Jordan Communication, Advocacy and Policy Activity

Family Planning among Syrian Refugees in Jordan

March 2016

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CONTENTS

Acronyms

3RP	Regional Refugee and Resilience Plan
GBV	Gender Based Violence
GOJ	Government of Jordan
HAUS	Health Access and Utilization Surveys
HMIS	Health Management Information System
HPC	Higher Population Council
IUD	Intrauterine Device
JCAP	Jordan Communication, Advocacy and Policy Activity
JOD	Jordanian Dinars
JRP	Jordan Response Plan
KAP	Knowledge, Attitudes, and Practices
MOH	Ministry of Health
MOI	Ministry of Interior
MOPIC	Ministry of Planning and International Cooperation
MWRA	Married women of reproductive age
NGO	Non-Governmental Organizations
RH/FP	Reproductive Health/Family Planning
TFR	Total Fertility Rate
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
USAID	United States Agency for International Development

Executive Summary

Over 1.2 million Syrian refugees have entered Jordan since 2011 marking an unprecedented, growing crisis. The Government of Jordan (GOJ) and its partners are working to understand and respond to the reproductive health needs of the Syrian refugee population while continuing to provide services and support for Jordanian citizens. Since early 2013, the GOJ and its partners have produced multiple documents concerning the Syrian refugee crisis, many of which touch upon the family planning status and needs of Syrians in Jordan.

The purpose of this report is to provide a synthesis of all identified assessments, surveys and other written documents produced from January 2013 through March 2016 that include information about the reproductive health/family planning (RH/FP) status of Syrian women in Jordan. This synthesis includes child marriage and other aspects of gender based violence, with a focus on Syrians living in urban communities throughout Jordan. Of the 43 documents analyzed, two (the 2012 Jordan Population and Family Health Survey and the Preliminary Results of the 2015 Census) were nationally representative population-based surveys and four others were population-based surveys that included Syrian refugees in specific localities and specific time periods. Another 20 documents provided some quantitative information collected by UNHCR and the GOJ concerning registered Syrian refugees in Jordan or provided a subset of service statistics in specific facilities, while the remaining documents were qualitative and/or advocacy-related. The combined findings provide the best available evidence on the RH/FP status of Syrian refugees who currently reside in Jordan, their knowledge, attitudes and behaviors, access to and use of family planning; and experience of child marriage and gender-based violence (GBV).

Key findings gleaned from this review include:

Magnitude of the challenge and elements of the response

Jordan provides sanctuary and support for Syrian refugees despite the resulting strain on its systems and infrastructure for social services such as education and health. Approximately one in eight individuals currently residing in Jordan is Syrian, a total of 1.27 million individuals according to the preliminary figures from the 2015 Jordan census. Eighty-five percent of Syrian refugees live outside camps, and most of them are classified as 'extremely vulnerable.'[1] Jordan is trying to respond to their urgent needs for economic support and social services while also meeting the expectations of Jordanian citizens.[2]

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[1] Vulnerability Assessment Framework Steering Committee in Jordan under the auspices of the UNHCR Syrian Refugees Working Group developed the local index, discussed in *The Welfare of Syrian Refugees: Evidence from Jordan and Lebanon,* reference number [4] in this report.

[2] [1] UNHCR. Syrian Refugees in Jordan, Lebanon Snared in Poverty, December 2015; [2] UNHCR. 2015 UNHCR Country Operations Profile – Jordan, 2015; [3] Jordan National Census 2015 preliminary results; [4] World Bank Group and UNHCR. The Welfare of Syrian Refugees, 2016

As estimated by the Ministry of Health (MOH), the number of Syrian patients seeking care in Jordan's MOH health centers and hospitals grew sharply from 2012 through 2014, impacting services for all residents of the country. There were over 50,000 visits by Syrians to MOH health centers in 2014 alone, and over 20,000 admissions to MOH hospitals. The MOH provided free primary health services to registered refugees until November 2014, when the Prime Minister issued a policy statement that registered Syrian refugees were to pay the same fees for health services in public facilities as non-insured Jordanians.[3] In February 2016 the MOH issued a new letter stating that all maternal and child health services including family planning will be free of charge for all fully registered Syrian refugees.[4]

International organizations including UNHCR, United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF), and bilateral donors such as the United States Agency for International Development (USAID) are supporting the national response to health needs of Syrian refugees in Jordan. Local and international non-governmental organizations (NGOs) also provide vital health services to Syrian refugees including reproductive health services.

Family planning knowledge, attitudes, practices and access to services[5]

Married Syrian women of reproductive age (MWRA) living in host communities in Jordan are younger, poorer and less educated, more likely to be in a female-headed household and not working, compared to Jordanian MWRA.

The reproductive health knowledge, attitudes and practices of Syrian women in selected Jordanian communities in the northern and central regions where most of the refugees are living are very close to those of Jordanian women in the poorest, least educated, and younger age groups in these same areas and across Jordan. However, the mean age at marriage of the Syrian women in Jordan is 20 years compared to a mean age at marriage of 22 years among Jordanian women.[6]

Syrian and Jordanian women proposed the same ideal number of children, a mean of 3.7 children for both groups. Fifty-six percent of both Syrian and Jordanian women who reported wanting to limit childbearing were using modern contraceptives, but Syrian women were less likely to be using a traditional method (12% and 21%, respectively). Among women who reported they did not want to limit childbearing (including women who were interested in spacing pregnancies), use of modern methods was lower among Syrians, at 22% vs. 29% of Jordanians. Among both groups, Intrauterine Devices (IUDs)

[3] [10] Letter issued by MOH Rescinding Free Health Services for Syrian Refugees, November 20, 2014.

[4] [12] Letter issued by the Health Insurance Directorate of the Ministry of Health, February 15, 2016.

[5] Jordan Communication, Advocacy and Policy Activity (JCAP) survey *Knowledge, Attitudes and Practices toward Family Planning and Reproductive Health among Married Women of Reproductive Age in Selected Districts in Jordan* (hereafter cited as KAP), which included 783 Syrian MWRA from four districts, as well as from other reports listed in the reference section. They are not statistically representative of Syrian MWRA in all of Jordan.

[6] [15] Ibid

were the most popular modern method followed by oral contraceptive pills; very few women in either group used other hormonal methods such as injectables or implants.[7]

Over half of the Syrian women surveyed in June 2015 who had obtained a contraceptive method in Jordan within the past year obtained it from a public health center or public hospital, while 17% of them received a method from an NGO source. Twenty-seven percent of Syrian women received their family planning method from a private commercial source, compared to 22% of Jordanian women.[8]

The policy that the MOH issued in November 2014 rescinding free access to health services by refugees was poorly understood by both Syrian refugees and by public health providers, and the actual costs were not clear. In 2015 only 64% of households of registered Syrian refugees knew that refugees had subsidized access to government primary health centers.[9] Therefore the MOH and its partners advocated for changes in this policy, culminating in a new policy letter issued by the MOH in February 2016 that reinstated free maternal and child health services, including family planning, for registered Syrian refugees.[10]

Approximately half of the 1.27 million Syrians living in Jordan are registered refugees, and an unknown proportion of the other Syrians currently in Jordan have similar economic conditions and needs for health services. Reasons for refraining from registering as refugees with UNHCR and from obtaining a Ministry of Interior (MOI) security card that permits access to government services include lack of documentation, geographic distance, lack of mobility, and fear of arrest.[11]

Child marriage and other forms of GBV

The proportion of registered marriages among Syrian refugees including girls aged 15-17 increased almost threefold, from 12% in 2011 to nearly 32% in the first quarter of 2014. In several qualitative studies, the practice of child marriage was perceived by Syrian refugees to be commonplace; nearly half of focus group participants in one study identified the normal age of marriage for girls as between 15 and 17 years while a few of them identified 12 to 14 years as the average in their community.[12]

While early marriage has long been an accepted practice in Syria, the status of Syrian refugees in Jordan has exacerbated existing pressures for early marriage due to poverty, perceived lack of safety for girls, and other factors. The 'bail-out' system under which Syrians can legally leave refugee camps and move to host communities when sponsored by a Jordanian increases the risk of exploitation of Syrian girls. The absence of the Syrian's traditional social structures and lower financial and social status has also

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[7] Ibid

[8] Ibid

[9] [20] UNHCR and JHAS. Jordan Health Access and Utilization Survey 2014

[10] [12] Letter issued by the Health Insurance Directorate of the Ministry of Health, February 15, 2016.

