Jordan

Population and Family Health Survey

2002

World Summit for Children Indicators, Jordan 2002

Childhood mortality	Infant mortality rate	22 per 1,000
	Under-five mortality rate	27 per 1,000
Childhood undernutrition	Percent stunted (children under 5 years)	8.5
	Percent wasted (children under 5 years)	2.0
	Percent underweight (children under 5 years)	4.4
Clean water supply	Percent of households with safe water supply[1]	95.1
Sanitary excreta disposal	Percent of households with flush toilets, pit toilet/latrine	99.9
Family planning	Contraceptive prevalence rate (any method, currently married women)	55.8
Antenatal care	Percent of women who received antenatal care from a health professional[2]	98.6
Delivery care	Percent of births in the 5 years preceding the survey attended by a health professional	99.5
Low birth weight	Percent of births in the 5 years preceding the survey at low birth weight[3]	10.6
Exclusive breastfeeding	Percent of youngest children under 6 months who are exclusively breastfed	26.7
Continued breastfeeding	Percent of children age 12-15 months still breastfeeding	51.1
	Percent of children age 20-23 months still breastfeeding	12.4
Timely complementary feeding	Percent of youngest children age 6-9 months receiving breast milk and complementary foods	70.3
Vaccinations	Percent of children age 12-23 months with BCG vaccination	28.8
	Percent of children age 12-23 months with at least 3 DPT vaccinations	98.2
	Percent of children age 12-23 months with at least 3 polio vaccinations	97.6
	Percent of children age 12-23 months with measles vaccination	95.2
	Percent of mothers who received at least 2 tetanus toxoid vaccinations during pregnancy[2]	9.0
Oral rehydration therapy (ORT)	Percent of children age 0-59 months with diarrhea in the 2 weeks preceding the survey who received oral rehydration therapy (ORT)	22.0
Home management of diarrhea	Percent of children age 0-59 months with diarrhea in the 2 weeks preceding the interview who took more fluids than usual and continued eating somewhat less, the same or more food	38.4
Treatment of ARI	Percent of children age 0-59 months with acute respiratory infection (ARI) in the 2 weeks preceding the survey who were taken to a health provider	71.7
Children in especially difficult situations	Percent of children with at least one parent dead[4]	2.7
	Percent of children who do not live with either biological parent[4]	0.5
HIV/AIDS	Percent of ever-married women age 15-49 who correctly stated 2 ways of avoiding HIV infection[5]	29.7
	Percent of ever-married women age 15-49 who correctly identified 2 misconceptions about HIV/AIDS[6]	13.6
	Percent of ever-married women age 15-49 who believe that AIDS can be transmitted from mother to child during pregnancy, delivery and breastfeeding	33.8

[1] Piped water, tanker truck, or bottled water
[2] For the last live birth in the five years preceding the survey
[3] For children without a reported birth weight, the proportion with low birth weight is assumed to be the same as the proportion with low birth weight in each birth size category among children who have a reported birth weight.
[4] Based on de jure children
[5] Having sex with only one partner who has no other partners and using a condom every time they have sex
[6] They say that AIDS cannot be transmitted through mosquito bites and that a healthy-looking person can have the AIDS virus.

THE HASHEMITE KINGDOM OF JORDAN

Jordan
Population and Family Health Survey
2002

Department of Statistics
Amman, Jordan

ORC Macro
Calverton, Maryland, USA

June 2003

Department of Statistics

ORC Macro

This report summarizes the findings of the 2002 Jordan Population and Family Health Survey (JPFHS) carried out by the Department of Statistics (DOS). ORC Macro provided technical assistance and the U.S. Agency for International Development (USAID) provided financial support.

The JPFHS is part of the worldwide Demographic and Health Surveys Program, which is designed to collect data on fertility, family planning, and maternal and child health. Additional information about the Jordan survey may be obtained from the Department of Statistics, P.O. Box 2015, Amman 11181, Jordan (telephone: (962) 6-5-300-700; fax: (962) 6-5-300-710; e-mail: stat@dos.gov.jo; internet: www.dos.gov.jo). Additional information about the MEASURE *DHS*+ program may be obtained from ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 (telephone: 301-572-0200; fax: 301-572-0999; e-mail: reports@orcmacro.com; internet: www.measuredhs.com).

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PREFACE

The Department of Statistics (DOS) takes pleasure in presenting the principal report of the 2002 Jordan Population and Family Health Survey (JPFHS), which was conducted during July through September 2002. Like the previous two JPFHS, conducted in 1990 and 1997, the 2002 JPFHS was carried out by DOS in collaboration with ORC Macro, who provided technical assistance through the worldwide Demographic and Health Surveys (DHS) program. The 2002 JPFHS received financial assistance from the United States Agency for International Development (USAID) mission in Amman. The main objective of the survey is to provide comprehensive data on fertility, mortality, family planning, as well as maternal and child health and nutrition, as main tools to evaluate existing population and health policies and programs.

The survey covered a national sample of 8,000 households, in which about 6,000 ever-married women age 15 to 49 were interviewed. The sample has been designed to produce estimates of major survey variables at the national level, urban and rural areas, the three regions, and each of the three major governorates, namely Amman, Irbid and Zarqa.

The DOS would like to express its thanks and appreciation to the individuals and organizations that contributed to the success of the survey. The timely and high quality data are the result of hard work from all the survey staff. The cooperation of all households interviewed during the survey for their time and willingness to provide the required information is highly appreciated. Acknowledgement also goes to the Ministry of Health for its technical and logistic assistance. Thanks are also due to the USAID mission in Amman for its financial support and technical input, and to the ORC Macro team for its valuable assistance in all stages of the survey. Special thanks are also due to the local and international experts who prepared the present report.

The DOS hopes that the 2002 JPFHS results will benefit planners, policymakers and decision-makers in formulating population and health programs in general and maternal and child health programs in particular.

Dr. Hussein Shakhatreh
Director General of Statistics

SUMMARY AND RECOMMENDATIONS

The 2002 Jordan Population and Family Health Survey (JPFHS) is a nationally representative survey in which 7,825 households and a total of 6,006 ever-married women between the ages of 15 and 49 were successfully interviewed. The survey was fielded between July and September 2002. This survey is the third in a series of Demographic and Health Surveys (DHS) in Jordan carried out by the Department of Statistics. The DHS project of ORC Macro provided technical assistance under a contract funded by the United States Agency for International Development (USAID).

The JPFHS was designed to provide information on levels and trends of fertility, fertility preferences, infant and child mortality, and family planning. The survey also gathered information on breastfeeding, maternal and child health care, knowledge of HIV/AIDS, as well as the characteristics of households and household members. Anthropometry measurements and blood samples for anemia testing were collected from women and children under five. Survey results are representative at the national level, by urban and rural residence, and for each of the three regions in the country. Results of this survey can be compared with those of previous demographic surveys, including the 1976 Jordan Fertility Survey, the 1983 Jordan Fertility and Family Health Survey and the 1990 and 1997 JPFHS. Results can be used by program managers and policy makers to evaluate and improve existing programs.

CURRENT STATUS AND PROGRESS

Fertility

- The JPFHS indicates that fertility continues to decline in Jordan. The total fertility rate for the five-year period prior to the survey indicates that on average, women have 3.7 children by the end of their reproductive years – fifty percent fewer children than the rate recorded in 1976 (7.4 children per woman). Fertility declined most rapidly between 1990 and 1997; while fertility has continued to fall in recent years, its pace of decline has slowed since 1997, when the TFR was 4.4.

- Fertility levels vary across regions. The total fertility rate in the Central region is 3.5 births per woman, while women in the North and South regions have about 4 children per woman.

- There has been a reduction in childbearing in adolescence; currently the overall level of childbearing among married women age 15-19 is 4 percent, a 33 percent reduction in teenage childbearing from 6 percent in 1997.

- There are large differences in fertility by educational attainment of women. Women who have attended higher than secondary education have the fewest children in their lifetime (3.1), while women with preparatory education have 4.4 children – more than women with no education, who have an average of 3.6 children.

- Although fertility has declined significantly in Jordan over the past twenty-five years, still further decline in fertility can be expected in the future. Almost half (44 percent) of currently married women in Jordan do not want any more children or have been sterilized, and 31 percent want to delay their next birth for at least two years. If women's desired family size were achieved, the fertility rate would be only 2.6 children per woman, which is about one child less than the observed rate.

Family Planning

- Increased use of family planning, especially modern methods, has played a major role in fertility decline. Widespread knowledge of family planning is also supportive of further fertility decline. In Jordan, all ever-married women know at least one method of contraception, and on average, an ever-married woman knows about 10 family planning methods.

• In 2002, 56 percent of currently married women were using a method of family planning, and most of these women (41 percent of currently married women) were using a modern contraceptive method. The most popular modern methods are the IUD (24 percent) and the pill (8 percent). Withdrawal (9 percent) and periodic abstinence (5 percent) are the most frequently employed traditional methods.

• Private health facilities play an important role in supplying contraceptive methods to those who need them. Seventy-six percent of users of modern methods obtain their method from a private source, compared with 72 percent in 1997. The share of the public sector increased correspondingly to about one third (34 percent), compared with 28 percent in 1997 survey.

• Women age 40-44, women with 3 or more living children, and better educated women as well as urban women are more likely than other women to use a family planning method. Contraceptive prevalence is highest in the Central region (58 percent) compared with the North region (54 percent), and the South region (48 percent).

• Contraceptive use increases with parity: while almost no childless women are using contraception, 44 percent of women with 1 or 2 children are using contraception, and more than 66 percent of women with 3 or more children are using a family planning method.

• Sixty percent of married women who are not currently using contraception say that they intend to adopt a family planning method some time in the future; more than half of the women who expressed an intention to use contraception in the future said they would prefer to use the IUD.

Other Fertility Determinants

• Staying in school appears to be a motivation for delaying marriage, which in the Jordanian context translates to delays in age at first birth: women who have higher than secondary education marry at least 5 years later than women with the least education. Median age at marriage has increased only slightly between 1997 and 2002, inching up from 21.5 to 21.8, respectively.

• In addition to marriage patterns, the risk of pregnancy is affected by postpartum amenorrhea, the period after childbirth when menstruation has not yet returned, and postpartum abstinence, the period when sexual activity has not yet been resumed. On average, women start menstruating again 6 months after childbirth and resumed sexual relations a little more than 2 months after childbirth. The length of postpartum insusceptibility has increased somewhat since 1997.

Maternal and Child Health

• For virtually all births in the past five years, mothers received at least one prenatal checkup from a health professional. In Jordan, maternal and child health care is widespread; however, differences according to level of education are noteworthy: while 97 percent of women with higher than secondary education received antenatal care, a smaller proportion of women with no education received the same (85 percent). Most women had 6 or more antenatal care visits (81 percent), and the majority of women had their first antenatal care visit within the first trimester (85 percent).

• Ninety-seven percent of deliveries took place in a health facility, and virtually all births in Jordan were assisted by health personnel during delivery. Sixteen percent of births were delivered by Caesare an section.

• In Jordan, 98 percent of infants age 12-23 months have been fully immunized against DPT and polio, and 95 percent have received the vaccine against measles. While BCG is recommended by the Ministry of Health to be given at school entry, 29 percent of infants age 12-23 months has already received the vaccine against tuberculosis. Immunization coverage varies across regions: 96 percent of infants age 12-23 months in the North region have received vaccinations against measles, diphtheria, pertussis, tetanus, and polio, while the proportion in the South region is 90 percent, and in the Central region is 95 percent. All immunization indicators have shown improvement since 1997.

• In the two weeks preceding the survey, 6 percent of children under five had a cough with

rapid breathing, and 15 percent had diarrhea. Among children with diarrhea, over half were taken to a health facility and two thirds were given oral rehydration therapy.

• Breastfeeding is common in Jordan: among children born in the five years preceding the survey, 94 percent were breastfed – a figure similar to the one reported in the 1997 JPFHS. There is a small variation in ever-breastfed infants with respect to place of delivery: children who were delivered at home were more likely to have been breastfed than those children who were delivered in a health facility (98 percent and 94 percent, respectively).

• In the 2002 JPFHS, all children born in the five years preceding the survey who were listed in the household questionnaire were weighed and measured. Two percent of children under five are thin for their height (wasted), 9 percent are short for their age (stunted), and 4 percent are underweight according to their age.

• In the 2002 JPFHS, mother's nutritional status was measured using two indices, height and body mass index (BMI). The mean height of mothers measured in the survey was 158 centimeters; only 1 percent of mothers were shorter than 145 centimeters. Five percent of women had a BMI of less than 18.5, indicating malnutrition.

• Biomarker data were collected in the 2002 JPFHS, in order to determine prevalence of anemia. The results indicate that 26 percent of women in Jordan have some degree of anemia, and 34 percent of children under age 5 were shown to have anemia. Severe anemia, however, is not a serious public health problem in Jordan for either women or children.

Infant and Child Mortality

• Twenty-four of 1,000 infants born in the five years prior to the survey will not survive to their first birthday. For the same period, 29 children will not live to be 5 years old. These mortality rates indicate that there has been an improvement in child survival in Jordan since 1997, when infant and under-five mortality rates were 29 and 34 deaths per thousand children, respectively.

• Under-five mortality varies inversely by mother's education: children of mothers with no education have the highest risk of dying (44 deaths per 1,000 births), while children of mothers with education beyond secondary school have the lowest risk of dying (24 per 1,000 births).

Knowledge of HIV/AIDS

• Almost all of the respondents in the 2002 JPFHS report that they have heard of HIV/AIDS (97 percent); however, those with less education are significantly less likely to have heard of AIDS (no education: 80 percent; elementary education: 91 percent).

• The 2002 JPFHS found that although a little over two-thirds of respondents know that HIV can be transmitted from mother to child during pregnancy, only about half know the virus can be transmitted during delivery (55 percent), and fewer know it can be transmitted through breastfeeding (43 percent).

Continuing Challenges

• Despite the increased use of family planning methods, the increase in age at first marriage, and the apparent decline in fertility, the 2002 Jordan Population and Family Health Survey reveals a number of continuing challenges. While fertility levels are declining, 17 percent of births in the five years preceding the survey were mistimed, and 16 percent were not wanted at all. If these unwanted births had been prevented, women would have had an average of 2.6 births, instead of 3.7 births.

• Although it is encouraging to note that the level of unmet need for family planning services in 2002 was lower than that in the 1997 JPFHS, many women want to stop childbearing or delay the next birth for at least two years, but are not using a contraceptive method.

• Two in three births in the five years preceding the survey were high-risk births either because the interval since the previous birth was too short (less than two years), the mother was too young (un-

der age 18), too old (age 35 and over), or had too many prior births (3 or more).

- Breastfeeding in Jordan is universal. However, the practice of breastfeeding is characterized by supplementation at an early age, and widespread use of a bottle and a nipple.

Recommendations

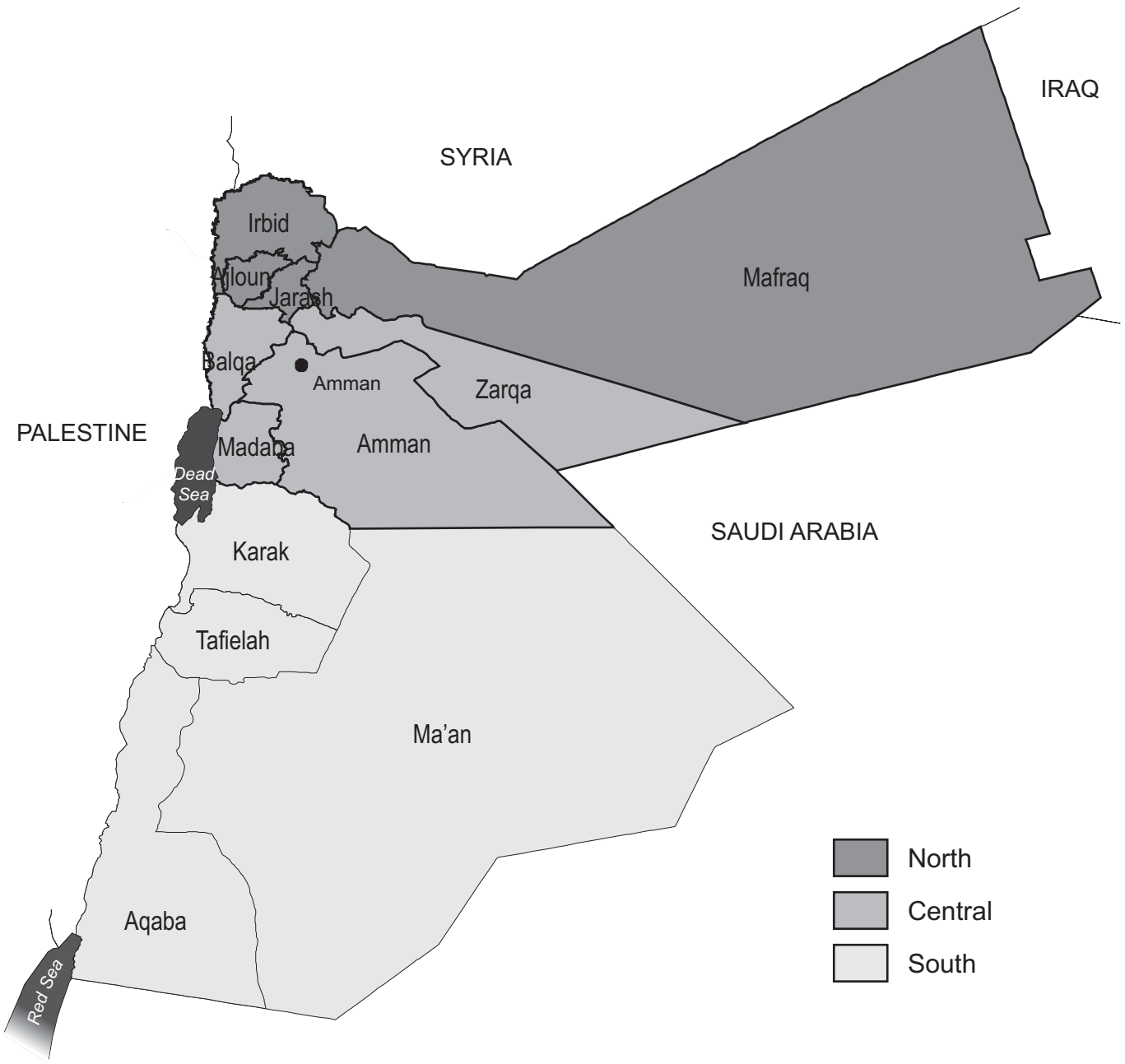
The results of the 2002 JPFHS reinforce findings from previous surveys that coverage of maternal and child health (MCH) programs in Jordan continues to improve. This is demonstrated by increased use of MCH services, along with knowledge and use of family planning. However, the survey data also note that:

- Information, education and communication programs on the benefits of adopting family planning for the purpose of delaying or limiting childbearing need to be strengthened. These programs should be specifically directed toward women with the most need for family planning, particularly less educated women, women with high parity, and women in the South region.

- Potential users of family planning should be counseled on the most appropriate method for their age, fertility desires, and personal situation.

- Emphasis should be placed on the health benefits for mothers and children of smaller families and longer birth intervals; an effort to decrease levels of unmet need for family planning would be an appropriate means of helping women to space and limit their births.

JORDAN


IRAQ
SYRIA
Irbid
Ajloun
Jarash
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Balqa
Amman
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PALESTINE
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Dead Sea
SAUDI ARABIA
Karak
Tafielah
Ma'an
Aqaba
Red Sea
North
Central
South

INTRODUCTION 1

1.1 HISTORY, GEOGRAPHY, AND ECONOMY

Jordan, one of the most modern countries in the Middle East, was part of the Ottoman Empire. It was declared a political entity known as Transjordan under the mandate of the British government in 1923, until it gained independence and was declared a Kingdom in 1946. In 1950, Transjordan and the West Bank were united and assumed the current name of the Hashemite Kingdom of Jordan. The next major change for the Kingdom came in 1967, when the occupation of the West Bank and Gaza Strip by Israeli forces caused a massive wave of migrants to flow into the East Bank. Two decades later, in accordance with the desires of the Arab states and the Palestinian National Authority, the West Bank was administratively disengaged from the Kingdom in order to facilitate the establishment of the Palestinian state.

Geographically, Jordan is almost entirely landlocked. The port of Aqaba in the far south is Jordan's only outlet to the sea, as Palestine and Israel separate Jordan from the Mediterranean. Saudi Arabia lies to the south and east, Iraq is to the northeast, and Syria is to the north. Three climactic zones characterize Jordan, running from the west to east of the country. These include the Jordan Valley, which is largely below sea level and considered semitropical; the highlands east of the Jordan Valley, which range in elevation from 100 to 1,500 meters above sea level, and can be considered to have a Mediterranean climate; and the low-lying desert to the east of the highlands. Over 80 percent of Jordan's 89,000 square kilometers is characterized by semidesert conditions; however, there do exist some wetlands, including the Azraq Basin.

Administratively, the country is divided into 12 governorates, which are then grouped into three regions – the North region (Irbid, Jarash, Ajloun, and Mafraq), the Central region (Amman, Zarqa, Balqa, and Madaba), and the South region (Karak, Tafielah, Ma'an, and Aqaba). The major cities are Amman (the capital), Zarqa, and Irbid.

With regard to the economy, the national government still controls most community services; however, Jordan is moving towards a free market economy. There has been a slight shift in the economic sectoral shares of gross domestic product (GDP). The share of agriculture in GDP at constant prices dropped from 6.2 percent in 1990 to 3.8 percent in 1997, then to as low as 2.9 percent in 2001. Similarly, the contribution of the wholesale and retail trade, restaurants, and hotels to GDP declined from 11.9 percent in 1990 to 10.2 by 2001. There was a concomitant rise in the share of the manufacturing sector, which rose from 10.7 percent in 1990 to 13.8 percent in 2001. The share of the community and personal services sector also rose slightly during this period, from 2.2 percent to 3.5 percent. The contribution of the transportation, storage and communication sector to the GDP has changed little over the past decade, rising about one percentage point between 1990 and 2001.

The GDP per capita at current prices has demonstrated a steady increase over time, rising from US$1,185 in 1990, to US$1,577 in 1997, and to US$ 1706 in 2001. The cost of living index increased by 20 percent between 1992 and 1997, and increased by 8.2 percent between 1997 and 2002. The balance of trade deficit rose sharply by 72 percent between 1990 and 1996, but declined by 14 percent between 1997 and 2001. The rate of economic growth at constant prices has increased steadily over time: growth was 3.3 percent for 1997, 4.2 percent for 2001, and 5 percent for 2002.

To restructure economic activities in the country, the government began a reformation program in the early 1990s. Since the mid-1990s, the government has actively encouraged the privatization of certain community services as part of the program, and in 2000 issued the Privatization Act No. 25 for 2000 to establish the legal and institutional framework for privatization in Jordan.

1.2 POPULATION

The first population census in Jordan was carried out in 1961. The population then totaled 901,000. As a result of the Arab-Israeli wars in 1948 and 1967, and the subsequent Israeli occupation of the West Bank and the Gaza Strip, a large number of Palestinians moved into the East Bank. In 1979, the population of Jordan numbered 2.13 million; it nearly doubled to 4.14 million by 1994. As of 2002, the population was estimated at 5.3 million, and it is expected to reach 5.6 million by the year 2005.

Population growth averaged 4.8 percent during the period 1961-1979, and 4.4 percent between 1979 and 1994. The high rates of growth reflected the influx of immigrants to the East Bank from the West Bank and Gaza Strip in the late 1960s, the inflow of large numbers of guest workers, the high rate of natural increase, and the return of about 300,000 Jordanian nationals from the Gulf States as a result of the 1990 Gulf War. The rapid increases in population have created several problems for the country – namely, shortages in food, water, housing, and employment opportunities, as well as strains on the education system and the urban infrastructure. Fertility declines in Jordan have contributed to slowing the population growth rate down to 3.2 percent in the second half of the 1990s, and to 2.8 percent in 2002.

Urbanization is a particularly important topic in Jordan. Historically, internal rural-to-urban migration, as well as immigration, has contributed to rapid urban growth. Recent international crises have also impacted flows of migration into Jordan. The urban population increased by 14 percent between 1980 and 1994, increasing from 70 to 79 percent.

Results of the 1994 census indicate that the age structure of the population has changed considerably since 1979 – the result of changes in fertility, mortality, and migration dynamics. The proportion of the population under 15 years of age declined from 51 percent in 1979 to 39 percent by 2002, while the proportion of those age 65 and over has been rising.

Fertility has been declining in Jordan since the mid-1970s. Studies have found that the total fertility rate declined from 7.4 children per woman in 1976 to 5.6 in 1990, and to 4.4 in 1997 and finally to 3.7 in 2002. These figures indicate a 40 percent decline – about three children fewer per woman – between 1976 and 1997; fertility fell another 19 percent, or by one child more, between 1997 and 2002.

Mortality has also been declining in Jordan, even faster than fertility. The crude death rate, estimated at 18 per thousand in the early 1960s, had declined to 12 by the early 1980s. In 1990, the crude death rate was estimated at seven per thousand; by 2002 it had dropped to five. The infant mortality rate also declined from 82 per thousand in 1976 to 22 in 2002. Drops in mortality, particularly infant mortality, translated into increased life expectancy for the population: in 2002, life expectancy in Jordan reached 69.0 years for both sexes; 68.8 for males and 71.1 for females.

With regard to the education of the population, the illiteracy rate among those age 15 years and over has dropped by 70 percent since 1979 (from 35.5 percent to 10.3 percent of the population in 2002). In addition, almost one-third of Jordan's population is currently enrolled at various educational levels. Seventy-two percent of all students attend schools run by governmental agencies, which comprise 58 percent of all schools in Jordan in 2001.

1.3 POPULATION AND FAMILY PLANNING POLICIES AND PROGRAMS

Until the 1990s, Jordan had no explicit and official population policy. In 1973, the National Population Commission (NPC) was established, with the mandate to formulate and implement a national population policy and to address all population-related activities. However, the designing of a satisfactory population policy was controversial. Because of the sensitive nature of the topic, the NPC took no distinct actions or steps. The Commission was revitalized in the late 1980s to backstop several agencies working in the population field. During that period, and before 1993, both the public and private sectors made efforts to provide family planning services. The Ministry of Health (MOH), through its Maternal and Child Health Centers (MCH), provided optional and predominantly free family planning services as an unofficial and indirect intervention in the population policy. The efforts made by the Jordan Association of Family Planning and Protection (JAFPP), as well as by some voluntary nongovernmental organizations, were invaluable in this regard.

In 1991, the NPC adopted the Birth Spacing National Program, in an effort to promote better maternal and child health as well as reduce fertility through advocating increased birth intervals. The NPC prepared an integrated proposal, and submitted it to the government and to the public as a suggested population policy. This program was discussed nationwide and in 1993 the government approved the program as an official population policy, taking into consideration the religious, social, national, and free-choice dimensions of Jordanian society.

The NPC created the final national population strategy for Jordan, which was approved by the cabinet in 1996 and was updated in 2000. The strategy document comprised multiple dimensions – namely, reproductive health; gender equality and equity; empowerment of women; and population and sustainable development. It also addressed the matter of the various kinds of support that would be needed in order to sustain the implementation of the strategy. This document served as a guide for development plans and other national strategies in the country.

For the purposes of policy formulation and enhancement of public awareness in population issues, and as a substitute for the national population commission, the government established the Higher Population Council (HPC) in 2002. This council is headed by the Prime Minister, and is comprised of the membership of concerned ministers, in addition to relevant members from both the public and private sectors. The HPC mandate is to propose population policies that ensure the achievement of socioeconomic development objectives. The HPC will serve as a coordinating body in the area of population activities, dissemination of information, and strengthening of NGO participation in planning, management and implementation of population programs and projects in compliance with the national population strategy.

The HPC will work toward the promotion of public awareness in population and development issues and enhance advocacy in these areas. The HPC will also collaborate and coordinate with regional and international bodies interested in population issues, in addition to building national capacities for officials working in these areas in different institutions. Further, the HPC will conduct population surveys and studies for the purpose of updating the national population strategy.

1.4 HEALTH PRIORITIES AND PROGRAMS

The MOH is committed to making health services available, accessible, and acceptable in all communities, and seeks to ensure equitable distribution of these services. The government has given priority to the health sector and has developed a national health strategy. This strategy is aimed at creating a comprehensive health care system, utilizing both public and private service providers, and covering all levels of care, from preventive care to tertiary and rehabilitative care.

The MOH developed short-term and long-term plans to improve the health care system and the delivery of services to the population, the last of which was the plan for the period 2002-2005. These plans focus on the following areas:

1. Coordination of primary, secondary, and tertiary health service delivery, in order to improve the efficiency of the health system and to avoid duplication among health providers and waste of resources.

2. Development of health-sector human resources through training programs for medical staff to raise standards in all health-sector human resources categories and to maintain quality standards throughout the system.

3. Facility development by upgrading and/or expanding the existing health centers and hospitals, and building, equipping and computerization of new facilities as needed.

4. Issuance of laws and regulations related to the organization of the health sector, in addition to reconsideration of some existing health laws and regulations expected to be approved during the plan period 2002-2005.

5. Computerization of the MOH existing health facilities all over the country, including the development of a Geographic Information System (GIS) for these facilities.

1.5 Objectives of the Survey

As in the previous Demographic and Health Surveys (DHS) in Jordan, the primary objective of the Jordan Population and Family Health Survey (JPFHS) is to provide reliable estimates of demographic parameters, such as fertility, mortality, family planning, fertility preferences, as well as maternal and child health and nutrition that can be used by program managers and policy makers to evaluate and improve existing programs. In addition, the JPFHS data will be useful to researchers and scholars interested in analyzing demographic trends in Jordan, as well as those conducting comparative, regional or cross-national studies.

The content of the 2002 JPFHS was significantly expanded from the 1997 survey to include additional questions on women's status, reproductive health, and family planning. In addition, all women age 15-49 and children less than five years of age were tested for anemia.

1.6 Methodology and Organization of the Survey

The JPFHS is designed to collect data on ever-married women of reproductive age. The areas covered include demographic and socioeconomic characteristics, marriage and reproduction, family planning, health care, breastfeeding and child care, fertility preferences, nutritional status of children under five years of age, and knowledge of Acquired Immune Deficiency Syndrome (AIDS) and sexually-transmitted infections (STIs). The survey was funded primarily by the U.S. Agency for International Development (USAID) as part of the worldwide DHS program. ORC Macro provided technical assistance especially in the sample and questionnaire design, the training activities, the computer processing of survey data, and the preparation of reports. A national advisory committee, headed by the Director General of Statistics, was established to provide guidelines for the planning and implementation stages of the survey. The committee consisted of representatives from various government and non-government agencies involved in population and health issues.

The survey was executed in three stages; the first was the preparatory stage, which involved mapping, listing of households, and design and implementation of sampling procedures. At the same time,

the survey questionnaires and instruction manuals were developed, pretested, and finalized. All of these activities were completed in June 2002. The second stage encompassed interviewing and the collection of data. This was carried out by ten female teams, each consisting of one supervisor, one field editor, and four interviewers and a health technician. Data collection took place from July through September 2002. The third stage involved data entry, which started soon after the beginning of fieldwork and continued until October 2002. Data entry was followed by data cleaning, evaluation, and analysis.

1.6.1 Sample Design

The 2002 JPFHS sample was designed to produce reliable estimates of major survey variables for the country as a whole, urban and rural areas, each of the three regions, and for each of the three major governorates: Amman, Irbid and Zarqa. The grouping of the governorates into regions is as follows: the North consists of Irbid, Jarash, Ajlun, and Mafraq; the Central region consists of Amman, Madaba, Balqa and Zarqa; and the South region consists of Karak, Tafielah, Ma'an and Aqaba.

The 2002 JPFHS sample is a subsample of the master sample that was designed using the 1994 Census of Population and Housing as the frame. The sampling frame was stratified by governorate, major cities, other urban, and rural within each stratum. A two-stage sampling procedure was employed. First, blocks were selected systematically as primary sampling units (PSUs) with probability proportional to size of the PSU. A total of 498 PSUs were selected at this stage. In the second stage, a fixed number of 16 households were selected in each selected PSU. The sample design is described in Appendix A; the sampling errors are presented in Appendix B.

1.6.2 Updating of Sampling Frame

Prior to the main fieldwork, mapping operations were carried out and the sample units/blocks were selected and then identified and located in the field. The selected blocks were delineated and the outer boundaries were demarcated with special signs. During this process, the numbers on buildings and housing units and households were updated, listed and documented, along with the name of the owner/tenant of the unit or household, and the name of the household head. These activities were completed during the first half of 2002.

1.6.3 Questionnaires

The 2002 JPFHS used two questionnaires – namely, the Household Questionnaire and the Individual Questionnaire (See Appendix D). Both questionnaires were developed in English and translated into Arabic. The Household Questionnaire was used to list all usual members of the sampled households and to obtain information on each member's age, sex, educational attainment, relationship to the head of household, and marital status. In addition, questions were included on the socioeconomic characteristics of the household, such as source of water, sanitation facilities, and the availability of durable goods. The Household Questionnaire was also used to identify women who are eligible for the individual interview: ever-married women age 15-49. In addition, all women age 15-49 and children under five years living in the household were measured to determine nutritional status and tested for anemia.

The household and women's questionnaires were based on the DHS Model "A" Questionnaire, which is designed for use in countries with high contraceptive prevalence. Additions and modifications to the model questionnaire were made in order to provide detailed information specific to Jordan, using experience gained from the 1990 and 1997 Jordan Population and Family Health Surveys. For each ever-married woman age 15 to 49, information on the following topics was collected:

1. Respondent's background
2. Birth history
3. Knowledge and practice of family planning

4. Maternal care, breastfeeding, immunization, and health of children under five years of age
5. Marriage
6. Fertility preferences
7. Husband's background and respondent's employment
8. Knowledge of AIDS and STIs

In addition, information on births and pregnancies, contraceptive use and discontinuation, and marriage during the five years prior to the survey was collected using a monthly calendar.

1.6.4 Recruitment of Staff

Different supervisory and executive levels of survey staff members were recruited according to certain criteria, such as experience, educational and personal qualifications, and familiarity with geographic areas. Fieldworkers for the main survey were recruited from among those who participated in the 1994 census as well as those who took part in other demographic surveys conducted by the Department of Statistics (DOS), especially the 1997 JPFHS. The interviewers were all highly qualified females. Supervisors and field editors were selected from the DOS permanent staff or from those with good past experience in such surveys.

1.6.5 Training and Pretest

Training of the interviewers took place in Amman for four weeks in June 2002. The training course consisted of instructions regarding interviewing techniques and field procedures, a detailed review of items on the questionnaires, instruction and practice in weighing and measuring children and women, anemia testing, mock interviews between participants in the classroom, and practice interviews. After the training, pretest fieldwork was conducted over a one-week period in three urban clusters and one rural cluster.

Field practice in anemia testing was carried out during the pretest for persons who were assigned as team health technicians. In addition, team members practiced their ability to weigh and measure women and children. Also during this period, field editors and team supervisors were provided with additional training in methods of field editing, data quality control procedures, and fieldwork coordination. Debriefing sessions were held with the pretest field staff, and modifications to the questionnaires and instructions were made based on lessons drawn from the exercise. The survey technical staff, MOH specialists, Johns Hopkins University experts in Jordan and ORC Macro experts participated and lectured in the training program.

1.6.6 Main Fieldwork

The survey fieldwork was organized in such a way as to ensure control over field logistics by DOS field offices all over the country. The workload, the dispersion of sample units, and transportation facilities served as criteria for identifying the number of field staff in each area. The field staff consisted of ten teams; each team was comprised of one supervisor, one field editor, four interviewers and a health technician. All teams were supervised by three controllers and two inspectors. During fieldwork, each team was regrouped as necessary. Each team was provided with the required number of vehicles. Fieldwork was carried out between July 1 and September 30, 2002.

To facilitate data collection, each interviewing team was assigned a number of blocks in the sample area. Each inspector, in collaboration with the supervisor, divided his team so as to ensure that all adjacent sampled households were completed by one interviewer. To ensure good data quality, interviewers were asked to conduct fewer interviews during the first three days of data collection; the completed questionnaires were then checked by the field editor and/or the supervisor to ensure completeness

and consistency of data. Under the supervision of controllers and inspectors, the field editor and/or the supervisor conducted spot checks by randomly visiting some sampled households and completing some parts of the same questionnaire (previously filled in by the interviewer). Both questionnaires were then matched and any differences were discussed.

Interviewers made repeated attempts to obtain the responses of eligible respondents by calling back to interview eligible women who were not home at the time of the first visit, or by endeavoring to persuade eligible women who were reluctant to be interviewed. The questionnaires were then delivered to the central office in Amman for further processing.

1.6.7 Data Processing

Fieldwork and data processing activities overlapped. After a week of data collection, and after field editing of questionnaires for completeness and consistency, the questionnaires for each cluster were packaged together and sent to the central office in Amman where they were registered and stored. Special teams were formed to carry out office editing and coding of the open-ended questions.

Data entry and verification started after one week of office data processing. The process of data entry, including one hundred percent re-entry, editing and cleaning, was done by using PCs and the CSPro (Census and Survey Processing) computer package, developed specially for such surveys. The CSPro program allows data to be edited while being entered. Data processing operations were completed by the end of October 2002. A data processing specialist from ORC Macro made a trip to Jordan in October and November 2002 to follow up data editing and cleaning and to work on the tabulation of results for the survey preliminary report. The tabulations for the present final report were completed in December 2002.

1.7 RESULTS OF THE HOUSEHOLD AND INDIVIDUAL INTERVIEWS

Table 1.1 is a summary of the results from both the household and the individual interviews. A total of 7,968 households were selected for the survey from the sampling frame; among those selected households, 7,907 households were found. Of those households, 7,825 (99 percent) were successfully interviewed. In those households, 6,151 eligible women were identified, and complete interviews were obtained with 6,006 of them (98 percent of all eligible women). The overall response rate was 97 percent.

Table 1.1 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence, Jordan 2002

Result	Residence		
	Urban	Rural	Total
Household interviews			
Households selected	5,616	2,352	7,968
Households found	5,573	2,334	7,907
Households interviewed	5,504	2,321	7,825
Household response rate (%)	98.8	99.4	99.0
Individual Interviews			
Eligible women	4,314	1,837	6,151
Eligible women interviewed	4,196	1,810	6,006
Eligible woman response rate (%)	97.3	98.5	97.6
Overall response rate (%)	96.1	98.0	96.6

Note: The overall response rate = (household response rate) × (eligible woman response rate).

HOUSEHOLD CHARACTERISTICS 2

This chapter describes the general characteristics of the sample population, including composition by age and sex, residence, household size, education, housing facilities, and presence of durable goods in the household.

The questionnaire for the 2002 Jordan Population and Family Health Survey (JPFHS) included two questions distinguishing between the de jure population (persons who usually live in the selected household) and the de facto population (persons who spent the night before the interview in the household). It was found, however, that the difference between them was small, and since sample selection for the JPFHS was based on the de facto population, as it had been in past demographic surveys, tabulations for the JPFHS household data were carried out on the basis of the de facto population only.

2.1 POPULATION BY AGE AND SEX

In many developing countries, data on age are affected by errors such as misstatement and preference for or avoidance of certain digits. In general, that was not the case in Jordan. The survey results indicated that not only age but month and year of birth are widely recognized. Also, the distribution of the population by single years of age (Figure 2.1) indicates that although there is some preference for ages ending in 0 or 5, the problem is limited.

Figure 2.1 **Male and Female Population by Single Year of Age**

Table 2.1 shows the percent distribution of the population by age and sex, according to urban-rural residence. The table serves two purposes. The first is to show the effects of past demographic trends on the population and to give an indication of future trends. The second is to describe the context in which various demographic processes are operating.

Table 2.1 Household population by age, residence, and sex

Percent distribution of the de facto household population by five-year age group, according to sex and residence, Jordan 2002

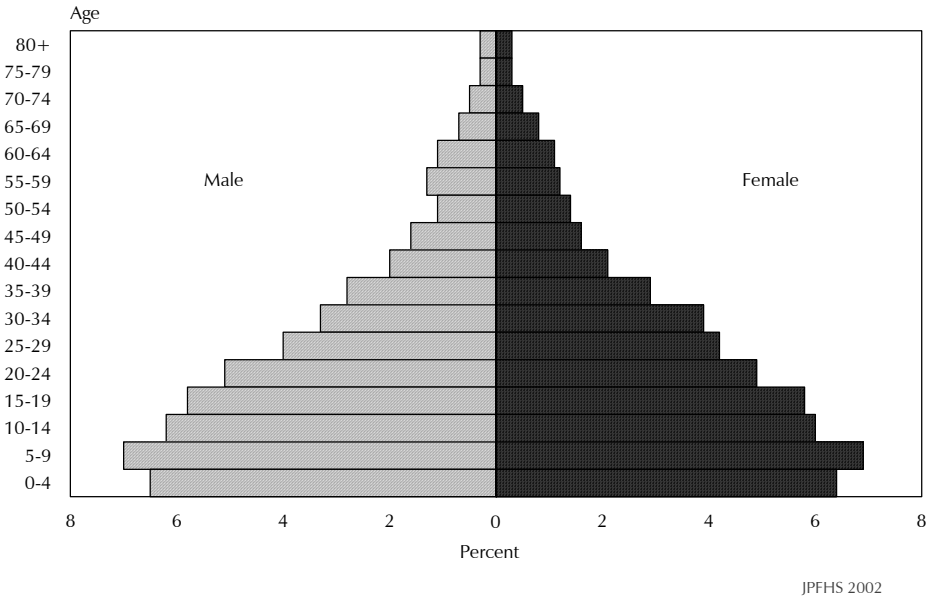
	Urban			Rural			Total		
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	12.7	12.5	12.6	14.6	13.4	14.0	13.1	12.7	12.9
5-9	13.8	13.5	13.7	15.5	14.7	15.1	14.2	13.8	14.0
10-14	12.2	11.5	11.8	13.6	13.6	13.6	12.5	11.9	12.2
15-19	11.3	11.4	11.3	12.9	11.8	12.3	11.6	11.5	11.6
20-24	10.6	9.6	10.1	9.3	10.3	9.8	10.3	9.8	10.1
25-29	8.2	8.4	8.3	7.5	7.6	7.6	8.1	8.2	8.2
30-34	7.0	7.8	7.4	5.7	7.5	6.6	6.7	7.7	7.2
35-39	5.6	5.8	5.7	5.6	5.3	5.4	5.6	5.7	5.6
40-44	4.2	4.4	4.3	3.5	3.6	3.5	4.1	4.2	4.1
45-49	3.2	3.3	3.3	2.8	2.8	2.8	3.1	3.2	3.2
50-54	2.3	3.0	2.6	2.1	2.5	2.3	2.3	2.9	2.6
55-59	2.9	2.5	2.7	1.8	1.8	1.8	2.7	2.4	2.5
60-64	2.3	2.2	2.3	1.9	1.9	1.9	2.2	2.2	2.2
65-69	1.5	1.7	1.6	1.2	1.3	1.3	1.4	1.6	1.5
70-74	1.1	1.2	1.1	1.1	0.8	0.9	1.1	1.1	1.1
75-79	0.6	0.6	0.6	0.5	0.4	0.4	0.5	0.6	0.6
80 +	0.5	0.6	0.5	0.6	0.6	0.6	0.5	0.6	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	17,393	17,614	35,007	4,669	4,736	9,405	22,062	22,350	44,412

The figures in Table 2.1 show that 39 percent of the population is under 15 years of age, an indicator that fertility remains high. The proportion under 15 years old is higher in rural areas (43 percent) than it is in urban areas (38 percent); this relationship holds for those under 20 as well. The opposite is true in the broad age category of 20-44 years old (36 percent and 33 percent in urban and rural areas, respectively). The latter difference is due to rural-urban migration, especially of males, as well as the influx of migrants from abroad, to urban areas in search of employment.

One may note an unusual pattern at the youngest ages in the population pyramid (Figure 2.2), such that there are fewer children in the 0-4 age group than in the 5-9 age group. This pattern may be explained by several circumstances: 1) a significant decrease in the fertility of the population has occurred, 2) heaping has occurred as a result of respondents rounding the age of a child up to the next year rather than reporting the exact age of the child at the time of the survey, or 3) heaping has occurred as a result of interviewers transferring children under age five to the age group 5-9 in order to avoid the time-consuming effort of taking the height, weight, and anemia measures from eligible children (all children under five years of age in the household). Indeed, it is possible to see the heaping of under-five children into the next age group in Figure 2.1. It is probable that a combination of all three of the suggested circumstances contributed to the apparent heaping.

As is the case in most countries, there are more females than males in Jordan; however, the overall sex ratio is not particularly exaggerated: there are 99 males for every 100 females. The sex ratio does vary by age: among those under 25 years of age, the sex ratio is on average 102; among people age 60 and above, the ratio is 92, on average. In the middle age groups (25-59 years old), the sex ratio drops to 94. The low ratio for this age group reflects in part the emigration of Jordanian males abroad.

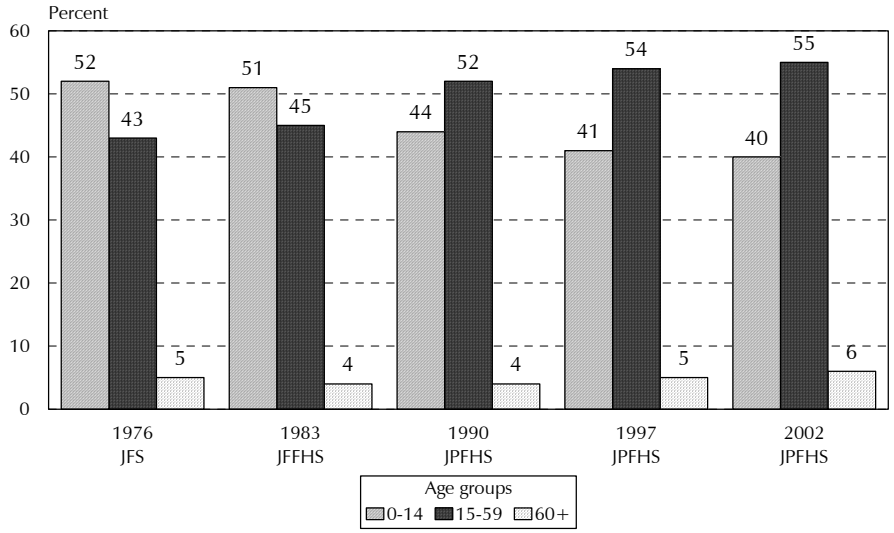
Figure 2.2 Population Pyramid of Jordan



2.2 Population by Age From Other Sources

The percentage of the population under 15 years of age declined substantially, from 51 percent in 1983, to 44 percent in 1990, to its current 2002 level of 39 percent, with proportional increases in the 15-59 age group (Figure 2.3). That pattern is typical of populations that are experiencing a fertility decline (see Chapter 4 for more discussion on fertility in Jordan). The change in the age structure is favorable in economic terms. The dependency ratio, calculated as the ratio of persons in the "dependent" ages (under 15, and 60 and over) to those in the working-age category (15-59) on the basis of those figures, fell from 130 in 1976, to 86 in 1997, and to 82 in 2002.

Figure 2.3 Population by Broad Age Groups, Various Surveys, 1976 - 2002



2.3 HOUSEHOLD SIZE

Table 2.2 provides information on the size of the sampled households. Household characteristics affect the social and economic well-being of the members of the household. Large household size may be associated with crowding, which can lead to unfavorable health conditions. Single-parent families, especially if they are headed by females, usually have limited financial resources.

Table 2.2 Household composition

Percent distribution of households by sex of head of household and household size, according to residence, Jordan 2002

Characteristic	Residence		Total
	Urban	Rural	
Sex of head of household			
Male	88.1	90.4	88.5
Female	11.9	9.6	11.5
Total	100.0	100.0	100.0
Number of usual members			
1	4.5	3.8	4.4
2	9.2	7.6	8.9
3	9.9	9.0	9.8
4	12.7	11.5	12.5
5	16.2	11.7	15.3
6	14.6	11.9	14.0
7	11.6	12.3	11.7
8	8.2	10.0	8.6
9+	13.0	22.2	14.8
Total	100.0	100.0	100.0
Number of households	6,276	1,549	7,825
Mean size of household	5.5	6.2	5.7

Note: Table is based on de jure members, i.e., usual residents.

Large households are common in Jordan. The average number of members in a household is 5.7. Household size is slightly smaller in urban areas (5.5) than in rural areas (6.2). Fifteen percent of households, on average, are composed of nine or more persons. The figure is higher in rural areas (22 percent) than in urban areas (13 percent). The table shows that 12 percent of households in urban areas are headed by females, compared with 10 percent in rural areas.

Results shown in Table 2.3 indicate that the majority of children under 15 years of age (94 percent) are living with both parents. The range is between 98 percent for children age 0-2 years and 90 percent for children age 10-14 years. No variations were noted according to sex, urban-rural residence or region, and no differences are noted over time between the 1997 and 2002 surveys. In addition, 3 percent of children under the age of 15 have experienced the death of one or both parents.

Table 2.3 Children's living arrangements and orphanhood

Percent distribution of de jure children under age 15 by children's living arrangements and survival status of parents, according to background characteristics, Jordan 2002

Background characteristic	Living with both parents	Living with mother but not father		Living with father but not mother		Not living with either parent				Total	Number of children
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead		
Age											
<2	98.2	1.4	0.1	0.1	0.0	0.2	0.0	0.0	0.0	100.0	2,200
2-4	96.2	2.4	0.9	0.3	0.0	0.1	0.1	0.0	0.0	100.0	3,270
5-9	93.9	2.6	2.0	0.6	0.2	0.4	0.1	0.2	0.0	100.0	6,079
10-14	90.1	3.1	3.8	1.2	0.9	0.3	0.1	0.2	0.1	100.0	5,310
Sex											
Male	94.0	2.7	2.0	0.6	0.4	0.3	0.1	0.1	0.0	100.0	8,525
Female	93.4	2.4	2.2	0.8	0.4	0.4	0.1	0.2	0.0	100.0	8,334
Residence											
Urban	93.3	3.0	2.0	0.6	0.4	0.3	0.1	0.2	0.0	100.0	12,872
Rural	94.9	1.1	2.3	0.9	0.3	0.3	0.2	0.0	0.0	100.0	3,987
Region											
Central	93.5	2.9	2.0	0.7	0.4	0.3	0.1	0.1	0.0	100.0	10,113
North	94.0	2.4	2.2	0.7	0.4	0.2	0.0	0.1	0.0	100.0	4,969
South	94.3	1.0	2.6	0.7	0.4	0.6	0.1	0.2	0.2	100.0	1,777
Total	93.7	2.6	2.1	0.7	0.4	0.3	0.1	0.1	0.0	100.0	16,859

Note: Orphans are children with both parents dead.

2.4 LEVEL OF EDUCATION OF THE HOUSEHOLD POPULATION

Education is an important variable with regard to its association with demographic behavior. Higher education is usually associated with greater knowledge and use of health practices and family planning methods. The education system in Jordan has been in place for a long time. Basic education is free of cost and compulsory, starting at age six and lasting for 10 years. A further two-year period, known as the secondary cycle, is virtually cost-free. In the JPFHS, questions on education were asked for persons six years of age and older, to be used to calculate rates of school enrollment as well as overall education levels of the population.

Table 2.4 presents data on the educational composition of the population reported in the household questionnaire. In the 2002 JPFHS, information on educational attainment refers to the highest level of education attended, and the highest grade completed at that level. An important observation is that women have less education than men: 94 percent of males in Jordan have had some schooling, whereas about 88 percent of females have attended school. Furthermore, men are likely to stay in school longer than women.

This table also shows that 46 percent of males and 43 percent of females have attended secondary education or higher. The median number of years of schooling is 8.6 years for males and 8 years for females in 2002. This indicates that while there has been no improvement in the gender gap in education levels from that in 1997 (when the median was 7.5 and 6.9 years for males and females respectively), overall education levels have increased equally for both men and women.

Table 2.4 Educational attainment of household population

Percent distribution of the de facto male and female household populations age six and over by highest level of education attended, according to background characteristics, Jordan 2002

Background characteristic	Highest level of schooling attended: No education	Elementary	Preparatory	Secondary	Higher	*Preparatory and secondary*	Total	Number	Median number of years
				MALE					
Age									
6-9	16.0	84.0	0.0	0.0	0.0	*0.0*	100.0	2,523	1.3
10-14	0.5	54.7	44.5	0.3	0.0	*44.8*	100.0	2,751	5.8
15-19	0.7	3.5	21.6	67.2	7.0	*88.8*	100.0	2,567	9.9
20-24	1.0	7.1	11.4	46.5	34.0	*57.9*	100.0	2,282	10.9
25-29	1.5	8.0	21.1	39.3	30.0	*60.4*	100.0	1,779	10.7
30-34	2.2	6.4	23.0	36.1	32.2	*59.1*	100.0	1,483	10.9
35-39	3.1	9.0	20.8	34.0	33.1	*54.8*	100.0	1,229	11.1
40-44	3.2	11.9	25.6	24.0	35.2	*49.7*	100.0	895	10.7
45-49	3.1	15.2	22.7	24.5	34.5	*47.2*	100.0	692	10.8
50-54	5.9	21.4	19.7	17.9	35.2	*37.6*	100.0	502	10.2
55-59	8.9	30.4	16.7	17.4	26.5	*34.1*	100.0	591	8.4
60-64	18.9	29.4	14.3	15.7	21.8	*30.0*	100.0	491	6.5
65+	44.1	33.8	8.7	7.5	5.8	*16.3*	100.0	787	3.0
Residence									
Urban	5.3	27.2	20.3	27.2	20.0	*47.5*	100.0	14,722	8.7
Rural	9.3	29.4	19.4	30.0	12.1	*49.3*	100.0	3,849	8.0
Region									
Central	5.4	26.9	19.7	27.8	20.3	*47.4*	100.0	11,854	8.8
North	6.8	28.4	21.3	27.7	15.9	*48.9*	100.0	4,947	8.3
South	8.9	30.3	19.8	28.3	12.6	*48.2*	100.0	1,769	7.9
Total	6.1	27.6	20.1	27.8	18.4	*47.9*	100.0	18,571	8.6
				FEMALE					
Age									
6-9	13.2	86.8	0.0	0.0	0.0	*0.0*	100.0	2,552	1.4
10-14	0.5	52.9	46.3	0.2	0.0	*46.6*	100.0	2,668	5.8
15-19	0.6	3.3	19.3	65.8	11.0	*85.1*	100.0	2,564	10.1
20-24	1.8	5.6	9.9	40.4	42.3	*50.3*	100.0	2,186	11.5
25-29	2.2	7.3	16.6	43.2	30.7	*59.8*	100.0	1,843	10.8
30-34	4.3	8.2	19.5	35.1	32.9	*54.7*	100.0	1,731	10.9
35-39	6.1	12.6	17.9	34.4	29.1	*52.3*	100.0	1,270	10.6
40-44	11.0	16.2	19.5	24.8	28.5	*44.3*	100.0	937	10.0
45-49	19.2	27.4	21.0	15.9	16.5	*36.9*	100.0	711	6.6
50-54	34.9	26.7	12.8	16.3	9.3	*29.1*	100.0	642	4.7
55-59	50.6	24.3	9.1	10.6	5.4	*19.7*	100.0	533	0.0
60-64	69.6	18.0	4.4	6.5	1.6	*10.9*	100.0	481	0.0
65+	82.9	8.6	4.6	3.0	0.9	*7.7*	100.0	861	0.0
Residence									
Urban	11.4	26.2	17.6	26.8	18.0	*44.4*	100.0	15,009	8.3
Rural	16.7	29.0	17.7	24.0	12.6	*41.7*	100.0	3,970	6.7
Region									
Central	11.6	25.5	17.6	27.3	18.0	*44.9*	100.0	12,030	8.4
North	13.6	28.9	18.1	24.6	14.8	*42.7*	100.0	5,166	7.4
South	15.9	29.1	16.5	23.8	14.7	*40.3*	100.0	1,783	6.9
Total	12.5	26.8	17.6	26.2	16.8	*43.9*	100.0	18,979	8.0

Note: Education categories refer to the highest level of education attended, whether or not that level was completed. Elementary eduation corresponds to the first six years of school, preparatory corresponds to the next three years, and secondary to the last three years, for a total of 12 years of schooling. In this report, the "preparatory" and "secondary" categories are shown separately; whereas, in the 1990 and 1997 reports, the "secondary" category represents both categories together.

The figures for median number of years of schooling indicate that education has a long history in Jordan. Men age 50-54 have had a median of 10.2 years of education, while women in the same age cohort have had 4.7 years. Among persons age 40-44, the median for men is 10.7 years of education, compared with 10 years for females. The median number of years of education is almost the same for males and females at ages 25-34, and in the younger age groups, the median number of years of education is slightly higher for females than for males.

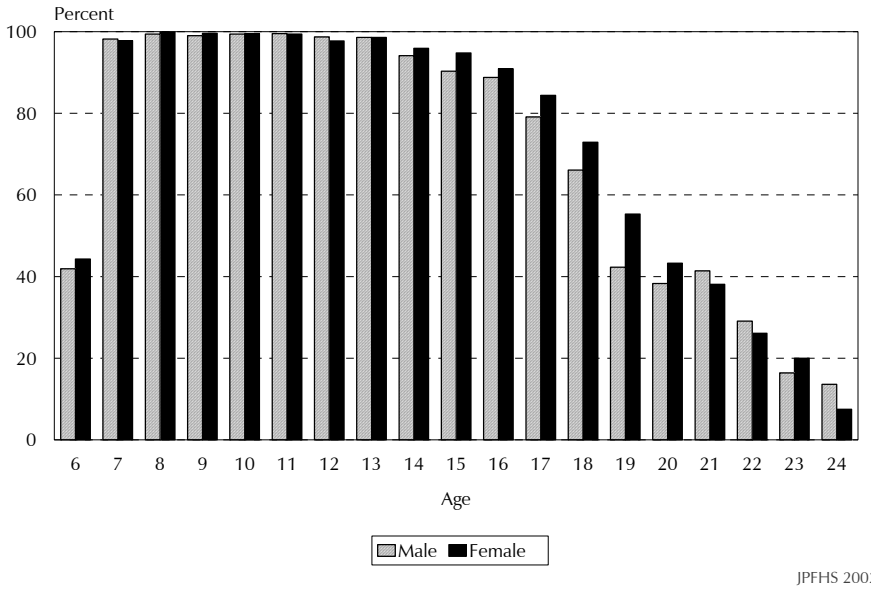
The level of education is associated with residence, though differences by residence and by region are not great. In urban areas and in the Central region (Amman, Zarqa, Balqa, and Madaba), the median years of education attained are higher than in the rest of the country.

2.5 SCHOOL ATTENDANCE

Figure 2.4 and Table 2.5 show the proportion of the household population age 6-24 years attending school, by age and sex. The data reflect the fact that school attendance in Jordan is very high, at almost 99 percent for both sexes among those ages 8 through 13. Few differences in attendance are observed between males and females of younger ages (7-13 years).

Figure 2.4 **Age-Specific Attendance Rates**

(Percentage of the de Facto Household Population Age 6-24 Years Attending School)



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Beyond the age of 13, attendance rates start to decline, especially for males. Nevertheless, the overall rate exceeds 90 percent for both sexes up to age 15. Age 15 marks the beginning of a gender-based divergence in attendance, where 95 percent of females and 90 percent of males are attending school. This gender gap continues through age 20, with 43 percent of females attending school as compared to 38 percent of males. Gender gaps in attendance are inconsistent in direction between the ages of 21 and 24.

Table 2.5 Age-specific attendance rates

Percentage of the household population age 6-24 years attending school, by age and sex, Jordan 2002

	Male		Female	
Age	Attendance rate (%)	Number	Attendance rate (%)	Number
6	41.9	661	44.3	608
7	98.2	632	97.8	648
8	99.4	578	99.9	636
9	99.0	607	99.6	600
10	99.4	547	99.5	506
11	99.5	543	99.4	521
12	98.7	540	97.7	497
13	98.6	503	98.6	538
14	94.1	567	95.9	548
15	90.3	531	94.8	523
16	88.8	509	90.9	525
17	79.1	545	84.4	523
18	66.1	524	72.9	493
19	42.3	510	55.3	461
20	38.3	542	43.3	457
21	41.4	508	38.1	448
22	29.1	506	26.1	462
23	16.4	426	20.0	426
24	13.6	426	7.5	370

2.6 HOUSING CHARACTERISTICS

In the JPFHS 2002, information on housing characteristics was collected in the household questionnaire. Thus, the sample is comprised of the households interviewed. Table 2.6 indicates that about two in three housing units (69 percent) in urban areas are apartments, as compared to nearly one in four (23 percent) in rural areas. Dars, which are homes that are built with an enclosed central courtyard, form 76 percent of the dwellings in rural areas, compared to only 29 percent in urban areas. In general, 98 percent of total housing units in Jordan are either apartments or dars.

About half of the housing units (47 percent) consist of two or three rooms, and 44 percent consist of four or five rooms, whereas 6 percent consist of six or more rooms; only 3 percent of housing units consist of one room, with slight differences according to the place of residence. As for sleeping rooms, one in five housing units has one sleeping room, more than two-fifths (44 percent) have two rooms, and one in three (31 percent) has three rooms.

Table 2.6 indicates that almost all households (99.7 percent) in urban areas have electricity, which differs little from rural areas (98.7 percent). Moreover, nearly all households use natural gas for cooking regardless of the place of residence. Piped-in water is widely available – particularly in urban areas (87 percent), but somewhat less often (83 percent) in rural areas. About 9 percent of urban households and only 1 percent of rural households use bottled water for drinking. Consequently, the majority of households in urban areas (96 percent) and in rural areas (84 percent) use safe water for drinking. About 12 percent of rural dwellings use water that may be unsafe for drinking and other purposes. The problem is further aggravated if households using tankers to obtain water (another 5 percent) are added, as the source of the water carried by tanker trucks may be unknown.

Table 2.6 also shows that a large majority of households (89 percent) have a flush toilet (with marked differences between urban and rural households). Seventy-three percent of urban households have access to a public sewage network, in contrast with only 7 percent of rural households.

About nine in ten dwellings have floors made of ceramic or tile; another 10 percent have cement floors. The proportions differ reciprocally by urban-rural residence: urban households are more likely to have ceramic or tile flooring, while rural households tend to have cement flooring.

2.7 Presence of Durable Goods in the Household

Jordan is a modern society, and most of the population enjoys the convenience of electrical appliances (Table 2.7). Ninety-six percent of households have television sets, 93 percent have a refrigerator, and 93 percent have a washing machine.

As further testament to the level of development in Jordan, 73 percent of households possess a land-line or mobile phone (with 13 percent of households owning 2 or more mobile phones), one in six households owns a computer, and five percent have internet access. The possession of computer-related assets varies considerably between urban and rural areas: ownership of a computer in urban areas is fourfold that in rural areas, and internet access is about nine times higher in urban than in rural areas.

Of further interest is the fact that two in five households own a private car, and one in five has a solar heater. Overall, less than 1 percent of households owns none of the seven specified durable goods.

Table 2.6 Housing characteristics

Percent distribution of households by housing characteristics, according to residence, Jordan 2002

Housing characteristic	Residence		
	Urban	Rural	Total
Type of housing unit			
Apartment	69.2	23.4	60.1
Dar	28.8	75.6	38.0
Villa	1.9	0.7	1.6
Other	0.2	0.4	0.2
Total	100.0	100.0	100.0
Rooms in the house			
1	3.3	3.5	3.3
2	14.8	15.5	14.9
3	32.8	30.0	32.2
4	26.6	30.4	27.4
5	17.2	14.2	16.6
6+	5.4	6.4	5.6
Total	100.0	100.0	100.0
Sleeping rooms			
1	20.3	23.9	21.0
2	43.7	43.3	43.6
3	31.3	27.1	30.5
4+	4.7	5.6	4.9
Total	100.0	100.0	100.0
Electricity			
Yes	99.7	98.7	99.5
No	0.3	1.3	0.5
Total	100.0	100.0	100.0
Source of drinking water			
Piped into dwelling	86.5	82.8	85.8
Rainwater	3.0	10.8	4.5
Tanker truck	1.1	4.5	1.7
Bottled water	9.3	0.8	7.6
Other	0.2	1.1	0.3
Total	100.0	100.0	100.0
Sanitation facility			
Flush toilet	92.0	76.2	88.8
Traditional pit toilet	8.0	23.5	11.1
No facility	0.0	0.3	0.1
Total	100.0	100.0	100.0
Public sewage			
Yes	73.4	6.5	60.1
No	26.6	93.5	39.9
Total	100.0	100.0	100.0
Flooring material			
Tiles	89.2	79.9	87.4
Ceramic tiles	3.1	0.5	2.6
Cememt	7.5	19.0	9.8
Earth/sand	0.1	0.6	0.2
Total	100.0	100.0	100.0
Type of cooking fuel			
LPG, natural gas	99.6	99.2	99.5
Other	0.4	0.8	0.5
Total	100.0	100.0	100.0
Number of households	6,276	1,549	7,825

Table 2.7 Household durable goods

Percentage of households possessing various durable consumer goods, by urban-rural residence, Jordan 2002

Durable consumer goods	Residence		Total
	Urban	Rural	
Radio	82.1	69.8	79.7
Television	96.7	94.8	96.3
Telephone	56.5	46.0	54.4
Mobile phone	50.2	38.9	48.0
Phone or mobile	*74.7*	*64.4*	*72.6*
Refrigerator	94.4	87.9	93.2
Satellite	47.9	19.3	42.3
Washing machine	93.9	89.1	92.9
Solar heater	21.4	11.1	19.3
Computer	19.1	5.3	16.4
Internet access	6.1	0.7	5.0
Car/pickup	39.0	34.0	38.0
None of the above	0.5	1.6	0.7
Number of households	6,276	1,549	7,825

3 RESPONDENTS' BACKGROUND CHARACTERISTICS

This chapter highlights the basic characteristics of ever-married women age 15-49 who were interviewed in the survey. It also presents data on the respondents' exposure to mass media, employment status, living arrangements, and women's participation in household decisionmaking.

3.1 GENERAL CHARACTERISTICS

Table 3.1 presents the distribution of respondents by background characteristics, including age, marital status, residence, educational level attended, and religion. The distribution of ever-married women shows that 15 percent are under age 25 in 2002, compared with 18 percent in 1997, and 22 percent in 1990. It is noteworthy that the proportion of women in the younger age group (15-19) has dropped by one percentage point in 2002 from that in 1997 (from 3.7 percent to 2.6 percent); in 1990, women in this age group made up 6 percent of the female population. This decline in the proportion of young women in the ever-married population is the consequence of increasing age at marriage (see Chapter 5). Despite the similar proportion of women age 25-34 in both years, the proportion of women age 40-49 was slightly higher in 2002 than it was in 1997.

Among ever-married women, the percent distribution by marital status indicates that 95 percent are currently married; the rest are either divorced or widowed. The proportion married has declined by one percentage point in 2002 from that in 1997.

The population of Jordan is highly urbanized (Table 3.1). Eighty percent of respondents reside in urban areas (localities with a population of 5,000 or more, as stated in the 1994 Census). Only 9 percent of all ever-married women live in the governorates of the South region (Karak, Tafielah, Ma'an, and Aqaba) compared with 65 percent in the Central region and 26 percent in the North region.

Table 3.1 also presents the weighted and unweighted numbers of women in the sample. The unweighted numbers of women in the Central region (Amman, Zarqa, Balqa, and Madaba) are smaller than the weighted numbers. The opposite is true in the South region (because of oversampling). For example, in the South region, although the weighted number of women is 566, in reality data were collected from 1,458 women. The South region was oversampled to obtain sufficient women to yield statistically reliable estimates.

Table 3.1 indicates that in 2002, 6 percent of ever-married women had not received any formal education. Compared with the proportion of women with no education in 1997 (9 percent) and in 1990 (24 percent), the degree to which access to education has spread in Jordanian society in a relatively short period of time becomes apparent. Education has spread deeply as well as broadly over time in Jordan: only 54 percent of women had ever attended preparatory or higher levels of schooling in 1990; the corresponding figure in 1997 was 76 percent, and by 2002, 83 percent of women had attained preparatory or higher education.

Table 3.1 Background characteristics of respondents

Percent distribution of ever-married women by background characteristics, Jordan 2002

Background characteristic	Weighted percent	Number of women	
		Weighted	Un-weighted
Age			
15-19	2.6	158	155
20-24	12.1	728	753
25-29	19.6	1,175	1,195
30-34	22.5	1,354	1,342
35-39	17.8	1,071	1,090
40-44	14.3	862	843
45-49	11.0	659	628
Marital status			
Married	95.0	5,706	5,727
Divorced	2.2	130	111
Widowed	2.8	170	168
Residence			
Urban	79.9	4,799	4,196
Rural	20.1	1,207	1,810
Region			
Central	64.9	3,898	2,788
North	25.7	1,542	1,760
South	9.4	566	1,458
Educational level attended			
No education	6.0	363	526
Elementary	11.5	689	783
Preparatory	20.5	1,231	1,248
Secondary	37.4	2,247	2,067
Higher	24.6	1,476	1,382
Preparatory + secondary	*57.9*	*3,478*	*3,315*
Religion			
Muslim	98.4	5,912	5,898
Christian	1.6	94	108
Total	100.0	6,006	6,006

Note: Education categories refer to the highest level of education attended, whether or not that level was completed. Elementary education corresponds to the first six years of school, preparatory corresponds to the next three years, and secondary to the last three years, for a total of 12 years of schooling. In this report, the "preparatory" and "secondary" categories are shown separately; whereas, in the 1990 and 1997 JPFHS reports, the "secondary" category represents both categories together.

3.2 RESPONDENTS' LEVEL OF EDUCATION

Table 3.2 shows the relationship between level of education attended and background characteristics. Broad-based access of the Jordanian population to education has received greater emphasis over the past fifty years, as evidenced by data from the JPFHS surveys that indicate that older women are less likely to have had education than younger women: almost 20 percent of women age 45-49 have had no education, while less than 2 percent of women between the ages of 15 and 29 have had no education.

Table 3.2 Educational attainment of women by background characteristics

Percent distribution of all ever-married women by highest level of schooling attended and median number of years of schooling, according to background characteristics, Jordan 2002

Background characteristic	Highest level of schooling attended							Number of women	Median number of years of schooling
	No education	Elementary	Preparatory	Secondary	Higher	*Preparatory and secondary*	Total		
Age									
15-19	1.4	11.4	33.0	51.4	2.8	*84.4*	100.0	158	9.2
20-24	1.1	7.0	17.0	56.8	18.1	*73.8*	100.0	728	10.5
25-29	1.9	6.4	21.0	47.4	23.2	*68.4*	100.0	1,175	10.5
30-34	3.4	7.3	21.9	36.1	31.3	*58.0*	100.0	1,354	10.8
35-39	5.7	11.6	18.4	36.1	28.2	*54.5*	100.0	1,071	10.6
40-44	11.0	15.4	20.8	25.0	27.9	*45.7*	100.0	862	9.9
45-49	19.3	28.7	20.6	15.9	15.5	*36.5*	100.0	659	6.3
Residence									
Urban	4.0	10.4	20.8	38.9	26.0	*59.6*	100.0	4,799	10.5
Rural	14.2	15.9	19.3	31.7	18.9	*51.0*	100.0	1,207	9.1
Region									
Central	4.3	10.5	20.4	39.8	24.9	*60.3*	100.0	3,898	10.5
North	7.6	12.5	21.6	34.5	23.7	*56.1*	100.0	1,542	10.0
South	13.8	15.3	17.9	28.6	24.3	*46.5*	100.0	566	9.5
Total	6.0	11.5	20.5	37.4	24.6	*57.9*	100.0	6,006	10.3

Note: Education categories refer to the highest level of education attended, whether or not that level was completed. Elementary education corresponds to the first six years of school, preparatory corresponds to the next three years, and secondary to the last three years, for a total of 12 years of schooling. In this report, the "preparatory" and "secondary" categories are shown separately; whereas, in the 1990 and 1997 JPFHS reports, the "secondary" category represents both categories together.

The median number of years of schooling according to age group reflects that young women have been able to continue in school for longer periods of time than have older women. The median number of years of education for all women is 10 years; however, women age 20-39 have a median of almost 11 years of education, while those age 45-49 have a median of 6 years of education.

Women in urban areas are more likely to have had any education, as well as higher education, than their rural counterparts. While the proportion of urban women with no education did not exceed 4 percent, it rises to 14 percent for rural women. Differences also exist in terms of the median number of schooling years by residence: urban women have about 2 years of education more than rural women (11 years and 9 years in urban and rural areas respectively). There are also pronounced regional differences in women's educational attainment. In the Central region, 4 percent of women have no education, whereas in the South region, the proportion is 14 percent. Regional differences persist with regard to secondary or higher education: a greater proportion of women in the Central Region attain preparatory or higher education (85 percent) than in either the North (80 percent) or South (71 percent) regions.

3.3 EXPOSURE TO JORDANIAN MASS MEDIA

The exposure of women to Jordanian television, radio, and newspapers is shown in Table 3.3. Eighty-one percent of women in the sample watch Jordanian television, 44 percent listen to the Jordanian radio, and 36 percent read newspapers at least once a week. While 17 percent of women were exposed to all three forms of media at least once a week, 10 percent were not exposed to any. Although exposure to mass media varies little across age groups, younger women are slightly less likely to be exposed to mass

Table 3.3 Exposure to Jordanian mass media

Percentage of ever-married women who usually read a Jordanian newspaper at least once a week, watch Jordanian television at least once a week, and listen to Jordanian radio at least once a week, by background characteristics, Jordan 2002

Background characteristic	Type of mass media exposure: Reads a Jordanian newspaper at least once a week	Watches Jordanian television at least once a week	Listens to Jordanian radio at least once a week	All three media	No mass media	Number of women
Age						
15-19	27.2	79.7	44.3	12.8	14.2	158
20-24	32.2	81.8	42.3	16.3	10.1	728
25-29	35.6	80.2	39.1	15.4	9.6	1,175
30-34	36.5	81.1	45.3	17.9	9.9	1,354
35-39	39.7	80.7	42.6	17.3	9.3	1,071
40-44	39.1	79.1	43.1	19.7	10.7	862
45-49	33.9	85.2	51.7	18.3	7.8	659
Residence						
Urban	38.4	78.8	43.7	17.8	10.7	4,799
Rural	27.6	89.8	43.4	15.3	6.1	1,207
Region						
Central	40.3	76.4	46.1	18.8	11.3	3,898
North	28.2	90.3	37.9	14.3	6.7	1,542
South	30.3	88.0	42.1	15.4	7.7	566
Educational level attended						
No education	0.7	86.0	36.6	0.7	12.0	363
Elementary	11.5	83.1	41.1	5.8	12.0	689
Preparatory	29.0	87.0	43.4	15.7	8.2	1,231
Secondary	41.2	80.9	45.6	19.6	8.6	2,247
Higher	54.8	74.1	43.7	24.5	11.3	1,476
Preparatory + secondary	*36.9*	*83.1*	*44.8*	*18.2*	*8.4*	*3,478*
Total	36.2	81.1	43.6	17.3	9.8	6,006

media than older women: whereas 13 percent of women age 15-19 were exposed to all three forms of mass media, the proportion goes up to 19 percent among women age 40-49. As expected, there is a linear and positive association between education and newspaper reading: a higher proportion of women with at least secondary education reads newspapers than those with less education.

There is no consistent relationship between television viewing or radio listenership and education; however, those who fall into the educational extremes do tend to differ somewhat with regard to their exposure to these kinds of media: women with the highest levels of education are the least likely to report that they watch television weekly, while women with no education are the least likely to report listening to the radio. It should be noted that while about one-fourth of women with higher than secondary education were exposed to all three media, less than 1 percent of women with no education report the same.

The relationship between residence and exposure to mass media varies depending on the type of media. Women in urban areas are more likely to read the newspaper (38 percent) than women in rural areas (28 percent). The opposite holds for viewing television, where rural women are more likely than urban women to watch television (90 percent and 79 percent respectively). The extent to which women

listen to the radio does not vary substantially by urban-rural residence. Women living in the Central region are more likely than in the other two regions to read newspapers and listen to the radio, but less likely to watch television.

3.4 RESPONDENTS' EMPLOYMENT CHARACTERISTICS

In the 2002 JPFHS, respondents were asked a number of questions about their employment, including whether they were currently working or not. Women who were currently working were then asked a number of questions about the kind of work they do, their employment status, who makes the decision about how their earnings are used, and what proportion of household expenditures are paid for by the income gained from their own employment.

3.4.1 Employment Status

The majority of women (90 percent) are not working, nor have they worked during the last seven days prior to the survey (Table 3.4): only one in ten women was employed in the seven days preceding the survey. The proportion of women who were not employed ranges from 99 percent among those age 15-19 to 87 percent among those age 35-44.

Differentials in employment status by urban-rural residence are small; however, a greater proportion of women in the South region report current employment (16 percent) than in other regions. This finding seems contrary to the conventional wisdom that higher education increases the likelihood of employment, as women in the South region are the least likely to have any education. While women with post-secondary education are much more likely to report having been employed in the week prior to the survey than any other educational group, those with the second-greatest amount of education (preparatory and secondary) are less likely to work than women with no education at all.

Marital status seems to have a bearing on employment status. The proportion of working women rises from 10 percent among those married and widowed to 16 percent among divorced women. When the number of living children is considered, the percentage of working women rises from 9 percent for those with no children to 12 percent for those with one or two children, and then drops to 7 percent for those with five or more children.

Table 3.4 Employment status

Percent distribution of ever-married women by employment status, according to background characteristics, Jordan 2002

Background characteristic	Employed in the 7 days preceding the survey	Not employed in the 7 days preceding the survey	Total	Number of women
Age				
15-19	1.2	98.8	100.0	158
20-24	4.4	95.6	100.0	728
25-29	7.1	92.9	100.0	1,175
30-34	11.9	88.1	100.0	1,354
35-39	12.8	87.2	100.0	1,071
40-44	13.3	86.7	100.0	862
45-49	8.0	92.0	100.0	659
Marital status				
Married	9.6	90.4	100.0	5,706
Divorced	16.0	84.0	100.0	130
Widowed	9.9	90.1	100.0	170
Number of living children				
0	8.7	91.3	100.0	521
1-2	12.2	87.8	100.0	1,490
3-4	11.3	88.7	100.0	1,807
5+	7.0	93.0	100.0	2,188
Residence				
Urban	9.4	90.6	100.0	4,799
Rural	11.0	89.0	100.0	1,207
Region				
Central	8.4	91.6	100.0	3,898
North	10.6	89.4	100.0	1,542
South	16.4	83.6	100.0	566
Educational level attended				
No education	5.7	94.3	100.0	363
Elementary	2.6	97.4	100.0	689
Preparatory	2.2	97.8	100.0	1,231
Secondary	4.7	95.3	100.0	2,247
Higher	27.8	72.2	100.0	1,476
Preparatory + secondary	*3.8*	*96.2*	*100.0*	*3,478*
Total	9.7	90.3	100.0	6,006

3.4.2 Occupation

Table 3.5 shows that among women who report having been employed in the seven days prior to the survey, a large proportion is engaged in professional and technical occupations (70 percent), while 9 percent are employed in sales work. About 7 percent of women are engaged in clerical work, and 6 percent in craft and related trade occupations. The percentages vary considerably by background characteristics of women. The data also indicate that 86 percent of employed women are paid workers and 8 percent are self-employed (data not shown).

Table 3.5 Occupation

Percent distribution of all ever-married women employed in the 7 days preceding the survey by occupation, according to background characteristics, Jordan 2002

Background characteristic	Occupation											
	Legislators and senior officials	Professionals	Technicians and associate professionals	Clerks	Service workers, shop, and market sales workers	Skilled agricultural and fishery workers	Craft and related trades workers	Plant and machine operators and related occupations	Elementary occupations[1]	Missing	Total	Number of women
Age												
15-19	*	*	*	*	*	*	*	*	*	*	*	2
20-24	(0.0)	(30.3)	24.9	8.6	25.8	0.0	10.4	0.0	0.0	0.0	100.0	32
25-29	0.0	45.1	32.9	7.0	9.7	1.3	3.5	0.0	0.6	0.0	100.0	83
30-34	0.2	37.2	34.1	7.0	11.9	0.0	2.7	1.4	4.7	0.7	100.0	162
35-39	0.0	33.8	35.5	7.9	4.8	2.9	7.3	0.0	6.9	0.8	100.0	137
40-44	0.0	31.3	44.2	6.0	2.4	0.4	9.7	0.0	6.1	0.0	100.0	115
45-49	0.0	29.0	22.3	5.7	8.7	11.0	6.9	0.0	16.3	0.0	100.0	53
Marital status												
Married	0.1	35.8	36.6	7.3	7.3	1.8	5.4	0.4	5.0	0.4	100.0	546
Divorced	*	*	*	*	*	*	*	*	*	*	*	21
Widowed	*	*	*	*	*	*	*	*	*	*	*	17
Number of living children												
0	0.0	27.3	43.9	14.4	6.8	0.0	2.3	0.0	5.3	0.0	100.0	45
1-2	0.0	44.4	30.7	4.1	10.9	0.5	7.4	0.0	2.1	0.0	100.0	181
3-4	0.2	40.8	32.5	8.8	7.4	0.9	4.1	1.1	3.6	0.5	100.0	204
5+	0.0	19.0	40.3	5.6	7.6	5.6	8.3	0.0	12.9	0.7	100.0	153
Residence												
Urban	0.1	36.3	34.2	6.9	9.9	0.8	6.4	0.5	4.9	0.0	100.0	450
Rural	0.0	31.1	37.0	7.1	3.5	5.9	5.1	0.0	8.6	1.7	100.0	133
Region												
Central	0.0	36.1	30.2	7.7	10.7	1.9	8.5	0.7	4.0	0.3	100.0	327
North	0.2	34.4	41.2	2.9	7.3	1.6	3.8	0.0	7.9	0.7	100.0	164
South	0.0	32.9	40.2	11.5	2.7	2.9	1.8	0.0	8.0	0.0	100.0	93
Educational level attended												
No education	(0.0)	(0.0)	(0.0)	(0.0)	(15.4)	(35.4)	(9.8)	(0.0)	(39.4)	(0.0)	100.0	21
Elementary	(0.0)	(0.0)	(0.0)	(0.0)	(16.8)	(13.5)	(31.5)	(0.0)	(38.2)	(0.0)	100.0	18
Preparatory	0.0	0.0	3.6	3.2	16.9	5.9	32.7	0.0	37.6	0.0	100.0	28
Secondary	0.0	0.0	21.5	30.9	24.9	0.0	16.1	2.2	3.5	1.1	100.0	106
Higher	0.1	49.8	43.7	1.7	3.0	0.0	0.4	0.0	1.0	0.3	100.0	411
Preparatory + secondary	*0.0*	*0.0*	*17.8*	*25.2*	*23.3*	*1.2*	*19.5*	*1.7*	*10.5*	*0.8*	*100.0*	*134*
Total	0.1	35.1	34.9	7.0	8.5	2.0	6.1	0.4	5.7	0.4	100.0	584

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Mainly in sales, services, and agriculture

It is of interest to note that while Table 3.5 reflects expected urban-rural differences for agricultural employment (1 percent and 6 percent, respectively), there is not a pronounced urban-rural difference in the professional-technical-managerial sector: 71 percent of employed urban women are in this sector, as compared with 68 percent of employed rural women. The proportion of women employed in the professional-technical-managerial sector is up from 64 percent in 1997 to 70 percent in 2002.

3.4.3 Decision on Use of Women's Earnings

Women earning cash for their work were asked who mainly decides how their earnings will be used, and the proportion of household expenditures that is met by their earnings. Table 3.6 shows that 49 percent of women reported that they and their husband or someone else jointly decide on how the money is to be spent, and 46 percent of women stated that it is their sole decision. Older women, women

Table 3.6 Decision on use of earnings and contribution of earnings to household expenditures

Percent distribution of ever-married women employed in the 7 days preceding the survey receiving cash earnings by person who decides how earnings are to be used and by proportion of household expenditures met by earnings, according to background characteristics, Jordan 2002

Background characteristic	Person who decides how earnings are used				Proportion of household expenditures met by earnings					Number of women
	Self only	Jointly[1]	Someone else only[2]	Total	Almost none/ none	Less than half	Half or more	All	Total	
Age										
15-19	*	*	*	*	*	*	*	*	*	2
20-24	(40.7)	(43.9)	(15.4)	(100.0)	(8.2)	(30.9)	(54.2)	(6.7)	(100.0)	31
25-29	39.9	54.1	6.0	100.0	12.3	19.8	57.2	10.6	100.0	82
30-34	43.4	52.8	3.8	100.0	7.0	23.4	56.2	13.4	100.0	157
35-39	46.7	48.7	4.6	100.0	4.2	14.7	67.3	13.8	100.0	133
40-44	49.1	46.6	4.3	100.0	6.5	10.8	61.8	20.9	100.0	113
45-49	(64.4)	(31.3)	(4.3)	(100.0)	(0.0)	(24.3)	(55.2)	(20.5)	(100.0)	46
Marital status										
Married	42.8	52.0	5.2	100.0	6.3	18.4	63.1	12.3	100.0	526
Divorced	*	*	*	*	*	*	*	*	*	21
Widowed	*	*	*	*	*	*	*	*	*	17
Number of living children										
0	59.5	35.9	4.5	100.0	20.6	28.7	45.1	5.6	100.0	45
1-2	38.8	55.6	5.6	100.0	6.0	21.7	57.0	15.3	100.0	179
3-4	43.8	50.8	5.4	100.0	5.8	14.2	66.9	13.1	100.0	199
5+	54.8	41.1	4.2	100.0	3.6	18.0	59.0	19.4	100.0	141
Residence										
Urban	47.2	47.4	5.4	100.0	7.4	19.1	59.3	14.2	100.0	441
Rural	42.7	53.2	4.1	100.0	3.1	17.4	62.6	16.9	100.0	123
Region										
Central	48.3	46.9	4.8	100.0	8.6	19.0	56.1	16.3	100.0	317
North	47.4	47.9	4.8	100.0	2.9	19.1	66.8	11.2	100.0	155
South	36.9	56.3	6.8	100.0	5.2	17.2	62.0	15.6	100.0	91
Educational level attended										
No education	*	*	*	*	*	*	*	*	*	16
Elementary	*	*	*	*	*	*	*	*	*	13
Preparatory	(81.5)	(11.8)	(6.7)	(100.0)	(7.3)	(23.4)	(37.9)	(31.5)	(100.0)	23
Secondary	47.4	45.0	7.6	100.0	1.9	23.1	60.9	14.1	100.0	104
Higher	41.7	54.2	4.1	100.0	8.1	17.1	63.2	11.7	100.0	407
Preparatory + secondary	*53.7*	*38.9*	*7.4*	*100.0*	*2.9*	*23.1*	*56.7*	*17.3*	*100.0*	*127*
Total	46.2	48.7	5.1	100.0	6.5	18.7	60.0	14.8	100.0	564

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] With husband or someone else
[2] Includes husband

in urban areas, women who reside in the North and Central regions, and those with no children are more likely than women in other categories to make independent decisions on spending their earnings. As regards the proportion of household expenditures met by women's earnings, Table 3.6 shows that 60 percent of women reported that their earnings meet half or more of household expenditures, 19 percent said that they meet less than half and 15 percent reported that they cover all household expenditures. In general, older women, women with more children, rural women and those living in the Central and South regions are more likely than women in other categories to fully cover household expenditures from their earnings.

3.5 WOMEN'S PARTICIPATION IN HOUSEHOLD DECISIONMAKING

In order to identify the role of women in household decisionmaking, the respondents were asked about the person who usually has the final decision on the following five issues: respondent's own health care, large household purchases, daily household purchases, visits to family or relatives, and what food to cook daily.

Table 3.7 shows that currently married women have the final say on what food to be cooked daily (69 percent), whereas 66 percent reported that visiting family and relatives is decided jointly with the husband. Purchase of either large or daily household needs is more likely to be the decision of the husband alone (34 percent and 31 percent respectively) than any other category of decisionmaking; however, most currently married women (64 percent) have a say in these matters, either alone or jointly with their spouse.

Table 3.7 Women's participation in decisionmaking

Percent distribution of all ever-married women by person who has the final say in making specific decisions, according to current marital status and type of decision, Jordan 2002

	Currently married								Not married[1]					
Decision	Self only	Jointly with husband	Jointly with someone else	Husband only	Someone else only	Decision not made/not applicable	Total	Number of women	Self only	Jointly with someone else	Someone else only	Decision not made/not applicable	Total	Number of women
Own health care	61.4	25.9	0.5	11.7	0.5	0.0	100.0	5,706	87.7	4.6	7.2	0.6	100.0	300
Large household purchases	10.5	53.0	0.5	33.6	2.2	0.2	100.0	5,706	59.4	11.2	25.3	4.1	100.0	300
Daily household purchases	37.4	26.8	0.8	31.2	3.7	0.0	100.0	5,706	62.5	8.0	25.5	4.0	100.0	300
Visits to family/relatives or friends	15.5	66.0	0.7	16.8	0.9	0.1	100.0	5,706	61.6	15.5	18.8	4.0	100.0	300
What food to cook each day	69.2	19.1	4.5	4.0	3.0	0.2	100.0	5,706	60.9	15.4	20.0	3.7	100.0	300

[1] Divorced or widowed women

As regards the respondents' own health care, 61 percent of currently married women reported that they decide for themselves about seeking their own health care, and one in four women said that such decision is made jointly with the husband. Twelve percent of women reported that their husbands have the final say over their wives' health care.

Regarding currently unmarried women, Table 3.7 indicates that divorced or widowed women are more likely to have the final say regarding their own health care (88 percent) than are married women (61 percent). Women who are not currently married are much more likely to have the final say with regard to decisions made about any kind of purchase, or with regard to visiting family or relatives, than are currently married women. However, it is of interest to note that for a full 25 percent of these women, someone else has the final word when it comes to making decisions about purchases.

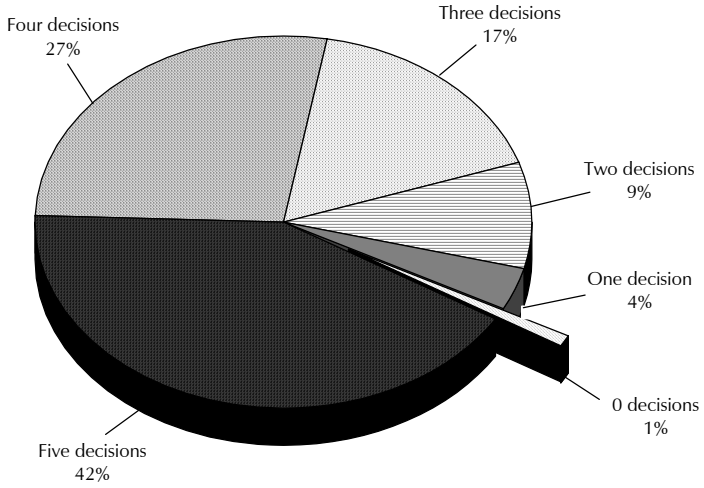
Table 3.8 demonstrates women's participation in household decisionmaking according to background characteristics. Forty-two percent of women decided alone or jointly with another person on all five of the said issues (Figure 3.1), whereas only one percent of women did not have a say in making decisions on any of these issues. Women are most likely to have the final or joint say with regard to what foods are cooked each day (92 percent) and their own health care (88 percent), while they are least likely to participate in decisionmaking about large or daily household purchases (64 percent and 65 percent, respectively).

