



Share-Net
Jordan
The Knowledge Platform on
Sexual and Reproductive Health
and Reproductive Rights



The Impact of Social and Economic Factors and Gender Dynamics of Women and Girls' Sexual and Reproductive Health in Jerash Governorate

2021



Preface

The Higher Population Council believes health, reproductive and sexual health promotion programs at the national level and in the governorates must in the need for programs to promote health, to be based on scientific research directed to serve these programs. The Higher Population Council is pleased to issue this study on 'The impact of social and economic factors and gender dynamics of women and girls sexual and reproductive health in Jerash Governorate, which aimed at a quantitative and qualitative analysis of the relationships between social and economic variables, gender, and sexual and reproductive health of women and girls in Jerash Governorate.

The choice of Jerash Governorate is because the last Population and Family Health Survey 2017/2018 showed a discrepancy between women and men in Jerash Governorate on one hand, and between Jerash Governorate and the rest of the governorates on the other in several indicators of women's empowerment and reproductive health, especially those related to marriage patterns, level of childbearing, reproductive desires and pregnancy loss, family planning practice, need and counseling, exposure to domestic violence, knowledge of sexual diseases and attitude towards their carriers, breast cancer screening and other related topics.

The outputs of this study are closely related to the slogan of the 2030 Agenda for Sustainable Development, which states '...so that no one is left behind and a number of the goals of this agenda, especially the third and the fifth goals.

The study report is divided into five chapters; the first chapter introduces the problem of the study, its importance, reasons, objectives, and methodology while the second chapter presents previous studies related to it. The third chapter is devoted

to a quantitative analysis of the relationship between reproductive health and demographic, social, and economic variables followed by the fourth chapter presenting the results of the qualitative aspect of the study. The study was concluded with a fifth chapter presenting the conclusions and recommendations.

In conclusion, we are confident that this study will be an addition to the national studies and will be one of the tools for preparing plans and programs at the local level to achieve the goals of the National Population Strategy and the National Reproductive Health Strategy and to serve our beloved Jordan and the people of Jordan under the leadership of His Majesty King Abdullah II. May God take care of him and set the path of goodness and righteousness straight.

Secretary General

Dr. Abla Amawi



Acknowledgment

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We cannot fail to thank the workers in the Share-Net Jordan project and HPC staff who worked on technical support, review, direction, and production of this study in its final form.

God Grants Us Success



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Executive Summary

The main reason for this study is that the recent Population and Family Health Survey 2017/18 and other sources showed that there are discrepancies between Jerash Governorate and the rest of governorates in a number of reproductive and sexual health indicators and women's empowerment, which were included in the report of this study, supported by evidence from this survey and previous survey as well as from recent administrative sources represented in the official annual reports issued by Civil Status and Passports Department, Supreme Judges Department, Ministry of Health, the Department of Statistics and Criminal Information Department at the Public Security Directorate and a number of recently published studies.

The differences between Jerash Governorate and other governorates and the Kingdom as a whole were manifested in the total and completed fertility rate, the average ideal and wanted number of children, the contraceptive prevalence rate, the unmet need for using a family planning method to space or to terminate childbearing, the close births rate and the perinatal mortality rate. The main objective of the study was to clarify the impact of direct and indirect factors (social and economic) on the different components of reproductive health and their relationships, in order to come up with a policy brief based on the study results which includes suggestions related to appropriate strategies to improve reproductive and sexual health in Jerash and similar governorates and be responsive to the principles of human rights, justice and gender.

The study adopted a quantitative approach by employing cross-tables and numerical and graphic statistics as well as qualitative approach by convening 15 focus groups discussions (FGDs) where targeted residents of Jerash Governorate, males and females, single and married, Jordanians and non-Jordanians of marriage and childbearing age participated. A focus dialogue group of health service providers and individual interviews with decision makers were also organized.

With regard to marriage, the proportion of childbearing age married women increased by about three percentage points in the past five years. Jerash Governorate came in third after Mafraq and Zarqa governorates in the proportion of women who have been married before the age of 20 and before the age of 18. The participants in the FGDs attributed early marriage to the presence of Syrian refugees. Jerash came first in the prevalence of consanguinity marriages but the lowest in polygamy. Premarital medical exam was not a common practice, even among the youngest couples who married after this examination became compulsory in 2004.

With regard to reproduction, a national study has shown that the level of reproduction is higher among those with health insurance coverage especially by UNHCR, probably because the volume of assistance provided by international relief organizations to Syrian refugees depends on the number of family members, which may encourage the family to have more children. The TFR per woman in Jerash governorate decreased from 4.3 to 3.5 births between the last two-family surveys and participants in the FGDs attributed this to economic conditions and life hardships. However, Jerash Governorate remained second after Mafraq in fertility level, although the current use of modern contraceptive methods (42.5%) and the proportion of those who have ever-used a family planning method (75%) were the highest in Jerash among all governorates in the Kingdom despite the unmet need for family planning methods being the lowest after Ajloun Governorate among all governorates in the Kingdom.

The use of family planning (FP) methods in Jerash Governorate increases with age and reaches its peak among women 35-39 years of age to return to a slight decline after this age, possibly because of the decreased need for their use. Use of FP is higher among Jordanian women than others and among the highly educated and more well-off women. The unmet need for (FP) in Jerash governorate also varies among different segments, as it is higher among younger women for spacing

between births, higher among older women in order to terminate childbearing, higher in urban areas than in rural areas, higher among non-Jordanian women and higher among those with primary education and the poorer segment. It has become apparent that the missed opportunities for non-users of FP methods to receive counseling and information on family planning methods when they were in a health facility over the past year were the highest in Jerash Governorate (79%). Women cited seven reasons why they face a major problem of obtaining medical care for themselves, the most important of which are that they do not want to go unaccompanied, have the necessary money, distance to the medical facility, use a means of transportation, fear of not having a female service provider, get permission to go, and do not know where to go.

With regard to reproductive desires, there has been a slight increase in the proportion of those who want to stop having children, but there has been a significant decrease in the proportion of those who want to wait at least two years before having a new baby. The participants in the FGDs attributed this to pressures from society, especially parents, and a self-desire to check their infertility and have children when at their full fecundity. Therefore, the proportion of closely spaced births was high (30%); however, the proportion of married women who want to stop having more children in Jerash Governorate, was higher in urban than in rural areas, among Jordanian families compared with Syrian, among well-off families and among less educated women.

As in the rest of the Kingdom's governorates, the rate of Caesarean section deliveries was high in Jerash (26%) and were higher among pregnant women after the age of 40, among the well-off and highly educated, and in university and royal medical services hospitals. Jerash Governorate ranked second after Irbid Governorate in the number of pregnancies lost in the past five years relative to the number of live births, and pregnancy loss at the national level was more common among older women and women with more children.

Among the important aspects of reproductive health (RH) is cancer. Breast cancer accounts for 40% of female cancers, and despite ongoing campaigns to induce early detection, the proportion of women who had self-examination or screening from specialists during the last year was also low in Jerash Governorate and the Kingdom (26% versus 21%). Moreover, those who sought monogram testing were very few as well (12%; 9% for Jordan) on the grounds that there was no need for it, and they showed no symptoms. Cervical smear screening reached 23% in Jerash (24% in Jordan). Cervical cancer vaccine is not on offer in Jordan, and there is no campaign targeting males for early detection of cancer among them.

One fifth of married women of childbearing age in Jerash Governorate reported that they have experienced some form of violence by their husbands. The most common form of spousal violence is psychological followed by physical and the least was sexual violence. Psychological violence increases as the wife ages while physical violence decreases with age. Spousal violence was more common in urban areas and among Jordanians and other nationalities than among Syrians, against women with primary education and among the poorest segments. Three quarters of the men and about half of women in Jerash Governorate justify the husband's abuse of his wife, and more than two thirds of those who have been subjected to violence by the husband have not told anyone about it and have not sought help from an official family protection institution. All participants of both sexes in the FGDs have justified spousal violence and blamed it on the wife and pointed out that silence was the best option for the wife to keep her home and avoid problems between relatives.

There has been a significant decrease (30 %) in the proportion of those who accept marital violence, and there has been a decrease in the percentage of girls and women being subjected to violence in all its forms, sources and time; respondents have attributed this to raising awareness among young men and women, but what calls for concern here is the significant rise (about 22 %) in the proportion of victims

who have kept silent about physical and sexual violence and have not sought help to stop it despite injuries to some of them. Silence about violence may be due to the widespread marriage among relatives, the fear of wider family disputes and the existence of a firm belief among women that the wife is the one to tolerate and be patient so that she does not bring down her own home and keep it away from destruction.

The study cited indicators of women's empowerment in Jerash Governorate revealing a lower economic empowerment of women as measured by the proportion of employed women, single and joint ownership of real estate, the use of bank accounts, lending and use of cash income compared to men. The respondents justified this by the general lack of job opportunities because of the small size of the private sector in Jerash Governorate and the futility of working in Amman because of low wages.

The knowledge about sexually transmitted diseases was low, about 35% of women and 26% of men were able to mention a sexual disease other than AIDS. With regard to non-hearing knowledge, about half the women and men in Jerash Governorate know two ways to protect themselves from HIV and there is a correlation between this knowledge, age, education and the standard of living of the family. Comprehensive knowledge among young women and men in Jerash Governorate of HIV prevention methods was very low 4% and 9%, respectively. No cases of the disease were recorded in the Governorate from (1986-2020), but 88% of women and 80% of men in the Governorate have discriminatory attitudes towards those living with the disease. The low awareness and health information was evident in the FGDs because these topics were hardly ever discussed either in schools or universities.

Based on the quantitative and qualitative outcomes, the study concluded with broad and general recommendations spread over three interrelated levels: the level of empowering or supportive environment, the institutional level and the level of individuals and communities.

At the level of empowering environment, it can be said that there is a need to review the Personal Status Law and its applications in order to bring about the demise of girls' marriages before the age of 18; to make it known to the wife of her husband's intention to marry a second woman before the second marriage contract is signed.

The Sharia courts should also interfere to ensure that women have their legitimate right to family inheritance. All of these things have the potential to establish new social norms and practices that benefit the girls' well-being and status. Educators should review the curricula and classroom and non-classroom activities; religious preachers must also revise sermons, counselling, and religious lessons in a way that leads to the upbringing of new generations who abandon the traditions and practices that undermine reproductive and sexual health and empowerment of girls and women, especially among poor families. It is noteworthy to mention here, in particular, family settings that establish cultural norms that encourage early marriage of girls before completing their education to relieve their families of their care; the continued prevalence of marriage among relatives; the silence of women and girls about the harm they suffer as a result of domestic violence of various forms; the silence of women and girls about the harm they suffer as a result of domestic violence of various forms; the irrational reproductive behaviors; the weak empowerment and low participation of women in income-generating activities in and out of home; and norms that hinder female access to their fair share of inheritance in assets and funds. This is a common misunderstanding.

At the institutional level, the study findings call for coordinated and participatory work between local governing bodies and institutions in the governorate, namely the Directorate of Education, the Directorate of Health, the Directorate of Awqaf, the Directorate of Social Development, the Directorate of Youth, the Department of Family Protection, the Social Security Corporation, the Department of Land, women's NGOs, and international organizations working in the governorate, to develop a program of work at the local level, to be progressive, coordinated,

and data and evidence-based program of work available in the administrative records of all local institutions above-mentioned. The program should include not only awareness-raising activities, but also capacity-building and changing practices of staff of these institutions to enhance effective outreach to the population segments in need of counseling, service, and help in all related priority issues where the study showed gaps that can be easily addressed and can contribute to improving women's and girls' reproductive health outcomes and the well-being of their families

At the individual and community level, an overall and comprehensive change in the behavior of individuals and groups is not an easy task. However, educational institutions at different levels, such as health, youth, religious, media, and civil society organizations, all of which carry out the tasks of education, upbringing, awareness, guidance, and advice in Jerash Governorate, must continue to utilize every opportunity, occasion, and venue to enact innovative programs and activities targeted at individuals and groups with a focus on priority issues related to reproductive and sexual health and empowerment, for which the study showed undesirable consequences for the life and well-being of the family in Jerash Governorate. The study showed that there are many opportunities available but lost that can be used to address such issues when individuals and groups are present in the facilities of the above-mentioned institutions, such as schools, universities, mosques, health facilities, youth centers, offices of civil status, Shari'a courts, and the headquarters of NGOs and international associations.

Chapter One : Introduction and Methodology

1-1 Introduction

Jerash Governorate is one of the four governorates in the North Region, and it is the smallest in area of the twelve governorates of Jordan, with an area of about 410 km², constituting half a percent of the total area of Jordan, and it is second only to Irbid Governorate in terms of population density of 655 people / km².⁽²⁾ When the general Population and Housing Census of 2015 was conducted, the population of the governorate was about 237,000 people⁽³⁾, 29.2% of which were non-Jordanians. The population of the governorate increased to (about 268 thousand people: 52% males, 48% females) in 2020, i.e. about 2.5% of the Kingdom's population⁽⁴⁾, an increase of 13.2% over its number in 2015.

In 2020, the year of the COVID-19 pandemic, 2,337 marriages were registered in the governorate, constituting 3.5% of the total marriages registered in the Kingdom that year, higher than the 2,207 marriages in 2019. This happened perhaps to take advantage of opportunities to cut on the cost of some of the marriage expenses due to closures that accompanied the pandemic; 18% of the first-time marriages (the virgins) in the Governorate were for girls under the age of 18 years⁽⁵⁾.

The number of births registered in the Governorate in 2020 was 2486, which constitutes 1.4% of the total births within the Kingdom⁽⁶⁾, and is lower than the number of births registered in the Governorate in 2019, which amounted to 3,284 births, perhaps due to the closure of official institutions that accompanied the COVID-19 pandemic in 2020 and the general trend of a decrease in the number of births; 23.6% of those born in 2019 were non-Jordanians⁽⁷⁾, which means that the number of non-Jordanians in this governorate is one of the important factors in explaining

2- Department of Statistics, Jordanian Statistical Yearbook 2020.

3- http://www.dos.gov.jo/dos_home_a/main/population/census2015/No_of_pop_depend_on_GOV.pdf

4- Department of General Statistics, Directorate of Family and Population Surveys, Population and Social Statistics Department, "Estimated population of the Kingdom by governorate, community, gender and families for the year 2020".

5- The percentage is calculated from the data of the Sharia courts in Jordan issued in the annual statistical report of the Chief Justice Department for the year 2020

6- http://www.dos.gov.jo/dos_home_a/main/vitality/Births_and_deaths/2020/live_Births1.pdf

7- Civil Status and Passports Department, Annual Report 2019: Figures and Statistics.

population changes in the governorate, even if more of them stop coming from abroad. The percentage of children under the age of five registered in the civil registry ranged from 93% among Syrians to 99% among Jordanians, according to reports by mothers in the Population and Family Health Survey (2017-2018).

It was revealed that the level of poverty in Jerash Governorate is higher than the national level and its level in other governorates based on the Population and Family Health Survey (2017-2018). We find that three out of five individuals in Jerash Governorate (59%) fall in the lowest and second quintile on the wealth scale, compared to a similar percentage in Amman Governorate, but it is in the fourth and highest quintiles, and this may be attributed to the presence of a proportion of non-Jordanians, especially Syrians, in Jerash Governorate, 85% of whom fall in the lowest two quintiles, i.e. the lowest and second quintiles⁽⁸⁾.

1-2 Introducing reproductive and sexual health and its relationship to gender

Because of the study's field, it was necessary to present the concepts of reproductive health and gender. Reproductive health was defined in the Program of Action issued by the Fourth International Conference on Population and Development, Cairo 1994 as: *'a state of complete physical, mental and social well-being in all matters relating to the reproductive system, its functions and operations, and not merely safety from disease or disability. Reproductive health therefore, means the ability of people to enjoy a satisfactory, safe sex life, their ability to reproduce, and their freedom to decide the time and frequency of childbearing. This last condition includes, implicitly, the right of men and women to know and use safe, effective, affordable and acceptable family planning methods of their choice, and methods of reproductive planning of their choice that do not conflict with the law, and the right to obtain appropriate health care services that enable women to safely go through the period of pregnancy and childbirth, and provide the spouses with the best chances of giving birth to a healthy newborn. In line with the aforementioned definition of reproductive health, reproductive health care is defined as*

a set of methods, means and services that contributes to reproductive health and well-being by preventing and resolving reproductive health problems. It also includes sexual health that aims to improve quality of life and personal relationships, not just counseling and medical care regarding reproduction and sexually transmitted disease⁽⁹⁾.

Within the framework of this definition, the elements of population policies and programs have increased, and they no longer include family planning only, but also include the necessary care during pregnancy, childbirth, the postpartum period and after abortion in all its forms, the promotion of breastfeeding, and protection from all harmful practices such as child marriage, early and forced marriage and female genital mutilation, honor killing, forced sterilization, treatment of reproductive infertility, protection from all forms of physical, sexual and psychological violence in the family, protection from sexually transmitted diseases, early detection and treatment of reproductive cancers, and enabling spouses to exercise their reproductive rights as when to start childbearing and the number of children they want, and safe distance between births, including treatment of those who are infertile. All of these elements are related to the gender implications set out in the subsequent paragraphs and to legislations that can provide legal support which promotes safe motherhood and improves reproductive and sexual health outcomes.

As for the concept of gender, it came to differentiate it from biological gender, the latter referring to the purely biological differences between males and females, which are natural and fixed differences, i.e. unchanged. Men fertilize, women become pregnant, give birth, and breastfeed; and females enjoy a biological advantage from the moment of conception, where more male fetuses are lost than female fetuses, yet women, on average, give birth to 105 boys per 100 girls in the absence of an intentional, sex-selective abortion. On average, women have a longer life span than men, mainly because of their biological advantage, as well as the social advantage of men's dominance in occupations hazardous to health and life.

'The concept of gender means the various roles, rights and responsibilities of women and men and the relationships that exist between them. The social concept

9- Program of Action of the International Conference on Population and Development, September 1994, Chapter VII "Reproductive Rights and Reproductive Health", paragraph 7-2; p. 38, United Nations Doc. No.: A/CONF.171/13/Rev

is not limited to women and men, but rather includes the way in which their characteristics, behaviors and identities are determined through the course of coexistence and social interaction processes. Gender is generally associated with cases of inequality in power and access to benefits, choices and resources⁽¹⁰⁾. Whatever the case, the roles that men and women play in their different social positions have changed and are still subject to change as well.

In general, gender refers to the roles, privileges, and rights of both sexes that are shaped by the prevailing social culture in society, meaning that the differences in the status of males and females are not based on the biological difference between them, but rather in cultural visions and beliefs. Accordingly, there is a difference between women and men in the different segments, as there is a difference in the relations of men and women in different communities and classes. This difference is not due to the purely biological differences between a male and a female, but also to the cultural and social upbringing that defines specific roles and functions of each. And when we talk about gender, we do not mean the female by that, but we mean the woman versus the man together, and specifically the relationship between them.

Accordingly, these roles, functions and privileges are subject to variance and change according to different cultures, circumstances and times. In light of this concept, policies, legislation and education may bring about change in any society, including changing the roles, jobs and relationship between women and men. Therefore, the ability of women to participate in various family decisions, including those decisions related to marriage and childbearing, its frequency and organization, sexual relations, and the attitude towards various forms of violence to which they are exposed, will depend mainly on gender relations and what the prevailing social culture allows them to play in terms of roles, jobs, rights, privileges, protection and empowerment, especially what resources and possessions of any influence and authority they hold in their hands in their social positions in the family and in public life.

1-3 The problem and significance of the study

The problem of the study emerged upon observing phenomena and statistics indicating the existence of demographic discrepancies between Jerash and other governorates, as will be shown shortly, as well as a discrepancy between the levels of reproduction and the direct factors affecting them, namely the percentages of married women of childbearing age and the rate of their use of modern methods of family planning, according to the results of the Population Family Health Survey 2017-2018. These discrepancies provided evidence of the importance and rationale for dedicating a study to the Jerash Governorate, as shown in the subsequent paragraphs.

Over the past three decades, Jordan has witnessed a decline in the total fertility rate of Jordanian women, from 5.6 births per woman of reproductive age according to the Population and Family Health Survey data in 1990, to 2.6 births in the (2017-2018) survey. The seven successive Population and Family Health Surveys that took place in Jordan in the last three decades also showed clear progress in most components and elements of reproductive and sexual health, as evidenced by the indicators adopted in measuring these components, including: the total fertility rate and the complete, ideal, and desired fertility rate; the rate of contraceptive use and the unmet need for it; the under-five mortality rate with all its components; age at marriage and at birth of the first child; marriage to relatives; pre-marriage medical examination; care during and after pregnancy and childbirth; spacing between births; spousal violence; and empowerment by gender.

However, the improvement and change achieved in the components of reproductive health shown in the previous paragraph were not the same in all population segments and in all governorates of the Kingdom. Rather, they varied according to the results of all the past seven family surveys, including the latest survey for the year 2017/2018. For example, but not limited to, the total fertility rate varies clearly according to the quintiles of family well-being in Jordan; while it is 3.9 births per woman in the lowest quintile, it drops to 1.9 births per woman in the highest and richest quintile. This rate also varies greatly according to the educational level of married women aged 15–49 years old, reaching 4.7 births per woman in the highest and richest quintile.

The level of secondary education decreases to 1.9 births for women at the post-secondary educational level and varies according to nationality, as it reaches 4.7 births for Syrian women compared to 2.6 births for Jordanian women.

As for the discrepancy between governorates in reproductive health indicators, which is the core of this study, we find several discrepancies between them, which we will briefly mention here. For example, we see that the total fertility rate is higher than the national average in half of the governorates, which are, in descending order, Mafraq, Jerash, Ajloun, Madaba, Irbid, and Tafleeh; and it is close to or equal in four other governorates, and less in only two governorates, Amman and Karak⁽¹¹⁾. In the 2017 survey, Jerash Governorate ranked second after Mafraq in the level of childbearing per woman (4.1 and 3.5 children per woman, respectively, compared to 2.7 in the Kingdom), after it ranked first in the 2012 survey.

Jerash Governorate also ranked second after Mafraq Governorate with regard to the average rate of completed births (4.8 and 5.0 births to women, respectively, compared to 3.9 births to women in the Kingdom). On the other hand, Jerash Governorate recorded the highest rate of using modern family planning methods among all governorates (42.5%), accompanied by a low rate of unmet need for these methods (10.5%), which raises the question about the inconsistency between a high level of childbearing on the one hand, and a high percentage of married women (56.4%) and a high average of using modern family planning methods on the other hand, as it is known that these two factors have a direct and strong impact on the possibility of pregnancy and childbearing.

Besides the variation in reproductive levels and family planning practices between the Jerash Governorate and the rest of the governorates of the Kingdom, there are other discrepancies related to the subject of the study between Jerash and other governorates that were revealed by the results of the Population and Family Health Survey 2017-2018 and will be shown in more detail in the later parts of the study, including that the average ideal number and the desired number of children in this governorate are above the national average (4.1 vs. 3.8 births; 2.7 vs. 2.2 births, respectively.)

11- The Higher Population Council 2019, Trends in Childbearing Levels in Jordan: Variations and Determinants at the National and Governorate Levels.

As for the median age at the first marriage for women and men, the median age at the birth of the first child, and the median period of exclusive breastfeeding for women in Jerash Governorate, they were all lower than they are at the national level. The median age at first marriage in Jerash Governorate for females was 21.9 years and for males, 26.9 years (compared to 22.7 and 27.9 years, respectively, at the national level). The median age at the birth of the first child in Jerash Governorate was 23.5 years, compared to 24.6 years at the national level; and the median period of exclusive breastfeeding in Jerash Governorate was 0.6 months, compared to 0.9 months at the national level. The last three indicators of age at marriage, the birth of the first child, and exclusive breastfeeding in the Jerash Governorate may explain some of the reasons for the high total fertility rate in the Governorate. There are also other discrepancies between Jerash and the other governorates with regard to women's empowerment and their being subjected to violence, which are given in more detail in the subsequent chapters.

1-4 Study objectives

The final objective of the study is to contribute to enlightening and improving the outcomes of the communication and service programs directed to the many elements of the reproductive health, in a way that contributes to supporting opportunities to improve the level of sexual and reproductive health for women and girls in Jerash Governorate. The four sub-objectives of the study are :

1. Demonstrate the disparity between men and women in the governorate in their characteristics, knowledge, attitudes, and practices regarding issues related to marriage and childbearing and their preferences, family planning, family violence, sexually transmitted diseases, empowerment and other elements of reproductive health.
2. Clarify the impact of direct and indirect factors (social and economic) on the different components of reproductive health in Jerash Governorate.
3. Explore the nature of cultural norms and gender relations in Jerash Governorate and how they stand behind reproductive behavior and attitude there.
4. Initiate proposals for policy alternatives related to appropriate strategies to improve reproductive and sexual health in Jerash and similar governorates, and responsive to the principles of human rights and gender-based justice.

1-5 Study methodology and tools

This study is of a quantitative and qualitative nature; hence, its methodology adheres to the standards and requirements of this quantitative-qualitative nature. The following is a gradual presentation of the study's methodology and steps :

- Obtaining official approval for conducting the study and approving its tools from the national committee in charge of monitoring the application of scientific research ethics, Institutional Research Board (IRB), which is the Scientific Research Ethics Committee/ Ministry of Health⁽¹²⁾;
- A desk review of the previous studies mentioned in the bid conditions and others related to the subject of the study in order to extract the main results, lessons learned and important recommendations from them. This review appears in the second chapter of the study report;
- Conducting a detailed analysis of reproductive health variables according to socio-economic variables from the data on Jerash Governorate in the data file of the Population and Family Health Survey 2017-2018 although this survey does not necessarily provide all the data necessary to know the impact of social and economic factors and gender dynamics on sexual and reproductive health for women and girls in Jerash Governorate because there are other purposes to it. It should be noted here that separating and detailing data according to the categories of some socio-economic factors will lead to results based on a small number of observations (i.e. a few sampling items) due to the small size of the governorate sample in this survey, which means the appearance of insignificant results. However, the limitations of the data resulting from the small size of the Jerash Governorate sample were overcome to the best extent possible, using measuring or reliable assessing of the data;
- Using the statistics published on Jerash Governorate in the main report on the Population and Family Health Survey 2017-2018;

12- The study obtained the approval of the Scientific Research Ethics Committee of the Ministry of Health under its decision Moh/REC/2021/115, according to the letter of the Director of Al-Bashir Hospitals/Head of the Scientific Research Ethics Committee No. MBA/Scientific Research Ethics Committee/10406 dated 25/7/2021.

