

# Landscape analysis of family planning research, programmes and policies targeting young people in Jordan: stakeholder assessment and systematic review

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## Abstract

**Background:** Reaching married and unmarried young people in Jordan with family planning information and services is a priority, especially considering Jordan's large refugee populations. To date, dissemination of family planning research and programmatic experience targeting young people in Jordan has been limited.

**Aims:** This study aimed to provide in-depth information on family planning intervention programmes, research and policies in Jordan that focus on young people aged 10–24 years.

**Methods:** Data were gathered through a systematic review of peer-reviewed and grey literature related to reproductive health of young people, and focus groups discussions with stakeholders from 18 relevant governmental and nongovernmental organizations.

**Results:** The literature review included 37 documents produced since 2008, which provide information at the individual, family/community, service delivery and policy levels. Young people in Jordan have limited knowledge of family planning methods and where to obtain family planning services. Little information is available on the availability of family planning services for young people. Several policy documents discuss family planning and reproductive health of young people in Jordan. Focus group discussions identified opportunities to integrate services and strengthen the development of future policies.

**Conclusions:** The results of this study highlight key lessons learnt, opportunities for interventions and research gaps related to family planning among young people in Jordan. More attention should be paid to understanding and meeting the needs of Jordan's most vulnerable populations of young people, including urban refugees and married adolescents, especially as these populations continue to grow. Future programmes should build from past evidence and explore new areas and interventions.

Keywords: adolescents, youth, reproductive health, family planning services, Jordan

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## Introduction

Preventing unintended pregnancy among young people is a global priority. Targeting young people in Jordan with family planning information and services is complicated by the conservative social context that prohibits sexual activity outside of marriage; however, many young women in Jordan remain at risk of early and unintended pregnancy (1,2). While most sexual activity occurs within marriage, a study in Jordan found that 7% of university students reported premarital sexual activity, although data are limited (3). In recent years, marriage of women younger than 18 years has increased in Jordan from 13.7% to 18.1% (4). High pregnancy rates have been seen in married adolescents (5), and sexual assault and rape are a concern, especially among refugees (6).

The large influx of refugees in Jordan has stretched its limited health resources. Young people constitute

large proportions of Jordan's refugee populations. About 30% of Jordan's population is non-Jordanian and includes populations from across the Middle East. Only 16% of the 1.2 million Syrian refugees in Jordan live in official camps (7); those outside of camps are younger, poorer and less educated (8). More than 2 million registered Palestinians and 66 000 to 150 000 Iraqi refugees live in Jordan (9,10).

To date, there has been limited dissemination and collation of existing family planning research and programmatic experience among young people in Jordan between the ages of 10 and 24 years. Therefore, we aimed to (i) review and synthesize information from existing research and programmatic experiences that address family planning in young people in Jordan; (ii) examine which existing policies facilitate the provision of youth-friendly family planning services and which produce barriers, and; (iii) identify gaps in the research, policy

and programmatic environments that could strengthen the provision of youth-friendly family planning services in Jordan and increase family planning use among young people.

Our findings will serve as a resource for policy-makers and programme managers in Jordan and elsewhere in the Middle East in order to inform programme design and strategy development by documenting the current evidence base, past programmatic experiences, and existing policy environment, while identifying key gaps and opportunities.

## Methods

We undertook a literature review of published and unpublished research, programmatic reports, and policy papers that address family planning in young people in Jordan, and conducted focus group discussions with key informants in the fields of research, policy and practice related to young people.

### Systematic literature review

Academic and peer-reviewed documents were obtained through structured searches on PubMed®, JSTOR, Embase, MEDLINE®, Web of Science, CINAHL and Google Scholar. Our search terms included combinations of the following terms: family planning, reproductive health, birth spacing, contraceptive, fertility, unmet need and Jordan. We did not include terms related to youth because we wanted to find all studies that had our age range of interest regardless of whether the authors identified youth as a focus, given the sensitivity of the topic.

We accessed non-academic literature using four approaches: (i) searches of grey literature databases (OpenGrey, PopLine, USAID Development Experience Clearing House and Knowledge4Health), (ii) Internet searches, (iii) website review and (iv) consultation with experts. Hard-copy only documents were obtained by personal contact with organizations active in family planning in Jordan.

Documents were included if they focused on young people aged 10–24 years and on family planning, were published after 2008 in Arabic or English, and were conducted in Jordan. The year 2008 was selected as the cut-off to ensure current contextual relevance. Two researchers screened and reviewed each record for eligibility. Consensus was reached to identify a final list of relevant documents.

### Focus group discussions

Four focus group discussions were conducted with key informants representing 18 organizations between August and September 2018. Key informants were identified through consultation with local experts and snowball sampling. Selection criteria for participation was based on an individual's expertise in the topic and/or experience working on family planning- or youth-related issues. The following organizations were represented: Ministry of Education, Ministry of Youth, Nation-

al Council for Family Affairs, National Committee for Women's Affairs, Ministry of Health, Higher Population Council, Higher Health Council, United Nations High Commissioner for Refugees (UNHCR), United Nations Population Fund (UNFPA), United States Agency for International Development (USAID), Institute for Family Health, Royal Health Awareness Society, Jordanian Association for Family Planning and Protection, Jordanian Communication, Advocacy and Policy Project, Health Service Delivery Project, Women Helping Women, Jordan Hashemite Charity Organization, and National Women's Comprehensive Health Centre. Discussion centred on past programmatic experience, existing policies, barriers and challenges to providing services for young people, and recommendations to strengthen existing policies and programmes.

### Data analysis

The social ecological model was used as a guiding framework for this analysis (11). Data from the literature review were abstracted and synthesized as being either directly pertinent to youth, indirectly relevant to youth (i.e. youth were included as part of the overall study population, but not considered a specific target population), or applicable to the supportive environment, which included peers, family, school, community, and the service delivery, policy, and legal environments. For the analysis of qualitative data from the focus group discussions, the discussions were recorded, transcribed and thematically coded by two coders. Data were coded according to a priori themes based on the focus group discussion guide at the different levels of the ecological model (individual, family/community, service delivery and policy levels). The coders then inductively examined each level for emergent subthemes.

### Ethical considerations

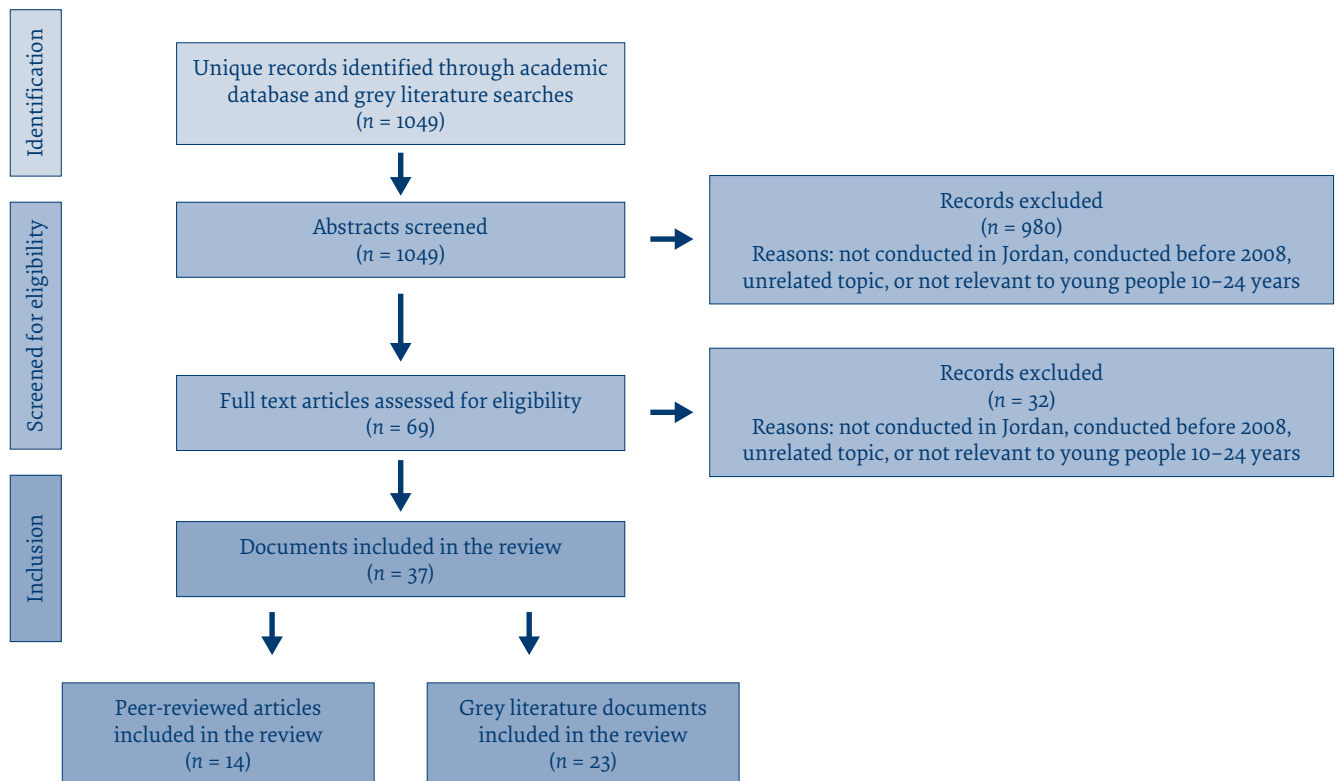
This study was approved by the institutional review boards of Harvard T.H. Chan School of Public Health (approval number: 18-0427) and University of Jordan School of Nursing.

