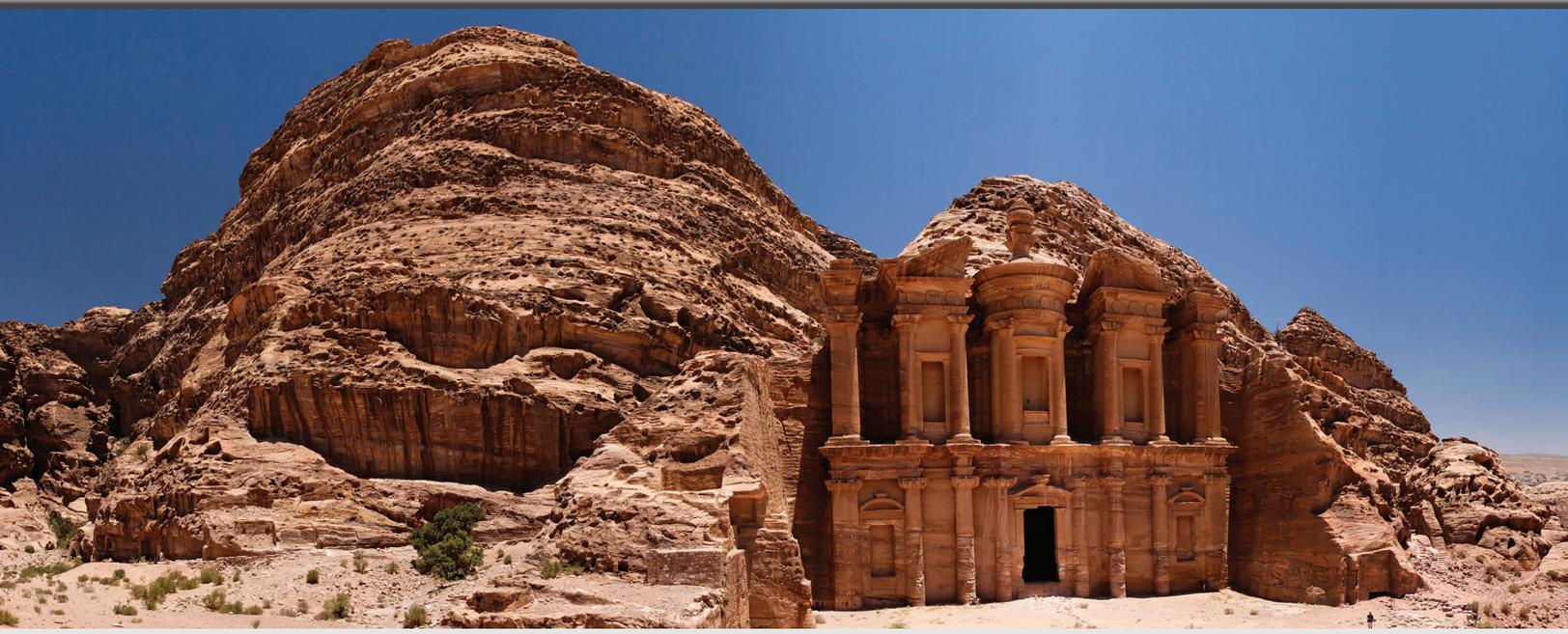


# Jordan Family Planning Questions



## Other Documents No. 79

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## Other Documents No. 79

# Jordan Family Planning Questions

Authors in alphabetical order by last name:

Courtney Allen<sup>1,2</sup>  
Shireen Assaf<sup>1,2</sup>  
Christina Juan<sup>1,2</sup>  
Kerry L.D. MacQuarrie<sup>1,3</sup>  
Sara, Riese<sup>1,2</sup>  
Thomas Pullum<sup>1,2</sup>

ICF  
Rockville, Maryland, USA

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<sup>1</sup> The DHS Program

<sup>2</sup> ICF

<sup>3</sup> Avenir Health

*Corresponding author:* Shireen Assaf, International Health and Development, ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; phone: 301-407-6500; fax: 301-407-6501; email: [Shireen.Assaf@icf.com](mailto:Shireen.Assaf@icf.com)

Editor: Diane Stoy

Document Production: Natalie Shattuck and Chris Gramer

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# INTRODUCTION

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This document summarizes the responses to questions submitted to the DHS Program by the Jordan USAID Mission and their partners. The questions are related to family planning (FP) and fertility outcomes. There is no or very little discussion of the methodology used to produce the results. However, all analyses considered the sample weights and sample design of the Jordan PFHS 2017-18 and used standard definitions for the outcomes. Each question or topic includes a table or figure followed by a brief summary of the main findings. In addition, a summary is provided for the three Further Analysis (FA) reports prepared by the DHS Program that also cover FP and fertility topics (FAs 139, 140, and 141).

**Question: Conduct geographic subanalyses on source of contraception for MOH- supported private medical sector entities (JAFPP, IFH, IRC, UNRWA).**

**Table 1 Geographic distribution of women by selected private sources for their current contraceptive method, Jordan PFHS 2017-18**

	JAFPP (N=411) , IFH (N=21), IRC (N=14), Total N=446			UNRWA, Total N= 232			UNHCR/other NGO, Total N=41		
	%	95% C.I.	N	%	95% C.I.	N	%	95% C.I.	N
<b>Residence</b>									
Urban	92.3	[89.2,94.6]	412	96.7	[86.8,99.2]	224	99.6	[97.3,99.9]	41
Rural	7.7	[5.4,10.8]	34	3.3	[0.8,13.2]	8	0.4	[0.1,2.7]	0
<b>Governorate</b>									
Amman	58.3	[49.8,66.4]	260	32.0	[21.3,45.2]	74	21.7	[6.2,53.5]	9
Balqa	1.2	[0.4,3.0]	5	15.6	[9.0,25.6]	36	0.0		0
Zarqa	14.1	[9.5,20.4]	63	34.4	[23.7,47.0]	80	27.4	[16.0,42.9]	11
Madaba	2.1	[1.2,3.5]	9	0.6	[0.2,2.3]	1	0.8	[0.1,5.9]	0
Irbid	9.4	[5.9,14.7]	42	11.3	[5.8,20.8]	26	6.5	[0.9,33.8]	3
Mafraq	4.0	[2.5,6.3]	18	2.4	[1.2,4.8]	6	42.3	[27.1,59.1]	17
Jarash	4.6	[3.3,6.4]	21	3.4	[2.1,5.6]	8	0.4	[0.1,2.7]	0
Ajloun	3.3	[2.3,4.7]	15	0.2	[0.1,0.9]	1	0.0	-	0
Karak	1.9	[1.1,3.4]	9	0.0	-	0	0.0	-	0
Tafiela	0.1	[0.0,0.3]	0	0.0	-	0	0.0	-	0
Ma'an	0.3	[0.1,0.8]	1	0.0	-	0	0.9	[0.1,6.2]	0
Aqaba	0.7	[0.3,1.4]	3	0.0	-	0	0.0	-	0
<b>Region</b>									
Central	75.7	[69.4,81.0]	337	82.6	[73.6,89.0]	192	49.9	[32.0,67.9]	21
North	21.3	[16.3,27.3]	95	17.4	[11.0,26.4]	40	49.2	[31.5,67.0]	20
South	3.0	[2.0,4.6]	13	0.0	0	0	0.9	[0.1,6.2]	0

