

Jordan



Population and Family Health Survey 2023 Summary Report



The 2023 Jordan Population and Family Health Survey (JPFHS) was implemented by the Department of Statistics (DoS) from January to June 2023. The funding for the 2023 JPFHS was provided by the government of Jordan, the United States Agency for International Development (USAID), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the World Health Organization (WHO), and the World Food Programme (WFP). ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

Additional information about the 2023 JPFHS 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; email: stat@dos.gov.jo.

Additional information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; telephone: +1-301-407-6500; fax: +1-301-407-6501; e-mail: info@DHSprogram.com; internet: www.DHSprogram.com.

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Suggested citation:

Department of Statistics (DoS) [Jordan] and ICF. 2023. *Jordan Population and Family Health Survey: 2023 Summary Report*. Amman, Jordan, and Rockville, Maryland, USA: DoS and ICF.



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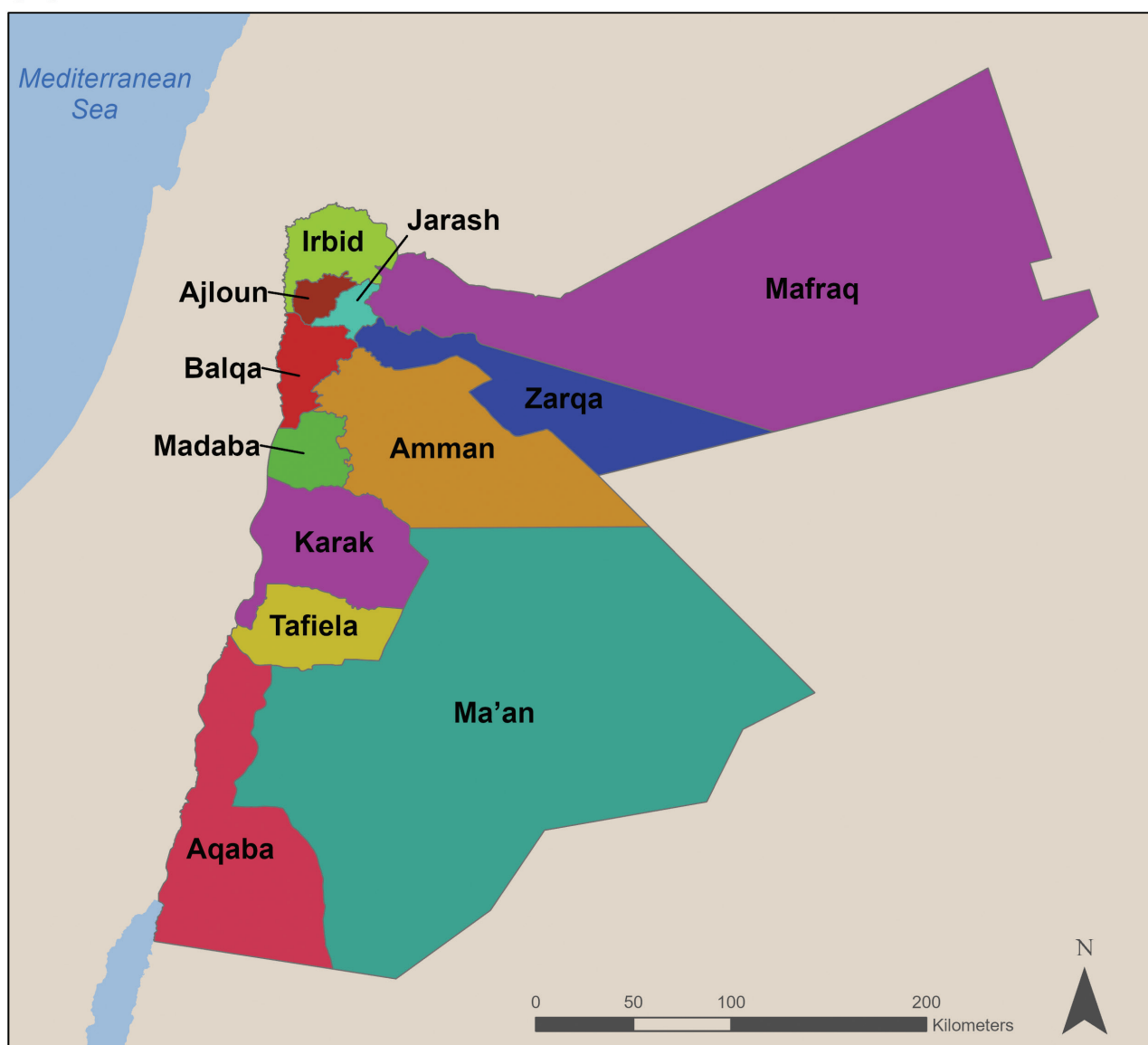
About the 2023 JPFHS

The Jordan Population and Family Health Survey (JPFHS) is designed to provide data for monitoring the population and health situation in Jordan. The 2023 JPFHS is the eighth Population and Health Survey conducted in Jordan since 1990, and the objective of the survey is to provide reliable estimates of fertility levels, marriage and sexual activity, fertility preferences, family planning methods, maternal and child health, breastfeeding practices, nutrition, childhood mortality, and knowledge and attitudes regarding HIV/AIDS and other sexually transmitted infections (STIs), women's experience of violence, and disability among household members that can be used by program managers and policymakers to evaluate and improve existing programmes.

Who participated in the survey?

A nationally representative sample of 12,595 ever-married women age 15–49 in 19,475 households and 5,873 men age 15–59 in one quarter of the selected households were interviewed. This represents a response rate of 97% of women and 90% of men. The sample design for the 2023 JPFHS provides estimates at the national level, for urban and rural areas, for each of Jordan's 12 governorates, and for four nationality domains: Jordanian, Syrian population living inside camps, Syrian population living outside camps, and other nationalities.

JORDAN



CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Household Composition

Households in Jordan have an average of 4.8 members. Women head 15% of Jordanian households. One-third of the household population in Jordan is under age 15.

Cooking, Space Heating, and Lighting

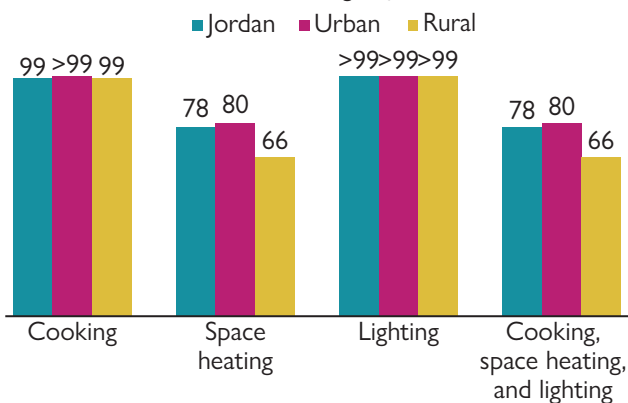
Nearly all of the household population in Jordan has access to clean fuels and technologies for cooking, including stoves/cookers using electricity, LPG/cooking gas/biogas, solar, and alcohol/ethanol.

Nearly all of the household population heat their homes and among those that report using space heating, 78% rely on clean fuels and technologies for space heating, including central heating, electricity, LPG/cooking gas, and solar air heaters.

Almost all Jordanians have electricity and almost all of the household population uses clean fuels and technologies for lighting, including electricity, solar lanterns, rechargeable flashlights/torches/lanterns, and biogas lamps.

Primary Reliance on Clean Fuels and Technologies by Residence

Percent of population relying on clean fuels and technologies for:



Household Durable Goods

Over half (55%) of households in Jordan own a car or truck, compared to 7% of households that own a bicycle, 2% that own a motorcycle or scooter, and 1% that own an animal drawn cart. More rural households own a car or truck than urban households, at 59% and 55%, respectively.

Information Communication Technology (ICT) and Internet Use

In Jordan, household ownership of a mobile phone and television is nearly universal (98%, respectively). Fewer households own a radio (8%) or computer (29%). Radios and computers are more common in urban areas than in rural areas.

Television is the most frequently accessed form of mass media, with 66% of ever-married women and 65% of all men age 15–49 watching television at least once a week. Fewer women and men read the newspaper or listen to the radio weekly. Overall, 31% of ever-married women and 32% of all men access none of these three media at least once a week. The majority of ever-married women and all men in Jordan have ever used the internet, at 80% and 90% respectively. Nearly all internet users reported using the internet in the last 12 months.

Nationality

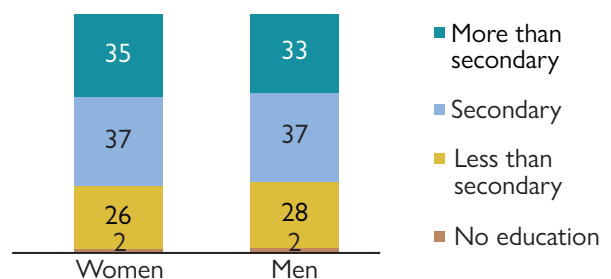
The 2023 JPFHS asked respondents to self report their nationality. Overall, 89% of ever-married women and 90% of all men identified themselves as Jordanian, 7% of women and 5% of men identified as Syrian living outside camps, 1% of both women and men identified as Syrian living inside camps, and 4% of both women and men reported other nationalities.