[11] [22] UNHCR and JHAS. Jordan Health Access and Utilization Survey 2015

[12] [27] Too Young to Wed; [28] CARE. "Jordan: Girls not Brides: Increase in Child Marriages among Syrians Stranded inside and outside of the Country." Press Release, December 2015; [29] UNICEF. A study on Early Marriage in Jordan Oct 2014.

increased the danger that girls married early may end up in abusive or exploitative situations.[13]

There is no reliable information on the number or proportion of Syrian refugees in Jordan who have experienced GBV. Semi-annual reports are generated from the Gender-Based Violence Information Management System concerning the types of GBV cases reported to agencies in selected locations including refugee camps, and the age and sex distribution of the victims. However, the number of cases is not provided in these reports. In addition, reported cases are an undetermined fraction of all cases of GBV. It is widely acknowledged that the conflict in Syria and the displacement of Syrians to Jordan has exposed women and children to increased risk of GBV and abuse, neglect, exploitation and violence. Specialized, confidential, and supportive services available to Syrian women and children survivors of GBV are not sufficient, and when such resources are available, Syrian refugees are very often unaware of them.[14]

Gaps in information

The preliminary results of the Jordan Census of 2015 provide a breakdown of Syrian refugees in Jordan. Given high mobility among refugees living outside of camps, the localization and concentration of Syrian refugees outside of camps requires frequent updating. Many Syrian refugees living outside of camps are unaware of health services available to them, especially women who have limited mobility. Information regarding the use of reproductive health services by Syrian refugees is incomplete. Barriers and facilitators for Syrian refugees to access care are not sufficiently clear, and may change over time.

General recommendations stemming from this review:

Many of the assessments and reports reviewed for this study generated recommendations to better respond to the reproductive health needs of Syrian refugees in Jordan. This initial list will need to be considered, refined and prioritized by the stakeholders responsible for reproductive health policies and services in Jordan.

To increase access and use of family planning services among Syrian refugees

- Support the national health system and services to strengthen the quality and accessibility of comprehensive RH/FP information and services for all residents in Jordan including Syrian refugees, throughout the reproductive lifecycle, from pre-conception to postpartum care.
- Increase Syrian refugee access to accurate information about reproductive health and available services through intensified community-based campaigns and outreach services coordinated among the different partners engaged in this effort, especially in areas with large populations of Syrian refugees.

[13] [30] Fowler, Rachel. Syrian Refugee Families' Awareness of the Health Risks of Child Marriage and What Organizations Offer or Plan in order to Raise Awareness. SIT. December 2014.

[14] [25] Shattered Lives; [26] Syria and the Refugee Crisis –A focus on Women & Girls 2015

- Ensure broad knowledge and consistent application of the MOH policy issued in February 2016 regarding free maternal and health and family planning services in public health facilities for registered Syrian refugees.
- Enhance coordination among the partners and stakeholders supporting reproductive health for Syrian refugees, to increase efficiency in use of resources and maximize access of refugees to comprehensive services.

<u>To reduce the risks and consequences of child marriage</u>

- Develop programs to empower girls with information, skills and support networks and improve their access to a high quality education.
- Educate and rally parents and community members against child marriage.
- Explore targeted incentives for families to maintain girls in school and/or job training programs, to relieve pressures on families to engage in child marriage.
- Improve the process used by shari'a courts to review all applications for special permission to marry below the legal age of 18 (adding mandatory review by qualified child protection advocates), and increase the minimum age at which the shari'a courts can provide discretionary permission to marry from 15 to at least 16 years.
- Increase efforts to prevent early pregnancy among young married girls, for example by providing targeted preconception counseling to couples with young brides, and their parents.

<u>To reduce the risks and consequences of other forms of GBV</u>

- Increase Syrian refugee access to accurate information about GBV and available services, through intensified community-based campaigns and outreach services, especially in areas with large populations of Syrian refugees.
- Strengthen prevention programs targeting women, men, girls and boys, and put in place measures to evaluate effectiveness.
- Maintain and strengthen access to comprehensive sexual and GBV services for all survivors including clinical, legal, psychosocial and economic support, improve integration of GBV services with other reproductive, maternal and child health services; build the capacity of health providers to identify, counsel and refer those who are at risk of or already are victims of GBV.
- Strengthen specialized legal services and knowledge about these services, to improve informed decisions by survivors.
- Conduct regular audits concerning safety of both clients and providers of GBV services and implement recommendations to reduce risk.

To improve the knowledge base concerning reproductive health of Syrian refugees

- Introduce measures to encourage refugee registration with UNHCR and the MOI, including reducing the risk of sanctions in collaboration with the GOJ.
- In order to better understand the actual location of Syrians in need of services and to assess the burden they place on specific localities more accurately, use innovative approaches such as hiring Syrian refugees to collect this information as part of the job creation initiative recently announced by HRH King Abdullah.
- Develop and update maps showing high-density refugee populations that can be compared with reproductive health services available in these areas.
- Regularly update maternal and child health/family planning service availability maps for Syrian refugees and other residents living in high-density areas.
- Collect nationality data for reproductive health services provided in public health facilities and to the extent possible, NGO health services and report them to the MOH, for use in decision-making.
- Conduct further research into the barriers and facilitators for Syrian refugees to obtain family planning information and services and their experience when accessing these services.

I. Study Parameters and Methodology

This study is based on both published and unpublished reports or presentations collected from November 2015 through February 2016 from multiple sources within Jordan, including the HPC, MOH, the Ministry of Planning and International Cooperation (MOPIC), and the interagency Reproductive Health Working Group, supplemented by internet searches. These documents include needs assessments and national response plans, assessments of the situation of Syrian refugees throughout the nation or in specific localities, localized surveys and qualitative studies, and the preliminary results of Jordan's National Census 2015. These reports covered multiple aspects of the Syrian refugee situation in Jordan; only the portions that were considered relevant to the RH/FP status of Syrian women living outside of camps were included in this synthesis.

The authors reviewed approximately 60 documents, of which they retained 43 documents relevant to this report (provided in the reference section). Of the 43 documents analyzed, two (the 2012 Jordan Population and Family Health Survey and the Preliminary Results of the 2015 Census) were nationally representative population-based surveys and four others were population-based surveys that included Syrian refugees in specific localities and specific time periods, and\or qualitative studies using focus groups and/or in-depth interviews. Most of the other documents provided some quantitative information collected by UNHCR and the GOJ concerning registered Syrian refugees in Jordan or provided a subset of service statistics in specific facilities,

The authors also performed an in-depth review of the findings from JCAP's Knowledge, Attitudes and Practices toward Family Planning and Reproductive Health among Married Women of Reproductive Age in Selected Districts in Jordan survey of 2015 and created a summary report (Annex 1).

Limitations to this literature review and secondary analysis include the possibility that the authors may have missed important documents, despite all efforts to be inclusive. Most of the assessments reviewed in this report covered only specific localities and/or specific time periods, so findings may not be fully representative of all Syrian refugees. The lack of accurate RH/FP service statistics on nationality of clients makes it difficult to provide estimates of percentages of Syrians using these services across sectors and localities. Finally, the magnitude, locations and situation of Syrian refugees in Jordan have evolved rapidly, and an unknown percentage of the 1.26 million Syrians in Jordan who are not registered as refugees may be very similar to the registered refugees in terms of poverty level and reproductive health needs. In any discussion of numbers or statistics this reports cites most recent available data.

