

# Jordan



## Population and Family Health Survey 1990

SUMMARY REPORT

# JORDAN POPULATION AND FAMILY HEALTH SURVEY 1990

## SUMMARY REPORT



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Photography:  
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This report summarizes the findings of the 1990 Jordan Population and Family Health Survey (JPFHS) conducted by the Jordan Department of Statistics. IRD/Macro International Inc. provided technical assistance. Funding was provided by the U.S. Agency for International Development.

The JPFHS is part of the worldwide Demographic and Health Surveys (DHS) program, which is designed to collect data on fertility, family planning, and maternal and child health. Additional information on the Jordan survey may be obtained from the Department of Statistics, P.O. Box 2015, Jubhaiha Street, Amman, Jordan (Telephone 962-6-842171; Fax 962-6-833518). Additional information about the DHS program may be obtained by writing to: DHS, IRD/Macro International Inc., 8850 Stanford Boulevard, Suite 4000, Columbia, MD 21045, USA (Telephone 410-290-2800; Telex 198116; Fax 410-290-2999).



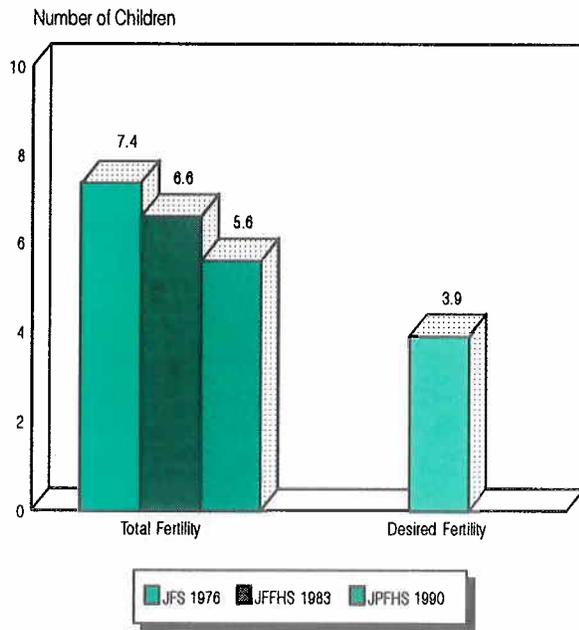
## Background

The main objective of the 1990 Jordan Population and Family Health Survey (JPFHS) was to provide timely information on fertility and mortality levels, knowledge and use of family planning, and basic indicators of maternal and child health. These data are relevant to the evaluation of family planning and health programs and the assessment of the demographic situation in Jordan.

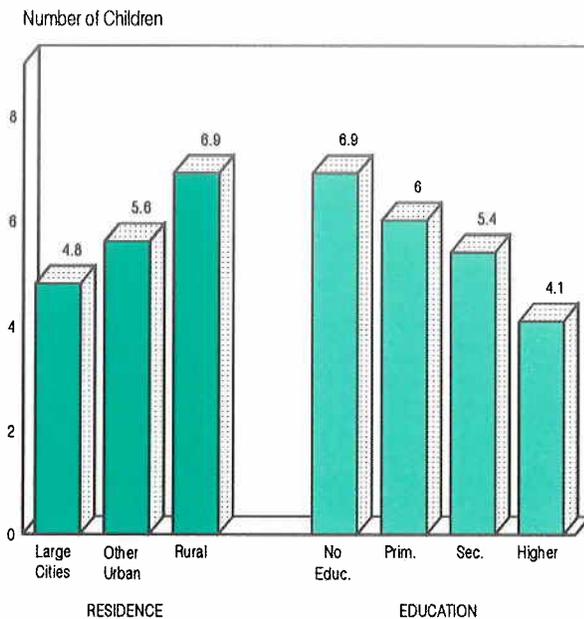
The survey was conducted by the Jordan Department of Statistics. Fieldwork took place from September through December 1990. It covered a nationally representative sample of 8,333 households and 6,461 ever-married women age 15 to 49. Information on all children borne by these women was collected through a birth history. For children born since January 1985, detailed questions were asked about vaccination status, breastfeeding and supplementation, height and weight, and illnesses. Causes of death were recorded for children who had died.

Data collected by the JPFHS can be compared with results from two earlier surveys: the 1976 Jordan Fertility Survey (JFS) and the 1983 Jordan Fertility and Family Health Survey (JFFHS).

