



# Reproductive Health of Adolescent Refugees in Camp Settings

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## Evidence Brief

A qualitative Cross-National Needs  
Assessment

2020



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## Executive Summary

Providing quality and comprehensive sexual and reproductive health (SRH) services for adolescents demands significant support and extensive efforts because of their rapid physical and emotional development and the potential risks imposed on them. Refugees are at higher risk of several issues such as early marriage and pregnancy, unplanned pregnancies, and sexual and gender – based violence.

**Jordan hosts the second highest number of refugees per capita**



Jordan hosts the second highest number of refugees per capita. Their continuous social and medical needs necessitate continuous support and organized efforts to achieve quality SRH services, which if unmet, progress into social and economic problems. There are **91,051** refugees in the **0 -4** age group, **140,227** in the **5-11** age group, **94,515** in the age group **12-17**, **192,207** in the **18-35** age group, **114,808** in the **35-59** age group, and **26,856** in the **60** and above age group.

Assessing adolescent SRH needs, challenges, and barriers is essential to provide quality and comprehensive care. This Evidence brief summarizes specific research findings and brief recommendations to improve SRH services for Syrian adolescents in Jordan. This Evidence brief was co-developed with the Higher Population Council (HPC) in collaboration with the main investigator. The research fund was specific for the assessment of SRH services needs and barriers encountered by Syrian adolescent refugees in Jordan. Adolescents and youth assessed in the study aged 17 – 24.

The Higher Population Council attaches great importance to the issue of reproductive health, as an important component of population dynamics, HPC compare RH as good component to supports its efforts to achieve a balance between population growth and economic resources for the advancement of development, and creating an appropriate environment for realizing and investing the population opportunity, and strives to strengthen national programs Reproductive health, which greatly integrates family planning services, to allow Jordan to achieve stable and sustainable population growth and economic stability.

The recommendations provided in this brief are useful for all organizations working on SRH in Jordan including the Ministry of Health, non – governmental organizations, and academic institutions.

### RECOMMENDATIONS, IN SUMMARY, ARE:

1. Develop programs that target the following issues: early marriage, unsafe sexual behavior, subsequent pregnancies, and sexual violence.
2. Provide specialized services for adolescents, and males, that is friendly and safe.
3. Implement SRH educational materials in in schools' curriculum.
4. Develop trusted websites that contain monitored and useful information on SRH, targeted to adolescents, and meet their needs.
5. Train health care providers, and educate parents, schoolteachers, and community health centers on assessing and supporting SRH for youth and adolescents.
6. Develop a systemized structure for SRH services that's evidence – based.
7. Innovate in educational methods to encourage higher participation of adolescents, parents, and the community, such as interactive theatre, social media, and famous bloggers on the internet.

8. Develop a sustainable strategy that is nationally adopted to ensure the continuity of SRH services to adolescents on the long run.
9. Develop coordination, networking, and collaboration between all organizations that provide SRH services for refugees to support a comprehensive plan of SRH services for adolescents.

## Introduction

Since the Syrian refugee crisis emerged in 2011 in Jordan, national plans, and strategies in educational, economic, population, health, and labor, indicated serious issues affecting the socio – economic and demographic structure of the Jordanian population that demand significant considerations. Statistics in Jordan for 2019 demonstrated a total population of 10,458,413. Among them, there was 744,795 registered refugees, of whom, approximately 655,000 were Syrians, 67,000 Iraqis, 15,000 Yemenis, 6,000 Sudanese and 2,500 refugees from other nationalities. Thus, Syrians, make up about 6.3% of the total Jordanian population, and about 88% of the total refugees' population. Most of Syrian refugees (80%) are outside camps, and the rest live inside camp settings.


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The relatively high percentage of Syrian refugees in Jordan impose serious implications of social, medical, political, and economic responsibilities on the Jordanian government, which formed high pressure of demand for all kind of services. The extensive impact of the crisis doesn't only entail a short – term plan of services, but medium- and long-term plans. The demographic and health effects of this crisis could be the most protuberant on the Jordanian health and economic systems, and the demographic characteristics of the population. Although the 'Jordan Response Plan to the Syria Crisis (2016-2018)' was initiated to develop a collaboration to support Syrian refugees, Jordanian citizens, and institutions, the crisis was beyond the capacity of the government, communities, and external support. Jordan received \$1.07 billion of support that constitute 36% of its funding needs in the first few years of the crisis. The amount of funding is decreasing with the global economic crisis; however, the demand is increasing, which rises higher concerns about the stability of many public sectors in Jordan, including the healthcare system. One of the strategic planning to reduce the impact on the demographic structure of the population and to enhance the economic situation is to improve the general health and wellbeing of the Syrian population by reducing the consequences of unhealthy practices. An important aspect of this improvement is to provide quality and comprehensive sexual and reproductive services for refugees. The importance of improving sexual and reproductive health (SRH) of refugees is not only limited to enhancing their wellbeing, but also reflects on the economic development of the country. Some of the most serious SRH problems among the refugee population are child marriage, consecutive pregnancies, unprotected sex, and unwanted pregnancies; problems that are mainly occurring for adolescents. As a result, unsafe abortion, sexual violence, and sexually transmitted infections often occur.