## Results

### Literature review

We identified 1049 records, of which 37 documents were included as shown in the flow chart (Figure 1). Fourteen of the 37 documents were in peer-reviewed journals and 23 were retrieved from the grey literature (Table 1, available online at: ...). Fifteen documents specifically focused on young people, 16 included young people within the overall study population, programme or policy, and 15 documents targeted other levels of the ecological model in ways that were relevant to young people. Based on ecological level, the themes derived from the literature review include knowledge, attitudes and practices related to family planning in young people within a social context, the health service delivery environment and the policy landscape. Box 1 gives a summary of the key find-

**Figure 1** Flow chart outlining the screening process to identify documents in peer-reviewed and grey literature on youth family planning and reproductive health in Jordan



ings and recommendations from the literature review to improve family planning programming targeting young people in Jordan.

### **Family planning: knowledge, attitudes and practices**

Most of the research related to the family planning knowledge, attitudes and practices of young people in Jordan comes from secondary analysis of existing datasets (i.e. the Jordan Population and Family Health Surveys), relatively small project-based surveys and qualitative data from focus group discussions that are integrated in service delivery programmes. Few studies include unmarried young people and refugee young people outside of camps.

Jordanian, Syrian and Iraqi young people living in Jordan have limited knowledge of contraceptives (5,18,48), especially younger adolescents. In one study, nearly half of the women aged 15–19 years and 15.9% of women between 20 and 24 years did not know if modern or traditional family planning methods, such as withdrawal or periodic abstinence, were more effective (5). A study in Syrian refugees and two studies in Iraqi refugees found that knowledge of specific methods of family planning was almost non-existent among the young people in both populations (2,18,48).

Misinformation and concerns over negative side-effects of using family planning are especially prominent

among younger women. Married women between 15 and 24 years reported that concern about future fertility was one of the main reasons for not using a method (5,21,42). Similar concerns have been found among young Iraqi and Syrian refugees in Jordan (48,23).

Contraceptive use in young people in Jordan is low. Analysis of data from the 2012 Jordan Population and Family Health Survey found that 72.5% of married adolescents between 15 and 19 years were not using contraception (21). Unmet need for family planning was high; of the 40% of married adolescent girls who did not want a child in the next 2 years, only 35.2% were using a contraceptive (21). Pills and the lactational amenorrhoea method were the most commonly used modern methods among adolescent girls aged 15–19 years (11.4% and 4.1% of users, respectively). Half of all users in this age group were using a traditional method (21). Use of family planning was lower in married adolescents than older young people; 18.3% of women between 15 and 19 years used contraception compared with 40.1% of women aged 20–24 years (5). One study found that 6.5% of married Iraqi adolescents living in Amman between 15 and 24 years were using a method of contraception (2). Many young people indicated that social pressure to begin childbearing immediately after marriage is one of their main reasons for not using family planning (5,42).

Social expectations limit the role of men in family planning. One survey found that 70% of women aged

**Table 1 Summary of peer-reviewed and grey literature published between 2008 and 2018 related to family planning among young people in Jordan**

Authors	Year	Title	Ecological level of focus	Population and sample size	Study design/document description	Key results
Alkour A, et al. (12)	2018	Impact of a pharmacist-provided information booklet on knowledge and attitudes towards oral contraception among Jordanian women: an interventional study	Youth; supportive environment	160 married women; 33 were 18–25 years	Design: randomized intervention study with pre and post measurements. Purpose: to assess the impact of a booklet on awareness and knowledge of oral contraceptive pills	Change in mean knowledge scores improved and was constant across all age groups
Organisation for Economic Co-operation and Development (13)	2018	Youth well-being policy review of Jordan	Youth; supportive environment	Not applicable	Design: Cross-sectoral policy analysis	<ul style="list-style-type: none"> <li>• Reproductive health of young people has secondary position in the Government of Jordan's policy agenda. International organizations fill the gap</li> <li>• Current policies mention need to provide youth-friendly RH services, but no steps towards implementation have been defined</li> <li>• The National Reproductive Health/Family Planning Strategy (2013–2017) does not define young people as a population segment with specific needs, and focuses on three general priorities</li> <li>• Awareness-raising programmes do not target adolescents under 18 years because of cultural constraints</li> </ul>
Clark CJ, et al. (14)	2017	The influence of family violence and child marriage on unmet need for FP in Jordan	Youth	Used Jordan Population and Family Health Survey. Included women 15–49 years stratified by marriage before 18 years or not. No age-disaggregated provided	Design: secondary analysis, observational study. Purpose: to examine the association between intimate partner violence, family violence and unmet need for FP	Women who were married between the ages of 15 and 18 years may be especially vulnerable to having unmet need for FP as women in this age group are less likely to use contraception, have lower autonomy and experience intimate partner violence.
Spindler E, et al. (15)	2017	Jordan's 2002 to 2012 fertility stall and parallel USAID investments in family planning: lessons from an assessment to guide future programming	Supportive environment	Used multiple data sources, including 30 project reports, 42 external studies and evaluations and 11 project briefs, as well as key informant interviews	Design: programme and policy review. Purpose: to examine the factors that contributed stalls in fertility and modern contraceptive use, the projects USAID supported and their impact, and programme insights gained to guide future programming	<ul style="list-style-type: none"> <li>• No results specific to youth but extensive overview of policy and programmatic environment</li> <li>• Jordan's limited method mix, combined with strong sociocultural determinants around reproduction and fertility desires, have contributed to low contraceptive use in Jordan</li> <li>• Challenges to improved use of FP services include limited government investments in FP programmes, influential service provider behaviour and biases that limit informed choice and counselling, strong, pervasive social norms of family size and fertility, and limited availability of different contraceptive methods</li> </ul>

**Table 1 Summary of peer-reviewed and grey literature published between 2008 and 2018 related to family planning among young people in Jordan (Continued)**