Table 3.8 Women's participation in decisionmaking by background characteristics

Percentage of all ever-married women who say that they alone or jointly have the final say in specific decision, by background characteristics, Jordan 2002

Background characteristic	Alone or jointly has final say in: Own health care	Large household purchases	Daily household purchases	Visits to family, relatives, friends	What food to cook daily	All specified decisions	None of the specified decisions	Number of women
Age								
15-19	78.9	41.1	46.3	58.2	71.4	17.6	5.2	158
20-24	83.4	58.4	52.8	71.7	85.3	31.5	2.9	728
25-29	87.7	59.2	61.4	79.0	91.6	36.4	0.5	1,175
30-34	89.1	64.1	68.6	84.3	93.4	42.7	0.5	1,354
35-39	89.6	68.0	68.7	85.6	96.1	47.2	0.6	1,071
40-44	90.7	70.2	73.5	86.7	94.8	50.7	1.0	862
45-49	87.9	72.5	67.3	87.1	91.9	47.1	0.2	659
Marital status								
Married	87.8	64.0	65.0	82.2	92.8	41.1	0.9	5,706
Divorced	92.2	49.5	50.4	55.4	55.6	31.9	3.8	130
Widowed	92.3	86.7	85.8	93.6	92.2	75.3	1.3	170
Number of living children								
0	82.9	57.8	55.0	74.8	81.8	32.8	2.8	521
1-2	87.4	61.4	61.2	77.2	88.3	37.8	1.3	1,490
3-4	88.3	66.6	67.3	85.2	94.1	44.3	0.7	1,807
5+	89.5	66.0	68.8	84.3	95.2	44.8	0.5	2,188
Residence								
Urban	88.5	64.6	66.8	83.2	91.8	43.0	1.0	4,799
Rural	86.3	63.4	59.1	77.1	92.9	37.2	0.8	1,207
Region								
Central	88.9	64.9	67.7	81.7	91.7	44.5	1.1	3,898
North	86.3	64.2	61.0	83.2	92.6	36.8	0.6	1,542
South	86.9	61.0	60.5	80.6	92.5	37.7	0.8	566
Educational level attended								
No education	83.4	55.0	58.2	72.6	91.6	35.4	0.8	363
Elementary	85.8	59.2	65.1	75.1	91.5	37.8	1.7	689
Preparatory	87.0	60.0	64.0	79.4	90.3	38.8	1.6	1,231
Secondary	88.5	63.3	65.6	82.0	91.2	41.8	0.9	2,247
Higher	90.5	74.2	67.6	89.6	95.0	48.0	0.2	1,476
Preparatory + secondary	*87.9*	*62.1*	*65.0*	*81.1*	*90.9*	*40.7*	*1.2*	*3,478*
Employment								
Not employed	87.6	63.1	64.9	81.3	91.9	41.0	1.1	5,422
Employed	92.3	76.0	68.2	88.3	93.0	50.1	0.1	584
Total	88.1	64.3	65.3	82.0	92.0	41.9	1.0	6,006

Figure 3.1 Distribution of Women According to the Number of Decisions in Which They Participate in the Final Say



JPFHS 2002

Older women, those with more living children, those living in urban areas, women with higher education, and employed women are more likely than women in other categories to participate in household decisionmaking on all of the five issues. Eighty-three percent of uneducated women participate in the final decision regarding their own health care, in contrast to 91 percent of those with higher than secondary education. One in two uneducated women participates in the final say on household large purchases, compared with three in four women with higher than secondary education. Widowed women have the greatest amount of decisionmaking power compared with currently married or divorced women.

It is interesting that there is very little regional variation within each of the specified categories of decisionmaking. The decision that demonstrates the greatest regional variation is that regarding daily purchases: women living in the Central Region are more likely to have a say in daily purchases (68 percent) than women living in the North or South regions (61 percent). Women in the Central Region are also the most likely to have a say in all specified decisions.

3.6 DOMESTIC VIOLENCE: WOMEN'S ATTITUDES TOWARD WIFE BEATING

In recent years, there has been increasing concern about violence against women in general, and domestic violence in particular, in both developed and developing countries (United Nations General Assembly, 1991). Not only has domestic violence against women been acknowledged worldwide as a violation of the basic human rights of women, but an increasing amount of research highlights the health burdens, intergenerational effects, and demographic consequences of such violence (Heise et al., 1998, 1994; Jejeebhoy, 1998; Ramasubban and Singh, 1998; Rao and Bloch, 1993).

Both tolerance of and experience of domestic violence are significant barriers to the empowerment of women, with consequences for women's health, their health-seeking behavior, and the health of their children. In JPFHS 2002, women were asked questions with regard to whether they viewed wife beating as justified.

Learning more about attitudes toward domestic violence is important in a context such as Jordan where, in some cases, domestic violence and even murder of one's wife or daughter, called "honour killing" (Faqir, 2001), has been justified by ideas about family honor and what is required to keep it intact.

In order to assess women's attitudes toward wife beating, the survey asked whether respondents thought that a husband is justified in beating his wife for each of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, disobeys the husband, insults the husband, betrays the husband, violates the religion, or disrespects his family. These reasons, which range from reasons that involve suspicions about a wife's moral character to those that may be considered more trivial, such as not cooking properly, were chosen to provide variation in the perceived seriousness of violations of behavioral norms. Table 3.9 gives the percentages of ever-married women who agree with various reasons for wife beating by background characteristics.

The vast majority (87 percent) of women accept at least one reason as a justification for wife beating. Women are most likely to agree that betraying the husband justifies wife beating (83 percent), while almost no women cite a woman's violation of religion or her disrespect of the husband's family as reasons for wife beating (0.2 percent), and relatively few believe that a man is justified in hitting his wife if she argues with him (4 percent) or insults him (10 percent). Sixty percent of women agree that a husband is justified in using violence against his wife if she burns the food, and 52 percent believe the same if she disobeys her husband.

Table 3.9 indicates that the youngest women are the most likely to agree with each of the different reasons justifying wife beating, with the exception being if a wife argues with her husband, with which reason the oldest age group is most likely to agree. With regard to marital status, the only consistent pattern is that widowed women are the most likely to agree with most of the specified justifications for wife beating.

Women with no children look quite a lot like women with several children in terms of their willingness to accept justifications for wife beating: 90 percent of women with no children accept at least one reason for wife beating, as do 90 percent of women with five or more children. Women with 1-2 and 3-4 children are somewhat less likely to justify wife beating.

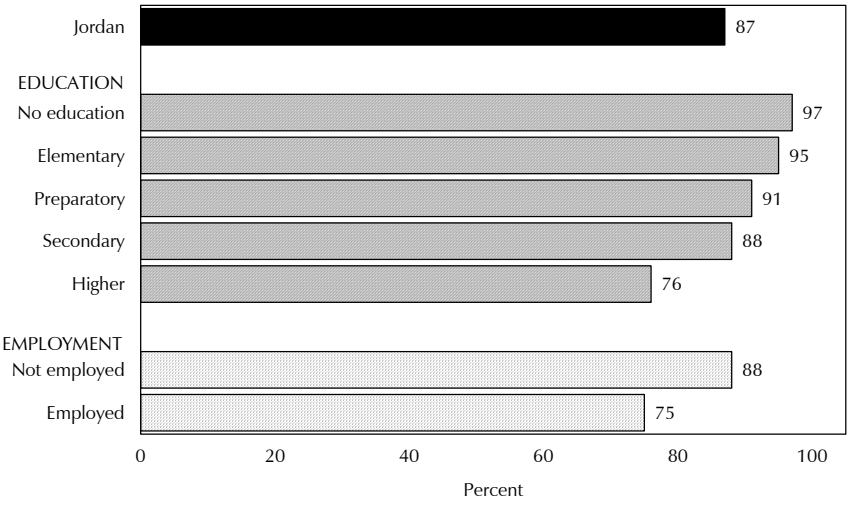
There are also differences in terms of justification of violence between those who live in urban versus rural areas, with urban women being less likely to accept justifications of violence (urban: 86 percent; rural: 92 percent). Table 3.9 and Figure 3.2 also indicate that women who have more education, who are employed, or who have more say in household decisionmaking are the least likely to agree with any of the reasons for justifying wife beating.

Table 3.9 Women's attitude toward wife beating

Percentage of all ever-married women who agree that a husband is justified in hitting or beating his wife for specific reasons, according to background characteristics, Jordan 2002

Background characteristic	Husband is justified in hitting or beating his wife if she:										
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Disobeys the husband	Insults the husband	Betrays the husband	Violates the religion	Shows disrespect for husband's family	Agrees with at least one specified reason	Number of women
Age											
15-19	72.9	4.7	34.7	45.9	69.9	18.1	90.9	0.0	0.0	94.8	158
20-24	63.2	2.6	26.8	38.4	56.1	9.2	89.1	0.4	0.2	91.3	728
25-29	60.0	2.7	21.7	34.1	52.1	7.5	85.6	0.0	0.1	89.3	1,175
30-34	56.3	3.3	20.1	31.3	48.2	8.7	83.3	0.1	0.0	86.2	1,354
35-39	59.4	4.5	24.9	36.8	52.3	9.8	82.8	0.4	0.4	86.7	1,071
40-44	57.9	5.0	22.7	37.2	49.8	11.7	79.3	0.0	0.3	83.4	862
45-49	59.8	8.6	31.2	46.6	55.6	17.5	78.3	0.7	0.0	83.6	659
Marital status											
Married	59.5	4.0	23.9	36.3	52.1	10.1	83.6	0.2	0.2	87.2	5,706
Divorced	58.9	6.1	25.0	39.1	52.0	12.3	77.3	0.0	0.0	81.1	130
Widowed	60.2	7.6	27.6	44.1	59.5	16.8	81.9	0.0	0.0	86.3	170
Number of living children											
0	62.5	7.4	31.7	41.6	56.9	12.8	86.2	0.3	0.1	90.3	521
1-2	55.7	2.4	20.5	32.2	48.0	7.1	81.2	0.1	0.2	84.9	1,490
3-4	54.9	2.6	18.7	29.4	47.2	7.7	81.0	0.1	0.1	84.3	1,807
5+	65.1	6.0	29.1	44.3	58.3	14.2	86.3	0.4	0.3	90.0	2,188
Residence											
Urban	56.1	3.0	20.8	33.2	49.1	8.2	82.4	0.2	0.1	85.7	4,799
Rural	72.9	9.0	37.1	49.9	64.8	19.0	87.7	0.2	0.5	92.2	1,207
Region											
Central	56.1	3.1	20.7	32.4	49.8	8.9	82.3	0.2	0.2	85.2	3,898
North	63.8	5.0	27.4	43.1	54.3	11.1	84.2	0.2	0.0	90.0	1,542
South	70.7	9.1	37.9	47.7	63.7	18.1	89.2	0.7	0.5	91.8	566
Educational level attended											
No education	84.1	21.0	63.1	73.6	82.8	41.7	93.0	0.0	0.0	96.9	363
Elementary	77.6	10.5	48.0	57.3	72.5	23.1	90.8	0.4	0.1	94.5	689
Preparatory	69.3	5.4	28.2	43.1	61.5	13.5	86.3	0.2	0.2	91.0	1,231
Secondary	58.9	1.4	19.5	34.0	49.8	5.4	85.3	0.1	0.2	88.2	2,247
Higher	37.6	0.3	6.7	16.4	31.4	1.6	72.4	0.5	0.3	76.1	1,476
Preparatory + secondary	62.6	2.8	22.6	37.2	53.9	8.3	85.6	0.1	0.2	89.2	3,478
Employment											
Not employed	61.3	4.4	25.5	38.3	54.0	10.9	84.7	0.2	0.2	88.4	5,422
Employed	42.6	1.8	11.1	20.8	35.8	5.7	71.2	0.5	0.4	74.5	584
Number of decisions in which woman has final say											
0	69.0	10.8	41.3	49.7	65.8	30.3	92.4	0.0	0.0	97.6	58
1-2	69.7	8.7	36.9	49.5	63.7	18.5	89.8	0.1	0.0	92.9	765
3-4	62.7	3.6	24.4	36.6	55.6	9.7	86.4	0.2	0.2	89.9	2,669
5	52.7	3.3	19.4	32.3	45.0	8.2	78.1	0.3	0.2	82.0	2,515
Total	59.5	4.2	24.1	36.6	52.3	10.4	83.4	0.2	0.2	87.0	6,006

Figure 3.2 Percentage of Women Who Agree with at Least One Reason Justifying a Husband Beating His Wife



JPFHS 2002

3.7 WOMEN'S AGREEMENT WITH REASONS FOR REFUSING SEXUAL RELATIONS

The extent of control women have over when they have sex has important implications for demographic and health outcomes. To measure women's agreement with a woman's right to refuse her husband sex, the JPFHS 2002 asked respondents whether a wife is justified in refusing to have sex with her husband under three circumstances: she is tired or not in the mood, she has recently given birth, and she knows her husband has a sexually transmitted infection or AIDS. These three circumstances for which women's opinions are sought were chosen because they are effective in combining women's rights and women's health issues. Table 3.10 shows the percentage of women who say that women are justified in refusing sex to their husband for specific reasons by background characteristics. Note that, unlike in the case of the previous indicator of empowerment, this indicator is positively related to empowerment: the more reasons women agree with, the higher is their "empowerment" in terms of their belief in women's sexual rights.

For any given reason, the majority of women age 15-49 in Jordan agree that women can refuse sex to their husband: 94 percent believe a wife is justified in refusing her husband sex if he has a sexually transmitted infection, 95 percent believe the same if a wife has recently given birth, and 69 percent also agree that a wife is justified in refusing sex with her husband if she is tired or not in the mood. A very small proportion of women (1 percent) said that women were not justified in refusing their husband sex for any of the given reasons.

Because almost all Jordanian women agree that wives are justified in refusing sex under the stated circumstances, there is little variation in agreement by demographic factors, especially regarding refusal due to husband's STI or due to recent childbirth. Nevertheless, some patterns of agreement do emerge: agreement with reasons for refusing sex increases with level of education, and employed women are marginally more likely to agree with any reason than women who are not employed. For example, 79 percent of women with no education agree that a wife is justified in refusing sexual relations with her husband if he has an STI; among those with higher than secondary education, 98 percent agree with the wife's right to refuse.

Table 3.10 Women's attitude toward refusing sex with husband

Percentage of all ever-married women who believe that a wife is justified in refusing to have sex with her husband for specific reasons, according to background characteristics, Jordan 2002

Background characteristic	Wife is justified in refusing sex with her husband if she: Knows husband has a sexually transmitted disease	Has recently given birth	Is tired or not in the mood	Percentage who agree with none of the specified reasons	Number of women
Age					
15-19	89.5	94.0	65.0	0.2	158
20-24	93.1	96.3	64.4	0.9	728
25-29	93.7	94.5	70.5	1.6	1,175
30-34	96.4	95.6	69.4	0.9	1,354
35-39	95.5	95.7	69.8	1.2	1,071
40-44	94.1	96.0	68.5	1.9	862
45-49	92.4	93.5	68.3	2.7	659
Marital status					
Married	94.4	95.3	68.8	1.3	5,706
Divorced	92.6	92.3	73.1	4.5	130
Widowed	93.0	95.8	62.9	3.0	170
Number of living children					
0	92.1	92.9	62.5	1.5	521
1-2	95.0	96.0	70.6	1.2	1,490
3-4	95.5	95.5	70.2	1.1	1,807
5+	93.5	95.2	67.6	1.8	2,188
Residence					
Urban	94.9	95.5	68.8	1.3	4,799
Rural	92.3	94.5	68.4	1.6	1,207
Region					
Central	94.2	95.0	67.4	1.5	3,898
North	95.3	96.7	71.8	0.7	1,542
South	93.0	93.7	69.2	2.3	566
Educational level attended					
No education	79.3	86.7	61.5	7.3	363
Elementary	90.6	91.6	65.1	3.2	689
Preparatory	93.7	96.0	68.4	1.0	1,231
Secondary	96.2	96.4	70.7	0.8	2,247
Higher	97.6	96.9	69.4	0.4	1,476
Preparatory + secondary	*95.3*	*96.2*	*69.9*	*0.9*	*3,478*
Employment					
Not employed	94.1	95.2	68.5	1.5	5,422
Employed	96.5	96.4	70.3	0.5	584
Number of decisions in which woman has final say					
0	84.8	82.9	60.1	8.4	58
1-2	90.7	93.0	67.4	3.3	765
3-4	94.6	95.8	66.8	0.9	2,669
5	95.4	95.7	71.3	1.2	2,515
Number of reasons wife beating is justified					
0	96.5	97.3	76.6	0.4	778
1-2	96.2	96.4	71.6	0.9	2,086
3-4	94.2	95.1	65.1	1.3	1,925
5+	90.1	92.3	64.5	3.0	1,217
Total	94.4	95.3	68.7	1.4	6,006

As would be expected, women who are most empowered in terms of the number of decisions in which they participate in the final say are also the most likely to agree that a wife is justified in refusing sex to her husband. This relationship holds in terms of justification of domestic violence: women who say that domestic violence is never justified are the most likely to agree with any of the three reasons for refusing sex. Among women who do not agree with any justifications of domestic violence, 76 percent think that a wife is justified in refusing sex if she is tired or not in the mood, while among women who agree with 5 or more justifications for wife beating, 65 percent believe a wife who is tired or not in the mood is justified in refusing sexual relations.

4 FERTILITY

Fertility measures in this chapter are based on the reported birth histories of ever-married women age 15 to 49 who were interviewed in the 2002 JPFHS. Data were collected in two sections. First, each woman was asked a series of questions on the number of her sons and daughters living with her, the number living elsewhere, and the number who had died. Next, for each live birth, she was asked to report the sex, date of birth, whether the birth was single or multiple, and whether the child was living in the household or elsewhere. The survival status of each live birth was also asked. For deceased children, the age at death was recorded. As an indicator of future fertility, information was collected on whether married women were pregnant at the time of the interview.

Through previous experience in using birth histories to estimate fertility levels and trends, it has been found that the underreporting of children ever born and the displacement of children's dates of birth are common in many countries. Underreporting of children affects estimates of fertility levels, whereas misreporting of children's date of birth distorts fertility trends over time. Regarding the latter, one of the characteristics of the 2002 JPFHS is the high quality of age and date reporting. Virtually all women knew their age, their age at marriage and their date of marriage. For children's age and date of birth reporting, both month and year of birth are documented for all births recorded in the birth history (see Table C.3 in Appendix C). This information lends confidence to the quality of basic data used in the estimation of fertility measures.

Because fertility rates presented in this chapter are based on direct measures derived from the birth history section of the JPFHS, two potential drawbacks require some attention. First, only surviving women were interviewed in the survey. This would bias the rates if mortality of women of childbearing age were high and if fertility of surviving and non-surviving women differed significantly – neither of which is the case in Jordan. Limiting the survey respondents to ever-married women presents another potential bias. The number of births to single women in Jordan is negligible. Although information on fertility was obtained only from ever-married women, estimates can be made for all women (regardless of marital status) based on information in the household questionnaire; these estimates assume that women who have never been married have had no children.

This chapter also analyzes levels of fertility by background characteristics of women, which include age, residence, and education level. Factors related to fertility – including the mean age at birth, birth intervals, and teenage fertility – are also analyzed.

4.1 FERTILITY LEVELS AND TRENDS

Age-specific fertility rates and total fertility rates (TFR) for the three-year period preceding the survey are shown in Table 4.1, along with data from four previous surveys for comparison – the 1976 Jordan Fertility Survey (JFS), the 1983 Jordan Fertility and Family Health Survey (JFFHS), and the 1990 and 1997 JPFHS. Data for the 1976 survey are calculated based on the two years preceding the survey (1975-1976), while those for 1983, 1990, 1997 and 2002 refer to the three years preceding the survey (1981-1983, 1988-1990, 1995-1997, and 2000-2002 respectively). Comparison of the findings from the five surveys shows the trends in fertility levels over a 26-year period.

The TFR is the sum of the age-specific fertility rates; it represents the average number of children a woman in Jordan would have at the end of her reproductive years if she were subject to the observed

Table 4.1 Trends in fertility

Age-specific fertility rates and total fertility rates, selected surveys, Jordan 1976-2002

Age group	JFS 1976[1]	JFFHS 1983[2]	JPFHS 1990[2]	JPFHS 1997[2]	JPFHS 2002[2]
15-19	71	49	49	43	28
20-24	300	229	219	172	150
25-29	367	335	296	246	202
30-34	332	305	264	206	184
35-39	240	233	188	144	122
40-44	112	127	79	48	43
45-49	47	40	19	11	5
TFR 15-49	7.4	6.6	5.6	4.4	3.7

TFR: Total fertility rate, expressed per woman
[1] Based on the two years preceding the survey
[2] Based on the three years preceding the survey

age-specific rates. At current levels, a woman would give birth to an average of 3.7 children in her lifetime. That is 50 percent lower than the rate recorded in 1976 (7.4 births per woman). Data in Table 4.1 indicate that the pace of fertility decline has been faster in recent years. For example, fertility declined 11 percent between 1976 and 1983 (dropping from 7.4 to 6.6 births per woman), 15 percent between 1983 and 1990 (dropping from 6.6 to 5.6 births per woman), 21 percent between 1990 and 1997 (dropping from 5.6 to 4.4 births per woman), and 16 percent between 1997 and 2002 (dropping from 4.4 to 3.7 births per woman). In the past twelve years (1990-2002), the total fertility rate in Jordan has declined by 34 percent.

Decline in fertility levels in Jordan occurred among all age groups; however, the most significant proportional decline is that which has been observed among teenagers – a 60 percent drop from 71 births in the 1976 JFS to 28 births per 1,000 women in the 2002 JPFHS. Figure 4.1 shows that the bulk of the decline in fertility since 1990 can be attributed to the decrease in the number of births among women between the ages of 20 and 39. At the same time, the age-specific fertility rates in all of the surveys are highest for the 25-29 age group.

Figure 4.1 Trends in Age-specific Fertility Rates, Various Sources, 1976-2002

Table 4.2 and Figure 4.2 present the age-specific fertility rates and cumulative fertility for the three-year period preceding the survey by urban-rural residence. In Table 4.2, the general fertility rate (GFR) is the annual number of live births per 1,000 women age 15-44 in the three years preceding the survey. The crude birth rate (CBR) is the annual number of live births per 1,000 population for the same period. In general, women in rural areas have almost one child more than urban women (4.2 births compared with 3.5 births). The most significant differences are found in the middle of the women's reproductive period (age 30-34), where rural women have an average 0.037 births more than urban women. According to the age-specific fertility rates shown in the table, women in Jordan will have, on average, less than one child by age 25, but will have almost three children (2.8) by the time they are 35 years old.

Table 4.2 also indicates that the overall crude birth rate is 29 per 1,000, yet it is slightly higher in rural than in urban areas (31 per 1,000 and 28 per 1,000 respectively). The GFR reached 122 births per 1,000 women age 15-44. The rate differs according to residence, where it is higher in rural areas (132 per 1,000) compared with urban areas (118 per 1,000).

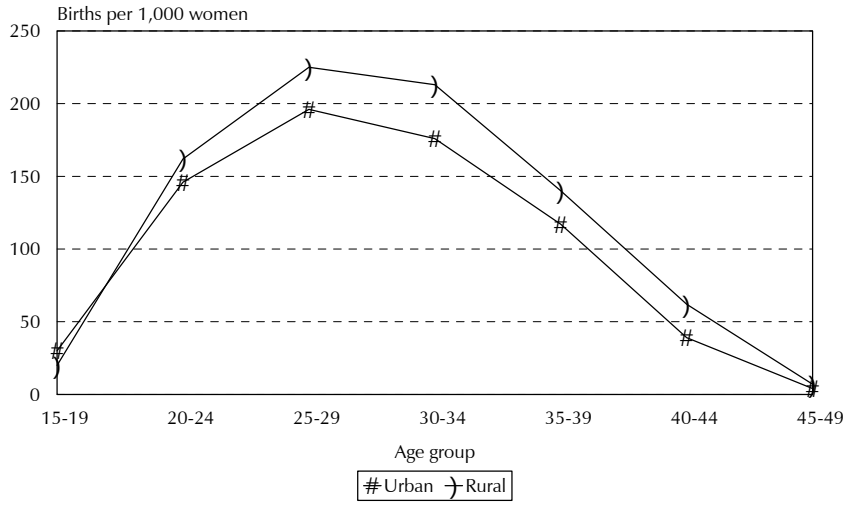
Table 4.2 Current fertility

Age-specific and cumulative fertility rates, the general fertility rate, and the crude birth rate for the three years preceding the survey, by urban-rural residence, Jordan 2002

	Residence		
Age group	Urban	Rural	Total
15-19	30	20	28
20-24	146	162	150
25-29	196	225	202
30-34	176	213	184
35-39	117	140	122
40-44	39	62	43
45-49	4	7	5
TFR 15-49	3.5	4.2	3.7
GFR	118	132	122
CBR	28.4	31.3	29.0

Note: Rates for age group 45-49 may be slightly biased due to truncation.
TFR: Total fertility rate for ages 15-49, expressed per woman
GFR: General fertility rate (births divided by number of women 15-44) expressed per 1,000 women
CBR: Crude birth rate expressed per 1,000 population

Figure 4.2 Age-specific Fertility Rates by Urban-rural Residence



JPFHS 2002

The fertility differentials according to background characteristics of women are shown in Table 4.3. Column one shows the total fertility rates for the three years preceding the survey; column two, the percentage of women who were pregnant at the time of the fieldwork; and column three, the mean number of children ever born (CEB) to women age 40-49. CEB is an indicator of cumulative fertility and reflects the fertility of older women who are nearing the end of their reproductive years, representing completed fertility. When fertility remains constant over time, TFR and CEB will be the same or almost the same. In the 2002 JPFHS, however, the fact that the completed fertility rate (5.9 children per woman) is much higher than the total fertility rate (3.7 children per woman) indicates a considerable decline in fertility; this finding corresponds to the decline in fertility over time demonstrated by the comparison of data from several Jordanian surveys executed over the past thirty years (Table 4.1, Figure 4.1).

The TFR is 4.0 births per woman in the South region and 3.9 in the North region, while in the Central region (which comprises the most urbanized areas of the country, including Amman governorate) the TFR is 3.5 children per woman (see Table 4.3). Among women who have had no education and those who have had up to

Table 4.3 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage of women 15-49 currently pregnant, and mean number of children ever born to women age 40-49, by background characteristics, Jordan 2002

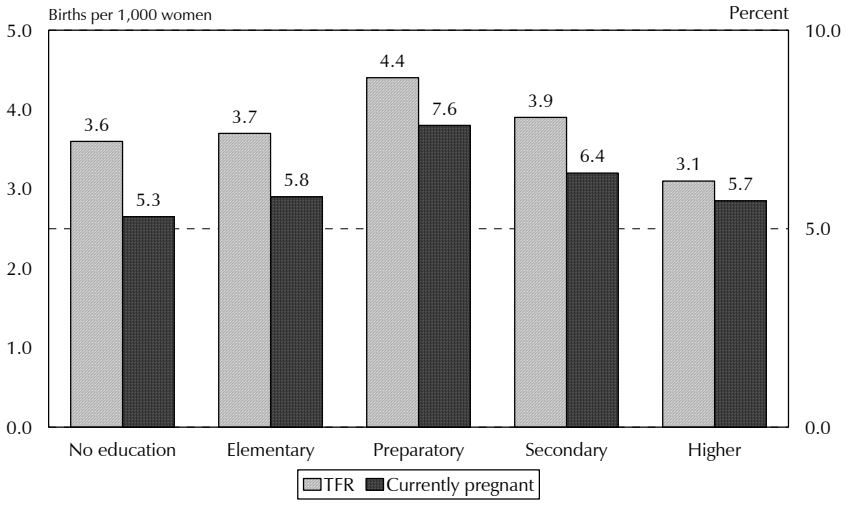
Background characteristic	Total fertility rate[1]	Percentage currently pregnant[1]	Mean number of children ever born to women age 40-49
Residence			
Urban	3.5	6.1	5.7
Rural	4.2	7.3	7.1
Region			
Central	3.5	5.9	5.5
North	3.9	6.8	6.9
South	4.0	8.1	6.4
Educational level attended			
No education	3.6	5.3	7.4
Elementary	3.7	5.8	6.9
Preparatory	4.4	7.6	6.9
Secondary	3.9	6.4	5.1
Higher	3.1	5.7	4.1
Preparatory + secondary	*4.0*	*6.8*	*6.0*
Total	3.7	6.3	5.9

[1] Rate for women age 15-49 years

elementary education, fertility varies little (3.6 and 3.7 children successively). The rate peaks (4.4 births) among women who have had up to preparatory education. However, women who have had higher than secondary education have almost 1 birth less (0.8) than women who have had up to secondary education. These figures suggest that post-secondary education for women is associated with lower levels of fertility. It is of interest to note that the relationship of education to fertility is not in fact linear; rather, in Jordan it has an inverted U-shape (Figure 4.3).

The 2002 JPFHS data show that 6 percent of all women of reproductive age were pregnant at the time of the survey compared with 7 percent in 1997. The geographical variation in the proportion of pregnant women follows a pattern similar to that of fertility. Rural women and those living in the South region are more likely to be pregnant than women in other areas. Women with preparatory education are more likely to be pregnant than other women (see Table 4.3, Figure 4.3).

Figure 4.3 Total Fertility Rates and Percentage of Women Currently Pregnant by Educational Level Attended



JPFHS 2002

Comparing data from previous surveys is but one means of studying trends in fertility. Trends can also be investigated by using retrospective data from a single survey. The birth history information collected in the JPFHS is used for this purpose. Data in Table 4.4 indicate that the fertility rate has been declining in all age groups. For example the age-specific fertility rate for women age 25-29 declined from 349 births per 1,000 women in the 15-19 years preceding the survey to 208 births per 1,000 women in the 0-4 year period before the survey, a 40 percent decline.

Omitted figures represented by dashes reflect the fact that women age 50 and older were not included in the survey: the further back in time that rates are calculated, the more severe the truncation. For example, rates cannot be calculated for women in the age group 45-49 years for the period 5-19 years before the survey, because these women would have been over age 50 at the time of the survey and, thus, were not interviewed.

Table 4.4 Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey, by mother's age at the time of the birth, Jordan 2002

Mother's age at time of the birth	Number of years preceding the survey			
	0-4	5-9	10-14	15-19
15-19	30	51	57	70
20-24	151	210	225	276
25-29	208	263	284	349
30-34	186	223	241	[279]
35-39	118	161	[163]	-
40-44	44	[70]	-	-
45-49	[5]	-	-	-

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated.

4.2 CHILDREN EVER BORN

Table 4.5 presents the distribution of all women and currently married women by the number of children they have had. In the 2002 JPFHS, since the respondents are ever-married women, information on the reproductive history of never-married women was not collected. However, since almost no births in Jordan take place before marriage, it can be assumed that never-married women have had no births. The data represent the accumulation of births over time. The difference in fertility between all women and currently married women is due to the proportion of women who were not married at the time of the survey (i.e., single, divorced, or widowed). On average, women have given birth to 1.7 children by their late twenties, 4.4 children by their late thirties, and 6.5 children by the end of their reproductive period.

Differences in the mean number of children born and living are notable after women have reached the age of 40. Caution should be exercised in interpreting the data for women in the oldest age groups because of possible recall problems; older women are more likely to omit a child, particularly if the child died at a young age or is living away from the mother.

Data in Table 4.5 indicate very little variation between the mean number of children ever born and the mean number of children still living for all women age 15-49 (2.20 and 2.12 children, respectively). This table also presents the same data for currently married women. The data indicate that on average, women have given birth to 2.6 children by their late twenties, 5 children by their late thirties, and about 7 children by the end of their reproductive period. The mean number of children ever born is 4.1 births, compared with 3.9 children still living.

Table 4.5 Children ever born and living

Percent distribution of all women and currently married women by number of children ever born, and mean number of children ever born and mean number of living children, according to age group, Jordan 2002

Age	Number of children ever born											Total	Number of women	Mean number of children ever born	Mean number of living children
	0	1	2	3	4	5	6	7	8	9	10+				
ALL WOMEN															
15-19	97.0	2.5	0.5	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	2,563	0.04	0.04
20-24	72.2	12.5	9.9	4.3	0.9	0.2	0.0	0.0	0.0	0.0	0.0	100.0	2,135	0.50	0.48
25-29	40.2	9.7	14.9	18.5	11.5	3.4	1.4	0.4	0.0	0.0	0.0	100.0	1,799	1.69	1.64
30-34	24.3	5.2	10.7	16.1	17.0	11.1	8.4	4.7	2.1	0.4	0.1	100.0	1,700	3.03	2.93
35-39	17.3	2.4	4.0	9.0	15.8	16.9	13.1	9.4	6.3	3.0	2.7	100.0	1,226	4.37	4.23
40-44	11.8	2.3	4.1	5.9	11.0	12.6	13.4	13.5	9.5	7.3	8.6	100.0	930	5.47	5.24
45-49	8.8	0.9	3.2	6.8	8.3	10.6	9.5	10.6	10.1	10.6	20.6	100.0	690	6.55	6.16
Total	50.2	5.9	7.1	8.3	7.9	5.9	4.7	3.6	2.5	1.7	2.3	100.0	11,044	2.20	2.12
CURRENTLY MARRIED WOMEN															
15-19	50.8	40.1	8.0	1.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	154	0.60	0.59
20-24	18.1	36.1	29.6	12.8	2.6	0.7	0.0	0.0	0.0	0.0	0.0	100.0	710	1.48	1.44
25-29	8.1	14.1	23.1	28.6	17.9	5.3	2.3	0.6	0.0	0.0	0.0	100.0	1,136	2.62	2.54
30-34	4.0	5.9	13.5	20.6	21.8	14.3	10.7	6.0	2.6	0.5	0.1	100.0	1,314	3.86	3.74
35-39	4.7	2.3	4.2	10.4	18.5	19.9	15.2	11.0	7.2	3.4	3.2	100.0	1,034	5.07	4.91
40-44	4.7	2.2	3.8	6.0	12.0	13.0	14.5	15.0	11.0	8.3	9.6	100.0	782	6.02	5.78
45-49	3.2	1.0	3.4	6.4	9.7	12.0	8.9	9.7	10.9	11.0	23.9	100.0	575	7.05	6.63
Total	8.0	10.5	13.3	15.4	14.9	11.0	8.5	6.5	4.5	3.0	4.3	100.0	5,706	4.07	3.91

4.3 BIRTH INTERVALS

A birth interval is the period of time between two successive live births. Research has shown that children born soon after a previous birth are at greater risk of illness and death. The percent distribution of births in the five years before the survey is shown in Table 4.6.

Women in Jordan favor relatively long birth intervals: the median birth interval among children born in the five years preceding the survey is 30.1 months – 4.6 months longer than that recorded in the 1997 JPFHS. This relatively large increase (18 percent longer) in length of birth interval may be a reflection of the implementation of Jordan's National Health Program for Birth Spacing, which is one component of the National Population Strategy that was ratified by the government of Jordan in 1996.

About two-thirds of all children (67 percent) are born at least two years after their siblings in 2002 compared with 56 percent in 1997, and almost two in five (37 percent) are born after an interval of three years or longer in 2002 compared with one in four in 1997. As expected, children born to younger women and low-parity women have shorter birth intervals than those born to older women and high-parity women. The birth interval following a child who has died is shorter than the interval following the birth of a surviving child (20 months, compared with 30 months). The length of birth intervals varies little according to education. There exists only a small amount of variation in birth interval by residence; the data show that women in rural areas and those living in the South region are more likely than other subgroups to have shorter birth intervals.

Table 4.6 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, according to background characteristics, Jordan 2002

Background characteristic	Number of months since preceding birth					Total	Number of births[1]	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48+			
Age								
15-19	72.7	3.6	23.6	0.0	0.0	100.0	15	16.4
20-29	23.1	22.7	29.2	14.6	10.4	100.0	1,717	25.1
30-39	10.7	16.7	29.9	16.7	26.0	100.0	2,465	32.5
40-49	7.0	10.1	23.9	16.6	42.5	100.0	418	43.7
Birth order								
2-3	21.3	21.8	28.6	14.0	14.2	100.0	2,112	26.2
4-6	9.8	15.9	27.9	17.6	28.9	100.0	1,831	34.3
7+	10.5	13.9	33.7	16.8	25.1	100.0	672	33.0
Sex of preceding birth								
Male	15.9	17.5	28.0	14.7	23.9	100.0	2,312	30.3
Female	14.5	19.1	30.2	17.0	19.3	100.0	2,303	29.9
Survival of preceding birth								
Living	14.3	18.3	29.3	16.1	21.9	100.0	4,476	30.3
Dead	42.3	17.2	20.6	6.4	13.6	100.0	139	19.9
Residence								
Urban	14.9	17.5	27.7	16.7	23.3	100.0	3,535	30.9
Rural	16.1	20.9	33.7	13.0	16.2	100.0	1,080	27.5
Region								
Central	14.9	17.9	27.4	16.5	23.3	100.0	2,836	30.8
North	16.0	18.7	30.5	15.1	19.6	100.0	1,303	29.1
South	14.3	19.8	35.1	13.8	17.0	100.0	475	28.3
Educational level attended								
No education	13.3	15.6	37.0	13.4	20.7	100.0	218	30.4
Elementary	18.0	17.9	26.7	15.5	21.9	100.0	416	29.6
Preparatory	13.9	20.0	30.0	13.5	22.7	100.0	974	28.8
Secondary	16.3	18.7	29.4	16.5	19.1	100.0	1,855	29.5
Higher	13.7	17.0	27.1	17.3	24.9	100.0	1,151	31.8
Preparatory + secondary	*15.5*	*19.1*	*29.6*	*15.5*	*20.3*	*100.0*	*2,829*	*29.2*
Total	15.2	18.3	29.1	15.8	21.6	100.0	4,615	30.1

Note: The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth.
[1] First-order births are excluded.

4.4 AGE AT FIRST BIRTH

The onset of childbearing is an important indicator of fertility. In Jordan, the postponement of first births (reflecting a later age at first marriage) has made a large contribution to the overall decline in fertility. Table 4.7 shows the distribution of women by age at first birth. Women under age 25 were not included in the calculation of median age at first birth because most had not given birth. Figures in the last column suggest increasing ages at first birth across age cohorts, such that women in younger cohorts are likely to be older at their first birth than were women in older cohorts at the time of their first births. Women age 25-29 (median age 24.8) give birth for the first time 1.3 years later than women age 35-39 (median age 23.5), and 3.6 years later than women age 45-49 (median age 21.2).

Table 4.7 Age at first birth

Percentage of all women who gave birth by specific exact ages, and median age at first birth, by current age, Jordan 2002

Current age	Women who gave birth by exact age: 15	18	20	22	25	Percentage who have never given birth	Number of women	Median age at first birth
15-19	0.0	na	na	na	na	97.0	2,563	a
20-24	0.1	5.0	12.7	na	na	72.2	2,135	a
25-29	0.2	6.5	20.4	34.5	51.2	40.2	1,799	24.8
30-34	0.1	8.7	20.9	36.2	56.0	24.3	1,700	24.0
35-39	0.4	11.1	24.0	39.3	61.9	17.3	1,226	23.5
40-44	1.2	14.0	31.9	45.3	64.0	11.8	930	22.6
45-49	1.6	18.7	40.3	57.6	74.8	8.8	690	21.2

na = Not applicable
[a] Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group

Table 4.8 presents the differentials in age at first birth among women age 25-49 by background characteristics. Overall, the median age at first birth is 23.5 years in 2002 compared with 23.2 years in 1997. Urban women begin childbearing half a year later than rural women (23.6 years compared with 23 years). There are no significant differences in the median age at first birth by region. Differentials by education exist only at the secondary and higher levels, at which point more educational attainment translates into later median ages at first birth: women with secondary education had a median age at first birth of 22.7 years; less than half of women with higher education have given birth before the age of 25, so a median age could not be calculated for them.

Table 4.8 Median age at first birth by background characteristics

Median age at first birth among women 25-49, by current age and background characteristics, Jordan 2002

Background characteristic	Current age 25-29	30-34	35-39	40-44	45-49	Women age 25-49
Residence						
Urban	24.7	24.2	23.6	22.7	21.4	23.6
Rural	24.9	23.3	22.5	22.0	20.1	23.0
Region						
Central	24.7	24.3	23.5	22.9	21.6	23.7
North	24.9	23.4	23.6	22.2	20.3	23.3
South	25.0	23.6	22.9	22.2	20.9	23.3
Educational level attended						
No education	23.8	21.5	20.5	20.4	20.4	20.8
Elementary	a	22.9	22.5	21.4	19.7	21.4
Preparatory	21.2	21.5	21.1	19.0	19.6	20.5
Secondary	23.1	22.8	22.3	22.2	21.7	22.7
Higher	a	26.4	25.2	25.9	25.0	a
Preparatory + secondary	*22.6*	*22.3*	*22.0*	*20.6*	*20.7*	*21.9*
Total	24.8	24.0	23.5	22.6	21.2	23.5

[a] Omitted because less than 50 percent of the women had a birth before the beginning of the age group

4.5 TEENAGE FERTILITY

Table 4.9 examines the extent of fertility among women age 15-19. This issue is a major social and health concern because teenage mothers and their children usually have higher risk of illness and death. At the same time, women who become mothers in their teens are more likely to curtail their education.

Among teenagers in Jordan, the level of fertility is low. Only 4 percent of women began childbearing during their teens in 2002, compared with 6 percent in 1997. Levels of teenage pregnancy vary markedly by urban-rural residence (4.8 percent and 2.2 percent in urban and rural areas respectively). The most significant differentials are age and education. At age 15, no women have begun childbearing; only 2 percent of women have begun childbearing at age 16. By age 19, one in ten will have become a mother or will be pregnant with her first child. Women's education plays an important part in determining the onset of childbearing. The proportion of teens that has begun childbearing declines as level of education increases – from 14 percent of uneducated women to 1 percent of women with higher than secondary education.

Table 4.9 Teenage pregnancy and motherhood

Percentage of all women age 15-19 who are mothers or pregnant with their first child, by background characteristics, Jordan 2002

Background characteristic	Percentage who are: Mothers	Pregnant with first child	Percentage who have begun child-bearing	Number of women
Age				
15	0.0	0.0	0.0	531
16	0.8	1.0	1.8	568
17	2.8	1.1	3.8	502
18	4.8	1.3	6.2	497
19	7.6	2.9	10.6	465
Residence				
Urban	3.4	1.4	4.8	2,006
Rural	1.6	0.6	2.2	557
Region				
Central	3.0	1.1	4.2	1,580
North	3.2	1.2	4.4	747
South	2.4	1.8	4.2	246
Educational level attended				
No education	12.0	2.0	14.0	15
Elementary	8.4	3.7	12.1	84
Preparatory	5.8	2.5	8.3	497
Secondary	2.4	0.7	3.1	1,684
Higher	0.0	1.0	1.0	287
Preparatory + secondary	*3.2*	*1.1*	*4.3*	*2,181*
Total	3.0	1.2	4.3	2,563

FERTILITY REGULATION 5

This chapter considers a number of indicators from the 2002 JPFHS relating to knowledge, attitudes, and use of family planning. This chapter also presents information on intended future use of contraception and exposure to mass media messages about family planning. Trends over time are examined by comparing the 2002 JPFHS findings with those of two earlier surveys: the 1990 and 1997 Jordan Population and Family Health Survey (JPFHS).

5.1 KNOWLEDGE OF FAMILY PLANNING METHODS

Determining the level of knowledge of contraceptive methods was a major objective of the 2002 JPFHS, since knowledge of specific methods is a precondition for using them. Information about women's knowledge of contraceptive methods was collected by asking the respondents an open-ended question about which contraceptive methods they had heard of. When a respondent failed to mention any of the listed methods, the interviewer would describe a method and ask whether the respondent had heard of it. All methods mentioned spontaneously or recognized by the respondent after hearing a description of it were recorded as knowledge.

Information on knowledge was collected for 12 modern methods: the pill, the IUD, injectables, implants, vaginal methods (foam, jelly, or diaphragm), emergency contraception, lactational amenorrhea method (LAM), the male and female condom, and female and male sterilization. Two traditional methods were also included: periodic abstinence and withdrawal. In addition, provision was made in the questionnaire to record any other methods that respondents named without any prompting.

Table 5.1 Knowledge of contraceptive methods

Percentage of all ever-married women, of currently married women, and of currently unmarried women who know specific contraceptive methods, Jordan 2002

Contraceptive method	All ever-married women	Currently married women	Currently unmarried women
Any method	100.0	100.0	99.9
Any modern method	100.0	100.0	99.7
Female sterilization	97.9	97.8	98.2
Male sterilization	21.8	21.9	19.7
Pill	99.7	99.7	99.7
IUD	99.9	99.9	99.5
Injectables	92.7	92.9	89.0
Implants	53.7	54.3	41.9
Male condom	90.2	91.0	74.3
Female condom	17.5	17.6	16.3
Diaprhagm	16.8	16.9	14.6
Foam/jelly	66.1	66.8	54.2
Emergency contraception	12.9	12.9	13.1
Lactational amenorrhea (LAM)	97.8	97.8	96.7
Any traditional method	96.1	96.5	89.2
Periodic abstinence	87.2	87.7	77.6
Withdrawal	92.3	92.8	81.9
Folk method	2.1	2.1	1.2
Mean number of methods known	9.5	9.5	8.8
Number of women	6,006	5,706	300

It should be noted that knowledge of a family planning method in the JPFHS and all DHS surveys is defined simply as having heard of a method. No questions were asked to elicit depth of knowledge, such as how a specific method is used.

The 2002 JPFHS results indicate that all ever-married women in Jordan know at least one method of family planning (Table 5.1). Among modern methods, the pill and IUD are the best known (100 percent), followed by female sterilization (98 percent). Knowledge of the male condom and injectables exists among 90 percent and 93 percent of ever-married women, respectively. The least recognized methods were emergency contraception, diaphragm, and female condom, with 13 percent, 17 percent and 18 percent, respectively, of ever-married women having knowledge of these methods. As expected, the lactational amenorrhea method (LAM) is known to nearly all ever-married women (98 percent). Periodic abstinence (87 percent) and withdrawal (92 percent) are also well known. On average, an ever-married woman knows about 10 family planning methods.

Since knowledge of any family planning method or any modern method is universal, there is almost no variation among subgroups on the basis of background characteristics; thus, no table is shown.

5.2 EVER USE OF CONTRACEPTION

All ever-married women interviewed in the 2002 JPFHS who said they had heard of a method of family planning were asked whether they had ever used it. Table 5.2 shows that eight in ten ever-married women reported that they had used a contraceptive method at some time, including 17 percent who had used the lactational amenorrhea method (LAM). Ever use among currently married women (81 percent) is almost the same as for ever-married women (80 percent). Modern methods have been used by 73 percent of currently married women. The IUD is the most popular method (50 percent), followed by the pill (41 percent). The percentage reporting ever use of other modern methods, with the exception of female condom, diaphragm, implants, and emergency contraception, varies from 3 percent for female sterilization to 22 percent for male condoms.

The level of ever use of traditional contraceptive methods is fairly high in Jordan. Withdrawal, the most frequently adopted traditional method, has been used by 35 percent of currently married women, followed by periodic abstinence (23 percent).

Table 5.2 Ever use of contraception

Percentage of all women and of currently married women who have ever used any contraceptive method, by specific method and age, Jordan 2002

		Modern method										Traditional method				
Age	**Any method**	**Any modern method**	Female sterilization	Pill	IUD	Injectables	Implants	Male condom	Foam/ jelly	LAM	Other modern methods	**Any traditional method**	Periodic abstinence	Withdrawal	Folk method	Number of women
ALL EVER-MARRIED WOMEN																
15-19	32.1	21.3	0.0	10.0	4.3	0.0	0.0	6.4	0.0	6.1	0.0	13.5	2.4	12.7	0.0	158
20-24	59.4	47.0	0.0	21.4	22.2	1.3	0.0	14.6	1.2	11.1	0.2	32.5	10.1	27.6	0.0	728
25-29	80.1	68.7	0.0	38.8	41.0	3.9	0.0	20.9	3.7	17.5	0.2	45.0	22.4	34.7	0.2	1,175
30-34	85.6	79.2	0.5	42.3	56.4	4.2	0.4	24.4	6.5	20.3	0.3	48.6	25.4	39.5	0.4	1,354
35-39	86.1	80.8	4.2	45.6	62.7	6.2	0.6	24.3	9.8	17.5	0.6	45.5	26.9	37.3	0.5	1,071
40-44	85.9	81.5	6.7	48.5	61.0	3.6	0.2	23.6	10.0	18.7	0.6	43.9	27.2	33.6	0.3	862
45-49	82.1	76.8	9.7	46.4	52.8	2.1	0.0	15.2	9.1	16.5	1.0	38.8	22.7	26.6	1.4	659
Total	79.7	72.1	2.9	40.2	49.2	3.7	0.2	20.9	6.5	17.1	0.4	42.7	22.6	33.8	0.4	6,006
CURRENTLY MARRIED WOMEN																
15-19	32.2	21.2	0.0	9.5	4.4	0.0	0.0	6.6	0.0	6.3	0.0	13.9	2.5	13.1	0.0	154
20-24	60.2	47.6	0.0	21.8	22.7	1.4	0.0	14.6	1.3	11.3	0.2	33.3	10.3	28.2	0.0	710
25-29	81.4	69.9	0.0	39.1	41.5	3.8	0.0	21.4	3.8	17.9	0.2	46.2	23.0	35.5	0.2	1,136
30-34	86.9	80.3	0.5	42.9	57.5	4.0	0.4	24.6	6.5	20.7	0.3	49.1	26.0	39.9	0.4	1,314
35-39	87.1	82.1	4.4	46.5	63.7	6.4	0.6	25.1	10.0	17.8	0.6	46.4	27.2	38.0	0.5	1,034
40-44	87.0	82.1	7.3	49.3	61.9	3.6	0.3	25.3	10.4	18.8	0.6	46.7	29.2	35.8	0.3	782
45-49	84.8	79.0	9.7	47.2	57.1	2.4	0.0	16.5	9.6	17.1	1.2	41.8	24.8	28.7	1.6	575
Total	80.9	73.0	2.9	40.6	50.2	3.8	0.2	21.6	6.6	17.4	0.5	44.0	23.3	34.8	0.4	5,706

LAM = Lactational amenorrhea method

5.3 CURRENT USE OF CONTRACEPTION

The level of current use of contraception is one of the indicators most frequently used to assess the success of family planning activities. It is also widely used as a measure in analyzing the determinants of fertility.

Results from the 2002 JPFHS indicate that 56 percent of married women are using a contraceptive method, including 41 percent who are using modern methods and 15 percent using traditional methods. Contraceptive prevalence has increased slightly between 1997 and 2002 survey (from 53 to 56 percent; see Table 5.3). The IUD is the most widely adopted modern method (24 percent), followed by the pill (8 percent), and male condom, female sterilization, and LAM (3 percent for each). Less than 1 percent of women rely on other modern methods. Withdrawal (9 percent) and periodic abstinence (5 percent) are the most frequently employed traditional methods.

Table 5.3 Current use of contraception

Percent distribution of currently married women by contraceptive method currently used, according to age, Jordan 2002

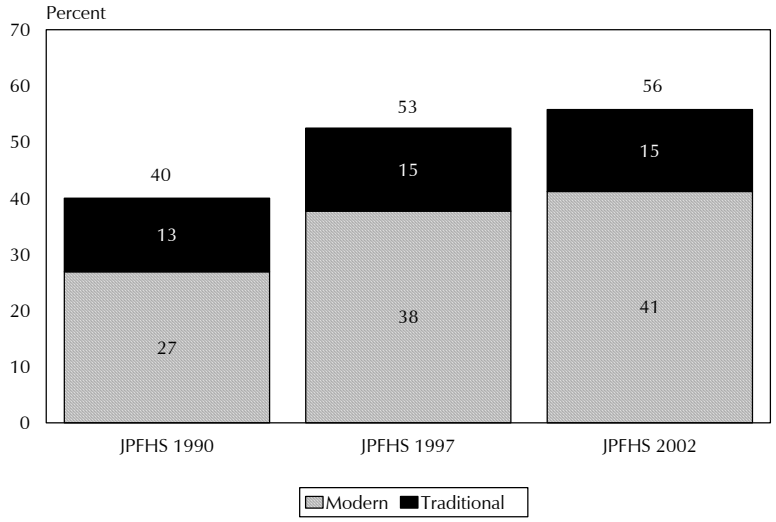
		Modern method								Traditional method						
Age	**Any method**	**Any modern method**	Female sterilization	Pill	IUD	Injectables	Male-condom	LAM	Other modern methods	**Any traditional method**	Periodic abstinence	Withdrawal	Folk method	Not currently using	Total	Number of women
15-19	21.3	13.4	0.0	4.3	3.0	0.0	2.7	3.4	0.0	7.9	2.5	5.4	0.0	78.7	100.0	154
20-24	42.2	28.0	0.0	6.9	13.6	0.2	3.7	3.6	0.0	14.1	3.2	10.9	0.0	57.8	100.0	710
25-29	54.0	40.0	0.0	11.1	20.6	1.3	3.3	3.6	0.2	14.0	4.4	9.7	0.0	46.0	100.0	1,136
30-34	60.1	46.5	0.5	8.7	28.8	0.9	3.7	3.8	0.1	13.6	4.5	9.1	0.0	39.9	100.0	1,314
35-39	63.9	48.7	4.4	6.6	30.0	1.4	3.8	2.2	0.3	15.2	5.9	9.3	0.0	36.1	100.0	1,034
40-44	65.6	49.0	7.3	6.1	29.9	0.8	3.2	0.6	1.0	16.6	7.3	9.2	0.1	34.4	100.0	782
45-49	47.5	31.3	9.7	2.6	15.9	0.6	1.9	0.1	0.5	16.2	7.9	8.0	0.4	52.5	100.0	575
Total	55.8	41.2	2.9	7.5	23.6	0.9	3.4	2.6	0.3	14.6	5.2	9.3	0.1	44.2	100.0	5,706

Note: If more than one method is used, only the most effective method is considered in the tabulation.
LAM = Lactational amenorrhea method

Overall, the level of current contraceptive use of any method among currently married women has increased substantially in the last 12 years, from 40 percent in the 1990 JPFHS survey to 53 percent in the 1997 JPFHS survey and 56 percent in the 2002 JPFHS (Figure 5.1). The relative increase in use during the five years preceding the 2002 JPFHS is 6 percent for all methods, and 9 percent for all modern methods. However, most of the increase in modern method use is due to the addition of LAM to the range of modern methods. If LAM were removed to create strict comparability in the list of modern methods asked about in both 1997 and 2002, the increase in modern method use is only 2 percent. The corresponding increase for the period 1990-1997 was 32 percent of all methods and 40 percent of modern methods.

Comparing specific methods, there was considerable change in the use of specific contraceptive methods in the period between 1990 and 2002. Most noticeable is the increased use of the IUD, which rose from 15 percent in 1990 to 24 percent in 2002. Use of the male condom also increased during the same period, rising from less than 1 percent to just over 3 percent.

Figure 5.1 Current Use of Modern Contraceptive Methods Among Currently Married Women, 1990-2002



Use of contraceptive methods differs according to age: the use of contraception increases steadily up to age 40-44 and declines thereafter (Table 5.3); use among currently married women is lowest among those age 15-19 (21 percent), peaks among women age 40-44 (66 percent), then declines sharply among those age 45-49 (48 percent). Most women in the younger cohorts use contraception for spacing births, relying on the pill, male condom and traditional methods, while older women are using more permanent methods. Female sterilization in particular rises in popularity among women 35 years of age and older, with the prevalence of sterilization increasing from 4 percent among 35-39 year-olds, to 7 percent among 40-44 year-olds, to 10 percent among currently married women age 45-49; the use of IUDs is also very popular among older women. It should be noted that male sterilization is virtually nonexistent in Jordan.

Current use of contraceptive methods also differs by background characteristics (Table 5.4). The level of contraceptive use is higher by 13 percent among women living in urban areas (57 percent) than among women in rural areas (51 percent). The percentage using modern methods among women living in urban areas is 19 percent higher than the percentage among those living in rural areas (43 percent and 36 percent, respectively; see Figure 5.2).

There is also regional variation in current use of family planning. The Central region (which includes the capital, Amman) has the highest level of any contraceptive use (58 percent), followed by the North region (54 percent). The lowest level is the South region (48 percent). Differentials in the use of modern methods are similar to those for the use of any method.

Current use of contraception varies primarily between currently married women who have attended school and those with little or no education. This pattern also holds for the current use of modern methods. Current use of contraception increases steadily with women's education. While 41 percent of women with no education are currently using a method, 54 percent of women with preparatory education and 60 percent of women with higher than secondary education are currently using a contraceptive method. It should be noted, however, that use of the IUD increases with level of education, whereas use of female sterilization is negatively correlated with level of educational attainment. Those correlations could be due in part to the fact that women with no education tend to be older and have more children

Table 5.4 Current use of contraception by background characteristics

Percent distribution of currently married women by contraceptive method currently used, according to background characteristics, Jordan 2002

Background characteristic	Any method	Modern method: Any modern method	Female sterilization	Pill	IUD	Injectables	Male condom	LAM	Other modern methods	Traditional method: Any traditional method	Periodic abstinence	Withdrawal	Folk merthod	Not currently using	Total	Number of women
Residence																
Urban	57.1	42.6	2.8	7.6	25.3	0.8	3.6	2.1	0.4	14.5	5.4	9.1	0.0	42.9	100.0	4,546
Rural	50.5	35.8	3.3	6.8	17.2	1.2	2.4	4.8	0.1	14.6	4.7	9.8	0.1	49.5	100.0	1,160
Region																
Central	57.5	43.3	2.6	7.8	25.9	0.8	3.6	2.3	0.3	14.2	5.5	8.6	0.1	42.5	100.0	3,683
North	54.4	39.0	3.2	6.7	21.3	0.9	3.1	3.4	0.4	15.4	4.7	10.8	0.0	45.6	100.0	1,480
South	48.0	33.3	4.1	7.2	14.9	1.3	2.8	2.7	0.3	14.7	4.8	9.7	0.2	52.0	100.0	542
Educational level attended																
No education	40.6	33.0	13.1	4.3	9.3	2.8	0.9	2.6	0.0	7.6	1.9	5.4	0.3	59.4	100.0	324
Elementary	46.7	34.9	6.1	4.3	19.0	1.4	1.9	2.3	0.0	11.8	3.7	8.1	0.0	53.3	100.0	638
Preparatory	53.5	41.0	2.9	8.1	24.2	0.8	2.0	2.5	0.4	12.5	2.4	10.0	0.2	46.5	100.0	1,144
Secondary	58.9	44.6	1.2	9.2	25.6	0.8	4.3	3.1	0.3	14.3	4.5	9.8	0.0	41.1	100.0	2,159
Higher	60.3	41.0	1.7	6.5	25.5	0.4	4.3	2.1	0.4	19.3	10.0	9.3	0.0	39.7	100.0	1,441
Preparatory + secondary	*57.0*	*43.3*	*1.8*	*8.8*	*25.1*	*0.8*	*3.5*	*2.9*	*0.4*	*13.7*	*3.8*	*9.9*	*0.1*	*43.0*	*100.0*	*3,303*
Number of living children																
0	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.3	0.8	0.4	0.0	98.7	100.0	468
1-2	43.6	27.5	0.0	6.7	13.5	0.3	3.5	3.4	0.0	16.1	5.2	10.9	0.0	56.4	100.0	1,407
3-4	66.2	50.7	0.8	10.9	31.0	0.8	4.3	2.6	0.4	15.5	6.9	8.6	0.0	33.8	100.0	1,751
5+	67.5	51.8	7.3	6.7	29.6	1.6	3.3	2.7	0.5	15.8	4.9	10.8	0.1	32.5	100.0	2,080
Total	55.8	41.2	2.9	7.5	23.6	0.9	3.4	2.6	0.3	14.6	5.2	9.3	0.1	44.2	100.0	5,706

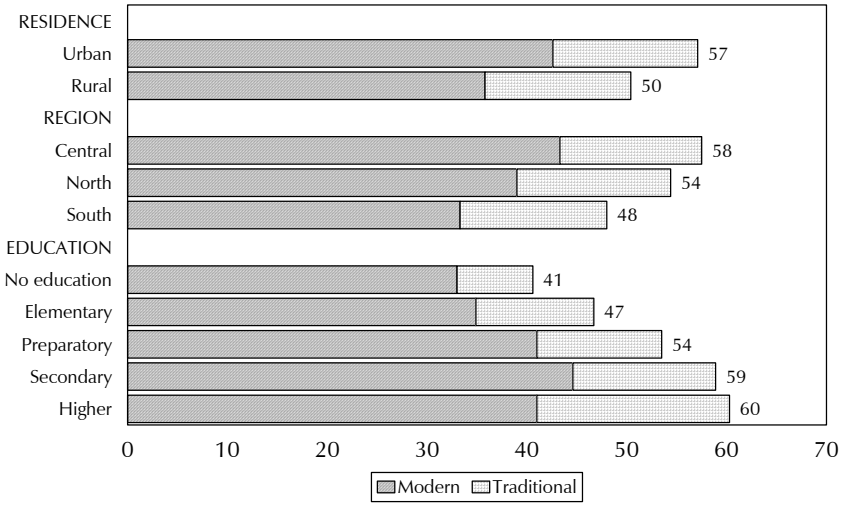
Note: If more than one method is used, only the most effective method is considered in the tabulation.
LAM = Lactational amenorrhea method

than women who have attended school, and thus the former are more likely to want to stop childbearing altogether. The use of traditional methods also increases with level of education.

Use of contraception increases with the number of living children, from 1 percent among currently married women with no children to 68 percent among women with five or more children (Table 5.4). It should be noted that 54 percent of contraceptive users are using a method for spacing their births, while 46 percent of users employ contraception in order to stop childbearing (data not shown).

In addition, 18 percent of users would like to shift to another method: three out of five want to switch to IUDs, 13 percent to the pill, and 12 percent to female sterilization. Twenty six percent of women mentioned the doctor's advice as a reason for not using their preferred method. Other women mentioned husband's objection (12 percent), not having enough knowledge about a method (9 percent), and high cost (5 percent) as reasons behind not using their preferred method (tables not shown).

Figure 5.2 Current Use of Contraception Among Currently Married Women by Background Characteristics



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5.4 CURRENT USE BY WOMEN'S STATUS

A woman's ability to use contraceptive methods to control her fertility is likely to be affected by her status and degree of empowerment. Women who are more empowered are expected to be better able to control all aspects of their lives including their fertility. The JPFHS 2002 collected information on three indicators of women's empowerment: number of decisions in which the respondent participates in the final say, the number of reasons for which a woman can refuse to have sexual relations with her husband, and the number of reasons for which the respondent feels a husband is justified in beating his wife. This section focuses on the relationship between contraceptive use and women's status. (See Chapter 3 for an explanation of these indicators.)

According to Table 5.5, currently married women who have more say with regard to household decisionmaking are more likely to use a contraceptive method, particularly a modern method than women with less say in household decisionmaking: whereas 59 percent of women who have a say in all five specified decisions are currently using a method, only 45 percent of women who have a say in one or two household decisions are current users of contraception.

Currently married women who agree with a variety of circumstances under which they would feel justified in refusing their husband sex are also more likely to be currently using a contraceptive method: among women agreeing with all three circumstances under which a wife would be justified in denying her husband sex, 57 percent are currently using a method, compared with 47 percent among those who believe that none of the specified circumstances constitute justification for a wife's refusal to have sex with her husband.

Finally, the more that a woman considers wife beating justifiable, the less likely she is to use a contraceptive method. Among women who believe that wife beating is never justified, 63 percent are currently using a contraceptive method. The numbers are significantly lower for those who agree with most or all of the justifications for wife beating: only 46 percent of these are currently using contraception.

Table 5.5 Current use of contraception by women's status

Percent distribution of currently married women by contraceptive method currently used, according to selected indicators of women's status, Jordan 2002

Background characteristic	Any method	Modern method								Traditional method				Not currently using	Total	Number of women
		Any modern method	Female sterilization	Pill	IUD	Injectables	Male condom	LAM	Other modern methods	Any traditional method	Periodic abstinence	Withdrawal	Folk merthod			
Number of decisions in which woman has final say																
0	(41.8)	(32.1)	(5.4)	(9.4)	(13.2)	(0.0)	(0.0)	(4.0)	(0.0)	(9.8)	(2.6)	(7.2)	(0.0)	(58.2)	100.0	51
1-2	45.0	32.4	2.4	6.3	16.8	0.8	3.0	3.0	0.0	12.6	3.0	9.2	0.3	55.0	100.0	706
3-4	56.2	41.8	2.4	8.3	23.9	0.8	3.5	2.6	0.3	14.3	5.3	8.9	0.0	43.8	100.0	2,604
5	58.9	43.4	3.5	6.8	25.6	1.1	3.4	2.5	0.5	15.5	5.8	9.7	0.0	41.1	100.0	2,345
Number of reasons to refuse sex with husband																
0	46.8	34.8	9.3	1.3	15.6	0.0	1.7	6.9	0.0	12.0	1.1	10.3	0.6	53.2	100.0	74
1-2	52.9	39.0	2.6	7.8	21.4	0.8	3.4	2.6	0.2	14.0	4.4	9.5	0.0	47.1	100.0	1,876
3+	57.4	42.5	2.9	7.4	24.9	1.0	3.4	2.5	0.4	14.9	5.7	9.1	0.1	42.6	100.0	3,757
Number of reasons wife beating is justified																
0	63.4	42.7	1.3	6.6	27.4	0.6	3.5	2.1	1.2	20.7	9.7	11.1	0.0	36.6	100.0	730
1-2	58.9	43.2	2.3	7.9	25.0	0.9	4.5	2.7	0.0	15.6	6.0	9.5	0.1	41.1	100.0	2,006
3-4	55.3	42.6	2.9	7.9	24.5	0.9	3.1	2.8	0.3	12.7	4.1	8.6	0.0	44.7	100.0	1,824
5+	46.3	34.5	4.9	6.5	17.5	1.1	1.7	2.6	0.2	11.8	2.8	8.9	0.1	53.7	100.0	1,146
Total	55.8	41.2	2.9	7.5	23.6	0.9	3.4	2.6	0.3	14.6	5.2	9.3	0.1	44.2	100.0	5,706

Note: If more than one method is used, only the most effective method is considered in the tabulation. Figures in parentheses are based on 25-49 unweighted cases.
LAM = Lactational amenorrhea method

Table 5.5 indicates that women who are most empowered according to the definition set forth here are also the most likely to use a contraceptive method. This table also indicates that women who are least empowered are the most likely to be sterilized. For example, among women who cannot justify a wife refusing sex to her husband for any of the specified reasons, 9 percent are sterilized, compared with women who believe that a wife would be justified in refusing sex to her husband under any of the given circumstances, among whom only 3 percent are sterilized.

5.5 Number of Children at First Use of Contraception

Table 5.6 shows the number of living children at the time of first use of contraception by age among ever-married women. With the increasing adoption of family planning – particularly among younger women – the average parity of women at first use of contraception has been declining. About two-thirds of women age 40-49 used any family planning method before having four or more children, compared with about 97 percent of women age 25-29. Women are adopting family planning fairly early in the family building process. The proportion that started using contraception after marriage to delay the first birth has increased from 1 percent among women age 35-49 to 11 percent among those age 15-19. In general, the results show that the majority of women prefer to start using a contraceptive method after they have had one or two children (41 percent and 27 percent, respectively). In other words, 71 percent of women prefer to use a method before having a third child.

Table 5.6 Number of children at first use of contraception

Percent distribution of all ever-married women who have ever used contraception by number of living children at the time of first use of contraception, according to current age, Jordan 2002

Current age	Number of living children at time of first use of contraception					Total	Number of women
	0	1	2	3	4+		
15-19	11.4	77.8	10.9	0.0	0.0	100.0	51
20-24	8.8	64.8	21.3	4.3	0.8	100.0	432
25-29	4.0	52.6	31.7	8.5	3.2	100.0	942
30-34	2.5	41.7	31.2	12.3	12.3	100.0	1,159
35-39	1.0	33.3	28.9	15.6	21.2	100.0	922
40-44	1.4	28.4	23.8	15.0	31.3	100.0	740
45-49	1.4	26.3	20.2	13.0	39.1	100.0	541
Total	2.9	40.9	27.4	11.8	17.0	100.0	4,787

5.6 KNOWLEDGE OF THE FERTILE PERIOD

A basic knowledge of reproductive physiology provides a useful background for the successful practice of coitus-dependent methods (such as withdrawal, condom, or barrier methods), and even more so for the practice of periodic abstinence. As noted earlier, periodic abstinence has been used by 23 percent of currently married women at some time, and it is currently being used by 5 percent of recently surveyed women. Since the failure rate for using the safe period method is high, it is important to find out if women who are practicing the method know when during the ovulatory cycle they should avoid having sexual intercourse.

Table 5.7 presents the distribution of ever-married women who are currently using periodic abstinence, categorized by the time during the ovulatory cycle when they think a woman is most likely to get pregnant (perceived fertile period). To obtain these data, the respondents were asked when during the monthly cycle a woman has the greatest chance of becoming pregnant. The results indicate that the ovulatory cycle is well known to ever-married women, as well as to women who have used the safe period method. Two-thirds of ever-married women can correctly identify the safe period. Among women using periodic abstinence, 88 percent answered correctly, while 11 percent gave the response “after the period ended.”

Table 5.7 Knowledge of fertile period

Percent distribution of all ever-married women by knowledge of the fertile period during the ovulatory cycle, according to current use/nonuse of periodic abstinence, Jordan 2002

Perceived fertile period	Users of periodic abstinence	Nonusers of periodic abstinence	All women
Just before her period begins	0.4	1.2	1.2
During her period	0.4	0.0	0.0
Right after her period has ended	10.6	17.3	17.0
Halfway between two periods	87.7	66.4	67.5
Other	0.0	0.0	0.0
No specific time	0.6	5.4	5.2
Don’t know	0.3	9.6	9.1
Total	100.0	100.0	100.0
Number of women	298	5,708	6,006

Despite the relatively large proportion of women who can correctly identify the fertile period, it should be noted that one-third of ever-married women said they did not know the fertile period or gave the wrong answer. Since periodic abstinence is being used by a substantial number of women, family planning workers need to provide more information on the physiology of reproduction, with emphasis on the ovulatory cycle.

5.7 TIMING OF STERILIZATION

Although current use of female sterilization decreased between 1997 and 2002, it still represents 7 percent of the contraceptive use among users of modern methods; therefore, the age at which the operation takes place is of particular interest to family planning officials (Table 5.8). Overall, women's age at sterilization remained almost the same in Jordan between 1997 and 2002: the median age for women under age 40 is 35.4 years in 2002, compared with 35 years in 1997, i.e. an increase of only 5 months. Women who were sterilized when they were less than 30 years of age are more likely to have had the operation performed in the distant past; women sterilized at a later age (40 and over) tend to have had the operation more recently.

Table 5.8 Timing of sterilization

Percent distribution of sterilized women by age at the time of sterilization, and median age at sterilization, according to the number of years since the operation, Jordan 2002

Years since operation	Age at time of sterilization						Total	Number of women	Median age[1]
	<25	25-29	30-34	35-39	40-44	45-49			
<2	*	*	*	*	*	*	*	20	*
2-3	(0.0)	(1.7)	(27.1)	(50.7)	(16.3)	(4.2)	100.0	37	(35.7)
4-5	(0.0)	(11.5)	(27.1)	(39.8)	(20.3)	(1.3)	100.0	32	(35.0)
6-7	(0.0)	(9.5)	(14.8)	(48.8)	(26.9)	(0.0)	100.0	30	(37.0)
8-9	*	*	*	*	*	*	*	17	*
10+	(1.5)	(25.5)	(44.5)	(28.5)	(0.0)	(0.0)	100.0	37	a
Total	0.3	10.3	28.1	45.1	15.1	1.1	100.0	173	35.4

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Median ages are calculated only for women sterilized at less than 40 years of age to avoid problems of censoring.
[a] Not calculated due to censoring

Information on attitudes towards female sterilization among women who have heard about this method was collected in the 2002 JPFHS. Women were asked whether they approve or disapprove use of this method to avoid childbearing. The results (presented in Table 5.9) showed that only 19 percent approve of the method, 21 percent approve with conditions, and 58 percent disapprove of it. Urban women, women living in the Central region, more educated women, and women with fewer children are more likely to disapprove of female sterilization compared with other women. When asked about the reasons for disapproving of female sterilization, about half (49 percent) of the women who disapprove of the method said that it is against their religion, 28 percent attribute their disapproval to health problems associated with sterilization, and 17 percent disapprove of it because it might cause family problems with the husband, or lead to divorce (data not shown).

Table 5.9 Approval of sterilization

Percent distribution of all ever-married women who know of sterilization by attitude toward sterilization, according to background characteristics, Jordan 2002

Background characteristic	Approval/disapproval of female sterilization				Total	Number of women
	Approve	Approve only under certain circumstances	Disapprove	Don't know/ unsure		
Residence						
Urban	17.7	21.7	58.9	1.7	100.0	4,704
Rural	23.3	20.2	55.2	1.3	100.0	1,173
Region						
Central	17.3	21.2	59.6	1.9	100.0	3,803
North	20.7	22.9	55.1	1.3	100.0	1,527
South	23.5	18.4	57.1	1.1	100.0	548
Educational level attended						
No education	35.3	17.0	45.9	1.8	100.0	345
Elementary	30.5	20.9	47.1	1.4	100.0	674
Preparatory	20.9	21.5	56.5	1.1	100.0	1,196
Secondary	16.9	21.6	59.9	1.7	100.0	2,205
Higher	10.7	22.2	64.9	2.2	100.0	1,457
Preparatory + secondary	18.3	21.5	58.7	1.5	100.0	3,401
Number of living children						
0	10.6	21.0	64.7	3.8	100.0	488
1-2	12.8	20.8	64.3	2.2	100.0	1,447
3-4	16.3	23.5	58.5	1.7	100.0	1,769
5+	26.7	20.1	52.4	0.9	100.0	2,173
Total	18.8	21.4	58.2	1.7	100.0	5,877

5.8 SOURCE OF SUPPLY FOR MODERN METHODS

In addition to information about the level of contraceptive use, program officials need to know where users obtain their methods. As in the 1997 JPFHS, the 2002 survey included a question for current users of modern methods regarding the source of their method. The Jordanian Association of Family Planning and Protection (JAFPP), private doctors, and pharmacies are the major private sources of supply for modern contraceptive methods (Table 5.10 and Figure 5.3). Private sources serve two-thirds (66 percent) of current users, compared with 72 percent in 1997 survey. The share of the public sector increased to about one-third (34 percent), compared with 28 percent in the 1997 survey.

The sources relied on by users vary by method used. Pharmacies are the primary source for users of methods that require resupply, including the pill (36 percent), and condoms (44 percent). Family planning clinics (JAFPP) are the primary source for IUDs (31 percent) and injections (16 percent). In the public sector, government hospitals are the major source for most female sterilizations (46 percent), followed by the private hospitals (32 percent) and Royal Medical Services (20 percent).

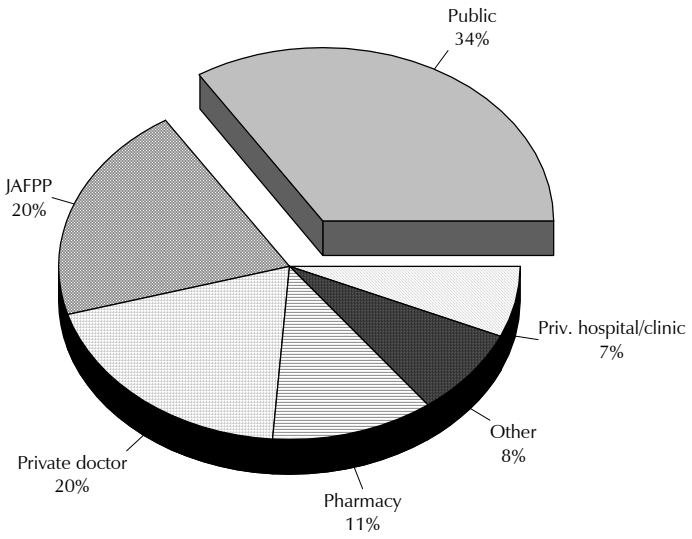
Table 5.10 Source of contraception

Percent distribution of current users of modern contraceptive methods by most recent source of method, according to specific method, Jordan 2002

Source	Female sterilization	Pill	IUD	Injectables	Condom	Total
Public	68.0	36.5	28.0	46.7	37.3	33.9
Government hospital	46.1	2.3	3.3	20.8	0.5	6.7
Government health center	0.0	18.3	10.8	6.6	18.2	11.9
Government MCH	0.0	13.5	11.0	17.6	16.2	11.1
University hospital/clinic	1.9	0.4	0.7	0.0	0.0	0.6
Royal medical services	19.9	1.9	2.1	1.7	2.4	3.5
Mobile clinic	0.0	0.0	0.2	0.0	0.0	0.1
Private medical	32.0	63.2	72.0	53.3	61.7	65.9
Private hospital/clinic	32.0	1.0	6.2	0.6	0.2	6.5
Private doctor	0.0	9.9	27.7	26.7	0.0	19.5
Pharmacy	0.0	35.9	0.4	0.0	43.8	11.3
Jordanian Assoc. of Fam Plan. and Protection (JAFPP)	0.0	3.7	30.6	15.5	7.6	20.4
UNRWA health center	0.0	12.6	6.1	10.4	10.1	7.5
Other	0.0	0.0	1.0	0.0	0.0	0.6
Other	0.0	0.2	0.0	0.0	1.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	173	426	1,349	51	193	2,210

Note: Total includes women who used implants and foam/jelly.

Figure 5.3 **Sources of Family Planning Methods Among Current Users of Modern Methods**



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5.9 INFORMED CHOICE

Women who are currently using a modern method of contraception, and had adopted the method within the five years preceding the survey, were asked whether they were informed about the side effects of the methods they were using, whether they were told what to do if they experienced any side effects, and whether they were informed about other methods of contraception they could use.

Table 5.11 shows that 70 percent of women were informed about the side effects of their method, while 56 percent were informed about what to do should they experience side effects. Seventy percent of women were also informed about alternative methods. The majority of women who use injectables were well informed: 80 percent had been told about side effects, 66 percent knew what to do when they had side effects, and 72 percent were informed about other available methods of contraception. Users of the IUD and the pill were similarly well informed about side effects (IUD: 72 percent; pill: 70 percent), and

Table 5.11 Informed choice

Among current users of modern contraceptive methods who adopted the current method in the five years preceding the survey, percentage who were informed about the side effects of the method used, percentage who were informed what to do if side effects were experienced, and percentage who were informed of other methods that could be used for contraception, and percentage of women who were sterilized in the five years preceding the survey who were informed that they would not be able to have any more children, by specific method, initial source of method, and background characteristics, Jordan 2002

	Type of information received			
Method, source, and background characteristic	Informed about side effects or problems of method used[1]	Informed what to do if experienced side effects[2]	Informed of other methods that could be used[2]	Informed that sterilization is permanent[3]
Method				
Female sterilization	45.4	24.7	51.6	96.5
Pill	69.7	49.2	71.3	na
IUD	71.6	59.4	71.2	na
Injectables	79.9	65.8	72.3	na
Other[4]	*	*	70.3	na
Initial source of method[5]				
Public	69.1	57.2	71.1	94.7
Government hospital	67.6	52.8	67.3	92.8
Government health center	70.0	59.3	72.2	na
Government MCH	70.3	58.4	71.6	na
Other public	64.5	53.2	72.4	100.0
Private medical	71.0	54.8	70.1	100.0
Private hospital/clinic	70.8	39.5	52.0	100.0
Private doctor	68.6	58.0	67.2	na
Pharmacy	67.5	39.1	56.1	na
Jordanian Assoc. of Fam Plan. and Protection (JAFPP)	75.8	60.1	77.3	na
UNRWA health center	69.1	58.2	84.7	na
Residence				
Urban	69.8	54.9	70.8	98.3
Rural	72.8	59.1	68.7	90.7
Region				
Central	69.7	53.7	71.3	96.6
North	71.6	59.3	67.8	97.6
South	71.7	61.9	71.4	93.1
Educational level attended				
No education	60.1	47.1	62.1	100.0
Elementary	68.3	50.9	61.5	92.3
Preparatory	68.8	56.3	70.7	94.5
Secondary	72.9	56.8	71.7	100.0
Higher	69.3	56.0	72.3	96.5
Preparatory + secondary	*71.5*	*56.6*	*71.4*	*96.8*
Total	70.3	55.6	70.4	96.5

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1] Among users of female sterilization, pill, IUD, and injectables
[2] Among users of female sterilization, pill, IUD, injectables, diaphragm, foam or jelly, and lactational amenorrhea method (LAM)
[3] Sterilized women who were told that they would not be able to have any more children
[4] Diaphragm, foam, jelly and lactational amenorrhea method (LAM)
[5] Source at start of current episode of use

were told in equal proportions about other methods they could use (71 percent); however, those who use an IUD were much more likely to have been told about what to do in case of side effects (59 percent) than users of the pill (49 percent). It should be noted that only 45 percent of sterilized women were informed about side effects, and only 25 percent were informed about what to do if they experienced side effects; 52 percent were informed about other methods. Four percent of women reported that they were not told that sterilization is a permanent method before undergoing the procedure.

Contraceptive users who obtained their methods from a public source were almost equally likely to have received information about the method as those who went to a private source (69 percent and 71 percent, respectively); those who obtained their method from JAFPP were most likely to have received information about side effects (76 percent) and what to do about them (60 percent). Differentials by residence show that rural women are more likely to have been told what to do about side effects than urban women (59 percent compared with 55 percent), while urban women are slightly better informed than rural women with regard to other methods. There are small regional differences in the information given to contraceptive users, with women in the South region being somewhat more likely to have received all three kinds of information.

A woman's level of education is associated with the provision of information about the method's side effects, such that women with less education (none or elementary only) are less likely to have been told about side effects, what to do in the event of side effects, or about other methods they could use, than more educated women.

5.10 CONTRACEPTIVE DISCONTINUATION

A key concern of family planning officials is the extent to which women discontinue use of contraceptive methods, and their reasons for doing so. Life table discontinuation rates based on information collected in the calendar are presented in Table 5.12. Discontinuation rates were calculated for each method based on use during the first 12 months after beginning the method. The reasons for discontinuation were examined, then classified into four main categories: method failure, desire to become pregnant, switch to another method, and other reasons (including problems related to the use of a particular method, husband's disapproval, health reasons, cost, and absence of need to use a family planning method). Table 5.12 indicates that eleven percent of users stopped using before the end of the first year because the method failed; 9 percent said they stopped because they wanted to become pregnant; 15 percent switched to another method.[1] These discontinuation rates are lower than those found in the 1997 JPFHS.

Discontinuation rates were highest for LAM (61 percent) – in part because, by definition, LAM can be used for a maximum of 6 months postpartum – followed by the male condom (56 percent) and the pill and injectables (55 percent each). The lowest discontinuation rate was for the IUD (the most common method), with 13 percent of women discontinuing the method during the first year of use. Part of the reason that the IUD has the lowest discontinuation rate may be because a woman has to seek the help of a medical professional to have it removed; she cannot stop using the method of her own volition.

[1] Discontinuation rates presented in Table 5.12 refer to *all episodes* of contraceptive use in the period of time covered by the calendar, not just *the episodes that began* during the period. They are cumulative one-year discontinuation rates that represent the proportion of users discontinuing a method by 12 months after the start of use. The rates are calculated by dividing the number of discontinuations for each reason at each duration of use in single months by the number of months of exposure at that duration. The single-month rates are then cumulated to produce a one-year rate. The reasons for discontinuation are treated as competing risks (net rates).

Table 5.12 First-year contraceptive discontinuation rates

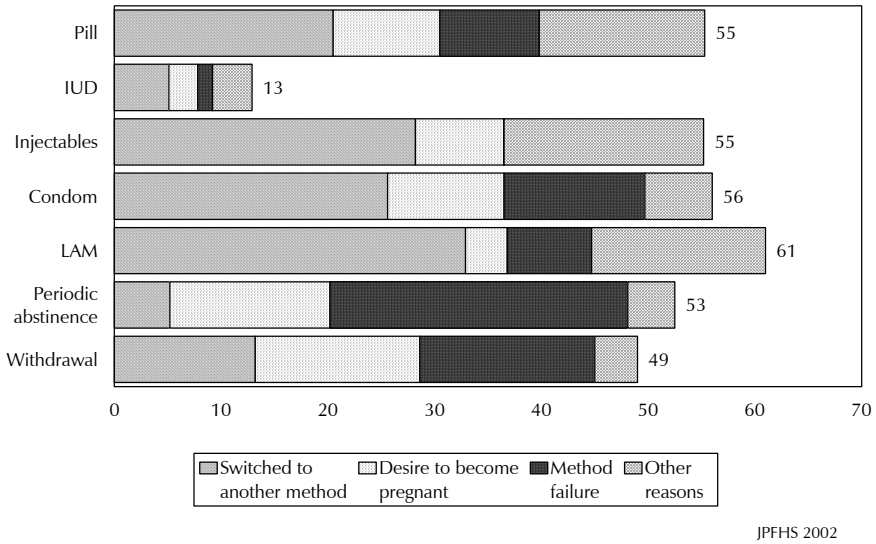
Percentage of contraceptive users who discontinued use of a method within 12 months after beginning its use in the five years preceding the survey, by reason for discontinuation and specific method, Jordan 2002

Method discontinued	Reason for discontinuation				Total
	Method failure	Desire to become pregnant	Switched to another method [1]	Other reason	
Pill	9.3	10.0	20.5	15.5	55.4
IUD	1.4	2.7	5.1	3.7	12.8
Injectables	0.0	8.3	28.2	18.7	55.2
Male condom	13.2	10.9	25.6	6.3	56.0
LAM	7.9	3.9	32.9	16.3	61.0
Periodic abstinence	27.9	15.0	5.2	4.4	52.5
Withdrawal	16.4	15.4	13.2	4.0	49.0
All methods	10.5	8.6	14.9	8.1	42.0

Note: Table is based on episode of contraceptive use that began 3-59 months prior to the survey
LAM = Lactational amenorrhea
[1] Used a different method in the month following discontinuation or said that they wanted a more effective method and started another method within two months of discontinuation

First-year discontinuation rates due to method failure are highest for periodic abstinence and withdrawal (Figure 5.4). Fifteen percent of women who used periodic abstinence, 15 percent of women who used withdrawal, 11 percent who used the male condom, and 10 percent who used the pill discontinued the method to become pregnant.

Figure 5.4 Contraceptive Discontinuation Rates by Reason and Method



JPFHS 2002

Table 5.13 provides information about women's reasons for discontinuing contraception. The table includes all discontinuations in the five years before the survey, regardless of whether they occurred during the first 12 months of use or later. The reason given most frequently for discontinuation was the desire to get pregnant (31 percent), followed by method failure (21 percent), and side effects (13 percent). The other reasons women cited for discontinuation were the desire to have a more effective method (11 percent), health concerns (9 percent), and inconvenient to use (5 percent). About 2 percent of currently married women report husband's disapproval of family planning as their reason for discontinuation.

Table 5.13 Reasons for discontinuation

Percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reason stated for discontinuation, according to specific method, Jordan 2002

Reason	Pill	IUD	Inject-ables	Con-doms	Foam/ jelly	LAM	Periocic absti-nence	With-drawal	All methods[1]
Became pregnant while using	14.8	7.0	5.3	24.6	44.7	15.0	45.6	35.7	20.8
Wanted to become pregnant	26.7	39.9	17.9	28.8	12.6	10.7	35.8	36.5	30.9
Infrequent sex/husband away	5.2	2.3	0.6	2.1	1.1	0.6	5.0	2.8	3.0
Marital dissolution/separation	0.6	1.0	0.0	0.0	0.0	0.1	0.3	0.8	0.6
Difficult to get pregnant/menopausal	0.1	1.0	0.0	0.2	0.0	0.0	1.3	0.5	0.5
Husband disapproved	1.4	0.4	0.0	13.6	3.3	0.1	0.8	3.5	2.2
Fatalistic	0.3	0.2	2.1	0.2	3.1	0.9	0.0	0.5	0.4
Health concerns	13.6	18.1	20.2	5.6	1.7	1.5	0.7	1.1	9.0
Side effects	25.5	22.2	47.2	6.1	16.3	0.1	0.2	1.1	13.1
Wanted a more effective method	6.4	0.6	2.4	16.0	7.5	38.0	8.8	15.5	11.3
Cost too much	0.2	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Inconvenient to use	3.2	3.0	1.7	2.4	7.7	25.4	0.5	1.2	5.2
Access/availability	0.1	0.0	0.5	0.2	0.0	0.0	0.5	0.0	0.1
Other	2.1	4.2	2.1	0.3	2.0	7.4	0.4	0.9	2.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	1,152	1,480	90	398	81	670	566	1,030	5,475

[1] Includes implants (4 cases), diaphragm (2 cases), and other methods (4 cases).

Discontinuation due to method failure is particularly high for the traditional methods of periodic abstinence (46 percent) and withdrawal (36 percent). Among modern methods, method failure was the main reason given for discontinuation of vaginal methods such as the diaphragm, or contraceptive foam or jelly (45 percent) and condoms (25 percent), both coitus-dependent methods. Side effects were most frequently cited as the reason for discontinuation among women who had been relying on injectables (47 percent), the pill (25 percent), and the IUD (22 percent).

5.11 Reasons for Not Using and Future Use of Family Planning

Women who were not using contraception at the time of the survey were asked about the main reason for not currently using a contraceptive method (Table 5.14). Approximately one-third of the women (34 percent) mentioned the desire for more children as the main reason, followed by current pregnancy combined with the fact that they were recently postpartum and breastfeeding (28 percent). Fear of side effects and health concerns were reported by about 7 percent of women.

To obtain information about potential demand for family planning services, all currently married women who were not using contraception at the time of the survey were asked about their intention to use family planning in the future. Those who responded in the affirmative were also asked which method they would prefer to use.

Table 5.14 Reasons for not using contraception

Percent distribution of currently married women who are not using a contraceptive method by main reason for not using, according to age, Jordan 2002

Reason	Age 15-29	Age 30-49	Total
Fertility-related reasons			
No/Infrequent sex	2.2	8.9	6.1
Menopausal	0.0	5.6	3.3
Hysterectomy	0.2	2.8	1.7
Subfecund, infecund	1.2	7.0	4.6
Postpartum, childbearing	7.9	6.6	7.1
Wants more children	46.9	25.0	34.2
Pregnant	27.0	16.5	20.9
Difficult to get pregnant	4.5	9.1	7.2
Sexual impotence	0.1	0.6	0.4
Husband sick	0.3	1.8	1.2
Has not menstruated	0.6	0.6	0.6
Opposition to use			
Respondent opposed	1.1	1.3	1.2
Husband opposed	2.5	2.2	2.3
Religious prohibition	0.2	0.1	0.1
Rumors	0.1	0.5	0.3
Method-related reasons			
Health concerns	2.3	5.6	4.2
Fear side effects	2.0	3.6	2.9
Costs too much	0.2	0.0	0.1
Inconvenient to use	0.1	0.6	0.4
Interferes with body's processes	0.0	0.3	0.2
Other/don't know	0.7	1.2	1.0
Total	100.0	100.0	100.0
Number of women	1,054	1,469	2,523

Table 5.15 presents the distribution of currently married women who were not using contraception, by intention to use in the future, according to number of living children. Nearly 6 out of 10 nonusers in the 2002 JPFHS said that they intend to use family planning in the future, while more than one-third (36 percent) of nonusers said they do not intend to use in the future. In the 1997 JPFHS, the proportion of nonusers who intended to use a family planning method in the future was 65 percent and the proportion of those who did not plan to do anything to avoid a pregnancy in the future was 28 percent.

Intention to use contraception in the future appears not to have a strong positive association with the number of living children a woman has: women with three children are more likely to want to use contraception in the future than those with fewer or more children. Specifically, 72 percent of women with three children said they intend to use a method of family planning, compared with 48 percent of childless women and 53 percent of women with four or more children.

Table 5.15 Future use of contraception

Percent distribution of currently married women who are not using a contraceptive method by intention to use in the future, according to number of living children, Jordan 2002

Intention	Number of living children[1] 0	1	2	3	4+	Total
Intends to use	48.0	66.7	67.4	72.4	53.3	59.6
Unsure	9.6	7.9	3.0	4.5	2.6	4.7
Does not intend to use	42.3	25.4	29.6	23.1	44.2	35.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	337	392	400	357	1,037	2,523

[1] Includes current pregnancy

The reasons women choose not to use family planning are of particular interest to family planning program officials. Table 5.16 gives the distribution of women who are not using contraception and have no intention to do so by their reason for not using and not intending to use. The primary reason given is infecundity and desire to have more children (28 percent each). The next most common reason for not using is menopause (8 percent). Other reasons mentioned are health concerns or fear of side effects (12 percent), and infrequent sexual relations (6 percent). Another 8 percent mention husband's or respondent's disapproval of contraception.

Table 5.16 Reasons for not intending to use contraception

Percent distribution of currently married women who are not using a contraceptive method and who do not intend to use in the future by main reason for not intending to use, according to age, Jordan 2002

Reason	Age 15-29	30-49	Total
Fertility-related reason	60.1	77.2	74.1
Infrequent sex	0.3	7.0	5.8
Menopausal, hysterectomy	0.0	9.5	7.8
Subfecund, infecund	8.5	32.0	27.8
Wants more children	47.5	23.2	27.6
Difficult to get pregnant	3.8	5.4	5.1
Opposition to use	20.4	5.7	8.3
Respondent opposed	4.9	3.3	3.6
Husband opposed	14.4	2.3	4.5
Others opposed	0.5	0.0	0.1
Religious prohibition	0.7	0.1	0.2
Method-related reason	16.3	11.9	12.7
Health concerns	9.1	6.9	7.3
Fear side effects	6.7	3.8	4.3
Costs too much	0.0	0.1	0.1
Inconvenient to use	0.4	0.4	0.4
Interferes with body	0.1	0.7	0.6
Other	3.1	4.9	4.6
Don't know	0.0	0.3	0.3
Total	100.0	100.0	100.0
Number of women	163	738	901

Women under age 30 are more likely than older women to mention the desire to have children, while infecundity and menopause are more often reported by older women. Husband's or respondent's disapproval of contraception is mentioned more often by younger women than by women age 30 and over. Fear of side effects is cited more often by younger women than older women.

