Population and Family Health Survey

Jordan 2002

Population and Family Health Survey

2002
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<td>Childhood undernutrition</td>
<td>Under-five mortality rate</td>
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<td>Clean water supply</td>
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<td>Percent of women who received antenatal care from a health professional</td>
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<td>Low birth weight</td>
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<td>Exclusive breastfeeding</td>
<td>Percent of youngest children under 6 months who are exclusively breastfed</td>
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<td>Continued breastfeeding</td>
<td>Percent of children age 12-15 months still breastfeeding</td>
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<td>Percent of children age 20-23 months still breastfeeding</td>
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<td>Timely complementary feeding</td>
<td>Percent of youngest children age 6-9 months receiving breast milk and complementary foods</td>
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<td>Percent of children age 12-23 months with BCG vaccination</td>
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<td>Percent of mothers who received at least 2 tetanus toxoid vaccinations during pregnancy</td>
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<td>Percent of ever-married women age 15-49 who correctly stated 2 ways of avoiding HIV infection</td>
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<td></td>
<td>Percent of ever-married women age 15-49 who correctly identified 2 misconceptions about HIV/AIDS</td>
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<tr>
<td></td>
<td>Percent of ever-married women age 15-49 who believe that AIDS can be transmitted from mother to child during pregnancy, delivery and breastfeeding</td>
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1 Piped water, tanker truck, or bottled water
2 For the last live birth in the five years preceding the survey
3 For children without a reported birth weight, the proportion with low birth weight is assumed to be the same as the proportion with low birth weight in each birth size category among children who have a reported birth weight.
4 Based on de jure children
5 Having sex with only one partner who has no other partners and using a condom every time they have sex
6 They say that AIDS cannot be transmitted through mosquito bites and that a healthy-looking person can have the AIDS virus.
THE HASHEMITE KINGDOM OF JORDAN

Jordan
Population and Family Health Survey
2002

Department of Statistics
Amman, Jordan

ORC Macro
Calverton, Maryland, USA

June 2003
This report summarizes the findings of the 2002 Jordan Population and Family Health Survey (JPFHS) carried out by the Department of Statistics (DOS). ORC Macro provided technical assistance and the U.S. Agency for International Development (USAID) provided financial support.

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

Suggested citation:

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**NUTRITIONAL STATUS, PREVALENCE OF ANEMIA, AND MICRONUTRIENT SUPPLEMENTATION**

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**CHAPTER 11**  
**HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS**

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

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

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

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

Dr. Hussein Shakhatreh
Director General of Statistics
SUMMARY AND RECOMMENDATIONS

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

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

CURRENT STATUS AND PROGRESS

Fertility

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

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

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

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

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

Family Planning

- Increased use of family planning, especially modern methods, has played a major role in fertility decline. Widespread knowledge of family planning is also supportive of further fertility decline. In Jordan, all ever-married women know at least one method of contraception, and on average, an ever-married woman knows about 10 family planning methods.
• In 2002, 56 percent of currently married women were using a method of family planning, and most of these women (41 percent of currently married women) were using a modern contraceptive method. The most popular modern methods are the IUD (24 percent) and the pill (8 percent). Withdrawal (9 percent) and periodic abstinence (5 percent) are the most frequently employed traditional methods.

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

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

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

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

Other Fertility Determinants

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

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

Maternal and Child Health

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

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

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

• In the two weeks preceding the survey, 6 percent of children under five had a cough with
rapid breathing, and 15 percent had diarrhea. Among children with diarrhea, over half were taken to a health facility and two thirds were given oral rehydration therapy.

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

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

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

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

**Infant and Child Mortality**

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

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

**Knowledge of HIV/AIDS**

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

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

**Continuing Challenges**

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

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

- Two in three births in the five years preceding the survey were high-risk births either because the interval since the previous birth was too short (less than two years), the mother was too young (un-
der age 18), too old (age 35 and over), or had too many prior births (3 or more).

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

**Recommendations**

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

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

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

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