



Jordan

2012 Population and Family Health Survey Key Findings



This report summarizes the findings of the 2012 Jordan Population and Family Health Survey (JPFHS) carried out by the Department of Statistics (DoS). The survey was funded by the Government of Jordan. Additional funding was provided by the U.S. Agency for International Development (USAID), the United Nations Population Fund (UNFPA) and the United Nations Children’s Fund (UNICEF). ICF International provided technical assistance through the MEASURE DHS program.

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). Additional information about the MEASURE DHS program may be obtained from ICF International, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 (Telephone 301-572-0200; Fax 301-572-0999; e-mail reports@measuredhs.com).

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ABOUT THE 2012 JPFHS

The 2012 Jordan Population and Family Health Survey (JPFHS) is designed to provide data for monitoring the population and health situation in Jordan. The 2012 JPFHS is the sixth Demographic and Health Survey to be conducted in Jordan since 1990, and the objective of the survey was 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.

Who participated in the survey?

A nationally representative sample of 11,352 ever-married women age 15–49 in all selected households were interviewed. This represents a response rate of 97% of women. The sample design for the 2012 JPFHS provides estimates for the country as a whole, urban and rural areas, three regions, each of the twelve governorates, and for two special domains: the Badia areas and people living in refugee camps.



CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Household Composition

Jordanian households consist of an average of 5.1 people. A large proportion of the Jordanian population (36%) is under age 15. Thirteen percent of households are headed by women.

Water and Sanitation

Access to an improved source of drinking water is universal in Jordan (99%). Almost all households in Jordan have a private flush toilet, with little variation between urban and rural households.

Housing Characteristics

Access to electricity is universal in Jordan. In addition, nearly all households use natural gas for cooking. Fifty-eight percent of households are exposed daily to secondhand smoke. Eleven percent of women smoke cigarettes, and 10% smoke nargila.

Ownership of Goods

Possession of mobile phones has increased from 90% in 2007 to 98% in 2012. More than half of households own a computer, and four in ten households have internet access at home. More than half of households in Jordan own a private car or truck.

Education

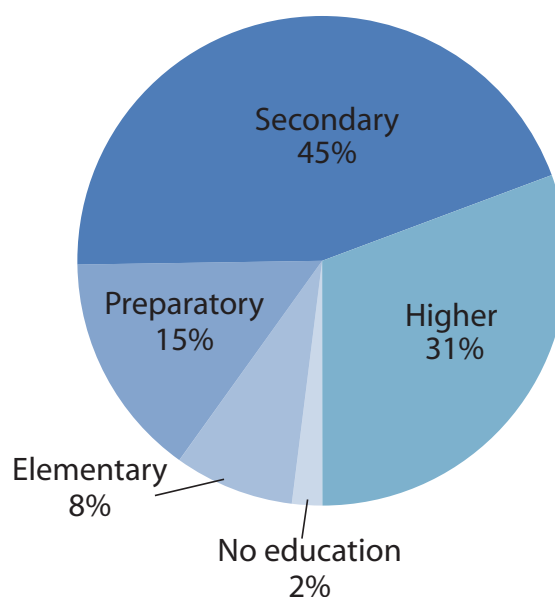
A very small percentage (2%) of ever-married women have had no formal education; 75% of ever-married women have gone to secondary school or higher. The median number of years of education for all women is 10.8 years, with significant differences in educational attainment by governorates. Only 1% of women in Irbid and Zarqa have no education, compared to 13% in Ma'an.



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Educational Attainment

Percent distribution of ever-married women age 15–49 by highest level of education



FERTILITY AND ITS DETERMINANTS

Total Fertility Rate (TFR)

Fertility in Jordan has declined over the past fifteen years. Currently, women in Jordan have an average of 3.5 children, a decrease from 4.4 in 1997. However, the fertility decline has stalled since 2002.

Fertility varies by residence and governorate. Women in urban areas have 3.4 children on average, compared with 3.9 children per woman in rural areas. Fertility is highest in Jarash, where women have an average of 4.3 children. Fertility is lowest in Amman, where women have an average of 3.2 children.

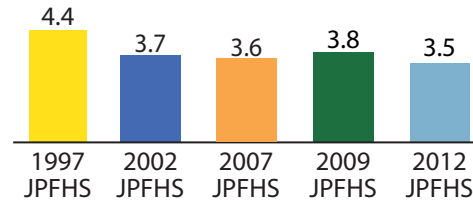
Fertility also varies with mother's education and economic status. Surprisingly, women who have secondary education have an average of 4.2 children, while women with no education have the lowest fertility, an average of 3.0 children. Fertility decreases with household wealth. Women in the poorest households have an average of 4.4 children, while women in the wealthiest households have an average of 2.6 children.