**Interpretation:**

Table 7.8 in the Jordan PFHS 2017-18 final report shows the distribution of the source for the current contraceptive method by all sources (Department of Statistics/Jordan and ICF 2019). Table 1 focuses on private sectors of JAFFP, IFH, IRC, UNRWA, and UNHCR/other NGOs. The main findings are:

- For all sources, most women lived in urban areas (above 90%).
- Among women who went to JAFPP, IRH, or IRC for their current contraceptive method, 58% were in Amman, 14% in Zarqa, and 9% in Irbid. Fewer than 5% lived in the other governorates.
- Among women who used UNRWA as a source, most resided in the Zarqa Governorate (34%), followed by Amman (32%), Balqa (16%), and Irbid (11%). Approximately 7% were from Jarash (3%), Mafraq (2%), Madaba (1%), and Ajloun (0.2%) combined. There were no women who used UNRWA as a source in Karak, Tafiela, Ma'an, or Aqaba.
- There were no women who used UNRWA as a source in the South Region.
- Among women who used UNHCR or other NGOs as a source, most resided in Mafraq (42%), followed by Zarqa (27%), Amman (22%), and Irbid (6%). Only 2% lived in Madaba, Ma'an, and Jarash, and none were found in Balqa, Ajloun, Karak, Tafiela, or Aqaba.

**Question: Develop a table that compares “desire for another child” between women using a modern method of contraception and women using traditional methods.**

**Table 2 Desire for (another) child by modern versus traditional method use, Jordan PFHS 2017-18**

Desire for (another) child	Modern contraceptive method use (N=5,102)		Traditional contraceptive method use (N=1,958)		Non-users (N=6,559)		Total (N=13,619)		N
	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.	
Wants within 2 years	7.5	[6.4,8.7]	12.0	[10.0,14.3]	26.7	[25.1,28.4]	17.4	[16.4,18.4]	2,371
Wants after 2 years	15.2	[13.5,17.1]	20.1	[17.7,22.8]	19.0	[17.2,20.9]	17.7	[16.5,19.1]	2,416
Wants, unsure timing	1.2	[0.8,1.8]	1.5	[0.7,3.0]	2.1	[1.6,2.9]	1.7	[1.3,2.2]	232
Undecided	6.4	[5.4,7.5]	4.9	[3.8,6.3]	8.3	[7.1,9.7]	7.1	[6.3,8.0]	967
Wants no more	63.4	[61.2,65.5]	58.8	[55.6,61.8]	32.1	[30.4,33.9]	47.7	[46.2,49.1]	6,490
Sterilized (respondent or partner)	4.1	[3.4,5.0]	0.0	-	0.0	-	1.5	[1.3,1.9]	210
Declared infecund	2.2	[1.7,2.9]	2.8	[1.7,4.5]	11.7	[10.5,12.9]	6.8	[6.2,7.6]	932

**Interpretation:**

- Table 6.1 in the Jordan PFHS 2017-18 final report displays fertility preferences of ever-married women age 15-49.
- Of the ever-married women age 15-49 who currently use a type of contraceptive method, 72% use a modern method and 28% a traditional method.
- Among women who use a modern contraceptive method, 63% reported not wanting (more) children, followed by 15% of modern method users who want children at a later point after 2 years.
- Of the women who use a traditional contraceptive method, 59% do not want (more) children, followed by one-fifth (20%) of traditional method users who want children later after 2 years.

**Question: What are the differences and similarities of the “ever-use” of family planning (FP) methods by method stratified by age, education, and socioeconomic status?**

**Table 3 Ever-used any method to delay or avoid pregnancy for all women age 15-49 in the survey (N=14,689) by background variables, Jordan PFHS 2017-18**

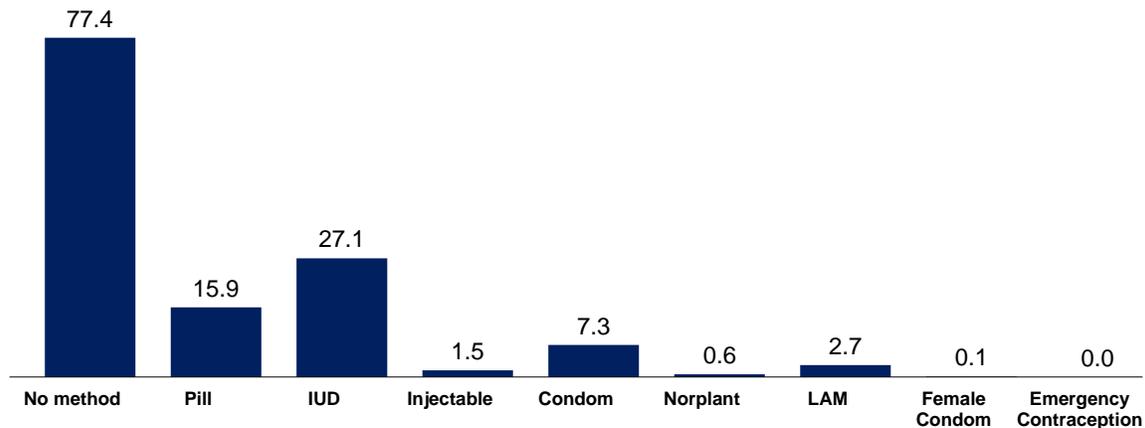
	%	95% C.I.	Chi <sup>2</sup> p-value
<b>Age</b>			<0.001
15-19	25.6	[20.1,32.0]	
20-24	48.6	[44.5,52.6]	
25-29	68.1	[65.0,71.1]	
30-34	73.2	[70.4,75.9]	
35-39	76.8	[74.3,79.2]	
40-44	74.6	[71.6,77.3]	
45-49	71.5	[68.5,74.3]	
<b>Education</b>			<0.001
None	45.1	[38.1,52.3]	
Primary	62.7	[58.0,67.2]	
Secondary	72.1	[70.5,73.7]	
Higher	67.4	[65.0,69.8]	
<b>Residence</b>			0.182
Urban	69.0	[67.3,70.5]	
Rural	71.0	[68.4,73.5]	
<b>Governorate</b>			<0.001
Amman	67.4	[64.2,70.4]	
Balqa	56.4	[51.3,61.5]	
Zarqa	72.2	[69.6,74.6]	
Madaba	66.0	[62.9,69.0]	
Irbid	75.5	[72.7,78.1]	
Mafraq	73.4	[70.8,75.9]	
Jarash	74.7	[71.4,77.8]	
Ajloun	74.9	[71.5,78.0]	
Karak	64.6	[60.1,68.9]	
Tafiela	69.9	[66.1,73.4]	
Ma'an	57.2	[49.7,64.5]	
Aqaba	60.3	[55.7,64.7]	
<b>Wealth quintiles</b>			0.020
Lowest	66.9	[64.3,69.3]	
Second	70.6	[68.4,72.8]	
Middle	71.0	[68.0,73.8]	
Fourth	71.2	[68.1,74.1]	
Highest	65.6	[61.5,69.6]	
<b>Total</b>	69.2	[67.7,70.6]	

**Interpretation:**

- Approximately 70% of women have ever-used a method to delay or avoid pregnancy. This differed significantly by current age, education, region, and wealth quintile, but not by current residence.
- Ever-use increased with increasing age and decreased slightly after age 44. Fewer than half (45%) of women with no education ever-used a contraceptive method. Almost two-thirds (67%) of women with higher education ever-used a method, compared to 72% of women with secondary education.