II. Background

As the conflict in Syria enters its fifth year, over 6.5 million Syrians have been internally displaced and almost 4.4 million are registered refugees. Jordan is hosting an estimated 1.27 million Syrians, of whom 646,700 are registered refugees. The Jordan National Census of 2015 gives a total population of 9.5 million people; approximately one in eight individuals currently residing in Jordan is Syrian, creating huge economic, social and political strains on the country.[15]

Millions of people living in Syria at the time of the outbreak of the crisis in 2011 had already been internally displaced and were in economic distress. This includes over a million Syrians who moved out of the rural areas affected by the drought and settled in the peripheries of the main urban centers already characterized by low living standards. These same peripheries saw harsh fighting during the conflict, resulting in millions of internally displaced persons most prone to migrate out of Syria. The majority of the refugees in Jordan come from the southern province of Dar'a, a relatively poor area in Syria.[16]

While approximately 100,000 Syrian refugees live within camps, an estimated 85% live outside camps, and most of them are classified according to criteria used by the UNHCR Vulnerability Assessment Framework Steering Committee as 'extremely vulnerable.' The Syrian refugees are present throughout Jordan, concentrated mainly in poorer areas of Central, Mafraq, Irbid, and Zarqa Governorates.[17]

Approximately 24% of all Syrian refugees in Jordan are women of reproductive age (15-49 years) and almost 53% are children under 15 years of age; 18% are under five years of age. According to the 2015 Jordan Response Plan, providing for their needs has impacted Jordan's public finances, increasing government expenditure on subsidies, public services, and security, while further compounding the negative economic consequences of regional instability. Nine out of ten registered refugees in Jordan are either already defined as poor or soon will be. According to a World Bank/UNHCR report, there is also evidence that poverty among refugees increased between 2013 and 2015.[18]

Health statistics from within Syria in 2012 indicate a baseline contraceptive prevalence rate of 54% among Syrian married women and a total fertility rate (TFR) of 2.9, which is lower than the estimated 3.5 TFR in Jordan. Compared with the general population of pre-crisis Syria, the Syrian refugee population currently in Jordan is much younger, the level of education is marginally lower, there is a much higher proportion of children and

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[15] [1] UNHCR. Syrian Refugees in Jordan, Lebanon Snared in Poverty, December 2015; [2] UNHCR. 2015 UNHCR Country Operations Profile – Jordan, 2015; [3] Jordan National Census 2015 preliminary results.

[16] [4] World Bank Group and UNHCR. The Welfare of Syrian Refugees, 2016

[17] [5] MOPIC. Jordan Response Plan for the Syrian Crisis, 2015.

[18] Ibid [4], [5]

female heads of household, and Syrian female refugees are also more likely to be married under the age of 18.[19]

Given these characteristics, the reproductive health needs of the Syrian women residing in Jordan are high.

[19] [7] MOPIC. Needs Assessment Review of the Impact of the Syrian Crisis on Jordan, November 2013.

III. The response to health needs of Syrian refugees

From the beginning of the conflict in 2011, Jordan has accepted Syrian refugees flooding into its borders. Jordan continues to demonstrate hospitality, despite the substantial strain on national systems and infrastructure. National and international agencies backed the Jordanian government's response to the crisis; however, the general consensus of all partners is that current life-saving humanitarian funding and programming are neither sustainable nor sufficient, and should be complemented by a more development-oriented approach to build national resilience and sustain the level and quality of services provided.[20]

The Regional Refugee and Resilience Plan (3RP), coordinated by UNHCR and updated annually, forms the main inter-agency appeal to international donors, setting a common strategy for Governments, United Nations agencies and NGOs regarding the Syrian refugee crisis. In 2014, after undertaking a comprehensive needs assessment, the GOJ published the National Resilience Plan 2014-2016, presenting proposed priority responses to mitigate the impact of the Syrian crisis on Jordan and Jordanian host communities. In 2016 the GOJ produced an updated Jordan Response Plan for the Syrian Crisis 2016-2018.[21]

The health sector response within this plan spans a range of activities, from direct interventions that ensure short-term lifesaving needs of refugees are met to systemic investments that reinforce the national health system's capacity to cope with the increased patient load. In high-impacted governorates (mainly in the northern and central regions) public sector staff and facilities have struggled to accommodate tens of thousands of additional consultations, admissions, surgical operations, and deliveries. At the same time, Jordanians seeking health care in high-impacted governorates have to cope with the resulting congestion and longer wait times. Under this plan, the health strategy is to improve the health status of Syrian refugees and Jordanian host communities by strengthening the national health system and services. The strategy aims to reinforce the centrality of the national health system to the Syria crisis response. The plan is designed to:

- Give priority to these areas that are experiencing the highest rates of demands in Irbid, Amman, Mafraq, Jerash, and Ajloun governorates
- Integrate Syrian refugees' health information and data into the Jordanian Health management Information system (HMIS) and strengthening the HMIS generally
- Strengthen the existing overall health system in Jordan rather than create a new one for refugees alone[22]

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[20] [2] UNHCR. 2015 UNHCR Country Operations Profile – Jordan, 2015.

[21] [7] MOPIC. Needs Assessment Review of the Impact of the Syrian Crisis on Jordan, November 2013; [8] Final draft of the Jordan Resilience Plan 2014-2016; Jordan Response Platform for the Syria Crisis website http://www.jrpsc.org/ on March 2016.

[22] [8] Final draft of the Jordan Resilience Plan 2014-2016

In 2013, an assessment of the overall response to Syrian refugee reproductive health needs found that in general access of refugees within and in the surrounding areas of refugee camps to contraceptive supplies was good, despite a lack of pills for emergency contraception (combined oral pills can be used for this purpose, but often providers are unaware or unwilling to prescribe them for emergency contraception).[23] Also the assessment reported some provider barriers among the NGOs providing health services for Syrian refugees in and around the camps, e.g., "For example, one provider stocked contraceptives but reported that 'women did not want them' while another provider reported she would not give emergency contraception to a rape survivor or an unmarried woman." There are no emergency contraception products legally registered with the Food and Drug Administration, although MOH providers are trained in the use of other oral contraceptives for this purpose.[24]

Despite growing challenges, throughout most of 2014 the MOH maintained a policy of liberal access to primary care in their facilities for Syrians living outside of camps. The combined efforts of the government, UN agencies and other donors in 2014 resulted in securing additional reproductive health supplies including family planning methods, training provided for over 3,800 health workers and community health volunteers, and capacity improvements in 20 hospitals, 44 health care centers, one public health lab and the Central Blood Bank. Mortality in Zaatari camp, the largest camp for Syrian refugees, decreased and stabilized while acute malnutrition was maintained at low levels. In addition to 178,325 primary healthcare and 7,490 mental health consultations provided to Syrian refugees, the MOH and its partners undertook major vaccination campaigns with over 150,000 measles vaccinations and 9.5 million polio vaccinations administered in the first eight months of 2014 by MOH personnel and volunteers outside of camps.[25]

As estimated by the MOH, the number of Syrian patients seeking care in Jordan's MOH health centers and hospitals grew exponentially from 2012 through 2014. As an example, MOH data show that the number of outpatient visits to MOH primary health care centers by Syrian refugees increased from 68 in January 2012 to 15,975 in March 2013. Similarly and during the same period, the number of Syrian refugees attending MOH hospitals increased from 300 to 10,330 to 20,804. There were over 50,000 visits by Syrians to MOH health centers in 2014, and over 20,000 admissions to MOH hospitals. However, the MOH health centers did not consistently document the proportion of Syrian clients, and the data vary widely across the different governorates and the health centers within each governorate [MOH, unpublished data].

The Government of Jordan updated its status report and proposed response to the Syrian refugees in its Jordan Response Plan (JRP) 2015. The health objectives within the JRP include: enhanced equitable access, uptake and quality of primary, secondary and

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[23] [9] Boston University School of Public Health, UNHCR, UNFPA, US Centers for Disease Control and Prevention, and Women's Refugee Commission. Reproductive Health Services for Syrian Refugees in Zaatari Refugee Camp and Irbid City, Jordan 2013.

[24] Ibid

[25] [5] MOPIC. Jordan Response Plan for the Syrian Crisis, 2015.

tertiary health care for Syrians as well as vulnerable Jordanian populations in highly impacted areas; comprehensive health care provided for Syrian and Jordanian populations in highly impacted areas; and increased adaptive capacity of national health systems to current and future stresses.[26]

In November 2014, in response to budgetary pressures the Jordanian government rescinded the free primary health care it had provided to Syrian refugees, indicating that Syrians would pay the same amount as uninsured Jordanians when seeking health care in facilities run by the MOH. The ministry heavily subsidized public health services for uninsured Jordanians and explicitly exempts family planning services from any fees. Nevertheless, the widespread confusion among both Syrians and health providers regarding the fees they are expected to pay discouraged Syrian refugees from accessing family planning services in the public sector.[27]

In February 2016, after concerted advocacy by concerned public health authorities and international partners, the MOH issued a new letter stating that all maternal and child health services including family planning will be free of charge for all fully registered Syrian refugees.[28]

The MOH also announced in late 2015 that the fee for a Health Services card for those aged 12 and above was reduced from 30 JD to 5 JD (these cards are issued only by a subset of MOH health centers). These measures should greatly improve access to family planning among Syrians living in Jordan, once the MOH widely disseminates and consistently applies them in all MOH facilities.

