267. 713 a	If you could choose exactly the time to wait between the birth of one child and the next pregnancy, how long would that be?	Number Of Year <input type="text"/> <input type="text"/> And/or Number of months <input type="text"/> <input type="text"/> Other (Specify).....	Don't ask if female is Infecund
268.	If you experience a miscarriage, how long would you wait before attempting to become pregnant again?	Number <input type="text"/> <input type="text"/> Of months 00. Don't want to wait Other (Specify).....	Don't ask if female is Infecund
269. 718 (variation)	In your opinion, who makes the decision on number of children in the family?	1.Wife 2.Husband 3.Joint spousal decision 4.Mother/Mother in law 5.Other senior family member 6. Other (specify)	
270. 405	Thinking back to your most recent pregnancy, did you want to get pregnant at that time?	1.Yes 2. No	If Yes Skip to 273 Don't ask if female is Infecund (check with q220,205)
271. 406	Did you want to have a baby later on or did you not want any (more) children. If pregnant: did you want this to happen or you want it later?	1. Later 2. No More 3. as Allah wants 4. have not decided yet	If answer 2,3,4 Skip to 273 Don't ask if female is Infecund
272. 407	How much longer would you have liked to wait?	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> 88. Don't know	Don't ask if female is Infecund
273. 324	Do you know a place where you can obtain a method of family planning?	1. Yes 2. No	
274.	In your opinion, what is the ideal age for a female to marry?	Ideal Age <input type="text"/> <input type="text"/>	
275.	What is the youngest acceptable age for a female to get married?	Youngest Age <input type="text"/> <input type="text"/>	
276.	In your opinion, do you think it is desirable to delay the first birth <u>AFTER MARRIAGE?</u>	No Yes For how long (in months)?.....	
277.	In your opinion do you think that using modern family planning method to delay the first pregnancy will have an effect (negative) on the woman's ability to get pregnant?	1.Yes, will have negative impact 2. No , will not have negative impact 88. Don't know/Not sure	Researcher: show family planning methods card

278.	Do you think that modern methods are less effective, equally effective or more effective than traditional methods for preventing pregnancy?	<div>1. Modern methods are less effective</div> <div>2. Modern methods are equally effective</div> <div>3. Modern methods are more effective</div> <div>89. Unsure</div> <div>88. Don't know</div>		Researcher: show family planning methods card
279.	Can you tell me the benefits of using Family Planning for the Woman ? MARK ALL that apply Probe—anymore?	<div>1.Improves woman's health</div> <div>2.Improves children's health</div> <div>3.Reduces worry about unwanted pregnancies</div> <div>4.Reduces risks from having too many pregnancies</div> <div>5.Mother able to give more attention to each child</div> <div>6.Welfare of children (more resources per child)</div> <div>7.Reduced stress- fewer needs and demands to meet</div> <div>8.Finances are easier</div> <div>9.Woman has more time to do things for self</div> <div>A .Woman has more time to do other work</div> <div>B .There are No benefits</div> <div>C. Other Specify.....</div> <div>D. Don't know</div>		
280.	Can you tell me the benefits of using family planning for the Family ? MARK ALL Probe-any more benefits?	<div>1.Improves woman's health</div> <div>2.Improves infant and child health</div> <div>3.Reduces unwanted pregnancies</div> <div>4.Mother able to give more attention to each child</div> <div>5.Reduced Stress - fewer needs and demands to meet</div> <div>6.Finances are easier</div> <div>7.There is more time for husband and wife</div> <div>8.Woman has more time to do other work</div> <div>9.There are No benefits</div> <div>A. Other Specify.....</div> <div>B. Don't know</div>		
281.	Can you tell me the benefits of family planning for Jordan ? MARK ALL Probe-any more benefits?	<div>1.Reduced rate of population growth</div> <div>2.Reduced competition for/drain on natural resources (water and land)</div> <div>3.Improved access to public services- health, education</div> <div>4.Reduced crowding on roads and for transport</div> <div>5.Improved opportunities for employment</div> <div>6.Enhanced economic development</div> <div>7.National Security</div> <div>8.There are No benefits</div> <div>9. Other Specify</div> <div>A .Don't know</div>		
282.	Since you're your marriage, Have you ever gone alone to the:	<div>Options:</div> <div>1. Souk in village/town in your residence area</div> <div>2. Souk out of village or town of you residence area</div> <div>3. Health centre/ hospital in village/ town in your residence area</div> <div>4. Health centre/ hospital out of village/ town in your residence area</div>	<div>Answers:</div> <div>1. Yes 2. No</div> <div>1. Yes 2. No</div> <div>1. Yes 2. No</div> <div>1. Yes 2. No</div>	
283.	On a scale from 0-10, where 0 means don't agree at all, and	<div><div>10</div><div>9</div><div>8</div><div>7</div><div>6</div><div>5</div><div>4</div><div>3</div><div>2</div><div>1</div><div>0</div></div>		

