



Jordan Communication, Advocacy and Policy Activity (JCAP)

Exploring Gender Norms and Family Planning in Jordan: A Qualitative Study

Final Report

January 2016

Cooperative Agreement No. AID-278-A-14-00002

DISCLAIMER: The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government

Contents

Acronyms.....	3
Executive Summary.....	4
Introduction.....	6
Purpose of the Study	8
Study Themes	8
Methodology.....	9
Focus Group Discussion (FGD) Guide Development.....	9
Selection Criteria for Study Participants.....	11
Participant Recruitment.....	12
Researcher Training and Piloting.....	12
Data Collection and Analysis.....	13
Study Findings	13
First Theme: The influence of cultural and religious norms and social traditions on family planning decision making and contraceptive use.....	13
Conclusion.....	15
The Second Theme: Religious conservatism, gender norms, and social traditions, and their relationship with family planning.....	17
Conclusion.....	18
The Third Theme: Gender power and decision-making dynamics.....	18
Conclusion.....	20
The Fourth Theme: Women’s status within the household and in the community and how it affects fertility choices	21
Conclusion.....	23
The Fifth Theme: Early marriage and spousal age gap.....	24
Conclusion.....	25
Sixth Theme: Gender-based violence and how it affects family planning and fertility decisions at the household level.....	25
Conclusion.....	27
Seventh Theme: Areas for male engagement in promoting family planning	27
Conclusion.....	31
The Eighth Theme: Gender norms and stereotyping and how they affect demand for and use of family planning services	31
Conclusion.....	32
Overall Conclusion.....	32
Recommendations	33
Suggested Actions.....	35
References	36

Acronyms

CBO	Community Based Organizations
FGD	Focus Group Discussions
FP/RH	Family Planning and Reproductive Health
GBV	Gender Based Violence
IUD	Intrauterine Device
IRB	International Review Bureau
JCAP	Jordan Communication, Advocacy, and Policy
KAP	Knowledge, Attitudes, and Practices toward Family Planning and Reproductive Health among Married Women of Reproductive Age in Selected Districts in Jordan (2015)
MWRA	Married Women of Reproductive Age
OCP	Oral Contraceptive Pill
TFR	Total Fertility Rate
UNHCR	United Nations High Commissioner for Refugees
USAID	United States Agency for International Development

Executive Summary

In December 2015, the USAID-funded Jordan Communication, Advocacy, and Policy (JCAP) Activity conducted a qualitative study to explore how gender roles and perceptions, in conjunction with religious and cultural norms affect family planning in terms of beliefs, attitudes, and practices. JCAP implemented the study in five governorates; Irbid, Jerash, Mafraq, Amman and Tafileh, representing the northern, central and southern regions of the country. JCAP sampled four key target groups: married men (18-60 years); married women (18-49); and unmarried male and female youth (18-24). JCAP's study team invited 408 participants representing these target groups to participate in 42 focus group discussions (FGD) split by target group, gender, and nationality.

The study team designed three FGD guidelines centered on eight themes:

- the influence of cultural and religious norms and social traditions on family planning decision making and contraceptive use
- religious conservatism, gender norms, and social traditions and their relationship to family planning
- gender power and decision-making dynamics
- women's status within the household and in the community and how it affects fertility choice
- early marriage and spousal age gap
- gender-based violence and how it affects family planning and fertility decisions at the household level
- areas for male engagement in promoting family planning
- gender norms and stereotyping and how they affect demand for and uptake of family planning

The study confirmed several findings and assumptions from previous studies and expert discussions and opinions. On the other hand, it revealed several controversial findings and shed light on deeply rooted social behaviors and traditions that significantly influence gender norms and reproductive behavior. For example, participants continue to lack the broad understanding of family planning as a means to better life planning and view it narrowly as contraceptive practices for birth control. A majority of participants continue to think that Islam forbids family planning, interpreting religious texts as anti-birth spacing and limitation.

The study also revealed that fear of contraceptives' side effects, including misconceptions about harm to fertility, constrain the uptake of modern family planning methods. This misconception led married men to favor the use of traditional contraceptive methods, despite their relatively high failure rates. And despite their relative interest in life planning, Jordanian and Syrian unmarried male youth clearly lacked knowledge about the benefits of family planning and contraceptive methods.

All groups espoused a traditional outlook toward gender roles and consequently toward the decision making mechanism in the family. Participants of all target groups

noted that men have the final decision in the family. Nonetheless, more than half of Jordanian and Syrian married women of reproductive age indicated that the final decision actually is a joint husband-wife decision or rests with the wife, who can use contraceptives secretly. Although Jordanian and Syrian men said that they often discuss the use of family planning methods with their spouses, they still have the financial power and authority for decision making in the family.

The study confirmed that the ideal number of children among Jordanian families averages around four. This desired number of children is associated with an increased awareness of family planning and improved contraceptive practice and use. In addition, the study revealed that rising costs of living and increased financial burdens influenced smaller family size, especially among families living in urban areas and Amman. The ideal number of children was higher outside the capital. Unmarried Jordanian male and female youth cited the highest ideal at over five, reflecting the strong influence of social traditions that favor large numbers of children and how they are perceived as the source of social pride (*izweh*). By comparison, unmarried Syrian male and female youth, both male and female, indicated a lower ideal number of children at three to four.

Findings also highlighted the prevalent traditional preference for male offspring. In this male-oriented society, most married groups, both Jordanian and Syrian, stated that they would continue to bear children beyond their ideal number of children until they get a son. Families with only girls are viewed as weak and unfortunate. This culturally reinforced the widely endorsed belief that a family must have sons to assume its social presence and value in society, especially in rural areas where tribal traditions prevail.

Male and female Jordanian participants opposed the idea of girls getting married below the age of 18. They reasoned that a girl would be immature and unprepared to manage her home and make sound household decisions. Girls married at a younger age are not empowered, so husbands and in-laws often become the final decision makers. Syrian married women were more accepting of early marriage. They indicated that decision making ability depends on the girl's personality rather than her age.

A great majority of participants rejected gender based violence (GBV) in principle but recognized its practice within their communities. Unmarried Jordanian and Syrian male and female youth strongly rejected GBV, whereas MWRA and married men justified violence depending on the circumstances and degree, as religiously permissible to discipline the wife. Jordanian and Syrian husbands indicated that they may resort to physical violence in cases where their wives used family planning methods secretly or if wives refused to take family planning methods when the husbands didn't want to have children.

An alarming finding revealed that, other than MWRAs, married men, unmarried male and female youth, generally lacked sufficient knowledge and awareness of family planning methods. They also indicated that they would benefit from family planning educational programs as they will enable them to make informed decisions on family planning and method use. One Syrian husband said: “... **we should not let family planning issues remain a mystery.**” Married men also suggested addressing family planning during religious sermons.

All married Jordanian and Syrian MWRA and men preferred that women sought service from female providers, but were divided on whether male or female providers gave a higher quality service. Married participants also perceived midwives to be less competent than doctors.

Finally, the study revealed social norms and behaviors related to women's perceived societal roles, their social status, and the degree of their inclusion reflected deeply rooted cultural and religious beliefs and interpretations.

Introduction

Jordan continues to have a relatively high annual population growth rate of 2.2%, which hinders the Kingdom's capacity to realize its socioeconomic development goals. The political situation in the Middle East and the civil war in Syria resulted in more than 1.2 million Syrians moving to Jordan, which further compounds the population pressures on attaining these goals.

Aside from the Syrian refugee influx, the main reason for the high population growth rate is a persistently high fertility. The total fertility rate (TFR) declined substantially between 1990 (5.6) and 2002 (3.7), but remained stable between 2002 and 2012.¹

The Jordanian government had aimed to slow population growth by reducing TFR to 2.5 by 2017 and to reach a replacement fertility of 2.1 by 2030. Working toward this goal, it is imperative to understand the multiple forces that influence reproductive and fertility behavior and practice in Jordan.

Previous literature offers several quantitative and qualitative studies on FP/RH. The literature shows the impact of some customs and traditions that affect family planning decisions. Previous studies reveal some social and gender-based restrictions that contribute to or affect family planning decision making. One of those studies was by the Jordan Health Communication Partnership (2007), which addressed the issue of ideal birth spacing. It found that Jordanian society cherished fertility, which is closely linked to social status. The study also found that the ideal family size consisted of eight or more members, with family preferences for having sons. It also found that the concept of birth spacing is more acceptable to Jordanians than the concept of family planning, as they believed family planning both contradicts religious or cultural beliefs and is a source of concern regarding harmful effects on health. This illustrates the absence of adequate information about such methods.²

Other studies found a strong and positive relationship between spousal relations within the family and the decision-making and family planning practices (using contraceptive methods, handling unplanned pregnancies, and deciding on the ideal family size). Those findings support the hypothesis that gender plays a major role in achieving effective FP/RH practices.³ In this context, the Arab Woman Speaks Out

¹ Higher Population Council. 2010 *Jordan JOR The Change We Seek*. Amman: Higher Population Council.