Sexual and reproductive health services for adolescents are lacking worldwide. There is a general lack of comprehensive services, limited accessibility and availability, and low level of awareness among adolescents and their parents. However, the magnitude of these issues increases under refuge and migration, making services more difficult. Adolescent refugees encounter limited access to health and social services and are prone to many health risks and safety issues. The social, mental, and physical damage caused by the Syrian civil war and the

vulnerabilities resulted through displacement have led to interruption of education, increased discrimination, changes in health behaviors, and an overall deterioration of their wellbeing. Such negative consequences affected adolescent behaviors and led to unfavorable outcomes in the condition of many families, like family planning, counselling, and protection issues, gender-based violence, and early marriages. Many governmental and non – governmental organizations provided support to relief their suffer, but several financial or environmental barriers are yet existing. While many youths live with their families in refugee camps, some are scattered in shelters which lack the essential healthcare services because of the limited resources available to them and the lack of access to proper care.

As part of the efforts of the Higher Population Council to monitor and manage the socio – demographic changes in Jordan due to the Syrian crisis, this Evidence brief summarized and addressed key findings of a study that assessed the opinions of Syrian refugee adolescents and key informant working with them in regard to challenges and barriers, as well as policies and recommendations related to SRH needs, services and rights. The main objectives of developing this Evidence brief are to:

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- 1 Enhance the demographics of Jordan.
  - 2 Summarize information available from this study and other studies on SRH in Jordan.
  - 3 Suggest appropriate solutions to improve SRH services and their accessibility to adolescents and limit risks and barriers associated with SRH as possible.

## Adolescents SRH services in Jordan

Although Jordan is endorsed with good primary health care that is readily available to the public, limited services are available for sexual health, especially for males, with almost no access to those who are not married, due to social stigmatism. Unmarried adults and adolescents of both genders, as well as divorced women and widows, are prey to such social barriers that prohibit their use of most, if any, SRH services. Fulfilling adolescents physical and sexual needs is essential, especially that they constitute 30.5% of the total population in Jordan. In the past, adolescents' needs were neglected, which led to misconceptions about SRH, seeking untrusted sources of information about SRH, and unsafe sexual behaviors. More recently, studies from the Jordanian HPC were showing that most adolescents and youth who participated in these studies expressed their urgent need for SRH awareness programs; addressing the challenges they encountered. Adolescents SRH needs have been neglected globally, which is evidenced by the lack of satisfactory research addressing adolescent SRH issues and needs.

There many effects the Syrian crisis brought to SRH services in Jordan. For example, Jordan's Total Fertility Rate (TFR) has dropped in recent decades, until 2017, when large numbers of Syrian influxes into the country, making it to rise. Many of Syrian refugees who migrated to Jordan were young couples with many children close to each other in age, indicating little or no spacing between them. Syrians' culture was, and still, that larger families are better, since parents and in – laws pressure to have kids right after marriage and discourage the use of

any modern contraception methods. In addition, the prevalence of early marriage in Jordan had increased in recent years after it was declined in the last decade, according to the United Nations Children's Fund (UNICEF) and the HPC in 2019. Moreover, 10.7% of all marriages in Jordan were for girls below the age of 18, as reported by the Supreme Judge Department. The DHS statistics of 2017-2018, illustrated that 7.5% of Jordanian women and 37% of Syrian women aged 20-24 got married before they reached 18. However, child marriage imposes many risks, including gender – based violence (GBV), early and subsequent pregnancies, social problems, and economic instability for the family.

## A) THE AVAILABILITY, ACCESSIBILITY, AND USE OF SRH SERVICES

The healthcare system in Jordan is endorsed with numerous SRH services that are readily available and accessible to most of the population. However, most of the services available are specific to women focusing on family planning or peri-natal care. There are 462 governmental health centers that provide maternal health care and family planning and 29 public hospitals that provide reproductive health and family planning services. Other services are also available, but are less common, and are only available at few sites, such as treatment and counseling on abortion and post – abortion care, which is available at 9 organizations only. Sexually transmitted diseases treatment and counselling is available at 11 organizations, youth SRH awareness and education is available at 19 organizations, and males SRH services are not available at any organization. Early marriage intervention and counseling services are available at 11 organizations.