Authors	Year	Title	Ecological level of focus	Population and sample size	Study design/document description	Key results
Samari G (6)	2017	Syrian refugee women's health in Lebanon, Turkey, and Jordan and recommendations for improved practice	Youth; supportive environment	Not applicable	Design: Literature review focused on Syrian refugees and women's health between 2011 and 2016 (also included Turkey and Lebanon). Purpose: to examine Jordan's response to Syrian refugee women's health and provided recommendations	<ul style="list-style-type: none"> <li>• Focused primarily on refugees in camps</li> <li>• Baseline results show that Syrians had more concerns about effectiveness of FP method and side-effects than Jordanians</li> <li>• Syrian women were displeased with the quality of RH care provided to them and the limited/overstretched services.</li> <li>• In camps, prostitution, rape and forced underage marriages were very common</li> <li>• In 2014, 11% of deliveries were in girls under 18 years. These girls were four times less likely to use FP</li> <li>• Cost was a barrier to refugee women seeking care outside of camps</li> <li>• Recommend including men in RH information</li> <li>• Need to integrate mental health services with RH services</li> </ul>
Higher Population Council (16)	2016	Reproductive health services among Syrians	Youth; supportive environment	572 male and female Syrian refugees living outside of camps (including young people 12-24 years). Key informants from health services organizations	Design: cross-sectional survey and focus groups. Purpose: to measure satisfaction with health services	<ul style="list-style-type: none"> <li>• Young people reported intermediate satisfaction with health services. They were most satisfied with pre-marital testing</li> <li>• Most of the women noted that the centres were located far from their residences, were overcrowded, and lacked needed medical specialists in the areas served</li> <li>• Most of the young people of both sexes (aged 12-24 years) said that poor treatment by health care workers at the centres was an important disincentive to seeking this type of medical care</li> <li>• The need for identification cards was a significant barrier.</li> </ul>
Jordan Communication Advocacy and Policy Activity (17)	2016	Family planning among Syrian refugees living in Jordan	Youth; supportive environment	Not applicable	Design: document review; secondary analysis of family planning knowledge data. Purpose: to describe family planning policies pertinent to and knowledge among Syrian refugees living in Jordan	<ul style="list-style-type: none"> <li>• Provides detailed review of policy changes to government fee structures for Syrian refugees relevant to FP</li> <li>• Unmarried Syrian and Jordanian young people had very low levels of knowledge about modern contraceptive methods</li> <li>• Mainly focused on camps</li> </ul>
Jordan Communication Advocacy and Policy Activity (18)	2016	Exploring gender norms and family planning in Jordan: a qualitative study	Youth	Four key target groups: married men (18-60 years); married women (18-49); and unmarried male and female youth (18-24) for a total of 408 participants in 42 focus group discussions. Key target groups further split into subgroups by nationality (Jordanian and Syrian)	Design: Focus group discussions. Purpose: to assess how gender roles and perceptions, in conjunction with religious and cultural norms, affect FP in terms of beliefs, attitudes and practices	<ul style="list-style-type: none"> <li>• Unmarried male and female young people lacked sufficient knowledge and awareness of FP methods and said that they would benefit from FP educational programmes to help them make informed decisions on FP and method used</li> </ul>



**Table 1 Summary of peer-reviewed and grey literature published between 2008 and 2018 related to family planning among young people in Jordan (Continued)**

Authors	Year	Title	Ecological level of focus	Population and sample size	Study design/document description	Key results
Jordan Evidence-Based Medicine/Reproductive Health (JEBM/RH) Group (19)	2016	The best evidence on family planning methods and practices	Supportive environment	Not available	Purpose: to describe an intervention to improve evidence-based practices among FP providers	<ul style="list-style-type: none"> <li>• Current barriers to uptake include lack of up-to-date information as well as a range of misconceptions by providers</li> <li>• These misconceptions are greatest for hormonal contraceptive methods which include oral contraceptive pills, injectable contraceptive and implants</li> </ul>
West L, et al. (20)	2016	Factors in use of family planning services by Syrian women in a refugee camp in Jordan	Youth	16 married Syrian women in camps aged 18–35 years	Design: qualitative study using in-depth interviews. Purpose: to assess factors that influence use of FP services by women in camps	<ul style="list-style-type: none"> <li>• Younger women reported wanting to have more children, thus not discussing FP</li> <li>• Cultural norms, such as concerns over fertility and pressure to begin childbearing immediately after marriage, limited FP uptake among younger participants</li> <li>• Mostly older women accessed FP services in camps; majority of participants did not access FP</li> <li>• Information on and awareness of FP was limited for all participants</li> </ul>
World Health Organization (21)	2016	Adolescent contraceptive use: data from the Jordan population and family health survey, 2012	Youth	Used Jordan Population and Family Health Survey, 2012	Design: secondary analysis, observational study. Purpose: to examine contraceptive use among adolescents in Jordan	<ul style="list-style-type: none"> <li>• High unmet need among married adolescents: 39.1% of married adolescent girls reported not wanting a child in the next 2 years, but only 35.2% were currently using any method to prevent pregnancy</li> <li>• The main reasons for not using a FP method include: breastfeeding (42.9%), fear of side-effects or health concerns (29.5%), menses had not returned after giving birth (26.7%)</li> <li>• Of all married adolescent girls 15–19 years, 72.5% were not using a method of contraception.</li> <li>• Pills and lactational amenorrhea were the most common modern methods used (11.4% and 4.1% of these adolescent girls, respectively). Use of the traditional method of withdrawal was high.</li> <li>• Most adolescent girls obtained FP services from the private sector (38%) or pharmacy (32%)</li> </ul>
Jordan Communication Advocacy and Policy Activity (5)	2015	Knowledge attitudes and practices toward family planning and reproductive health among married women of reproductive age in selected districts in Jordan	Youth	408 male and female participants (Jordanian and Syrian); married women and men, and unmarried young people 18–24 years (108 females, 80 males)	Design: qualitative design using focus group discussions. Purpose: to explore how gender roles and perceptions in conjunction with religious and cultural norms, affect FP in terms of beliefs, attitudes and practices.	<ul style="list-style-type: none"> <li>• Young people (especially unmarried) lacked knowledge and awareness of modern FP methods</li> <li>• Half of the unmarried Jordanian and Syrian male and female young people said that discussing FP was important between spouses</li> <li>• Male and female young people expressed a need for formal classes or training on FP</li> </ul>

Table 1 Summary of peer-reviewed and grey literature published between 2008 and 2018 related to family planning among young people in Jordan (Continued)

Authors	Year	Title	Ecological level of focus	Population and sample size	Study design/document description	Key results
Underwood C, et al. (22)	2014	Friday sermons, family planning and gender equity attitudes and actions: evidence from Jordan	Youth; supportive environment	375 religious leaders and 857 mosque attendees. Sample of mosque attendees included young people 18–24 years. No age disaggregated data provided	Design: baseline/endline quasi-experimental (with control site) intervention study. Purpose: to assess the effects of a health communication programme targeting religious leaders	<ul style="list-style-type: none"> <li>Religious leaders had higher RH and FP knowledge after the intervention.</li> <li>Mosque attendees who recalled a FP message were significantly more likely to take FP-related action (such as initiated use of or talked to a partner)</li> </ul>
Krause S, et al. (23)	2013	Reproductive health services for Syrian refugees in Zaatri refugee camp and Irbid city Jordan: an evaluation of the Minimum Initial Service Package March 17-22 2013	Youth	11 key informant interviews with programme directors, coordinators and managers working in RH in response to Syrian refugees in Jordan. Health facility assessment included 5 health facilities in Zaatri camp, 1 hospital in Mafraq city and 7 facilities in Irbid. Focus group discussions with women 18–24 years but no age-disaggregated sample size information was provided	Design: multimethod assessment with key informant interviews, facility assessments and focus group discussions. Purpose: to examine to what extent services with the minimal initial service package were in place for Syrian refugees living in Jordan in order to improve the emergency response and meet the RH needs of the refugees	<ul style="list-style-type: none"> <li>Refugee women and adolescent girls had a negative perception of clinical services</li> <li>At Zaatri camp, all facilities were open and convenient for adolescent females. None of the 5 facilities visited provided RH outreach services. In Irbid, unmarried women or girls could attend most clinics, but they would not be provided with contraceptives</li> <li>Of the 8 groups in Zaatri, women in only 3 knew of adolescent centres in the camp. Of the women that knew about centres, they were unclear as to whether the centres offered RH services. In Irbid, most women were not aware of any centres for adolescents.</li> <li>Women were attracted to centres as they taught life skills and offered recreational activities in addition to giving RH lectures.</li> <li>At Zaatri camp, male condoms were to be in stock but female condoms were not available. Women expressed concerns about asking for condoms.</li> <li>In facilities in Irbid, condoms were not supplied to unmarried women in most clinics but men could buy condoms from pharmacies. Regardless of age, most participants knew you could find condoms at the pharmacy but the condoms were not usually free. One young woman did not know what condoms were.</li> <li>Health care services were perceived to be insufficient or of poor quality. Common problems included long wait lines, disrespect by health care providers and cost of transportation</li> </ul>
Higher Population Council (1)	2013	National reproductive health/family planning strategy 2013–2017	Supportive environment	Not applicable	National policy document	<ul style="list-style-type: none"> <li>The strategy considers young people as key players in awareness, services and policies</li> <li>Includes a review of ongoing projects and activities implemented by donor agencies</li> <li>Includes reaching young people with FP information to change community norms through awareness-raising activities targeting schools, universities, mosques, churches, youth communities and local community leaders</li> </ul>