Married women who were not using contraception at the time of the survey, but reported that they intended to use, were asked about the method they intend to use. The results are shown in Table 5.17. The majority of women (79 percent) say they want to use a modern method of contraception; and 11 percent want to use a traditional method. More than half of the women (53 percent) who intend to use contraception say they want to use the IUD. After the IUD, the most popular modern methods are the pill (15 percent) and female sterilization (4 percent). The younger women (less than 30 years) were more likely to use the pill

than older women (30 years or more). The converse was true with regard to the use of female sterilization, with 7 percent of older women preferring sterilization, but less than half of one percent of younger women preferring the same. The trend with respect to other methods was almost the same for both of the two age groups.

Some programmatic implications can be drawn from the data in Table 5.17. Because of the popularity of the IUD, the pill, and female sterilization, several issues need to be considered in anticipation of women's carrying out their intentions to use those methods. First, the supply of pills must be adequate to meet the needs of women who want to use that method; second, for women who want to use the IUD or female sterilization, trained personnel must be available to provide the services.

Table 5.17 Preferred method of contraception for future use

Percent distribution of currently married women who are not using a contraceptive method but who intend to use in the future by preferred method, according to age, Jordan 2002

	Age		
Method	15-29	30-49	Total
Female sterilization	0.4	7.4	3.5
Pill	17.3	13.0	15.4
IUD	52.6	54.2	53.3
Injectables	1.9	2.1	2.0
Implants	0.6	0.7	0.7
Condom	3.3	3.1	3.2
Foam/jelly	0.7	1.1	0.8
Lactation amenorrhea	0.9	0.1	0.5
Periodic abstinence	3.8	4.8	4.2
Withdrawal	7.2	6.3	6.8
Other	0.1	0.0	0.1
Unsure	11.2	7.2	9.5
Total	100.0	100.0	100.0
Number of women	843	661	1,504

Women who intended to use the IUD in the future were asked about the preferred sex of IUD service providers. Eighty-seven percent said that they prefer the service provider to be a female compared with 4 percent who preferred a male provider, and 9 percent who said that the sex of the IUD provider does not matter to them (table not shown).

5.12 EXPOSURE TO FAMILY PLANNING MESSAGES

Radio and television are the major sources of information about family planning in the media beside print and other media. To assess the effectiveness of those media for disseminating family planning information, all ever-married women were asked if they had heard, seen or read messages about family planning on the radio, television or other mentioned sources during the few months prior to the survey. The results indicate that, overall, 76 and 33 percent of ever-married women are exposed to family planning messages via the electronic media of radio and television, respectively (Table 5.18). Differentials in access to family planning messages by age, place of residence, region and education are generally evident, with those sources of information that require literacy showing particularly striking differentials by education. Nevertheless, 52 percent of women had been exposed to family planning information via posters, followed by bulletins and booklets (48 percent) and newspapers and magazines (37 percent). Lectures were the least common sources of exposure to family planning messages (11 percent).

The results also show that 14 percent of respondents reported that they hadn't been exposed to family planning information via any of the six media sources. Younger women (15-19 years), older women (40-49 years), urban women, women living in the Central region, women with no education, and women with elementary education were less likely to have been exposed to family planning messages through media than other women.

Table 5.18 Exposure to family planning messages

Percentage of all ever-married women who have heard or seen a family planning message through various media sources (radio, television, newspaper/magazine, posters, bulletins/booklets, and lectures, in the few months preceding the survey, by background characteristics, Jordan 2002

Background characteristic	Exposed to family planninng messages through:						None of these six media sources	Number of women
	Radio	Television	Newspaper/ magazine	Posters	Bulletins/ booklets	Lectures		
Age								
15-19	25.3	67.9	29.5	44.4	46.0	6.7	22.4	158
20-24	27.1	77.2	34.7	55.9	54.0	8.2	11.0	728
25-29	30.7	74.5	36.9	55.6	55.8	9.0	12.8	1,175
30-34	34.8	77.1	40.5	57.7	53.1	13.1	11.0	1,354
35-39	37.1	80.9	41.6	53.5	49.0	13.6	11.1	1,071
40-44	30.8	69.3	35.3	46.2	38.0	11.6	19.6	862
45-49	38.4	73.5	31.5	33.7	29.9	11.8	18.6	659
Residence								
Urban	33.2	73.9	38.6	52.4	49.4	10.9	14.3	4,799
Rural	32.4	82.0	31.9	48.9	42.9	12.8	11.3	1,207
Region								
Central	34.9	72.3	40.7	51.5	49.1	10.3	15.3	3,898
North	28.6	82.4	29.4	52.9	46.3	10.2	10.3	1,542
South	32.4	79.0	35.2	49.6	46.4	20.9	12.2	566
Educational level attended								
No education	28.8	67.4	3.3	16.2	5.0	10.9	28.3	363
Elementary	29.5	70.9	15.4	31.1	24.2	10.5	20.7	689
Preparatory	32.3	78.4	33.0	49.7	48.0	10.5	13.0	1,231
Secondary	34.5	76.9	41.9	57.7	55.5	11.0	12.0	2,247
Higher	34.2	75.1	52.4	62.4	58.7	12.7	10.1	1,476
Preparatory + secondary	*33.7*	*77.4*	*38.7*	*54.9*	*528*	*10.8*	*12.4*	*3,478*
Total	33.0	75.5	37.3	51.7	48.1	11.3	13.7	6,006

5.13 CONTACT OF NONUSERS WITH FAMILY PLANNING PROVIDERS

Information on whether currently married nonusers had visited a health facility (seeking care for themselves or their children) in the last 12 months was collected in the 2002 JPFHS. This contact may provide an opportunity for them to receive family planning information; therefore, women who reported having visited a health facility in the past 12 months were asked whether anyone in the health facility had talked to them about family planning methods.

Table 5.19 shows that eight in ten nonusers had visited a health facility in the 12 months preceding the survey, of whom only one-fourth had discussed family planning during their visit. The results also show that older women, urban women, women living in the Central region, and less educated women were less likely to visit a health facility than other women. Women age 20-39 years, rural women, women living in the North and South region, and more educated women were more likely to have visited a health facility and discussed family planning during their visit to the health facility compared with other women.

Table 5.19 Contact of nonusers with family planning providers

Percent distribution of all ever-married women who are not using contraception by whether they visited a health facility and discussed family planning in the 12 months preceding the survey, by background characteristics, Jordan 2002

Background characteristic	Women who visited a health facility and discussed family planning	Women who visited a health health facility but did not discuss family planning	Women who did not visit a health facility	Total	Number of women
Age					
15-19	13.2	70.6	16.2	100.0	125
20-24	27.2	58.0	14.8	100.0	428
25-29	28.2	58.7	13.1	100.0	562
30-34	22.0	62.6	15.4	100.0	563
35-39	21.6	60.0	18.4	100.0	410
40-44	9.8	64.3	25.9	100.0	348
45-49	8.6	61.6	29.9	100.0	378
Residence					
Urban	19.6	61.3	19.2	100.0	2,194
Rural	22.8	60.9	16.4	100.0	621
Region					
Central	19.5	59.3	21.2	100.0	1,774
North	21.6	65.8	12.6	100.0	736
South	21.5	61.0	17.4	100.0	305
Educational level attended					
No education	10.9	61.9	27.2	100.0	229
Elementary	14.8	59.9	25.3	100.0	386
Preparatory	26.1	54.4	19.5	100.0	618
Secondary	21.0	62.6	16.5	100.0	976
Higher	20.2	66.4	13.5	100.0	607
Preparatory + secondary	*23.0*	*59.4*	*17.6*	*100.0*	*1,594*
Total	20.3	61.2	18.6	100.0	2,815

NUPTIALITY AND EXPOSURE TO THE RISK OF PREGNANCY

6

This chapter addresses the principal factors, other than contraception, that affect a woman's risk of becoming pregnant: nuptiality, postpartum amenorrhea, and secondary infertility. In addition, data pertaining to the timing of respondents' most recent sexual activity were collected.

Information on nuptiality is of particular interest because marriage is a primary determinant of the exposure of women to the risk of pregnancy, particularly in countries like Jordan where premarital fertility is rare. Marriage patterns are important for an understanding of fertility, since early age at first marriage is associated with early childbearing and high fertility. In this survey and for all data collection in Jordan, the term *marriage* refers to a legal or formal union.

6.1 CURRENT MARITAL STATUS

Table 6.1 compares data on ever-married women from the 2002 JPFHS with the 1976 Jordan Fertility Survey (JFS), the 1983 Jordan Fertility and Family Health Survey (JFFHS), and the 1990 and 1997 Jordan Population and Family Health Surveys (JPFHS). During the 26 years between 1976 and 2002, the percentage of women ever married decreased from 66 to 54 percent, a drop of 17 percent. However, the bulk of decline appears to have taken place between 1976 and 1983 (15 percent). After this initial decline, the proportion of women ever married remains nearly unchanged, ranging from about 54 to 56 percent.

Table 6.1 Trends in the proportion of ever-married women by age group

Percentage of women 15-49 who have ever married by age, selected surveys, Jordan 1976-2002

Age group	JFS 1976	JFFHS 1983	JPFHS 1990	JPFHS 1997	JPFHS 2002
15-19	19.5	9.4	10.6	8.2	6.2
20-24	64.1	42.0	45.2	38.8	34.1
25-29	87.4	76.3	73.7	66.2	65.3
30-34	95.3	90.1	89.1	80.7	79.6
35-39	97.4	94.9	94.6	89.9	87.3
40-44	98.0	96.8	97.3	94.4	92.6
45-49	98.3	97.1	98.0	96.0	95.4
Total	65.7	56.0	56.2	54.6	54.4

In Jordan, marriage is almost universal. In 2002, only 5 percent of women have not married by the end of their reproductive years (see Table 6.2). However, the percentage never married has increased over the years. For example, in 1976, less than 3 percent of women age 35-39 had never married (see Figure 6.1). The proportion of women never married increased to about 5 percent between 1983 and 1990, doubled in 1997 (10 percent), and rose again to 13 percent in 2002. The pattern is similar for women in the younger age groups. The proportion of never-married women age 20-24 increased from 36 percent in 1976 to 55 percent in 1990, then to 66 percent in 2002. Echoing this trend, the proportion of women age 15-19 who had never married increased by 17 percent during the years from 1976 to 2002. This change is the consequence of an increase of the age at marriage.

Table 6.2 Current marital status

Percent distribution of women by current marital status, according to age, Jordan 2002

Age group	Marital status: Never married	Married	Divorced	Widowed	Total	Number of women
15-19	93.8	6.0	0.1	0.0	100.0	2,563
20-24	65.9	33.3	0.8	0.0	100.0	2,135
25-29	34.7	63.2	1.6	0.6	100.0	1,799
30-34	20.4	77.3	1.7	0.6	100.0	1,700
35-39	12.7	84.3	1.4	1.6	100.0	1,226
40-44	7.4	84.1	2.0	6.5	100.0	930
45-49	4.6	83.3	2.3	9.8	100.0	690
Total	45.6	51.7	1.2	1.5	100.0	11,044

Figure 6.1 **Distribution of Never-married Women 15-39 by Age Group, Various Surveys, 1976-2002**

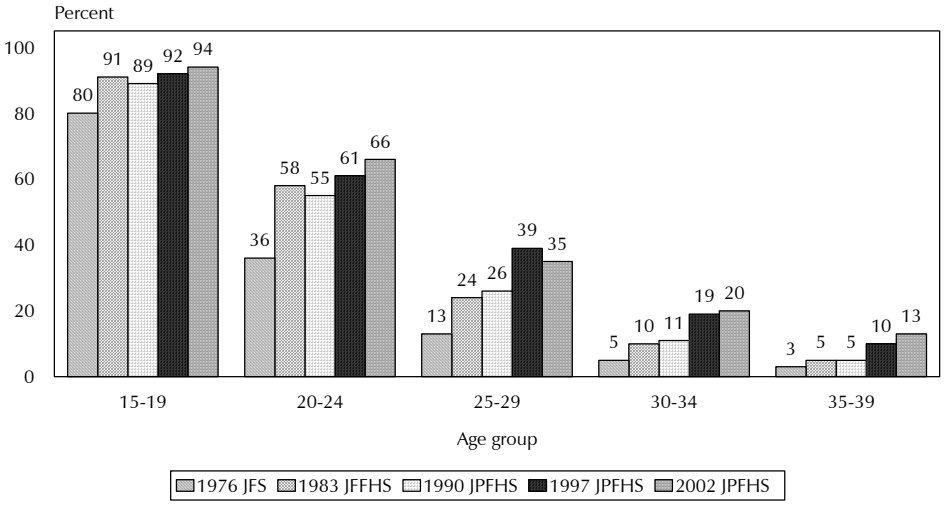


Table 6.2 presents the distribution of women by current marital status. Of the 11,044 women age 15-49 listed in the household schedule, 46 percent had never married, 52 percent were currently married, and the remaining 3 percent were either divorced or widowed.

The proportion currently married increases steadily from 6 percent among women age 15-19 to 84 percent among those age 35-44, then declines slightly to 83 percent for women in the oldest age group 45-49. As expected, the proportion widowed increases with age, reaching 10 percent for women age 45-49. About 1 percent of women in Jordan are divorced.

6.2 POLYGYNY

Marital unions are predominantly of two types – those that are monogamous and those that are polygynous. The distinction has social significance and possible implications for fertility, although the relationship between type of union and fertility is complex and not easily understood. The proportion of currently married women in Jordan in a polygynous union is shown in Table 6.3.

Table 6.3 Number of cowives

Percent distribution of currently married women by number of cowives, according to background characteristics, Jordan 2002

Background characteristic	Number of cowives			Total	Number of women
	0	1	2+		
Age					
15-19	96.5	3.5	0.0	100.0	154
20-24	97.9	1.9	0.2	100.0	710
25-29	96.6	2.9	0.4	100.0	1,136
30-34	94.2	4.9	0.8	100.0	1,314
35-39	92.4	6.6	1.0	100.0	1,034
40-44	87.7	10.8	1.4	100.0	782
45-49	86.4	11.5	2.1	100.0	575
Residence					
Urban	93.9	5.3	0.8	100.0	4,546
Rural	90.5	8.1	1.4	100.0	1,160
Region					
Central	93.3	5.7	1.0	100.0	3,683
North	93.6	5.6	0.8	100.0	1,480
South	91.6	7.8	0.7	100.0	542
Educational level attended					
No education	78.0	19.4	2.6	100.0	324
Elementary	83.9	13.2	3.0	100.0	638
Preparatory	92.0	7.1	0.9	100.0	1,144
Secondary	96.7	2.8	0.4	100.0	2,159
Higher	96.4	3.3	0.3	100.0	1,441
Preparatory + secondary	*95.1*	*4.3*	*0.6*	*100.0*	3,303
Total	93.2	5.9	0.9	100.0	5,706

Overall, 7 percent of currently married women in 2002 as well as in 1997 in Jordan are in a polygynous union. Older women are more likely to be in a polygynous union than younger women (13 percent at age 40-49 versus less than 3 percent at ages 15-24). The incidence of polygyny is also higher among women residing in rural areas. There is little difference in type of marital union by region.

There is an inverse relationship between polygyny and education. Among women with no education, the proportion of married women in a polygynous union is 22 percent. The percentage decreases to 8 percent among women with preparatory education and to 3 percent among women with a secondary or higher education.

6.3 CONSANGUINITY

Kinship marriage, also called consanguineous marriage, is relatively common in Jordan. Data in Table 6.4 indicate that more than two-fifths (43 percent) of women age 15-49 in Jordan reported that they are related to their current husband (or last husband, if they were divorced or widowed). Four percent were dual first cousin marriages (i.e., both father's and mother's sides). The proportion of first cousin marriages/father's side was higher than that of the mother's side (14 percent and 8 percent, respectively), and 17 percent were marriages to second cousins or other relatives.

Table 6.4 Consanguinity

Percent distribution of all ever-married women by their relationship to their current or first husband, by background characteristics, Jordan 2002

Background characteristic	Relationship to husband										
	No relation	First cousin: father and mother	First cousin: father	First cousin: mother	First cousin: father's sister	First cousin: mother's sister	Second cousin: father	Second cousin: mother	Other relative	Total	Number of women
Age											
15-19	58.4	3.9	6.1	2.5	5.5	5.3	4.8	10.9	2.7	100.0	158
20-24	56.0	4.5	11.1	3.3	4.7	6.0	8.0	4.5	1.8	100.0	728
25-29	58.3	3.7	7.9	3.2	4.3	5.4	11.4	4.1	1.5	100.0	1,175
30-34	58.8	2.9	9.2	3.9	4.6	5.0	9.5	5.0	1.2	100.0	1,354
35-39	56.8	3.9	10.2	3.5	3.1	3.9	11.0	6.3	1.2	100.0	1,071
40-44	58.9	4.0	11.5	3.6	3.5	4.0	10.4	2.8	1.3	100.0	862
45-49	51.1	4.1	13.2	3.0	2.0	4.6	13.3	4.9	3.7	100.0	659
First married by exact age											
15	44.8	2.7	15.5	1.3	8.2	5.8	15.9	5.5	0.2	100.0	235
18	47.8	4.7	13.8	3.7	4.0	4.4	13.0	6.3	2.2	100.0	1,430
20	50.2	3.4	11.7	4.8	5.0	7.4	10.4	5.3	1.9	100.0	1,252
22	57.8	5.1	7.8	3.1	4.0	4.5	11.5	4.6	1.6	100.0	1,147
25	67.1	3.2	8.4	2.8	2.9	3.6	6.9	3.7	1.6	100.0	1,118
Number of cowives											
0	56.4	3.9	10.1	3.6	4.0	5.1	10.5	4.9	1.7	100.0	5,600
1	69.3	1.8	8.1	1.7	3.3	1.5	9.1	4.5	0.9	100.0	354
2+	61.5	2.2	20.9	0.0	0.0	0.0	13.5	1.8	0.0	100.0	52
Marital duration[1]											
Women married once											
0-4 years	64.9	3.3	7.4	2.8	3.4	5.0	7.0	5.2	1.1	100.0	1,164
5-9 years	59.3	3.5	7.4	3.9	5.1	5.0	9.9	4.1	1.7	100.0	1,194
10-14 years	59.3	3.7	9.9	3.4	3.5	5.1	9.3	4.3	1.7	100.0	1,127
15-19 years	51.7	4.0	13.0	3.9	4.1	4.6	11.7	5.7	1.4	100.0	875
20-24 years	47.7	5.3	12.4	3.7	4.2	3.3	15.8	6.2	1.5	100.0	595
25+ years	49.8	4.5	14.3	3.8	3.6	3.9	11.9	4.6	3.5	100.0	594
Women married more than once	57.6	2.8	11.8	3.1	0.8	5.1	15.2	2.3	1.2	100.0	156
Residence											
Urban	59.6	3.8	9.0	3.3	3.9	4.8	9.5	4.7	1.4	100.0	4,799
Rural	47.5	3.3	14.3	4.0	3.8	4.8	14.1	5.4	2.7	100.0	1,207
Region											
Central	59.4	4.5	8.9	3.4	3.7	4.7	9.5	4.6	1.4	100.0	3,898
North	52.5	2.4	11.9	3.7	4.4	5.1	12.4	5.6	2.1	100.0	1,542
South	54.8	2.4	12.9	2.9	3.9	5.2	11.1	4.5	2.3	100.0	566
Educational level attended											
No education	50.6	3.5	16.4	2.4	1.3	3.1	14.2	4.9	3.7	100.0	363
Elementary	51.6	4.4	12.5	5.0	4.9	3.8	10.5	5.3	2.0	100.0	689
Preparatory	51.9	5.2	11.5	3.8	4.4	5.1	11.0	5.4	1.6	100.0	1,231
Secondary	55.6	3.7	9.4	3.6	4.1	6.1	10.7	5.1	1.7	100.0	2,247
Higher	68.1	2.3	7.1	2.5	3.2	3.6	8.5	3.7	0.9	100.0	1,476
Preparatory + secondary	*54.3*	*4.2*	*10.1*	*3.6*	*4.2*	*5.7*	*10.8*	*5.2*	*1.7*	*100.0*	*3,478*
Total	57.2	3.8	10.1	3.4	3.9	4.8	10.4	4.8	1.6	100.0	6,006

[1] For currently married women

As expected, kinship marriages are more common among rural women (52 percent) than among urban women (40 percent). Women in the North and South regions are more likely than those in the Central region to marry a relative. Further, less educated women tend more often than higher educated women to marry a relative: 32 percent of women with higher than secondary education married a relative, while 49 percent of women with no education did so. Little variation in consanguineous marriage exists by current age. As regards age at first marriage, women who married by age 20 or less were more likely to marry a relative than those who first married at older ages.

Data in Table 6.4 also show that women who have recently married are less likely than other women to marry a relative. The proportion of women who are engaged in a consanguineous marriage rises from 35 percent among those whose duration of marriage is 0-4 years to 50 percent among those with a marital duration of 15 or more years.

6.4 AGE AT FIRST MARRIAGE

In Jordan, almost all births occur within marriage; thus, age at first marriage is an important indicator of exposure to the risk of pregnancy and childbirth. In Jordan, the minimum age at marriage is 18 years for both sexes.

Table 6.5 shows the percentage of women who have ever married by specified ages and the median age at first marriage according to their age at the time of the survey. Comparing percentages across age groups, the data point to an increase in women's age at first marriage. For example, among women age 20-24, 1 percent were married by age 15, 11 percent by age 18, and 22 percent by age 20. For women age 25-29, the percentages at each specific age are all higher than those for the younger women. Older women married at even younger ages: 8 percent of women age 45-49 were married by age 15, compared with less than 2 percent of women age 25-29. This holds for all other ages at first marriage.

Table 6.5 Age at first marriage

Percentage of all ever-married women who were first married by specific exact ages and median age at first marriage, according to current age, Jordan 2002

Current age	Percentage of women that were first married by exact age: 15	18	20	22	25	Percentage never married	Number of women	Median age at first marriage
15-19	0.6	na	na	na	na	93.8	2,563	a
20-24	0.9	11.1	21.5	na	na	65.9	2,135	a
25-29	1.6	16.0	30.5	43.9	59.4	34.7	1,799	23.0
30-34	1.7	15.4	31.4	47.6	64.5	20.4	1,700	22.4
35-39	3.1	20.9	35.5	52.3	71.4	12.7	1,226	21.7
40-44	5.5	27.6	43.7	58.3	73.8	7.4	930	20.9
45-49	7.5	36.0	54.2	70.1	82.6	4.6	690	19.4
20-49	2.6	18.3	32.5	na	na	31.0	8,481	a
25-49	3.2	20.7	36.2	51.5	67.7	19.3	6,346	21.8

na = Not applicable
[a] Omitted because less than 50 percent of the women married for the first time before the beginning of the age group

The last column in Table 6.5 provides further indications of later marriage among younger women. Median age at first marriage has steadily increased, from 19.4 years among the cohort of women age 45-49 at the time of the survey to 23 years among the cohort of women age 25-29 at the time of the

survey. The trend toward later marriage is supported, as mentioned earlier, by data showing that the proportion of women who married by age 15 has declined from 8 percent among women age 45-49 to less than 1 percent among women age 15-19. Overall, among Jordanian women age 25-49, about 21 percent of women were married by age 18 and one in three was married by age 20.

Although there are only minor differentials in median age at first marriage by residence and region, education plays an important role in determining women's age at marriage (Table 6.6). The improvement of educational opportunities, particularly for girls, has resulted in their staying in school longer and, subsequently, their age at first marriage has risen. Women with secondary education tend to marry almost 2 years later than those with no education or with elementary or preparatory education. Median age at marriage for women with higher education is not shown because less than 50 percent of these women were married by the age of 25. This means that the median age at marriage for these women is greater than 25; thus, women with higher than secondary education marry at least 5 years later than those with no education. There was no significant change in the median age at marriage for women in Jordan from 1997 to 2002 (21.5 and 21.8 years, respectively); however, the median age at marriage for women age 25-49 is 21.8, a significant increase over the JPFHS 1990 estimate of 19.6 years.

Table 6.6 Median age at first marriage

Median age at first marriage among women 25-49, by current age and background characteristics, Jordan 2002

Background characteristic	Current age					Women age 25-49
	25-29	30-34	35-39	40-44	45-49	
Residence						
Urban	23.0	22.5	21.9	21.1	19.7	21.9
Rural	23.2	21.9	20.6	20.2	18.4	21.3
Region						
Central	23.1	22.6	21.8	21.2	19.9	21.9
North	22.9	21.8	21.7	20.5	18.8	21.5
South	23.0	22.1	20.9	20.1	18.9	21.5
Educational level attended						
No education	22.2	20.4	18.2	18.4	18.6	19.2
Elementary	22.7	20.5	19.2	18.7	18.1	19.0
Preparatory	19.0	19.6	19.0	17.9	18.1	18.8
Secondary	21.5	21.2	20.8	20.5	20.3	21.0
Higher	-	25.0	23.9	24.6	23.7	a
Preparatory + secondary	*20.8*	*20.7*	*20.4*	*19.2*	*19.3*	*20.4*
Total	23.0	22.4	21.7	20.9	19.4	21.8

[a] Omitted because less than 50 percent of the women married for the first time before the beginning of the age group

6.5 RECENT SEXUAL ACTIVITY

In the absence of effective contraception, the probability of becoming pregnant is related to the frequency of intercourse. Information on sexual activity can, therefore, be used to refine measures of exposure to pregnancy. Currently married women were asked about the time of their most recent sexual intercourse. This information is presented in Table 6.7. Overall, nine in ten women stated that the most recent sexual intercourse with their husband was during the four weeks prior to the day of interview, 7 percent during the year preceding the survey, and less than 2 percent during one or more years before the survey.

Table 6.7 Recent sexual activity

Percent distribution of currently married women by timing of last sexual intercourse, according to background characteristics, Jordan 2002

Background characteristic	Timing of last sexual intercourse: Within the last 4 weeks	Within 1 year[1]	One or more years ago	Missing	Total	Number of women
Age						
15-19	95.6	2.9	0.4	1.2	100.0	154
20-24	92.2	5.7	0.2	1.9	100.0	710
25-29	92.9	5.9	0.4	0.8	100.0	1,136
30-34	91.5	6.7	1.0	0.7	100.0	1,314
35-39	90.7	6.5	1.2	1.7	100.0	1,034
40-44	86.7	8.1	4.1	1.1	100.0	782
45-49	84.3	9.5	5.6	0.7	100.0	575
Marital duration for women						
Married once						
0-4 years	92.5	5.5	0.3	1.7	100.0	1,164
5-9 years	91.4	6.4	1.2	1.0	100.0	1,194
10-14 years	91.8	6.3	0.9	1.0	100.0	1,127
15-19 years	90.6	5.4	2.2	1.8	100.0	875
20-24 years	88.6	8.8	2.3	0.2	100.0	595
25+ years	84.5	10.0	5.0	0.5	100.0	594
Women married more than once	86.8	9.5	3.7	0.0	100.0	156
Residence						
Urban	90.4	6.9	1.7	1.0	100.0	4,546
Rural	90.5	6.2	1.8	1.5	100.0	1,160
Region						
Central	90.5	6.5	1.7	1.2	100.0	3,683
North	90.2	7.5	1.4	0.8	100.0	1,480
South	90.7	6.3	2.1	1.0	100.0	542
Educational level attended						
No education	84.1	8.8	6.2	0.8	100.0	324
Elementary	87.6	7.4	4.0	1.0	100.0	638
Preparatory	91.0	7.3	1.2	0.5	100.0	1,144
Secondary	92.2	5.9	1.0	0.9	100.0	2,159
Higher	90.0	6.9	1.1	2.0	100.0	1,441
Preparatory + secondary	*91.8*	*6.4*	*1.1*	*0.7*	*100.0*	*3,303*
Current method of contraception						
Female sterilization	89.8	7.8	2.4	0.0	100.0	165
Pill	95.5	4.3	0.0	0.1	100.0	426
IUD	95.0	4.2	0.1	0.7	100.0	1,349
Condom	99.0	1.0	0.0	0.0	100.0	193
Periodic abstinence	95.4	3.7	0.0	0.9	100.0	298
Other method	96.2	3.4	0.1	0.3	100.0	752
No method	84.2	10.3	3.6	1.9	100.0	2,523
Total	90.4	6.8	1.7	1.1	100.0	5,706

[1] Exludes women who had sexual intercourse within the last 4 weeks

In general, younger women, women who have been married for a shorter period of time, and women with higher levels of education stated that the most recent sexual intercourse with their husband was during the four weeks prior to the day of interview. No differences in sexual intercourse were noticed according to urban-rural residence or region. However, users of contraception were more likely than nonusers to have sexual intercourse with their husband during the four weeks prior to the interview date (95 percent and 84 percent, respectively).

6.6 POSTPARTUM AMENORRHEA, POSTPARTUM ABSTINENCE, AND INSUSCEPTIBILITY

The risk of pregnancy is affected by several factors besides marriage patterns. There is a low risk of becoming pregnant during the period after childbirth before the return of menstruation *(postpartum amenorrhea)* and (certainly) during the period before the resumption of sexual activity *(postpartum abstinence)*. The duration of amenorrhea is directly related to the duration and intensity of breastfeeding: the longer a woman breastfeeds, the longer she is likely to remain amenorrheic. Since breastfeeding is an important issue in childhood nutrition (see Chapter 10), only postpartum amenorrhea and postpartum abstinence are considered in this section. Women are insusceptible when they are not exposed to the risk of pregnancy either because they are amenorrheic or because they are abstaining from marital relations following a birth, or both. The estimates for postpartum amenorrhea, postpartum abstinence, and insusceptibility are based on current status measures – that is, the proportion of births occurring *x* months before the survey for which mothers were still amenorrheic, abstaining, or insusceptible at the time of the survey. The medians were calculated on the basis of current status proportions at each time period. The data are grouped by two-month intervals for greater stability.

Table 6.8 Postpartum amenorrhea, abstinence, and insuscep-tibility

Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrheic, abstaining, and insusceptible, by number of months since birth, and median and mean durations, Jordan 2002

Months since birth	Percentage of births for which the mother is: Amenor-rheic	Abstain-ing	Insuscep-tible	Number of births
<2	98.3	81.6	98.3	148
2-3	52.6	7.4	56.0	176
4-5	39.1	1.7	39.4	168
6-7	29.5	1.7	30.4	204
8-9	25.3	0.9	26.0	247
10-11	12.7	2.0	14.7	223
12-13	6.2	0.2	6.4	188
14-15	4.3	0.5	4.8	184
16-17	2.4	0.0	2.4	191
18-19	3.7	0.1	3.7	207
20-21	1.9	1.1	2.7	189
22-23	0.4	1.4	1.7	188
24-25	2.4	0.7	3.1	212
26-27	0.0	0.0	0.0	189
28-29	0.8	0.4	1.1	175
30-31	0.2	0.7	0.9	204
32-33	0.0	0.5	0.5	187
34-35	0.0	0.0	0.0	195
Total	14.3	4.5	15.0	3,477
Median	3.6	1.8	3.7	na
Mean	5.9	2.4	6.1	na

Note: Estimates are based on status at the time of the survey.
na = Not applicable

Table 6.8 presents the distribution of births in the 36 months before the survey according to the postpartum status of mothers. Fourteen percent of mothers had not experienced the return of menstruation, and 5 percent had not resumed sexual relations. Combining the two conditions indicates that mothers of 15 percent of births were still insusceptible to the risk of pregnancy. The mean duration of amenorrhea is about 6 months; the mean duration of abstinence is about two months.

Mothers of 98 percent of births were still amenorrheic up to two months following childbirth. The percentage drops to 53 between two and three months after birth, and drops further to 39 percent in the next two months. In Jordan, as in other Islamic societies, women observe sexual abstinence after childbirth. The period of postpartum abstinence traditionally lasts 40 days. The observance of this practice is noticeable in the 2002 JPFHS data. Mothers of 82 percent of the children born during the two months before the survey were still abstaining from sexual relations at the time of the survey. For births two and three months before the survey, only 7 percent of mothers were still abstaining, with the percentage declining to less than 3 percent in subsequent months.

Table 6.9 presents the median duration of postpartum amenorrhea (3.6 months), postpartum abstinence (1.8 months), and postpartum insusceptibility (3.7 months). There is little variation in the median duration of abstinence, and insusceptibility by age, residence, or region. Older women, rural women, and women living in the North region are more likely than other subgroups to have a higher median duration of amenorrhea and insusceptibility.

Table 6.9 Median duration of postpartum insusceptibility by background characteristics

Median number of months of postpartum amenorrhea, postpartum abstinence, and postpartum insusceptibility following births in the three years preceding the survey, by background characteristics, Jordan 2002

Background characteristic	Postpartum: Amenorrhea	Postpartum: Abstinence	Postpartum: Insusceptibility	Number of births
Age				
15-29	3.3	1.7	3.4	1,822
30-49	3.9	1.9	4.1	1,655
Residence				
Urban	3.5	1.8	3.6	2,694
Rural	3.9	1.7	4.0	783
Region				
Central	3.4	1.8	3.6	2,178
North	4.0	1.8	4.1	951
South	3.3	1.7	3.3	348
Educational level attended				
No education	6.9	0.6	6.9	125
Elementary	4.0	1.8	4.0	286
Preparatory	3.4	1.7	3.6	680
Secondary	3.6	1.7	3.7	1,494
Higher	3.4	2.1	3.5	893
Preparatory + secondary	*3.5*	*1.7*	*3.7*	*2,174*
Total	3.6	1.8	3.7	3,477

Note: Medians are based on current status.

Women's level of education has both positive and negative associations with the proximate determinants of fertility. While age at first marriage increases with education – a phenomenon that tends to reduce fertility – the duration of postpartum insusceptibility, which protects women from pregnancy, decreases with education. In Jordan, the duration of insusceptibility among women who have more than secondary education is about half that of women with no education. This holds for the median duration of amenorrhea: 6.9 months for uneducated women, compared with 3.5 months for women with secondary or higher education. However, the median duration of abstinence was less than 1 month for uneducated women, compared with 2 months for women with more than secondary education.

6.7 MENOPAUSE

This section addresses menopause (i.e. termination of exposure to pregnancy and childbearing) for women age 30-49. Exposure to pregnancy is affected by the terminal amenorrhea of older women. Table 6.10 shows the percentage of menopausal women age 30-49. For the purpose of this survey, lack of a menstrual period in the six months preceding the survey among women who are neither pregnant nor postpartum amenorrheic is taken as evidence of menopause, and therefore infecundity. Consequently,

Table 6.10 shows few cases of menopausal women under the age of 40. Beyond this age, the percentage of menopausal women increases with age. The proportion rose from about 4 percent among women age 42-45 to 15 percent among those age 46-47, then further to almost one-third for older women (age 48-49).

Table 6.10 Menopause

Percentage of all ever-married women age 30-49 who are menopausal by age, Jordan 2002

Age	Percentage menopausal[1]	Number of women
30-34	0.9	1,354
35-39	0.9	1,071
40-41	2.1	374
42-43	3.8	329
44-45	4.0	301
46-47	15.3	266
48-49	31.4	250
Total	4.4	3,945

[1] Percentage of all ever-married women who are not pregnant and not postpartum amenorrheic whose last menstrual period occurred six or more months preceding the survey

7 FERTILITY PREFERENCES

This chapter addresses questions about the need for contraception and the extent of unwanted fertility. Information collected from respondents includes whether they want more children and, if so, the gender they would prefer and how long they would want to wait before their next child. The respondents were also asked about the number of children they would like to have if they could start anew. Two other issues are also examined: the extent to which unwanted and mistimed births occur and the effect that preventing such births would have on fertility rates.

Survey questions on fertility preferences have often been the subject of criticism. First, it is suggested that the answers respondents give are misleading because they may reflect uninformed, ephemeral views held with little conviction. Critics also argue that the questions do not take into account the effects of social pressure or the attitudes of other family members – particularly the husband, who may exert considerable influence on the wife's reproductive decisions. The first objection is probably not relevant in Jordan, since family planning is widely used (presumably to realize fertility preferences). The second objection is correct in principle, but evidence from surveys in which both spouses are interviewed suggests that there are no significant differences between husbands and wives regarding their fertility preferences.

Women who were pregnant at the time of the survey were asked whether they would want to have another child later. Taking into account the way in which the preference variable is defined for pregnant women, a current pregnancy is treated as being equivalent to a living child. Women who have been sterilized are classified as wanting no more children.

7.1 DESIRE FOR CHILDREN

Women's preferences concerning future childbearing serve as indicators of future fertility. However, sterilized women and women who state that they are infecund (declared infecund), have no impact on future fertility, because their potential contribution to fertility has been curtailed. The data on fertility preference also provide information on the potential need for contraceptive services for spacing and limiting births.

Table 7.1 and Figure 7.1 show that over two-fifths (44 percent) of currently married women want no more children at any time in the future, including around 3 percent who are sterilized. These figures show a decline of about seven percentage points since 1997 JPFHS. The findings also show that about 31 percent of currently married women want to have another child later (two or more years); this figure is higher than that recorded in the 1997 JPFHS. In general, about 72 percent of currently married women in Jordan have a potential need for family planning services for limiting or spacing their births. This figure is close to the one recorded in the 1997 JPFHS.

The desire for childbearing is strongly associated with the number of children that a woman has. It is found that nine in ten women who have not started childbearing by the time of the survey want to have a child and the majority of them (87 percent) want to have this child soon. About 94 percent of women who have one child want to have another child, but the majority (55 percent) want to wait for at least two years before having another child. Among those who have more than one child, the desire to stop childbearing increases rapidly with the number of children they have – from 14 percent among

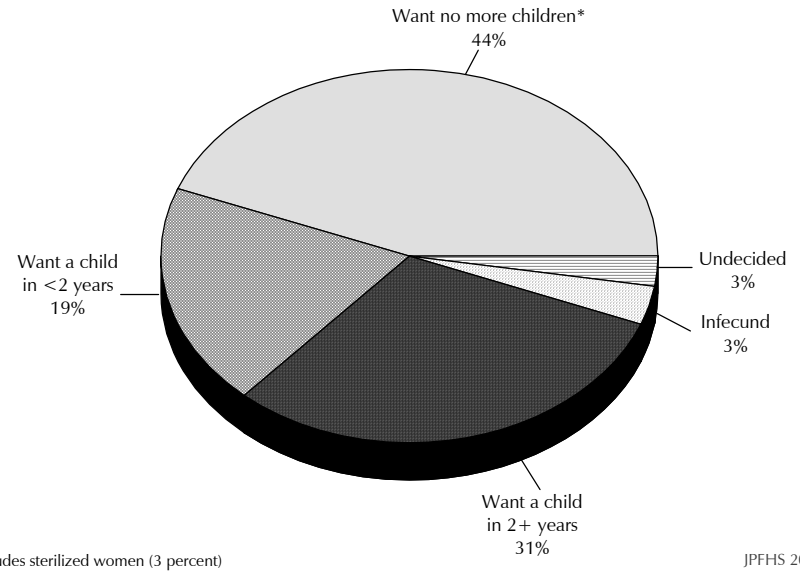
Table 7.1 Fertility preferences by number of living children

Percent distribution of currently married women by desire for children, according to number of living children, Jordan 2002

Desire for children	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
Have another soon[2]	87.3	37.6	21.8	19.2	11.5	9.9	3.2	19.1
Have another later[3]	2.1	55.1	58.5	46.4	30.0	17.8	7.8	30.5
Have another, undecided when	0.8	1.3	0.5	0.7	0.6	0.2	0.6	0.7
Undecided	0.4	1.3	3.9	3.4	3.6	2.9	1.4	2.5
Want no more	0.0	2.8	14.0	28.7	50.4	62.5	73.1	41.0
Sterilized	0.0	0.0	0.0	0.4	1.1	3.3	8.8	2.9
Declared infecund	9.4	1.9	1.3	1.1	2.8	3.4	5.1	3.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	343	575	831	929	888	667	1,472	5,706

[1] Includes current pregnancy
[2] Wants next birth within 2 years
[3] Wants to delay next birth for 2 or more years

Figure 7.1 **Fertility Preferences of Currently Married Women 15-49**



women who have two children to 82 percent among those with six children or more, including 9 percent who are sterilized. More than 9 percent of childless women declared themselves infecund, probably because they were sterile.

Differentials in the desire to stop childbearing are presented in Table 7.2. In general, women living in urban areas are slightly more likely to want to stop childbearing than rural women. That result is reflected in the higher percentage (46 percent) of women in the Central region (which includes the two largest cities in Jordan – Amman and Zarqa) who want no more children. The same pattern is seen when

Table 7.2 Desire to limit childbearing

Percentage of currently married women who want no more children, by number of living children and background characteristics, Jordan 2002

Background characteristic	Number of living children[1]						Total
	1	2	3	4	5	6+	
Residence							
Urban	2.9	16.0	30.5	54.2	68.6	83.1	44.7
Rural	2.5	5.8	22.0	39.1	54.7	78.3	40.9
Region							
Central	2.7	15.7	34.7	56.1	71.2	84.2	45.5
North	3.1	11.2	15.2	42.5	55.5	78.3	40.6
South	2.8	8.9	21.5	40.2	55.7	80.4	41.9
Educational level attended							
No education	17.1	19.2	48.3	33.5	61.9	82.0	65.3
Elementary	6.1	18.0	29.9	51.9	61.8	81.4	55.9
Preparatory	4.7	12.3	24.1	44.1	60.6	82.5	49.1
Secondary	2.2	12.3	29.7	49.8	66.0	82.9	38.0
Higher	1.1	16.1	29.8	59.4	72.9	79.3	38.5
Preparatory + secondary	*2.8*	*12.3*	*28.3*	*48.0*	*64.1*	*82.7*	*41.9*
Total	2.8	14.0	29.2	51.5	65.8	81.9	43.9

Note: Women who have been sterilized are considered to want no more children.
[1]Includes current pregnancy

the data are analyzed on the basis of the number of living children a woman has: women in urban areas and in the Central region are consistently more likely to want to stop childbearing than women in other areas.

Education is negatively associated with the desire to stop childbearing. The proportion of women who want no more children decreases as the level of education increases – from 65 percent among uneducated women to 39 percent among women who have more than secondary education. However, the fact that the effect of education diminishes when these women are analyzed by their number of living children suggests that the reason uneducated women are more likely to want to stop childbearing is that they already have more children than educated women. The same pattern was also noted in the 1997 JPFHS for all background characteristics.

As mentioned earlier, the desire for more children is associated with the actual number of living children. It is also expected that this desire is associated with the sex composition of those children, i.e. the number of males and females among them, and specifically number of males. In general, Asian societies have shown stronger desire for having more boys than girls, and this is also true in Jordan. When mothers who want another child were asked about the preferred sex of this child, 35 percent said that they prefer to have a boy compared with 21 percent who would prefer a girl. However, almost half of women who want to have another child (45 percent) reported that the sex of the child makes no difference (see Table 7.3).

The desire for having a boy was stronger among older women in general. Surprisingly, this desire was also higher in the Central region, urban areas, and among the more educated women compared with other subgroups.

Table 7.3 Preferred sex of future child

Percent distribution of women who want another child by the preferred sex of that child, according to background characteristics, Jordan 2002

Background characteristic	Preferred sex of future child			Total	Number of women
	Boy	Girl	Does not matter		
Age					
15-19	30.0	20.9	49.0	100.0	151
20-24	30.8	24.0	45.2	100.0	647
25-29	31.4	21.6	47.1	100.0	878
30-34	40.5	19.4	40.1	100.0	748
35-39	35.7	17.9	46.4	100.0	314
40-44	41.1	9.7	49.1	100.0	111
45-49	*	*	*	*	19
Residence					
Urban	35.4	20.8	43.8	100.0	2,242
Rural	31.1	19.8	49.1	100.0	627
Region					
Central	35.7	20.0	44.2	100.0	1,786
North	33.9	20.1	46.1	100.0	801
South	28.4	25.4	46.2	100.0	282
Educational level attended					
No education	28.4	12.7	58.9	100.0	71
Elementary	31.3	13.3	55.4	100.0	228
Preparatory	32.3	21.1	46.5	100.0	518
Secondary	34.7	22.4	42.9	100.0	1,232
Higher	37.0	20.1	42.9	100.0	820
Preparatory + secondary	*34.0*	*22.0*	*44.0*	*100.0*	*1,751*
Total	34.5	20.6	44.9	100.0	2,869

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

7.2 NEED FOR FAMILY PLANNING SERVICES

Information on fertility desires is insufficient by itself to estimate the need for family planning services. Many women who do not want to have another child soon are not exposed to the risk of pregnancy, either because they are using contraception or for other reasons. Clearly, a more detailed analysis of unmet need for family planning is needed. In this analysis, unmet need for family planning is defined as pertaining to women 1) who are pregnant or amenorrheic and not using any method of family planning and whose last birth was mistimed or unwanted and 2) women who are neither pregnant nor amenorrheic and who are not using any method of family planning and say either that they want to delay their next childbirth for at least two years or that they want no more children.

Table 7.4 presents information on the need for family planning services. The distribution of women who have an unmet need for family planning is shown in columns 1-3. Columns 4-6 show the distribution of women whose need for family planning has been met, i.e., women who are currently using a family planning method for spacing (want to wait 2 years or more for their next child) or for limiting births (want no more children).

Table 7.4 Need for family planning

Percentage of currently married women with unmet need for family planning, and with met need for family planning, and the total demand for family planning, by background characteristics, Jordan 2002

Background characteristic	Unmet need for family planning[1]			Met need for family planning (currently using)[2]			Total demand for family planning[3]			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	18.5	0.0	18.5	21.3	0.0	21.3	42.3	0.0	42.3	56.2	154
20-24	13.2	1.9	15.1	38.8	3.4	42.2	55.2	5.8	61.0	75.2	710
25-29	7.6	2.4	10.0	43.2	10.8	54.0	54.2	14.0	68.2	85.3	1,136
30-34	6.1	4.5	10.6	34.6	25.6	60.1	43.4	31.4	74.9	85.8	1,314
35-39	2.2	7.5	9.7	15.7	48.2	63.9	18.6	57.8	76.4	87.3	1,034
40-44	0.6	10.4	11.0	4.9	60.6	65.6	5.5	71.6	77.1	85.8	782
45-49	0.1	9.2	9.4	0.4	47.0	47.5	0.5	56.6	57.1	83.6	575
Residence											
Urban	4.9	5.1	10.0	25.6	31.5	57.1	32.3	37.7	69.9	85.7	4,546
Rural	7.9	7.0	14.9	25.2	25.2	50.5	35.8	33.1	68.9	78.4	1,160
Region											
Central	4.5	5.6	10.1	25.1	32.3	57.5	31.5	39.1	70.5	85.7	3,683
North	7.5	4.8	12.2	27.3	27.1	54.4	36.6	32.5	69.2	82.3	1,480
South	7.4	6.7	14.0	23.3	24.7	48.0	33.2	32.6	65.8	78.7	542
Educational level attended											
No education	5.2	10.9	16.1	5.3	35.3	40.6	11.3	47.1	58.4	72.4	324
Elementary	4.7	10.1	14.8	13.4	33.3	46.7	18.9	44.0	62.8	76.4	638
Preparatory	6.3	6.8	13.1	19.9	33.7	53.5	28.5	41.9	70.4	81.5	1,144
Secondary	6.1	3.9	10.0	31.2	27.7	58.9	39.1	32.5	71.6	86.1	2,159
Higher	4.6	3.6	8.2	31.5	28.9	60.3	38.6	33.5	72.1	88.7	1,441
Preparatory + secondary	6.2	4.9	11.0	27.3	29.8	57.0	35.4	35.8	71.2	84.5	3,303
Total	5.6	5.5	11.0	25.5	30.3	55.8	33.0	36.8	69.7	84.2	5,706

[1] Unmet need for spacing includes pregnant women whose pregnancy was mistimed, amenorrheic women who are not using family planning and whose last birth was mistimed, and fecund women who are neither pregnant nor amenorrheic and who are not using any method of family planning and say they want to wait 2 or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth unless they say it would not be a problem if they discovered they were pregnant in the next few weeks. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrheic women whose last child was unwanted, and fecund women who are neither pregnant nor amenorrheic and who are not using any method of family planning and who want no more children. Excluded from the unmet need category are pregnant and amenorrheic women who became pregnant while using a method (these women are in need of a better method of contraception).

[2] Using for spacing is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Using for limiting is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

[3] Nonusers who are pregnant or amenorrheic and women whose pregnancy was the result of a contraceptive failure are not included in the category of unmet need, but are included in total demand for contraception (since they would have been using had their method not failed).

The total demand for family planning is shown in columns 7-9. Total demand is defined as the total number of women who have unmet need plus those women whose need has been met (current users). Column 10 of the table shows the percentage of the total demand for family planning that is satisfied – that is, the proportion of women using a method to the total demand.

The data in Table 7.4 indicate that 11 percent of currently married women in Jordan have an unmet need for family planning. The need is equally split between a need for spacing births and a need for limiting them (about 6 percent each). Total unmet need is lower than that recorded in the earlier surveys of 1990 and 1997, when a respective 22 and 14 percent of women had an unmet contraceptive need.

Fifty-six percent of women have a met need for contraception; they are currently using a method. Twenty-six percent of women are using contraception to delay their next birth, while 30 percent want to stop childbearing. An additional 3 percent of women (not presented in the table) need a better method, since the one they were using failed. When the proportion of women with a met need is combined with the proportion of women who are considered to have an unmet need, it is found that the total demand for family planning among currently married women in Jordan is 70 percent, of whom 84 percent of women have had their demand for family planning satisfied. Comparison of data from the 2002 JPFHS with findings of the 1997 JPFHS shows that the level of unmet need for family planning has declined by 21 percent (from 14 percent to 11 percent), compared with a 36 percent decline (from 22 percent to 14 percent) between 1990 and 1997. The proportion of total demand that is satisfied has increased by 5 percent (from 80 percent to 84 percent) between 1997 and 2002. The increase in the proportion of total demand that is satisfied was higher for the period 1990-1997, where there was an increase of 21 percent (from 66 to 80 percent).

Unmet need for contraception for purposes of spacing births declines in relation to a woman's age, whereas the need for limiting births increases as a woman ages. The needs for spacing and limiting are complementary, as evidenced by the fact that total unmet need varies little by age of the woman.

Unmet need is related to place of residence and region. Women living in rural areas and in the South region tend to have a greater unmet need than their counterparts in urban areas and other regions. Ten percent of urban women have an unmet need, as compared with 15 percent for rural women. Because urban women are more likely than rural women to use contraception (57 percent versus 51 percent), a greater percentage of their total demand for family planning is satisfied.

Unmet need is also associated with education. Women with no education have a higher level of unmet need (16 percent) than women who have secondary or higher education (10 and 8 percent, respectively). Since educated women are more likely to use a contraceptive method than uneducated women, a higher proportion of their total demand for family planning is satisfied.

7.3 IDEAL NUMBER OF CHILDREN

The focus of this chapter has been on the future reproductive intentions of women, implicitly taking into account their number of living children. To ascertain her ideal number of children, the respondent is asked to consider – abstractly and independently of her actual family size – the number of children she would choose if she could start childbearing again.

There is usually a correlation between actual and ideal number of children. The reason is twofold. First, to the extent that women implement their preferences, those who want larger families tend to achieve larger families. Second, women may adjust their ideal family size upwards as their actual number of children increases. It is also possible that women with large families have larger ideal family sizes, because of attitudes they acquired 20 to 30 years ago.

Despite the likelihood that some rationalization occurs in the determination of ideal family size, respondents often state ideal family sizes that are lower than their actual number of surviving children (see Table 7.5). The data in Table 7.5 can be grouped into three categories. The first group is women who have reached their ideal family size – i.e., women whose ideal number of children is exactly the same as their number of living children; it is represented by diagonal figures from 0 to 6+ children. The second group consists of women whose surviving children have exceeded their ideal family size (shown by the figures above the diagonal); the last group consists of women who have not reached their ideal family size (shown by the figures below the diagonal). The second category is of particular interest, because it permits the calculation of surplus or unwanted fertility (discussed in the next section).

Table 7.5 Ideal number of children

Percent distribution of all ever-married women by ideal number of children and mean ideal number of children for all ever-married women and for currently married women, according to number of living children, Jordan 2002

Ideal number of children	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
0	0.9	0.0	0.3	0.0	0.0	0.0	0.3	0.2
1	5.7	1.0	1.8	1.9	0.7	1.0	1.4	1.6
2	28.3	18.3	16.0	13.6	14.1	13.5	8.1	14.1
3	13.8	19.7	15.8	11.8	4.6	10.4	8.0	11.1
4	31.1	41.7	45.8	48.7	48.2	36.6	37.2	41.9
5	4.8	6.5	7.8	11.1	11.2	16.2	7.8	9.5
6+	9.6	10.0	10.0	11.0	17.5	19.8	32.2	18.2
Non-numeric responses	5.9	2.8	2.5	1.8	3.6	2.4	5.1	3.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	396	626	863	962	911	692	1,556	6,006
Mean ideal number of children for:[2]								
All women	3.5	3.8	3.8	4.0	4.3	4.3	4.9	4.2
Number	373	608	841	944	878	676	1,477	5,797
Currently married women	3.6	3.9	3.9	4.0	4.3	4.3	5.0	4.3
Number	322	563	812	912	861	652	1,403	5,525

[1] Includes current pregnancy
[2] Means are calculated excluding the women giving non-numeric responses.

The data in Table 7.5 indicate that a majority of women (70 percent) consider the ideal family size to be at least 4 children. Only 14 percent of ever-married women state an ideal family size of two children, the number that is required for replacement level fertility. The mean ideal number of children is 4.2 among ever-married women and 4.3 among currently married women. Of concern to family planning program administrators is the fact that a high proportion (about 63 percent) of women with six or more children have exceeded their ideal family size, in many cases by two or more children.

Compared with the 1997 JPFHS, the percentage of women in the 2002 JPFHS who did not give a numeric response to the hypothetical question on ideal family size declined from 5 percent to only 3.5 percent. Failure to give a definite answer suggests either an absence of conscious consideration given to the matter or a strong belief that family size is determined by God. Women who have one to five children are most likely to state a numeric ideal family size; childless women are less likely to do so, perhaps indicating either that they want to have as many children as possible or that they have reached the end of their reproductive years, or that they have given up hope of having a child. Women who already have six or more children may avoid specifying a number, possibly because they have exceeded their ideal family size.

Table 7.6 presents the mean ideal number of children by age and background characteristics. The mean ideal number of children in Jordan increases with age, from 3.6 children for ever-married women in the youngest age group (15-19) to 4.0 children among women age 25-29 and to 4.8 among the oldest women (45-49). This trend indicates that the ideal family size has decreased in the younger cohorts. In general, women living in rural areas, women in the North and South regions, and women with less education have a slightly higher ideal family size.

Table 7.6 Mean ideal number of children by background characteristics

Mean ideal number of children for all ever-married women, by age and background characteristics, Jordan 2002

Background characteristic	Current age of woman							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Residence								
Urban	3.5	3.9	4.0	4.1	4.2	4.4	4.7	4.2
Rural	4.1	4.1	4.4	4.6	4.6	4.8	5.3	4.5
Region								
Central	3.4	3.9	3.9	4.0	4.1	4.3	4.6	4.1
North	3.9	4.2	4.4	4.5	4.6	4.9	5.3	4.6
South	3.7	4.1	4.2	4.4	4.6	4.7	5.2	4.5
Educational level attended								
No education	4.1	3.5	3.8	4.8	4.5	4.5	5.6	4.8
Elementary	3.8	4.4	4.1	4.1	4.4	5.1	4.7	4.5
Preparatory	3.4	3.9	4.2	4.4	4.5	4.5	4.9	4.4
Secondary	3.6	3.9	4.0	4.1	4.2	4.2	4.4	4.1
Higher	4.6	4.1	4.0	4.0	4.0	4.3	4.4	4.1
Preparatory + secondary	*3.5*	*3.9*	*4.1*	*4.2*	*4.3*	*4.3*	*4.7*	*4.2*
Total	3.6	4.0	4.0	4.2	4.3	4.5	4.8	4.2

7.4 PLANNING STATUS OF BIRTHS

Respondents in the 1997 JPFHS and 2002 JPFHS were asked a series of questions concerning each child born in the five years preceding the survey and for any current pregnancy, to determine whether the particular pregnancy was either planned, unplanned but wanted at a later date, or unwanted. These questions yielded data that provide a powerful indicator of the degree to which couples are able to control childbearing. Additionally, the data can be used to measure the effect of preventing unwanted births on the level of fertility for a period of time.

The questions about the planning status of births are demanding. The respondent is required to accurately recall her wishes at one or more points in the preceding five years, and to report them honestly. The possibility of rationalization is present, since an unwanted conception may well turn out to be a cherished child. Despite problems of comprehension, recall, and truthfulness, the results from previous surveys indicate that the questions are effective in eliciting plausible information about the planning status of births. Although some postpartum rationalization does occur, respondents are willing to report unwanted conceptions. Overall, the estimates of unwanted fertility obtained from the data are probably low.

Table 7.7 shows that about two-thirds of births during the five years preceding the survey were wanted when conceived, 17 percent were wanted later, and 16 percent were not wanted at all at the time of conception. The percentage of births wanted at conception is negatively associated with birth order; conversely, the percentage of unwanted births increases with birth order. In other words, higher order (later) births are more likely than first or second births to have been either mistimed or unwanted. The low percentage of first births wanted later or not wanted at all indicates that almost all first order births are wanted.

Births to young women tend to be wanted (then or later), whereas births to older women are more likely to be unwanted (Table 7.7). Although 82 percent of births to women under 20 years of age were wanted at the time, the percentage declines to 41 percent among women age 40-44.

Table 7.7 Fertility planning status

Percent distribution of births in the five years preceding the survey (including current pregnancies), by fertility planning status, according to birth order and mother's age at birth, Jordan 2002

Birth order and mother's age at birth	Planning status of birth			Total	Number of births
	Wanted then	Wanted later	Wanted no more		
Birth order					
1	93.9	5.0	1.1	100.0	1,306
2	66.0	25.2	8.9	100.0	1,248
3	71.1	19.6	9.3	100.0	1,170
4+	52.9	18.3	28.7	100.0	2,795
Age at birth					
<20	81.5	14.6	3.9	100.0	393
20-24	73.0	19.2	7.8	100.0	1,615
25-29	69.6	20.0	10.4	100.0	2,076
30-34	61.6	16.6	21.7	100.0	1,534
35-39	56.1	9.8	34.1	100.0	704
40-44	40.6	5.8	53.6	100.0	187
45-49	*	*	*	*	12
Total	66.9	17.2	15.9	100.0	6,520

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Another way of measuring the extent of unwanted fertility is to calculate the fertility rate if all unwanted births were avoided. This is known as the wanted fertility rate (Table 7.8). In this analysis, a birth is considered wanted if the number of living children at the time of the pregnancy was less than the ideal number of children as reported by the respondent. In Jordan, if all unwanted births were prevented, the total wanted fertility rate would be 2.6 children per woman, or 1.1 children less than the actual total fertility rate. That theoretical rate implies that the total fertility rate is inflated by more than 42 percent because of unwanted births. Table 7.8 also shows that the gap between actual and wanted fertility rates is slightly higher among rural women, women living in the North and South regions, and women who have no education or who have preparatory education. Urban women and women who have more than secondary education, who also have the lowest fertility, are generally more successful in narrowing the gap between wanted and actual fertility rates (1 and 0.7 child respectively).

Table 7.8 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, Jordan 2002

Background characteristic	Total wanted fertility rate	Total fertility rate
Residence		
Urban	2.5	3.5
Rural	2.8	4.2
Region		
Central	2.4	3.5
North	2.7	3.9
South	2.8	4.0
Educational level attended		
No education	1.8	3.6
Elementary	2.6	3.7
Preparatory	2.8	4.4
Secondary	2.7	3.9
Higher	2.4	3.1
Preparatory + secondary	*2.7*	*4.0*
Total	2.6	3.7

Note: Rates are calculated based on births to women 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table 4.3.

8 INFANT AND CHILD MORTALITY

Estimates of levels, trends, and differentials in neonatal, postneonatal, and child mortality are important both for monitoring and evaluating ongoing health programs and for use in formulating future policies. The levels of infant and child mortality are viewed as basic indicators of the socioeconomic situation, quality of life, and general standard of living in a society. In addition to addressing those issues, this chapter examines the risk factors for births in Jordan.

Five measures of infant and child mortality used in this chapter are as follows:

Neonatal mortality, or the probability of dying in the first month of life
Postneonatal mortality, or the probability of dying after the first month of life but before the first birthday (the difference between infant and neonatal mortality rates)
Infant mortality ($_1q_0$), or the probability of dying before the first birthday
Child mortality ($_4q_1$), or the probability of dying between the first and fifth birthday
Under-five mortality ($_5q_0$), or the probability of dying before the fifth birthday.

All of these rates are calculated per 1,000 live births, except for child mortality which is calculated per 1,000 children still living up to their fifth birthday.

Infant and child mortality rates are calculated from information collected in the birth history section of the individual questionnaire. In the 2002 JPFHS, each woman was asked about the number of sons and daughters living with her, the number living away, and the number who had died. Those questions were aimed at obtaining the total number of births the respondent had experienced. Next, the respondent was asked to give information on each of the children she had borne, including name, sex, date of birth, whether the birth was single or multiple, and survival status. If the child had died, the age at death was recorded. If the child was still living, questions were asked about his/her age at last birthday and whether the child lived with his/her mother. It should be noted that birth histories are often subject to inaccuracies in the reporting of events, errors that can result in biased rates and trends over time. Despite the disadvantages, birth histories provide data for analyses that would be impossible to collect by any other method of gathering data.

The reliability of the mortality data depends on women's recall about children who have died, the absence of severe differential displacement of birth dates of living and dead children, and accurate reporting of ages at death. Previous survey results have shown some heaping of age at death at exactly 12 months or 1 year. On the assumption that age at death is reported in completed months or years, deaths at 12 months are classified as child rather than infant deaths. In reality, some of those deaths may have occurred before the first birthday, so that their classification as child deaths tends to negatively bias infant mortality estimates and positively bias child mortality estimates. The analyst should be aware that the problem may arise in DHS surveys, although the probable effect is usually modest and is unlikely to bias the estimates by as much as 5 percent.

The issue of whether or not to present mortality estimates that are adjusted for heaping of deaths at 12 months of age is difficult to resolve because any solution involves a somewhat arbitrary decision about the true distribution by age. The general DHS policy is not to present rates in the first country report on the basis of models that adjust the observed data. Accordingly, it is recommended that adjusted rates be presented only as part of the discussion of the text of the chapter. Moreover, adjusted rates should be presented only if the adjustment procedure – described by Sullivan et al. (1990) – results in an increase of at least 5 percent in the infant mortality estimate and if there is clear evidence from the distri-

bution of reported deaths by age in months that some of the heaped deaths are actually infant deaths. Table C.6 in Appendix C shows the distribution of deaths under two years of age by age at death in months. Heaping at 12 months is minimal, and any adjustment would result in an increase in infant mortality of less than 2 percent; thus, no adjustment is deemed necessary.

In addition to levels of mortality, this chapter also includes a table indicating the distribution of children and women according to characteristics of avoidable fertility behavior that place children at greater risk of mortality. That information is useful for designing and monitoring programs designed both to discourage high-risk behavior and to cope with the elevated risks.

8.1 LEVELS AND TRENDS

It is seldom possible to establish with confidence mortality levels for a period more than 15 years before a survey. Even within the recent 15-year period considered here, apparent trends in mortality rates should be interpreted with caution. First, in the completeness of death reporting, there may be differences related to length of time before the survey. Second, the accuracy of reports of age at death and of date of birth may deteriorate systematically with time. Thus, without a detailed evaluation of the quality of birth history data (which is not attempted in this report), conclusions regarding changes in mortality should be considered preliminary. Also, whenever possible, external estimates should be sought for and compared with the DHS estimates; however, the quality of the external estimates must be taken into consideration.

Table 8.1 shows early childhood mortality rates in the fifteen years preceding the survey. Under-five mortality rate in the 0-4 years before the survey (1997-2002) was 27 per 1,000 live births. Most deaths captured by the under-five mortality rate occur during the first year of life, where the rate was 22 per 1,000 live births. The child mortality rate ($_4q_1$) reached 5 per 1,000 children still living by their fifth birthday. As expected, neonatal mortality is higher than postneonatal mortality (16 per 1,000 and 7 per 1,000, respectively), and accounts for 73 percent of total infant mortality.

Table 8.1 Early childhood mortality rates

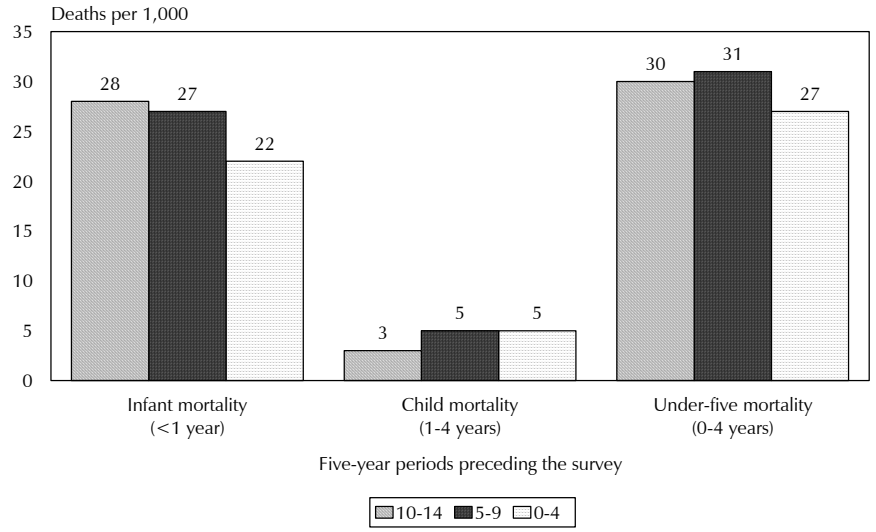
Neonatal, postneonatal, infant, child, and under-five mortality rates for five-year periods preceding the survey, Jordan 2002

Years preceding the survey	Neonatal mortality (NN)	Postneonatal mortality[1] (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
0-4	16	7	22	5	27
5-9	19	7	27	5	31
10-14	19	9	28	3	30
0-9	17	7	24	5	29

[1] Computed as the difference between the infant and the neonatal mortality rates. Figures may not reflect the exact difference between the mortality rates because of rounding.

It is apparent from Table 8.1 and Figure 8.1 that infant mortality has been declining steadily for many years – from 28 deaths per 1,000 live births during the period 10-14 years before the survey (around 1990) to 22 deaths during the five years before the survey (around 2000). However, child mortality has not changed during the last ten years. In general, under-five mortality declined from 30 deaths per 1,000 live births in the period 10-14 years preceding the survey to about 27 deaths per 1,000 in the last period (0-4 years).

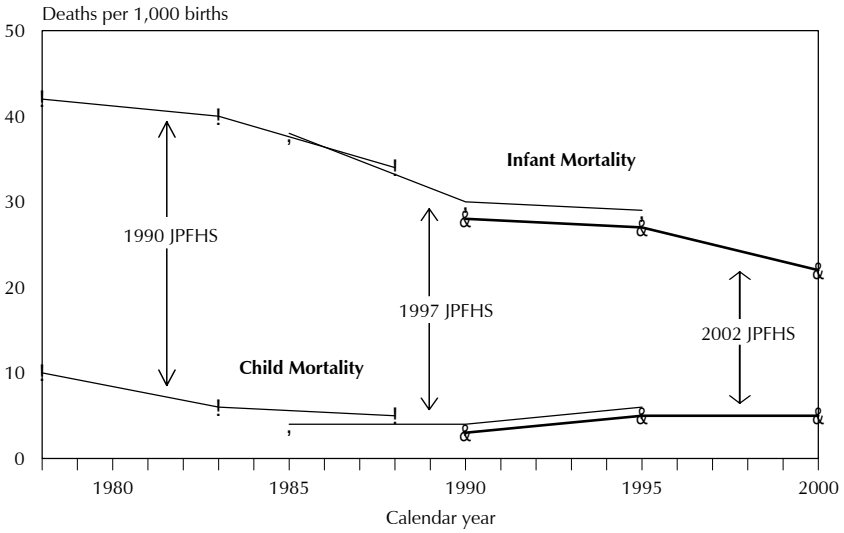
Figure 8.1 Trends in Infant and Child Mortality by Five-year Periods



JPFHS 2002

The rates presented in Table 8.1 approximate the calendar periods 1997-2002, 1992-1997 and 1987-1992. Because fieldwork for the 2002 JPFHS and the 1997 JPFHS was carried out in the third quarter of the year, whereas the 1990 JPFHS was fielded in the fourth quarter of the year, comparison between estimates derived from those surveys is not absolutely precise. However, for purposes of trend analysis, the results of the three surveys have been compared (Figure 8.2). Ideally, the estimates for overlapping periods should be the same; although the estimates from the three surveys are very close, they are not exact due to some discrepancies caused by internal biases in each of the estimates. It is apparent, however, that infant mortality has been declining for many years.

Figure 8.2 Trends in Infant and Child Mortality, 1978-2002



The pace of decline in infant and child mortality varies. Infant mortality shows a regular and continuous decline, from about 40 per thousand at the beginning of the 1980s, to about 30 per thousand at the beginning of the 1990s, and down to 22 per thousand in the most recent period. Child mortality declined at the beginning of the 1980s (from about 10 per thousand to 6 per thousand), but has not changed during the past 15 years, staying at around 5 child deaths per thousand. To understand the differences in the patterns of decline between infant and child mortality, it should be recognized that the factors affecting infant mortality are different from those affecting child mortality. Infant mortality is dependent on the health of the mother during pregnancy, the length of the birth interval, and receipt of services such as antenatal and postnatal care – all factors that are relatively amenable to programmatic intervention. Child mortality, however, is more dependent on broader environmental, economic, and social factors that are less tractable.

8.2 DIFFERENTIALS IN INFANT AND CHILD MORTALITY

Differentials by Background Characteristics

Differentials in neonatal, postneonatal, infant, child, and under-five mortality by socioeconomic characteristics are shown in Table 8.2. A 10-year period is used to calculate the mortality estimates, so as to obtain enough cases in each category. It is expected that use of the 10-year reference period will improve the reliability of the mortality estimates.

Table 8.2 Early childhood mortality by background characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the ten-year period preceding the survey, by background characteristics, Jordan 2002

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality[1] (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Residence					
Urban	17	6	23	5	27
Rural	20	10	30	6	36
Region					
Central	16	6	22	5	27
North	20	8	29	6	35
South	18	9	27	4	31
Educational level attended					
No education	23	11	34	10	44
Elementary	21	13	34	9	43
Preparatory	17	6	23	5	28
Secondary	15	8	23	4	27
Higher	17	4	21	3	24
Preparatory + secondary	*16*	*7*	*23*	*4*	*27*
Total	17	7	24	5	29

[1] Computed as the difference between the infant and the neonatal mortality rates. Figures may not reflect the exact difference between the mortality rates because of rounding.

There are substantial differences in under-five mortality by type of residence. Children in urban areas have lower mortality than their counterparts in the rural areas (27 and 36 deaths per 1,000 live births, respectively). A similar pattern is found for neonatal mortality, as well as postneonatal mortality.

Infant mortality and under-five mortality vary across regions. Infant and child mortality are slightly higher in the North (29 and 6 deaths per 1,000, respectively) than in the South (27 and 4 deaths per 1,000, respectively) and Central regions (22 and 5 deaths per 1,000, respectively).

Mother's education is negatively associated with child mortality. Children of mothers who attended at least preparatory education are less likely to die in the first five years of life than children of mothers with less or no education. Under-five mortality ranges from about 44 per thousand for children of women who either attended elementary school or received no education to 24 per thousand for children of women with more than secondary education.

Differentials by Demographic Characteristics

Besides socioeconomic characteristics, demographic characteristics of the child and the mother have been found to affect mortality risks. Some of these factors include the sex of the child, mother's age at birth, birth order, length of previous birth interval, and the size of the child at birth. The relationship between these demographic characteristics and mortality is shown in Table 8.3 and Figure 8.3.

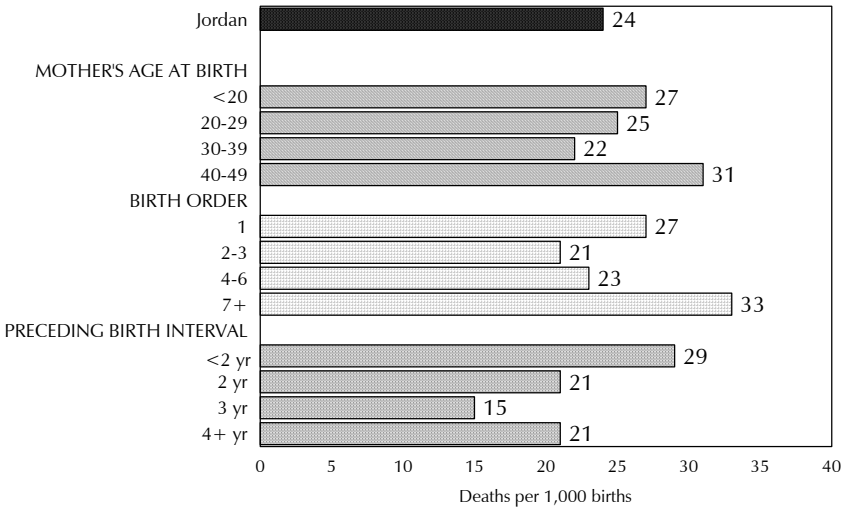
Table 8.3 Early childhood mortality by demographic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the ten-year period preceding the survey, by demographic characteristics, Jordan 2002

Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality[1] (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Child's sex					
Male	18	7	25	5	30
Female	17	7	23	5	28
Mother's age at birth[2]					
<20	20	7	27	8	34
20-29	17	9	25	5	30
30-39	17	4	22	5	26
40-49	25	6	31	20	51
Birth order					
1	19	9	27	4	32
2-3	15	6	21	5	26
4-6	16	7	23	5	27
7+	24	9	33	6	39
Previous birth interval					
<2	20	9	29	7	36
2 years	15	6	21	4	25
3 years	14	2	15	6	21
4+ years	14	6	20	2	22
Birth size[3]					
Small/very small	31	6	37	na	na
Average or larger	12	7	19	na	na

na = Not applicable
[1] Computed as the difference between the infant and the neonatal mortality rates. Figures may not reflect the exact difference between the mortality rates because of rounding.
[2] Excludes first-order births
[3] Rates for the five-year period preceding the survey

Figure 8.3 Infant Mortality by Demographic Characteristics



Note: Rates refer to the 10-year period preceding the survey. JPFHS 2002

As expected, infant mortality is slightly higher among males than among females (25 per 1,000 and 23 per 1,000 respectively). However, child mortality is the same for both sexes. The relationship between mother's age (at birth) and infant mortality shows a U-shaped curve. These mortality measures are substantially higher among children born to mothers less than 20 or age 40 and over.

First births and higher-order births experience higher mortality, indicating a shallow U-shaped relationship between birth order and mortality. For example, infant mortality for first births and births of order seven and higher is 27 per 1,000 births and 33 per 1,000 births, respectively, compared with 21 per 1,000 births for second- and third-order births.

Mortality among children is negatively associated with the length of the previous birth interval, except when the previous birth interval is very long. Infant mortality decreases sharply from a high of 29 for children born less than two years after a previous birth to 15 per 1,000 live births for children born three years after a previous birth. Infant mortality is higher for children born four or more years after a previous birth than for those born three years later.

Children's weight at birth is closely associated with their chances of survival, particularly during the first month of life. Children reported as "small or very small" at birth were at twice the risk of dying compared with children whose size at birth was reported as "average or larger." Thirty-seven of 1,000 children reported to be "small or very small" did not survive to their first birthday.

8.3 PERINATAL MORTALITY

The 2002 JPFHS survey asked women to report on pregnancy losses and the duration of the pregnancy for each loss, for all such pregnancies ending in the five years before the survey. Pregnancy losses occurring after seven completed months of gestation (stillbirths) plus deaths to live births within the first seven days of life (early neonatal deaths) constitute perinatal deaths. When the total number of perinatal deaths is divided by the total number of pregnancies reaching seven months' gestation, the perinatal mortality rate is derived. The routine collection of data to estimate rates of perinatal mortality is new to sam-

ple survey research. An important consideration in the evaluation of the results of this new initiative is the quality or completeness of reports on stillbirths, which are susceptible to omission, underreporting, or misclassification (as early neonatal deaths). The distinction between a stillbirth and an early neonatal death may be a fine one, depending often on the observed presence or absence of some faint signs of life after delivery. The causes of stillbirths and early neonatal deaths are overlapping, and examining just one or the other can understate the true level of mortality around delivery. For this reason, it is suggested that both event types be combined and examined together.

Table 8.4 shows perinatal mortality rates, according to demographic and socioeconomic characteristics. At the national level, the perinatal mortality rate is estimated to be 22 perinatal deaths per 1,000 pregnancies reaching 7 months of gestation. Perinatal mortality is expected to display a U-shaped pattern in relation to age of the mother, with the youngest and oldest women having the highest rates. In Jordan,

Table 8.4 Perinatal mortality

Number of stillbirths and early neonatal deaths, and the perinatal mortality rate for the five-year period preceding the survey, by background characteristics, Jordan 2002

Background characteristic	Number of stillbirths[1]	Number of early neonatal deaths[2]	Perinatal mortality rate[3]	Number of pregnancies 7+months' duration
Mother's age at birth				
<20	2	4	17	355
20-29	31	45	22	3,505
30-39	25	22	23	2,073
40-49	4	2	30	202
Previous pregnancy interval in months				
First pregnancy	5	14	18	1,055
<15	10	15	27	933
15-26	17	25	22	1,882
27-38	13	10	21	1,106
39+	17	9	22	1,159
Residence				
Urban	35	45	19	4,124
Rural	27	28	27	2,011
Region				
Central	32	29	22	2,725
North	15	28	23	1,882
South	15	16	20	1,528
Educational level attended				
No education	11	3	36	394
Elementary	13	9	35	631
Preparatory	9	16	20	1,250
Secondary	17	25	18	2,325
Higher	12	20	21	1,535
Preparatory + secondary	*26*	*41*	*19*	*3,575*
Total	62	73	22	6,135

[1] Stillbirths are fetal deaths in pregnancies lasting seven or more months.
[2] Early neonatal deaths are deaths at age 0-6 days among live-born children.
[3] The sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months' duration.

while the highest rates are found among pregnancies of oldest women (30 per 1,000), perinatal mortality is quite low among the youngest women (17 per 1,000). First pregnancies and pregnancies with a short-preceding interpregnancy interval are also normally at high perinatal risk. Once again, these expected results are not found in Jordan, since first pregnancies have the lowest perinatal risk of 18 perinatal deaths per 1,000. This unusual finding is likely to be a result of both small sample size, as well as the fact that modern antenatal and delivery care services are widely available and utilized in Jordan.

Perinatal mortality is higher in rural areas (27 per 1,000) than in urban areas (19 per 1,000). At the regional level, the differences in perinatal mortality rates are minimal; it is, however, worth noting that perinatal mortality is higher for women with elementary education or no education (35 and 36 per 1,000 respectively) than for those with at least preparatory education (about 20 per 1,000).

8.4 HIGH-RISK FERTILITY BEHAVIOR

Table 8.5 presents the distribution of children born in the five years preceding the survey who are at increased risk of dying because of the mother's fertility characteristics. Children are at higher risk if the mother was too young or too old at time of birth, if they are of high birth order, or if they were born too soon after their next older sibling. In this report, a woman is classified as "too young" if she is less than 18 years of age and "too old" if she is over 34 years of age at the time of giving birth. A child is considered "high birth order" if the mother previously delivered three or more children. A "short birth interval" is defined as a birth occurring less than 24 months after a previous birth. In the analysis of birth intervals, only children whose preceding birth interval was less than 24 months are included, even though a short birth interval also increases the risk of dying for the previous child at the beginning of the interval. The latter relationship is subject to reverse causality in that the death of the earlier child may cause the subsequent interval to be short.

Sixty-one percent of children born during the five years preceding the survey are at an elevated risk of dying. In 40 percent of the cases the risk is higher only because of a single risk category (mother's age, birth order, or birth interval), and in 22 percent of the cases the risk is higher owing to multiple risk categories. The largest group of children at risk includes those who are of a high birth order (43 percent) and those whose preceding birth interval was shorter than 24 months (27 percent). Nine percent of children were born with a preceding birth interval of less than 24 months and with birth order higher than 3. However, it should be noted that the effect of high birth order (4 or higher) outweighs the effects of factors such as length of preceding birth interval and mother's age.

Table 8.5 also shows the relative risk of dying for children born in the last five years by comparing the proportion dead in each risk category to the proportion dead among children with no risk factors. Column 2 of Table 8.5 presents the risk ratios for births during the five years preceding the survey (i.e., the ratio of the proportion dead in each risk category to the proportion dead among children who were not in any risk category). The single most detrimental factor is the birth order: children born after the third birth are almost twice (1.81) as likely to die as children not in any risk category. The combination of a mother's giving birth at an older age and the child's birth order higher than 3 is particularly detrimental to children's survival (1.61), as is the combination of a short birth interval and a high birth order (1.60). Children born to mothers over 34 years of age, and born less than 24 months after a preceding birth with a birth order higher than 3 are one-and-a-half (1.5) times more likely to die than children not in any risk category.

The last column of Table 8.5 presents the distribution of currently married women according to category of increased risk. Women are placed in the categories according to the status they would have at the birth of a child conceived at the time of the survey: women who were 17 years and 3 months old or younger or 34 years and 2 months old or older, women whose most recent birth was less than 15 months before the survey, and women whose most recent birth was of order 3 or higher. Many women are protected from the risk of pregnancy by contraception, postpartum insusceptibility, and prolonged abstinence but, in this report, for the sake of simplicity, only sterilized women are classified as not being in any risk category.

Table 8.5 High-risk fertility behavior

Percent distribution of children born in the five years preceding the survey by category of elevated risk of dying and the risk ratio, and the percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Jordan 2002

Risk category	Births in the 5 years preceding the survey		Percentage of currently married women[1]
	Percentage of births	Risk ratio	
Not in any high-risk category	20.0	1.00	13.8[a]
Unavoidable risk category			
First-order births between ages 18 and 34 years	18.7	1.62	5.8
Single high-risk category			
Mother's age <18	1.4	1.53	0.3
Mother's age >34	1.2	1.55	4.4
Birth interval <24 months	15.1	1.56	10.0
Birth order >3	22.1	1.81	17.7
Subtotal	39.8	1.70	32.4
Multiple high-risk category			
Age <18 & birth interval <24 months [2]	0.1	*	0.1
Age >34 & birth interval <24 months	0.5	*	0.2
Age >34 & birth order >3	10.1	1.61	32.9
Age >34 & birth interval <24 months & birth order >3	2.1	1.53	4.4
Birth interval <24 months & birth order >3	8.7	1.60	10.3
Subtotal	21.5	1.55	48.0
In any avoidable high-risk category	61.3	1.65	80.4
Total	100.0	na	100.0
Number of births	5,820	na	5,706

Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead of births *not in any high-risk category*. An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1] Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth occurred less than 15 months ago, or latest birth being of order >3.
[2] Includes the combined categories age<18 & BO>3
[a] Includes sterilized women

About eight of ten married women are at risk of conceiving a child who will be at increased risk of dying. About two-thirds of married women are at risk because of having already had 3 births; two-fifths are at risk because of being over age 34. The figures in Table 8.5 demonstrate the strong influence of parity (the number of children the mother has had) on the risk of dying among children under five years of age.

9 MATERNAL AND CHILD HEALTH

Health conditions in Jordan are among the best in the Middle East. This is due in large part to the Kingdom's stability and to a range of effective development plans and projects that have included health as a major component. This chapter presents findings on important areas of maternal and child health: antenatal, delivery, and postnatal care; vaccination coverage; and common childhood illnesses (fever, acute respiratory tract infections and diarrhea) and their treatment. In addition, problems in accessing health care, breast self-examination and smoking in women are also discussed. This information, in combination with data on mortality, is useful in formulating programs and policies to improve maternal and child health services.

9.1 MATERNAL HEALTH

A mother's well-being has a direct impact on her children's well-being. Conversely, when mothers fare poorly, so do children. For newborns, survival is directly linked to a mother's health during pregnancy.

Antenatal Care

The health care that a mother receives during pregnancy and at the time of delivery is important for the survival and well being of both the mother and the child. Antenatal care (ANC) coverage is described according to the type of provider, number of ANC visits, stage of pregnancy at the time of the first and last visits, and number of visits, as well as services and information provided during ANC. It is also recommended that women receive two doses of tetanus toxoid vaccine, adequate amounts of iron and folic acid tablets, and iron/syrup to prevent and treat anemia. Blood pressure checks and procedures to detect pregnancy complications are also part of ANC coverage. A well-designed and implemented ANC program facilitates detection and treatment of problems during pregnancy, such as anemia and infections, and provides an opportunity to disseminate health messages to women and their households.

Information on ANC coverage was obtained from women who had a birth in the five years preceding the survey. For women with two or more live births during the five-year period, data refer to the most recent birth only. Table 9.1 shows the percent distribution of mothers in the five years preceding the survey by source of antenatal care received during pregnancy. Almost all women (99 percent) received ANC from medically-trained personnel (doctors, nurses and midwives): the majority of women (93 percent) received care during pregnancy from a doctor, and 5 percent received care from a nurse or a midwife. Only 1 percent of women did not receive antenatal care for births in the preceding five years, and almost none of the women sought assistance from a traditional birth attendant. These findings are similar to those found in the 1997 JPFHS.

Women less than 20 years of age are more likely to receive antenatal care from midwives compared with older women. Mothers are more likely to receive care from a health professional for first births (97 percent) than for births of order six and higher (91 percent). There are small differences in the use of antenatal care services between urban and rural women. Health professionals provided antenatal care for 99 percent of mothers in urban areas and 97 percent of mothers in rural areas. Compared with the 1997 JPFHS, ANC from a trained health professional among rural women has increased by 5 percent in this survey.

Table 9.1 Antenatal care

Percent distribution of women who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth, according to background characteristics, Jordan 2002

Background characteristic	Antenatal care provider				Total	Number of women
	Doctor	Nurse/ midwife	Traditional birth attendant/ other	No one		
Age at birth						
<20	89.6	8.0	0.0	2.4	100.0	171
20-34	93.7	5.1	0.0	1.1	100.0	2,906
35-49	92.9	4.8	0.0	2.2	100.0	667
Birth order						
1	96.9	2.8	0.0	0.3	100.0	555
2-3	93.3	5.5	0.0	1.2	100.0	1,338
4-5	93.7	5.3	0.0	1.0	100.0	1,011
6+	91.0	6.2	0.0	2.8	100.0	839
Residence						
Urban	94.1	4.9	0.0	1.0	100.0	2,931
Rural	90.9	6.5	0.0	2.7	100.0	812
Region						
Central	95.0	4.2	0.0	0.9	100.0	2,378
North	89.9	8.1	0.0	1.9	100.0	1,001
South	92.6	4.1	0.1	3.2	100.0	364
Educational level attended						
No education	84.6	6.2	0.2	9.0	100.0	149
Elementary	86.1	11.1	0.0	2.8	100.0	306
Preparatory	92.9	5.0	0.0	2.0	100.0	741
Secondary	93.6	5.6	0.0	0.7	100.0	1,539
Higher	96.9	2.8	0.0	0.3	100.0	1,008
Preparatory + secondary	*93.4*	*5.4*	*0.0*	*1.1*	*100.0*	*2,280*
Total	93.4	5.2	0.0	1.4	100.0	3,743

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation.

Regional differences in the source of antenatal care are significant: 95 percent of mothers in the Central region received antenatal care from a doctor, compared with 90 percent and 93 percent in the North and South regions, respectively. In the North, more women (8 percent) sought care from a nurse/midwife, compared with 4 percent in both the Central and South regions. Also, the percentage of mothers who did not receive antenatal care is the highest in the South (3 percent) and lowest in the Central region (1 percent).

The use of antenatal care services is strongly associated with the mother's level of education. Women with a secondary education or higher are more likely to receive antenatal care from any trained personnel (99 and 100 percent) than women with elementary education (97 percent) and women with no education (91 percent). Similarly, 9 percent of uneducated women receive no antenatal care, whereas the proportion of women who receive no care decreases to 3 percent and less than 1 percent for women with secondary or higher education, respectively.

Antenatal care can be more effective in avoiding adverse pregnancy outcomes when it is sought early in the pregnancy and continues through to delivery. Obstetricians generally recommend that antenatal visits be made on a monthly basis to the 28th week (seventh month), fortnightly to the 36th week, and then weekly until the 40th week (until birth). If the first antenatal visit is made at the third month of pregnancy, this optimum schedule translates to a total of at least 12-13 visits during the pregnancy. Table 9.2 shows that 81 percent of women make six or more antenatal care visits during their entire pregnancy. The percentage of women who make six or more antenatal care visits is higher in urban areas (83 percent) than rural areas (74 percent).

Eighty-five percent of women make their first antenatal care visit before the fourth month of pregnancy, and the proportion of women seeking antenatal care increases to almost 96 percent before six months of pregnancy. The median duration of pregnancy for the first antenatal care visit is 2.1 months. This indicates that in Jordan, women start antenatal care at a relatively early stage of their pregnancy.

Table 9.2 Number of antenatal care visits and timing of first visit

Percent distribution of women who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent birth, and by the timing of the first visit, according to residence, Jordan 2002

Number and timing of ANC visits	Residence		Total
	Urban	Rural	
Number of ANC visits			
None	1.0	2.7	1.4
1	1.2	2.2	1.4
2	1.7	3.7	2.1
3	3.8	5.1	4.1
4	3.8	4.6	4.0
5	5.5	7.8	6.0
6+	82.9	74.0	80.9
Don't know/missing	0.1	0.0	0.1
Total	100.0	100.0	100.0
Number of months pregnant at time of first ANC visit			
No antenatal care	1.0	2.7	1.4
<4	85.6	83.5	85.1
4-5	10.7	10.5	10.6
6-7	1.8	2.1	1.9
8+	0.9	1.2	1.0
Total	100.0	100.0	100.0
Median months pregnant at first visit (for those with ANC)	2.0	2.3	2.1
Number of women	2,931	812	3,743

Components of Antenatal Care

The effectiveness of antenatal checkups in ensuring safe motherhood depends in part on the tests and measurements done and the advice given during the checkups. The 2002 JPFHS survey collected information on this important aspect of antenatal care by asking mothers who received antenatal checkups whether they received each of several components of ANC during their last pregnancy in the five years preceding the survey. Table 9.3 shows that 43 percent of mothers who received antenatal care reported that they were informed about pregnancy-related complications during their visits. Blood pressure was part of antenatal care for 96 percent of mothers. Urine and blood samples were taken from 89 and 90 percent of women, respectively. In addition, less than three-fourths (72 percent) of women either received or purchased iron tablets or syrup during pregnancy.
Table 9.3

Urban-rural differences are noticed for various components of antenatal care. Urban women were more likely to get each component of antenatal care than rural women. Regional variations in antenatal care are also seen. For example, women in the Central region, which includes the capital city Amman, are more likely to receive each antenatal care component, especially getting urine and blood tests, compared to women in the North or South regions. Antenatal care content is also greatly affected by the level of mother's education. Women with secondary or higher education were more likely to have received all routine tests than less-educated women. Similarly, women with elementary education were more likely to get each ANC component than women with no education. Women who were pregnant with their first child were more likely to receive all components of ANC.