- Using unpublished statistics related to sexual and reproductive health on Jerash from the Population and Family Health Survey 2017-2018 by using the global database of the Demographic and Health Surveys Project STATCOMPILER¹³;

Adequate use of statistics derived from the 2015 General Population and Housing Census and from the latest administrative sources of data in the Civil Status and Passports Department, the Chief Justice Department, and the Ministry of Health;

With regard to the qualitative aspect of the study, the study plan followed the rules of the qualitative approach as shown in the following procedural steps :

- Holding meetings with the committee formed of local experts and practitioners in the field of sexual and reproductive health and gender in Jerash Governorate to gain from their views and experiences and to support all stages of the study. The committee included representatives from the Ministry of Health, Ministry of Education, Ministry of Social Development, Jerash Governorate, The Jordanian Hashemite Fund for Human Resources Development, UNRWA, and the International Medical Corps.
- A protocol and a guide were prepared for the qualitative aspect of the study, namely the focus group discussions (FGDs), whereby four guides for focus group dialogue were prepared in Arabic (Appendix No. 1) for the following groups (married participants of both sexes, single participants of both sexes, health care providers and stakeholders.) A meeting was also held with the committee formed of local experts and practitioners in the field of sexual and reproductive health and gender in Jerash Governorate, debating with evidence, taking in their comments and amending the questions;
- The research team organized 15 discussion sessions for male/female respondents from Jerash Governorate, taking into account their being homogeneous in terms of age, marital status, gender and nationality. With the help of workers in the official institutions in the Governorate, people who met the conditions for participation in the focus group discussions were identified, and 6-10 male/female participants were invited for each session; 6 single interviews were conducted individually and separately with health care providers and stakeholders.

13- The DHS Program: <https://www.statcompiler.com/en/>.

Those interviewed held the following positions (former member of Parliament, director of social development, former mayor, member of the provincial council, director of a charitable society, director of a cooperative society – Appendix 2) and as shown in the table below. The total number of participants was 115 male/female participants. The research team also held private and separate discussion sessions for Syrians and camp residents residing in the Governorate, apart from the Jordanian sessions. This led to an increase in the number of sessions.

- The ethics of scientific research were also adhered to and all participants were well informed of them before starting the focus group; such as the necessity of (audio) recording the interview with a vow of confidentiality of information and that the content of the interview will only be disclosed to researchers, and opinions of all participants are respected by researchers, and there is no right or wrong opinion, and there will be no mention of any participant's name or identity. The research team were the facilitators of the discussion sessions, taking into consideration that the facilitator should be of the same gender as the participants so that participants could express their opinions freely and without discomfort.

| Session category | Number | Session category/ interview | Number |
|---|--------|--|------------|
| Married Jordanian men 15-29 | 8 | Married men of other nationalities 15-29 | 6 |
| Married Jordanian men 30-49 | 10 | Married men of other nationalities 30-49 | 6 |
| Married Jordanian women 15-29 | 8 | Married women of other nationalities 15-29 | 6 |
| Married Jordanian women 30-49 | 9 | Married women of other nationalities 30-49 | 6 |
| Single Jordanian men 15-19 | 7 | Single Jordanian women 15-19 | 8 |
| Single Jordanian men 20-24 | 8 | Single Jordanian women 20-24 | 9 |
| Single men of other nationalities 15-24 | 6 | Single women of other nationalities 15-24 | 6 |
| Health care providers (doctors, nurses, midwives) | 6 | Individual interviews with stakeholders | 6 |
| Total | | | 115 |

¹⁴ Each facilitator administered each episode according to the gender of participants, and the episodes were recorded on CD-ROM; A suitable location for the sessions was chosen, participants were paid transportation and a snack was provided. The study team included two male and female specialists in qualitative studies trained on how to conduct focus groups.

- Audio Recording all the proceedings of the dialogue sessions.
- In order to analyze the qualitative information, one of the team members copied the interviews electronically, then the copied interviews were uploaded to the NVivo 9 electronic program so as to categorize them according to main and sub topics.
- Analysis was first done by classifying and coding the answers based on the responses to the topics mentioned in the evidence and on other topics that came up during the interviews. These codes were then verified to extract the commonalities and differences within each group separately, and then the comparison between the groups was made; finally, the comparison was made between all the participants according to the group target and nationality.
- A preliminary report for qualitative analysis was written and discussed among team members.
- The qualitative results were scripted and linked to the quantitative results; a draft of the study's main report and summary were prepared.
- The study report was reviewed by a committee composed of local experts and practitioners in the field of sexual and reproductive health and gender in Jerash Governorate.

1-6 Determinants of the Study

- Qualitative studies seek to obtain life experiences, participants viewpoints, feelings and thoughts, and require a relatively longer time than the time allotted for interviewing respondents in quantitative studies. The research team in this study had a relatively short period of time to complete this study, and therefore there was a need sometimes to hold more discussion sessions in one week and to take more diverse samples in terms of social, economic and educational terms.
- The research team adhered to the ethics of scientific research, the most important of which was the voluntary unpaid participation in the discussion panels. Participants were subsidized for transportation expenses and lunches only, and they were

assured that they can refuse or withdraw from participation without giving any justification to the researchers. This limited the access to more diverse and comprehensive experiences of the Jerash community.

- The sample in qualitative research is always small compared to quantitative research, and therefore it is not possible to generalize the results of the qualitative research of this study to the Jerash community as a whole, but the results can be generalized only to the study sample. As for the quantitative results of this study, which are derived from the results of Population and Family Health Surveys and administrative records, these can be generalized to the population of Jerash Governorate.

Chapter Two : Previous Studies

This chapter reviews previous reports and researches that are closely related to the subject of this study, which were carried out by other researchers. The reports of the seven successive Jordanian surveys on Population and Family Health in all its chapters, especially the last survey, allocated tables detailing the results of all reproductive and sexual health statistics by governorate and by gender. In its third chapter, this study draws a lot of data from the main reports of these surveys. We will start herewith reviewing previous studies along with the documentation of the source of each study.

A recent study⁽¹⁵⁾ has shown that the criteria used to discriminate between the sexes have a negative impact on reproductive health outcomes and results, and that the woman's role within her family and society's expectations have an impact on reproductive decisions in the family, such as delaying the first pregnancy, spacing between pregnancies, and using family planning methods to avoid any unwanted pregnancies by both spouses. Furthermore, gender dynamics play a major role in determining who has access to reproductive health services and who has the ability to discuss using family planning methods and decide the number of children and size⁽¹⁶⁾ of the family.

The Global Program for Demographic and Health Survey (DHS) singled out Jordan with five new in-depth analysis dating back to 2020 based on the data of the Population and Family Health Survey 2017-2018⁽¹⁷⁾. Because of the nature of the dependent variable in these five studies, as the level of its measurement was categorical, the researchers who performed these analysis resorted to, as we shall see, the independent multivariate logistic regression analysis method, which included the "conservation"

15- Family happiness communication project. 2017. Clarifying the Relationship Between Gender Norms and Family Planning in Jordan: Report of the Study of Collective Models.

16- For more on the links between gender and reproductive and sexual health, see the following study: "The Higher Population Council and the knowledge platform on sexual and reproductive health for Share-Net / Jordan 2020, empowering women and girls and achieving gender equality by ensuring the provision of sexual and reproductive health and reproductive rights."

17- The dependent variables in these analyzes were categorical: use of family planning methods; The intention of non-current users to use family planning methods in the future; The desire to have more children.

variable; however, interpretation resulting from such a method needs special attention on the part of the user. In order to avoid repetition of what is found in previous published studies recently carried out by the Higher Population Council, we restrict this chapter to a documented review of the results of studies that are considered very recent based on the data of the last Population and Family Health Survey 2017-2018⁽¹⁸⁾, which is the first survey of its kind to be conducted in Jordan where men (15-59) are also interviewed and not just women (15-49).

2-1 The Birth Rate is Higher among Women with Health Insurance

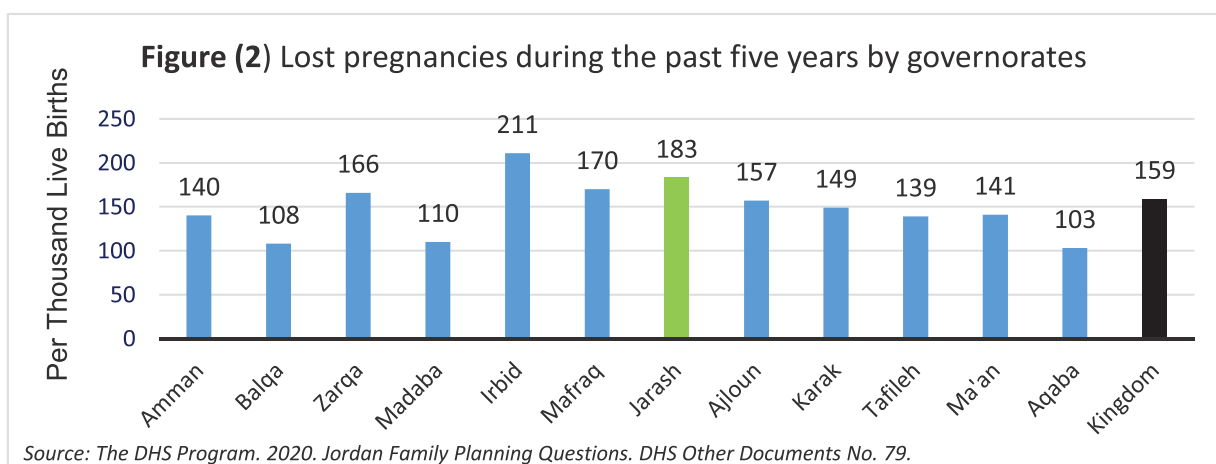
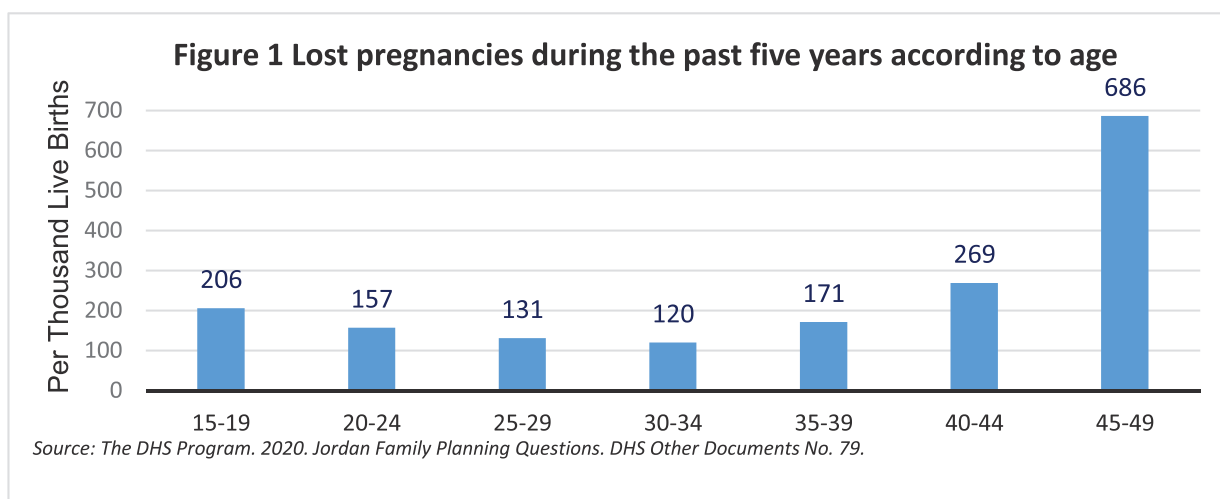
The protection that health insurance provides for the spouses is a demand unanimously agreed upon by all relevant parties⁽¹⁹⁾. This study has found that the existence of this insurance cover may have encouraged more childbearing and reproduction. The study has shown that the total fertility rate for women with health insurance is generally higher than it is among those who do not have such insurance coverage (2.9 versus 2.5 births per woman.) This very high rate was among women whose health insurance source was UNHCR, at 6.37 births per woman compared to 2.92 and 2.06 births for women whose source of insurance was the Royal Medical Services and the Ministry of Health, respectively. This relationship between childbearing and health insurance may be due to the fact that having health insurance provides a motive for having more children in the family because it invalidates or reduces the cost of care during pregnancy as well as the cost of childbirth, and since 83.2% of women in Jerash Governorate have health insurance, this may be an indirect motive behind the high level of fertility in the Governorate compared to other governorates.

18- Further Analysis of Family Planning in Jordan - An Analysis Brief from the DHS Program.

19- The DHS Program. 2020. Jordan Family Planning Questions. DHS Other Documents No. 79. Rockville, Maryland, USA: ICF.

2-2 The risk of pregnancy loss is higher among older women and women with more children and varies between governorates

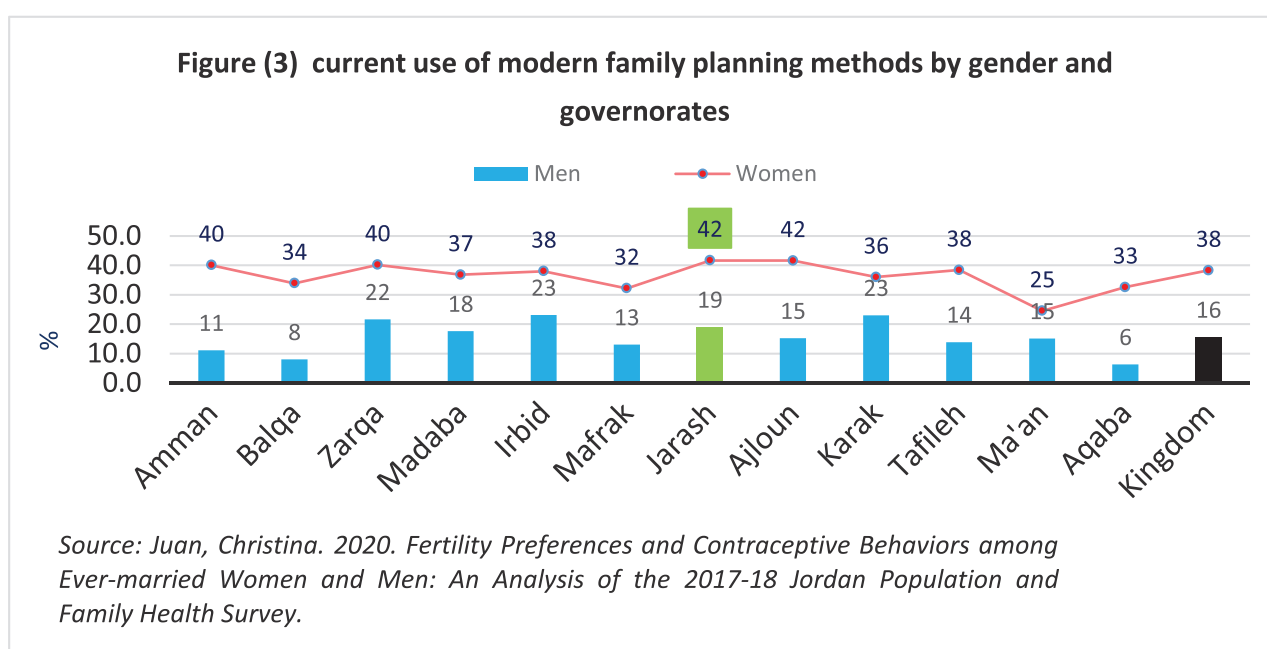
Not all pregnancies end with a live birth, and as shown in Figure (1), a study⁽²⁰⁾ in the form of a questionnaire asked women in Jordan whether they had lost one or more pregnancies during the past years of their reproductive life, found that the probability of pregnancy loss is higher among younger mothers under the age of twenty and older mothers at the age of forty years or above; this might be due to the increase in the number of pregnancies with the increase in the number of years of their marriage. As for Jerash Governorate, Figure (2) shows that during the past five years, 183 pregnancies were lost in the governorate against 1,000 live births, compared to 159 in the Kingdom and 211 in Irbid Governorate, which ranked first, followed by Jerash Governorate in the second place.



20- The DHS Program. 2020. Jordan Family Planning Questions. DHS Other Documents No. 79. Rockville, Maryland, USA: ICF.

2-3 The use of modern methods of family planning among married people of both sexes by governorates is varied and moral g women with health insurance⁽²¹⁾

As is shown in Figure (3), this study found that the percentage of currently married women who are of childbearing age and are currently using a modern method of family planning is the highest in Jerash and Ajloun (42%) among all governorates, while the use of modern methods among married men (modern methods here for the husband is one method, the condom), was of course much less than what is found among their female counterparts because this use is limited to one method; men in Jerash Governorate ranked fourth (19%) with regard to this use compared to men in other governorates.



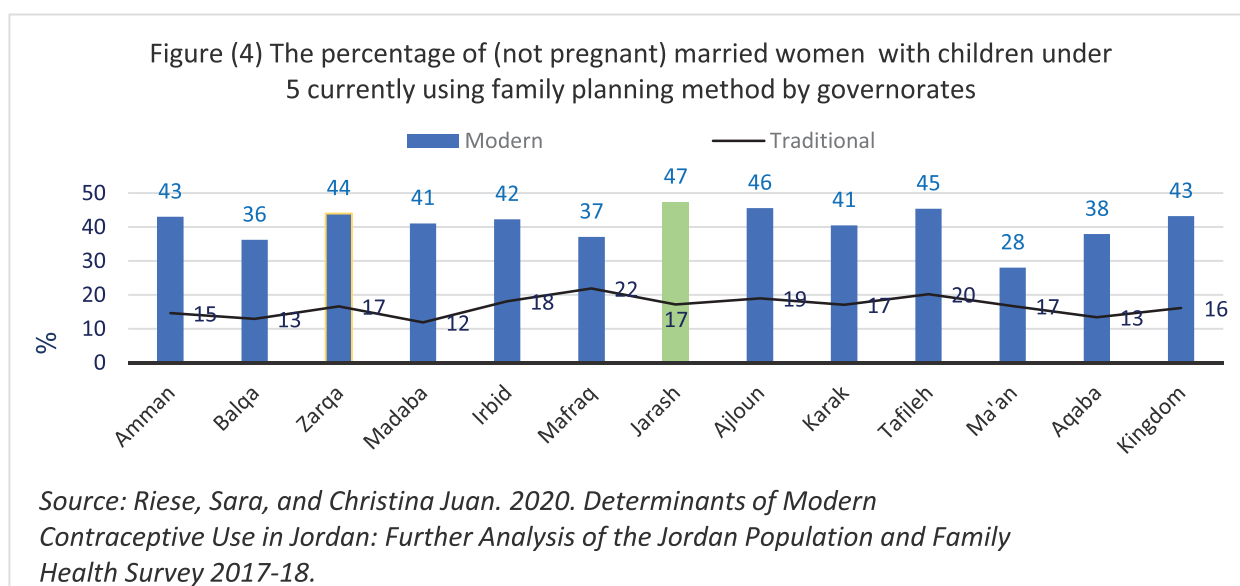
The multivariate logistic regression analysis in one of the recent studies⁽²²⁾ did not show that the probability of using modern and traditional methods among non-users in Jerash Governorate is higher than in the Capital Governorate, which is the reference governorate in this study.

21- Juan, Christina. 2020. Fertility Preferences and Contraceptive Behaviors among Ever-married Women and Men: An Analysis of the 2017-18 Jordan Population and Family Health Survey. DHS Further Analysis Reports No. 139. Rockville, Maryland, USA: ICF.

22- Riese, Sara, and Christina Juan. 2020. Determinants of Modern Contraceptive Use in Jordan: Further Analysis of the Jordan Population and Family Health Survey 2017-18. DHS Further Analysis Reports No. 140. Rockville, Maryland, USA: ICF.

After confirming the effect of a number of related independent variables, namely: the age of the wife, the education of the spouses, urban and rural residence, wife's work, family wealth, number of children, desire for another child, agreement between spouses about family size, openness to family planning messages in the media, family planning discussion with a health worker and who decides on the use of family planning methods, this possibility was not statistically significant. However, when the same study took into account non-pregnant women who have young children under the age of five and are currently using a modern family planning method (Figure 4), Jerash Governorate remains in the first place among all governorates of the Kingdom in the rate of using modern methods, with statistically significant differences between governorates at the level of $P < 0.001$, and Jerash Governorate remained in the fifth rank with regard to the couple's use of traditional means⁽²³⁾.

2-4 Intentions to use a family planning method is related to the number of children desired and other variables

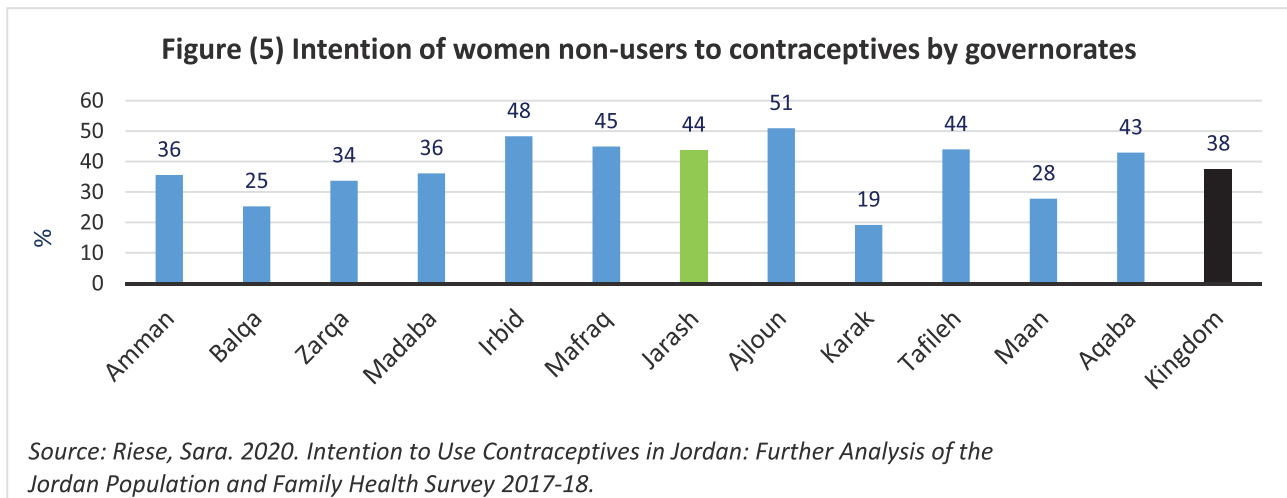


A study⁽²⁴⁾ found that the intention to use family planning methods in the future among currently married women in Jordan has decreased over the past thirty years. The latest survey revealed that 62% of women in the national sample who are not currently using any method do not intend to do so in the future, and there is

23- Riese, Sara, and Christina Juan. 2020. Determinants of Modern Contraceptive Use in Jordan: Further Analysis of the Jordan Population and Family Health Survey 2017-18. DHS Further Analysis Reports No. 140. Rockville, Maryland, USA: ICF.

24- Riese, Sara. 2020. Intention to Use Contraceptives in Jordan: Further Analysis of the Jordan Population and Family Health Survey 2017-18. DHS Further Analysis Reports No. 141. Rockville, Maryland, USA: ICF.

a significant discrepancy statistically among the governorates with the intention to start using by non-users, as can be seen in Figure (5) below; Jerash Governorate ranked third in the intention of non-user women to use family planning methods.



In order to understand the variables that influence intentions to use a method of contraception, this study⁽²⁵⁾ used the theory of 'planned behavior' to identify attitudes, social norms, and socio-demographic factors associated with intentions to use contraceptive methods using data from the most recent Population and Family Health Survey in Jordan on 5789 married women and capable of childbearing but currently not using any form of family planning methods. By applying the multivariate logistic regression analysis method for the intention to use a family planning method, the analysis showed a significant correlation between the variables related to the components of the theory of planned behavior and intention to use. Women who had not yet decided about having more children were less likely to consider using family planning compared to women who did not want to have more children; surprisingly, women who wanted 1-4 children were more likely to consider using contraceptives compared to women who do not want children. As for women who did not know how many children their husbands wanted, these were less likely to consider using contraceptives than women who wanted the same number of children as their husbands.

Also, women who have used a method of family planning are more than three times likely to intend to use a method of family planning in the future compared to women who have not previously used a method.

25- Ibid, Riese, Sara. 2020. Intention to Use Contraceptives in Jordan: Further Analysis of the Jordan Population and Family Health Survey 2017-18. DHS Further Analysis Reports No. 141. Rockville, Maryland, USA: ICF.

The previous study⁽²⁶⁾ also found that joint decision-making between spouses about contraceptive use is associated with increased odds of intention to use compared to women who make this decision alone; the advancing age of wives was associated with a lower probability of intent to use compared to younger age, possibly because the need for this use was no longer needed with their age; women whose husbands had higher levels of education were more likely to intend to use contraceptive methods than women whose husbands had no education. Comparing women who are currently unemployed, the study found that working women were less likely to intend to use, and this is quite a surprising result. According to the results of this study, the probabilities of intending to use family planning methods in the future varied between governorates, where the odds of women in Ajloun intending to use family planning methods were twice as high; and women in Karak were 50% lower compared to women in the Capital Governorate, and the probability of using family planning methods in Jerash Governorate was higher than seven other governorates and 50% higher than the Amman Governorate.

The results of the previous study²⁶ also indicated that investing in interventions in the aspect of increasing demand for family planning methods that encourage the use of contraceptives by changing social norms related to gender and addressing fear about the use of these methods is justified, and targeting specific groups according to age and depending on the previous use of the means (contraceptives) may also allow targeted messages that address the obstacles specific to these groups. Therefore, this study recommended (a) including family planning early when training health workers before service (b) strengthening counseling for men on family planning in order to bring about social and behavioral change through communication activities (c) developing interventions to build skills in couples about family planning and making decisions (d) targeting women who have not previously used family planning methods in order to overcome knowledge obstacles and attitudes amongst them.

²⁶⁻ Ibid, Riese, Sara. 2020.

2-5 The desire to limit childbearing is higher among women who have 4 or more children and among those who use family planning methods

It is true that 49% of currently married women in Jerash and at the level of the Kingdom do not want to have more children, but this percentage rises to higher levels with the presence of four or more children in the family in Jerash and in the Kingdom as a whole. A study found that this percentage in the Kingdom rises to 63% among those who use modern methods of family planning and 59% among those who use traditional methods, compared to 32% among non-users of any method, while only 8% of women users of modern methods want a child soon; this percentage reached 27% among non-users⁽²⁷⁾.