Most SRH services for Syrian refugees in Jordan, focus on family planning, reproductive health services for females, and early marriage interventions. Otherwise, services are almost neglected. This was obvious from adolescents and key informants interviewed in the study pertained to this Evidence brief.

Recent statistics by The United Nations Fund for Population Activities (UNFPA) reported that 35% of Syrian refugee girls are married before the age of 18. Therefore, family planning is another service that most funding resources are interested in to lessen the negative consequences of early marriage (i.e. early and frequent pregnancies), which affect the mental and physical health of the mother. In addition,

One of the key informants said

“Proper training for SRH providers and a friendly environment of services are lacking. Healthcare providers don’t have enough knowledge about adolescent physical development, their mental health needs, and how to provide services.....further, most of training programs focus on family planning, domestic violence, and early marriage, and other kinds of services are not covered by any entity”.

early marriage interventional programs were designed to enhance the opportunity for refugees to improve their skills that assist them in the job market. Most organizations provide FP services for refugees and adolescents, which is limited to education and awareness programs by some organizations, but could include contraception provision, counselling, assessment, and clinical treatment by others. The Jordan Population and Family Health Survey 2012 provided that 61% of married women in Jordan use a method of family planning, and some of them use more than one method. The most used form of contraception was IUD, accounting for 21%. There are certain factors that increased the likelihood of using a family planning method among married women, such as:



However, the Jordan Communication, Advocacy and Policy Project (JCAP) funded by the USAID reported a lower percentage of women using family planning (51.1%), with 38% using IUD, which was the most common method used. The results of the study pertained to this Evidence brief showed that all married women who were interviewed used a form of contraception, and indicated that the availability of FP services, the awareness programs about FP, and the current social and economic conditions of refugees, encouraged them to use FP.

Regarding early marriage services, they are mainly educational sessions that are provided through group gatherings, educational settings, or during provision of services. Early marriage along with the subsequent pregnancies was also considered a risk factor by most adolescents and key informants in the current study that this Evidence brief was prepared for and was mentioned in other studies as well. Early marriage interventions in most organization are designed to improve access to education and jobs. Success stories of early marriage interventions were encouraging and provide the evidence that cultural belief could be changed if proper education, training, and skills development, were provided.

**A success story on early marriage intervention was provided by the director of Institute for Family Hussein in the King Al Hussein Foundation he said:**



“We developed a project with several organizations, which included the ministry of education, institute for family care, The Jubilee School, and King Hussein Institution. This project targeted 300 Syrian girls who were 14-16 years old and were about to drop from school to get married. We started a program for girls and parents parallelly. The program used Syrian college girls who volunteered to help mentoring the young girls. Achievements included the development of a 10 – year life plan by girls, which included changing their idea of early marriage to continue their education, and great improvement of girls’ grades at schools. Some of the girls received very high scores at the high school national exam and got scholarships to study in colleges. Regarding their parents, they were trained on economic-business skills development that focused on establishing their own business. The program improved life and academic skills of girls. It was an interactive program that ended in a great success”.

There are numerous programs and services that were affected by the Covid-19 pandemic. Services became more difficult to access and programs with activities were postponed. The virtual consultation and education were not activated in most places, and even if some had arranged to activate these online services, they were not available to many adolescents and refugees who couldn’t or didn’t know how to use these online tools. One female adolescent commented on that, “many activities are now cancelled with COVID-19”.