Education and Literacy

In Jordan, 2% of both ever-married women and all men age 15–49 have no education. More than 7 in 10 women and men have some secondary education or higher. Ninety-seven percent of ever-married women and 98% of all men are literate.

Education

Percent distribution of ever-married women and all men age 15–49 by level of education



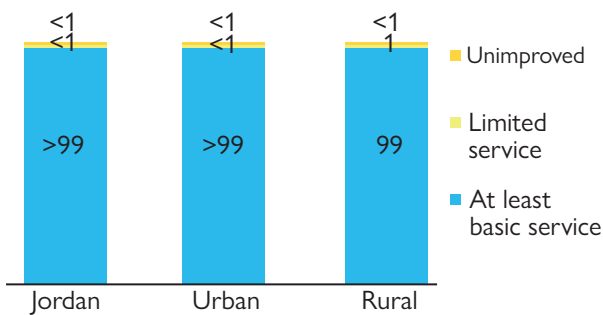
HOUSEHOLD WATER AND SANITATION

Drinking Water

Nearly all of the household population in Jordan (over 99% of the urban population and 99% of the rural population) has access to at least basic drinking water service. At least basic drinking water service includes drinking water from an improved source, either on the premises or with a round-trip collection time of less than 30 minutes.

Drinking Water Service by Residence

Percent distribution of household population by drinking water service ladder

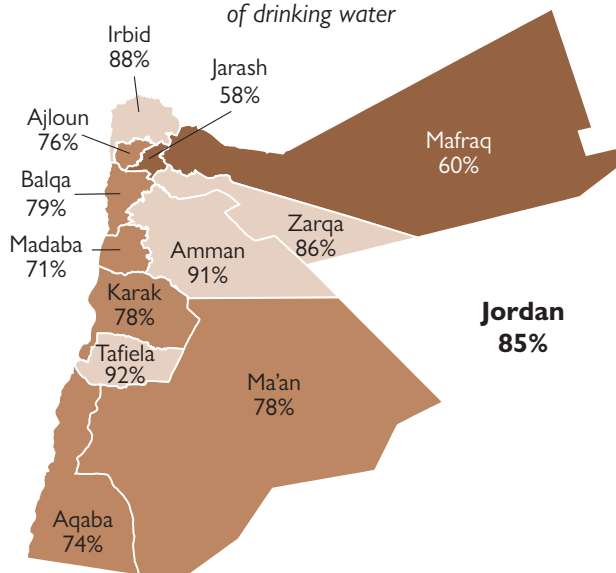


Figures ≠ 100% due to rounding.

Overall, 85% of the household population had sufficient quantities of drinking water in the month before the survey. Urban residents (86%) have greater availability of sufficient quantities of drinking water than rural residents (75%). By governorate, this ranges from 58% in Jarash to 92% of the population in Tafiela with sufficient quantities of drinking water. In Jordan the main sources of drinking water are piped into the dwelling, yard, or plot and bottled water.

Availability of Sufficient Drinking Water by Governorate

Percent of the household population with sufficient quantities of drinking water

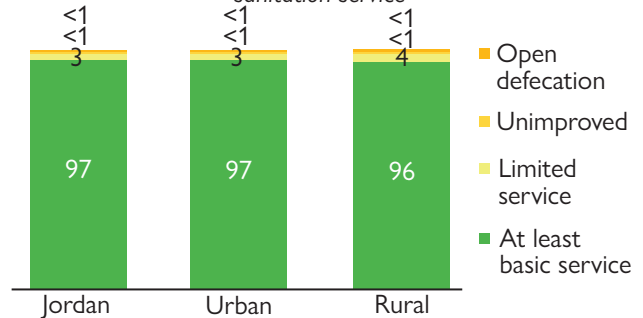


Sanitation

Ninety-seven percent of the household population in Jordan have at least basic sanitation service, meaning they have access to improved facilities that are not shared with other households or have safely managed sanitation service where excreta are safely disposed of in situ or transported and treated off-site. Still, 3% of the household population in Jordan have access to limited or unimproved sanitation service, or practice open defecation. Almost all of the household population have appropriate management of household excreta.

Sanitation Service by Residence

Percent distribution of household population by type of sanitation service



Figures ≠ 100% due to rounding.

Menstrual Hygiene

Nearly all (96%) ever-married women age 15–49 with a menstrual period in the year before the survey used disposable sanitary pads to collect or absorb blood, 4% used reusable sanitary pads, and 1% used tampons. Very few ever-married woman used cloth, cotton wool, or nothing to absorb blood from their most recent menstrual period.

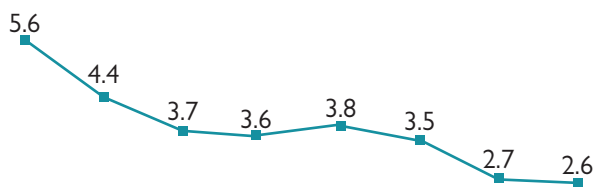
FERTILITY AND ITS DETERMINANTS

Total Fertility Rate

Currently, women in Jordan have an average of 2.6 children. Fertility in Jordan has declined from 5.6 children per woman in 1990 to 2.6 children per woman in 2023.

Trends in Total Fertility Rate

Births per woman for the three-year period before the survey

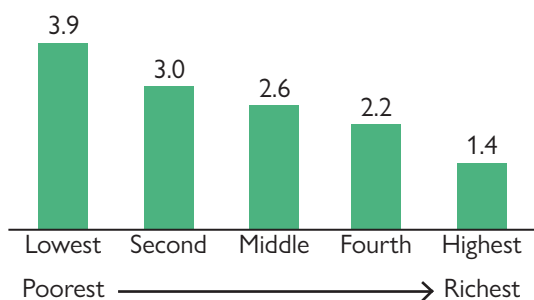


1990 JPFHS 1997 JPFHS 2002 JPFHS 2007 JPFHS 2009 JPFHS 2012 JPFHS 2017-18 JPFHS 2023 JPFHS

Rural women have more children than urban women (2.8 children versus 2.6 children). By governorate, fertility ranges from 1.9 children per woman in Aqaba to 3.1 children per woman in both Mafraq and Ajloun. Fertility also varies by household wealth.* Women in the lowest wealth quintile have 3.9 children on average, more than twice as many as women in the highest quintile, who have an average of 1.4 children.

Fertility by Household Wealth

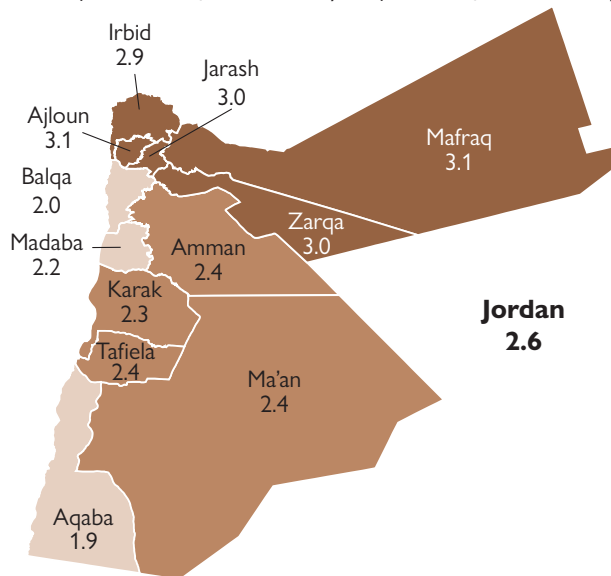
Births per woman for the three-year period before the survey



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

Total Fertility Rate by Governorate

Births per woman for the three-year period before the survey



Age at First Menstruation, First Marriage, and Birth

The average age of first menstruation among women age 15–49 is 13.3 years. In 2023, 53% of women and 37% of men age 15–49 are married. The median age at first marriage for women age 25–49 is 22.5 years and is 27.5 for men age 30–59. Women in rural areas marry on average one year later than women in urban areas (23.4 years compared to 22.4 years), while urban men marry an average of 1.3 years after men in rural areas (27.5 year compared to 26.8 years). Poorer women and men marry younger than their wealthier peers.

In Jordan the median age at first live birth for women age 25–49 is 24.2 years. This means that half of women age 25–49 give birth for the first time before this age. Still, 21% have never had a live birth.

Pregnancy Outcomes

Of all pregnancies ending in the three years before the survey, 86% resulted in live births and 14% resulted in pregnancy losses. Among pregnancy losses, 12% were miscarriages, 1% were induced abortions, and fewer than 1% were stillbirths. The governorates with the highest proportion of miscarriages are Amman and Ajloun (15%) and Balqa (14%), while Mafraq and Ma'an have the lowest percent of miscarriages at 4%.