2-6 Previous use is higher than current use of family planning methods⁽²⁸⁾

69% of currently married women in Jordan have previously used some method of family planning, and this percentage increases with age and education. This percentage is highest in Jerash (75%) and lowest in Ma'an (57%). While the percentage of current use is about 58% in Jerash Governorate, it reaches 52% at the level of the Kingdom. The most common modern methods were the IUD, pills and condoms, which were previously used by 27%, 21%, 16% of women, respectively, and are currently used by 21%, 8% and 5 % of married women, respectively.

2-7 Not everyone who stops using a modern method will resort to a similar one

Three out of ten cases (30%) who started using a method of family planning during the past five years have stopped within the first 12 months for reasons related to their desire to become pregnant (54%) or dissatisfaction with the method used, such as its inappropriateness (12%) or failure (11%), or the desire for a more effective method (9%); discontinuation rates are the highest for conventional contraceptives. 20% had stopped using a modern method before resorting to the traditional method; and 19% of those who had resorted to female sterilization had stopped

27- The DHS Program. 2020. Jordan Family Planning Questions. DHS Other Documents No. 79. Rockville, Maryland, USA: ICF.

28- The DHS Program. 2020. Jordan Family Planning Questions. DHS Other Documents No. 79. Rockville, Maryland, USA: ICF.

using a modern method before that. Generally speaking, 23% of those who had used a traditional method or female sterilization had stopped using a modern method before that, especially women in the age group 25-39 years⁽²⁹⁾.

2-8 Reproductive desires, intentions and family planning⁽³⁰⁾

With regard to reproductive desires, the percentage of women wishing to stop having children in both Ajloun and Jerash Governorates was lower than the percentage in the North Region, but the percentage of women wishing to delay the next child for at least two years was the highest in Jerash Governorate. Whatever the case, the average ideal number and the desired average number of children in the North Region and all its governorates, including Jerash, is higher than what it is at the national level. While more than half (52%) the women in the northern region want to stop having children, half of this percentage (26%) of men still want a child; and while 59% of both spouses in Jordan want the same number of children, there are 26% of husbands who want more children than their wives do.

An additional analysis dealt with reproductive desires and intentions and the use of modern methods of family planning among women and men of reproductive age and those who were previously married, and in a multivariate logistic regression method to study the links between social and economic factors, the nationality of the respondents, the gender of the head of the family, and other related variables with three variables: The desire to have three or more children, the desire to have children soon (within two years), and the use of modern methods of family planning amongst women and men. There were other variables, including exposure to messages about family planning, number of children alive, and the governorate.

The results showed that after accounting for other variables, the probability of women's desire of having three or more children were nearly twice as likely as those of their male counterparts. In contrast, the analysis showed a 35% lower risk of women wanting to have children immediately (i.e. in the next two years) compared to men. This finding is consistent with the finding that women are three times

29- The DHS Program. 2020. Jordan Family Planning Questions. DHS Other Documents No. 79. Rockville, Maryland, USA: ICF.

30- Juan, Christina. 2020. Fertility Preferences and Contraceptive Behaviors among Ever-married Women and Men: An Analysis of the 2017-18 Jordan Population and Family Health Survey. DHS Further Analysis Reports No. 139. Rockville, Maryland, USA: ICF.

more likely than men to use a modern method of family planning. Whatever it was, both men and women showed a strong desire to have children and a family of three or more children⁽³¹⁾.

The results also revealed the existence of statistically significant discrepancies according to related variables, namely education, governorate and the number of living children. However, there was generally no statistical evidence of differences according to wealth and residence. In general, different levels of education are associated with the three outcome variables, namely desire to have three or more children, desire to have children within two years, and the use of modern methods of family planning among women and men when analyzing data for women and men as subgroups. The analysis also indicated a negative association between the desire to have children soon and the use of a modern method among women in female-headed households. This study recommended further research on gender dynamics, culture, and social norms related to reproductive preferences, reproductive health, and family planning in Jordan.

31- Juan, Christina. 2020. Fertility Preferences and Contraceptive Behaviors among Ever-married Women and Men: An Analysis of the 2017-18 Jordan Population and Family Health Survey. DHS Further Analysis Reports No. 139. Rockville, Maryland, USA: ICF.

Chapter Three

The relationship between reproductive health and demographic, social and economic variables

3-1 Men and women in Jerash Governorate

One of the objectives of the study is to show the disparity between men and women in the Governorate with regard to the topics to be addressed in this study. The Population and Family Health Survey 2017-2018 - which for the first time included a questionnaire for a separate sample of men but smaller than the sample of women - provided information on the general characteristics of the Governorate's population of both sexes and on a number of differences between the characteristics of male and female respondents in the age group 15-49 year. Although the sample of the survey was based on the demographic framework of the 2015 census, which showed that 29.2% of the population of Jerash Governorate were non-Jordanian, the sample of women respondents in this survey included 13.1% of non-Jordanians, including 8.6% Syrian women, while 5.8% of the sample of male respondents were Syrians, which means that it is not possible to separate the information of men according to the categories of a number of variables because this will lead to a small number of respondents and to insignificant and meaningless results.

The percentage of women who completed secondary school or obtained an educational qualification higher than that was 36%, compared to 33% of males who completed secondary school or obtained a higher education than that. Among women and men in the age group 15-49 years, 44% of women and 37% of the men had a high school or higher education. There is no significant difference between women and men 15-49 being exposed to print, audio and visual media (13.2% versus 16.4%), as well as the use of the Internet by women and men during the past year (76% versus 78%).

With regard to work during the past week, the difference was significant between women and men in the age group 15-49 years in Jerash Governorate, as it was found that only about 10% of women who were previously married currently work, compared to 60% of men, and while women's work concentrated mostly in technical and administrative professions (70%), only 18% of men worked in such professions.

52% men and 7% women in Jerash use one kind of tobacco or the other. About 17% of women and 24% of men in Jerash Governorate do not have any source of health insurance, and this percentage rises to 61% among Syrian men and women alike.

As mentioned earlier, the vast majority of women of childbearing age in Jerash Governorate, as is the case in the rest of the governorates, are not currently working (90%) compared to men (40%), nor do they own a home or land of their own (96% and 97%, respectively), and these two percentages are lower among men (59% and 78%, respectively), and the case is the same with regard to the proportion of women who do not co-own a home or land.

Also, a small percentage of women in Jerash and the rest of the governorates have a bank account and use it 13% compared to 48% among men. The percentage of women who can decide how to spend their cash earnings is the lowest in Jerash (7%) out of ten governorates, while 46% of men in Jerash Governorate decide mainly how to spend their cash income and this percentage is higher than it is in eight other governorates.

3-2 Marriage, reproductive health, and women's empowerment in Jerash Governorate, between the last two-Family surveys

This part answers briefly the question of whether there has been a change in the indicators of marriage, reproductive and sexual health, women's empowerment and domestic violence in Jerash Governorate between the last two-Family surveys. With regard to marriage (Table 1), the percentage of married women increased, i.e. those able to conceive and bear children, and this is a direct factor with a direct relationship level of childbearing. Despite the decrease in the percentage of those marrying early before the age of twenty, the percentage of those who married early remained high in Jerash Governorate which occupies the second place after Mafraq in the percentage of those who were previously married before the age of 20 (32%); therefore, the median age at first marriage in both of them was the lowest. The high percentage of those who married early and the low age at marriage in the governorates of Jerash and Mafraq compared to the northern region and the Kingdom as a

whole may be due to the presence of a percentage of Syrians (as shown below) in these two governorates, where early marriage is more common.

Table (1) Marriage Indicators- Jerash Governorate

| Variable | 2012 | 2017 | Change |
|---|------|------|--------|
| Percentage of currently married 15-49 (%) | 53.9 | 56.4 | 2.5 + |
| Percentage of those married before 20(%) | 36.6 | 32.1 | 4.5 - |
| Age median at first marriage (year) | 22.0 | 21.9 | 0.1 - |
| Polygamy (%) | 5.9 | 3.3 | 2.6 - |
| Married to relatives (%) | 41.2 | 39.0 | 2.2 - |

Source: Population and Family Health Survey 2017-2018

Since we are going to talk about marriage privacy in Jerash Governorate, we must address early marriage in this governorate, and we will focus here on the marriage of girls who have not reached the age of 18 (see Table 2). Marriage of girls before they reach the age of 18 has seen a comeback in Jordan in 2020 compared to the previous two years despite attempts to alleviate it. In Jerash Governorate, the percentage of those who married before 18 out of the total of those who married for the first time (virgins) increased significantly from 12.4%⁽³²⁾ in 2015 to 14.9% in 2017 and to 17.8% in 2020; the governorate is currently ranked third among the governorates of the Kingdom in terms of the prevalence of marriage for girls under 18 after Mafraq and Zarqa, and in second place after Mafraq in terms of the percentage of non-Jordanians who were married last year (15% and 21%, respectively), and this may be one of the reasons for the widespread of girls' marriage in this governorate, because the age at first marriage among non-Jordanians is lower than it is among Jordanian women, according to the results of the last survey.

32- The percentage is calculated from the data contained in the annual statistical report of the Department of the Chief Justice 2015

52% men and 7% women in Jerash use one kind of tobacco or the other. About 17% of women and 24% of men in Jerash Governorate do not have any source of health insurance, and this percentage rises to 61% among Syrian men and women alike.

As mentioned earlier, the vast majority of women of childbearing age in Jerash Governorate, as is the case in the rest of the governorates, are not currently working (90%) compared to men (40%), nor do they own a home or land of their own (96% and 97%, respectively), and these two percentages are lower among men (59% and 78%, respectively), and the case is the same with regard to the proportion of women who do not co-own a home or land.

Also, a small percentage of women in Jerash and the rest of the governorates have a bank account and use it 13% compared to 48% among men. The percentage of women who can decide how to spend their cash earnings is the lowest in Jerash (7%) out of ten governorates, while 46% of men in Jerash Governorate decide mainly how to spend their cash income and this percentage is higher than it is in eight other governorates.

Table (2) Percentage of girls under 18 marrying for the first time by governorate

| Capital | Balqa | Zarqa | Madaba | Irbid | Mafrq | Jerash | Ajloun | Karak | Tafileh | Ma'an | Aqaba | Kingdom |
|--|-------|-------|--------|-------|-------|--------|--------|-------|---------|-------|-------|-------------|
| 2017 | | | | | | | | | | | | |
| 13.7 | 25.2 | 12.4 | 12.1 | 17.3 | 15.6 | 14.9 | 24.8 | 9.3 | 5.4 | 13.0 | 18.2 | 16.6 |
| 2020 | | | | | | | | | | | | |
| 12.0 | 15.1 | 22.7 | 14.6 | 15.3 | 22.1 | 17.8 | 9.1 | 7.4 | 4.7 | 11.8 | 12.5 | 14.9 |
| Percentage of non-Jordanians marrying in 2020 by governorate | | | | | | | | | | | | |
| Capital | Balqa | Zarqa | Madaba | Irbid | Mafrq | Jerash | Ajloun | Karak | Tafileh | Ma'an | Aqaba | Kingdom |
| 10.8 | 5.7 | 11.4 | 6.0 | 6.8 | 20.6 | 15.0 | 2.2 | 2.4 | 1.9 | 5.0 | 7.4 | 9.7 |

Source: Percentages (%) calculated from data of Shari'a Courts in Jordan as issued in the annual statistical report of the Chief Justice Department 2017-2018

Polygamy and consanguineous marriage declined in Jerash Governorate, but the prevalence of consanguineous marriage remained higher in Jerash compared to other governorates. The hypotheses about the relationship between polygamy and the fertility rate of one woman are mixed. Some assume an inverse relationship between them, and some claim the opposite⁽³³⁾. Mafraq governorate recorded the highest percentage of polygamy (6.9%) as well as the highest fertility rate among all governorates of the Kingdom, while Jerash governorate showed an inverse relationship represented in a low percentage of the prevalence of polygamy (3.3%) and a fertility rate higher than ten governorates, perhaps due to the low prevalence of Polygamy leads to the prevalence of consanguineous marriage in Jerash Governorate, which is the highest among all governorates of the Kingdom, and this relationship may be behind the high total fertility rate per woman in Jerash Governorate, because divorce and/or desertion that accompanies a second marriage can explain the inverse relationship between polygamy and childbearing, because divorce and desertion remove a woman from the reproductive process, and she is replaced by another woman who is often younger and more likely to bear children than the first wife.

With regard to childbearing (Table 3), despite the increase in the percentage of married women as we mentioned, which has a direct relationship with the rate of childbearing, some important and surprising changes took place between the last two surveys, namely a drop in the percentage of women who conceived or had an early birth, in the rate of total and completed births, and in the percentage of very close births, yet, the governorate remained in second place after Mafraq in terms of terms of fertility rate per woman. There was also a slight drop in the rate of Cesarean-section deliveries, and slight changes in the percentage of pregnant women and the median age at first marriage. It is noteworthy to point out here that Jerash Governorate recorded the highest total fertility rate (4.3 births per woman) in the 2012 survey among all governorates of the Kingdom, and this rate decreased to 3.5 births

33- Steven C. Josephson. 2002. Does polygyny reduce fertility? *American Journal of Human Biology*, Vol. 14, Issue 2, pages 222-232; Number of times cited according to Cross Ref: 30

| Table (3) Birth indicators, directives and family planning–Jerash Governorate | | | |
|--|-------------|-------------|---------------|
| Variant | 2012 | 2017 | Change |
| Childbearing | | | |
| of women who conceived/ had 1st baby 15-19 years % | 11.9 | 6.8 | 5.1 - |
| Currently pregnant% | 5.5 | 5.8 | 0.3 + |
| Age median at 1st baby | 23.7 | 23.5 | 0.2 - |
| Total fertility rate (birth per woman15-49) | 4.3 | 3.5 | 0.8 - |
| (birth per woman15-49) rate of completed births | 5.4 | 4.8 | 0.4 - |
| Cesarean-section deliveries (%) | 26.6 | 25.9 | 0.7 - |
| Close births (less than 24 months from previous ones) | 36.0 | 30.2 | 5.8 - |
| Family planning | | | |
| Previous use of contraceptives (%) | - | 74.7 | |
| use of 2 traditional methods % | 19.2 | 15.4 | 3.7 - |
| use of modern methods % | 42.7 | 42.5 | 0.2 - |
| use of Intrauterine device % | 20.5 | 25.5 | 5.0 + |
| use of birth control pills % | 9.9 | 6.9 | 3.0 - |
| use of male condoms % | 6.7 | 4.7 | 2.0 - |
| use of female sterilization % | 3.2 | 2.7 | 0.5 - |
| use of injection % | 1.1 | 1.0 | 0.1 - |
| Unmet need for family planning | 11.9 | 10.5 | 1.4 - |
| Unmet need for a modern method of family planning ⁽³⁴⁾ % | 31.1 | 25.9 | 5.2 - |
| Reproductive desires | | | |
| Desire to stop having children (%) | 47.9 | 49.0 | 1.1 + |
| Want to delay the next baby for at least two years | 29.5 | 18.7 | 10.8 - |
| Average Ideal Number (Child | 4.1 | 4.1 | 0.0 |
| Average Desired Number (Child) | 2.9 | 2.7 | 0.2 - |

Source: Population and Family Health Survey 2012 and 2017-2018.

in the last survey to rank second after the Mafraq Governorate. If we move to the family planning indicators (Table 3) i.e. the rate of family planning method use by the spouses, which falls among the direct factors affecting reproduction according to the literature of intermediate variables affecting reproduction⁽³⁵⁾, its effect on

34- It is the percentage of the need for family planning in addition to the percentage of using traditional methods

35- The direct effects on births, in addition to the rate of family planning use among couples, are: the percentage of currently married women 15-49 years old (i.e. at risk of pregnancy), the rate of induced abortion, the duration of temporary infertility in the mother after childbirth, and the percentage of permanent infertility among husbands.

the chances of pregnancy is direct, i.e. it does not need an intermediary just like married women who are of childbearing age, we find a noticeable decrease in the rate of using traditional methods, which is characterized by a high rate of failure and discontinuation of use, but the use of modern methods in Jerash remained the highest among all governorates of the Kingdom (42.5%) due to the high use of Intrauterine Device IUD, which is the dominant method despite the decrease in other methods, in order of popularity, birth control pills, condoms, female sterilization and injections.

The unmet need for family planning methods in Jerash has declined in recent years to become the lowest in the Kingdom after Ajloun Governorate, and if we add to the percentage of unmet need for family planning the percentage of those who use traditional methods of family planning, i.e. those who need a more effective modern method, the percentage of need rises to the use of a modern method to more than a quarter of women in Jerash governorate, but it remains slightly lower in Jerash governorate than it is in other governorates and at the level of the Kingdom as well, where we find that 29% of currently married women have a need for a modern method of family planning (distributed 17% to stop for childbearing, 12% for birth spacing).

As is the case in all governorates, we find a wide difference in Jerash Governorate, but it is slightly less than the rest of the governorates, between the percentage of those who have previously used a method of family planning (74.7%) and the percentage of those who use these methods currently (57.9%). As for reproductive desires (Table 3), there has been a slight increase in the percentage of women who wanted to stop having children, but there was a significant decrease in the percentage of women who wanted to wait at least two years before giving birth to a new baby, and the average ideal number of children remained unchanged, while the average number of desired children decreased.

It was not possible for us to detail the categories of not wanting to have more children and the ideal number of children in Jerash Governorate according to the variables of the age of the women and according to the variables of the number of

living children they have due to the small number of women surveyed in the governorate sample on the one hand and the multiplicity of the categories of these two variables also on the other hand, but it is possible to obtain this desire according to other variables, as we can see in Table (3a). It appeared that the desire to stop having children was slightly higher in urban areas than in rural areas, and higher among non-Syrians than among Syrians. Contrary to what is expected, the unwillingness to have more children declines with the increase in the educational level, and the desire to stop having more children and be satisfied with what has begot them is the highest among the fourth and highest quintiles compared to the rest of the social and economic sectors.

Table 3a Currently married women who do not wish to have more children according to their characteristics

| Place of residence | | Nationality | | | highest educational level | | | | quintile of the well-being of women's families | | | | | Total |
|--------------------|-------|-------------|--------|------|---------------------------|------------|-----------|------|--|-------|--------------|--------|---------|-------|
| urban | rural | Jordanian | Syrian | Arab | Primary | Elementary | Secondary | High | Lowest | Third | Intermediate | Fourth | Highest | |
| 49.6 | 47.4 | 49.1 | 44.5 | 49.4 | 57.3 | 66.2 | 51.2 | 36.0 | 47.0 | 47.9 | 44.9 | 60.9 | 71.5 | 49.0 |
| 301 | 109 | 358 | 11 | 38 | 20 | 57 | 200 | 129 | 124 | 127 | 102 | 43 | 15 | 410 |

The last line shows the number of women in the four variable categories.

Source: Results derived from the raw data for Jerash Governorate from the Population and Family Health Survey 2017-2018

As for the change in the indicators of gender and women's empowerment, which is evidence of the status of women and their access to their rights, we note from the statistics in Table (4) that the change in indicators of economic empowerment represented in the ownership of assets such as housing and land was mixed and slight, but there was a noticeable decline in the percentage of female workers and in the percentage of those who can on their own decide how to handle their cash earnings. This change, in general, does not indicate progress in the economic empowerment of women in Jerash Governorate.

Table (4) Trends of indicators of women's empowerment and their exposure to violence in Jerash Governorate 2012-2017

| Indicator | 2012 | 2017 | Change |
|---|--------------|-------------|-----------------|
| Paid work and asset ownership | | | |
| Employed women 15-49 years | 15.7 | 10.0 | 5.7 - |
| of those who own a home alone % | 1.8 | 3.5 | 1.7 + |
| of who own land alone % | 3.8 | 2.8 | 1.0 - |
| of those who own a shared home % | 2.1 | 2.5 | 0.4 + |
| of those who own a shared land % | 4.8 | 4.1 | 0.7 - |
| The wife decides how to spend her cash income % | 27.5 | 6.7 | 20.8 - |
| Exposure to violence | | | |
| Consent to abuse of wife is justified (%) | 75.1 | 44.8 | 30.3 - |
| Experienced physical violence from another since age 15(%) | 36.5 15.2 | 15.7 7.7 | 20.8 - 7.5 - |
| Experienced physical violence from another in the past year (%) | 8.3 /11.0 | 1.7 / 2.7 | 6.6 -/8.3 - |
| Previously experienced sexual violence in the past year by spouse % | 36.2 | 20.0 | 16.2 - |
| experienced physical, sexual or psychological violence from their most recent spouse (%) | 17.4 | 15.3 | 2.1 - |
| Experienced physical or sexual violence from either spouse in the past year (%) | 44.6 | 66.2 | 21.6 |
| of those who did not report and did not seek help to stop the physical/sexual violence they experienced % | - | 69/73 | - |

Source: Population and Family Health Survey,2012,2017, 2018

As for exposure to domestic violence (Table 4), there has been a significant decrease (30 %) in the percentage of those who accept exposure to spousal violence, as well as a decrease in the exposure of girls and women to violence in all its forms, sources and time, but what is worrying is the large increase (about 22 %) in a percentage of those who kept silent and did not tell anyone about their physical and sexual violence and did not seek help to stop it, despite the fact that some of them had injuries.

3-3 Reproductive and sexual health according to demographic and socio-economic variables - Jerash Governorate

This part is devoted to revealing the impact of demographic, social and economic factors, or variables on the components of reproductive and sexual health and women's empowerment in Jerash Governorate through cross tabulation of these components according to the categories of these variables. Although we expected that the components of reproductive health and the nature of their relationship to demographic and socio-economic variables in Jerash Governorate would not differ from what they are in other governorates, we isolated the raw data for Jerash Governorate from the data of the Population and Family Health Survey 2017-2018 and conducted a bivariate analysis of this relationship as is shown in the following paragraphs and tables.

We must note here, that the breakdown of Jerash Governorate data according to the categories of variables of interest resulted in the emergence of cases of less than five observations in a number of categories of these variables due to the small size of the sample, especially those characterized by a skewed distribution, which means that reliance on results based on such few cases are not statistically significant and therefore such findings have been ignored wherever they occur.

3-3-1 Caesarean sections and maternal deaths

The rate of caesarean section deliveries among Jordanian women reaches 27%, and it rises to 32 among those aged 35+ years, and in the more well-off segments it reaches 27%, compared to 24% among the poorest⁽³⁶⁾. The rate of Caesarean section deliveries in 2019 in the Ministry of Health facilities reached 30.74%⁽³⁷⁾ thus going up to twice the maximum recommended by the World Health Organization, which means that some mothers are exposed to unnecessary risks with this major surgery.

The percentage of Caesarean deliveries in Jerash Governorate is (25.9%), of which 18.1% are pre-planned operations, i.e. before labor on the day of birth, and the rest (7.8%) are operations that the decision was taken to perform after the start of labor. The rates of resorting to Caesarean section in Jerash Governorate vary according to

36- Department of General Statistics, Population and Family Health Survey Report 2107/2018, Chapter Nine.

37- Ministry of Health, Annual Statistical Report 2019.

a number of variables (Table 5), reaching their maximum among pregnant women in the last decade of their reproductive life, do not vary much according to the birth order; they were higher among births that took place in university hospitals (which are few cases that are not of any statistical significance) and the Royal Medical Services hospitals, including government and private sector hospitals, were similar in both rural and urban areas, showed a direct relationship with women's educational levels, and was almost the same in the first and second quintiles and lower in the middle and fourth quintiles, but it reached its peak among the most well-off segment.

Table (5) Jerash Governorate - Caesarean section birth rates for married women according to demographic, social and economic variables 2017/2018

| Age/ women | % | Number of births | Child order at birth | % | Number of births |
|--|------|------------------|--|-------------|------------------|
| 15 -1 9 | 0.0 | 6 | 1 | 27.2 | 75 |
| 20 - 24 | 17.1 | 50 | 3—2 | 27.6 | 138 |
| 25 - 29 | 24.4 | 99 | 5—4 | 22.7 | 86 |
| 30 -34 | 31.9 | 92 | 6+ | 25.0 | 32 |
| 35 - 39 | 24.0 | 62 | Place of residence | % | Number of births |
| 40 - 44 | 38.8 | 24 | urban | 25.6 | 245 |
| 45 - 49 | 31.7 | 1 | rural | 26.8 | 90 |
| Hospital | % | Number of births | highest level of education | % | Number of births |
| Government | 23.7 | 206 | primary | 19.1 | 13 |
| university | 48.8 | 6 | elementary | 22.4 | 29 |
| Royal medical services | 31.1 | 69 | secondary | 24.3 | 168 |
| private | 26.8 | 51 | high | 29.6 | 125 |
| quintile of the well-being of families | % | Number of births | quintile of the well-being of families | % | Number of births |
| lowest | 26.2 | 122 | fourth | 18.5 | 29 |
| second | 26.5 | 100 | highest | 67.4 | 6 |
| middle | 24.5 | 78 | Total | 25.9 | 335 |

Source: Results derived from the raw data for Jerash Governorate from the Population and Family Health Survey 2017-2018

We note from data at the Kingdom level, that caesarean sections deliveries did not spare mothers from maternal death; there were 62 deaths (84% of whom are

Jordanian). The highest number of maternal deaths was because of emergency or pre-scheduled caesarean sections before the day of birth, as 63% of their deaths were the result of caesarean section deliveries. (42% emergency and 21% elective), and the remaining percentages were 16.1% by natural birth, 12.9% died while still in pregnancy, and 8.1% died after an abortion⁽³⁸⁾, noting that caesarean delivery can save the life of the mother and baby, but unnecessary caesarean deliveries with no valid medical reasons are associated with a higher risk of mortality during or after childbirth, compared to a natural delivery. An analysis of questions received in the 2015 census questionnaire estimated the maternal mortality rate at about 25 deaths per 100,000 live births, and a later source, the National Maternal Mortality Report for 2018, stated that the maternal mortality rate was 29.8 per 100,000 live births⁽³⁹⁾, and rose to 32.4 in the same report for the year 2019⁽⁴⁰⁾. Obstetric hemorrhage is the "worldwide killer of mothers", and is considered the number one killer of mothers, in addition to blood clots, pre-eclampsia, cardiovascular diseases during pregnancy, and some detected and undetected cancerous diseases.