Table 9.3 Components of antenatal care

Percentage of women with a live birth in the five years preceding the survey who received antenatal care for the most recent birth, by content of antenatal care, and percentage of women with a live birth in the five years preceding the survey who were given or purchased iron tablets or syrup for the most recent birth, according to background characteristics, Jordan 2002

Background characteristic	Among women who received antenatal care								
	Informed of signs of pregnancy compli-cations	Weight measured	Height measured	Blood pressure measured	Urine sample taken	Blood sample taken	Number of women	Received/ purchased iron tablets or syrup	Number of women
Age at birth									
<20	46.1	95.9	65.1	96.7	88.7	94.1	167	69.4	171
20-34	43.5	93.8	62.9	95.6	88.8	89.5	2,873	72.7	2,906
35-49	37.5	92.6	60.7	95.3	89.0	90.0	652	70.3	667
Birth order									
1	50.7	96.9	66.5	97.1	92.1	95.2	553	81.2	555
2-3	43.3	95.1	63.6	97.1	89.6	90.6	1,322	74.8	1,338
4-5	38.7	92.1	61.8	95.1	88.0	87.7	1,001	70.2	1,011
6+	40.6	91.0	59.5	92.9	86.5	87.5	815	64.0	839
Residence									
Urban	42.8	94.7	63.8	96.6	90.3	91.3	2,902	74.7	2,931
Rural	41.8	90.0	58.5	91.9	83.5	84.2	790	62.9	812
Region									
Central	43.6	95.3	65.6	96.8	90.4	90.9	2,358	77.0	2,378
North	40.4	90.2	54.0	93.7	86.3	88.5	982	64.9	1,001
South	41.9	92.8	67.0	92.9	85.7	86.1	353	60.0	364
Educational level attended									
No education	37.9	81.3	44.8	79.7	74.4	71.8	136	50.3	149
Elementary	40.6	90.8	61.5	90.5	86.8	85.2	298	57.5	306
Preparatory	40.9	91.6	62.6	94.9	87.1	88.3	726	63.2	741
Secondary	42.9	94.9	63.9	96.8	89.9	91.3	1,529	74.4	1,539
Higher	44.5	95.9	63.5	98.0	91.1	92.3	1,004	82.8	1,008
Preparatory + secondary	*42.2*	*93.8*	*63.5*	*96.2*	*89.0*	*90.4*	*2,254*	*70.8*	*2,280*
Total	42.6	93.7	62.6	95.6	88.8	89.8	3,692	72.1	3,743

Coverage of Tetanus Toxoid Vaccinations

Tetanus toxoid injections are given during pregnancy for the prevention of neonatal tetanus, an important cause of death among infants. Neonatal tetanus is most common among children who are delivered in unhygienic environments and when unsterilized instruments are used to cut the umbilical cord. Tetanus usually develops during the first or second week of life and is fatal in 70-90 percent of cases. Neonatal tetanus, however, is a preventable disease. Two doses of tetanus vaccine given one month apart during early pregnancy are nearly 100 percent effective in preventing tetanus among both newborn infants and mothers. If a woman has been vaccinated during a previous pregnancy, she may require only one dose for the current pregnancy. When the mother is vaccinated, immunity against tetanus is transferred to the fetus through the placenta.

In the 2002 JPFHS, information was collected on the number of doses of tetanus toxoid the mother received. The results are presented in Table 9.4. Less than one-fourth (24 percent) of women received one dose of the vaccine, an observation similar to the 1997 JPFHS. Two or more doses of tetanus toxoid were received by only 9 percent of women, a significant drop from the previous JPFHS survey where 16 percent of women received two or more doses. In general, women less than twenty years of age and pregnant with their first child were more likely to get one and two or more doses of tetanus toxoid

injections. However, women who are not as educated or with no education and living in rural areas are slightly more likely to receive two or more injections of tetanus toxoid. The low prevalence of tetanus vaccination in Jordan may be explained by the fact that many women have already received vaccinations against tetanus in school or during a previous pregnancy.

Table 9.4 Tetanus toxoid injections

Percent distribution of women who had a live birth in the five years preceding the survey by number of tetanus toxoid injections received during pregnancy for the most recent birth, according to background characteristics, Jordan 2002

Background characteristic	Number of injections				Total	Number of women
	None	One injection	Two or more injections	Don't know/ missing		
Age at birth						
<20	47.4	31.8	20.2	0.6	100.0	171
20-34	66.0	24.3	8.8	0.9	100.0	2,906
35-49	69.1	22.5	6.9	1.4	100.0	667
Birth order						
1	44.9	34.7	20.2	0.2	100.0	555
2-3	67.7	24.2	7.3	0.9	100.0	1,338
4-5	68.7	23.1	7.3	1.0	100.0	1,011
6+	72.9	19.2	6.4	1.5	100.0	839
Residence						
Urban	65.0	25.4	8.6	1.0	100.0	2,931
Rural	68.5	20.4	10.4	0.6	100.0	812
Region						
Central	63.7	26.1	9.3	0.9	100.0	2,378
North	68.0	22.0	8.7	1.2	100.0	1,001
South	72.3	19.4	7.7	0.6	100.0	364
Educational level attended						
No education	71.3	17.9	10.2	0.6	100.0	149
Elementary	58.7	27.7	10.9	2.7	100.0	306
Preparatory	64.8	25.8	8.8	0.6	100.0	741
Secondary	63.4	26.6	9.3	0.7	100.0	1,539
Higher	71.3	19.7	7.9	1.1	100.0	1,008
Preparatory + secondary	*63.8*	*26.4*	*9.1*	*0.7*	*100.0*	*2,280*
Total	65.7	24.3	9.0	1.0	100.0	3,743

9.2 DELIVERY

Place of Delivery

The objective of providing safe delivery services is to protect the life and health of the mother and her child by ensuring the safe delivery of the child. An important component of efforts to reduce the health risks to mother and child is to increase the proportion of infants delivered under the supervision of health professionals. Proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that may cause death or serious illness for the mother, the child, or both. Data on delivery care was obtained for all births that occurred in the five years preceding the survey.

Table 9.5 Place of delivery

Percent distribution of live births in the five years preceding the survey by place of delivery, according to background characteristics, Jordan 2002

Background characteristic	Place of delivery						Total	Number of births
	Government hospital	Royal Medical Services	Other public sector	**Any public sector**	Private sector	Home		
Mother's age at birth								
<20	54.1	12.5	0.1	**66.8**	29.7	3.5	100.0	358
20-34	45.6	16.1	1.8	**63.5**	33.2	3.3	100.0	4,654
35-49	45.3	14.8	2.2	**62.3**	36.1	1.7	100.0	808
Birth order								
1	43.7	13.6	1.7	**59.1**	39.1	1.8	100.0	1,186
2-3	43.9	16.3	1.5	**61.7**	35.2	3.0	100.0	2,131
4-5	47.7	15.7	1.6	**65.0**	31.3	3.7	100.0	1,396
6+	50.8	16.7	2.4	**69.8**	26.4	3.8	100.0	1,106
Residence								
Urban	43.5	13.0	1.5	**58.0**	39.1	2.9	100.0	4,487
Rural	54.7	24.7	2.5	**82.0**	14.1	3.9	100.0	1,333
Region								
Central	40.2	11.3	2.6	**54.1**	43.6	2.3	100.0	3,635
North	61.4	18.6	0.5	**80.5**	15.1	4.4	100.0	1,596
South	40.7	35.0	0.1	**75.7**	19.9	4.3	100.0	589
Mother's education								
No education	60.2	16.9	1.4	**78.4**	11.4	10.1	100.0	237
Elementary	60.5	14.9	0.8	**76.2**	18.7	5.2	100.0	484
Preparatory	53.1	17.8	0.7	**71.6**	24.0	4.4	100.0	1,154
Secondary	46.8	16.2	1.3	**64.3**	33.1	2.6	100.0	2,440
Higher	32.7	13.3	3.6	**49.7**	49.2	1.1	100.0	1,504
Preparatory + secondary	*48.8*	*16.7*	*1.1*	***66.6***	*30.2*	*3.2*	*100.0*	*3,594*
Antenatal care visits								
None	69.0	15.3	0.0	**84.3**	2.5	13.2	100.0	51
1-3	55.8	14.9	1.0	**71.7**	19.5	8.8	100.0	287
4+	45.1	14.8	1.8	**61.7**	36.2	2.0	100.0	3,402
Total[1]	46.1	15.7	1.7	**63.5**	33.4	3.1	100.0	5,820

Note: Includes only the most recent birth in the five years preceding the survey
[1] Total includes 3 missing cases for antenatal visit.

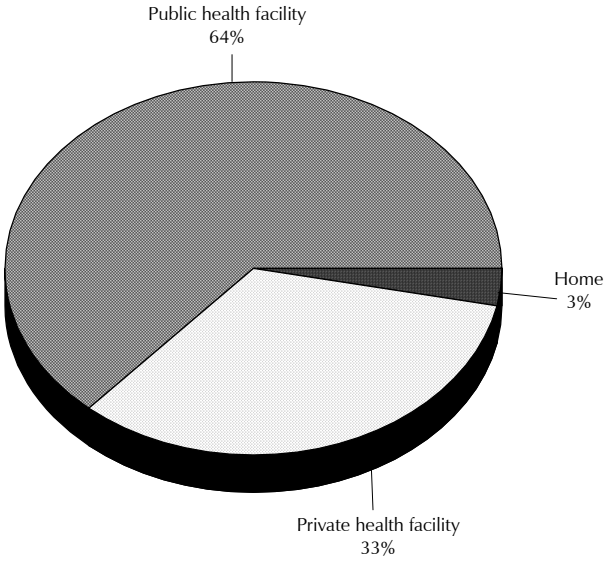
The main providers of health services in Jordan are the Ministry of Health (government hospitals) and the Jordan Armed Forces (Royal Medical Services), both under the public health sector, and the private sector. Royal Medical Services has several centers providing medical services for all acting and retired military personnel.

An overwhelming majority of births (97 percent) in the five years before the survey were delivered in a medical facility (Table 9.5 and Figure 9.1), an increase of four percentage points from the previous survey. Eighty-one percent of births took place in a public health facility in the North region compared with 54 percent in the Central region. More women (44 percent) in the Central region went to a private health facility than women from the North or South regions. Women are more likely to have their first birth at a private health facility than subsequent births. The reverse is true for public health facilities. Younger women are more likely to deliver at a public health facility or at home, while older women are

more likely to deliver in a private health facility. In rural areas more children are born in public health facilities than private health facilities, and vice versa in urban areas.

Only 3 percent of women gave birth at home, a drop of more than 50 percent from the previous JPFHS survey (7 percent). There is also a strong association between the level of education of mothers and the place of delivery. The proportion of births delivered in a public health facility is higher (78 percent) for uneducated mothers, compared with 50 percent of births to mothers with higher education. There is a ten-fold difference in the proportion of births at home by uneducated women (10 percent) compared with women with higher education (1 percent).

Figure 9.1 Place of Delivery



JPFHS 2002

Assistance at Delivery

Obstetric care by a trained provider during delivery is recognized as critical for the reduction of maternal and neonatal mortality. Table 9.6 shows the type of assistance during delivery by background characteristics. Almost all births in Jordan are delivered with the assistance of a trained health professional, that is, a doctor, nurse, or midwife.

In all regions, the proportion of births assisted by a trained health professional is fairly similar. Both urban and rural women get assistance from a trained health professional during delivery. However, urban women are more likely to receive assistance from a doctor compared to a nurse or a midwife. First births are more likely to be assisted by a doctor than higher-order births. Rural women are more likely to receive assistance during birth from a traditional birth attendant (1.5 percent) compared with urban women, although numbers are very small. Women's education is positively associated with deliveries by medical professionals. Almost all births to women with preparatory, secondary and higher education receive delivery assistance from a health professional, whereas 94 percent of women with no education receive the same. The remaining women with no education sought assistance during delivery from a traditional birth attendant (5 percent).

Table 9.6 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, according to background characteristics, Jordan 2002

Background characteristic	Doctor	Nurse/ midwife	Traditional birth attendant	No one	Total	Number of births
Mother's age at birth						
<20	64.5	35.1	0.4	0.0	100.0	358
20-34	62.4	37.1	0.4	0.1	100.0	4,654
35-49	65.1	34.3	0.5	0.1	100.0	808
Birth order						
1	73.5	26.4	0.1	0.0	100.0	1,186
2-3	62.8	36.9	0.1	0.1	100.0	2,131
4-5	58.6	40.8	0.5	0.1	100.0	1,396
6+	57.2	41.6	1.1	0.2	100.0	1,106
Residence						
Urban	66.4	33.5	0.1	0.1	100.0	4,487
Rural	51.4	46.9	1.5	0.2	100.0	1,333
Region						
Central	71.4	28.5	0.1	0.1	100.0	3,635
North	47.5	51.6	0.9	0.0	100.0	1,596
South	52.7	46.2	0.7	0.3	100.0	589
Mother's education						
No education	47.1	47.3	5.4	0.3	100.0	237
Elementary	54.9	43.6	1.3	0.2	100.0	484
Preparatory	56.1	43.7	0.1	0.1	100.0	1,154
Secondary	61.9	38.0	0.1	0.0	100.0	2,440
Higher	74.9	24.9	0.1	0.2	100.0	1,504
Preparatory + secondary	*60.1*	*39.8*	*0.1*	*0.0*	*100.0*	*3,594*
Total	62.9	36.6	0.4	0.1	100.0	5,820

Note: If the respondent mentioned more than one person, only the most qualified person is considered in this tabulation.

Delivery Characteristics

Caesarean section (C-section) rates are one of the few indicators for measuring women's access to obstetric care. C-sections are generally performed because the mother has medical problems or experiences complications at the time of delivery. Based on research and analysis, WHO has determined that the rate of C-sections in a given population should not be less than 5 percent and not more than 15 percent of all pregnancies if the lives of women and infants are to be protected (UNICEF, 1999). Rates below 5 percent are clear and grave warnings that many women and babies may be dying because of inadequate access to the whole spectrum of obstetric services. Rates above 15 percent indicate an unnecessarily high reliance on a major surgical procedure with numerous risks. It is essential that C-sections be performed only when necessary, and in facilities that are adequately equipped and staffed to ensure safety (UNICEF, 1999).

The JPFHS 2002 obtained information on a number of other key aspects of deliveries, including the frequency of C-sections and the birth weights of babies. Table 9.7 shows that one in six deliveries in the five-year period before the survey was by C-section, a more than 50 percent increase from the previ-

ous survey (JPFHS 1997). Given the high C-section rates (16 percent) and the disproportionately large increase in the proportion of births delivered by C-section since 1997, the indications for the performance of a Caesarean section need to be reviewed and addressed in Jordan. C-sections are more frequent in the Central region (17 percent) compared with the North (13 percent) and South (15 percent) regions. Older women are more than twice as likely to have a C-section (25 percent) as younger women (12 percent), but this may be related to a woman's previous history of having a C-section and the proclivity of the medical community to routinely deliver a woman by C-section if she has had one before.

Birth weight is a major determinant of infant and child health and mortality. In the 2002 JPFHS, for all births during the five-year period preceding the survey, mothers were first asked to subjectively assess the size of their baby and then were asked to report the actual weight in kilograms if the baby had been weighed after delivery. Table 9.7 shows that less than 2 percent of babies were not weighed at birth. Among those births for which the mother was able to report the baby's weight, about 10 percent were classified as low birth weight – i.e., they weighed less than 2.5 kilograms at birth – and 88 percent weighed 2.5 kilograms or more.

Table 9.7 Delivery characteristics

Percentage of live births in the five years preceding the survey delivered by caesarean section, and percent distribution by birth weight and by mother's estimate of baby's size at birth, according to background characteristics, Jordan 2002

Background characteristic	Delivery by caesarean section	Birth weight					Size of child at birth					Number of births
		Not weighed	Less than 2.5 kg.	2.5 kg. or more	Don't know/ missing	Total	Very small	Smaller than average	Average or larger	Don't know/ missing	Total	
Mother's age at birth												
<20	11.7	1.0	8.2	90.4	0.4	100.0	4.8	18.2	77.0	0.0	100.0	358
20-34	14.7	1.5	10.8	87.1	0.6	100.0	4.4	12.4	83.0	0.2	100.0	4,654
35-49	25.3	1.9	7.6	89.8	0.7	100.0	4.3	7.5	88.3	0.0	100.0	808
Birth order												
1	17.1	0.5	11.6	87.5	0.4	100.0	5.0	16.1	78.9	0.1	100.0	1,186
2-3	15.7	1.3	9.5	88.7	0.5	100.0	4.0	11.7	84.3	0.1	100.0	2,131
4-5	13.4	1.7	10.9	86.7	0.8	100.0	4.8	11.7	83.3	0.2	100.0	1,396
6+	18.6	2.6	9.2	87.4	0.8	100.0	3.9	9.2	86.4	0.5	100.0	1,106
Residence												
Urban	16.3	0.8	8.9	89.9	0.4	100.0	3.7	11.6	84.6	0.0	100.0	4,487
Rural	14.8	3.7	14.6	80.3	1.5	100.0	6.5	13.7	79.0	0.8	100.0	1,333
Region												
Central	17.4	0.5	10.0	89.2	0.4	100.0	3.5	12.3	84.1	0.0	100.0	3,635
North	13.1	2.9	9.5	87.0	0.6	100.0	5.3	11.4	82.8	0.5	100.0	1,596
South	14.9	3.8	13.4	80.6	2.2	100.0	7.2	12.3	80.0	0.5	100.0	589
Mother's education												
No education	16.9	10.1	18.1	65.2	6.6	100.0	10.3	15.4	71.4	2.9	100.0	237
Elementary	23.2	3.6	13.4	81.9	1.1	100.0	6.2	12.2	81.1	0.5	100.0	484
Preparatory	16.0	1.4	11.5	86.7	0.4	100.0	4.0	13.7	82.2	0.1	100.0	1,154
Secondary	12.6	0.8	9.3	89.6	0.3	100.0	4.2	12.4	83.4	0.0	100.0	2,440
Higher	18.9	0.7	8.4	90.8	0.2	100.0	3.4	9.9	86.7	0.1	100.0	1,504
Preparatory + secondary	*13.7*	*1.0*	*10.0*	*88.7*	*0.3*	*100.0*	*4.1*	*12.8*	*83.0*	*0.0*	*100.0*	*3,594*
Total	16.0	1.5	10.2	87.7	0.6	100.0	4.4	12.1	83.3	0.2	100.0	5,820

Table 9.7 also includes information on the mother's assessment of the baby's size at birth. It is important to remember that this assessment may vary among respondents since it is based on the mother's perception of what is a small, average, or large baby and not on a uniform definition. Eighty-three percent of the births were considered average or larger than average. About 4 percent were considered very small.

Payment for Delivery

Table 9.8 shows that in the five years preceding the survey, 41 percent of births delivered in any public facility were paid for by respondents or their families; the corresponding figure for deliveries in private facilities was 75 percent. Government insurance was used by 38 percent of respondents: 94 percent of deliveries in Royal Medical Services were paid for this way, as were 82 percent of deliveries in

Table 9.8 Payment for delivery

Percent distribution of live births delivered in health facilities during the five years preceding the survey by party responsible for payment for delivery, according to background characteristics, Jordan 2002

Background characteristic	Party responsible for payment: Government insurance	Private insurance	Other public UNRWA	Respondent/ family	Other	Don't know/ missing	Total	Number of births
Age at birth								
<20	29.7	2.0	0.0	66.3	1.9	0.0	100.0	346
20-34	37.7	7.8	0.7	53.1	0.4	0.3	100.0	4,500
35-49	44.3	8.1	1.4	45.8	0.4	0.0	100.0	794
Birth order								
1	31.7	7.7	0.5	59.3	0.7	0.1	100.0	1,164
2-3	35.1	8.4	0.5	55.0	0.8	0.2	100.0	2,066
4-5	41.6	7.0	0.9	50.1	0.1	0.4	100.0	1,344
6+	46.6	6.2	1.2	45.5	0.3	0.1	100.0	1,065
Residence								
Urban	29.5	8.7	0.9	60.0	0.6	0.3	100.0	4,359
Rural	67.4	3.4	0.2	28.7	0.2	0.0	100.0	1,281
Region								
Central	25.1	8.6	0.8	64.6	0.7	0.3	100.0	3,551
North	60.2	4.2	0.9	34.5	0.3	0.0	100.0	1,526
South	60.6	9.8	0.0	29.1	0.2	0.4	100.0	563
Educational level attended								
No education	55.0	1.7	0.9	41.5	0.6	0.2	100.0	213
Elementary	40.9	7.7	1.1	49.5	0.7	0.0	100.0	459
Preparatory	39.0	4.1	0.3	55.9	0.5	0.2	100.0	1,103
Secondary	35.0	5.7	0.6	57.9	0.6	0.3	100.0	2,377
Higher	39.3	13.6	1.1	45.4	0.4	0.2	100.0	1,488
Preparatory + secondary	*36.2*	*5.2*	*0.5*	*57.2*	*0.6*	*0.2*	*100.0*	*3,480*
Health facility								
Government Hospital	43.1	0.5	1.0	55.1	0.3	0.0	100.0	2,682
Royal Medical Services	94.1	2.6	0.1	3.2	0.0	0.0	100.0	914
Other public sector	82.2	1.1	0.0	16.7	0.0	0.0	100.0	101
Private sector	2.7	19.8	0.8	75.0	1.1	0.6	100.0	1,943
Assistance during delivery								
Doctor	30.3	10.6	0.8	57.4	0.6	0.3	100.0	3,655
Nurse/midwife	42.5	6.0	0.7	50.1	0.5	0.2	100.0	3,991
Other/none	100.0	0.0	0.0	0.0	0.0	0.0	100.0	3
Total	38.1	7.5	0.7	52.9	0.5	0.2	100.0	5,640

other public sector health facilities. On the other hand, private insurance was used by 8 percent of respondents: 20 percent of deliveries in the private sector and only 3 percent of deliveries in the Royal Medical Services were paid for with private insurance. Rural women were more than twice as likely to use government insurance (67 percent) as women living in urban areas (30 percent). The cost of delivery for less than 1 percent of babies was covered by payments from the United Nations Relief and Works Agency (UNRWA).

9.3 POSTNATAL CARE AND PRACTICES

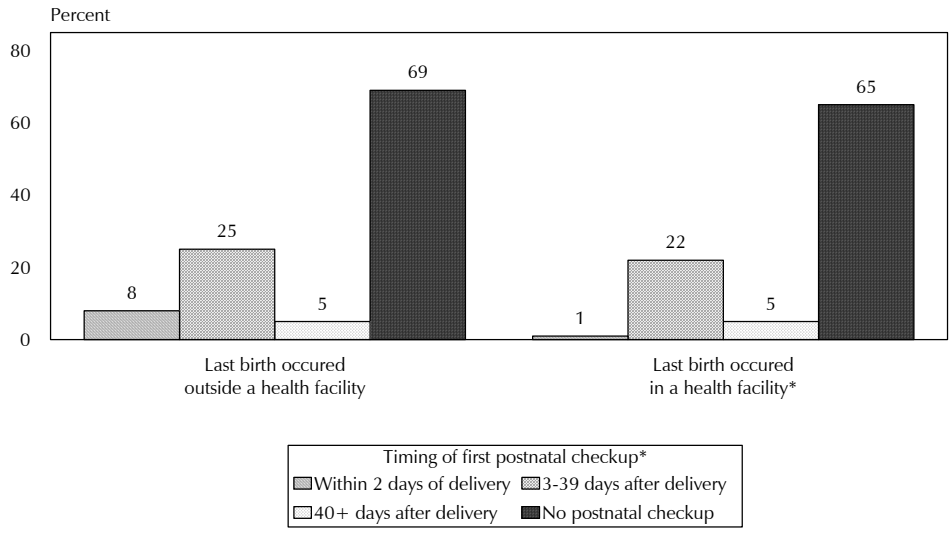
Postnatal Care

A large proportion of maternal and neonatal deaths occur during the first 48 hours after delivery. Safe motherhood programs have recently increased their emphasis on the importance of postnatal care, recommending that all women receive a health check within two days of delivery. To assess the extent of postnatal care utilization, respondents were asked whether they had received a health check after the delivery of their last birth in the five years preceding the survey.

Each woman with a birth in the five years previous to the survey was asked questions on the postnatal care she received for her latest birth, depending on where she gave birth. If she gave birth outside of a health facility, she was asked whether or not a health professional checked on her health after the birth. If, as did 97 percent of Jordanian women, she gave birth at a health facility, it was assumed that the woman received initial postnatal care shortly after birth while still in the facility; these women then were asked whether or not they received a postnatal check after they had been discharged from the facility.

Figure 9.2 shows that among women whose last birth in the five years preceding the survey took place outside of a health facility, only 8 percent received a postnatal checkup in the crucial 2 days after delivery. Twenty-two percent of women who gave birth outside of a facility had a postnatal checkup between 3 and 39 days after delivery, and 5 percent had a health checkup 40 days or more after delivery; the remaining 65 percent received no postnatal care.

Figure 9.2 **Postnatal Care by Timing of First Postnatal Checkup**



* For women whose last birth occured in a health facility, postnatal checkup refers to a checkup after discharge from the health facility.

JPFHS 2002

It is assumed that women who give birth in a facility receive some degree of postnatal care before they leave the health facility, especially in countries such as Jordan, which has a well-developed health care system. Hence, those women who gave birth in a facility were asked whether or not they sought further postnatal care after they had left the facility in which they gave birth. Figure 9.2 shows that among women whose last birth in the five years preceding the survey took place in a health facility, most (69 percent) did not return for further postnatal care once they had left the health facility in which they gave birth. One percent of women who gave birth in a facility had another checkup within two days of leaving the facility, 25 percent had a checkup between 3 and 39 days after birth, and 5 percent more had a checkup 40 days or more after the birth of their last child.

Table 9.9 presents information on reasons given by women for either not receiving a postnatal check after leaving the place of delivery, or for not receiving any postnatal check (for those who did not deliver in a health facility). Most women felt no need to go for a checkup or didn't feel sick (delivered in facility: 89 percent; outside of facility: 76 percent). Of concern, particularly among women who gave

Table 9.9 Reasons for no postnatal check

Among women whose last birth was in the five years preceding the survey, percent distribution of those who delivered in a health facility but had no post-facility-discharge postnatal check and those who did not deliver in a health facility and had no postnatal check by reason for not having a postnatal check, according to background characteristics, Jordan 2002

	Reason for not having postnatal check													
Background characteristic	Health facility too far	Too expen-sive	Wait-ing time too long	Facility not well equpped	Not enough qualified person-nel	Not well re-ceived	No need to go, not sick	Not aware of availa-bility	Hus-band, family opposed	Not sup-posed to go out <40 days	No one to take care of baby during visit	Other	Total	Number of women
Age at birth														
<20	0.0	0.0	0.0	0.0	0.0	0.0	86.1	9.3	1.0	2.7	0.0	0.9	100.0	125
20-34	0.3	1.7	0.0	0.1	0.2	0.4	88.5	6.0	0.1	0.9	1.2	0.6	100.0	1,986
35-49	0.1	1.7	0.7	0.0	0.2	0.2	87.6	5.8	0.3	1.7	0.8	0.9	100.0	468
Birth order														
1	1.1	0.3	0.0	0.0	0.4	0.3	85.1	7.9	0.5	2.2	0.5	1.6	100.0	360
2-3	0.0	2.0	0.0	0.2	0.2	0.2	90.1	5.5	0.1	0.3	0.9	0.4	100.0	898
4-5	0.1	1.2	0.2	0.0	0.2	0.4	88.8	5.7	0.0	1.4	1.6	0.5	100.0	692
6+	0.2	2.3	0.3	0.1	0.2	0.5	86.5	6.4	0.2	1.6	1.0	0.8	100.0	630
Residence														
Urban	0.2	1.6	0.1	0.1	0.1	0.3	89.1	5.7	0.2	1.2	0.7	0.7	100.0	1,963
Rural	0.2	1.7	0.1	0.1	0.3	0.5	85.3	7.6	0.2	1.2	2.2	0.4	100.0	616
Region														
Central	0.3	1.3	0.2	0.0	0.3	0.1	93.1	2.1	0.2	1.1	0.4	0.7	100.0	1,510
North	0.1	2.2	0.1	0.3	0.1	0.4	78.4	14.4	0.1	1.0	2.5	0.5	100.0	798
South	0.3	1.5	0.1	0.0	0.1	1.3	89.4	4.4	0.0	1.8	0.2	0.9	100.0	271
Educational level attended														
No education	0.6	2.5	0.0	0.0	0.0	0.3	83.0	11.0	0.5	1.0	1.1	0.0	100.0	127
Elementary	0.2	4.8	1.1	0.2	0.2	0.2	84.0	6.8	0.0	1.1	1.1	0.2	100.0	232
Preparatory	0.1	1.7	0.2	0.0	0.1	0.1	85.5	9.0	0.2	1.0	1.2	1.0	100.0	532
Secondary	0.4	1.2	0.0	0.2	0.2	0.5	88.6	6.1	0.2	1.2	0.9	0.5	100.0	1,075
Higher	0.0	0.9	0.0	0.0	0.3	0.3	92.5	2.5	0.0	1.3	1.1	1.0	100.0	612
Preparatory + secondary	*0.3*	*1.4*	*0.1*	*0.1*	*0.2*	*0.3*	*87.6*	*7.0*	*0.2*	*1.1*	*1.0*	*0.6*	*100.0*	*1,608*
Place of delivery														
Health facility	0.2	1.5	0.1	0.1	0.2	0.3	88.5	6.0	0.2	1.1	1.0	0.7	100.0	2,513
Home/other	0.0	6.9	0.0	0.0	0.0	1.0	76.0	11.5	0.0	2.6	1.6	0.5	100.0	66
Total	0.2	1.6	0.1	0.1	0.2	0.3	88.2	6.1	0.2	1.2	1.1	0.7	100.0	2,579

birth outside of a facility, is the proportion of women who cited expense or lack of awareness of postnatal checks as the reason why they did not obtain postnatal care: among those who gave birth outside of a facility, 7 percent said that postnatal care was too expensive, and 12 percent said that they were not aware of the availability of postnatal care. The corresponding figures for women who gave birth in a health facility are 2 percent and 6 percent, respectively. There is a traditional belief in Jordan that women are not supposed to go out of their homes for forty days after delivery; however, the data indicate that this belief largely did not affect the likelihood that women would seek postnatal care (1.2 percent).

9.4 PROBLEMS IN ACCESSING HEALTH CARE

Many different factors can prevent women from getting medical advice or treatment for themselves. In the 2002 JPFHS, women were asked about various problems they can face in accessing health care. Table 9.10 shows that 64 percent of women reported having one or the other problem in accessing health care for themselves.

Table 9.10 Problems in accessing health care

Percentage of all ever-married women who reported they have big problems in accessing health care for themselves when they are sick, by type of problem and background characteristics, Jordan 2002

Background characteristic	Knowing where to go for treatment	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone	Concern there may not be a female provider	Any of the specified problems	Number of women
Age									
15-19	12.5	6.7	22.5	26.9	29.5	51.0	41.0	73.3	158
20-29	11.1	8.7	29.3	31.8	31.6	35.4	28.0	69.6	1,903
30-39	9.6	7.0	28.8	27.0	29.9	23.7	25.4	61.8	2,424
40-49	8.6	5.5	34.3	27.4	28.3	23.4	22.8	60.4	1,520
Number of living children									
0	12.7	8.5	32.0	29.8	31.7	39.8	29.4	71.1	521
1-2	11.7	8.7	27.7	27.2	28.9	32.9	25.3	65.7	1,490
3-4	8.1	6.5	25.9	24.9	26.4	23.9	23.7	59.5	1,807
5+	9.5	6.3	35.0	32.4	33.4	25.4	27.5	65.5	2,188
Marital status									
Married	9.7	7.0	29.4	28.3	29.8	27.8	26.2	63.9	5,706
Divorced	13.0	20.1	47.9	37.5	35.3	35.1	21.8	75.5	130
Widowed	12.0	1.0	42.0	32.2	32.6	30.5	23.0	65.2	170
Residence									
Urban	9.3	6.2	29.4	24.8	25.9	26.2	25.5	61.3	4,799
Rural	12.2	10.9	33.2	44.0	46.6	35.6	27.8	75.7	1,207
Region									
Central	9.7	6.3	29.2	24.4	26.4	25.6	25.1	60.7	3,898
North	9.5	8.5	31.3	35.8	35.0	33.1	28.5	70.2	1,542
South	12.2	9.2	34.3	38.6	41.2	31.7	25.3	72.4	566
Educational level attended									
No education	15.5	13.7	52.4	46.4	44.9	32.5	30.0	80.3	363
Elementary	11.2	11.6	45.6	35.4	36.7	32.4	28.7	73.3	689
Preparatory	11.3	9.3	38.1	34.1	34.7	30.6	27.8	71.0	1,231
Secondary	9.1	5.5	27.4	27.2	28.4	28.4	26.6	62.4	2,247
Higher	7.8	4.2	15.3	18.7	21.9	22.4	21.3	53.1	1,476
Preparatory + secondary	*9.9*	*6.8*	*31.2*	*29.7*	*30.6*	*29.1*	*27.0*	*65.5*	*3,478*
Employment									
Not employed	10.0	7.5	31.7	29.3	30.8	28.8	26.9	65.5	5,422
Employed	8.7	3.7	16.6	22.3	23.2	21.3	17.3	52.5	584
Total	9.9	7.2	30.2	28.6	30.0	28.1	26.0	64.2	6,006

The main problems women cited in accessing health care were getting money for treatment (30 percent), having to take transport (30 percent), not wanting to go alone (28 percent), and the distance to the health facility (29 percent). One in four women was concerned that there might not be a female provider at the health facility. Older women were more likely to go alone compared with younger women. Employed women and women with higher education were less likely to have problems in accessing health cre than women with no education and women who were not employed. As expected, rural women were more likely than urban women to have problems related to distance to the health facility, need for transportation, not wanting to go alone, and knowing where to go for treatment.

9.5 SMOKING TOBACCO

Tobacco use is widely regarded as the most preventable cause of death and disease among adults. In general, chronic exposure to nicotine may cause an acceleration of coronary artery disease, peptic ulcer disease, reproductive disturbances, esophageal reflux and hypertension. Tobacco and its various components have been associated with an increased risk of cancer of various body organs.

Smoking is the most important contributor to the development of chronic bronchitis and chronic obstructive pulmonary disease (COPD), which are characterized by chronic cough, phlegm and airflow obstruction. Smoking is well established as the cause of the majority of pulmonary emphysema. Smoking among women also creates particular risks for their offspring. Poor pregnancy outcomes, including low birth weight (LBW) and intrauterine growth retardation (IUGR), are more frequent among women who smoke than among those who do not smoke.

Table 9.11 Use of smoking tobacco

Percentage of all ever-married women who smoke cigarettes or nargila, by background characteristics and maternity status, Jordan 2002

Background characteristic	Cigarettes	Nargila	Cigarettes or nargila	Does not smoke tobacco	Number of women
Age					
15-19	5.5	7.9	9.1	90.9	158
20-34	9.5	5.0	11.8	88.2	3,257
35-49	10.6	2.9	12.0	88.0	2,591
Residence					
Urban	10.4	4.8	12.7	87.3	4,799
Rural	7.7	1.5	8.3	91.7	1,207
Region					
Central	10.8	5.4	13.4	86.6	3,898
North	7.4	2.0	8.2	91.8	1,542
South	10.5	1.6	11.2	88.8	566
Educational level attended					
No education	17.0	2.1	17.1	82.9	363
Elementary	9.3	2.0	10.1	89.9	689
Preparatory	11.4	4.3	12.8	87.2	1,231
Secondary	8.6	4.7	10.8	89.2	2,247
Higher	9.1	4.8	12.1	87.9	1,476
Preparatory + secondary	*9.6*	*4.6*	*11.5*	*88.5*	*3,478*
Maternity status					
Pregnant	6.0	2.7	7.0	93.0	700
Breastfeeding (not pregnant)	7.0	2.8	8.1	91.9	1,269
Neither	11.5	4.9	13.8	86.2	4,036
Total	9.9	4.2	11.8	88.2	6,006

Table 9.11 shows the percentage of women who use tobacco for smoking. Overall, 12 percent of women smoke tobacco (either cigarettes or nargila). Older women are more likely to smoke cigarettes than younger women. However, younger women smoke more nargila (water pipe) than older women. Women living in urban areas (13 percent) are more likely to smoke tobacco than women living in rural areas (8 percent). Also, women in the Central region (including the capital city Amman) are more likely to smoke tobacco compared with women from other regions.

Women with no education are more likely to smoke tobacco (17 percent) than women who have secondary education (11 percent) or higher (12 percent). During pregnancy and lactation, more

than 92 percent of women do not use tobacco. However, 7 and 8 percent of mothers smoke during pregnancy and lactation, respectively.

9.6 PREMARITAL MEDICAL EXAMINATIONS

Premarital examinations, which normally include genetic testing (given the high proportion of consanguineous unions in Jordan), are considered an important aspect of the process of forming a marital union in Jordan. Unfortunately, there are few facilities available for premarital examinations, and they tend to be avoided because of fear of findings; even first-cousin marriages are known to avoid a premarital examination (Jordan National Population Commission and The Futures Policy Project 2000). The lack of facilities and the desire to avoid premarital medical examinations are likely to have the result of increasing poor health outcomes for children if their parents are too closely related to one another by blood.

Table 9.12 indicates that only 6 percent of ever-married women and/or their husbands underwent premarital medical examinations. This is particularly worrisome given that 43 percent of ever-married women are related in some way to their husband, and 26 percent of women report that they are first cousins to their spouses (see Chapter 6, Table 6.4). Women residing in urban areas (6 percent) are twice as likely to go for premarital medical examinations as women residing in rural areas (3 percent). Also, women with higher education (7 percent) are more likely to go for a premarital medical examination than women with no education (2 percent).

Table 9.12 Premarital medical examinations

Percent distribution of all ever-married women by whether they and/or their husband underwent a premarital medical examination, according to background characteristics, Jordan 2002

Background characteristic	Premarital medical exam		Total	Number of women
	No	Yes		
Residence				
Urban	93.7	6.3	100.0	4,799
Rural	97.3	2.7	100.0	1,207
Region				
Central	93.6	6.4	100.0	3,898
North	95.9	4.1	100.0	1,542
South	96.2	3.8	100.0	566
Educational level attended				
No education	98.3	1.7	100.0	363
Elementary	96.7	3.3	100.0	689
Preparatory	94.5	5.5	100.0	1,231
Secondary	94.1	5.9	100.0	2,247
Higher	92.7	7.3	100.0	1,476
Preparatory + secondary	*94.2*	*5.8*	*100.0*	*3,478*
Age at first marriage				
15-19	95.4	4.6	100.0	2,682
20-24	93.9	6.1	100.0	2,266
25-29	92.3	7.7	100.0	649
30-34	89.5	10.5	100.0	121
35+	90.7	9.3	100.0	54
Total	94.4	5.6	100.0	6,006

9.7 BREAST CANCER EXAMINATIONS

Women themselves detect most breast cancers. Therefore, breast self-examination (BSE) is a very important part of every adult woman's personal health regimen. BSE should be performed once each month beginning at age 20 and should continue each month throughout a woman's lifetime. In addition to BSE, adult women should receive regular physician-performed clinical breast exams. Table 9.13 shows the percentage of women who have had a breast cancer self-exam or an exam by a health specialist.

Only 17 percent of women had a breast cancer exam in the twelve months preceding the survey. Women who are currently married, women who live in urban areas, women with higher education, and employed women are more likely to have had a breast cancer self-exam or an examination by a health professional.

Table 9.13 Breast cancer examinations

Percent distribution of all ever-married women by whether they have had a breast cancer self-exam or an exam by a health specialist to detect breast cancer in the twelve months preceding the survey, according to background characteristics, Jordan 2002

Background characteristic	Breast cancer exam		Total	Number of women
	No	Yes		
Age				
15-19	93.4	6.6	100.0	158
20-29	86.2	13.8	100.0	1,903
30-39	80.5	19.5	100.0	2,424
40-49	82.2	17.8	100.0	1,520
Number of living children				
0	89.6	10.4	100.0	521
1-2	83.6	16.4	100.0	1,490
3-4	81.1	18.9	100.0	1,807
5+	82.8	17.2	100.0	2,188
Marital status				
Married	82.6	17.4	100.0	5,706
Divorced	89.5	10.5	100.0	130
Widowed	94.2	5.8	100.0	170
Residence				
Urban	82.5	17.5	100.0	4,799
Rural	85.3	14.7	100.0	1,207
Region				
Central	84.0	16.0	100.0	3,898
North	79.3	20.7	100.0	1,542
South	86.7	13.3	100.0	566
Educational level attended				
No education	93.0	7.0	100.0	363
Elementary	91.2	8.8	100.0	689
Preparatory	87.0	13.0	100.0	1,231
Secondary	82.6	17.4	100.0	2,247
Higher	74.2	25.8	100.0	1,476
Preparatory + secondary	*84.2*	*15.8*	*100.0*	*3,478*
Employment				
Not employed	83.8	16.2	100.0	5,422
Employed	76.0	24.0	100.0	584
Total	83.1	16.9	100.0	6,006

9.8 VACCINATION COVERAGE

Universal immunization of children from six vaccine-preventable diseases (namely, tuberculosis, diphtheria, whooping cough, tetanus, polio, and measles) is a crucial component in any strategy with the aim of reducing infant and child mortality. Differences in vaccination coverage among subgroups of the population are of great assistance for program planning. Additionally, information on immunization coverage is important for the monitoring and evaluation of the expanded program on immunization (EPI).

Jordan joined the United Nations Children's Fund's "Child Survival Revolution" in 1980. Since then, the Ministry of Health has made the immunization card a requirement for entry into the school system. At the time of a child's first vaccination, the card is issued through various service providers. Upon

registering at the Maternal and Child Health Center, each child receives a health card that shows vaccinations and child's height and weight.

The survey collected information on vaccination coverage for all living children born in the five years preceding the survey. According to the guidelines developed by the World Health Organization (WHO), children are considered fully vaccinated when they have received a vaccination against tuberculosis (BCG), three doses each of the DPT (diphtheria, pertussis and tetanus) and polio vaccines, and a measles vaccination by the age of 12 months. According to WHO, BCG should be given at birth or at first clinical contact.

Information on vaccination coverage was collected in two ways: from vaccination cards shown to the interviewer, and from mothers' verbal reports. If the cards were available, the interviewer copied the vaccination dates directly onto the questionnaire. The respondent was asked to recall the vaccines given to her child when there was no vaccination card for the child, or if a vaccine had not been recorded on the card. Table 9.14 and Figure 9.3 show the percentage of children age 12-23 months who have received the various vaccinations by source of information, that is, from vaccination card or mother's report. This is the youngest cohort of children who have reached the age by which they should be fully vaccinated.

Table 9.14 Vaccinations by source of information

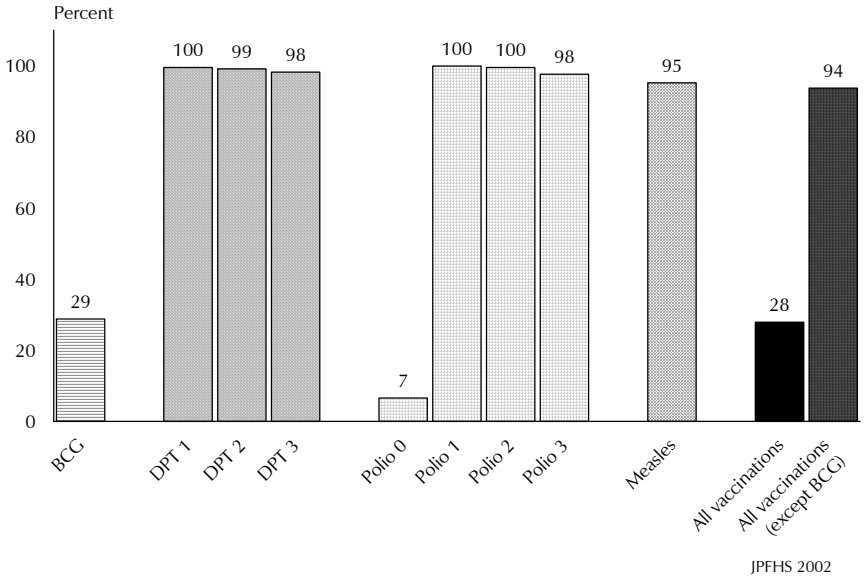
Percentage of children 12-23 months who had received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 12 months of age, Jordan 2002

	Percentage of children who had received:												
		DPT			Polio[1]						All except	No vacci-	Number of
Source of information	BCG	1	2	3	0	1	2	3	Measles	All[2]	BCG	nations	children
Vaccinated at any time before survey													
Vaccination card	21.8	77.6	77.4	77.0	4.8	77.6	77.5	76.9	74.8	21.3	74.2	0.0	881
Mother's report	7.0	21.9	21.7	21.2	1.8	22.2	22.0	20.7	20.4	6.6	19.4	0.1	254
Either source	28.8	99.5	99.1	98.2	6.6	99.9	99.5	97.6	95.2	27.9	93.7	0.1	1,135
Vaccinated by 12 months of age[3]	28.8	99.3	98.9	97.9	6.6	99.7	99.4	97.3	88.6	26.5	87.2	0.3	1,135

[1] Polio 0 is the polio vaccination given at birth.
[2] BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)
[3] For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccination.

Ninety-four percent of children are fully vaccinated (except for BCG), an eight percentage point increase from the previous survey in which about 86 percent of children were fully immunized (except for BCG). However, the percentage of children receiving full immunization (including BCG) is only 28 percent because Jordan does not emphasize BCG vaccinations for children below six years of age. Ninety-five percent of children have been vaccinated against measles; this figure includes children who have received either the measles vaccine or at least one dose of MMR. MMR is a combined vaccine against measles, mumps and rubella.

Figure 9.3 Percentage of Children Vaccinated by 12-23 Months of Age



The coverage for the first dose and second doses of DPT is slightly higher (more than 99 percent for each) than that for the third dose of DPT (98 percent). Although DPT and polio vaccines are often administered at the same time, polio coverage is slightly higher than DPT coverage. The dropout between the first and third doses of polio is higher than that between the first and third doses of DPT. In addition, the percentage of children age 12-23 months who received polio at birth is only 7 percent.

Table 9.15 shows the vaccination coverage among children age 12-23 months, according to information from the vaccination card or mother's report, by background characteristics. There are no significant differences in vaccination coverage – an indication of the success of the immunization program in reaching out to all population subgroups. However, there are small differences in vaccination coverage between urban and rural areas. The differences with respect to residence, region and education are higher for BCG and Polio 0 vaccination. As mentioned earlier, this could be because Jordan does not emphasize BCG vaccination below six years of age, nor does it emphasize polio vaccination at birth.

Table 9.15 Vaccinations of children 12-23 months by background characteristics

Percentage of children 12-23 months who received specific vaccines at any time before the survey (according to vaccination card or mother's report), and percentage with a vaccination card, by background characteristics, Jordan 2002

Background characteristic	Percentage of children who received:												Percentage with vaccination card	Number of children
		DPT			Polio[1]									
	BCG	1	2	3	0	1	2	3	Measles	All[2]	All except BCG	No vaccinations		
Sex														
Male	28.7	99.7	99.4	98.1	6.2	99.7	99.6	97.0	94.7	27.2	92.4	0.3	76.9	558
Female	28.9	99.3	98.8	98.3	7.0	100.0	99.4	98.2	95.6	28.5	94.9	0.0	78.3	577
Birth order														
1	39.3	99.2	99.2	98.7	8.9	99.8	99.5	97.8	96.6	37.4	95.0	0.2	78.5	213
2-3	30.2	100.0	99.8	99.5	5.2	100.0	99.8	99.0	95.9	29.2	95.2	0.0	75.8	443
4-5	23.2	99.4	99.1	98.1	8.1	99.8	99.4	97.8	94.6	22.8	92.8	0.2	79.6	279
6+	22.2	98.6	97.3	94.8	5.2	99.8	98.8	94.0	92.8	21.8	90.0	0.2	78.0	199
Residence														
Urban	35.2	99.6	99.2	98.4	8.2	100.0	99.7	97.6	95.4	34.0	93.9	0.0	75.7	879
Rural	6.8	99.1	98.7	97.3	1.4	99.6	99.0	97.5	94.2	6.8	92.9	0.4	84.1	256
Region														
Central	38.1	99.5	99.1	98.6	8.9	99.9	99.6	97.5	95.0	36.8	93.3	0.1	75.1	705
North	17.3	100.0	99.8	98.9	3.7	100.0	99.8	98.9	96.2	17.0	95.6	0.0	82.1	315
South	2.9	98.1	97.3	93.3	1.1	99.1	98.3	94.6	93.6	2.9	90.4	0.9	80.7	115
Educational level attended														
No education	5.6	92.6	89.1	82.2	5.6	98.9	95.4	83.0	80.8	5.6	78.2	1.1	67.8	37
Elementary	18.2	99.4	99.4	98.3	6.6	100.0	100.0	99.6	93.2	18.2	92.1	0.0	82.7	88
Preparatory	26.8	99.5	98.3	96.3	10.4	100.0	98.8	94.6	91.8	24.3	88.1	0.0	77.8	219
Secondary	31.3	99.9	99.8	99.4	6.4	99.9	99.8	99.1	97.3	30.5	96.5	0.1	81.4	509
Higher	32.1	99.7	99.7	99.4	4.2	99.9	99.9	98.6	96.4	31.8	95.4	0.1	70.3	282
Preparatory + secondary	*30.0*	*99.8*	*99.3*	*98.5*	*7.6*	*99.9*	*99.5*	*97.7*	*95.6*	*28.7*	*94.0*	*0.1*	*80.4*	*728*
Total	28.8	99.5	99.1	98.2	6.6	99.9	99.5	97.6	95.2	27.9	93.7	0.1	77.6	1,135

[1] Polio 0 is the polio vaccination given at birth.

[2] BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

Trends in Vaccination Coverage

One way of measuring trends in vaccination coverage is to compare coverage among children of different ages. Table 9.16 shows the percentage of children who have received vaccinations during the first year of life according to their current age. This type of data can provide evidence of any trends in the vaccination coverage over the past five years.

There is a noticeable change in the vaccination coverage over the past five years. Table 9.16 shows an increase of four percentage points in vaccination coverage from the age group 48-59 months (83 percent) to 12-23 months (87 percent). Vaccination cards were shown for 78 percent of children age 12-23 months but only for 61 percent of children age 48-59 months. The lower percentage of cards shown for older children could be due to failure of the mother to show the health card to the interviewer. The card is generally kept at the school when the child enters primary school.

Table 9.16 Vaccinations in first year of life

Percentage of children 1-4 years of age at the time of the survey who received specific vaccines by 12 months of age, and percentage with a vaccination card, by current age of child, Jordan 2002

Current age of child in months	Percentage of children who received:												Percentage with a vaccination card seen	Number of children
	BCG	DPT 1	DPT 2	DPT 3	Polio[1] 0	Polio[1] 1	Polio[1] 2	Polio[1] 3	Measles	All[2]	All except BCG	No vaccinations		
12-23	28.8	99.3	98.9	97.9	6.6	99.7	99.4	97.3	88.6	26.5	87.2	0.3	77.6	1,135
24-35	28.2	99.4	99.2	97.5	6.9	99.5	99.3	97.0	85.1	23.3	83.2	0.4	74.8	1,154
36-47	23.6	99.5	99.3	97.9	5.6	99.4	99.3	97.3	88.0	20.4	86.4	0.4	71.3	1,058
48-59	25.5	98.7	98.2	97.0	6.3	98.8	98.5	96.2	84.7	21.5	82.8	1.1	60.9	1,166
Total	26.6	99.2	99.0	97.6	6.4	99.4	99.1	97.0	86.8	23.1	85.1	0.5	71.1	4,512

Note: Information was obtained from the vaccination card or if there was no written record, from the mother. For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccinations.

[1] Polio 0 is the polio vaccination given at birth.

[2] BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

Place of Vaccination

For last-born children born in the 5 years preceding the survey who had received three doses of DPT, the respondent was asled about the place/location where each dose was received. For the first dose of DPT, approximately 70 percent of children received the vaccination at a public facility, 22 percent received it from UNRWA, and 8 percent received it from a private health facility. Percent distribution of the location was same for the second and third doses of DPT (data not shown). Similar results were also obtained for measles vaccination: 78 percent received the vaccination from a public facility, 11 percent from a private facility, and 11 percent from UNRWA. Distribution of location was also similar for the second dose of measles vaccination. Based on these data, it can be concluded that there was no shift from one sector to another for different doses of vaccinations.

Additional Doses

Table 9.17 shows percentage of children 24-59 months who received polio, DPT, Hepatitis, Hib, Measles and MMR vaccines at any time before the survey.

Polio 1, 2 and 3 are generally given at 2-month intervals. In addition, polio at birth, a fourth dose of polio at nine months of age, and a booster dose of polio at 18 months are also given. There are no noticeable differences in polio vaccination coverage for polio 1, 2 and 3. However, there is a significant decrease between the proportion of children vaccinated with polio 3 and the proportion vaccinated with polio 4 or the booster dose. It should be noted that the JPFHS included only children less than five years of age, while the booster dose is generally given between the ages of 4 and 6 years. Therefore, a large percentage of children included in the survey were still too young to have received the booster dose.

As already mentioned, DPT 1, 2, and 3 coverage is high with slight differences between the first three doses. However, as in the case for polio, coverage for DPT booster, usually given at 18 months, is slightly lower than DPT 3.

Table 9.17 Vaccinations of children 24-59 months by background characteristics

Percentage of children 24-59 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentge with a vaccination card, by background characteristics, Jordan 2002

Background characteristic	Polio						DPT				Number of children
	0	1	2	3	4	Booster	1	2	3	Booster	
Sex											
Male	6.5	99.7	99.6	98.3	49.3	61.7	99.7	99.6	99.6	74.8	1,739
Female	6.3	99.8	99.7	98.7	51.3	60.5	99.7	99.5	99.7	75.5	1,639
Birth order											
1	5.7	99.4	99.4	98.9	51.9	60.0	99.7	99.6	99.4	76.1	693
2-3	6.5	99.8	99.7	98.1	50.2	61.0	99.8	99.7	99.7	75.7	1,232
4-5	7.2	100.0	100.0	99.4	53.4	62.1	99.9	99.8	100.0	77.5	820
6+	5.9	99.7	99.4	97.7	44.5	61.0	99.3	98.9	99.4	70.0	632
Residence											
Urban	7.7	99.8	99.8	98.6	49.3	59.0	99.8	99.7	99.8	74.6	2,604
Rural	2.0	99.6	99.3	98.2	53.6	68.1	99.3	99.1	99.3	77.2	774
Region											
Central	8.3	99.7	99.7	98.2	46.1	56.3	99.7	99.6	99.7	71.5	2,105
North	3.6	99.8	99.8	99.5	59.1	70.6	99.8	99.8	99.8	82.8	924
South	2.3	99.4	99.0	97.6	52.2	64.6	99.2	98.8	99.0	76.7	348
Education											
No education	2.1	97.9	97.7	93.3	46.3	56.0	96.4	96.2	97.7	67.6	155
Elementary	4.6	100.0	99.6	99.3	51.6	69.6	100.0	99.6	99.6	76.8	288
Preparatory	7.3	99.6	99.6	97.8	52.1	59.2	99.7	99.4	99.6	76.5	684
Secondary	5.6	99.9	99.9	98.9	49.8	63.0	99.9	99.9	99.9	75.4	1,370
Higher	8.2	99.7	99.7	99.1	49.8	57.6	99.7	99.8	99.7	74.5	880
Preparatory + secondary	*6.2*	*99.8*	*99.8*	*98.6*	*50.6*	*61.8*	*99.9*	*99.7*	*99.8*	*75.8*	*2,055*
Total	6.4	99.7	99.7	98.5	50.3	61.1	99.7	99.6	99.7	75.2	3,378

Background characteristic	Hepatitis B			Haemophilus influenza type b (Hib)			Measles		At least one MMR	Percentage with health card seen	Number of children
	1	2	3	1	2	3	1	2			
Sex											
Male	98.2	98.0	97.4	10.6	6.7	5.1	97.6	37.5	49.9	69.2	1,739
Female	98.4	98.2	97.4	11.5	8.0	6.9	97.5	37.9	48.7	68.6	1,639
Birth order											
1	97.0	97.0	96.8	14.9	10.4	7.7	97.4	36.8	50.9	67.0	693
2-3	99.0	98.7	98.3	11.4	7.7	6.3	97.9	38.9	49.0	67.9	1,232
4-5	99.4	99.1	98.7	10.4	6.9	6.4	98.3	38.3	49.6	70.0	820
6+	97.1	96.8	95.0	7.1	3.8	3.1	95.7	35.7	47.8	71.3	632
Residence											
Urban	98.3	98.1	97.7	12.6	8.5	6.9	98.0	36.4	52.5	67.4	2,604
Rural	98.3	97.9	96.6	5.8	3.3	2.9	95.9	42.1	38.6	73.7	774
Region											
Central	97.9	97.6	96.9	14.8	9.7	7.9	97.4	34.6	55.1	67.0	2,105
North	99.4	99.4	99.0	5.1	3.7	3.4	98.5	43.3	41.9	72.4	924
South	97.9	97.4	96.5	4.4	2.7	1.7	95.7	41.8	33.9	71.0	348
Education											
No education	96.1	95.6	90.9	6.5	3.0	2.7	89.6	36.9	35.0	70.2	155
Elementary	99.5	98.9	98.9	5.4	4.6	3.7	96.5	37.9	39.4	78.6	288
Preparatory	98.3	98.1	97.6	6.4	4.8	4.1	97.6	37.7	45.8	68.0	684
Secondary	98.1	97.9	97.5	10.7	7.5	6.3	98.2	35.8	53.4	71.9	1,370
Higher	98.6	98.6	98.0	17.9	10.6	8.3	98.0	40.8	51.3	61.5	880
Preparatory + secondary	*98.2*	*97.9*	*97.5*	*9.3*	*6.6*	*5.6*	*9.08*	*36.5*	*50.9*	*70.6*	*2,055*
Total	98.3	98.1	97.4	11.0	7.3	6.0	97.5	37.7	49.3	68.9	3,378

Additional Vaccinations

Hepatitis B is a viral disease that primarily attacks the liver. Primary vaccination consists of three intramuscular injections: the first dose is administered at birth, and the second and third doses are given between the first and third month, and between the second and seventeenth month, respectively. The percentage of children vaccinated with Hepatitis B is high: 98 percent received both Hepatitis 1 and 2, and 97 percent received the third dose.

Haemophilus influenza type b (Hib) is a bacterial disease that can cause meningitis in infants and severe infection of the epiglottis in older children. Children should receive 2 doses of Hib vaccine at two and four months of age, respectively. A third dose may be given at 6 months. Jordanian children age 24-59 months are not widely vaccinated with the Hib, and there is noticeable attrition in coverage from the first to the third dose of Hib vaccination: Hib 1 (11 percent), Hib 2 (7 percent) and Hib 3 (6 percent).

Since 1989, a routine two-dose schedule has been recommended for *measles* vaccination. The purpose of the second dose is to produce measles immunity in a person who failed to respond to the first dose. Both doses of measles vaccine should preferably be given as a combined MMR vaccine. The first dose is administered at 12 months and the second dose is recommended at 4-6 years, or prior to entry to kindergarten or first grade. Ninety-eight percent of children age 24-59 months received the first dose of the measles vaccine (Table 9.17) either as measles vaccine or as combined MMR. However, the percentage of children receiving the second dose of the measles vaccine drops to 38 percent. The substantial decline between the two doses is attributed to the fact that only children under five years of age were included in the survey, and only 49 percent of children had received at least one dose of MMR. However, as discussed earlier, 98 percent of children receiving the first dose of the measles vaccine also include children who have received at least one dose of MMR.

9.9 Acute Respiratory Infection and Fever

Acute respiratory infection (ARI) is a leading cause of childhood morbidity and mortality throughout the world. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths caused by ARI. In the 2002 JPFHS, the prevalence of ARI was estimated by asking mothers whether their children under age five had been ill with a cough accompanied by short, rapid breathing in the two weeks preceding the survey. These symptoms are compatible with ARI. It should be noted that the morbidity data collected are subjective, they are based on mother's perception of illness with no validation from medical personnel, and that the prevalence of ARI is subject to seasonality. Fever is a major manifestation of acute infections in children.

Prevalence of ARI and Fever

Table 9.18 shows the percent distribution of children under five with fever and ARI during the two weeks preceding the survey by background characteristics.

Six percent of children under five years of age showed symptoms of ARI at some time in the two weeks preceding the survey. Prevalence of ARI varies by age of child. Children age 6-11 months have the greatest chance of having ARI symptoms (10 percent) compared with all other age groups. There is a slight difference in the prevalence of ARI by the sex of the child, region and place of residence. Mothers who smoke reported higher prevalence (10 percent) of ARI symptoms among children under five years compared with mothers who do not smoke (6 percent).

Table 9.18 Prevalence and treatment of symptoms of acute respiratory infections (ARI) and fever

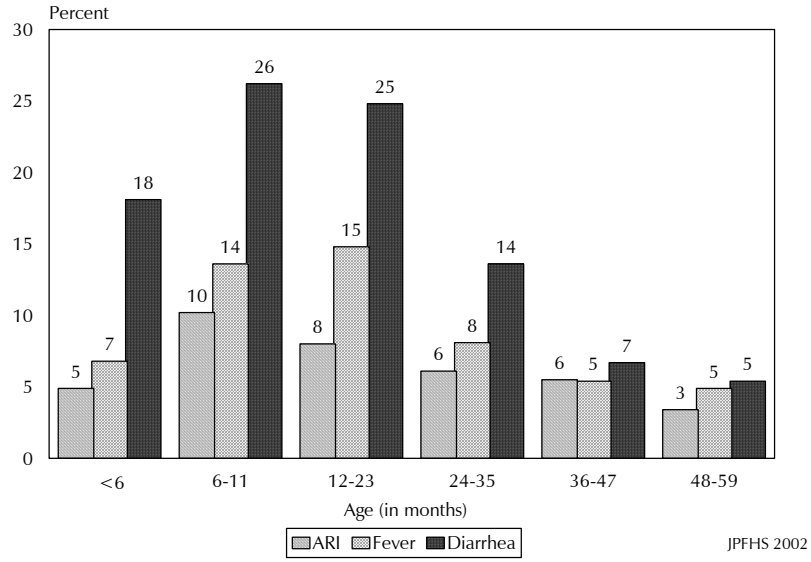
Percentage of children under five years of age who had a cough accompanied by short, rapid breathing (symptoms of ARI), and percentage of children who had fever in the two weeks preceding the survey, and percentage of children with symptoms of ARI and/or fever for whom treatment was sought from a health facility or provider, by background characteristics, Jordan 2002

	Prevalence of ARI and/or fever among children under five			Treatment of children with symptoms of ARI and/or fever	
Background characteristic	Percentage of children with symptoms of ARI	Percentage of children with fever	Number of children	Percentage for whom treatment was sought from a health facility or provider[1]	Number of children
Age in months					
<6	4.9	6.8	493	67.5	48
6-11	10.2	13.6	672	82.4	129
12-23	8.0	14.8	1,135	64.8	216
24-35	6.1	8.1	1,154	70.0	133
36-47	5.5	5.4	1,058	74.1	89
48-59	3.4	4.9	1,166	75.7	85
Sex					
Male	6.8	8.6	2,868	75.2	364
Female	5.6	9.0	2,810	68.0	337
Residence					
Urban	6.2	8.9	4,390	71.9	545
Rural	6.0	8.5	1,288	71.1	155
Region					
Central	6.1	7.9	3,561	70.6	412
North	7.0	11.0	1,544	72.9	224
South	4.9	8.6	573	74.7	65
Educational level attended					
No education	7.8	8.6	230	(60.5)	29
Elementary	7.2	7.8	468	72.1	52
Preparatory	7.6	10.5	1,126	73.3	161
Secondary	6.1	8.9	2,380	70.9	305
Higher	4.7	7.7	1,473	73.8	153
Preparatory + secondary	*6.6*	*9.5*	*3,507*	*71.7*	*467*
Mother's smoking status					
Smokes cigarettes/tobacco	9.8	8.8	529	71.0	79
Does not smoke cigarettes/ tobacco	5.8	8.8	5,149	71.8	622
Total	6.2	8.8	5,678	71.7	701

Note: Figures in parentheses are based on 25-49 unweighted cases.
ARI = Acute respiratory infection
[1] Excludes pharmacy, shop, and traditional practitioner

The prevalence of fever varies by age of child. Children age 6-11 and 12-23 months are more commonly sick with fever (14 and 15 percent, respectively) than other children (Figure 9.4). There are no significant variations in the prevalence of fever by the sex of the child or by place of residence. There are small variations by region, ranging from 8 percent in Central region to 11 percent in the North. Mother's education has little impact on the prevalence of fever among children less than five years.

Figure 9.4 Percentage of Children Under Five Years With Symptoms of ARI, Fever, and Diarrhea in the Two Weeks Preceding the Survey



Treatment of Symptoms of ARI and Fever

Advice or treatment was sought from a health facility or provider for 72 percent of all children under five with cough and rapid breathing and/or fever. Children in the age group of 6-11 months are more likely to be taken to a health facility than children in other age groups. Male children are slightly more likely than female children to be taken to a health provider. There are no notable differences with respect to the place of residence or mother's smoking status.

9.10 Prevalence of Diarrhea

Diarrhea has been singled out for investigation for two reasons: dehydration from diarrhea is a major cause of death in infancy and childhood, and the condition can be easily treated by oral rehydration therapy (ORT). This makes diarrhea and its management a high priority for health programs. In interpreting the findings of the 2002 JPFHS, it should be borne in mind that the prevalence of diarrhea may be affected by recall bias of the mother as to when an episode of diarrhea actually occurred and that the number of diarrhea cases varies seasonally.

Table 9.19 shows the percentage of children under five with diarrhea in the two weeks preceding the survey according to background characteristics. Fifteen percent of all children less than five years of age experienced diarrhea at some time in the two weeks before the survey. The occurrence of diarrhea varies by age of the child. Young children ages 6-23 months are more prone to diarrhea than children in the other age groups (Figure 9.4). Episodes of diarrhea are slightly more common among rural children (16 percent) than among urban children (14 percent). There are also slight variations in the prevalence of diarrhea by regions. Children whose drinking water comes from a tanker truck are more likely to have experienced diarrhea (20 percent) compared to those who use bottled water (12 percent).

Table 9.19 Prevalence of diarrhea

Percentage of children under five years with diarrhea in the two weeks preceding the survey, by background characteristics, Jordan 2002

Background characteristic	Diarrhea in the two weeks preceding the survey	Number of children
Age in months		
<6	18.1	493
6-11	26.2	672
12-23	24.8	1,135
24-35	13.6	1,154
36-47	6.7	1,058
48-59	5.4	1,166
Sex		
Male	14.7	2,868
Female	14.8	2,810
Residence		
Urban	14.3	4,390
Rural	16.2	1,288
Region		
Central	14.3	3,561
North	15.4	1,544
South	16.0	573
Mother's education		
No education	13.3	230
Elementary	15.3	468
Preparatory	17.0	1,126
Secondary	15.0	2,380
Higher	12.7	1,473
Preparatory + secondary	*15.6*	*3,507*
Source of drinking water		
Piped into dwelling	14.8	4,888
Rainwater	15.9	283
Tanker truck	19.8	98
Bottled water	11.7	393
Other/missing	*	17
Total	14.7	5,678

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Knowledge of ORS Packets

Rehydration therapy may include the use of a solution prepared from packets of oral rehydration salts (ORS) or recommended home fluids (RHF) such as a sugar-salt-water solution. In addition, it is recommended that food intake not be decreased for children suffering from diarrhea. To ascertain how widespread knowledge of ORS is in Jordan, respondents were asked whether they knew about ORS packets.

Table 9.20 shows that majority of women (97 percent) who gave birth in the five years preceding the survey know about ORS packets. Mothers under 20 years of age are somewhat less likely to know about ORS packets compared with older women. However, there are no differences in the knowledge of ORS packets between women residing in urban and rural areas. Knowledge of ORS varies slightly by region. There are some differences in the knowledge of ORS packets by educational level of mothers: 98 percent of mothers with secondary and higher education, respectively, know about ORS packets, compared with 91 percent of mothers with no education.

Table 9.20 Knowledge of ORS packets

Percentage of mothers with births in the five years preceding the survey who know about ORS packets for treatment of diarrhea in children, by background characteristics, Jordan 2002

Background characteristic	Percentage of mothers who know about ORS packets	Number of mothers
Age		
15-19	88.7	78
20-24	96.8	584
25-29	97.3	994
30-34	98.0	1,083
35-49	97.1	1,003
Residence		
Urban	97.2	2,931
Rural	97.4	812
Region		
Central	96.9	2,378
North	98.4	1,001
South	95.8	364
Educational level attended		
No education	91.1	149
Elementary	97.1	306
Preparatory	96.7	741
Secondary	97.6	1,539
Higher	97.8	1,008
Preparatory + secondary	*97.3*	*2,280*
Total	97.2	3,743

ORS = Oral rehydration salts

Diarrhea Treatment

Table 9.21 shows the percentage of children with diarrhea who received specific treatments according to background characteristics. Treatment and/or advice was sought from a health facility for more than half (53 percent) of children with diarrhea in the two weeks prior to the survey. Younger children are more likely to be taken to a health facility than older children. Notable differences also exist by residence. The proportion of children taken to a health facility in rural areas (56 percent) is higher than in urban areas (52 percent).

Less than two-thirds (64 percent) of children with diarrhea were treated with some kind of oral rehydration therapy: 18 percent were treated with solution prepared from ORS packets, 6 percent were given recommended home fluids (RHF) prepared at home, 22 percent received either ORS or RHF and more than half (54 percent) were given increased fluids. In addition, 49 percent of children were given pills or syrup, 8 percent were given home remedies, and 2 percent were given an injection. Twenty-two percent of children with diarrhea did not receive any type of treatment at all.

Diarrhea treatment varies slightly with age. More children in the younger age group (<6 months) are given RHF and injections than older children. However, children in this age group are more likely to receive no treatment than older children. Slight variations also exist between urban and rural areas and with respect to the sex of the children. Children in urban areas (65 percent) are slightly more likely to receive ORT – either ORS, RHF, or increased fluids – than children in rural areas (61 percent). Mother's education does not influence children's diarrheal treatment.

Table 9.21 Diarrhea treatment

Percentage of children under five years of age who had diarrhea in the two weeks preceding the survey taken for treatment to a health provider, percentage who received oral rehydration therapy (ORT), and percentage given other treatments, by background characteristics, Jordan 2002

Background characteristic	Percentage taken to a health facility[1]	Oral rehydration therapy (ORT)[2]					Other treatments				No treatment	Number of children with diarrhea
		ORS packets	RHF	Either ORS or RHF	Increased fluids	ORS,RHF or increased fluids	Pill or syrup	Injection	Intravenous solution	Home remedy/ other		
Age in months												
<6	57.6	11.0	10.1	19.9	20.5	36.6	34.9	4.7	0.0	7.5	45.5	89
6-11	57.2	14.6	7.0	17.9	53.8	60.2	47.8	1.7	0.2	7.6	21.0	176
12-23	56.2	22.8	5.1	26.8	64.1	74.8	53.8	1.9	0.3	8.6	12.8	281
24-35	46.5	18.3	3.2	20.4	55.0	65.3	49.3	1.2	0.0	10.2	20.3	157
36-47	50.2	21.2	6.6	24.8	59.9	70.6	50.2	2.4	3.0	7.2	17.1	71
48-59	42.3	14.8	5.2	15.5	48.3	53.3	46.0	3.0	0.0	5.3	37.8	63
Sex												
Male	54.3	19.5	6.4	23.6	52.7	63.4	47.5	1.7	0.6	6.5	23.8	422
Female	52.0	17.0	5.1	20.3	55.3	64.4	50.1	2.6	0.2	10.0	19.5	415
Residence												
Urban	52.3	17.6	5.4	21.5	54.5	64.8	48.7	2.5	0.5	6.6	21.6	629
Rural	55.8	20.1	7.1	23.6	52.5	61.2	49.2	1.0	0.0	13.2	21.7	209
Region												
Central	54.7	20.5	5.3	24.1	51.3	62.6	49.6	3.3	0.5	8.1	22.9	508
North	47.8	15.1	5.8	18.0	59.4	66.7	44.3	0.2	0.2	8.3	20.7	238
South	58.6	13.8	8.5	20.5	55.5	63.6	56.1	1.1	0.3	8.9	17.4	91
Mother's education												
No education	70.6	32.2	8.3	34.4	50.2	68.1	53.6	1.7	0.0	7.1	21.3	31
Elementary	53.4	14.5	4.1	15.6	42.3	48.5	48.2	0.9	0.0	7.5	25.2	72
Preparatory	59.7	29.5	8.2	33.9	50.9	71.0	55.8	0.7	1.1	7.1	15.1	192
Secondary	54.1	17.3	5.8	21.6	56.4	64.1	50.2	3.9	0.1	8.9	21.2	357
Higher	41.9	7.6	3.7	11.0	57.8	61.3	38.4	1.0	0.4	8.6	28.1	187
Preparatory + secondary	*56.0*	*21.6*	*6.6*	*25.9*	*54.5*	*66.5*	*52.1*	*2.7*	*0.5*	*8.3*	*19.0*	*548*
Total	53.2	18.2	5.8	22.0	54.0	63.9	48.8	2.2	0.4	8.2	21.7	837

[1] Excludes pharmacy, shop, and traditional practitioner
[2] Oral rehydration therapy (ORT) includes solution prepared from oral rehydration salt (ORS) packets, recommended home fluids (RHF), or increased fluids.

NUTRITIONAL STATUS, PREVALENCE OF ANEMIA, AND MICRONUTRIENT SUPPLEMENTATION 10

This chapter focuses on infant feeding practices, and the nutritional and micronutrient status of women and children. Infant feeding practices, including breastfeeding, complementary feeding patterns, and the prevalence of bottle-feeding are presented first. Anthropometric data (height and weight) collected in the survey are used to assess the current nutritional status of children under age five as well as that of their mothers. The chapter considers information collected on the prevalence of anemia in children under five and in women 15-49 years. Other important nutritional issues, including consumption of foods rich in vitamin A among children and iron supplementation among pregnant women, are also discussed.

10.1 BREASTFEEDING AND SUPPLEMENTATION

Breastfeeding and complementary feeding behaviors are important predictors of infant and child nutrition, health and survival. Poor nutritional status has been shown to increase the risk of illness and death among children. Breastfeeding practices also have an effect on the mother's fertility. A well-documented effect of exclusive breastfeeding of sufficient intensity and duration is delayed return to ovulation, resulting in longer birth intervals and lower fertility, which is strongly related to infant and child survival.

Initiation of Breastfeeding

Breast milk excels as the most desirable source of nutrients for infants. Breastfeeding provides a complete source of nutrition for the first six months of life, half of all requirements in the second six months of life and one-third of requirements in the second year of life. The attributes of breast milk go beyond its nutrient content, as it offers the infant unsurpassed protection against infection. Colostrum, a premilk substance containing antibodies and white cells from the mother's blood, is produced during the first 2-3 days of lactation. Colostrum contains maternal immune factors and helps protect the newborn infant from infections. There is evidence that links having been breastfed as a child with stronger intellectual development and a reduced risk of cancer, obesity and several chronic diseases. The early initiation of breastfeeding is also beneficial for the mother since it stimulates breast milk production and causes the uterus to retract, which reduces postpartum blood loss. Furthermore, women who breastfeed have a reduced risk of ovarian cancer and premenopausal breast cancer (ACC/SCN, 2000).

Table 10.1 shows that breastfeeding is common in Jordan. Among children born in the five years preceding the survey, 94 percent were breastfed – a figure similar to the one reported in the 1997 JPFHS. There are small or negligible differences in the percentage of infants ever breastfed by sex, residence, region and mother's education. There is a small variation in the ever breastfed infants with respect to place of delivery: children who were delivered at home are more likely to have been breastfed than those who were delivered in a health facility (98 percent and 94 percent, respectively).

Among Jordanian children who were breastfed, Table 10.1 shows that 40 percent begin breastfeeding within an hour after delivery, and more than three-fourths (79 percent) of infants were breastfed within the first day. The Central region shows a lower percentage of infants breastfeeding within an hour after delivery and within one day of birth compared with the North and South regions. Delivery at home is associated with higher proportion (60 percent) of infants for whom breastfeeding was initiated within

an hour of birth compared with children who were delivered in a health facility (39 percent). Breastfeeding was initiated within a day after delivery for 93 percent of children who were delivered at home compared with 79 percent deliveries in a health facility. Despite the high proportion of ever-breastfed children, lower levels of early initiation of breastfeeding may be reflective of cultural practices regarding breastfeeding.

Prelacteal feeding is the practice of giving other liquids to a child during the period after birth before the mother's milk is flowing freely. According to Table 10.1, a total of 61 percent received a prelacteal feed. The proportion of infants receiving a prelacteal feed is slightly higher in the Central region (62 percent) compared with the North and South regions (59 and 57 percent, respectively). Also, the proportion receiving a prelacteal feed is higher in infants born to mothers with elementary (64 percent) and higher education (63 percent) compared with infants born to mothers with no education (56 percent).

The World Health Organization and UNICEF recommendation is that mothers and their new babies initiate breastfeeding within the first hour of life, and that prelacteal feeds, which interfere with the breastfeeding relationship and may introduce pathogens into the infant's system, are to be discouraged.

Table 10.1 Initial breastfeeding

Percentage of children born in the five years preceding the survey who were ever breastfed, and among children ever breastfed, the percentage who started breastfeeding within one hour and within one day of birth, and percentage who received a prelacteal feed, by background characteristics, Jordan 2002

Background characteristic	All children		Among children ever breastfed, percentage who:			
	Percentage ever breastfed	Number of children	Started breastfeeding within 1 hour of birth	Started breastfeeding within 1 day of birth[1]	Received a prelacteal feed[2]	Number of children ever breastfed
Sex						
Male	93.9	2,950	38.9	78.8	60.9	2,769
Female	94.6	2,870	40.6	79.1	60.2	2,715
Residence						
Urban	94.1	4,487	39.3	78.5	60.9	4,221
Rural	94.8	1,333	41.2	80.2	59.5	1,263
Region						
Central	93.9	3,635	38.0	75.6	61.9	3,413
North	95.1	1,596	43.5	84.8	58.7	1,518
South	94.0	589	40.2	83.7	57.0	553
Mother's education						
No education	92.9	237	45.8	80.8	55.7	220
Elementary	93.7	484	37.9	73.7	63.6	454
Preparatory	95.0	1,154	45.7	82.6	59.9	1,096
Secondary	94.4	2,440	39.4	79.2	59.2	2,305
Higher	93.7	1,504	35.3	77.0	63.0	1,409
Preparatory + secondary	*94.6*	*3,594*	*41.4*	*80.3*	*59.4*	*3,401*
Place of delivery						
Health facility	94.1	5,640	39.0	78.5	60.4	5,307
At home/other	98.2	180	60.4	92.6	64.0	177
Total	94.2	5,820	39.7	78.9	60.6	5,484

Note: Table is based on all births whether the children are living or dead at the time of interview.
[1] Includes children who started breastfeeding within one hour of birth
[2] Children given something other than breast milk during the first three days of life before the mother started breastfeeding regularly.

Introduction of Complementary Feeding

Exclusive breastfeeding, defined as the consumption of human milk as a sole source of energy, is the preferred method of feeding for normal full-term infants from birth to 6 months. Breastfeeding complemented by the appropriate introduction of other foods is recommended for the remainder of the first year or longer if desired.

Early supplementation is discouraged for several reasons. First, it exposes infants to pathogens and increases their risk of infection, especially diarrheal disease. Second, it decreases infant's intake of breast milk and therefore suckling, which reduces breast milk production. Third, in harsh socioeconomic environments, available supplementary food is often nutritionally inferior. On the other hand, after six months of age, breastfeeding alone provides insufficient nutrition for the infant, and must be supplemented with the introduction of other appropriate foods in order to promote the best growth possible.

Information on supplementation was obtained by asking mothers about the current breastfeeding status of all children under five years of age, and about the foods (liquids and solids) given to the child the day before the survey. Although information on breastfeeding was collected for all children born in the five years preceding the survey, the tables are restricted to children born in the three years before the survey because most children are weaned by age three.

Table 10.2 shows the percent distribution of living children in the three years before the survey by breastfeeding status. According to the World Health Organization's recommendation, children should receive exclusive breastfeeding for up to first 6 months of life. However, only 55 percent of Jordanian children under 2 months of age are exclusively breastfed. While it appears to be an increase from the 1997 JPFHS, where only 20 percent of children under 2 months of age were exclusively breastfed, changes in the questionnaire wording mainly account for the increase.[1]

By age 4-5 months, only 3 percent of children are exclusively breastfed. After the age of five months almost no children receive exclusive breastfeeding. The table shows that less than one-fourth (22 percent) of children under 2 months of age consume other milk (e.g., fresh milk or powdered milk), 9 percent of children consume plain water and breast milk, 6 percent consume breast milk and other water-based liquids or juices, and none are given complementary food. Weaning takes place rapidly by 4-5 months; slightly more than half of children consume complementary food by this age. By 12-15 months, little more than 50 percent of children are still breastfed.

Bottle-feeding is discouraged for very young children. It is usually associated with increased risk of illness, especially diarrheal disease, because of difficulty in sterilizing the nipples properly. Bottle-feeding also shortens the period of postpartum amenorrhea and increases the risk of pregnancy. The practice of bottle-feeding with a nipple is prevalent in 35 percent of children under 2 months of age; however, the proportion of children who are bottle-fed increases to 45 percent among children less than 4 months of age and remains at this level among children age 6-9 months.

[1] In the 1997 JPFHS, mothers were asked if their young children were given any of a list of liquids and specific foods in the preceding 24 hours. A final question concerned "any other solid or semi-solid foods." In the 2002 JPFHS, mothers were asked only about specific food groups, with no final "any other food" category. This may have resulted in an overestimation of exclusive breastfeeding.

Table 10.2 Breastfeeding status by child's age

Percent distribution of youngest children under three years living with the mother by breastfeeding status and percentage of children under three years using a bottle with a nipple, according to age in months, Jordan 2002

Age in months	Not breast-feeding	Exclu-sively breast-fed	Breastfeeding and consuming: Plain water only	Water-based liquids/ juice	Other milk	Comple-mentary foods	Total	Number of children	Using a bottle with a nipple[1]	Number of living children
<2	7.5	54.8	9.2	6.2	22.3	0.0	100.0	144	35.1	145
2-3	10.0	26.1	25.4	2.7	23.3	12.4	100.0	172	45.0	178
4-5	12.5	3.2	19.3	5.1	9.8	50.1	100.0	167	39.3	171
6-7	20.2	0.0	3.8	4.2	2.3	69.5	100.0	199	44.5	203
8-9	26.8	0.1	1.1	1.0	0.0	71.0	100.0	238	45.8	242
10-11	37.6	0.0	1.1	0.3	1.3	59.7	100.0	218	48.3	227
12-15	48.9	0.0	0.3	0.2	0.0	50.7	100.0	355	46.1	370
16-19	66.6	0.0	0.0	0.4	0.0	33.0	100.0	359	32.4	401
20-23	87.6	0.0	0.6	0.0	0.6	11.2	100.0	306	29.5	364
24-27	96.1	0.0	0.0	0.0	0.0	3.9	100.0	275	19.8	393
28-31	94.7	0.0	0.0	0.0	0.0	5.3	100.0	240	12.7	378
32-35	97.8	0.0	0.0	0.0	0.0	2.2	100.0	197	9.1	382
<6	10.1	26.7	18.5	4.6	18.4	21.8	100.0	483	40.1	493
6-9	23.8	0.0	2.3	2.4	1.0	70.3	100.0	437	45.2	445

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children classified as breastfeeding and consuming plain water only consume no supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, water-based liquids/juice, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus, children who receive breast milk and water-based liquids and who do not receive complementary foods are classified in the water-based liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

[1] Based on all children under three years

Duration and Frequency of Breastfeeding

The median duration of breastfeeding by background characteristics is shown in Table 10.3. Estimates of the mean and median duration of breastfeeding are based on current status data, that is, the proportion of children under three years who were being breastfed at the time of the survey.

The median and mean durations of breastfeeding are very similar: 13.1 months and 13.5 months, respectively (Table 10.3). There is a slight difference in the duration of breastfeeding by sex of the child. Female children are breastfed for a slightly longer duration than male children. There are slight variations among different regions; however, these do not appear to be significant. Mothers with elementary and higher education breastfeed their children for a shorter duration than mothers with no education.

Both duration and frequency of breastfeeding can affect the length of postpartum amenorrhea. Table 10.3 shows that the majority of children (91 percent) under 6 months of age were breastfed 6 or more times in the past 24 hours. Breastfeeding is more frequent in the daytime than at night, with the mean number of feeds in the daytime being 6.2 compared with 3.4 at night. Breastfeeding is slightly more frequent among children residing in rural areas and among children of mothers with no education.

Table 10.3 Median duration and frequency of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey, percentage of breastfeeding children under six months living with the mother who were breastfed six or more times in the 24 hours preceding the survey, and mean number of feeds (day/night), by background characteristics, by background characteristics, Jordan 2002

	Median duration (months) of breastfeeding[1]				Breastfeeding children under six months[2]			
Background characteristic	Any breast-feeding	Exclusive breast-feeding	Predo-minant breast-feeding[3]	Number of children	Percentage breastfed 6+ times in last 24 hours	Mean number of day feeds	Mean number of night feeds	Number of children
Sex								
Male	12.8	0.7	2.0	1,794	90.6	6.0	3.6	209
Female	13.3	1.2	2.6	1,746	91.9	6.3	3.3	228
Residence								
Urban	13.0	0.8	2.2	2,739	90.2	6.1	3.4	330
Rural	13.2	1.3	2.7	801	94.7	6.4	3.5	107
Region								
Central	12.7	1.1	2.1	2,218	89.3	6.2	3.3	276
North	14.0	0.7	2.8	969	96.0	6.1	3.7	116
South	13.0	0.7	2.7	352	91.3	6.2	3.5	45
Mother's education								
No education	18.9	1.0	2.1	127	97.1	(7.1)	(3.3)	16
Elementary	14.1	0.6	3.4	289	94.6	(5.9)	(3.3)	37
Preparatory	14.6	0.7	2.2	694	93.9	6.4	3.3	75
Secondary	12.9	1.4	2.7	1,518	92.1	6.2	3.4	201
Higher	12.1	0.7	1.2	912	86.0	6.0	3.6	107
Preparatory + secondary	*13.2*	*1.2*	*2.5*	*2,211*	*92.6*	*6.2*	*3.4*	*276*
Total	13.1	0.9	2.3	3,539	91.3	6.2	3.4	437
Mean for all children	13.5	2.2	3.6	na	na	na	na	na

Note: Median and mean durations are based on current status. Figures in parentheses are based on 25-49 unweighted cases.

na = Not applicable

[1] It is assumed that non-last-born children or last-born children not living with the mother are not currently breastfeeding

[2] Excludes children who do not have a valid answer on the number of times breastfed

[3] Either exclusively breastfed or received breast milk and plain water, water-based liquids, and/or juice only (excludes other milk)

Types of Supplemental Food

Information on the types of food given to children under three years of age in the 24 hours preceding the survey, according to breastfeeding status, is shown in Table 10.4. In Jordan, the introduction of other liquids such as water, juice, and formula takes place earlier than the recommended age of about 6 months. Even among the youngest breastfed children (under 2 months of age), almost one in four children receives milk (infant formula) other than breast milk, and 9 percent consume other liquids. Use of other liquids increases with age, and by 12-15 months, about 79 percent of children receive other liquids.

WHO recommends the introduction of solid food to infants around the age of 6 months because by that age breast milk by itself is no longer sufficient to maintain a child's optimal growth. Among Jordanian children, cereals, grains and some solid and semi-solid foods are introduced even before 6 months of age. Breastfed children consume breads, cereals, grains and semi-solid or solid types of foods early in life. Among infants age 6-7 months, about 69 percent and 89 percent consume foods made from grains

Table 10.4 Foods consumed by children in the day or night preceding the interview

Percentage of children under three years of age living with the mother who consumed specific foods in the day or night preceding the interview, by breastfeeding status and age, Jordan 2002

Child's age in months	Infant formula	Other milk/ cheese/ yogurt	Other liquids[1]	Solid/semisolid foods: Food made from grains	Fruits/ vege-tables	Food made from roots/ tubers	Food made from legumes	Meat/ fish/ shellfish/ poultry eggs	Food made with oil/fat/ butter	Fruits and vegetables rich in vitamin A[2]	Any solid or semi-solid food	Number of children
BREASTFEEDING CHILDREN												
<2	24.2	0.0	8.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	133
2-3	28.3	6.1	8.7	8.2	2.6	0.4	0.7	0.0	1.0	0.4	17.4	155
4-5	20.0	41.1	29.4	34.2	20.2	6.6	7.5	5.3	8.1	5.6	63.9	146
6-7	22.7	65.9	43.5	68.8	52.0	30.2	16.4	22.4	36.1	19.1	89.3	159
8-9	13.6	82.0	70.4	84.7	74.2	48.0	27.7	40.7	58.5	27.7	97.0	174
10-11	8.8	85.3	61.5	91.0	75.4	37.2	33.2	44.1	70.6	32.9	97.9	136
12-15	4.0	89.3	78.9	94.1	90.2	41.9	36.5	67.7	75.8	37.2	99.1	182
16-19	0.0	88.5	87.3	96.2	91.9	55.6	40.8	71.0	82.6	50.0	98.9	120
20-23	(1.5)	(83.2)	(87.0)	(85.2)	(87.3)	(45.5)	(42.8)	(69.8)	(67.6)	(30.0)	(90.2)	38
24-27	*	*	*	*	*	*	*	*	*	*	*	11
28-31	*	*	*	*	*	*	*	*	*	*	*	13
32-35	*	*	*	*	*	*	*	*	*	*	*	4
<6	24.2	16.0	15.7	14.4	7.8	2.3	2.7	1.8	3.1	2.0	27.7	434
6-9	17.9	74.3	57.6	77.1	63.6	39.5	22.3	32.0	47.8	23.6	93.3	333
NONBREASTFEEDING CHILDREN												
<2	*	*	*	*	*	*	*	*	*	*	*	11
2-3	*	*	*	*	*	*	*	*	*	*	*	17
4-5	*	*	*	*	*	*	*	*	*	*	*	21
6-7	(77.1)	(85.6)	(64.5)	(73.6)	(56.9)	(34.0)	(12.6)	(22.5)	(50.0)	(16.2)	(96.3)	40
8-9	54.3	95.8	74.1	95.1	84.2	49.2	20.4	53.2	48.8	49.1	100.0	64
10-11	27.6	92.6	72.7	92.4	92.1	42.0	30.3	68.2	77.0	56.3	100.0	82
12-15	15.0	96.0	77.7	93.6	86.2	42.1	41.5	64.2	77.9	46.6	99.6	174
16-19	2.3	93.7	84.6	96.5	90.6	50.6	42.5	76.5	87.1	49.7	99.3	239
20-23	0.9	96.0	91.4	99.7	96.6	52.1	47.7	80.2	88.8	51.4	100.0	267
24-27	0.0	90.7	93.0	98.8	96.0	49.8	58.2	81.9	89.9	54.7	100.0	264
28-31	2.1	92.9	95.4	99.2	96.2	46.8	55.3	81.9	88.5	53.7	100.0	228
32-35	0.0	92.3	92.2	99.8	95.7	40.9	60.2	81.2	84.4	60.8	99.8	192
<6	(94.7)	(9.7)	(18.0)	(19.0)	(9.1)	(1.2)	(0.0)	(0.0)	(4.2)	(4.0)	(28.4)	49
6-9	63.1	91.9	70.4	86.8	73.7	43.3	17.4	41.4	49.2	36.4	98.6	104

Note: Breastfeeding status and food consumed refer to a "24 hour" period (yesterday and last night). Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Does not include plain water

[2] Includes pumpkin, carrots, red sweet potatoes, green leafy vegetables, apricot, palm nuts, yellow melon, and other locally grown fruits and vegetables that are rich in vitamin A

and any solid or semi-solid food, respectively. The percentage receiving cereals, grains, and solid or semisolid food increases with age, and by age one most children are fed solid or semi-solid foods.

In addition to the above foods, by age one 68 percent of the children consume meat, fish, or poultry and more than three-fourths receive foods made with oil, fat or butter. In comparison, consumption of roots, tubers, legumes, and foods rich in vitamin A is lower in Jordanian children. As expected, the percentage of nonbreastfed children who consume supplements at an earlier age is higher than the percentage of breastfed children.

Frequency of Food Supplementation

The nutritional requirements of young children are more likely to be met if they are fed a variety of foods. In the JPFHS, interviewers read a list of specific foods and asked the mother to report the number of times during the last seven days a child had consumed each food. For any food consumed at least once in the last seven days, the mother was also asked for the number of times the child had consumed the food in the 24 hours preceding the survey. Tables 10.5 and 10.6 show the mean number of times and the mean number of days children under age three consumed specific foods in the 24 hours before the survey and in the 7 days before the survey, by age and breastfeeding status.