	10 mean absolutely agree. To what extent Do you agree or disagree with the idea that women and men should have equal access to social, economic and political opportunities?	88. Don't know	
283a	On a scale from 0-10, where 0 means don't agree at all, and 10 mean absolutely agree. To what extent <i>Do you think that birth spacing will contribute to better opportunities for parents and children</i>	<div>10 9 8 7 6 5 4 3 2 1 0</div> 88. Don't know	
284.	On a scale from 0-10, where 0 means don't agree at all, and 10 mean absolutely agree. To what extent Do you agree or disagree with the idea that women and men should share household chores?	<div>10 9 8 7 6 5 4 3 2 1 0</div> 88. Don't know	
285.	On a scale from 0-10, where 0 means don't agree at all, and 10 mean absolutely agree. To what extent Do you agree or disagree that a woman should tolerate violence (verbal, physical, sexual) to keep the family together?	<div>10 9 8 7 6 5 4 3 2 1 0</div> 88. Don't know	
286.	In some circumstances husband get upset or angry of some of the actions of his wife, do you think the husband has the right to beat/ hits his wife "if she goes out without permission"	1. If she goes out without permission 2. If she neglects child(ren) 3. If she burns food 4. If she insults him 5. If she disobeys him 6. If she argues with him 7. If she refuses to have sex with him 8. If she has relations with another man	1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No
287.	In some circumstances husband get upset or angry of some of the actions of his wife, do you think your husband has the right to beat/ hits you "if she goes out without permission"	1. If you go out without permission 2. If you neglect child(ren) 3. If you burn food 4. If you insult him 5. If you disobey him 6. If you argue with him 7. If you refuse to have sex with him 8. If you have relations with another man	1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No
288. 714	In the last year have you:	No	Yes
	1. Heard about family planning on the radio?	2	1
	2. Seen family planning addressed on the television?	2	1
	3. Read about family planning in the newspaper or magazine?	2	1
	4. Seen or read about family planning on posters or billboards?	2	1
	5. Read about family planning in bulletins/booklets	2	1
	6. Heard about family planning in lectures?	2	1

	7. Heard about family planning from female relatives/friends?	2	1	If No skip to 80
	8. Heard about family planning at a community event you attended?	2	1	
	9. Heard about family planning from a Religious Leader, including wa'azat?	2	1	
	10. Been visited by an outreach worker who spoke to you about family planning?	2	1	
	11. Have you and your husband participated in a joint session for FP counseling?	2	1	
	12. Just to confirm, do you remember hearing about any campaign for FP?	2	1	
	13. If YES--- Can you tell me the slogan and/or what it was about? Slogan..... 14. Key messages.....			

289	Do you consider the information you get from "Female family member" in family planning subject are trusted? Ask in the same way for all sources	1. Female family members 2. Husband 3. Female friends/ neighbors 4. Family Planning service provider/s (doctor, nurse, midwife) 5. Community outreach worker 6. Religious leaders (Imam, Wa'ezat, educator)	1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No
290	Do you consider the information you get from "media" in family planning subject are trusted? Ask in the same way for all sources	1. Media (TV, Radio, newspapers and magazines) 2. Print materials (brochures, leaflets, posters) 3. Social Media (twitter, Facebook, Instagram) 4. Web based sources (online sources) 5. Community lectures 6. Community events (theatre, debate, open days)	1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No
291	Have you been to any health facility to get advice / family planning services in the last twelve months that?	1. Yes 2. No	If "No" thank the respondents and end the interview
292	Where did you go to receive this service?	Public 1. MoH/ University Hospitals 2. MoH Health center 3. RMS Private 4. Hospital 5. Doctor 6. Pharmacy 7. JAFPP 8. UNRWA 9. Other NGOs (FHI, Mercy Corps, JHAS etc.)	
293	In that visit, did you get a family planning method?	1. Yes.....skip to 295 2. No	

294	Reason/s for not receiving an FP method: One answer:	0. the reason for such visit was not to receive family planning method 1. Service provider was not available 2. Family Planning method was not available 3. Service provider did not support the Family Planning method requested 4. Costs too much 5. Long waiting time 6. Referral to another Family Planning service center 7. Service Provider did not advise me encouraged me to use the family planning method that I want 8. There were no female to provide the service 9. Others (specify).....										
295	Thinking of your last visit to a health facility for FP counseling, and on a scale from 0 to 10, where 0 means bad to the last extent and 10 good to the highest extent. How would you rate you visit in accordance with:											
		Answers										
	1. Length of time spent waiting	0	1	2	3	4	5	6	7	8	9	10
	2. Time allocated for your session	0	1	2	3	4	5	6	7	8	9	10
	3. Privacy of your session	0	1	2	3	4	5	6	7	8	9	10
	4. Range of methods offered	0	1	2	3	4	5	6	7	8	9	10
	5. Availability of methods	0	1	2	3	4	5	6	7	8	9	10
	6. Provider's explanation of method choices	0	1	2	3	4	5	6	7	8	9	10
	7. Provider's explanation of side effects	0	1	2	3	4	5	6	7	8	9	10
	8. Your concerns and questions were answered	0	1	2	3	4	5	6	7	8	9	10
	9. Your overall satisfaction with visit	0	1	2	3	4	5	6	7	8	9	10

Thank you for your time and interest. Your help is very much appreciated.

300	In case the institution responsible for this work invited you to participate in their programs or their own activities Do you accept to participate?	1. Yes 2. No	
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