Partners assisting in the response to reproductive health needs of Syrian refugees

The Government of Jordan leads all responses to the refugee crisis within its borders, including reproductive health care. The MOH is responsible for overall health policies, programs and services. A multitude of national and international agencies and implementing partners assist the government by providing support for refugees including access to reproductive health services.[29]

The United Nations agencies UNHCR, UNFPA and UNICEF coordinate with the Government of Jordan to address the health issues of the Syrian refugee population in Jordan. The UNFPA leads partner coordination and provides expertise and financial support for research and interventions related to reproductive health of the Syrian population. In addition, UNRWA provides health services for registered Palestinian refugees in Jordan, including some who left Syria due to the conflict. Bilateral donors

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[26] Ibid

[27] [10] Letter issued by MOH Rescinding Free Health Services for Syrian Refugees, November 20, 2014. [11] Mazhar, Momina. The Impact of Jordanian Health Care Policy on the Maternal and Reproductive Health Care Seeking Behavior of Syrian Refugee Women, UM College Park and SIT Middle East.

[28] [12] Letter issued by the Health Insurance Directorate of the Ministry of Health, February 15, 2016.

[29] [13] UNHCR website: https://data.unhcr.org/syrianrefugees/partnerlist.php

support programs to increase access of refugees to a variety of social services, including important support from the United States through USAID and the State Department.

The MOH provides the largest proportion of direct health services to Syrian refugees outside of the refugee camps. In addition, numerous national and international non-governmental associations provide health services specifically oriented to the needs of Syrian refugees as well as other disadvantaged populations within Jordan. Despite their difficult economic situation, Syrian refugees also obtain health services from private for-profit clinics, hospitals and pharmacies.

National NGOs are an important source of health care and other support for Syrian refugees both inside and outside of the refugee camps. Among the largest national NGOs providing reproductive health care for Syrian refugees, the Institute for Family Health/Noor Al Hussein Foundation provides health care and prevention services with a focus on reproductive and women's health, including ante- and post-natal care, family planning, psychological, social and legal counseling services, and health education activities in Amman and in Irbid, while the Jordan Association for Family Planning and Protection (JAFPP) provides family planning services. Jordan Health Aid Society provides health research expertise and health care for refugees inside of camps.

International partners are an important additional support for health care. The International Rescue Committee provides primary and reproductive health care, health education and referrals for specialized care in the northern and central regions, and supports mobile health clinics for refugees and vulnerable Jordanians in the cities of Mafraq, Irbid and Ramtha. Other international organizations provide or support health services for Syrian refugees inside and outside of camps including the International Medical Corps, Medair, Save the Children, International Relief and Development, and Islamic Relief Worldwide.

Annex 2 provides a summary table showing the different organizations involved in funding or providing reproductive health services to Syrian refugees that participate in coordinating bodies under the auspices of the UNHCR and UNFPA.

IV. Family planning knowledge, attitudes, practices and access to services

As noted earlier, Syrians who fled the conflict starting in 2011 and continuing through the present have particular characteristics that distinguish them from the general population in Syria before the conflict and from the general population of Jordan. The Syrian MWRA living in Jordan outside of camps tend to be considerably younger, poorer and less educated, primarily living in urban or semi-urban areas, more likely to be in a female-headed household, and not working compared to Jordanian MWRA. These characteristics affect all aspects of their knowledge and attitudes, access to family planning services and use of family planning methods. In general, the reproductive health

knowledge, attitudes and practices of Syrian women in Jordanian communities are close to those of Jordanian women in the poorest, least educated, and younger age groups.[30]

Knowledge, attitudes and practices concerning family planning

A 2013 study assessed the attitudes and practices of Syrian refugee women in Jordan regarding reproductive health services as part of an assessment on reproductive health service availability inside and outside of Zaatari camp. The study found that in general, refugees perceived health services including reproductive health and family planning as well as other support services negatively and/or would not access them, e.g., "nearly all women across the groups in Irbid city agreed they would not feel comfortable attending health services for reasons including no benefits from receiving health services, and family stigmatization. Most women in both the camp and the city mentioned that they would try to self-abort through lifting heavy objects if they had an unwanted pregnancy."[31]

Another study in 2013 concerning Syrian refugees in urban Jordan indicated a general lack of information on services available, little knowledge of sexual and reproductive health or prenatal care and concerns about all-male staff of doctors in hospital and clinics. Women in Mafraq were concerned by a lack of female doctors and expressed doubts about the quality of care available in their local facilities.[32]

An in-depth population-based survey to assess knowledge, attitudes and practices of MWRA performed in 2015 included a stratified, randomized sample of over 4,000 women including 783 Syrians in two health districts in the northern region and two in the central region of Jordan. This survey, performed by JCAP, provides a rich set of data on the reproductive health of this group and their knowledge, attitudes and practices concerning family planning, although it is not a nationally representative sample. Annex 1 provides a comprehensive review of these findings; the summary provided in the following eight paragraphs discusses the findings among MWRA of both nationalities.[33]

The Syrian married women of reproductive age (MWRA) living in Jordanian communities were considerably younger, less educated and poorer than their Jordanian counterparts. A quarter of the Syrian MWRA were 15-24 years of age while only 10% of the Jordanian MWRA fell within this age group. Seven percent of the Syrian women surveyed had received no education at all compared to only 4% of the Jordanian women, while 79% of the Syrian women had received only primary education compared with 42% of the Jordanian women. Fewer than 5% of the Syrian women had received education beyond secondary school, compared with 27% of the Jordanian women. Most

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[30] [15] KAP.

[31] [9] Boston University School of Public Health, UNHCR, UNFPA, US Centers for Disease Control and Prevention, and Women's Refugee Commission. Reproductive Health Services for Syrian Refugees in Zaatari Refugee Camp and Irbid City, Jordan 2013.

[32] [14] CARE. Syrian Refugees in Urban Jordan, April 2013.

[33] [15] KAP.

strikingly, 63% of the Syrian women were in the lowest income quintile compared with 21% of the Jordanian women; a total of 86% of Syrian women fell within the lower two income quintiles compared with 40% of the Jordanian women.

Syrian women were also more likely to have married at a younger age, with a mean age at marriage of 20 years versus 22 years for the Jordanian women. On the other hand, among the Syrian women aged 40-49, the mean number of children ever born was 5.1 compared to 5.5 among the Jordanian women in the same age bracket

Syrian and Jordanian women proposed the same ideal number of children, a mean of 3.7 children for both groups. However, Syrian women were more likely than Jordanian women to express a desire to have no more children, in every category of parity including those who had never given birth as well as those having had one to more than six children.

Syrian women who wanted to limit childbearing were as likely as Jordanian women to be using modern contraceptives (56% among both groups) but less likely to be using a traditional method (12% and 21%, respectively). Among those who did not want to limit childbearing, 22% of Syrian women used modern methods compared to 29% of Jordanian women, while 13% of Syrian women compared to 16% of Jordanian women used traditional methods.

Current use of a modern contraceptive method among the Syrian MWRA (39%) was slightly lower than among the Jordanian MWRA (41%); however, given the lower age of Syrian women their use of contraceptives was roughly comparable, since use of modern contraception is lower within the younger age groups. Jordanian and Syrian women demonstrated a similar reliance on IUDs (21% and 22% respectively) with use of pills coming second at 10% among both groups, and a very low use of other modern methods. Due to the higher use of traditional methods among Jordanians, the overall use of a family planning method was 59% among the Jordanian women compared to 51% among the Syrian women.

Among both Syrian and Jordanian women, 27% of all non-method users were currently pregnant. A higher percentage of Syrian women aged 15-19 and a lower percentage of Syrian women in all other age categories were pregnant at the time of the survey compared with Jordanians in their same age categories. Syrian women were slightly less likely than Jordanian women to indicate a desire to become pregnant (17% and 20%, respectively). Although 79% of the Syrian women broadly agreed that birth spacing would contribute to better opportunities for the family, a lower proportion of Syrian women (54%) indicated they would use contraception in the future compared to Jordanian women (60%).