- The region with the highest percentage of ever-users was Irbid (76%). However, this was followed closely by Ajloun (75%), Jarash (75%), Mafraq (73%), and Zarqa (72%).
- Women from the lowest and highest wealth quintiles had the lowest percentage of ever-users (67% and 66% respectively), while approximately 70% of women in the remaining wealth quintiles were ever-users.

**Figure 1 Percentage of women age 15-49 who report ever-using a specific method during the 5-year calendar period before the survey (n=14,689)**



Note: The calendar period includes the year of the interview up to the month of the interview, plus 5 full calendar years before the interview year. Women can report using more than one method in their contraceptive calendar.

- Figure 1 shows the percentage of women who reported ever-using a specific method during the 5-year calendar period. Approximately 77% of women report using no method for at least 1 month during their 5-year calendar period before the survey. The most common methods women ever-used during their calendar period were the IUD (27.1%) and the pill (15.9%).
- Table 4 shows the full results of the analysis of ever-use during the 5-year calendar period by contraceptive method. These results show that age, education, and wealth are significantly associated with ever-using the pill, IUD, or condom during the calendar period.

**Table 4 Ever-reported using any specific method for at least one month during the contraceptive calendar for all women 15-49 in the survey by background variables, Jordan 2017-18 DHS**

	No method			Pill			IUD			Injectable			Condom			Norplant			LAM			Female Condom			Emergency Contraception			
	%	C.I.	P*	%	C.I.	P*	%	C.I.	P*	%	C.I.	P*	%	C.I.	P*	%	C.I.	P*	%	C.I.	P*	%	C.I.	P*	%	C.I.	P*	
<b>Age</b>	100	--	<0.001	5.2	[2.8,9.5]	<0.001	3.8	[1.9,7.6]	<0.001	0.1	[0.0,1.0]	0.050	2.4	[1.0,5.5]	<0.001	0.0	[0.0,0.6]	<0.05	4.9	[2.7,8.7]	<0.001	0.0	[0.0,1.0]	0.194	0.0	--	0.866	--
15-19	98	[96.6,98.8]		16.4	[3.8,19.4]		12.4	[10.0,15.3]		1.6	[0.9,2.9]		7.7	[5.8,10.1]		0.2	[0.0,0.6]		4.0	[3.0,5.5]		0.1	[0.0,1.0]		0.0	--		--
20-24	91	[88.9,92.7]		22.6	[20.3,25.1]		24.3	[21.7,27.1]		1.3	[0.8,1.9]		7.7	[6.2,9.5]		1.2	[0.6,2.3]		5.1	[3.9,6.8]		0.3	[0.1,1.2]		0.0	--		--
25-29	82.2	[79.7,84.5]		20.4	[18.0,22.3]		29.2	[26.7,31.8]		2.3	[1.4,2.8]		8.5	[7.1,10.2]		0.9	[0.4,1.6]		2.9	[2.2,3.8]		0.0	[0.0,0.2]		0.0	--		--
30-34	71.6	[68.3,74.6]		19.6	[17.2,22.1]		34.0	[31.4,36.8]		2.0	[1.5,3.4]		8.8	[7.3,10.6]		0.8	[0.4,1.7]		2.2	[1.5,3.2]		0.0	[0.0,0.2]		0.0	--		--
35-39	61.6	[57.7,65.3]		11.4	[9.7,13.3]		33.4	[30.4,36.4]		1.1	[0.7,1.8]		6.5	[5.1,8.1]		0.3	[0.1,0.8]		1.6	[1.1,2.3]		0.1	[0.0,0.5]		0.0	--		--
40-44	64.1	[60.8,67.3]		6.1	[4.9,7.6]		26.5	[23.7,29.5]		1.2	[0.7,2.1]		5.3	[3.9,7.2]		0.2	[0.1,0.5]		0.2	[0.1,0.5]		0.0	[0.0,0.3]		0.0	--		--
45-49																												
<b>Education</b>			<0.001			<0.05			<0.001		<0.01				<0.01			<0.05			0.081			0.677			0.220	
None	86.1	[80.0,90.5]		11.9	[8.2,17.0]		9.2	[6.3,13.1]		3.3	[1.3,7.8]		1.4	[0.7,2.9]		0.2	[0.1,1.4]		1.1	[0.6,2.3]		0.0	--		0.0	--		0.220
Primary	81.4	[77.5,84.7]		15.5	[12.5,19.2]		23.5	[19.8,27.6]		2.0	[1.2,3.3]		5.2	[3.7,7.4]		0.2	[0.1,0.7]		3.8	[2.4,5.9]		0.0	--		0.1	[0.0,0.7]		
Secondary	74.4	[72.6,76.1]		17.1	[15.9,18.4]		28.4	[26.9,30.0]		1.9	[1.5,2.4]		7.3	[6.4,8.2]		0.8	[0.5,1.2]		2.8	[2.3,3.3]		0.1	[0.0,0.4]		0.0	--		
Higher	80.6	[78.6,82.4]		14.5	[13.0,16.1]		26.9	[24.9,29.0]		0.8	[0.5,1.3]		8.2	[7.0,9.7]		0.4	[0.2,0.7]		2.3	[1.8,3.0]		0.0	[0.0,0.3]		0.0	--		
<b>Residence</b>			0.413			<0.05			<0.001		0.075				0.394			0.729			0.191			0.485			0.737	
Urban	77.2	[75.7,78.7]		15.7	[14.7,16.8]		27.6	[26.4,28.9]		1.5	[1.2,1.8]		7.4	[6.6,8.3]		0.6	[0.4,0.9]		2.6	[2.2,3.0]		0.1	[0.0,0.2]		0.1	[0.0,0.2]		0.737
Rural	78.4	[75.9,80.7]		17.7	[15.7,19.9]		22.6	[20.2,25.3]		2.2	[1.5,3.3]		6.7	[5.6,8.1]		0.5	[0.3,1.1]		3.2	[2.4,4.1]		0.0	[0.0,0.3]		0.0	--		
<b>Governorate</b>			<0.001			0.099			<0.001		<0.001				<0.05			0.898			<0.001			0.975			0.434	
Amman	74.3	[71.4,77.0]		14.4	[12.7,16.4]		29.6	[27.4,32.0]		1.2	[0.8,1.9]		7.4	[6.1,9.1]		0.6	[0.3,1.3]		1.9	[1.3,2.7]		0.1	[0.0,0.5]		0.1	[0.0,0.5]		0.434
Balqa	84.8	[81.4,87.7]		14.0	[11.4,17.0]		21.1	[18.1,24.3]		1.0	[0.5,1.9]		4.6	[3.4,6.0]		0.4	[0.2,1.2]		0.4	[0.2,1.1]		0.0	--		0.1	[0.0,1.0]		
Zarqa	74.3	[71.3,77.2]		16.4	[14.0,19.2]		29.0	[26.5,31.7]		1.3	[0.7,2.1]		7.2	[5.7,8.9]		0.8	[0.4,1.6]		2.1	[1.4,3.0]		0.1	[0.0,0.9]		0.0	--		
Madaba	85.1	[82.6,87.3]		15.9	[13.6,18.4]		25.9	[23.5,28.5]		2.0	[1.3,3.1]		6.6	[5.1,8.5]		0.5	[0.3,1.4]		1.0	[0.5,1.8]		0.0	--		0.0	--		
Irbid	79.5	[77.0,81.8]		19.3	[17.3,21.4]		26.6	[24.0,29.3]		1.8	[1.1,2.9]		9.1	[7.4,11.0]		0.6	[0.3,1.1]		3.9	[2.9,5.2]		0.1	[0.0,0.5]		0.0	--		
Meirraq	85.6	[83.6,87.4]		19.8	[17.6,22.1]		19.8	[17.6,22.1]		4.2	[3.1,5.8]		7.1	[5.7,8.7]		0.4	[0.2,1.0]		6.0	[4.8,7.5]		0.1	[0.0,0.5]		0.0	--		
Jarash	79.7	[77.0,82.1]		16.1	[13.5,19.1]		32.2	[29.2,35.3]		2.4	[1.5,3.6]		6.4	[5.1,8.0]		0.6	[0.3,1.2]		6.1	[4.7,7.9]		0.0	--		0.0	--		
Ajloun	76	[73.3,78.4]		12.3	[10.4,14.6]		35.0	[32.0,38.2]		0.4	[0.1,1.0]		7.0	[5.7,8.6]		0.8	[0.4,1.6]		4.8	[3.3,6.9]		0.0	--		0.0	--		
Karak	75.7	[72.9,78.2]		16.3	[14.1,18.8]		18.3	[15.7,21.2]		1.9	[1.3,4.1]		8.3	[6.3,10.9]		0.4	[0.1,1.0]		2.9	[2.0,4.2]		0.1	[0.0,1.0]		0.0	--		
Tafila	76.5	[73.1,79.6]		16.8	[14.4,19.6]		22.3	[20.0,24.9]		1.5	[0.9,2.4]		6.5	[5.0,8.5]		0.3	[0.1,0.8]		3.1	[2.4,4.1]		0.0	--		0.0	--		
Ma'an	86.1	[82.3,89.5]		11.2	[8.1,15.3]		14.3	[12.0,16.8]		1.6	[0.9,2.8]		6.0	[4.1,8.8]		1.0	[0.4,2.3]		0.9	[0.5,1.9]		0.0	--		0.0	--		
Aqaba	83.9	[80.6,86.8]		14.8	[12.2,17.8]		22.0	[19.3,24.8]		0.9	[0.5,1.7]		2.9	[1.9,4.6]		0.6	[0.2,1.4]		2.8	[1.9,4.3]		0.0	--		0.0	--		
<b>Wealth quintiles</b>			<0.001			<0.001			0.050		<0.001				<0.01			0.252			<0.001			0.455			0.840	
Lowest	84.1	[81.9,86.1]		18.5	[16.6,20.5]		24.3	[22.0,26.7]		2.6	[2.0,3.4]		5.2	[4.4,6.3]		0.8	[0.4,1.3]		4.6	[3.8,5.6]		0.1	[0.0,0.4]		0.1	[0.0,0.4]		0.840
Second	79.6	[77.7,81.4]		17.1	[15.4,18.8]		26.3	[24.2,28.5]		2.4	[1.7,3.4]		8.3	[7.0,9.9]		0.5	[0.3,1.0]		2.4	[1.8,3.1]		0.0	--		0.0	--		
Middle	78.2	[75.7,80.5]		17.1	[15.3,19.1]		26.5	[24.2,28.9]		1.2	[0.8,2.0]		7.4	[6.1,8.8]		0.9	[0.5,1.8]		3.2	[2.4,4.2]		0.1	[0.0,0.5]		0.0	--		
Fourth	73.1	[70.0,76.0]		15.5	[13.6,17.6]		28.8	[26.2,31.6]		0.5	[0.3,1.2]		9.5	[7.5,12.0]		0.6	[0.3,1.2]		1.8	[1.2,2.8]		0.3	[0.1,1.0]		0.0	--		
Highest	71	[66.6,75.1]		11.0	[8.9,13.5]		30.0	[26.2,34.1]		0.9	[0.4,1.9]		5.9	[4.3,8.2]		0.2	[0.1,1.0]		1.1	[0.6,2.1]		0.0	--		0.0	--		
<b>Total</b>	77.4	[76.0,78.7]		15.9	[15.0,16.9]		27.1	[26.0,28.3]		1.5	[1.3,1.9]		7.3	[6.6,8.1]		0.6	[0.4,0.9]		2.7	[2.3,3.1]		0.1	[0.0,0.2]		0.1	[0.0,0.2]		0.737

