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A 17-year-old Turkmen mother and her children © Marcel Saleh/GAGE 2023

Sexual and reproductive health, information and services: opportunities and challenges for marginalised young people in Jordan

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Introduction

Jordan has a large and growing population of adolescents and young adults who lack access to sexual and reproductive health information and services. Cognizant of the relationship between sexual and reproductive health and broader development outcomes, the Jordanian government is committed to taking urgent action to meet these needs. However, despite its policy efforts, the government remains highly constrained by cultural norms that render sexual topics 'taboo'. Building on earlier work focused on sexual and reproductive health (Presler-Marshall et al., 2023a), this policy brief draws on mixed methods data collected by the Gender and Adolescence: Global Evidence (GAGE) longitudinal research programme and summarises midline findings regarding young people's sexual and reproductive health (Presler-Marshall et al., 2023b). It touches briefly on our methods and then presents our headline findings before concluding with implications for policy and programming.

Methods

Midline research was conducted in 2022 and 2023. Surveys were undertaken with nearly 3,000 young people living in Amman, Irbid, Jerash, Mafraq and Zarqa governorates. The quantitative sample included 2,145 Syrians, 457 Jordanians and 272 Palestinians from Jerash refugee camp. Young people were divided into two age cohorts, 1,646 adolescents who were an average of 15 years old at midline and 1,277 young adults who were an average of 20 years old at midline. The qualitative sample included 296 people—188 adolescents and young adults (including 29 young people from the Banimura and Turkmen communities), as well as dozens of their caregivers and key informants. GAGE's sample was drawn to be inclusive of the most vulnerable young people living in Jordan and as such incorporates those who are already married or who have a disability.

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Headline findings

Puberty education

Midline research found that not all young people had a source of information about puberty and that the information that young people did have about their developing bodies was often delivered too late and was rarely comprehensive. The survey found that girls and young women were more likely to have had a source of information about puberty than boys and young men (93% versus 72%), primarily because mothers (43%)—and not fathers (9%)—talk to their children about pubertal changes. Girls' instruction from their mothers was typically focused on menstrual hygiene management and regularly (46%) post-dated girls' menarche. Both mothers and fathers reported feeling ashamed to discuss sexual maturation with their children. Mothers often tasked older sisters with delivering information; fathers tended to rely on religious educators. Only two-fifths (41%) of young people had had any sort of class on puberty, usually at school. Critically, puberty education is rarely linked with broader education on human sexuality and reproduction, due to adults' concerns that providing young people with information may lead them to experiment (primarily boys) or to reject marriage (primarily girls).

Menstrual management

Midline research found that menstrual management is a challenge for many girls and young women, due to the cost of products, girls' and young women's shame about asking for products and schools' lack of accessible and sanitary facilities. The survey found that menstruation impacts the daily activities of over half (56%) of young females. It also found that over half of young females are embarrassed (39%) or afraid (14%) to ask family members to purchase period products on their behalf.

> I had no information about my period, so when I saw the blood, I felt scared... I went and told my mother and she told me that this is the menstrual cycle and she explained to me about it.
>
> (19-year-old Syrian mother)

Qualitative research found that menstruation remains highly stigmatised and girls and young women are often forced to rely on homemade cloth sanitary pads. Fewer than three-fifths (57%) of enrolled adolescent girls reported that their school has appropriate facilities for managing menstruation; girls noted that there are too few toilets and disposal bins, inadequate privacy and too little running water. Girls with disabilities reported the least access (44%) to school facilities, sometimes because toilet stalls are not accessible and sometimes because they lack aids to assist.

Marriage and sexual activity

The midline survey found that early marriage is common among the girls and young women in the GAGE sample. Of young women, nearly half (46%) had been married, compared to only 10% of young men. Nearly one-third (30%) had been married as children. Of adolescent girls (mean age of 15 years), 3% had already been married. Young Syrian women (51%) were more likely to be married than their Palestinian (37%) and Jordanian (32%) peers—and were more likely to have been married as children. In interviews, young wives often reported that they had been totally unprepared for marriage. Some had been unaware that marriage entails a sexual relationship or that pregnancy results from sex; only a minority were aware that there are ways to decouple sex and pregnancy or understood the details of women's fertility cycle. Young husbands' knowledge was generally reported as better, in part due to some boys and young men spending time on inacurate and unethical websites and in part because it does not appear rare for young males to become sexually active prior to marriage.

