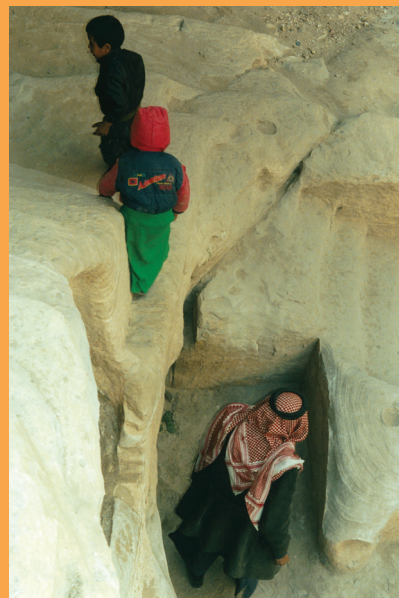




Jordan

2007 Population and Family Health Survey

Key Findings



This report summarizes the findings of the 2007 Jordan Population and Family Health Survey (JPFHS), carried out by the Department of Statistics. Macro International Inc. provided technical assistance in the design, implementation, and analysis of the survey as part of the Demographic and Health Surveys project (MEASURE DHS). Funding for the survey was provided primarily by the Government of Jordan and the United States Agency for International Development (USAID). Additional funds were provided by the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF).

The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the funding agencies.

Additional information about the 2007 JPFHS may be obtained from the Department of Statistics, P.O. Box 2015, Amman, Jordan, Telephone: (962) 6-5300700; Fax: (962) 6-5300710; Email: stat@dos.gov.jo

Additional information about the DHS project may be obtained from Macro International, 11785 Beltsville Drive, Calverton, MD 20705, USA; Telephone: 301-572-0200, Fax:301-572-0999, Internet: www.measuredhs.com; Email: reports@measuredhs.com

Recommended citation:

Department of Statistics [Jordan] and Macro International. 2008. *Jordan Population and Family Health Survey 2007: Key Findings*. Calverton, Maryland, USA: Department of Statistics and Macro International.

Cover photograph: © Eric Thompson, Courtesy of Photoshare



CONTENTS

About the 2007 JPFHS	2
Household Characteristics	3
Education.	3
Fertility and Its Determinants	4
Fertility Determinants and Preferences.	5
Family Planning.	6
Need for Family Planning	7
Infant and Child Mortality.	8
Child Health.	9
Feeding Practices of Children	10
Vitamin A and iron supplementation	10
Maternal Health.	11
Women’s Nutrition	12
Women’s Health (Breast cancer and TB)	12
HIV/AIDS-Related Knowledge and Behaviors.	13
Women’s Status and Empowerment.	14
Domestic Violence	15
Key Indicators	16-17



Photo courtesy of Fathi Nsour, DoS

ABOUT THE 2007 JPFHS

The 2007 Jordan Population and Family Health Survey (JPFHS) was designed to provide data for monitoring the population and health situation in Jordan. The 2007 JPFHS is the fourth Population and Family Health Survey conducted in Jordan as part of the Demographic and Health Surveys program. The objective of the survey is to provide up-to-date information on fertility, family planning, childhood mortality, infant and child feeding practices, maternal and child health, HIV/AIDS-related knowledge and behavior, domestic violence, and child development.

Who participated in the survey?

A nationally representative sample of 14,564 households and ever-married 10,876 women aged 15-49 were interviewed. The survey had a response rate of 99 percent for households and 98 percent for women. This sample provides estimates for Jordan as a whole, for urban and rural areas, Badia and the non-Badia areas, the North, Central, and South regions, and each of the twelve governorates. Fieldwork was carried out between June and November of 2007.

Jordan's population

At the time of the first census in Jordan in 1961, the population was 901,000. By 1979 it had risen to 2.13 million, and then doubled to 4.14 million by 1994. The population was estimated at 5.35 million at the end of 2004, 5.72 million in 2007, and is expected to reach 6.1 million by 2010. The increase in population is due primarily to in-migration. Approximately 83 percent of the population currently lives in urban areas.



HOUSEHOLD CHARACTERISTICS

Household Composition

Households consist of an average of 5.3 persons. Only ten percent of households in Jordan are headed by a woman.

Housing Conditions

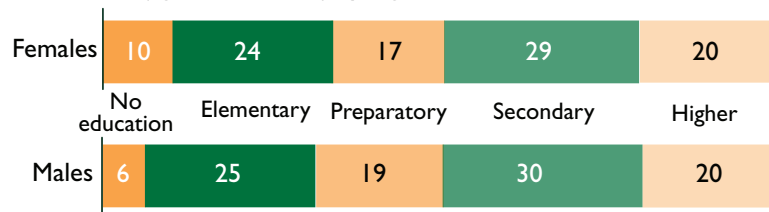
Most households have the basic necessities. Ninety-nine percent of households have electricity, and 97 percent have an improved sanitation facility, that is, either a flush toilet, a ventilated improved pit latrine, or a pit latrine with a slab. Almost all households (97 percent) have access to improved drinking water and 98 percent of households have an independent bathroom.

Education of Household Members

About half of the population age six and above has attended secondary school or beyond. Females are slightly more likely than males to be uneducated, especially in the older age groups. Overall, the same percentage of females as males has attended higher than secondary school. As expected, older females and males and those living in rural areas are least likely to be educated.