**Figure 1**  
Past, Current, and Desired Fertility



**Figure 2**  
Total Fertility Rate by Residence and Education



## Fertility

### Levels and Trends

- At current fertility rates, Jordanian women will have an average of 5.6 children during their reproductive years. This level of fertility is considerably lower than reported previously: the total fertility rate was 7.4 in 1976 and 6.6 in 1983.
- Education has the greatest impact on fertility. Women with more than a secondary school education will have only 4 children on average, compared to women with no education who will have nearly 7 children.

*On average, each Jordanian woman will bear 5.6 children during her reproductive years—two children fewer than in 1976.*

- Fertility varies widely by urban-rural residence. Women living in large cities have the smallest families (4.8 children); rural women have the largest (6.9 children).

### Age at Marriage

- The median age at first marriage has increased from 19 years among older women to 21 years among younger women.
- Women who have more than a secondary education marry almost 6 years later than women who have no education or only a primary education (at a median age of 24 versus 18).

### Breastfeeding and Postpartum Amenorrhea

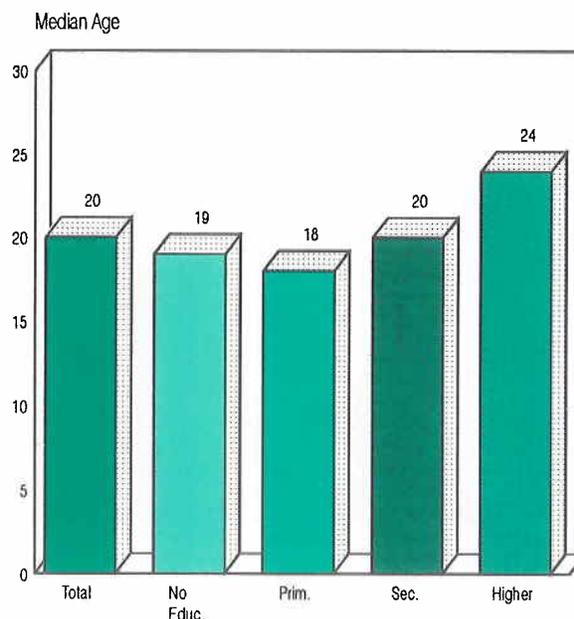
- Almost all Jordanian babies are breastfed; however, the average duration is just 13 months. In North African countries where DHS surveys have been conducted, the average duration of breastfeeding is longer: 14 months in Morocco, 16 months in Tunisia, 17 months in Egypt, and 19 months in Sudan.
- Children are exclusively breastfed for an average of 2.5 months and fully breastfed (breast milk and water only) for just over 3 months.
- Menstruation resumes an average of 7 months after childbirth, while sexual relations are delayed for 2.5 months. The median duration of postpartum amenorrhea is one to two months shorter among women who live in large cities and women with a higher level of education, compared to other women.

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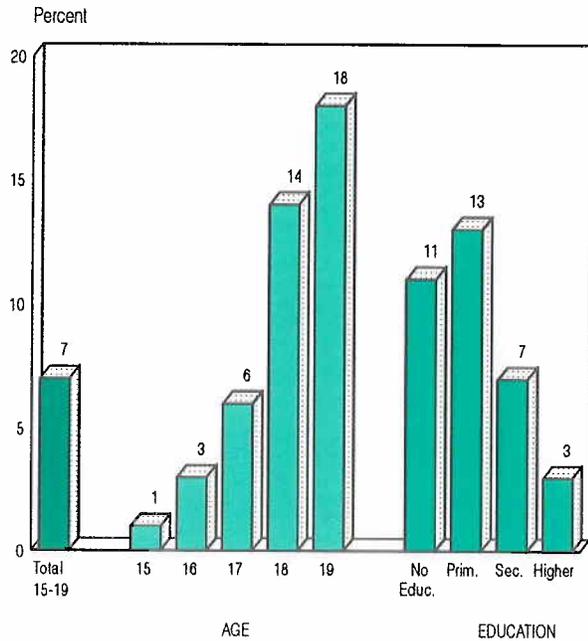
*Nearly universal, breastfeeding in Jordan protects women from pregnancy for an average of 7 months after they deliver a child.*

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**Figure 3**  
Median Age at First Marriage by Education  
(Women 25-49)



**Figure 4**  
Teenage Pregnancy and Motherhood



**Fertility Preferences**

- One in five births in the preceding five years was not wanted, while one in ten was mistimed.
- Almost half of all currently married women want no more children, and another quarter want to delay their next birth for two years or more. Only 15 percent want to have another child soon.
- If all unwanted births were avoided, the total desired fertility rate in Jordan would be 3.9 children per woman instead of the actual rate of 5.6.