3-3-2 Family Planning

With regard to the variations in family planning according to demographic and socio-economic characteristics (Table 6), Jerash Governorate ranked first among all governorates in the use of modern methods, as mentioned above; it appeared that it has a direct and linear relationship with the age of women, and reaches its peak in the age group 35-39 years but recedes in the last five years of reproductive life as there is no need for it any longer due to the weak biological ability to conceive at this advanced age. As for the use of traditional methods, its relationship to age takes the shape of an inverted U, reaching its peak in the 25-34 age group.

The use of family planning methods, in general, and of modern methods especially in urban areas is higher than in rural areas in Jerash Governorate, and the opposite is true for traditional methods as their use is higher in the rural areas. The use of modern family planning methods in general is higher among Jordanian women

38- Ministry of Health, National Maternal Mortality Report 2018 and 2019.

39- Department of Statistics, 2016. Mortality in Jordan: Maternal and Adult Mortality: An Analytical Study Based on the Data of the General Population and Housing Census 2015, p21.

40- Ministry of Health, National Maternal Mortality Report 2018

Than it is among women of other Arab nationalities, but the use of traditional methods was the highest among Syrian women, while the use of modern methods was the lowest. The use of modern means declines with the increase in the level of women's education in favor of traditional means, whose use is directly related to their level of education. It can be said that the use of both types of contraceptive methods increases with the increase in the levels of well-being of women's families, until the fourth quintile and then decreases among women who are in the highest quintile.

Table (6) Jerash Governorate-current use of family planning methods according to women's characteristics 2017-2018

| characteristics | modern methods (%) | traditional methods (%) | other methods (%) |
|--|---------------------------|--------------------------------|--------------------------|
| Women's age | | | |
| 15 - 19 | 8.6 | 9.5 | 18.1 |
| 20 - 24 | 29.2 | 9.6 | 38.8 |
| 25 - 29 | 32.2 | 21.8 | 54.0 |
| 30 - 34 | 41.1 | 19.1 | 60.2 |
| 35 - 39 | 56.4 | 13.1 | 69.5 |
| 40 - 44 | 53.3 | 17.1 | 70.4 |
| 45 - 49 | 45.6 | 9.5 | 55.2 |
| Place of residence | | | |
| urban | 43.3 | 14.9 | 58.2 |
| rural | 40.5 | 16.7 | 57.1 |
| women's nationality | | | |
| Jordanian | 43.5 | 15.6 | 59.1 |
| Syrian | 27.1 | 21.9 | 49.0 |
| Arab | 40.2 | 10.5 | 50.7 |
| Highest education for women | | | |
| primary | 44.1 | 9.8 | 53.9 |
| elementary | 44.1 | 11.3 | 55.4 |
| secondary | 43.9 | 15.5 | 59.4 |
| tertiary | 39.6 | 18.3 | 57.9 |
| Quintile well-being of families | | | |
| lowest | 40.2 | 14.0 | 54.2 |
| second | 39.5 | 14.8 | 54.3 |
| middle | 43.4 | 16.6 | 60.0 |
| fourth | 54.6 | 20.0 | 74.5 |
| highest | 48.4 | 10.9 | 59.3 |
| Total | 42.5 | 15.4 | 57.9 |

Source: Results derived from the raw data for Jerash Governorate from the Population and Family Health Survey 2017-2018

In all societies, there is a disparate percentage of married couples who have an unmet need for family planning which is the reason of most unwanted pregnancies, and this need simply means that there are husbands who do not want more children or want, but after two years, but they do not use any means to achieve either of these two desires though the wife has the readiness to conceive as is mentioned in Table (7).

Table (7) Jerash Governorate - Unmet need for family planning according to women's characteristics 2017/2018

| Characteristics | Spacing % | stop having children % | Total % | number of women |
|---|------------|------------------------|-------------|-----------------|
| women's age | | | | |
| 15 - 19 | 16.1 | 0.0 | 16.1 | 11 |
| 20 - 24 | 9.7 | 3.2 | 12.9 | 42 |
| 25 - 29 | 9.3 | 2.7 | 12.0 | 72 |
| 30 - 34 | 3.8 | 4.0 | 7.8 | 73 |
| 35 - 39 | 2.5 | 6.8 | 9.3 | 69 |
| 40 - 44 | 1.1 | 7.2 | 8.3 | 59 |
| 45 - 49 | 0.0 | 12.6 | 12.6 | 63 |
| Place of residency | | | | |
| urban | 5.1 | 6.2 | 11.3 | 285 |
| rural | 3.0 | 5.2 | 8.2 | 104 |
| Nationality | | | | |
| Jordanian | 4.6 | 4.9 | 9.5 | 340 |
| Syrian | 1.9 | 13.5 | 15.4 | 11 |
| Arab | 4.3 | 13.0 | 17.3 | 35 |
| Highest education for women | | | | |
| primary | 3.7 | 10.3 | 14.0 | 18 |
| elementary | 2.1 | 9.2 | 11.3 | 52 |
| secondary | 5.9 | 4.6 | 10.5 | 194 |
| tertiary | 3.7 | 5.6 | 9.4 | 122 |
| Quintile well-being of women's families | | | | |
| lowest | 6.6 | 7.1 | 13.6 | 117 |
| second | 3.7 | 6.1 | 9.7 | 122 |
| middle | 4.4 | 3.8 | 8.1 | 96 |
| fourth | 2.0 | 7.3 | 9.3 | 40 |
| highest | 3.9 | 6.0 | 10.0 | 14 |
| Total | 4.6 | 5.9 | 10.5 | 389 |

Source: Results derived from the raw data for Jerash Governorate from the Population and Family Health Survey 2017-2018

This need in Jerash Governorate (10.5%) was less than in most other governorates, and in general the need to stop having children was higher than the need for spacing, but in the first years of reproductive life, the need for spacing outweighed the need to stop, and at the age of 35 years and beyond, most or all unmet need is for stopping having more children. The unmet need of both types is higher in urban areas than it is in rural areas. In contrast to the unmet need for spacing, the unmet need to stop having children was much higher in non-Jordanian families than it is in Jordanian families, and the unmet need generally declines with the increase in the level of education of married women, because the unmet need to stop having more children is very high among women whose educational level is primary and elementary. As for the relationship of the unmet need to the level of families' well-being, it is quite apparent that this need in general and the spacing in particular is much higher among the lower group than it is among the higher or the more affluent group.

3-3-3 spousal violence

According to what married women in Jerash Governorate disclosed about them being subjected to spousal violence (Table 8), the most common violence directed against them by their husbands was psychological violence, followed by physical violence, while the practice of sexual violence was the lowest. No distinct relationship was detected between marital violence and the wife's age, but psychological violence reached its maximum in the 25-29 age group, and physical and sexual violence in the 20-24 age group. Spousal violence in its three forms, especially physical, was higher in urban than in rural areas, and higher in Jordanian families than among Syrians, but psychological and physical violence was higher among families of other Arab nationalities. It is apparent that marital violence in its three forms is more practiced against wives with an elementary level of education compared to those whose education is higher. Apart from sexual violence, psychological and physical violence directed by husbands towards their wives was higher in the families of the two lowest levels of family well-being compared to the other three highest levels.

Table (8) Exposure of previously married women to violence by husbands according to the form of violence and women's characteristics 2017/2018

| Characteristics | Emotional or psychological violence (%) | Physical violence (%) | Sexual violence (%) |
|---|---|-----------------------|---------------------|
| Women's age | | | |
| 15 - 19 | 0.0 | 8.7 | 0.0 |
| 20 - 24 | 9.1 | 16.5 | 6.3 |
| 25 - 29 | 21.3 | 15.6 | 2.6 |
| 30 - 34 | 15.2 | 10.9 | 0.8 |
| 35 - 39 | 18.6 | 11.7 | 4.7 |
| 40 - 44 | 16.8 | 8.9 | 1.7 |
| 45 - 49 | 14.2 | 10.4 | 1.5 |
| Place of residency | | | |
| Urban | 16.3 | 14.2 | 2.9 |
| Rural | 15.5 | 6.4 | 2.0 |
| Nationality of women | | | |
| Jordanian | 15.5 | 11.6 | 3.1 |
| Syrian | 7.9 | 11.0 | 0.0 |
| Arab | 26.4 | 19.4 | 0.0 |
| Highest education for women | | | |
| Primary | 26.2 | 13.2 | 10.5 |
| Elementary | 19.6 | 11.4 | 2.6 |
| Secondary | 16.2 | 12.9 | 2.2 |
| Tertiary | 13.4 | 11.6 | 2.2 |
| Quintile well-being of women's families | | | |
| lowest | 21.8 | 16.5 | 2.2 |
| Second | 18.8 | 13.5 | 3.2 |
| Middle | 12.9 | 8.7 | 0.5 |
| Fourth | 7.1 | 10.9 | 5.6 |
| Highest | 7.4 | 0.0 | 7.4 |
| Total | 16.1 | 12.2 | 2.7 |

Source: Results derived from the raw data for Jerash Governorate from the Population and Family Health Survey 2017-2018

3-3-4 Problems impeding access to medical care

Women in Jerash Governorate were asked if they were having major problems or difficulties in obtaining medical care for themselves. The results are as shown in Table (9). The most common reason was the need for someone to go with them because they did not want to go alone (34. %), and this may be due to the husband being unavailable to accompany his wife because he is busy at work. The need to have the necessary money, which may not always be available, came second (31%). The remoteness of the preferred medical facility and the need to use a means of transportation were also important impediments to women's access to medical care. One-fifth of the women questioned reported that the fear of not having a female medical provider was also a reason that hindered them from seeking medical care. The least significant reason for women in Jerash governorate to get medical care was to have the permission to go to the medical facility. Anyone looking into these impediments would find that empowering women is the reason behind the great difficulty that prevents women from obtaining medical care on their own when they need it.

Their need for escorts and/or permission, money and their preference for a female service provider are all indicators of women's poor decision-making abilities and their chances to access medical care for themselves.

Table (9) percentage of women who face major problems to access medical care on their own by reason 2017-2018

| | No knowledge of destination | Permission to go | Having the necessary money | Distance of health facility | Using a mode of transport | No wish to go alone | Fear of no female service provider |
|---------------|-----------------------------|------------------|----------------------------|-----------------------------|---------------------------|---------------------|------------------------------------|
| % | 14.7 | 8.3 | 31.4 | 28.6 | 27.4 | 33.8 | 21.1 |
| Number | 60 | 34 | 129 | 117 | 112 | 138 | 86 |

Source: Results derived from the raw data for Jerash Governorate from the Population and Family Health Survey 2017-2018

3-3-5 The current status of women's empowerment in Jerash Governorate

Several numerical indicators are usually used to measure the degree of women's empowerment. Table (10) presents these indicators for Jerash Governorate, which

shows mixed results for the Governorate compared to other governorates. The vast majority of women of childbearing age in Jerash governorate, as is the case in the rest of the governorates, are not currently working (90%) compared to men (40%), and they do not own a home or land of their own (96% and 97%, respectively); these two percentages are lower among men (59% and 78%, respectively). The case was the same with regard to the percentage of women who did not share ownership of a home or land.

Table (10) indicators of women's empowerment and their exposure to violence according to the results of The Population and Family Health Survey 2017-2018

| indicator | Jerash | North region | Kingdom |
|---|----------|--------------|------------|
| Paid labor and ownership of assets | | | |
| Currently employed (women/men 15-49 years old) % | 59.5 /10 | 55.1 /10.1 | 55.1/ 13.8 |
| Of those who own a home alone % | 3.5 | 4.4 | 6.1 |
| Of those who own land alone % | 2.8 | 3.7 | 3.2 |
| Of people who share ownership of a home % | 2.5 | 2.3 | 3.3 |
| Of people who share ownership of land % | 4.1 | 3.4 | 3.3 |
| Have and use a bank account (women) (%) | 13.3 | 13.4 | 19.6 |
| Have and use a bank account (men) (%) | 48.2 | 43.8 | 40.8 |
| The wife decides how to spend her cash earnings % | 6.7 | 15.9 | 14.6 |
| Husband decides how to spend his cash earnings (%) | 45.8 | 31.9 | 45.4 |
| Exposure to violence | | | |
| Consent beating of wife as justified (%) | 44.8 | 59.6 | 46.2 |
| Husbands who justify wife beating | 75.7 | 69.7 | 69.1 |
| Experienced physical violence from another since age 15(%) | 15.7 | 17.8 | 20.8 |
| Experienced physical violence from another in the past year | 7.7 | 9.6 | 14.4 |
| Previously experienced sexual violence/in the past year by spouse (%) | 1.7/ 2.7 | 3.0/ 4.5 | 3.3 /5.2 |
| Experienced physical/sexual/psychological violence from their most recent spouse (%) | 20.0 | 21.2 | 25.9 |
| Experienced physical/sexual/psychological violence from any spouse in the past year (%) | 15.3 | 14.6 | 20.4 |
| Did not tell anyone and did not seek to stop the physical/sexual violence they experienced from their husband % | 66.2 | 64.0 | 67.2 |
| Can refuse marital intercourse/request that the husband uses a condom during intercourse % | 69/73 | 68/70 | 67/71 |

Also, a small percentage of women in Jerash and the rest of the governorates have a bank account and use it 13% compared to 48% of men. The percentage of women who can mainly determine how to spend their cash income is the lowest in Jerash Governorate (7%) out of ten governorates, including the governorates of the north, while 46% of the men in Jerash Governorate decide mainly how to spend their cash income and this percentage is higher than it is in eight governorates, including the northern governorates.

3-3-6 The current situation of girls and women being subjected to domestic violence

Compared to the North Region and the Kingdom as a whole (Table 10), the percentage of women in Jerash who justify the husband abusing his wife was (45%), and this percentage is lower than it is in seven governorates, including the governorates of the North Region, while this percentage among men in Jerash Governorate is 76 % and was higher than it is in seven governorates. Therefore, the information provided by women about their exposure to violence should not be taken with certainty. Only 16% and 8% of Jerash women reported that they have been subjected to physical violence from someone since the age of 15 and during the past year, respectively; these percentages are lower than they are on the North Region level and on the Kingdom's level, and this may be due to the fact that consanguineous marriage was the most common in Jerash Governorate.

As for being subjected to sexual violence in the past year by the husband alone, the percentage was very low, according to what women reported in all governorates; this may be attributed to the fact that women do not consider the sexual relationship between spouses to include violence. Not all women in Jerash Governorate and all other governorates are also able to refuse marital intercourse if they do not desire it, or ask the husband to use condoms to avoid pregnancy or venereal disease. The percentage of those who can do this in Jerash Governorate is 69% and 73%, respectively, which are close to the corresponding proportions in the remaining governorates.

When putting together the physical, sexual and psychological violence that women were subjected to by the last husband or from any husband in the past year,

the percentages in Jerash Governorate become higher than the rates of sexual violence alone (20% and 15%, respectively), but they were lower in Jerash governorate than they were at the level of the Kingdom and the northern governorates, with the exception of Ajloun.

As is the case in all governorates of the Kingdom, two-thirds (66%) of women in Jerash who were subjected to physical or sexual violence from their husband did not seek help from anyone to stop it, nor did they tell anyone about it either. These results are to alert those in authority to stand against domestic and familial abuse by conducting activities against marital and family violence and that enormous efforts are expected from them to diminish the culture of silence in order to reach a better situation than the current reality of domestic violence in all its forms, especially the terrible ones such as femicide. It is noteworthy here to point out that the Population and Family Health Survey 2017-2018 did not ask married men questions regarding their being exposed to violence by their wives.

3-3-7 Sexually Transmitted Diseases

As has been mentioned above, not all women in Jerash Governorate and the remaining governorates as well can refuse marital intercourse if they do not desire it, or ask the husband to use a condom during intercourse, perhaps to avoid conceiving or the transmission of a venereal disease, and the percentage of those who could do so in Jerash governorate was 69 % and 73%, respectively, which are close to the corresponding rates in the rest of the governorates.

Jordan is one the countries where the widespread of HIV disease is relatively low, and a high percentage of young men and women under the age of 25 and people of both sexes 15-49 years at the national level have heard of this disease (95% women and 90% males; In Jerash, this percentage reached 99% among women and 86% among men. But merely hearing about something does not necessarily mean knowledge, as it appeared that the percentage of knowledge of two ways to avoid infection with the virus, namely, the use of condoms at every sexual contact and limiting

sexual relations to one partner is not general, and it was slightly higher among women and men in Jerash (50% and 53%, respectively) compared to the national level.

Table (11) shows the variation in knowledge of the methods of transmission of HIV according to several variables. It appeared that knowledge has a direct relationship with the age of the women participants, and that it is higher among women living in rural areas than it is among urban dwellers, and higher among Jordanians and Syrians than it is among women of other Arab nationalities, and that it has a direct relationship with women's education levels, and a clear direct relationship with the levels of the well-being of women's families taking part in the research.

Contrast to HIV, knowledge of sexually transmitted diseases was low among those who had been married 15-49 years in Jerash Governorate (35% and 26% among women and men, respectively; compared to 34% and 33%, respectively at the national level). As for the comprehensive knowledge about AIDS, it is very low in Jordan. It was found that only 9% of men and women 15-49 years old have comprehensive knowledge of ways to prevent contracting HIV⁽⁴¹⁾, and in Jerash Governorate, the comprehensive knowledge among young women and men 15-24 years old is very low as well (about 4% and 9%, respectively). As for the knowledge of the possibility of transmission of the virus from the mother to the newborn during pregnancy, childbirth and breastfeeding, the knowledge of these three methods combined was better and amounted to 26% among women and men alike.

A small percentage of women and men 15-49 years old know where to go to get tested for HIV (27% and 40% respectively) and these percentages reached (27% and 45% respectively) in Jerash Governorate; percentages among young women and men under the age of 25 are also low (23% and 33%, respectively).

Demographic and health surveys conducted in more than ninety countries worldwide have revealed the phenomena of stigma and discrimination against people

⁴¹- The concept of comprehensive knowledge includes knowing all of the following: condoms during sexual intercourse protect against infection; sexual intercourse is restricted to one uninfected person; awareness that a seemingly healthy person may be infected with the virus; and rejection of two of the most common misunderstandings locally about the ways of infection and prevention of the virus, which are: mosquito bite, handshake, hug, sharing food with an infected person, sharing shaving tools and cutting hair.

Table (11) Jerash Governorate - Knowledge of two methods of HIV prevention according to the characteristics of women previously married 2017/2018

| Characteristics | Use of condoms | Limiting sexual intercourse to one uninfected partner | Using condoms and restricting intercourse to one uninfected partner | Number of women |
|--------------------------------------|----------------|---|---|-----------------|
| Women's age | | | | |
| 15 - 19 | 29.4 | 68.8 | 26.0 | 11 |
| 20 - 24 | 47.5 | 74.0 | 44.0 | 44 |
| 25 - 29 | 58.3 | 81.6 | 54.1 | 77 |
| 30 - 34 | 57.1 | 75.5 | 50.4 | 76 |
| 35 - 39 | 59.0 | 81.6 | 54.1 | 71 |
| 40 - 44 | 51.6 | 73.3 | 49.0 | 64 |
| 45 - 49 | 57.3 | 74.1 | 51.7 | 68 |
| Place of residency | | | | |
| Urban | 53.2 | 75.3 | 47.9 | 301 |
| Rural | 60.2 | 81.0 | 57.1 | 109 |
| Nationality | | | | |
| Jordanian | 56.2 | 76.9 | 51.3 | 358 |
| Syrian | 56.7 | 82.1 | 52.8 | 11 |
| Arab | 46.7 | 75.2 | 44.0 | 38 |
| Highest educational level | | | | |
| Primary | 40.5 | 60.5 | 32.4 | 20 |
| Preparatory | 56.6 | 73.3 | 51.3 | 57 |
| Secondary | 54.4 | 78.0 | 50.6 | 200 |
| Tertiary | 57.6 | 79.1 | 52.2 | 129 |
| Quintile of family well-being | | | | |
| lowest | 47.2 | 70.5 | 41.1 | 124 |
| Second | 55.3 | 76.9 | 51.3 | 127 |
| Middle | 59.4 | 77.9 | 55.3 | 102 |
| Fourth | 62.3 | 86.9 | 56.7 | 43 |
| Highest | 69.0 | 92.3 | 69.0 | 15 |
| Total | 55.1 | 76.8 | 50.4 | 410 |

Source: Results derived from the raw data for Jerash Governorate from the Population and Family Health Survey 2017-2018

living with HIV; this phenomenon is one of the most important obstacles to detecting and responding to the spread of this virus. As in other countries, the recent Family Survey showed that 90% of Jordanian women and 87% of Jordanians aged 15-49 years, and young men and women under the age of 25 also have discriminatory⁽⁴²⁾ attitudes against people living with this virus; the percentage reached 88 % and 80% in Jerash Governorate among women and men respectively. Discriminatory attitudes are taken as an indication of the stigma people have towards those whom they know have HIV.

3-3-8 Pre-marital medical testing not a common practice

Pre-marital medical testing is the starting point in avoiding reproductive malformations and genetic blood diseases, which in the case of Jordan is thalassemia. However, only about half of the previously married husbands and wives in Jerash Governorate (51% and 55% respectively) compared to (52% and 53%, respectively in the Kingdom) sought to obtain this examination. Surprisingly, the percentage of newly married young men and women (i.e. under the age of 20 years) who sought to test was also low in the Kingdom (42-43%)⁽⁴³⁾, although Pre-marital testing has become mandatory by law since 2004. The declining percentage may be because only one of the grooms, and not both, opts for the test. Whatever the case maybe, the thalassemia cases registered in the Kingdom annually have dropped by the half according to data of the Ministry of Health; cases now range between 40-45 cases annually⁽⁴⁴⁾.

3-3-9 Early detection of breast and cervical cancer

The percentage of women of childbearing age who have undergone a self-examination test or testing by a specialist to detect breast cancer, the most widespread type⁽⁴⁵⁾, during the past year is low in Jordan (21%), even among those in the last years of their reproductive life (27%). In Jerash Governorate, it was 26% despite

42- Discriminatory attitudes are the belief that children infected with the virus should not be allowed to attend school, and not to buy fresh vegetables from an HIV-positive vendor,

43- Department of Statistics, Population and Family Health Survey Report 2017/2018, Chapter Nine.

44- <https://www.moh.gov.jo/EN/ListDetails/GeneralHealthInformation/1045/3>

45- Breast cancer cases among Jordanian women constitute about 40% of their total cancer cases, according to the Ministry of Health's 2019 Annual Statistical Report, pg. 164. The anti-cancer activities in the Directorate of Non-communicable Diseases in 2019 included conducting 86,777 clinical breast examinations, and training 87,455 women on breast self-examination. And 96,451 attended seminars on breast cancer, and 6256 women were referred for mammograms.

the intensive national campaigns to encourage early detection throughout the governorates in recent years. Women attributed the two most important reasons for their low level of seeking a mammogram (9% in the Kingdom; 12% in Jerash governorate) to that there was no need for it (50%; 36%, respectively) and also to the absence of disease and symptoms (38%; 53%, respectively).

And the remaining many reasons in Jerash Governorate (11%) were distributed among the fear of the examination result, lack of support from family and husband, distance, cost and so on. It is worth noting here that a national campaign targeting males has not been implemented for early detection of cancer, as was the case for females. In addition, less than a quarter (24% in Jordan; 23% in Jerash) of women of childbearing age who have been married have had a cervical swab. Cervical cancer vaccine is not available in Jordan. Add to that, 28% of women in Jordan and 25% in Jerash Governorate were protected from tetanus by vaccination after their last birth⁽⁴⁶⁾.

3-3-10 Missed opportunities on obtaining reproductive health information and advice

Many opportunities are wasted in a number of facilities and times to gain sexual and reproductive counseling and awareness before and after marriage. These missed opportunities occur in different places and times such as: activities of the school health programs⁽⁴⁷⁾, within the curricula and extra-curricular activities, in hospitals after childbirth and before leaving the ward, especially since almost all births now take place in hospitals (99% in Jerash governorate), during mothers' visits to health facilities when still pregnant (75% of pregnant women in Jerash get at least 7 visits during pregnancy), postpartum visits, child vaccination visits, when signing and registering the marriage contract, and in the many sermons of hundreds of thousands from mosques and religious lessons. Single men and women and married men do not frequent government clinics that provide reproductive and sexual health services. Evidence of these missed opportunities and one which is most

⁴⁶- Population and Family Health Survey 2017-2018, Main Report.

⁴⁷- According to the annual report 2018/2019 of the Directorate of School Health / Ministry of Health, school health includes: preventive vaccinations, health education (brochures, posters, meetings with school health committees), water tests, laboratory tests, examination of first, fourth, seventh and tenth grade students), dental care.

prominent is that the last two-Family Surveys showed respectively, that 68% and 77% of married women of childbearing age who do not use family planning methods in Jerash Governorate (79% in the Kingdom) did not receive advice or information about family planning from a field health worker or when they have been to a health facility during the past year.

3-3-11 Nutritional status of women and children

47% of women of childbearing age in Jerash Governorate (compared to 43% at the national level) have anemia (mostly mild; 39%); the percentage of anemia among their children (6-59 months) is 38% (24% mild anemia) compared to 32% at the national level. While about 3% of women of childbearing age in Jerash governorate are considered underweight (body mass > 18.5), 52% of them are overweight or obese (body mass \geq 25) compared to 54% at the Kingdom level, of whom 27% are overweight and the remaining quarter are obese (body mass \geq 30).

3-3-12 Infant mortality

Mortality rate of children under-five and infant mortality rate in the governorate are lower than they are at the national level (13 and 11 per 100,000 live births, respectively, compared to 16 and 15 in the Kingdom). As for the neonatal mortality rate in the governorate, it is (11) and similar to its level nationwide; the perinatal mortality rate, however, is higher in the governorate than at the national level (17 vs. 13)⁽⁴⁸⁾

3-3-13 Disabilities

The most recent, comprehensive and most detailed source on disabilities in Jordan is the 2015 Population and Housing Census 2015. This census questionnaire included the six questions of the Washington International Group, which provided information on the so-called functional difficulties by type, degree, age (5 years and over), gender, and The Six Functional Difficulties which are: **vision, hearing, mobility (walking or climbing steps), cognition (memory and concentration), self-care and communication**. The percentage of individuals in Jordan who have any of

⁴⁸ Department of Statistics, Population and Family Health Survey Report 2017/2018, Chapter Eight.

these difficulties reached 11%, and the same percentage was recorded in Jerash Governorate as well; 17% of individuals with functional difficulties in Jerash Governorate were in the late childhood stage 5-14 years⁽⁴⁹⁾. It is worth noting that the 2015 census revealed very high rates of The Six Functional Difficulties among the elderly, far exceeding the percentage recorded among the total population.