All women cited side effects as the main reason for not using modern contraception; 47% of reasons they gave for considering discontinuing a method, or not using a method if they were currently not using, were related to fear of side effects of modern methods. Syrian women tended to fear side effects of modern contraceptives somewhat less, at 42% compared to 48% of Jordanians who cited this concern. Access problems or lack of

knowledge of a method accounted for only 2% of responses among the Syrian women in the survey, while provider-related reasons accounted for another 2%.

Overall, 66% of women had been exposed to family planning messages via television and 33% via radio. There was a pronounced difference in exposure to electronic media between Syrian and Jordanian women, with the latter group at about 60% higher rates of exposure. Syrian women also reported less exposure to family planning messages from outreach workers or community events; 30% of Syrian women reported no exposure to family planning messages from any source, compared with only 14% of Jordanian women. Half of all women reported trust in information coming from their husbands. Syrian women reported somewhat less trust in information coming from other individuals.

A qualitative study performed by JCAP in late 2015 to explore attitudes and behaviors related to gender and reproductive health provided the perspectives of participants in 42 focus groups including 12 groups of Syrians (married women and men of reproductive age and young unmarried women and men). The attitudes and behaviors of these groups regarding gender and reproductive health provided additional context for the quantitative findings.[34]

From a religious perspective, some young unmarried Jordanians and Syrians in the focus groups said that birth spacing was against Islam because "God provides as He wishes." However, most married Jordanian men and women and married Syrian women said that religion supported birth spacing, but not birth control. Participants referred to Quranic verses and Hadeeth that promoted birth spacing, noting that breastfeeding was one of the family planning practices mentioned in the Quran.

The study indicated a strong belief among Syrians as well as Jordanians in the different groups that most modern family planning methods had side effects and harmed women's health. Some respondents linked oral contraceptive pills and injections to issues such as hypertension, fetus abnormalities, diabetes, and cancer; therefore, they relied on the experiences of others to guide their choice of family planning methods.

Married Syrian men and unmarried Syrian youth said that their ideal number of children was three to four, while the married Syrian women said it was four to five children. Syrian participants stated that many Syrian families would want to increase births to compensate for the loss of human life in the war, but were unable to achieve their desire to expand their families due to lack of stability and poor financial conditions.

Married Syrian women had a limited knowledge of the range of modern methods, mentioning only IUDs, oral contraceptive pills and condoms, while Jordanian women also cited other hormonal methods such as injectables and implants, and female sterilization. The study also showed that unmarried Jordanian and Syrian youth had low levels of knowledge of the range of modern family planning methods except for IUDs, oral contraceptive pills, and condoms.

[34] [16] JCAP. Exploring Gender Norms and Family Planning in Jordan, December 2015.

Access to family planning services

Jordan has made substantial progress in meeting the family planning needs of its population, such that in 2012, 42% of all MRWA were using modern methods of family planning. However, barriers to comprehensive understanding of, access to, and use of family planning still exist. From a 2015 study of sexual and reproductive health rights in Jordan, recommendations relevant to all women in Jordan included: "Empower women to obtain the right advice and accurate information about reproductive health; provide proper and accessible medical support including reproductive health services and the implementation of awareness programs for young couples; and intensify efforts in promoting and providing family planning to reduce the fertility rate and focus on population segments that have the highest unmet need." [35]

Most of the studies and reports concerning the health of Syrian refugees from 2013 through 2015 focus on overall health status, access to and use of health services; some include specific sections on reproductive health services. As of 2014, several assessments provided a relatively comprehensive picture of Syrian women's access to and use of family planning since coming to Jordan, notably including the national 2014 and 2015 Health Access and Utilization Surveys (HAUS) performed using telephone interviews. There are also several documents that are anecdotal or based on small convenience samples, but nevertheless provide insights into the family planning perspectives and experiences of Syrians currently living in communities in Jordan.

A qualitative study by UNICEF in 2013 indicated that accessing basic resources and specialized services is the biggest challenge for Syrian refugee women and children (girls in particular) due to their limited ability to leave the home without a male family member. Many rarely leave home altogether in a community that both their husbands and they perceive as unsafe. There was general consensus among women that male adults' fears about their safety in Jordan often results in women spending significant amounts or even all of their time inside, a phenomenon that contributes to increased dependency on male family members and makes women feel more susceptible to male family members' pressures and demands.[36]

The 2014 HAUS used mobile phones to conduct a telephone interview of registered refugees in 1637 households. Data from the 2014 HAUS showed strong refugee knowledge about, and access to, health services including reproductive health. Ninety-six percent of those surveyed knew that they had free access to public health services. Among those surveyed, the percentage of reproductive health visits rose from 7% to 11% from 2013 to 2014.[37]

A health needs assessment in Zarqa in early 2014 pointed to significant barriers that prevented Syrian refugees from accessing quality affordable health care services. The

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[35] [17] Jordan Population and Family Health Survey, 2012; [18] Mapping Sexual and Reproductive Health and Rights Policies in Jordan, 2015

[36] [19] UN Women. Gender-based Violence and Child Protection among Syrian Refugees in Jordan, 2013.

[37] [20] UNHCR and JHAS. Jordan Health Access and Utilization Survey 2014

most important factors influencing access to health care included financial pressure and priority given to house rent, administrative requirements (police registration, UNHCR registration)–as well as lack of information, perception of healthcare quality including staff attitude, drugs availability, waiting time–and overall lack of services due to the saturation of existing facilities.[38]

The 2014 survey in Zarqa, which included measures to reach unregistered as well as registered refugees in urban communities with a high density of Syrians, noted that 95% of the Syrian households found in these areas reported registration of all members with UNHCR. Most households also received assistance: 94% reported receiving cash or vouchers from the UN or an NGO in the month before the survey, with an average value of 201 JOD. Most households (85%) reported receiving care at a public health facility since arriving in Jordan, averaging six visits to public health facilities in the six months preceding the survey.[39]

At the time of the 2015 HAUS survey, the officially registered non-camp Syrian refugees living in Jordan numbered 521,037 individuals in 151,962 households. Only 64% of the households surveyed knew that refugees have subsidized access to government primary health centers. Although not a direct comparison since the services were no longer free, this was markedly lower than the 96% who knew that refugees had access to free health care in 2014.[40]

An undetermined proportion of the 1.27 million Syrians living in Jordan could be unregistered refugees. Reasons for refraining from registering as refugees with UNHCR include lack of documentation, lack of mobility, geographic distance, and fear of arrest. Previously, Syrian refugees in Jordan were able to register with UNHCR without reference to the status of their documentation. As of July 2014, the UNHCR was instructed by the Jordanian government to not issue Asylum Seeker Certificates to refugees who left camps without proper 'bail out' documentation. The asylum seeker is also required to obtain an MOI service card. Both documents are required in order to access public services, including health care. Police stations are distributing MOI cards to urban refugees through a verification exercise, which involves a biometric scanning procedure. These stringent measures, including tightened border controls, coincided with the repeal of free healthcare for Syrian refugees in Jordan in November 2014.[41]

According to JCAP 2015 KAP survey, 52% of the Syrian women who obtained contraception in the past year obtained the method from a public health center or a public hospital, while 11% received it from an NGO other than the Jordanian Association for Family Planning and Protection, which was cited as the source of family planning services by an additional 6%. Fully 27% of Syrian women received their method from a private commercial source, whether a doctor, a pharmacy or private hospital,

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[38] [21] Syrian Crisis Health Needs Assessment March 2014 –Report to the MOH– focused on Zarqa

[39] Ibid

[40] [22] UNHCR and JHAS. Jordan Health Access and Utilization Survey 2015

[41] [23] UNHCR, WHO, JUST, John Hopkins. Syrian Refugee Health Access Survey in Jordan," December 2014; [24] Rafique, Mehvish. Refugee Registration and Renewal: A Barrier to Health Care Access," August 2015.

compared to 22% of Jordanian women. Given the low income level of most of Syrian women, these findings points to difficulties and/or misconceptions regarding their access to public family planning services or other concerns such as perceived poor quality of care in public clinics.[42]