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*If all unwanted births were avoided, each woman would have only 3.9 children, on average.*

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**Teenage Pregnancy and Motherhood**

- Seven percent of teenagers in Jordan are already mothers or are pregnant with their first child.
- Better educated teenage girls are less likely than others to be pregnant or to have children.



## Family Planning

### Knowledge of Contraception

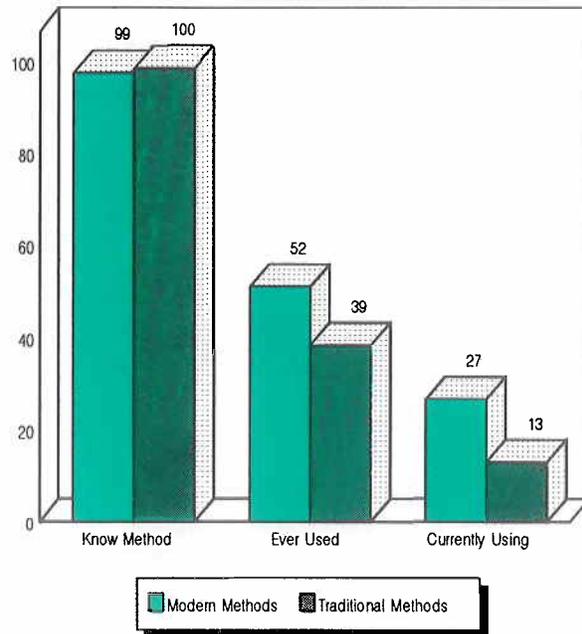
- Virtually all currently married women in Jordan know at least one method of family planning, and most know of several modern and traditional methods.
- The most well-known modern methods are the pill, known by 98 percent of the women, the IUD (98 percent), and female sterilization (95 percent). Prolonged breastfeeding is the best-known traditional method (100 percent). The least recognized method is male sterilization (26 percent).

### Use of Contraception

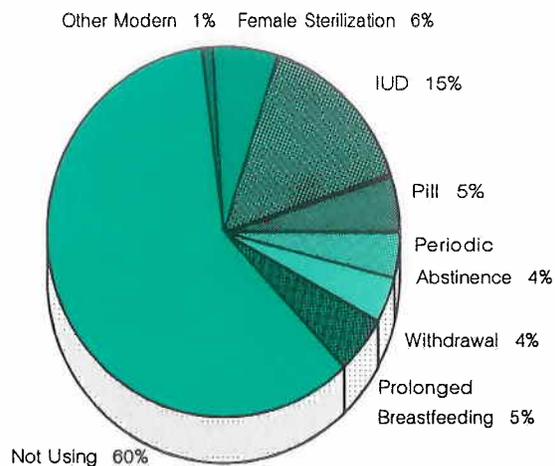
- Two-thirds of ever-married women in Jordan have used a family planning method at some time, and more than half have had experience with a modern method.
- Forty percent of married women are currently using a method of contraception. Twenty-seven percent use a modern method and 13 percent use a traditional method (5 percent prolonged breastfeeding). In contrast, only 17 percent of women used a modern contraceptive method in 1976, and 21 percent in 1983.

*Twenty-seven percent of married women in Jordan currently use a modern method of contraception. The IUD is the most popular method.*

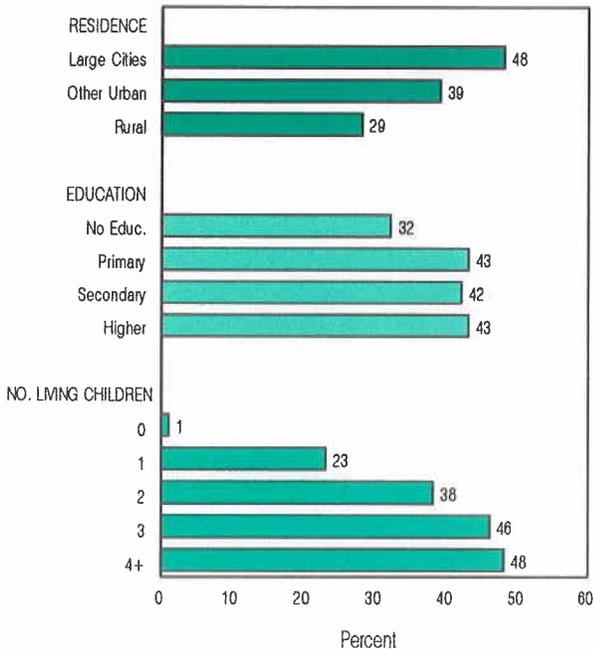
**Figure 5**  
Knowledge and Use of Family Planning  
(Currently Married Women 15-49)