Teenage Fertility

Five percent of adolescent women age 15-19 are already mothers or pregnant with their first child. Young motherhood is twice as high in urban areas as in rural areas. Teenage pregnancy is higher among girls with elementary or secondary education than among women with preparatory or higher education. Teenage pregnancy varies by governorate from a low of 1% of women age 15-19 in Karak and Tafila to a high of 6% in Aqaba and Irbid.

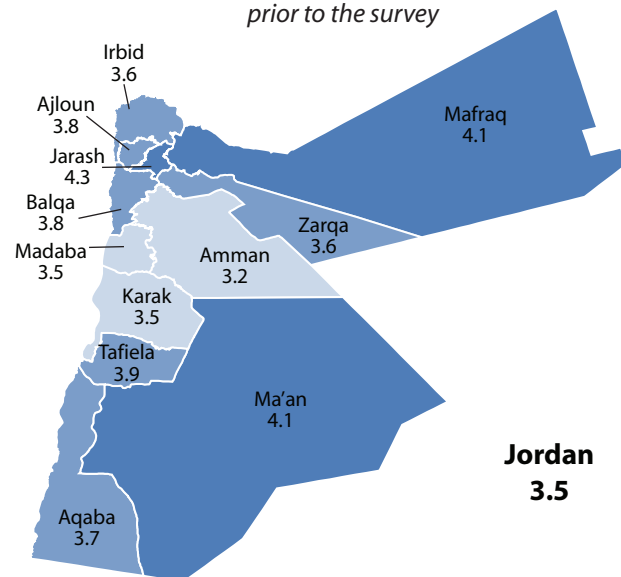
Trends in Fertility

Births per woman for the 3 years prior to the survey



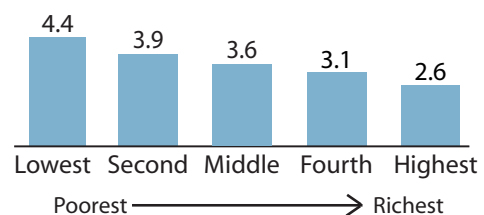
Total Fertility Rate by Governorate

Births per woman for the 3 years prior to the survey



Total Fertility Rate by Wealth Quintile

Births per woman for the 3 years prior to the survey



Age at First Marriage

Fifteen percent of women age 25-49 were married by age 18 and about one in three were married by age 20. The median age at first marriage is 22.4 for women age 25-49. Women with higher education tend to marry almost five years later than women with preparatory education.

Age at First Birth

The median age at first birth for women age 25-49 is 24.0. The median age at first birth has declined by about one year between 1997 and 2012. Women living in urban areas have their first birth earlier than women living in rural areas. The median age at first birth is two years higher among women with no education than women with secondary education (24.5 versus 22.4 years).

Polygyny

Five percent of currently married women are in polygynous unions; older women are more likely to be in a polygynous union than younger women. There are differences by residence in Badia with 11% of married women in a polygynous union compared with 5% in the non Badia areas.

Desired Family Size

Jordanian women want, on average, about four children. Women have about one child more than their ideal number. The mean ideal number of children among currently married women has not changed since 2007.



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FAMILY PLANNING

Knowledge of Family Planning

Knowledge of family planning methods in Jordan is universal; all ever-married women interviewed know at least one modern method of family planning. The most commonly known methods are the IUD, the pill, lactational amenorrhea method (LAM), and male condom.

Current Use of Family Planning

Forty-two percent of currently married women currently use a modern method of family planning. Another 19% are using a traditional method. The IUD (21%), followed by the pill and male condom (8% each) are the most commonly used methods.

Use of modern family planning varies by residence and governorate. Forty-three percent of currently married women in urban areas use modern methods, compared with 40% of women in rural areas. Modern contraceptive use ranges from a low of 31% among currently married women in Ma'an to a high of 47% in Zarqa.