**Table 1 Summary of peer-reviewed and grey literature published between 2008 and 2018 related to family planning among young people in Jordan (Continued)**

Authors	Year	Title	Ecological level of focus	Population and sample size	Study design/document description	Key results
Kamhawi S, et al. (24)	2013	Client-centered counseling improves client satisfaction with family planning visits: evidence from Irbid, Jordan	Youth	352 married/engaged women 15–49 years in Irbid	Design: FP client exit survey. Purpose: to examine whether client-centred counselling is associated with better client satisfaction	<ul style="list-style-type: none"> <li>No age disaggregated data</li> <li>Client satisfaction was associated with use of the counselling protocol focused on client-centred counselling</li> </ul>
O'Hara K, et al. (25)	2013	Experiences of intimate-partner violence and contraception use among ever-married women in Jordan	Youth	3434 women between 15 and 49 years	Design: cross-sectional study; secondary analysis of JFHS data. Purpose: to explore association between experiences of intimate partner violence and use of any form of contraception	<ul style="list-style-type: none"> <li>No age disaggregated data</li> <li>Older women were more likely to use contraception than younger women</li> <li>Women who reported severe physical violence were less likely to use contraception than women who did not experience such violence</li> <li>Women who experienced sexual violence were more likely to use contraception</li> </ul>
Underwood C, et al. (26)	2013	Religious leaders gain ground in the Jordanian family-planning movement	Supportive environment	136 religious leaders at baseline, 115 at endline	Design: baseline/endline intervention study with self-administered questionnaire. Purpose: to assess the effect of a training programme on knowledge of and attitudes to family welfare topics – specifically FP and RH	<ul style="list-style-type: none"> <li>Religious leaders had higher knowledge of the dangers of pregnancy in women under of 20 years</li> <li>Religious leaders were more supportive of birth spacing messages for maternal health after the intervention</li> </ul>
Cetorelli V, et al. (27)	2012	Is fertility stalling in Jordan?	Youth	Used Jordan Population and Family Health surveys from 1997 to 2009	Design: secondary analysis observational study. Purpose: to examine patterns in fertility from 1997 to 2009 and to review FP policy	<ul style="list-style-type: none"> <li>Percentage of women between 15 and 19 years who had never been married, and percentage of married women between 15 and 19 years using contraception increased between 1997 and 2009</li> <li>In 2009, 27% of married women 15–19 years and 43% of married women 20–24 year used contraceptives</li> <li>Fertility peaked around 25–29 years</li> </ul>



Table 1 Summary of peer-reviewed and grey literature published between 2008 and 2018 related to family planning among young people in Jordan (Continued)

Authors	Year	Title	Ecological level of focus	Population and sample size	Study design/document description	Key results
Hamza S (28)	2012	Long-acting hormonal contraceptives: without them, Jordan will not meet the population development goals	Supportive environment	Not available	Design: assessment of Ministry of Health service statistics. Purpose: to examine whether a team of stakeholders focused on expanding contraceptive implants increased availability at facilities	<ul style="list-style-type: none"> <li>Preliminary results suggest that contraceptive implants are available and in use by clients in 40% of hospitals and 10% of health centres.</li> <li>Before the start of the programme, only 10% of hospitals and less than 4% of health centres provided contraceptive implants.</li> </ul>
Jordan Health Communication Partnership (29)	2012	Evaluation of the Arab Women Speak Out (AWSO) Initiative – 2nd Tier (phase I) – in Irbid Governorate, Jordan, 2011	Youth	408 women, 20.8% between 15 and 24 years	Design: post-test, non-equivalent control group. Purpose: to increase information about FP through distribution of flash cards	<ul style="list-style-type: none"> <li>No age disaggregated data</li> <li>76% recalled messages related to women's role in making family-related decisions</li> <li>90% recalled messages about benefits of FP; 94% in treatment vs 74% in control group reported positive attitudes to modern contraceptives</li> <li>90% indicated that they would convey messages about delaying marriage until the age of 18 years for women for a happy, healthy life</li> </ul>
Jordan Health Communication Partnership (30)	2012	Evaluation of the Arab Women Speak Out (AWSO) Initiative – 2nd Tier (Phase II) – in Irbid Governorate, Jordan, 2012	Youth	408 women, 26.5% between 15 and 24 years	Design: post-test, non-equivalent control group. Purpose: to increase information about FP through distribution of flash cards	<ul style="list-style-type: none"> <li>No age disaggregated data</li> <li>92% in treatment arm vs 74% in control arm reported positive attitudes to FP</li> </ul>
Jordan Health Communication Partnership (31)	2012	Evaluation of the <i>hayati</i> altha film in the Civil Status and Passports Department (CSPD) Offices Jordan – 2012	Youth	Visitors to the Civil Status and Passports Department, 3.8% under 20 years and 28.9% between 21 and 30 years	Design: post-test, intervention study. Purpose: to target new parents with information on FP and RH with a film	<ul style="list-style-type: none"> <li>No age disaggregated data</li> <li>Small improvements in FP knowledge and attitudes</li> <li>Most viewers thought that the video should be present in all offices of the Civil Status and Passports Department</li> </ul>
Lilleston P (32)	2012	Planning for Life Phase 2: Evaluation Report	Youth	Out-of-school young people between 15 and 24 years (number not provided)	Design: pre- and post-intervention survey. Purpose: to integrate RH and FP into development programmes for young people	<ul style="list-style-type: none"> <li>The intervention significantly improved RH information and attitudes in participants</li> <li>Implementing partner was surprised how receptive Jordanian young people were to the intervention</li> </ul>

**Table 1 Summary of peer-reviewed and grey literature published between 2008 and 2018 related to family planning among young people in Jordan (Continued)**