**Figure 6**  
Current Use of Family Planning  
(Currently Married Women 15-49)



**Figure 7**  
**Contraceptive Use by Selected Characteristics**  
**(Currently Married Women 15-49)**



- There has been a dramatic shift in the popularity of different methods, with the IUD and female sterilization overtaking the pill. From 1976 to 1990, pill use dropped from 12 to 5 percent, while use of the IUD and female sterilization increased from 2 percent each to 15 and 6 percent, respectively.
- Women are more likely to use contraception if they are older, have some formal education, live in a large city, or have at least two children.
- Side effects/health concerns and the desire to be pregnant are the main reasons women give for not using contraception. Contraceptive failure is the reason most often given for discontinuing use.

**Demand for Family Planning Services**

- Twenty-six percent of currently married women in Jordan have an unmet need for family planning. These women want either to delay their next birth two years or more (11 percent) or to stop childbearing altogether (16 percent), but are not using a contraceptive method (includes method failure).
- The total demand for family planning (unmet need plus current contraceptive use) is estimated at two-thirds of currently married women. About two-thirds of this demand has been satisfied.

- Demand for family planning services increases with age and education. Women living in large cities and women who have higher education are more likely to have met their need for family planning.

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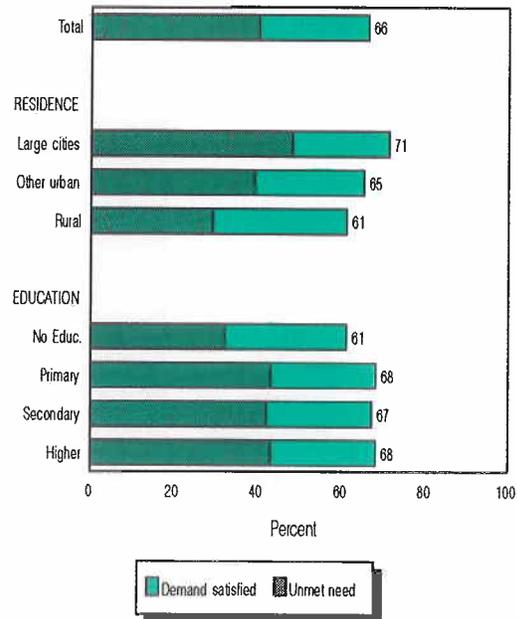
*Two of every three currently married women have a demand for family planning.*

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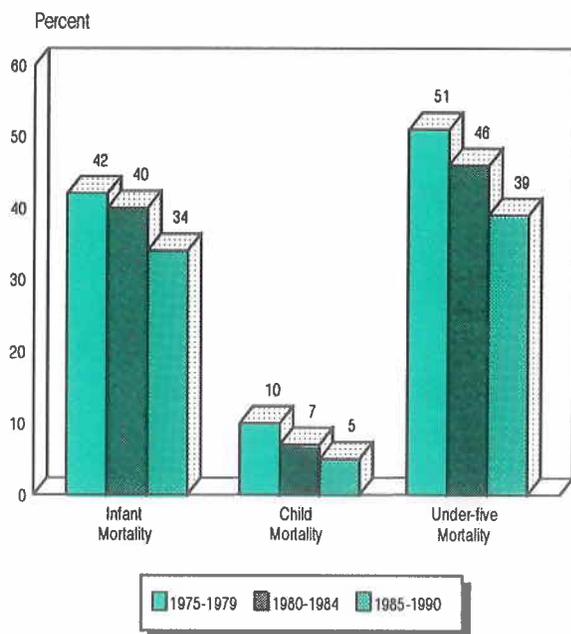
### Availability of Family Planning Services

- Most women who know of a family planning method also know where to get it. The median distance from their home to a source for modern contraceptive methods is 16 minutes in large cities, 20 minutes in other urban areas, and 30 minutes in rural areas.
- Family planning clinics have gained in popularity in recent years: in 1990 they served 30 percent of the women using a modern contraceptive method, compared to just 6 percent in 1983. Other important sources are private doctors (20 percent), government hospitals (18 percent), and pharmacies (15 percent).
- When contraceptive users need further supplies of the pill, vaginal methods, and condoms, close to two-thirds obtain them from a pharmacy.