Pregnancy Outcomes

Percent distribution of pregnancies ending in the three years before the survey

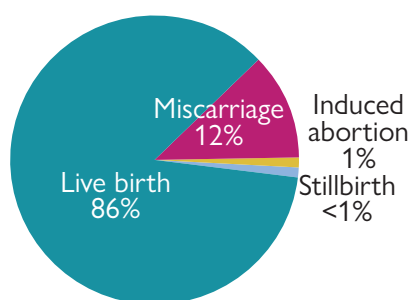


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Polygyny

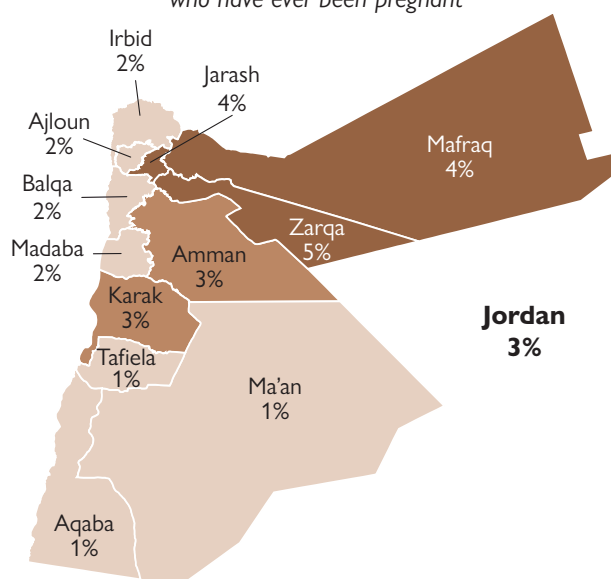
Four percent of currently married women age 15–49 have one or more co-wives and 1% of currently married men age 15–49 have two or more wives. Polygynous unions for women are most common in Mafraq, Jarash, and Tafiela (6%, respectively) and in Balqa and Mafraq for men (3%, respectively).

Teenage Pregnancy

In Jordan, 3% of adolescent women age 15–19 have ever been pregnant: 2% have given birth, 1% were pregnant at the time of the survey, and fewer than 1% have ever had a pregnancy loss. By governorate, teenage pregnancy ranges from 1% in Ma'an and Aqaba to 5% of young women in Zarqa. As household wealth increases, adolescent women who have ever been pregnant declines.

Teenage Pregnancy by Governorate

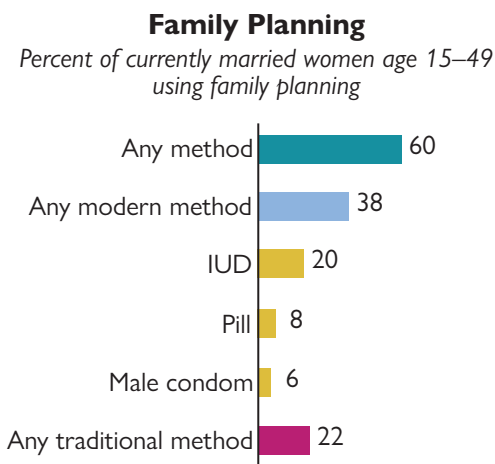
Percent of all women age 15–19 who have ever been pregnant



FAMILY PLANNING

Current Use of Family Planning

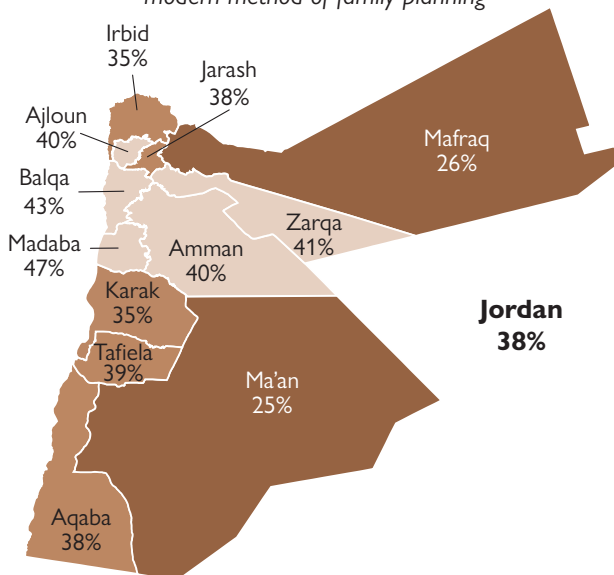
In Jordan, 60% of currently married women age 15–49 use any method of family planning, with 38% using any modern method and 22% using a traditional method. The most commonly used modern methods among currently married women are IUDs (20%), the pill (8%), and male condoms (6%).



By residence, use of modern methods of family planning is more common among urban married women (39%) than rural married woman (35%). By governorate, modern method use ranges from 25% in Ma'an to 47% in Madaba.

Use of Modern Methods by Governorate

Percent of currently married women age 15–49 using a modern method of family planning



As wealth increases, the use of both modern and traditional methods of family planning increases. By level of education, the use of modern methods is most common among currently married women with less than secondary education (40%) and least common among those with no education (33%).

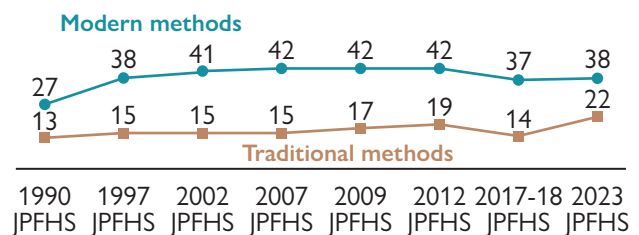
Fifty-six percent of ever-married women use family planning, with 35% using modern methods and 20% using traditional methods. Similar to currently married women, IUDs (18%), the pill (8%), and male condoms (5%) are the most commonly used modern methods among ever-married women.

Trends in Family Planning Use

The use of modern methods of family planning among currently married women remained constant from 2002 to 2012 and has since declined. The use of traditional methods has increased from 13% in 1990 to 19% in 2012, decreased to 14% in 2017-18, and then increased to 22% in 2023.

Trends in Family Planning Use

Percent of currently married women age 15–49 using family planning



Source of Family Planning Methods

More than half (52%) of ever-married users of modern family planning obtain their methods from the public sector, the most common sources being government health centres (33%). The majority of users of injectables (76%), implants (72%), female sterilisation (63%), and IUDs (53%) obtain these methods from the public sector. Most ever-married women using the pill (52%) and male condoms (57%) receive these methods from the private medical sector (non-NGO), most often from a pharmacy.

Demand for Family Planning

Among currently married women age 15–49 in Jordan, 49% do not want any more children and 22% want to delay childbearing (delay their first birth or space out births) for at least two years. Women who want to stop or delay childbearing are said to have a demand for family planning. In Jordan, 71% of currently married women have a demand for family planning.

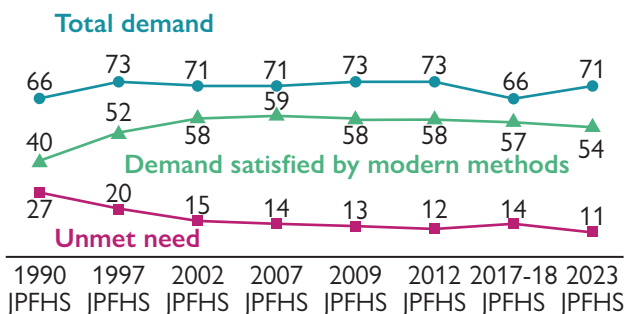
The total demand for family planning includes both met need and unmet need. Met need is the percent of currently married women who are currently using family planning. In Jordan, 60% of currently married women use any method — 43% want to stop childbearing and 17% want to delay childbearing.

Unmet need for family planning is defined as the proportion of women who want to stop or delay childbearing but are not using family planning. In Jordan, 11% of currently married women have an unmet need for family planning, including 6% who do not want any more children and 5% who want to delay childbearing.

Total demand for family planning has decreased from a peak of 73% in 2012, though it has increased from 66% in 2017-18 to 71% in 2023. Both met and unmet need for family planning have improved since 2017-18. Unmet need has declined from 14% to 11%.

Trends in Demand for Family Planning

Percent of currently married women age 15–49



Demand for Family Planning Satisfied by Modern Methods

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. In Jordan, 54% of the demand for family planning is satisfied by modern methods. By governorate, demand satisfied by modern methods ranges from 37% in Ma'an to 62% in Madaba. Demand satisfied by modern methods has declined from a peak of 59% in 2007.

Exposure to Family Planning Messages

The most common sources of family planning messages among ever-married women age 15–49 are community meeting or events (75%), social media (64%), and poster/leaflet/ brochure (63%). Men age 15–49 are exposed to family planning messages most often through social media (43%) and community meeting or events (28%). Still, 7% of ever-married women and 42% of all men were not exposed to family planning messages in the 12 months before the survey.

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. In Jordan, 69% of ever-married modern method users age 15–49 were informed about side effects, 66% were informed what to do if they experience side effects, and 68% were informed about other family planning methods that were available. Over half (56%) of ever-married women using modern methods received all three types of information, and 69% were informed that they could switch to another method if they wanted or needed to.