Note: The calendar period includes the year of the interview up to the month of the interview, plus 5 full calendar years before the interview year. Women can report using more than one method in their contraceptive calendar.

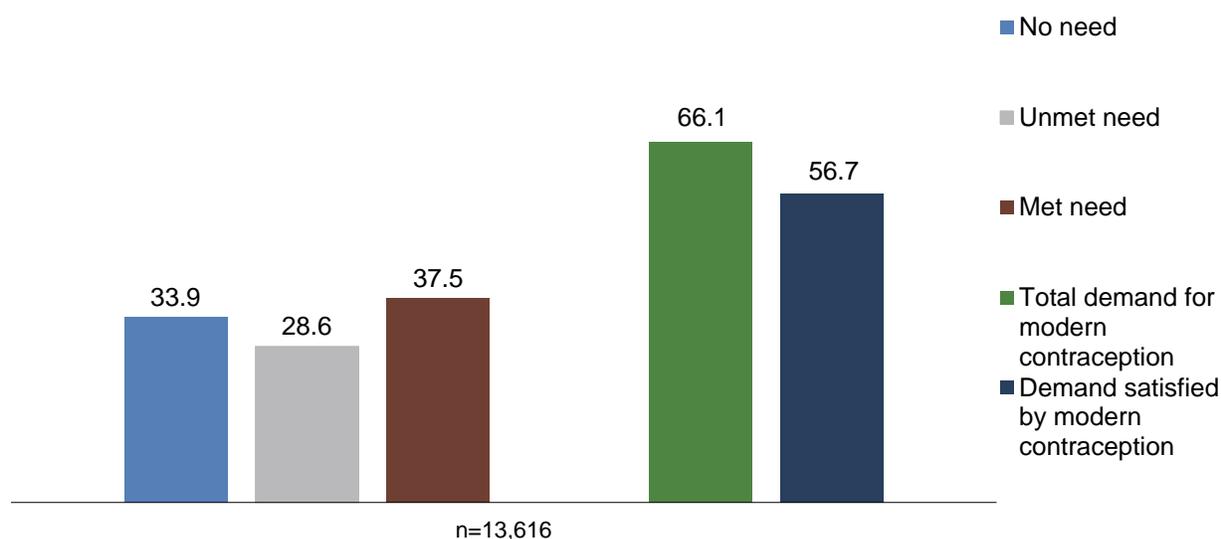
\* chi² p-value

## Question: What would the unmet need for family planning (FP) be if traditional methods were not included in the calculation?

*Unmet need for FP* is reported in the Jordan PFHS 2017-18 final report (Department of Statistics/Jordan and ICF 2019). These figures use a standard definition of unmet need in which women who use traditional methods of contraception, such as withdrawal or periodic abstinence (rhythm), are considered to have a met need for FP (Bradley et al. 2012).

In contrast, here we calculate **unmet need for modern contraception**, an indicator that aligns with reproductive health policy goals and global monitoring schema (such as the Family Planning 2020 Initiative) (Track20 2019). With this indicator, women who use traditional methods are reclassified as having an unmet need for modern contraception. This reclassification effectively increases estimates of unmet need, particularly in countries like Jordan, in which the prevalence of traditional method use is substantial.