⁴⁹- Calculated from table data:http://www.dos.gov.jo/dos_home_a/main/population/census2015/Difficulties/Difficulties_10.1.pdf

Chapter Four

Impact of social and economic factors and gender dynamics on the sexual and reproductive health of women and girls in Jerash Governorate

Introduction

The qualitative part of this study aims to explore the extent to which economic factors, culture, prevailing norms, gender dynamics, opinions and attitudes of the population of Jerash Governorate of all categories affect the sexual and reproductive health of women and girls in the Governorate. To achieve this goal, (15) focus groups were held in different areas of the governorate taking into consideration homogeneity in age, gender and marital status when holding focus groups, while looking at differences in the financial and educational situation and the area of residence in the same group to cover all segments of the population in the governorate as much as possible. 103 participants (in addition to 6 service providers and 6 decision-makers) participated in the focus groups with 51 males and 52 females, of whom 53 were Syrian refugees. Educational level of participants varied from those who were just literate (could only read and write) to those who held a master's degree. As for places of residence of Syrian participants, they were distributed around the different regions of the governorate (Annex 3). As for the Jordanian participants, the educational level varied from literate to a PhD holder 2. Their places of residence varied among the different regions of the governorate, as shown in Annex 3.

As for the results of the qualitative analysis, these were divided into 9 main themes some of which comprised of more than one sub-theme. Several factors, clarified by the participants in the focus discussion groups, reflected on the components of reproductive health in Jerash Governorate; the results shown below explained the nature of the relationship between cultural norms, gender relations, economic factors, and reproductive behavior of the residents in Jerash Governorate.

4.1 The first theme: impact of social and economic factors and gender dynamics on marriage

4-1-1 The suitable age for marriage for girls

Main results

- **Married Jordanian men** : It was repeated in more than one group by married men that the suitable age for marriage comes after twenty; their justification was that the girls go into the stage of maturity and adulthood and full growth after this age.
- **Young single Jordanians** : these unanimously agreed that a working girl is the best choice to marry, and that employment is one of the most important criteria that must be taken into consideration when choosing a wife. Two participants, however, found that 'the younger, the better' meaning that a man can shape her as he wants when still young!
- **Married Jordanian women** : the majority of this group unanimously agreed that 25 is the most suited age for marriage as the girl would have completed her study at university and might have already started her working life, and that there was no need to rush if the girl was still studying. Some participants pointed out that the suitable age depends on the girl's desire to continue her education; and some preferred marriage as it gives a girl safety, security, and protection.
- **Single Jordanian girls** : the girls unanimously agreed that 20-24 years is an appropriate age for a girl to have completed her university studies and gain some life experiences.
- **Married people of other nationalities** : Men and women also reported that marriage after 20 years is the best age for marriage, but that immigration and the dire economic conditions led to their desire to hasten marrying girls at an early age between 16-18, as most girls in Jordan do not complete university anyway, so better give them the protection and safety of marriage. Some married women indicated that this generation calls for concern because of the openness that comes with the Internet; hence, marriage is the best solution.

- **Single males and females of other nationalities** : this group agreed that 20 is the appropriate age for marriage because of the girl's mindfulness and awareness of all things necessary for life.

- **Decision-makers** : Some reported that in certain villages of Jerash a mother 'looks for the day to rejoice her daughter's happiness and marry her off early.' So, marriage at a young age is widespread, specifically in certain villages and not in all parts of the governorate. Therefore, the appropriate age for marriage in the Governorate varies according to the region. In some villages, early marriage is common, whereas other villages give priority to the education of girls. They gave examples of some of these villages.

Conclusion

- One of the prevailing norms among Jordanians and other nationalities is that marriage provides a girl with safety and protection.
- Life experiences of married Jordanian women are what shaped the convictions of most of them; some believe that it is better for a girl to equip herself with a university degree and then marriage comes after.
- The economic factor played a key role in shaping the opinion of most Jordanian youth; a working girl is an attraction and one of the advantages that call to marry her.
- One of the prevailing norms among Syrians of all age groups and marital status is that a girl over 23 is considered a spinster. We note here that the conditions of war and displacement helped convince the majority to marry girls early, either because of poverty or for their own protection.

Sub-results detailed according to the opinion of the majority of participants in the focus groups

Target group: Married Jordanian men 15-49 years old

- 'Depends on what the girl does! If she does not want to study, she can get married after the Tawjihi, and if still at university, she could get married when in the last year, or after she graduates.... meaning 18-24 is a good age.'

Target group: married men of other nationalities 15-49 years old

- '16 years and above, but not before. Under 16 is off-limits. Look here, before, there was no interest in educating the girl, and the nature of things were different back then; so a girl was married at 13 or 14, and she rarely reached 17 and still be unmarried. When a girl turned twenty, she was no more desirable. When we came to Jordan, we changed. A husband has the right to take a mature woman for a wife. Naturally, there are exceptions and our alienation from our country has forced us to marry off our daughters at a young age. Their safety and protection is better for us and for them.'

Target group: Married Jordanian women 15-49 years old

- 'The appropriate age, in my opinion, is after 25, but here in Jerash, they can marry a girl at 13 and forge the marriage contract ... in the two villages of Al Kitteh and Nahleh, if a girl is good at her studies, she can get married and continue her studies until she finishes university. But in the village of Reemon, it is a dire situation. They marry girls very early because the mother wants to rejoice on her daughter's wedding day. They worry that good fortune might escape them and not come back. The father wants to unload this burden, especially if there are more daughters in the family..... yet, the main reason remains to be the financial situation...'

Target group: Married women of other nationalities 15-49 years old

- 'It is possible after the age of 18, it depends on the girl and her maturity and according to the capabilities of the girl herself ... in this time and the current circumstances, I am with the fact that girls get married at the age of 18 or 19; things are difficult with this generation; it is scary and more open than it should be because of technology ...'

Target group : Jordanian single youth 15-24 years old

- ‘These days marriage is more appropriate between 25-30 years. Standards are now completely different; if a girl does not hold a certificate and unemployed, and if she does not have a steady, stable job, chances are she will not get married. Most young men today go for a university graduate officially appointed employee...’

Target group : Single young men of other nationalities 15-24 years old

- “Marriage age for a girl is around 20; by then she would have understood life in a more profound, deep way. She would have been exposed to more than one situation, meaning she has become experienced in life... if she is over 22 years, people would say she’s entered into spinsterhood ... As for the sense of responsibility, she will learn by time.”

Target group : Single young Jordanian women 15-24 years old

- ‘Twenty years and above, she would have passed puberty; a fully grown, well-balanced woman; she would be able to manage a house on her own...’

Target group: Single young women of other nationalities 15-24 years old

- ‘At the age of twenty and above, so that she is a sound, rational adult; but before then, it would be distasteful and almost forbidden; she will be uninformed and unaware of many things... ...’

Target group: Stakeholders

- ‘The areas in Jerash differ from one village to the next. In the village of Reemon, for example, a girl marries around 19-20 ... that’s how things are in Reemon, it’s customary, especially that there aren’t many job opportunities. Young men work on driving pick-up vehicles or selling scrap, so they marry the man at a young age, especially that its normal for a woman to live with her in-laws in a room and eat and drink with them. This way, they cut on many expenses... In the village of Al Kitteh, no! They wait until the young man is in his twenties, and then they marry him off. Even the bride's dowry there is more. Also, the young men are turning to the female employees... In the village of Souf, most young men marry at the age of 30.’

4-1-2 Early marriage

Main findings

- **Married Jordanian men** : most were against the idea and unanimously agreed that it was infanticide and reported that it is not a widespread phenomenon in the Jerash community; a few, however, gave justifications for the early marriage of girls.
- **Jordanian married women** : Opinions were divided between supporters (because of their adherence to customs and that a girl is just another burden and it would be better to marry her off adding that a girl may want to leave school anyway and get married) and those who opposed early marriage.
- **Single Jordanian men and women** : Everyone here was against the idea and opposed it.
- **Married men and women of other nationalities** : Many here found that there is no objection to early marriage of girls, especially with the current circumstances they are living in; they gave many justifications, the most important of which are poverty and social norms such as protection and keeping her from falling in the wrong. They pointed out that it is easy for girls nowadays to deviate from the right path because of social media, so she would be better off married.
- **Single young men of other nationalities** : These opposed the idea and said that it has become a trade for some families, adding that poverty is one of the most important factors of early marriage.
- **Single girls of other nationalities** : Most supported the idea, especially if the husband was skilled and had a profession that would enable him to support a family and have a house of his own.
- **Stakeholders** : Here they stated that economic factors such as poverty, social norms, consanguineous marriage, religious beliefs and their conviction that marriage spares girls from going up the wrong path are some of the most important factors that lead to marriage of underage girls in Jerash Governorate.

Conclusion

- Poverty is the most important reason, especially if the family is in a dire economic situation with many siblings to support and to cover their financial needs.
- Social norms and customary practices 'Al-A'raf', which view girls as 'a burden who ultimately belongs to her husband's house.'
- The girl who does not want to continue her education, is better under a man's protection.
- In cases where the girl is already in a relation, brings the young man forth and introduces him to her family, it is better to hasten her marriage lest she fall in the wrong.
- Syrians reported that it is better to marry a girl at a young age because of the conditions of displacement and immigration.
- Young men prefer underage girls for marriage; this, they say, 'helps them raise a girl and shape her as they wish.'
- Openness and the spread of immorality at the present time because of the Internet. Innocence does not exist anymore, not even among young girls.
- Early marriage is often associated with marriage to relatives and ones' kin.

Sub-results detailed according to the opinion of the majority of participants in the focus groups

Target group: Married Jordanian men 15-49 years old

"...there are people who marry a girl at the age of 16 and 17 and this is wrong for me, but they say that the girl ultimately ends up in her husband's house... .. and sometimes the financial situation plays a role; when he (the father) marries her, he cuts off on expenses... but the main reason is protection..... he (the father) wants to make sure she is under a man's protection...".

"Look here, I live in the Mastaba village and I haven't seen a single girl getting married before 18 years. Look at our reality in Jerash; You might come across such cases, but they're only 5% of early marriage; it is not a common phenomenon in the Governorate...".

Target group: Married men of other nationalities 15-49 years old

'Things are not the same here in Jordan as they used to be. There are people who cannot feed their children. If someone approaches me who is God-fearing and can spend on her, and the most important thing he has a national ID number, unlike us with a travel document, then yes, I would agree to her marriage. Well, you see, I have five daughters and they are all exceptional, but by God, I cannot afford to send them to university as we are not entitled to government institutes, it'll have to be a private university.....where can I find the means? I am forced to let her sit at home and get married.....this is our reality.'

Target group : Married Jordanian women 15-49 years old

'It is sad to marry before 18 years, she knows nothing about life...'

"Jerash is like a village, and we still lead a villager's life.....we live in villages and hold on to our customs and traditions... We still consider the girl to be a burden, and because people are afraid and concerned for her, they marry her early... There are certain girls who admit that they don't like studying, they want to marry and live freely..."

'Do you really believe early marriage happens only because the parents want it? Not at all! It's the girl who wants and fights for it so she can live freely, sleep and wake up whenever she wants and get rid of school. It's the internetit has opened everyone's eyes...'

Target group : Married women of other nationalities 15-49 years old

'Each family acts according to its circumstances. If you notice that after immigration, all families are marrying their daughters early they just want to get rid of the responsibility. There is no food, drink and home. It is normal for a Syrian refugee to get married at 14 or 15... Where we come from in Syria, it is rare that a girl continues her studies. By 14 or 15, she is married. We raise our girls and prepare them that by the age of 12, she is ready to be a housewife.'

Target group : Single Young Jordanian men 15-24 years old

'Early marriage is a problem; a girl knows very little and is almost ignorant, and that is unfair to the girl. It happens a lot with the marriage of relatives. A 16-year-old girl's way of thinking hasn't yet reached to a level where she can communicate with her husband and be a proper housewife. More often than not she finds herself divorced after a year or two. This has happened and we have witnessed such cases.'

Target group : Single Young men of other nationalities 15-24 years old

'WRONG! It can't be! And it should not be permissible! She's still a playful child. They've killed her childhood. Excuse me, but at 15 a girl, hasn't even reached puberty" (Palestinian)

'I get it, but maybe you mean maturity and a sense of responsibility for a home and a family. A young girl cannot bear all this at 15. She might get married and after only one week leave the house and flee... The reason for early marriage is poverty. By selling her and taking her dowry, the father wants to rid himself of the responsibility instead of spending money on her and looking after her....let the husband take care of that.... It's a trade, and these stories happen all the time..' (Syrian)

'The outbreak of indecency nowadays. The situation is very, very bad, and no matter what I say, it is bad. The father now wants to protect his daughter in any possible way , regardless of her age; it is a way of protecting her.'

Target group : Single Young Jordanian women 15-24 years old

'It should be forbidden for a girl to marry at a young age, she must finish her education first; at this age all she wants and knows is to wear a white wedding gown..'

Target group: Single young women of other nationalities 15-24 years old

'If good fortune comes knocking on the door, the girl must not say no...especially if he is working and earning good money, pious and of a good reputation...at the end of the day, the final say is for the mother and father..'

Target group : Stakeholders

"The financial situation has a big role, especially if he has 4-5 daughters and they want to study; the optimal solution is marriage! Another is jealousy and copying one another. For example, if a girl's cousin got married, she wants to do the same... Also, you find young man of 20 years, who has just joined the armed forces and his cousin got married, he takes a loan and marries even though he still needs at least 5 more years to be ready and start a family ... The problem is that parents encourage this behaviour ... And social media plays a big part in marital problems, for example, 'why did you post your picture on Facebook?' 'Why don't you mention me?' and because they are young and innocent, divorce cases are on the rise, because they are not prepared for marriage in the first placeno far-seeing into the future...'

'Again, poverty more often leads to early marriage so that parents rid themselves of the girls' expenses. But in more well-off, educated families, it's the contrary. They take their daughters by the hand and encourage them to educate themselves. Sometimes religious beliefs, 'the protection' means marrying them while still in high school so that they can make sure girls do not deviate from the path of righteousness.'

4-1-3 Age difference between spouses

Main findings

- **Married male and female Jordanians** : Jordanians agreed that the proper age difference between spouses is 2-5 years for intellectual affinity. Jordanians attributed the difference in age usually to social norms, such as a girl's delay in marriage, being a widow or divorced. In a polygamous marriage, a man usually chooses a young girl by a large margin in order to renew his youth.
- **Single young Jordanian men and women** : The age difference should not exceed 5 years, and this opinion recurred amongst single males and females due to the intellectual affinity between them.

- **Married men of other nationalities** : These found a 10 year difference is suitable, repeating the popular saying, 'a man's only flaw is an empty pocket.'
- **Married women of other nationalities** : This group unanimously agreed that a difference of more than 5 years is a mistake and does not achieve harmony or understanding between spouses.
- **Single young men of other nationalities** This group also unanimously agreed that the difference should not exceed 5 years.
- **Young single women of other nationalities** : The majority preferred a big age difference between 7-13 years as the husband is more mature and more attentive to his wife's needs and happiness.

Conclusion

- Customs and social norms played a major role in the presence of a large age difference in favor of the husband, such as that the girl delays marriage or is divorced or widowed. Customs favor marrying an older man with a big age difference, and not to be the first wife. After all, the whole point is her 'protection.'
- Syrian girls preferred the age difference to be 7-15 years as the man is more mature and will shower her with tenderness.

Sub-results detailed according to the opinion of the majority of participants in the focus groups

Target group : Married Jordanian men 15-49 years old

'When the difference is more than 5 years, there will be harmony...'

Target group : Married men of other nationalities 15-49 years old

'There's a difference of 9 years between me and my wife...'

Another participant. 'Me too..... about 9...'

Another participant, 'Sometimes the difference is greater if she is widowed, divorced or coerced into the marriage by her family ...'

Target group : Married Jordanian women 15-49 years old

'The difference in age happens when she is a second wife, he wants to go back to his youth days and enjoy himself, and with the high rate of spinsterhood, the parents accept this age difference and being a second wife; girls are also accepting this, too...'

Target group : Married women of other nationalities 15-49 years old

"I mean 4-5 ... or 4-6 years, but not more than 10 years otherwise this is a generation gap. This is how my marriage is....there's a difference of 14 years between me and my husband and I've been married for 16 years and I'm still suffering....'

Target group : Single Jordanian youth 15-24 years old

The big difference is wrong because the structure of the mind and how it works is far from one another; the closer the age, the closer the mind and thinking are to one other.

Target group : Single young men of other nationalities 15-24 years old

'Two to five years is suitable, and the young man is the one to be older.'

Target group : Single young Jordanian women 15-24 years old

'2-5 years is very appropriate, close to each other and understand each other more...'

Target group : Single young women of other nationalities 15-24 years old

'It is so much nicer to have a difference of 10 years. A friend of mine has 17 years difference and another one has 11 years; they're so very happy together. She says, 'my husband is so knowledgeable and experienced; he's tried so many things in life, so whatever she does, he never gets angry or lose his temper, nor does he escalate problems. He treats her like a daughter because he's already passed the stage of recklessness and hot-temperament.'

4-1-4 Premarital examination

Main findings

- **Married Jordanian females and males** : Those aged 15-29 reported that they have had a pre-marital examination, which is a test for thalassemia. As for those older married at an older age, the majority did not take the examination as it was not a mandatory condition for completing the marriage at the time of their marriage, but they now know that it has become a pre-condition for the marriage contract.
- **Single Jordanian young men** : Participants agreed that they know the necessity of taking a test before the marriage contract.
- **Young Jordanian single women** : Two participants reported that they heard about cases of a marriage contract without having done the examination.
- **Other nationalities** : All males and females married in Jordan had to undergo a pre-marital examination.

Conclusion

There is a clear awareness among all participants of the necessity of conducting a pre-marital examination in order to conclude the marriage contract officially. All participants who were married after 2004 had had the test. As for the two participants who mentioned cases where no test was conducted, they were unable to answer where and when, and how that happened, so we could not verify the accuracy of the information.

Sub-results are detailed according to the opinion of the participants in the focus groups

Target group : Married Jordanian men 15-49 years old

'Oh, sure we did a blood test before marriage. We can't officiate a marriage contract until we do the test...'

Target group : Jordanian married women 15-49 years old

'You can't officiate a marriage contract until you bring documents from the center where you had the test as proof of being compatible.'

Target group : Married women of other nationalities 15-49 years old

'A week before officiating the marriage contract, we went to the health center and had the test.'

Target group : Single Jordanian women 15-24 years old

"I heard from my friends that not everyone does the test; in some areas around here, they sign the marriage contract without having taken the test and I do not know how they do it. It's possible that they do it in an unofficial way.'

4-1-5 Polygamy

Main findings

- **Married Jordanian men and women** : Polygamy was justified by most participants married women and men. Only young married women were against it and linked approving it to the existence of compelling circumstances such as infertility of the wife.
- **Married men of other nationalities** : Everyone supported the idea of polygamy, and what stopped them was their poor financial situation.
- **Married women of other nationalities** : Sometimes when the husband takes another wife, it is only to prove that he is virile, in full sexual health, and can perform his marital duties.
- **Single Jordanian men and women and other nationalities** : Everyone was against polygamy; however, they pointed out that sometimes it is the wife to blame as she is the one who pushes her husband to polygamy.

• **Health care providers** : Some reported that polygamy is a widespread phenomenon in some villages of Jerash compared to other villages; others added that the husband's mother plays a key role in urging her son to polygamy.

Conclusion

• The outdated ideas and traditional ideas in the peasants' culture in rural areas and the upbringing of their siblings according to this culture play a key role in shaping their way of thinking, as there was a firm belief in general among all men, women, married and single participants that the wife is the one who pushes her husband to polygamy because of her behavior. 'Women are the sole reason' was repeated in all the focus group interviews.

• Customs and traditions here played a major role in shaping the thoughts of the groups. For example, when a girl is over 30 years of age or more, there is no objection to being a second wife so as (to give her time) to conceive two or more children.

• Beliefs played a role again here; a wife's giving birth to female babies only calls for polygamy from the point of view of married men.

• The nature of family relations and their interconnectedness in rural communities play a major role in polygamy; interferences of the husband's family and the husband's mother in particular have a major role in urging the son to a second marriage.

• Misinterpretation of certain religious beliefs by some helps lead to polygamy. The influence of the clergymen on men's beliefs and in shaping their ideas was clear and evident. It has been repeated in many interviews with married people of both sexes that 'Islam is with polygamy.' Hence, there is an urgent need for men of religion to assume their role in educating people in the cases where Islam allows polygamy and that the origin in Islam is the limitation and not multiplicity.

• All Jordanians and non-Jordanian married men were with polygamy and had a desire to go ahead and do so, but what prevents them is their fear and concern for their families or the difficult financial situation.

- The economic factor has not always been a factor to deter polygamy as evidenced by many cases where the husband takes on a second wife although he does not have the financial ability.
- There are justifications for a second marriage some of which are the ailment of the wife and childlessness, and this is in line with Islamic Sharia.

Sub-results are detailed according to the opinion of the majority of participants in the focus groups

Target group : Jordanian married men 15-49 years old

"If a girl has a mind of her own and is stubborn, why should he tolerate that?... I am a young man and I want to live my life instead of being in an unhappy relationship all the time. Either they go their separate ways, or he seeks someone else... She is the one who forces you; it's up to her. She either remains the only one in the marriage or brings another wife into her family.'

"I am of the opinion of Dr. Muhammad Noah who said, 'I support those who marry for the second and third time.' He said the second marriage is a 'Sunna' or practice and teaching by the Prophet but was abolished by weaklings... But now the financial burdens are now putting an end to polygamy... Reasons for polygamy now are probably for medical reasons, which is mostly barrenness. In many cases, it is the first wife who is seeking another wife for her husband... .. If we want to be impartial, there is no man who does not like polygamy. We have an area called Al-Zawahra, and Jubba where men marry twice, thrice, and even for a fourth time. Early marriage is widespread there. Soon as a girl gets married at the age of 17, she knows that after a few years, he will marry again...'

Target group : Married men of other nationalities 15-49 years old

'By God, if I could and had the money, I would not waitI swear I'll be married by tomorrow... Listen, let's look ahead in 10 or 15 years from now, and your wife has been inflicted by such diseases as hypertension and diabetes... Isn't it the right of a man to remarry...?'

Target group : Jordanian married women 15-49 years old

'I am with polygamy. We are with the Islamic Shari'a for many reasons. Polygamy is a lawful right for those who have valid, convincing reasons for polygamy. How is it the fault of my son, your son, or brother to spend the rest of his life with a woman who cannot have children or who is sick? Why should he live in bitterness and not with a woman...'

Target group : Married women of other nationalities 15-49 years old

"Marriage after the first time is an innate thing in men. No man ever does not love to remarry... Also, if she only begot him, daughters, a man needs a son... Some men marry out of spite. 'She challenged me and I will marry..' The main reason for marriage is the woman herself; she begrudges and teases him about his manhood. 'You've reached an age where you are useless,' this kind of talk is where most cases of polygamy happen...".

Target group : Single Jordanian youth 15-24 years old

"I am with... only in one case if there are problems with childbearing... but a woman must be tolerant and accept her fate... some men like a change of faces or they may be fed up living with the wife..... some men like to have many more children and sometimes a man wants to prove his manhood and sometimes just to be spiteful, especially in cases where the man's family dislikes the wife, they would say, 'Get rid of her, and of her family..'

Target group : Health care providers

'Here, a husband's family interferes a lot. Here at this health center we have two cases of divorce for female employees because of the meddling of the husband's family... ... I worked at a health center in Jubba where all the female staff's husbands have remarried....and then there's jealousy amongst men if my cousin remarried, so should !'

4-1-6 Consanguineous marriage

Main findings

Participants were divided between supporters and opponents of marriage to kinfolk

- **Married Jordanian men** : Many supported the idea, as the husband who's also a relative will defend the girl, treat her with respect and not harm her because of the relationship. If the young man comes with fairly good credentials, then he has priority over a stranger. Behavior and attitude of the two families will be similar. Land and inheritance will remain within the family and will not be shared by a stranger. The more a woman marries outside the family, the more this marriage follows the transfer of her family's money to others, and because of the peasant nature that characterizes the Jerash community, land is what people are most concerned with. There are a few who opposed the idea of consanguineous marriage and pointed out that it is unfair to the man because he cannot divorce; and there were participants who explained how difficult and unstable their lives are with their cousins, but they are forced to continue the marriage in order to keep the family together.

- **Jordanian married and single women** : Everyone was against and did not approve of the idea of consanguineous marriage as the girl is the one who gets oppressed here; also consanguineous marriages lead to a breach between the two families most of the time. Moreover, Islam has always called for people to marry out of their families and go as far away as possible from relatives.

- **Single Jordanian young men** : the majority were against the idea for fear of passing on genetic diseases and the occurrence of problems and hostility between the two families and even estrangement if spouses did not agree.

- **Married men of other nationalities** : the majority were in favor of the idea, especially if there was a compatibility in the educational level and on the grounds that 'a man always has the priority to wed his own cousin more than a stranger.'

- **Married and young women of other nationalities**: Participants were divided between supporters and opponents of the idea.

- **Single young men of other nationalities** : Participants clarified the pros and cons of consanguineous marriage, so opinions were divided between supporters and opponents.

Conclusion

- Customs and traditions played a key role in encouraging consanguineous marriage among all single and married men participants as 'a man always has the priority to wed his own cousin than does a stranger,' and tribesmen marry from the same family and a man will treat his own cousin with reverence more than a stranger would.
- The economic factor had a big part in shaping the way of thinking to encourage males to marry from within their families. This way, land and inheritance would remain within the family and be inherited by the same family. Also, marrying a cousin is cheaper for the young man financially, as the cousin's dowry is less because the uncle will be considerate and not burden the young man with excessive demands.
- The teachings of Islam do not encourage consanguineous marriage. All the participants agreed that Islam encourages to marry out of one's family and go as far away as possible from relatives. At the same time, Islam does not prohibit nor ban consanguineous marriage.
- Health awareness played a role in shaping the thinking of some participants, especially single Jordanians and young married couples, as they saw that some genetic diseases are passed on when marrying from ones family.