Table 10.5 Frequency of foods consumed by children in the day or night preceding the interview

Mean number of times specific foods were consumed in the day or night preceding the interview by youngest children under three years of age living with the mother, according to breastfeeding status and age, Jordan 2002

Child's age in months	Infant formula	Other milk/ cheese/ yogurt	Other liquids [1]	Solid/semisolid foods: Food made from grains	Fruits/ vegetables	Food made from roots/ tubers	Food made from legumes	Meat/ fish/ shellfish/ poultry/ eggs	Food made with oil/fat/ butter	Fruits and vegetables rich in vitamin A [2]	Number of children
BREASTFEEDING CHILDREN											
<2	0.6	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	133
2-3	0.9	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	155
4-5	0.6	0.6	0.4	0.5	0.3	0.1	0.1	0.1	0.1	0.1	146
6-7	0.5	0.9	0.7	1.0	0.9	0.3	0.2	0.2	0.5	0.2	159
8-9	0.3	1.2	1.0	1.4	1.4	0.5	0.3	0.5	0.7	0.3	174
10-11	0.2	1.4	1.1	1.6	1.6	0.4	0.4	0.5	1.0	0.4	136
12-15	0.1	1.8	1.5	1.9	2.3	0.5	0.4	0.8	0.9	0.5	182
16-19	0.0	1.7	1.9	2.2	2.3	0.6	0.5	0.8	1.2	0.6	120
20-23	(0.1)	(1.8)	(2.7)	(2.1)	(1.9)	(0.5)	(0.6)	(0.8)	(1.0)	(0.3)	38
24-27	*	*	*	*	*	*	*	*	*	*	11
28-31	*	*	*	*	*	*	*	*	*	*	13
32-35	*	*	*	*	*	*	*	*	*	*	4
<6	0.7	0.2	0.2	0.2	0.1	0.0	0.0	0.0	0.0	0.0	434
6-9	0.4	1.1	0.8	1.2	1.2	0.4	0.2	0.4	0.6	0.3	333
NONBREASTFEEDING CHILDREN											
<2	*	*	*	*	*	*	*	*	*	*	11
2-3	*	*	*	*	*	*	*	*	*	*	17
4-5	*	*	*	*	*	*	*	*	*	*	21
6-7	(3.0)	(1.8)	(0.9)	(1.2)	(1.0)	(0.4)	(0.1)	(0.3)	(0.7)	(0.2)	40
8-9	2.1	2.9	1.2	1.7	2.3	0.5	0.2	0.7	0.6	0.8	64
10-11	1.1	3.5	1.8	1.9	2.4	0.5	0.4	0.8	1.0	0.8	82
12-15	0.6	3.2	1.6	2.0	2.4	0.5	0.5	0.7	1.0	0.7	174
16-19	0.1	3.0	2.1	2.2	2.8	0.5	0.5	0.9	1.2	0.8	239
20-23	0.0	2.6	2.6	2.4	2.8	0.6	0.6	1.0	1.2	0.7	267
24-27	0.0	2.4	2.6	2.3	2.9	0.5	0.7	1.1	1.2	0.8	264
28-31	0.1	2.2	2.9	2.4	2.9	0.5	0.7	1.0	1.3	0.8	228
32-35	0.0	2.2	2.7	2.6	2.8	0.4	0.8	1.0	1.1	0.8	192
<6	(5.2)	(0.4)	(0.3)	(0.2)	(0.1)	(0.0)	(0.0)	(0.0)	(0.1)	(0.0)	49
6-9	2.5	2.5	1.1	1.5	1.8	0.5	0.2	0.5	0.6	0.5	104

Note: Breastfeeding status and food consumed refer to a "24 hour" recall period (yesterday and last night). Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Does not include plain water

[2] Includes pumpkin, carrots, red sweet potatoes, green leafy vegetables, mangoes, apricot, palm nuts, yellow melon, and other locally grown fruits and vegetables that are rich in vitamin A

Table 10.6 Frequency of foods consumed by children in preceding seven days

Mean number of days specific foods were received in the seven days preceding the interview by youngest children under three years of age living with the mother, by breastfeeding status and age, Jordan 2002

Age in months	Plain water	Infant formula	Other milk	Fruit juice	Soup/ broth	Tea	Other liquids	Food made from grains	Food made from roots/ tubers	Fruits and vege-tables not rich in vita-min A	Food made from leg-umes	Cheese/ yogurt	Meat/ fish/ poultry/ eggs	Food made with oil/ fat/ butter	Apricot, palm nuts, or yellow melon	Any type of nuts or seeds	Pumpkin carrots/ red sweet potatoes	Green leafy vege-tables	Number of children
BREASTFEEDING CHILDREN																			
<2	1.4	1.5	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	133
2-3	4.0	2.0	0.0	0.2	0.0	0.0	0.3	0.5	0.0	0.1	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	155
4-5	5.9	1.4	0.5	1.0	0.6	0.1	0.1	2.0	0.4	0.8	0.2	1.7	0.2	0.4	0.1	0.0	0.1	0.0	146
6-7	6.9	1.6	0.7	2.1	1.0	0.4	0.2	4.5	1.5	2.1	0.7	3.4	1.2	2.0	0.5	0.0	0.6	0.2	159
8-9	6.9	0.9	1.0	2.6	1.6	0.8	0.2	5.1	2.2	2.8	1.3	4.6	2.3	3.4	0.8	0.1	0.6	0.5	174
10-11	6.9	0.5	1.3	2.8	1.7	0.8	0.3	5.7	2.1	2.9	1.6	4.7	2.7	4.2	1.0	0.1	0.3	0.8	136
12-15	7.0	0.3	2.1	3.0	1.8	1.7	0.7	6.0	2.4	3.8	1.4	5.0	3.5	4.6	1.3	0.3	0.5	0.7	182
16-19	7.0	0.1	2.8	2.8	1.4	4.1	0.9	6.4	2.9	3.3	1.8	5.3	3.6	5.2	1.7	0.6	0.6	0.7	120
20-23	(7.0)	(0.1)	(3.4)	(3.6)	(1.5)	(4.3)	(1.6)	(6.0)	(2.9)	(3.6)	(1.5)	(4.7)	(3.9)	(4.5)	(0.7)	(0.9)	(0.2)	(1.0)	38
24-27	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	11
28-31	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	13
32-35	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	4
<6	3.8	1.7	0.2	0.4	0.2	0.0	0.2	0.8	0.1	0.3	0.1	0.7	0.1	0.1	0.0	0.0	0.0	0.0	434
6-9	6.9	1.2	0.8	2.4	1.3	0.6	0.2	4.8	1.9	2.5	1.0	4.0	1.8	2.7	0.7	0.1	0.6	0.4	333
Total	5.9	1.0	1.1	2.0	1.1	1.1	0.4	3.9	1.5	2.1	0.9	3.3	1.8	2.6	0.7	0.2	0.3	0.4	1,271
NONBREASTFEEDING CHILDREN																			
<2	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	11
2-3	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	17
4-5	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	21
6-7	(6.9)	(5.4)	(1.7)	(3.0)	(0.9)	(0.5)	(0.2)	(4.7)	(1.5)	(2.7)	(0.7)	(4.5)	(1.3)	(2.7)	(0.3)	(0.0)	(0.6)	(0.2)	40
8-9	6.9	3.8	3.3	2.5	1.8	0.8	0.2	6.0	2.1	3.6	1.2	4.6	3.3	2.9	1.4	0.0	1.0	0.6	64
10-11	6.8	1.9	4.8	2.8	2.1	1.6	0.8	5.8	2.1	4.2	1.2	5.0	3.5	4.9	2.0	0.2	0.7	0.7	82
12-15	7.0	1.0	5.4	3.2	1.3	1.8	1.0	6.4	2.5	3.9	1.9	4.9	3.6	4.7	1.8	0.3	0.4	0.8	174
16-19	7.0	0.2	5.6	3.4	1.5	3.8	1.3	6.4	3.0	4.1	1.9	5.4	4.4	5.5	2.0	0.7	0.6	1.0	239
20-23	7.0	0.1	5.3	3.8	1.6	4.4	2.0	6.8	3.1	4.4	1.8	5.3	4.7	5.8	1.8	1.1	0.6	0.9	267
24-27	7.0	0.0	4.7	3.5	1.4	5.0	1.9	6.8	2.8	4.2	2.4	5.3	4.6	5.6	1.8	1.5	0.7	1.0	264
28-31	7.0	0.1	4.5	3.7	1.2	5.0	2.0	6.7	2.8	4.2	2.2	5.1	4.2	5.3	1.6	1.5	0.6	1.0	228
32-35	7.0	0.0	4.6	3.7	1.3	4.8	2.4	6.8	2.7	3.9	2.4	5.6	4.7	5.6	1.7	1.6	0.4	0.9	192
<6	(5.3)	(6.6)	(0.4)	(0.6)	(0.1)	(0.0)	(0.3)	(1.2)	(0.1)	(0.4)	(0.0)	(0.4)	(0.0)	(0.3)	(0.1)	(0.0)	(0.1)	(0.0)	49
6-9	6.9	4.4	2.7	2.7	1.5	0.7	0.2	5.5	1.9	3.3	1.0	4.6	2.6	2.8	0.9	0.0	0.8	0.5	104
Total	6.9	0.8	4.7	3.4	1.4	3.7	1.6	6.4	2.7	4.0	1.9	5.1	4.1	5.1	1.7	1.0	0.6	0.9	1,600

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

As seen in Table 10.6, children under three years of age consumed foods made from grains most often during the 7 days before the survey (4 times a week), followed by cheese and yogurt (more than three times a week). Green leafy vegetables, fruits and other vegetables (good sources of vitamin A) are consumed less than once a week whereas meat or fish and foods made with oil, fat or butter are consumed almost twice a week. As expected, nonbreastfed and older children consumed supplements more frequently than breastfed children and younger children.

10.2 NUTRITIONAL STATUS OF CHILDREN

The nutritional status of young children is a comprehensive index that reflects the level and pace of household, community, and national development. Malnutrition (inadequate nutrition) is a direct result of insufficient food intake or repeated infectious diseases, or a combination of both. It can result in increased risk of illness and death, and can also result in a lower level of cognitive development.

In the JPFHS, anthropometric data on height and weight for children under five years were collected from all the households sampled in the survey to evaluate their nutritional status. Their standing height (for children age 24 months and older) or recumbent length (for children under age 24 months) was measured using the Shorr height board. Electronic Seca scales supplied by UNICEF were used to measure the weight of children. Based on these measurements, three internationally accepted indices were constructed and are used to reflect the nutritional status of children. These are:

Height-for-age (stunting)
Weight-for-height (wasting)
Weight-for-age (underweight)

The assessment of nutritional status is based on the concept that in a well-nourished population, the distribution of children's height and weight at a given age will approximately follow a normal distribution. Since all populations have similar genetic potential for growth (Habicht et al., 1974), for comparative purposes, the nutritional status has been determined using the International Reference Population defined by the U. S. National Center for Health Statistics (NCHS), as recommended by WHO and the U.S. Centers for Disease Control and Prevention (CDC). Children who fall below minus two standard deviations from the reference median are considered malnourished, and children who fall below minus three standard deviations from the reference median are considered severely malnourished. Since children's height and weight change with age, it is suggested that height and weight be related to age and that weight be related to height, taking the sex of the child into consideration. Each of the three indices provides information about different aspects of children's nutritional status.

The height-for-age index reflects linear growth achieved pre- and postnatally, with its deficit indicating the long-term, cumulative effects of inadequate nutrition and/or compromised health. Children who are below minus two standard deviations (-2 SD) from the median of the reference population are considered short for their age, or stunted. Children who are below minus three standard deviations (-3 SD) are severely stunted. Stunting of a child's growth may be the result of failure to receive adequate nutrition over a long period, or of sustained improper feeding practices, or of the effects of repeated episodes of illness. Height-for-age therefore represents a measure of the outcome of undernutrition in a population over a long period and does not vary appreciably with the season of data collection.

The weight-for-height index measures body mass in relation to body length. It describes a recent and severe process that has produced a substantial weight loss, usually as a consequence of acute shortage of food and/or severe disease. Children whose weight-for-height is below minus two standard deviations (-2 SD) from the median of the reference population are too thin for their height, or wasted, while those who measure below minus three standard deviations (-3 SD) from the reference population median are severely wasted. Wasting represents the failure to receive adequate nutrition during the period immediately before the survey and usually shows marked seasonal patterns associated with changes in food availability or disease prevalence. It may be the result of recent episodes of illness, particularly diarrhea, improper feeding practices, or acute food shortage.

Weight-for-age is a composite index of height-for-age and weight-for-height. It represents body mass relative to age. Children whose weight-for-age measures below minus two standard deviations (-SD) from the median of the reference population are underweight for their age, while those whose measurements are below minus three standard deviations (-3SD) from the reference population median are severely underweight. Being underweight for one's age therefore could mean that a child is stunted or wasted or both stunted and wasted. In the absence of wasting, both weight-for-age and height-for-age reflect the long-term nutrition and health experience of the individual or population.

The JPFHS measured and weighed all children born in the five years prior to the survey who were listed in the Household Questionnaire. Table 10.7 shows the percentage of children less than five years old who are classified as malnourished according to background characteristics. The table also shows the nutritional status of children of noninterviewed mothers by whether or not the mother lives in the household. A total of 4,633 children were weighed and measured.

Out of the 5,727 eligible children, anthropometric measurements are available for 81 percent of children. Nineteen percent of children could not be measured either because they were not at home at the time of the survey, they refused to be measured, or the mother refused to allow the child to be measured. In some cases, measurements were not taken if the child was too sick. However, the data are unlikely to be biased, since missing information on anthropometry is consistent across age groups and other background characteristics.

Chronic malnutrition among Jordanian children is relatively low, with 9 percent of children moderately stunted and 2 percent severely stunted (Table 10.7). The level of stunting increases rapidly with age, from 3 percent among children less than six months of age to 13 percent among children age 12-23 months (Figure 10.1). There is little difference in the level of stunting by sex. First births are least likely to be stunted while children of birth order 6 or higher are most likely to be stunted. The length of the birth interval is inversely related to stunting: children with a birth interval of less than 24 months were most likely to be stunted (10 percent). As expected, rural children are more likely to be stunted than urban children, and children residing in the Central region (including the capital city Amman) are much less likely to be stunted than those in the South. Mother's education impacts children's nutritional status positively, with 5 percent of children of highly educated mothers stunted, compared with 22 percent of children of mothers with no education.

Two percent of children under five years of age are wasted (thin for their height), and less than 1 percent are severely wasted. As with stunting, the proportion of wasted children is highest in the 10-11 month age group. Rural children are more likely to be wasted than urban children. As with stunting, children residing in the South are more likely to be wasted than children residing in other regions. Variations in wasting are also seen with respect to birth order and birth intervals; however, there is no clear pattern. Mother's education has a positive impact on lowering wasting. Also, the proportion of wasting is highest in children born to young mothers (15-19 years).

Four percent of children are underweight (low weight-for-age), and less than 1 percent are severely underweight. Differentials by background characteristics are very similar to those discussed for stunting.

Children who live in households where the mother was not interviewed may not receive the quality of care and nurturance they would if they lived with their natural mother, because the natural mother may have died or is otherwise unavailable. Children of noninterviewed mothers are more likely to be stunted and wasted than children of interviewed mothers. There is no significant difference between these two groups for moderate wasting and underweight. However, children of noninterviewed mothers were four times more likely to be severely wasted and underweight than children of interviewed mothers.

Table 10.7 Nutritional status of children

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Jordan 2002

Background characteristic	Height-for-age (stunted)			Weight-for-height (wasted)			Weight-for-age (underweight)			Number of children
	Percent-age below -3 SD	Percent-age below -2 SD[1]	Mean Z-score (SD)	Percent-age below -3 SD	Percent-age below -2 SD[1]	Mean Z-score (SD)	Percent-age below -3 SD	Percent-age below -2 SD[1]	Mean Z-score (SD)	
Age in months										
<6	0.6	3.3	-0.0	0.5	1.7	0.6	0.2	1.0	0.5	395
6-9	2.2	5.5	-0.2	0.0	1.4	0.2	0.1	1.8	-0.0	382
10-11	0.4	6.5	-0.4	0.5	4.6	-0.2	0.0	3.0	-0.6	189
12-23	3.2	12.5	-0.8	0.2	2.8	0.1	0.4	4.8	-0.4	929
24-35	1.6	8.5	-0.5	0.5	2.2	-0.2	0.5	5.8	-0.5	935
36-47	0.9	7.1	-0.5	0.7	1.7	-0.1	0.8	5.3	-0.5	852
48-59	1.0	9.6	-0.6	0.5	1.2	-0.0	0.5	4.6	-0.4	952
Sex										
Male	1.6	7.8	-0.5	0.5	2.3	-0.0	0.5	4.1	-0.3	2,325
Female	1.6	9.2	-0.5	0.4	1.8	0.0	0.4	4.7	-0.4	2,307
Birth order[2]										
First birth[3]	1.1	7.3	-0.3	0.2	2.2	0.0	0.4	4.1	-0.2	920
2-3	1.3	7.8	-0.5	0.1	1.9	0.0	0.2	4.1	-0.3	1,671
4-5	2.2	8.4	-0.5	1.0	1.8	-0.0	0.7	4.5	-0.4	1,125
6+	1.7	10.7	-0.6	0.3	2.5	-0.0	0.5	5.3	-0.4	857
Birth interval in months[2]										
First birth[3]	1.1	7.5	-0.4	0.2	2.4	0.0	0.4	4.3	-0.3	936
<24	1.3	10.4	-0.7	0.5	1.6	-0.0	0.6	5.2	-0.5	1,212
24-47	2.3	9.2	-0.5	0.2	2.2	-0.0	0.3	4.7	-0.4	1,615
48+	1.0	4.8	-0.3	0.7	1.9	0.0	0.4	2.7	-0.2	810
Size at birth[2]										
Very small	3.4	20.3	-1.0	0.0	2.7	-0.2	1.5	11.4	-0.9	200
Small	1.3	12.4	-0.8	1.0	3.2	-0.3	0.9	8.0	-0.8	579
Average or larger	1.5	7.2	-0.4	0.4	1.8	0.1	0.3	3.5	-0.2	3,846
Missing	*	*	*	*	*	*	*	*	*	8
Residence										
Urban	1.3	7.1	-0.4	0.4	1.9	0.0	0.3	3.5	-0.3	3,542
Rural	2.5	13.2	-0.7	0.3	2.5	-0.0	0.8	7.4	-0.5	1,091
Region										
Central	1.4	7.3	-0.4	0.5	2.2	0.0	0.3	4.0	-0.3	2,884
North	1.4	9.7	-0.5	0.3	1.5	0.0	0.5	4.1	-0.3	1,233
South	3.1	12.4	-0.7	0.5	2.4	-0.1	1.2	7.5	-0.6	516
Mother's education[4]										
No education	4.7	21.5	-1.1	1.8	4.3	-0.1	3.0	12.2	-0.8	190
Elementary	2.3	12.1	-0.7	1.1	3.5	0.0	0.7	7.1	-0.5	398
Preparatory	2.0	10.5	-0.7	0.1	2.2	-0.1	0.4	4.8	-0.5	939
Secondary	1.3	7.6	-0.4	0.3	1.6	0.0	0.4	3.8	-0.3	1,920
Higher	0.9	4.9	-0.2	0.4	1.8	0.0	0.1	2.9	-0.2	1,149
Preparatory + secondary	1.5	8.5	-0.5	0.2	1.8	-0.0	0.4	4.1	-0.4	2,859
Mother's age[4]										
15-19	0.3	7.0	-0.5	1.1	3.6	0.0	0.0	3.1	-0.4	88
20-24	1.9	8.1	-0.5	0.0	2.5	0.1	0.3	4.3	-0.3	737
25-29	2.0	9.1	-0.5	0.4	1.6	0.1	0.5	4.3	-0.3	1,348
30-34	1.3	7.8	-0.5	0.4	1.9	0.0	0.5	4.6	-0.3	1,352
35-49	1.3	9.0	-0.5	0.7	2.2	-0.1	0.5	4.4	-0.4	1,107
Children of interviewed mothers	1.6	8.4	-0.5	0.4	2.0	0.0	0.4	4.4	-0.3	4,573
Children of non-interviewed mothers[5]	4.2	16.8	-0.6	1.7	1.7	0.2	1.7	3.6	-0.3	60
Total	1.6	8.5	-0.5	0.4	2.0	0.0	0.5	4.4	-0.3	4,633

Note: Table is based on children who stayed in the household the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the NCHS/CDC/WHO International Reference Population. The percentage of children who are more than three or more than two standard deviations below the median of the International Reference Population (-3 SD and -2 SD) are shown according to background characteristics. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Includes children who are below -3 standard deviations (SD) from the International Reference Population median.

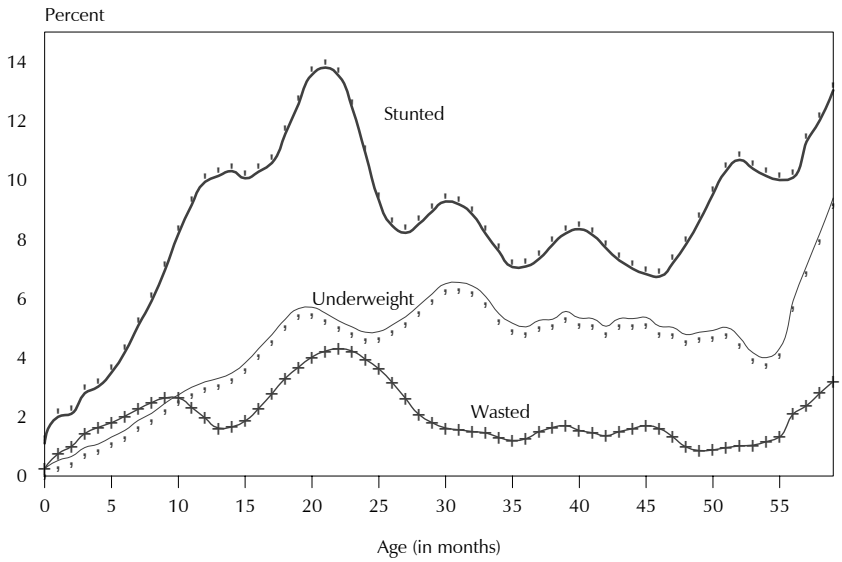
[2] Excludes children whose mothers were not interviewed

[3] First born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.

[4] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the household schedule.

[5] Includes children whose mothers are deceased

Figure 10.1 Nutritional Status of Children by Age



Note: Plotted values are smoothed by a five-month moving average.

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Nutritional Status of Women

In the JPFHS, data were collected on the height and weight of women age 15-49 in all households sampled. Women's nutritional status is important both as an indicator of overall health and as a predictor of pregnancy outcome for both mother and child. Two indices of women's nutritional status are presented in Table 10.8: height and body mass index (BMI). Maternal height is a measure of past nutritional status and reflects in part the cumulative effect of social and economic outcomes on access to nutritional foods during childhood and adolescence. It can be used to predict the risks associated with difficult deliveries, since small stature is often associated with small pelvis size and a greater likelihood of obstructed labor. Short stature is also correlated with low birth weight in infants, high risk of stillbirths, and high rates of miscarriage. A woman is considered to be at nutritional risk if her height is in the range of 140 to 150 centimeters. The BMI, which utilizes both height and weight and provides a better measure of thinness than weight alone, is defined as weight in kilograms divided by the square of the height in meters (kg/m^2). The WHO Expert Committee on Physical Growth has suggested the following classifications:

Mild underweight (BMI = 17-18.49)
Moderate underweight (BMI = 16-16.99)
Severe underweight (BMI <16)

These three groups are considered to be chronically energy deficient (CED). A body mass index of more than 25 kg/m^2 is considered to be overweight.

To avoid bias in the measurement of women's nutritional status, pregnant women and women who had given birth in the two months preceding the survey were excluded from the calculation of weight and body mass measures.

Table 10.8 shows the means and percent distributions of height and BMI among women 15-49 years by background characteristics.

Table 10.8 Nutritional status of women by background characteristics

Among all women age 15-49, mean height, percentage under 145 cm, mean body mass index (BMI), and percentage with specific BMI levels, by background characteristics, Jordan 2002

	Height			Body mass index BMI[1] (kg/m²)									
					Normal	Thin				Overweight/obese			
Background characteristic	Mean height in cm	Percent-age below 145 cm	Number of women	Mean BMI	18.5-24.9 (normal)	<18.5 (thin)	17.0-18.4 (mildly thin)	16.0-16.9 (moderat-ely thin)	<16.0 (severe-ly thin)	≥25.0 (over-weight/ obese)	25.0-29.9 (over-weight)	30.0 or higher (obese)	Number of women
Age													
15-19	158.7	0.0	148	22.4	66.7	12.7	9.9	1.5	1.2	20.7	15.3	5.4	1,729
20-24	158.9	0.7	680	23.9	60.8	6.9	5.4	0.8	0.7	32.3	22.9	9.4	1,227
25-29	158.6	1.2	1,122	25.9	44.9	2.7	2.3	0.4	0.0	52.4	35.5	16.9	1,156
30-34	158.1	0.9	1,253	27.6	33.2	2.3	1.8	0.5	0.0	64.5	34.6	29.9	1,182
35-39	157.3	0.7	1,003	29.6	18.6	1.7	1.5	0.0	0.2	79.7	35.5	44.2	989
40-44	157.2	1.9	788	31.0	14.3	0.6	0.4	0.1	0.1	85.1	31.3	53.8	804
45-49	156.1	2.1	587	32.5	8.0	0.7	0.0	0.5	0.2	91.3	25.4	65.9	593
Residence													
Urban	158.3	0.7	4,419	26.7	40.7	4.9	4.0	0.5	0.4	54.4	28.1	26.3	6,018
Rural	156.1	2.6	1,162	26.3	42.5	5.5	3.9	1.0	0.6	52.0	25.8	26.2	1,663
Region													
Central	158.3	0.9	3,584	26.5	41.4	5.1	4.2	0.5	0.5	53.5	27.8	25.7	4,814
North	157.3	1.3	1,451	26.8	40.7	4.4	3.2	0.8	0.4	54.9	27.3	27.6	2,083
South	156.5	2.3	547	26.5	40.6	6.4	4.7	1.2	0.6	53.0	26.8	26.2	784
Mother's education													
No education	154.8	5.0	344	29.8	19.7	4.4	2.8	0.5	1.1	75.9	27.0	48.9	352
Elementary	156.1	1.3	653	30.4	20.8	1.3	1.2	0.1	0.0	77.9	28.2	49.7	763
Preparatory	157.6	0.9	1,174	27.6	35.1	4.3	2.8	0.9	0.6	60.6	28.0	32.6	1,445
Secondary	158.4	0.9	2,103	25.3	47.8	7.0	5.8	0.7	0.6	45.2	26.2	18.9	3,369
Higher	158.9	0.7	1,308	25.9	46.2	3.6	3.0	0.5	0.2	50.1	29.8	20.3	1,752
Preparatory + secondary	*158.1*	*0.9*	*3,277*	*26.0*	*44.0*	*6.2*	*4.9*	*0.8*	*0.6*	*49.8*	*26.7*	*23.1*	*4,813*
Total	157.8	1.1	5,582	26.6	41.1	5.1	4.0	0.6	0.5	53.9	27.6	26.3	7,681

[1] Excludes pregnant women and women with a birth in the preceding 2 months

The cut-off point for height, below which a woman can be identified as nutritionally at risk, varies among populations, but it is usually considered to be in the range of 140-150 centimeters (cm). The JPFHS found a mean height of 158 cm. The mean height varies only slightly (between 155 and 159 cm) for women in different population groups, as shown in Table 10.8. In general, younger women and women with higher education are slightly taller. Women from urban areas and the Central region are also taller than women residing in rural areas or other regions of Jordan. Only 1 percent of women are under 145 cm in height and can be considered short.

The mean BMI of women in Jordan is 26.6, higher than the normal BMI range of 18.5-24.9. Forty-one percent of women fall in the normal BMI category. Five percent of women fall below the cut-off of 18.5, indicating that the level of chronic energy deficiency is relatively low in Jordan. However, an alarming proportion of women – more than half (54 percent) – have a BMI of over 25, and thus can be considered overweight or obese. In general, very young women (15-19) are more likely than other women to suffer from chronic energy deficiency. Mean BMI is higher in women in the oldest age group

(45-49 years old). Older women and women with no education or elementary education are also more likely to be overweight or obese.

10.3 MICRONUTRIENT STATUS

Causes and consequences of early childhood deficiencies have implications for later life and may be present as risk factors for future generations. Severe iron deficiency anemia during pregnancy may even place a woman's life at risk during childbirth. Iron deficiency anemia and vitamin A deficiency (VAD) may also have significant implications for the newborn infant, born with low stores. VAD may increase morbidity and mortality risk, and affect vision, while anemia may lead to cognitive deficits.

Iron Deficiency Anemia

Iron deficiency is the most common micronutrient deficiency in the world, affecting more than 3.5 billion people in the developing world (ACC/SCN, 2000). Iron deficiency anemia occurs when iron stores are exhausted and the supply of iron to the tissues is compromised. The prevalence of anemia, defined by low hemoglobin or hematocrit, is commonly used to assess the severity of iron deficiency in a population. The hemoglobin cutoff used to define anemia in pregnant women and preschool children (6 months to 5 years) is 11 g/dl. The cutoff for nonpregnant women (including lactating women) is 12 g/dl of hemoglobin. Iron deficiency anemia is a severe stage of iron deficiency in which hemoglobin (or hematocrit) falls below the cutoffs.

Iron deficiency anemia is a major threat to safe motherhood: it contributes to low birth weight, lowered resistance to infection, poor cognitive development, and decreased work capacity. In children, iron deficiency anemia is associated with impaired cognitive performance, motor development, coordination, language development, and scholastic achievement. Anemia increases morbidity from infectious diseases because it adversely affects several immune mechanisms.

Hemoglobin testing is the primary method of anemia diagnosis. The JPFHS included direct measurement of hemoglobin levels in a subsample of one-fourth of all JPFHS households for children (6-59 months) and women (15-49 years). Hemoglobin measurements were taken in the field using the HemoCue system (HemoCue AB, Sweden). A drop of capillary blood taken from the finger (or from the heel in the case of infants under 6 months) is drawn in one continuous process directly into a reagent-coated microcuvette that serves as a blood collection device. Excess blood on the outside of the microcuvette is wiped off and the filled microcuvette is inserted into a cuvette holder of a portable, battery-operated photometer. In less than a minute, hemoglobin concentration is indicated on a digital readout in grams per deciliter.

About 76 percent of eligible children and 74 percent of all women age 15-49 were tested for hemoglobin levels. The remaining eligible children and women could not be measured because of various reasons such as not being available in the household at the time of interview. Before hemoglobin testing, a separate informed consent statement was read to the respondent explaining that participation in the hemoglobin testing was completely voluntary. This too could have led to refusals of testing by the mother for herself or her child. In some cases measurements were not taken if the children were too sick. However, since missing information is almost uniform by background characteristics for both children and women we can assume that the response rate has not caused any bias in the data.

Prevalence of Anemia in Children

Table 10.9 shows anemia levels for children 6-59 months. A total of 1,503 children were tested for anemia. The mild form of anemia is more prevalent (21 percent) than moderate anemia (13 percent), together contributing to the 34 percent of Jordanian children who have any anemia. The severe form of

Table 10.9 Prevalence of anemia in children

Percentage of children age 6-59 months classified as having anemia, by background characteristics, Jordan 2002

Background characteristic	Percentage of children with anemia				Number of children
	Any anemia	Mild (10.0-10.9 g/dl)	Moderate (7.0-9.9 g/dl)	Severe (below 7.0 g/dl)	
Age in months					
6-9	47.2	23.1	23.7	0.4	152
10-11	64.5	43.3	21.2	0.0	71
12-23	51.0	28.5	21.9	0.6	326
24-35	31.2	20.0	11.2	0.0	349
36-47	22.2	14.2	7.8	0.2	284
48-59	18.1	12.6	5.5	0.1	321
Sex					
Male	37.3	23.1	14.0	0.2	788
Female	30.8	17.8	12.7	0.3	715
Birth order[2]					
1	28.6	16.3	12.3	0.0	293
2-3	35.3	21.6	13.3	0.4	561
4-5	35.1	21.2	13.6	0.3	365
6+	35.4	22.5	12.8	0.0	258
Birth interval in months[1]					
First birth[2]	29.2	15.9	13.0	0.3	301
<24	34.9	18.9	15.8	0.3	390
24-47	37.5	24.1	13.2	0.2	531
48+	30.6	21.8	8.8	0.0	255
Residence					
Urban	32.4	20.2	12.1	0.1	1,139
Rural	39.9	21.9	17.5	0.5	364
Region					
Central	34.5	21.1	13.0	0.3	968
North	34.0	19.9	14.0	0.0	398
South	33.1	18.9	14.1	0.2	137
Mother's education[3]					
No education	36.9	12.4	24.5	0.0	62
Elementary	34.2	19.4	14.6	0.2	126
Preparatory	42.6	27.7	14.9	0.0	331
Secondary	31.9	18.4	13.2	0.2	617
Higher	28.9	19.9	8.6	0.5	350
Preparatory + secondary	*35.6*	*21.7*	*13.8*	*0.1*	948
Mother's age[3]					
15-19	(58.5)	(29.3)	(29.2)	(0.0)	26
20-24	35.7	18.5	16.9	0.3	240
25-29	36.2	23.8	12.0	0.3	447
30-34	35.5	19.6	15.7	0.2	441
35-49	27.3	18.6	8.7	0.0	349
Children of interviewed mothers	33.9	20.6	13.1	0.2	1,477
Children of non-interviewed mothers[4]	(50.0)	(18.6)	(31.3)	(0.0)	26
Total	34.2	20.6	13.4	0.2	1,503

Note: Table is based on children who stayed in the household the night before the interview. Prevalence is adjusted for altitude using CDC formulas (CDC, 1998). Figures in parenthses are based on 25-49 unweighted cases.
g/dl = grams per deciliter
[1] Excludes children whose mothers were not interviewed
[2] First born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.
[3] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the household schedules
[4] Includes children whose mothers are deceased

anemia (<7 gm/dl) is not of public health significance in Jordan. Among infants, the highest level of anemia (65 percent) is found in the age group of 10-11 months, followed by 51 percent in the age group of 12-23 months. Thereafter, the level of anemia drops to 31 percent in children age 24-35 months, to about 22 percent in children age 36-47 months; it further decreases to 18 percent in preschool age children (48-59 months). UNICEF found that 20 percent of Jordanian children in the same age group were anemic (UNICEF/WHO, 1995).

Mild to moderate anemia is more prevalent among males than females. Prevalence of anemia is also higher among higher birth order children, and highest in children that are born 24-47 months after a previous birth. There is a substantial difference in anemia rates among children by mother's education. The rate of moderate anemia is higher among children born to mothers with no education. In general, children residing in rural areas have higher levels of anemia (both moderate and severe anemia). Also, younger mothers are more likely to have anemic children than older mothers. Regional variations in anemia levels are not significant.

Prevalence of Anemia in Women and Iron Supplementation During Pregnancy

Table 10.10 shows anemia levels among all women 15-49 years of age. Twenty-six percent of women in Jordan have some degree of anemia. About 20 percent have mild and six percent have moderate forms of anemia. UNICEF found that more than 28 percent of women in their childbearing age were anemic in Jordan (UNICEF/WHO, 1995), a prevalence similar to the one found in the current survey (26 percent).

Age was associated with anemia levels, with women age 45-49 being more anemic than younger women. As was the situation with children, anemia is higher among women living in rural areas than urban. Also, women with no education had higher levels of anemia (39 percent) than women with secondary and higher education (23 and 26 percent, respectively). In addition, the proportion of uneducated women with severe anemia is almost ten times greater than that for women with higher education. Prevalence of anemia is slightly higher in the North region compared with the Central or South regions. Again, as in the case of children, severe anemia is not a significant public health problem among women in Jordan (Figure 10. 2).

Among the ever-married women, 29 percent of women in Jordan have some degree of anemia. About 22 percent have mild and 7 percent have moderate forms of anemia.

Pregnant women providing iron to the developing fetus are at greater risk for anemia than nonpregnant women. As expected, pregnant women had higher levels of anemia than lactating women and nonpregnant, nonlactating women. Parity was associated with anemia levels: women with 4 or more children have higher levels of anemia.

Table 10.10 Prevalence of anemia in women

Percentage of all women age 15-49 with anemia, by background characteristics, Jordan 2002

Background characteristic	Anemia status				Number of women
	Any anemia	Mild anemia	Moderate anemia	Severe anemia	
ALL WOMEN IN HOUSEHOLD					
Age					
15-19	20.0	15.8	4.0	0.3	632
20-24	26.9	22.7	4.2	0.0	484
25-29	25.4	20.2	5.1	0.0	515
30-34	28.8	19.1	8.7	1.0	467
35-39	27.0	21.9	4.9	0.2	358
40-44	31.9	20.9	10.6	0.4	261
45-49	33.0	26.3	6.6	0.0	183
Residence					
Urban	25.6	20.1	5.3	0.1	2,255
Rural	28.7	20.3	7.7	0.8	645
Region					
Central	25.0	19.2	5.6	0.2	1,870
North	29.2	22.2	6.6	0.4	768
South	27.0	21.2	5.6	0.2	262
Educational level attended[1]					
No education	39.0	23.6	13.4	2.0	129
Elementary	33.6	24.8	8.4	0.3	288
Preparatory	26.5	20.9	5.2	0.3	526
Secondary	23.3	18.5	4.8	0.1	1,275
Higher	26.2	20.1	5.9	0.2	681
Preparatory + secondary	*24.3*	*19.2*	*4.9*	*0.2*	*1,801*
Total	26.3	20.2	5.8	0.3	2,900
INTERVIEWED EVER-MARRIED WOMEN					
Children ever born					
None	22.1	16.8	5.0	0.3	148
1	24.8	18.0	6.8	0.0	200
2-3	27.6	22.4	5.0	0.2	530
4-5	32.6	25.2	7.3	0.2	468
6+	31.1	22.9	8.3	0.0	504
Pregnancy/breastfeeding status					
Pregnant	37.0	23.5	13.4	0.1	228
Breastfeeding	27.4	23.5	3.9	0.0	386
Neither	28.2	21.8	6.3	0.2	1,236
Using IUD					
Yes	30.1	21.2	8.8	0.0	407
No	28.8	22.6	6.0	0.2	1,442
Total	29.1	22.3	6.7	0.1	1,849

Note: Table is based on women who stayed in the household the night before the interview. Prevalence is adjusted for altitude using CDC formulas (CDC, 1998). Women with <7.0 g/dl (grams per deciliter) of hemoglobin have severe anemia, women with 7.0-9.9 g/dl have moderate anemia, and pregnant women with 10.0-10.9 g/dl and nonpregnant women with 10.0-11.9 g/dl have mild anemia.

[1]For women who are not interviewed, information is taken from the Household Questionnaire.

Figure 10.2 Prevalence of Anemia in Children and Women

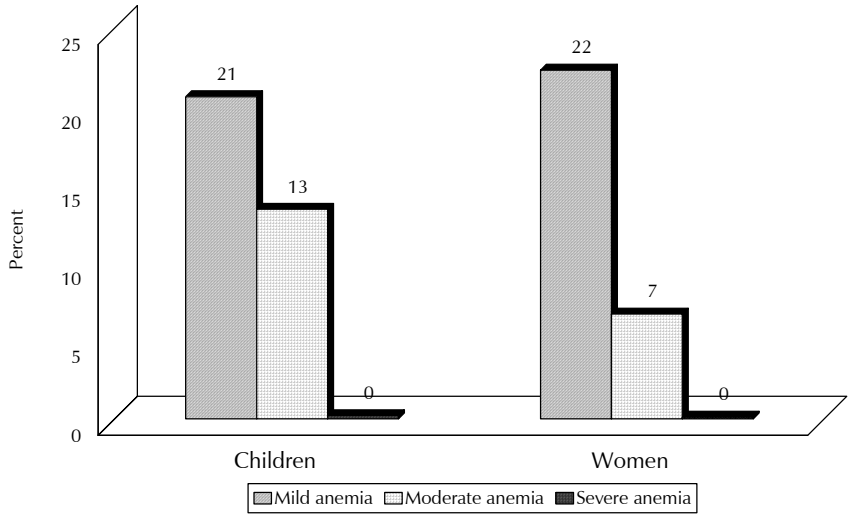

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Table 10.11 shows the prevalence of anemia for children according to the anemia status of their mothers. Among children of mothers with moderate anemia, about 2 percent have severe anemia and 19 percent have moderate anemia. Similarly, among children of mothers with mild anemia, 22 percent have mild and 17 percent have moderate levels of anemia.

Table 10.11 Prevalence of anemia in children by anemia status of mother

Percentage of children age 6-59 months classified as having anemia, by anemia status of mother, Jordan 2002

Anemia status of mother	Anemia status of child				Number of children
	Any anemia	Mild anemia	Moderate anemia	Severe anemia	
Any anemia	38.6	20.9	17.3	0.4	438
Anemia status					
Mild anemia	38.9	22.1	16.6	0.1	338
Moderate anemia	37.8	16.9	19.4	1.5	101
Total	34.1	20.8	13.0	0.2	1,460

Note: Table is based on children who stayed in the household the night before the interview. Prevalence is adjusted for altitude using CDC formulas (CDC, 1998). Women with <7.0 g/dl (grams per deciliter) of hemoglobin have severe anemia, women with 7.0-9.9 g/dl have moderate anemia, and pregnant women with 10.0-10.9 g/dl and nonpregnant women with 10.0-11.9 g/dl have mild anemia.

Pregnant women are the highest risk group for anemia, as the gap between the requirements for iron and intake during pregnancy cannot be filled by diet alone. This is the group most in need of supplementation. Twenty-eight percent of women did not consume iron supplements during pregnancy (Table 10.12). About one in six women took iron supplements for two months during pregnancy; 9 percent took them for three months; and 46 percent took iron supplements for more than three months during pregnancy.

Table 10.12 Intake of iron supplements during pregnancy

Percent distribution of women with a birth in the five years preceding the survey who took iron tablets or syrup for specific number of days, by background characteristics, Jordan 2002

Background characteristic	Number of days iron tablets/ syrup taken during pregnancy						
	None	<60	60-89	90+	Don't know/ missing	Total	Number of women
Age at birth							
<20	30.6	16.1	5.9	47.4	0.0	100.0	171
20-24	24.8	18.5	10.4	45.4	0.9	100.0	799
25-29	27.6	15.2	8.0	47.3	1.9	100.0	1,148
30-34	27.7	13.8	9.2	48.6	0.7	100.0	959
35-49	29.3	16.9	10.3	42.5	1.0	100.0	667
Number of children ever born							
1	18.8	17.2	8.9	54.8	0.3	100.0	555
2-3	24.9	17.1	8.8	48.1	1.1	100.0	1,338
4-5	29.0	15.6	9.4	44.5	1.6	100.0	1,011
6+	35.5	13.6	9.5	40.3	1.1	100.0	839
Residence							
Urban	24.9	14.6	9.1	50.1	1.3	100.0	2,931
Rural	36.6	20.6	9.3	32.8	0.6	100.0	812
Region							
Central	22.6	13.9	8.3	53.8	1.5	100.0	2,378
North	34.6	20.4	11.0	33.4	0.6	100.0	1,001
South	39.8	16.5	9.5	33.8	0.5	100.0	364
Educational level attended							
No education	48.1	17.3	6.7	25.7	2.3	100.0	149
Elementary	42.3	12.2	9.6	35.7	0.2	100.0	306
Preparatory	36.3	15.3	7.2	39.6	1.5	100.0	741
Secondary	25.3	16.7	9.2	47.6	1.2	100.0	1,539
Higher	16.6	16.1	10.7	55.7	0.9	100.0	1,008
Preparatory + secondary	*28.9*	*16.3*	*8.5*	*45.0*	*1.3*	*100.0*	*2,280*
Total	27.5	15.9	9.1	46.4	1.1	100.0	3,743

Note: For women with two or more live births in the five-year period, data refer to the most recent birth.

First-time mothers took iron tablets or syrup more often than mothers who have had 2 or more children. Women residing in urban areas and in the Central region (including Amman) were more likely to take iron supplements for 90 days or more. Also, mother's education had a positive impact on taking iron supplements during pregnancy for three months or more.

Vitamin A

Vitamin A is an essential micronutrient for the normal functioning of the visual system, for growth and development, for maintenance of epithelial cellular integrity, for immune function, and for reproduction. VAD occurs when body stores are depleted to the extent that physiological functions are impaired. At first, the integrity of epithelial barriers is impaired and the immune function system becomes compromised, followed by impairment of the visual system. Consequently, there is increased severity of infections and an increased risk of death, especially among children. Improving the vitamin A status of young children reduces mortality rates. VAD is linked to the nature of foods available and feeding practices, rather than to geochemical or other conditions affecting whole populations of geographic areas.

Table 10.13 shows the percentage of children less than three years of age who consumed foods rich in vitamin A in the seven days preceding the survey. Thirty-eight percent of children consumed foods rich in vitamin A and vegetables. Consumption of foods rich in vitamin A increases with age. Children who are not breastfed consume more foods rich in vitamin A than breastfed children. Consumption is highest in urban areas and in the Central region of Jordan. Mother's education and mother's age are strongly associated with increased intake of foods rich in vitamin A among children.

Table 10.13 Intake of fruits and vegetables rich in vitamin A among children

Percentage of youngest children under age three living with the mother who consumed fruits and vegetables rich in vitamin A in the seven days preceding the survey, by background characteristics, Jordan 2002

Background characteristic	Consumed fruits and vegetables rich in vitamin A[1]	Number of children
Age in months		
<6	2.2	483
6-9	26.7	437
10-11	41.7	218
12-23	46.7	1,020
24-35	55.9	712
Sex		
Male	39.3	1,441
Female	36.8	1,430
Birth order		
1	35.1	496
2-3	39.7	1,060
4-5	39.1	728
6+	36.3	586
Breastfeeding status		
Breastfeeding	22.4	1,271
Not breastfeeding	50.4	1,599
Residence		
Urban	40.1	2,249
Rural	30.8	622
Region		
Central	40.5	1,820
North	33.6	769
South	34.7	282
Mother's education		
No education	28.5	103
Elementary	36.1	228
Preparatory	35.4	563
Secondary	35.5	1,225
Higher	46.1	752
Preparatory + secondary	*35.5*	*1,788*
Mother's age at birth		
<20	28.4	148
20-24	38.0	670
25-29	40.2	871
30-34	36.5	714
35-49	39.5	468
Total	38.1	2,871

[1] Includes pumpkin, carrots, red sweet potatoes, green leafy vegetables, apricot, palm nuts, yellow melon, and other locally grown fruits and vegetables that are rich in vitamin A

HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS

11

Acquired immune deficiency syndrome (AIDS) is caused by a human immunodeficiency virus (HIV) that weakens the immune system, making the body susceptible to and unable to recover from other diseases.

HIV/AIDS is a pandemic with cases reported from every country. The current estimate of the total number of cases of HIV infection among adults worldwide is approximately 36.1 million, including 1.4 million children. The United Nations Program on AIDS (UNAIDS) estimates that approximately 17.5 million adults and 4.3 million children infected with HIV have died since the beginning of the epidemic (UNAIDS/WHO, 2000).

The first case of AIDS reported in Jordan was in 1986; by November 2002, there were about 1,000 reported HIV infections, and a total of 313 cases of HIV had been registered with the Jordanian Ministry of Health. As surveillance systems are not fully developed, and there exists pervasive fear of and stigma against HIV/AIDS in Jordan, it is believed that the number of HIV-infected individuals residing in Jordan exceeds the number of officially registered cases (USAID, 2003). According to available data, however, it is possible to discern that transmission occurs primarily among those age 25-44 years; the modes of transmission are largely via heterosexual contact (45 percent) and via blood or blood products (USAID, 2003).

In late 2001, Jordan launched a National AIDS Program within the Ministry of Health and is working with international bodies such as UNAIDS and the World Health Organization to combat the threat of AIDS in Jordan.

The JPFHS 2002 collected information from women on HIV/AIDS, as well as information about knowledge of symptoms of sexually transmitted infections (STIs), which are known to be important predisposing factors for HIV epidemics. This chapter summarizes information on knowledge, perceptions, and behaviors at the national level and within geographic and socioeconomic subgroups of the population.

11.1 KNOWLEDGE OF HIV/AIDS AND METHODS OF HIV PREVENTION

Table 11.1 shows the percentage of women who have heard of AIDS by background characteristics. Almost all of the respondents (97 percent) report that they have heard of HIV/AIDS. At least 95 percent of women of all background characteristics have heard of HIV/AIDS with the exception of women with no education (80 percent) or only elementary education (91 percent), women who live in the South region and rural areas (94 percent), and widowed women (93 percent).

To evaluate the level of knowledge about HIV/AIDS, respondents who had heard of the infection were asked whether there is anything a person can do to avoid getting infected with the virus that causes AIDS. The data show that although almost all women have heard of HIV/AIDS, only 75 percent of women believe there is a way to avoid HIV/AIDS, 8 percent believe there is no way to avoid AIDS, and 18 percent do not know if there is a way to avoid AIDS (Table 11.2). This indicates a decline in public understanding of HIV/AIDS from the JPFHS 1997, which found that less than 2 percent of women believed there was no way to avoid AIDS. Young women, residents of rural areas, and those who are not currently married are less likely to believe there is a way to avoid getting HIV/AIDS. There is a strong positive correlation between educational background and the belief that there is a way to avoid HIV/AIDS: 32 percent of those with no education believe that there is a way to avoid HIV, while 94 percent of those who are educated beyond secondary education believe the same.

Table 11.1 Knowledge of HIV/AIDS

Percentage of all ever-married women who have heard of HIV/AIDS and percentage who believe there is a way to avoid HIV/AIDS, by background characteristics, Jordan 2002

Background characteristic	Has heard of HIV/ AIDS	Believes there is a way to avoid HIV/AIDS	Number of women
Age			
15-19	97.0	51.6	158
20-24	98.5	70.5	728
25-29	98.5	75.7	1,175
30-39	98.1	78.4	2,424
40-49	94.8	73.1	1,520
Marital status			
Married	97.6	75.3	5,706
Divorced	94.8	67.6	130
Widowed	93.2	66.0	170
Residence			
Urban	98.2	76.6	4,799
Rural	94.2	67.9	1,207
Region			
Central	98.2	74.9	3,898
North	96.6	76.2	1,542
South	93.9	71.1	566
Educational level attended			
No education	80.0	31.8	363
Elementary	91.0	48.3	689
Preparatory	98.9	67.4	1,231
Secondary	99.6	81.5	2,247
Higher	100.0	94.1	1,476
Preparatory + secondary	*99.3*	*76.5*	*3,478*
Total	97.4	74.9	6,006

If respondents reported that HIV infection could be prevented, they were asked to indicate the ways of prevention. Two types of questions were asked about means to prevent HIV infection. First, an open-ended question was asked and respondents were allowed to indicate any means that they know without prompting. Next, women were asked specific questions on whether condom use, having only one sexual partner, and abstaining from sex can reduce their chances of becoming infected with HIV.

Table 11.2 shows the percentage of all women who spontaneously mentioned specific ways to avoid contracting the disease. The most frequently reported means to prevent HIV/AIDS is avoidance of blood transfusions (41 percent), with limiting sex to one partner being the next most frequently mentioned way to prevent HIV (39 percent). Fifteen percent of women believed that abstinence from sex and avoidance of injections would help to avoid AIDS, and 14 percent mentioned avoidance of sex with prostitutes; less than one percent spontaneously mentioned condoms as a means of avoiding HIV.

Table 11.2 Knowledge of ways to avoid HIV/AIDS

Percentage of all ever-married women who spontaneously mentioned ways to avoid HIV/AIDS, Jordan 2002

Ways to avoid HIV/AIDS	Percentage of women
Does not know of AIDS or if AIDS can be avoided	17.6
Believes no way to avoid AIDS	7.6
Does not know specific way[1]	0.8
Abstain from sex	14.5
Use condoms	0.8
Limit number of sexual partners	2.9
Limit sex to one partner/stay faithful to one partner	39.3
Avoid sex with prostitutes	14.1
Avoid sex with persons who have many partners	11.7
Avoid sex with homosexuals	6.1
Avoid sex with persons who inject drugs intravenously	6.1
Avoid blood transfusions	41.1
Avoid injections	14.6
Avoid sharing razor/ blades	2.5
Avoid kissing	2.0
Avoid mosquito bites	0.1
Seek protection from traditional healer	0.2
Other	6.7
Number of women	6,006

[1] Believes there is something a person can do to avoid AIDS, but cannot spontaneously mention any specific way

AIDS prevention programs focus their messages and efforts on three important aspects of behavior: condom use, limiting the number of sexual partners/staying faithful to one partner, and delaying the first sexual intercourse in young persons (i.e., abstinence). Table 11.3 presents the results on these key aspects. It should be noted that this table is based on prompted questions on these three aspects of AIDS-prevention behavior, while Table 11.2 is based on spontaneous answers. In the first three columns of Table 11.3, the percentage of women who reported 0, 1, or 2-3 of these ways to avoid AIDS is shown. Overall, 72 percent of women were able to mention spontaneously or to recognize at least one programmatically important way to avoid HIV/AIDS (Figure 11.1).

The table shows the level of awareness of ways to prevent HIV/AIDS by education and by place of residence. There is a strong relationship between education and knowledge of ways to prevent HIV: only 29 percent of women with no education know at least one way to avoid AIDS, versus 92 percent of women with higher education. More urban than rural residents are aware of the practices of safer sexual behavior.

Table 11.3 Knowledge of programmatically important ways to avoid HIV/AIDS

Percent distribution of all ever-married women by knowledge of three programmatically important ways to avoid HIV/AIDS, and percentage of women who know of two specific ways to avoid HIV/AIDS, according to background characteristics, Jordan 2002

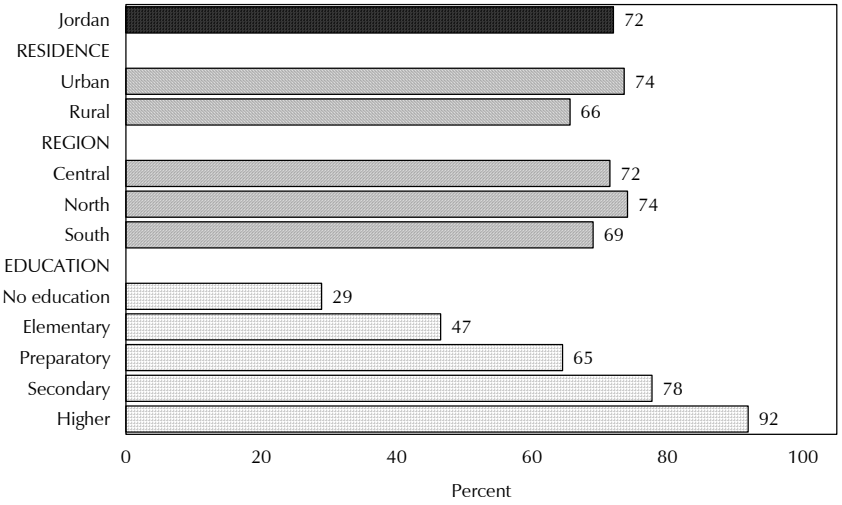
Background characteristic	Knowledge of programmatically important ways to avoid HIV/AIDS				Specific ways to avoid HIV/AIDS		Number of women
	None[1]	One way	Two or three ways	Total	Use condoms	Limit number of sexual partners[2]	
Age							
15-19	52.3	23.6	24.1	100.0	19.3	45.5	158
20-24	33.1	32.2	34.7	100.0	29.2	64.4	728
25-29	27.7	32.6	39.7	100.0	34.2	69.7	1,175
30-39	24.2	34.3	41.5	100.0	35.6	73.2	2,424
40-49	29.5	32.0	38.5	100.0	33.9	67.8	1,520
Marital status							
Married	27.5	33.1	39.4	100.0	34.0	69.9	5,706
Divorced	36.0	34.5	29.5	100.0	28.5	58.3	130
Widowed	39.4	24.6	36.0	100.0	28.2	58.4	170
Residence							
Urban	26.4	33.5	40.0	100.0	34.4	71.2	4,799
Rural	34.4	30.2	35.4	100.0	30.9	62.2	1,207
Region							
Central	28.5	32.8	38.7	100.0	33.2	68.8	3,898
North	25.9	34.0	40.2	100.0	35.6	72.3	1,542
South	31.0	30.1	38.9	100.0	32.2	65.6	566
Educational level attended							
No education	71.1	14.5	14.3	100.0	10.4	27.5	363
Elementary	53.5	21.5	25.0	100.0	22.0	44.9	689
Preparatory	35.5	30.8	33.7	100.0	27.1	62.0	1,231
Secondary	22.3	34.7	43.1	100.0	37.0	74.6	2,247
Higher	8.1	41.6	50.3	100.0	45.4	89.2	1,476
Preparatory + secondary	*27.0*	*33.3*	*39.8*	*100.0*	*33.5*	*70.2*	*3,478*
Total	28.0	32.8	39.1	100.0	33.7	69.4	6,006

Note: Programmatically important ways are abstaining from sex, using condoms, and limiting the number of sexual partners. Abstinence from sex is measured from a spontaneous response only, and using condoms and limiting the number of sexual partners is measured from spontaneous and probed responses.

[1] Those who have not heard of HIV/AIDS or do not know of any programmatically important ways to avoid HIV/AIDS.

[2] Refers to limiting number of sexual partners and limiting sex to one partner/staying faithful to one partner.

Figure 11.1 Knowledge of at Least One Programmaticaly Important Way to Avoid HIV/AIDS



Note: Programmatically important ways to avoid HIV/AIDS include sexual abstinence, staying faithful to one partner, and condom use.

JPFHS 2002

Respondents who had heard of HIV/AIDS were asked a number of questions on their knowledge of HIV/AIDS-related issues. The information is presented in Table 11.4. When asked whether a healthy-looking person can have the AIDS virus, only 46 percent of women responded in the affirmative. Young women, residents of rural areas, and those with lower levels of education were less likely to respond to this question correctly. There is significant variation by region, with those in the Central region (50 percent) more aware of the fact that healthy-looking people can be infected with HIV than those living in the North or South regions (38 percent). It is surprising that in a country with such a high level of awareness of HIV, the majority of women do not know whether a healthy-looking person can have HIV. Five percent of respondents reported personally knowing someone who had AIDS or who had died of AIDS.

The JPFHS 2002 asked respondents whether they thought the AIDS virus could be transmitted from mother to child during pregnancy, during delivery, and during breastfeeding (Table 11.4). The results indicate that while a little over two-thirds (70 percent) know that HIV can be transmitted from mother to child during pregnancy, only about half know that the virus can be transmitted during delivery (55 percent), and fewer know that it can be transmitted through breastfeeding (43 percent).

Table 11.4 Knowledge of HIV/AIDS-related issues

Percentage of all ever-married women who gave specific responses to questions on various HIV/AIDS-related issues, according to background characteristics, Jordan 2002

Background characteristic	Percentage who say a healthy-looking person can have the AIDS virus	Percentage who say HIV/AIDS can be transmitted from a mother to a child: During delivery	During pregnancy	Through breast-feeding	Percentage who know someone personally who has AIDS or has died of AIDS	Number of women
Age						
15-19	35.3	46.0	65.8	58.0	3.7	158
20-24	42.3	48.8	66.9	48.8	3.1	728
25-29	48.4	49.5	67.6	40.0	5.5	1,175
30-39	48.1	58.9	73.0	41.3	4.3	2,424
40-49	43.0	55.6	69.4	40.8	4.6	1,520
Marital status						
Married	45.6	54.4	70.2	41.9	4.4	5,706
Divorced	57.5	55.7	65.1	46.1	6.0	130
Widowed	43.0	60.7	70.2	52.5	4.6	170
Residence						
Urban	47.6	56.2	71.6	41.9	4.4	4,799
Rural	38.9	48.4	64.2	43.9	4.8	1,207
Region						
Central	49.8	57.1	71.9	42.9	4.6	3,898
North	38.5	49.9	66.7	40.6	4.5	1,542
South	38.4	51.0	67.4	42.6	3.4	566
Educational level attended						
No education	23.6	36.3	45.0	34.0	2.9	363
Elementary	32.3	45.3	59.0	43.0	5.1	689
Preparatory	37.4	50.7	66.3	44.5	4.7	1,231
Secondary	48.2	55.4	73.1	44.9	4.2	2,247
Higher	61.1	65.6	80.2	38.2	4.8	1,476
Preparatory + secondary	*44.3*	*53.8*	*70.7*	*44.7*	*4.3*	*3,478*
Total	45.8	54.6	70.1	42.3	4.5	6,006

Currently married women were also asked whether they had ever discussed HIV/AIDS prevention with their husband (Table 11.5), since discussing HIV prevention with one's partner is an important aspect of preventive behavior. Again, young, rural, and less educated women were least likely to have talked to their spouses about this important issue. Overall, only about one-fourth of respondents had broached the topic with their husband. Those most likely to have done so were women age 30-49 (30 percent), and women who had attained education beyond secondary school (35 percent).

Table 11.5 Discussion of HIV/AIDS with husband

Percent distribution of all ever-married women who are currently married or living with a partner by whether they ever discussed HIV/AIDS prevention with their husband, according to background characteristics, Jordan

Background characteristic	Discussed HIV/AIDS prevention with husband	Never discussed HIV/AIDS prevention with husband	Has not heard of AIDS	Total	Number of women
Age					
15-19	10.4	86.5	3.1	100.0	154
20-24	15.8	82.7	1.5	100.0	710
25-29	23.2	75.2	1.6	100.0	1,136
30-39	30.0	68.1	1.9	100.0	2,348
40-49	29.7	65.8	4.6	100.0	1,358
Residence					
Urban	27.0	71.4	1.6	100.0	4,546
Rural	23.5	70.9	5.6	100.0	1,160
Region					
Central	26.5	71.8	1.6	100.0	3,683
North	26.2	70.6	3.2	100.0	1,480
South	24.6	69.4	6.0	100.0	542
Educational level attended					
No education	11.9	67.7	20.3	100.0	324
Elementary	15.9	76.1	8.0	100.0	638
Preparatory	23.6	75.3	1.1	100.0	1,144
Secondary	27.3	72.2	0.4	100.0	2,159
Higher	34.6	65.4	0.0	100.0	1,441
Preparatory + secondary	*26.0*	*73.3*	*0.7*	*100.0*	*3,303*
Total	26.3	71.3	2.4	100.0	5,706

11.2 SOCIAL ASPECTS OF HIV/AIDS

Social aspects of HIV/AIDS include, among others, negative attitudes toward people living with AIDS. The stigma is related to the public's perception of HIV/AIDS as associated with marginalized groups such as injecting drug users, prostitutes, and homosexuals. The stigma is sometimes expressed by open discrimination, which is of concern because it affects HIV/AIDS prevention efforts. Fear of being stigmatized has been implicated as an important barrier to HIV-testing and programs aimed at assisting persons living with AIDS and their families.

Table 11.6 shows that among women who have heard of AIDS, 29 percent would not be willing to care for a relative with AIDS at home. There is some minor variation by background characteristics; however, the most striking differences are by region: 38 percent of women in the North region would not take care of a relative sick with AIDS,compared with about 25 percent of women in the rest of the country. There is little difference by age, education, or residence.

Respondents also were asked "If a member of your family got infected with the virus that causes AIDS, would you want it to remain secret or not?" Table 11.6 also shows the proportion of women who have heard of AIDS who believe that the HIV-positive status of a family member should be kept secret. Overall, 41 percent believe the status should be kept secret. There is no difference according to urban or rural residence (41 percent), and those with the highest level of education are most likely to advocate keeping the HIV-positive status secret (45 percent).

Table 11.6 Social aspects of HIV/AIDS

Among all ever-married women who have heard of AIDS, percentage providing specific responses to questions on social aspects of HIV/AIDS, by background characteristics, Jordan 2002

Background characteristic	Believes HIV-positive status of a family member should be kept secret	Not willing to care for relative with AIDS at home	Number of women
Age			
15-19	38.3	28.1	153
20-24	39.5	25.3	717
25-29	42.0	29.7	1,158
30-39	43.1	29.3	2,378
40-49	37.4	29.1	1,442
Marital status			
Married	41.0	29.0	5,566
Divorced	41.6	25.8	123
Widowed	36.2	25.4	159
Residence			
Urban	40.9	28.4	4,712
Rural	40.9	30.5	1,137
Region			
Central	40.6	25.7	3,827
North	41.6	38.0	1,489
South	40.9	25.3	532
Educational level attended			
No education	39.0	25.5	290
Elementary	37.6	28.6	627
Preparatory	36.4	28.7	1,217
Secondary	41.8	30.1	2,238
Higher	45.0	27.7	1,476
Preparatory + secondary	*39.9*	*29.6*	*3,455*
Total	40.9	28.8	5,848

11.3 KNOWLEDGE OF SYMPTOMS OF SEXUALLY TRANSMITTED INFECTIONS

Sexually transmitted infections (STIs) are important predisposing factors of HIV/AIDS transmission. As such, the presence of STIs in a population increases the likelihood of the occurrence of HIV. AIDS prevention programs should therefore also address the prevention and treatment of STIs. Additional questions were included in the JPFHS to assess the level of awareness of STIs and knowledge of the symptoms of STIs among both men and women.

Table 11.7 shows that 73 percent of women had no knowledge of sexually transmitted infections. As expected, the youngest respondents, rural residents, and women with lower levels of education are more likely than others to know nothing about STIs. Only 15 percent of women were able to name at least one symptoms of an STI in a man; the same proportion was able to name at least one symptom in a woman.

Table 11.7 Knowledge of symptoms of STIs

Percent distribution of all ever-married women by knowledge of symptoms associated with sexually transmitted diseases (STIs) in a man and in a woman, according to background characteristics, Jordan 2002

Background characteristic	No knowledge of STIs	Knowledge of symptoms of STIs in a **man**: No symptoms mentioned	One symptom mentioned	Two or more symptoms mentioned	Knowledge of symptoms of STIs in a **woman**: No symptoms mentioned	One symptom mentioned	Two or more symptoms mentioned	Number of women
Age								
15-19	84.3	5.6	3.6	6.5	6.2	2.6	6.9	158
20-24	77.1	10.3	3.3	9.3	10.6	3.1	9.2	728
25-29	78.3	10.6	3.3	7.8	10.6	3.9	7.2	1,175
30-39	68.7	15.0	5.4	10.9	14.1	5.0	12.3	2,424
40-49	70.9	13.3	5.6	10.2	12.1	4.7	12.2	1,520
Marital status								
Married	71.9	13.1	4.9	10.1	12.6	4.5	11.0	5,706
Divorced	84.3	8.8	1.0	5.9	7.4	0.6	7.7	130
Widowed	85.3	8.6	2.3	3.9	6.3	3.0	5.4	170
Residence								
Urban	70.4	13.9	5.1	10.7	13.2	4.7	11.7	4,799
Rural	81.4	9.0	3.2	6.3	8.7	3.1	6.8	1,207
Region								
Central	69.3	14.2	5.8	10.6	13.5	5.1	12.1	3,898
North	79.5	10.0	2.3	8.3	9.7	2.7	8.1	1,542
South	76.1	11.5	3.6	8.7	11.0	4.0	8.8	566
Educational level attended								
No education	97.0	2.2	0.6	0.2	1.8	0.8	0.4	363
Elementary	92.9	3.6	0.8	2.7	3.4	0.9	2.8	689
Preparatory	86.0	7.4	2.9	3.7	7.0	2.3	4.6	1,231
Secondary	73.6	12.0	4.5	9.9	12.6	3.5	10.3	2,247
Higher	44.3	25.8	9.4	20.5	22.8	10.0	22.8	1,476
Preparatory + secondary	*78.0*	*10.4*	*3.9*	*7.7*	*10.6*	*3.1*	*8.3*	*3,478*
Total	72.6	12.9	4.7	9.8	12.3	4.4	10.8	6,006

11.4 KNOWLEDGE AND USE OF CONDOMS

In Chapter 5, the data indicated that 90 percent of ever-married women know about male condoms. Because of the important role that the condom plays in combating the transmission of HIV, respondents were asked if they knew where condoms could be obtained.

Table 11.8 shows that 78 percent of women knew about condoms and could cite a place where they could obtain a condom. Knowledge of a source for condoms follows expected patterns by background characteristics, with the exception being that women in the North region were somewhat more likely to know of a source for condoms than women in the Central and South regions (82 percent compared with 77 and 75 percent, respectively). Knowledge of where to obtain condoms does not seem to translate into condom use in Jordan: among women who had sexual intercourse in the past year, only 4 percent say that they used a condom during the last sexual intercourse with their partner (Table 11.9). Women residing in urban areas, living in the Central region, with higher education, or age 25-39 are somewhat more likely than other women to have used condoms.

Table 11.8 Knowledge of source for male condoms,

Percentage of ever-married women who know a source for male condoms, by background characteristics, Jordan 2002

Background characteristic	Knows source for male condoms	Number of women
Age		
15-19	56.2	158
20-24	77.1	728
25-29	80.1	1,175
30-39	82.2	2,424
40-49	73.4	1,520
Marital status		
Married	79.3	5,706
Divorced	68.0	130
Widowed	52.6	170
Residence		
Urban	80.0	4,799
Rural	71.4	1,207
Region		
Central	77.3	3,898
North	81.7	1,542
South	75.3	566
Educational level attended		
No education	43.7	363
Elementary	68.1	689
Preparatory	75.0	1,231
Secondary	81.8	2,247
Higher	88.8	1,476
Preparatory + secondary	*79.4*	*3,478*
Total	78.3	6,006

Table 11.9 Use of condoms

Among all ever-married women who had sexual intercourse in the past year, percentage who used a condom during last sexual intercourse, by background characteristics, Jordan 2002

Background characteristic	Percentage who used a condom during last sexual intercourse	Number of women
Age		
15-19	2.7	153
20-24	4.7	711
25-29	4.2	1,133
30-39	4.5	2,319
40-49	2.7	1,293
Marital status		
Married	4.0	5,584
Divorced	*	10
Widowed	*	16
Residence		
Urban	4.3	4,465
Rural	3.0	1,144
Region		
Central	4.3	3,618
North	3.7	1,460
South	3.2	531
Educational level attended		
No education	1.0	305
Elementary	2.0	614
Preparatory	3.3	1,134
Secondary	4.7	2,146
Higher	5.1	1,410
Preparatory + secondary	*4.2*	*3,280*
Total	4.0	5,609

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

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SAMPLE DESIGN

Appendix A

A.1 OBJECTIVES OF THE SAMPLE DESIGN

The primary objective of the sample design for the 2002 Jordan Population and Family Health Survey (JPFHS) was to provide reliable estimates of most variables, such as fertility, contraceptive prevalence, selected health indicators and infant mortality, for a variety of health and demographic analyses at the national level and for major subpopulations. The major subpopulations that have been defined include those of urban and rural domains, as well as those of the three regions in Jordan: North (consisting of Irbid, Jarash, Ajloun, and Mafraq governorates), Central (consisting of Amman, Madaba, Balqa, and Zarqa governorates), and South (consisting of Karak, Tafielah, Ma'an, and Aqaba governorates). The population to be covered by the 2002 JPFHS is defined as the universe of all ever-married women age 15-49 in Jordan; as such, a sample of households was selected and all ever-married women age 15-49 identified in the selected households were interviewed.

A.2 SAMPLE FRAME

Administratively, Jordan is divided into 12 governorates. Each governorate is subdivided into district units; in turn, each district is divided into subdistricts, which are divided into localities. In addition to these administrative units, during the last 1994 Population and Housing Census, each locality was subdivided into convenient areas called census blocks. The list of census blocks contains census information on households and population, grouped by each administrative unit. The sample of the 2002 JPFHS is based on the frame provided by the 1994 Population and Housing Census. The frame excludes the population living in remote areas (most of whom are nomads), as well as those living in collective dwellings, such as hotels, hospitals, work camps, prisons, and the like.

A master sample was developed for Jordanian household surveys with selected PSUs (census blocks) in different sample replicates for national estimates. Four of these replicates were updated a few months ago for the Employment and Unemployment Survey. For the purposes of the survey, the sampling frame was updated by preparing a current list of buildings and housing unit numbers, as well as the names of occupants therein (households). This set of four replicates from the master sampling frame was taken to be the sampling frame for the 2002 Jordan DHS, and three of these four replicates were selected for the survey.

In all households of one of the selected replicates, anemia testing was implemented for all eligible women and for all children under the age of five; the resultant anemia indicator is representative at the national level as well as for all of the above-specified subpopulations.

A.3 STRATIFICATION

For the purposes of sample design, each of the twelve governorates in Jordan was considered an independent stratum. The population localities in each governorate were divided into urban (a locality with population of 5,000 or more) and rural (except for the five major cities, namely: Amman, Wadi Essier, Zarqa, Russeifa, and Irbid, each of which formed an independent stratum), with a resultant 29 strata. The localities in each governorate were divided into categories according to the population size in the locality; then they were ordered according to their geographical succession.

The primary sampling units (PSUs) in each of the five major cities were divided into four categories according to their socioeconomic characteristics, based on the results of the 1994 Population and Housing Census. A variety of variables were taken into account, such as type of building material, type of housing unit, source of drinking water, type of sewage system, and educational level of household members. These variables were classified in four levels: low level, medium low level, high medium level, and high level. The PSUs were ranked and categorized according to the score calculated for each of them.

In addition, the PSUs in each governorate and for each stratum were ordered by urban and rural status according to a specific geographical procedure, and the five major cities were stratified according to socioeconomic characteristics.

A.4 SAMPLE ALLOCATION

The sample was selected in two stages. In the first stage, 166 PSUs were selected, which formed a replicate. These units were distributed across governorates, urban and rural residences in each governorate, and across the five major cities, according to the weight of each unit in terms of total households therein, and according to the variance within each stratum. Slight modifications regarding the number of these units were made to cope with the multiple of four. The PSUs were selected using the probability proportionate to size (PPS) with systematic selection procedure. The number of households in each cluster served as its weight.

In the second stage, after updating the frame of the selected PSUs, a constant number of households (16 households) was selected from each PSU selected in the first stage.

The sample for the three replicates consisted of 498 PSUs (block), out of which 16 households were selected as ultimate sampling units (USUs) using a systematic random procedure.

The number of PSUs in each governorate was not allocated proportionally among governorates since the sample size was increased in the smallest governorates. The following table (Table A.1) shows the proportional and final allocation for a sample size of about 8,000 selected households using three out of the four sample replicates from the Jordan Employment and Unemployment Survey.

The target of the 2002 JPFHS sample was to select about 8,000 households for the interviewing process. Based on the level of non-response found in the 1997 Jordan DHS, the 2002 JPFHS was expected to have approximately 5,500 completed interviews of ever-married women age 15-49. The selected households are distributed in 498 clusters; 351 clusters are in urban areas, and 147 clusters are in the rural areas. Under this final allocation, it was expected that each of the twelve governorates of Jordan would have a minimum of 350 completed interviews.

Table A.1 Proportional allocation and final allocation by governorate

Governorate	Census 1994		Final allocation of PSUs	
	Number of households	Percent	Number of PSUs	Percent
Amman	279,701	41.2	99	19.9
Balqa	43,618	6.4	42	8.4
Zarqa	100,713	14.8	66	13.3
Madaba	16,400	2.4	24	4.8
Irbid	118,472	17.4	75	15.0
Mafraq	24,974	3.7	27	5.4
Jarash	18,721	2.8	24	4.8
Ajloun	14,833	2.2	24	4.8
Karak	26,333	3.9	33	6.6
Tafiela	9,585	1.4	24	4.8
Ma'an	12,149	1.8	33	6.6
Aqaba	13,740	2.0	27	5.4
Total	679,239	100.0	498	100.0

A.5 SAMPLE IMPLEMENTATION

The fieldwork for the household interview was carried out from July 1 through September 30, 2002. A total of 7,968 occupied housing units were selected, of which 7,907 households were found. Of those households, 7,825 were interviewed successfully, yielding a response rate of 99.0 percent. The number of women eligible for individual interview (ever-married women age 15 to 49) identified in the household interviews was 6,151, of whom 6,006 were successfully interviewed, with a response rate of 97.6 percent. Thus, the overall response rate for the 2002 JPFHS (the product of the household and the individual response rates) was 96.6 percent.

Household response rates ranged from 98.8 percent in the Central region to 99.2 percent in the North region (see Table A.2). The rate of response to the individual interview is lowest in the Central region (96.6 percent) and highest in the South region (98.8 percent). Considering the combined household and individual response rates, the Central region shows the lowest rate (95.4 percent), while the South region has the highest (97.9 percent).

Table A.2 Sample implementation

Percent distribution of households and eligible women by results of the houshold and individual interviews, and household, eligible women, and overall response rates, according to urban-rural residence and region, Jordan 2002

Result of interview and response rate	Residence		Region			Total
	Urban	Rural	Central	North	South	
Selected households						
Completed (C)	98.0	98.7	98.3	97.4	99.0	98.2
Household present but no competent respondent at home (HP)	0.2	0.1	0.2	0.2	0.1	0.2
Refused (R)	1.1	0.4	1.1	0.7	0.8	0.9
Household absent (HA)	0.4	0.2	0.4	0.4	0.1	0.3
Dwelling vacant/address not a dwelling (DV)	0.4	0.6	0.1	1.4	0.0	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	5,616	2,352	3,696	2,400	1,872	7,968
Household response rate (HRR)[1]	98.8	99.4	98.8	99.2	99.1	99.0
Eligible women						
Completed (EWC)	97.3	98.5	96.6	98.4	98.8	97.6
Not at home (EWNH)	1.1	0.7	1.6	0.5	0.5	1.0
Refused (EWR)	0.5	0.4	0.5	0.6	0.3	0.5
Partly completed (EWPC)	0.0	0.0	0.0	0.0	0.0	0.0
Incapacitated (EWI)	0.2	0.3	0.2	0.3	0.1	0.2
Other (EWO)	0.9	0.1	1.1	0.2	0.3	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	4,314	1,837	2,886	1,789	1,476	6,151
Eligible women response rate (EWRR)[2]	97.3	98.5	96.6	98.4	98.8	97.6
Overall response rate (ORR)[3]	96.1	98.0	95.4	97.5	97.9	96.6

[1] Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 \times C}{C + HP + R}$$

[2] Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{100 \times EWC}{EWC + EWNH + EWR + EWPC + EWI + EWO}$$

[3] The overall response rate (ORR) is calculated as:

$$ORR = HRR * EWRR/100$$

A.6 SAMPLE SELECTION

The 2002 JPFHS sample was selected using a stratified two-stage cluster design consisting of 498 clusters (PSUs): 351 in the urban and 147 in the rural areas. Once the number of households was allocated to each province by urban and rural areas, the number of clusters was calculated based on an average sample take of 16 selected households. The clusters were by selected taking three out of the four replicates for the Jordan Employment and Unemployment Survey; the PSUs in each of the replicates were selected with probability proportional to size from the total master frame. The PSU selection probability based on the master sample is giving in the following formula:

$$P_{1i} = a * M_i / \Sigma M_i$$

where

a is the number of clusters to be selected for DHS in a given governorate,

M_i is the total number of households according to the 1994 census in the selected cluster.

ΣM_i is the total number of households according to the 1994 census in a given governorate

In each selected PSU, a complete household listing operation was carried out and households were selected to achieve a fixed sample take of 16 households per cluster. However, since the 2002 JPFHS sample is unbalanced among governorates, it required a final weighing adjustment procedure to provide estimates at every other domain of study.

In a given governorate, if c is the fixed number of households selected out of the total households (L_i) – found in the 2002 listing process – for the i^{th} cluster, then the household probability of being in the selected i^{th} cluster can be expressed as:

$$P_{2i} = (c / L_i)$$

The final household's overall probability of being in the i^{th} cluster could be calculated as:

$$f_i = P_{1i} * P_{2i}$$

and the sampling design weight for the i-th cluster is given as:

$$1/f_i = 1 / (P_{1i} * P_{2i})$$

ESTIMATES OF SAMPLING ERRORS

Appendix B

The estimates from a sample survey are affected by two types of errors: 1) nonsampling errors and 2) sampling errors. Nonsampling errors are the result of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2002 JPFHS to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2002 JPFHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the standard error for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2002 JPFHS sample is the result of a multistage stratified design and, consequently, it was necessary to use more complex formulas. The computer software used to calculate sampling errors for the 2002 JPFHS is the ISSA Sampling Error Module (ISSAS). This module used the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$\text{var}(r) = \frac{1-f}{x^2}\sum_{h=1}^{H}\left[\frac{m_h}{m_h-1}\left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h}\right)\right]$$

in which

$$z_{hi} = y_{hi} - r.x_{hi}, \text{ and } z_h = y_h - r.x_h$$

where h represents the stratum which varies from 1 to H,
m_h is the total number of enumeration areas selected in the h^{th} stratum,
y_{hi} is the sum of the values of variable y in EA i in the h^{th} stratum,
x_{hi} is the sum of the number of cases in EA i in the h^{th} stratum, and
f is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers all but one cluster in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2002 JPFHS, there were 498 nonempty clusters (PSUs). Hence, 498 replications were created. The variance of a rate r is calculated as follows:

$$SE^2(r) = \text{var}(r) = \frac{1}{k(k-1)} \sum_{i=1}^{k} (r_i - r)^2$$

in which

$$r_i = kr - (k-1)\, r_{(i)}$$

where r is the estimate computed from the full sample of 498 clusters,
$r_{(i)}$ is the estimate computed from the reduced sample of 497 clusters (i^{th} cluster excluded), and
k is the total number of clusters.

In addition to the standard error, ISSAS computes the design effect (DEFT) for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. ISSAS also computes the relative error and confidence limits for the estimates.

Sampling errors for the 2002 JPFHS women are calculated for selected variables considered to be of primary interest. The results are presented in this appendix for the country as a whole, for urban and rural areas, and for each of the 3 regions in the country. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2 to B.7 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits (R±2SE) for each variable. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1).

In general, the relative standard error for most estimates for the country as a whole is small, except for estimates of very small proportions. There are some differentials in the relative standard error for the estimates of subpopulations. For example, for the variable "currently using any contraceptive method" for currently married women age 15-49, the relative standard errors as a percentage of the estimated mean for the whole country, for urban areas, and for rural areas are 1.6 percent, 1.8 percent, and 2.5 percent, respectively.

The confidence interval (e.g., as calculated for "currently using any contraceptive method" for currently married women age 15-49) can be interpreted as follows: the overall national sample proportion is 0.558 and its standard error is 0.009. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e. 0.558±2(0.009). There is a high probability (95 percent) that the true average proportion of contraceptive use for currently married women age 15-49 is between 0.540 and 0.575.