Education

Percent distribution of all females and males in the interviewed households (age 6 and above) by highest level of education attended

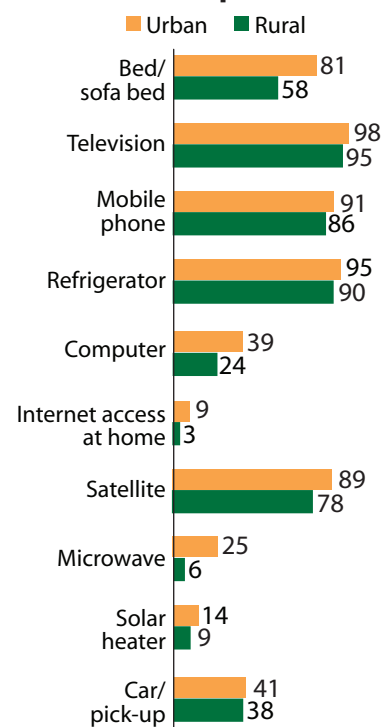


(c) 2006 Basil A. Safi/CCP, Courtesy of Photoshare

Ownership of Goods

Almost all households own a television (97 percent), and 90 percent own a mobile phone. More than one-third (36 percent) of households own a computer and 94 percent own a washing machine. Four in ten households own a car or pick-up. Urban households are more likely to own goods than rural households.

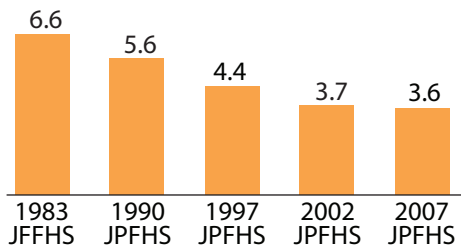
Ownership of Goods



Percent of households

FERTILITY AND ITS DETERMINANTS

Trends in Fertility



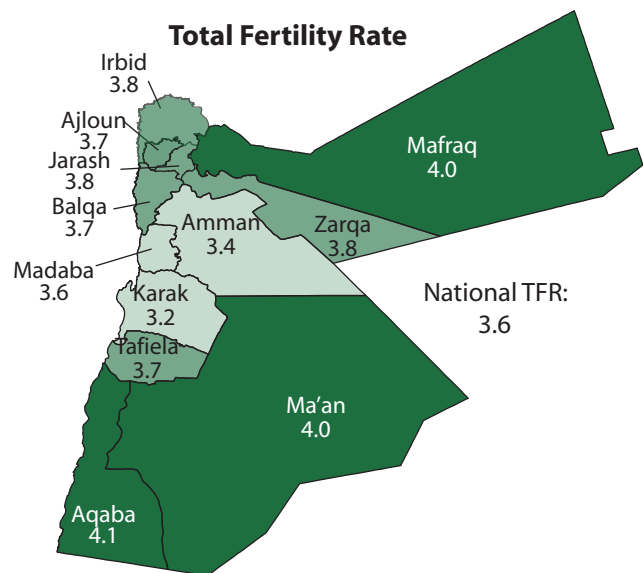
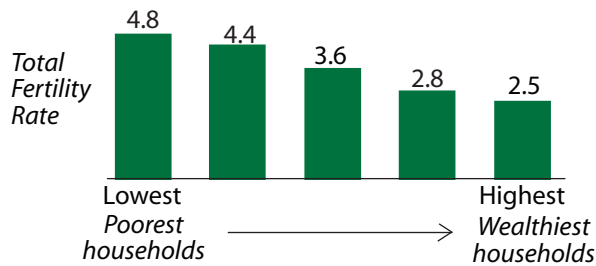
Total Fertility Rate (TFR)

Although fertility dropped dramatically between 1983 and 2002, it has remained almost constant since 2002. Currently, women in Jordan have an average of 3.6 children, compared to 3.7 in 2002.

Fertility is almost identical in urban and rural areas, but does vary by governorate. Fertility is the lowest in Karak, at 3.2 children per woman, compared to 4.1 in Aqaba. Fertility is much higher in Badia areas than in other areas (4.2 compared to 3.5).

Fertility increases as the wealth of the respondent's household* decreases. Women living in the poorest households, in general, have almost twice as many children as women who live in the wealthiest households (4.8 compared to 2.5 children per woman).

Fertility by Household Wealth Quintile



Birth Intervals

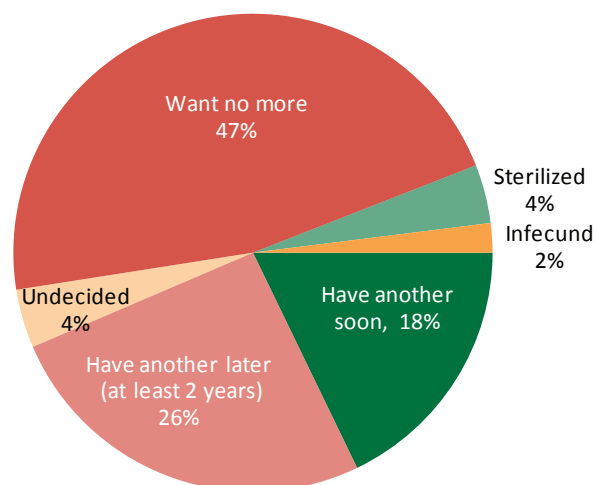
About two-fifths of children are born at least three years after their siblings. Half of children are born after an interval of 31.2 months or more.

* Wealth of families is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on individuals' relative standing on the household index.

Desired Family Size

Women report a mean ideal family size of 3.9 children. Ideal family size is slightly higher among women in rural areas than urban areas (4.2 compared to 3.9). Ideal family size decreases as women's education increases: women with no education would like to have 4.7 children compared to only 3.8 among those with higher education.

Fertility Preferences of Married Women



(c) 2000 Kevork Toranian, Courtesy of Photoshare

Age at First Marriage and Age at First Birth

In Jordan, half of women are married by age 22.2. Only 18 percent are married by age 18. The median age at first marriage ranges from 21.1 in Aqaba to 23.8 in Karak. Women with high education get married five years later than those with no education (median age of 24.7 compared to 19.7).

Childbearing begins at a relatively late age in Jordan. Half of women have their first birth by age 23.9. Only 8 percent of women had their first birth by age 18. Urban women have their first birth at a slightly younger age than rural women—23.8 years compared to 24.3 years. Women with more education wait much longer to have their first birth. Women with higher education have their first birth at a median age of more than 25 years, compared to only 21.6 among those who have had no education.