² Market Research Organization. 2007. *A Qualitative Exploratory Study to Understand Birth Spacing Issues in Jordan*. Amman: Jordan Health Communication Partnership.

³ Hannah Fortune-Greeley, Mary Kincaid, Jessica Levy, et al. 2014. *Report: Synthesis of the Evidence on Women, Girls and Gender Equality*, submitted to the Bill and Melinda Gates Foundation. Chapel Hill, NC: Iris Group.

Initiative launched a program to empower women to make reproductive health decisions. Involving local social organizations, the initiative proved effective in raising awareness among women about the empowerment of women, which in turn contributes to women's decisions to set three years as the optimum birth spacing interval.⁴

As for the man's role in family planning, some studies have found that husbands have the final say in family planning decisions. Hence, studies made several recommendations to engage men in FP/RH activities by launching targeted media campaigns based on theories of behavior modification and trends in relation to FP/RH.⁵ Such campaigns should improve spousal communication, particularly regarding issues of family planning and modern contraceptive methods use. The effectiveness of the campaigns, however, is still limited in Jordan.

As for youth and reproductive health, studies found that youth are not well informed about FP/RH. The conservative nature of the society limits any discussion of family planning since the widespread view is that it is too sensitive a topic for youth. However, the National Strategy for Reproductive Health (2013-2017) included youth as an important group to target for realizing the national goals of reproductive health.⁶

Some studies found that religious beliefs played a role in family planning decision making. A pilot study launched an inquiry about the values and practices pertaining to FP/RH decisions among Muslim women in Amman. It found that around 80% of the participants said that religious authorities played a large role in their choices and decisions regarding family planning and the use of contraceptive methods.⁷

Persistent high fertility preferences indicate that multiple socio-cultural factors still exist and significantly affect family planning decisions. This necessitated more research and in-depth analysis of the social situation, with a focus on customs, traditions, and religious norms that may affect decisions about the use of family planning methods. The dynamics of decision-making within the family about family planning methods also required study in light of the disproportionate gender-based power relations.

This study contributes to a better understanding of the underlying factors influencing family planning decisions and modern family planning methods use. It looks into social roles of men and women and how such roles affect the uptake of modern family planning methods and the increasing use of traditional methods. This study addresses gender restrictions imposed on men and women, along with religious and cultural norms. It examines gender-based violence and how it relates to the use of family planning methods and the preference for male offspring, which will eventually influence the decisions made in family planning practices.

⁴ The Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs. 2013. Communication Impact: AWSO Expands Women's Participation in Community and Family Life. Baltimore, Maryland: JHU CCP

⁵ Abraham W, Adamu A, Deresse D: The involvement of Men in family planning an application of transtheoretical model in Wolaita Soddo town south Ethiopia. *Asian J Med Sci* 2010, 2(2): 44-50

⁶ Higher Population Council. 2013. National Reproductive Health/Family Planning Strategy (2013-2017). Amman: Higher Population Council.

⁷ S. Sueyoshi, H. Al-Khozah and R. Ohtsuka. 2006 Effects of reproduction norms on contraception practice among Muslim women in Amman, Jordan. *The European Journal of Contraception and Reproductive Health Care*: 11(2).

Finally, the study highlights family planning decision making at the household level, enabling the Jordan Communication and Advocacy activity (JCAP), its counterparts, and partners for the civil society to understand and identify opportunities for improving the demand for and voluntary use of modern family planning methods. The study helps identify a variety of interventions for different target groups.

Purpose of the Study

The goal of this formative research study is to identify and explore gender norms and trace their interrelationships and influences on family planning in Jordan. For this purpose, the research team designed a qualitative study to investigate, document, and analyze gender and family planning-related beliefs, values and practices of key targeted groups, and the dynamics that influence the family planning decision making process. The findings highlight and help interpret social, cultural, and religious influences that have the greatest effect on family planning attitudes and method use. The study examines perceptions of normative gender roles for both men and women and their impact on why women and men choose (or do not choose) to use a traditional or modern family planning method, shift to another method, or stop using methods. The study also illuminates female identity, empowerment, and status and how these crucial issues bear upon when and how women have children. In this context, the study also examines both male and female perceptions of spousal Gender Based Violence (GBV) and early marriage and their interaction with and impact on family planning.

JCAP Activity will use the study findings to understand and mitigate factors that act as barriers to adoption and/or continuation of modern methods of contraception. The Activity also will use the findings to raise awareness of factors that serve as levers to springboard enhancements in family planning in Jordan. The information and evidence will help fine tune the design of JCAP social and behavioral communication campaigns and implementation activities with married women of reproductive age (MWRA), married men, and unmarried female and male youth who will determine the future fertility of the nation.

Study Themes

The study identified eight themes focusing on the roles and responsibilities that shape the behavior or dynamics of decision-making regarding the preferred methods and use of family planning methods. The themes entail who makes the decision, when and how individuals or couples decide on the method they want to use, how long they use it, and why they stop using a given method or replace it with another one. The study identified the following eight themes:

1. Cultural and religious norms and how they influence family planning decisions and contraceptive use
2. Religious conservatism, gender norms, and social traditions, and their relationship to family planning
3. Gender power and decision-making dynamics

4. Women’s status within the household and in the community and how it affects fertility choice
5. Early marriage and spousal age gap
6. Gender-based violence and how it affects family planning and fertility decisions at the household level
7. Areas for male engagement in promoting family planning
8. Gender norms and stereotyping and how they affect demand for and uptake of family planning services

Methodology

The JCAP research and gender staff designed and led the study in collaboration with Abt Associates and IRIS Group (JCAP’s international Gender partner). The study also received review and feedback from other international contributors with expertise in the fields of gender, reproductive health, behavior change, and evaluation. TEAM International, a local organization with a strong qualitative research background and substantial experience, implemented the study in the field. A Jordanian consultant with expertise in both gender and qualitative research conducted data analysis and reporting in close collaboration with the JCAP team.

Prior to initiation, the study requested and received approval from the Abt Associates International Institutional Review Board (IRB). It also received IRB approval from two local official entities: King Hussein Cancer Centre and the Jordanian Ministry of Health Ethics Committee. Both specialize in reviewing human studies.

Focus Group Discussion (FGD) Guide Development

JCAP research team worked closely with its partners on the development, design, and content of the study instruments and the plan for their application. The team reviewed existing evidence, articles, reviews of the literature, and previously reported quantitative and qualitative study findings in Jordan. From this process, the team identified important gaps in knowledge and highlighted areas needing for more in-depth understanding. Using this information, the team developed three English FGD guides (one for MWRA, one for married men, and one for unmarried male and female youth) with parallel Arabic versions. Each FGD guide consisted of questions covering the main eight themes. The guide modified questions and adapted language as appropriate for each target segment. TEAM International pretested the three FGD guides during study piloting in the field. On the basis of feedback from moderators and transcribers, the JCAP research team modified each guide to clarify questions and improve the flow of information during the sessions.

Sample Characteristics

JCAP research team designed the study with four target group sub-samples with a total of 408 male and female participants. Table I below shows the distribution of study participants in six JCAP geographic sites by target group type.

Table I. FGD Participants by Target Group Type and Geographic Site

SITE	Target Group Type				
	MWRA 18-49 years	Married men 18-60 years	Unmarried female youth 18-24 years	Unmarried male youth 18-24 years	Total
Queismeh (Amman)	46	29	25	6	106
Naour (Amman)	0	13	13	21	47
Irbid	24	16	21	18	79
Jerash	10	5	19	11	45
Mafraq	34	25	21	15	95
Al Hasa	8	10	9	9	36
Total	122	98	108	80	408

The four target groupings separated by Jordanian and Syrian nationality resulted in a total of eight target group samples. The FGD session distribution is in Table II. In all, TEAM International conducted 42 FGDs in the three regions covering six JCAP district sites.

Table II. FGD Sessions by Target Group and Geographic Site

Region and Governorate	Central Region (Amman)		North (Irbid, Jerash and Mafraq)			South Tafileh	Total
	Qweismeh	Naour	Bani Obeid and Koura	Jerash Qasabah	Mafraq Qasabah	Al Hasa	
Jordanian MWRA (18-49)	2	0	2	1	1	1	7
Jordanian married men (18-60)	2	0	2	1	1	1	7
Jordanian unmarried young men (18-24)	1	1	1	1	1	1	6
Jordanian unmarried young women (18-24)	1	1	1	1	1	1	6
Syrian MWRA (18-49).	1		1		1		3

Syrian married men (18-60)	1		1		1		3
Syrian unmarried young men (18-24)	1		1		1		3
Syrian unmarried young women (18-24)	1		1		1		3
Pilot Study	4						4
Total	14	2	10	4	8	4	42

Selection Criteria for Study Participants

The research team developed participant selection criteria to maximize the variety of experience and diversity within each group, minimize bias, and generate representative samples for each targeted group. Local community-based organizations (CBOs) identified participants on the basis of the selection criteria. The field implementing partner verified the participant criteria. For each group session, CBOs nominated participants living in different areas in the local communities. To the extent possible, members of each group did not know to each other. That reduced the potential for the group dynamic to create bias.