Authors	Year	Title	Ecological level of focus	Population and sample size	Study design/document description	Key results
Shakhathreh F (33)	2012	Family planning in women of childbearing age in disadvantaged south Jordan	Youth; supportive environment	816 women 15–49 years	Design: randomized household survey. Purpose: to investigate current use of FP methods among Jordanian women, intention to use FP, faith in health services, and suggestions to improve health services	<ul style="list-style-type: none"> <li>No age disaggregated data presented</li> <li>Main reasons for not currently using FP were: want more children, disapproval of the use of FP, refused by husband to use FP, and side-effects</li> <li>Use of FP methods increased with increasing parity, level of education and age (until 40 years)</li> <li>26.8% of women had no faith in the Ministry of Health services. Bad doctor–patient communication was the main reason (47.3%) followed by lack of health care providers (10.9%)</li> <li>Women suggested providing and training health care providers and improving doctor–patient communication</li> </ul>
Connelly M (2)	2011	Baseline study: documenting knowledge attitudes and practices of Iraqi refugees and the status of family planning services in UNHCRs operations in Amman Jordan	Youth	Household survey: 407 households (14.8% of the respondents were between 15 and 19 years, 32.2% were between 20 and 29 years). Focus groups: Three groups of unmarried girls 15–19 years, and three groups of unmarried boys 15–19 years	Design: mixed methods cross-sectional study; household survey and focus group discussions. Purpose: to document knowledge, beliefs, perceptions and practices of refugees related to FP services	<ul style="list-style-type: none"> <li>Very limited RH knowledge among adolescents 15–19 years, largely due to cultural norms that prohibit sex between unmarried people</li> <li>Very few young people had heard of emergency contraception or female condoms.</li> <li>Of the 407 households, 6.57% of women 15–24 years were using FP methods</li> <li>Most common concern in women 15–24 years who wanted to limit or space births was related to fertility</li> <li>Boys and girls 15–19 years would seek RH information from their parent first</li> <li>Participants thought that sexual activity in adolescents was rare, but happened sometimes; sometimes sex was transactional in nature</li> <li>An unmarried pregnant girl would bring shame on her family and would be at risk of honour killing or forced marriage</li> </ul>
Jordan Health Communication Partnership (34)	2011	Evaluation of the consult and choose initiative in Zarqa Governorate, Jordan, 2011	Youth	6.7% of the sample were young people under 20 years and 44.7% were between 21 and 30 years	Design: post-test, exit survey. Purpose: to evaluate the effect of training programmes for health providers including posters, wall charts and client cue cards in maternal and child health centres	<ul style="list-style-type: none"> <li>No age disaggregated data</li> <li>Most participants saw the poster, found it helpful and were satisfied with the intervention</li> </ul>
Jordan Health Communication Partnership (35)	2011	Evaluation of the Arab Women Speak Out (AWSO) Initiative in Irbid Governorate, Jordan, 2011	Youth	472 women, 35.2% aged 18–29 years	Design: intervention study; pre-test/post-test non-equivalent control group. Purpose: to evaluate the effect of group discussion to discuss health-related needs	<ul style="list-style-type: none"> <li>No age disaggregated data</li> <li>Participants had improved attitudes to birth spacing, longer pregnancy intervals, associating FP with birth spacing rather than birth control</li> </ul>

Table 1 Summary of peer-reviewed and grey literature published between 2008 and 2018 related to family planning among young people in Jordan (Continued)

Authors	Year	Title	Ecological level of focus	Population and sample size	Study design/document description	Key results
Jordan Health Communication Partnership (36)	2011	Evaluation of the consult and choose initiative in Irbid Governorate, Jordan, 2011	Youth	472 men and women, 1.7% under 20 years and 52.9% between 18 and 29 years	Design: post-test exit survey. Purpose: to evaluate the effect of a provider training programme including posters, wall charts and client cue cards in maternal and child health centres	<ul style="list-style-type: none"> <li>No age disaggregated data</li> <li>80% of women who saw the video recalled messages about FP methods</li> <li>The client counseling materials used as part of the were associated with patient satisfaction</li> </ul>
Jordan Health Communication Partnership (37)	2011	Evaluation of the Arab Women Speak Out (AWSO) Initiative in Zarqa Governorate, Jordan, 2009–2010	Youth	919 men and women, 23.0% between 18 and 29 years	Design: Pre-test/post-test, non-equivalent control group. Purpose: to evaluate the effect of participatory exercise to discuss health-related needs	<ul style="list-style-type: none"> <li>Younger respondents were more likely to report positive attitudes to the use of FP in the future than older respondents</li> </ul>
Jordan Health Communication Partnership (38)	2010	Evaluation of the “mabrouk II: you’ve become a mother and a father” initiative	Youth	1217 men and women, no age data provided	Design: post-test. Purpose: to evaluate the effect of FP material distributed to newlyweds at the Civil Status and Passport Department	<ul style="list-style-type: none"> <li>No age disaggregated data</li> <li>Mean age of the women was 24.7 years</li> <li>The material had a positive effect on knowledge of and attitudes to FP and birth-spacing</li> </ul>
Al-Awaki N (39)	2010	Private sector project for women’s health evaluation report: evidence-based medicine (EBM) for family planning program	Supportive environment	180 private sector FP providers in Jordan	Design: pre- and post- intervention study. Purpose: to improve knowledge of, and attitudes and practices to combined oral contraceptives through evidence-based medicine round tables	<ul style="list-style-type: none"> <li>At baseline, correct knowledge and prescribing practices about combined oral contraceptives were poor</li> <li>The intervention increased the per cent (from 78% to 92%) of providers willing to prescribe combined oral contraceptives to a newly-married 21-year-old who wished to delay childbirth</li> <li>Female providers were more willing than male providers to prescribe combined oral contraceptives to a newly-married, young women who wished to delay childbirth</li> </ul>
Khalaf I, et al. (40)	2010	Youth-friendly reproductive health services in Jordan from the perspective of the youth: a descriptive qualitative study	Youth; supportive environment	60 participants (27 males and 33 females) between 12 and 18 years	Design: qualitative study using focus group discussions. Purpose: to identify RH services that young people need, identify problems young people encounter when accessing RH services, and explore their perceptions of youth-friendly services	<ul style="list-style-type: none"> <li>Male and female participants were confused about what RH meant and could not identify key components</li> <li>Most participants did not know that RH services were available</li> <li>Participants wanted services but would be afraid to access them because of fears over acceptance by community members</li> <li>Barriers to using services included problems in accessing services because of distance and poor organization of health services (crowded, dirty)</li> <li>Participants reported poor treatment by providers at health services and poor quality of services; but participants said they had never used RH services</li> <li>Participants wanted a health centre only for young people, with suitable hours, visual aids, and providers able to give correct information in creative ways and be respectful</li> </ul>

**Table 1 Summary of peer-reviewed and grey literature published between 2008 and 2018 related to family planning among young people in Jordan (Concluded)**

Authors	Year	Title	Ecological level of focus	Population and sample size	Study design/document description	Key results
Abel E. (41)	2009	Jordan's reproductive health policy environment score: measuring the degree to which the policy environment in Jordan supports effective policies and programs for reproductive health	Youth; supportive environment	Used data from the policy environment score assessments in 1997, 2000 and 2008	Design: longitudinal descriptive study. Purpose: to measure the degree to which the policy environment supports RH	<ul style="list-style-type: none"> <li>The number of policy formulation, organization, and programme components increased greatly between 2000 and 2008 for adolescent FP and RH</li> <li>Political support and resources for adolescent FP and RH declined considerably</li> <li>The policy environment for adolescents is weak and has remained so since 2000</li> </ul>
Health Communication Partnership (42)	2008	Motivating healthy timing and spacing of pregnancies – lessons from the field	Youth	12 focus group discussions with women and men of reproductive age who had at least one child under 5 years to understand social norms and perceived barriers to birth spacing	Design: qualitative study. Purpose: to understand how to motivate mothers and communities to adopt safe birth intervals	<ul style="list-style-type: none"> <li>No specific age disaggregated data presented</li> <li>Childbearing was the main expectation for and by couples</li> <li>FP was more problematic than birth spacing</li> <li>Barriers to birth spacing include family and community pressure, desire for male heirs, woman's late age at marriage, and poor knowledge of contraception and fear of side-effects</li> <li>Motivators for spacing births included high cost of living, desire to give attention to each child, mother and child health, and better quality of life for the couple</li> <li>Respondents suggested entertainment education such as radio and television series, soap operas, testimonials, talk shows, and other entertainment formats to relay messages. Other suggestions concerned policies, educational role of health providers, and improving the quality of services</li> </ul>
Jurdi P. (43)	2008	Unintended pregnancies remain high in Jordan	Youth	Secondary analysis of the Jordan Population and Family Health Survey (2002) including married women 15–19 years and 20–24 years (sample size not provided)	Design: secondary analysis. Purpose: to describe fertility and unintended/mistimed pregnancy in the Jordanian population	<ul style="list-style-type: none"> <li>18% of pregnancies were unintended in women 15–19 years; 26% were unintended in women 20–24 years</li> </ul>
Khalaf I, et al. (44)	2008	Jordanian women's experiences with the use of traditional family planning	Youth	Six focus groups with 51 women of childbearing age (18–44 years) in the northern, central and southern regions of Jordan	Design: qualitative study using focus group discussions. Purpose: to explore the issues and challenges related to the use of traditional FP methods	<ul style="list-style-type: none"> <li>No specific results from young people as no information on participants' age.</li> <li>Pressure to get pregnant immediately after marriage</li> </ul>

FP: family planning, RH reproductive health.