Sub-results detailed according to the opinion of the majority of participants in the focus groups

Target group : Jordanian married men 15-49 years old

'We go with the principle that says, 'best be with the one you know than the one you don't know.....'

I mean we are of the same nature ... added to that, my uncle's household will always have empathy with me, feel with me, we come from the same stock...."

"If my cousin happens to have a degree, a job, and an acceptable appearance, and my relationship with my uncle is good, then it is all I want.... And in some cases, inheritance helps with the marriage of relatives... your sense of responsibility towards your cousin has a share in this, as well.

Target group: Married men of other nationalities 15-49 years old

"We have families in the Gaza camp where it is forbidden for a girl to go out of the family, for no reason. That's just how things are....according to our customs... it is normal for girl to marry her cousin, even if he is 60 years old, he will take her although he will already have three other wives..."

'Listen, if her cousin is educated and his financial affairs are fine, I would agree to marry my daughter to her cousin. My nephew, who had dropped out of school at a very young age, asked for my daughter's hand in marriage but I did not agree. My daughter is still studying and wants to continue her studies...'

Another participant: 'Look here, I'm willing to do anything for my cousin, even my life. I have a cousin whose husband was killed in Syria when I was already married. Had I not been married and if my financial situation was better, I would surely have married her...'

Target group: Jordanian married women 15-49 years old

'We are totally against it. First health-wise, in addition to problems, and everyone interfering in your affairs...but here customs and traditions are dominant.... A man can get his cousin any time he wants...Also, marrying your kinfolk is cheaper and cuts expenses. But here, it is the girl who pays the price as she doesn't get the dowry she is entitled to or deserves....it is unjust to her... My uncle asked my hand in marriage for his son, and when my parents refused, there was a breach between the two families and my uncle stopped talking to my father ever since...'

' It is the biggest mistake, I mean, if there is a problem between the husband and wife, there will be a rupture between the two families, and problems will escalate a lot.... I'm married to my cousin on my mother's side, but it takes a lot of sacrifices because one has to keep everyone pleased. Here people marry young, so who would agree to that (give him a bride) other than his uncle ...? This way a girl will keep close to her family when they are old and need her, so she can reach them... Also, relatives are kinder, and they keep the family together.'

Target group: Married women of other nationalities 15-49 years old

'Marrying relatives is the biggest mistake. My nephew is married to my niece. The first child was born with a disability, the second lived for 3 days, and the third was disabled...

No, my daughter is married to my husband's nephew, and thank God their children are fine... ..'

I say it is wrong, because marriage within the family is nothing but problems, whereas a stranger will give your daughter all the respect she deserves.'

'No, I say marriage to relatives is bitter-sweet.... if there is harmony, you feel that the sons-in-law are like brothers to you. But when cousins marry, problems will arise, and the two families will go apart.'

'Marriage to relatives is better because you know where you come from.'

Target group: Young Jordanian single men 15-24 years old

'Consanguineous marriage is a bad idea. For example, in the village of Nahleh, the percentage of disabled people is high because of marriage to relatives. Also, family ties are a big problem; my mother's hatred for my mother-in-law and the latter's hatred for my mother... and families' problems affect the spouses and will eventually lead to divorce. We've seen this a lot; mothers-in-law fight and the girl ends up divorced ..'

Target group: Singles young men of other nationalities 15-24 years old

Syrians

'Marriage to relatives has its pros and cons. Its downside leads to family problems and disputes, while on the positive side, I mean she'll always be your cousin whom you need to protect... and she brings the family together and keeps them close.... so, a cousin marrying her is better than a stranger..'

'Hereditary diseases occur because of marriage to relatives such as thalassemia..'

'This has been going on for ages.... since the time of our fathers and grandfathers,

and we go by their ways. A man has a right to his cousin no matter what, even if she's on her way to wed another man. Our grandparents and paternal uncles were married to relatives; children of the clans take from the same family.'

Palestinian

'It is written in the Holy Qura'an to go as far away as possible from relatives, and it is better, but ultimately, I am dealing with her whether she likes me or not. If it is my cousin and I like her, nothing should stop me, and I have freedom of choice. It happens that sometimes the uncle offers his daughter to the young man saying, 'she is your cousin, and you are more entitled to her than the stranger.' He can marry her then better than ending up an unwed spinster.'

Target group: Single Jordanian young women 15-24 years old

'In our religion, the Prophet asked us to avoid marrying relatives, our customs, though, encourage it from the point that a girl does not end with a stranger because they go by the popular saying, 'better stick to whom you know than be with one you do not know...'

Target group: Single young women of other nationalities 15-24 years old

'In Syria, we considered whoever married outside the family to be 'officially' an outsider. Here, it is all about your karma what matters ultimately is the person himself, but still, your family has the upper hand if it's your cousin you're marrying'

Target group: Stakeholders

'Marrying into the family is quite common in Jerash because the dowry is much less within the family. But if you're taking a stranger for a wife, then her folks would demand a much higher dowry and there would be more stipulations to the dowry...'

4-1-7 Pre-marital Counseling

Main findings

- **Married Jordanian men** : Being experienced and having more life experiences play an important part in shaping the opinions of married men within the age group 30-49; they were with the idea of counseling before marriage and that all those who are about to get married should go through it, and that it be organized by specialized bodies and people. As for married men 15-29 years old, most of them stipulated that advice be given to the wife only by her mother.
- **Jordanian married women** : most women (age of 30-49) found no need for counseling before marriage and that the mother can perform this task, and the reason for this is due to customs and social norms and that the mother must remain well-informed of the details of her children's lives and is capable of dealing with their problems. While it seems that life experiences have shaped and refined young married women's (15-29 years) way of thinking and they also found that both men and women need more help and increased awareness; they strongly supported the idea of counseling and talked about its importance and that husbands at the beginning of their married lives are unprepared and carry many problems along and this leads to an increase in divorce cases. They also linked the success of counseling when given by a competent person and that the mother is not qualified to perform such a role.
- **Young Jordanian single men** : Most did not support the idea and said that this is a sensible, aware generation who learn from the mistakes of people around them and that they are very well-informed about everything.
- **Jordanian single girls** : They welcomed and commended the idea and its importance and the need to implement it.

- Married men of other nationalities: All the participants welcomed the idea, especially some of them who married with the help of charitable organizations underwent a counseling experience with their wives and talked about how beneficial the experience was.
- Married women of other nationalities: The majority believed that there was no need for counseling and that the mother is more capable of providing what benefits her daughter or son.
- Single young men of other nationalities: Most indicated that information is available on the Internet and can be easily accessed, and there was no need for counseling.
- Single young girls of other nationalities: All the girls' participants supported the idea and agreed that a girl feels embarrassed by her mother and getting advice from a competent stranger is better.
- Stakeholders: Stakeholders attributed the rise in divorce cases to the fact that husbands come into marriage unprepared and uninformed of the true meaning of marriage, and early divorce cases can only be reduced by applying pre-marital counseling.

Conclusion

- All participants valued the importance of pre-marital counseling, but they all agreed that they did not receive any pre-marital counseling from any specialized institution or person because this is not a common service in Jordanian society. There was disparity among participants as to who is qualified to give advice.
- There is a serious problem with young single men, and officials should pay attention to it. Young people believe that they have reached an intellectual phase that enables them to manage their married life, whereas the reality reflects the weakness of most of our youth's thinking and limited experience; and this explains the high divorce rate during the first year of marriage.

- Customs and social norms have a part in most women's failure to accept that someone else takes the role of providing counseling before marriage to the sons, and this is due to some practices that the mother-in-law knows and is aware of the affairs of her son or daughter's life.

Sub-results are detailed according to the opinion of the participants in the focus groups

Target group: Married Jordanian men 15-49 years old

'What do you mean by counseling? Do you mean announcing the marriage?' When explaining what we mean by counseling, they replied, 'This is only from the parents... It does not have to be a specialist. This is something between you and your wife, and mothers can intervene and give guidance ...' (Jordanian married men 15-29 years.)

"I am with that counseling is given not only in divorce cases but in marriage as well... If you want to divorce, they will refer you to the specialized office, talk to you and give you a chance to rethink for two or three weeks. This, they must do before signing the official marriage contract and give you a chance to think after they explain to you what the meaning of marriage is, its responsibilities and what childbearing is and that it should be taught in schools and universities..." (Jordanian married men 30-49 years.)

Target group: Married men of other nationalities 15-49 years old

"Before I got married, I was registered with the Al-Afaf Association in Amman; they used to call me and ask me to bring my fiancée to attend lectures given by doctors on how to deal with one another, and on family planning methods; we benefited from the lectures, but we did not go by them..."

Target group: Jordanian married women 15-49 years old

"The girl only knows one thing, what to do on the night of the wedding, and more than that she has no information on how to go about her future life. I wish there was advice and counseling before marriage, and not leave things to chance... The most important thing is that the mother does not take on the role of advice because all she will teach you is that you must bear, be patient and sacrifice for the sake of your home and your children, and this is what makes a wife even weaker..." (Jordanian married women 15-29).

Target group: married women of other nationalities 15-49 years old

'The mother is the one most capable of understanding her daughter and advising her before marriage, and this is her role. There is no need for a stranger to tell her about her future life.'

Target group: Young Jordanian single men 15-24 years old

'We do not need (i.e. counseling) because this generation is aware of these matters and we do not like anyone to interfere. Another thing, we all saw the mistakes that happened within families, and the problems between mother and father or cousin and wife; we were witnesses to these problems and we learned from them...'

Target group: Single young men of other nationalities 15-24 years old

'We would like to take advice before marriage, but from the people around us, primarily my father... .. If the advice did not come from your father or uncle, I am against the idea...'

Target group: Single Jordanian women 15-24 years old

'Yes.... I so wish, by God, young men and women need to be educated and prepared...'

Target group: stakeholders

"We have here a lot of divorce cases before the marriage and during the engagement period, and all of this is caused by the social media.

Social media has allowed young people to get to know one another away from reality...all dreams, and when they get to know each other after the official signing of the marriage contract, they discover that they are not compatible and not up to the experience, because they are neither prepared nor understanding what the meaning of marriage is and what the responsibilities that come with it are, or what their duties and rights are... Counseling before marriage has become an urgent need in our time due to the high divorce rates before consummation and during the first year of marriage...'

4-2 The second theme: the impact of social and economic factors and gender dynamics on reproduction

4-2-1 The appropriate period for the birth of the first child after marriage

Main findings

- **Married Jordanian men and women** : All married men of both sexes supported the idea of immediate childbearing due to several factors, including:
 - The purpose of marriage is to establish a family and have children.
 - Pressure from parents on the necessity of having children and persistence of family asking questions; so, the first child comes to stop questions coming from people harassing the couple.
 - Some want to postpone pregnancy, but will leave it "for chance" and will not use any means (contraceptives) ' We'll leave it in the hands of God.'
 - Ignorance and lack of health education: "Using any contraceptive method before your firstborn causes sterility."
 - Reassurance that the spouses do not have any health issues, and if any, they can be treated early.
- **Single young Jordanian men** : Opinions were divided between those who support the arrival of the first child immediately after marriage, and some prefer the arrival of the child after two years of marriage.
- **Single young Jordanian women** : All participants expressed their desire to postpone pregnancy for the first two years of marriage, so that their affairs stabilize and they enjoy their first two years of married life, but we do not know the extent to which these opinions are applied as they experience marriage.
- **Married men of other nationalities**: One participant said that it was better to postpone pregnancy for two years until the couple's affairs are settled, while the majority supported the idea of having a child immediately after marriage.
- **Married women of other nationalities** : Most women supported the idea, because of the unmet need or faulty health information about contraceptives.

- **Single young men of other nationalities** : Participants' opinions were divided between supporters if their finances allowed on one hand, and a desire to postpone pregnancy the first two years because married life is difficult in its infancy on the other. And if there was a divorce, it would be better if there were no children because they are the ones to pay the price.
- **Single young women of other nationalities** : The words 'two years' were repeated by most participants so that the couple can enjoy their new life and not suffer from problems that accompany pregnancy.
- **Stakeholders** : One of the most common and prevailing customs in Jerash is that pregnancy with the first child should not be postponed, and it is preferred that it comes during the first year of marriage.

Conclusion

There was an apparent discrepancy in opinions between married Jordanian men and women participants and married men and women participants of other nationalities.

- Customs and traditions were a major factor in the speeding up of the birth of the first child right after marriage, as the child binds the husband and makes him more rational; also, a child creates an atmosphere of peace and intimacy between spouses.
- Pressure from parents on the necessity of having children and persistence of family asking questions gave way to speeding up with the first child; so, the first child comes to stop questions coming from people harassing the couple.
- Some want to postpone pregnancy, but will leave it "for chance" and will not use any means (contraceptives) ' We'll leave in the hands of God! The unmet need is clear among Jordanians.

Sub-results detailed according to the opinion of the majority of participants in the focus groups

Target group: Married Jordanian men 15-49 years old

'When I got married, I waited for 6 months, and my wife did not conceive. If it weren't for fear of God, I would have divorced my wife being affected by my family and the mentality of the people around me.'

'You got married, your wife needs to get pregnant right away!'

It got to the extent that they checked my medical file behind my back and I heard about it ... and they said I can't have children.

You see, I think that it should not be less than two years. These days, if we go back to divorce cases, most of them will be in the first year. I mean, they did not give themselves a chance to understand each other, but unfortunately, we have a common saying, 'Nothing proves your manhood except having children ...'

This is our dilemma, they start asking from the first two months.....'Is your wife pregnant yet? Isn't she hiding something?' So couples have to concede and get the first child, and if there happens to be a problem, they would go for treatment to silence the people...'

Target group: married men of other nationalities 15-49 years old

"They should postpone the first year or two, they might not get along. During this period, they get to know one another's character and personality...."

'We were brought up that the minute you consummate the marriage, you must have the first child. I'm talking about myself. That's how it is imposed on me because if there was a problem, it needed to be treated right away.'

Look, all Arabs love offspring, and especially the Palestiniansthey would give their life away to have offspring.

"I got married to have a boy. There are people who, if it were up to them, would rather speed up the process and have a baby in 7 months i.e. preterm...."

Target group: Married Jordanian women 15-49 years old

'According to certain social standards, the first child must arrive within the first year of marriage, or it would lead to family disputes ... even if they are convinced, rumors will start spreading that one of them is sterile...'

A year or two is the best thing, but not one of us waited for a year; I've been worried since the first month, and I prayed to conceive. A woman wants to get rid of the people around her trying to guess all the time whether or not she's hiding her pregnancy ... I was against the idea of getting pregnant right away, but when I did from the first month, I was very happy and relieved and felt normal... Even if we are educated and not convinced of many things, but you have to submit to common practices and customs, and codes of conduct; there's a lot of pressure from society...'

'Here, if it's up to them, they want you pregnant from the first day, they will not fall short, especially if the newborn is a boy; they want to make sure until 'the crown prince' is born; they start asking questions from the very first week... But we tell them it'll be more suitable after one year.'

Target group: Married women of other nationalities 15-49 years old

'I am with leaving matters to chance; it is wonderful to have a child who fills up the house with joy... whatever God grants us is a blessing.'

'If a woman takes the pill before the first pregnancy, it might make her infertile...'

Target group: Single Jordanian young men 15-24 years old

'I'd say after two years so that they adapt to one another and get to know the negative side and mistakes of each other'

'I say it is better to have the child come from the start; there'll be more bonding and more love. Problems will always be there, but a child brings more intimacy...'

Target group: Single women of other nationalities 15-24 years old

'The first year should be to get acquainted and know the personality of each other, and then think about children... and the second year is to enjoy my life before children arrive..'

Target group: Stakeholders

'Jerash is still very rural and not urban; people still adhere to and go by customs and traditions more than the other governorates. This is why people start asking about pregnancy from the first month and if there is no child after 3 months, they want them to see a doctor and get checked.'

4-2-2 Knowledge about family planning methods

Main findings

Married Jordanian men and women and other nationalities :

- The majority of men refused that the wife uses contraceptives; they want to leave everything to God.
- Most married men are not satisfied with modern contraceptive methods and prefer traditional methods.
- Most married men over 30 years, said it was the women who did not like the use of condoms.
- Jordanian married women and women of other nationalities unanimously agreed to the necessity of using contraceptive methods each with what works best for her body, but some men were not accommodating and would not allow the woman to use any method. Generally speaking, men refuse to use condoms.

• Male and female single Jordanians and other nationalities:

- There is a common misconception about family planning methods among the unmarried youth
- The use of family planning methods is the sole responsibility of the woman.

- Young single men and women have no desire to be educated about contraceptive methods because the time has not yet come.
- Single Jordanian girls and other nationalities repeated the word 'taboo' more than once when asked about the desire to be educated about contraceptive methods before marriage.
- **Healthcare Providers:**
 - The rate of use of the means of family planning is high, but it is not used correctly and the waste is clear.
 - The husband and the mother-in-law are a major reason for not using family planning methods.
 - At health centers, there is no need for the husband to be there with the wife and no need for his permission before agreeing to dispense contraceptives. Counseling is only provided for the wife.
- **Stakeholders:**
 - Awareness is necessary to increase the demand for the use of contraceptives, and because of Corona, all educational and awareness activities have been put on hold.

Conclusion

- There is a clear ignorance among Jordanian married men, Jordanian single young men and single young women and other nationalities about family planning methods, and there is an urgent need to educate them to change a lot of incorrect information they have, such as that modern contraceptive means cause sterility.
- Customs and the culture of 'shame or taboo' were a major reason for the ignorance of single men and women about family planning methods, and that knowledge about contraceptive methods belongs to married people only.
- There is a flaw in the mechanism of counseling in family planning clinics, as there is no condition that the husband attends and receives advice before the wife starts using any method. This is a missed opportunity to involve the husband, and the Ministry of Health should amend some policies to force the husband to come to family planning clinics for counseling before dispensing any means to the wife.

Sub-results detailed according to the opinion of the majority of participants in the focus groups

Target group: Married Jordanian men 15-49 years old

"Using any method is up to the husband and wife, but these hospitals have no use for us; leave everything to natureit is better... and if doesn't work, then that's his karma. I do not like to go to a doctor, pills and condoms and what have you, it's not me... .. That's how I am and that's my natureI'm just not convinced... Then the pills affect the upcoming pregnancy for a long time...'

'95% of the time, the woman is the one who decides which method to use, meaning if you want to use a condom, the wife refuses because she does not enjoy it. The safest things are pills or IUD, and this is up to the wife as she is the recipient...'

Target group: Married men of other nationalities 15-49 years old

'IUDplanning and what have you.....I will not allow my wife to use any of these or the IUD. We did not use any planning method for all my children and there's a difference of 1,2,3 years.....it is all God's will... Once she told me she wanted to use an IUD and I told her, 'I swear by God, you will not remain in my house for another minute if you do so....God forbid....what's this nonsense!!'

Target group: Married Jordanian women 15-49 years old

'I mean, there are more secure methods than others. Most women use pills, IUDs, and implants, each woman according to her desire and what fits her body. Some people use condoms, but you need the husband's approval first...'

Target group: Married women of other nationalities 15-49 years old

'Usually, the wife is the one who chooses the method because the man does not like to use any method anyway, they even refuse condoms because they say it deprives them of the pleasure ...'

Target group: Single Jordanian young men 15-24 years old

“Frankly, we have never asked about these things nor read about them because they do not concern us at present, and I haven’t yet reached the stage of marriage, although I am 24 years old. As you see, the financial situation is very difficult, and I will not go asking about these matters except before marriage, then I can ask my father.’

Target group: Young men of other nationalities 15-24 years old

‘I don't know what these methods are, but there are contraceptive pills... ...’

‘There is the pill and the IUD.. ...’

‘Only a woman can use contraceptives because she is the one who gets pregnant. A man cannot use any method except that he leaves the house and runs away for 5-6 years..’

Target group: Single Jordanian young women 15-24 years old

‘I hear about IUDs, pills, and birth control patches, but we do not delve into things because they do not concern us at present and are not presented to us as young women...’

Target group: Single women of other nationalities 15-24 years old

‘I don't know about these stories because they don't interest me at the moment, but when I get married, I'll ask about them. I'm single now and it's not proper for me to hear such things.....it's a taboo.’

Target group: Stakeholders

‘You know, there is no awareness..... before, there were more lectures...there should be more... It is necessary to have awareness lectures on the subject for married and single men and women...’

Target group: Health care providers

'The husband and wife together are the ones who make a decision regarding which method to use. We always ask the wife if her husband knows and the answer is yes, but she only signs a written consent that her husband knows and she receives the full information about the method when she wants to install an IUD or an implant only...".

'Here in Jerash, people marry young and they love the offspring. I mean, a woman comes and asks for an IUD to last her for 10 years and comes back after two months saying her husband is not comfortable and wants it removed. He also makes a condition that the wife takes it home with her to make sure it is removed. The mother-in-law also meddles a lot continuously asking the wife to conceive with a brother or sister for her child. She also accompanies the wife to make sure the IUD or implant is removed. An IUD rarely stays with a woman for five years. There is a lot of waste here in family planning methods and devices. Sometimes we prescribe and dispense pills for 3 months, and the following month she comes back pregnant.'

4-2-3 Who decides to have children?

Main findings

- **Married men and women of Jordanians and other nationalities:** the majority agreed that the decision is always up to the husband; gender discrimination was very clear in shaping the thinking of most men in Jerash Governorate.
- **Jordanians single young men and women and other nationalities:** Participants stated that the decision should be shared between spouses and that social and financial circumstances are what the decision of having children depend upon.
- **Stakeholders:** The financial situation is what gives the man the right to decide because ultimately, he is the one who will bear the financial expenses and consequences of childbearing.
- **Health care providers:** the decision to have children is up to the husband. There are many cases where the wife is forced to stop using contraceptives in line with the husband's desire. The gender factor is very dominant here as important decisions are mostly taken by the husband.

Conclusion

- Gender plays a key role among married couples as who has the right to decide whether to have children. It was obvious that the stereotype image of men and women dominates the viewpoints of husbands, as important decisions should always be in the hands of the husband.
- Customs and traditions had a part in not informing single young men and women about contraceptive methods, as many of them agreed that knowledge is limited only to married people and is not a kind of public health education.
- The new generation of young husbands and single men were more open to the idea of participatory decision-making between husband and wife.

Sub-results detailed according to the opinion of the participants in the focus groups

Target group: Jordanian married men 15-49 years old

"The decision to have children is determined by agreement between the spouses, but by logic, if all the offspring are girls, then it is difficult to determine the number, the boy and a brother to the boy must be begotten."

Target group: Married men of other nationalities 15-49 years old

'The decision is in the hands of the man, and the woman has no say in it. 'Wealth and children are the adornments of life,' and if there is money, then why not have children? No one will die of hunger, and everything is in the hands of God.'

Target group: Jordanian married women 15-49 years old

'The man is the one who loves having more offspring, and the more children he has, the more important he feels.'

Target group: married women of other nationalities 15-49 years old

'The decision is absolutely in the hands of the husband. Men like to have more children. Back then, they used to say, 'if you don't have money and gold, then you should have more children; they are your gold. '

Target group: Jordanian single young men 15-24 years old

'The decision must be mutual, the child belongs to the two parents and they know their situations better than anyone else...'

Target group: Stakeholders

'Normally, circumstances rule, but the man eventually decides because he knows his financial status, the loans, and debts he has...'

Target group: Health care providers

'The husband is the one who decides. We see many cases of women who get pregnant while their children are still very young or she is physically tired and worn out. She comes to the health center carrying a child inside her because her husband had forced her...'

4-2-4 Number of family members

Main findings

- **Married Jordanian men** : All participants agreed that the appropriate number of children is between 4-6 at present due to the difficult life circumstances, besides, people's outlook on life has changed about children being there to aid and support the father and in cultivating the land. Now, people look for a smaller number because everyone is now seeking employment and not working the land.
- **Married men of other nationalities** : The majority of participants were with 6-7 children, and sometimes more. Social norms state that children are the support for their parents in their old age.
- **Jordanian married women** : most participants reported that the ideal number is 4 children. The elderly in Jerash Governorate still encourage and push for more children, the mother-in-law in particular.
- **Married women of other nationalities** : Syrian refugee women unanimously agreed that a large number of children benefits all migrants for two reasons. 1. The more children there are, the more money they get from donors and relief agencies 2. The chance of Syrians emigrating to Europe increases with the increase in the number of children.

- **Single young Jordanians and other nationalities:** All participants supported 4-5 children, and reported that the family's financial situation is the main factor on which the decision is made.
- **Single young Jordanian women and other nationalities:** Everyone was with 4-5 children and considered it appropriate. Their opinions were based on the fact that it is nice to have this number and there are no other factors on which their decision was based.
- **Stakeholders :** There is a strong correlation between the increase in the number of children, marriage to relatives, or the marriage of underage girls.
- **Health care providers :** Most participants linked the increase in the number of children to the interference of the mother-in-law; their conviction was based on many stories and experiences that happened in the course of their work.

Conclusion

Not one participant in the discussion groups expressed a preference for several fewer than 4 children, while there is a percentage of participants who preferred a higher number of children.

Factors that led to Jerash residents' preference for this number are the following:

- **Religious teachings:** Islam forbids limiting the number of family members. A person is provided for from what God has decreed upon him. Religion, however, calls for family planning.
- **Traditions and social norms:** Customs encourage more breeding, and this is evident in the villages, 'children are one's attribute.'
- **The mother-in-law** has a major role in increasing the number of children because of her interference and meddling in her son's family affairs.
- **The economic factor:** Unmarried men reported that the decisive factor in the number of children is the family's financial situation. Whereas Syrians explained that immigration and relief aid they receive encourage an increase in the number of children.
- Most reported that the husband determines the number of family members because he is the one that supports the family financially and is responsible for the expenditures.

Sub-results are detailed according to the opinion of the participants in the focus groups

Target group: Jordanian married men 15-49 years old

"There are people who don't have money, and every year they give birth to a child, going with the popular saying, 'children are one's attribute,'...Usually, the father decides because his word is always the last what he says must go, regardless of whether you are convinced or not..'

'Life before was all about working the land, ploughing, farming, and harvesting; this required several children to help. There weren't many jobs then and people wanted all the help they could get, but things are different now..... money is more in demand than children.'

Target group: Married men of other nationalities 15-49 years old

'Including the husband and the wife 6-7 because of the difficult financial situations. I, personally love to have more... I've been married for 7 years and I have four, and God willing, I will have more. It's good to have 10 children by your sidethey back you and give you sustenance..'