The following criteria guided selection of participants for Jordanian and Syrian MWRA and married men:

1. Age diversity within the bounds of the category
2. Parent of two or more children
3. Variety in educational levels (primary schooling and below, secondary schooling, bachelor's degree and above)
4. Variety in economic class (unemployed, employed, self-employed)
5. Variety in social class, within existing socio-economic conditions (middle class, working class, low income)
6. It was preferable to have at least one Christian participant, if possible, to ensure religious representation
7. Whenever possible, participants included users and non-users of family planning methods (current user, previous user, non-user)

The following criteria guided selection of participants for each group of unmarried Jordanian and Syrian male and female youth:

1. Age diversity within the bounds of the category
2. Single or engaged
3. Variety in educational levels (primary schooling and below, secondary schooling, bachelor's degree and above)
4. Variety in economic class (unemployed, employed, self-employed)

5. Variety in social class within existing socioeconomic condition (middle class, working class, low income)
6. It was preferable to have at least one Christian participant, if possible, to ensure religious representation

Participant Recruitment

The field implementing partner assumed overall responsibility for selection of study participants in coordination with active CBOs in each study site. The field implementing partner coordinator contacted and visited each local CBO. He shared IRB approval of the research. He explained the purpose of the study, the groups targeted, and the selection criteria and provided forms for filling out the names of nominated candidates. The CBOs initiated contact for participant recruitment since local communities trust them, and they run community centers that are accessible to married and unmarried females. The field implementing partner coordinator verified the recruitment list, checked with each participant at least one day before holding the FGD to ensure consent and availability, and was present at the beginning of the session.

Researcher Training and Piloting

JCAP and IRIS personnel conducted a two-day training for the 10 implementing partner moderators and transcribers. Four teams of two – moderator and transcriber – and a back-up team received training. Male researchers conducted sessions with male participants and female researchers with female participants.

The training covered in detail the protocol, study ethics, participant consent, privacy issues, and data security. The trainers reviewed standard focus-group discussion session techniques to collect and record the data. The trainers reviewed the thematic content of the FGD guides with the participants. Moderators and transcribers received substantive hands-on practice and built their capacity. A third day of training included pretesting the FGD guides, and then each team conducted an FGD pilot test in the field (Table III). On a fourth day, the field teams and the researcher team met to review the pilot experiences and procedures and make changes to the language content of the FGD guides to improve their functionality.

Table III. Pilot Study: Target Group by Number of Participants

Target Group (Jordanian)	Number of Participants
Married Men (18-60)	11
MWRA (18-49).	12
Unmarried male youth	9
Unmarried female youth	12
Total	44

Data Collection and Analysis

The field work took place between November 10, 2015, and December 1, 2015, with the four trained implementing teams conducting FGD sessions and collecting data at all sites. Transcribers made audio recordings of all sessions and produced a written Arabic verbatim record covering all participants' statements. Transcribers typed all 42 Arabic hard copy final transcripts and provided them as soft copy. They also provided the English briefs in soft copy as well.

The consultant classified and encoded answers based on responses to the original study themes and other themes that emerged during the FGD sessions and checked these codes for commonalities and differences within and across each target group. She compared the responses of all the participants by target group, nationality, and geographic locations. She then prepared a preliminary report of findings in both English and Arabic and shared it with the JCAP team for review and verification in preparation for a final comprehensive analysis and report.

Study Findings

The results of the study organized by theme are below, analyzed according to similarities and differences found in target group sub-samples and by gender, age, nationality, and geographic region.

First Theme: The influence of cultural and religious norms and social traditions on family planning decision making and contraceptive use

The study found that some cultural and religious customs influence the decision to practice family planning and use of family planning methods. They include social customs and traditions. Participants were divided on the use of family planning methods on cultural and religious grounds. Participants split on the relationship between Islam and family planning. The majority of Jordanian and Syrian male and female participants confused the concepts of family planning with birth limiting that Islam prohibits, but believed that Islam encouraged birth spacing.

Jordanian participants said that older generations tend to reject the use of family planning methods for religious and cultural reasons, as they believe these methods contradict religious teachings. Syrian participants similarly believed that Islam doesn't accepted family planning, citing a verse from the Quran: "Wealth and children are an ornament of the earthly life," and a cultural norm, which states: "When a baby is born, he brings his subsistence with him." But practice is changing because of the Syrian civil war, the sense of instability among the Syrian refugees, and the difficult financial circumstances they face. Half of unmarried Syrian male youth groups and one third of unmarried Syrian female youth groups said that despite the current acceptance of family planning, the younger generation lacks knowledge and awareness of modern family planning methods.

Jordanian participants in all categories and in all regions agreed that social traditions and deeply rooted societal customs do not favor family planning. They cited multiple reasons such as the prevalent social view of children as a source of socio-economic support, pride, and resilience (izweh). Jordanian married men living outside the capital especially emphasized this point (Jerash, Mafraq and Al Hasa).

A significant proportion of married Jordanian and Syrian participants, however, accepted family planning because of the economic and financial conditions their families face. These participants agreed that having many children poses a financial and social burden on both parents. Participants indicated that the economic aspect is the main reason young generations are more receptive to reducing the number of children and are open to family planning. Younger participants indicated that large families may prevent parents from providing access to necessities such as health care and education and as a result, a decent life for their children. This trend was more pronounced among urban residents than those living in rural areas, where tribalism and family strength strongly supported more children and bigger families.

The study showed that Jordanian and Syrian participants from all age groups and regions believed that most modern family planning methods are harmful to women's health and have side effects. Participants even believed that some diseases, such as diabetes, fetal abnormalities, and cancer may result from using modern family planning methods, especially oral contraceptive pills and injectables. Unmarried male and female Jordanian and Syrian youth participants in particular lacked sufficient awareness of family planning methods and the benefits of their use.

Married women indicated that they mostly rely on each other's experience when making a decision on the appropriate contraceptive method. This finding is consistent with the results of JCAP's study, Knowledge, Attitudes, and Practices toward Family Planning and Reproductive Health among Married Women of Reproductive Age in Selected Districts in Jordan 2015 (KAP). Most female participants believed that the use of family planning methods can lead to sterility, particularly if used postnatally. Nearly half of these participants indicated that men would reject the use of any male family planning method, as they consider family planning the sole responsibility of their wives.

As for the methods participants already use or know, most Jordanian and Syrian husbands preferred the withdrawal method followed by the male condom. For the Jordanian and Syrian MWRA, the main methods were OCPs and IUDs. Married male and female Jordanian participants knew a number of family planning methods. Jordanian MWRA were more informed about family planning methods than their Syrian counterparts. They named injections, implants, capsules, suppositories, tubal ligation, IUDs, OCPs, and condoms. Syrian wives, however, were aware only of male condoms, OCPs, and IUDs. The same result was found with unmarried Jordanian and Syrian male and female youth, who were not well informed about modern contraceptive devices other than the commonly used ones, namely OCPs, IUDs, and condoms. This finding

supports the JCAP's KAP study, which found that three quarter of Jordanian MWRA mentioned most of the known family planning methods.⁸

The study also found that Syrian and Jordanian husbands and wives preferred traditional family planning methods, considering them natural and acceptable from a religious standpoint. Most Jordanian and Syrian married men and women mentioned withdrawal and breastfeeding as the two most acceptable family planning methods for family planning. Nevertheless, some participants said that these methods were not effective in preventing pregnancy. They also said that withdrawal caused uterus dryness and reduced pleasure for both spouses, leading to some psychological effects.

When married men and women responded to questions about shifting to modern family planning methods, most participants agreed that these methods are more effective. They also agreed that they provide them with the peace of mind. One third of Jordanian MWRA groups and approximately a fourth of Syrian MWRA groups indicated that they could use some of these modern methods for longer periods of time, as in the case of IUDs. Jordanian husbands, however, did not know a lot about such methods or the benefits of their use.

Married Jordanian and Syrian men and women believed that modern family planning methods could have some side effects. They said that the IUD may cause bleeding, increased menstrual periods, ectopic pregnancy, infections that may eventually manifest into prostatitis, and sterility. They also said that the IUD might get rusty inside the uterus and that it may be inconvenient for a man during intercourse, particularly if the cervix is short. Participants associated OCPs with dizziness, bad temper, fatigue, hormonal imbalance, irritable bowel, cancer, blood pressure, and diabetes.

Conclusion

Across target groups, there was a tendency to equate family planning with the religiously banned practice of birth limiting. Especially for husbands, this reduced their acceptance of modern family planning methods on religious grounds. The study also identified a significant impact of prevalent societal customs and traditions on differential responsibility for family planning within the family. Despite affirming their control in decision making, men tended to deny their role in use of modern family planning methods, saying that use of modern methods is the responsibility of wives.