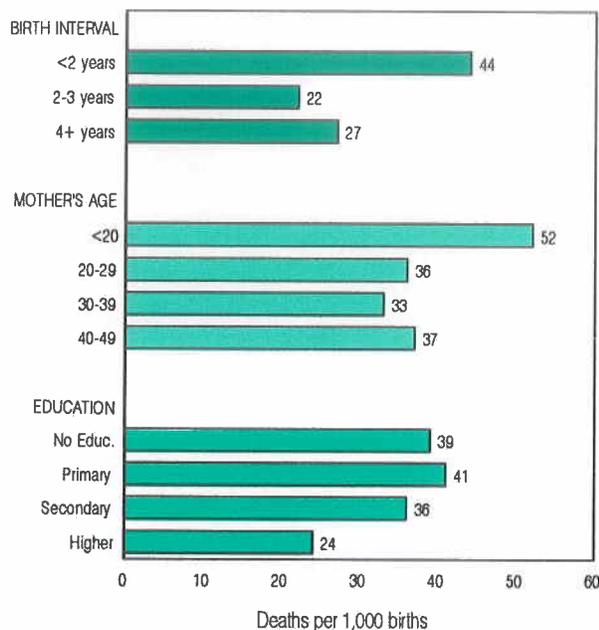
**Figure 8**  
Demand for Family Planning  
(Currently Married Women 15-49)



**Figure 9**  
Trends in Infant and Child Mortality



**Figure 10**  
Infant Mortality by Selected Characteristics



## Maternal and Child Health

### Infant and Child Mortality

- Less than 4 percent of Jordanian children die before reaching their fifth birthday, and most of these deaths occur during infancy. Infant mortality (under age 1) is 34 deaths per 1,000 live births. Child mortality (age 1-4) is 5 deaths per 1,000.
- Infant and child mortality rates in Jordan have declined considerably in recent decades. The under-five mortality rate, 39 deaths per thousand, is lower than that estimated by DHS surveys in Morocco (102), Egypt (102), Sudan (123), and Tunisia (65).
- Mortality is lowest for children in large cities, children of more educated mothers, and children whose mothers received both antenatal care and medical assistance at delivery.
- A short birth interval of less than 24 months almost doubles a child's risk of dying. Risks are also greater for high birth order children (those with three or more older siblings) and for children whose mothers are especially young or old (under 18 or over 34). Over three-quarters of all children born in the past five years fall into one or more of these risk categories.

*A birth interval of less than two years almost doubles a child's risk of dying.*

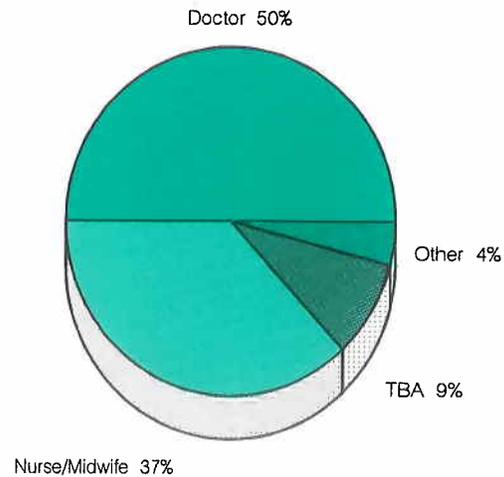
### Antenatal Care and Assistance at Delivery

- Four of every five children in Jordan are born to mothers who received antenatal care during pregnancy; the median number of antenatal visits is 7.5. In almost three-quarters of births, antenatal care begins before the sixth month of the pregnancy.
- Forty-three percent of pregnant women are vaccinated against neonatal tetanus, although half of them receive only one dose. While coverage is still incomplete, it is rising: only 9 percent of pregnant women received tetanus toxoid injections in 1983.
- Almost 80 percent of children are delivered in a hospital, compared to 59 percent in 1983. Half of all births are assisted by doctors and 37 percent by nurses or midwives.
- Doctors are more likely than nurses or midwives to assist in births to younger and more educated women, women with low-birth-order babies, and women living in large cities.