Teenage Fertility

Teenage childbearing is rare in Jordan. Only 3 percent of teenager girls (age 15-19) have already had a birth, and another 1 percent is pregnant with their first child. In general, teenage childbearing is much more common among women with less education (16 percent among those with only elementary) and among those in the poorest households (8 percent).

FAMILY PLANNING

Knowledge of Family Planning

Knowledge of family planning methods in Jordan is universal: almost 100 percent of ever-married women aged 15-49 know at least one modern method of family planning. The most commonly known methods are the IUD and pill (99 percent each).

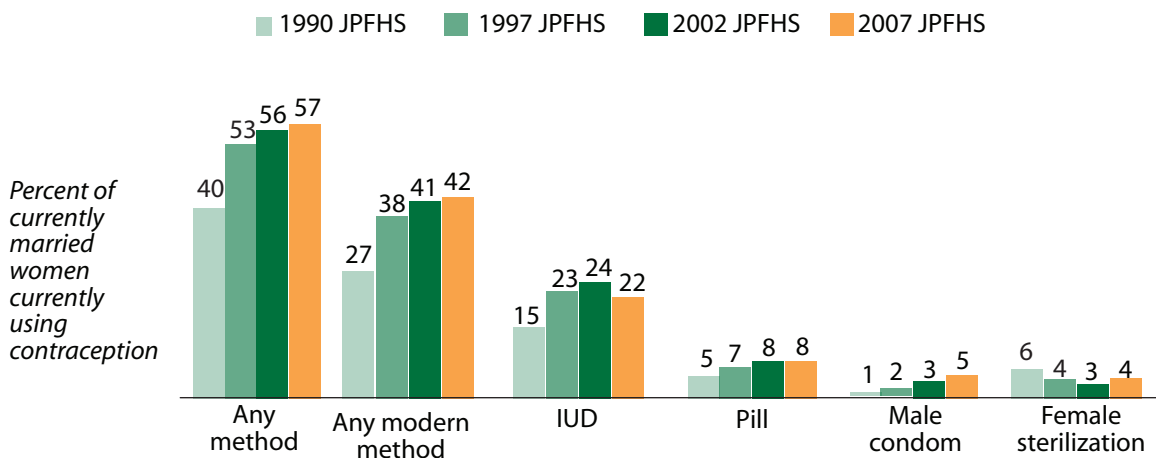
Use of Family Planning

Although contraception use increased greatly between 1990 and 2002, it has since stabilized. According to the 2007 JPFHS, 57 percent of married women are currently using a contraception method; 42 percent are using a modern method. The IUD is the most popular method, with 22 percent of married women, followed by the pill (8 percent of married women).



(c) 1998 Jennifer Knox/CCP, Courtesy of Photoshare

Trends in Use of Family Planning



Use of modern family planning does not vary too dramatically by residence or governorate. Modern methods are used by 43 percent of married women in urban areas, compared with 36 percent in rural areas. Modern contraceptive use ranges from a low of 34 percent of married women in Ma’an and Mafraq to a high of 46 percent in Zarqa.

Modern contraceptive increases slightly as women’s education increases, from 36 percent of women with no education to 42 percent among those with higher education. Use of modern methods increases more markedly with wealth—47 percent of married women in the wealthiest households use a modern method compared to only 35 percent of married women in the poorest households.

Fifteen percent of married women use a traditional method of family planning. Withdrawal is used by 11 percent and 4 percent use periodic abstinence.

Source of Family Planning Methods

Public sources such as government hospitals, health centers, and the Royal Medical Services currently provide contraceptives to about 42 percent of current users, while private hospitals and clinics provide methods to 58 percent of users. Pills and IUDs are most frequently obtained from private sources, while injectables and female sterilization are usually obtained through public sources.

NEED FOR FAMILY PLANNING

Intention to Use Family Planning

Almost six in ten (58 percent) non-users intend to use family planning in the future. The IUD and pill are the most popular methods for future. Among those who do not plan to use contraception in the future, desire for more children, inability to have children, and health concerns are the major barriers.

Desire to Delay or Stop Childbearing

Almost half (47 percent) of women want no more children, and 4 percent are already sterilized. Another 26 percent want to wait at least two years before their next birth. These women are potential users of family planning.

Unmet Need for Family Planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. The 2007 JPFHS reveals that 12 percent of married women have an unmet need for family planning—5 percent for spacing and 7 percent for limiting. Unmet need is the highest among those with no education, and among those in the poorest households. Unmet need varies by governorate, ranging from only 9 percent in Zarqa to 21 percent in Ma'an.

Exposure to Messages in Jordanian Media

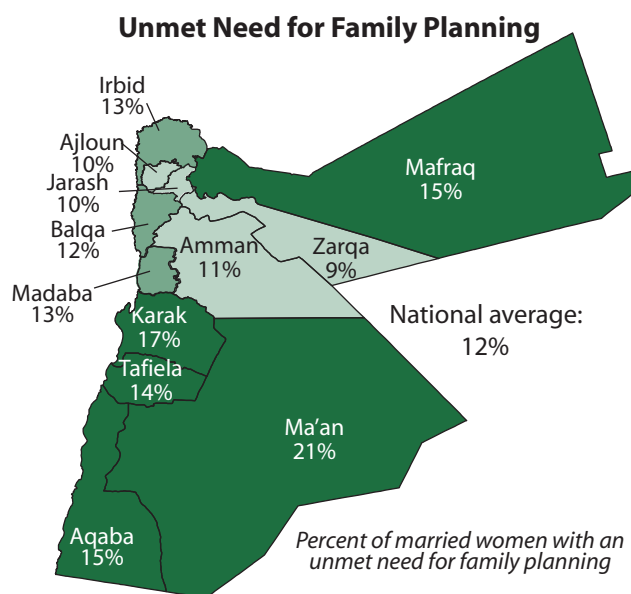
Most women have been exposed to at least some type of message about family planning through the media in the months before the survey. Two-thirds of women saw a message on television, while 42 percent saw posters and 24 percent heard a message on the radio. Eighteen percent of women did not see any message about family planning.