Summary recommendations to increase access and use of family planning services among Syrian refugees in Jordan

The different reports show the need for increased distribution and improved quality of information and access to reproductive health services among the Syrians living in host communities. Since most Syrians are imbedded in Jordanian communities, and their profile is very similar to that of younger, poorer and less educated Jordanians, the response must include strengthening the overall availability and quality of RH/FP information and services across Jordan. In addition to other health needs, Syrian women and men living in Jordan would greatly benefit from more information on the possible advantages of delay, spacing and/or limiting of childbearing, complete information concerning available family planning methods and services, access to quality services, and for acceptors, support for use of their chosen family planning method. Specific recommendations stemming from this review include:

- Support the national health system and services to strengthen the quality and accessibility of comprehensive RH/FP information and services for all residents in Jordan, including Syrian refugees, throughout the reproductive lifecycle, from pre-conception to postpartum care.
- Increase Syrian refugee access to accurate information about reproductive health and available services through intensified community-based campaigns and outreach services coordinated among the different partners engaged in this effort, especially in areas with large populations of Syrian refugees.
- Ensure broad knowledge and consistent application of the MOH policy issued in February 2016 regarding free maternal and child health and family planning services in public health facilities for registered Syrian refugees.
- Enhance coordination among the partners and stakeholders supporting reproductive health for Syrian refugees, to increase efficiency in use of resources and maximize access of refugees to comprehensive services.

V. Gender Based Violence Including Child Marriage

Numerous studies, assessments and reports have documented the increased risk of child marriage and other forms of GBV among Syrians living in Jordan. UNICEF has consistently supported research on this issue. This chapter serves as a synthesis of the main findings and conclusions of these studies.

[42] [14] CARE. Syrian Refugees in Urban Jordan, April 2013.

Child Marriage

Early marriage of girls under the age of 18 is practiced by many families in Syria, where the legal age of marriage is 16 but girls can marry as young as 13. Most Syrian marriages are arranged by families; rural women and those with low education tend to marry younger than urban and/or more educated women. The minimum age of marriage in Jordan is 18 for girls and boys but early marriage remains lawful for girls as young as 15 with court approval.[43]

From 2011-2014, the number of registered marriages of Syrian refugees in Jordan involving girls aged between 15 and 17 years old tripled; the proportion of child marriages among this group increased just as sharply. Girls aged between 15 and 17 made up 12% of all registered marriages in 2011 (roughly the same as the figure in pre-war Syria). In 2012, that percentage rose to 25%, and in the first quarter of 2014 it increased yet again to almost 32%. The spousal age gap in marriages involving girls in 2012 was larger among Syrian girls compared with other girls who married early in Jordan. Of all Syrian girls who married between the ages of 15 and 17, 16% married men who were 15 or more years older than them, compared with 6% of Palestinian girls and 7% of Jordanian girls who married early.[44]

The 'bail-out' system refers to the official policy of the Jordanian government whereby Syrians can legally leave refugee camps and move to host communities when sponsored by a Jordanian. The bail-out system increases the risk of exploitation of Syrian girls, and early marriages may increase as the economic situation worsens. However there is also evidence to suggest that some Syrian families are delaying the age of marriage for their daughters given their unstable situation. According to Syrian girls and women, some families reject marriage proposals from Jordanian men and other nationalities, as they are disrespectful to their daughters.[45]

A comprehensive national survey of registered Syrian refugees in Jordanian communities was carried out in 2013 by a consortium of organizations, with support from UNICEF, using questionnaires, focus groups and in-depth interviews to assess their situation regarding GBV including child marriage. Female respondents of all ages knew someone who had experienced early marriage. Slightly more than half of the female participants and 13% of the males were married before the age of 18, most prior to their arrival in Jordan.[46]

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[43] [25] Shattered Lives: Challenges and Priorities for Syrian Children and Women in Jordan," June 2013; [26] Syria and the Refugee Crisis –A focus on Women & Girls 2015(hereafter cited as Shattered Lives); [27] Save the Children. Too Young to Wed The Growing Problem of Child Marriage among Syrian Girls in Jordan, 2014 (hereafter referred as Too Young to Wed)

[44] [27] Too Young to Wed; [28] CARE. "Jordan: Girls not Brides: Increase in Child Marriages among Syrians Stranded inside and outside of the Country." Press Release, December 2015; [29] UNICEF. A study on Early Marriage in Jordan Oct 2014.

[45] [25] Shattered Lives.

[46] [17] Jordan Population and Family Health Survey, 2012.

The practice of child marriage was perceived by the study participants to be extremely common; 44% identified the normal age of marriage for girls as between 15 and 17 years while 6% identified 12 to 14 years as the average in their community. The majority of both male and female survey respondents (over 65%) said that the average age of marriage has stayed about the same since coming to Jordan. Of those who thought it had changed, respondents were two to three times as likely to say that the age for both males and females had decreased–about 23% said this, compared with less than 10% saying it had increased. In focus groups, participants stated that as refugees in Jordan, it was more likely for a young girl to be married to a much older man and in a limited number of cases to a man of Jordanian nationality, because he may be perceived as more capable of providing her with protection in an unsafe or unfamiliar environment.[47]

Interviews with Syrian refugees in 2014 suggested that while early marriage has long been an accepted practice in Syria, the Syrian crisis has exacerbated existing pressures for early marriage and has also increased the danger that girls married early may end up in abusive or exploitative situations. Refugees reported that some families resorted to marriage to facilitate the entry of Syrian men into Jordan (having heard that family groups were accepted more easily). The belief that marriage provided greater security (of all kinds) for girls in an insecure environment-in Syria or Jordan-has also reportedly made some families more inclined to marry their daughters at a younger age.[48]

Most respondents–including women who had married before the age of 18–said that, in general, child marriage was not advisable. Nevertheless, there appeared to be wide acceptance that the practice remained an appropriate response to certain "compelling circumstances." Views ranged as to what situations fell within the parameters of "compelling circumstances," but there was widespread agreement that they would include teenage pregnancy, an abusive home environment, or situations in which an adolescent girl was living with extended family. Ultimately the decision as to whether a marriage would go ahead lay with the child's father/male guardian.[49]

As refugees, Syrian families rely on dwindling resources and lack economic opportunities. At the same time, they are all too aware of the need to protect their daughters from the threat of sexual violence. Given these pressures, some families consider child marriage to be the best way to protect their female children and ease pressures on family resources. However, Syrian married girls are more likely to drop out of school. Child marriage thus serves to perpetuate and reinforce gender inequality across a broad spectrum of a girl's rights.[50]

A small qualitative study in 2014 indicated that Syrian refugees' perception of early marriage may depend on their situation in Jordan, such as their ability to provide for their family, their feeling of safety, and their access to services like health and education. Syrian refugees tended to give many reasons for marrying a daughter off before she is 18

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[47] Ibid

[48] [29] UNICEF. A study on Early Marriage in Jordan Oct 2014

[49] Ibid

[50] [27] Too Young to Wed.

years of age, but their reasons involved short-term pressures such as easing financial burden rather than the long-term deleterious effects of early marriage.[51]

Summary recommendations to reduce the risks and consequences of child marriage among Syrian refugees

The different documents provide a range of recommendations to help reduce the risks and consequences of child marriage among Syrian refugees, including these important aspects:

- Develop programs to empower girls with information, skills and support networks and improve their access to a high quality education.
- Educate and rally parents and community members against child marriage.
- Explore targeted incentives for families to maintain girls in school and/or job training programs, to relieve pressures on families to engage in child marriage.
- Improve the process used by shari'a courts to review all applications for special permission to marry below the legal age of 18 (adding mandatory review by qualified child protection advocates), and increase the minimum age at which the shari'a courts can provide discretionary permission to marry from 15 to at least 16 years.
- Increase efforts to prevent early pregnancy among young married girls, for example by providing targeted preconception counseling to couples with young brides, and their parents.