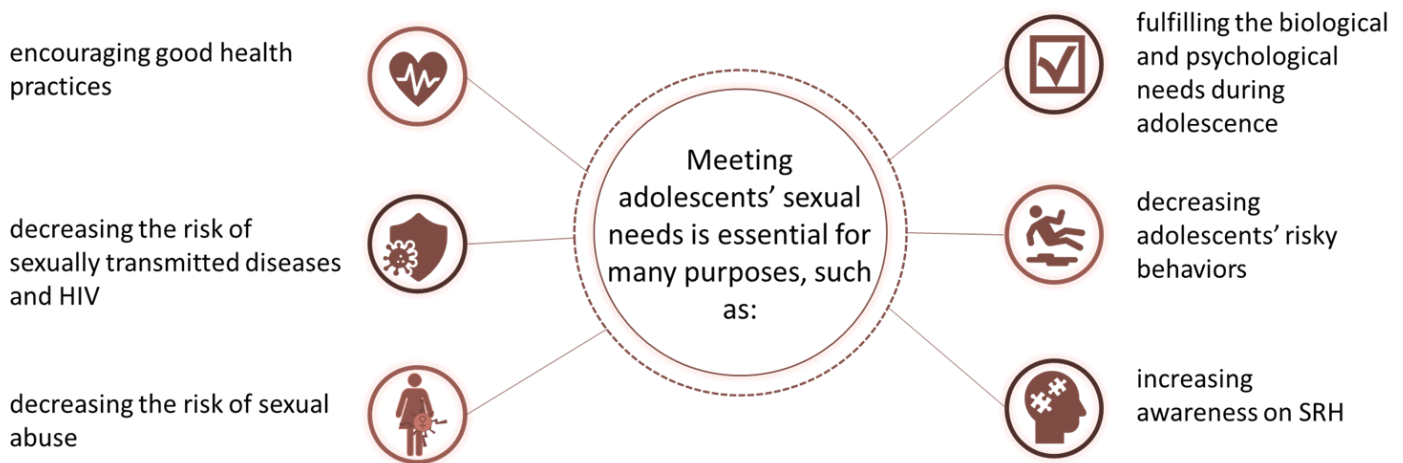
## **B) THE NEED OF SPECIALIZED SRH SERVICES FOR ADOLESCENTS**

Access to information about SRH for adolescents is still limited and insufficient, even though proper SRH services for adolescents affect the quality of their lives, the economic growth of



the country, and their ability to compete in the labor market. Although there are numerous national programs for reproductive health available to citizens and refugees, these programs are not comprehensive or specialized in SRH for adolescents and youth, and do not consider the needs of special age groups within the general youth group. The subjects of awareness programs offered by these institutions are limited to basic issues of SRH related to safe motherhood, puberty, and sexually transmitted diseases, but they lack in-depth information on SRH issues and lack the link with reproductive rights.

There is a significant gap in sexual health services, which include education and information, treatment, and prevention of HIV and other STIs, and sexual function and psychological counseling. None of these services are readily available for adolescents. A key participant who worked with refugees for a long period said, "Many provide information about STIs, but most centers provide superficial information that lacks any practical or behavioral information. In fact, all SRH services is more theoretically than practically provided".



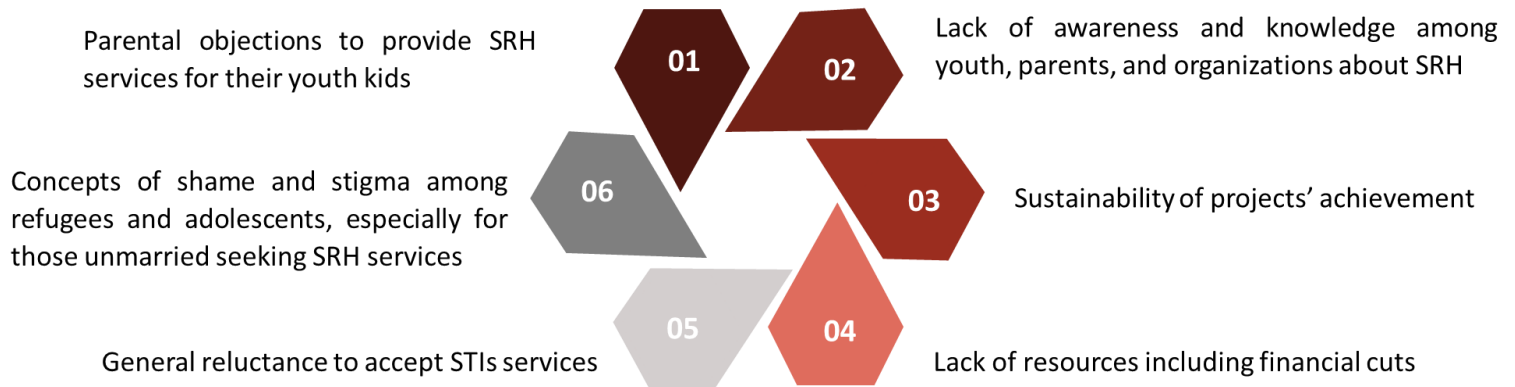
### C) BARRIERS TO CARE

In Jordan, health care services and SRH services are available to almost everyone in the Kingdom, but some are excluded from SRH services, and their numbers are not actually known. However, SRH services currently provided in Jordan and in refugee camps suffer from serious gaps in serving some groups. For instances, services are exclusively for married women, men almost lack any SRH services, no specialized SRH services for adolescents, no proper training for SRH or specialized training on adolescents. These groups should be carefully consulted to fully understand their needs and start to address them. In addition, other members of the society should be included in preparing SRH services to support these vulnerable groups, such as the parents of adolescents, community leaders, community centers, healthcare providers, and other stakeholders.