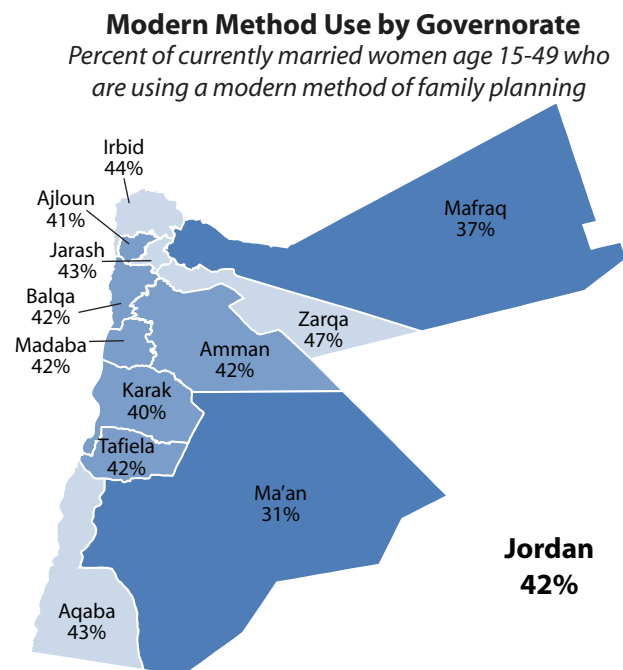
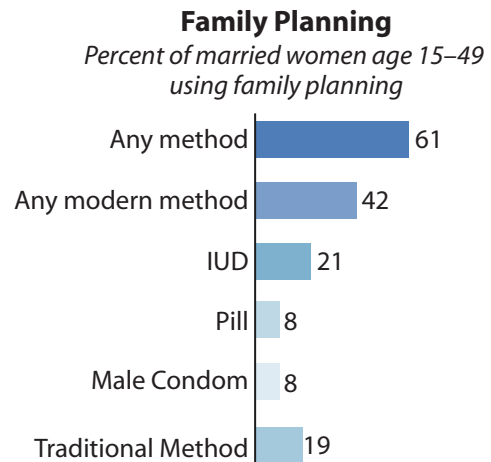
Modern contraceptive use increases with education; 46% of currently married women with secondary education use modern methods, compared with 32% of currently married women with no education.

Trends in Family Planning Use

Use of any family planning method has increased substantially (61%) in the last fifteen years from 38% in 1997 to 61% in 2012.

Source of Family Planning Methods

The private sector currently provides contraceptives to more than half (56%) of current users. The public sector, such as government hospitals and health centers, supplies contraceptives to 44% of users. Government health centers are the most important public source, serving one in four users.



NEED FOR FAMILY PLANNING

Desire to Delay or Stop Childbearing

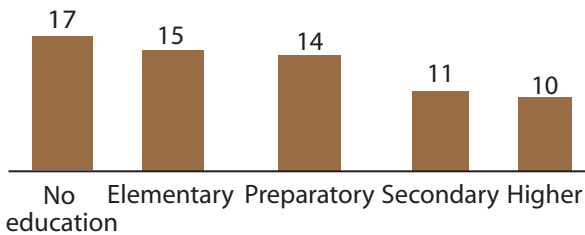
More than half of currently married women want no more children. Another 23% want to wait at least two years before their next birth. These women are potential users of family planning.

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 2012 JPFHS reveals that 12% of married women have an unmet need for family planning—5% of women have a need for spacing births and 7% for limiting births. Women living in Ma'an (14%) and women in the lowest wealth quintile (17%) are most likely to have an unmet need for family planning. Unmet need is higher among women with no education (17%) than among women with higher education (10%).

Unmet Need by Education

Percent of currently married women age 15–49 with unmet need for family planning



Exposure to Family Planning Messages

Overall, 94% of women were exposed to a family planning message on television, in print media, on the radio, at a community event, or through contact with women and other people in the few months before the survey. Jordanian women were also asked about exposure to specific family planning messages; 48% of women heard, saw, or read about the family planning campaign, 'Hayatee Ahla.'

Among all women who are not currently using family planning, 14% were visited by a field worker who discussed family planning, and 17% of women visited a health facility where they discussed family planning. Overall, 74% of non-users did not discuss family planning with any health worker.

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 available family planning methods. Seven in ten Jordanian women were informed about possible side effects of their method, 61% were informed about what to do if they experience side effects, and 75% were informed about other available family planning methods.



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INFANT AND CHILD MORTALITY

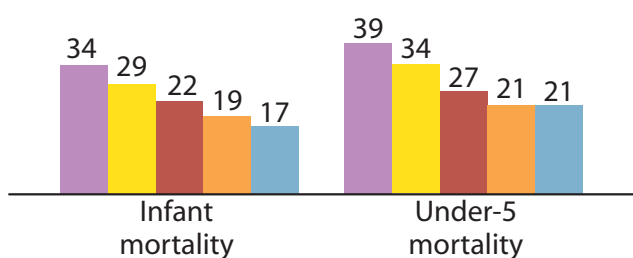
Levels and Trends

Childhood mortality is decreasing in Jordan. Under-5 mortality declined by 46% over the last 23 years from 39 deaths per 1,000 live births in 1990 to 21 deaths per 1,000 live births in 2012. Currently, the infant mortality is 17 deaths per 1,000 live births for the five-year period before the survey down from 34 deaths per 1,000 live births in 1990, a decline of 50%.