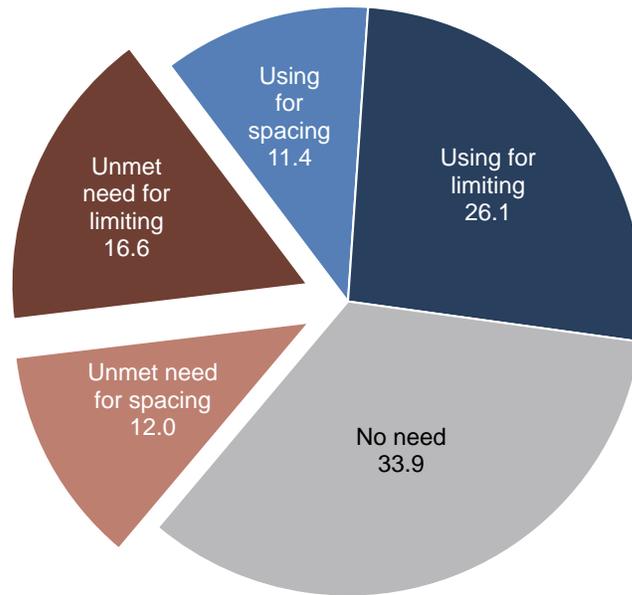
**Figure 2** Need and demand for modern contraception among currently married women, Jordan PFHS 2017-18



### Interpretation:

Figure 2 shows need and demand for modern contraception among currently married women in Jordan. One-third (34%) have no need for modern contraception. Twenty-nine percent of currently married women have an unmet need for modern contraception, while 38% have met their need for modern contraception. These indicators for modern contraception show unmet need to be higher and met need to be lower than corresponding indicators for FP, which include traditional methods as reported in the Jordan PFHS 2017-18 final report: 14% have an unmet need for FP (versus 29% for modern contraception) and 52% who have a met need for FP (versus 38% for modern contraception) (Department of Statistics/Jordan and ICF 2019).

**Figure 3** Need for spacing and limiting for modern contraception among currently married women, Jordan PFHS 2017-18 (n=13,616)



Total demand is equivalent to unmet need + current use of modern contraception and the proportion of demand satisfied by modern methods is current contraceptive use of modern methods divided by the sum of unmet need and current contraceptive use. The total demand for modern contraception is 66%, with 57% of that demand satisfied by modern contraception.

Figure 3 disaggregates the need for modern contraception by need for spacing and limiting. The need for limiting exceeds that for spacing, both among contraceptive users (met need) and women with unmet need. About 26% of currently married women are using modern contraception for limiting, which is more than double the proportion who are using modern contraception to space (11%). Nearly 17% of currently married women have an unmet need for limiting and 12% have an unmet need for spacing. These differences between limiting and spacing in the need for modern contraception (4.6 percentage points) are greater than those seen in need for FP (1.3 points) (Department of Statistics/Jordan and ICF 2019).

**Question: Analyze gaps between numbers of reported pregnancies and reported births in the calendar data from the Jordan PFHS 2017-18.**

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For the 60 months before the survey, the contraceptive calendar describes the month-by-month status of every woman in the survey. If the woman was pregnant in a given month, for example, P is coded for that month. The only codes that are relevant for this question are B and T. B is assigned to a month in which a live birth occurred, while T is used for any other kind of termination—a stillbirth, spontaneous abortion, or induced abortion. It is not possible with the available data to specify with confidence the type of termination, although some inferences can be made on the number of preceding months with code P.

This analysis considered the following question for the 5 years before the survey:

*What is the ratio of the number of terminations to the number of births, and does it vary across subpopulations?*

The survey and the findings are limited to ever-married women age 15-49 at the time of the survey. The response to these questions are based on the calendars for all women. The calendars for younger women are truncated, and begin with the month of marriage. Sampling weights are used, although all-women factors are not included. Where relevant, adjustments for the survey design (with stratification and clusters) are included.

The calendar matches exactly with the birth history in identifying a month of birth. However, B in the calendar does not distinguish between singletons and multiple births. For this reason, the number of children born in the past 5 years is slightly greater than the number of times the letter B occurs in the calendar. Similarly, T may refer to a termination that could have been a multiple birth.

**Table 5 Births (B) and terminations (T) in the calendar data for the past 5 years for women age 15-49 at the time of the survey, Jordan PFHS 2017-18**

	Children born in past 5 years	Birth events in calendar	Terminations in calendar	Terminations per 1000 births	95% C.I.	Number of women
<b>Residence</b>						
Urban	0.64	0.63	0.10	158	[144,173]	13,200
Rural	0.74	0.72	0.12	163	[143,186]	1,489
<b>Governorate</b>						
Amman	0.59	0.57	0.08	140	[116,170]	5,997
Balqa	0.65	0.63	0.07	108	[83,141]	752
Zarqa	0.60	0.59	0.10	166	[132,208]	2,094
Madaba	0.79	0.76	0.08	110	[84,143]	329
Irbid	0.73	0.71	0.15	211	[182,246]	2,549
Mafraq	0.90	0.88	0.15	170	[146,197]	849
Jarash	0.82	0.80	0.15	183	[148,227]	410
Ajloun	0.79	0.77	0.12	157	[131,188]	312
Karak	0.60	0.58	0.09	149	[114,193]	544
Tafiela	0.70	0.69	0.09	139	[111,175]	221
Ma'an	0.68	0.67	0.09	141	[107,187]	250
Aqaba	0.63	0.61	0.06	103	[78,136]	383
<b>Education</b>						
None	0.47	0.46	0.03	56	[28,112]	327
Primary	0.67	0.66	0.11	164	[124,218]	1,029
Secondary	0.63	0.61	0.10	170	[153,187]	8,068
Higher	0.71	0.69	0.10	147	[128,168]	5,265
<b>Wealth quintile</b>						
Lowest	0.88	0.85	0.14	159	[140,181]	2,936
Second	0.76	0.74	0.11	153	[131,179]	3,039
Middle	0.67	0.65	0.10	159	[135,186]	3,083
Fourth	0.57	0.55	0.09	160	[128,199]	3,009
Highest	0.38	0.36	0.06	169	[122,233]	2,623
<b>Age</b>						
15-19	0.53	0.53	0.11	206	[128,333]	370
20-24	0.95	0.94	0.15	157	[131,188]	1,536
25-29	1.11	1.09	0.14	131	[113,152]	2,479
30-34	0.95	0.92	0.11	120	[101,142]	2,730
35-39	0.67	0.64	0.11	171	[142,206]	2,638
40-44	0.30	0.28	0.08	269	[207,350]	2,516
45-49	0.05	0.05	0.03	686	[462,1017]	2,420
<b>Parity</b>						
0	0.89	0.86	0.13	148	[129,169]	4,226
1	0.95	0.92	0.13	137	[110,170]	1,630
2	0.75	0.73	0.11	156	[129,188]	2,171
3	0.58	0.56	0.09	157	[126,194]	2,141
4	0.37	0.36	0.07	190	[150,242]	1,927
5	0.30	0.30	0.07	227	[162,317]	1,234
6+	0.26	0.25	0.06	255	[179,363]	1,361
<b>Total</b>	<b>0.65</b>	<b>0.64</b>	<b>0.10</b>	<b>159</b>	<b>[146,172]</b>	<b>14,689</b>

The mean number of children born in the past 5 years is 0.655. The average number of B's in the calendar for the same time period is 0.637. The average number of T's is 0.101. The ratio of T's to B's is 0.159. Thus, during the past 5 years, there were 159 terminations for every 1000 live births.