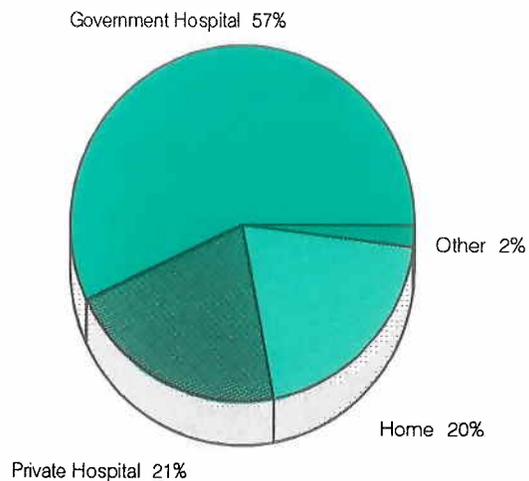
*Almost 90 percent of births in Jordan are assisted by medical personnel.*

- Nearly 6 percent of births in the last five years were delivered by caesarean section; 12 percent were premature; and 9 percent weighed less than 2,500 grams.

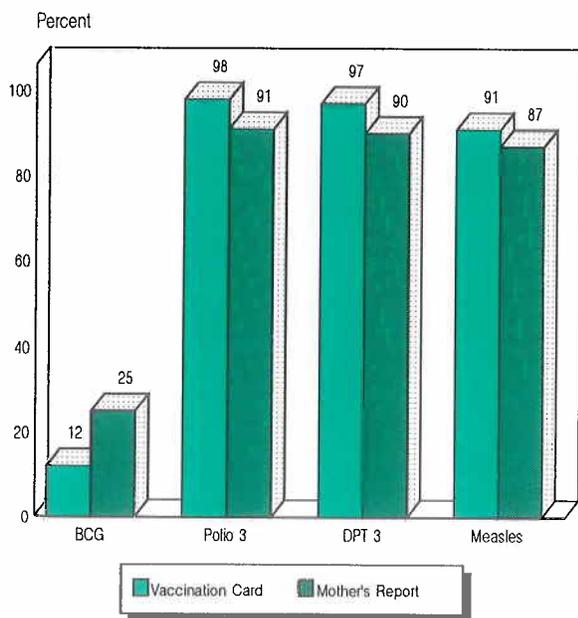
**Figure 11**  
Assistance at Delivery



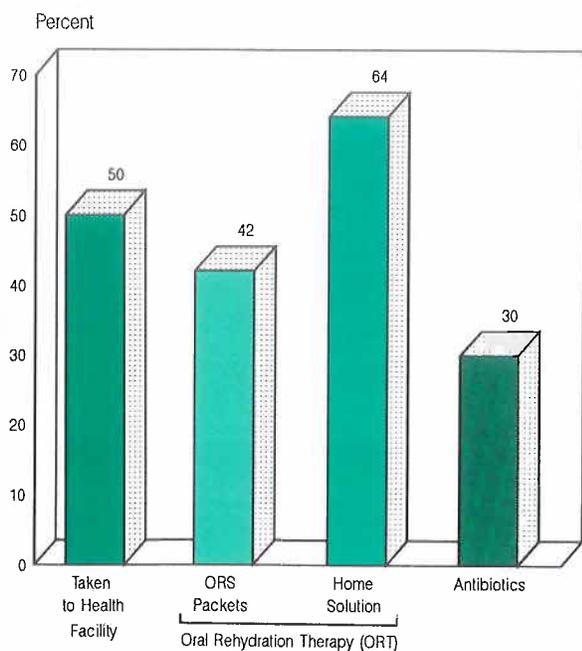
**Figure 12**  
Place of Delivery



**Figure 13**  
Vaccination Coverage Among Children  
Age 12-23 Months



**Figure 14**  
Treatment of Diarrhea in the Two Weeks  
Preceding the Survey



### Vaccinations

- Ninety-five percent of children age 12-23 months have received the full, three-dose series of DPT and polio immunizations. Almost 90 percent have been vaccinated against measles.
- Jordan's health program does not emphasize BCG vaccinations (for protection against tuberculosis), so coverage is low: only 17 percent of children age 12-23 months have received BCG vaccine.