Trends in Childhood Mortality

Deaths per 1,000 live births

■ 1990 JPFHS ■ 1997 JPFHS ■ 2002 JPFHS ■ 2007 JPFHS ■ 2012 JPFHS



Mortality rates differ by governorate. The under-five mortality rate for the ten-year period before the survey ranges from 16 deaths per 1,000 live births in Ajloun to 31 in Tafila. Children living in camps are also more likely to die young than children outside of camps, with under-five mortality at 33 per 1,000 live births in camps to 20 per 1,000 live births outside of camps.

Neonatal Mortality

The neonatal mortality rate is 14 deaths per 1,000 births, which is three and a half times the postneonatal rate of four deaths per 1,000 births.



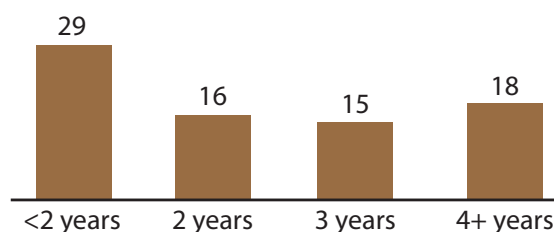
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Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. In Jordan, the median birth interval is 31.7 months. Infants born less than two years after a previous birth have high under-5 mortality rates (29 deaths per 1,000 live births compared with 15 deaths per 1,000 live births for infants born three years after the previous birth). More than two-thirds of all children are born at least two years after their siblings.

Under-5 Mortality by Previous Birth Interval

Deaths per 1,000 live births for the 10-year period before the survey by years since preceding birth



MATERNAL HEALTH

Antenatal Care

Almost all women (99%) women receive antenatal care (ANC) from a skilled provider, most commonly from a doctor (96%). Ninety-one percent of women had an ANC visit before their fourth month of pregnancy, as recommended, and 78% of women made seven or more ANC visits. Eighty-five percent of women took iron supplements or syrup during pregnancy. One-third of women were informed of signs of pregnancy complications during an ANC visit. Less than one-third (31%) of women's most recent births were protected against neonatal tetanus.

Delivery and Postnatal Care

An overwhelming majority of births (99%) occur in health facilities, primarily in public sector facilities. Young women less than age 20 are slightly more likely to deliver at home (3%).

Almost all births (99%) are assisted by a skilled provider (doctor, nurse, or midwife). Three in four births are delivered by a doctor, and one in four births are delivered by a nurse or midwife.

Twenty-eight percent of deliveries in the five years preceding the survey were delivered by Caesarian section (C-section). C-sections have increased progressively since 1997 from 11% of deliveries to 28% in 2012. C-sections vary widely by background characteristics. Births to mothers with higher education and in the middle and highest wealth quintiles are more likely to be delivered by C-section

Postnatal care helps prevent complications after childbirth. More than 80% of women received a postnatal checkup within two days of delivery. Less than 15% of women did not have a postnatal checkup.

Problems in Accessing Health Care

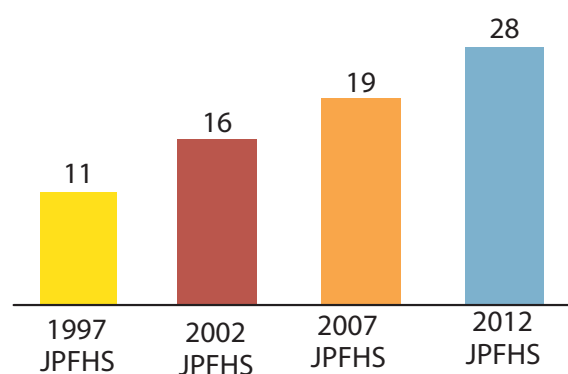
Almost two-thirds of women report having at least one problem accessing health care for themselves. Three in ten women were concerned about each of the following problems—there might not be a female provider at the health facility, not wanting to go alone, and having to take transport to access care.



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Trends in Caesarian Sections

Percent of women 15-49 with a live birth in the 5 years before the survey delivered by Caesarian section



CHILD HEALTH

Vaccination Coverage

According to the 2012 JPFHS, 93% of Jordanian children age 12-23 months have received all recommended vaccines—one dose each of BCG and measles, and three doses each of DPT and polio.

Vaccination coverage is 93% in both urban areas and rural areas. Full vaccination coverage varies by governorate, ranging from 79% of children in Ma'an to 96% in Zarqa, Irbid, and Jarash. Coverage increases with mother's education; 94% of children whose mothers have higher education were fully vaccinated compared with 70% of children whose mothers have no education.

Trends in Vaccination Coverage

Vaccination coverage increased by 7% in the last five years from 87% in 2007 to 93% in 2012. Surveys prior to the 2007 JPFHS show very low coverage, 21% in 1997 and 28% in 2002, primarily due to very low coverage for BCG.