Discontinuation of Use

A key concern for family planning programs is the rate at which users discontinue use of contraceptives and their reasons for stopping. The 2007 JPFHS indicates that during the five years preceding the survey, 40 percent of users discontinued a contraceptive method within 12 months of starting use. Method failure was the reason for about one-sixth of all discontinuations (7 percent of contraceptive users), while 13 percent of users discontinued their method in order to switch to another method. Nine percent of users stopped because they wanted to become pregnant, while another 11 percent stopped for other reasons.

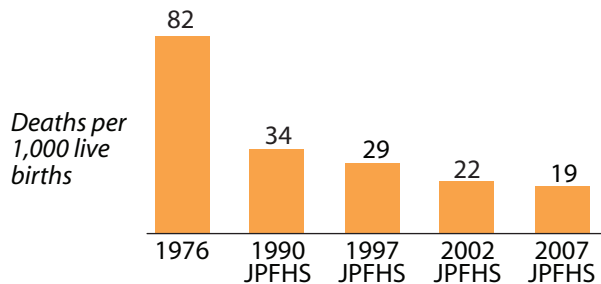
Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other methods that could be used. Unfortunately, about one-third of women did not get this information the last time they began using a new method of contraception. Only 72 percent were informed about possible side effects of their method, and 64 percent were told what to do if they experienced side effects. Seventy percent were informed about other methods that could be used.



INFANT AND CHILD MORTALITY

Trends in Infant Mortality Rate

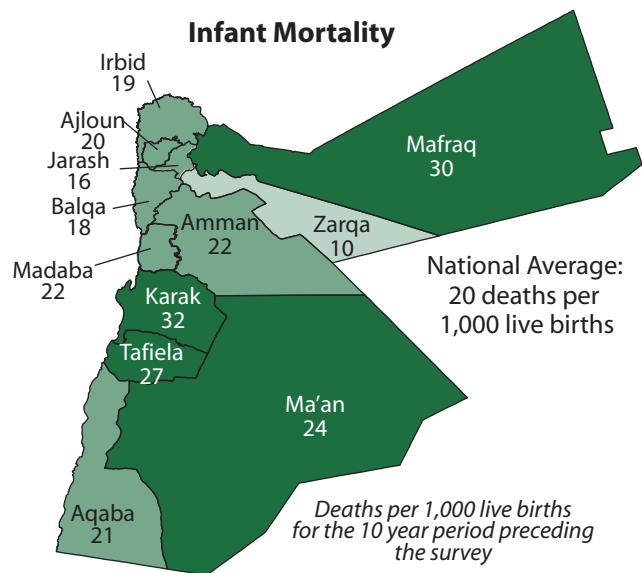


Levels and Trends

Childhood mortality is quite low in Jordan and has even decreased slightly since 2002. Currently, one in every 50 children in Jordan dies before his or her fifth birthday.

The infant mortality rate for the five years before the survey (2002-2007) is 19 deaths per 1,000 live births and the under-five mortality rate is 21 deaths per 1,000 live births. This is slightly lower than the rates of 22 and 27, respectively, reported in 2002.

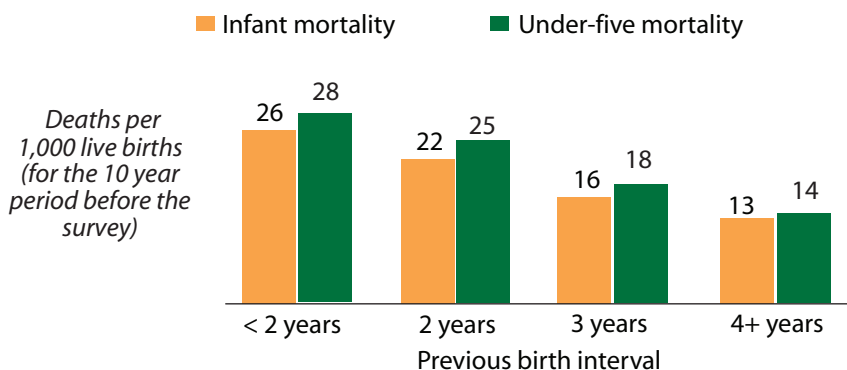
Mortality rates are slightly higher in rural than urban areas, but they differ markedly by region. Infant mortality ranges from only 10 deaths per 1,000 live births in Zarqa to 32 deaths per 1,000 live births in Karak (for the 10 years before the survey). Childhood mortality also decreases as women's education increases. Infant mortality is more than twice as high among children whose mothers have no education compared to those with higher education (22 compared to 10).



Birth Intervals and Childhood Mortality

Spacing children at least 36 months apart reduces risk of infant death. In Jordan, the average birth interval is 31 months. Infants born less than two years after a previous birth have particularly high infant mortality rates (26 deaths per 1,000 live births compared to only 13 deaths per 1,000 live births for infants born four or more years after the previous birth). One-third of infants in Jordan are born less than two years after a previous birth. These infants are at particularly high risk of death.