'If we have 10 kids, they will still demand that you have more, this is about Palestinians in the Gaza camp. I have a 3-month-old daughter, my mother says, 'wean her and let your woman get pregnant..'

'We have come a long way since we came to Jordan, and our women have changed too. In Syria, a woman would keep on getting pregnant for as long as you she could.'

Target group: Married Jordanian women 15-49 years old

'I have 4 children and my mother-in-law passed away. As she was dying, she was asking me to have more children...'

'4 is an appropriate number, but here they love more children because they give them support and sustenance, even though their financial situation is zero..'

Target group: Married women of other nationalities 15-49 years old

'When Syrians first came here in 2013, the main reason was materialistic. The one who has many children would get more aid. Each child is entitled to a monthly salary, commodities, and foodstuff. So mothers started giving birth to a new baby every year. Even their immigration to foreign countries is easier; I know many who immigrated to Canada...'

Target group: Jordanian single youth 15-24 years old

'The husband is the one who decides on the number of family members. The wife may have a say, but it's not of any importance as the husband's...'

'4 or 5 children is an appropriate number, not like 10 or 11 as the old times; this way, one can so spend on them and give them a good life. This is strictly financial.'

Target group: Single young men of other nationalities 15-24 years old

'Religion prohibits birth control but allows and encourages family planning. Nowadays, the only factor that controls the number of family members is the financial situation based on which the spouses decide the number of children.'

Target group: Single Jordanian women 15-24 years old

'4 children is ideal, and if I have two sons and two daughters, that would be even better...'

Target group: Single women of other nationalities 15-24 years old

'Five children would be ideal...'

Target group: Stakeholders

'Other problems that come with the marriage to relatives is the big number of children; they have the first 3 one after the other without spacing, especially when the mother is young...'

4-2-5 Preference of males over females

Main findings

- **Married Jordanian men and women and other nationalities** : Most participants stated that the Jerash society prefers the male over the female; they emphasized that the male is a support for the father, mother, and sisters with an obligation to take care of them. Married women affirmed that women's social status is elevated when giving birth to males.
- **Young single Jordanian men and other nationalities** : most reported that boys and girls are equal, but there's a common understanding here that a boy bears the responsibility of his parents in their old age and he is their support and attributes.'
- **Young single Jordanian women and other nationalities** : there was a prevailing belief among most participants that the male is preferred, and those who give birth to females only are viewed with a lesser outlook by society.

Conclusion

- The preference of males over females is clear among all segments of Jordanian society, including Jerash regardless of the economic, social, and educational level.
- Customs and traditions play a major role in favoring males over females, according to the following:
 - The mother of male children has a high social status, especially with the husband's family.
 - A male is his mother's, father's, and sisters' support and back-up in the future.
 - Having males is linked to inheritance and keeping the land within the family.
 - The boy is an extension to the family and he is the one to carry the name of the father.
 - Religion and Shari'a command that the male support the mother and father, and not the female.

Sub-results are detailed according to the opinion of the participants in the focus groups

Target group: Jordanian married men 15-49 years old

'It is true that in our Bedouin society, the status of a woman is elevated in accordance to the number of males she has given birth to...'

Target group: Married men of other nationalities 15-49 years old

'Here they prefer the boy because he is the support and he is the heir even though the daughter is more loyal and she is the one who takes care of her family... No, let's be honest here, the boy is the support, I mean, who will spend on you when growing old? The boy of course because it's his duty, but the girl, even if she works, cannot give her family as her husband and her in-laws might forbid her, whereas the boy is indebted and obliged by Sharia to spend on his family...'

Target group: Married Jordanian women 15-49 years old

'A boy is a support even to his sisters; if the husband turns out to be no good, she turns to her brother. Also, inheritance of the land does not go to strangers, and the boy is the one to carry his father's name. Moreover, who will bear the responsibility of the father and mother in their old age?'

'... We, in our villages, have our customs and traditionswhen a woman begets a son, the whole society rejoices for her, whereas if she gets a daughter, may God be on her side. Our society is one of frustration and demeaning. Even the educated have these convictions instilled in them.'

'A woman with many sons is looked up to, 'Praise the Lord for that,' they'd say. But if she has many daughters, 'May, God help her,' is what they say.'

Target group: Married women of other nationalities 15-49 years old

'Our society is fair-minded towards the mother of boys. A woman is empowered by her boys and her status is fortified at her in-laws, while the mother of girls is weak and broken...'

Target group: Jordanian single young men 15-24 years old

'Nowadays, girls and boys are equal; still, you keep hearing that the boy is the one who will take the responsibility of his parents in their old age....'

Target group: Single young women of other nationalities 15-24 years old

'Even if she has 11 girls, the boy is a must, especially with jealousy and comparison among sisters-in-law...although the girl and the boy are a gift from God, it is very difficult to convince people...but the boy is the one who carries the name of the father in the end..'

Target group: Stakeholders

'You'll find a woman with two daughters, and when her sister-in-law has a baby boy, she'd get pregnant although she has a baby daughter only a few months old. She would keep trying until she has the boy. Meanwhile, the husband can't be more proud to have a boy that carries his name....'

4-3 The third theme: Impact of social and economic factors and gender dynamics on sexual awareness

Main findings

- **Married Jordanian men and other nationalities** : Most supported introducing sexual education in schools and universities because the source of the information is safer than the student's search on the Internet.
- **Married Jordanian women and other nationalities** : There were some strong reservations from mothers about the topics to be raised on the condition that schools restrict education to be limited to physiological changes and health care.
- **Jordanian single young men and other nationalities** : The majority of young men agreed that there was no need for awareness lectures because the information is available on the Internet and this method is more appropriate to access any information.
- **Young single Jordanian women and other nationalities** : Single young girls unanimously agreed that they were not introduced to any kind of sex education in schools, and they welcomed the idea of getting sex education in a way that suits their age.

Conclusion

- It can be seen from the prevailing social norms that it is forbidden for a girl to be educated about certain sexual aspects before marriage, and the culture of shame and taboo was evident among both married women and single girls.
- There is a problem that exists among single young men, which is their dependence to obtain any information on the Internet, and considering it their main source of any knowledge; and it is clear to everyone that the information available on the Internet is not always reliable and safe.

Sub-results detailed according to the opinion of the participants in the focus groups

Target group: Married Jordanian men 15-49 years old

'It is not wrong to be educated about things because the internet is open to whoever wants to know; so the student should take the information from the school where it is reliable better than search for information on websites, most of which are not accepted by our religion and culture...'

Target group: Married Jordanian women 15-49 years old

'Depends on what you mean by raising awareness; now, it is fine for the school to explain to the girls about the menstrual cycle and how to take care of themselves, but there are certain other matters which I do not want my daughter to know about; it's still very early for that...'

Target group: Single young men of other nationalities 15-24 years old

'If I have any questions or inquiries, I will go online to find an answer to my question...'

Target group: Single Jordanian women 15-24 years old

'No one at school explained anything to us. Well, what I know is that one under 18 will not have reached puberty, and over 18 a person is fully developed.'

Target group: Stakeholders

'We are all aware of the significance of sexual education at schools and universities, but unfortunately, this culture does not exist here...'

4-4 Fourth Theme: The impact of social and economic factors and gender dynamics on breastfeeding

Main findings

• **Married Jordanian men and women and other nationalities** : All participants were for and encouraged breastfeeding; some found that 6 months were sufficient and others were divided between 12-18 months. There was a lot of incorrect information among the participants, such as:

- The mother's milk is not enough, or the milk does not contain enough fat.
- Milk is very fatty and gives a child cramp in his stomach.
- Formula milk should be used in the case of working mothers.
- The mother with mastitis should stop breastfeeding.

• **Single Jordanian young men and other nationalities** : Everyone supports breastfeeding, encourages it, and is excited to follow it in the future because it is the best; participants mentioned that Islam encourages breastfeeding for two years.

• **Single Jordanian young women and other nationalities** : All participants acknowledge that breastfeeding is best for the health of mother and child. Most participants have misconceptions about breastfeeding, such as a mother who studies or works cannot breastfeed. Some have not yet decided whether they want to breastfeed, while others have already decided that they do not want to breastfeed.

Summary

- All participants realize that breastfeeding is the best, but not everyone adopts it for several factors, including:
- Most participants lack information on the correct method of breastfeeding, how to increase milk flow and production, and the components of breast milk.
- There is a lot of misinformation that some participants adopt which prevents or lessens breastfeeding:
- A working mother cannot breastfeed.
- A pregnant woman cannot breastfeed.

- Some women's milk does not contain enough fat and the child does not gain weight by feeding on it.
- The use of formula milk is considered by some to be 'prestigious.'
- Islam encourages breastfeeding for two years, as mentioned in the Holy Qur'an.
- Some participants believe that 6 months of breastfeeding is sufficient.
- There is an urgent need to increase the health awareness of breastfeeding among all segments of society and to dispel any misinformation.

Sub-results detailed according to the opinion of the participants in the focus groups

Target group: Jordanian married men 15-49 years old

"Breastfeeding is the best ... At the time of our grandparents, there was no formula milk, and if you look at their bodies, their bones are as if made of steel (i.e. very healthy) ... As for bottled milk, it's nothing but watery stuff... I ask my wife to breast-feed for at least 5-6 months... at least 6 months of breastfeeding ... Then, if they want to increase the period, it depends on how bountiful a mother's milk is.

'We are for breastfeeding because it is better for my baby's health and financially it is better too. I hear people complaining about the price of formula milk, and how they don't have money to buy it, so mother's milk is better... but what happens is that artificial feeding is viewed as a 'prestige', or it could be in the case of working moms...'

Target group: Married men of other nationalities 15-49 years old

' I am a 100% with breastfeeding for at least one year, and Islam says two years of breastfeeding, but women now are either employed or have a mobile phone... my wife is breastfeeding now, but I'll have to supplement with formula; her breastmilk alone is not enough...'

Target group: Married Jordanian women 15-49 years old

"I breastfed for 5 months because they told me that my body was weak and the baby was not getting enough... I hardly breastfed each of my boys for a month and I then had to stop because of mastitis and until I treat the infection, and after that, the babies don't want my milk anymore....'

Target group: Married women of other nationalities 15-49 years old

'Today's generation is a failure....this generation does not want to breastfeed. Some do not have enough milk, and at times the milk is too fatty and gives the baby intestinal cramps and spasms..'

Target group: Jordanian single young men 15-24 years old

"We are with breastfeeding because it is beneficial for the child..."

Target group: Single young men of other nationalities 15-24 years old

'Breastfeeding is better than Nido (formula powder milk) because it contains proteins and vitamins better than factory milk; and it must be for two years, as stated in the Holy Qur'an.

Target group: Single Jordanian young women 15-24 years old

'If the mother was not studying or working, it is better that she breastfeeds the baby, as she is with him all the time...

Target group: Single young women of other nationalities 15-24 years old

'Breastfeeding is better, but I do not intend to breastfeed because I do not want to sit at home; I want to go out to work, so it would be difficult for me to breastfeed..'

'Let me tell you this, 'We'll cross that bridge when we come to it,' or in other words, we'll deal with this after the baby arrives...'

4-5 Fifth Theme: The impact of social and economic factors and gender dynamics on including the husband in the reproductive health of the mother

Main findings

Married Jordanian men and women and nationalities:

- Responsibility of tending to the pregnant women's health and needs fall on the husband, but since men do not have the readiness in them, then the wife's sister or her mother-in-law must assume that role.

- Some men are ignorant when it comes to health issues related to pregnancy, its duration, and caring for the wife during pregnancy; and this is because the man is far from caring for a woman and his role in this stage is secondary.
- **Single Jordanian men and women and other nationalities:** Everyone reported that caring for the wife during pregnancy is the husband's responsibility and he must fulfill his role; but young men said they would not mind if the wife's mother volunteered for the duty. Also, some unmarried men and women pointed out that the culture of 'shame/ taboo is deep-rooted in the Jerash community; house chores, for example, is a shame for a man to do, even if he likes it. The matter should remain a secret between him and his wife because his family and society will not accept that.
- **Health care providers:** Nowadays, the husband accompanies his wife during her pregnancy, and the medical staff encourages this. The man's interest in the health of the mother and child and details of pregnancy have also improved.
- There is a problem with postpartum care because the woman does not come for a checkup after giving birth. Usually, the husband comes to the health facility for vaccination of the baby with either his mother or his mother-in-law.

Summary

- Customs and traditions and social norms are apparent here, as all married people acknowledge that one of a man's duties is to take care of his wife during pregnancy, but because men are brought up in an Arab culture that considers pregnancy, childbirth, and postpartum strictly belong to the domain of women, so there is no place for men in there. Women in the family unanimously agreed that they are more equipped to take care of pregnant women as the man is ignorant in these matters. Gender discrimination was clear here: this role is not one of the typical roles assigned to men.
- There is a missed opportunity here to compel the woman to receive a puerperal checkup, which our national health indicators reflect as low. Therefore, some policies in the Ministry of Health must be changed and the child's first vaccination should be linked to his mother's first receiving puerperal care (postpartum checkup).

Sub-results detailed according to the opinion of the participants in the focus groups

Target group: Married Jordanian men 15-49 years old

'Take it from me, this is a difficult period for a man to tend to his wife's needs because I have a job, I have obligations, I have errands, and the mother is the one to mind her daughter... Look, I've never seen my father help my mother at home, but I can help my wife only with certain things.'

Target group: Married men of other nationalities 15-49 years old

'I mean, if she's tired during pregnancy, my mother or her mother are better (to take care) than me; also in postpartum, it is very difficult for me to manage this. This is strictly a woman's job and they would benefit her more than I can.'

Target group: Married Jordanian women 15-49 years old

'The husband will never be like her mother or sister when she is tired and needs someone to take care of her; she doesn't want someone to be a burden to her where she would have to tell him, 'do this and do that.' A man doesn't even know... he might help with simple chores, but in the house, she wants a woman like her..'

Target group: Single Jordanian young men 15-24 years old

'Caring for a pregnant woman is a husband's responsibility, I am the one to do so... but if her mother or sister wants to help her, there is no problem, I won't mind..'

Target group: Single young men of other nationalities 15-24 years old

"The gestation period is 9 or 7 months... .."

"Normal gestation period is 8, 9, 10 months....."

"9 or 7, where did you get 10."

Target group: Single Jordanian women 15-24 years

'If the wife is tired during pregnancy, the husband must help her, and it is not wrong nor is it a shame/taboo if he works around the house... The problem is when he comes from his family's house, where he was spoiled and pampered and has no idea whatsoever about helping around the house; he'll give you a hard time until he learns.'

Target group: Single young women of other nationalities 15-24 years old

'The husband must help his wife while she is tired and pregnant... I think the whole issue is up to the wife. How will she get him used to and train him in house chores...'

Target group: Health care providers

'It is also possible to include the husband in care during pregnancy; there are husbands who come with their wives and sit with us here while we examine the woman and listen to the questions, we ask, and normally he asks what tests need to be done the next appointment. Some husbands sit during the visit while others would wait outside ... quite often pregnant women would match the date of their visit to the health center with days when the husband gets his weekly leave from the armed forces where most of them are employed. This helps include the husband as he accompanies her ... Also, many fathers bring their children for vaccination and make the next appointment to be scheduled on his leave days... A problem we face with postpartum care as the husband brings the baby alone along with his mother or his mother-in-law. We ask about the mother because we want to check her for postpartum, but she does not show up... A long time ago, men were not allowed to go in the clinic, and there was a sign on the door of the clinic stating that, but now we stopped that; on the contrary, we encourage men to come with their wives..'

'All our services are based on counseling for the husband and wife, and all our cadres are trained to give advice to couples together... A number of husbands attend this counseling, not a lot, but some come with their wives; some husbands come alone, take the contraceptive with the repeated prescription and ask for male condoms because with these you do not always need to have the wife present to check her weight, hormone level and other tests in order to take them...'

4-6 Sixth Theme: The impact of social and economic factors and gender dynamics on violence

Main findings

- **Married Jordanian men:** Everyone agreed that violence exists in the Jerash society, and the majority stated that the woman is the reason and deserves it and that the woman should fear her husband to obey him. While others added that he who beats his wife is not a real man and that Prophet Mohammad (pbuh) spent his life until the day he died telling all to be good to women and to treat them with kindness.
- **Married men of other nationalities:** Some reported that they always feel remorse and regret after beating their wives. Syrian men expressed their dissatisfaction with the strong and effective role of family protection in Jordan, and that most of their wives rebelled against them after residing in Jordan and came to enjoy more of their rights.
- **Married Jordanian women:** The participants unanimously agreed that Islam is opposed to abuse, and those who resort to violence and beating are people whose education, upbringing, and application of religious teachings are defective. The majority also indicated that the nature of life in Jerash and living next to family and parents increases the occurrence of violence because of their continued interference.
- **Married women of other nationalities:** The majority unanimously agreed that women are often the cause, as some of them explained that a woman must bear and tolerate to keep her home intact. Most of them also indicated that the husband's family, especially his mother, is a major cause of cases of violence.
- **Jordanian single young men:** Most participants were against beating. Some, however, found justifications and reported that it is an internal family affair that no one has the right to interfere in.
- **Single young men of other nationalities:** Opinions were divided among those who opposed violence as there are other methods of understanding and communication such as dialogue, while others supported beatings and indicated that slight or mild beating does not classify as violence.
- **Single young Jordanian women and other nationalities:** All participants agreed on rejecting violence in all its forms and not accepting it. Some, however, asserted that women are the cause of the violence.
- **Stakeholders:** Some participants confirmed the widespread economic violence in the JerashJerash community.

Conclusion

- Justifications for violence are always there.
- Gender-based violence was apparent; in most cases of violence, women were the cause.
- Customs and traditions have a key role in increasing violence, as the woman must be patient and maintain her home and try to please the husband in any way.
- The nature of life in Jerash and the fact that all the families live in a residential area close to one other has a role in increasing cases of violence, as everyone interferes and watches the life of couples, especially the husband's mother who is the one to ignite strife in many cases.
- From the point of view of many married and single males, slight beating is not classified as violence. Also, violence is a family affair that no one has the right to interfere in.
- Islam does not condone nor encourage violence; participants cited some verses and hadiths to this context (not direct quotation):

....among the signs of God is that He created for you wives that you may find repose in.....and We have placed affection and mercy between you..... Treat women with kindnesshe who honors them is but generous himself, and he who insults them is mean.

Sub-results are detailed according to the opinion of the participants in the focus groups

Target group: Jordanian married men 15-49 years old

"80% of violence is caused by the woman; the man seeks his happiness, but the woman is stubborn and is always opposing everything and everyone. The man will not accept being shouted at, while with her, it makes no difference. There are women whom you need to crack their heads. You see, if a woman does not fear her husband, it is impossible to do except what she wants and what's on her mind..'

'Beating still exists; a woman sometimes yearns to be beaten, as if her body is calling for it. You try to hold your temper, but she still nags on an on...'

"Look, in my view, he who hits a woman is not a real man. The Prophet (pbuh) requested we treat them well as they are the weaker side. There are methods of dealing with the woman, and you can shape her as you want.'

Target group: Married men of other nationalities 15-49 years old

'Our women here in Jordan have rebelled. In Syria, all daughters-in-law live in the house of the mother-in-law who is the dominant figure. Here, they are stating their own conditions, such as she wants her own independent home; she would threaten you with Family Protection Affairs for anything that comes to her mind....'

'Look, I'm against violence, but I hit my wife, and after I hit I feel regret, but she drives me crazy and makes me hit herI ask her to stop, she doesn't, she keeps crying and nagging; she is the one who forces you to hit herin the end, we are humans and we are guardians of our girls..... I leave the house, but she wouldn't dare go out.....and when I go back, she tries to make peace with me.....but I play hard to get.....'

'She forces me to hit her, but the way I normally beat is not severebut with her, by God, no..... I beat her severely, and I beg of her, please do not force me to lay a hand on you.....'

Target group: Married Jordanian women 15-49 years old

'Violence is Godless and lacking in good manners. The Prophet, on His deathbed, called for being kind to women. The man's family also has a part.... he needs to prove to them all the time that he has his own mind and will.....'

'Sometimes the woman herself is the reason..... she keeps provoking him, especially if she taunts him about his manhood..'

Target group: Married women of other nationalities 15-49 years old

"The woman must always be tolerant and patient when the man is short-tempered. Her upbringing and her background also leave a mark on her.... some girls are used to being beaten and abused, they will keep on and on until they get beaten... .."

"A high percentage of divorce cases are caused by the husband's mother; there's a lot of lying, deception, and intrigues..."

Target group: Single Jordanian young men 15-24 years old

'The young man always loves dominance and control; he would impose his personality on his sister or wife, and he practices this on the weaker party..'

'Violence is personal freedom. Everyone is free in their own right, and no one (any outside party) has the right to interfere, because if I interfered, for example, why my brother beats his wife, I would end up fighting with my brother...''

Target group: Single young men of other nationalities 15-24 years old

'If she makes a mistake, she will have to be disciplined and hit, but to beat her for no reason, no, of course not.....'

'I am of the opinion depending on the type of error she had committed... ..'

'Beating was never a solution. There is such a thing as politics. You talk to her in a civilized manner

'You do not beat her from the first mistake she makes; you reprimand her if she repeats it, and you do it again, but if she repeats the same mistake, then that's pure stupidity. You don't actually beat her real hard, but a slap or two on the face and that's it...'

Target group: Single young Jordanian women 15-24 years old

'Violence is refused; there are other channels for communicating. Quite often the woman brings it on herself. Last week I witnessed an incident where the woman kept on provoking the man while he tried to control his temper until he couldn't and eventually beat her up. I mean, if he hadn't, I would have hit her myself...it's not normal; she only fell silent when he hit her..'

Target group: Single women of other nationalities 15-24 years old

'Problems are often caused by women. If a woman is well balanced and obedient to the man, there would be no problems ... and the woman must be more flexible to be able to keep her home unbroken ... We, the women, like to provoke men. You must choose the right time to talk to the man. You must be aware of the time and manner of speech that you want to talk to him. You can make your man as obedient as you want with just one word. Even your in-laws, you can make them love or hate you...'

Target group: Stakeholders

Economic violence is widespread, and examples exist on the ground. The husband takes hold of her ATM card, and he cashes in her salary or takes a loan, and she pays it back. If she goes crying to her family, they would say, 'He married you because you are a working woman and if you don't stand by your home, who would? Don't cause any more problems....and your children, what'll become of them? What would you do if you came back and lived with us...?' So they pressure her...'

'Violence here may be from the pressure of the parents. A man goes to visit his mother and comes back a different person. The mother is dominant and controlling and she nags. So, in order to prove himself, he starts harassing and slashing his wife. This happens mostly because of the proximity when they all live close to one other. For example, you go to a neighborhood, you'll find all brothers and cousins living next to one another.'

4-7 Seventh Theme: Impact of Socioeconomic Factors and Gender Dynamics on Sexually Transmitted Diseases

Main findings

- **Married Jordanian men and other nationalities** : Everyone referred to its transmission by sex and gave an example only of AIDS.
- **Married Jordanian women and other nationalities**: The method of transmission was known to all participants, and most of them named AIDS as one of the sexually transmitted diseases. Some participants were confused between tuberculosis and gonorrhea.
- **Young Jordanian single men and women**: Knowledge is there among all participants that the disease is transmitted through sex and they gave the example of AIDS. There was some misinformation among male participants about other names for sexually transmitted diseases; they all said that if they wanted to know more, they would search on the Internet for additional information, but they had no desire to do so at the time.
- **Young single men and women of other nationalities** : Males have more knowledge than females, and some acclaimed a certain Syrian TV series that embodied the reality of those inflicted with the disease and their suffering. As for the girls, some had no information whatsoever and others had very little.

Summary

- There is a clear lack of knowledge about sexually transmitted diseases among the participants, and this confirms the urgent need for sexual education and its activation at all levels such as schools, universities, places of worship, and the media.
- The only disease known to everyone is AIDS.
- There was confusion between gonorrhoea and tuberculosis.
- Ignorance of the correct information led to the formation of false beliefs among participants, such as viewing an AIDS patient with an accusing eye and therefore not accepting him within their society and everyone avoiding dealing with him regardless of how he contracted the disease.

Sub-results are detailed according to the opinion of the participants in the focus groups

Target group: Married Jordanian men 15-49 years old

'These diseases are sexually transmitted through forbidden relationships... we know about AIDS...'

Target group: Married men of other nationalities 15-49 years old

'These diseases are transmitted through sexual intercourse; we know AIDS...'

Target group: Married Jordanian women 15-49 years old

'AIDS, tuberculosis, and trichomoniasis, all come from men through multiple relationships and possibly from barbershops... I cannot deal with an AIDS patient and our society does not accept him even if it's unjust to him...'

Target group: Married women of other nationalities 15-49 years old

'We hear about AIDS, hepatitis, and tuberculosis... they say the face turns yellow and ulcers appear...'

Target group: Single Jordanian young men 15-24 years old

'Sexually transmitted diseases include syndromes such as AIDS and Down syndrome...'

'If we want to know about AIDS,, we can read on the internet, but we have never searched for it...'

Target group: Singles young men of other nationalities 15-24 years old

'There was a TV series in Syria about this disease, AIDS; the stories were very sad, and how the patients became infected and about their suffering...'

Target group: Single Jordanian women 15-24 years old

'These diseases originally come from women through forbidden, illicit relationships, and they transmit the disease to men...'

Target group: Single women of other nationalities 15-24 years old

'I've never heard about it, could it be infections...?'

Target group: Stakeholders

'A few years ago, we used to run courses and educate people/ Health Education Department; it was a comprehensive, integrated program, but years ago we stopped all these courses.'

Target group: Health care providers

'Not everyone knows (about sexually transmitted diseases,) and if they do, they will only know about AIDS, and maybe Hepatitis B..'

4-8 The eighth theme: Impact of social and economic factors and gender dynamics on sexual intercourse

Main findings

- **Married Jordanian men and other nationalities** : Most participants emphasized that the decision is in the hands of the man and the fulfillment of the husband's sexual desires is one of the basic rights of the man, and the wife must always fulfill it unless there is a legitimate excuse. Most male participants also emphasized that Islam urged women to satisfy the man's sexual desires and obey him in bed at any time; they used stories from the Sunnah to substantiate their argument.
- **Jordanian married women and other nationalities**: Some Jordanian married women reported that the decision rests with the wife as well. As for women of other nationalities, they agreed that the decision rests with the man alone because if she refuses, she must bear the consequences, i.e., the man's anger.