Family planning

GAGE's midline research found that young people want to become parents in the future. It also found that young people have limited information about the contraceptives that might allow them to optimally time their pregnancies, that few young married couples are using contraception, and that some young wives are forced by their marital families to take fertility treatments and endure multiple high risk pregnancies. Nearly all of the young people (91%) taking part in GAGE research wish to have children in the future. Boys and young men prefer to have larger families (3.9 children on average) than girls and young women (3.3 children). Palestinians (3.9 children) and Syrians (3.6 children) wish to have larger families than Jordanians (3.2 children). In interviews, no girls and young women expressed a desire for a large family. This was not the case for boys and young men, a few of whom reported wanting ten children.

Young people's awareness of the contraceptives that might help them shape their families is limited. The midline survey found that only 37% of those over the age of 15 were

> I knew that there will be a marriage and Allah will bless me with a child... Even my mother told me nothing.
>
> (16-year-old Turkmen girl)

able to name a method of contraception. There were stark differences between adolescents and young adults and between females and males, with adolescent boys (16%) the least able to name a method and young women the most able (62%). Critically, young women's knowledge of contraception is closely related to marriage, with three-quarters (75%) of married young women versus only half (51%) of unmarried young women able to name a method. In interviews, young wives frequently reported that they learned about contraception only after giving birth to their first child.

Few young wives reported using a method of family planning. The survey found that only 29% of currently married girls and young women were currently using any method and only 19% were using a modern method. Jordanians were more likely to rely on a modern method, most often the IUD (29%) or pill (13%), than Syrians, who preferred withdrawal (14%) and the pill (14%).

In interviews, most young wives who reported using contraception explained that they were using it to space their pregnancies, rather than to delay a first pregnancy. Indeed, most young wives reported that the point of marriage is to produce children, preferably boys, and that they were under considerable pressure from their marital families to do so quickly—and often. Qualitative research also found that there is widespread concern, among young wives and their families, that modern contraceptives are unhealthy. Young wives reported that hormonal methods have side effects such as moodiness and weight gain and that providers had not worked with them to find better formulations. They, and their mothers-in-law, also reported fears that hormonal methods may permanently damage fertility. Respondents broadly agreed that condoms are not seen as contraceptives; they are used solely on a temporary basis to prevent the spread of sexually transmitted infections.

Some marital families are not content to wait for young wives to fall pregnant naturally. Several girls and young women reported that their husbands and mothers-in-law required them to take fertility treatments after only a few months of marriage. Other young mothers reported that their marital families insisted on repeated, closely spaced pregnancies, despite admonitions from healthcare providers about the medical risks.

> In our country, the girl should be pregnant immediately after she gets married... The problem is not just the mother-in-law... the problem is everybody. They all ask me, 'Why you did not get pregnant, did you go to the doctor, did you conduct a medical test?'.
>
> (20-year-old Syrian mother of two)

Motherhood

Unsurprisingly, given contraceptive uptake and marital families' preferences for early pregnancy, over four-fifths (81%) of young wives had already begun childbearing at midline. Of the girls and young women married in childhood, rates of motherhood were even higher (89%). Most young mothers had been pregnant once or twice (mean number of children=1.6). A large majority of young mothers (87%) sought antenatal care during pregnancy; this was often supported by NGOs. Nearly all babies (98%) were delivered in hospitals and clinics.