Childhood Mortality by Previous Birth Interval



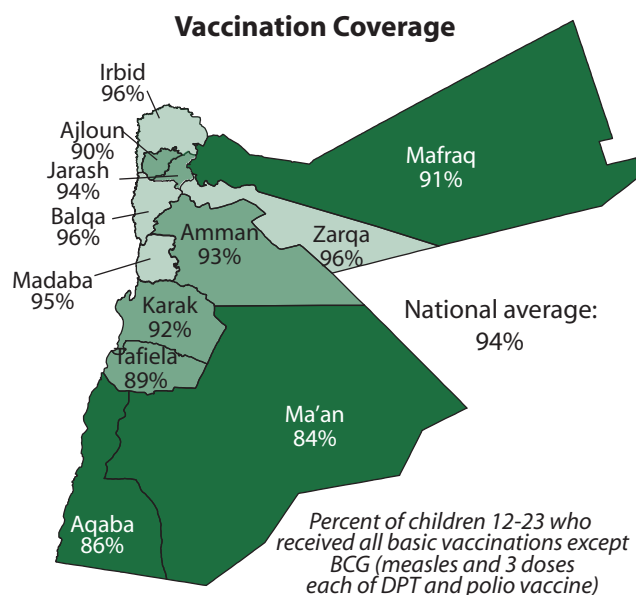
(c) Eric Thompson, Courtesy of Photoshare

CHILD HEALTH

Vaccination Coverage

According to the 2007 JPFHS, 87 percent of Jordanian children aged 12–23 months had received all recommended vaccines—one dose of BCG, measles, and three doses each of DPT and polio. Ninety four percent had received all the basic vaccinations except BCG (which was only added to the recommended vaccines list for Jordan in recent years). Less than 1 percent of children had not received any of the recommended vaccines.

Vaccination coverage is slightly higher in urban areas than rural areas (94 compared to 91 percent of children with all basic vaccines except BCG). There is marked variation in vaccination coverage by governorate, ranging from 84 percent fully vaccinated (except BCG) in Ma'an to 96 percent in Irbid. Vaccination coverage increases with mother's education, but is fairly uniform across wealth quintiles.



Childhood Illnesses

In the two weeks before the survey, 5 percent of children under five had symptoms of an acute respiratory infection (ARI). For three-quarters of these children, treatment or advice was sought from a health provider and 87 percent received antibiotics. One in seven children under five (14 percent) had a fever in the two weeks before the survey. In 70 percent of these cases, treatment or advice was sought from a provider and 85 percent received antibiotics.

During the two weeks before the survey, 16 percent of children under five had diarrhea. The rate was highest (32 percent) among children 6–11 months old. Fifty-five percent of children received treatment or advice from a health provider. Children with diarrhea should drink more fluids, and should receive oral rehydration salts (ORS). Almost all (94 percent) mothers with children born in the last five years know about ORS packets, but in the two weeks before the survey, only 20 percent of children with diarrhea were treated with ORS packets. Many more (46 percent) were offered increased fluids. In all, 57 percent of children with diarrhea were offered oral rehydration therapy (ORS or recommended home fluids) or increased fluids. Almost half of children were given antibiotic drugs. More than one in five (22 percent) received no treatment at all.



(c) 1995 Lamia Jaroudi/CCP, Courtesy of Photoshare

Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health.

Vitamin A, which prevents blindness and infection, is particularly important for children and new mothers. In the 24 hours before the survey interview, 84 percent of children aged 6–35 months ate fruits and vegetables rich in vitamin A and 72 percent ate foods rich in iron. Only 9 percent of children aged 6–59 months received a vitamin A supplement in the six months prior to the survey.

Pregnant women should take iron tablets or syrup for at least 90 days during pregnancy to prevent anemia and other complications. Half of women took iron tablets or syrup for at least 90 days during their last pregnancy.

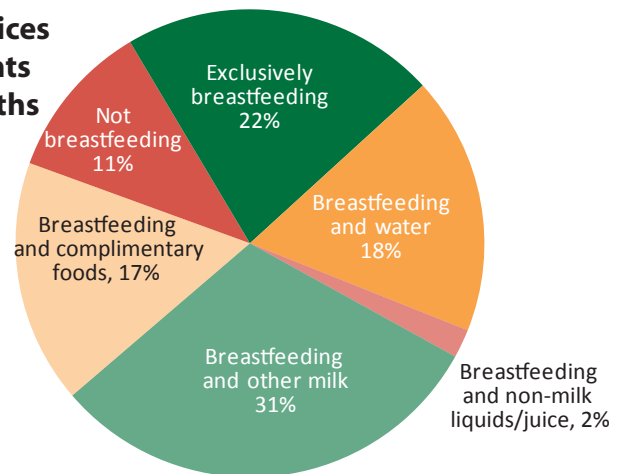
FEEDING PRACTICES OF CHILDREN

Breastfeeding and Introduction of Complementary Foods

Breastfeeding is common in Jordan, with 93 percent of children ever breastfed. However, only about two in five infants are breastfed within one hour of birth, and more than half (58 percent) receive a prelacteal feed.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. About 22 percent of children under six months of age in Jordan are exclusively breastfed. Infants should *not* be given water, juices, other milks, or complementary foods until six months of age, yet two-thirds of children under six months receive these. On average, children breastfeed until the age of 13 months, but exclusively breastfeed for less than one month.

Feeding Practices Among Infants Under 6 Months



Complementary foods *should* be introduced when a child is six months old to reduce the risk of malnutrition. In Jordan, 66 percent of children aged 6–9 months are eating complementary foods.

The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children aged 6–23 months also be fed three or more other food groups. Almost four-fifths of breastfed children in Jordan meet this recommendation, but only 62 percent are fed at least the minimum number of times recommended. Non-breastfed children should be fed milk or milk products, and four or more food groups. Almost all (97 percent) non-breastfed children receive milk or milk products, and 90 percent were fed four or more food groups. Only 27 percent, however, were fed four or more times, as recommended. Overall, among all children aged 6–23 months, only 38 percent were fed according to all three IYCF practices.

MATERNAL HEALTH

Antenatal Care

Almost all (99 percent) women receive some antenatal care from a medical professional, either a doctor (96 percent) or a nurse/midwife (3 percent). Nine in ten women had an antenatal care visit during the first trimester of pregnancy, as recommended. Most Jordanian women (74 percent) have seven or more antenatal care visits. While almost all pregnant women were weighed, had their blood pressure measured, and had urine and blood samples taken, only half were informed of signs of pregnant complications and only 38 percent were informed about complications during the postnatal period. Only about one-quarter of births were protected against neonatal tetanus.

