

Table 1. Demographic and reproductive health indicators, Jordan, 2002–2007

Indicator	Parameter	Year	Source
Total population	5.6 million	2006	DOS.GOV.JO
Population growth rate	2.3%	2006	DOS.GOV.JO
Crude birth rate per 1000 population	29.1	2006	DOS.GOV.JO
Crude death rate per 1000 population	7	2006	DOS.GOV.JO
Urban to rural population, ratio	82.6:17.4	2006	DOS.GOV.JO
Number of women of reproductive age (15–49 years)	1.4 million	2006	DOS
Total fertility rate	3.6	2007	DHS
Percentage of pregnant women attended by skilled personnel (of all pregnant women)	99	2002	DHS
Number of facilities with functioning essential obstetric care per 500 000 persons	9 (Hospitals)	2007	MOH Statistics
Percentage of deliveries attended by skilled personnel (of all deliveries)	99	2007	DHS
Percentage of deliveries undertaken in health facilities (of all deliveries)	97	2007	DHS
Percentage of caesarean sections (of all deliveries)	19	2007	DHS
Percentage of pregnant women with anaemia (of all pregnant women)	37	2007	DHS
Percentage of newborn infants with low birth weight (of all newborn infants)	11	2007	DHS
Maternal mortality per 100 000 live births	41	2006	DHS
Perinatal mortality per 1000 live births	15	2007	DHS
Neonatal mortality per 1000 live births	15	2007	DHS
Life expectancy at birth female (years)	72.5	2007	DHS
Life expectancy at birth male (years)	70.8	2006	DOS.GOV.JO
Contraceptive prevalence rate among married women of reproductive age (15–49), all methods (%)	57	2007	DHS
<i>Traditional methods (all)</i>	15.2	2007	DHS
Withdrawal	10.8	2007	DHS
Rhythm	4.1	2007	DHS
Lactational amenorrhoea	1.4	2007	DHS
<i>Modern methods (all)</i>	41.9	2007	DHS
IUD	22.3	2007	DHS
Condom	5.3	2007	DHS
Pill	8.4	2007	DHS
Injectables	0.7	2007	DHS
Implants	0.0		
Female sterilization	3.7	2007	DHS
<i>Factors for not using modern methods among married women</i>			
Fear of side-effects	6.7	2007	DHS
Lack of knowledge	0.2	2007	DHS
Cost	0.0	2007	DHS
Lack of access	0.0	2007	DHS
Traditional misconceptions	0.3	2002	DHS
Partner opposes	1.8	2007	DHS
Unmet need for modern contraception (%)	12	2007	DHS
Receipt of postpartum care and family counselling (%)	35	2002	DHS
Incidence of sexually transmitted infection (per 100 000)	n/a		
Syphilis	n/a		
Gonorrhoea	n/a		
Chlamydia	n/a		
Trichomoniasis	n/a		
HIV prevalence (%)	0.02	2007	NAP
Number of verified HIV cases	492	2007	NAP

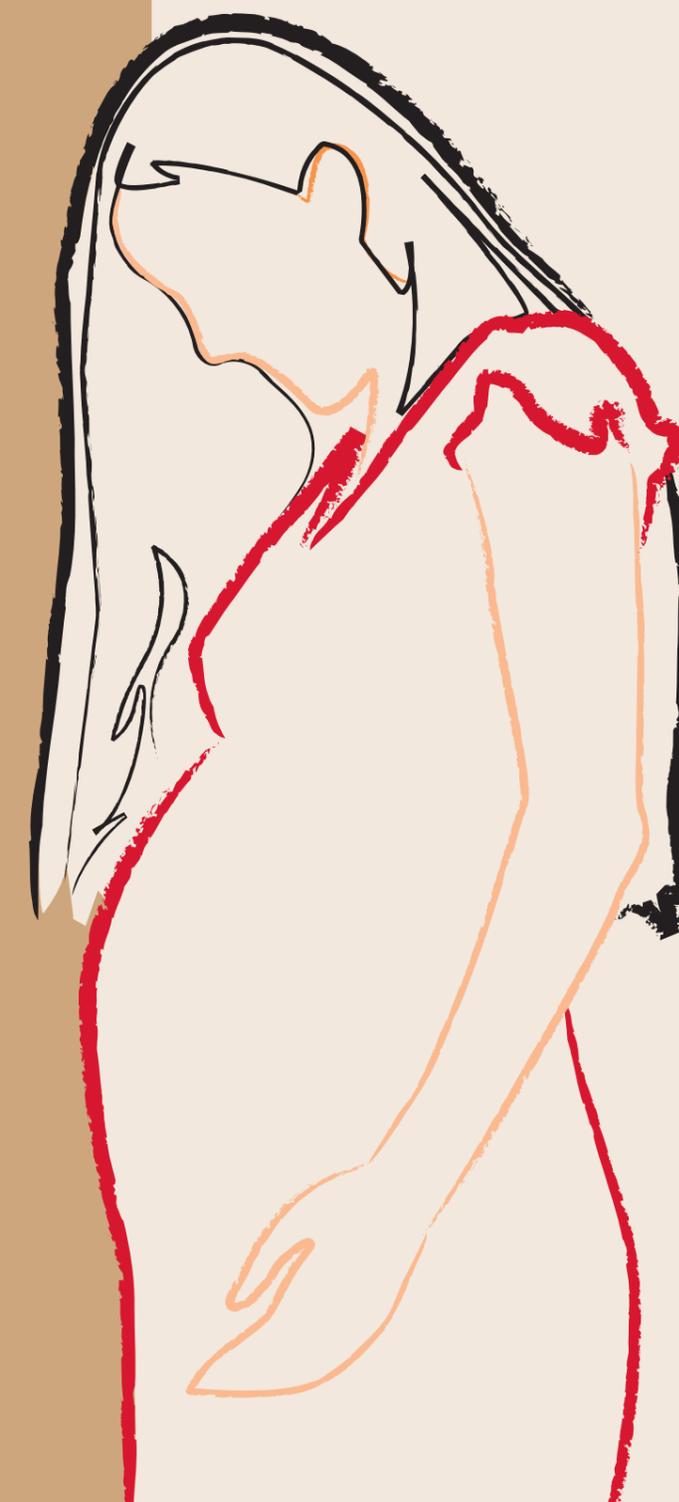
Sources:

DOS.GOV.JO: Department of Statistics, Government of Jordan
DHS: Demographic and Health Survey
NAP: National AIDS programme

Jordan

Reproductive health profile

2008



Health care system

The general health policy in Jordan is set by the Supreme Health Council which is chaired by the Prime Minister with the Minister of Health as vice chairman. The health care system includes: the public sector Ministry of Health (MoH), Ministry of Health Royal Medical Services, public university hospitals, Jordan Food and Drug Administration, the private sector and the charitable and international sector, including United Nations Relief Agency for Palestine Refugees in the Near East (UNRWA). Primary health care (PHC) services are provided mainly by the MoH, charitable and international sectors. Secondary and tertiary services are provided by the MoH along with other governmental and private sectors.

Health services in Jordan are accessible with high coverage at approximately 12 health centres per 100 000 persons. The average patient travel time to the nearest health centre is 30 minutes, and the accessibility level is estimated at 97%. The average number of hospital beds is 19 per 10 000 persons. The public sector provides heavily subsidized services, including essential medicines and free primary health care services, such as maternal and child health, immunization and school health services. The human resources for health to population ratio is reasonable and in 2006 there were 24.5 physicians, 7.6 dentists, 29.4 nurses and 12.9 pharmacists per 10 000 persons.

Sources of health expenditure are private, public and donor. While the Government remains a large provider of health services, its role in health financing has declined. In 2006, the Ministry of Health budget was 6.1% of the Government's total budget. Total expenditure on health was 9.8% of gross domestic product (GDP) corresponding to US\$ 240.30 per capita. Currently, 65%–75% of the Jordanian population is covered by health insurance (civil, military, UNRWA or private). Children under six years of age, blood donors,



the poor and people with physical disabilities are covered by civil health insurance.

Reproductive health

The second reproductive health action plan has been recently drafted. It aims to contribute to the national health strategy objective to reduce the total fertility rate in Jordan to 2.1 by 2020. During the last four years, a budget line for reproductive health and family planning was included in the MoH budget in response to the USAID plan to phase out support for the provision of contraception. Additional funding over two years was provided with an extra budget allocated to improving reproductive health services.

Reproductive health and family planning services are integrated into primary health services and provided through primary health care facilities and hospitals across the country (Table 1). The MoH maternal and child health centres provide antenatal, postnatal, birth spacing, child health, breastfeeding and immunization services by trained and qualified health care providers. Increased family planning use, especially modern methods, has played a major role in fertility decline. Almost 41.9% of married women of reproductive age use modern contraceptive methods. The unmet need for contraception and the discontinuation rate of family planning methods are declining; however they are still a challenge for the family planning programmes.



The infant mortality rate is 22 per 1000 live births and the under-5 mortality rate is 27 per 1000 live births (Demographic and Health survey 2002), with respiratory and diarrhoea illnesses as the major causes of mortality. There has been a progressive improvement in maternal health coverage, with almost 98.6% of pregnant women receiving antenatal care from a health professional and 99.5% of deliveries attended by a health

professional. In 1996 the maternal mortality ratio was 41 per 100 000 live births, with hypertensive disorders, haemorrhage, obstructed labour and infection as leading causes of maternal death.

In 2007, the Higher Population Council began to conduct a study on maternal mortality and morbidity and the results of the study are expected in 2009.