MATERNAL AND NEWBORN HEALTH CARE

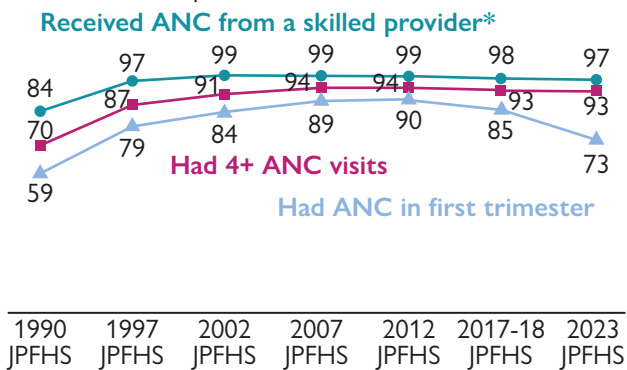
Antenatal Care

In Jordan, 97% of ever-married women age 15–49 with a live birth in the two years before the survey received antenatal care (ANC) from a skilled provider. A skilled provider includes a doctor or nurse/midwife. ANC from a skilled provider was lowest among women with no education (83%), compared to 96% of women with less than secondary education and 98% for women with secondary education and secondary or more education. Still, 3% of women received no ANC.

The timing and quality of ANC are also important. Overall, 93% of ever-married women made four or more ANC visits for their most recent birth and 73% had their first ANC visit in the first trimester. Among ever-married women who received ANC for their most recent birth, 55% were informed of danger signs indicating pregnancy complications, 98% had their blood pressure measured, 95% had a urine sample taken, and 96% had a blood sample taken.

Trends in Antenatal Care Coverage

Percent of ever-married women age 15–49 who had a live birth in the two years before the survey for the most recent birth



*Skilled provider includes doctor and nurse/midwife

Of the ever-married women with a live birth in the two years before the survey, 81% took iron-containing supplements tablets, 5% received food or cash assistance, and 36% were informed about pregnancy health insurance. Only 18% of most recent live births were protected against neonatal tetanus.

Delivery Care

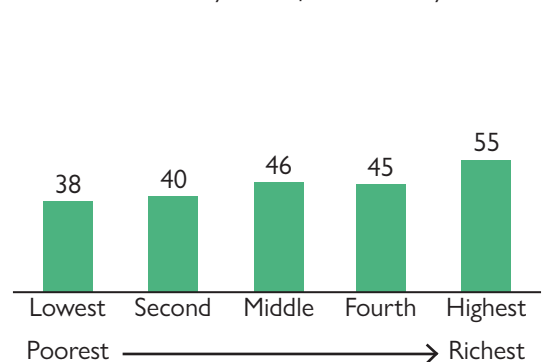
In Jordan, 99% of live births are delivered in a health facility. The majority (69%) are delivered in a public sector facility and 30% are delivered in a private medical sector facility. Fewer than 1% of births are delivered at home. Overall, health facility deliveries have increased over the last three decades, from 82% in 1990 to 99%, and home deliveries have declined from 17% to the current level. The governorate where health facility deliveries are lowest is Mafraq at 89%. Nearly all live births are delivered by a skilled provider. Over nine in ten (92%) were delivered by a doctor.

Caesarean Section

More than 2 in 5 (43%) live births in the two years before the survey were delivered via Caesarean section (C-section). Over half (55%) of the live births in the wealthiest households were C-section deliveries, compared to 38% of births in the lowest wealth quintile.

Caesarean Section by Household Wealth

Percent of live births delivered by caesarean section in the two years before the survey



Men's Involvement in Maternal Health Care

The 2023 JPFHS asked men with a child age 0–2 years whether they had been involved in the maternal health care of the child's mother. Overall, 97% of all men age 15–49 reported that the child's mother made ANC visits, and of these, 89% of fathers were present at some of these ANC visits. The vast majority (99%) of men reported that their child was born in a health facility. Of these fathers, 96% went with the child's mother to the health facility for the birth.

Postnatal Care for Mothers

Postnatal care helps prevent complications after childbirth. Overall, 83% of ever-married women age 15–49 received a postnatal checkup within two days of delivery, with 57% receiving a postnatal check within four hours of giving birth. Still, 14% of mothers received no postnatal check.

Among ever-married women who received a postnatal check for their most recent live birth by a healthcare provider, 64% had their blood pressure measured, 52% discussed vaginal bleeding with a healthcare provider and 49% discussed family planning. Four in ten mothers received all three checks within the first two days after birth. Over half of mothers were asked about problems with urination (52%) or pain (57%). Fewer than one-third (30%) were asked if they were feeling sad or depressed.

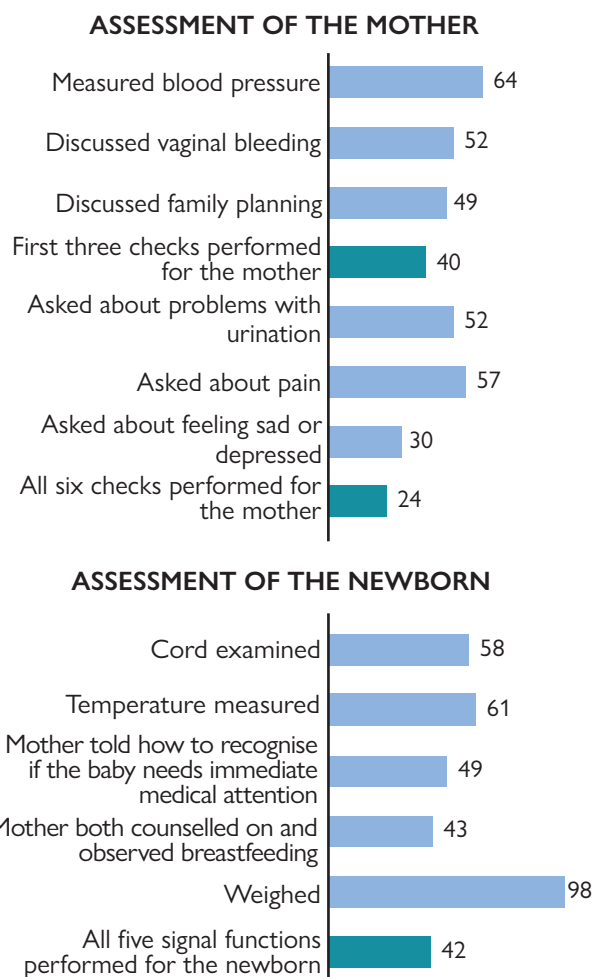
Postnatal Care for Newborns

Among newborns, 87% received the first postnatal checkup within two days of birth, and 66% had the checkup within three hours after delivery. However, 11% of newborns received no postnatal check.

Most newborns (98%) were weighed during the postnatal assessment. The majority of newborns had both their umbilical cord examined (58%) and their temperature measured (61%). Forty-three percent of newborns' mothers were counselled on and observed breastfeeding and 49% were told of signs indicating that the baby needs immediate medical attention. All five signal functions were performed for 42% of newborns.

Content of Postnatal Care for Mothers and Newborns

Percent of women age 15–49 with a live birth in the two years before the survey and percent of newborns in the two years before the survey for whom selected checks were performed during the first two days after birth by any healthcare provider:



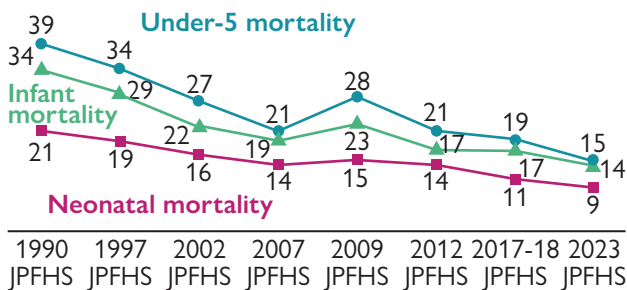
CHILDHOOD MORTALITY

Rates and Trends

The neonatal mortality rate in Jordan is 9 deaths per 1,000 live births. The infant mortality rate (deaths to children before their first birthday) is 14 deaths per 1,000 live births for the five-year period before the survey. The under-5 mortality rate is 15 deaths per 1,000 live births. At these mortality levels, 1 in 67 children in Jordan does not survive to their fifth birthday.

Childhood mortality rates have declined over time. Since 1990, under-5 mortality has declined from 39 deaths per 1,000 live births to the current rate of 15 deaths per 1,000 live births.