Awareness of the benefits of family planning and particularly modern method use was limited. In contrast, participants cited numerous beliefs about modern family planning methods causing diseases, including high blood pressure, diabetes, obesity, and female infertility, particularly if used before or immediately after the birth of the first child. This finding is consistent with the JCAP KAP survey, which found that 77% of MWRA

⁸ Knowledge, Attitudes, and Practices toward Family Planning and Reproductive Health among Married Women of Reproductive Age in Selected Districts in Jordan, Jordan Communication Advocacy Policy Project (JCAP) / Tawasol Project, 2015

believed use of modern methods by newly married women would harm their fertility.⁹ Both male and female targeted segments asserted that modern family planning methods may cause sterility, which may contribute to a preference for traditional methods despite the increased risk of unplanned pregnancies and births. Fears of modern method side effects clearly leads couples to rely on traditional methods, including breastfeeding, rhythm, and withdrawal. Men stated that they felt more comfortable with those methods for birth spacing, believing they are compliant with religion and do not result in negative health consequences for either spouse. Among MWRA who stated a preference to use modern family planning methods, they most commonly mentioned the IUD and OCPs as socially acceptable, although they were also aware of other methods.

For both nationalities, unmarried females appeared to be somewhat more aware of family planning methods compared with their male counterparts. However, both groups lacked awareness of the importance and benefits of family planning methods. This suggests a need for greater emphasis on reproductive health and family planning activities and interventions among youth before marriage.

Syrian husbands and wives groups expressed a perceived need to procreate to compensate for the many martyrs that have been killed in the civil war. In addition, Syrian married men and women expressed concern about modern family planning methods, perceiving them to contradict religious injunctions.

In summary, cultural and gender norms and religious beliefs significantly affect the decision to use family planning, primarily acting as barriers to modern method use. Improving accurate information and better understanding by mitigating unfounded negative perceptions and beliefs will require greater levels of group-specific communication. The communication must include more persuasive and convincing campaign messaging and use of more and different channels to deliver the information to each target audience, according to its preferred exposure and channel of learning.

Participants reject the acceptability of family planning methods by misconstruing religious definitions and prohibitions. This presents an opportunity to emphasize the role of religious leaders and accurate religious discourse as a means to disseminating awareness-raising messages about the acceptability and benefits of family planning. Communication of religious messages requires involving committed religious leaders to promote reproductive health and family planning awareness campaigns. Past studies in Jordan have shown that the involvement of influential religious leaders to disseminate family planning messages raises public awareness and encourages couples to use family planning methods.¹⁰

⁹ Knowledge, Attitudes, and Practices toward Family Planning and Reproductive Health among Married Women of Reproductive Age in Selected Districts in Jordan, Jordan Communication Advocacy Policy Project (JCAP) / Tawasol Project, 2015

¹⁰ Carol Underwood, Sarah Kamhawi, Admad Nofal. 2013. *Religious leaders gain ground in the Jordanian family-planning movement*. International Journal of Gynecology and Obstetrics: 123.

Unmarried youth of both nationalities and sexes demonstrate little awareness of the benefits of family planning and family planning methods. This presents an opportunity for JCAP to target these groups who represent the fertility of the future. Similarly, Syrian MWRA are less informed about family planning methods than Jordanian MWRA and thus are an important group to target to increase knowledge and awareness.

The Second Theme: Religious conservatism, gender norms, and social traditions, and their relationship with family planning

The consultant analyzed two subthemes: religious and cultural identification of gender roles and responsibilities and the impact of gender roles on couples' family planning decisions and contraceptive method use.

All participants of all age groups, married or unmarried, Jordanians and Syrians, males and females, and from the various geographical locations, said that there were stereotypical roles for men and women in the family in line with the prevalent social customs and traditions derived from religious teachings. The main role of the woman was to raise her children, cater to her husband, and carry out household chores. In addition, a woman was expected to obey her husband and protect his house, children, and honor. She could not go outdoors without his permission. The man, on the other hand, is the sole person responsible for meeting the financial needs of the family and working outdoors.

In supporting this gender-role and division of labor, several participants cited the *qiwama* (guardianship) rulings of religion quoting the scriptures: "Men are the protectors and maintainers of women." Traditional roles are still based on the stereotype of a Jordanian family that the breadwinner is the man and the housekeeper is the woman who cares for her family and children. They note that the man has a large role in making decisions on the family level, while the wife should serve and obey him, a finding that is compatible with the findings of the USAID's Analytical Study of Gender and Reproductive Health in Jordan (2012). That study found that expected social roles of men and women based on gender determined their actual roles in society.¹¹

The stereotype surfaces in participants' definitions of masculinity and femininity. One fifth of Jordanian and Syrian MWRA and unmarried female youth groups said that femininity meant how a woman cares about her outward appearance and hygiene, in addition to demonstrating some other feminine traits such as sensitivity, passion, and the agency to make decisions about her own health. Husbands and unmarried young men defined masculinity as the ability to assume and share responsibility and respect one's wife and her feelings.

¹¹ Gender and Social Soundness Analysis of the Population and Family Health Environment in Jordan, 2012

Conclusion

The study found that gender roles for men and women are reflected in the decisions that spouses are able to make in the family, including those pertaining to family planning. Participants state that society still supports the notion that Islam assigns gender roles and that men and women should comply with traditional social norms. The woman's role is to cater to her children, obey her husband, and perform her household chores. Working outside the home and securing a livelihood are the man's role. This finding is the same as that in the Jordan Hashemite Fund's study (2009) on gender in urban areas of Jordan.¹²

The study found that customary assigned gender roles affect the dynamics of decision making within the family. As the financial responsibility is normally with the husband, he has the right to the final say in making all decisions within the family, including decisions pertaining to family planning. This is significant because most MWRA are unemployed, with no earnings and no right to decision making. Traditional gender roles therefore promote one sided family planning decisions. This finding aligns with studies that indicate a positive correlation between family planning outcomes, women's financial independence, use of family planning, small sized families, and birth spacing.¹³ These findings support the hypothesis that improvements in gender equality will lead to improvements in family planning and reproductive health.

Stereotypical, socially acceptable gender roles, rooted in traditional customs and religious teachings influence the decision-making dynamics within the family, including those related to family planning. Particularly outside the capital in areas where women's educational levels and involvement in the labor market are low, the wife has reduced decision making power and influence. It is therefore necessary to focus on the role of gender and its relevance to family planning decisions.

The Third Theme: Gender power and decision-making dynamics

The study found that Jordanian and Syrian couples unanimously agreed that they discuss family planning because it is an important subject relevant to both parties. This finding has support in JCAP's KAP survey, which found that 74% of MWRA mentioned that they discussed family planning with their husbands, and in most cases, would reach an agreement on family planning.¹⁴ Half of unmarried Jordanian and Syrian male and female youth said that it is important to discuss family planning issues during the engagement period as an important step toward mutual understanding and laying the foundation of married life between partners.

¹² *Insights into gender dynamics in marginalized urban communities in Jordan*, Report on a qualitative study carried out by the Jordanian Hashemite Fund for Human Development (JOHUD) – 2009

¹³ Hannah Fortune-Greeley, Mary Kincaid, Jessica Levy, et al. 2014. *Report: Synthesis of the Evidence on Women, Girls and Gender Equality*, submitted to the Bill and Melinda Gates Foundation. Chapel Hill, NC: Iris Group.

¹⁴ Knowledge, Attitudes, and Practices toward Family Planning and Reproductive Health among Married Women of Reproductive Age in Selected Districts in Jordan, 2015.

Over half of Jordanian and Syrian MWRA groups indicated that men are more receptive to the idea of family planning if the woman uses the method as men perceive reproductive issues as a woman's responsibility. More than two-thirds of female participants said that they choose the appropriate family planning method upon agreement with their husbands on what is suitable to both. In contrast, half of Syrian MWRA groups said that currently Syrian husbands do not accept family planning methods in light of the current conditions in Syria and their desire to reproduce to compensate for martyrs killed in the war.

Close to half of Jordanian and Syrian MWRA groups often resort to persuasion and compromise to use family planning methods by explaining the benefits of family planning for the mother and child or by persuading the husband to accompany her to service providers who would persuade him of the necessity of using such methods. Close to half of Jordanian and Syrian husbands said that they would often convince their wives not to use family planning methods.

If couples did not agree, husbands would often threaten to marry another woman to continue reproducing. More than two-thirds of Jordanian MWRA groups said that they could use family planning methods secretly. More than a quarter of Jordanian husbands acknowledged that women decided whether or not to use family planning methods, indicating that they could use the method secretly. However, such an act would have consequences on the marriage and could result in violence, divorce, or the man marrying another woman. Syrian couples, on the other hand, rejected the idea of using family planning methods without the knowledge of the husband.

The study found that there is a weak influence of in-laws and the extended family on the couple's decisions to use family planning methods. However, more than four-fifths of Jordanian MWRA groups and more than three-fifths of Syrian MWRA groups indicated that in-laws often intervene to influence the couple's family planning decisions in favor of having more children and discouraging couples from postponing childbearing, especially if the husband is the only son in the family. The study showed a larger influence of the extended family on the couples' family planning decisions in rural areas whose communities are more tribal and favor large families. However, despite this pressure the final decision remains with the couples.