In interviews, young mothers reported that delivery fees can be quite high and that healthcare providers, especially in government hospitals, are often unsupportive and sometimes demeaning and cruel. The youngest mothers and the most fecund mothers were the most likely to report harsh treatment by medical staff, who blame them for becoming pregnant too soon and too often. Pregnancy loss— including miscarriage, stillbirth and premature delivery resulting in infant mortality—appears quite common. In interviews, respondents attributed this to consanguinity and pregnancies that are too closely spaced.

Intimate partner violence

The midline survey found that three-quarters (75%) of young people agree that wives owe their husbands total obedience, with boys and young men (86%) more likely to agree than girls and young women (66%). In interviews, girls and young women who were or had been married reported that intimate partner violence is common, can be severe, and is almost always kept private due to the stigma that surrounds divorce and the lack of alternatives for young wives experiencing such violence. Survivors of spousal violence regularly reported that their in-laws, with whom most lived, did little to intervene and that even their own parents often refused to lend support.

> My brothers thought that violence was a private issue between us and they think my husband has the right to do what he wants.
>
> (22-year-old Jordanian young woman)

Implications for policy and programming

If Jordan is to deliver on the Sustainable Development Goals, and achieve the policy objectives laid out in its national strategies on Population and Sexual and Reproductive Health, our research suggests the following priorities for policy and programming.

Adolescents need to be provided with comprehensive sexuality education at school, starting ideally no later than grade 7, by teachers carefully trained for the task. Courses should follow an approved international curriculum, taking into account the social and cultural context, be timely and accurate, and be inclusive of young people with disabilities. They should address, in an iterative age-appropriate way, puberty and how male and female bodies work, alongside issues such as sexual reproduction, consent, and family planning. We suggest that the Higher Population Council, the Ministry of Education, and the National Centre for Curriculum Development partner to plan and scale these classes, drawing on existent work by UNFPA and the World Health Organization (WHO).

There is a critical need for complementary community-based life-skills programming to shift gender norms and address adolescents' needs for sexual and reproductive health information. Programming offered by NGOs and/or at religious institutions should directly tackle beliefs that boys are more valuable or better than girls, that girls should be silent and subservient, and that violence is an acceptable way to demonstrate masculinity. It should also provide young people, including those with disabilities, with accurate information on their developing bodies, access to reliable digitial platforms and a safe place to ask questions. In conservative communities, provision of awareness-raising sessions by religious institutions could be especially valuable as it could be framed as religious awareness rather than being considered and rejected as 'unwanted knowledge'.

Parents need courses on parenting adolescents, provided by NGOs or at religious institutions. These should address gender norms and preferences for early and consanguineous marriage, early and repeated pregnancy, and male children. Courses should also provide accurate information on human reproduction and contraception, build parents' acceptance for the provision of more formal comprehensive sexuality education courses, and--in line with HPC's existent multi-media efforts-- support parents to talk to their children about 'taboo' topics that can no longer be ignored given young people's exposure to mass media and social media.

Young couples need premarital counselling sessions, both individually and as a couple. Existing premarital counselling sessions could be strengthened and expanded to include: processes of human reproduction; contraception; the value of delayed, spaced and limited pregnancies for maternal and child health and financial stability; open communication; the importance of consent even within marriage; and gender norms.

All girls' schools need accessible and clean menstrual hygiene management facilities, with lockable doors and disposal bins. Where possible, schools should anonymously provide period products for free.

There is a need for mass media and social media campaigns to de-stigmatise sexual and reproductive health issues. The Higher Population Council and its partners could invest in campaigns to: build awareness of information sources, including electronic knowledge platforms (such as Darby); shift preferences for consanguineous marriage, early and high fertility, and male children; encourage family and community members to intervene in and report intimate partner violence; and facilitate girls and women who are experiencing violence to get medical, legal and psychosocial support.

Medical professionals need more and tailored training that helps them tackle young wives' need for accurate SRH information and services as well as broader concerns about fertility and contraception. Training should include sensitivity to gender norms, and how they shape and limit young wives' knowledge and behaviour; and also awareness of intimate partner violence. There is also a need for iterative refresher training on best practices surrounding fertility treatments, miscarriage prevention, and supportive maternity care.

References

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