Trends in Childhood Mortality
Deaths per 1,000 live births for the five-year period before the survey



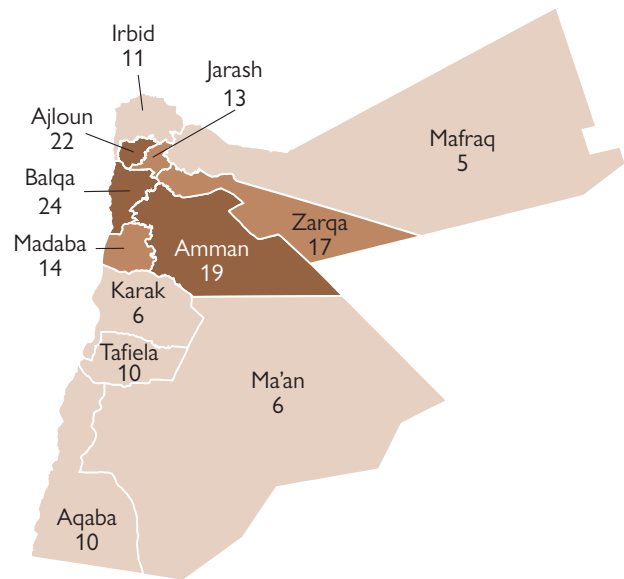
Mortality Rates by Background Characteristics

The under-5 mortality rate is higher in urban areas (16 deaths per 1,000 live births) than rural areas (13 deaths per 1,000 live births) for the five-year period before the survey. Under-5 mortality is the same for boys and girls at 15 deaths per 1,000 live births.

Balqa and Ajloun have the highest under-5 mortality rates for the 10-year period before the survey, (24 and 22 deaths per 1,000 live births, respectively), while Mafraq has the lowest under-5 mortality rate (5 deaths per 1,000 live births). Under-5 mortality decreases as household wealth increases.

Under-5 Child Mortality by Governorate

Deaths per 1,000 live births for the ten-year period before the survey



Spacing children at least 36 months apart reduces the risk of infant death. The median birth interval in Jordan is 34.7 months.

Infants born less than two years after a previous birth have high under-5 mortality rates. In Jordan, the under-5 mortality rate for children born less than two years after a sibling is 18 deaths per 1,000 live births, compared to only 13 deaths per 1,000 live births for those born four or more years after a sibling. Overall, 27% of children are born less than two years after a sibling.

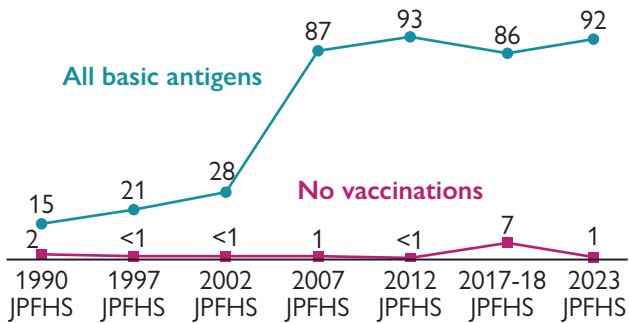
CHILD HEALTH

Vaccination Coverage: Basic Antigens

In Jordan, 92% of children age 12–23 months are fully vaccinated against all basic antigens—one dose of Bacille Calmette-Guérin (BCG) vaccine to protect against tetanus, three doses of polio vaccine, three doses of a vaccine containing diphtheria-pertussis-tetanus (DPT), and one dose of measles-containing vaccine. Full basic antigen vaccination coverage has increased dramatically from 15% in 1990 to 92% in 2023, following a decline to 86% in 2017-18. By household wealth, children from the poorest households have the lowest basic antigen vaccination coverage, at 85%. Lastly, 1% of children age 12–23 months have received no vaccinations.

Trends in Childhood Vaccinations

Percent of children age 12–23 months who received:

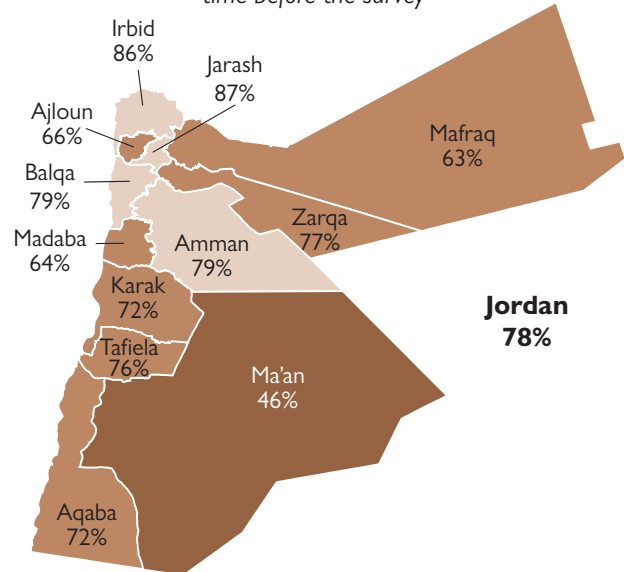


Vaccination Coverage: National Schedule

To be fully vaccinated according to the national schedule, children age 12–23 months receive all basic antigens, as well as three doses of the oral polio vaccine, three doses of Hib and HepB (given as part of DPT-containing vaccine), and three doses of rotavirus vaccine. In Jordan, 78% of children age 12–23 months are fully vaccinated according to the national schedule, ranging by governorate from 46% in Ma'an to 87% in Jarash.

Vaccination Coverage by Governorate

Percent of children age 12–23 months who are fully vaccinated according to the national schedule at any time before the survey



Children age 24–35 months should also receive all age appropriate vaccinations. These include the vaccinations according to the national schedule for children age 12–23 months and two doses of the MMR vaccine, a booster dose of DPT, and a booster of the oral polio vaccine. Overall, 57% of children age 24–35 months are fully vaccinated according to the national schedule. By governorate this ranges from 25% in Ma'an to 76% in Zarqa.

Childhood Illnesses

In Jordan, 8% of children under age 5 had symptoms of acute respiratory infection (ARI) in the two weeks before the survey and advice or treatment was sought for 87% of those children.

Overall, 14% of children under age 5 had fever in the two weeks before the survey. Advice or treatment was sought for 82% of those children with fever.

Among children under age 5, 11% had diarrhoea in the two weeks before the survey. Of the children with diarrhoea, advice or treatment was sought for 63%. Children with diarrhoea should drink more fluids, particularly through oral rehydration therapy (ORT). Over half (56%) of children with diarrhoea received ORT, however 28% of children with diarrhoea received no treatment.

FEEDING PRACTICES AND SUPPLEMENTATION

Breastfeeding and the Introduction of Complementary Foods

In Jordan, 81% of children under age 2 were ever breastfed. Nearly 4 in 10 (38%) children were exclusively breastfed for the first two days after birth, and 34% were breastfed in the first hour of life.

The World Health Organization (WHO) recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first 6 months of life. Almost a quarter (24%) of children under age 6 months living with their mother are exclusively breastfed, while 30% of children under age 6 months are not breastfed.

Complementary foods should be introduced when a child is 6 months old to reduce the risk of malnutrition. In Jordan, 81% of children age 6–8 months were fed solid, semi-solid, or soft foods the day before the survey.

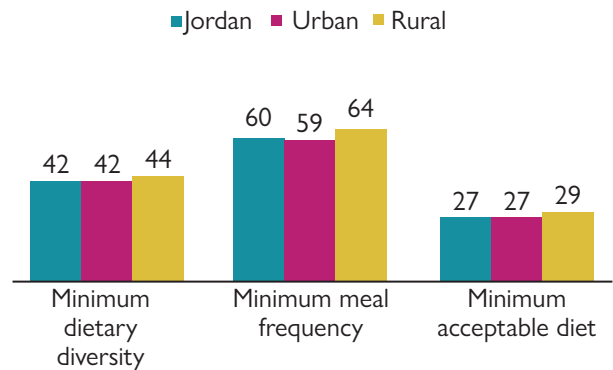
Minimum Acceptable Diet and Unhealthy Feeding Practices

Children age 6–23 months have a minimum acceptable diet when they are fed from at least five of eight defined food groups the minimum number of times or more during the day before the survey. Nonbreastfed children must also receive at least two milk feeds for a minimum acceptable diet. In Jordan, 42% of youngest children age 6–23 months received the minimum number of food groups during the previous day or night, 60% were fed the minimum number of times, and 27% were fed a minimum acceptable diet. Among nonbreastfed children, 92% received the minimum number of milk feeds.

More nonbreastfed children achieved minimum acceptable diet than breastfed children (31% versus 21%). By age, minimum acceptable diet and minimum dietary diversity are lowest among children age 6–8 months at 12% and 14%, respectively.

Minimum Acceptable Diet by Residence

Percent of youngest children age 6–23 months living with their mother who received minimum dietary diversity, minimum meal frequency, and minimum acceptable diet



By residence, minimum acceptable diet, minimum dietary diversity, and minimum meal frequency do not vary greatly, but are higher in rural areas than urban areas. By governorate, minimum acceptable diet ranges from 17% in Ma'an to 39% in Ajloun.

For infants and young children, unhealthy feeding practices should be avoided and replaced with nutritious foods that provide important nutrients. Over half (56%) of children age 6–23 months were given a sweet beverage, 65% were fed unhealthy foods, and 33% did not consume any vegetables or fruits during the previous day.