Table B.1 List of selected variables for sampling errors, Jordan 2002

Variable	Estimate	Base population
Urban residence	Proportion	Ever-married women
No education	Proportion	Ever-married women
Secondary education or higher	Proportion	Ever-married women
Currently married	Proportion	Ever-married women
Married before age 20	Proportion	Ever-married women
Currently pregnant	Proportion	All women
Children ever born	Mean	All women
Children surviving	Mean	All women
Children ever born to women age 40-49	Mean	All women age 40-49
Knows any contraceptive method	Proportion	Currently married women
Ever used any contraceptive method	Proportion	Currently married women
Currently using any contraceptive method	Proportion	Currently married women
Currently using pill	Proportion	Currently married women
Currently using IUD	Proportion	Currently married women
Currently using female sterilization	Proportion	Currently married women
Currently using periodic abstinence	Proportion	Currently married women
Using public sector source	Proportion	Current users of modern method
Want no more children	Proportion	Currently married women
Want to delay birth at least 2 years	Proportion	Currently married women
Ideal family size	Mean	Ever-married women
Mother received tetanus injection for last birth	Proportion	Women with at least one live birth in five years before survey
Mother received medical assistance at delivery	Proportion	Births in past 5 years
Had diarrhea in the 2 weeks before survey	Proportion	Children age 0 to 59 months
Treated with oral rehydration salts (ORS)	Proportion	Children with diarrhea in two weeks before interview
Taken to a health provider	Proportion	Children with diarrhea in two weeks before interview
Vaccination card seen	Proportion	Children 12-23 months
Received BCG vaccination	Proportion	Children 12-23 months
Received DPT vaccination (3 doses)	Proportion	Children 12-23 months
Received polio vaccination (3 doses)	Proportion	Children 12-23 months
Received measles vaccination	Proportion	Children 12-23 months
Received all vaccinations (excluding BCG)	Proportion	Children 12-23 months
Height-for-age (-2 SD)	Proportion	Children 0-59 months
Weight-for-height(-2 SD)	Proportion	Children 0-59 months
Weight-for-age (-2 SD)	Proportion	Children 0-59 months
Anemia among children	Proportion	Children 6-59 months
Anemia among women	Proportion	All women
BMI <18.5	Proportion	All women
Total fertility rate (3 years)	Rate	All women
Perinatal mortality (0-4 years)	Ratio	Number of pregnancies of 7+ months
Neonatal mortality	Rate	Children exposed to the risk of mortality
Postneonatal mortality	Rate	Children exposed to the risk of mortality
Infant mortality	Rate	Children exposed to the risk of mortality
Child mortality	Rate	Children exposed to the risk of mortality
Under-five mortality	Rate	Children exposed to the risk of mortality

Table B.2 Sampling errors for selected variables, total sample, Jordan 2002

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence intervals: Value-2SE (R-2SE)	Confidence intervals: Value+2SE (R+2SE)
Urban	0.799	0.005	6006	6006	1.030	0.007	0.788	0.810
No education	0.060	0.004	6006	6006	1.307	0.067	0.052	0.068
Secondary education	0.579	0.009	6006	6006	1.421	0.016	0.561	0.597
Currently married	0.950	0.004	6006	6006	1.319	0.004	0.943	0.957
Married before age 20	0.325	0.006	8519	8481	1.328	0.019	0.313	0.338
Currently pregnant	0.063	0.004	10886	11044	1.171	0.066	0.055	0.072
Children ever born	2.202	0.125	10886	11044	1.197	0.057	1.952	2.452
Children surviving	2.117	0.120	10886	11044	1.194	0.057	1.877	2.356
Children ever born to women 40-49	5.934	0.109	1568	1620	1.43	0.018	5.716	6.152
Know any contraceptive method	1.000	0.000	5727	5706	na	0.000	1.000	1.000
Ever used any contraceptive method	0.809	0.006	5727	5706	1.2	0.008	0.796	0.821
Currently using any contraceptive method	0.558	0.009	5727	5706	1.323	0.016	0.540	0.575
Currently using pill	0.075	0.004	5727	5706	1.196	0.056	0.066	0.083
Currently using IUD	0.236	0.008	5727	5706	1.413	0.034	0.221	0.252
Currently using female sterilization	0.029	0.002	5727	5706	1.082	0.083	0.024	0.034
Currently using periodic abstinence	0.052	0.004	5727	5706	1.333	0.075	0.044	0.060
Used public sector source	0.339	0.015	2047	2210	1.401	0.043	0.310	0.369
Want no more children	0.410	0.007	5727	5706	1.095	0.017	0.396	0.424
Want to delay birth at least 2 years	0.305	0.007	5727	5706	1.156	0.023	0.291	0.319
Ideal family size	4.231	0.035	5798	5797	1.404	0.008	4.160	4.301
Mothers received tetanus injection for last birth	0.333	0.010	3834	3743	1.291	0.030	0.313	0.353
Mothers received medical assistance at delivery	0.995	0.002	6073	5820	1.563	0.002	0.992	0.999
Had diarrhea in two weeks before survey	0.147	0.006	5913	5678	1.152	0.040	0.136	0.159
Treated with oral rehydration salts (ORS)	0.182	0.020	900	837	1.352	0.107	0.143	0.221
Taken to a health provider	0.532	0.022	900	837	1.208	0.042	0.487	0.577
Vaccination card seen	0.776	0.016	1198	1135	1.263	0.020	0.745	0.808
Received BCG	0.288	0.021	1198	1135	1.512	0.071	0.247	0.329
Received DPT (3 doses)	0.982	0.004	1198	1135	1.107	0.004	0.973	0.991
Received polio (3 doses)	0.976	0.005	1198	1135	1.191	0.006	0.965	0.987
Received measles	0.952	0.007	1198	1135	1.171	0.008	0.937	0.967
Received all vaccinations	0.279	0.020	1198	1135	1.477	0.071	0.239	0.318
Height-for-age (-2SD)	0.085	0.005	4944	4633	1.138	0.059	0.075	0.095
Weight-for-height (-2SD)	0.020	0.003	4944	4633	1.477	0.168	0.013	0.027
Weight-for-age (-2SD)	0.044	0.004	4944	4633	1.196	0.088	0.036	0.052
Anemia among children	0.342	0.016	1487	1503	1.774	0.048	0.309	0.375
Anemia among women	0.263	0.012	2866	2900	2.396	0.047	0.238	0.287
BMI <18.5	0.051	0.003	7893	7681	1.265	0.069	0.044	0.057
Total fertility rate (last 3 years)	3.667	0.070	na	30941	1.227	0.019	3.527	3.807
Perinatal mortality (0-4 years)	22.022	2.231	6135	5878	1.144	0.101	17.561	26.484
Neonatal mrtality (last 5 years)	15.517	2.302	6121	5861	1.356	0.148	10.913	20.122
Post-neonatal mortality (last 5 years)	6.595	1.223	6121	5860	1.022	0.185	4.149	9.041
Infant mortality (last 5 years)	22.113	2.641	6125	5863	1.285	0.119	16.831	27.395
Infant mortality (5-9)	26.529	2.393	6480	6228	1.124	0.090	21.742	31.315
Infant mortality (10-14)	27.699	2.868	5146	4868	1.110	0.104	21.963	33.435
Child mortality (last 5 years)	4.952	0.926	6132	5870	1.017	0.187	3.100	6.804
Under 5 mortality (last 5 years)	26.955	2.936	6140	5875	1.278	0.109	21.083	32.828

na = Not applicable

Table B.3 Sampling errors for selected variables, urban area sample, Jordan 2002

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence intervals: Value-2SE (R-2SE)	Confidence intervals: Value+2SE (R+2SE)
Urban	1.000	0.000	4196	4799	na	0.000	1.000	1.000
No education	0.040	0.004	4196	4799	1.341	0.102	0.032	0.048
Secondary education	0.596	0.011	4196	4799	1.404	0.018	0.575	0.618
Currently married	0.947	0.004	4196	4799	1.274	0.005	0.938	0.956
Married before age 20	0.319	0.007	5922	6754	1.336	0.023	0.304	0.334
Currently pregnant	0.061	0.004	7641	8760	1.123	0.072	0.052	0.070
Children ever born	2.157	0.126	7641	8760	1.142	0.058	1.905	2.410
Children surviving	2.079	0.121	7641	8760	1.139	0.058	1.837	2.321
Children ever born to women 40-49	5.667	0.124	1117	1326	1.421	0.022	5.419	5.914
Know any contraceptive method	1.000	0.000	3995	4546	na	0.000	1.000	1.000
Ever used any contraceptive method	0.818	0.007	3995	4546	1.176	0.009	0.804	0.833
Currently using any contraceptive method	0.571	0.010	3995	4546	1.329	0.018	0.551	0.592
Currently using pill	0.076	0.005	3995	4546	1.150	0.063	0.067	0.086
Currently using IUD	0.253	0.010	3995	4546	1.402	0.038	0.234	0.272
Currently using female sterilization	0.028	0.003	3995	4546	1.083	0.101	0.022	0.034
Currently using periodic abstinence	0.054	0.005	3995	4546	1.290	0.086	0.044	0.063
Used public sector source	0.302	0.016	1529	1850	1.391	0.054	0.270	0.335
Want no more children	0.419	0.008	3995	4546	1.059	0.020	0.402	0.435
Want to delay birth at least 2 years	0.295	0.008	3995	4546	1.135	0.028	0.279	0.311
Ideal family size	4.151	0.040	4054	4631	1.357	0.010	4.071	4.232
Mothers received tetanus injection for last birth	0.340	0.011	2620	2931	1.207	0.033	0.318	0.363
Mothers received medical assistance at delivery	0.999	0.000	4089	4487	0.875	0.000	0.998	1.000
Had diarrhea in two weeks before survey	0.143	0.006	3994	4390	1.054	0.045	0.130	0.156
Treated with oral rehydration salts (ORS)	0.176	0.023	585	629	1.318	0.131	0.130	0.222
Taken to a health provider	0.523	0.028	585	629	1.210	0.053	0.468	0.579
Vaccination card seen	0.757	0.019	810	879	1.252	0.026	0.718	0.796
Received BCG	0.352	0.025	810	879	1.416	0.070	0.303	0.401
Received DPT (3 doses)	0.984	0.005	810	879	1.162	0.005	0.974	0.995
Received polio (3 doses)	0.976	0.007	810	879	1.208	0.007	0.963	0.990
Received measles	0.954	0.009	810	879	1.200	0.009	0.936	0.973
Received all vaccinations	0.340	0.024	810	879	1.376	0.070	0.292	0.388
Height-for-age (-2SD)	0.071	0.005	3319	3542	1.083	0.074	0.060	0.081
Weight-for-height (-2SD)	0.019	0.004	3319	3542	1.491	0.224	0.010	0.027
Weight-for-age (-2SD)	0.035	0.004	3319	3542	1.224	0.126	0.026	0.044
Anemia among children	0.324	0.019	988	1139	1.674	0.057	0.287	0.361
Anemia among women	0.256	0.015	1952	2255	2.512	0.059	0.226	0.286
BMI <18.5	0.049	0.004	5380	6018	1.274	0.086	0.041	0.058
Total fertility rate (last 3 years)	3.545	0.081	na	24576	1.214	0.023	3.384	3.706
Perinatal mortality (0-4 years)	20.532	2.543	4124	4529	1.118	0.124	15.446	25.618
Neonatal mortality (last 10 years)	16.637	1.720	8479	9356	1.135	0.103	13.198	20.076
Post-neonatal mortality (last 10 years)	6.074	0.932	8477	9354	0.996	0.153	4.210	7.938
Infant mortality (last 10 years)	4.590	0.817	8483	9362	1.035	0.178	2.956	6.224
Child mortality (last 10 years)	22.711	1.921	8479	9356	1.091	0.085	18.869	26.553
Under 5 mortality (last 10 years)	27.197	2.095	8485	9364	1.083	0.077	23.008	31.386

na = Not applicable

Table B.4 Sampling errors for selected variables, rural area sample, Jordan 2002

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence intervals: Value-2SE (R-2SE)	Confidence intervals: Value+2SE (R+2SE)
Urban	0.000	0.000	1810	1207	na	na	0.000	0.000
No education	0.142	0.012	1810	1207	1.471	0.085	0.118	0.166
Secondary education	0.510	0.016	1810	1207	1.352	0.031	0.478	0.542
Currently married	0.961	0.006	1810	1207	1.245	0.006	0.950	0.973
Married before age 20	0.350	0.009	2583	1728	1.078	0.027	0.331	0.369
Currently pregnant	0.073	0.008	3333	2285	1.425	0.111	0.057	0.090
Children ever born	2.373	0.203	3333	2285	1.390	0.086	1.967	2.780
Children surviving	2.258	0.194	3333	2285	1.395	0.086	1.870	2.646
Children ever born to women 40-49	7.102	0.201	452	296	1.309	0.028	6.701	7.503
Know any contraceptive method	1.000	0.000	1732	1160	na	0.000	1.000	1.000
Ever used any contraceptive method	0.770	0.012	1732	1160	1.225	0.016	0.745	0.795
Currently using any contraceptive method	0.505	0.013	1732	1160	1.045	0.025	0.479	0.530
Currently using pill	0.068	0.008	1732	1160	1.285	0.114	0.053	0.084
Currently using IUD	0.172	0.009	1732	1160	1.024	0.054	0.153	0.190
Currently using female sterilization	0.033	0.004	1732	1160	0.948	0.124	0.025	0.041
Currently using periodic abstinence	0.047	0.007	1732	1160	1.353	0.146	0.033	0.061
Used public sector source	0.530	0.025	518	360	1.138	0.047	0.480	0.580
Want no more children	0.376	0.013	1732	1160	1.144	0.035	0.350	0.403
Want to delay birth at least 2 years	0.346	0.013	1732	1160	1.106	0.037	0.321	0.371
Ideal family size	4.546	0.070	1744	1166	1.490	0.015	4.407	4.686
Mothers received tetanus injection for last birth	0.308	0.021	1214	812	1.568	0.067	0.267	0.350
Mothers received medical assistance at delivery	0.983	0.007	1984	1333	1.989	0.007	0.969	0.998
Had diarrhea in two weeks before survey	0.162	0.014	1919	1288	1.526	0.086	0.134	0.190
Treated with oral rehydration salts (ORS)	0.201	0.037	315	209	1.481	0.182	0.128	0.274
Taken to a health provider	0.558	0.033	315	209	1.103	0.059	0.492	0.623
Vaccination card seen	0.841	0.021	388	256	1.135	0.025	0.798	0.884
Received BCG	0.068	0.020	388	256	1.586	0.299	0.027	0.109
Received DPT (3 doses)	0.973	0.008	388	256	0.945	0.008	0.957	0.989
Received polio (3 doses)	0.975	0.007	388	256	0.943	0.008	0.960	0.990
Received measles	0.942	0.011	388	256	0.963	0.012	0.919	0.965
Received all vaccinations	0.068	0.020	388	256	1.586	0.299	0.027	0.109
Height-for-age (-2SD)	0.132	0.012	1625	1091	1.323	0.093	0.108	0.157
Weight-for-height (-2SD)	0.025	0.005	1625	1091	1.217	0.185	0.016	0.034
Weight-for-age (-2SD)	0.074	0.008	1625	1091	1.203	0.109	0.058	0.090
Anemia among children	0.399	0.033	499	364	2.067	0.083	0.333	0.465
Anemia among women	0.287	0.017	914	645	1.755	0.059	0.253	0.321
BMI <18.5	0.055	0.005	2513	1663	1.011	0.088	0.046	0.065
Total fertility rate (last 3 years)	4.153	0.109	na	6437	0.988	0.026	3.935	4.372
Perinatal mortality (0-4 years)	27.026	4.609	2011	1349	1.230	0.171	17.808	36.244
Neonatal mortality (last 10 years)	19.736	3.097	4119	2731	1.277	0.157	13.543	25.929
Post-neonatal mortality (last 10 years)	10.424	1.816	4120	2732	1.077	0.174	6.793	14.055
Infant mortality (last 10 years)	30.16	3.455	4122	2733	1.152	0.115	23.249	37.071
Child mortality (last 10 years)	6.474	1.546	4119	2731	1.06	0.239	3.383	9.566
Under 5 mortality (last 10 years)	36.439	4.165	4124	2734	1.239	0.114	28.109	44.769

na = Not applicable

Table B.5 Sampling errors for selected variables, Central region sample, Jordan 2002

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence intervals: Value-2SE (R-2SE)	Confidence intervals: Value+2SE (R+2SE)
Urban	0.883	0.006	2788	3898	1.050	0.007	0.871	0.896
No education	0.043	0.005	2788	3898	1.183	0.106	0.034	0.052
Secondary education	0.603	0.012	2788	3898	1.331	0.020	0.578	0.627
Currently married	0.945	0.005	2788	3898	1.195	0.005	0.935	0.955
Married before age 20	0.316	0.009	3986	5540	1.278	0.027	0.299	0.334
Currently pregnant	0.059	0.004	5078	7120	1.201	0.075	0.050	0.068
Children ever born	2.113	0.104	5078	7120	1.207	0.049	1.905	2.321
Children surviving	2.037	0.100	5078	7120	1.207	0.049	1.837	2.237
Children ever born to women 40-49	5.494	0.143	756	1080	1.417	0.026	5.208	5.781
Know any contraceptive method	1.000	0.000	2648	3683	na	0.000	1.000	1.000
Ever used any contraceptive method	0.820	0.009	2648	3683	1.151	0.010	0.802	0.837
Currently using any contraceptive method	0.575	0.012	2648	3683	1.294	0.022	0.550	0.600
Currently using pill	0.078	0.006	2648	3683	1.148	0.077	0.066	0.090
Currently using IUD	0.259	0.012	2648	3683	1.358	0.045	0.236	0.282
Currently using female sterilization	0.026	0.003	2648	3683	1.039	0.124	0.019	0.032
Currently using periodic abstinence	0.055	0.005	2648	3683	1.198	0.096	0.044	0.066
Used public sector source	0.268	0.018	1035	1517	1.326	0.068	0.231	0.304
Want no more children	0.430	0.009	2648	3683	0.970	0.022	0.411	0.448
Want to delay birth at least 2 years	0.282	0.009	2648	3683	1.047	0.032	0.264	0.300
Ideal family size	4.053	0.048	2663	3732	1.352	0.012	3.957	4.148
Mothers received tetanus injection for last birth	0.354	0.014	1736	2378	1.172	0.038	0.326	0.381
Mothers received medical assistance at delivery	0.998	0.001	2693	3635	0.850	0.001	0.997	1.000
Had diarrhea in two weeks before survey	0.143	0.008	2633	3561	1.081	0.057	0.126	0.159
Treated with oral rehydration salts (ORS)	0.205	0.029	390	508	1.261	0.143	0.146	0.264
Taken to a health provider	0.547	0.032	390	508	1.138	0.058	0.484	0.611
Vaccination card seen	0.751	0.023	536	705	1.207	0.031	0.705	0.798
Received BCG	0.381	0.028	536	705	1.277	0.073	0.326	0.437
Received DPT (3 doses)	0.986	0.006	536	705	1.105	0.006	0.975	0.998
Received polio (3 doses)	0.975	0.008	536	705	1.113	0.008	0.960	0.991
Received measles	0.950	0.011	536	705	1.119	0.011	0.928	0.971
Received all vaccinations	0.368	0.027	536	705	1.242	0.073	0.314	0.422
Height-for-age (-2SD)	0.073	0.006	2187	2884	1.034	0.086	0.061	0.086
Weight-for-height (-2SD)	0.022	0.005	2187	2884	1.384	0.233	0.012	0.032
Weight-for-age (-2SD)	0.040	0.006	2187	2884	1.167	0.138	0.029	0.051
Anemia among children	0.345	0.021	690	968	1.529	0.061	0.302	0.387
Anemia among women	0.250	0.018	1318	1870	2.443	0.072	0.214	0.286
BMI <18.5	0.051	0.005	3540	4814	1.189	0.098	0.041	0.061
Total fertility rate (last 3 years)	3.531	0.093	na	20009	1.170	0.026	3.345	3.717
Perinatal mortality (0-4 years)	21.905	2.979	2725	3676	1.045	0.136	15.946	27.863
Neonatal Mortality (last 10 years)	15.826	2.015	5520	7483	1.097	0.127	11.795	19.856
Post-neonatal mortality (last 10 years)	6.240	1.098	5522	7484	0.947	0.176	4.044	8.435
Infant mortality (last 10 years)	22.065	2.252	5522	7484	1.040	0.102	17.562	26.569
Child mortality (last 10 years)	4.697	1.008	5524	7489	0.979	0.215	2.682	6.712
Under 5 mortality (last 10 years)	26.658	2.509	5526	7491	1.049	0.094	21.64	31.677

na = Not applicable

Table B.6 Sampling errors for selected variables, North region sample, Jordan 2002

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence intervals: Value-2SE (R-2SE)	Confidence intervals: Value+2SE (R+2SE)
Urban	0.676	0.011	1760	1542	0.981	0.016	0.654	0.698
No education	0.076	0.009	1760	1542	1.444	0.120	0.058	0.095
Secondary education	0.561	0.015	1760	1542	1.260	0.027	0.531	0.591
Currently married	0.960	0.006	1760	1542	1.188	0.006	0.949	0.971
Married before age 20	0.346	0.009	2517	2159	1.024	0.026	0.328	0.364
Currently pregnant	0.068	0.006	3270	2906	1.169	0.095	0.055	0.081
Children ever born	2.345	0.186	3270	2906	1.333	0.079	1.972	2.717
Children surviving	2.247	0.177	3270	2906	1.324	0.079	1.893	2.602
Children ever born to women 40-49	6.929	0.182	434	392	1.113	0.026	6.565	7.293
Know any contraceptive method	1.000	0.000	1685	1480	na	0.000	1.000	1.000
Ever used any contraceptive method	0.797	0.010	1685	1480	0.971	0.012	0.778	0.816
Currently using any contraceptive method	0.544	0.010	1685	1480	0.855	0.019	0.523	0.565
Currently using pill	0.067	0.005	1685	1480	0.825	0.075	0.057	0.077
Currently using IUD	0.213	0.009	1685	1480	0.885	0.041	0.195	0.230
Currently using female sterilization	0.032	0.004	1685	1480	0.971	0.130	0.024	0.041
Currently using periodic abstinence	0.047	0.007	1685	1480	1.339	0.147	0.033	0.061
Used public sector source	0.489	0.028	585	526	1.359	0.057	0.433	0.545
Want no more children	0.374	0.014	1685	1480	1.218	0.038	0.345	0.403
Want to delay birth at least 2 years	0.353	0.015	1685	1480	1.262	0.042	0.324	0.383
Ideal family size	4.583	0.062	1733	1521	1.250	0.014	4.458	4.707
Mothers received tetanus injection for last birth	0.308	0.017	1163	1001	1.226	0.054	0.274	0.341
Mothers received medical assistance at delivery	0.991	0.006	1867	1596	1.964	0.006	0.979	1.002
Had diarrhea in two weeks before survey	0.154	0.010	1804	1544	1.076	0.064	0.134	0.174
Treated with oral rehydration salts (ORS)	0.151	0.023	278	238	1.024	0.154	0.105	0.198
Taken to a health provider	0.478	0.036	278	238	1.125	0.076	0.405	0.551
Vaccination card seen	0.821	0.021	364	315	1.033	0.026	0.779	0.864
Received BCG	0.173	0.032	364	315	1.595	0.188	0.108	0.238
Received DPT (3 doses)	0.989	0.006	364	315	1.031	0.006	0.978	1.000
Received polio (3 doses)	0.989	0.006	364	315	1.031	0.006	0.978	1.000
Received measles	0.962	0.010	364	315	0.981	0.010	0.942	0.982
Received all vaccinations	0.170	0.032	364	315	1.560	0.186	0.106	0.233
Height-for-age (-2SD)	0.097	0.011	1435	1233	1.298	0.113	0.075	0.118
Weight-for-height (-2SD)	0.015	0.004	1435	1233	1.183	0.271	0.007	0.023
Weight-for-age (-2SD)	0.041	0.005	1435	1233	0.976	0.124	0.031	0.051
Anemia among children	0.340	0.031	412	398	1.931	0.092	0.277	0.402
Anemia among women	0.292	0.013	851	768	1.331	0.044	0.266	0.318
BMI <18.5	0.044	0.005	2372	2083	1.106	0.112	0.034	0.054
Total fertility rate (last 3 years)	3.927	0.125	na	9870	1.049	0.032	3.677	4.176
Perinatal mortality (0-4 years)	22.159	4.117	1882	1608	1.131	0.186	13.924	30.394
Neonatal Mortality (last 10 years)	20.422	2.799	3944	3392	1.138	0.137	14.824	26.02
Post-neonatal mortality (last 10 years)	8.300	1.601	3943	3390	1.036	0.193	5.098	11.501
Infant Mortality (last 10 years)	28.722	3.097	3945	3392	1.061	0.108	22.527	34.916
Child Mortality (last 10 years)	5.962	1.241	3944	3391	0.975	0.208	3.481	8.444
Under 5 mortality (last 10 years)	34.513	3.52	3947	3394	1.084	0.102	27.472	41.554

na = Not applicable

Table B.7 Sampling errors for selected variables, South region sample, Jordan 2002

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence intervals	
			Unweighted (N)	Weighted (WN)			Value-2SE (R-2SE)	Value+2SE (R+2SE)
Urban	0.554	0.013	1458	566	1.009	0.024	0.528	0.581
No education	0.138	0.014	1458	566	1.598	0.104	0.109	0.167
Secondary education	0.465	0.019	1458	566	1.489	0.042	0.426	0.504
Currently married	0.957	0.005	1458	566	0.983	0.005	0.947	0.968
Married before age 20	0.328	0.014	2031	786	1.374	0.042	0.301	0.356
Currently pregnant	0.081	0.009	2653	1032	1.019	0.113	0.063	0.099
Children ever born	2.391	0.267	2653	1032	1.146	0.112	1.857	2.925
Children surviving	2.273	0.254	2653	1032	1.15	0.112	1.764	2.782
Children ever born to women 40-49	6.379	0.205	379	152	1.364	0.032	5.969	6.788
Know any contraceptive method	1.000	0.000	1394	542	na	0.000	1.000	1.000
Ever used any contraceptive method	0.766	0.015	1394	542	1.286	0.019	0.736	0.795
Currently using any contraceptive method	0.480	0.019	1394	542	1.389	0.039	0.443	0.517
Currently using pill	0.072	0.008	1394	542	1.171	0.113	0.055	0.088
Currently using IUD	0.149	0.012	1394	542	1.282	0.082	0.125	0.174
Currently using female sterilization	0.041	0.006	1394	542	1.102	0.142	0.030	0.053
Currently using periodic abstinence	0.048	0.007	1394	542	1.165	0.140	0.034	0.061
Used public sector source	0.517	0.028	427	167	1.148	0.054	0.462	0.573
Want no more children	0.378	0.016	1394	542	1.234	0.042	0.346	0.410
Want to delay birth at least 2 years	0.333	0.013	1394	542	1.023	0.039	0.307	0.359
Ideal family size	4.469	0.062	1402	544	1.231	0.014	4.345	4.593
Mothers received tetanus injection for last birth	0.271	0.019	935	364	1.321	0.071	0.233	0.309
Mothers received medical assistance at delivery	0.990	0.003	1513	589	0.969	0.003	0.984	0.995
Had diarrhea in two weeks before survey	0.160	0.011	1476	573	1.064	0.069	0.138	0.181
Treated with oral rehydration salts (ORS)	0.138	0.027	232	91	1.150	0.192	0.085	0.191
Taken to a health provider	0.586	0.043	232	91	1.251	0.074	0.500	0.672
Vaccination card seen	0.807	0.028	298	115	1.195	0.035	0.751	0.862
Received BCG	0.029	0.010	298	115	0.999	0.338	0.009	0.048
Received DPT (3 doses)	0.933	0.020	298	115	1.359	0.021	0.894	0.973
Received polio (3 doses)	0.946	0.019	298	115	1.417	0.020	0.908	0.983
Received measles	0.936	0.014	298	115	1.005	0.015	0.908	0.965
Received all vaccinations	0.029	0.010	298	115	0.999	0.338	0.009	0.048
Height-for-age (-2SD)	0.124	0.010	1322	516	1.007	0.082	0.104	0.145
Weight-for-height (-2SD)	0.024	0.005	1322	516	1.083	0.189	0.015	0.033
Weight-for-age (-2SD)	0.075	0.010	1322	516	1.280	0.136	0.054	0.095
Anemia among children	0.331	0.043	385	137	2.314	0.129	0.246	0.417
Anemia among women	0.270	0.025	697	262	2.431	0.092	0.220	0.320
BMI <18.5	0.064	0.007	1981	784	1.204	0.110	0.050	0.078
Total fertility rate (last 3 years)	3.918	0.122	na	5046	1.086	0.031	3.674	4.162
Perinatal mortality (0-4 years)	22.381	4.825	1528	595	1.244	0.216	12.732	32.031
Neonatal mortality (last 10 years)	18.033	3.044	3134	1212	1.148	0.169	11.945	24.121
Post-neonatal mortality (last 10 years)	8.604	1.920	3132	1212	1.051	0.223	4.764	12.445
Infant mortality (last 10 years)	26.637	3.865	3134	1212	1.231	0.145	18.907	34.368
Child mortality (last 10 years)	4.305	1.456	3134	1212	1.221	0.338	1.393	7.218
Under 5 mortality (last 10 years)	30.828	4.315	3136	1213	1.257	0.140	22.198	39.457

na = Not applicable

SAMPLE DESIGN

Appendix C

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Jordan 2002

	Male		Female			Male		Female	
Age	Number	Percentage	Number	Percentage	Age	Number	Percentage	Number	Percentage
0	576	2.6	597	2.7	37	259	1.2	294	1.3
1	563	2.6	588	2.6	38	246	1.1	225	1.0
2	615	2.8	544	2.4	39	242	1.1	225	1.0
3	522	2.4	544	2.4	40	202	0.9	215	1.0
4	607	2.7	571	2.6	41	190	0.9	198	0.9
5	608	2.8	527	2.4	42	169	0.8	177	0.8
6	675	3.1	626	2.8	43	145	0.7	175	0.8
7	636	2.9	677	3.0	44	189	0.9	170	0.8
8	594	2.7	642	2.9	45	156	0.7	154	0.7
9	618	2.8	608	2.7	46	155	0.7	162	0.7
10	559	2.5	513	2.3	47	118	0.5	120	0.5
11	553	2.5	540	2.4	48	128	0.6	146	0.7
12	547	2.5	513	2.3	49	135	0.6	129	0.6
13	522	2.4	549	2.5	50	110	0.5	135	0.6
14	570	2.6	553	2.5	51	78	0.4	113	0.5
15	530	2.4	533	2.4	52	121	0.5	133	0.6
16	502	2.3	537	2.4	53	83	0.4	115	0.5
17	546	2.5	528	2.4	54	111	0.5	144	0.6
18	511	2.3	506	2.3	55	112	0.5	138	0.6
19	478	2.2	459	2.1	56	110	0.5	106	0.5
20	526	2.4	457	2.0	57	103	0.5	98	0.4
21	486	2.2	448	2.0	58	128	0.6	108	0.5
22	482	2.2	460	2.1	59	138	0.6	82	0.4
23	402	1.8	436	2.0	60	128	0.6	144	0.6
24	385	1.7	384	1.7	61	96	0.4	77	0.3
25	388	1.8	392	1.8	62	115	0.5	113	0.5
26	363	1.6	357	1.6	63	78	0.4	72	0.3
27	326	1.5	385	1.7	64	73	0.3	75	0.3
28	341	1.5	334	1.5	65	71	0.3	104	0.5
29	362	1.6	375	1.7	66	70	0.3	93	0.4
30	356	1.6	393	1.8	67	73	0.3	77	0.3
31	243	1.1	418	1.9	68	48	0.2	43	0.2
32	313	1.4	342	1.5	69	57	0.3	43	0.2
33	288	1.3	280	1.3	70+	467	2.1	503	2.2
34	283	1.3	298	1.3	Don't know/ missing	0	0.0	1	0.0
35	251	1.1	285	1.3					
36	232	1.1	241	1.1					
					Total	22,062	100.0	22,350	100.0

Table C.2 Age distribution of eligible and interviewed women

De facto household population of all women and ever-married women age 10-54, interviewed ever-married women age 15-49, and percentage of eligible women who were interviewed (weighted), by five-year age groups, Jordan 2002

Age group	Household population of women 10-54		Interviewed women age 15-49		Percentage of eligible women interviewed (weighted)
	All women	Ever-married women	Number	Percent	
10-14	2,668	0	na	na	na
15-19	2,564	158	156	2.6	99.0
20-24	2,186	743	719	12.1	96.8
25-29	1,843	1,202	1,161	19.6	96.5
30-34	1,731	1,378	1,339	22.6	97.2
25-39	1,270	1,108	1,061	17.9	95.7
40-44	937	867	849	14.3	97.9
45-49	711	677	651	11.0	96.1
50-54	642	623	na	na	na
15-49	11,241	6,133	5,935	100.0	96.8

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before interview. Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.
na = Not applicable

Table C.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions, Jordan 2002

Subject	Reference group	Percentage of reference group with missing information	Number of cases
Birth Date	Last 15 years		
Month only		0.49	16,941
Month and year		0.04	16,941
Age at death	Last 15 years	0.00	517
Age/date at first union[1]	Ever-married respondents	0.01	6,006
Respondent's education	All respondents	0.00	6,006
Diarrhea in last 2 weeks	Living children age 1-59 months	0.16	5,878
Anthropometry	Living children age 1-59 months		
Child's height		18.03	5,727
Child's weight		16.76	5,727
Height or weight		18.30	5,727
Anemia			
Children		23.76	1,866
Women		25.41	3,805

[1] Both year and age missing

Table C.4 Births by calendar years

Distribution of births by calendar years since birth for living, dead, and all children, according to completeness of birth dates, sex ratio at birth, and ratio of births by calendar year (weighted), Jordan 2002

	Number of births			Percentage with complete birth date[1]			Sex ratio at birth[2]			Calendar year ratio[3]		
Year	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total
2001	1,231	28.0	1,259	100.0	100.0	100.0	89.5	99.2	89.7	na	na	na
2000	1,140	31.0	1,171	100.0	100.0	100.0	116.7	102.1	116.3	na	na	na
1999	1,115	24.0	1,139	100.0	100.0	100.0	105.5	169.2	106.6	98.9	73.0	98.2
1998	1,113	35.0	1,149	100.0	100.0	100.0	109.4	153.3	110.6	101.2	150.4	102.3
1997	1,085	23.0	1,108	99.9	100.0	99.9	107.4	111.8	107.5	91.1	57.3	90.0
1996	1,268	44.0	1,312	99.7	95.6	99.6	112.8	97.9	112.3	107.6	123.7	108.0
1995	1,272	49.0	1,321	99.4	93.9	99.2	97.0	82.0	96.4	102.8	100.0	102.6
1994	1,208	53.0	1,261	99.6	85.9	99.0	94.7	105.4	95.1	99.9	134.3	101.0
1993	1,147	31.0	1,178	99.5	78.1	99.0	104.5	182.2	106.0	99.6	65.5	98.3
1992	1,096	40.0	1,136	99.2	97.7	99.2	99.8	64.2	98.3	104.7	112.4	104.9
1997-2001	5,684	141.0	5,825	100.0	100.0	100.0	105.0	124.0	105.4	na	na	na
1992-1996	5,991	218.0	6,208	99.5	90.7	99.2	101.6	96.6	101.4	na	na	na
1987-1991	4,626	156.0	4,782	99.3	87.9	99.0	105.6	97.0	105.3	na	na	na
1982-1986	3,489	170.0	3,659	99.2	82.1	98.5	102.7	138.0	104.1	na	na	na
< 1982	2,918	248.0	3,166	96.8	68.6	94.6	110.3	153.7	113.2	na	na	na
All	22,708	933.0	23,641	99.2	84.2	98.6	104.5	121.0	105.1	na	na	na

na = Not applicable

[1] Both year and month of birth given

[2] $(B_m/B_f)*100$, where B_m and B_f are the numbers of male and female births, respectively

[3] $[2B_x/(B_{x-1}+B_{x+1})]*100$, where B_x is the number births in calendar year x

Table C.5 Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods of birth preceding the survey, Jordan 2002

Age at death (days)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1	12	20	19	15	66
1	15	22	27	23	87
2	15	15	13	18	61
3	12	14	4	5	35
4	10	4	5	1	20
5	5	8	0	1	14
6	1	3	0	0	4
7	7	14	9	6	36
8	2	1	2	0	5
9	1	1	0	1	3
10	2	3	1	0	7
11	0	1	2	1	4
12	2	1	1	1	5
13	0	0	1	1	2
14	2	3	0	1	7
15	0	3	2	1	7
16	1	1	1	0	3
17	0	1	1	0	1
19	0	0	0	2	2
20	1	1	0	2	3
21	2	1	1	0	3
22	0	1	0	0	1
23	0	0	0	0	1
24	1	0	1	0	1
25	0	0	0	1	1
27	0	0	0	1	1
28	1	0	0	2	3
29	0	0	1	0	1
30	1	0	0	0	1
31+	1	0	0	0	1
Total 0-30	94	117	91	83	385
Percent early neonatal[1]	75	74	75	74	75

[1] 0-6 days/0-30 days

Table C.6 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur under one month, for five-year periods of birth preceding the survey, Jordan 2002

Age at death (months)	Number of years preceding the survey				Total
	0-4	5-9	10-14	15-19	0-19
<1[1]	94	117	91	83	385
1	10	11	8	6	34
2	6	7	5	8	25
3	1	5	6	7	18
4	2	7	5	2	15
5	2	3	4	4	13
6	8	3	7	8	26
7	3	3	2	7	14
8	2	4	1	3	10
9	1	3	0	2	5
10	0	0	1	0	1
11	1	0	4	3	8
12	4	6	3	2	14
13	1	1	0	0	1
14	2	0	0	0	2
15	0	0	1	1	2
18	2	5	1	3	11
20	1	1	2	0	4
21	1	0	0	0	1
22	0	0	0	0	0
23	0	0	0	0	0
1 year	0	0	0	1	2
Total 0-11	128	164	133	130	556
Percent neonatal[2]	73	71	68	64	69

[1] Includes deaths under one month reported in days
[2] Percent neonatal = under one month/under one year

QUESTIONNAIRES

Appendix **D**

The Hashemite Kingdom of Jordan

Department of Statistics
Household Survey Directorate

JORDAN POPULATION AND FAMILY HEALTH SURVEY

Demographic and Health Surveys
ORC Macro International

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

GROUP No: .....

QUESTIONNAIRE No: .....

GOVERNORATE: _____

DISTRICT: _____

SUB-DISTRICT: _____

LOCALITY: _____

STRATUM: _____

URBAN/RURAL (Urban = 1; Rural = 2):

BLOCK No: .....

BUILDING No: _____

HOUSING UNIT No: _____

CLUSTER No: .....

HOUSEHOLD No: .....

TELEPHONE No (if available): _____

HOUSEHOLD SELECTED FOR ANEMIA TESTING (YES = 1; NO = 2) : .....

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR 2002
INTERVIEWER'S NAME				INT. CODE
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NO. OF VISITS
TIME				

*__RESULT CODES:__
1- COMPLETED
2- NO HOUSEHOLD MEMBER OR NO COMPETENT RESPONDENT AT HOME
3- ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4- POSTPONED
5- REFUSED
6- DWELLING VACANT OR ADDRESS NOT A DWELLING
7- DWELLING DESTROYED
8- DWELLING NOT FOUND
9- OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

LINE NO. OF RESP. TO HOUSEHOLD QUEST.

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		DATE OF BIRTH	AGE	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**			
	Please give me the three names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	In what month and year was (NAME) born? IF DON'T KNOW MONTH: RECORD '98' FOR MONTHS IF DON'T KNOW YEAR: RECORD '9998' FOR YEAR	How old is (NAME)? IF AGE=95+ RECORD 95 COMPARE AND CORRECT 6A AND/OR 7 IF INCONSISTENT	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER
(1)	(2)	(3)	(4)	(5)	(6)	(6A)	(7)	(10)	(11)	(12)	(13)
01			M F 1 2	YES NO 1 2	YES NO 1 2	MONTH YEAR	IN YEARS IF 15+ SKIP TO 14A	YES NO DK 1 2 8		YES NO DK 1 2 8	
02			1 2	1 2	1 2		IF 15+ SKIP TO 14A	1 2 8		1 2 8	
03			1 2	1 2	1 2		IF 15+ SKIP TO 14A	1 2 8		1 2 8	
04			1 2	1 2	1 2		IF 15+ SKIP TO 14A	1 2 8		1 2 8	
05			1 2	1 2	1 2		IF 15+ SKIP TO 14A	1 2 8		1 2 8	
06			1 2	1 2	1 2		IF 15+ SKIP TO 14A	1 2 8		1 2 8	
07			1 2	1 2	1 2		IF 15+ SKIP TO 14A	1 2 8		1 2 8	

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = GRANDFATHER/GRANDMOTHER
10 = OTHER RELATIVE
11 = ADOPTED/STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

LINE NO.	EDUCATION					IF AGE 15 YEARS OR OLDER	ELIGIBILITY		
	IF AGE 6 YEARS OR OLDER				IF AGE 6-24 YEARS	What is (NAME) marital status? 1: NEVER MARRIED/ SIGNED CONTRACT 2: MARRIED 3: DIVORCED 4: WIDOWED 5: SEPARATED	CIRCLE LINE NUMBER OF ELIGIBLE WOMEN FOR THE INDIVIDUAL SURVEY (EVER MARRIED WOMEN AGE 15-49)	CIRCLE LINE NUMBER OF NEVER MARRIED WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN BORN IN 1997 OR LATER, OR CHILDREN UNDER AGE 6 (IF DATE OF BIRTH UNKNOWN).
	Has (NAME) ever attended school?	Can (NAME) read and write?	What is the highest level of school (NAME) has attended?***	What is the highest grade (NAME) completed at that level?****	Did (NAME) attend school at any time during the last school year?				
	(14A)	(14B)	(14C)	(14D)	(14E)	(20A)	(20B)	(20C)	(20D)
01	YES NO 1 2 ↳ GO TO 14C	YES NO 1 2 GO TO 20A	LEVEL ☐☐	GRADE ☐☐	YES NO 1 2	☐	01	01	01
02	1 2 ↳ GO TO 14C	1 2 GO TO 20A	☐☐	☐☐	1 2	☐	02	02	02
03	1 2 ↳ GO TO 14C	1 2 GO TO 20A	☐☐	☐☐	1 2	☐	03	03	03
04	1 2 ↳ GO TO 14C	1 2 GO TO 20A	☐☐	☐☐	1 2	☐	04	04	04
05	1 2 ↳ GO TO 14C	1 2 GO TO 20A	☐☐	☐☐	1 2	☐	05	05	05
06	1 2 ↳ GO TO 14C	1 2 GO TO 20A	☐☐	☐☐	1 2	☐	06	06	06
07	1 2 ↳ GO TO 14C	1 2 GO TO 20A	☐☐	☐☐	1 2	☐	07	07	07

** CODES FOR Q.10 THROUGH Q.13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

***CODES FOR Q. 14C
EDUCATION LEVEL:
01 = OLD ELEMENTARY
02 = OLD PREPARATORY
03 = OLD SECONDARY
04 = NEW BASIC
05 = NEW SECONDARY
06 = INTERMEDIATE DIPLOMA
07 = UNIVERSITY
08 = HIGHER
98 = DON'T KNOW

****CODES FOR Q. 14D EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		DATE OF BIRTH	AGE	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**			
	Please give me the three names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	In what month and year was (NAME) born? IF DON'T KNOW MONTH: RECORD '98' FOR MONTHS IF DON'T KNOW YEAR: RECORD '9998' FOR YEAR	How old is (NAME)? IF AGE=95+ RECORD 95 COMPARE AND CORRECT 6A AND/OR 7 IF INCONSISTENT	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER
(1)	(2)	(3)	(4)	(5)	(6)	(6A)	(7)	(10)	(11)	(12)	(13)
08			M F 1 2	YES NO 1 2	YES NO 1 2	MONTH YEAR	IN YEARS IF 15+ SKIP TO 14A	YES NO DK 1 2 8		YES NO DK 1 2 8	
09			1 2	1 2	1 2		IF 15+ SKIP TO 14A	1 2 8		1 2 8	
10			1 2	1 2	1 2		IF 15+ SKIP TO 14A	1 2 8		1 2 8	
11			1 2	1 2	1 2		IF 15+ SKIP TO 14A	1 2 8		1 2 8	
12			1 2	1 2	1 2		IF 15+ SKIP TO 14A	1 2 8		1 2 8	
13			1 2	1 2	1 2		IF 15+ SKIP TO 14A	1 2 8		1 2 8	
14			1 2	1 2	1 2		IF 15+ SKIP TO 14A	1 2 8		1 2 8	

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = GRANDFATHER/GRANDMOTHER
10 = OTHER RELATIVE
11 = ADOPTED/STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

LINE NO.	EDUCATION					IF AGE 15 YEARS OR OLDER	ELIGIBILITY		
	IF AGE 6 YEARS OR OLDER				IF AGE 6-24 YEARS	What is (NAME) marital status? 1: NEVER MARRIED/ SIGNED CONTRACT 2: MARRIED 3: DIVORCED 4: WIDOWED 5: SEPARATED	CIRCLE LINE NUMBER OF ELIGIBLE WOMEN FOR THE INDIVIDUAL SURVEY (EVER MARRIED WOMEN AGE 15-49)	CIRCLE LINE NUMBER OF NEVER MARRIED WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN BORN IN 1997 OR LATER, OR CHILDREN UNDER AGE 6 (IF DATE OF BIRTH UNKNOWN).
	Has (NAME) ever attended school?	Can (NAME) read and write?	What is the highest level of school (NAME) has atten-ded?***	What is the highest grade (NAME) completed at that level?****	Did (NAME) attend school at any time during the last school year?				
	(14A)	(14B)	(14C)	(14D)	(14E)	(20A)	(20B)	(20C)	(20D)
08	YES NO 1 2 ↳ GO TO 14C	YES NO 1 2 GO TO 20A	LEVEL	GRADE	YES NO 1 2		08	08	08
09	1 2 ↳ GO TO 14C	1 2 GO TO 20A			1 2		09	09	09
10	1 2 ↳ GO TO 14C	1 2 GO TO 20A			1 2		10	10	10
11	1 2 ↳ GO TO 14C	1 2 GO TO 20A			1 2		11	11	11
12	1 2 ↳ GO TO 14C	1 2 GO TO 20A			1 2		12	12	12
13	1 2 ↳ GO TO 14C	1 2 GO TO 20A			1 2		13	13	13
14	1 2 ↳ GO TO 14C	1 2 GO TO 20A			1 2		14	14	14

** CODES FOR Q.10 THROUGH Q.13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

***CODES FOR Q. 14C
EDUCATION LEVEL:
01 = OLD ELEMENTARY
02 = OLD PREPARATORY
03 = OLD SECONDARY
04 = NEW BASIC
05 = NEW SECONDARY
06 = INTERMEDIATE DIPLOMA
07 = UNIVERSITY
08 = HIGHER
98 = DON'T KNOW

****CODES FOR Q. 14D EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW

TICK HERE IF CONTINUATION SHEET USED ☐

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed? YES ☐→ ENTER EACH IN TABLE NO ☐

2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ☐→ ENTER EACH IN TABLE NO ☐

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ☐→ ENTER EACH IN TABLE NO ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
21	What is the main source of drinking water for members of your household?[1]	PIPED INTO DWELLING .....11 PIPED INTO YARD .....12 PUBLIC TAP.....13 SPRING.....21 RAINWATER .....31 TANKER TRUCK.....41 BOTTLED WATER .....51 OTHER _____ 96 (SPECIFY)	
21A	TYPE OF HOUSING UNIT RECORD OBSERVATION.	APARTMENT .....1 DAR .....2 VILLA.....3 HUT/BARRACK.....4 OTHER _____ 6 (SPECIFY)	
23	What kind of toilet facilities does your household have?	FLUSH TOILET OWN FLUSH TOILET .....11 SHARED FLUSH TOILET .....12 PIT TOILET/LATRINE OWN TRADITIONAL PIT TOILET.....21 SHARED TRADITIONAL PIT TOILET .....22 NO FACILITY .....31 OTHER _____ 96 (SPECIFY)	
23A	Is your house connected with : Electricity? Public Sewage?	YES NO ELECTRICITY .....1 2 PUBLIC SEWAGE.....1 2	
25	Does your household have: Radio or tape recorder? Television? Satellite? Telephone? Refrigerator? Washing machine? Solar heater? Computer? Internet access?	YES NO RADIO .....1 2 TELEVISION .....1 2 SATELLITE.....1 2 TELEPHONE.....1 2 REFRIGERATOR .....1 2 WASHING MACHINE.....1 2 SOLAR HEATER.....1 2 COMPUTER .....1 2 INTERNET.....1 2	
25A	Does your household have a mobile? IF YES: How many? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF MOBILE..... ☐☐	
25B	Does your household have a private car or pick-up? IF YES: How many? IF NONE, RECORD '0'0'. IF 7 OR MORE, RECORD 7	NUMBER OF CARS ..... ☐☐	
26	What type of fuel does your household mainly use for cooking?	ELECTRICITY .....1 NATURAL GAS .....2 KEROSENE.....3 COAL, WOOD .....4 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
27	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND .....11 FINISHED FLOOR PARQUET OR POLISHED WOOD.....21 VINYL .....22 CERAMIC TILES.....23 CEMENT .....24 OTHER _____ 96 (SPECIFY)	
27A	How many rooms do you have in your house?	NUMBER OF ROOMS..... ☐☐	
27B	How many rooms in your household are used for sleeping?	ROOMS FOR SLEEPING..... ☐☐	

HEIGHT AND WEIGHT MEASUREMENT

CHECK COLUMNS (20B), (20C) AND (20D): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN BORN IN 1997 OR LATER, OR CHILDREN UNDER AGE 6 (IF DATE OF BIRTH UNKNOWN).

ALL WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL. (20B) OR 20C)	NAME FROM COL.(2)	AGE FROM COL.(7)		WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)		RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)
		YEARS		.	.		
				.	.		
				.	.		

CHILDREN BORN IN 1997 OR LATER, OR CHILDREN UNDER AGE 6 (IF DATE OF BIRTH UNKNOWN).				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1997 OR LATER			
LINE NO. FROM COL.(20D)	NAME FROM COL.(2)	AGE FROM COL.(7)	DATE OF BIRTH FROM COL..6A AND ASK DAY*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STAN-DING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
				0 .	.	LYING STAND. 1 2	
				0 .	.	1 2	
				0 .	.	1 2	
				0 .	.	1 2	
				0 .	.	1 2	
				0 .	.	1 2	

TICK HERE IF CONTINUATION SHEET USED ☐

IF DATE OF BIRTH IS MISSING IN COL (6A):

- CHECK IF THE CHILD IS INCLUDED IN ANY BIRTH HISTORY OF THE INDIVIDUAL QUESTIONNAIRE. THEN COPY MONTH AND YEAR FROM 215 IN MOTHER'S BIRTH HISTORY AND ASK DAY.
- IF THE CHILD IS NOT INCLUDED IN ANY BIRTH HISTORY, PROBE TO GET AN ESTIMATED DATE OF BIRTH.

ANEMIA TEST

43A	CHECK COVER PAGE TO DETERMINE IF HOUSEHOLD IS INCLUDED IN THE SUBSAMPLE FOR ANEMIA TESTING.: YES ☐ NO ☐ → END CHECK COLUMNS (20B), (20C) AND (20D): RECORD THE LINE NUMBER (IN COL. 45), AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN BORN IN 1997 OR LATER, OR CHILDREN UNDER AGE 6 (IF DATE OF BIRTH UNKNOWN).

* CONSENT STATEMENT

As part of this survey, we are studying anemia among women and children. Anemia is a serious health problem that results from poor nutrition. This survey will assist the government to develop programs to prevent and treat anemia.

We request that you (and all children born in 1997 or later) participate in the anemia testing part of this survey and give a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be analyzed with new equipment and the results of the test will be given to you right after the blood is taken. The results will be kept confidential.

May I now ask that you (and NAME OF CHILD[REN]) participate in the anemia test. However, if you decide not to have the test done, it is your right and we will respect your decision. Now please tell me if you agree to have the test(s) done.

HEMOGLOBIN MEASUREMENT OF WOMEN 15-49

CHECK COLUMN (38):	LINE NO. OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	CHECK (20A): IF EVER MARRIED ASK FOR CURRENT PREGNANCY, IF SINGLE, CIRCLE '3'	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(44)	(45)	(46)	(47)	(48)	(49)
AGE 15-17 AGE 18-49 1 2 GO TO 46	☐☐	GRANTED REFUSED 1 2 SIGN _____ NEXT LINE	☐☐.☐	YES NO/DK SINGLE 1 2 3	☐
1 2 GO TO 46	☐☐	1 2 SIGN _____ NEXT LINE	☐☐.☐	1 2 3	☐
1 2 GO TO 46	☐☐	1 2 SIGN _____ NEXT LINE	☐☐.☐	1 2 3	☐

HEMOGLOBIN MEASUREMENT OF CHILDREN BORN IN 1997 OR LATER

	LINE NO. OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)		RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
		GRANTED REFUSED 1 2 SIGN _____ NEXT LINE	☐☐.☐		☐
	☐☐	1 2 SIGN _____ NEXT LINE	☐☐.☐		☐
	☐☐	1 2 SIGN _____ NEXT LINE	☐☐.☐		☐
	☐☐	1 2 SIGN _____ NEXT LINE	☐☐.☐		☐
	☐☐	1 2 SIGN _____ NEXT LINE	☐☐.☐		☐
	☐☐	1 2 SIGN _____ NEXT LINE	☐☐.☐		☐

50	CHECK 47 AND 48: NUMBER OF PERSONS WITH HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT* ONE OR MORE ☐ → GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 51.** NONE ☐ → GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND END HOUSEHOLD INTERVIEW.
51	We detected a low level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)). This indicates that (you/NAME OF CHILD(REN)) have developed severe anemia, which is a serious health problem. We would like to inform the doctor at _____ about (your condition/the condition of NAME OF CHILD(REN)). This will assist you in obtaining appropriate treatment for the condition. Do you agree that the information about the level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)) may be given to the doctor?

NAME OF PERSON WITH HEMOGLOBIN BELOW THE CUTOFF POINT	NAME OF PARENT/RESPONSIBLE ADULT	AGREES TO REFERRAL?
WOMEN AGE 18-49		
		YES ..... 1 NO 2
		YES ..... 1 NO 2
		YES ..... 1 NO 2
		YES ..... 1 NO 2
WOMEN AGE 15-17 AND CHILDREN		
		YES ..... 1 NO 2
		YES ..... 1 NO 2
		YES ..... 1 NO 2
		YES ..... 1 NO 2
		YES ..... 1 NO 2
		YES ..... 1 NO 2
		YES ..... 1 NO 2
		YES ..... 1 NO 2
		YES ..... 1 NO 2

* The cutoff point is 9 g/dl for pregnant women and 7 g/dl for children and women who are not pregnant (or who don't know if they are pregnant.)

** If more than one woman or child is below the cutoff point, read the statement in Q.51 to each woman who is below the cutoff point and to each woman/parent/responsible adult of a child who is below the cutoff point.

The Hashemite Kingdom of Jordan

Department of Statistics
Household Survey Directorate

JORDAN POPULATION AND FAMILY HEALTH SURVEY

Demographic and Health Surveys
ORC Macro International

WOMAN'S QUESTIONNAIRE

IDENTIFICATION

GROUP No: ..... ☐

QUESTIONNAIRE No: ..... ☐☐☐☐

GOVERNORATE: _____ ☐☐

DISTRICT: _____ ☐☐

SUB-DISTRICT: _____ ☐

LOCALITY: _____ ☐☐☐

STRATUM: _____ ☐

URBAN/RURAL (Urban = 1; Rural = 2): ☐

BLOCK No: ..... ☐☐☐☐☐

BUILDING No: _____

HOUSING UNIT No: _____ ☐☐☐

CLUSTER No: ..... ☐☐

HOUSEHOLD No: ..... ☐

TELEPHONE No (if available): _____

NAME AND LINE NUMBER OF WOMAN: _____. ☐☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY ☐☐
				MONTH ☐☐
				YEAR 2 0 0 2
INTERVIEWER'S NAME				NAME ☐☐
RESULT*				RESULT ☐
NEXT VISIT: DATE				TOTAL NO. OF VISITS ☐
TIME				

*RESULT CODES:

1	COMPLETED	4	REFUSED		
2	NOT AT HOME	5	PARTLY COMPLETED	7	OTHER _____ (SPECIFY)
3	POSTPONED	6	INCAPACITATED		

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ ☐☐	NAME _____ ☐☐	☐☐	☐☐
DATE _____	DATE _____		

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with THE DEPARTMENT OF STATISTICS. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.[1]

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED .....1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.... 2 —➢END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... ☐☐ MINUTES ..... ☐☐	
101A	What is your marital status now: are you married, widowed, divorced, or separated? IF THE WOMAN IS NOT MARRIED, WIDOWED, DIVORCED OR SEPARATED, END THE INTERVIEW, AND CORRECT MARITAL STATUS AND ELIGIBILITY IN THE HOUSEHOLD QUESTIONNAIRE	MARRIED ..... 1 WIDOWED ..... 2 DIVORCED ..... 3 SEPARATED 4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... ☐☐ ALWAYS ..... 95 VISITOR 96	┐ └➢10 5
104	Just before you moved here, did you live in Amman City, in another city, in a separated camp, in a village, or outside Jordan?	AMMAN CITY ..... 1 OTHER CITY ..... 2 SEPARATED CAMP ..... 3 VILLAGE ..... 4 OUTSIDE JORDAN 5	
105	In what month and year were you born?	MONTH ..... ☐☐ DON'T KNOW MONTH ..... 98 YEAR ..... ☐☐☐☐ DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
107	Have you ever attended school?	YES ..... 1 NO 2	—➢114

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	What is the highest level of school you attended: Old elementary, old preparatory, old secondary, new basic, new secondary, intermediate diploma, the university, or higher?	OLD SYSTEM ELEMENTARY ..... 1 PREPARATORY ..... 2 SECONDARY ..... 3 NEW SYSTEN BASIC ..... 4 SECONDARY ..... 5 INTERMEDIATE DIPLOMA ..... 6 UNIVERSITY ..... 7 HIGHER 8	
109	What is the highest grade you completed at that level?	GRADE ..... ☐☐	
114	How often do you read a Jordanian newspaper or magazine? Would you say: almost every day, 3-5 times a week, once or twice a week, once a month, few times a year, or never?	ALMOST EVERY DAY ..... 1 3-5 TIMES A WEEK ..... 2 ONCE OR TWICE A WEEK ..... 3 ONCE A MONTH ..... 4 FEW TIMES A YEAR ..... 5 NEVER ..... 6 CANNOT READ/ILLITERATE 7	
115	How often do you listen to the Jordanian radio? Would you say: almost every day, at least once a week, at least once a month, few times a year, or never?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 AT LEAST ONCE A MONTH ..... 3 FEW TIMES A YEAR ..... 4 NEVER 5	
116	How often do you watch the Jordanian television? Would you say: almost every day, at least once a week, at least once a month, few times a year, or never?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 AT LEAST ONCE A MONTH ..... 3 FEW TIMES A YEAR ..... 4 NEVER 5	
117	What is your religion?	ISLAM ..... 1 CHRISTIAN ..... 2 OTHER _____ 6 (SPECIFY)	

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ..... 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ..... 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME ..... ☐☐ DAUGHTERS AT HOME ..... ☐☐	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ..... 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE ..... ☐☐ DAUGHTERS ELSEWHERE ... ☐☐	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD ..... ☐☐ GIRLS DEAD ..... ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL ..... ☐☐	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES ☐ ↓ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS ☐ ↓ NO BIRTHS ☐		→ 226

211 Now I would like to record the names of all your births you have had during your marriage(s), whether still alive or not, starting with the first one you had.
RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212 What name was given to your (first/next) baby? (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. IF LESS THAN 1 YEAR, RECORD '00'	218 IF ALIVE Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	220 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING ... 1 MULT .. 2	BOY... 1 GIRL.. 2	MONTH ☐☐ YEAR ☐☐☐☐	YES....1 NO .....2 → 220	AGE IN YEARS ☐☐	YES ..... 1 NO 2	LINE NUMBER ☐☐ → (NEXT BIRTH)	DAYS .....1 ☐☐ MONTHS .2 ☐☐ YEARS.....3 ☐☐	
02	SING ... 1 MULT .. 2	BOY... 1 GIRL.. 2	MONTH ☐☐ YEAR ☐☐☐☐	YES....1 NO .....2 → 220	AGE IN YEARS ☐☐	YES ..... 1 NO 2	LINE NUMBER ☐☐ → (GO TO 221)	DAYS .....1 ☐☐ MONTHS .2 ☐☐ YEARS.....3 ☐☐	YES ..... 1 NO 2
03	SING ... 1 MULT .. 2	BOY... 1 GIRL.. 2	MONTH ☐☐ YEAR ☐☐☐☐	YES....1 NO .....2 → 220	AGE IN YEARS ☐☐	YES ..... 1 NO 2	LINE NUMBER ☐☐ → (GO TO 221)	DAYS .....1 ☐☐ MONTHS .2 ☐☐ YEARS.....3 ☐☐	YES ..... 1 NO 2
04	SING ... 1 MULT .. 2	BOY... 1 GIRL.. 2	MONTH ☐☐ YEAR ☐☐☐☐	YES....1 NO .....2 → 220	AGE IN YEARS ☐☐	YES ..... 1 NO 2	LINE NUMBER ☐☐ → (GO TO 221)	DAYS .....1 ☐☐ MONTHS .2 ☐☐ YEARS.....3 ☐☐	YES ..... 1 NO 2
05	SING ... 1 MULT .. 2	BOY... 1 GIRL.. 2	MONTH ☐☐ YEAR ☐☐☐☐	YES....1 NO .....2 → 220	AGE IN YEARS ☐☐	YES ..... 1 NO 2	LINE NUMBER ☐☐ → (GO TO 221)	DAYS .....1 ☐☐ MONTHS .2 ☐☐ YEARS.....3 ☐☐	YES ..... 1 NO 2
06	SING ... 1 MULT .. 2	BOY... 1 GIRL.. 2	MONTH ☐☐ YEAR ☐☐☐☐	YES....1 NO .....2 → 220	AGE IN YEARS ☐☐	YES ..... 1 NO 2	LINE NUMBER ☐☐ → (GO TO 221)	DAYS .....1 ☐☐ MONTHS .2 ☐☐ YEARS.....3 ☐☐	YES ..... 1 NO 2
07	SING ... 1 MULT .. 2	BOY... 1 GIRL.. 2	MONTH ☐☐ YEAR ☐☐☐☐	YES....1 NO .....2 → 220	AGE IN YEARS ☐☐	YES ..... 1 NO 2	LINE NUMBER ☐☐ → (GO TO 221)	DAYS .....1 ☐☐ MONTHS .2 ☐☐ YEARS.....3 ☐☐	YES ..... 1 NO 2
08	SING ... 1 MULT .. 2	BOY... 1 GIRL.. 2	MONTH ☐☐ YEAR ☐☐☐☐	YES....1 NO .....2 → 220	AGE IN YEARS ☐☐	YES ..... 1 NO 2	LINE NUMBER ☐☐ → (GO TO 221)	DAYS .....1 ☐☐ MONTHS .2 ☐☐ YEARS.....3 ☐☐	YES ..... 1 NO 2

212 What name was given to your next baby? (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COM-PLETED YEARS.	218 IF ALIVE Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	220 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
09	SING ... 1 MULT .. 2	BOY... 1 GIRL.. 2	MONTH ☐☐ YEAR ☐☐☐☐	YES....1 NO .....2 → 220	AGE IN YEARS ☐☐	YES .....1 NO 2	LINE NUMBER ☐☐ → (GO TO 221)	DAYS..... 1 ☐☐ MONTHS. 2 ☐☐ YEARS .... 3 ☐☐	YES ..... 1 NO 2
10	SING ... 1 MULT .. 2	BOY... 1 GIRL.. 2	MONTH ☐☐ YEAR ☐☐☐☐	YES....1 NO .....2 → 220	AGE IN YEARS ☐☐	YES .....1 NO 2	LINE NUMBER ☐☐ → (GO TO 221)	DAYS..... 1 ☐☐ MONTHS. 2 ☐☐ YEARS .... 3 ☐☐	YES ..... 1 NO 2
11	SING ... 1 MULT .. 2	BOY... 1 GIRL.. 2	MONTH ☐☐ YEAR ☐☐☐☐	YES....1 NO .....2 → 220	AGE IN YEARS ☐☐	YES .....1 NO 2	LINE NUMBER ☐☐ → (GO TO 221)	DAYS..... 1 ☐☐ MONTHS. 2 ☐☐ YEARS .... 3 ☐☐	YES ..... 1 NO 2
12	SING ... 1 MULT .. 2	BOY... 1 GIRL.. 2	MONTH ☐☐ YEAR ☐☐☐☐	YES....1 NO .....2 → 220	AGE IN YEARS ☐☐	YES .....1 NO 2	LINE NUMBER ☐☐ → (GO TO 221)	DAYS..... 1 ☐☐ MONTHS. 2 ☐☐ YEARS .... 3 ☐☐	YES ..... 1 NO 2
13	SING ... 1 MULT .. 2	BOY... 1 GIRL.. 2	MONTH ☐☐ YEAR ☐☐☐☐	YES....1 NO .....2 → 220	AGE IN YEARS ☐☐	YES .....1 NO 2	LINE NUMBER ☐☐ → (GO TO 221)	DAYS..... 1 ☐☐ MONTHS. 2 ☐☐ YEARS .... 3 ☐☐	YES ..... 1 NO 2
14	SING ... 1 MULT .. 2	BOY... 1 GIRL.. 2	MONTH ☐☐ YEAR ☐☐☐☐	YES....1 NO .....2 → 220	AGE IN YEARS ☐☐	YES .....1 NO 2	LINE NUMBER ☐☐ → (GO TO 221)	DAYS..... 1 ☐☐ MONTHS. 2 ☐☐ YEARS .... 3 ☐☐	YES ..... 1 NO 2

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES ..... 1 NO 2

223 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME ☐↓ NUMBERS ARE DIFFERENT ☐→ (PROBE AND RECONCILE)

CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. ☐

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. ☐

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. ☐

FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. ☐

224 CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1997 OR LATER.
IF NONE, RECORD '0'. ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 1997, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.		
226	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE 8	→ 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS ..... ☐☐	
228	At the time you became pregnant did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN ..... 1 LATER ..... 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES ..... 1 NO 2	→ 237
229A	The last time you had a such pregnancy, did the pregnancy end in a miscarriage, an induced abortion or a stillbirth?	MISCARRIAGE ..... 1 INDUCED ABORTION ..... 2 STILLBIRTH 3	
230	When did the last such pregnancy end?	MONTH ..... ☐☐ YEAR ..... ☐☐☐☐	
231	CHECK 230: LAST PREGNANCY ENDED IN JAN. 1997 OR LATER ☐ → LAST PREGNANCY ENDED BEFORE JAN. 1997 ☐		→ 237
231A	Where did the last such pregnancy that ended in a (MISCARRIAGE/ABORTION/STILLBIRTH – FROM Q.229A) take place?	PUBLIC SECTOR GOVT. HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 UNIVERSITY HOSPITAL ..... 13 ROYAL MEDICAL HOSPITAL ..... 14 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... 21 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) YOUR HOME/OTHER HOME ..... 31 OTHER _____ 96 (SPECIFY)	
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS ..... ☐☐	
233	Have you ever had any other pregnancies which did not result in a live birth?	YES ..... 1 NO 2	→ 237
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 1997. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
235	Have you had any pregnancies that terminated before 1997 that did not result in a live birth?	YES ..... 1 NO 2	→ 237
236	When did the last such pregnancy that terminated before 1997 end?	MONTH ..... ☐☐ YEAR ..... ☐☐☐☐	
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO ..... 1 ☐☐ WEEKS AGO ..... 2 ☐☐ MONTHS AGO ..... 3 ☐☐ YEARS AGO ..... 4 ☐☐ IN MENOPAUSE/ HAS HAD HYSTERECTOMY ..... 994 BEFORE LAST BIRTH ..... 995 NEVER MENSTRUATED 996	
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 301
239	Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALF WAY BETWEEN TWO PERIODS ..... 4 OTHER _____ (SPECIFY) 6 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES .....1 NO ..... 2 →	Have you ever had an operation to avoid having any more children? YES .....1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES .....1 NO ..... 2 →	Have you ever had a husband who had an operation to avoid having any more children? YES .....1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES .....1 NO ..... 2 →	YES .....1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES .....1 NO ..... 2 →	YES .....1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES .....1 NO ..... 2 →	YES .....1 NO 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES .....1 NO ..... 2 →	YES .....1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES .....1 NO ..... 2 →	YES .....1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES .....1 NO ..... 2 →	YES .....1 NO 2
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES .....1 NO ..... 2 →	YES .....1 NO 2
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES .....1 NO ..... 2 →	YES .....1 NO 2
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES .....1 NO ..... 2 →	YES .....1 NO 2
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES .....1 NO ..... 2 →	YES .....1 NO 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES .....1 NO ..... 2 →	YES .....1 NO 2
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES .....1 NO ..... 2 →	YES .....1 NO 2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES .....1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES .....1 NO .....2 YES .....1 NO 2

303	CHECK 302:		
	NOT A SINGLE "YES" (NEVER USED) →	AT LEAST ONE "YES" (EVER USED) →	→307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO 2	➔306
305	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		➔328A
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN ..... ☐☐	
308	CHECK 302 (01): WOMAN NOT STERILIZED ☐ WOMAN STERILIZED ☐		➔311A
309	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		➔318
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO 2	➔318
311 311A	Which method are you using? CIRCLE '01' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 LACTATIONAL AMEN. METHOD ..... 11 PERIODIC ABSTINENCE ..... 12 WITHDRAWAL ..... 13 OTHER _____ 96 (SPECIFY)	➔313
312A	Why are you using (CURRENT METHOD)? Is it mainly for birth spacing for limiting births, or for any other reason?	SPACING ..... 1 LIMITING ..... 2 OTHER REASON _____ 6 (SPECIFY)	
312B	Would you like to use a different method of family planning than the one you are currently using?	YES ..... 1 NO 2	➔312E
312C	Which method would you prefer to use or to try?	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 LACTATIONAL AMEN. METHOD ..... 11 PERIODIC ABSTINENCE ..... 12 WITHDRAWAL ..... 13 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312D	What is the main reason why you are not currently using your preferred method (MENTIONED IN 312C)?	DOCTOR DID NOT ADVISE ..... 01 EXPENSIVE/COST ..... 02 NOT AVAILABLE/ACCESSIBLE ..... 03 TOO FAR/DIFFICULT TO FIND ..... 04 DON'T KNOW HOW TO OBTAIN ..... 05 DON'T KNOW ENOUGH ABOUT THE METHOD USE ..... 06 HUSBAND REJECTS/OPPOSES ..... 07 FAMILY OPPOSES ..... 08 RELIGIOUS REASONS ..... 09 OTHER _____ 96 (SPECIFY) DO NOT KNOW 98	
312E	CHECK 311: IUD ☐ OTHER METHOD ☐ _____		→316A
312F	Who inserted your IUD?	DOCTOR ..... 1 NURSE/MIDWIFE ..... 2 OTHER _____ 6 (SPECIFY)	→316A
313	In what facility did the sterilization take place? IF SOURCE IS HOSPITAL, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL ..... 11 UNIVERSITY HOSPITAL ..... 12 ROYAL MEDICAL SERVICES (ARMED FORCES) ..... 13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... 21 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) DON'T KNOW 98	
314	CHECK 311: CODE '01' CIRCLED ☐ Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? CODE '01' NOT CIRCLED ☐ Before the sterilization operation, was your husband told that he would not be able to have any (more) children because of the operation?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
315A	Do you regret that (you/your husband) had the operation not to have any (more) children?	YES ..... 1 NO 2	→316
315B	Why do you regret the operation?	RESPONDENT WANTS ANOTHER CHILD ..... 1 HUSBAND WANTS ANOTHER CHILD ..... 2 SIDE EFFECTS ..... 3 CHILD DIED ..... 4 OTHER _____ 6 (SPECIFY)	
316	In what month and year was the sterilization performed?	MONTH ..... ☐☐ YEAR ..... ☐☐☐☐	
316A	For how long have you been using (CURRENT METHOD) now without stopping? PROBE: In what month and year did you start using (CURRENT METHOD) continuously?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316B	CHECK 316/316A, 215 AND 230: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 316/316A — YES ☐ NO ☐ GO BACK TO 316/316A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).		
317	CHECK 316/316A: YEAR IS 1997 OR LATER ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH STARTED USING THEN CONTINUE WITH 318 YEAR IS 1996 OR EARLIER ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1997 THEN SKIP TO ➔327		
318	I would like to ask you some questions about the times you or your husband may have used a method to avoid getting pregnant during the last few years. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1997 USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. **IN COLUMN 1,** ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH. ILLUSTRATIVE QUESTIONS: COLUMN 1: • When was the last time you used a method? Which method was that? • When did you start using that method? How long after the birth of (NAME)? • How long did you use the method then? **IN COLUMN 2,** ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE. ILLUSTRATIVE QUESTIONS: COLUMN 2: • Where did you obtain the method when you started using it? • Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal]? **IN COLUMN 3,** ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1. ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT. ILLUSTRATIVE QUESTIONS: COLUMN 3: • Why did you stop using the (METHOD)? • Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: • How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.		
321	CHECK 311/311A: CIRCLE METHOD CODE:	NO CODE CIRCLED ..... 00 ➔328A FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 ➔332 PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 CONDOM ..... 07 ➔328 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 ➔325 LACTATIONAL AMEN. METHOD ..... 11 PERIODIC ABSTINENCE ..... 12 WITHDRAWAL ..... 13 ➔332 OTHER METHOD 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE). At that time, were you told about side effects or problems you might have with the method?	YES ..... 1 NO 2	→324
323	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES ..... 1 NO 2	→325
324	Were you told what to do if you experienced side effects or problems?	YES ..... 1 NO 2	
325	CHECK 322: CODE '1' CIRCLED → At that time, were you told about other methods of family planning that you could use? CODE '1' NOT CIRCLED → When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning that you could use?	YES ..... 1 NO 2	→327
326	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES ..... 1 NO 2	
327	CHECK 311/311A: CIRCLE METHOD CODE:	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 LACTATIONAL AMEN. METHOD ..... 11 PERIODIC ABSTINENCE ..... 12 WITHDRAWAL ..... 13 OTHER METHOD 96	→332 →332 →332
328	Where did you obtain (CURRENT METHOD) the last time? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 GOVT. MCH ..... 13 UNIVERSITY HOSPITAL/CLINIC ..... 14 ROYAL MEDICAL SERVICES (ARMED FORCES) ..... 15 MOBILE CLINIC ..... 16 OTHER PUBLIC _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... 21 PRIVATE DOCTOR ..... 22 PHARMACY ..... 23 JORDANIAN AS. OF FP AND PROTECTION (JAFPP) ..... 24 UNRWA HEALTH CENTER ..... 25 OTHER NON GOV. ORGANIZATION 26 OTHER PRIVATE MEDICAL _____ 27 (SPECIFY) OTHER SOURCE FRIEND/RELATIVE ..... 33 OTHER _____ 96 (SPECIFY)	→332

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
328A	What is the main reason you are not using a method of contraception to avoid pregnancy?	NOT CURRENTLY MARRIED ..... 11 FERTILITY-RELATED REASONS NOT HAVING SEX ..... 21 INFREQUENT SEX ..... 22 MENOPAUSAL ..... 23 HYSTERECTOMY ..... 24 SUBFECUND/INFECUND ..... 25 POSTPARTUM/BREASTFEEDING..... 26 WANTS (MORE) CHILDREN ..... 27 PREGNANT ..... 28 DIFFICULT TO GET PREGNANT ..... 29 OPPOSITION TO USE RESPONDENT OPPOSED ..... 31 HUSBAND OPPOSED..... 32 OTHER HH MEMBERS OPPOSED .... 33 OTHERS OPPOSED ..... 34 RELIGIOUS PROHIBITION ..... 35 RUMORS ..... 36 LACK OF KNOWLEDGE KNOWS NO METHOD ..... 41 KNOWS NO SOURCE..... 42 METHOD-RELATED REASONS HEALTH CONCERNS ..... 51 FEAR OF SIDE EFFECTS..... 52 LACK OF ACCESS/TOO FAR ..... 53 COST TOO MUCH ..... 54 INCONVENIENT TO USE..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES ..... 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
329	Do you know of a place where you can obtain a method of family planning?	YES ..... 1 NO 2	➔332
330	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL ..... A GOVT. HEALTH CENTER ..... B GOVT. MCH..... C UNIVERSITY HOSPITAL/CLINIC ..... D ROYAL MEDICAL SERVICES (ARMED FORCES) ..... E MOBILE CLINIC..... F OTHER PUBLIC_____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... H PRIVATE DOCTOR ..... I PHARMACY..... J JORDANIAN AS. OF FP AND PROTECTION (JAFPP) ..... K UNRWA HEALTH CENTER..... L OTHER NON GOV. ORGANIZATION . M OTHER PRIVATE MEDICAL _____ N (SPECIFY) OTHER SOURCE FRIEND/RELATIVE ..... O OTHER _____ X (SPECIFY)	
332	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES ..... 1 NO 2	➔401
333	Did any staff member at the health facility speak to you about family planning methods?	YES ..... 1 NO 2	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 1997 OR LATER ☐ NO BIRTHS IN 1997 OR LATER ☐ → 487		
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1997 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born since January 1997. (We will talk about each separately)		
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ..... ☐☐	NEXT-TO-LAST BIRTH LINE NUMBER ..... ☐☐
404	FROM 212 AND 216	NAME _____ LIVING ☐ DEAD ☐	NAME _____ LIVING ☐ DEAD ☐
405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN ..... 1 (SKIP TO 407) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 407) ←	THEN ..... 1 (SKIP TO 423) ← LATER..... 2 NOT AT ALL..... 3 (SKIP TO 423) ←
406	How much longer would you like to have waited?	MONTHS ..... 1 ☐☐ YEARS..... 2 ☐☐ DON'T KNOW..... 998	MONTHS..... 1 ☐☐ YEARS..... 2 ☐☐ DON'T KNOW..... 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR ..... A NURSE/MIDWIFE ..... B OTHER PERSON TRADITIONAL BIRTH ATTENDANT ..... C OTHER _____ X (SPECIFY) NO ONE ..... Y (SKIP TO 415) ←	
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS..... ☐☐ DON'T KNOW..... 98	
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... ☐☐ DON'T KNOW..... 98	
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE ☐ (SKIP TO 412) MORE THAN ONCE OR DK ☐	
411	How many months pregnant were you the last time you received antenatal care?	MONTHS..... ☐☐ DON'T KNOW..... 98	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
412	During this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT ..... 1 2 HEIGHT ..... 1 2 BLOOD PRESSURE ..... 1 2 URINE SAMPLE ..... 1 2 BLOOD SAMPLE 1 2	
413	Were you told about the signs of pregnancy complications?	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DON'T KNOW 8	
414	Were you told where to go if you had these complications?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES ..... 1 NO ..... 2 (SKIP TO 417) ← DON'T KNOW 8	
416	During this pregnancy, how many times did you get this injection?	TIMES ..... ☐☐ DON'T KNOW 8	
417	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLET	YES ..... 1 NO ..... 2 (SKIP TO 423) ← DON'T KNOW 8	
418	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS ..... ☐☐☐ DON'T KNOW 998	
423	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW 8
424	Was (NAME) weighed at birth?	YES ..... 1 NO ..... 2 (SKIP TO 426) ← DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO 426) ← DON'T KNOW 8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD ..... 1 ☐☐☐☐ GRAMS FROM RECALL ..... 2 ☐☐☐☐ DON'T KNOW 99998	GRAMS FROM CARD ..... 1 ☐☐☐☐ GRAMS FROM RECALL ..... 2 ☐☐☐☐ DON'T KNOW 99998
426	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PROFESSIONAL DOCTOR ..... A NURSE/MIDWIFE ..... B OTHER PERSON TRADITIONAL BIRTH ATTENDANT ..... C RELATIVE/FRIEND ..... D OTHER _____ X (SPECIFY) NO ONE ..... Y	HEALTH PROFESSIONAL DOCTOR ..... A NURSE/MIDWIFE ..... B OTHER PERSON TRADITIONAL BIRTH ATTENDANT ..... C RELATIVE/FRIEND ..... D OTHER _____ X (SPECIFY) NO ONE ..... Y

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
427	Where did you give birth to (NAME)? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME ..... 11 (SKIP TO 429) ← OTHER HOME ..... 12 PUBLIC SECTOR GOVT. HOSPITAL ..... 21 GOVT. HEALTH CENTER ..... 22 UNIVERSITY HOSPITAL ..... 23 ROYAL MEDICAL SERVICES (ARMED FORCES) ..... 24 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ..... 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 429) ←	HOME YOUR HOME ..... 11 (SKIP TO 429) ← OTHER HOME ..... 12 PUBLIC SECTOR GOVT. HOSPITAL ..... 21 GOVT. HEALTH CENTER ..... 22 UNIVERSITY HOSPITAL ..... 23 ROYAL MEDICAL SERVICES (ARMED FORCES) ..... 24 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ..... 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 429) ←
428	Was (NAME) delivered by caesarian section?	YES ..... 1 NO 2	YES ..... 1 NO 2
428A	For the delivery of (NAME), who paid for most of the cost?	GOVERNMENT INSURANCE ..... 1 PRIVATE INSURANCE ..... 2 UNRWA ..... 3 RESPONDENT/FAMILY ..... 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	GOVERNMENT INSURANCE ..... 1 PRIVATE INSURANCE ..... 2 UNRWA ..... 3 RESPONDENT/FAMILY ..... 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8
428B	Did anyone in the health facility talk to you or advise you about family planning after the delivery of (NAME)?	YES ..... 1 NO 2	YES ..... 1 NO 2
428C	After you left the health facility where you gave birth to (NAME), during the next months did you seek a health professional to check on your health?	YES ..... 1 (SKIP TO 430) ← NO ..... 2 .....(SKIP TO 429A) ←	YES ..... 1 (SKIP TO 435) ← NO 2
429	After (NAME) was born, did a health professional check on your health?	YES ..... 1 (SKIP TO 430) ← NO 2	YES ..... 1 NO 2
429A	Why did not you seek a health professional check on your health after (NAME) was born?	HEALTH FACILITY TOO FAR . 01 TOO EXPENSIVE ..... 02 WAITING TIME TOO LONG .... 03 FACILITY NOT WELL EQUIPED ..... 04 NOT ENOUGH QUALIFIED PERSONNEL ..... 05 NOT WELL RECEIVED ..... 06 NO NEED TO GO/NOT SICK .. 07 NOT AWARE OF AVAILA-BILITY OF POSTNATAL SERVICES ..... 08 HUSBAND/FAMILY OPPOSED ..... 09 NOT SUPPOSED TO GO OUT < 40 DAYS ..... 10 NO ONE TO TAKE CARE OF BABY DURING VISIT ..... 11 OTHER _____ 96 (SPECIFY) (SKIP TO 434) ←	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
430	How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DEL...1 ☐☐ WEEKS AFTER DEL2 ☐☐ DON'T KNOW..... 998	
431	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR ..... 1 NURSE/MIDWIFE..... 2 OTHER PERSON TRADITIONAL BIRTH ATTENDANT .....3 OTHER _____ 6 (SPECIFY)	
432	Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME..... 11 (SKIP TO 432B) ← OTHER HOME..... 12 PUBLIC SECTOR GOVT. HOSPITAL.....21 GOVT. HEALTH CENTER.....22 GOVT. MCH.....23 UNIVERSITY HOSPITAL.....24 ROYAL MEDICAL SERVICES (ARMED FORCES)..... 25 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC .....31 UNRWA HEALTH CENTER .....32 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 432 B) ←	
432A	Did anyone in the health facility talk to you or advise you about family planning during the postnatal visit?	YES..... 1 NO..... 2	
432B	CHECK 430: NUMBER OF DAYS/WEEKS AFTER DELIVERY	LESS THAN 40 DAYS/ 6 WEEKS ☐ → (SKIP TO 434) 40 DAYS OR 6 WEEKS OR MORE ☐ →	
432C	Why did not you seek earlier for health professional check on your health after (NAME) was born?	NO NEED TO GO/NOT SICK ..... 01 NOT AWARE OF AVAILABILITY OF POSTNATAL SERVICES 02 NOT SUPPOSED TO GO OUT BEFORE 40 DAYS ..... 03 NO ONE TO TAKE CARE OF BABY DURING VISIT..... 04 OTHER _____ 96 (SPECIFY)	
434	Has your period returned since the birth of (NAME)?	YES..... 1 (SKIP TO 436) ← NO..... 2 (SKIP TO 437) ←	
435	Did your period return between the birth of (NAME) and your next pregnancy?		YES..... 1 NO..... 2 (SKIP TO 439) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
436	For how many months after the birth of (NAME) did you not have a period?	MONTHS..... ☐☐ DON'T KNOW..... 98	MONTHS ..... ☐☐ DON'T KNOW..... 98
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG-NANT ☐ → PREGNANT OR UNSURE (SKIP TO 439) ☐	
438	Have you resumed sexual relations since the birth of (NAME)?	YES..... 1 NO..... 2 (SKIP TO 440) ←	
439	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS..... ☐☐ DON'T KNOW..... 98	MONTHS ..... ☐☐ DON'T KNOW..... 98
440	Did you ever breastfeed (NAME)?	YES..... 1 NO..... 2 (SKIP TO 447) ←	YES..... 1 NO..... 2 (SKIP TO 447) ←
441	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY..... 000 HOURS ..... 1 ☐☐ DAYS ..... 2 ☐☐	IMMEDIATELY..... 000 HOURS ..... 1 ☐☐ DAYS ..... 2 ☐☐
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES..... 1 NO..... 2 (SKIP TO 444) ←	YES..... 1 NO..... 2 (SKIP TO 444) ←
443	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL LIQUIDS MENTIONED	MILK (OTHER THAN BREAST MILK) ..... A PLAIN WATER..... B SUGAR OR GLUCOSE WATER .... C GRIPE WATER..... D SUGAR-SALT-WATER SOLUTION..... E FRUIT JUICE ..... F INFANT FORMULA..... G TEA/INFUSIONS ..... H HONEY ..... I OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) ..... A PLAIN WATER..... B SUGAR OR GLUCOSE WATER .... C GRIPE WATER..... D SUGAR-SALT-WATER SOLUTION..... E FRUIT JUICE ..... F INFANT FORMULA..... G TEA/INFUSIONS..... H HONEY ..... I OTHER _____ X (SPECIFY)
444	CHECK 404: IS CHILD LIVING?	LIVING ☐ → DEAD ☐ (SKIP TO 446)	LIVING ☐ → DEAD ☐ (SKIP TO 446)
445	Are you still breastfeeding (NAME)?	YES..... 1 (SKIP TO 448) ← NO..... 2	YES..... 1 (SKIP TO 448) ← NO..... 2
446	For how many months did you breastfeed (NAME)?	MONTHS..... ☐☐ DON'T KNOW..... 98	MONTHS ..... ☐☐ DON'T KNOW..... 98
447	CHECK 404: IS CHILD LIVING?	LIVING ☐ → (SKIP TO 450) DEAD ☐ → (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454)	LIVING ☐ → (SKIP TO 450) DEAD ☐ → (GO BACK TO 405 IN LAST COLUMN OF NEW QUESTION-NAIRE; OR, IF NO MORE BIRTHS, GO TO 454)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
448	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS ☐☐	NUMBER OF NIGHTTIME FEEDINGS ☐☐
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . ☐☐	NUMBER OF DAYLIGHT FEEDINGS . ☐☐
450	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8
452	How many <u>times</u> did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ..... ☐ DON'T KNOW 8	NUMBER OF TIMES ..... ☐ DON'T KNOW 8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454.

SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

454	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1997 OR LATER. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).		
455	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ..... ☐☐	NEXT-TO-LAST BIRTH LINE NUMBER ..... ☐☐
456	FROM 212 AND 216	NAME _____ LIVING ☐↓ DEAD ☐↓ (GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 486)	NAME _____ LIVING ☐↓ DEAD ☐↓ (GO TO 456 IN LAST COLUMN OF NEW QUESTION- NAIRE OR, IF NO MORE BIRTHS, GO TO 486)
458	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN .....1 (SKIP TO 460) ← YES, NOT SEEN .....2 (SKIP TO 462) ← NO CARD 3	YES, SEEN .....1 (SKIP TO 460) ← YES, NOT SEEN.....2 (SKIP TO 462) ← NO CARD.....3
459	Did you ever have a vaccination card for (NAME)?	YES..... 1 (SKIP TO 462) ← NO..... 2	YES..... 1 (SKIP TO 462) ← NO..... 2
460	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. BCG POLIO 0 (POLIO GIVEN AT BIRTH) POLIO (OPV) 1 POLIO (OPV) 2 POLIO (OPV) 3 POLIO (OPV) 4 POLIO Booster 1 DTP 1 DTP 2 DTP 3 DTP Booster 1 HEPATITIS 1 HEPATITIS 2 HEPATITIS 3 Hib 1 Hib 2 Hib 3 MEASLES 1 MEASLES 2 MMR 1 (Measles//Mumps/Rubella) MMR 2 (Measles//Mumps/Rubella)	DAY MONTH YEAR BCG..... P0 ..... P1 ..... P2 ..... P3 ..... P4 ..... P.BOOS1. DTP1 .... DTP2 .... DTP3 .... D.BOOS1 HEP1 .... HEP2 .... HEP3 .... Hib 1 ..... Hib 2 ..... Hib 3 ..... MEA,1... MEA.2... MMR,1.. MMR.2..	DAY MONTH YEAR BCG..... P0 ..... P1 ..... P2 ..... P3 ..... P4 ..... P.BOOS1. DTP1 .... DTP2 .... DTP3 .... D.BOOS1 HEP1 .... HEP2 .... HEP3 .... Hib 1 ..... Hib 2 ..... Hib 3 ..... MEA,1... MEA.2... MMR,1.. MMR.2..

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-4, POL. Booster 1, DPT 1-3, DPT Booster 1, HEPATITIS 1-3, Hib 1-3, MEASLES 1-2 AND/OR MMR VACCINE(S).	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 466) NO.....2 (SKIP TO 466) DON'T KNOW.....8	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 466) NO.....2 (SKIP TO 466) DON'T KNOW.....8
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES.....1 NO.....2 (SKIP TO 466) DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 466) DON'T KNOW.....8
463	Please tell me if (NAME) received any of the following vaccinations:		
463A	A BCG vaccination against tuberculosis, that is an injection in the arm or shoulder that usually causes a scar	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
463B	Polio vaccine, that is, usually drops in the mouth or sometimes an injection given in the thigh	YES.....1 NO.....2 (SKIP TO 463E) DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 463E) DON'T KNOW.....8
463C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH .....1 LATER 2	JUST AFTER BIRTH.....1 LATER 2
463D	How many times was the polio vaccine received?	NUMBER OF TIMES.....	NUMBER OF TIMES.....
463E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops to prevent diphtheria, pertusis, and tetanus	YES.....1 NO.....2 (SKIP TO 463G) DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 463G) DON'T KNOW.....8
463F	How many times?	NUMBER OF TIMES.....	NUMBER OF TIMES.....
463G	A vaccination to prevent Hepatitis, that is, an injection given sometimes at the same time as polio drops and DPT injection	YES.....1 NO.....2 (SKIP TO 463I) DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 463I) DON'T KNOW.....8
463H	How many times?	NUMBER OF TIMES.....	NUMBER OF TIMES.....
463I	A Hib vaccination, that is, an injection given sometimes at the same time as polio drops, DPT and Hepatitis to prevent meningitis	YES.....1 NO.....2 (SKIP TO 463K) DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 463K) DON'T KNOW.....8
463J	How many times?	NUMBER OF TIMES.....	NUMBER OF TIMES.....
463K	An injection to prevent measles	YES.....1 NO.....2 (SKIP TO 463M) DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 463M) DON'T KNOW.....8
463L	How many times?	NUMBER OF TIMES.....	NUMBER OF TIMES.....
463 M	A MMR vaccination, that is, an injection given at the age of 18 months to prevent Measles, Mumps, and Rubella	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
463N	CHECK 460 AND 463E DPT INJECTION	AT LEAST ONE ☐ → (SKIP TO 463T) NONE OR DK ☐	
463O	Where did (NAME) receive the first vaccination to prevent DPT?	ANY PUBLIC FACILITY.....1 ANY PRIVATE FACILITY .....2 UNRWA .....3 OTHER _____ 6 (SPECIFY) DON'T KNOW.....8	
463P	CHECK 460 AND 463F DPT INJECTION	AT LEAST TWO ☐ → (SKIP TO 463T) ONLY ONE ☐	
463Q	Where did (NAME) receive the second vaccination to prevent DPT?	ANY PUBLIC FACILITY.....1 ANY PRIVATE FACILITY .....2 UNRWA .....3 OTHER _____ 6 (SPECIFY) DON'T KNOW.....8	
463R	CHECK 460 AND 463F DPT INJECTION	AT LEAST THREE ☐ → (SKIP TO 463T) LESS THAN 3 ☐	
463S	Where did (NAME) receive the third vaccination to prevent DPT?	ANY PUBLIC FACILITY.....1 ANY PRIVATE FACILITY .....2 UNRWA .....3 OTHER _____ 6 (SPECIFY) DON'T KNOW.....8	
463T	CHECK 460 AND 463K MEASLES INJECTION	AT LEAST ONE ☐ → (SKIP TO 466) NONE OR DK ☐	
463U	Where did (NAME) receive the first injection to prevent Measles?	ANY PUBLIC FACILITY.....1 ANY PRIVATE FACILITY .....2 UNRWA .....3 OTHER _____ 6 (SPECIFY) DON'T KNOW.....8	
463V	CHECK 460 AND 463L MEASLES INJECTION	AT LEAST TWO ☐ → (SKIP TO 466) ONLY ONE ☐	
463W	Where did (NAME) receive the second injection to prevent Measles?	ANY PUBLIC FACILITY.....1 ANY PRIVATE FACILITY .....2 UNRWA .....3 OTHER _____ 6 (SPECIFY) DON'T KNOW.....8	
466	Has (NAME) been ill with fever at any time in the last 2 weeks?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 469) ←┐ DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 469) ←┐ DON'T KNOW.....8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
468	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
469	CHECK 466 AND 467: FEVER OR COUGH?	"YES" IN 466 OR 467 → (SKIP TO 475) OTHER	"YES" IN 466 OR 467 → (SKIP TO 475) OTHER
470	Did you seek advice or treatment for the fever/cough?	YES.....1 NO.....2 (SKIP TO 475)	YES.....1 NO.....2 (SKIP TO 475)
471	Where did you seek advice or treatment? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Anywhere else? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT. HEALTH CENTER..... B GOVT. MCH..... C UNIVERSITY HOSPITAL..... D ROYAL MEDICAL SERVICES (ARMED FORCES)..... E MOBILE CLINIC.....F COMMUN. HEALTH WORKER..G OTHER PUBLIC _____ (SPECIFY) H PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC .....I PRIVATE DOCTOR.....J PHARMACY..... K UNRWA HEALTH CENTER .....L OTHER PVT. MEDICAL _____ (SPECIFY) M OTHER SOURCE SHOP..... N TRAD. PRACTITIONER ..... O OTHER _____ (SPECIFY) X	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT. HEALTH CENTER..... B GOVT. MCH..... C UNIVERSITY HOSPITAL..... D ROYAL MEDICAL SERVICES (ARMED FORCES)..... E MOBILE CLINIC..... F COMMUN. HEALTH WORKER..G OTHER PUBLIC _____ (SPECIFY) H PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC .....I PRIVATE DOCTOR.....J PHARMACY..... K UNRWA HEALTH CENTER .....L OTHER PVT. MEDICAL _____ (SPECIFY) M OTHER SOURCE SHOP..... N TRAD. PRACTITIONER ..... O OTHER _____ (SPECIFY) X
475	Has (NAME) had diarrhea in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 483) DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 483) DON'T KNOW.....8
476	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME .....3 MORE .....4 NOTHING TO DRINK .....5 DON'T KNOW.....8	MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME .....3 MORE .....4 NOTHING TO DRINK .....5 DON'T KNOW.....8
477	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME .....3 MORE .....4 STOPPED FOOD .....5 NEVER GAVE FOOD .....6 DON'T KNOW.....8	MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME .....3 MORE .....4 STOPPED FOOD.....5 NEVER GAVE FOOD .....6 DON'T KNOW.....8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
478	Was he/she given any of the following to drink:	YES NO DK	YES NO DK
a	A fluid made from a special packet called Aquacell or Paralait?	AQUACELL/PARALAIT 1 2 8	AQUACELL/PARALAIT 1 2 8
b	Thin watery gruel made from rice, carrots, wheat, etc?	THIN WATERY GRUEL.....1 2 8	THIN WATERY GRUEL.....1 2 8
c	Soup?	SOUP.....1 2 8	SOUP.....1 2 8
d	Home made sugar-salt-water solution?	SUG.-SALT-WAT. SOL.....1 2 8	SUG.-SALT-WAT. SOL.....1 2 8
e	Milk or infant formula?	MILK/INFANT FORMULA ..1 2 8	MILK/INFANT FORMULA ..1 2 8
f	Yoghurt-based drink?	YOGHURT-BASED.....1 2 8	YOGHURT-BASED.....1 2 8
g	Water?	WATER.....1 2 8	WATER.....1 2 8
h	Any other liquid?	OTHER LIQUID 1 2 8	OTHER LIQUID.....1 2 8
479	Was anything (else) given to treat the diarrhea?	YES.....1 NO.....2 (SKIP TO 481) ⟵ DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 481) ⟵ DON'T KNOW.....8
480	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS MENTIONED.	PILL OR SYRUP..... A INJECTION..... B (I.V.) INTRAVENOUS ..... C HOME REMEDIES/ HERBAL MEDICINES ..... D OTHER _____ X (SPECIFY)	PILL OR SYRUP..... A INJECTION..... B (I.V.) INTRAVENOUS ..... C HOME REMEDIES/ HERBAL MEDICINES..... D OTHER _____ X (SPECIFY)
481	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 483) ⟵	YES.....1 NO.....2 (SKIP TO 483) ⟵
482	Where did you seek advice or treatment? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Anywhere else? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT. HEALTH CENTER..... B GOVT. MCH..... C UNIVERSITY HOSPITAL..... D ROYAL MEDICAL SERVICES (ARMED FORCES)..... E MOBILE CLINIC.....F COMMUN. HEALTH WORKER.. G OTHER PUBLIC _____ H (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC .....I PRIVATE DOCTOR.....J PHARMACY..... K UNRWA HEALTH CENTER .....L OTHER PVT. MEDICAL _____ M (SPECIFY) OTHER SOURCE SHOP..... N TRAD. PRACTITIONER ..... O OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT. HEALTH CENTER..... B GOVT. MCH..... C UNIVERSITY HOSPITAL..... D ROYAL MEDICAL SERVICES (ARMED FORCES)..... E MOBILE CLINIC..... F COMMUN. HEALTH WORKER.. G OTHER PUBLIC _____ H (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC .....I PRIVATE DOCTOR.....J PHARMACY..... K UNRWA HEALTH CENTER .....L OTHER PVT. MEDICAL _____ M (SPECIFY) OTHER SOURCE SHOP..... N TRAD. PRACTITIONER ..... O OTHER _____ X (SPECIFY)
483		GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 486.	GO BACK TO 456 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 486.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
486	CHECK 478a, ALL COLUMNS: NO CHILD RECEIVED AQUACELL OR PARALAIT ☐ ↓ ANY CHILD RECEIVED AQUACELL OR PARALAIT ☐ → 488				
487	Have you ever heard of a special product called Aquacell or Paralait you can get for the treatment of diarrhea?	YES ..... 1 NO 2			
488	CHECK 218: HAS ONE OR MORE CHILDREN LIVING WITH HER ☐ ↓ HAS NO CHILDREN LIVING WITH HER ☐ → 490				
489	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment? IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment?	YES ..... 1 NO ..... 2 DEPENDS 3			
490	Now I would like to ask you some questions about medical care for you yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?		BIG PRO-BLEM	NOT A BIG PROBLEM	
	Knowing where to go.	WHERE	1	2	
	Getting permission to go.	PERMISSION	1	2	
	Getting money needed for treatment.....	MONEY	1	2	
	The distance to a health facility.	DISTANCE	1	2	
	Having to take transport.	TRANSPORT	1	2	
	Not wanting to go alone.....	ALONE	1	2	
	Concern that there may not be a female health provider.	FEMALE	1	2	
490A	Have you had a breast cancer self exam or an exam by a health specialist to detect breast cancer in the last twelve months?	YES ..... 1 NO 2			

491	CHECK 215 AND 218: HAS AT LEAST ONE CHILD BORN IN 1997 OR LATER AND LIVING WITH HER ☐ ↓ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492) _____ (NAME) DOES NOT HAVE ANY CHILDREN BORN IN 1997 OR LATER AND LIVING WITH HER ☐ →	→500

		LAST 7 DAYS NUMBER OF DAYS	YESTERDAY/ LAST NIGHT NUMBER OF TIMES
492	Now I would like to ask you about liquids (NAME FROM Q. 491) drank over the last seven days, including yesterday. How many <u>days</u> during last seven days did (NAME FROM Q. 491) drink each of the following? FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK: In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)?		
a	Plain water?	a ☐☐	a ☐☐
b	Commercially produced infant formula?	b ☐☐	b ☐☐
c	Any other milk such as tinned, powdered, or fresh animal milk?	c ☐☐	c ☐☐
d	Fruit juice?	d ☐☐	d ☐☐
e	Soup broth?	e ☐☐	e ☐☐
f	Tea?	f ☐☐	f ☐☐
g	Any other liquids such as sugar water or carbonated drinks?	g ☐☐	g ☐☐
	IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.		