It is obvious that there is a need for public health approach that cover the whole population with comprehensive SRH services, and despite the strong social traditions and cultural norms that form barriers against receiving SRH services and obtaining the proper information when needed, this approach should tackle down all obstacles and meet the expectations for a quality SRH care.

There is a list of identified SRH barriers that resulted in decreased access and use of available

SRH services among adolescents, which are:



Most services provided to refugees and adolescents are educational. Other services like, screening, assessment, and treatment are less available. This was well – expressed by one of the Key informants who said, “let me be honest here, most programs in Jordan are merely limited to education and consultation”. Therefore, several challenges face institutions providing awareness-raising programs on SRH and reproductive rights for adolescents and youth. The main challenges encountered by these organizations and institutions are:

1. The lack of a national coordination mechanism for providing SRH programs
2. Poor coordination between health service providers and youth programs even within the institution itself
3. The lack of a comprehensive integrated guide to raise awareness and education on SRH and reproductive rights issues that includes communication tools and mechanisms to change social behavior.
4. Weakness in the mechanisms of linking awareness and education with referral to obtain services, especially youth-friendly ones, due to their scarcity.
5. The lack of a ‘continuous education’ and follow-up system of staff training on SRH for adolescents, which disable them to keep up with developments in this field.
6. Lack of any form of training on how to deal with adolescents and address their social, mental, and physical needs.
7. Failure to implement media campaigns targeting all segments of society, while considering societal privacy.
8. Most organizations limit their work on education and awareness programs for SRH and barely address any other related issue.

## Evaluation of studies available on SRH in Jordan

1. The evidence available on the current situation of SRH services for adolescents, their access, availability, and use are based on interviews or information that were collected from adolescents or organizations that provide services.
2. None of the studies assessed the opinions of adolescents’ parents, or community leaders. Since the available SRH programs are mainly educational, assessment of these programs was merely based on the level of awareness provided, and not, for example, on the quality of sexual health care, because of the scarcity of such services.
3. There is almost a complete lack of any male services which hinders a proper assessment of SRH services specialized for males.

4. Almost all programs in Jordan are funded by international organizations, therefore, assessment is linked to the mission, vision, and objectives of these organizations.
5. Data collected and information generated by many organizations that are funded by international sources don't share the data with other organizations, which hinders the ability to benefit from the experience or build a collaborative effort.
6. In general, studies are scattered and not focused on a certain age group or specific SRH issues. Thus, the evaluation of each topic of SRH is difficult due to the scarcity of data.

## Recommendations to improve SRH services for Syrian adolescent Refugees in Jordan

### 01

Provide awareness programs that meet adolescents' needs, which could be beneficial through the following advises:

- A. Create reliable online resources, specialized websites, and smart applications that provide information and accept inquiries.
- B. Involve parents in awareness programs to play their role in educating their children, which could be done by involving them in groups discussions, field activities, and decision making.
- C. Include SRH material, designed for different age groups, in the curricula of schools.
- D. Implement interactive activities and communication tools in awareness programs instead of direct lecturing.
- E. Use social media in a smart way, like inviting famous bloggers to the awareness programs, and upload videos that are targeted.
- F. Prepare a unified national training package to be adopted by all national authorities that's practical and evidence – based.

### 02

Create national coordination mechanisms (multi-sectorial) and define a national umbrella that works to unify scattered efforts and activate coordination between agencies working in this field through

- A. Activate SRH activities at schools and community centers that are affiliated with larger agencies services SRH.
- B. Implement adolescent needs within the National Strategy for SRH and link these needs to the National Youth Strategy.
- C. Provide a national guideline that is followed by all organizations working in the field.

### 03

Prepare a national awareness program on SRH for adolescents and youth, which:

- A. Agrees with the principles of Islam and the culture of the Jordanian society
- B. Respond to the requirements according to age and gender.

04

Develop specialized services for adolescents that are safe, friendly, and high – quality to meet the needs of adolescents and youth.

05

Include youth and adolescents in designing and planning their own programs. This should solidify their intention in advocating for SRH and participating in services.

06

Prepare a national program to train and educate staff working with adolescents in youth issues and the mechanisms for working with them, in addition to building their capacities in SRH and reproductive rights and linking them with life skills.

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