**Box 1: Lessons learnt and opportunities for interventions to improve family planning in young people in Jordan****Individual level**

- Young people in Jordan are interested in sexual and reproductive health topics and are willing to be active participants in research and programmes. As noted in one document detailing the implementation of a reproductive health intervention targeting young people in Jordan, “the taboo nature of reproductive health topics was a concern for the project partner, [but] facilitators and program staff were surprised by the enthusiasm with which youth received the information” (32).
- Interventions that target young people before marriage, such as through premarital counselling, may help to shift attitudes towards family planning and male involvement (18). A young, unmarried Jordanian man indicated, “Of course, family planning concerns both partners and attending workshops on that issue must be compulsory, just like the mandatory pre-marriage blood test” (18). Targeted family planning education for young women and men in Syrian refugee camps could increase family planning uptake by alleviating cultural pressures regarding fertility (20).

**Family and community levels**

- Create a more accepting community environment among parents, community leaders and religious leaders to shift social norms about family planning and encourage young people to seek reproductive health services. Young people regard parents as trustworthy sources of reproductive health information; however, they may not be adequately equipped to effectively fulfil this role. Furthermore, the social expectations related to fertility, gender norms, and contraceptive use for young people in Jordan are reinforced through families, peers and social structures within communities. Interventions designed to support parents as gatekeepers may also be useful across the Middle East in improving reproductive health outcomes in young people (45).
- Entertainment-focused mass media may offer an effective platform through which to reach young people with information on family planning, especially birth spacing (42). Young people recommend the use of social media along with formal classes on issues related to reproductive health (18). Discussing birth spacing rather than family planning may be a more socially and culturally acceptable entry point with young people.
- Include men in sexual and reproductive health and rights information to encourage their positive and supportive participation in their partner’s health.
- Ensure that youth-friendly sexual and reproductive health services are available in communities. These services should be private, confidential and offer high-quality services specifically for young people. Offering a range of integrated and gender-segregated services may increase the acceptability of such centres.

**Policy level**

- Improve laws and policies on early marriage. The intersection between gender-based violence, low family planning uptake and early pregnancy in married adolescents suggests the need to improve enforcement of laws against early marriage and empower girls at risk of early marriage (14).
- Develop and approve a comprehensive sexual and reproductive health policy for young people (17,46) that includes measurable indicators to assess youth-friendly services and a robust monitoring and evaluation plan.
- Introduce mandatory comprehensive sexual education in schools, with a focus on puberty, gender-based violence, intimate relationships, family planning, and the importance of birth spacing and delayed first birth for women’s health (46,47).

15–19 years had not discussed family planning with their husband in the previous 6 months compared with 50.2% of women aged 20–24 years (5). In addition, cultural values and shame limit the degree to which men participate in decisions on reproductive health (18). Despite the restrictive gender norms, many unmarried Jordanian and Syrian young women want their partners involved in family planning, and some young men believe that discussing family planning between partners can strengthen marital relationships (4,18,40).

Other women, television, community events and radio are common sources of family planning information for young Jordanian women (5,40). While many adolescents use the Internet as a primary source of information, they do not think that online sources, including social media, are trustworthy (5,40). Unmarried Iraqi boys and girls aged 15–19 years said they would first approach their mother (for girls) or father (for boys) if they had a question about their reproductive health before turning to other sources (2).

In general, young people in Jordan have limited information on where to obtain family planning services and are concerned over the quality of care. According to data from the 2012 Jordan Population and Family Health

Survey, most adolescent girls aged 15–19 years obtained family planning services from the private sector (38%) or pharmacy (32%) (21). A study conducted in Jordanian adolescents aged 12–18 years found that most of them did not know where to obtain family planning services or they believed that such services were only available for pregnant women (40). Syrian refugees living in camps also had limited knowledge about family planning services available for young people (23). Young people expressed concerns over privacy and confidentiality because of strict social norms governing the sexual behaviour of adolescents. In Zaatri camp, young Syrian women spoke about embarrassment in asking for condoms and feared being overheard by men (23). Jordanian young people are concerned about long waiting times, poorly staffed clinics and poor quality of care. They believe that providers do not take them seriously, do not know what information they need and view their questions as inappropriate (40). A study that included urban Syrian refugees between 12 and 24 years found that poor treatment by health care workers was one of the biggest disincentives to seeking reproductive health services (16).



**Box 2:** Summary of important research gaps related to family planning for young people in Jordan

- Up to 2012, the Jordan Population and Family Health surveys only administered the women's questionnaire to ever-married women (51). To date, there are no nationally representative data on the sexual and reproductive health-related practices, needs and outcomes in never-married women, which is particularly important to understanding the needs of young people.
- No studies were found that focused on family planning or reproductive health issues in Palestinian refugees.
- Most studies in Syrian refugees focused on camp settings. Few data are available on Syrian refugees (especially Syrian young people) living outside of camps and those living in urban settings.
- Very few data were available on the attitudes of service providers to delivering family planning or reproductive health services to young people. Such data would help to better target training for service providers to improve their interaction with young people, dispel myths and misinformation providers may have, and improve the quality of care.
- Parents represent an important opportunity for interventions to improve reproductive health among young people in Jordan. No data were found on parents' concerns about family planning or reproductive health among young people, which could support future intervention design.
- More research should be conducted on ways to make young people's interactions with health facilities more youth-friendly.
- Young men and boys are an important population to engage in research on family planning.

**Health service delivery environment**

Little information is available on the availability of family planning services for young people. While a few facility-based assessments included data on aspects of service delivery pertinent to young people, this research did not have a specific focus on service delivery to young people. The Ministry of Health is piloting youth-oriented services in some women and child health centres, but implementation is not systematic, and the criteria for youth-friendly are still undefined (13). Reproductive health services provided in schools are limited to medical examinations, referrals and awareness-raising campaigns (13). Results from a health facility assessment in Zaatri and Irbid camps found that in Zaatri camp, health facilities were open and services were said to be available to adolescent females, while in Irbid, unmarried women could attend clinics but they would not be provided with contraceptives (23).

A few studies have assessed the quality of family planning services offered to young people in Jordan. An evaluation of family planning counselling at selected public and private clinics noted that many government-run facilities lacked private rooms to offer confidential services (49). Other studies found widespread misconceptions among health professionals about the side-effects of family planning methods used by young people (50). A study of private-sector providers in Jordan found that poor knowledge about the use of combined oral contraceptives by young people negatively influenced prescribing practices, especially among male providers (39).

**Policy landscape**

Several policy documents discussed family planning and reproductive health of young people in Jordan. The national reproductive health policy refers to young people as a cross-cutting priority and seeks to raise young people's awareness of services and policies on reproductive health (1); however, the policy lacks specific indicators and age-disaggregated data (13). The national youth strategy from 2005 to 2009 focused on improving reproductive health services for young people, especially through

information dissemination, premarital medical examination and the provision of youth-friendly services (47). A more recent youth strategy has not been approved, but is currently under development for 2018–2025 (13). A 2008 assessment that focused on the reproductive health policy environment in Jordan highlighted concerns about: legal and regulatory restrictions on what family planning services can be provided to young people; inadequate provider training on how to counsel youth; limited availability of family planning methods; and lack of routine research and data pertaining to young people (41).