Vitamin A and Iron Supplementation

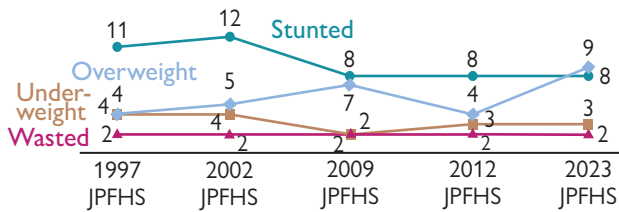
Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. Overall, 64% of children age 12–35 months were given vitamin A supplements at any time according to observed vaccination cards.

Iron is important for maintaining healthy blood. Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anaemia and other complications. In Jordan, 81% of women with a live birth in the last two years took any iron-containing supplements. In addition, 16% of children age 6–59 months were given iron-containing supplements in the 12 months before the survey.

NUTRITIONAL STATUS

Trends in Child Growth Measures

Percent of children under age 5 who are malnourished, based on 2006 WHO Child Growth Standards

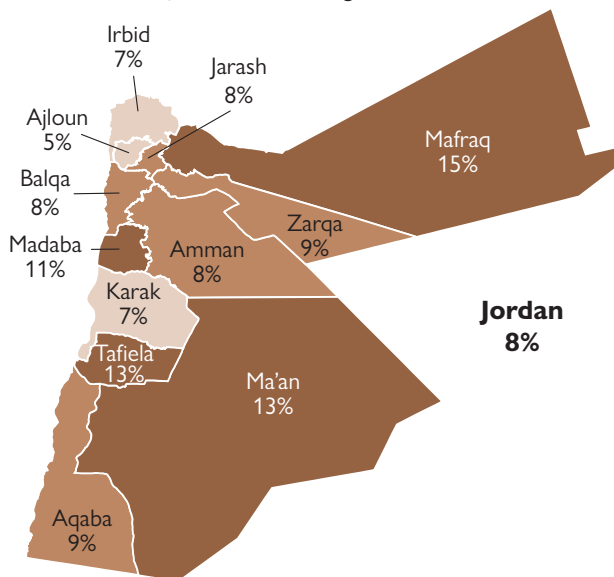


Children’s Nutritional Status

The 2023 JPFHS measured children’s nutritional status by comparing height and weight measurements against an international reference standard. Overall, 8% of children under age 5 in Jordan are stunted. Stunting is an indication of chronic undernutrition, and has declined from 12% in 2002 to 8% in 2023. Stunting does not vary greatly by residence, at 8% in urban areas and 9% in rural areas. By governorate, stunting is highest in Ma’raq (15%) and lowest in Ajloun (5%).

Stunting by Governorate

Percent of children under age 5 who are stunted



Two percent of children under age 5 are wasted. Wasting is an indication of acute malnutrition. Wasting has remained steady over time at 2%. Three percent of children under age 5 are underweight, a slight improvement from 4% in 1997. Lastly, 9% of children under age 5 in Jordan are overweight, an increase from 4% in 1997.

Women’s Nutritional Status

The 2023 JPFHS also took weight and height measurements of all women age 15–49 in half of surveyed households. Among all adolescent women age 15–19, 10% are thin according to the body mass index for age (BMI-for-age) and 35% are overweight or obese. Among all women age 20–49, 3% are thin according to the BMI and 64% are overweight or obese.

The 2023 JPFHS collected data on food and liquids consumed by ever-married women the day before the survey. Overall, 76% of ever-married women consumed foods from at least five of the possible 10 food groups, achieving minimum dietary diversity. Over three-quarters (78%) of ever-married women consumed unhealthy food (such as chocolates, candies, pastries, cakes, biscuits, ice cream, etc.), and 93% had sweet beverages the day before the survey.

HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

Knowledge of HIV and HIV Prevention Methods

In Jordan, 13% of ever-married women age 15–49 and 9% of all men age 15–49 have heard that antiretroviral medicines (ARVs) treat HIV. A higher proportion of ever-married women (17%) and 9% of all men know that the risk of mother-to-child transmission (MTCT) can be reduced by the mother taking special drugs. Relatively few ever-married women and men have heard of pre-exposure prophylaxis (PrEP) (7% and 5%, respectively), though 61% of those women and 79% of those men approve of people who take PrEP to prevent getting HIV.

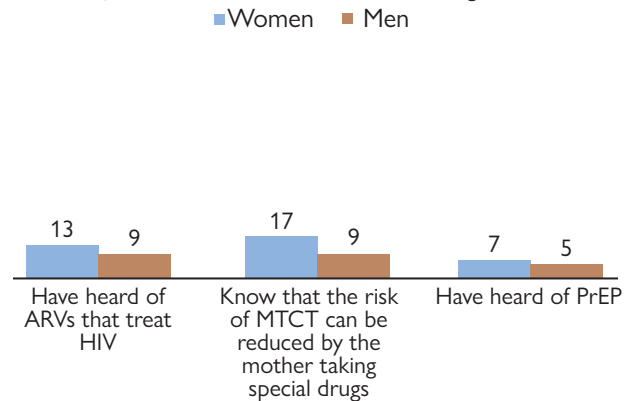
Young people are an at-risk group for HIV and remain a target group in HIV programming. Among ever-married young women age 15–24 and all men age 15–24, 9% and 22% have knowledge about HIV prevention. Two-thirds (67%) of ever-married young women and 59% of young men know that having just one uninfected faithful partner can reduce the chances of HIV infection. Most ever-married young women (62%) and young men (67%) know that a healthy-looking person can have HIV. Less than half of ever-married young women (45%) and more than half of young men (53%) know that using condoms during sexual intercourse can reduce the chances of getting HIV.

HIV Testing

Only 2% of ever-married women age 15–49 and 3% of all men age 15–49 have ever been tested for HIV. Testing for HIV increases among both women and men as level of education increases.

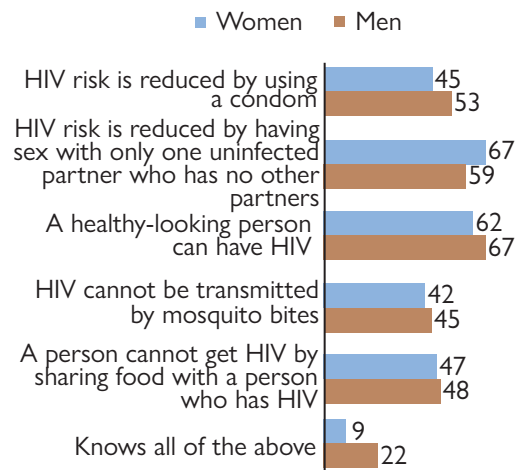
Knowledge of Medicines to Treat or Prevent HIV

Percent of ever-married women and all men age 15–49 who:



Knowledge of HIV Prevention among Young People

Percent of ever-married young women and all young men age 15–24 who know:



EARLY CHILDHOOD DEVELOPMENT AND CHILD DISCIPLINE

Birth Registration

In Jordan, nearly all (over 99%) of children's births were registered with civil authorities. This includes over 99% of children under age 5 who have a birth certificate.

Access to Education

In Jordan, 84% of children who were age 5 at the beginning of the school year participated in organized learning: 79% attended an early childhood education program and 4% attended primary school.

The net attendance ratio is the percent of school-age children who are in school. In Jordan, 96% of primary school-age girls and 95% of boys are attending primary school. Attendance is lower for secondary school, with 79% of secondary school-age girls and 76% of boys attending school.

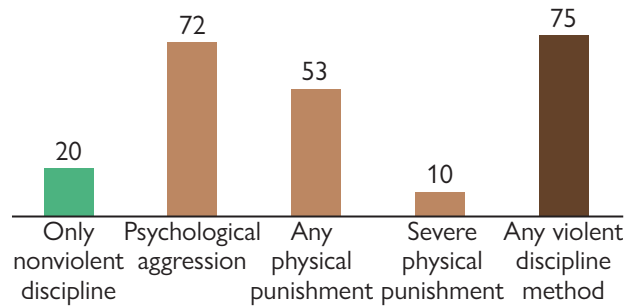
The Gender Parity Index (GPI) is the ratio of female to male students. A GPI of 1 indicates parity or equality between female and male school participation. In Jordan, the GPI for primary school is 1.01, which means that for every 100 male students who attend primary school, there are 101 female students attending. The GPI for secondary school is 0.96, which means that for every 100 male students who attend secondary school, there are 96 female students attending.

Early Childhood Development Index

The early childhood development index (ECDI) 2030 estimates children age 24–59 months who are developmentally on-track in health, learning and psychosocial well-being. In Jordan, 84% of children are developmentally on track, according to ECDI 2030. Slightly more girls than boys are developmentally on track (86% compared to 82%). There is not much difference by residence, however by governorate, ECDI 2030 ranges from 67% in Mafraq to 88% in both Irbid and Jarash.