		LAST 7 DAYS NUMBER OF DAYS	YESTERDAY/ LAST NIGHT NUMBER OF TIMES
493	Now I would like to ask you about the types of foods (NAME FROM Q. 491) ate over the last seven days, including yesterday. How many <u>days</u> during last seven days did (NAME FROM Q. 491) eat each of the following foods either separately or combined with other food? FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK: In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) eat (ITEM)?		
a	Bread, pasta, rice, maize, or any other food made from grains?	a ☐☐	a ☐☐
b	Carrots, red sweet potatoes, or pumpkin?	b ☐☐	b ☐☐
c	Any other food made from roots or tubers, such as white potatoes, or other roots/tubers?	c ☐☐	c ☐☐
d	Any green leafy vegetables, such as spinach, or mouloukia?	d ☐☐	d ☐☐
e	Apricot, palm nuts, or yellow melon?	e ☐☐	e ☐☐
f	Any other fruits and vegetables?	f ☐☐	f ☐☐
g	Meat, poultry, fish, or eggs?	g ☐☐	g ☐☐
h	Any food made from legumes, such as lentils, beans, or chickpeas?	h ☐☐	h ☐☐
i	Any type of nuts or seeds, such as pistachio, almonds, cashew, peanuts, or sesame seeds?	i ☐☐	I ☐☐
j	Cheese or yoghurt?	j ☐☐	j ☐☐
k	Any food made with oil, fat, or butter?	k ☐☐	k ☐☐
	IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.		

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
500	CHECK 101A: MARRIED ☐ WIDOWED/ SEPARATED DIVORCED ☐		—➢510
505	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE 2	
506	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. ..... ☐☐	
507	Does your husband have another wife (other wives) besides you?	YES ..... 1 NO 2	—➢510
508	How many wives does he have?	NUMBER ..... ☐ DON'T KNOW 8	
510	Have you been married only once, or more than once?	ONCE ..... 1 MORE THAN ONCE 2	
511	CHECK 510: MARRIED ONLY ONCE ☐ In what month and year did you start living with your husband (consummate marriage)? MARRIED MORE THAN ONCE ☐ Now we will talk about your first husband. In what month and year did you start living with him (consummate your marriage)?	MONTH. ..... ☐☐ DON'T KNOW MONTH ..... 98 YEAR ..... ☐☐☐☐ DON'T KNOW YEAR 9998	—➢512A
512	How old were you when you started living with him?	AGE ..... ☐☐	
512A	Before you got married, was your [first] husband related to you in any way?	YES ..... 1 NO 2	—➢513
512B	What type of relationship was it?	FIRST COUSIN ON BOTH FATHER AND MOTHER'S SIDE ..... 01 FIRST COUSIN ON BOTH MOTHER AND FATHER'S SIDE ..... 02 FIRST COUSIN ON FATHER'S SIDE (IBN AL AMM) ..... 03 FIRST COUSIN ON MOTHER'S SIDE (IBN AL KHAL) ..... 04 FIRST COUSIN ON FATHER'S SIDE (IBN AL AMMA) ..... 05 FIRST COUSIN ON MOTHER'S SIDE (IBN AL KHALA) ..... 06 SECOND COUSIN (FATHER'S SIDE) .. 07 SECOND COUSIN (MOTHER'S SIDE) . 08 OTHER RELATIVE ..... 09 DON'T KNOW 98	
513	DETERMINE MONTHS MARRIED SINCE JANUARY 1997. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED, AND ENTER 'O' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 1997. FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
513A	Did you and/or your husband have a premarital medical exam?	YES .....1 NO 2	
515	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO .....1 ☐☐ WEEKS AGO .....2 ☐☐ MONTHS AGO.....3 ☐☐ YEARS AGO.....4 ☐☐	→524
516	The last time you had sexual intercourse, was a condom used?	YES..... 1 NO..... 2	
524	Do you know of a place where a person can get condoms?	YES..... 1 NO..... 2	→601
525	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT. HEALTH CENTER..... B GOVT. MCH ..... C UNIVERSITY HOSPITAL ..... D ROYAL MEDICAL SERVICES (ARMED FORCES)..... E MOBILE CLINIC ..... F OTHER PUBLIC_____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... H PRIVATE DOCTOR..... I PHARMACY ..... J JORDANIAN AS. OF FP AND PROTECTION (JAFPP)..... K UNRWA HEALTH CENTER ..... L OTHER NON GOV. ORGANIZATION M OTHER PRIVATE MEDICAL _____ N (SPECIFY) OTHER SOURCE FRIEND/RELATIVE..... O OTHER _____ X (SPECIFY)	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 311/311A: NEITHER STERILIZED ☐ HE OR SHE STERILIZED ☐		→614
602	CHECK 226: NOT PREGNANT OR UNSURE ☐ → Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? PREGNANT ☐ → Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD ....1 NO MORE/NONE....2 SAYS SHE CAN'T GET PREGNANT ....3 UNDECIDED/DON'T KNOW AND PREGNANT ....4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE....5	→604 →614 →610 →608
602A	Would you prefer to have a boy, a girl or it does not matter to you?	BOY....1 GIRL....2 DOES NOT MATTER....3	
603	CHECK 226: NOT PREGNANT OR UNSURE ☐ → How long would you like to wait from now before the birth of (a/another) child? PREGNANT ☐ → After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ....1 ☐☐ YEARS....2 ☐☐ SOON/NOW....993 SAYS SHE CAN'T GET PREGNANT ....994 OTHER _____ 996 (SPECIFY) DON'T KNOW....998	→609 →614 →609
604	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→610
608	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?	BIG PROBLEM ....1 SMALL PROBLEM....2 NO PROBLEM ....3 SAYS SHE CAN'T GET PREGNANT 4	
609	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ NO, NOT CURRENTLY USING ☐ YES, CURRENTLY USING ☐		→614
610	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES....1 NO....2 DON'T KNOW....8	→617
611	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION....01 MALE STERILIZATION....02 PILL....03 IUD....04 INJECTABLES....05 IMPLANTS....06 CONDOM....07 FEMALE CONDOM....08 DIAPHRAGM....09 FOAM/JELLY....10 LACTATIONAL AMEN. METHOD....11 PERIODIC ABSTINENCE....12 WITHDRAWAL....13 OTHER _____ 96 (SPECIFY) UNSURE....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611A	CHECK 611: CODE '04' IUD ☐ OTHER CODES ☐ _____		→614
611B	Would you prefer to have the IUD inserted by a male or female health professional, or it does not matter to you?	MALE .....1 FEMALE .....2 DOES NOT MATTER 3	→614
612	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT CURRENTLY MARRIED .....11 FERTILITY-RELATED REASONS NOT HAVING SEX .....21 INFREQUENT SEX .....22 MENOPAUSAL .....23 HYSTERECTOMY .....24 SUBFECUND/INFECUND .....25 WANTS (MORE) CHILDREN .....26 OPPOSITION TO USE RESPONDENT OPPOSED .....31 HUSBAND OPPOSED .....32 OTHER HH MEMBERS OPPOSED .....33 OTHERS OPPOSED .....34 RELIGIOUS PROHIBITION .....35 RUMORS .....36 LACK OF KNOWLEDGE KNOWS NO METHOD .....41 KNOWS NO SOURCE .....42 METHOD-RELATED REASONS HEALTH CONCERNS .....51 FEAR OF SIDE EFFECTS .....52 LACK OF ACCESS/TOO FAR .....53 COST TOO MUCH .....54 INCONVENIENT TO USE .....55 INTERFERES WITH BODY'S NORMAL PROCESSES .....56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
614	CHECK 216: HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER ..... ☐☐ OTHER _____ 96 (SPECIFY)	→615A
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	
615A	How many children should a couple have before starting using a contraceptive method? PROBE FOR A NUMERIC RESPONSE	NUMBER ..... ☐☐ NO SPECIFIC NUMBER .....95 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE .....1 DISAPPROVE .....2 DON'T KNOW/UNSURE 8	
616A	CHECK 301 (01): KNOW FEMALE STERILIZATION ☐ DOES NOT KNOW FEMALE STERILIZATION ☐ _____		→617

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
616B	Would you say that you approve or disapprove of women using female sterilization to avoid getting pregnant?	APPROVE....1 APPROVE ONLY UNDER CERTAIN CIRCUMSTANCES....2 DISAPPROVE....3 DON'T KNOW/UNSURE....8	→614 →617
616C	What is the main reason you disapprove women using female sterilization?	ILLEGAL....1 AGAINST RELIGION....2 CAUSE HEALTH PROBLEMS....3 CAUSES FAMILY PROBLEMS (HUSBAND MIGHT DIVORCED)....4 CULTURAL BARRIERS....5 OTHER _____ 6 (SPECIFY) DON'T KNOW....8	
617	In the last 6 months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? Posters? Bulletins/booklets Lectures?	YES NO RADIO....1 2 TELEVISION....1 2 NEWSPAPER OR MAGAZINE....1 2 POSTERS....1 2 BULLETIN/BOOKLETS....1 2 LECTURES....1 2	
618	CHECK 616: APPROVE FAMILY PLANNING ☐ ↓ DISAPPROVE FAMILY PLANNING ☐ _____		→619
618A	Where or from whom would you prefer to get information about family planning? CIRCLE ONLY ONE ANSWER	INTERPERSONAL GOVERN. HEALTH WORKER....11 PRIVATE DOCTOR/NURSE....12 JAFPP STAFF....13 HUSBAND....14 OTHER RELATIVES....15 FRIENDS....16 MEDIA RADIO....21 TV....22 PRINT MATERIALS....23 SCHOOL, LIBRARY/ACADEMIC....24 COMMUNITY/PUBLIC MEETING....25 LECTURES....26 OTHER _____ 96 (SPECIFY) DON'T KNOW....98	
619	In the last 12 months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES....1 NO....2	→621
620	With whom? Anyone else? RECORD ALL PERSONS MENTIONED.	HUSBAND....A MOTHER....B FATHER....C SISTER(S)....D BROTHER(S)....E DAUGHTER....F SON....G MOTHER-IN-LAW....H FRIENDS/NEIGHBORS....I OTHER _____ X (SPECIFY)	
621	CHECK 101A: CURRENTLY MARRIED ☐ ↓ CURRENTLY WIDOWED, DIVORCED, OR SEPARATED ☐ _____		→628
622	CHECK 311/311A: ANY CODE CIRCLED ☐ ↓ NO CODE CIRCLED ☐ _____		→624

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
623	You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's decision or did you both decide together?	MAINLY RESPONDENT.....1 MAINLY HUSBAND .....2 JOINT DECISION .....3 OTHER _____ 6 (SPECIFY)	
624	Now I want to ask you about your husband's views on family planning. Do you think that your husband approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES .....1 DISAPPROVES .....2 DON'T KNOW 8	
625	How often have you talked to your husband about family planning in the last 12 months?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN 3	
626	CHECK 311/311A: NEITHER STERILIZED ☐ ↓ HE OR SHE STERILIZED ☐ _____		→628
627	Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER .....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DON'T KNOW 8	
628	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She has recently given birth? She is tired or not in the mood?	YES NO DK HAS STD.....1 2 8 RECENT BIRTH.....1 2 8 TIRED/MOOD 1 2 8	
628A	Were you ever encouraged to have more children by your mother or by your mother-in-law?	YES .....1 NO.....2 NOT APPLICABLE.....3	

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 500: CURRENTLY MARRIED ☐ CURRENTLY WIDOWED/ DIVORCED/ SEPARATED ☐		→703
702	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS. ☐☐	
703	Did your (last) husband ever attend school?	YES..... 1 NO..... 2	 →706A
704	What is the highest level of school he attended: Old elementary, old preparatory, old secondary, new basic, new secondary, intermediate diploma, the university, or higher?	OLD SYSTEM ELEMENTARY .....01 PREPARATORY .....02 SECONDARY.....03 NEW SYSTEN BASIC.....04 SECONDARY.....05 INTERMEDIATE DIPLOMA.....06 UNIVERSITY .....07 HIGHER..... 08 DON'T KNOW..... 98	 →706A
705	What was the highest grade he completed at that level?	GRADE ..... ☐☐ DON'T KNOW..... 98	
706A	CHECK 701: CURRENTLY MARRIED ☐ CURRENTLY WIDOWED/ DIVORCED/ SEPARATED ☐		→709A
706B	Has your husband done any work in the last seven days, even for one hour? By "work", I mean any paid work, any work in a business completely or partially owned by your husband, any work in a business owned by the household without payment, or work in other business?	YES..... 1 NO..... 2	→706D
706C	Does your husband have any job, but he did not practice it during the last seven days for a reason such as vacation, travel, or illness?	YES..... 1 NO..... 2	 →709A
706D	What is your husband's current occupation, that is, what kind of work does he mainly do?	☐☐ _____ _____ _____	
706E	What is your husband's employment status: is he an employee, an employer, is he self-employed, is he working for his family without payment, or is he working for someone else without payment?	EMPLOYEE ..... 1 EMPLOYER..... 2 SELF-EMPLOYED..... 3 UNPAID FAMILY WORKER ..... 4 UNPAID WORKER 5	
709A	Have you done any work in the last seven days, even for one hour? By "work", I mean any paid work, any work in a business completely or partially owned by yourself, any work in a business owned by the household without payment, or work in other business?	YES..... 1 NO..... 2	→710
709B	Do you have any job, but you did not practice it during the last seven days for a reason such as vacation, travel, or illness?	YES..... 1 NO..... 2	 →719
710	What is your current occupation, that is, what kind of work do you mainly do?	☐☐ _____ _____ _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
710A	What is your employment status: are you an employee, an employer, are you self-employed, are you working for your family without payment, or are you working for someone else without payment?	EMPLOYEE ..... 1 EMPLOYER ..... 2 SELF-EMPLOYED ..... 3 UNPAID FAMILY WORKER ..... 4 UNPAID WORKER 5	☐ → 719
717	Who mainly decides how the money you earn will be used?	RESPONDENT ..... 1 HUSBAND ..... 2 RESPONDENT AND HUSBAND JOINTLY ..... 3 SOMEONE ELSE ..... 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5	
718	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE ..... 1 LESS THAN HALF ..... 2 ABOUT HALF ..... 3 MORE THAN HALF ..... 4 ALL ..... 5 NONE, HER INCOME IS ALL SAVED 6	
719	Who in your family usually has the final say on the following decisions:	RESPONDENT = 1 HUSBAND = 2 RESPONDENT & HUSBAND JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6	
	Your own health care?	1 2 3 4 5 6	
	Making large household purchases?	1 2 3 4 5 6	
	Making household purchases for daily needs?	1 2 3 4 5 6	
	Visits to family or relatives?	1 2 3 4 5 6	
	What food should be cooked each day?	1 2 3 4 5 6	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	PRES/ LISTEN. / PRES/ NOT LISTEN. / NOT PRES CHILDREN <10 ..... 1 2 8 HUSBAND ..... 1 2 8 OTHER MALES ..... 1 2 8 OTHER FEMALES 1 2 8	
721	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:	YES / NO / DK	
	If she goes out without telling him?	GOES OUT 1 2 8	
	If she neglects the children?	NEGL. CHILDREN 1 2 8	
	If she argues with him?	ARGUES 1 2 8	
	If she burns the food?	BURNS FOOD 1 2 8	
	If she disobeys him?	DISOBEYS 1 2 8	
	If she insults him?	INSULTS 1 2 8	
	If she betrays him?	BETRAYS 1 2 8	
721A	Besides the situations we just have mentioned, in your opinion, are there any other situation in which a husband is justified in hitting or beating his wife? IF YES: In what situation?	YES _____ (SPECIFY) ..... 1 NO ..... 2 DON'T KNOW 8	
721B	Do you smoke: Cigarettes? Nargila?	YES / NO CIGARETTE ..... 1 2 NARGILA 1 2	
721C	CHECK 701: CURRENTLY MARRIED ☐	CURRENTLY WIDOWED/ DIVORCED/ SEPARATED ☐	→ 801
721D	Does your husband smoke: Cigarettes? Nargila?	YES / NO CIGARETTE ..... 1 2 NARGILA 1 2	

SECTION 8: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO 2	→ 817
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 809
803	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX ..... A USE CONDOMS ..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ..... C LIMIT NUMBER OF SEXUAL PARTNERS ..... D AVOID SEX WITH PROSTITUTES ..... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... F AVOID SEX WITH HOMOSEXUALS ..... G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY ..... H AVOID BLOOD TRANSFUSIONS ..... I AVOID INJECTIONS ..... J AVOID SHARING RAZORS/BLADES ..... K AVOID KISSING ..... L AVOID MOSQUITO BITES ..... M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ..... N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
804	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
805	Can a person get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
806	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
807	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
808	Can people protect themselves from getting the AIDS virus by not having sex at all?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
810	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES ..... 1 NO 2	
811	Can the virus that causes AIDS be transmitted from a mother to a child?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 813
812	Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG ..... 1 2 8 DURING DELIVERY ... 1 2 8 BREASTFEEDING 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	CHECK 500: CURRENTLY MARRIED ☐ ↓ WIDOWED/ DIVORCE/SEPARATED ☐		→815
814	Have you ever talked about ways to prevent getting the virus that causes AIDS with your husband?	YES ..... 1 NO 2	
815	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES ..... 1 NO ..... 2 DK/NOT SURE 8	
816	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS 8	
817	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES ..... 1 NO 2	→820
818	If a man has a sexually transmitted disease, what symptoms might he have? Any others? RECORD ALL SYMPTOMS MENTIONED.	ABDOMINAL PAIN ..... A GENITAL DISCHARGE/DRIPPING ..... B FOUL SMELLING DISCHARGE ..... C BURNING PAIN ON URINATION ..... D REDNESS/INFLAMMATION IN GENITAL AREA ..... E SWELLING IN GENITAL AREA ..... F GENITAL SORES/ULCERS ..... G GENITAL WARTS ..... H GENITAL ITCHING ..... I BLOOD IN URINE ..... J LOSS OF WEIGHT ..... K IMPOTENCE ..... L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS ..... Y DON'T KNOW ..... Z	
819	If a woman has a sexually transmitted disease, what symptoms might she have? Any others? RECORD ALL SYMPTOMS MENTIONED.	ABDOMINAL PAIN ..... A GENITAL DISCHARGE ..... B FOUL SMELLING DISCHARGE ..... C BURNING PAIN ON URINATION ..... D REDNESS/INFLAMMATION IN GENITAL AREA ..... E SWELLING IN GENITAL AREA ..... F GENITAL SORES/ULCERS ..... G GENITAL WARTS ..... H GENITAL ITCHING ..... I BLOOD IN URINE ..... J LOSS OF WEIGHT ..... K HARD TO GET PREGNANT/HAVE CHILD ..... A L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS ..... Y DON'T KNOW ..... Z	
820	RECORD THE TIME.	HOUR ..... ☐☐ MINUTES ..... ☐☐	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR:_____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR:_____ DATE: _____

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE
- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L PERIODIC ABSTINENCE
- M WITHDRAWAL
- X OTHER _____ (SPECIFY)

COL 2: SOURCE OF CONTRACEPTION
- 1 GOVT. HOSPITAL
- 2 GOVT. HEALTH CENTER
- 3 GOVT. MCH
- 4 UNIVERSITY HOSPITAL
- 5 ROYAL MEDICAL SERVICES
- 6 MOBILE CLINIC
- 7 OTHER PUBLIC
- 8 PVT. HOSPITAL/CLINIC
- 9 PRIVATE DOCTOR
- A PHARMACY
- B JAFPP
- C UNRWA
- D OTHER NGO
- E OTHER PRIVATE
- F FRIENDS/RELATIVES
- X OTHER _____ (SPECIFY)

COL 3: DISCONTINUATION OF CONTRACEPTIVE USE
- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____ (SPECIFY)
- Z DON'T KNOW

COL.4: MARRIAGE
- X MARRIED
- 0 NOT MARRIED

			1	2	3	4			
	10 OCT	03					03	OCT	
	09 SEP	04					04	SEP	
2	08 AUG	05					05	AUG	2
0	07 JUL	06					06	JUL	0
0	06 JUN	07					07	JUN	0
2	05 MAY	08					08	MAY	2
	04 APR	09					09	APR	
	03 MAR	10					10	MAR	
	02 FEB	11					11	FEB	
	01 JAN	12					12	JAN	
	12 DEC	13					13	DEC	
	11 NOV	14					14	NOV	
	10 OCT	15					15	OCT	
	09 SEP	16					16	SEP	
2	08 AUG	17					17	AUG	2
0	07 JUL	18					18	JUL	0
0	06 JUN	19					19	JUN	0
1	05 MAY	20					20	MAY	1
	04 APR	21					21	APR	
	03 MAR	22					22	MAR	
	02 FEB	23					23	FEB	
	01 JAN	24					24	JAN	
	12 DEC	25					25	DEC	
	11 NOV	26					26	NOV	
	10 OCT	27					27	OCT	
	09 SEP	28					28	SEP	
2	08 AUG	29					29	AUG	2
0	07 JUL	30					30	JUL	0
0	06 JUN	31					31	JUN	0
0	05 MAY	32					32	MAY	0
	04 APR	33					33	APR	
	03 MAR	34					34	MAR	
	02 FEB	35					35	FEB	
	01 JAN	36					36	JAN	
	12 DEC	37					37	DEC	
	11 NOV	38					38	NOV	
	10 OCT	39					39	OCT	
	09 SEP	40					40	SEP	
1	08 AUG	41					41	AUG	1
9	07 JUL	42					42	JUL	9
9	06 JUN	43					43	JUN	9
9	05 MAY	44					44	MAY	9
	04 APR	45					45	APR	
	03 MAR	46					46	MAR	
	02 FEB	47					47	FEB	
	01 JAN	48					48	JAN	
	12 DEC	49					49	DEC	
	11 NOV	50					50	NOV	
	10 OCT	51					51	OCT	
	09 SEP	52					52	SEP	
1	08 AUG	53					53	AUG	1
9	07 JUL	54					54	JUL	9
9	06 JUN	55					55	JUN	9
8	05 MAY	56					56	MAY	8
	04 APR	57					57	APR	
	03 MAR	58					58	MAR	
	02 FEB	59					59	FEB	
	01 JAN	60					60	JAN	
	12 DEC	61					61	DEC	
	11 NOV	62					62	NOV	
	10 OCT	63					63	OCT	
	09 SEP	64					64	SEP	
1	08 AUG	65					65	AUG	1
9	07 JUL	66					66	JUL	9
9	06 JUN	67					67	JUN	9
7	05 MAY	68					68	MAY	7
	04 APR	69					69	APR	*
	03 MAR	70					70	MAR	
	02 FEB	71					71	FEB	
	01 JAN	72					72	JAN	

ORC MACRO

مسح السكان والصحة الأسرية 2002
استمارة الأسرة

البيانات سرية بموجب قانون الإحصاءات

البيـــــانات التعـــــريفية

رقم المجموعة: |__|		**رقم الاستمارة:**	|__|__|__|__|
المحافظـة:	|__|__|	**رقم البلوك:**	|__|__|__|__|__|
اللـــواء :	|__|__|	**رقم المبنى:** ( )	
القضـــاء:	|__|	**رقم المسكن:** ( )	
التجمع السكاني:	|__|__|__|	**رقم العنقود:**	|__|__|__|
رقم الطبقـة:	|__|	**رقم الأسرة:**	|__|__|
حضر/ ريف (حضر =1، ريف =2)	|__|	**رقم الهاتف (إن وجد):** ( )	
اختيار الأسرة لفحص الأنيميا	**1. نعم** **2. لا**		|__|

زيارات الباحثة

	1	2	3	الزيارة النهائية
التاريـــــخ:	_____	_____	_____	**يوم** |__|__| **شهر** |__|__|
اسم الباحثة:	_____	_____	_____	**سنة** |_2_|_0_|_0_|_2_| **رمز الباحثة** |__|__|
النتيجـــة* :	_____	_____	_____	**النتيجة*** |__|
الزيارة التالية: التاريخ **الوقت**	_____ _____	_____ _____		**العدد الكلي للزيارات** |__|

نتيجة الزيارة :*

1. تمت
2. لا يوجد أحد/لا يوجد عضو مؤهل
3. الأسرة غير موجودة لفترة طويلة/ المسكن مغلق
4. أرجئت
5. رفضت
6. المسكن خالي/تغيرت صفة الاشغال
7. المسكن هدم
8. لم يتم الوصول للمسكن
9. أخرى (حددي)_____

عدد أفراد الأسرة \|__\|__\|

عدد السيدات المؤهلات \|__\|__\|

رقم الفرد المستجيب في استمارة الأسرة \|__\|__\|

المراقبة	المدققة الميدانية	المدققة المكتبية	مدخلة البيانات
الاسم _____ |__|__| التاريخ _____	الاسم _____ |__|__| التاريخ_____	الاسم _____ |__|__|	الاسم _____ |__|__|

للباحثة: إذا استخدمت استمارة مكملة ضعي إشارة ✔ في المربع \|__\|

بيانـــــات افـــــراد الأســـــرة

1	2	3		4	5		6		6A		7	
رقم الفرد المتسلسل	**الاسم (من ثلاثة مقاطع)** اذكري لي من فضلك أسماء أفراد الأسرة المعتادين والزائرين الذين امضوا الليلة الماضية مع هذه الأسرة ابتداءً من رب الأسرة	**ما علاقة (الاسم) برب الأسرة؟** 01 رب الأسرة 02 زوج/زوجه 98 ابن/ابنة 04ابن/ابنة الزوج/ الزوجة 05 حفيد/حفيده 06 ام/اب 07 حمو/حماه 08 اخ/أخت 09 جد/ جده 10 أقارب آخرون 11ابن/ابنة القرين بالتبني 12 لا توجد قرابة 98 لا اعرف		**الجنس** هل (الاسم) ذكر ام انثى؟	**الإقامة** هل(الاسم) يعيش/ تعيش هنا عادة؟		**الإقامة** هل(الاسم) أمضى/ أمضت الليلة السابقة هنا؟		**تاريخ الميلاد** **ما تاريخ ميلاد (الإسم) بالشهر والسنة؟** لا يعرف العمر: 98 لا يعرف السنة: 9998		**العمر** كم عمره/ عمرها بالسنوات الكاملة؟ إذا كان العمر 95 فأكثر سجلي 95	
××		××		ذكر	أنثى	نعم	لا	نعم	لا	شهر	سنة	××	
01		**رب الأسرة**	|_1_|_0_|	1	2	1	2	1	2	|__|__|	|__|__|__|__|	|__|__|	
02			|__|__|	1	2	1	2	1	2	|__|__|	|__|__|__|__|	|__|__|	
03			|__|__|	1	2	1	2	1	2	|__|__|	|__|__|__|__|	|__|__|	
04			|__|__|	1	2	1	2	1	2	|__|__|	|__|__|__|__|	|__|__|	
05			|__|__|	1	2	1	2	1	2	|__|__|	|__|__|__|__|	|__|__|	
06			|__|__|	1	2	1	2	1	2	|__|__|	|__|__|__|__|	|__|__|	
07			|__|__|	1	2	1	2	1	2	|__|__|	|__|__|__|__|	|__|__|	
08			|__|__|	1	2	1	2	1	2	|__|__|	|__|__|__|__|	|__|__|	
09			|__|__|	1	2	1	2	1	2	|__|__|	|__|__|__|__|	|__|__|	
10			|__|__|	1	2	1	2	1	2	|__|__|	|__|__|__|__|	|__|__|	
11			|__|__|	1	2	1	2	1	2	|__|__|	|__|__|__|__|	|__|__|	
12			|__|__|	1	2	1	2	1	2	|__|__|	|__|__|__|__|	|__|__|	
13			|__|__|	1	2	1	2	1	2	|__|__|	|__|__|__|__|	|__|__|	
14			|__|__|	1	2	1	2	1	2	|__|__|	|__|__|__|__|	|__|__|	
15			|__|__|	1	2	1	2	1	2	|__|__|	|__|__|__|__|	|__|__|	
16			|__|__|	1	2	1	2	1	2	|__|__|	|__|__|__|__|	|__|__|	
17			|__|__|	1	2	1	2	1	2	|__|__|	|__|__|__|__|	|__|__|	
18			|__|__|	1	2	1	2	1	2	|__|__|	|__|__|__|__|	|__|__|	
19			|__|__|	1	2	1	2	1	2	|__|__|	|__|__|__|__|	|__|__|	
20			|__|__|	1	2	1	2	1	2	|__|__|	|__|__|__|__|	|__|__|	

لجميع الأفراد الذين أعمارهم 15 سنة فأكثر انتقلي إلى السؤال 14A

الباحثة: للتأكد من انك سجلت جميع أفراد الأسرة اطرحي الأسئلة التالية:

1. هل هنالك أفراد آخرون كالأطفال الصغار والرضع لم يتم تسجيلهم؟ نعم ← |__| لا |__|
2. هل هنالك أفراد آخرون ليسوا من أفراد الأسرة مثل الخدم او المستأجرين او الأصدقاء يعيشون هنا عادة؟ نعم ← |__| لا |__|
3. هل يوجد ضيوف او زوار مؤقتين أو غيرهم ناموا هنا ليلة أمس؟ نعم ← |__| لا |__|
4. إذا ظهرت إجابة **نعم** في أي من الحالات الثلاثة السابقة، أضيفي الأفراد في استمارة الأسرة

1	10			11	12			13	14A		14B	
رقم الفرد المتسلسل	**التيتم لمن عمره اقل من 15 سنة***								**التعـــــليـــم**			
	هل والدته/ والدتها على قيد الحياة؟ 1.نعم ← استمري 2. لا 8.لا اعرف } إلى 12			هل تعيش والدته/ والدتها هنا مع هذه الأسرة؟ في حالة **نعم** اسألي عن اسمها، وسجلي رقم سطرها المتسلسل، اذا **لا** سجلي 00	هل والده/ والدها على قيد الحياة؟ 1. نعم ← استمري 2. لا 8.لااعرف } إلى 14A			هل يعيش والده/ والدها هنا مع هذه الأسرة؟ في حالة **نعم** اسألي عن اسمه، وسجلي رقم سطره المتسلسل، اذا **لا** سجلي 00	**6 سنوات فأكثر**			
									هل سبق لـ (الاسم) الالتحاق بالمدرسة؟ 1.نعم ← 14C 2. لا← استمري		هل يستطيع (الاسم)القراءة والكتابة؟ 1.نعم 2.لا } 20A	
××	**نعم**	**لا**	**لا اعرف**	××	**نعم**	**لا**	**لا اعرف**	××	**نعم**	**لا**	**نعم**	**لا**
01	1	2	8	|__|__|	1	2	8	|__|__|	1	2	1	2
02	1	2	8	|__|__|	1	2	8	|__|__|	1	2	1	2
03	1	2	8	|__|__|	1	2	8	|__|__|	1	2	1	2
04	1	2	8	|__|__|	1	2	8	|__|__|	1	2	1	2
05	1	2	8	|__|__|	1	2	8	|__|__|	1	2	1	2
06	1	2	8	|__|__|	1	2	8	|__|__|	1	2	1	2
07	1	2	8	|__|__|	1	2	8	|__|__|	1	2	1	2
08	1	2	8	|__|__|	1	2	8	|__|__|	1	2	1	2
09	1	2	8	|__|__|	1	2	8	|__|__|	1	2	1	2
10	1	2	8	|__|__|	1	2	8	|__|__|	1	2	1	2
11	1	2	8	|__|__|	1	2	8	|__|__|	1	2	1	2
12	1	2	8	|__|__|	1	2	8	|__|__|	1	2	1	2
13	1	2	8	|__|__|	1	2	8	|__|__|	1	2	1	2
14	1	2	8	|__|__|	1	2	8	|__|__|	1	2	1	2
15	1	2	8	|__|__|	1	2	8	|__|__|	1	2	1	2
16	1	2	8	|__|__|	1	2	8	|__|__|	1	2	1	2
17	1	2	8	|__|__|	1	2	8	|__|__|	1	2	1	2
18	1	2	8	|__|__|	1	2	8	|__|__|	1	2	1	2
19	1	2	8	|__|__|	1	2	8	|__|__|	1	2	1	2
20	1	2	8	|__|__|	1	2	8	|__|__|	1	2	1	2

***ملاحظة للباحثة: الأسئلة من سؤال 10 إلى سؤال 13 تتعلق بالوالدين الفعليين للفرد.**

1	14C	14D	14E		20A	20B	20C	20D
رقم الفرد المتسلسل	ما أعلى مرحلة تعليمية التحق بها (الاسم)؟ **نظام قديم** 01 ابتدائي 02 إعدادي 03 ثانوي **نظام جديد** 04 اساسي 05 ثانوي 06 دبلوم متوسط 07 بكالوريوس 08 دراسات عليا 98 لا اعرف	ما أعلى صف أكمله (الاسم) بنجاح في هذه المرحلة؟ اقل من سنة:00 لا اعرف: 98	هل سبق لـ (الاسم) ان انتظم بالمدرسة في أي وقت خلال السنة الدراسية الأخيرة؟		الحالة الزواجية هل (الاسم)؟ 1.أعزب/عزباء 2.متزوج/متزوجة 3.مطلق/مطلقة 4.أرمل/ارملة 5.منفصل/منفصلة	ضعي دائرة حول رقم سطر جميع النساء اللاتي سبق لهن الزواج وأعمارهن 15-49 سنة	ضعي دائرة حول رقم سطر جميع النساء اللاتي لم يسبق لهن الزواج وأعمارهن 15-49 سنة	ضعي دائرة حول رقم سطر جميع الأطفال الذين ولدوا عام 1997 فما بعد او الذين أعمارهم اقل من 6 سنوات
××	**المرحلة**	**الصف**	**نعم**	**لا**	×	××	××	××
01	|__|__|	|__|__|	1	2	|__|	01	01	01
02	|__|__|	|__|__|	1	2	|__|	02	02	02
03	|__|__|	|__|__|	1	2	|__|	03	03	03
04	|__|__|	|__|__|	1	2	|__|	04	04	04
05	|__|__|	|__|__|	1	2	|__|	05	05	05
06	|__|__|	|__|__|	1	2	|__|	06	06	06
07	|__|__|	|__|__|	1	2	|__|	07	07	07
08	|__|__|	|__|__|	1	2	|__|	08	08	08
09	|__|__|	|__|__|	1	2	|__|	09	09	09
10	|__|__|	|__|__|	1	2	|__|	10	10	10
11	|__|__|	|__|__|	1	2	|__|	11	11	11
12	|__|__|	|__|__|	1	2	|__|	12	12	12
13	|__|__|	|__|__|	1	2	|__|	13	13	13
14	|__|__|	|__|__|	1	2	|__|	14	14	14
15	|__|__|	|__|__|	1	2	|__|	15	15	15
16	|__|__|	|__|__|	1	2	|__|	16	16	16
17	|__|__|	|__|__|	1	2	|__|	17	17	17
18	|__|__|	|__|__|	1	2	|__|	18	18	18
19	|__|__|	|__|__|	1	2	|__|	19	19	19
20	|__|__|	|__|__|	1	2	|__|	20	20	20

21	ما المصدر الرئيسي لمياه الشرب لأفراد الأسرة؟	حنفية في المسكن	11	
		حنفية في الساحة	12	
		حنفية عامة	13	
		نبع	21	
		مياه الامطار/ بئر جمع .....….....	31	
		صهريج.....	41	
		زجاجات مياه	51	
		أخرى (حددي) _____	96	
21A	نوع المسكن. **الباحثة:** سجلي الإجابة من خلال المشاهدة	شقة	1	
		دار	2	
		فيلا	3	
		براكية	4	
		أخرى (حددي) _____	6	
23	ما نوع المرحاض المستخدم لدى الأسرة ؟	مرحاض خاص بمياه طاردة	11	
		مرحاض مشترك بمياه طاردة	12	
		مرحاض خاص تقليدي	21	
		مرحاض مشترك تقليدي	22	
		لا يوجد	31	
		أخرى (حددي) _____	96	
23A	هل المسكن متصل:	**البدائل**	**نعم**	**لا**
	بالشبكة العامة للكهرباء؟	الشبكة العامة للكهرباء.....	1	2
	بالشبكة العامة للمجاري؟	الشبكة العامة للمجاري.....	1	2
25	هل تمتلك الأسرة أي من التالية....؟	**البدائل**	**نعم**	**لا**
	راديو/ مسجل	راديو/ مسجل	1	2
	تلفزيون	تلفزيون	1	2
	ستلايت	ستلايت	1	2
	تلفون ارضي	تلفون ارضي	1	2
	ثلاجة	ثلاجة	1	2
	غسالة	غسالة	1	2
	سخان شمسي	سخان شمسي	1	2
	حاسوب	حاسوب	1	2
	اشتراك انترنت	اشتراك انترنت	1	2
25A	هل تمتلك الأسرة هاتف نقال (خلوي)؟*	العدد _____		|__|
25B	هل تمتلك الأسرة سيارة خاصة أو بك أب؟*	العدد _____		|__|
26	ما نوع الوقود الرئيسي الذي تستخدمه الأسرة في الطبخ؟	كهرباء.....	1	
		غاز	2	
		كاز	3	
		فحم/ حطب.....	4	
		أخرى (حددي) _____	6	
27	نوع المادة الرئيسية لأرضية المسكن **الباحثة:** الإجابة حسب المشاهدة	**<u>أرض طبيعية</u>**		
		الأرض/ رمل	11	
		<u>أرضية جاهزة</u>		
		خشب مزخرف/ملمع	21	
		بلاط	22	
		رخام/ سيراميك.....	23	
		صبه أسمنتية	24	
		أخرى (حددي) _____	96	
27A	ما عدد الغرف الكلي في المسكن؟	عدد الغرف _____		|__|__|
27B	ما عدد الغرف المستخدمة للنوم في المسكن ؟	عدد الغرف _____		|__|__|

الباحثة:* إذا كانت الإجابة **نعم اسألي عن العدد وسجليه في المربع المخصص، وإذا كان العدد 7 فأكثر سجلي 7، اما إذا كانت الإجابة **لا** سجلي 0 في المربع المخصص.

قياسات الوزن، الطول

الباحثة: انظري الأسئلة 20B ، 20C و20D: وسجلي رقم السطر والعمر لجميع النساء اللاتي أعمارهن 15 –49 سنة وللأطفال الذين ولدوا عام 1997 فما بعد او دون 6 سنوات من العمر

النساء اللاتي أعمارهن 15-49 سنة			قياس الوزن والطول للنساء اللاتي أعمارهن 15-49 سنة			
36	37	38	39	40	41	42	43
رقم السطر من سؤال 20B و 20C	الاسم من سؤال 2	العمر من سؤا ل 7		الوزن (بالكيلو غرامات)	الطول (بالسنتمترات)		النتيجة 1. تم القياس 2. السيدة غير موجودة 3. رفضت 6. أخرى
__|__|	————	__|__|		__|__|._|__|	__|__|._|__|		__|
__|__|	————	__|__|		__|__|._|__|	__|__|._|__|		__|
__|__|	————	__|__|		__|__|._|__|	__|__|._|__|		__|
__|__|	————	__|__|		__|__|._|__|	__|__|._|__|		__|

الأطفال مواليد 1997 فما بعد او دون 6 سنوات من العمر				قياس الوزن والطول للأطفال المولودين في عام 1997 فما بعد			
36	37	38	39	40	41	42	43
رقم السطر من سؤال 20D	الاسم من سؤال 2	العمر من سؤال 7	تاريخ الميلاد من سؤال 6A يوم شهر سنة	الوزن (بالكيلو غرام)	الطول (بالسنتمترات)	القياس مستلقياً ام واقفاً 1. مستلقي 2. واقف	النتيجة 1. تم القياس 2. الطفل غير موجود 3. رفض 6. أخرى
__|__|	————	__|__|	__|__| __|__| __|__|__|__|	__|__|._|__|0_|	__|__|._|__|	1 2	__|
__|__|	————	__|__|	__|__| __|__| __|__|__|__|	__|__|._|__|0_|	__|__|._|__|	1 2	__|
__|__|	————	__|__|	__|__| __|__| __|__|__|__|	__|__|._|__|0_|	__|__|._|__|	1 2	__|
__|__|	————	__|__|	__|__| __|__| __|__|__|__|	__|__|._|__|0_|	__|__|._|__|	1 2	__|
__|__|	————	__|__|	__|__| __|__| __|__|__|__|	__|__|._|__|0_|	__|__|._|__|	1 2	__|
__|__|	————	__|__|	__|__| __|__| __|__|__|__|	__|__|._|__|0_|	__|__|._|__|	1 2	__|

الباحثة: لجميع الأطفال المسجلين ولم ترد لهم تاريخ الميلاد بالشهر والسنة من سؤال6A، تقصي لمعرفة تاريخ الميلاد للطفل باليوم والشهر والسنة ما أمكن، او للشهر والسنة على الأقل.

الباحثة: ضعي إشارة في المربع ان كان هناك حاجة إلى استخدام صفحة إضافية __\|

قياس الهيموجلوبين للإناث 15-49

43A	***الباحثة***: انظري السؤال على صفحة الغلاف لتحديد ما إذا كانت هذه الأسرة تدخل في العينة الفرعية لفحص الأنيميا ام لا	نعم .....1← استمري لا .....2 ← انهي المقابلة

* ملاحظة: كجزء من المسح، نعمل على دراسة الأنيميا لدى النساء والأطفال، تعتبر الأنيميا مشكلة صحية جدية، سببها سوء التغذية، سيساعد هذا المسح الحكومة على تطوير برامج للحماية والعلاج من الأنيميا نطلب منك ومن جميع الأطفال الذين ولدوا منذ عام 1997 المشاركة في فحص الأنيميا كجزء من هذا المسح، والسماح بإعطائنا نقاط قليلة من الدم من الإصبع. يستخدم لهذا الفحص أداه تستخدم لمرة واحدة وهي نظيفة وامنة جداً. سيحلل هذا الدم باداه حديثة ويتم إعطاؤك النتيجة. والآن أود ان اسالك عن اسمك واسماء الأطفال الذين سيشاركون في فحص الأنيميا وإذا ما أردت عدم إجراء هذا الفحص فهذا حقك، ونحترم قرارك. والآن قولي لي إذا وافقت على إجراء الفحص.

44	45	46	47	48	49
الباحثة: انظري السؤال 38	رقم سطر الوالد/ الوالدة او الشخص المسؤول، سجلي 00 إذا لم يكن مسجلاً ضمن أفراد الأسرة	* الباحثة: اقرإي الملاحظة للسيدة، الوالد/ الوالدة او الشخص المسؤول وضعي دائرة حول رمز الإجابة	نسبة الهيموجلوبين (G/DL)	**الباحثة:** انظري 20A اذا سبق لها الزواج: هل هي حامل حالياً وللعزباء ضعي دائرة حول الرمز 3	النتيجة 1. تم الفحص 2. السيدة غير موجودة 3. رفضت 6. أخرى
العمر 15- 17 ↓ |__| 18- 49 |__| إلى س 46	|__|__|	موافق 1 رفض 2 ↓ إلى الفرد التالي توقيع الباحثة: _____	|__| •|__|__|	نعم .....1 لا/ لا اعرف....2 عزباء 3	|__|
العمر 15- 17 ↓ |__| 18- 49 |__| إلى س 46	|__|__|	موافق 1 رفض 2 ↓ إلى الفرد التالي توقيع الباحثة: _____	|__| •|__|__|	نعم .....1 لا/ لا اعرف....2 عزباء 3	|__|
العمر 15- 17 ↓ |__| 18- 49 |__| إلى س 46	|__|__|	موافق 1 رفض 2 ↓ إلى الفرد التالي توقيع الباحثة: _____	|__| •|__|__|	نعم .....1 لا/ لا اعرف....2 عزباء 3	|__|
العمر 15- 17 ↓ |__| 18- 49 |__| إلى س 46	|__|__|	موافق 1 رفض 2 ↓ إلى الفرد التالي توقيع الباحثة: _____	|__| •|__|__|	نعم .....1 لا/ لا اعرف....2 عزباء 3	|__|

قياس الهيموجلوبين للأطفال المولودين في عام 1997 فما بعد

44	45	46	47	48	49
	رقم سطر الوالد/ الوالدة او الشخص المسؤول سجلي 00 إذا لم يكن مسجلاً ضمن أفراد الأسرة	* **الباحثة:** اقرإي الملاحظة للوالد/ للوالدة او للشخص المسؤول، وضعي دائرة حول رمز الإجابة	نسبة الهيموجلوبين (G/DL)		النتيجة 1. تم الفحص 2. الطفل غير موجود 3. رفض 6. أخرى
	|__|__|	موافق 1 رفض 2 ↓ إلى الفرد التالي توقيع الباحثة: _____	|__| •|__|__|		|__|
	|__|__|	موافق 1 رفض 2 ↓ إلى الفرد التالي توقيع الباحثة: _____	|__| •|__|__|		|__|
	|__|__|	موافق 1 رفض 2 ↓ إلى الفرد التالي توقيع الباحثة: _____	|__| •|__|__|		|__|
	|__|__|	موافق 1 رفض 2 ↓ إلى الفرد التالي توقيع الباحثة: _____	|__| •|__|__|		|__|
	|__|__|	موافق 1 رفض 2 ↓ إلى الفرد التالي توقيع الباحثة: _____	|__| •|__|__|		|__|
	|__|__|	موافق 1 رفض 2 ↓ إلى الفرد التالي توقيع الباحثة: _____	|__| •|__|__|		|__|

50	**الباحثة:** دققي السؤالين رقم 47 و 48: عدد الأشخاص الذين لديهم مستوى هيموجلوبين الدم تحت النقطة الحرجة* شخص واحد او اكثر: |__| ↓ إعط كل امرأة / احد الوالدين/ الشخص البالغ المسؤول نتيجة قياس هيموجلوبين الدم واستمري في السؤال رقم (51)** لا أحد: |__| ↓ إعط كل امرأة / احد الوالدين/ الشخص البالغ المسؤول نتيجة قياس هيموجلوبين الدم وانهي المقابلة مع الأسرة	
51	لقد وجدنا مستوى منخفض من هيموجلوبين الدم في دمك، دم (اسم الطفل/ الاطفال) وهذا يعني وجود فقر دم (انيميا) حاد لديك/ لدى (اسم الطفل/ الأطفال) وهو مشكلة صحية خطيرة. نود ابلاغ الطبيب في ــــــــ حول حالتك/ حالة (اسم الطفل/ الاطفال). وهذا سوف يساعدك في الحصول على علاج لهذه الحالة. هل توافقين على تزويد الطبيب بالمعلومات المتعلقة بمستوى الهيموجلوبين في دمك/ (دم اسم الطفل/ الاطفال)؟	

	اسم الشخص الذي لديه مستوى هيموجلوبين تحت النقطة الحرجة	**اسم احد الوالدين/ الشخص البالغ المسؤول**	**يوافق على المراجعة**
	النساء اللاتي اعمارهن 18-49		
.1			نعم .....1 لا 2
.2			نعم .....1 لا 2
.3			نعم .....1 لا 2
.4			نعم .....1 لا 2
	النساء اللاتي اعمارهن 15-17 والاطفال		
.1			نعم .....1 لا 2
.2			نعم .....1 لا 2
.3			نعم .....1 لا 2
.4			نعم .....1 لا 2
.5			نعم .....1 لا 2
.6			نعم .....1 لا 2
.7			نعم .....1 لا 2
.8			نعم .....1 لا 2
.9			نعم .....1 لا 2

* النقطة الحرجة هي نسبة الهيموجلوبين في الدم للنساء الحوامل 9g/dl وللأطفال والنساء غير الحوامل او اللاتي لا يعرفن انهن حوامل هي 7g/dl .

** ان كانت اكثر من امراة او طفل تحت النقطة الحرجة، اقرإي العبارة في السؤال رقم (51) لكل امرأة تحت النقطة الحرجة ولكل امرأة/ احد الوالدين / الشخص البالغ المسؤول عن الطفل تحت النقطة الحرجة.

ORC MACRO[SM]

مسح السكان والصحة الأسرية 2002
استمارة السيدة المؤهلة

البيانات سرية بموجب قانون الإحصاءات

البيـــــانات التعـــــريفية

رقم المجموعة: |__|		**رقم الاستمارة:**	|__|__|__|__|
المحافظـة:	|__|__|	**رقم البلوك:**	|__|__|__|__|__|
اللـــواء :	|__|__|	**رقم المبنى:** ( )	
القضـــاء:	|__|	**رقم المسكن:** ( )	
التجمع السكاني:	|__|__|__|	**رقم العنقود:**	|__|__|__|
رقم الطبقـة:	|__|	**رقم الأسرة:**	|__|__|
حضر/ ريف (حضر =1، ريف =2)	|__|	**رقم الهاتف (إن وجد):** ( )	
اسم ورقم سطر السيدة المؤهلة _____ |__|__|			

زيارات الباحثة

	1	2	3	الزيارة النهائية
التاريـــــخ:	_____	_____	_____	**يوم** |__|__| **شهر** |__|__| **سنة** |2|0|0|2|
اسم الباحثة:	_____	_____	_____	**رمز الباحثة** |__|__|
النتيجـــة* :	_____	_____	_____	**النتيجة*** |__|
الزيارة التالية: التاريخ **الوقت**	_____ _____	_____ _____		**العدد الكلي للزيارات** |__|

نتيجة الزيارة :*

1. تمت
2. السيدة غير موجودة
3. أرجئت
4. رفضت
5. تمت جزئياً
6. السيدة غير قادرة على الاجابة
7. أخرى (حددي)_____

المراقبة	المدققة الميدانية	المدققة المكتبية	مدخلة البيانات
الاسم _____ |__|__| التاريخ _____	الاسم _____ |__|__| التاريخ_____	الاسم _____ |__|__|	الاسم _____ |__|__|

القسم الاول: خلفيه عامه عن المستجيبة

مرحبا، اسمي .....اعمل في دائرة الإحصاءات العامة، ونحن نقوم الان بتنفيذ مسح وطني حول صحة النساء والأطفال، ونحن نقدر كثيراً مشاركتك في هذا المسح. واود ان اسألك حول صحتك (وصحة اطفالك). ستساعد هذه المعلومات ومتخذي القرار في القطاعين العام والخاص للتخطيط في المجال الصحي، وسوف اخذ من وقتك من 20-45 دقيقة لتعبئة الاستمارة، وكل المعلومات التي تدلين بها ستعامل بسرية تامة ولن يطلع عليها اشخاص اخرون.

كما اود ان اعلمك بان المشاركة في هذا المسح طوعية ويمكنك الاجابة على أي سؤال او على كل الاسئلة، وعلى اية حال فاننا نأمل ان تشاركي في هذا المسح حيث ان آراءك مهمة جداً للمسح.

والان، هل ترغبي ان تسألي أي شئ حول المسح؟

هل يمكنني ان ابدأ المقابلة الان؟

توقيع الباحثة ..... التاريخ .....

المستجيبة وافقت ان تشارك في المقابلة ـــــ 1

المستجيبة رفضت ان تشارك في المقابلة ـــــ 2 ← انتهت المقابلة

101	**للباحثه:** سجلي الوقت	الساعه..... الدقيقه	__|__| __|__|	
	والان اود ان اسألك بعض الاسئله عنك وعن اسرتك			
101A	ما هي حالتك الزواجية الآن؟ **الباحثة:** إذا كانت الحالة الزواجية عزباء(أي ليست متزوجة او مطلقة او ارملة او منفصلة) انهي المقابلة وصححي الحالة الزواجية والشمول للمقابلة في استمارة الأسرة.	متزوجة ..... مطلقة ..... ارملة..... منفصلة	1 2 3 4	
103	ما مدة اقامتك في (اسم مكان الاقامة الحالي) بشكل مستمر؟ اذا كانت المدة اقل من سنة، سجلي 00	السنوات ..... دائما ..... زائرة.....	__|__| 95 96	 ← 105 ← 105
104	قبل انتقالك إلى هذا المكان هل كنت تعيشين في مدينة عمان، مدينة اخرى، مخيم مستقل، قرية، خارج البلاد ؟	مدينة عمان ..... مدينة اخرى..... مخيم مستقل ..... قرية ..... خارج البلاد.....	1 2 3 4 5	
105	ما تاريخ ميلادك بالشهر والسنة؟	الشهر..... لا اعرف ..... السنه ..... لا اعرف	__|__| 98 __|__|9_|1_| 9998	
106	كم كان عمرك في اخر عيد ميلاد لك؟ **الباحثة:** قارني الإجابة وصححي اجابة السؤالين 105 و/او 106 اذا كانت الاجابة غير متسقة	العمر بالسنوات الكاملة.....	__|__|	
107	هل سبق ان التحقت بالمدرسة؟	نعم..... لا.....	1 2	 ← 114

108	ما اعلى مرحلة دراسية التحقت بها: هل هي ابتدائي، إعدادي، ثانوي قديم، أساسي، ثانوي جديد، دبلوم متوسط، بكالوريوس، دراسات عليا؟	**نظام قديم** ابتدائي ..... إعدادي ..... ثانوي ..... **نظام جديد** أساسي ..... ثانوي..... دبلوم متوسط..... بكالوريوس..... دراسات عليا	 1 2 3 4 5 6 7 8	
109	ما أعلى صف اكملته بنجاح في هذه المرحلة؟	الصف.....	____	
114	هل تقرئين جرائد او مجلات أردنية عادة كل يوم، (3-5) مرات في الاسبوع، مرة او مرتين في الاسبوع، مرة في الشهر، بعض مرات في السنة، ام لا تقرأين أبداً؟	كل يوم..... (3-5) مرات في الاسبوع ..... مرة او مرتين في الاسبوع ..... مرة في الشهر ..... بعض مرات في السنة ..... لا تقرأ ابداً ..... لا تستطيع القراءة (أمية).....	1 2 3 4 5 6 7	
115	هل تستمعين للاذاعة الاردنية عادة كل يوم، مرة في الاسبوع على الاقل، مرة في الشهر على الاقل، بعض مرات في السنة، ام لا تستمعين أبداً؟	كل يوم..... مرة في الاسبوع على الاقل ..... مرة في الشهر على الاقل ..... بعض مرات في السنة ..... لا تستمع أبداً	1 2 3 4 5	
116	هل تشاهدين برامج التلفزيون الاردني عادة كل يوم، مرة في الاسبوع على الاقل، مرة في الشهر على الاقل، بعض مرات في السنة، ام لا تشاهدين أبداً؟	كل يوم..... مرة في الاسبوع على الاقل ..... مرة في الشهر على الاقل ..... بعض مرات في السنة ..... لا تشاهدي أبداً	1 2 3 4 5	
117	ما ديانتك؟	الاسلام..... المسيحيه..... اخرى(حددى)_____	1 2 6	

القسم الثاني: الإنجاب

201	أود ان أسألك الآن عن كل المواليد الذين انجبتهم طيلة حياتك، هل سبق لك الإنجاب في حياتك؟	نعم..... 1 لا..... 2		206←
202	هل لديك أي أبناء ذكور او اناث يعيشون معك الان؟	نعم..... 1 لا..... 2		204 ←
203	كم عدد أبنائك الذكور الذين يعيشون معك؟ كم عدد بناتك الإناث اللاتي يعشن معك؟ **الباحثة:** إذا كانت الإجابة " لا أحد" لأي من الذكور اوالإناث سجلي الرمز "00" في الخانة المخصصة للإجابة.	عدد الأبناء الذكور..... |__|__| عدد الابناء الاناث ..... |__|__|		
204	هل لديك أبناء أو بنات احياء ولكنهم لا يعيشون معك الان؟	نعم..... 1 لا..... 2		206←
205	كم عدد أبنائك الذكور الذين لا يعيشون معك؟ كم عدد بناتك الإناث اللاتي لا يعشن معك؟ **الباحثة:** إذا كانت الإجابة " لا أحد" لأي من الذكور اوالإناث سجلي الرمز "00" في الخانة المخصصة للإجابة.	عدد الأبناء الذكور..... |__|__| عدد الابناء الاناث ..... |__|__|		
206	هل سبق لك ان أنجبت ولداً او بنتاً ولكنه/ لكنها توفي/ توفيت بعد ذلك حتى ولو ان المولود لم يعش سوى فترة قصيرة؟ **الباحثة:** اذا كانت الاجابة **لا**، تقصي مستخدمة بعض الإيضاحات حول تعريف المولود حياً. فهل حدث ان انجبت أي مولود ظهرت عليه احدى علامات الحياة كالبكاء او الحركة حتى وان لم يعش سوى ايام او ساعات قليلة ولكنه توفي بعد ذلك؟	نعم..... 1 لا..... 2		208←
207	كم عدد أبنائك الذكور الذين توفوا؟ كم عدد بناتك الإناث اللاتي توفين؟ **الباحثة:** إذا كانت الإجابة " لا أحد" لأي من الذكور اوالاناث سجلي الرمز "00" في المربعات المخصصة للإجابة.	عدد الأبناء الذكور..... |__|__| عدد الابناء الاناث ..... |__|__|		
208	**الباحثة:** إجمعي الإجابات في الأسئلة 203، 205 و 207 وسجلي ناتج عملية الجمع في المربعات المخصصة لذلك. إذا كان ناتج عملية الجمع " 00" سجليها أيضاً في المربعات المخصصة للمجموع.	المجموع..... |__|__|		
209	**الباحثة:** انظري 208: حتى أتأكد انني سجلت ما قلته بدقة: لقد أنجبت ما مجموعه ـــــ مولوداً طيلة حياتك، هل هذا صحيح؟ نعم |__| لا |__| ← تقصي وصححي الأسئلة 201 – 208 اذا لزم الامر ↓			
210	**الباحثة:** انظري 208 مولودا واحداً أو اكثر |__| ↓	لا مواليد |__|		226←

211	والان، أود ان أسجل أسماء كل مواليدك (أبناءك الذكور وبناتك الإناث) الذين انجبتهم من جميع زيجاتك سواء كانوا لا يزالون على قيد الحياة او لا، ابتداء من اول مولود انجبته. **الباحثة:** سجلي أسماء كافة المواليد في السؤال 212، وسجلي التوائم على سطور منفصلة

	212	213	214	215	216	217	218	219	220	221
					للمواليد الباقين على قيد الحياة			للمواليد المتوفين		
الرقم المتسلسل للمولود	ما اسم المولود الاول، الثاني، الثالث،...؟	هل هو: 1. مفرد 2. توأم	هل (اسم المولود) ذكر ام انثى؟	في أي شهر وسنة ولد (اسم المولود)؟ **الباحثة:** تقصي ما هو تاريخ ميلاده/ ميلادها	هل لا يزال (اسم المولود) على قيد الحياة؟	كم كان عمر(اسم المولود) في آخر عيد ميلاد له/ لها؟ (سجلي العمر بالسنوات الكاملة، وسجلي 00 لمن كان عمره اقل من سنة)	هل (اسم المولود) يعيش معك؟	**الباحثة:** سجلي رقم سطر الفرد من استمارة الأسرة. إذا كان ليس من أفراد الأسرة سجلي الرمز(00)	كم كان عمر (اسم المولود) وقت الوفاة؟ **الباحثة:** اذا كان العمر سنة واحدة تقصي عن عدد الاشهر التي عاشها، بقولك: كم شهراً كان عمر(اسم المولود) وقت الوفاة؟ سجلي العمر بالايام اذا كان عمر المولود المتوفي وقت الوفاة اقل من شهر واحد وسجليه بالاشهر اذا كان عمره اقل من سنتين، اما اذا كان العمر سنتين فأكثر فسجليه بالسنوات.	هل هناك مواليد احياء آخرون بين (اسم المولود السابق) و(اسم المولود الحالي)؟
.1	(الاسم) ____	مفرد....1 توأم.....2	ذكر.....1 انثى.....2	شهر _____| سنه _____|	نعم..... 1 لا..... 2 ↓ 220	العمر بالسنوات الكاملة ____|	نعم.....1 لا..... 2	رقم الفرد ____| ↓ إلى المولود التالي	ايام ..... 1 ____| شهور..... 2 ____| سنوات..... 3 ____|	
.2	(الاسم) ____	مفرد....1 توأم.....2	ذكر.....1 انثى.....2	شهر _____| سنه _____|	نعم..... 1 لا..... 2 ↓ 220	العمر بالسنوات الكاملة ____|	نعم.....1 لا..... 2	رقم الفرد ____| ↓ 221	ايام ..... 1 ____| شهور..... 2 ____| سنوات..... 3 ____|	نعم ..... 1 لا..... 2
.3	(الاسم) ____	مفرد....1 توأم.....2	ذكر.....1 انثى.....2	شهر _____| سنه _____|	نعم..... 1 لا..... 2 ↓ 220	العمر بالسنوات الكاملة ____|	نعم.....1 لا..... 2	رقم الفرد ____| ↓ 221	ايام ..... 1 ____| شهور..... 2 ____| سنوات..... 3 ____|	نعم ..... 1 لا..... 2
.4	(الاسم) ____	مفرد....1 توأم.....2	ذكر.....1 انثى.....2	شهر _____| سنه _____|	نعم..... 1 لا..... 2 ↓ 220	العمر بالسنوات الكاملة ____|	نعم.....1 لا..... 2	رقم الفرد ____| ↓ 221	ايام ..... 1 ____| شهور..... 2 ____| سنوات..... 3 ____|	نعم ..... 1 لا..... 2
.5	(الاسم) ____	مفرد....1 توأم.....2	ذكر.....1 انثى.....2	شهر _____| سنه _____|	نعم..... 1 لا..... 2 ↓ 220	العمر بالسنوات الكاملة ____|	نعم.....1 لا..... 2	رقم الفرد ____| ↓ 221	ايام ..... 1 ____| شهور..... 2 ____| سنوات..... 3 ____|	نعم ..... 1 لا..... 2
.6	(الاسم) ____	مفرد....1 توأم.....2	ذكر.....1 انثى.....2	شهر _____| سنه _____|	نعم..... 1 لا..... 2 ↓ 220	العمر بالسنوات الكاملة ____|	نعم.....1 لا..... 2	رقم الفرد ____| ↓ 221	ايام ..... 1 ____| شهور..... 2 ____| سنوات..... 3 ____|	نعم ..... 1 لا..... 2
.7	(الاسم) ____	مفرد....1 توأم.....2	ذكر.....1 انثى.....2	شهر _____| سنه _____|	نعم..... 1 لا..... 2 ↓ 220	العمر بالسنوات الكاملة ____|	نعم.....1 لا..... 2	رقم الفرد ____| ↓ 221	ايام ..... 1 ____| شهور..... 2 ____| سنوات..... 3 ____|	نعم ..... 1 لا..... 2
.8	(الاسم) ____	مفرد....1 توأم.....2	ذكر.....1 انثى.....2	شهر _____| سنه _____|	نعم..... 1 لا..... 2 ↓ 220	العمر بالسنوات الكاملة ____|	نعم.....1 لا..... 2	رقم الفرد ____| ↓ 221	ايام ..... 1 ____| شهور..... 2 ____| سنوات..... 3 ____|	نعم ..... 1 لا..... 2

221	220	219	218	217	216	215	214	213	212	
	للمواليد المتوفين	للمواليد الباقين على قيد الحياة								
هل هناك مواليد احياء آخرون بين (اسم المولود السابق) و(اسم المولود الحالي)؟	كم كان عمر (اسم المولود) وقت الوفاة؟ **الباحثة:** اذا كان العمر سنة واحدة تقصي عن عدد الاشهر التي عاشها، بقولك: كم شهراً كان عمر(اسم المولود) وقت الوفاة؟ سجلي العمر بالايام اذا كان عمر المولود المتوفي وقت الوفاة اقل من شهر واحد وسجليه بالاشهر اذا كان عمره اقل من سنتين، اما اذا كان العمر سنتين فأكثر فسجليه بالسنوات.	**الباحثة:** سجلي رقم سطر الفرد من استمارة الأسرة إذا كان ليس من أفراد الأسرة سجلي الرمز(00)	هل (اسم المولود) يعيش معك؟	كم كان عمر(اسم المولود) في آخر عيد ميلاد له/ لها؟ (سجلي العمر بالسنوات الكاملة، وسجلي 00 لمن كان عمره اقل من سنة)	هل لا يزال (اسم المولود) على قيد الحياة؟	في أي شهر وسنة ولد (اسم المولود)؟ **الباحثة:** تقصي ما هو تاريخ ميلاده/ ميلادها	هل (اسم المولود) ذكر ام انثى؟	هل هو: 1. مفرد 2. توأم	ما اسم المولود الاول، الثاني، الثالث،...؟	الرقم المتسلسل للمولود
نعم ..... 1 لا..... 2	ايام ..... |__|__| 1 شهور..... |__|__| 2 سنوات..... |__|__| 3	رقم الفرد |__|__| ↓ 221	نعم.....1 لا..... 2	العمر بالسنوات الكاملة |__|__|	نعم..... 1 لا..... 2 ↓ 220	شهر |__|__| سنه |__|__|__|__|	ذكر.....1 انثى.....2	مفرد....1 توأم.....2	(الاسم) _____	.9
نعم ..... 1 لا..... 2	ايام ..... |__|__| 1 شهور..... |__|__| 2 سنوات..... |__|__| 3	رقم الفرد |__|__| ↓ 221	نعم.....1 لا..... 2	العمر بالسنوات الكاملة |__|__|	نعم..... 1 لا..... 2 ↓ 220	شهر |__|__| سنه |__|__|__|__|	ذكر.....1 انثى.....2	مفرد....1 توأم.....2	(الاسم) _____	10
نعم ..... 1 لا..... 2	ايام ..... |__|__| 1 شهور..... |__|__| 2 سنوات..... |__|__| 3	رقم الفرد |__|__| ↓ 221	نعم.....1 لا..... 2	العمر بالسنوات الكاملة |__|__|	نعم..... 1 لا..... 2 ↓ 220	شهر |__|__| سنه |__|__|__|__|	ذكر.....1 انثى.....2	مفرد....1 توأم.....2	(الاسم) _____	11
نعم ..... 1 لا..... 2	ايام ..... |__|__| 1 شهور..... |__|__| 2 سنوات..... |__|__| 3	رقم الفرد |__|__| ↓ 221	نعم.....1 لا..... 2	العمر بالسنوات الكاملة |__|__|	نعم..... 1 لا..... 2 ↓ 220	شهر |__|__| سنه |__|__|__|__|	ذكر.....1 انثى.....2	مفرد....1 توأم.....2	(الاسم) _____	12
نعم ..... 1 لا..... 2	ايام ..... |__|__| 1 شهور..... |__|__| 2 سنوات..... |__|__| 3	رقم الفرد |__|__| ↓ 221	نعم.....1 لا..... 2	العمر بالسنوات الكاملة |__|__|	نعم..... 1 لا..... 2 ↓ 220	شهر |__|__| سنه |__|__|__|__|	ذكر.....1 انثى.....2	مفرد....1 توأم.....2	(الاسم) _____	13
نعم ..... 1 لا..... 2	ايام ..... |__|__| 1 شهور..... |__|__| 2 سنوات..... |__|__| 3	رقم الفرد |__|__| ↓ 221	نعم.....1 لا..... 2	العمر بالسنوات الكاملة |__|__|	نعم..... 1 لا..... 2 ↓ 220	شهر |__|__| سنه |__|__|__|__|	ذكر.....1 انثى.....2	مفرد....1 توأم.....2	(الاسم) _____	14
نعم ..... 1 لا..... 2	ايام ..... |__|__| 1 شهور..... |__|__| 2 سنوات..... |__|__| 3	رقم الفرد |__|__| ↓ 221	نعم.....1 لا..... 2	العمر بالسنوات الكاملة |__|__|	نعم..... 1 لا..... 2 ↓ 220	شهر |__|__| سنه |__|__|__|__|	ذكر.....1 انثى.....2	مفرد....1 توأم.....2	(الاسم) _____	15

222	هل أنجبت أي مولود حي منذ ولادة (اسم أخر مولود)؟	نعم.....	1	
		لا.....	2	
223	**للباحثة:** قارني الإجابة في السؤال 208 مع عدد المواليد في جدول التاريخ الإنجابي السابق وسجلي نتيجة المقارنة. الأرقام متساوية |__| ↓ الأرقام غير متساوية |__|← تقصي وصححي دققي: لكل مولود: هل تم تسجيل سنة الميلاد؟ |__| لكل مولود لا يزال على قيد الحياة: هل تم تسجيل العمر الحالي؟ |__| لكل مولود متوفى: هل تم تسجيل العمر وقت الوفاة؟ |__| لكل مولود متوفي كان عمره وقت الوفاة 12 شهراً او سنة: تقصي لتحديد عدد الأشهر بالضبط |__|			
224	**للباحثة:** انظري السؤال215 وسجلي عدد المواليد في عام 1997 وما بعده في المربع، وإذا لم يكن هنالك أي مواليد سجلي الرمز (0) في المربع. |__|			
225	**للباحثة:** لكل مولود تم إنجابه منذ 1997، أدخلي الرمز (B) في الحقل المخصص لشهر الولادة (في العمود رقم 1 من التقويم). اسألي عن مدة الحمل بالأشهر لكل مولود. سجلي الرمز (P) في كل خانة مخصصة للشهر للفترة التي استغرقها الحمل بذلك المولود. **ملاحظة:** (يجب ان يقل عدد " P_S " بواحد عن عدد الأشهر التي دامها الحمل) وسجلي اسم المولود على الجهة اليمنى مقابل الرمز " B ".				
226	هل أنت حامل حالياً؟	نعم.....	1	
		لا.....	2	
		غير متأكدة.....	8	229←
227	كم شهراً مضى عليك وانت حامل؟ **للباحثة:** سجلي المدة بالأشهر الكاملة، وادخلي P_S في العمود الأول من التقويم ابتداء بشهر المقابلة ولكل مدة الحمل بالأشهر الكاملة.	عدد الأشهر.....	|__|__|	
228	في الوقت الذي أصبحت فيه حاملا، هل كنت راغبة في الحمل **آنذاك**، ام كنت راغبة في **الانتظار** لبعض الوقت، ام كنت ***غير راغبة*** في إنجاب أي (المزيد) من الأطفال؟	راغبة آنذاك	1	
		الانتظار.....	2	
		غير راغبة على الاطلاق ...	3	
229	هل سبق وان حصل معك اية احمال انتهت بالإسقاط او الإجهاض او بانجاب مولود ميت؟	نعم.....	1	
		لا.....	2	237 ←
229A	في آخر مرة حصلت معك مثل هذه الحالة من الحمل، هل انتهى الحمل باسقاط، باجهاض، ام بمولود ميت؟	اسقاط	1	
		اجهاض.....	2	
		مولود ميت	3	
230	متى كان تاريخ حدوث آخر حالة حصلت معك؟	الشهر	|__|__|	
		السنة.....	|__|__|__|__|	
231	**للباحثة:** انظري السؤال 230 انتهى آخر حمل في كانون الثاني1997 او بعد ذلك |__| ↓	انتهى آخر حمل قبل كانون الثاني1997 |__|		237 ←

231A	اين تلقيت الرعاية الصحية (المعالجة) لهذا الحمل الذي انتهى بـ(الحالة من سؤال 229A) ؟ اسم المكان _____	**القطاع العام** مستشفى حكومي ..... مركز صحي حكومي ..... مستشفى جامعي ..... الخدمات الطبية الملكية..... قطاع عام اخر (حددي)_ **القطاع الخاص** مستشفى خاص/ عيادة خاصة قطاع خاص اخر(حددي)_ **منزل السيدة/ منزل اخر** .... **اخرى (حددي)** ___	11 12 13 14 16 21 26 31 96	
232	كم كان عدد اشهر الحمل عندما انتهى بـ (الحالة من سؤال 229 A)؟ **للباحثة:** سجلي عدد الأشهر الكاملة لذلك الحمل وادخلي الرمز (T) في العمود الأول من التقويم في الشهر الذي انتهى فيه الحمل، والرمز(P) لبقية الأشهر التي كانت فيها السيدة حاملاً.	عدد الأشهر.....	|__|__|	
233	هل سبق لك وأن حصل معك احمال اخرى انتهت بغير مولود حي غير المرة التي أشرت اليها؟	نعم ..... لا.....	1 2	 237 ←
234	**الباحثة:** اسألي عن تاريخ ومدة الحمل لكل حمل سابق انتهى بغير مولود حي رجوعاً حتى كانون الثاني1997 وأدخلي الرمز(T) في العمود الأول من التقويم في الخانة المخصصة للشهر الذي انتهى فيه الحمل، وادخلي الرمز (P) لباقي اشهر الحمل (بالأشهر الكاملة) التي كانت فيها السيدة حاملاً.			
235	هل سبق وان انتهى حملك بمولود غير حي قبل 1997؟	نعم ..... لا.....	1 2	 237 ←
236	ما تاريخ حدوث آخر مرة حدث معك ذلك قبل 1997؟	الشهر ..... السنة.....	|__|__| |__|__|__|__|	
237	متى بدأت آخر دورة شهريه لديك؟ التاريخ إذا اعطت : _____	منذ أيام ..... منذ أسابيع..... منذ اشهر ..... منذ سنوات ..... سن اليأس/ استئصال الرحم..... قبل المولود الاخير ..... لم تأتها الدورة بعد	1 |__|__| 2 |__|__| 3 |__|__| 4 |__|__| 994 995 996	
238	من الدورة الشهرية للدورة التي تليها، هل هنالك ايام معينة تكون فيها المرأة معرضة للحمل اكثر من أي وقت آخر؟	نعم..... لا..... لا تعرف.....	1 2 8	 301←
239	هل ذلك الوقت هو قبل بداية الدورة مباشرة، ام خلال الدورة، ام بعد الدورة مباشرة، ام في منتصف المدة بين الدورتين المتتاليتين؟	قبل بداية الدورة مباشرة ..... خلال الدورة..... بعد الدورة مباشرة..... في منتصف المدة بين الدورتين..... أخرى (حددي)_____ لا اعرف	1 2 3 4 6 8	

القسم الثالث: تنظيم الأسرة

أود الآن ان اتحدث معك حول تنظيم الأسرة أي الطرق او الوسائل المختلفة التي يمكن للزوجين استعمالها لتأخير او تجنب الحمل.
الباحثة: ضعي دائرة حول الرمز(1) لكل وسيلة تمت الإشارة اليها تلقائياً ثم استمري واقرإي اسماء واوصاف تلك الوسائل التي لم تذكرها المستجيبة تلقائياً. ضعي دائرة حول الرمز(1) للوسائل التي سمعت بها بعد التقصي، ودائرة حول الرمز (2) للوسائل التي لم تسمع بها بعد التقصي. ثم اسألي المستجيبة السؤال رقم (302) لكل وسيله كانت الإجابة عليها هي الرمز (1) في السؤال (301).

301	ما الطرق والوسائل التي سمعت بها؟ **الباحثة:** بالنسبة للوسائل التي لم يتم ذكرها تلقائياً، إسألي: هل سبق لك وان سمعت بـ (اسم الوسيلة)؟		302	هل سبق ان استعملت الوسيلة (اسم الوسيلة) في أي وقت؟
01	التعقيم الأنثوي تستطيع المرأة ان تجري عملية لتجنب الإنجاب.	نعم .....1 لا .....2 ↓		هل أجريت لك عملية تعقيم لتجنب إنجاب مزيد من الأطفال؟ نعم .....1 لا 2
02	التعقيم الذكري يستطيع الرجل ان يجري عملية لتجنب الإنجاب.	نعم .....1 لا .....2 ↓		هل أجريت لزوجك عملية تعقيم لتجنب إنجاب مزيد من الأطفال؟ نعم .....1 لا 2
03	الحبوب تستطيع المرأة تناول حبة يومياً لتجنب الحمل.	نعم .....1 لا .....2 ↓		نعم .....1 لا 2
04	اللولب تستطيع المرأة تركيب لولب من قبل الطبيب او الممرضة لتجنب الحمل.	نعم .....1 لا .....2 ↓		نعم .....1 لا 2
05	الحقن بالإبر تستطيع المرأة اخذ حقنة من قبل مختص طبي لتجنب الحمل لمدة شهر او اكثر.	نعم .....1 لا .....2 ↓		نعم .....1 لا 2
06	الغرسات تستطيع المرأة غرس العديد من القطع الصغيرة في الجزء العلوي من الذراع بواسطة الطبيب او الممرضة لتجنب الحمل لسنة او اكثر.	نعم .....1 لا .....2 ↓		نعم .....1 لا 2
07	الواقي الذكري (كندوم) يستطيع الرجل وضع غشاء مطاطي (الكيس) على العضو التناسلي قبل المعاشرة الزوجية.	نعم .....1 لا .....2 ↓		نعم .....1 لا 2
08	الواقي الانثوي تستطيع المرأة وضع غشاء مطاطي في المهبل قبل المعاشرة الزوجية .	نعم .....1 لا .....2 ↓		نعم .....1 لا 2
09	الغشاء المطاطي تستطيع المرأة وضع قرص مرن رقيق في المهبل قبل المعاشرة الزوجية .	نعم .....1 لا .....2 ↓		نعم .....1 لا 2
10	الرغوة اوالجيلي تستطيع المرأة وضع تحميلة او جيلي او مرهم في المهبل قبل المعاشرة الزوجية.	نعم .....1 لا .....2 ↓		نعم .....1 لا 2
11	وسيلة انحباس الطمث بسبب الرضاعة (LAM). لمدة اقل من ستة اشهر بعد الولادة، لكي تستطيع المرأة استعمال هذه الوسيلة يتوجب عليها الاستمرار في عملية الرضاعة الطبيعية المحضة ليلاً ونهاراً وان لا تكون الدورة الشهرية قد عادت اليها.	نعم .....1 لا .....2 ↓		نعم .....1 لا 2
12	الامتناع الدوري تستطيع المرأة تجنب الحمل بالابتعاد عن المعاشرة الزوجية في الايام التي تتوقع ان تحمل بها من كل شهر.	نعم .....1 لا .....2 ↓		نعم .....1 لا 2
13	القذف الخارجي يستطيع الرجل اخذ الحيطة والقذف خارجاً وقت الجماع.	نعم .....1 لا .....2 ↓		نعم .....1 لا 2
14	الوسيلة الطارئة تستطيع المرأة اخذ الحبوب لغاية ثلاثة ايام بعد المعاشرة الزوجية لتجنب الحمل.	نعم .....1 لا .....2 ↓		نعم .....1 لا 2
15	هل سمعت بوسائل او طرق أخرى يمكن ان يستعملها النساء والرجال لتجنب الحمل؟	نعم .....1 (حددي) —— (حددي) —— لا 2		نعم .....1 لا .....2 نعم .....1 لا 2

303	**الباحثة: انظري 302** لا توجد إجابة " نعم " واحدة (لم يسبق لها الاستعمال) |__| ↓		توجد إجابة "نعم" واحدة على الأقل |__| (سبق لها الاستعمال)	307 ←
304	هل سبق لك ان استعملت أي شيء او حاولت بأي طريقه تأخير او تجنب وقوع الحمل؟	نعم..... لا.....	1 2	306 ←
305	**الباحثة :** أدخلي الرمز (0) في العمود رقم (1) من التقويم لكل شهر كان فارغاً وانتقلي إلى السؤال رقم			328A ←
306	ماذا استعملت أو فعلت؟ **الباحثة:** صححي الأجابات في السؤالين 302 و 303 (والسؤال 301 إذا كان ذلك ضرورياً)			
307	أود الآن ان اسألك حول المرة الأولى التي عملت فيها شيئاً او استعملت فيها وسيلة لتجنب وقوع الحمل: كم كان لديك من اطفال على قيد الحياة في ذلك الوقت؟ **الباحثة:** اذا لم يكن لديها اطفال سجلي (00)	عدد الأطفال الاحياء	|__|__|	
308	**الباحثة:** انظري السؤال (302) الوسيلة (01) لم تجر للمستجيبة عملية تعقيم |__| ↓		اجري للمستجيبة عملية تعقيم|__|	311A ←
309	**الباحثة:** انظري السؤال (226) المستجيبة غير حامل او غير متأكدة |__| ↓		المستجيبة حامل |__|	318 ←
310	هل تعملين اي شيء الآن او تستعملين أي وسيلة حالياً لتأخير او لتجنب وقوع الحمل؟	نعم..... لا.....	1 2	318 ←
311 311A	ما الوسيلة التي تستعملينها؟ **الباحثة:** (إذا كانت السيدة تستعمل اكثر من وسيلة فضعي دائرة حول الوسيلة الاكثر فعالية) ضعي دائرة حول الرمز (01) للتعقيم الأنثوي إذا أجري للسيدة عملية تعقيم.	التعقيم الأنثوي..... التعقيم الذكري..... الحبوب ..... اللولب..... الحقن بالابر ..... الغرسات ..... الواقي الذكري ..... الواقي الأنثوي ..... الغشاء المطاطي ..... الرغوة/ الجلي ..... الرضاعة الطبيعية المطولة (LAM) .... الامتناع الدوري ..... القذف الخارجي..... اخرى (حددي) ———	01 02 03 04 05 06 07 08 09 10 11 12 13 96	313 ←
312A	لماذا تستعملين (اسم الوسيلة)؟ هل هي بشكل رئيسي للمباعدة بين المواليد ام للتوقف عن الانجاب ام لاسباب اخرى؟	للمباعدة بين المواليد ..... للتوقف عن الانجاب..... اخرى (حددي) ———	1 2 6	
312B	هل ترغبين في استعمال وسيلة لتنظيم الأسرة غير الوسيلة التي تستعملينها حالياً (اسم الوسيلة)؟	نعم..... لا.....	1 2	312E ←

312C	ما اسم الوسيلة التي تفضلين استعمالها او التحول اليها؟	التعقيم الأنثوي.....	01	
		التعقيم الذكري.....	02	
		الحبوب	03	
		اللولب.....	04	
		الحقن بالابر	05	
		الغرسات	06	
		الواقي الذكري	07	
		الواقي الأنثوي	08	
		الغشاء المطاطي	09	
		الرغوة/ الجلي	10	
		الرضاعة الطبيعية المطولة (LAM)	11	
		الامتناع الدوري	12	
		القذف الخارجي.....	13	
		اخرى (حددي) _____	96	
312D	ما السبب الرئيسي الذي يحول حالياً دون استعمالك لهذه (اسم الوسيلة الوارد في سؤال 312C)؟	لم ينصح الطبيب بها	01	
		ارتفاع التكاليف	02	
		عدم توفر الوسيلة	03	
		بعد المسافة/صعوبة الوصول	04	
		عدم المعرفة الكافية عن كيفية الحصول عليها..	05	
		عدم المعرفة الكافية عن كيفية استخدام الوسيلة.	06	
		معارضة الزوج.....	07	
		معارضة الأسرة	08	
		اسباب دينية	09	
		اخرى (حددي) _____	96	
		لا اعرف	98	
312E	**الباحثة:** انظري السؤال 311 السيدة تستخدم اللولب |__| ↓	السيدة تستخدم وسيلة اخرى |__|		← 316A
312F	من الذي قام بتركيب اللولب لك؟	طبيب / طبيبة	1	← 316A
		ممرضة/ قابلة قانونية.....	2	
		اخرى (حددي) _____	6	
313	في أي مكان اجريت عملية التعقيم؟ **الباحثة:** إذا كان المكان الذي أجريت فيه عملية التعقيم (مستشفى او عيادة) اكتبي اسم ذلك المكان وتقصي لتحديد نوع المكان وضعي دائرة حول الرمز الذي ينطبق. اسم المكان _____	***القطاع العام:***		
		مستشفى حكومي..... ..	11	
		مستشفى جامعي	12	
		الخدمات الطبية الملكية	13	
		قطاع عام آخر(حددي).____	16	
		القطاع الخاص:		
		مستشفىخاص/ عيادة خاصة	21	
		قطاع خاص آخر (حددي) ____	26	
		لا اعرف	98	

314	**الباحثة:** انظري السؤال 311 توجد دائرة حول الرمز (01) |__| ↓ قبل اجراء عملية التعقيم لك، هل تم إخبارك بأنك لن تستطيعي إنجاب أي (مزيد) من الاطفال بسبب العملية؟	لا توجد دائرة حول الرمز (01) |__| ↓ قبل اجراء عملية التعقيم، هل تم أخبار زوجك بأنه لن يكون قادراً على إنجاب أي (مزيد) من الأطفال بسبب العملية؟	نعم.....1 لا.....2 لا اعرف.....8	

315A	هل انت نادمة على عملية التعقيم التي حصلت لك او لزوجك من اجل عدم القدرة على انجاب أي (المزيد) من الاطفال؟	نعم.....	1	← 316
		لا.....	2	

315B	ما السبب الرئيسي الذي يجعلك نادمة على ذلك؟	المستجيبة تريد طفلاً آخر ..... الزوج يريد طفلا آخر ..... الاثار الجانبية ..... وفاة طفل ..... اخرى (حددي) ————	1 2 3 4 6
316	في أي شهر وسنة اجريت لك عملية التعقيم؟		
316A	ما مدة استعمالك (اسم الوسيلة الحالية) دون توقف؟ **الباحثة:** تقصي في أي شهر وسنة بدأت فيها باستعمال (اسم االوسيلة الحالية) بشكل مستمر.	شهر..... سنه	|__|__| |__|__|__|__|
316B	**الباحثة:** انظري السؤال 316A/316 ، 215 و230 أي مولود او حمل انتهى بعد شهر وسنة البدء باستعمال الوسيلة الحالية في السؤال 316 /316A نعم |__| ↓ لا |__| ← **الباحثة:** ارجعي الى السؤال 316/ 316A تقصي وسجلي شهر وسنة البدء بالاستعمال المستمر للوسيلة الحالية (يجب ان تكون بعد آخر مولود او آخر حمل انتهى).		317
317	**الباحثة:** انظري السؤال 316/ 316A السنة هي 1997 أو ما بعدها |__| ↓ أدخلي رمز الوسيلة المستعملة في شهر المقابلة في العمود الأول من التقويم ولكل شهر رجوعا إلى بدء الاستعمال. وادخلي رمز مصدر الوسيلة في العمود الثاني من التقويم في شهر بدء الاستعمال ثم استمري في طرح السؤال رقم 318. السنة هي 1996 أو ما قبلها |__| ↓ أدخلي رمز الوسيلة المستعملة في شهر المقابلة في العمود الأول من التقويم وفي كل شهر رجوعا إلى كانون الثاني 1997 ومن ثم انتقلي إلى السؤال رقم 327.		
318	أود الآن ان اسألك بعض الأسئلة حول الأوقات التي قمت فيها أنت او زوجك باستعمال وسيلة من وسائل تنظيم الأسرة لتجنب الحمل خلال السنوات القليلة الماضية **الباحثة:** استخدمي التقويم للتقصي عن الاستعمال او عدم الاستعمال خلال الفترات الزمنية السابقة ابتداء من احدث استعمال ورجوعاً إلى كانون الثاني 1997. استخدمي أسماء المواليد وتواريخ ميلادهم وفترات الحمل كنقاط زمنية مرجعيه. **في العمود الأول من التقويم:** ادخلي رمز الوسيلة المستعملة او الرمز "0" لعدم الاستعمال في كل شهر من الأشهر الفارغة. أسئلة توضيحية: العمود الاول من التقويم: * متى كانت آخر مرة استعملت فيه وسيلة من الوسائل؟ وما هي تلك الوسيلة؟ * متى بدأت استعمال تلك الوسيلة؟ ما هي المدة الزمنية الفاصلة بين استعمالك تلك الوسيلة وولادة (اسم المولود)؟ * ما هي مدة استعمال تلك الوسيلة؟ **في العمود الثاني من التقويم:** ادخلي رمز مصدر الحصول على الوسيلة في الشهر الأول لكل استعمال. أسئلة توضيحية: العمود الثاني من التقويم * من أين حصلت على الوسيلة عندما بدأت باستعمالها؟ * من أين حصلت على نصيحة حول كيفية استعمال الوسيلة؟ (وسيلة انقطاع الطمث الرضاعي/ الرضاعة الطبيعية، الامتناع الدوري، او القذف الخارجي) **في العمود الثالث:** ادخلي رموز التوقف عن استعمال الوسيلة في الشهر الذي تم فيه الاستعمال. ويجب ان يكون عدد الرموز في العمود الثالث مساوياً لعدد مرات التوقف عن استعمال الوسيلة في العمود الأول من التقويم. **الباحثـــــــة:** اسألي السيدة عن سبب توقفها عن استعمال الوسيلة. وإذا كان هنالك حمل بعد التوقف، اسألي هل حدث ذلك الحمل دون قصد أثناء استعمال الوسيلة او ان السيدة توقفت عن قصد لتتمكن من الحمل. أسئلة توضيحية: العمود الثالث من التقويم: * لماذا توقفت عن استعمال (اسم الوسيلة)؟ * هل حملت أثناء استعمال (اسم الوسيلة)، ام انك توقفت عن استعمالها كي تتمكني من الحمل؟ ام انك توقفت عن استعمالها لسبب أخر؟ إذا كانت السيدة قد توقفت متعمدة لتتمكن من الحمل ، اسألي: * كم شهراً مضى عليك بعد توقفك عن استعمال (اسم الوسيلة) لتحملي؟ وادخلي الرمز "0" في كل شهر من اشهر عدم الاستعمال وذلك في العمود الأول من التقويم.		

