

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.