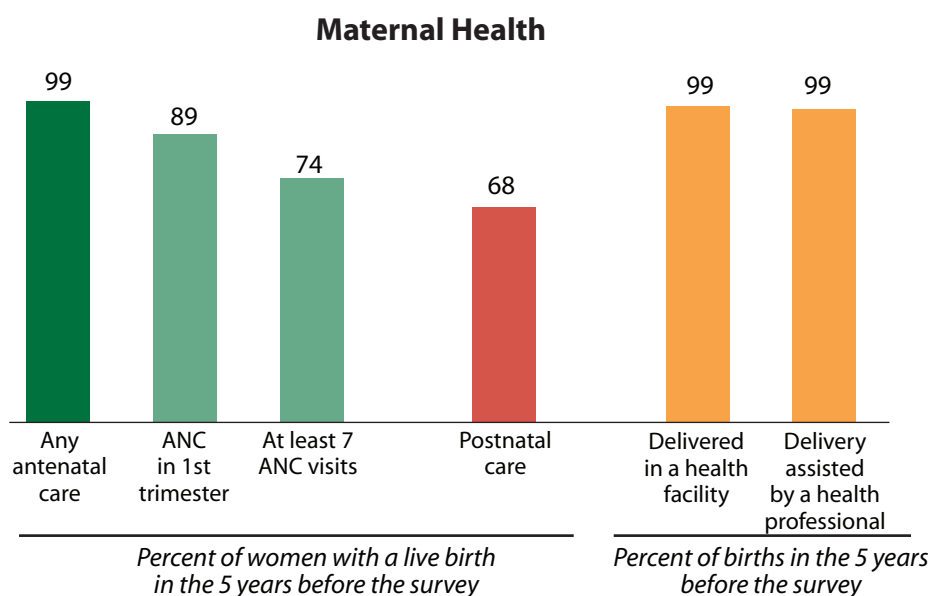


(c) CCP, Courtesy of Photoshare

Delivery and Postnatal Care

Almost all of Jordan's births occur in health facilities—64 percent in the public sector and 35 percent in private sector facilities. Three in four births are assisted by a doctor, while one in four is assisted by a nurse or midwife. Nineteen percent of births are delivered by C-section. Two in five deliveries are free of charge, while only about 15 percent cost more than 200 JD.

Postnatal care helps prevent complications after childbirth. About seven in ten women had a postnatal checkup. Only 15 percent, however, had a check up within four hours of birth, as recommended.



WOMEN'S NUTRITION AND HEALTH

Women's Nutritional Status

Almost half of women are overweight or obese (body mass index ≥ 25.0). Only 4 percent are thin (body mass index <18.5).

Problems accessing health care

Almost three in four women report that they have at least a serious problem accessing health care. The most common problems are concern that there is no female provider available (43 percent), having to take transport (37 percent), distance to health facility and not wanting to go alone (36 percent each).

Premarital medical exam

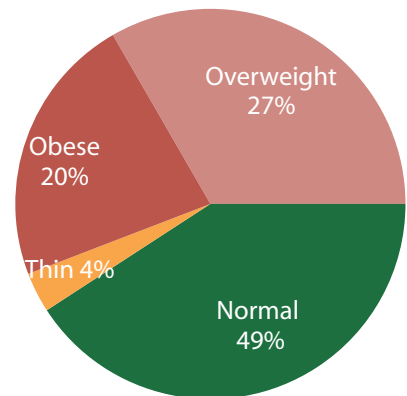
Eighteen percent of ever-married women report that they and/or their husband underwent a premarital medical examination. Premarital medical exams are most common in Amman (21 percent) and among women with higher education (24 percent).

Breast cancer exam and pap smear

Almost four in five women had a breast cancer self-exam or an exam by a health specialist in the year before the survey. Older women, women in urban areas, women with higher levels of education, and women in the wealthiest households were most likely to have had a breast cancer exam.

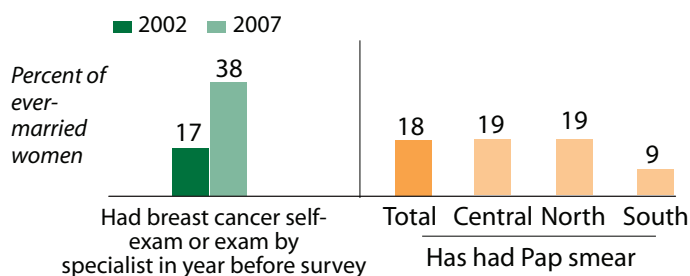
Three-quarters of women have heard of a pap smear, but only 18 percent of women have ever had a pap smear. Pap smears are more common among older women and among the most educated and wealthiest women.

Women's Nutritional Status



(c) 2004 Linda J. Leonard, Courtesy of Photoshare

Breast Cancer Exam and Pap Smear



Tuberculosis

Almost all women (95 percent) have heard of tuberculosis (TB). However, only 42 percent know that TB is spread through the air by coughing. Almost two-thirds believe that TB can be cured, and 59 percent of women would be willing to take a TB test.

HIV/AIDS-RELATED KNOWLEDGE AND BEHAVIORS

Knowledge

According to the 2007 JPFHS, almost all ever-married women have heard of AIDS, but knowledge of HIV prevention measures is lower. For example, only 53 percent of women know that the risk of getting HIV can be reduced by using condoms, and only 43 percent know that abstaining from sexual intercourse reduces the risk of getting AIDS. More women (86 percent) know that limiting sexual intercourse to one uninfected partner reduces the risk. Prevention knowledge varies by governorate. Only 44 percent of women in Madaba know that using condoms can prevent HIV, compared to 58 percent of women in Irbid.

Most ever-married women know that HIV can be transmitted from mother to child during pregnancy (86 percent) and birth (74 percent), but only half know that HIV can be transmitted from mother to child through breastfeeding.