Child Discipline

Percent of children age 1–14 by child disciplining methods experienced in the month before the survey

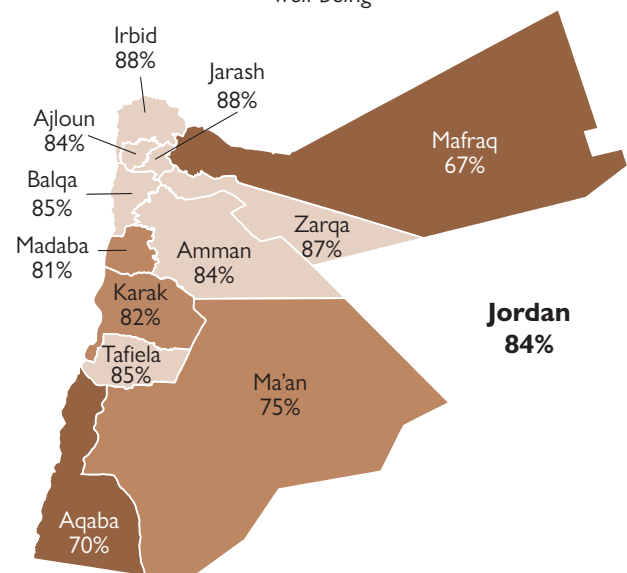


Child Discipline

In the 2023 JPFHS household questionnaire respondents were asked questions on child discipline about one randomly selected child age 1–14 per household. Overall, three-quarters of children age 1–14 experienced any violent discipline method in the month before the survey. This includes 72% of children who experienced psychological aggression, 53% who experienced any physical punishment, and 10% who experienced severe physical punishment. One in five children experienced only nonviolent discipline.

Early Childhood Development Index 2030 by Governorate

Percent of children age 24–59 months who are developmentally on-track in health, learning and psychosocial well-being



WOMEN'S EMPOWERMENT

Employment

In Jordan, 13% of currently married women and 80% of married men age 15–49 are currently employed. The vast majority of currently married women and men who earn cash make decisions on how to spend their earnings either alone or jointly with their spouse (97% and 99%, respectively). Among currently married women who receive cash earnings, 25% earn more than their husband, 49% earn less, and 21% earn about the same as their husband.

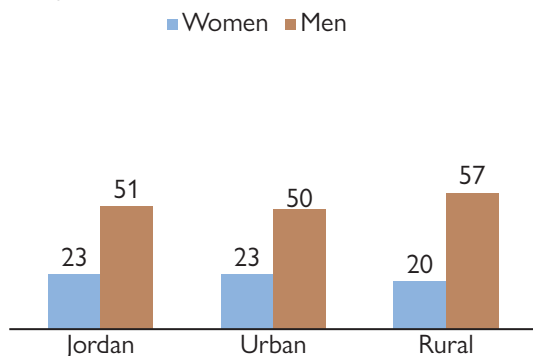
Ownership of Assets

In Jordan, 7% of ever-married women and 21% of all men own a house (alone or jointly). Five percent of women and 6% of men own land (alone or jointly).

The vast majority of ever-married women (95%) and all men (94%) own a mobile phone. A higher proportion of men (51%) than ever-married women (23%) have and used a bank account or mobile phone for financial transactions in the last 12 months. Use of banks or mobile phones for financial transactions is higher among rural men than urban men, but higher among urban women than rural women.

Use of Banks or Mobile Phones for Financial Transactions by Residence

Percent of ever-married women and all men age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months

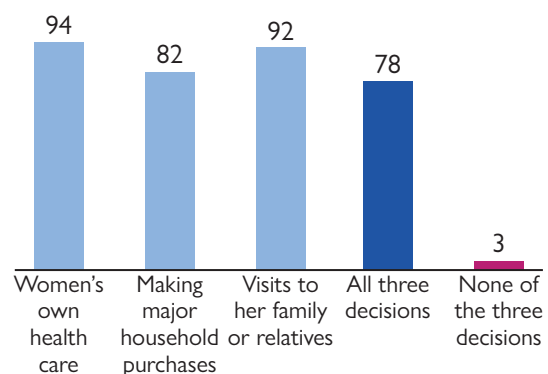


Participation in Household Decisions

The 2023 JPFHS asked currently married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to her family or relatives. In Jordan, 94% of currently married women have sole or joint decision making power in their own health care, 82% make decisions about major household purchases, and 92% make decisions about visits to their family or relatives. Overall, 78% of married women participate in all three decisions, while 3% of married women participate in none of the three decisions.

Women's Participation in Decision Making

Percent of currently married women age 15–49 who usually make specific decisions either alone or jointly with their husband



Among currently married men, the majority make decisions alone or jointly with their wife about their own health care (98%) and decisions about major household purchases (96%). Overall, 95% of married men participate in both decisions either alone or jointly, and 1% participate in neither of these decisions.

Women's Participation in Decision Making regarding Sexual and Reproductive Health

Over three-quarters (76%) of currently married women age 15–49 make their own decisions related to sexual relations, including family planning use and reproductive care. By governorate, participation in decision making about sexual and reproductive health is highest among women living in Ma'an (84%) and lowest in Zarqa (62%).

DOMESTIC VIOLENCE

Attitudes toward Wife Beating

About one-third of ever-married women (34%) and nearly two-thirds of all men (62%) believe a husband is justified in hitting or beating his wife for at least one of the following reasons: if she neglects the children, goes out without telling him, argues with him, insults him, disobeys him, argues with him, has relations with another man, or burns the food. The most common justification for wife beating among ever-married women and all men is if she has relations with another man (32% and 60%, respectively).

Experience of Physical Violence

Thirteen percent of ever-married women age 15–49 have ever experienced physical violence since age 15. In the last 12 months, 8% of ever-married women experienced physical violence. By marital status, 8% of currently married women and 12% of women who are divorced, separated, or widowed have experienced physical violence in the last 12 months. Three percent of ever-married women experienced physical violence during pregnancy.

By governorate, experience of physical violence since age 15 is highest in Zarqa, at 25%. Among ever-married women, the most common perpetrators of physical violence are current husbands (63%) and former husbands (26%).

Experience of Spousal Sexual Violence

In Jordan, 3% of ever-married women age 15–49 have ever experienced sexual violence by a spouse, including 2% of women who have experienced sexual violence in the last 12 months. Twelve percent of women who are divorced, separated, or widowed have ever experienced spousal sexual violence, compared to 2% of currently married women. The governorate with the highest spousal sexual violence is Zarqa (8%).

Spousal Violence

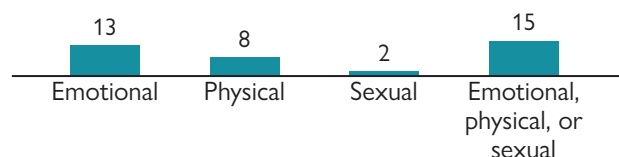
In Jordan, 18% of ever-married women age 15–49 have experienced spousal violence, whether physical, sexual, or emotional, committed by their current or most recent husband. The most common form of spousal violence among ever-married women is emotional violence (17%). Experience of spousal violence decreases as education increases: 25% of ever-married women with no education have experienced spousal violence compared to 15% of ever-married women with more than secondary education.

Recent Spousal Violence

Fifteen percent of ever-married women have experienced violence committed by any husband, whether physical, sexual, or emotional in the last 12 months. This includes 13% who experienced emotional violence, 8% experiencing physical violence, and 2% experiencing sexual violence. By governorate, recent experience of violence by any husband is as high as 32% among ever-married women in Zarqa and is lowest in Mafraq, at 7%.

Recent Violence by any Husband

Percent of ever-married women age 15–49 who have experienced violence by any husband in the last 12 months



Help Seeking to Stop Violence

Among ever-married women who have ever experienced physical or sexual violence, 34% sought help to stop the violence, and 9% did not seek help but did tell someone about the violence. Over half of women (57%) who experienced physical or sexual violence never sought help and never told anyone. The most common source of help women seek is their own family.

MIGRATION

About four in ten (41%) ever-married women age 15–49 were born in Jordan but outside of their current place of residence and 18% of ever-married women were born outside of Jordan. A lower proportion of all men age 15–49 have migrated; 37% were born in Jordan but outside of their current place of residence and 8% were born outside of Jordan.

By background characteristic, migration is highest among ever-married women and men with no education and those from the poorest households. By governorate, Mafraq has the highest proportion of migrants born outside of Jordan (29% for women and 19% for men).

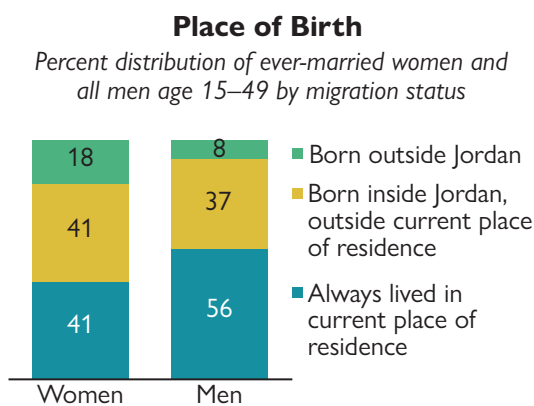


Figure ≠ 100% due to rounding.

DISABILITY

The 2023 JPFHS included questions about six functional domains of disability – seeing, hearing, communicating, remembering or concentrating, walking or climbing steps, and washing all over or dressing – among the household population age five and above. Overall, 84% of the household population age five and above have no difficulty, 12% have some difficulty, and 4% have a lot of difficulty or cannot function in at least one domain.