“Yes I discussed with my fiancé, so he can be informed of my choice before marriage, and if he is opposed, we can leave each other.”
Unmarried Jordanian female youth- Mafraq

The above finding is echoed in JCAP's KAP survey, which reported 56% of Jordanian MWRA said that they make the decision about family planning and birth spacing. Only 8% said that the surrounding social environment, such as their in-laws and extended

family, affected the decision.¹⁵ Furthermore, the study did not detect an influence of society on the couples' decision to use family planning methods, though a few Jordanian MWRA said that the experiences of their neighbors sometimes influenced their decisions on the use of family planning methods.

The study found that although the majority of Jordanian and Syrian male and female participants viewed the decision to use family planning methods as joint, more than half said that it was still the man who had the final say.

Conclusion

The study found agreement in both nationalities that joint discussion between spouses should determine use of family planning methods. In-laws and extended families also influence the decisions. This is particularly true outside the capital, where tribal communities attach great importance to the number of children in a family as a source of pride and *izwa*. In urban contexts, Economic conditions are more likely to affect family planning practices.

Although the majority of MWRA of both nationalities said that they had some involvement in most family decisions, in cases where they do not reach an agreement, the final say is still with the man. This situation sometimes results in a wife using family planning methods without the knowledge of her husband, which can create spousal problems, including violence, divorce, and/or the husband marrying another woman. This finding is consistent with the JOHUD study (2009), which documented that an imbalance in decision making between the husband and wife negatively affected the woman. That study found evidence of a relationship between female empowerment and the improvement of family planning and the use of family planning methods. The Arab Woman Speak Out Initiative also found that empowering women and raising their awareness of family planning was positively associated with choosing an ideal birth spacing period of three years.

Final authority regarding family planning and the use or non-use of methods rests with the husband, and his refusal may impel some wives to use family planning methods in secret, particularly if they fear health risks associated with recurrent pregnancies. This deception can lead to domestic violence against the wife, divorce, or the man marrying another woman. These negative consequences might be averted by empowering women to make joint decisions on matters related to reproductive health and family planning.

Raising awareness about family planning among the couples, particularly in more modern/urban families, appears to be associated with positive effects on the mother, the children, and the family, particularly in conjunction with increasingly difficult economic conditions.

¹⁵ Knowledge, Attitudes, and Practices toward Family Planning and Reproductive Health among Married Women of Reproductive Age in Selected Districts in Jordan, 2015

The Fourth Theme: Women's status within the household and in the community and how it affects fertility choices

About one-fourth of Jordanian and Syrian male and female participants opposed the idea of setting an ideal number of children due to religious considerations. Among the rest, the study found conflicting views on this topic. For example, Jordanian husbands and wives in the capital set the ideal number at four. That was in line with the findings of JCAP's KAP survey, which reports Jordanians' ideal average family size is 3.7.¹⁶ Unmarried Jordanian male and female youth said the ideal number of children is at over five.

Syrian husbands and unmarried male and female youth said that the ideal number should be between three and four children and Syrian MWRA said it should be between four and five.

Four-fifths of Jordanian and Syrian participants of all groups agreed that the ideal birth spacing is between two to three years. This result is consistent with JCAP's KAP survey, which showed that the desired mean birth spacing period is thirty-four months. One quarter of married Jordanian and Syrian men and women said that the ideal birth spacing is inversely related to the woman's age at marriage. The older she is, the shorter the birth spacing because of fertility considerations.

When questioned about the main factors in Jordan that could affect family planning decisions, respondents mentioned economics followed by the level of education and women's employment. The study showed that economic difficulties and the high cost of living in Jordan caused modern families to reduce the number of births to secure a better life for their children and to provide proper upbringing, basic education, and health care. Close to half of participants believed that in Jordan, higher educational level of the spouses led couples to reduce the number of births. The result was consistent with JCAP's KAP survey, which reported economic factors, in addition to the level of education of the spouses, were decisive factors in reducing the number of births in the family. This study also found that women's work became an important factor in reducing the number of births, since working women mostly assumed not only her workload but also care for her children and the family incurred the added costs of nurseries and kindergartens. More than one-third of participants said that customs and traditions may put more pressures on families to have more children. The pressure comes especially from the elderly in tribal communities and outside the Capital.

About one-fourth of unmarried Jordanian male and female youth said that health and spousal relations were factors that could affect the number of births. This finding reveals an increased awareness among youth about the benefits of family planning on

¹⁶ Knowledge, Attitudes, and Practices toward Family Planning and Reproductive Health among Married Women of Reproductive Age in Selected Districts in Jordan, 2015.

maternal and child health and an understanding that couples should make family planning decisions jointly.

The study found that the number of children in the family can affect the status of men and women in society. About four-fifths of Jordanian husbands and unmarried male and female youth groups indicated that the tribal society perceives that large number of children extended pride and support (Izweh) to the family.

“Procreation is a must, because children are izweh. Muslims should have many children following the Prophet's sunna, “Multiply and reproduce, because I will be proud of your great numbers before other nations on the Day of Resurrection.”

Married Jordanian men (18-60)- Qweismeh

This finding is consistent with the Qualitative Exploratory Study to Understand Birth Spacing Issues in Jordan (2007),¹⁷ which found that Jordanian society appreciates high fertility and associates it with a high social status. On the other hand, married Jordanian men and women indicated that modern families tend to have a smaller number of children for economic reasons. Four-fifths of Jordanian MWRA groups and half of Jordanian husband groups said that fewer children ease the financial burdens of education and healthcare on families and reduce the mothers' workload. That, in turn, would enable mothers to integrate into society and perform social duties, including getting involved in the labor market.

Half of Syrian spouses agreed with their Jordanian counterparts that children were izweh, indicating that the culture of procreation has become more pronounced in their case to compensate for martyrs killed in war. However, due to their feelings of instability, some Syrian spouses are more receptive to family planning and resorted to having fewer children because of their displacement and difficult financial situation.

Although more than one-third of participants from all groups accepted the idea of having one or two children at most, and considered this family size civilized, they also said that society judged them negatively and stigmatized them as having health and fertility problems or regarded them with pity over their small number of children.

This study has also found that the sex of children affected the society status. All of the participants agreed that the patriarchal society prefers sons over daughters. They said that the male offspring give their families a sense of power, protection, and value. Therefore, the society values mothers of males and pities sonless families, often

¹⁷ Market Research Organization. 2007. *A Qualitative Exploratory Study to Understand Birth Spacing Issues in Jordan*. Amman: Jordan Health Communication Partnership

shunning the mother and voicing their sentiments of pity and inferiority toward the mothers telling them, “May God compensate you!” (suggesting that the birth of a girl is a loss) or “Worries about girls never cease until death” (meaning that daughters are a burden), or “You are a tree without fruits, and it is better to cut you down.”

“Um al walad ‘mother of a male is the dearest to the hearts of her in-laws. Um al banat ‘mother of girl,’ does not have such a status. If they can, in-laws would marry their son to another woman to get him a ‘male successor.’”

Unmarried female youth Category (18-24)- Mafraq

Participants said that mothers of girls often do not have their voices heard at home or outside, which reinforces their feelings of weakness. The same remarks are made about the fathers of girls; people would say “What a pity! That man is at the end of his lineage. He is as good as dead.” Such judgments reinforce the man’s sense of weakness and lead him to be more introverted.

This study also found a prevalent belief among one-quarter of Jordanian and Syrian husband groups and one-third of unmarried Jordanian and Syrian male youth groups that it is the woman’s body that determines the sex of the baby. Although about one-fifth of participants knew that the man’s body determines the sex of the baby, the societal customs and traditions do not acknowledge this scientific fact, which would push sonless fathers into remarrying to bear a son.

The stigma of sonless families affects the decision to continue to bear children beyond the couple’s ideal number of children. Almost four-fifths of participants indicated that sonless families tend to continue to bear children until a son is born, either out of conviction or under social pressure. This finding agrees with the JCAP’s KAP survey¹⁸, which found that 45% of MWRA said that it is necessary to continue bearing children until a son is born even beyond their ideal number of children. More than one-third of unmarried Jordanian male youth groups said that sonless families can use modern science to determine the sex of the baby, but others rejected the idea of selecting the sex of a baby because it conflicts with religions teachings.

Conclusion

Husbands and MWRA of both nationalities and Jordanian unmarried female youth on average cited four as an ideal number of children. This is comparable to a mean value of 3.9 identified for MWRA in the 2012 and 2007 JPFHS.¹⁹ The study found an

¹⁸ Knowledge, Attitudes, and Practices toward Family Planning and Reproductive Health among Married Women of Reproductive Age in Selected Districts in Jordan 2015

¹⁹ “Jordan Population and Family Health Survey 2007,” and “Jordan Population and Family Health Survey 2012,” www.dhsprogram.com, retrieved on January 9, 2016

exception in the group of Jordanian husbands living in Bani Obeid, who reported: “According to our religion, we must have as many children as we can. The greater the number of children we have, the better we will be.” Residence was shown to be an important factor, especially among Jordanian husbands. Groups in the capital cited an ideal of 3 children while outside the capital the ideal was about 5. Interestingly, an unmarried Syrian youth reported the lowest ideal number of children, 3.5 for unmarried females and 3 for unmarried males.