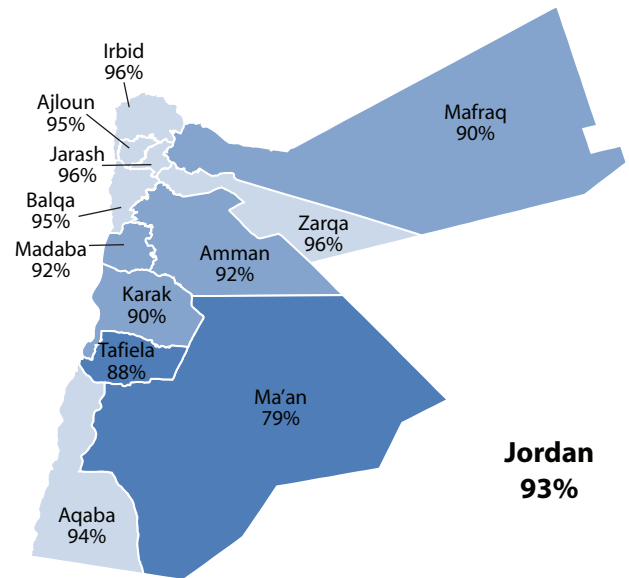
Childhood Illnesses

In the two weeks before the survey, 7% of children under five were ill with cough and rapid breathing, symptoms of an acute respiratory infection (ARI). Of these children, more than three-quarters were taken to a health facility or provider.

About one in five children under age five had a fever in the two weeks before the survey. Two-thirds of these children were taken to a health facility or provider for advice or treatment.

During the two weeks before the survey, 16% of Jordanian children under age five had diarrhea. This rate was highest (32%) among children 6-11 months old. More than half (56%) of children with diarrhea were taken to a health facility or provider. Children with diarrhea should drink more fluids, particularly through oral rehydration salts (ORS). Half of children with diarrhea were treated with oral rehydration therapy or increased fluids. However, one-quarter received no treatment from a medical professional or at home at all.

Vaccination Coverage by Governorate
Percent of children age 12-23 months fully vaccinated



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FEEDING PRACTICES AND THE NUTRITIONAL STATUS OF WOMEN AND CHILDREN

Breastfeeding and the Introduction of Complementary Foods

Breastfeeding is very common in Jordan, with 93% of children ever breastfed. WHO recommends that children receive nothing but breast milk (exclusive breastfeeding) for the first six months of life. However, less than one-quarter (23%) of children under six months in Jordan are being exclusively breastfed. Infants should not be given water, juices, other milks, or complementary foods until six months of age, yet 14% of Jordanian infants under six months receive complementary foods. On average, children breastfed until the age of 11.7 months and are exclusively breastfed for 0.6 months.

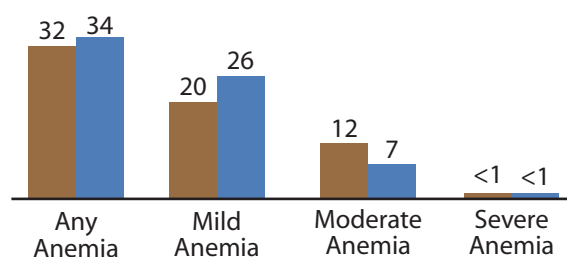
Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Jordan, two-thirds of children age 6–9 months are eating complementary foods.

The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6–23 months be fed foods from four or more food groups daily. Non-breastfed children should be fed milk or milk products, in addition to foods from four or more food groups. IYCF also recommends that children be fed a minimum number of times per day.* However, only 35% of breastfed children in Jordan are receiving foods from four or more food groups daily and receiving the minimum number of meals and just one-third of non-breastfed children are being fed in accordance with IYCF recommendations.

Anemia

The 2012 JPFHS tested over 5,000 children age 6 to 59 months and over 10,000 women for anemia. One-third of children are classified as having any anemia and most of them have mild or moderate anemia. Anemia has decreased slightly from 34% of children in the 2002 JPFHS to 32% of children in 2012. Currently, 34% of Jordanian women are anemic, an increase from 26% in 2002. Mild anemia is the most common form of anemia among both women and children.

Anemia in Women and Children
Percent of children age 6-59 months and women age 15-49 years with any anemia
■ Children ■ Women



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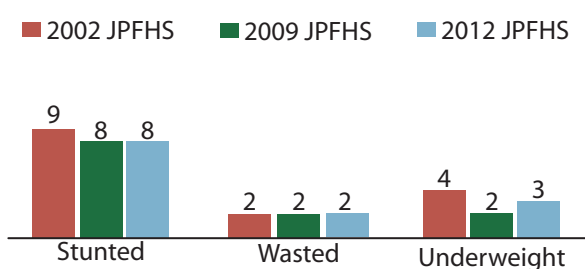
*At least twice a day for breastfed infants age 6-8 months and at least three times a day for breastfed children age 9-23 months. For non-breastfed children age 6-23 months, the minimum number of times is four times a day.