321	**الباحثة:** انظري 311 و 311A **الباحثة:** ضعي دائرة حول رمز الوسيلة:	00	لا توجد دائرة حول أي رمز وسيلة.....	← 328A
		01	التعقيم الأنثوي	
		02	التعقيم الذكري.....	← 332
		03	الحبوب	
		04	اللولب.....	
		05	الحقن بالإبر.....	
		06	الغرسات.....	
		07	الواقي الذكري	← 328
		08	الواقي الأنثوي	
		09	الغشاء المطاطي	← 325
		10	الرغوة/ الجلي	
		11	الرضاعة الطبيعية المطولة (LAM)	
		12	الامتناع الدوري	
		13	القذف الخارجي.....	← 332
		96	اخرى (حددي) ———	
322	لقد حصلت على (اسم الوسيلة) المستعملة حالياً من (اسم مصدر الحصول على الوسيلة من التقويم) بـ (تاريخ) ——. في ذلك الوقت هل تم اخبارك عن الآثار الجانبية او المشاكل التي قد تتعرضين لها نتيجة لاستعمالك الوسيلة ؟	1	نعم	← 324
		2	لا	
323	هل سبق وان تم اخبارك من قبل العاملين في المجال الصحي او العاملين في تنظيم الأسرة عن الآثار الجانبية او المشاكل التي قد تتعرضين لها نتيجة لاستعمال الوسيلة ؟	1	نعم	
		2	لا	← 325
324	هل تم اخبارك عما يجب ان تفعليه إذا تعرضت للآثار الجانبية او المشاكل نتيجة لاستعمال الوسيلة؟	1	نعم	
		2	لا	
325	**الباحثة: انظري** السؤال 322 تم وضع دائرة حول الرمز (1)|__| ↓ هل تم أخبارك عن وسائل أخرى لتنظيم الأسرة يمكنك استعمالها في ذلك الوقت؟ لم يوضع دائرة حول الرمز (1)|__| ↓ هل تم أخبارك عن وسائل أخرى لتنظيم الأسرة يمكنك استعمالها عند حصولك على (اسم الوسيلة الحالية) من (اسم المصدر) في (تاريخ).	1	نعم.....	← 327
		2	لا.....	
326	هل تم اخبارك من قبل العاملين في المجال الصحي او العاملين في تنظيم الأسرة عن وسائل أخرى لتنظيم الأسرة يمكنك استعمالها؟	1	نعم	
		2	لا	
327	**الباحثة:** انظري 311A/311 ضعي دائرة حول رمز الوسيلة:	01	التعقيم الأنثوي	← 332
		02	التعقيم الذكري.....	
		03	الحبوب	
		04	اللولب.....	
		05	الحقن بالإبر.....	
		06	الغرسات.....	
		07	الواقي الذكري	
		08	الواقي الأنثوي	
		09	الغشاء المطاطي	
		10	الرغوة/ الجلي	
		11	الرضاعة الطبيعية المطولة (LAM)	
		12	الامتناع الدوري	
		13	القذف الخارجي.....	← 332
		96	أخرى (حددي) ———	

328	من أين تم الحصول على (اسم الوسيلة الحالية) في المرة الأخيرة؟ **الباحثة:** إذا كان مصدر الحصول على الوسيلة (مستشفى، او مركز صحي،او عيادة) سجلي اسم ذلك المكان. وتقصي لتحددي نوع المصدر وضعي دائرة حول الرمز المناسب (اسم المكان) _____	***القطاع العام:***	
		مستشفى حكومي..... 11	
		مركز صحي حكومي..... 12	
		مركز امومة وطفولة 13	
		مستشفىجامعي 14	
		الخدمات الطبية الملكية 15	
		عيادة متنقلة 16	
		قطاع حكومي آخر (حددي)_____ 17	
		القطاع الخاص:	
		مستشفى خاص/ عيادة خاصة 21	332 ←
		طبيب خاص 22	
		صيدلية..... 23	
		الجمعية الاردنية لتنظيم وحماية الأسرة..... 24	
		مراكز وكالة الغوث 25	
		منظمات اخرى غير حكومية 26	
		قطاع خاص آخر (حددي) _____ 27	
		مصادر أخرى	
		الاصدقاء/ الاقارب..... 33	
		أخرى (حددي) _____ 96	
328A	ما هو السبب الرئيسي الذي يجعلك لا تستعملين وسيلة من وسائل تنظيم الأسرة لتجنب الحمل؟	السيدة غير متزوجة حالياً (مطلقة، منفصلة، ارملة)..... 11	
		الاسباب المتعلقة بالخصوبة	
		التوقف عن المعاشرة 21	
		المعاشرة المتقطعة 22	
		توقف الطمث (سن اليأس)..... 23	
		استئصال الرحم 24	
		عقيم/ شبه عقيم 25	
		نفاس/ ترضع 26	
		تريد طفلاً او مزيد من الاطفال 27	
		حامل 28	
		الحمل عزيز/ صعوبة الحمل 29	
		المعارضة للاستعمال:	
		معارضة المستجيبة..... 31	
		معارضة الزوج 32	
		معارضة افراد الأسرة الآخرين 33	
		معارضة الآخرين 34	
		اسباب دينية 35	
		الشائعات 36	
		نقص المعرفة:	
		لا تعرف اية وسيلة 41	
		لا تعرف أي مصدر للوسائل 42	
		اسباب متعلقة بالوسيلة:	
		اسباب صحية 51	
		الخوف من الاثار الجانبية 52	
		بعد المسافة/ صعوبة الوصول 53	
		تكاليف باهظة 54	
		عدم ملاءمتها للاستعمال 55	
		تؤثر على وظائف الجسم العادية 56	
		اخرى (حددي) _____ 96	
		لا اعرف..... 98	

329	هل تعرفين مكاناً يمكنك الحصول منه على وسيلة لتنظيم الأسرة؟	نعم	1	
		لا	2	332←
330	ما هو هذا المكان ؟	***القطاع العام:***		
	الباحثة: إذا كان المصدر (مستشفى، مركز صحي او عيادة) سجلي اسم ذلك المكان. وتقصي لتحددي نوع المصدر وضعي دائرة حول الرمز المناسب	مستشفى حكومي..... مركز	A	
		صحي حكومي.....	B	
		مركز امومة وطفولة	C	
		مستشفى جامعي.....	D	
	(اسم المكان)	الخدمات الطبية الملكية	E	
		عيادة متنقلة	F	
	_____	قطاع حكومي اخر (حددي)_____	G	
	أي مكان أخر؟	***القطاع الخاص:***		
	الباحثة: سجلي جميع الأماكن التي تذكرها المستجيبة	مستشفى خاص/ عيادة خاصة	H	
		طبيب خاص	I	
		صيدلية.....	J	
		الجمعية الاردنية لتنظيم وحماية الأسرة.....	K	
		مراكز وكالة الغوث	L	
		منظمات أخرى غير حكومية	M	
		قطاع خاص اخر (حددي) _____	N	
		مصادر أخرى		
		الاصدقاء/ الاقارب.....	O	
		أخرى (حددي) _____	X	
332	هل سبق ان راجعت مرفقاً صحياً للرعاية الصحية لنفسك او لأطفالك خلال الـ12 شهراً السابقة؟	نعم	1	
		لا	2	401 ←
333	هل تحدث اليك أي شخص في المرفق الصحي حول وسائل تنظيم الأسرة؟	نعم	1	
		لا	2	

القسم الرابع: أ- الحمل والرعاية الصحية بعد الولادة والرضاعة

401	**الباحثه: انظري** السؤال 224 مولود او اكثر في 1997 او بعدها |__| ↓	لا مواليد في 1997 او بعدها |__| ← 487
402	**الباحثة:** أدخلي في الجدول رقم سطر المولود والاسم وحالة البقاء على قيد الحياة لكل مولود في عام 1997 او ما بعده: وأسالي الاسئله التالية حول كل من هؤلاء المواليد ابتداء بالمولود الأخير .(إذا كان هنالك اكثر من ثلاثة مواليد، استخدمي العمودين الأخيرين من الاستمارة الإضافية المكملة). والآن أود ان اسألك بعض الاسئله حول صحة اطفالك الذين ولدوا منذ 1997 فما بعد وسوف اسألك عن كل واحد منهم على حده.	

	ترتيب المولود	المولود الأخير	المولود قبل الاخير	المولود الثاني قبل الاخير
403	رقم سطر المولود من 212	|__|__|	|__|__|	|__|__|
404	اسم المولود وحالة البقاء على قيد الحياة من السؤالين 212 و 216	الاسم _____ لا يزال على قيد الحياة |__| ↓ متوفى |__| ↓	الاسم _____ لا يزال على قيد الحياة |__| ↓ متوفى |__| ↓	الاسم _____ لا يزال على قيد الحياة |__| ↓ متوفى |__| ↓
405	في الوقت الذي أصبحت فيه حاملا بـ (اسم المولود)، هل كنت **راغبة بالحمل**، ام كنت **راغبة في الانتظار**، ام كنت ***غير راغبة*** في إنجاب أي (المزيد) من الأطفال إطلاقا؟	راغبة في الحمل ..... 1 ← 407 راغبة في الانتظار..... 2 لم تكن راغبة في الحمل. 3 ← 407	راغبة في الحمل ..... 1 ← 423 راغبة في الانتظار..... 2 لم تكن راغبة في الحمل. 3 ← 423	راغبة في الحمل ..... 1 ← 423 راغبة في الانتظار..... 2 لم تكن راغبة في الحمل. 3 ← 423
406	ما هي المدة التي كنت راغبة في انتظارها؟	اشهر..... 1 |__|__| سنوات..... 2 |__|__| لا اعرف..... 998	اشهر..... 1 |__|__| سنوات..... 2 |__|__| لا اعرف..... 998	اشهر..... 1 |__|__| سنوات..... 2 |__|__| لا اعرف..... 998
407	هل راجعت أي أحد لتلقي الرعاية الصحية لهذا الحمل؟ إذا كانت الإجابة نعم: من الذي قمت بمراجعته؟ هل هنالك اشخاص آخرون؟ **الباحثة:** تقصي حول نوع ذلك الشخص وسجلي كل الأشخاص الذين تم مراجعتهم ؟	***متخصص صحي:*** طبيب..... A ممرضه/قابله قانونيه..... B ***اشخاص آخرون:*** داية تقليدية ..... C آخرون (حددي)___ X لا أحد..... Y ← 415		
408	كم كان عدد اشهر الحمل حينما تلقيت اول رعاية صحية لهذا الحمل؟	عدد أشهر الحمل ..... |__|__| لا اعرف..... 98		
409	كم عدد المرات التي تلقيت فيها رعاية صحية اثناء هذا الحمل ؟	عدد المرات..... |__|__| لا اعرف 98		
410	**الباحثة:** انظري السؤال 409: عدد مرات تلقي الرعاية الصحية أثناء الحمل.	مرة واحدة |__| ↓ 412 اكثر من مرة او لا تعرف |__| ↓		
411	كم كان عدد اشهر الحمل حينما تلقيت الرعاية الصحية اثناء الحمل لآخر مرة؟	عدد اشهر الحمل ..... |__|__| لا اعرف..... 98		
412	هل أجريت أياً من هذه الفحوصات مرة على الأقل أثناء هذا الحمل ؟	**البدائل** — **نعم** — **لا** هل تم وزنك؟ الوزن 1 2 هل تم قياس طولك؟ الطول 1 2 هل تم قياس ضغط دمك؟ ضغط الدم 1 2 هل تم فحص البول لك؟ فحص البول 1 2 هل تم فحص الدم لك؟ فحص الدم 1 2		

	ترتيب المولود	المولود الاخير	المولود قبل الاخير	المولود الثاني قبل الاخير
	اسم المولود من 212	الاسم _____	الاسم _____	الاسم _____
413	هل تم أخبارك عن علامات ومضاعفات الحمل؟	نعم..... 1 لا..... 2 لا اعرف ..... 8 → 415		
414	هل تم أخبارك الى أين تذهبين إذا تعرضت لهذه المضاعفات؟	نعم..... 1 لا..... 2 لا اعرف..... 8		
415	هل حصلت خلال هذا الحمل على تطعيم لحماية المولود من الاصابة بالكزاز (التيتانوس)؟	نعم..... 1 لا..... 2 لا اعرف..... 8 → 417		
416	كم مرة تلقيت هذا المطعوم أثناء هذا الحمل؟	عدد المرات .....|__| لا اعرف..... 8		
417	هل تم اعطاؤك او اشتريت اقراص الحديد او شراب الحديد اثناء هذا الحمل؟ **الباحثة:** (اطلبي من المستجيبة اظهار الاقراص ان وجدت)	نعم..... 1 لا..... 2 لا اعرف..... 8 → 423		
418	لمدة كم يوم تناولت الاقراص او الشراب طيلة مدة الحمل؟ **للباحثة:** (اذا كان الجواب غير رقمي تقصي للحصول على العدد التقريبي للايام)	عدد الأيام .....|__|__|__| لا اعرف 998		
423	عند ولادة (اسم المولود)، هل كان حجمه/ حجمها كبير جدا، ام كان اكبر من المتوسط، ام متوسطاً ام اصغر من المتوسط، ام كان صغيراً جداً؟	كبير جداً..... 1 اكبر من المتوسط..... 2 متوسط..... 3 اصغر من المتوسط ..... 4 صغير جدا..... 5 لا اعرف..... 8	كبير جداً..... 1 اكبر من المتوسط..... 2 متوسط..... 3 اصغر من المتوسط ..... 4 صغير جدا..... 5 لا اعرف..... 8	كبير جداً..... 1 اكبر من المتوسط..... 2 متوسط..... 3 اصغر من المتوسط ..... 4 صغير جدا..... 5 لا اعرف..... 8
424	هل تم وزن (اسم المولود) وقت ولادته؟	نعم..... 1 لا..... 2 لا اعرف..... 8 → 426	نعم..... 1 لا..... 2 لا اعرف..... 8 → 426	نعم..... 1 لا..... 2 لا اعرف.... 8 → 426
425	كم كان وزن (اسم المولود) وقت ولادته؟ **الباحثة:** سجلي الوزن بالغرامات من البطاقة الصحية ان توفر ذلك	من البطاقة..... 1 |__|__|__|__| من الذاكرة..... 2 |__|__|__|__| لا اعرف..... 99998	من البطاقة..... 1 |__|__|__|__| من الذاكرة..... 2 |__|__|__|__| لا اعرف..... 99998	من البطاقة..... 1 |__|__|__|__| من الذاكرة..... 2 |__|__|__|__| لا اعرف..... 99998
426	من الذي ساعد في ولادة (اسم المولود)؟ هل ساعد أي شخص اخر في ذلك؟ الباحثة: تقصي عن نوعية الشخص وسجلي جميع الاشخاص الذين ساعدوا في الولادة.	***متخصص صحي:*** طبيب..... A ممرضه/قابله قانونيه..... B ***أشخاص آخرون:*** داية تقليدية ..... C صديقة/ قريبة ..... D آخرون (حددي) — X **لا أحد**..... Y	***متخصص صحي:*** طبيب..... A ممرضه/قابله قانونيه..... B ***أشخاص آخرون:*** داية تقليدية ..... C صديقة/ قريبة ..... D آخرون (حددي)— X **لا أحد**..... Y	***متخصص صحي:*** طبيب..... A ممرضه/قابله قانونيه..... B ***أشخاص آخرون:*** داية تقليدية ..... C صديقة/ قريبة ..... D آخرون (حددي) — X **لا أحد**..... Y

	ترتيب المولود	المولود الاخير	المولود قبل الاخير	المولود الثاني قبل الاخير
	اسم المولود من 212	الاسم _____	الاسم _____	الاسم _____
427	أين تمت ولادة (اسم المولود)؟ **الباحثة:** اذا كان المكان الذي تمت فيه الولادة (مستشفى او مركزاً صحياً او عيادة) سجلي اسم ذلك المكان وتقصي لمعرفة القطاع الذي يتبعه ذلك المكان وضعي دائرة حول الرمز المناسب. (اسم المكان) _____	***المنزل:*** منزلك ..... 11 منزل آخر ..... 12 } 429 ***القطاع العام:*** مستشفى حكومي ..... 21 مركز صحي حكومي ..... 22 مستشفى جامعي ..... 23 الخدمات الطبية الملكية .... 24 مرفق صحي حكومي آخر (حددي) ـــــ 26 ***القطاع الخاص :*** مستشفى خاص/ عيادة خاصة ..... 31 مرفق صحي خاص آخر (حددي) ـــــ 36 **أخرى (حددي) ـــ** 96 ← 429	***المنزل:*** منزلك ..... 11 منزل آخر ..... 12 } 429 ***القطاع العام:*** مستشفى حكومي ..... 21 مركز صحي حكومي ..... 22 مستشفى جامعي ..... 23 الخدمات الطبية الملكية .... 24 مرفق صحي حكومي آخر (حددي) ـــــ 26 ***القطاع الخاص :*** مستشفى خاص/ عيادة خاصة ..... 31 مرفق صحي خاص آخر (حددي) ـــــ 36 **أخرى (حددي) ـــ** 96 ← 429	***المنزل:*** منزلك ..... 11 منزل آخر ..... 12 } 429 ***القطاع العام:*** مستشفى حكومي ..... 21 مركز صحي حكومي... 22 مستشفى جامعي ..... 23 الخدمات الطبية الملكية. 24 مرفق صحي حكومي آخر (حددي) ـــــ 26 ***القطاع الخاص :*** مستشفى خاص/ عيادة خاصة ..... 31 مرفق صحي خاص آخر (حددي) ـــــ 36 **أخرى (حددي) ـــ** 96 ← 429
428	هل تمت ولادة (اسم المولود) بعملية قيصرية؟	نعم..... 1 لا..... 2	نعم..... 1 لا..... 2	نعم..... 1 لا..... 2
428A	من غطى معظم تكاليف ولادة (اسم المولود) ؟	تأمين حكومي..... 1 تأمين خاص..... 2 وكالة الغوث..... 3 المستجيبة/الاسرة..... 4 اخرى(حددي)ـــــ 6 لااعرف..... 8	تأمين حكومي..... 1 تأمين خاص..... 2 وكالة الغوث..... 3 المستجيبة/الاسرة..... 4 اخرى(حددي)ـــــ 6 لااعرف..... 8	تأمين حكومي..... 1 تأمين خاص..... 2 وكالة الغوث..... 3 المستجيبة/الاسرة..... 4 اخرى(حددي)ـــ 6 لااعرف..... 8
428B	هل تحدث اليك أي شخص في المرفق الصحي او قدم لك أي نصيحة بعد ولادة (اسم المولود) في مجال تنظيم الأسرة؟	نعم..... 1 لا..... 2		
428C	هل بحثت عن مختص طبي لفحصك صحياً خلال الاشهر اللاحقة لولادة (اسم المولود)؟	نعم..... 1 ← 430 لا..... 2 ← 429A	نعم..... 1 لا..... 2 } 435	نعم..... 1 لا..... 2 } 435
429	هل فحصك مختص طبي بعد ولادة (اسم المولود)؟	نعم..... 1 ← 430 لا..... 2	نعم..... 1 لا..... 2	نعم..... 1 لا..... 2

	ترتيب المولود 312	المولود الاخير	المولود قبل الاخير	المولود الثاني قبل الاخير
	اسم المولود من 312	الاسم _____	الاسم _____	الاسم _____
429A	لماذا لم تقومي بالبحث عن مختص طبي الفحصك بعد ولادة (اسم المولود)؟	بعد المرفق الصحي..... 01 ارتفاع التكاليف ..... 02 طول مدة الانتظار ..... 03 المرفق الصحي غير مجهز ..... 04 عدم توفر الاشخاص الاكفياء ... 05 سوء المعاملة ..... 06 لا يوجد داعي صحي/ ليست مريضة ..... 07 → 434 غير واعية لخدمات الرعاية الصحية بعد الولادة ..... 08 معارضة الزوج/ الأسرة ..... 09 ليس من المفروض الخروج قبل مضي 40 يوماً ..... 10 لايوجد احد لرعاية طفلي اثناء الزيارة ..... 11 اخرى (حددي) ____ 96		
430	بعد كم يوم أو أسبوع من الولادة تلقيت الفحص لاول مرة؟ **الباحثة:** سجلي (00) ايام ان كان في نفس اليوم	عدد الأيام بعد الولادة .... 1|__|__| عدد الأسابيع بعد الولادة . 2|__|__| لا اعرف 998		
431	من الذي فحصك آنذاك؟ **الباحثة:** (تقصي لمعرفة الشخص الأكثر تأهيلاً)	***متخصص طبي:*** طبيب ..... 1 ممرضة / قابلة قانونية..... 2 ***أشخاص آخرون:*** داية تقليدية .... 3 **آخرون (حددي) ____** 6		
432	في أي مكان تم الفحص الأول؟ **الباحثة:** اذا كان المكان الذي تم فيه الفحص (مستشفى او مركز صحي او عيادة) سجلي اسم ذلك المكان وتقصي لمعرفة القطاع الذي يتبعه ذلك المكان وضعي دائرة حول الرمز المناسب. (اسم المكان)____	***المنزل:*** منزلك ..... 11 منزل أخر ..... 12 → 432B ***القطاع العام:*** مستشفى حكومي ..... 21 مركز صحي حكومي ..... 22 مركز رعاية امومة وطفولة. 23 مستشفى جامعي ..... 24 الخدمات الطبية الملكية ..... 25 مرفق صحي حكومي أخر (حددي) ____ 26 ***القطاع الخاص :*** مستشفى خاص/عيادة خاصة 31 مراكز وكالة الغوث ..... 32 مرفق صحي خاص أخر (حددي) ____ 36 **أخرى (حددي) ___** 96 ← 432B		
432A	هل تحدث اليك او قدم لك أي شخص في المرفق الصحي أي نصيحة بعد ولادة (اسم المولود) في مجال تنظيم الاسرة؟	نعم..... 1 لا..... 2		

	ترتيب المولود 312	المولود الاخير	المولود قبل الاخير	المولود الثاني قبل الاخير
	اسم المولود من 312	الاسم _____	الاسم _____	الاسم _____
432B	**الباحثة:** انظري السؤال 430 عدد الايام/ الاسابيع بعد الولادة	اقل من 40 يوم او|__| 40 يوم فأكثراو |__| اقل من6 أسابيع ↓ 6 أسابيع فأكثر ↓ 434 استمري		
432C	لماذا لم تقومي بالبحث عن مختص طبي قبل هذه المدة لفحصك طبياً بعد ولادة (الاسم)؟	لا يوجد داعي صحي/ ليست مريضة.. 01 غير واعية لخدمات الرعاية الصحية بعد الولادة..... 02 ليس من المفروض الخروج قبل مضي 40 يوم..... 03 لا يوجد احد لرعاية طفلي اثناء الزيارة 04 اخرى (حددي) _____ 96		
434	هل عادت لك الدورة الشهرية منذ ولادة (اسم المولود)؟	نعم..... 1 ← 436 لا..... 2 ← 437		
435	هل عادت لك الدورة الشهرية بين ولادة (اسم المولود) وحملك اللاحق (التالي)؟		نعم..... 1 لا..... 2 ← 439	نعم..... 1 لا..... 2 ← 439
436	لمدة كم شهراً بعد ولادة (اسم المولود) لم تأتيك الدورة الشهرية؟	عدد الأشهر ..... |__|__| لا اعرف 98	عدد الأشهر ..... |__|__| لا اعرف 98	عدد الأشهر ..... |__|__| لا اعرف 98
437	**الباحثه :**انظري 226 هل السيدة حامل؟	غير حامل|__| حامل او |__| ↓ غيرمتاكده ↓ 439		
438	هل تم استئناف المعاشره الزوجيه منذ ولاده (اسم المولود)؟	نعم..... 1 لا..... 2 ← 440		
439	كم شهرا انقضى عليك انت وزوجك ***دون المعاشرة*** بعد ولادة (اسم المولود)؟	عدد الاشهر..... |__|__| لا اعرف..... 98	عدد الاشهر..... |__|__| لا اعرف..... 98	عدد الاشهر..... |__|__| لا اعرف..... 98
440	هل ارضعت (اسم المولود) من صدرك؟	نعم..... 1 لا..... 2 ← 447	نعم..... 1 لا..... 2 ← 447	نعم..... 1 لا..... 2 ← 447
441	كم من الوقت انتظرت بعد ولادة (اسم المولود) وبدأت بارضاعه؟ **الباحثة:** سجلي (00) في حقل الساعات اذا كانت المدة اقل من ساعة، وسجلي عدد الساعات اذا كانت المدة اقل من (24) ساعة وإلا، فسجلي عدد الايام	مباشره بعد الولاده..... 000 ساعات..... 1|__|__| ايام..... 2|__|__|	مباشره بعد الولاده 000 ساعات..... 1|__|__| ايام..... 2|__|__|	مباشره بعد الولاده 000 ساعات..... 1|__|__| ايام..... 2|__|__|
442	هل تم اعطاء (اسم المولود) أي شئ لشربه عدا حليب الام خلال اول ثلاث ايام بعد الولادة قبل ان يبدأ حليبك بالتدفق بانتظام؟	نعم..... 1 لا..... 2 ↓ 444	نعم..... 1 لا..... 2 ↓ 444	نعم..... 1 لا..... 2 ↓ 444
443	ماذا تم اعطاء (اسم المولود) ليشربه قبل ان يبدأ حليبك بالتدفق بانتظام؟ أي شيء آخر؟ **الباحثة:** سجلي جميع السوائل التي ذكرتها السيدة.	حليب (عدا حليب الصدر)..... A ماء ..... B ماء سكر او جلوكوز..... C ماء غريب..... D محلول من السكر-الملح مع الماء ... E عصير فواكه..... F حليب اطفال(رضع)..... G شاي/ اعشاب..... H عسل..... I اخرى(حددي)_____ X	حليب (عدا حليب الصدر)..... A ماء ..... B ماء سكر او جلوكوز..... C ماء غريب..... D محلول من السكر-الملح مع الماء.... E عصير فواكه..... F حليب اطفال(رضع)..... G شاي/ اعشاب..... H عسل..... I اخرى(حددي) _____ X	حليب (عدا حليب الصدر).... A ماء ..... B ماء سكر او جلوكوز..... C ماء غريب..... D محلول من السكر-الملح مع الماء E عصير فواكه..... F حليب اطفال(رضع)..... G شاي/ اعشاب..... H عسل..... I اخرى(حددي) _____ X

	ترتيب المولود	المولود الاخير	المولود قبل الاخير	المولود الثاني قبل الاخير
	من سؤال 212 وسؤال 216	**الاسم** _____	**الاسم** _____	**الاسم** _____
444	**الباحثه:** انظري 404 هل المولود ما زال على قيد الحياة؟	على قيد الحياة __| ↓ متوفى __| ↓ 446	على قيد الحياة __| ↓ متوفى __| ↓ 446	على قيد الحياة __| ↓ متوفى __| ↓ 446
445	هل ما زلت ترضعين(اسم المولود)؟	نعم..... 1 ← 448 لا..... 2	نعم..... 1 ← 448 لا..... 2	نعم..... 1 ← 448 لا..... 2
446	لمدة كم شهر ارضعت (اسم المولود)؟	عدد الاشهر..... __|__| لا اعرف..... 98	عدد الاشهر..... __|__| لا اعرف..... 98	عدد الاشهر..... __|__| لا اعرف..... 98
447	**الباحثه:** انظرى 404 هل المولود ما زال على قيد الحياة ؟	على قيد الحياة __| ↓ 450 متوفي __| ↓ ارجعي الى405 في العمود التالي ↓ واذا كان لا يوجد مواليد ↓ 454	على قيد الحياة __| ↓ 450 متوفي __| ↓ ارجعي الى405 في العمود التالي ↓ واذا كان لا يوجد مواليد ↓ 454	على قيد الحياة __| ↓ 450 متوفي __| ↓ ارجعي الى405 في العمود التالي ↓ واذا كان لا يوجد مواليد ↓ 454
448	كم مرة ارضعت (اسم المولود) خلال الليله الماضيه بين غروب الشمس وشروقها؟ **الباحثة**: اذا كانت الاجابة غير محددة بعدد، تقصي عن العدد التقريبي	عدد الرضعات الليليه __|__|	عدد الرضعات الليليه __|__|	عدد الرضعات الليليه __|__|
449	كم مرة ارضعت (اسم المولود) خلال يوم امس خلال ساعات النهار؟ **الباحثة:** اذا كانت الاجابة غير محدده بعدد تقصي عن العدد التقريبي	عدد الرضعات النهاريه __|__|	عدد الرضعات النهاريه __|__|	عدد الرضعات النهاريه __|__|
450	هل شرب (اسم المولود) أي شئ من القنينة يوم امس أو الليلة الماضية؟	نعم ..... 1 لا ..... 2 لا اعرف..... 8	نعم ..... 1 لا ..... 2 لا اعرف..... 8	نعم ..... 1 لا ..... 2 لا اعرف..... 8
451	هل تم اضافة السكر الى أي من الاطعمة او السوائل التي تناولها (اسم المولود) يوم امس؟	نعم..... 1 لا..... 2 لا اعرف..... 8	نعم..... 1 لا..... 2 لا اعرف..... 8	نعم..... 1 لا..... 2 لا اعرف..... 8
452	كم عدد المرات التي اكل فيها (إسم الطفل) طعاما صلباً، شبه صلب، او ليناً عدا عن السوائل يوم امس خلال النهار او الليل؟ **الباحثة:** اذا كان 7 مرات فأكثر سجلي (7)	عدد المرات.....__| لا اعرف.....8	عدد المرات.....__| لا اعرف.....8	عدد المرات.....__| لا اعرف.....8
453		ارجعي الى 405 في العمود التالي، او إلى 454 اذا كان لا يوجد مواليد	ارجعي الى 405 في العمود التالي او إلى 454 اذا كان لا يوجد مواليد	ارجعي الى 405 في العمود التالي، او إلى 454 اذا كان لا يوجد مواليد

القسم الرابع ب: التطعيم والصحة والتغذية

454	**الباحثة:** أدخلي في الجدول رقم سطر واسم وحالة البقاء على قيد الحياة لكل مولود ولد في عام 1997 او ما بعده. (و اذا كان هناك اكثر من ثلاثة مواليد استخدمي العمودين الأخيرين في الاستمارة المكملة)			
	ترتيب المولود	المولود الأخير	المولود قبل الأخير	المولود الثاني قبل الأخير
455	رقم سطر المولود من 212	رقم السطر |__|__|	رقم السطر |__|__|	رقم السطر |__|__|
456	من سؤال 212 وسؤال 216	**الاسم** _____ لا يزال على قيد الحياة |__| ↓ متوفى |__| ↓ إلى س 456 في العمود التالي او إلى 486 إذا لم يكن هناك مواليد.	**الاسم** _____ لا يزال على قيد الحياة |__| ↓ متوفى |__| ↓ إلى س 456 في العمود التالي او إلى 486 إذا لم يكن هناك مواليد.	**الاسم** _____ لا يزال على قيد الحياة |__| ↓ متوفى |__| ↓ إلى س 456 في العمود التالي او إلى 486 إذا لم يكن هناك مواليد.
458	هل لديك بطاقة تطعيم تبين التطعيمات التي تلقاها (اسم المولود)؟ إذا كانت الإجابة نعم، من فضلك هل يمكن مشاهدة البطاقة؟	نعم وشوهدت ..... 1 ← 460 نعم ولم تشاهد ..... 2← 462 لا توجد بطاقة..... 3	نعم وشوهدت ..... 1 ← 460 نعم ولم تشاهد ..... 2← 462 لا توجد بطاقة..... 3	نعم وشوهدت ..... 1 ← 460 نعم ولم تشاهد ..... 2← 462 لا توجد بطاقة..... 3
459	هل سبق ان كان لـ(اسم المولود) بطاقة تطعيم؟	نعم ..... 1 لا ..... 2 → 462	نعم ..... 1 لا ..... 2 → 462	نعم ..... 1 لا ..... 2 → 462

460	**الباحثة:** سجلي تاريخ التطعيم لكل مطعوم من البطاقة. (سجلي الرمز 44 في عمود اليوم إذا أشارت البطاقة ان المطعوم قد تم أخذه ولكن لم يسجل تاريخ التطعيم)		يوم	شهر	سنة	يوم	شهر	سنة	يوم	شهر	سنة
	السل	BCG	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|
	شلل الاطفال										
	الجرعة وقت الولادة	P0	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|
	الجرعة الاولى	P1	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|
	الجرعة الثانية	P2	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|
	الجرعة الثالثة	P3	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|
	الجرعة الرابعة	P4	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|
	الجرعة المدعمة	P.B	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|
	الثلاثي										
	الثلاثي الجرعة الاولى	DTP.1	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|
	الثلاثي الجرعة الثانية	DTP.2	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|
	الثلاثي الجرعة الثالثة	DTP.3	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|
	الثلاثي الجرعة المدعمة	DTP B	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|
	التهاب الكبد البائي										
	التهاب الكبد البائي1	HEP.1	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|
	التهاب الكبد البائي2	HEP.2	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|
	التهاب الكبد البائي3	HEP.3	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|
	المستدمية النزلية(السحايا)										
	المستدمية النزليه(السحايا)1	Hib.1	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|
	المستدمية النزليه(السحايا)2	Hib.2	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|
	المستدمية النزليه(السحايا)3	Hib.3	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|
	الحصبة										
	الحصبة1	MEA.1	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|
	الحصبة2	MEA.2	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|
	الثلاثي الفيروسي *										
	الثلاثي الفيروسي 1	MMR1	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|
	الثلاثي الفيروسي2	MMR2	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|	|__|__|	|__|__|	|__|__|__|__|

* الثلاثي الفيروسي(الحصبة، الحصبة الالمانية، النكاف)

	ترتيب المولود	المولود الأخير	المولود قبل الأخير	المولود الثاني قبل الأخير
	من سؤال 212 وسؤال 216	**الاسم** _____	**الاسم** _____	**الاسم** _____
461	هل تلقى (اسم المولود) أية مطاعيم لم تسجل في هذه البطاقة بما في ذلك اية مطاعيم تلقاها من خلال حملات التطعيم الوطنية؟ **الباحثة:** ضعي دائرة حول رمز الاجابة نعم اذا كانت الاجابة هي السل، شلل الاطفال (0-4)، المدعمه، الثلاثي(1-3)، المدعمه، والتهاب الكبد البائي (1-3)، والمستدمية النزلية (السحايا 1-3)، الحصبة (1-2)، والثلاثي الفيروسي (1-2).	نعم .....1 ↓ تقصي عن المطعوم وسجلي الرمز (66) في الحقل المخصص لليوم في السؤال(460) وانتقلي إلى السؤال رقم 466 لا.....2 لا اعرف 8 466	نعم .....1 ↓ تقصي عن المطعوم وسجلي الرمز (66) في الحقل المخصص لليوم في السؤال(460) وانتقلي إلى السؤال رقم 466 لا.....2 لا اعرف 8 466	نعم .....1 ↓ تقصي عن المطعوم وسجلي الرمز (66) في الحقل المخصص لليوم في السؤال(460) وانتقلي إلى السؤال رقم 466 لا.....2 لا اعرف 8 466
462	هل سبق لـ (اسم المولود) ان تلقى اية تطعيمات تقيه من الإصابة بالامراض ويشمل ذلك التطعيمات التي يتلقاها الأطفال في حملات التطعيم الوطنية؟	نعم ..... 1 لا..... 2 لا اعرف ..... 8 → 466	نعم ..... 1 لا..... 2 لا اعرف ..... 8 → 466	نعم ..... 1 لا..... 2 لا اعرف ..... 8 → 466
463	من فضلك قولي لي، هل تلقى **(اسم المولود)** أي من المطاعيم التالية:			
463A	مطعوم ضد السل (BCG)، ويعطى في ذراع او كتف الطفل وينتج عنه عادة ندبة	نعم ..... 1 لا..... 2 لا اعرف 8	نعم ..... 1 لا..... 2 لا اعرف 8	نعم ..... 1 لا..... 2 لا اعرف 8
463B	مطعوم شلل الأطفال وهو عبارة عن نقط تعطى في فم الطفل او حقنة بالعضل؟	نعم ..... 1 لا..... 2 لا اعرف ..... 8 → 463E	نعم ..... 1 لا..... 2 لا اعرف ..... 8 → 463E	نعم ..... 1 لا..... 2 لا اعرف ..... 8 → 463E
463C	متى تلقى الطفل (اسم المولود) التطعيم الأول لشلل الأطفال، هل بعد الولادة مباشرة ام في وقت اخر فيما بعد؟	بعد الولادة مباشرة..... 1 بعد الولادة بوقت اخر..... 2	بعد الولادة مباشرة..... 1 بعد الولادة بوقت اخر..... 2	بعد الولادة مباشرة..... 1 بعد الولادة بوقت اخر..... 2
463D	كم مرة تلقى مطعوم الشلل؟	عدد المرات..... |__|	عدد المرات..... |__|	عدد المرات..... |__|
463E	المطعوم الثلاثي ال DPT وهو عبارة عن حقنة تعطى في العضل، ويعطى احياناً في نفس الوقت مع مطعوم شلل الاطفال للحماية من (الدفتيريا، السعال، الكزاز)	نعم ..... 1 لا..... 2 لا اعرف ..... 8 → 463G	نعم ..... 1 لا..... 2 لا اعرف ..... 8 → 463G	نعم ..... 1 لا..... 2 لا اعرف ..... 8 → 463G
463F	كم مرة تلقى مطعوم الثلاثي الـ (DPT)؟	عدد المرات..... |__|	عدد المرات..... |__|	عدد المرات..... |__|
463G	مطعوم التهاب الكبد البائي، وهو عبارة عن حقنة تعطى أحياناً في نفس الوقت مع مطعوم شلل الاطفال والثلاثي	نعم ..... 1 لا..... 2 لا اعرف ..... 8 → 463I	نعم ..... 1 لا..... 2 لا اعرف ..... 8 → 463I	نعم ..... 1 لا..... 2 لا اعرف ..... 8 → 463I
463H	كم مرة تلقى مطعوم التهاب الكبد البائي؟	عدد المرات..... |__|	عدد المرات..... |__|	عدد المرات..... |__|

	ترتيب المولود	المولود الأخير	المولود قبل الأخير	المولود الثاني قبل الأخير
	من سؤال 212 وسؤال 216	**الاسم** _____	**الاسم** _____	**الاسم** _____
463I	مطعوم المستدمية النزليه (السحايا)، وهو عبارة عن حقنة تعطى أحياناً في نفس الوقت مع مطعوم شلل الاطفال والثلاثي والتهاب الكبد البائي؟	نعم ..... 1 لا ..... 2 لا اعرف ..... 8 } 463K	نعم ..... 1 لا ..... 2 لا اعرف ..... 8 } 463K	نعم ..... 1 لا ..... 2 لا اعرف ..... 8 } 463K
463 J	كم مرة تلقى مطعوم المستدمية النزلية؟	عدد المرات..... |__|	عدد المرات..... |__|	عدد المرات..... |__|
463 K	حقنة للحماية من الحصبة؟	نعم ..... 1 لا ..... 2 لا اعرف ..... 8 } 463M	نعم ..... 1 لا ..... 2 لا اعرف ..... 8 } 463M	نعم ..... 1 لا ..... 2 لا اعرف ..... 8 } 463M
463L	كم مرة تلقى مطعوم الحصبة؟	عدد المرات..... |__|	عدد المرات..... |__|	عدد المرات..... |__|
463M	مطعوم الثلاثي الفيروسي (MMR)، وهو عبارة عن حقنة تعطى للاطفال الذين اعمارهم (18) شهراً للحماية من الحصبة، والحصبة الالمانية والنكاف (ابو دغيم)	نعم .....…..... 1 لا ..... 2 لا اعرف 8	نعم .....…..... 1 لا ..... 2 لا اعرف 8	نعم .....…..... 1 لا ..... 2 لا اعرف 8
463N	**الباحثة:** انظري السؤال 460 و 463E. المطعوم الثلاثي (DPT)	جرعة واحدة ولا مرة، لا على الأقل |__| اعرف |__| ↓ ↓ استمري 463T		
463O	من أين حصل (الاسم) على الجرعة الاولى من المطعوم الثلاثي؟	مرفق صحي حكومي..... 1 مرفق صحي خاص ..... 2 وكالة الغوث ..... 3 اخرى (حددي) ـــــ 6 لا اعرف 8		
463P	**الباحثة:** انظري السؤال 460 و463F. المطعوم الثلاثي	على الأقل جرعة واحدة فقط جرعتان |__| |__| ↓ ↓ استمري 463T		
463Q	من أين حصل (الاسم) على الجرعة الثانية من المطعوم الثلاثي؟	مرفق صحي حكومي..... 1 مرفق صحي خاص ..... 2 وكالة الغوث ..... 3 اخرى (حددي) ـــــ 6 لا اعرف 8		
463R	**الباحثة:** انظري السؤال 460 و 463F. المطعوم الثلاثي.	على الاقل ثلاث اقل من ثلاث جرعات |__| جرعات |__| ↓ ↓ استمري 463T		
463S	من أين حصل (الاسم) على الجرعة الثالثة من المطعوم الثلاثي.	مرفق صحي حكومي..... 1 مرفق صحي خاص ..... 2 وكالة الغوث ..... 3 اخرى (حددي) ـــــ 6 لا اعرف 8		

	ترتيب المولود	المولود الأخير	المولود قبل الأخير	المولود الثاني قبل الأخير
	من سؤال 212 وسؤال 216	**الاسم** _____	**الاسم** _____	**الاسم** _____
463T	**الباحثة:** انظري السؤال 460 و 463K. مطعوم الحصبة.	جرعة واحدة على الأقل |__| ↓ استمري ولا مرة، لا اعرف |__| ↓ 466		
463U	من أين حصل (الاسم) على الجرعة الاولى من مطعوم الحصبة؟	مرفق صحي حكومي..... 1 مرفق صحي خاص ..... 2 وكالة الغوث ..... 3 اخرى (حددي) ـــــ 6 لا اعرف 8		
463V	**الباحثة:** انظري السؤال 460 و 463L. مطعوم الحصبة؟	على الأقل جرعتان |__| ↓ استمري جرعة واحدة فقط |__| ↓ 466		
463W	من أين حصل (الاسم) على الجرعة الثانية من مطعوم الحصبة؟	مرفق صحي حكومي..... 1 مرفق صحي خاص ..... 2 وكالة الغوث ..... 3 اخرى (حددي) ـــــ 6 لا اعرف 8		
466	هل أصيب (اسم المولود) بالحمى خلال الأسبوعين السابقين؟	نعم ..... 1 لا..... 2 لا اعرف 8	نعم ..... 1 لا..... 2 لا اعرف 8	نعم ..... 1 لا..... 2 لا اعرف 8
467	هل أصيب (اسم المولود) بالسعال خلال الأسبوعين السابقين؟	نعم ..... 1 لا..... 2 لا اعرف ..... 8 → 469	نعم ..... 1 لا..... 2 لا اعرف ..... 8 → 469	نعم ..... 1 لا..... 2 لا اعرف ..... 8 → 469
468	عندما أصيب (اسم المولود) بالسعال هل كان يتنفس بشكل أسرع من المعتاد مع تنفس قصير وسريع؟	نعم ..... 1 لا..... 2 لا اعرف 8	نعم ..... 1 لا..... 2 لا اعرف 8	نعم ..... 1 لا..... 2 لا اعرف 8
469	**الباحثة:** انظري السؤالين 466 و467 ان كان (اسم المولود) قد أصيب بالحمى او السعال؟	نعم في س 466 او س 467 |__| ↓ لا، لا اعرف |__| ↓ 475	نعم في س 466 او س 467 |__| ↓ لا، لا اعرف |__| ↓ 475	نعم في س 466 او س 467 |__| ↓ لا، لا اعرف |__| ↓ 475
470	هل بحثت عن استشارة طبية او علاج (اسم المولود) للحمى/ للسعال ؟	نعم ..... 1 لا..... 2 ← 475	نعم ..... 1 لا..... 2 ← 475	نعم ..... 1 لا..... 2 ← 475

	ترتيب المولود	المولود الأخير	المولود قبل الأخير	المولود الثاني قبل الأخير
	من سؤال 212 وسؤال 216	**الاسم** _____	**الاسم** _____	**الاسم** _____
471	أين بحثت عن الاستشارة او المعالجة؟ **الباحثة:** إذا كان مصدر الاستشارة او المعالجة (مستشفى او مركز صحياً او عيادة) سجلي اسم ذلك المكان وتقصي لتحديد تبعية ذلك المصدر وضعي دائرة حول الرمز الذي ينطبق. (اسم المكان) _____ أي مكان أخر؟ **الباحثة:** (سجلي جميع الأمكنة التي تذكرها السيدة)	***القطاع العام:*** مستشفى حكومي ..... A مركز صحي حكومي ..... B مركز امومة وطفولة..... C مستشفى جامعي ..... D الخدمات الطبية الملكية..... E عيادة متنقلة ..... F العاملون بالصحة المجتمعية... G حكومي آخر (حددي) ..... H ***القطاع الخاص :*** مستشفى/عيادة خاصة..... I طبيب خاص ..... J صيدلية ..... K مراكز وكالة الغوث ..... L خاص آخر (حددي) ..... M ***مصادر أخرى :*** دكان. ..... N طبيب شعبي ..... O اخرى (حددي) X	***القطاع العام:*** مستشفى حكومي ..... A مركز صحي حكومي ..... B مركز امومة وطفولة..... C مستشفى جامعي ..... D الخدمات الطبية الملكية..... E عيادة متنقلة ..... F العاملون بالصحة المجتمعية... G حكومي آخر (حددي) ..... H ***القطاع الخاص :*** مستشفى/عيادة خاصة..... I طبيب خاص ..... J صيدلية ..... K مراكز وكالة الغوث ..... L خاص آخر (حددي) ..... M ***مصادر أخرى :*** دكان. ..... N طبيب شعبي ..... O اخرى (حددي) X	***القطاع العام:*** مستشفى حكومي ..... A مركز صحي حكومي ..... B مركز امومة وطفولة..... C مستشفى جامعي ..... D الخدمات الطبية الملكية..... E عيادة متنقلة ..... F العاملون بالصحة المجتمعية... G حكومي آخر (حددي) ..... H ***القطاع الخاص :*** مستشفى/عيادة خاصة..... I طبيب خاص ..... J صيدلية ..... K مراكز وكالة الغوث ..... L خاص آخر (حددي) ..... M ***مصادر أخرى :*** دكان. ..... N طبيب شعبي ..... O اخرى (حددي) X
475	هل أصيب (اسم المولود) بالإسهال خلال الأسبوعين السابقين؟	نعم ..... 1 لا ..... 2 لا اعرف ..... 8 } 483	نعم ..... 1 لا ..... 2 لا اعرف ..... 8 } 483	نعم ..... 1 لا ..... 2 لا اعرف ..... 8 } 483
476	أود الآن ان اسالك عن كمية الشرب التي تناولها (اسم المولود) أثناء اصابته بالإسهال، هل كانت الكمية اقل من المعتاد، نفس الكمية، ام كانت اكثر من المعتاد؟ **الباحثة:** اذا كانت الاجابة اقل تقصي هل كانت الكمية اقل بكثير من المعتاد، ام اقل بعض الشئ	اقل بكثير ..... 1 اقل بعض الشيء..... 2 نفس الكميه تقريباً ..... 3 اكثر..... 4 لا شيء ..... 5 لا اعرف..... 8	اقل بكثير ..... 1 اقل بعض الشيء..... 2 نفس الكميه تقريباً ..... 3 اكثر..... 4 لا شيء ..... 5 لا اعرف..... 8	اقل بكثير ..... 1 اقل بعض الشيء..... 2 نفس الكميه تقريباً ..... 3 اكثر..... 4 لا شيء ..... 5 لا اعرف..... 8
477	عندما كان (اسم المولود) مصاباً بالاسهال، هل اعطي طعاماً اقل من المعتاد، ام نفس الكمية المعتادة، ام اكثر من المعتاد، ام لا شيء؟ **الباحثة:** إذا كانت الإجابة اقل تقصي هل قدم له/ لها كمية اقل بكثير من المعتاد ام اقل بعض الشيء من المعتاد؟	اقل بكثير ..... 1 اقل بعض الشيء..... 2 نفس الكميه تقريباً ..... 3 اكثر..... 4 تم إيقاف الطعام ..... 5 لم يتم إطعامه إطلاقا ..... 6 لا اعرف..... 8	اقل بكثير ..... 1 اقل بعض الشيء..... 2 نفس الكميه تقريباً..... 3 اكثر..... 4 تم إيقاف الطعام ..... 5 لم يتم إطعامه إطلاقا ..... 6 لا اعرف..... 8	اقل بكثير ..... 1 اقل بعض الشيء..... 2 نفس الكميه تقريباً..... 3 اكثر..... 4 تم إيقاف الطعام ..... 5 لم يتم إطعامه إطلاقا ..... 6 لا اعرف..... 8

	ترتيب المولود	المولود الأخير	المولود قبل الأخير	المولود الثاني قبل الأخير
	من سؤال 212 وسؤال 216	**الاسم** _____	**الاسم** _____	**الاسم** _____
478	اثناء اصابة (اسم المولود) بالاسهال هل أعطي أي من التالية للشرب:	**نعم** **لا** **لا اعرف** a. الاكواسال/برلايت؟ 1 2 8 b. ماء رز، جزر؟ 1 2 8 c. شوربه؟ 1 2 8 d. محلول بيتي ماء (سكر، ملح)؟ 1 2 8 e. حليب اطفال ؟ 1 2 8 f. مشتقات البان؟ 1 2 8 g. ماء؟ 1 2 8 h. سائل آخر؟ 1 2 8	**نعم** **لا** **لا اعرف** a. الاكواسال/برلايت؟ 1 2 8 b. ماء رز، جزر؟ 1 2 8 c. شوربه؟ 1 2 8 d. محلول بيتي ماء (سكر، ملح)؟ 1 2 8 e. حليب اطفال ؟ 1 2 8 f. مشتقات البان؟ 1 2 8 g. ماء؟ 1 2 8 h. سائل آخر؟ 1 2 8	**نعم** **لا** **لا اعرف** a. الاكواسال/برلايت؟ 1 2 8 b. ماء رز، جزر؟ 1 2 8 c. شوربه؟ 1 2 8 d. محلول بيتي ماء (سكر، ملح)؟ 1 2 8 e. حليب اطفال ؟ 1 2 8 f. مشتقات البان؟ 1 2 8 g. ماء؟ 1 2 8 h. سائل آخر؟ 1 2 8
479	هل تم إعطاء (اسم المولود) أي شيء (شيء آخر) لمعالجة الإسهال؟	نعم ..... 1 لا ..... 2 لا اعرف ..... 8 ← 481	نعم ..... 1 لا ..... 2 لا اعرف ..... 8 ← 481	نعم ..... 1 لا ..... 2 لا اعرف ..... 8 ← 481
480	ماذا أعطى (أيضاً) لمعالجة الإسهال؟ أي شيء اخر؟ **الباحثة:** سجلي جميع العلاجات التي ذكرتها السيدة	حبوب او شراب ..... A حقنة ..... B حقنة بالوريد ..... C محضره بيتياً/ أدوية محضرة من الاعشاب ..... D أخرى (حددي) ـــ X	حبوب او شراب ..... A حقنة ..... B حقنة بالوريد ..... C محضره بيتياً/ أدوية محضرة من الاعشاب ..... D أخرى (حددي) ـــ X	حبوب او شراب ..... A حقنة ..... B حقنة بالوريد ..... C محضره بيتياً/ أدوية محضرة من الاعشاب ..... D أخرى (حددي) ـــ X
481	هل بحثت عن استشارة طبية او علاج للاسهال؟	نعم ..... 1 لا ..... 2 ← 483	نعم ..... 1 لا ..... 2 ← 483	نعم ..... 1 لا ..... 2 ← 483
482	أين بحثت عن الاستشارة الطبية او العلاج للإسهال؟ **الباحثة:** إذا كان مصدر الاستشارة او المعالجة (مستشفى او مركزاً صحياً او عيادة) سجلي اسم ذلك المكان وتقصي لتحديد تبعية ذلك المصدر وضعي دائرة حول الرمز الذي ينطبق. (اسم المكان) _____ أي مكان آخر؟ **الباحثة:** سجلي جميع الأمكنة التي تذكرها السيدة	***القطاع العام:*** مستشفى حكومي ..... A مركز صحي حكومي ..... B مركز امومة وطفولة..... C مستشفى جامعي ..... D الخدمات الطبية الملكية..... E عيادة متنقلة ..... F العاملون بالصحة المجتمعية... G حكومي آخر (حددي) — H ***القطاع الخاص :*** مستشفى/عيادة خاصة..... I طبيب خاص ..... J صيدلية ..... K مراكز وكالة الغوث ..... L خاص آخر (حددي) ـــ M ***مصادر أخرى :*** دكان. ..... N طبيب شعبي ..... O اخرى (حددي) ـــ X	***القطاع العام:*** مستشفى حكومي ..... A مركز صحي حكومي ..... B مركز امومة وطفولة..... C مستشفى جامعي ..... D الخدمات الطبية الملكية..... E عيادة متنقلة ..... F العاملون بالصحة المجتمعية... G حكومي أخر (حددي) — H ***القطاع الخاص :*** مستشفى/عيادة خاصة..... I طبيب خاص ..... J صيدلية ..... K مراكز وكالة الغوث ..... L خاص آخر (حددي) ـــ M ***مصادر أخرى :*** دكان. ..... N طبيب شعبي ..... O اخرى (حددي) ـــ X	***القطاع العام:*** مستشفى حكومي ..... A مركز صحي حكومي ..... B مركز امومة وطفولة..... C مستشفى جامعي ..... D الخدمات الطبية الملكية..... E عيادة متنقلة ..... F العاملون بالصحة المجتمعية... G حكومي أخر (حددي) — H ***القطاع الخاص :*** مستشفى/عيادة خاصة..... I طبيب خاص ..... J صيدلية ..... K مراكز وكالة الغوث ..... L خاص آخر (حددي) ـــ M ***مصادر أخرى :*** دكان. ..... N طبيب شعبي ..... O اخرى (حددي) ـــ X
483		**الباحثة:** ارجعي إلى س 456 في العمود التالي من الاستمارة، واذا لم يكن هنالك مواليد استمري في س 486	**الباحثة:** ارجعي إلى س 456 في العمود التالي من الاستمارة، واذا لم يكن هنالك مواليد استمري في س 486	**الباحثة:** ارجعي إلى س 456 في العمود التالي من الاستمارة، واذا لم يكن هنالك مواليد استمري في س 486

486	**الباحثة:** انظري السؤال رقم (478 البند a) لجميع الاعمدة لم يتم إعطاء أي طفل محلول الاسهال |__| أعطي أي طفل محلول الاسهال |__| ↓ الاكواسال/البرلايت	← 488
487	هل سبق لك أن سمعت بمحلول خاص يسمى الاكواسال او البرلايت الذي يمكنك استعماله لمعالجة الإسهال؟	نعم..... 1 لا..... 2	
488	**الباحثة:** انظري السؤال رقم (218) لدى السيدة طفل او اكثر يعيشون معها |__| ليس لدى السيدة أطفال يعيشون معها |__| ↓	← 490
489	عندما يكون طفلك/ احد أطفالك مريضاً بشكل جدّي، هل يمكنك ان تقرري بنفسك ما إذا كان يجب اخذ الطفل للمعالجة الطبية؟ **الباحثة:** إذا أفادت السيدة بأنه لم يسبق أن مرض أي من أطفالها بشكل جدّي، إسأليها: إذا مرض طفلك او أحد أطفالك بشكل جدي، هل بإمكانك ان تقرري بنفسك بأنه يجب اخذ الطفل لتلقي المعالجة الطبية؟	نعم ..... 1 لا..... 2 يعتمد 3	
490	والآن أود ان اسالك بعض الأسئلة حول الرعاية الصحية لك هناك العديد من العوامل المختلفة التي تحول دون حصول المرأة على الاستشارة الطبية او المعالجة. عندما تكونين مريضة وتريدين الحصول على استشارة طبية او معالجة، هل أي من التالية يشكل مشكلة كبيرة لك ام لا؟	***البدائل*** / ***مشكلة كبيرة*** / ***ليست مشكلة كبيرة*** معرفة اين ستذهبين؟ 1 2 اخذ الموافقة للذهاب ؟ 1 2 الحصول على المصاريف للمعالجة؟ 1 2 بعد المسافة للمرفق الصحي؟ 1 2 الحاجة إلى استعمال مواصلات 1 2 لا تريد الذهاب لوحدها ؟ 1 2 الخوف من ان يكون مقدم الخدمة الطبية ليس أنثى؟ 1 2	
490A	هل قمت بفحص ذاتي او فحص من قبل مختص صحي لاكتشاف سرطان الثدي خلال الاثني عشر شهراً الماضية ؟	نعم..... 1 لا..... 2	
491	**الباحثة:** انظري السؤال رقم 215 والسؤال رقم 218 للسيدة طفل واحد او اكثر على الأقل ولد عام 1997 او بعده ، ويعيش معها |__| ليس للسيدة أي أطفال ولدوا في عام 1997 او بعده ، ويعيشون معها |__| ↓ سجلي اسم اصغر طفل يعيش معها واستمري في طرح السؤال رقم 492 _____ (اسم الطفل)	← 500

492	والآن أود ان اسالك عن السوائل التي شربها (اسم الطفل من سؤال 491) خلال الأيام السبعة السابقة بما في ذلك يوم أمس. كم يوماً شرب (اسم الطفل) أي من التالية خلال الأيام السبعة السابقة؟ الباحثة: لكل مادة تم إعطاؤها مرة واحدة على الأقل في الأيام السبعة الأخيرة وقبل الانتقال للمادة التالية اسألي: في المجموع ، كم مرة شرب (اسم الطفل) يوم امس خلال النهار او الليل (اسم المادة)؟ **الباحثة:** إذا كان عدد المرات (7) او اكثر سجلي (7) وإذا كانت الإجابة " لا اعرف " سجلي الرمز "8".	**اسم المادة**	**الأيام السبعة الأخيرة (عدد الأيام)**	***نهار أمس/ ليلة أمس (عدد المرات)***
		a. ماء؟	|__| a	|__| a
		b. حليب خاص للأطفال الرضع؟	|__| b	|__| b
		c. أي حليب أخر مثل حليب العلب او الجاف او الطازج ؟	|__| c	|__| c
		d. عصير فواكه؟	|__| d	|__| d
		e. شوربة؟	|__| e	|__| e
		f. شاي؟	|__| f	|__| f
		g. أي سوائل أخرى كمحلول السكر، القهوة، مشروبات غازية، او شوربه أخرى؟	|__| g	|__| g
493	أود ان اسألك الآن عن أنواع الأطعمة التي تناولها (اسم الطفل من السؤال 491) خلال الأيام السبعة الماضية، بما في ذلك يوم أمس؟ كم عدد الأيام خلال الأيام السبعة الماضية التي تناول خلالها (اسم الطفل من السؤال491) كلٍ من الأطعمة التالية إما منفصلة أو مع أطعمة أخرى؟ **الباحثة:** لكل مادة تم تقديمها مرة واحدة على الأقل خلال السبعة أيام الماضية قبل الانتقال إلى البند التالي اسألي: - ما هو مجموع المرات التي اكل فيها (اسم الطفل من السؤال 491) يوم أمس خلال الليل أو النهار من مادة (اسم المادة)؟ ***الباحثة:*** إذا كانت عدد المرات (7) أو اكثر، سجلي(7)، وفي حالة لا أعرف سجلي (8).	**اسم المادة**	**الأيام السبعة الأخيرة (عدد الأيام)**	***نهار أمس/ ليلة أمس (عدد المرات)***
		a. أي أطعمة مصنوعة من الحبوب (مثال: خبز، أرز، معكرونه،الذرة الصفراء، أي طعام مصنوع من الحبوب؟	|__| a	|__| a
		b. الجزر، البطاطا الحلوة الحمراء، القرع الاصفر؟	|__| b	|__| b
		c. أي أطعمة أخرى مصنوعة من الجذور أو الدرنات (مثال: البطاطا العادية، لفت)؟	|__| c	|__| c
		d. أية خضار ورقية خضراء(مثل السبانخ، ملوخية)؟	|__| d	|__| d
		e. مشمش، خوخ، البلح الاصفر، شمام؟	|__| e	|__| e
		f. أية خضار أو فواكة أخرى (مثال: الموز، التفاح، الدراق، الفواكة المطبوخة، الفاصوليا الخضراء، والبندورة)؟	|__| f	|__| f
		g. اللحم، الدواجن، السمك، كبدة أو البيض؟	|__| g	|__| g
		h. أية أطعمة مصنوعة من البقوليات (مثال: العدس، حمص، الفاصوليا، الفول)؟	|__| h	|__| h
		i. أي نوع من المكسرات أو البزور بزر عباد الشمس، بزر بطيخ، فستق؟	|__| i	|__| i
		j. الجبن أو اللبن او لبنة؟	|__| j	|__| j
		k. أية أطعمة تم تحضيرها مع الزيت، او الزبدة؟	|__| k	|__| k

القسم الخامس: الزواج

500	**الباحثة:** انظري السؤال 101A متزوجة حالياً |__| ↓	السيدة حالياً (مطلقة، ارملة، منفصلة) |__| ←		510
505	هل يعيش زوجك عادة معك في هذا المسكن ام في مكان آخر؟	يعيش معها ..... يعيش في مكان آخر.....	1 2	
506	**الباحثة:** سجلي اسم الزوج ورقم سطره من استمارة الأسرة، وإذا لم يكن مسجلاً ضمن أفراد الأسرة، سجلي الرمز "00" في المربعين المخصصين لرقم سطر الزوج	اسم الزوج ——— رقم سطره ———	|__|__|	
507	هل لدى زوجك (زوجة/ زوجات) بالاضافة لك؟	نعم ..... لا	1 2	510 ←
508	كم عدد زوجات زوجك بدونك انت؟	العدد ——— لا اعرف	|__| 8	
510	هل تزوجت مرة واحدة او اكثر من مرة؟	مرة واحدة .... اكثر من مرة	1 2	
511	**الباحثة:** انظري السؤال رقم (510) متزوجة مرة واحدة فقط |__| ↓ في أي شهر وسنة **بدأت العيش** مع زوجك ؟ متزوجة اكثر من مرة |__| ↓ الان سوف نتحدث عن زوجك الأول. في أي شهر وسنة **بدأت العيش** مع زوجك الاول؟	الشهر ..... لا اعرف ..... السنة ..... لا اعرف	|__|__| 98 |__|__|__|__| 9998	512A ←
512	كم كان عمرك عندما بدأت العيش مع زوجك (**الاول**) ؟	العمر بالسنوات الكاملة ـــ	|__|__|	
512A	قبل الزواج، هل كانت تربطك بزوجك (الأول) أي صلة قربى؟	نعم ..... لا	1 2	513 ←
512B	ما صلة القرابة بينك وبين زوجك (الأول)؟	ابن عم وابن الخاله ..... ابن العمة وابن الخال ..... ابن عم ..... ابن خال ..... ابن عمه ..... ابن خالة ..... قرابة ثانية/ جانب الأب ..... قرابة ثانية/ جانب الام ..... اقارب آخرون ..... لا اعرف	01 02 03 04 05 06 07 08 09 98	
513	**الباحثة:**حددي الأشهر التي كانت السيدة متزوجة فيها منذ كانون الثاني 1997 وأدخلي الرمز " X " في العمود الرابع من التقويم لكل شهر كانت متزوجة فيه، وأدخلي الرمز " 0 " لكل شهر لم تكن فيه السيدة متزوجة منذ كانون الثاني 1997. **بالنسبة للسيدات اللاتي سبق لهن الزواج اكثر من مرة:** تقصي عن تاريخ بدء الزواج الفعلي الحالي، وعن تاريخ بدء الزواج وانتهائه للزيجات السابقة. **بالنسبة للسيدات اللاتي غير متزوجات حالياً:**تقصي عن تاريخ بدء آخر زواج، وتاريخ انتهائه، وعن تاريخ بدء الزواج وانتهائه للزيجات السابقة ان وجدت.			

513A	هل اجريت انت و/ او زوجك فحصاً طبياً قبل الزواج؟	نعم ..... لا	1 2	
515	منذ متى كانت آخر معاشرة زوجيه؟ **الباحثة:** سجلي "منذ سنوات" في حالة ما إذا كانت آخر معاشرة قد تمت منذ سنة او اكثر، واذا كانت الاجابة هي 12 شهراً او اكثر فيجب تسجيلها بالسنوات.	منذ أيام ..... منذ أسابيع..... منذ أشهر ..... منذ سنوات	1 |__|__| 2 |__|__| 3 |__|__| 4 |__|__|	← 524
516	هل تم استخدام الواقي الذكري أثناء المعاشرة الزوجية الاخيرة؟	نعم ..... لا	1 2	
524	هل تعرفين مكاناً يمكن للفرد الحصول منه على الواقي الذكري؟	نعم ..... لا	1 2	← 601
525	ما هو ذلك المكان؟ **للباحثة:** إذا كان المصدر مستشفى او مركزاً صحياً، او عيادة سجلي اسم ذلك المكان وتقصي لتحددي تبعية المصدر وضعي دائرة حول الرمز الذي ينطبق. (اسم المكان) _____ هل هناك مكان آخر؟ (سجلي جميع المصادر التي تشير اليها السيدة)	***القطاع العام:*** مستشفى حكومي..... مركز صحي حكومي..... مركز امومة وطفولة ..... مستشفى جامعي..... الخدمات الطبية الملكية ..... عيادة متنقلة ..... حكومي آخر (حددي)____ ***القطاع الخاص:*** مستشفى خاص/ عيادة خاصة ..... طبيب خاص ..... صيدلية..... الجمعية الاردنية لتنظيم وحماية الأسرة. مراكز وكالة الغوث ..... منظمات أخرى غير حكومية ..... قطاع خاص آخر (حددي) ___ ***مصادر أخرى*** الاصدقاء/ الاقارب..... أخرى (حددي) _____	A B C D E F G H I J K L M N O X	

القسم السادس: تفضيلات الإنجاب

601	**الباحثة :** انظري السؤالين (311) و (311A) لا احد من الزوجين معقم |__| ↓	الزوج معقم او الزوجة معقمة |__|		← 614
602	**الباحثة:** انظري السؤال (226) السيدة غير حامل او غير متأكدة انها حامل: |__| ↓ لدي بعض الأسئلة حول المستقبل، هل لديك الرغبة في إنجاب طفل او مزيد من الاطفال، ام انك تفضلين عدم انجاب أي (مزيد) من الاطفال؟ السيدة حامل |__| ↓ لدي بعض الأسئلة حول المستقبل، بعد إنجابك للطفل الذي تتوقعينه الان، هل ترغبين في إنجاب طفل آخر، ام انك تفضلين عدم إنجاب مزيد من الاطفال ؟	تفضل إنجاب طفل (او طفل آخر).... 1 لا تفضل انجاب المزيد من الاطفال/ عدم الانجاب البتة ..... 2 لا تستطيع الحمل (غير قادرة على الحمل) ..... 3 لم تقرر/ لا تعرف وحامل الآن ..... 4 لم تقرر/ لا تعرف وليست حامل او غير متأكدة انها حامل 5	← 604 ← 614 ← 610 ← 608
602A	ماذا تفضلين ان يكون جنس المولود القادم؟	ولد ..... 1 بنت ..... 2 الجنس غير مهم 3		
603	**الباحثة:** انظري السؤال (226) السيدة غير حامل او غير متأكدة |__| من أنها حامل. ↓ ما المدة التي ترغبين في انتظارها من الآن وقبل إنجاب طفل آخر؟ السيدة حامل |__| ↓ بعد انجابك للطفل الذي تتوقعينه الان، ما المدة التي ترغبين في انتظارها بعد الولادة من الحمل الحالي، وقبل انجاب طفل آخر؟	اشهر ..... 1 |__|__| سنوات..... 2 |__|__| بسرعة/ حالا ..... 993 غير قادرة على الحمل ..... 994 اخرى (حددي) ——— 996 لا اعرف 998	← 609 ← 614 ← 609
604	**الباحثة:** انظري السؤال (226) السيدة غير حامل او غير متأكدة |__| ↓	السيدة حامل |__|		← 610
608	**في الأسابيع القليلة القادمة**، إذا اكتشفت انك حامل، هل سيكون هذا مشكلة كبيرة، ام مشكلة بسيطة (صغيرة)، ام ان هذا ليس مشكلة بالنسبة لك؟	مشكلة كبيرة ..... 1 مشكلة بسيطة(صغيرة)..... 2 ليس مشكلة ..... 3 السيدة غير قادرة على الحمل..... 4		
609	**الباحثة :** انظري السؤال (310) السيدة تستعمل وسيلة تنظيم الأسرة؟ لم يتم سؤال السيدة |__| ↓ لا تستعمل اي وسيلة حاليا |__| ↓ تستعمل حالياً وسيلة |__|			← 614
610	هل تعتقدين انك سوف تستعملين وسيلة من وسائل تنظيم الأسرة لتأخير أو لتجنب الحمل في أي وقت مستقبلاً؟	نعم ..... 1 لا ..... 2 لا اعرف 8		← 612

611	اي وسيلة من وسائل تنظيم الأسرة تفضلين استعمالها؟	التعقيم الأنثوي.....	01	
		التعقيم الذكري.....	02	
		الحبوب	03	
		اللولب.....	04	
		الحقن بالابر	05	
		الغرسات	06	
		الواقي الذكري	07	
		الواقي الأنثوي	08	
		الغشاء المطاطي	09	
		الرغوة/ الجلي	10	
		الرضاعة الطبيعية المطولة (LAM)	11	
		الامتناع الدوري	12	
		القذف الخارجي.....	13	
		أخرى (حددي) _____	96	
		لا اعرف	98	
611A	**الباحثة:** انظري السؤال (611) السيدة تستعمل اللولب |__| الرمز 04 ↓	أي وسيلة اخرى |__|		← 614
611B	هل تفضلين ان يقوم بتركيب اللولب لك مختص صحي ذكر ام انثى، ام ان الجنس ليس مشكلة؟	ذكر	1	← 614
		انثى	2	
		الجنس لا يهم	3	
612	ما السبب الرئيسي الذي يجعلك لا تعتزمين استعمال اية وسيلة من وسائل تنظيم الأسرة مستقبلاً؟	السيدة غير متزوجة حالياً	11	
		<u>الاسباب المتعلقة بالخصوبة</u>		
		التوقف عن المعاشرة	21	
		المعاشرة متقطعة	22	
		توقف الطمث (سن اليأس).....	23	
		استئصال الرحم	24	
		عقيم/ شبه عقيم	25	
		تريد طفلاً او مزيداً من الاطفال	26	
		<u>المعارضة للاستعمال:</u>		
		معارضة المستجيبة.....	31	
		معارضة الزوج	32	
		معارضة افراد الأسرة الآخرين	33	
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		اسباب دينية	35	
		الشائعات	36	
		<u>نقص المعرفة:</u>		
		لا تعرف اية وسيله	41	
		لا تعرف مصدر الوسائل	42	
		<u>اسباب متعلقة بالوسيلة:</u>		
		اسباب صحية	51	
		الخوف من الاثار الجانبية	52	
		بعد المسافة/ صعوبة الوصول	53	
		تكاليف باهظة	54	
		عدم ملاءمتها	55	
		تؤثر على وظائف الجسم العادية	56	
		<u>اخرى (حددي)</u> _____	96	
		<u>لا اعرف</u>	98	

614	**الباحثة** : انظري السؤال 216 السيدة لديها أطفال على قيد الحياة |__| ↓ السيدة ليس لديها أطفال على قيد الحياة |__| ↓ إذا ما عدت إلى الوقت الذي لم يكن لديك فيه أطفال وكانت لديك إمكانية اختيار بالضبط(بدقة) عدد الأطفال الذي ترغبين في إنجابهم طيلة حياتك، فما العدد الذي ترغبين به؟ لو كانت لديك إمكانية إختيار عدد معين من الأطفال الذين تودين إنجابهم طيلة حياتك، فما العدد الذي ترغبين به؟ **الباحثة:** تقصي لمعرفة العدد	العدد ..... |__|__| أخرى (حددي) ——— 96	615A ←
615	كم من بين هؤلاء الأطفال تودين ان يكونوا ذكورا وكم من بينهم تودين ان يكونوا إناثاً، وكم من بينهم الجنس (ذكر ، أنثى) ليس مهماً؟	العدد (ذكور) ..... |__|__| العدد (إناث) ..... |__|__| الجنس ليس مهماً ..... |__|__| أخرى (حددي) _____ 96	
615A	ما عدد الاطفال الذي يجب على الازواج انجابهم قبل البدء باستخدام وسائل تنظيم الأسرة؟ **الباحثة:** تقصي لمعرفة العدد	العدد ——— |__|__| العدد غير محدد ..... 95 اخرى (حددي) ——— 96 لا اعرف 98	
616	هل تؤيدين او تعارضين استعمال الأزواج لوسائل تنظيم الأسرة لتجنب الحمل؟	تؤيد ..... 1 تعارض ..... 2 لا اعرف/ غير متأكدة..... 8	
616A	**الباحثة: انظري 301 البند (1)** سمعت السيدة بالتعقيم الانثوي |__| ↓	لم تسمع السيدة بالتعقيم الانثوي |__|	617 ←
616B	هل يمكن القول بأنك تؤيدين ام تعارضين استخدام السيدات للتعقيم الانثوي (ربط المواسير) من اجل تجنب الانجاب؟	تؤيد ..... 1 تؤيد بشروط ..... 2 تعارض ..... 3 لا اعرف/ غير متأكدة ..... 8 ←	617 ← 617
616C	ما السبب الرئيسي الذي يجعلك تعارضين استخدام السيدات لطريقة التعقيم الانثوي؟	يتعارض مع القانون(غير مشروع)... 1 مخالف للتعاليم الدينية..... 2 يؤدي إلى مشاكل صحية ..... 3 يسبب مشاكل عائلية(الطلاق) ..... 4 عوائق ثقافية ..... 5 اخرى (حددي) ——— 6 لا اعرف 8	
617	هل سمعت عن تنظيم الأسرة خلال الـ 6 اشهرالماضية	***الوسيلة*** ***نعم*** ***لا*** الراديو..... 1 2 التلفزيون..... 1 2 الصحف/ المجلات..... 1 2 الملصقات..... 1 2 النشرات او الكتيبات..... 1 2 المحاضرات..... 1 2	
618	**الباحثة:** انظري السؤال 616 تؤيد تنظيم الاسرة |__| ↓	تعارض تنظيم الأسرة |__|	619 ←

618A	من اين أو ِمن مَن تفضلين الحصول على معلومات عن تنظيم الأسرة؟ **الباحثة:** ضعي دائرة حول رمز ا جابة واحدة فقط.	**العلاقات الشخصية**		
		العاملون بالصحة الحكومية.....	11	
		طبيب خاص/ ممرضة.....	12	
		العاملون بجمعية تنظيم وحماية الأسرة.....	13	
		الزوج.....	14	
		اقارب آخرون	15	
		الاصدقاء	16	
		وسائل الاتصال		
		الراديو.....	21	
		التلفزيون.....	22	
		المطبوعات.....	23	
		المدرسة/المكتبة.....	24	
		من المجتمع/ الاجتماعات العامة.....	25	
		المحاضرات.....	26	
		اخرى (حددي)_____	96	
		لا اعرف	98	
619	هل ناقشت موضوع تنظيم الأسرة مع أصدقائك، جيرانك او أقاربك، خلال الـ 12 شهراً الماضية؟	نعم	1	
		لا	2	← 621
620	مع من تناقشت؟ أي شخص أخر؟ "**الباحثة:** سجلي جميع الأشخاص الذين تذكرهم السيدة.	الزوج	A	
		الام	B	
		الأب.....	C	
		أخت/ أخوات	D	
		أخ/ أخوه.....	E	
		ابنة.....	F	
		ابن.....	G	
		حماه.....	H	
		أصدقاء/جيران.....	I	
		آخرون (حددي)_____	X	
621	**الباحثة:** انظري السؤال رقم 101A السيدة حالياً متزوجة |__| ↓	السيدة حالياً (مطلقة، أرملة، منفصلة) |__|		← 628
622	**الباحثة:** انظري السؤال (311)/ (311A): تم وضع دائرة حول أي رمز |__| ↓	لم يتم وضع دائرة حول أي رمز |__|		← 624
623	لقد قلت بأنك تستعملين حالياً وسيلة من وسائل تنظيم الأسرة، هل يمكن القول ان قرار استعمال الوسيلة هو قرارك بشكل رئيسي ، ام قرار زوجك بشكل رئيسي، ام أنكما اتخذتما القرار بشكل مشترك؟	القرار للسيدة بشكل رئيسي.....	1	
		القرار للزوج بشكل رئيسي.....	2	
		القرار مشترك	3	
		أخرى (حددي) _____	6	
624	الآن، أود أن اسألك عن رأي زوجك حول تنظيم الأسرة. هل تعتقدين بان زوجك يؤيد او يعارض (لا يؤيد) استعمال الأزواج لوسائل تنظيم الأسرة لتجنب الحمل؟	يؤيد	1	
		يعارض (لا يؤيد)	2	
		لا اعرف	8	
625	كم مره سبق ان تناقشت مع زوجك حول وسائل تنظيم الأسرة خلال الـ 12 شهراً السابقة؟	ابدا	1	
		مره او مرتين	2	
		اكثر من ذلك (عدة مرات).....	3	

626	**الباحثة:** انظري السؤال (311)/ (311A): لا أحد من الزوجين معقم |__| ↓	السيدة معقمة او زوجها معقم |__|				628 ←
627	هل تعتقدين ان زوجك يرغب في نفس عدد الأطفال الذين ترغبين بإنجابهم، ام اكثر، ام اقل مما ترغبين؟	نفس العدد	1			
		اطفال اكثر	2			
		اطفال اقل	3			
		لا اعرف	8			
628	لا يتفق الزوجان دائماً على كل شيء، أرجو ان تخبريني اذا كنت تعتقدين ان الزوجة لها الحق في رفض ممارسة المعاشرة مع زوجها: - إذا كانت تعلم بأن زوجها مصاب بالأمراض المنقولة جنسياً؟ - إذا كانت قد أنجبت مولوداً حديثاً؟ - ان كانت متعبة ومزاجها غير طبيعي؟	**البدائل**	***نعم***	***لا***	***لا اعرف***	
		لدية مرض جنسي معدٍ	1	2	8	
		أنجبت حديثاً	1	2	8	
		متعبة/ مزاجها غير طبيعي.	1	2	8	
628A	هل سبق وان شجعتك والدتك او حماتك على انجاب مزيد من الاطفال؟	نعم	1			
		لا	2			
		لا ينطبق	3			

القسم السابع: خلفية الزوج وعمل المرأة

701	***الباحثة*** : انظري السؤال (500): السيدة حالياً متزوجة |__| ↓	السيدة حالياً (مطلقة ،أرملة ، منفصلة) |__|	703←
702	كم كان عمر زوجك في عيد ميلاده الاخير ؟	العمر (بالسنوات الكاملة)..... |__|__|	
703	هل سبق ان التحق زوجك الحالي (الأخير) بالمدرسة ؟	نعم ..... 1 لا 2	706A ←
704	ماذا كان أعلى مستوى تعليمي التحق به الزوج ؟	**نظام قديم** ابتدائي ..... 01 اعدادي ..... 02 ثانوي ..... 03 **نظام جديد** أساسي .... 04 ثانوي..... 05 دبلوم متوسط..... 06 بكالوريوس..... 07 تعليم عالي ..... 08 لا اعرف 98	706A ←
705	ما هو أعلى صف أكمله بنجاح في ذلك المستوى؟	الصف ..... |__|__| لا اعرف 98	
706A	**الباحثة** : انظري السؤال 701 السيدة حاليا متزوجة |__| ↓	السيدة حاليا (مطلقة، أرملة، منفصلة) |__|	709A ←
706B	هل عمل زوجك خلال السبعة أيام الماضية حتى ولو ساعة واحدة؟ - في أي عمل مقابل اجر - أو في مصلحة خاصة يملكها أو يملك جزءاً منها - أو في مصلحة للأسرة دون اجر (مثال: كالعمل في مزرعة، بقالة) - أو في أي عمل آخر؟	نعم ..... 1 لا 2	706D ←
706C	هل كان لدى زوجك عمل ولكنه لم يزاوله خلال الـ 7 ايام السابقة (أي كان غائباً عنه بشكل مؤقت) بسبب مرض او اجازة أو سفر أو ما الى ذلك ؟	نعم ..... 1 لا 2	709A ←
706D	ما المهنة الحالية لزوجك؟ (أي ما نوع العمل الذي يقوم به بشكل رئيسي)	وصف المهنة: _____ |__|__|	
706E	ما الحالة العملية لزوجك: هل هو مستخدم باجر، صاحب عمل مع وجود مستخدمين، يعمل لحسابه دون وجود مستخدمين، يعمل لدى الأسرة دون اجر، يعمل لدى شخص آخر دون اجر؟	مستخدم بأجر ..... 1 صاحب عمل مع وجود مستخدمين آخرين ..... 2 يعمل لحسابه دون وجود مستخدمين آخرين..... 3 يعمل لدى الأسرة دون اجر ..... 4 يعمل دون اجر 5	
709A	هل كان لديك عمل خلال السبعة أيام الماضية حتى ولو ساعة واحدة؟ - في أي عمل مقابل آجر - أو في مصلحة خاصة تملكها أو تملكين جزءاً منها - أو في مصلحة للأسرة دون اجر (مثال: كالعمل في مزرعة، بقالة) - أو في أي عمل آخر؟	نعم ..... 1 لا 2	710 ←
709B	هل كان لديك عمل ولكن لم تزاوليه خلال الـ 7 ايام الماضية (أي كنت غائبةً عنه بشكل مؤقت) بسبب مرض او اجازة او سفر أو ما الى ذلك ؟	نعم ..... 1 لا 2	719 ←
710	ما هي مهنتك الرئيسية أي ما نوع العمل الذي تقومين به بشكل رئيسي؟	وصف المهنة: _____ |__|__|	

710A	ما هي حالتك العملية: هل انت مستخدمة بأجر، صاحبة عمل مع وجود مستخدمين، تعملين لحسابك دون وجود مستخدمين، تعملين لدى الأسرة دون أجر او تعملين لدى غيرك دون أجر؟	مستخدمة بآجر ..... 1 صاحبة عمل مع وجود مستخدمين آخرين ..... 2 تعمل لحسابها دون وجود مستخدمين آخرين..... 3 تعمل لدى الأسرة دون اجر ..... 4 تعمل دون اجر 5	719 ←
717	من الذي يقرر بشكل رئيسي كيفية استخدام المردود المادي من العمل الذي تقومين به؟	المستجيبة..... 1 الزوج ..... 2 المستجيبة بالاشتراك مع الزوج..... ..... 3 شخص آخر ..... 4 المستجيبة وشخص آخر غير الزوج..... 5	
718	بالمتوسط، كم يساهم دخلك من العمل في نفقات أسرتك، هل انك غالباً لا تساهمين في النفقات، هل تساهمين بأقل من النصف، حوالي النصف، اكثر من النصف، ام بكامل النفقات، ام انك لا تساهمين اطلاقاً؟	غالبا لا تساهم .....:..... 1 تساهم أقل من النصف..... 2 تساهم حوالي النصف..... 3 تساهم اكثر من النصف..... 4 تساهم بكامل النفقات ..... 5 لا تساهم إطلاقاً وتدخر دخلها من العمل كاملاً ... 6	
719	من في اسرتك، الذي يتخذ عادة القرار النهائي حول ما يلي:	**المستجيبة** / **الزوج** / **المستجيبة بالاشتراك مع الزوج** / **شخص آخر** / **المستجيبة وشخص آخر** / **لا ينطبق** العناية بصحتك؟ 1 2 3 4 5 6 شراء مشتريات كبيرة للأسرة؟ 1 2 3 4 5 6 شراء الاحتياجات اليومية للأسرة؟ 1 2 3 4 5 6 الزيارات للعائلة او الأقارب؟ 1 2 3 4 5 6 نوع الطعام الذي يطبخ يومياً؟ 1 2 3 4 5 6	
720	**الباحثة:** الأشخاص المتواجدون حتى هذه اللحظة (الأشخاص المتواجدين الذين يستمعون، الأشخاص الموجودين ولكنهم لا يستمعون إلى الحوار الدائر بين الباحثة والمستجيبة، لا يوجد أشخاص	**البدائل** / ***متواجدون ويستمعون*** / ***متواجدون ولا يستمعون*** / ***لا يوجد أشخاص*** أطفال دون العاشرة..... 1 2 8 الزوج ..... 1 2 8 ذكور آخرين ..... 1 2 8 إناث أخريات 1 2 8	
721	في بعض الأحيان يحصل خلاف بين الزوج وزوجته، في اعتقادك، هل للزوج الحق في ضرب زوجته في المواقف التالية:	**البدائل** / ***نعم*** / ***لا*** / ***لا اعرف*** إذا خرجت دون ان تخبره.... 1 2 8 إذا تجاهلت أطفالها ..... 1 2 8 إذا تجادلت معه ..... 1 2 8 إذا حرقت الطعام 1 2 8	
721A	عدا الحالات التي ذكرت، حسب رأيك، هل هناك حالات يسمح فيها للزوج ان يضرب زوجته؟ **للباحثة:** اذا كان الجواب **نعم** اسألي ما هي هذه الحالة؟	نعم (حددي)_____ 1 لا توجد ..... 2 لا اعرف .....:..... 8	
721B	هل تدخنين السجائر ؟ النرجيلة؟	***البدائل*** / ***نعم*** / ***لا*** سجائر..... 1 2 نرجيلة.....:... 1 2	
721C	***الباحثة*** : انظري السؤال 701: السيدة حالياً متزوجة |__| ↓	السيدة حالياً (مطلقة ،أرملة، منفصلة) |__|	801 ←
721D	هل يدخن زوجك السجائر؟ النرجيلة؟	***البدائل*** / ***نعم*** / ***لا*** سجائر..... 1 2 نرجيلة.....:... 1 2	

القسم الثامن: الإيدز والامراض المنقولة جنسياً

801	الان سوف اتحدث معك حول شيء آخر، هل سبق ان سمعت عن مرض يسمى الايدز؟	نعم ..... 1 لا 2		← 817
802	هل هنالك أي شيء يمكن للفرد ان يفعله لتجنب الإصابة بمرض الإيدز او الفيروس الذي يسببه؟	نعم ..... 1 لا ..... 2 لا اعرف 8		← 809
803	ماذا يستطيع الفرد ان يفعل؟ أي شئ آخر؟ **(للباحثة:** ضعي دائرة حول كل رموز الإجابات التي تدلي بها السيدة)	الامتناع عن ممارسة الجنس ..... A استخدام الواقي الذكري ..... B ممارسة الجنس مع الزوج فقط/ الزوجة فقط. C ممارسة الجنس مع عدد محدد من الشركاء... D تجنب بيوت الدعارة ..... E تجنب الجنس مع الأشخاص الذين يمارسون الجنس مع اكثر من شريك ..... F تجنب ممارسة الجنس مع الشاذين جنسياً .... G تجنب الجنس مع الأشخاص الذين يحقنون أنفسهم بالمخدرات ..... H تجنب نقل الدم ..... I تجنب الحقن بالابر ..... J تجنب المشاركة باستخدام شفرات الحلاقة..... K تجنب التقبيل ..... L تجنب لسعات البعوض..... M البحث عن الحماية من المرض لدى الطب الشعبي..... N أخرى(حددي) ——— W أخرى(حددي) ——— X لا اعرف ..... Z	
804	هل يمكن للاشخاص تقليل فرص الإصابة بمرض الإيدز وذلك بممارسة الجنس مع شريك واحد ليس لديه شريك أخر؟	نعم ..... 1 لا ..... 2 لا اعرف 8		
805	هل يمكن ان يصاب الفرد بمرض الإيدز عن طريق لسعات البعوض؟	نعم ..... 1 لا ..... 2 لا اعرف 8		
806	هل يمكن للاشخاص تقليل فرص الإصابة بمرض الإيدز باستخدام الواقي الذكري في كل مرة يمارسون فيها الجنس؟	نعم ..... 1 لا ..... 2 لا اعرف 8		
807	هل يمكن ان يصاب الفرد بفيروس الإيدز من خلال مشاركته الطعام مع فرد مصاب بالإيدز؟	نعم ..... 1 لا ..... 2 لا اعرف 8		
808	هل يمكن حماية الاشخاص من مرض الإيدز عن طريق عدم ممارسة الجنس مطلقاً؟	نعم ..... 1 لا ..... 2 لا اعرف 8		
809	هل من المحتمل ان يكون الشخص الذي يظهر بصحة جيدة مصاباً بمرض الإيدز؟	نعم ..... 1 لا ..... 2 لا اعرف 8		
810	هل تعرفين شخصاً يحمل الفيروس المسبب للإيدز، او أحداً توفي نتيجة لإصابته بمرض الإيدز؟	نعم ..... 1 لا ..... 2 لا اعرف 8		
811	هل يمكن انتقال الفيروس المسبب لمرض الإيدز من الام لطفلها؟	نعم ..... 1 لا ..... 2 لا اعرف 8		← 813
812	هل يمكن انتقال الفيروس المسبب لمرض الإيدز من الام إلى الطفل: - أثناء الحمل ؟ - أثناء الولادة؟ - بالرضاعة؟	***البدائل***	**نعم** **لا** ***لا اعرف***	
		أثناء الحمل	1 2 8	
		أثناء الولادة	1 2 8	
		بالرضاعة.....	1 2 8	

813	**الباحثة:** انظري السؤال رقم (500) السيدة حالياً متزوجة |__| ↓	السيدة حالياً (مطلقة، أرملة، منفصلة) |__|	815 ←
814	هل سبق لك ان تحدثت مع زوجك حول الطرق لتجنب الإصابة بالفيروس المسبب لمرض الإيدز؟	نعم ..... 1 لا 2	
815	إذا ما أصيب أي من أفراد أسرتك بالفيروس المسبب لمرض الإيدز هل ستبقين هذا سراً ام لا؟	نعم ..... 1 لا ..... 2 لا اعرف/ غير متأكدة..... 8	
816	إذا ما أصيب قريب لك بالفيروس المسبب لمرض الإيدز هل ستكونين مستعدة لرعايته/ لرعايتها في أسرتك؟	نعم ..... 1 لا ..... 2 لا اعرف/ غير متأكدة/ يعتمد 8	
817	عدا عن الايدز، هل سمعت عن أمراض جنسية معدية اخرى يمكن ان تنتقل من خلال ممارسة الجنس؟	نعم ..... 1 لا 2	820 ←
818	إذا كان الرجل مصاباً بمرض منقول جنسياً، ما هي الأعراض التي تظهر عليه؟ اية اعراض أخرى؟ **الباحثة:** ضعي دائرة حول جميع رموز الإجابات التي تدلي بها السيدة.	ألم في البطن ..... A افرازات من العضو التناسلي/ تنقيط، صديد . B افرازات كريهة الرائحة من العضو التناسلي. C ألم مع حرقة اثناء التبول ..... D احمرار في منطقة العضو التناسلي ..... E تورم في منطقة العضو التناسلي ..... F تقرحات في العضو التناسلي..... G ثآليل تناسلية(زوائد جلدية على العضو التناسلي)..... H حكة في العضو التناسلي ..... I دم في البول ..... J فقدان الوزن ..... K ضعف القوة الجنسية/ العجز الجنسي. ..... L اخرى (حددي) _____ W أخرى (حددي) _____ X لا أعراض ..... Y لا اعرف ..... Z	
819	إذا كانت المرأة مصابة بمرض منقول جنسياً، ما هي الأعراض التي تظهر عليها؟ اية اعراض أخرى؟ **الباحثة:** ضعي دائرة حول جميع رموز الإجابات التي تدلي بها السيدة.	ألم في البطن ..... A افرازات من العضو التناسلي/ تنقيط، صديد . B افرازات كريهة الرائحة من العضو التناسلي. C ألم مع حرقة اثناء التبول ..... D احمرار في منطقة العضو التناسلي ..... E تورم في منطقة العضو التناسلي ..... F تقرحات في العضو التناسلي..... G ثآليل تناسلية(زوائد جلدية على العضو التناسلي)..... H حكة في العضو التناسلي ..... I دم في البول ..... J فقدان الوزن ..... K صعوبة الحمل/ انجاب اطفال..... L اخرى (حددي) _____ W أخرى (حددي) _____ X لا أعراض ..... Y لا اعرف ..... Z	
820	**الباحثة:** سجلي وقت انتهاء المقابلة	الساعة _____ |__|__| الدقيقة _____ |__|__|	

المدخلات

العمود 1 الحمل، الولادة، استعمال وسائل تنظيم الأسرة

B. الولادة
P. الحمل
T. انتهاء الحمل

0. لا وسيلة
1. التعقيم الأنثوي
2. التعقيم الذكري
3. حبوب
4. اللولب
5. الحقن بالابر
6. الغرسات
7. الواقي الذكري
8. الواقي الانثوي
9. الغشاء المطاطي
J. الرغوة الجيلي
K. الرضاعة الطبيعية المطولة
L .الامتناع الدوري
M. القذف الخارجي
X. أخرى (حددي) ـــــــ

العمود 2 مصدر الوسيلة

1. مستشفى حكومي
2. مركز صحي حكومي
3. مركز امومة وطفولة
4. مستشفى جامعي
5. الخدمات الطبية الملكية
6. عيادة متنقلة
7. حكوميه اخرى (حددي)ـــــ
8. مستشفى خاص/ عيادة خاصة
9. طبيب خاص
A. صيدلية
B. الجمعية الاردنية لتنظيم وحماية الأسرة
C . مراكز وكالة الغوث
D. منظمات اخرى غير حكومية
E. أخرى قطاع خاص (حددي) ـــ
F. الاصدقاء/ الأقارب
X. أخرى (حددي) ـــــــ

العمود 3 سبب التوقف عن استعمال وسائل تنظيم الأسرة

0. المعاشرة المتقطعة/ الزوج بعيد
1. أصبحت حاملاً أثناء الاستعمال
2. تريد ان تحمل
3. معارضة الزوج
4. تريد وسيلة فعالة اكثر
5. اسباب صحية
6. اثار جانبية
7. صعوبة التنقل/ بعد المسافة
8. ارتفاع التكاليف
9. عدم ملاءمتها
F. مهلكه
A. صعوبة ان تحمل / سن اليأس
D. الانفصال عن الزوج (مطلقة، أرملة، منفصلة)
X. أخرى (حددي) ـــــــ
Z. لا اعرف

العمود 4 الزواج

X. متزوجة
O. غير متزوجة

تعليمات:

* يجب ان يظهر رمز واحد فقط في أي مربع
* للعمودين 1 و 4 جميع الأشهر يجب ان تملأ

	4	*3*	*2*	*1*			
3					10	تشرين الأول	2002
4					9	ايلول	
5					8	اب	
6					7	تموز	
7					6	حزيران	
8					5	ايار	
9					4	نيسان	
10					3	اذار	
11					2	شباط	
12					**1**	كانون الثاني	
13					12	كانون الأول	2001
14					11	تشرين الثاني	
15					10	تشرين الأول	
16					9	ايلول	
17					8	اب	
18					7	تموز	
19					6	حزيران	
20					5	ايار	
21					4	نيسان	
22					3	اذار	
23					2	شباط	
24					1	كانون الثاني	
25					12	كانون الأول	2000
26					11	تشرين الثاني	
27					10	تشرين الأول	
28					9	ايلول	
29					8	اب	
30					7	تموز	
31					6	حزيران	
32					5	ايار	
33					4	نيسان	
34					3	اذار	
35					2	شباط	
36					1	كانون الثاني	
37					12	كانون الأول	1999
38					11	تشرين الثاني	
39					10	تشرين الأول	
40					9	ايلول	
41					8	اب	
42					7	تموز	
43					6	حزيران	
44					5	ايار	
45					4	نيسان	
46					3	اذار	
47					2	شباط	
48					1	كانون الثاني	
49					12	كانون الأول	1998
50					11	تشرين الثاني	
51					10	تشرين الأول	
52					9	ايلول	
53					8	اب	
54					7	تموز	
55					6	حزيران	
56					5	ايار	
57					4	نيسان	
58					3	اذار	
59					2	شباط	
60					1	كانون الثاني	
61					12	كانون الأول	1997
62					11	تشرين الثاني	
63					10	تشرين الأول	
64					9	ايلول	
65					8	اب	
66					7	تموز	
67					6	حزيران	
68					5	ايار	
69					4	نيسان	
70					3	اذار	
71					2	شباط	
72					1	كانون الثاني	