A common misunderstanding in Jordan is that the woman’s body determines the sex of the child. This falsehood serves as a convenient basis for men without sons to look to another wife to fulfill this need. False beliefs aside, women who give birth to males do enjoy a higher social status. The reverse is also true, and women who give birth only to daughters are deemed to be weak, suffer from psychological problems, and are accorded an inferior social status. This threatens the woman’s status in the family and society and marginalizes her when she does not bear male offspring. Male preference seems to be less compelling among Syrians, however. Both groups of Syrian married males and females denied that the sex of a woman’s children has an effect on her social status, but rather believe that a baby is a gift from God, no matter its sex.

Harsh economic conditions frequently play a determining role in family size. Men in particular raised this issue, married and unmarried, Jordanian and Syrian. Jordanian families feel under pressure to reduce births, particularly in the capital, in light of huge economic pressures and rising expectations for education and living standards. Additional demands and burdens on the wife if she works outside the house also are factors that dictate smaller families.

There is discontinuity among the beliefs related to the ideal family size, the ideal birth spacing, and the actual practices of married couples. Despite the widespread idea that the ideal number of children in a family is four, this is still related to the gender of the child. Couples repeat their attempts to have children if the family does not have at least one male child, particularly in the tribal communities outside the capital.

The Fifth Theme: Early marriage and spousal age gap

The study found that all participants believed that early marriage and the spousal age gap influence family planning practices and reproductive health. The overwhelming majority of participants saw a close connection between spousal age gap and family planning decisions. They said that a large gap creates intellectual incompatibility, leading to the older man’s domination over family planning decisions. On the other hand, more than a quarter of Jordanian and Syrian married men and women groups said that early marriage enabled females to practice family planning because of the longer reproductive life younger women have compared with women who marry later.

In general, all participants rejected the idea of early marriage because girls at an early age lack the experience to make sound family planning decisions. This finding echoes

some studies on early marriage that found it can lead to early pregnancies at a time when the woman lacks the experience and knowledge of family planning methods.²⁰ These young women's inability to bear responsibility, low level of education, and lack of exposure weakened their capacity to make family planning decisions and enabled husbands and in-laws to marginalize them in decision making. Unmarried Jordanian female youth also saw early marriage as a reason for increasing rates of divorce.

Syrian MWRA, on the other hand, had different views on the capacity of young married girls to make family planning decisions. They said that early marriage is quite common and acceptable in Syria and that the girls' ability to make family planning decisions depended on her personality and status with her in-laws rather than on her age. Some studies support this finding, reporting an increasing trend of early marriages among Syrian girls (from 12% in 2011 to 25% in 2013). Syrian Sharia courts permit the marriage of 13-year-old girls and above.²¹

Conclusion

Rates of early marriage (before age 18) for Jordanian girls remained constant from 2005 to 2013 at 13.2%, compared with 25% for Syrian girls.²² Nonetheless, the study found that male and female groups of both nationalities, particularly in the youth category, strongly rejected the idea of early marriage. A minority of Syrian MWRA expressed acceptance depending on the maturity of the female. The great majority indicated that a young girl is not ready for pregnancy or childbirth and that it would be detrimental to the health of both the mother and the child. Moreover, a young girl may drop out of school, lack education, and be unready to make the right decisions concerning family planning and method use. Her youth and inexperience would lead to the husband and in-laws dominating all decisions. Making matters worse, the young mother would lack awareness and knowledge of reproductive health, as indicated by a UNICEF study.²³ Fortunately, there seems to be growing awareness about female health and rights to education and the power to make decisions about marriage and childbearing.

Sixth Theme: Gender-based violence and how it affects family planning and fertility decisions at the household level

Jordanian and Syrian participants agreed that GBV exists in society. More than half of husbands and unmarried male youth groups said that beating may not be socially acceptable, but religion can justify it in situations where, for example, a wife refuses a husband's legitimate request. To support their argument, some participants cited Quranic verses, e.g.,: *"As to those women on whose part you fear disloyalty and ill-conduct, admonish them (first), (Next), refuse to share their beds, (And last) beat them (lightly); but if they return to obedience, seek not against them Means (of annoyance)"*. They also cited a

²⁰ United Nations Children's Fund. 2014. A study on early marriage in Jordan 2014. Amman, Jordan: UNICEF

²¹ Ibid

²² Ibid

Hadeeth (Prophet's teaching) saying: *"If they disobey (on righteous matters), you may beat them lightly but not to the extent that brings them harm."* One interpretation of this Hadeeth suggests that beating is to be disciplinary, using a *siwak* (tooth cleaning twig) or handkerchief. They also cited another form of discipline against women that is permissible by religion, i.e., refusing to share the bed. A large portion of male participants justified the disciplinary measures, which also can include yelling and intimidating and often divorce.

The religious rationale among men to justify violence against women corroborates the finding of the KAP survey conducted by JCAP (2015)²⁴, in which 32% of surveyed women said they have received beatings and abuse under the rationale of culture, traditions, and customs. The civil-status law also gives husbands a free hand to inflict corporal punishment on their wives.²⁵

Half of unmarried Jordanian and Syrian male and female youth groups reported that violence was unacceptable, even if limited to shouting or threatening. More than a third of the Jordanian and Syrian MWRA groups, however, said while they don't accept violence and harsh beating, disciplinary beating, shouting, and threatening can be socially acceptable practices. Fewer than a quarter of the Jordanian MWRW groups indicated that a woman would accept abuse for the sake of protecting her family and children and to abide by the prevailing customs and traditions in the Jordanian society. The relative acceptance of violence among MWRA participants confirms the finding of the KAP survey mentioned above, in which 52% of respondents accepted violence, whether verbal or physical, for the sake of protecting the integrity of their families.²⁶

Although most participants rejected violence, they still mentioned some cases where they believed it is permissible for husbands, such as disobedience (almost half of the participants), going out without the permission of the husband and bringing dishonor (almost one-third), refusing to bear children, i.e., using family planning methods (slightly more than one-tenth) and infidelity (less than one-tenth). This finding is consistent with the KAP survey result, in which 89% of respondents justified husbands' violence against their wives under such circumstances as disobedience (78%) and infidelity (87%).

Almost one-third of the Jordanian married men groups and less than one-fifth of the unmarried Jordanian male youth groups agreed on the use of violence against the wife if she was unwilling to bear children or if she used family planning methods without his consent or knowledge. They also justify a husband's violence in the opposite situation, when the wife wants to bear children and the husband rejects the idea when the family faces difficult financial conditions.

²⁴ Knowledge, Attitudes, and Practices toward Family Planning and Reproductive Health among Married Women of Reproductive Age in Selected Districts in Jordan.

²⁵ Huda Hakki and Susan Somach. 2012. USAID/Jordan: Gender Analysis and Assessment. Washington, DC: The Global Health Technical Assistance Project.

²⁶ Ibid

“Beating is in the Quran, but the Prophet (peace be upon him) stressed that it should be mild. Generally beating is not acceptable and can be replaced by shouting or abstinence.”
Jordanian Husbands (18-60) Category- Quweismeh

Conclusion

Despite limited statistical data on violence against women in Jordan, a study carried out in 2007 revealed that 32% of the female population was exposed to physical abuse. The study noted that the Personal Status Law allows husbands to use corporal punishment against their wives.²⁷ This finding mirrors the current study that male participants believe violence is generally acceptable and religiously permissible, provided that beating is not severe. Jordanian and Syrian MVRA tolerated their husbands' violence to preserve their children and families. The same finding appears in JCAP's KAP survey (2015).

The study revealed that half of female participants accepted and tolerated verbal and physical abuse, with one-third justifying their acceptance to protect their children. Some studies have also emphasized that GBV might negatively affect reproductive health and family planning, thus leading to an increase in unplanned pregnancies in addition to reducing birth spacing.²⁸ This, in turn, affects maternal and child health, when the man resorts to violence against his wife if she uses family planning methods without informing him. The result is reduced opportunity for women to practice family planning to avoid their husbands' violence. Violence may also occur when the husband doesn't want children and the wife fails to use contraception.

Seventh Theme: Areas for male engagement in promoting family planning

The *Qualitative Exploratory Study on Gender in Jordan (2012)*²⁹ found that women in general are more knowledgeable about family planning methods than men because access to such information is offered freely through primary health and mother-and-child care centers where women are most of the patients. Husbands usually get information from their wives. Other studies recommended reaching out to men with information on family planning and reproductive health.³⁰ The majority of the Jordanian and Syrian husbands participating in the FGDs considered family planning and the use of family planning methods as the responsibility of women rather than their responsibility. They argued there was not much for men to do in these matters,

²⁷ United Nations Children's Fund Regional Office for the Middle East and North Africa. 2011. *Jordan MENA Gender Equality Profile: Status of Girls and Women in the Middle East and North Africa*. Amman, Jordan: UNICEF

²⁸ Population Reference Bureau. 2010. *Gender-Based Violence: Impediment to Reproductive Health*. Washington, DC: Population Reference Bureau.