*Ninety-five percent of children 12-23 months have received three doses of DPT and polio vaccines. Almost 90 percent have been vaccinated against measles.*

### Treatment of Childhood Diseases

- Nine percent of children under age five had diarrhea in the two weeks preceding the survey.
- More than three-quarters of the children with diarrhea were given oral rehydration therapy, either a homemade solution or one prepared from an ORS packet. One child in five with diarrhea, however, received neither an oral rehydration solution nor increased fluids.

*Seventy-eight percent of young children suffering from diarrhea received oral rehydration therapy.*

- Half of the children with diarrhea were taken to a health facility or given treatment obtained from a pharmacy.
- Eighty-six percent of breastfeeding children with diarrhea received the same amount of breast milk as usual. However, 10 percent were given less or no milk, and 4 percent received more than usual.

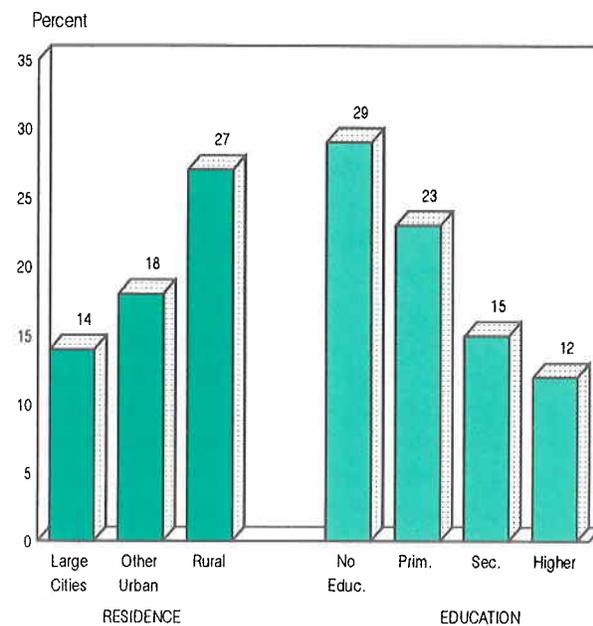
### Nutritional Status of Children

- Nineteen percent of children under five are short for their age, or stunted, compared with an international reference population. This reflects chronic undernutrition which has retarded their growth over a number of years.

*Chronic undernutrition has stunted the growth of 1 in 5 children under the age of five.*

- Three percent of children under the age of five are wasted, that is, their weight is low relative to their height. This reflects acute undernutrition in recent months, sometimes related to illness.
- Both stunting and wasting occur more frequently among children who are older, of higher birth order, born after an interval of less than 24 months, live in rural areas, and whose mothers had little or no education. Girls are slightly better off than boys, especially in terms of weight-for-height.

**Figure 15**  
Chronic Undernutrition (Stunting) Among Children Under Five



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## Conclusions

### Fertility and Family Planning

Fertility has declined rapidly in Jordan in recent decades, but the rate varies substantially by education and by residence. Less educated women and those living in rural areas need more information on the benefits of spacing births and, ultimately, of stopping childbearing when they have reached their desired family size.

Four of five births in the past five years were at high risk, either because of the mother's age (under 18 or over 34), high birth order (3 or more), or a short birth interval (less than 24 months). Women need to better understand how their reproductive decisions, especially the spacing of births, affect the health of their children.

Nearly every married woman in Jordan has heard of modern contraceptives and knows where to obtain them. However, only 27 percent currently use a modern family planning method, and only 40 percent use a contraceptive method of any kind. Over 20 percent of births in the past five years were not wanted, and more than a quarter of currently married women have an unmet need for family planning. Wider use of family planning for both spacing and limiting births would help couples have only the number of children they want, and would accelerate the decline in fertility.

Integrated family planning and health programs should continue to promote the benefits of prolonged breastfeeding. Breastfeeding offers health benefits to the children as well as some protection against pregnancy.

### Maternal and Child Health

Infant and childhood mortality in Jordan are declining, particularly in large cities and in families of more educated women. The situation could be further improved, however, if women were encouraged to time their births so as to reduce the risks to their children.

Jordan has made considerable progress in providing health care to mothers and their infants. Most pregnant women receive early and consistent antenatal care, and deliver in hospitals with the assistance of medical personnel. However, health care during pregnancy and at delivery lags behind for less educated, rural women. Also, tetanus toxoid injections are not received by more than half of pregnant women.