The numbers of births and terminations vary across age groups and other characteristics. However, the concern is with the proportionality of terminations to births. We present the number of T's for every 1000 B's, and the lower and upper ends of a 95% confidence interval for this ratio. The table describes the variation in this ratio according the urban/rural residence, region, the woman's level of education, the

wealth quintile of the household, the age of the mother (at the time of the survey), and the number of children the woman ever had at the beginning of the calendar (“parity”).

Table 5 shows the following about the ratio of terminations to births:

- The ratio tends to be lower in urban areas than in rural areas.
- The ratio varies considerably across regions, from a low of 103 in Aqaba to a high of 211 in Irbid.
- The ratio tends to be lower for women with more schooling (the very low ratio for women with no schooling should be ignored, since very few women in Jordan have no schooling).
- The ratio tends to be lower in the three highest wealth quintiles than in the bottom two.
- The ratio tends to be lower for women age 20-39 (at the time of the survey) than for women who are younger or older.
- The ratio has little relationship to the number of children the woman had at the beginning of the calendar, although it rises for women with four or five children and is very high for women with 6+ children.

The pattern by age and parity is consistent with the usual criteria for a high-risk pregnancy. A pregnancy is considered high risk if the woman is at the youngest and oldest ends of the age range, or if she is considered high parity.<sup>1</sup> It is likely that the associations with residence, region, education, and wealth quintile are due to composition by age and parity.

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<sup>1</sup> Close spacing of pregnancies is also a risk factor but is difficult to assess just on events within the calendar.

**Question: Did women who ever-used traditional methods or sterilization use modern family planning (FP) methods before and discontinue the modern method?**

**Table 6** Percentage of women who used a traditional or sterilization method during the calendar period<sup>1</sup> and had discontinued a modern FP method before the traditional method use or sterilization

	Percentage of women who discontinued a modern method <sup>2</sup> at some time before using a traditional <sup>3</sup> method among all women who ever-used a traditional method				Percentage of women who discontinued a modern method at some time before using a sterilization <sup>4</sup> method among all women who ever-used a sterilization method				Percentage of women who discontinued a modern method at some time before using a traditional or sterilization method			
	%	95% C.I.	N	Chi <sup>2</sup> p-value	%	95% C.I.	N	Chi <sup>2</sup> p-value	%	95% C.I.	N	Chi <sup>2</sup> p-value
<b>Age</b>				<0.05				<0.01				<0.001
15-19	14.0	[4.1,38.1]	39		--	--	0		14.6	[4.5,38.3]	39	
20-24	17.1	[12.0,23.8]	262		--	--	0		21.6	[15.8,28.8]	262	
25-29	23.2	[18.6,28.4]	645		22.0	[1.7,82.1]	2		28.0	[23.1,33.5]	647	
30-34	22.1	[18.0,26.8]	689		76.1	[34.1,95.1]	4		27.0	[22.2,32.4]	693	
35-39	23.0	[18.0,28.9]	565		45.1	[22.5,70.0]	36		27.6	[22.4,33.4]	592	
40-44	17.2	[13.1,22.4]	477		20.3	[7.0,46.2]	85		18.1	[13.6,23.6]	560	
45-49	12.2	[7.9,18.3]	385		2.8	[0.5,13.1]	84		11.2	[7.5,16.4]	466	
<b>Education</b>				0.075				0.723				0.132
No education	3.9	[1.3,11.5]	31		--	--	9		4.7	[1.7,12.2]	40	
Primary	23.4	[15.5,33.7]	164		16.7	[3.7,51.2]	21		26.4	[18.3,36.4]	185	
Secondary	21.4	[18.5,24.6]	1,645		20.6	[10.5,36.4]	145		23.7	[20.8,26.9]	1,785	
Higher	17.9	[15.0,21.2]	1,222		16.1	[3.8,48.2]	35		21.9	[18.5,25.6]	1,248	
<b>Type of residence</b>				0.305				0.623				0.556
Urban	19.6	[17.5,21.9]	2,690		17.9	[9.4,31.3]	187		22.7	[20.5,25.1]	2,862	
Rural	22.5	[17.7,28.2]	373		24.0	[7.8,54.1]	24		24.4	[19.5,30.1]	396	
<b>Governate</b>				0.004				0.261				<0.05
Amman	17.1	[13.5,21.5]	1,147		31.2	[11.7,60.8]	67		22.2	[18.2,26.9]	1,204	
Balqa	18.7	[13.8,24.9]	123		7.6	[0.9,43.3]	10		19.7	[15.1,25.4]	132	
Zarqa	20.4	[15.3,26.6]	407		11.1	[2.5,37.7]	32		21.6	[16.3,28.0]	439	
Madaba	16.0	[10.9,23.0]	51		12.4	[2.7,42.0]	6		19.4	[14.8,24.9]	56	
Irbid	25.7	[21.1,31.0]	640		19.2	[6.7,44.0]	41		27.2	[22.8,32.1]	680	
Mafraq	21.8	[17.6,26.8]	231		18.5	[6.2,43.9]	10		25.4	[20.7,30.6]	241	
Jarash	28.5	[23.2,34.5]	102		14.7	[5.7,32.7]	11		30.4	[25.1,36.3]	112	
Ajloun	20.6	[16.4,25.5]	81		10.2	[3.1,28.5]	6		24.2	[19.7,29.2]	86	
Karak	15.1	[10.3,21.7]	111		--	--	10		14.8	[10.2,20.9]	121	
Tafiela	12.5	[9.4,16.4]	54		15.4	[6.9,31.0]	8		14.0	[11.2,17.5]	62	
Ma'an	10.6	[5.1,20.7]	52		0.0	--	3		12.0	[6.2,21.9]	55	
Aqaba	16.4	[10.6,24.5]	63		--	--	7		18.8	[11.9,28.4]	70	
<b>Wealth</b>				0.120				0.139				0.077
Poorest	20.3	[16.5,24.6]	598		30.4	[11.9,58.6]	60		25.1	[20.8,29.9]	653	
Poorer	19.9	[16.2,24.2]	681		10.9	[3.0,32.4]	42		23.0	[19.4,27.1]	722	
Middle	21.7	[17.6,26.3]	697		1.9	[0.4,7.9]	22		23.6	[19.3,28.5]	718	
Richer	22.3	[17.6,27.9]	661		27.7	[11.2,53.8]	36		25.4	[20.5,31.0]	696	
Richest	13.1	[8.6,19.5]	426		11.8	[3.7,31.8]	51		15.0	[9.8,22.2]	469	
<b>Desire for more children</b>				0.280				0.648				0.354
Wants within 2 years	19.3	[14.3,25.4]	375		--	--	0		23.7	[18.0,30.5]	375	
Wants after 2+ years	20.3	[16.2,25.0]	671		--	--	0		23.5	[19.3,28.4]	671	
Wants, unsure timing	10.7	[2.8,33.5]	50		--	--	0		10.7	[2.8,33.5]	50	
Undecided	20.3	[12.8,30.7]	151		--	--	0		20.8	[13.2,31.1]	151	
Wants no more	21.2	[18.4,24.3]	1,668		--	--	0		24.4	[21.5,27.6]	1,669	
Sterilized	0.0		15		0.0	--	1		18.6	[10.7,30.4]	210	
Declared infecund	8.8	[4.0,18.3]	98		18.6	[10.6,30.7]	210		12.4	[6.2,23.3]	98	

Continued...