²⁹ Huda Hakki and Susan Somach. 2012. USAID/Jordan: Gender Analysis and Assessment. Washington, DC: The Global Health Technical Assistance Project.

³⁰ Abraham W, Adamu A, Deresse D: The involvement of Men in family planning an application of transtheoretical model in Wolaita Soddo town south Ethiopia. *Asian J Med Sci* 2010, 2(2): 44–50

particularly in a society where traditions and customs do not favor men's attention to these matters.

Nonetheless, almost all Jordanian and Syrian husbands and unmarried male youth affirmed it was necessary for men to have a role in reproductive health and family planning despite the lack of cultural support for male involvement. They believe that wives have better knowledge of family planning, while the husbands know almost nothing about it. They value this informative role for women. It enables women to convince husbands to use family planning methods and make the right decision about the appropriate one since men still have the upper hand in their families.

More than a third of unmarried Jordanian male youth groups believe women have the greater responsibility for family planning. They acknowledged, however, that they needed to be more educated about such issues and take relevant training courses.

“Of course, family planning concerns both partners and attending workshops on that issue must be compulsory, just like the mandatory pre-marriage blood test.”

Unmarried male and female youth (18-24) category- Qweismeh

Unmarried Jordanian male youth suggested that such courses or workshops could be a requirement before marriage, as is the case with mandatory pre-marriage thalassemia blood tests.

Almost all Jordanian and Syrian MWRA were willing to have their husbands accompany them to the family planning centers but married men in the study refuse to accompany them because they believe that those matters belong only to women. While according to the KAP survey 54% of MWRA agreed to have their husbands join them in family planning counselling sessions.

Almost all unmarried Jordanian and Syrian female youth affirmed that they would wish to be accompanied by their future husbands in visits to healthcare and family planning centers. They said that they needed to feel the support and involvement of their spouses. A minority in Irbid, however, said that they would request their husband's presence only if they were not allowed to go on the visit on their own. The latter echoes a KAP survey finding on the restrictions imposed on women's mobility in some communities.

There was some degree of agreement among the large majority of husbands of both nationalities that they would like to accompany their wives to the family planning centers. The challenge for them was the incompatibility of the centers' hours of operation with their own working hours.

Almost three-quarters of unmarried Jordanian and Syrian male youth groups in Amman and Mafraq admitted being under the influence of societal values and the culture of “shame,” which would curb society’s acceptance of husbands accompanying their wives to family planning centers. Participants in this category believed that such issues were women’s only. Less than one-fifth suggested special centers for males so that they could learn about family planning methods and shoulder responsibility for convincing their wives to use the appropriate method. Alternatively, more than half of unmarried Jordanian and Syrian male youth said that they would not have a problem accompanying their wives to centers if their wives could not go there alone. They would also accompany their wives to limit any advice from the doctor that may be unsuitable to them.

Women of all age groups and both nationalities proposed raising men’s awareness of the issues related to family planning through several activities, including:

- Television and other mass media channels
- Awareness-raising campaigns
- Informational publications and pamphlets
- Lectures on reproductive health and family planning
- Advertisements and posters
- Debates
- Social media and groups
- Internet footage of tips given by specialized doctors
- Schools and universities
- Debates and discussion groups
- Pre-marital awareness campaigns

Unmarried Jordanian female youth highlighted the importance of raising awareness through social media networks to reach youth who use them frequently.

The preferred means for raising awareness on reproductive health and family planning among husbands and young men of both nationalities were the following:

- Awareness campaigns among parents
- Religious lectures to clarify Sharia aspects of family planning
- Home visits
- Reinforcement of the role of healthcare centers
- Dialogue sessions involving specialists, youth, and senior citizens
- Preaching at Mosques
- Social media sites
- Involvement of female preachers
- Pre-marital awareness campaigns

“Surely it is necessary to involve us men so that we are more aware, since women know more, and because this awareness can help us in choosing the method and making the appropriate decision about it.”

Jordanian Husbands (18-60) Category- Irbid

Participant groups said that awareness-raising campaigns must address the following thematic issues through media:

Jordanian wives

- Domestic violence
- Family planning from a religious perspective

Syrian wives

- Early marriage
- Women’s rights and their role in the family and society
- Women’s rights from a religious perspective
- Child education

Jordanian husbands

- Family planning from a religious perspective

Syrian husbands

- Violence
- Family planning

Jordanian young women

- Maternal and childhood health
- The necessity of involving husbands
- The pros and cons of family planning methods
- Husbands’ rights
- Violence
- Early marriage

Syrian young women

- Violence
- Early marriage
- Maternal and childhood health

Jordanian young men

- Pre-marital awareness of family planning methods
- The necessity of involving husbands in family planning decisions

Syrian young men

- Family planning

Conclusion

The study revealed a complete lack of awareness and knowledge about family planning and family planning methods among male participants, especially youth. They believed that family planning is the woman's responsibility. This reflects stereotyping of the respective roles of men and women according to tradition and leads husbands to refuse to use family planning methods.

Some studies indicated the importance of engaging men in family planning activities since men have the final decision on practicing family planning.³¹ It is also important to involve youth in FP/RH activities as recommended in the National Strategy for Reproductive Health and Family Planning (2013-2017). The conservative Jordanian society regards FP/RH as a sensitive issue not suitable for youth. As a result, unmarried male youth seek information from the Internet while unmarried female youth receive limited information from the experience of family and friends.³² However, there are no studies on the effectiveness of including youth in FP/RH activities, nor does any study measure the effect of such inclusion on raising awareness of and changing their beliefs about the issue.

The Eighth Theme: Gender norms and stereotyping and how they affect demand for and use of family planning services

The study found that Jordanian MWRA had no trouble accessing healthcare centers and FP/RH clinics. But half of male and female Syrian participants said that access to such centers was not that easy, especially in the overcrowded centers in the north.

Over four-fifths of Jordanian married men and women groups noted that the cost of services offered at MOH centers was minimal to free of charge and at the private sector was expensive. Half of Syrian married men and women groups said that the cost is high for the same services that are offered free of charge for Jordanians.

Findings showed that Jordanian and Syrian married men and women favored receiving services by female providers, in observance of religious teachings and social traditions. All participants said that religion prohibits women from receiving services from male providers if female alternatives are available, except in emergencies. MWRA said that dealing with female providers was the best option since it spares them any embarrassment that could otherwise occur when they ask questions or explain their needs, which could be better understood by female providers. Jordanian husbands nevertheless said that they would not prevent their wives from visiting a male provider

³¹ Daniel E, Masilamani R, and Rahman M. The Effect of Community-Based Reproductive Health Communication Interventions Among Married Couples in Bihar, India. *International Family Planning Perspectives* 2008; 34(4): 187-97

³² Insights into gender dynamics in marginalized urban communities Jordan, Report on a qualitative study carried out by the Jordanian Hashemite Fund for Human Development (JOHUD) – 2009

in emergencies and in the absence of an alternative female doctor. All Syrian husbands, however, were not so lenient. They said that it was out of the question for their wives to visit male doctors, even in emergencies, and that it was always possible to find alternative service providers.

More than two-thirds of Jordanian and Syrian married men and women groups did not accept receiving service from midwives. About one-third of Syrian MWRA groups mentioned that they accepted receiving the service from midwives but added that midwives would not be as efficient as doctors. The reasoning behind their refusal is the belief that midwives are not as experienced, qualified, or specialized as doctors.

Participants disagreed on which provider gave better service. More than half of participants said that female providers offer better services than males and that they were more familiar with reproductive health issues and women's needs. As a result, the women were more comfortable dealing with female providers. But about two-thirds of Jordanian MWRA groups found male doctors to be more daring than females during birth deliveries. About one-tenth of the participants said that it was experience, not gender, that determined efficiency.

Conclusion

The study revealed some restrictions imposed by society on women's access to FP/RH services. Women living in conservative communities are more obligated to receive services from female providers because of their husbands' reluctance to refer their wives to male providers, especially when unaccompanied. This finding conforms with the Report on Gender and Social Safety performed in Jordan in 2012.³³ The study also revealed the stereotypical image of midwives as unqualified to provide FP/RH services due to their lack of sufficient skill and experience.

Overall Conclusion

The discussions highlight the existence a number of prevalent misconceptions spread through informal social networks, neighborly gossip, and hearsay. Every target group reported that use of modern family planning methods can be a cause of health problems to the wife and of infertility, especially among those with no or low parity. The study further showed that there is frequent confounding of family planning with birth control, which Islam prohibits. In combination, these negative perceptions form a web of unsubstantiated fears and suspicions and engender risk-averse attitudes toward modern family planning methods. The environment of apprehension and doubt likely contribute to a gap between greater levels of reported intention to use a modern and the lower actual levels of practice. This sets the stage for a preference for traditional methods as acceptable by Islam and safer for health.