Other forms of GBV experienced by Syrian refugees

Since the outbreak of the conflict, studies identify rape and sexual violence as the most extensive form of violence faced by women and girls while in Syria. Women and girls also experienced other forms of violence such as intimate partner violence, early marriage, sexual harassment and survival sex. Findings from multiple studies and reports regarding GBV among Syrians, who fled the conflict and are now in Jordan, indicate that the conflict in Syria and the displacement of Syrians to Jordan has exposed women and children to increased risk of GBV and abuse, neglect, exploitation and violence. Syrian girls experience double marginalization due to both age and gender.[52]

The JCAP 2015 KAP population-based survey in 16 districts found widespread acceptance among MWRA of violent behavior by their husbands. Over half of all respondents (and 58% of all Syrian respondents) strongly or moderately agreed with the statement that a woman should tolerate violence (verbal, physical or sexual) to keep the

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[51] [30] Fowler, Rachel. Syrian Refugee Families' Awareness of the Health Risks of Child Marriage and What Organizations Offer or Plan in order to Raise Awareness. SIT. December 2014

[52] [25] Shattered Live; [26] Syria and the Refugee Crisis –A focus on Women & Girls 2015; [31] The Response to Syrian Refugee Women's Health Needs in Lebanon, Turkey and Jordan and Recommendations for Improved Practice.

family together. Approximately 88% of MWRA rationalized at least one reason for a beating by a husband. When infidelity was excluded as a reason, 75% still rationalized a reason for a beating. There were no major differences between Syrian and Jordanian women in these responses.[53]

In the qualitative study on *Exploring Gender Norms and Family Planning in Jordan* performed by JCAP in late 2015, participants in both Jordanian and Syrian groups unanimously agreed that GBV is present in the society. Married men remarked that mild beating is permissible for correctional purposes according to religion, citing a Hadeeth for the Prophet (peace be upon him). They also mentioned withholding sex as another form of disciplining the wife that is mentioned in Islam. Men added that they resorted to screaming, threatening, and divorce as methods of disciplining the woman. In contrast, unmarried Jordanian and Syrian youth of both genders generally rejected violence for any reason, even at the level of threatening or screaming. While married women rejected violence and severe beating, they said that yelling and threatening could be tolerated to preserve their children and household in line with the prevailing customs and traditions in the society. Some married men and unmarried male youth indicated that the husband could resort to beating if the wife refused to bear children, declined to use family planning methods, or used family planning methods without the husband's consent.[54]

The providers of reproductive health services for Syrian refugees normally include screening and referral of GBV cases as a component of care. However, specialized, confidential, and supportive services available to Syrian women and children survivors of GBV are not sufficient, and when such resources are available, Syrian refugees are very often unaware of them. Eighty-three percent of those surveyed in a 2013 study did not know of any services available for survivors of GBV in their community. Women were much more likely to report any form of violence to other family members, rather than to service providers or the police, and many felt more comfortable reaching out to a religious official, such as a local imam, to resolve such matters discretely. While services need to be increased, the main issue remains building trust and reaching out to the communities.[55]

Summary recommendations to reduce the risks and consequences of other forms of GBV

A number of GBV assessments provided specific recommendations to improve the prevention and response to GBV for Syrian refugees in Jordan, and some additional recommendations were developed stemming from this review. These include:

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[53] [14] CARE. Syrian Refugees in Urban Jordan, April 2013.

[54] [15] KAP

[55] [17] Jordan Population and Family Health Survey, 2012; [32] Sexual and Gender-Based Violence Refugees in Jordan, Brief of SGBVWG

- Increase Syrian refugee access to accurate information about GBV and available services, through intensified community-based campaigns and outreach services, especially in areas with large populations of Syrian refugees.
- Strengthen prevention programs targeting women, men, girls and boys, and put in place measures to evaluate effectiveness.
- Maintain and strengthen access to comprehensive sexual and GBV services for all survivors including clinical, legal, psychosocial and economic support, including integration of GBV services with other reproductive, maternal and child health services; build the capacity of health providers to identify, counsel and refer those who are at risk of or already are victims of GBV.
- Strengthen specialized legal services and knowledge about these services, to improve informed decisions by survivors.
- Conduct regular audits concerning safety of both clients and providers of GBV services and implement recommendations, to reduce risks.

VIII. Gaps in information

Despite the numerous assessments and reports produced since 2013 regarding the Syrian refugees now in Jordan, this review highlighted significant gaps in information about the Syrian refugees currently residing in Jordanian communities. The generally accepted estimate is that 85% of approximately 650,000 registered Syrian refugees in Jordan reside outside of refugee camps, and the Jordan National Census of 2015 added more information regarding the total number of Syrians in Jordan and their distribution across the country. However, most reports acknowledge that the total number and location of Syrian refugees are estimates based on less than complete information. The information system used by UNHCR and participating agencies to track health services within refugee camps is relatively complete, but within the general population it is much more difficult to track the use of health services by Syrian refugees.

Geographic mapping of Syrian populations in Jordan is a complex task, greatly complicated by the reluctance or inability of some Syrian refugees to register with UNHCR and MOI authorities. In order to better understand the actual location of Syrians in need of services and to assess the burden they place on specific localities more accurately, innovative approaches are needed, possibly including the use of unemployed Syrians to collect this information as part of the job creation initiative recently announced by HRH King Abdullah. In addition, the government of Jordan may need to consider other measures to encourage undocumented refugees to apply for formal status, especially by reducing the risks perceived by refugees in doing so.

Qualitative surveys pointed out that many Syrian refugees in Jordanian communities are unaware of health services available to them, especially women who have limited opportunities to familiarize themselves with local services. Community campaigns and outreach services can be an important aspect of the response to this need; locally specific maps of services available to Syrians including reproductive health and GBV response services have been prepared and need to be repeatedly disseminated, given the frequent movement of Syrian refugees within Jordan.

In addition, information regarding the actual use of health services by Syrian refugees, including reproductive health services, is incomplete. There is no routine collection of nationality information in public health services nor is nationality generally recorded in NGO clinics, and the use of specific private commercial services is unknown. At the least, the MOH facilities should collect their service statistics disaggregated by nationality, and routinely report this information to their respective headquarters. All NGO agencies receiving support for their services to refugees should also collect and report information to the MOH on the nationalities they serve and the types of services received. To the extent possible, private hospitals and other private health providers should also be encouraged to report this information to the MOH. The MOH and other interested stakeholders could then track the overall use of family planning among Syrian refugees and take appropriate decisions to ensure good access to services.

Summary recommendations to improve the knowledge base concerning reproductive health of Syrian refugees

- Introduce measures to encourage refugee registration with UNHCR and the MOI, including reducing the risk of sanctions in collaboration with the GOJ.
- In order to better understand the actual location of Syrians in need of services and to assess the burden they place on specific localities more accurately, use innovative approaches such as hiring Syrian refugees to collect this information as part of the job creation initiative recently announced by HRH King Abdullah.
- Develop and update maps showing high-density refugee populations that can be compared with reproductive health services available in these areas.
- Regularly update maternal and child health/family planning service availability maps for Syrian refugees and other residents living in high-density areas.
- Collect nationality data for reproductive health services provided in public health facilities and to the extent possible, NGO health services and report them to the MOH, for use in decision-making.
- Conduct further research into the barriers and facilitators for Syrian refugees to obtain family planning information and services and their experience when accessing these services.

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Annexes

Annex I: Knowledge, Attitudes and Practices toward Family Planning and Reproductive health among Syrian Married Women of Reproductive Age in Selected Districts in Jordan

Date: March 2016

This report draws upon the findings of the survey on Knowledge, Attitudes and Practices toward Family Planning and Reproductive Health among Married Women of Reproductive Age in Selected Districts of Jordan that was implemented by the Center for Strategic Studies and analyzed by the Eastern Mediterranean Public Health Network in August 2015 on behalf of the USAID-funded Jordan Communication, Advocacy, and Policy Activity (JCAP).

TABLES

EXECUTIVE SUMMARY

In June 2015 the Jordan Communication, Advocacy, and Policy Project (JCAP) conducted an in-depth, population-based survey to assess knowledge, attitudes and practices (KAP) of married women of reproductive age (MWRA) across northern, central and southern Jordan. The KAP survey documented their fertility choices and family planning and also assessed social and cultural norms and behavioral determinants related to gender roles, empowerment, decision-making and sources of family planning information. The survey covered a sample of 4,076 MWRA including 3,288 Jordanian women living in sixteen districts. In addition, the survey included 788 Syrian women from four of the districts with large Syrian populations to generate a broadly representative sample of Syrian MWRA. Since it was a purposive sample, Syrian women in this study should not be considered as fully representative of Syrian women in the three regions or in the nation as a whole.