Table 6—Continued

	Percentage of women who discontinued a modern method <sup>2</sup> at some time before using a traditional <sup>3</sup> method among all women who ever-used a traditional method				Percentage of women who discontinued a modern method at some time before using a sterilization <sup>4</sup> method among all women who ever-used a sterilization method				Percentage of women who discontinued a modern method at some time before using a traditional or sterilization method			
	%	95% C.I.	N	Chi <sup>2</sup> p-value	%	95% C.I.	N	Chi <sup>2</sup> p-value	%	95% C.I.	N	Chi <sup>2</sup> p-value
<b>Ideal number of children</b>				<0.05				0.456				0.334
0	30.1	[19.0,44.2]	112		9.8	[2.5,31.7]	13		28.6	[18.4,41.5]	125	
1	19.2	[7.4,41.2]	50		0.0		3		18.8	[7.5,39.9]	53	
2	13.5	[9.2,19.2]	320		10.3	[2.3,35.4]	27		18.3	[13.1,25.0]	347	
3	22.0	[16.4,29.0]	452		12.9	[1.8,54.7]	13		26.0	[19.2,34.1]	465	
4	18.0	[15.3,21.2]	1,353		29.7	[12.6,55.2]	76		21.9	[18.9,25.3]	1,418	
5	23.6	[17.4,31.1]	338		10.0	[2.9,29.8]	29		24.6	[18.6,31.8]	364	
6+	21.8	[16.9,27.6]	410		16.0	[6.1,36.0]	51		22.7	[17.8,28.4]	460	
Non-numeric response	44.7	[23.4,68.1]	26		0.0		1		45.1	[24.0,68.1]	27	
<b>Total</b>	20.0	[18.0,22.1]	3,063		18.6	[10.5,30.6]	211		22.9	[20.9,25.1]	3,258	

<sup>1</sup> The calendar period includes the year of the interview up to the month of the interview, plus 5 full calendar years before the interview year.

<sup>2</sup> A modern method was discontinued sometime before the traditional or sterilization method; however, the discontinuation could be directly before traditional or sterilization use or there may be a gap where other events occurred (other method use, or pregnancy) before the traditional or sterilization use.

<sup>3</sup> Traditional methods include periodic abstinence/rhythm method and withdrawal.

<sup>4</sup> Male sterilization was rare (3 cases) and is included here with female sterilization.

### Interpretation:

Table 6 summarizes whether women who used a traditional method or who used a sterilization method had discontinued a modern method before using that traditional or sterilization method. During the 5-year contraceptive calendar period, approximately 20% of women who ever-used a traditional FP method discontinued a modern method at some point before using the traditional method. Similarly, 18.6% of women who used a sterilization method during the calendar period also discontinued a modern method at some point in the calendar period before choosing sterilization. Overall, 22.9% of women who either used a traditional or sterilization method during their calendar had previously discontinued a modern FP method.

There is evidence that age is significantly related to whether a woman discontinued modern FP before using a traditional method or sterilization. There are similar levels of incidence of discontinuation of modern FP before using a traditional method among women age 25-29, 30-34, and 35-39 (23.2, 22.1, 23.0 respectively), while younger and older age groups had lower incidence. Since sterilization is not common, the results with few cases should be interpreted with caution. In addition, it is also important to note that these events occurred during the 5-year calendar period before the survey, while the characteristics examined here are current status measures.

## Question: What is the difference in TFR by health insurance coverage?

**Table 7** Age-specific fertility rates (per 1,000 women) and total fertility rates for the 3 years before the survey, by insurance coverage status, Jordan PFHS 2017-18

Age group	Uninsured	95% C.I.	Insured	95% C.I.	Total	95% C.I.
15-19	28	[23-35]	26	[21-31]	27	[23-31]
20-24	104	[92-118]	114	[105-124]	109	[102-118]
25-29	139	[124-155]	168	[156-181]	156	[146-166]
30-34	122	[103-143]	148	[136-162]	137	[127-148]
35-39	78	[65-95]	94	[84-106]	88	[79-97]
40-44	29	[21-40]	26	[21-32]	27	[22-32]
45-49	2	[1-7]	1	[1-2]	2	[1-3]
TFR (15-49)	2.5	[2.3-2.7]	2.9	[2.8-3.0]	2.7	[2.6-2.8]

Note: Age-specific fertility rates are per 1,000 women.  
Estimates for age 45-59 are truncated. Rates are for the period 1-36 months before the interview.

### Interpretation:

We calculated the total fertility rate (TFR) and age-specific fertility rates (ASFR) for uninsured and insured women in Jordan separately, using Stata programs created and published by The DHS Program on Github (Pullum and Allen 2020). The TFR is the total number of children a woman would have in her lifetime if she were to experience the prevailing ASFRs. The ASFRs are calculated for the 3 years before the survey and are expressed as births per 1,000 women. The health insurance coverage status is assessed at the time of the survey and may not reflect women's health insurance coverage status throughout the preceding 3-year period on which ASFRs and TFRs are based for women who have recently gained or lost insurance coverage.

The TFR is higher among women who are currently insured (2.9) than among those who are currently uninsured (2.5). The age pattern of fertility rates is the same for both insured and uninsured women, and peaks among women age 25-29. The ASFRs are consistently higher among insured women compared with uninsured women for all age groups between age 20-24 and 35-39. The difference is greatest in the age group with the highest fertility (age 25-29): 168 births per 1,000 insured women compared with 139 births per 1,000 uninsured women. Only among the youngest age group (age 15-19) and the two oldest age groups (age 40-44 and 45-49) does the ASFR appear to be higher among uninsured women than insured women, although these differences are not statistically significant.

**Table 8** Percent distribution of insurance coverage by age group

Age	% insured
15-19	47.3
20-24	53.0
25-29	58.5
30-34	59.0
35-39	57.6
40-44	61.0
45-49	60.3
Total	58.3

Note: Chi<sup>2</sup> p-value = 0.005

The prevalence of health insurance coverage varies by age ( $p \leq 0.01$ ). Having health insurance is less common among women age 15-19, while a majority of every other age group is insured. This results in an age structure of the uninsured women that is slightly younger and an age structure for insured women that is slightly older (see Table 8).

## Question: Does fertility vary by type of health insurance?

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### Methods:

The module on health insurance was administered only to a subsample of half the households in the survey. The questions were part of the household survey. During preparation of the standard recode files, the information was transferred to the records of the ever-married women who were interviewed individually.

To construct fertility rates for all women, not just ever-married women, we normally use all-women factors that are specific to a covariate of interest, such as wealth quintile. The women's file does not include all-women factors that are specific to type of insurance. However, we constructed a file of women that included all women in the household sample who were eligible for inclusion in the survey of women on every criterion other than marital status. (That is, the women who were de facto residents age 15-49, whether ever-married or never-married.) This allowed us to calculate the correct denominators for the fertility rates.

The analysis does not use the type of facility where the birth occurred. We expect type of insurance to be an excellent predictor of the type of facility/hospital where the birth takes place, but this variable is not defined for the denominators of the rates.

### Results:

Type of insurance was coded as follows:

0: Not asked (that is, a member of a household that did not receive the health insurance module)

1: Not covered, exempt, or DK

2: MOH

3: Royal/Military

4: UNHCR

5: Other insurance (smaller categories grouped)

**Table 9** The TFR for the 3 years before the survey, for the full sample and each category of insurance, with 95% confidence intervals

Insurance	%	95% C.I.
Full sample	2.69	[2.57, 2.82]
Not asked	2.66	[2.54, 2.80]
Not covered	3.07	[2.61, 3.60]
MOH	2.06	[1.58, 2.69]
Royal/Military	2.92	[2.50, 3.41]
UNHCR	6.37	[5.22, 7.76]
Other	2.85	[2.19, 3.70]

The TFR for the full sample and the TFR for those who were not asked are almost identical (2.69 and 2.66, respectively), which is expected because the insurance module was randomly administered.