Children's Nutritional Status

The 2012 JPFHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. According to the 2012 survey, 8% of children under five are stunted, or too short for their age. This indicates chronic malnutrition. Stunting is most common among children age 18-23 months (13%) and is least common among children of more educated mothers and those from wealthier families. Stunting also varies by governorate from 5% in three governorates (Madaba, Irbid, and Ajloun) to 19% in Ma'an. Wasting (too thin for height), which is a sign of acute malnutrition, is far less common, only 2%. Only 3% of Jordanian children are underweight, or too thin for their age.

Trends in Childhood's Nutritional Status

Percent of children under age 5, based on WHO Child Growth Standards



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Women's Nutritional Status

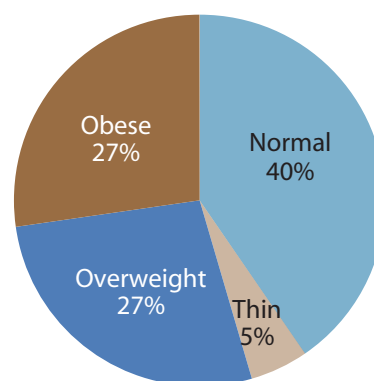
The 2012 JPFHS also took weight and height measurements of women age 15-49. Five percent of Jordanian women are thin (BMI < 18.5), while 55% of women are overweight or obese (BMI ≥ 25.0). Women living in Aqaba are more likely to be overweight or obese than women from other governorates. Older women and women with no education or elementary education are also more likely to be overweight or obese.

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, two-thirds of children age 6-23 months ate foods rich in vitamin A. Only 11% of children age 6-59 months received a vitamin A supplement in the six months prior to the survey. Six in ten children ate iron-rich foods in the day before the survey, but only 4% were given iron supplements in the week before the survey.

Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anemia and other complications. Six in ten women took iron tablets for at least 90 days during their last pregnancy.

Women's Nutritional Status age 15-49



HIV/AIDS KNOWLEDGE, ATTITUDES, AND BEHAVIOR

Knowledge

While 99% of ever-married women have heard of AIDS, knowledge of HIV prevention measures is lower. More than half of women (52%) know that the risk of HIV infection can be reduced by using condoms and limiting sex to one faithful, uninfected partner, a slight increase from 2007. Knowledge of HIV prevention measures is higher among those with higher levels of education and those from wealthier households.

Most ever-married women know that HIV can be transmitted from mother to child during pregnancy (84%) and during delivery (72%); less than half of women know that HIV can be transmitted by breastfeeding.

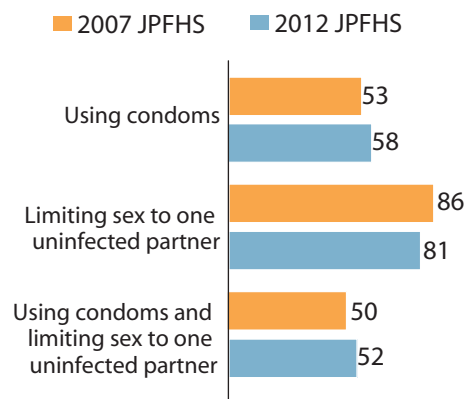
Many women still have misconceptions about HIV/AIDS. Only 37% of women know that HIV cannot be transmitted by mosquito bites. Two-thirds of women know that a health-looking person can have HIV, while two-thirds of women know that a person cannot become infected by sharing food with a person who has HIV. Overall, only 13% of women have comprehensive knowledge* of HIV. Less than 10% of ever-married women age 15-24 have comprehensive knowledge of HIV.

Attitudes

Overall acceptance of people living with HIV/AIDS in Jordan is low. Though the majority of women (69%) say they are willing to care for a family member with AIDS in their home, only 21% say they would buy fresh vegetables from a shopkeeper who has AIDS. Furthermore, only 3% of women express accepting attitudes on all four indicators. Stigma surrounding HIV/AIDS has increased since 2007.

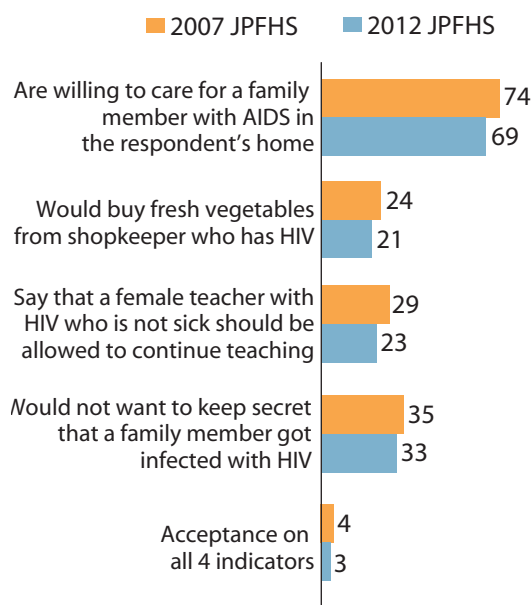
Trends in Knowledge of HIV Prevention

Percent of ever-married women age 15-49 who know that HIV can be prevented by:



Trends in Accepting Attitudes Towards Those Living with HIV/AIDS

Percent of ever-married women age 15-49 who:



*Comprehensive knowledge of HIV means knowing that consistent use of condom during sexual intercourse and having just one uninfected, faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission or prevention—that HIV/AIDS can be transmitted through mosquito bites and by sharing food.

WOMEN'S EMPOWERMENT

Employment

Sixteen percent of ever-married women age 15–49 interviewed in the JPFHS are employed. Four in ten women who are currently employed and earning cash made independent decisions on how to spend their earnings. Fifty-eight percent of women reported earning less than their husband. Sixteen percent earn more than their husband, while 15% report earning about the same amount.

Ownership of Assets

More than 90% of currently married women do not own a house or land. Only 3% of women own a house or land by themselves. Ownership of a house or land increases with age and wealth. Women with higher level of education are most likely to own land or a house.

Participation in Household Decisions

Jordanian women contribute to many household decisions. Two-thirds of women participate jointly with their husband in decisions pertaining to their own health care, major household purchases, and visits to their family or relatives. Women are most likely to have the final or joint say with decisions regarding their own health care (89%) and visits to her family or relatives (86%), while less likely to participate in decisions about major household purchases (77%).

Attitudes Toward Wife Beating

The majority of women (70%) agree that a husband is justified in beating his wife if she has relations with another man, insults him, does not feed him, neglects the children, goes out without telling him, argues with him, or burns the food. Women are most likely to agree that wife beating is justified if a woman has relations with another man.



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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 past 12 months. The prevalence of violence is higher among divorced, separated, or widowed women (57%) than currently married women (33%). The most common perpetrator of physical violence is the current husband.

Less than 10% of ever-married women have ever experienced sexual violence. Six percent of women reported that they have experienced sexual violence in the 12 months before the survey.

Violence during pregnancy may threaten not only a woman's well-being but also her unborn child. Among women who had ever been pregnant, 7% experienced physical violence during pregnancy.

Spousal Violence

One-quarter of ever-married women have suffered from spousal abuse at some point in their life, whether physical and/or sexual. Fourteen percent of ever-married women report having experienced some form of physical or sexual violence by their husband in the past 12 months.

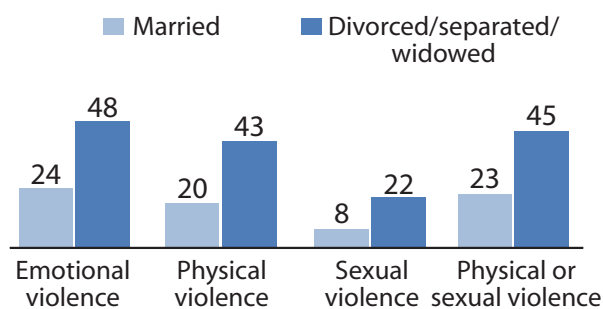
Emotional violence is the most commonly reported form of spousal violence with one-quarter of ever-married women. Twenty-one percent of women reported having experienced physical violence, and 9% reported having experienced sexual violence.

Physical or sexual violence by a husband is most common in Jarash, where 29% of ever-married women report having experienced physical or sexual violence by their husband. Spousal violence is most common among those with elementary education (36%) and least common among women from the two wealthiest quintiles (17%).

Nearly half of women who have ever experienced physical or sexual violence have never sought help or told anyone about the violence. Only four in ten women who have ever experienced any form of physical or sexual violence have sought help from any source.

Spousal Violence by Marital Status

Percent of ever-married women age 15-49 who have ever experienced different types of violence committed by their husband



EARLY CHILDHOOD DEVELOPMENT AND CHILD DISCIPLINE

Early Childhood Education and Learning

Early childhood education (ECE) programs and pre-school help improve readiness for primary school. According to the 2012 JPFHS, 22% of children age 36-59 months are attending an organized ECE program in Jordan. Female children and children living in urban areas are more likely to attend ECE programs.

During the three days before the survey, 82% of children age 36-59 months engaged in four or more activities that promote learning and school readiness—reading books, listening to stories, singing songs, and playing with adult household members.

Inadequate Attention

Leaving children alone or in the presence of other young children increases the risk of accidents. About one in ten children age 0-59 months were left with inadequate care in the past week. Urban children are slightly more likely than rural children to be left with inadequate care (10% versus 7%).