Disability among Adults
Percent distribution of household population age 15+ by highest degree of difficulty in at least one domain

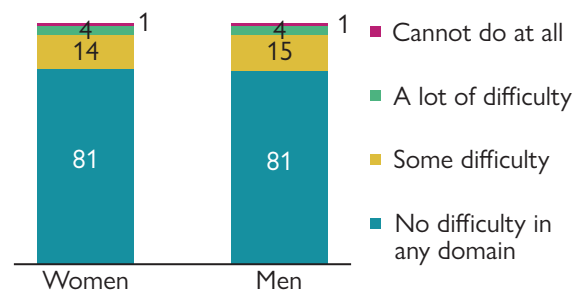


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Among the household population age 15 and above, 81% of both women and men have no difficulty in any domain, however 5% of women and 5% of men have a lot of difficulty or cannot function in at least one domain of disability. Among both women and men age 15 and above, difficulty seeing (11% of women and 12% of men) is the most common domain of disability, followed by walking or climbing steps (10% of women and 9% of men).

Difficulty in at least one domain of disability is more common among women and men with no education and among those in the poorest households. By marital status, disability is highest among women and men who are widowed: 22% of women and 28% of men who are widowed have a lot of difficulty or cannot function at all in at least one domain.

ADULT HEALTH ISSUES

Breast and Cervical Cancer Examinations

Only 9% of ever-married women age 15–49 have ever had a mammogram, and 15% of ever-married women have ever been examined by a doctor or health care worker or had a mammogram to screen for breast cancer. Sixteen percent of ever-married women have ever been tested for cervical cancer. As household wealth increases, breast and cervical cancer screening increases.

Breast and Cervical Cancer Exams by Household Wealth

Percent of ever-married women age 15–49 who were ever examined by a healthcare worker for:

■ Breast cancer ■ Cervical cancer



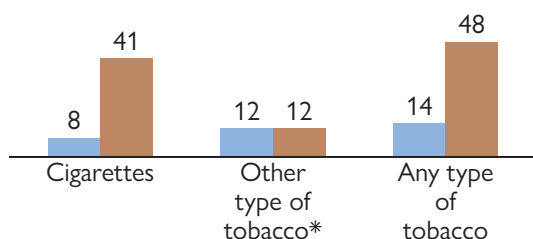
Use of Tobacco

In Jordan, 14% of ever-married women and 48% of all men age 15–49 use tobacco. Eight percent of women use cigarettes and 12% use other types of tobacco, such as pipes full of tobacco, cigars, cheroots, cigarillos, and nargila. Among men, 41% use cigarettes, while 12% use other types of tobacco. Nearly half (46%) of men are daily tobacco users and 2% use tobacco occasionally. Among men who smoke cigarettes daily, 62% smoke 15-24 cigarettes a day.

Use of Tobacco

Percent of ever-married women and all men age 15–49 who use tobacco products

■ Women ■ Men



*Includes pipes, cigars, cheroots, cigarillos, and nargila.

Problems Accessing Health Care

Over half (59%) of ever-married women age 15–49 have at least one problem accessing health care when they are sick. The most common issues are COVID-19 (41%) and getting money for treatment (23%). As education and household wealth increase, problems accessing health care decline. Women's experience of problems accessing health care varies dramatically by governorate, problems accessing health care ranges from a low of 32% in Tafiela and Mafraq to a high of 84% in Zarqa.

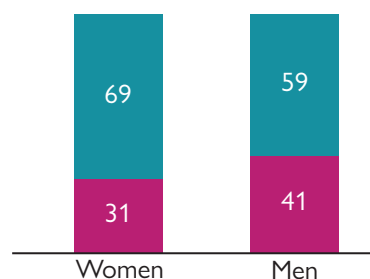
Health Insurance Coverage

In Jordan, 69% of ever-married women and 59% of all men age 15–49 have any health insurance. One-third of women and over a quarter (26%) of men receive health insurance through the Ministry of Health. Additionally, 22% of women and 20% of men are insured by the Royal/Military health insurance. Still, 31% of women and 41% of men have no health insurance. By nationality, a high proportion of women (61%) and men (59%) with Syrian nationality and those with other nationalities (72% of women and 59% of men) do not have health insurance.

Health Insurance Coverage

Percent distribution of ever-married women and all men age 15–49 with:

■ Any health insurance
■ No health insurance



INDICATORS

Fertility	Jordan	Residence	
		Urban	Rural
Total Fertility Rate (number of children per woman)	2.6	2.6	2.8
Median age at first marriage for all women age 25–49 (years)	22.5	22.4	23.4
All women age 15–19 who have ever been pregnant ¹ (%)	3	3	3
Family Planning (among currently married women age 15–49)			
Current use of any method of family planning (%)	60	61	56
Current use of a modern method of family planning (%)	38	39	35
Demand satisfied by modern methods of family planning (%)	54	55	50
Childhood Mortality (deaths per 1,000 live births)²			
Infant mortality	14	15	12
Under-five mortality	15	16	13
Maternal and Newborn Health Care			
Pregnant women age 15–49 who had 8+ ANC visits ³ (%)	64	64	59
Births delivered by caesarean section ⁴ (%)	43	43	42
Child Health (among children age 12–23 months)			
Children who are fully vaccinated against all basic antigens ⁵ (%)	92	92	90
Children who are fully vaccinated according to the national schedule ⁶ (%)	78	80	66
Nutrition			
Children under age 5 who are stunted (%)	8	8	9
Adolescent women age 15–19 who are thin according to BMI-for-age (%)	10	10	11
Women age 20–49 who are overweight or obese according to BMI (%)	64	64	64
HIV/AIDS			
Ever-married young women age 15–24 with knowledge about HIV prevention ⁷ (%)	9	10	3
All young men age 15–24 with knowledge about HIV prevention ⁷ (%)	22	22	15
Early Childhood Development Index 2030			
Children age 24–59 months who are developmentally on-track in health, learning and psychosocial well-being (%)	84	84	85
Women's Empowerment			
Ever-married women age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	23	23	20
All men age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	51	50	57
Domestic Violence			
Ever-married women age 15–49 who have ever experienced physical violence since age 15 (%)	13	12	13
Ever-married women age 15–49 who have experienced physical, sexual, or emotional violence by any husband in the last 12 months (%)	15	15	12

Note: Figures in parentheses are based on 25–49 unweighted cases. ¹ All women age 15–19 who have ever had a live birth, pregnancy loss (stillbirth, miscarriage, abortion), or are currently pregnant. Currently 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. ² Figures are for the ten-year period before the survey except for the national and urban-rural rates, in italics, which represent the five-year period before the survey. ³ Pregnant women age 15–49 with a live birth in the two years before the survey. ⁴ Among live births in the two years before the survey. ⁵ Fully vaccinated against basic antigens includes one dose of BCG vaccine, three doses of polio vaccine, three doses of DPT-containing

Governorate											
Amman	Balqa	Zarqa	Madaba	Irbid	Mafraq	Jarash	Ajloun	Karak	Tafiela	Ma'an	Aqaba
2.4	2.0	3.0	2.2	2.9	3.1	3.0	3.1	2.3	2.4	2.4	1.9
22.3	23.4	21.1	24.6	22.8	23.0	22.6	23.3	25.0	23.4	24.3	22.9
3	2	5	2	2	4	4	2	3	1	1	1
61	60	63	64	61	38	63	64	51	64	53	60
40	43	41	47	35	26	38	40	35	39	25	38
57	60	54	62	50	42	51	51	50	51	37	56
19	21	15	14	10	4	10	22	5	9	4	9
19	24	17	14	11	5	13	22	6	10	6	10
62	70	60	70	77	58	46	69	43	53	44	48
45	39	37	45	45	34	50	41	49	46	33	46
90	99	92	81	96	92	92	89	88	91	70	84
79	79	77	64	86	63	87	66	72	76	46	72
8	8	9	11	7	15	8	5	7	13	13	9
10	12	10	7	7	9	9	13	7	15	6	8
62	67	65	68	67	63	72	68	63	63	60	65
14	1	6	(14)	5	9	7	8	(15)	(12)	8	(22)
22	12	9	5	43	4	10	22	14	10	11	16
84	85	87	81	88	67	88	84	82	85	75	70
28	30	14	20	17	19	23	22	29	18	29	22
53	49	49	49	42	45	75	60	49	56	48	52
11	21	25	12	7	6	15	23	9	10	6	10
13	22	32	12	8	7	15	25	13	10	15	10

vaccine, and one dose of measles-containing vaccine. ⁶Fully vaccinated according to the national schedule includes one dose of BCG vaccine, three doses of DPT-IPV-Hib-HepB, three doses of oral polio vaccine, three doses of rotavirus vaccine, and one dose of measles. ⁷ Knowledge about HIV prevention means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, a healthy-looking person can have HIV, and rejecting two major misconceptions about HIV transmission: HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV.