The TFR for the UNHCR category is very high (6.37), as expected.

The TFR for women with MOH coverage is lowest (2.06).

Except for UNHCR, the TFR for Royal/Military and Other are the highest and are virtually the same (2.92 and 2.85, respectively).

**Summary:**

The results suggest that women with Royal/Military and “Other” health insurance have fertility that is lower than women who are not covered at all but is higher than women who have MOH coverage. A more thorough analysis would consider compositional differences in place of residence, education, wealth quintile, etc. We also caution that the differences, although suggestive, are not statistically significant because the questions on health insurance were only asked of a subsample of households. We also cannot be certain that the insurance status at the time of the survey was the same during the 3 years before the survey, the reference period for the fertility estimates

## Summary of Further Analysis Reports 139-141

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### How to read the summary table

- The summary findings visual in Table 10 displays findings across Further Analysis (FA) reports No. 139, 140, and 141 in terms of the size of the effect of each variable on the outcome variable of interest.
- Statistically significant findings are indicated in the table using the color code in the legend. The cells are blue when men or women have a higher likelihood of the outcome compared to the reference group. The cells are orange when they have a lower likelihood of the outcome compared to the reference group. Lighter colors indicate that the variable has a smaller effect on the likelihood of the outcome, while darker colors indicate that the variable has a larger effect.

**Table 10 Summary table of findings from Jordan Further Analysis (FA) reports 139-141**

	FA 139				FA 140		FA 141	
	Women	Men	Women	Men	Modern contraceptive use vs non-use	Women	Traditional contraceptive use vs non-use	Women
Age (ref: 15-19)								
20-24								
25-29								
30-34								
35-39								
40-44								
45-49								
Education (ref: None)								
Primary								
Secondary+								
Husband's education (ref: None)								
Primary								
Secondary+								
Wealth index (ref: Lowest)								
Second								
Middle								
Fourth								
Highest								
Residence (ref: Urban)								
Rural								
Governorate (ref: Amman)								
Balqa								
Zarqa								
Madaba								
Irbid								
Mafraq								
Jarash								
Ajloun								
Karak								
Taiifea								
Ma'an								
Aqaba								
Nationality (ref: Jordanian)								
Egyptian								
Syrian								
Iraqi								
Other Arab Nationalities								
Non Arab Nationalities								
Work status (ref: Currently not working)								
Currently working								
Exposure to FP messages (ref: No)								
Yes								
Sex of head of household (ref: Male)								
Female								

**Legend for Findings from FAs 139-141**

**Cutoffs**  
 result <0.5  
 0.5>result>1  
 1<result<2  
 result>2

For all cells shaded in the above colors, p<0.05 (please refer to Further Analysis reports for specific p-values)

not applicable to the regression model

all blank (white) cells in the table indicate no statistically significant effect

\*: results shown in the studies are either Adjusted Odds Ratios (AOR) or Relative Risk Ratios (RRR)

Continued...

Table 10—Continued

	FA 139		FA 140		FA 141	
	Women	Men	Women	Men	Women	Men
Number of living children (ref: 0)	1					
	2-4					
	5+					
Number of living children mean						
Ideal number of children (ref: 0)	1-2					
	3-4					
	5+					
Desire for another child (ref: No more children)	Yes, within 2 years					
	Yes, later/sometime					
	Infecund					
	Undecided					
Spousal agreement on family size (ref: same ideal number of children)	Husband wants more					
	Husband wants fewer					
	Don't know					
Discussed FP with a health worker (ref: No)	Yes					
	No					
Decision making on FP use or non-use (ref: Self)	Joint with husband					
	Husband/other					
	Pregnant					
Previous contraceptive use (ref: No)	Yes					
	No					

Notes

Categories for age, number of living children differ slightly across FAs. Shading of effects has been included to account for variation.

For all cells shaded in the above colors,  $p < 0.05$ . All blank (white) cells in the table indicate no statistically significant effect.

\* Results shown in the studies are either Adjusted Odds Ratios (AOR) or Relative Risk Ratios (RRR).

## Summary of findings

- Across the three FAs, there is good statistical evidence of an association between variables, including age, governorate, and number of living children, with the various outcomes of interest across models, after accounting for other factors in the respective regression models.
- Variables included in some models displayed weak or no statistical evidence of a difference after accounting for other factors, including the wealth index and residence variables. For example, men in the fourth wealth quintile had a lower likelihood of wanting children soon, compared to their male counterparts in the lowest wealth quintile. However, this was the only notable finding in terms of the wealth index across all three FAs.
- Higher levels of education, for both men and women, increase the likelihood of wanting at least three children, wanting children soon as well as current and intended use of modern contraception, after accounting for other factors across the 3 studies.

## Specific FA findings

### FA 139

- Overall, sex of household head, current work status, and socioeconomic factors, including age and education, matter across the majority of the outcomes (ideally wanting at least three children, wanting children soon, and modern contraceptive method use).
- There are interesting patterns in terms of education and the three outcomes. For example, men with secondary or higher education displayed higher likelihood in ideally wanting at least three children. Women who completed primary education increased their likelihood in wanting (more) children soon. Finally, women and men who completed at least primary education were more likely to use a modern contraceptive method, after accounting for other factors.
- A number of governorates show statistical evidence of an association with the three outcomes of interest. For example, in both Aljoun and Tafiela, men displayed a higher likelihood in ideally wanting at least three children and wanting (more) children soon, after accounting for other factors in their respective regression models. In Balqa, the direction of the effects of fertility and modern contraception outcomes are not as straightforward when comparing women and men in the different regression models. Women in Balqa have a lower likelihood of ideally wanting at least three children and using a modern contraceptive method. In contrast, women in Balqa have a higher likelihood of wanting (more) children soon, while men in this governorate display the lowest likelihood of wanting (more) children soon, after accounting for other factors.

### FA 140

- Higher levels of education, of both women and their husbands, increase the likelihood of modern contraceptive use, while increasing age decreases the likelihood of using either a modern or traditional form of contraception among women.

- Women in Tafiela were less likely to use modern contraceptives than women in Amman, while women in Ma'an were more likely to use modern contraceptives compared to women in Amman.
- Women who were undecided about having more children had much lower likelihood of using either modern or traditional contraception compared to women who did not want more children.
- Discussing FP with a health care worker increases the likelihood of both modern and traditional contraceptive use.
- Women who make FP decisions jointly with their husbands are more likely to use modern and traditional methods than those who make FP decisions alone.

#### **FA 141**

- Women over age 30 have a lower likelihood of intending to use contraception than women age 15-19.
- Women in Irbid, Mafraq, Jarash, Ajloun, Karak, and Aqaba had a lower likelihood of intending to use contraception compared to women in Amman.
- Women who were undecided about having more children had a lower likelihood of intending to use contraception compared to women who did not want more children.
- Women who did not know if their husband agreed about ideal number of children had a lower likelihood of contraceptive intention compared to women who agreed with their husband on their ideal number of children.
- Women who make FP decisions jointly with their husbands are more likely to intend to use contraception than those who make FP decisions alone.
- Women who previously used contraceptives had a much higher likelihood of intending to use contraceptives in the future.



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