Many of the same policy constraints affecting Jordanian young people also apply to young refugees; however, some issues are unique to refugees. A study in 2016 among Syrian refugees in urban areas found that young people between 12 and 24 years reported that a requirement to have an identification card substantially limited their ability to access reproductive health services (16) because most Syrian refugees are still unregistered in Jordan. Syrian refugees are also required to have a health services card to access services at Ministry of Health facilities. In late 2015, the Ministry of Health reduced the fee to obtain a health services card for registered Syrian refugees over 12 years from 30 to 5 Jordanian dinars (equivalent to about US\$ 42 and US\$ 7, respectively) (17). Recent changes in the policy on out-of-pocket payments for health services by refugees have led to confusion and reduced service utilization. Before 2014, registered Syrian refugees were provided with free primary health care at Ministry of Health facilities, including family planning; however, a policy change required that Syrians pay the same rates as uninsured Jordanians. Although family planning services are exempted from charge for uninsured Jordanians, the policy is inconsistently applied to Syrian refugees (17).

**Focus group discussions**

Analysis of the focus group discussions revealed three key themes: (i) a lack of youth-friendly services increases barriers to health services at the individual level, (ii) integration of services may improve social acceptability of family planning services and (iii) policy changes to make

services more accessible for youth as well as the consistent implementation of policies are needed.

### **Theme 1: lack of youth-friendly services**

During focus group discussions, stakeholders emphasized that family planning for young people is a priority, especially to support married adolescents in delaying and spacing births. Stakeholders also agreed that the existing environment for delivery of reproductive health services is not adequately youth-friendly. A participant from a nongovernmental organization indicated that in recent years there had been a shift away from the provision of youth-friendly services and identifying young people as specific target population for reproductive health services at the policy level: “Ten years ago, there was a ‘youth sector’ that is not there anymore, and part of its [role] was to train health workers in providing youth friendly services.” A Jordanian government official mentioned that the lack of a youth-friendly environment for delivery of services led to low utilization of health services by young people: “When youth want to go to health centres to acquire information related to reproductive health, they shy away from asking due to the fact that we don’t have a friendly environment [for youth] within health centres, this could be a priority... for youth to feel more comfortable”. Another Jordanian government official mentioned that the existing environment for delivery of services created even greater challenges for young men who wanted to obtain reproductive health services: “Even though female youth are shy to go...we only see female youth attending maternity and family planning centres. Male youth are even less willing to attend these centres”.

### **Theme 2: integration of services**

Several participants mentioned that the strong donor-driven emphasis on family planning had caused communities to equate family planning with a foreign agenda. For example, a representative from a United Nations agency mentioned that, “Unfortunately, when we say family planning they attack us on religious basis and say that there are external agendas being forced upon us”. Another participant representing an international donor agency added that, “[family planning programmes] first appeared under the name of birth limitation, and due to social and cultural customs, they have been doubted, refused, and looked at as foreign policies”. Participants suggested that beginning with less controversial reproductive health topics, such as women’s perinatal physical and mental health, before including more sensitive topics such as family planning, may be a better strategy than focusing on family planning alone, especially to build acceptance of programmes targeting younger adolescents. However, a government representative mentioned, “we [should] start with 15 years olds about sexual education, psychological health, family planning, looking after women’s health even before marriage, and the same for males... It all must be in line with each other; you cannot focus on one topic and skip the other because people will attack the project... especially in rural areas”

In order to make family planning services more acceptable to communities, several participants described past success in integrating family planning into other programmes targeting young people. A participant from a local nongovernmental organization indicated that including reproductive health information into a life-skills programme made parents more supportive of the content: “We were afraid that parents wouldn’t allow their kids to come. Actually, it was the opposite. Parents were happy that someone was telling the truth to their children”. Participants also emphasized the importance of compulsory sexual education at the university level and integrating family planning into premarital counselling and preconception care; however, one nongovernmental organization participant mentioned that, “it’s [not] a very optimistic environment for sex education, and focusing on extracurricular activities may be a better strategy to reach more young people before compulsory programmes can be established”. Efforts to engage parents and build their capacity in discussing reproductive health information with their children was also discussed as a priority, given the cultural importance of parent-child relationships. A nongovernmental organization participant mentioned that, “mothers avoid answering their children’s questions as children or teenagers,” and there was agreement by participants that engaging adult figures in reproductive health topics was critical to overcoming the shame associated with reproductive health. As a representative from the Ministry of Youth said, “we need to build the capacity of parents, schools, teachers, and counsellors”.

### **Theme 3: policy change and consistent implementation**

Stakeholders identified several policy-related challenges that make access to family planning services more difficult for young people. A government official mentioned that, “there are laws and regulations...that forbid young people between the ages of 10 to 24 from accessing such information and services if not accompanied by a parent”. Furthermore, participants from nongovernmental organization indicted that an existing policy that prohibits pregnant women from accessing reproductive services without a marriage licence is problematic for women married outside the formal legal system. This situation is most common among refugees and adolescent girls, and results in these women becoming pregnant at an early age and not receiving adequate maternal care. In addition, the confusion over the fee structure for reproductive health services at government facilities for Syrian refugees was identified as an important barrier. In addition, focus group participants indicated that there was currently an ongoing debate over another policy change to the fees charged for Syrian refugees accessing health services in the public sector.

Several policy-related opportunities to make services more youth-friendly were identified by focus group participants. One participant indicated that while the new reproductive health policy for young people is believed to include criteria for youth-friendly services, it had not yet been adopted. Furthermore, a national-level monitoring and evaluation plan needs to be implemented at the

same time to ensure that the services are being offered according to agreed standards and that their delivery is sustained. A participant from the government mentioned that while the recently-drafted, youth-friendly service guidelines are expected to be adopted, “Until now, we don’t have any national standards related to a youth-friendly health environment...and we need support from a strong national body... to sustain [them]”. Participants also emphasized the need for a strong, government-wide body to coordinate activities related to young people across sectors to ensure a unified approach and to maximize impact. While participants praised current efforts to build a platform to document, collect and disseminate past experiences and evidence from research and programmes that target young people in Jordan, they indicated that such efforts were still just starting.

## Discussion

The purpose of our review was to consolidate and synthesize the results and lessons learnt from research, programmes and policies targeting family planning in young people in Jordan at different ecological levels (individual, family/community, service delivery and policy levels). Our results highlight several key lessons learnt and opportunities for interventions on family planning for young people in Jordan at the individual, service delivery and policy levels. In addition, we identified several important research gaps on family planning in young people in Jordan that, if filled, could improve future, evidence-based interventions. A summary of these gaps is given in Box 2.

The results of our literature review and focus group discussions emphasize that young people in Jordan face many barriers to accessing reproductive health and family planning information and services. At the individual level, despite ongoing efforts, misinformation about family planning is widespread among young people and utilization of family planning services remains low. Furthermore, young people do not trust existing sources of information. The conservative social environment tends to cause young people to feel ashamed of accessing information related to reproductive health or family planning, so they have few resources they can rely on. To date, both programming and research focused on the unique needs of young people in Jordan have been limited. In particular, little information on the sexual behaviour of unmarried young people, especially young men, means that they are often overlooked in family planning programmes and policies, as the results of our literature review and focus group discussions indicate. As most existing research is based on relatively small sample sizes, larger studies that focus specifically on the reproductive health needs and behaviour of young people, including unmarried young people are needed to improve the evidence base on the family planning and reproductive health services needed by young people in Jordan. With changing demographics and normative shifts, more young people may engage in premarital sexual activity

in the future, thus emphasizing the need for research on the reproductive health needs and behaviour of young people. Recent trends in other Arab countries suggest that increases in the age of marriage may be coupled with increases in premarital sexual activity, although data are limited (52). Increased attention should be also paid to understanding and meeting the needs of Jordan’s most vulnerable young populations, including urban refugees and married adolescents, especially as these populations continue to grow. Research focused on these populations may be of regional significance and help other countries with large refugee populations to better serve young people.