Many women still have misconceptions about HIV/AIDS. Only four in ten women know that AIDS cannot be transmitted by mosquito bites, three in four know that a person cannot become infected by sharing food with a person who has AIDS, and four in five know that AIDS cannot be transmitted by shaking hands.

Discussing Safer Sex and Condom Use

Only 36 percent of currently married women have ever discussed HIV/AIDS prevention with their husband. Most women say that women can discuss safer sex with their husbands. Ninety-seven percent of women believe that women can refuse sex if the husband has a sexually transmitted infection (STI); 89 percent believe a woman is justified in asking the husband to use a condom.

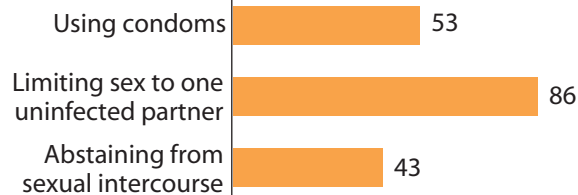
Three-quarters of ever-married women know a source for male condoms. Only 6 percent of ever-married women used a condom during last sexual intercourse.

Sexually Transmitted Infections (STIs)

Two-thirds of ever-married women have not heard of any sexually transmitted infections (STIs) apart from HIV/AIDS. Only 17 percent of women know at least one STI symptom in a man or in a woman.

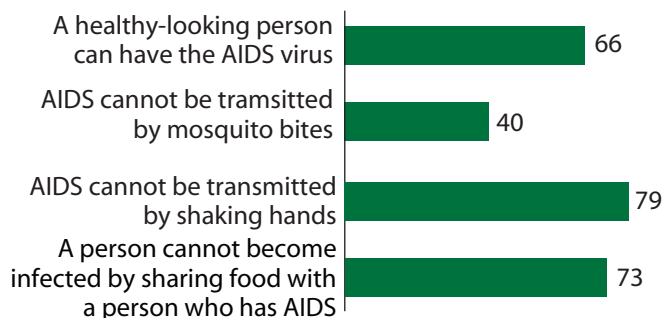
Knowledge of HIV Prevention

Percent that know that HIV can be prevented by:



HIV Knowledge

Percent that know that:



Percent of ever-married women age 15-49

WOMEN'S STATUS AND EMPOWERMENT

Employment

Only 12 percent of married women are currently employed. Of these women, most earn less money than their husbands. Almost all women who receive cash earnings for employment report that they decide alone or along with their husbands how their earnings will be used (97 percent).

Participation in household decisions

Women contribute to many household decisions. More than 85 percent of married women report that they participate in decisions regarding their own health care and visits to family, and more than 70 percent say they contribute to decisions about making daily and major household purchases. Fifty-five percent report that they participate in all four of these decisions. Two percent of women do not participate at all in any of the four decisions.

Attitudes towards wife beating

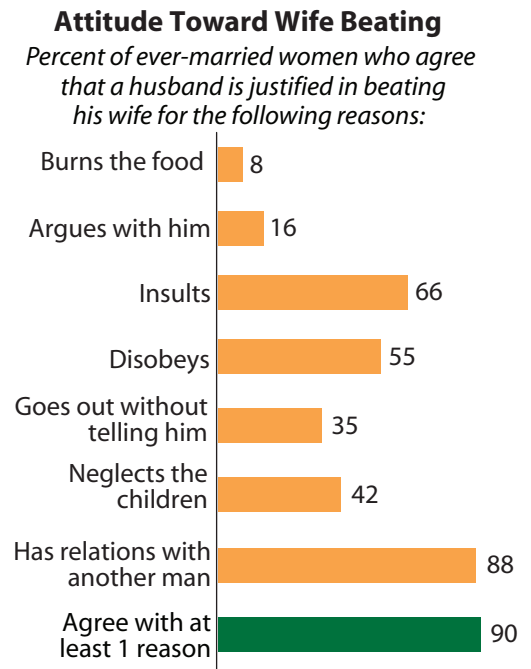
Ninety percent of ever-married women agree that a husband is justified in beating his wife for at least one reason, such as insulting, disobeying, neglecting the children or having relations with another man.

Women's empowerment and health outcomes

Empowered women often have better health outcomes than women who are less empowered. For example, women who participate in more household decisions and those who find no reasons to justify wife beating are more likely to use contraception. Almost 60 percent of women who participate in three or four household decisions use contraception compared to only 45 percent of women who participate in no household decisions.



(c) 2007 Kevork Toranian, Courtesy of Photoshare



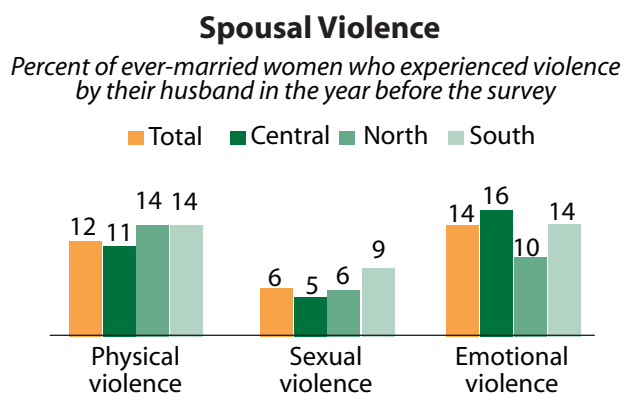
DOMESTIC VIOLENCE

Experience of violence

One-third of ever-married women have ever experienced physical violence since age 15. Thirteen percent experienced physical violence in the year before the survey. Women with lower levels of education and those from poorer households are more likely to report having ever experienced physical violence. The most common perpetrator of physical violence is the current or previous husband (64 percent). Brothers, fathers, and mothers are also common perpetrators (about 20 percent each). Five percent of women experienced violence during pregnancy. Divorced women are the most likely to report having experienced any type of violence.