Conclusion

- Gender discrimination was clear here and that this is a man's right, and a woman must fulfill his wishes at the time of his request. The stereotyped image of the roles was clear here, the man is the initiator, and the woman is always the recipient.
- Men pointed out that Islam commanded the wife to obey the man in bed, but we do not know the extent of the credibility of the narrations, or the words passed on through the Sunnah, and to what degree what is passed on to them is to be trusted, or that these interpretations are correct with what they linked to religion.

Sub-results are detailed according to the opinion of the participants in the focus groups

Target group: Married Jordanian men 15-49 years old

'This kind of talk (that she is the one who makes decisions) is rejectedthen why are we married in the first place?... She can only refuse if she is excused on specific days of the month or if she is very ill but other than that, it doesn't work..... ..'

Target group: Married men of other nationalities 15-49 years old

"No, what do you mean? She makes a schedule of two or three times a week or so.... you know if she says, 'No, I don't want,' it would be catastrophic, man! The Prophet said that even if the woman was kneading the dough, and you say 'Come,' she must obey you... .. No, the decision is mine, and what I say goes.....'

Target group: Jordanian married women 15-49 years old

'Of course, it's her decision, and the man must accept..'

Target group: Married women of other nationalities 15-49 years old

'If it happens and you reject him, he'll be angry all day long, and he'll take it out on the children too... so we are forced to please him and keep silent..'

4-9 The ninth theme: Impact of social and economic factors and gender dynamics on the stereotyped image of men and women

Main findings

- **Jordanian married men and Jordanian married women:** Most reported that the woman is often the one who refuses the help of the man and does not favor it in order to preserve his stereotyped image. While some of the women and men answered that they share the responsibilities of the house, especially if the wife is working and life is all about collaboration; some women confirmed that their husbands do not consult them nor take their opinion and are very discrete.
- **Married men and married women of other nationalities:** Most Syrian men affirmed that housework is a woman's responsibility in the first place. In Syria, most women did not work outside the home, so they knew their role as women, but with migration, the roles have changed, and Syrian women rebelled in Jordan. Women reported that the status of Syrian women have improved since they moved to Jordan and they have obtained more rights compared to what things were like in Syria, and because some of them work in Jordan, this has forced men to share house chores with them and take on other loads as well, and not just the economic responsibility.

Conclusion

- Here, in this theme, customs and traditions were very clear and helped form the stereotyped image of men and women; and the culture of 'shame and taboo' and many other things most participants adopted and were convinced of but did not practice for fear of their surrounding communities. They indicated the following:
 - It is manly for a man not to work in the house.
 - 'He who helps his wife is viewed by society as subjugated.'

Sub-results are detailed according to the opinion of the participants in the focus groups

Target group: Jordanian married men 15-49 years old

'If I were to go to the kitchen and do the dishes, my wife would stop me saying, 'Where do you think you're going? Suppose some of the neighbors see you...'

'Let me give you an example from my life that our women refuse us to help them. I tell you, in Ramadan, my wife who's a teacher and a mother of 5 children, wakes up at 6 in the morning to come back from school to prepare the food and goes into the kitchen to get the main meal ready for breaking the fast; does the dishes and gets on to prepare the other midnight meal. All this and she refuses my help. She loves to see me always as 'the man'.

In short, our societal view of those who do women's work are not real men; it is an unwritten (social) code of conduct ...'

Target group: Married men of other nationalities 15-49 years old

'From my experience and from living with Jordanians in the village of Nahleh women here are equal to men, and even more; they can come and go as they please and drive cars just like men if not more... In Syria, a woman is a woman and a man is a man, i.e. we don't mix roles.

In Horan, where I come from, the man is in control there. In my line of work as a tile setter, I deal with Jordanian men; whenever I ask him anything, he says, 'Wait, let me check with the government (meaning his wife); it's like he handed everything over to his wife.....'

Target group: Married Jordanian women 15-49 years old

"The problem with us is that the active and dynamic woman does not like her husband to help her around the house so she proves to the family that she is active and agile, she can prove to her mother-in-law that she's the best among all the other daughters-in-law; the result is that she loses her health. In some cases, a woman must be selfish and think of herself...".

"I've been with my husband for 6 years now and up till today, I don't know how thinks; he is stubborn, and things have to go his way. But I think he has more foresight than the woman. Men follow a certain system of consulting with women, and then do the exact opposite'

Target group: Married women of other nationalities 15-49 years old

'Nowadays, the woman is the one who leads everything. When a man intends to marry, especially if he was mindful and sensible, his first choice is to look for a working girl... and the first thing he would ask her about is her salary... Life is becoming participatory only in financial terms.... that's all, but if he wanted to help her around the house, people would say he is bewitched, and his wife controls him. My husband never in his life helped me. He does this on the grounds that he is the man...he is the master, and everything must be brought to him...'

Chapter Five

Discussing the results, conclusion, and recommendations

5-1 Discussing the results

After presenting the quantitative results in the third chapter and the qualitative results in the fourth chapter, we try in this chapter to link these two types of results, as research often resorts to the qualitative approach because the quantitative method is unable to measure people's attitudes, feelings and hidden thoughts in a digital and statistical manner, and this is often done by organizing focus group discussions with study groups that meet the criteria for participation in these seminars, as was done in this study. Whatever the case is, the results emerging from qualitative research should be treated with caution, not to generalize and release them to the studied community, but rather to provide an explanation and rationale for the results and numerical statistics.

In general, the focus group discussions that were conducted in this study showed that the local communities in Jerash Governorate are still affected by the cultural heritage, which is represented in social norms and traditions, and the children are seen as an attribute and their abundance is important to help parents in the activities of the rural family, and that the child is born 'and his sustenance comes with him,' according to their belief. Therefore, women should not stop having children. As it turned out, Syrian refugees' resort to more births because increasing the number of family members enhances the family's chances of emigrating to countries that give priority to receiving immigrants to big families, and they mentioned Canada, in particular. Also, the greater the number of family members, the greater the monthly cash and in-kind assistance provided to refugee families from some operating relief organizations⁽⁵⁰⁾.

There is little difference in educational achievement between the sexes in Jerash Governorate, where 36% of women have completed secondary school or have obtained an educational qualification higher than that, and 33% of males have

⁵⁰ <https://help.unhcr.org/jordan/frequently-asked-questions-faqs-%D8%A7%D9%84%D8%A3%D8%B3%D8%A6%D9%84%D8%A9>

completed secondary school or have obtained a higher education than that. The vast majority of women of childbearing age in Jerash governorate, as is the case in the rest of the governorates, are not currently working (90%) compared to men (40%), and they do not own a home or land on their own (96% and 97%, respectively), and these two percentages are lower among men (59% and 78%, respectively), and the same was the case with regard to the proportion of women who did not share ownership of a home or land.

As a result of poverty in some villages of Jerash Governorate, priority in education is given to the boy at the expense of the girl, whose marriage is often preceded by the marriage of the boy, as reported by the participants in the focus discussion sessions (the word 'participants' will be used from now on to denote the respondents who participated in these seminars), and because in their view the man eventually is responsible for the affairs of the home, and according to the participants' opinion, the girl will end up at home and will not be the first one to be responsible for providing for the family. Also, job opportunities in Jerash Governorate for girls are limited, as there are a few private sector institutions, and what is available gives low salaries, while the daily commute of the girl to work in the capital is not financially feasible, so girls, especially those who are married, resort to staying at home to take care of the children, and this explains the small number of women who have a bank account or own property.

The Syrian participants mentioned that Jordanian social norms grant women greater freedom that they were not accustomed to in their home country, Syria, and that Syrian women gained greater freedom after coming to Jordan.

Early marriage is common in Jerash Governorate, as the percentage of those who were married before the age of 20 is (32%), and the continuity of marriage for those under the age of eighteen is due to the presence of a high percentage of Syrian refugees and others in the Governorate, noting that the participants differed about the appropriate age for marriage depending on their place of residence. In some villages, the girls are married off at the first opportunity, while some report that the appropriate age for marriage is after the girl completes her university studies; some men want to marry a working girl to help them cope with the costs of living.

Marriage of girls before the age of 18 has returned to a rise in 2020 in Jerash Governorate compared to previous years, despite attempts to restrict it, as the percentage of those who married before the age of eighteen increased significantly from 12.4% in 2015 to 14.9% in 2017 and to 17.8% in 2020 to currently rank third among the governorates of the Kingdom in terms of the prevalence of marriage for girls under the age of 18 after Mafraq and Zarqa, and in second place after Mafraq in terms of the percentage of non-Jordanians who married last year (15% and 21%, respectively). Although most of the Jordanian participants and Gaza camp residents stated that they did not agree to marriage under the age of 18, they identified three areas (two villages and one area in Gaza Camp) where early marriage, polygamy, and consanguineous marriage are common. It is a common practice in these areas to marry a girl early because she knows that her husband will marry another after several years, and this is widespread in the circles in which the girl lives. Some participants justified early marriage as the best solution if the girl is not interested in completing her studies as they see that spinsterhood is now common among girls because of the high costs of marriage, or because the girl's parents were poor, so it is better for them to marry her. The Syrian refugees expressed their approval of and encouragement for early marriage and justified this by the poverty of the girl's family or by securing a husband for her for fear of spinsterhood and for her own protection. Syrian refugees do not see marriage as costly for them, because the husband is not obligated to provide separate housing for the wife, as all family members live together, and this is acceptable according to customs in Syria.

The percentage of polygamy in the Jerash Governorate is the lowest among all governorates of the Kingdom 3.3%, and this may explain the high total fertility rate of one woman in the Jerash governorate. The participants believe that the man plays the largest role in determining the number of children according to his financial and social status and keeping only one woman in the reproductive process. He pointed out that the prevalence of consanguineous marriage prevents or limits polygamy for fear of affecting relations between relatives. The reasons for polygamy

were varied among the participants, some of them attributed it to religious reasons, and some attributed it to reasons related to the wife, such as being barren or having no male offspring; they pointed out that polygamy was common in 3 areas only in Jerash (2 villages in Al Mastaba and one area in the Gaza camp.) All participants, both men, and women, indicated that polygamy is a man's right, and traditions allow it, but young married women expressed their disapproval of polygamy.

Jerash Governorate remained the first in the Kingdom in terms of the prevalence of consanguineous marriage, although this percentage decreased from 41.2% in 2012 to 39.0% in 2017. As we mentioned previously, the participants emphasized that consanguineous marriage is behind the decline in polygamy. Jordanian participants attributed consanguineous marriage to the high costs of marriage, and that consanguineous marriage is less costly, and the wife accepts housing with the husband's family, which reduces living expenses. They stated that traditions give the man priority over the stranger to marry his cousin adding that another reason for marriage to relatives was the fear that inheritance (land and property) would leave the family and be passed on to strangers.

Other participants expressed their disagreement with the marriage of relatives and attributed to it the spread of genetic diseases and disabilities, and they specifically mentioned the village of Nahlah as evidence of this, and that this marriage inflicts injustice on men and women for their inability to divorce, although their lives have become difficult so as not to cause problems within the same family.

Jerash Governorate recorded the highest total fertility rate (4.3 births per woman) in the 2012 survey among all governorates of the Kingdom, and this rate decreased to 3.5 births in the last survey (2017) to come in second place after the Mafraq Governorate. The participants attributed the reason for the decline in early childbearing to the couple's desire to get to know each other and achieve harmony, so that there will be no children victims in the event of a divorce. As for the presence of a high

fertility rate in Jerash, the participants attributed it to several factors, including the woman's lack of work, which leaves her room for pregnancy and childbirth, the husband's desire to have many children, and the insistence of the parents, especially the mothers on both sides, especially if the couple lives with the parents. The participants raised an important point, which is that the repeated birth of a male child dispels the wife's fears that her husband will marry another woman. Most of the participants indicated that not having a male child equals not having children.

The rate of using traditional contraceptive methods, which is characterized by a high failure rate, is low in Jerash Governorate, but the use of modern methods is the highest in Jerash among all governorates of the Kingdom (42.5%), and the IUD is the dominant method despite the availability of other methods. The participants reported that the use of contraceptive methods is the responsibility of the wife, as the health centers cover all areas and provide modern contraceptives for free, so women find it easy to obtain them. Jordanian married men and women over the age of 35 did not want to use condoms, and this explains the decrease in its use from 6.7% to 4.7% in recent years, and while refugee women indicated that they use contraceptive pills, men refuse to use condoms because the use of family planning methods is the wife's responsibility, according to their belief.

Health care providers indicated that there is a great deal of waste in modern contraceptives, as women resort to using a specific method and then decide to dispose of it after a very short period due to the interference of the mother-in-law or the husband's lack of consent, and this justifies the increase in the consumption of contraceptives, and at the same time an increase in the number of pregnant women, and therefore the participants suggested that there be a counseling session for husbands before choosing the appropriate means and that it is not enough to educate the wife alone.

The unmet need for family planning is behind unwanted births and pregnancies that are not well-spaced. The unmet need for family planning methods in Jerash decreased from 11.9% in 2012 to 10.5% in 2017, which is the lowest in the Kingdom after Ajloun Governorate. This is due to the free and availability of contraceptive methods, the ease of obtaining them, and the knowledge of the couple about them.

There was a slight increase in the percentage of women who wanted to stop giving birth, reaching 49%, but there was a significant decrease in the percentage of women who wanted to wait at least two years before having a new baby, from 29.5% to 18.7%, and the average ideal number of children remained unchanged at 4.1, while the average desired number decreased from 2.9 to 2.7.

Most of the participants pointed out that Islam encouraged family planning, but prohibited birth control, and that it was the dire economic conditions that forced men not to ask for more children despite the pressure of parents to have more. Family pressure is also an important factor that makes women not wait two years before having a new baby, and another is the absence of health education and awareness of the impact of successive births, as well as the desire to complete the required number of births quickly before the wife becomes weak and pregnancy and childbirth become problematic for her.

There has been a decrease in abused girls and women subjected to violence in all its forms, sources, and time, as the drop (30%) in the percentage of those who accept exposure to spousal violence between 2012 and 2017 was significant, but what is worrying is the significant increase (about 22 %) in the percentage of women who kept silent and did not report to anyone that they had been subjected to physical or sexual violence, nor did they seek help to stop it, although some of them sustained injuries. This is expected, because consanguineous marriage is quite common in the governorate of Jerash, and this, according to the participants, necessitates not telling anyone from the family because this will lead to problems between relatives and add to the problem. While the percentage of those justifying the husband's

beating of his wife decreased by 30% between 2012 and 2017, although all participants of both sexes justified the wife's beating and added that she is the one who pushes the husband to abuse her, and that one of the reasons for beating is living within extended families and the meddling of the mother-in-law and her incitement against the wife. The participants unanimously agreed that slight beating is not considered violence, while participants of other nationalities believe that the situation of women in Jordan is much better than that of Syria in terms of freedom and rights. As for the low rate of exposure to violence, the participants attributed it to better and higher education among young people and the change in the personalities of girls through social media and their rejection of these practices.

The participants complained of another type of violence, which is economic violence. Most of them stated that the working woman in Jerash has no control on her salary, whether married or single because most husbands or fathers get bank loans on the guarantee of the salary of the daughter or the wife because the salary of the husband or father is not sufficient to cover the daily expenses of the family, to the point that some working women do not know how much of their salary remains; and if she gets any raise, she tries to hide it from her husband so she has a small amount left for her.

Other than AIDS, which 99% of women and 86% of men have heard about in Jerash Governorate, there is a clear ignorance of other sexually transmitted diseases. But hearing does not mean knowledge, as it appeared that the percentage of knowledge of two ways to avoid infection with the human immunodeficiency virus, namely, the use of condoms at each sexual intercourse, and limiting the sexual relationship to one partner is not general, and it was slightly higher among women and men in Jerash Governorate (50% and 53% over respectively) compared to the national level. Participants showed a clear weakness in information about AIDS and the absence of any information about other diseases. They attributed this lack of knowledge and not addressing them adequately at schools to the embarrassment of tackling this sensitive topic and that teachers at school go over them quickly giving general information only.

They also indicated that the absence of educational materials on these topics led to ignorance. The participants suggested the production of educational films that appeal to young people to enlighten them on these topics.

About half of the previously married husbands and wives in Jerash Governorate (51% and 55% respectively) compared to (52% and 53%, respectively in the Kingdom) took the premarital test. Surprisingly, the percentage of newly married young men and women (i.e. those under the age of 20) who sought to take this test was also low in the Kingdom (42-43%), although the test has become mandatory by law since 2004. Participants know that all newlywed couples must take the test, but they reported that they knew of some people who got married without testing and they did not know how this happened.

The participants, especially adults, indicated that the examination process should be utilized for sexual and reproductive education for those soon to be married, and that there should be a family program to guide them and make all matters clear for them, although young people reported that all information is available on the Internet and through peers, which was preferable.

Many opportunities are wasted in a number of facilities and times to obtain sexual and reproductive counseling and awareness before and after marriage. Missed opportunities as such occur in the times and places as follows: activities of the school health program, in the curricula and extra-curricular activities; in hospitals after childbirth and before leaving it, especially since almost all births take place at hospitals (99% in Jerash governorate); during mothers' visits to health facilities during pregnancy (75% of pregnant women in Jerash get at least 7 visits during pregnancy); postpartum visits; child vaccination visits; before the official signing of and registering of the marriage contract; during hundreds of thousands of mosque sermons and religious lessons; single young men and women and married men do not frequent government clinics that provide reproductive and sexual health services. Among the most prominent evidence of these missed opportunities

is that the last two-Family Surveys showed, respectively, that 68% and 77% of married women of childbearing age who did not use family planning methods in Jerash Governorate (79% in the Kingdom) did not receive advice or information about family planning from a field health worker or when they were in a health facility during the past year. Participants in the focus groups indicated the absence of health education and sexual awareness, such as when the wife visits the health facility to obtain family planning methods, she's not required to bring her husband along with her to explain the various methods to them to convince him, which affects continuity. They also pointed out the lack of awareness to the importance of breastfeeding and taking care of the child after birth by the health staff, and that the information they obtain from their mothers and friends, is not always scientifically based.

Participants pointed out the importance of sexual and reproductive education for those planning to get married soon, but they differed on how to introduce it. Married men and women required advice from specialists when signing the official marriage contract. Young people made it clear that all information is available through the internet; single women preferred that counseling be provided through the mother, but in a timely manner before marriage. They all called for activating the role of social and health counseling in schools.

2.5 Recommendations

Based on the results that emerged from the study, both quantitative and qualitative, we can conclude this report with broad and general recommendations at three inter-related levels, namely the level of the empowering or supporting environment, the institutional level, and the level of individuals and local communities.

With regard to the recommendations that fall under the level of the empowering environment, we refer here to two elements: the prevailing cultural norms and the relevant supporting legislation. It can be said that there is a need to review personal status legislation and its applications, leading to the demise of girls' marriage before the age of 18, and informing the wife of her husband's intention to marry

a second wife before it takes place, and the intervention of Sharia courts to ensure that women obtain their legitimate right to family inheritance, as this establishes social norms and practices that enhance the well-being and status of girls. Educators must also monitor educational curricula, classroom and extracurricular activities, and religious scholars in the topics of preaching, guidance, and religious lessons in a way that leads to the upbringing of generations that abandon the customs and practices currently prevailing in the local culture among citizens and refugees in the governorate and that undermine reproductive and sexual health and empowerment among girls and women, in poor families.

We mention in particular the family settings which establish cultural norms that push girls into early marriage before completing their education in order to reduce the burden of caring for them by their families; the continued prevalence of consanguineous marriages; and the silence of women and girls about the harm they suffer as a result of domestic violence in all its forms; to irrational reproductive behavior; the weakness of female empowerment represented by the declining participation of women in income-generating economic activities in and out of the home and the cultural norms that impede the access of females to their fair share of inheritance and ownership of assets and transferable and non-transferable property.

At the institutional level, the results of the study call for a coordinated and participatory work between the local administration councils and their institutions in the governorate, namely the Directorate of Education, the Directorate of Health, the Directorate of Awqaf, the Directorate of Social Development, the Directorate of Youth, the Directorate of Family Protection, the Social Security Corporation, the Department of Land and Survey, women's NGOs and international organizations operating in the governorate, to develop a work program at the governorate level, to be a gradual and coordinated program based on the data and evidence available in the records of all the aforementioned local administration institutions, provided that this program includes not only awareness-raising activities, but also building the capacities of workers in these institutions and changing their approach

and aptitude to work in order to enhance the chances of effective access to the segments in need of advice, service and assistance in all issues of priority, where the study showed that there are gaps that can be addressed easily, which will contribute to improving the health of women and girls and their reproductive health outcomes and enhancing their status as well as the well-being of their families.

As for the individual and societal level, it is known that bringing about a comprehensive change at the root level in the behavior of individuals and groups is not an easy matter, but it is imperative to continue to establish educational institutions at all levels, health, youth, religious and media institutions, and civil society organizations, all of which undertake the tasks of education, upbringing, awareness, guidance and counselling in the Jerash Governorate in taking advantage of every opportunity, occasion and place to implement innovative programs and activities aimed at individuals and target groups that address priority issues related to reproductive and sexual health and empowerment, which the study showed to have undesirable consequences on family life and well-being in Jerash Governorate, especially since the study showed that there are many opportunities available, but are wasted and can be exploited to deal with such issues when individuals and groups are present in the facilities of the aforementioned institutions, such as the school, university, mosque, health facility, youth center, civil status office, Sharia courts, and NGO centers and international organizations.

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Annex 1: Interview questions: A guideline for focus group dialogue

Married Women and Married Men Group (15-49)

What is the suitable age for a girl to marry; what are the social norms that govern the age of marriage; what is the appropriate period for the first child after marriage; what are the social norms that govern the firstborn and childbearing in general?

- What are the factors that lead to early marriage or a large age difference between spouses?
- What do you think about the marriage of relatives in general and the marriage of first-degree relatives in particular, and what is the role of customs, traditions, and social norms in that regard?
- What do you think of polygamy, and what are the factors that lead to it?
- What is your opinion on breastfeeding, and what is the ideal period to continue breastfeeding?
- What is the role of Jordanian culture, customs, and religious teachings in the Jordanian society's view of men and women, and the roles and responsibilities assigned to them towards their families?
- Is the status of women in Jordanian society affected by the number and sex of children they give birth to?
- What is the impact of Jordanian culture, social customs, and social norms on the size of the Jordanian family and the average ideal number of children?
- Who has the decision on the ideal family model, the decision to postpone the first pregnancy, the spacing of pregnancies, and the avoidance of unwanted pregnancies? What is the role of social norms?

- What are the socio-economic factors and gender dynamics that play a role in a married woman's use of contraceptive methods, and who, of the spouses, makes the decision to use contraceptive methods?
- What are the socio-economic factors and gender norms that stand behind emotional, physical, or sexual violence by husbands against their wives?
- What are the determinants (socio-economic and gender norms) of knowledge in the following:
 - ✓ sexually transmitted diseases
 - ✓ making informed decisions by women themselves about cohabitation and reproductive health care
 - ✓ duration of breastfeeding
 - ✓ Pregnancy termination before delivery

Unmarried Young Women Group (15-24)

- What is the suitable age for a girl to marry, and what is the appropriate period for the first birth after marriage?
- What do you think about the marriage of a girl under the age of 18, and what are the factors that lead to early marriage or a large age difference between spouses?
- What do you think about the marriage of relatives in general and the marriage of first-degree relatives in particular, and what are the role of customs, traditions, and religious teachings in that?
- Is the status of women in Jordanian society affected by the number and sex of children they give birth to?
- What is the impact of Jordanian culture, social customs, and religious beliefs on the size of the Jordanian family and the ideal average number of children?
- What do you know about family planning methods, what do you think of using them, and what are the factors that determine their use?

- What do you think about breastfeeding, and what is the ideal period to use breastfeeding?
- What do you think about the practice of emotional, physical, or sexual violence by husbands on their wives, and what are the factors that lead to that?
- Who is responsible for caring for women during pregnancy, childbirth, and the puerperium, and who is responsible for caring for the newborn?
- What are sexually transmitted diseases and what do you know about them?

Sexual and reproductive health service providers group in Jerash Governorate

- What are the areas of including the husband in reproductive health services, and what are the factors that limit men's involvement in that?
- What is the role of Jordanian customs, traditions, and religious teachings in determining the family size and using family planning methods?
- What is the relationship between gender dynamics and their impact on access to reproductive health services?
- Who has the ability to discuss the use of family planning methods, and has the final say in determining the size of the family?
- Who has control over the family's economic resources to obtain reproductive health services?
- How much do visitors to health facilities know about sexually transmitted diseases?

Decision-makers group from relevant authorities in the governorate

- What cultural norms, social customs, and gender dynamics influence marriage and childbearing issues, reproductive preferences, family planning, violence against women, and knowledge of AIDS and sexually transmitted diseases?
- What are the strategies or procedures that should be followed to improve sexual and reproductive health based on gender differences for women and girls in Jerash Governorate in the following: high fertility rates; reduced duration of breastfeeding; access to health care; a high percentage of pregnancies termination before delivery; high perinatal mortality rate; a rise in the percentage of married women under the age of 18; an increase in the percentage of women previously married to relatives; an increase in the percentage of previously married women who have been subjected to emotional, physical or sexual violence by their husbands, and a high percentage of women who have been married and have been subjected to violence during pregnancy; a drop in the percentage of females aged 15-24 who have ever been married and who have comprehensive knowledge of AIDS.
- What are the main causes of domestic violence and the factors that affect it?

Annex 2: List of stakeholders and group of decision-makers according to the name of the entity they represent

| Name | Entity represented |
|--------------------|--|
| Mohammad Abu Sitto | Former member of Parliament |
| Buthaina Athamneh | Social Development/ Director |
| Marwan Ayasrah | Former Head of Municipality |
| Salim Bani Hamdan | Governorate Council/ Member |
| Basma Otoum | Charitable Association/ Head |
| Manal Zureiqat | Princess Basma Centre/ Head Jerash Governorate |

Annex 3: The residences of the Jordanian participants

| Area | Number of Participants |
|---------------|------------------------|
| Jerash | 10 |
| Marsa'a | 2 |
| Al-Mastaba | 5 |
| Souf | 6 |
| Burma | 2 |
| Sakeb | 3 |
| Reemon | 3 |
| Al-Kitteh | 2 |
| Souf Camp | 5 |
| Qafqafa | 2 |
| Baleela | 1 |
| Al Khusheibah | 1 |
| Kafr Khal | 4 |
| Al Jbarat | 1 |
| Al Rashaydaeh | 3 |

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