³³ USAID/Jordan: Population and Family Health. Gender and Social Soundness Analysis of the Population and Family Health Environment in Jordan, 2012

Gender role rigidity and imbalances in power dynamics are other factors that impair family planning decisions among couples. Further, traditional masculine roles do not encompass family planning and reproductive health and serve to attenuate any expression of interest or engagement in the topic by husbands or male youth. Finally, conservative societal expectations for female modesty strongly discourage unmarried female youth's awareness of family planning and lessen a focus on their own reproductive health.

Overall, participants felt strong societal pressure to conform to gender roles based on traditional customs and pervasive religious interpretations. These circumscribed social roles and expectations lead to a diminished capacity for decision making around family planning. Although husbands and male youth admit they lack adequate knowledge of the range of family planning methods and practices (which society considers to be a woman's business), they still believe they should exert the final say on these issues. Frequently participants mentioned that based on religion, a husband might decide to reject the use of family planning methods despite the potential health risk to his wife of multiple pregnancies and births. In this situation, a wife may resort to using family planning methods without her husband's knowledge, risking verbal and physical violence and even divorce if the husband finds out.

Recommendations

The study identified several widely endorsed but unfounded claims and misinformation related to gender roles and inequity that act as barriers to adoption of family planning. Entrenched norms, attitudes, and beliefs serve to sustain the patriarchal status quo and support imbalanced power in relationships. Expanding gender roles and encouraging a wider range of options and ideas requires substituting negative with positive ideas, providing counter information, and promoting the benefits of change.

- Despite the many challenges, addressing gender roles and barriers would likely result in positive effects on family planning.

Although the general view is that awareness and knowledge of family planning and reproductive health is high in Jordan, this study found that the level of family planning knowledge for most targeted segments (with the exception of Jordanian MWRA) is superficial and does not extend beyond recognition or recall of the names of methods and use.

- Improvements in knowledge of family planning methods and of the benefits of family planning among these target groups, especially husbands and unmarried youth of both sexes and nationalities, will increase acceptance and engagement, facilitate partner discussion, and likely reduce gender disparities in family planning decision making. A suggestion from a group of unmarried male

Jordanian youth is to institute (mandatory) educational programs for both unmarried male and female youth as a prerequisite for marriage.

There are still many prevalent negative misconceptions about modern family planning methods: harmful side effects on health, deleterious effects on fertility, and religious injunctions based on Sharia law.

- New and improved messaging to show why these three issues are not barriers will greatly improve adoption and continuation of modern family planning use.

Paternalistic cultural and religious doctrine both give final authority to males. The male role as the breadwinner also gives him control over spending decisions and other decisions within the family, including those related to family planning and reproduction.

- Promoting opportunities for women to engage in paid labor will enhance self-esteem, improve woman's status, and contribute to stronger decision making roles in the family, including the woman's ability to negotiate family planning and method use.

There are strong social and familial pressures on families and especially on the wife to have many children, as her primary social status is linked to the number of children to whom she gives birth, especially male children. Conversely, when a wife fails to give birth to males, her social status declines, and she feels threatened about the stability of her marriage and family. Therefore, women make repeated attempts to have children to give birth to a male child. The study found that Jordanian husbands experience similar internal and external pressure and push their wives to continue child-bearing to obtain male children. When this objective appears unattainable, families and others will pressure the husband to marry another woman who might bear him a son. That is often accepted as a solution despite available scientific evidence that the male determines gender.

- Broadening awareness of the scientific evidence for sex determination and the value of females will reduce pressure to obtain male children. Also, promoting male roles that encourage engagement in family planning issues could widen opportunities for better spousal communication and joint decision making.

The study found that spousal violence is permitted for husbands to discipline wives for disobedience, including wives who elect to use family planning methods or refuse childbearing without permission (especially if wives use family planning methods secretly without informing their husbands). The study also found that the prevailing customs and traditions lead to a preference for using female service providers on the grounds of social and religious acceptability. Syrian married men and women in particular, refuse to receive family planning services from male service providers, but

also from female midwives because of the perception that they are not qualified to provide reproductive health and family planning services.

- Encouraging men to engage in the family planning process and dialogue will lead to increased opportunities for improved spousal communication and may lead to a reduction in violence.

Suggested Actions

1. Design gender-sensitive awareness messages for each target group, building from expressed beliefs, needs, and priorities of each segment.
2. Conduct media campaigns focusing on the benefits of family planning and how smaller families can improve family quality of life. Use selective messaging to appeal to the distinct concerns of the different target segments and channels that will reach the different segments. Emphasize positive effects, not only maternal and child health benefits, but also economic benefits and the ability to provide children a secure family life.
3. Design target group-specific awareness messages to clarify religious discourse on the benefits of birth spacing and the acceptability of the use of family planning methods.
4. Network with local community organizations and work cooperatively to disseminate awareness messages about family planning, reaching out to the largest possible populations working through local venues with trusted sources.
5. Hold discussions and informational panels about reproductive health with family planning providers and explain how to communicate with different target groups and age groups with different family planning concerns across the life cycle.
6. Partner with schools and universities to reach young people with information on reproductive health and family planning through lectures, classes, and other events and through use of innovative technologies.
7. Design edutainment events on the topic of gender-related issues and women's rights to build women's awareness and enable them to participate in decision-making processes, especially decisions related to family planning and reproductive health.
8. Partner with civil society groups at multiple decentralized levels to promote and disseminate awareness of the importance of family planning and

reproductive health to both sexes. Support respected actors, community health committees, and health facilities in the public and private sector to advocate and create a positive and enabling environment for family planning and reproductive health.

References

1. Abraham W, Adamu A, Deresse D: The involvement of Men in family planning an application of transtheoretical model in Wolaita Soddo town south Ethiopia. *Asian J Med Sci* 2010, 2(2):44–50
2. Attitudes towards Gender Roles in Jordan .*British Journal of Humanities and Social Sciences* 15 January 2015, Vol. 12
3. Carol Underwood, Sarah Kamhawi, Admad Nofal. 2013. Religious leaders gain ground in the Jordanian family planning movement. *International Journal of Gynecology and Obstetrics*: 123.
4. Daniel E, Masilamani R, and Rahman M. The Effect of Community-Based Reproductive
5. Government of Jordan. (n.d.) National Agenda 2006-2015: The Jordan We Strive For. Amman: Government of Jordan.
6. Gender and Social soundness Analysis of the population and Family health Environment in Jordan
7. Hannah Fortune-Greeley, Mary Kincaid, Jessica Levy, et al. 2014. Report: Synthesis of the Evidence on Women, Girls and Gender Equality, submitted to the Bill and Melinda Gates Foundation. Chapel Hill, NC: Iris Group.
8. Health Communication Interventions Among Married Couples in Bihar, India. *International Family Planning Perspectives* 2008; 34(4): 187-97
9. Higher Population Council. 2010. Jordan RAPID: The Change We Seek. Amman: Higher Population Council.
10. Huda Hakki and Susan Somach. 2012. USAID/Jordan: Gender Analysis and Assessment. Washington, DC: The Global Health Technical Assistance Project.
11. Insights into gender dynamics in marginalized urban communities in Jordan , Report on a qualitative study carried out by the Jordanian Hashemite Fund for Human Development (JOHUD) – 2009
12. Jordan's Population and Family Health Survey, 2012, General Statistics Department, Amman, Jordan
13. Market Research Organization. 2007. A Qualitative Exploratory Study to Understand Birth Spacing Issues in Jordan. Amman: Jordan Health Communication Partnership.
14. Population Reference Bureau. 2010. Gender-Based Violence: Impediment to Reproductive Health. Washington, DC: Population Reference Bureau
15. S. Sueyoshi, H. Al-Khozah and R. Ohtsuka. 2006. Effects of reproduction norms on contraception practice among Muslim women in Amman, Jordan. *The European Journal of Contraception and Reproductive Health Care*: 11(2).

16. The Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs. 2013. Communication Impact: AWSO Expands Women's Participation in Community and Family Life. Baltimore, Maryland: JHU CCP
17. UNFPA. 2013. UNFPA Response to Syrian Humanitarian Crisis in Jordan. Amman, Jordan: UNFPA.
18. United Nations Children's Fund. 2014. A study on early marriage in Jordan 2014. Amman, Jordan: UNICEF.
19. United Nations Children's Fund Regional Office for the Middle East and North Africa. 2011. Jordan MENA Gender Equality Profile: Status of Girls and Women in the Middle East and North Africa. Amman, Jordan: UNICEF
20. USAID Jordan (2012, Nov). Jordan Country Development Cooperation Strategy 2013-2017. Amman, Jordan: USAID Jordan.
21. USAID / Jordan :Population and family Health , Gender and Social Soundness Analysis of the Population and Family Health Environment in Jordan, 2012.
22. Women, Girls and Gender Equality, submitted to the Bill and Melinda Gates Foundation. Chapel Hill, NC: Iris Group.