Steps to prevent and treat childhood diseases have contributed to the low mortality rates. Immunization coverage for DPT, polio, and measles is extremely high, although the health program needs to focus more on BCG, where coverage is less than 20 percent. Oral rehydration therapy (ORT) is well-known, and most children suffering from diarrhea are treated appropriately. However, one-fifth of children with diarrhea are not given ORT or increased fluids of any kind.

Nutritional measures show that children in Jordan, especially girls, do well in terms of weight-for-height. Stunting, however, affects almost one-fifth of the children. Undernutrition poses a special problem in rural areas and in the families of uneducated women.



## FACT SHEET

### United Nations World Population Chart 1990

Total population (millions)	4.009
Urban population (percent)	68
Population growth rate (percent)	3.3
Population doubling time (years)	21
Crude Birth Rate (per 1000 population)	39
Crude Death Rate (per 1000 population)	6
Life expectancy at birth (years)	66

### Jordan Population and Family Health Survey 1990

#### Sample Population

Ever-married women 15-49	6,461
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#### Background Characteristics of Women Interviewed

Percent urban residents	73.8
Percent attending secondary/preparatory school	43.5
Percent attending higher education	10.5

#### Marriage and Other Fertility Determinants

Percent of women 15-49 currently married	53.6
Percent of women 15-49 ever married	56.2
Median age at first marriage for women 25-49	19.5
Median age at first birth for women 25-49	21.2
Median duration of breastfeeding (in months) <sup>1</sup>	12.3
Median duration of postpartum amenorrhea (in months) <sup>1</sup>	4.1
Median duration of postpartum abstinence (in months) <sup>1</sup>	1.9

#### Fertility

Total fertility rate <sup>2</sup>	5.6
Mean number of children ever born to women 45-49	8.3

#### Desire for Children

Percent of currently married women who:	
Want no more children	47.1
Want to delay their next birth at least 2 years	24.8
Mean ideal number of children for women 15-49 <sup>3</sup>	4.4
Percent of unwanted births <sup>4</sup>	20.6
Percent of mistimed births <sup>5</sup>	11.4

#### Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	99.8
Knowing a modern method	99.0
Knowing a modern method and knowing of a source for the method	94.2
Ever using any method <sup>6</sup>	63.7
Currently using any method <sup>7</sup>	40.0

#### Percent of couples currently using:

Pill	4.6
IUD	15.3
Female sterilization	5.6
Periodic abstinence	3.9
Withdrawal	4.0
Prolonged breastfeeding	5.0

#### Percent of contraceptive users

obtaining their method from:	
Government hospital	18.2
MCH/health center	6.1
Family planning clinic	30.1
Private doctor	20.4
Private hospital	9.0
Pharmacy	14.7

#### Mortality and Health

Infant mortality rate <sup>8</sup>	33.8
Under-five mortality rate <sup>8</sup>	38.8
Percent of births whose mothers:	
Received antenatal care from a doctor or a nurse/midwife	80.2
Received tetanus toxoid injection	42.6
Percent of births for which the mothers were assisted at delivery by:	
Doctor or nurse/midwife	87.2
Traditional birth attendant	8.6
Percent of children 0-2 months breastfed	97.0
Percent of children 4-5 months breastfed	84.4
Percent of children 10-11 months breastfed	66.2
Percent of children 12-23 months who received:	
BCG	16.8
DPT (three doses)	94.8
Polio (three doses)	95.3
Measles	89.4
Percent of children under 5 years who had diarrhea in the 2 weeks preceding the survey	8.5
Percent of children under 5 years who are chronically undernourished (stunted) <sup>9</sup>	19.3

<sup>1</sup> Current status estimate based on births during the 36 months preceding the survey

<sup>2</sup> Based on births to women 15-49 years during the period 0-3 years before the survey

<sup>3</sup> Excludes women who gave non-numeric responses (31 percent)

<sup>4</sup> Percent of births in the 5-year period preceding the survey which were unwanted

<sup>5</sup> Percent of births in the 5-year period preceding the survey which were wanted later

<sup>6</sup> Includes women who have used prolonged breastfeeding

<sup>7</sup> Includes currently married women who are using prolonged breastfeeding (5 percent)

<sup>8</sup> Rates are for the five calendar years preceding the survey, approximately 1986-1990

<sup>9</sup> Percent of children who are below -2 standard deviations from the median of the international reference population for height-for-age, as defined by the U.S. National Center for Health Statistics, and recommended by the World Health Organization