At the service delivery level, data from the focus group discussions emphasized the need for reproductive health and family planning services to be more youth-friendly. However, the literature review provided very limited information on how young people interact with the service delivery environment, and few specific initiatives to address the needs of young people exist. Both the literature review and the focus group discussions highlighted that the gender-related social norms that limit male involvement in reproductive health and family planning issues, and the fact that reproductive health and family planning services are typically provided at maternity and family planning centres, combine to exclude young men from using such services. As suggested in the focus group discussions, in order to ensure that any expanded implementation of youth-friendly services adequately meets the needs of young people, more research is needed to: understand how young people themselves envision a youth-friendly service delivery environment; identify gaps in current services and how they are organized; and explore supply-side barriers to providing high-quality services for young people.

At the policy level, our results highlight the need for improved policies to better support the consistent provision of good-quality youth-friendly reproductive health and family planning services. Often, not only is there inconsistency in what reproductive health and family planning services are available to young people and under what conditions, but consistent awareness is lacking of what policies exist for young people. This is because our focus group participants were inconsistent in the policies that they described pertaining to parental permission and marriage requirements, and such policies were not discussed in the literature. Such inconsistency may contribute to the low rates of utilization of reproductive health and family planning services by young people in an environment where they are already apprehensive about seeking care. Changes in policy that affect service availability for Syrian refugees discussed in the literature and in the focus group discussions may be particularly hard on already vulnerable populations of married adolescents, especially as this population is thought to have the highest rate of child marriage.

To better support policies, improved monitoring and evaluation of services offered at facilities is needed

to ensure consistent implementation of standards. In addition, a more robust, nationwide, data collection platform is needed that includes age-disaggregated indicators relevant to the specific reproductive health needs of young people. The ongoing development of a national reproductive health strategy for young people signals important progress; however, the exclusion of the sexual and reproductive health of young people from previous national policy documents appears to reflect Jordan's conservative cultural climate, and work in this area will likely continue to be contentious.

The results of our review should be considered in light of a few limitations. While every attempt was made to be exhaustive in the literature review, some studies or documents may have been unintentionally excluded in the analysis because they did not appear in the search results, or did not appear to have a youth-specific focus. This may be especially true with the grey literature search, as many organizations' reports are unpublished. Furthermore, while the participants included in the focus group discussions represented a wide range of stakeholders, not all organizations were represented. Furthermore, as participants were representing their organizations, discussions may have been constrained

as they may not have wanted to appear too critical of governmental policy or their organization's challenges. Nevertheless, the participants openly discussed critical areas for improvement within policies and programmes, which may indicate the reliability of the data. We were not able to draw any conclusions about differences in trends according to stakeholder type.

Our study provides a consolidated picture of the state of research, programmes and policies targeting family planning in Jordan for young people between 10 and 24 years since 2008. Future programmes should build on past evidence in order to scale up promising interventions while exploring new areas for research and programmes based on local needs. Results from our study may be applicable across the Middle East, as many other countries are dealing with similar populations because of displacement, a conservative programmatic environment and policy-related challenges.

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## Analyse globale de la recherche, des programmes et des politiques de planification familiale ciblant les jeunes en Jordanie : évaluation des parties prenantes et revue systématique

### Résumé

**Contexte :** Atteindre les jeunes mariés et non mariés en Jordanie en leur fournissant des informations et des services de planification familiale est une priorité, compte tenu notamment des importantes populations de réfugiés en Jordanie. À ce jour, la diffusion de la recherche en planification familiale et de l'expérience programmatique ciblant les jeunes en Jordanie a été limitée.

**Objectifs :** La présente étude avait pour objectif de fournir des informations approfondies sur les programmes, la recherche et les politiques d'intervention en matière de planification familiale en Jordanie, centrés sur les jeunes âgés de 10 à 24 ans.

**Méthodes :** Les données ont été recueillies par le biais des éléments suivants : un examen systématique de la littérature grise et examinée par des pairs concernant la santé génésique des jeunes ; et des discussions thématiques de groupe avec des parties prenantes de 18 organisations gouvernementales et non gouvernementales concernées.

**Résultats :** L'examen de la littérature comprenait 37 documents produits depuis 2008, qui fournissent de l'information aux niveaux individuel, familial et communautaire, au sujet de la prestation des services et des politiques. Les jeunes Jordaniens ont une connaissance limitée des méthodes de planification familiale et des lieux où obtenir des services de planification familiale. On dispose de peu d'informations sur la disponibilité des services de planification familiale pour les jeunes. Plusieurs documents politiques examinent la planification familiale et de la santé génésique des jeunes en Jordanie. Les discussions thématiques de groupe ont permis de cerner les possibilités d'intégrer les services et de renforcer l'élaboration des politiques futures.

**Conclusions :** Les résultats de la présente étude mettent en évidence les principaux enseignements tirés, les possibilités d'interventions et les lacunes de la recherche liés à la planification familiale chez les jeunes en Jordanie. Il convient d'accorder davantage d'attention à la compréhension et à la satisfaction des besoins des populations de jeunes les plus vulnérables de Jordanie, y compris les réfugiés urbains et les adolescents mariés, en particulier à mesure que ces populations continuent à croître. Les programmes futurs devront s'appuyer sur les données du passé et explorer de nouveaux domaines et interventions.



## تحليل المشهد الواقعي لبحوث تنظيم الأسرة وبرامج وسياساته التي تستهدف الشباب في الأردن: تقييم أصحاب المصلحة والاستعراض المنهجي

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### الخلاصة

الخلفية: يعد الوصول إلى الشباب المتزوجين وغير المتزوجين في الأردن من خلال المعلومات والخدمات المتعلقة بتنظيم الأسرة أولوية، لا سيما بالنظر إلى العدد الكبير من اللاجئين في الأردن. وحتى الآن، كان نشر البحوث المتعلقة بتنظيم الأسرة والخبرة البرنامجية التي تستهدف الشباب في الأردن محدودًا.

الأهداف: هدفت هذه الدراسة إلى توفير معلومات متعمقة حول برامج التدخل في مجال تنظيم الأسرة والبحوث والسياسات في الأردن التي تركز على الشباب الذين تتراوح أعمارهم بين ١٠ و ٢٤ سنة.

طرق البحث: جمعت البيانات من خلال ما يلي: استعراض منهجي للمؤلفات التي يراجعها الأقران والأدبيات غير الرسمية المتعلقة بالصحة الإنجابية للشباب؛ ومناقشات مجموعات التركيز مع أصحاب المصلحة من ١٨ منظمة حكومية وغير حكومية ذات صلة.

النتائج: شمل استعراض المؤلفات ٣٧ وثيقة صدرت منذ عام ٢٠٠٨، وهي تقدم معلومات على مستوى الفرد والأسرة/ والمجتمع المحلي وعلى مستوى تقديم الخدمات والسياسات. وكان الشباب في الأردن لديهم معرفة محدودة بأساليب تنظيم الأسرة وأين يحصلون على خدمات تنظيم الأسرة. ولا تتوفر سوى معلومات قليلة عن توافر خدمات تنظيم الأسرة للشباب. وناقشت العديد من الوثائق السياسية موضوع الأسرة والصحة الإنجابية للشباب في الأردن. وحددت مناقشات مجموعات التركيز الفرص المتاحة لإدماج الخدمات وتعزيز وضع السياسات في المستقبل.

الاستنتاجات: تبرز نتائج هذه الدراسة الدروس الرئيسية المستفادة، وفرص التدخل والثغرات البحثية المتعلقة بتنظيم الأسرة بين الشباب في الأردن. وينبغي إيلاء المزيد من الاهتمام لفهم الاحتياجات وتلبيتها للسكان الأشد ضعفًا من فئة الشباب في الأردن، بما في ذلك اللاجئين الحصريون والمهاقون المتزوجون، لا سيما مع استمرار نمو هؤلاء السكان. وينبغي أن تستند البرامج المقبلة إلى الأدلة السابقة وأن تستكشف مجالات وتدخلات جديدة.

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