Early Childhood Development

The 2012 JPFHS uses the Early Child Development Index (ECDI), an internationally recognized index, to determine if children are developmentally on track in four domains—literacy-numeracy, physical, social-emotional, and learning. The ECDI identifies children who are developmentally on track in at least three of the four domains.

In Jordan, 69% of children age 36-59 months are developmentally on track. Higher ECDI is seen in children living in Irbid, non Badia, and non camp areas. Children that attend an ECE program have higher ECDI (76%) than children not attending (67%). Children living in the poorest households have lower ECDI (61%) than children living in the wealthiest households (74%). Jordanian children score well on the physical, learning, and social-emotional components of the EDCI, but not well on the literacy-numeracy domain.



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INDICATORS

Residence

Fertility

	Jordan	Urban	Rural
Total fertility rate (number of children per woman)	3.5	3.4	3.9
Median age at first birth for women age 25–49 (years)	24.0	23.9	24.5
Women age 15–19 who are mothers or currently pregnant (%)	5	5	2
Median age at first marriage for women age 25–49 (years)	22.4	22.3	22.8
Currently married women age 15–49 who want no more children (%)	53	53	51

Family Planning (currently married women, age 15–49)

Current use			
Any method (%)	61	61	62
Any modern method (%)	42	43	40
Currently married women with an unmet need for family planning ² (%)	12	12	11

Maternal and Child Health

Maternity care

Pregnant women who received antenatal care from a skilled provider ³ (%)	99	99	99
Births assisted by a skilled provider ² (%)	100	100	100
Births delivered in a health facility (%)	99	99	99

Child vaccination

Children 12–23 months fully vaccinated ⁴ (%)	93	93	93
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Nutrition

Children under 5 years who are stunted (moderate or severe) (%)	8	7	9
Children under 5 years who are wasted (moderate or severe) (%)	2	3	2
Children under 5 years who are underweight (%)	3	3	2
Children age 6–59 months with any anemia (%)	32	32	33
All women age 15–49 with any anemia (%)	34	33	34

Childhood Mortality (deaths per 1,000 live births)⁵

Infant mortality	17	18	16
Under-five mortality	21	21	19

HIV/AIDS-related Knowledge

Knows ways to avoid HIV			
Limiting sexual intercourse to one uninfected partner (%)	81	81	81
Using condoms (%)	58	59	57
Knows HIV can be transmitted by breastfeeding (%)	48	47	52

Gender-based Violence

Ever experienced physical violence since age 15 (%)	34	35	30
Ever experienced physical or sexual violence committed by husband (%)	24	24	20

¹a = Omitted because less than 50 percent of the women had a birth before reaching age 25. ²Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. ³Skilled provider includes doctor, nurse, or midwife.

Governorate

Amman	Balqa	Zarqa	Madaba	Irbid	Mafraq	Jarash	Ajloun	Karak	Tafiela	Ma'an	Aqaba
3.2	3.8	3.6	3.5	3.6	4.1	4.3	3.8	3.5	3.9	4.1	3.7
24.0	24.8	23.1	24.9	24.4	23.9	23.7	24.0	a ¹	23.8	23.8	23.5
5	3	4	4	6	3	4	2	1	1	3	6
22.4	23.1	21.5	23.2	22.6	22.2	22.0	22.1	23.5	22.1	21.9	21.9
56	53	54	49	48	46	48	49	52	55	55	53
61	60	63	62	62	60	62	62	59	64	58	64
42	42	47	42	44	37	43	41	40	42	31	43
13	10	12	12	11	11	12	11	12	10	14	9
99	100	100	99	99	99	99	100	99	99	98	100
99	100	100	100	100	99	100	100	100	99	99	100
98	100	99	100	98	99	100	100	99	99	98	100
92	95	96	92	96	90	96	95	90	88	79	94
7	6	10	5	5	10	9	5	11	10	19	10
3	3	2	2	2	1	3	1	2	3	3	1
3	3	4	2	2	2	4	2	3	3	6	3
34	38	27	25	34	26	31	37	35	22	38	29
30	40	38	24	36	30	35	39	36	33	30	37
17	14	16	25	17	21	18	14	19	26	22	23
20	18	20	30	18	23	20	16	24	31	29	25
77	84	81	81	85	85	88	91	76	79	73	87
56	62	61	62	58	58	62	60	60	65	55	63
43	57	50	57	49	58	49	45	47	53	44	53
37	31	38	33	35	28	37	21	23	33	25	28
23	23	28	18	26	21	29	18	14	22	20	21

⁴Fully vaccinated includes BCG, measles, three doses each of DPT and polio vaccine (excluding polio vaccine given at birth).

⁵Figures are for the ten-year period before the survey except for the national rate, in italics, which represents the five-year period before the survey.