Spousal violence

One in five ever-married women report that they ever experienced physical violence by their husband. For 12 percent of women, this violence had occurred within the year before the survey. The most common types of physical violence are pushing/shaking/throwing objects, slapping, and punching. Eight percent of ever-married women report sexual violence by their husband. That is, the woman was physically forced to have sexual intercourse with the husband when she did not want to. One in five women also reported to have experienced emotional violence by their husband; 14 percent reported that this had occurred in the most recent year. In all, 23 percent of ever married women reported ever having experienced physical or sexual violence by their husbands. Fifteen percent reported that this violence took place in the year before the survey.



Women with lower levels of education and those living in poorer households are more likely to report spousal violence than those with more education or those living in the wealthier households. Reports of physical/sexual violence also vary by governorate. Only 10 percent of women in Madaba report ever experiencing physical or sexual violence by their husband, compared to 38 percent of women in Mafraq. Spousal violence is also more common in situations when the husband is better educated than the wife, and in households where women contribute to fewer decisions.

Twenty-two percent of women who experienced spousal violence in the year before the survey sought any assistance. Women who experience frequent violence are more likely to have sought help. Among those who do seek help, mothers and fathers are the most common persons from whom assistance is sought. Women rarely seek the help of medical personnel, police, lawyers, or other external sources.

KEY INDICATORS

Fertility and Determinants	Residence			
	Jordan	Urban	Rural	Amman
Total fertility rate (number of children per woman)	3.6	3.6	3.7	3.4
Women age 15–19 who are mothers or now pregnant (%)	4	4	3	5
Median age at first marriage (women age 25-49, years)	22.2	22.2	22.5	22.4
Median age at first birth (women age 25-49, years)	23.9	23.8	24.3	24.0
Women who are in a polygynous union (%)	5	4	8	4
Women who want no more children or are already sterilized (%)	51	51	49	51
Mean ideal number of children among all women	3.9	3.9	4.2	3.8
Family Planning (currently married women 15-49)				
Current use of any method (%)	57	58	52	59
Current use of any modern method (%)	42	43	36	44
Unmet need for family planning ¹ (%)	12	12	15	11
Maternal and Child Health				
Maternity care				
Women giving birth who had at least 7 antenatal care visits (%)	74	75	69	79
Women with a live birth who had 1 st antenatal care appointment during first trimester (%)	89	90	97	91
Women whose last birth was protected against neonatal tetanus (%)	27	27	26	23
Births assisted by a doctor or nurse/midwife (%)	99	99	99	99
Births delivered in a health facility (%)	99	99	99	99
Women giving birth who had a postnatal care checkup (%)	68	70	60	77
Child immunization				
Children 12–23 months fully vaccinated except BCG ² (%)	94	94	91	93
Nutrition				
Median duration of any breastfeeding (months)	12.5	12.4	13.3	11.7
Median duration of exclusive breastfeeding (months)	0.6	0.6	0.6	0.5
Women 15-49 who are overweight or obese (%)	48	47	51	45
Childhood Mortality				
(Figures are for the ten-year period before the survey)				
Number of deaths per 1,000 births:				
Infant mortality (between birth and first birthday)	20	20	23	22
Under-five mortality (between birth and fifth birthday)	22	22	27	24
Physical and Spousal Violence				
Ever-married women who have ever experienced physical violence since age 15 (%)	32	32	33	31
Ever-married women who have experienced physical or sexual violence committed by their husband in the year before the survey (%)				
AIDS-related Knowledge (ever-married women 15-49)				
Knows ways to avoid AIDS:				
-Having one sex partner (%)	86	87	84	90
-Using condoms (%)	53	54	49	56
-Abstaining from sexual intercourse (%)	43	44	41	47

¹ Currently married women who do not want any more children or want to wait at least 2 years before their next birth but are not currently using a method of family planning. ² Fully vaccinated except BCG includes measles, and three doses each of DPT and polio)

Governorate										
Balqa	Zarqa	Madaba	Irbid	Mafraq	Jarash	Ajloun	Karak	Tafiela	Ma'an	Aqaba
3.7	3.8	3.6	3.8	4.0	3.8	3.7	3.2	3;7	4.0	4.1
4	4	1	3	5	7	2	3	2	2	4
23.0	21.5	22.5	22.2	21.5	21.7	22.2	23.8	21.5	21.7	21.1
24.6	23.1	24.3	24.0	23.5	23.5	23.9	a	23.2	23.5	22.9
6	4	5	4	10	6	3	6	6	11	7
51	54	50	48	44	47	46	52	56	53	53
4.2	4.1	3.7	4.1	4.2	4.3	4.3	3.9	4.1	4.1	4.0
55	59	53	56	50	56	58	51	60	50	54
39	46	39	38	34	40	42	40	42	34	38
12	9	13	13	15	10	10	17	14	21	15
78	75	83	69	60	68	64	67	65	59	78
90	90	93	88	86	84	83	86	82	82	91
28	26	31	34	20	37	45	26	33	38	18
99	99	99	99	98	99	99	99	99	98	98
98	99	99	98	98	99	100	99	99	98	98
76	60	61	63	52	60	58	60	61	60	75
96	96	95	96	91	94	90	92	89	84	86
13.4	11.9	11.3	13.3	12.2	13.6	14.1	12.8	12.8	11.4	13.1
0.6	0.6	0.6	1.1	0.6	1.2	0.8	0.5	0.6	0.7	0.5
43	41	58	55	54	43	56	51	55	48	47
18	10	22	19	30	16	20	32	27	24	21
24	10	25	21	32	20	26	39	30	31	25
24	23	21	43	48	35	38	31	29	30	37
86	75	84	90	88	91	94	80	77	76	72
52	45	44	58	55	49	56	51	49	48	47
41	41	36	40	40	37	36	45	49	46	45

a- Omitted because less than 50 percent of the women married for the first time before reaching age 30