Syrian MWRA living in Jordanian communities were considerably younger, less educated and poorer than their Jordanian counterparts. A quarter of the Syrian MWRA were 15-24 years of age; only 10% of the Jordanian MWRA fell within this age group. Seventy-nine percent of the Syrian women had received only primary education compared with 42% of the Jordanian women. Fewer than 5% of the Syrian women had received education beyond secondary school, compared with 27% of the Jordanian women. Among the Syrian women, 11% had husbands living elsewhere, compared with less than 2% of Jordanian women. Most strikingly, 63% of the Syrian women were in the lowest income quintile compared with 21% of the Jordanian women; a total of 86% of the Syrian women fell within the lower two income quintiles compared with 40% of the Jordanian women.

Syrian women were also more likely to have married at a younger age, with a mean age at marriage of 20 years versus 22 years among the Jordanian women. On the other hand, in the 40-49 year bracket, the mean number of children ever born was lower among the Syrian women at 5.1 compared to 5.5 among the Jordanian women.

On average, Syrian and Jordanian women cited the same ideal number of children, a mean of 3.7 children for both groups. However, Syrian women were more likely than the Jordanian women to express a desire to have no more children. This was true in every category of parity including those who had never given birth as well as those with one to more than six children.

Syrian MWRA who wanted to limit childbearing were as likely as the Jordanian MWRA to be using modern contraceptives (56% among both groups) but less likely to be using a traditional method (12% and 21%, respectively). Among those who did not want to limit childbearing, the use of modern methods was somewhat lower among Syrian women, at 22% versus 29% of Jordanian women.

Current use of a modern contraceptive method among Syrian MWRA (39%) was slightly lower than among Jordanian MWRA (41%); however given the lower age of the Syrian women their use of contraceptives was roughly comparable, since use of modern contraception is lower within the younger age groups. The Jordanian and Syrian women demonstrated a similar reliance on IUDs (21% and 22% respectively) with use of pills coming second at 10% among both groups, and a very low use of other modern methods. Due to Jordanian MWRA's higher use of traditional methods, use of any family planning method was higher at 59% among Jordanian women compared to 51% among Syrian women.

Among both Syrian and Jordanian MWRA, 27% of non-users of a family planning method were currently pregnant. A higher percentage of young Syrian women aged 15-19 and a lower percentage of Syrian women in all other age categories were pregnant at the time of the survey compared to Jordanian women in their same age categories. Syrian women were slightly less likely than Jordanian women to indicate a desire to become pregnant (17% and 20%, respectively). Although 79% of Syrian women agreed that birth spacing would contribute to better opportunities for the family, 37% of Syrian women indicated they would not use contraception in the future, compared to 34% of Jordanian women who made the same statement.

Side effects were overwhelmingly the main reason given for nonuse of modern contraception; 47% of reasons given for why they would consider discontinuing a method, or not using a method if they were currently not using, were related to fear of side effects of modern methods. Syrian MWRA tended to fear side effects of modern contraceptives somewhat less, at 42% compared with 48% of Jordanian MWRA. Access problems or lack of knowledge of a method accounted for only 2% of responses among the Syrian women in the survey, while provider-related reasons accounted for another 2%.

Overall, 66% of women had been exposed to family planning messages via television and 33% via radio. There was a pronounced difference in exposure to electronic media between the Syrian and Jordanian women, with the latter group at about 60% higher rates of exposure. Syrian MWRA also reported less exposure to family planning messages from outreach workers or community events; 30% of Syrian women reported no exposure to family planning messages from any source, compared with only 14% of Jordanian women. Half of all women in both groups reported trust in family planning information coming from their husbands.

The main reason cited by both groups for why a woman might not use a modern family planning method was the desire to have more children to fulfill her maternal role (15%), followed by the maternal desire for sons (13%). Fewer Syrian women (45%) compared with Jordanian women (53%) had discussed family planning with their husbands over the previous six months.

Fifty-two percent of the Syrian women who obtained contraception in the past year obtained the method from a public health center or hospital, while 6% received a method from the Jordanian Association for Family Planning and Protection (JAFPP) and 11% from another NGO. Fully 27% of Syrian women received their method from a private commercial source, whether a doctor, a pharmacy or private hospital, compared to 22% of Jordanian women. Given the low income level of most of the Syrian women, this finding points to difficulties and/or misconceptions regarding their access to public family planning services.

A majority of all women surveyed (68%) reported going alone only to healthcare centers in their area of residence, while 52% reported going alone to healthcare facilities outside their area of residence as well. In general Syrian women had less mobility. Only 52% said they went unaccompanied to local markets, and 49% would go alone for local health care, compared with 71% of Jordanian women.

Nearly 61% of all the women surveyed strongly agreed with the statement that women and men should have equal access to social, economic and political opportunities, and one-third (33%) of women moderately agreed. Only 53% of Syrian women strongly agreed with the statement compared to 62% of Jordanian women.

Over a quarter of both the Syrian and Jordanian MWRA strongly agreed that a woman should tolerate violence (verbal, physical, sexual) to keep the family together. Approximately 88% of

the women rationalized at least one reason for their husband beating the respondent. Excluding the reason 'having relations with another man', 75% still rationalized other reasons to accept violence. There were no appreciable differences between Syrian and Jordanian women in respect to tolerance of violence in the household.

Study Design

This 2015 survey was designed to establish a rigorous baseline for knowledge, attitudes and practices with respect to fertility choices and family planning, in districts where JCAP has focused interventions and eight comparable control sites. The survey also assessed social and cultural norms and behavioral determinants related to gender roles, empowerment, decision-making and sources of information regarding family planning.

The sampling universe of the study consisted of all households with married women aged 15-49 in 14 districts and two sub-districts in the three regions of Jordan (central, north and south) . JCAP employed stratified, multi-stage cluster sampling to generate a total sample of 4,076 MWRA. In addition to 3,288 randomly sampled Jordanian women, the survey included a broadly representative sample of 788 Syrian MWRA from four districts with large Syrian populations: Mafraq Qasabah and Ramtha in the northern region, and Quaismeh and Russeifa in the central region. Thus Syrian women sampled in the study reflect a purposive sampling design and results cannot be used to infer findings to Syrian women in the three regions.

Figures cited in this summary compare responses of Syrian women residing in the four selected districts with those from Jordanian women in all 16 districts, and are not representative of the national population of women of reproductive age.

I. Background Characteristics of Respondents

Of the women sampled, 19% (n=783) were Syrians living in host communities. Syrian MWRA were younger than Jordanian MWRA, with 24% falling in the 15-24 age group compared with only 10% of the Jordanian women. The majority of Syrian women (90%) lived in urban areas compared with 64% of Jordanian women. Syrian women were equally distributed in the north and central regions.

The educational level of the Syrian women in the sample was considerably lower than that of the Jordanian women. Seven percent of the Syrian women had received no education compared to only 4% of the Jordanian women, while 79%% of the Syrian women had received primary education alone compared with 42% of the Jordanian women. Over a quarter of the Jordanian women (27%) possessed higher education compared with less than 5% of the Syrian women.

Strikingly, 63% of the Syrian women were in the lowest income quintile compared with 21% of the Jordanian women; a total of 86% of the Syrian women fell within the lower two income quintiles compared with 40% of the Jordanian women.

Around 12% of the Jordanian women were currently working compared with less than 1% of the Syrian women. Among Syrian women, 11% had husbands living elsewhere, compared with less than 2% of Jordanian women (not shown in table).

Table 1. Percent distribution of nationality of currently MWRA 15-49 by background characteristics

Background Variable	Nationality		Total	Number of Women
	Jordanian	Syrian		
Age Group				
15-19	1.2	7.4	2.4	99
20-24	8.9	16.4	10.3	421
25-29	19.0	19.0	19.0	774
30-34	22.0	21.1	21.8	888
35-39	20.9	14.9	19.7	804
40-44	16.4	12.0	15.6	634
45-49	11.7	9.2	11.2	456
Residence				
Urban	64.6	90.4	69.6	2836
Rural	35.4	9.6	30.4	1240
Region				
Central	38.0	48.7	40.0	1632
North	37.4	51.3	40.0	1632
South	24.7	0.0	19.9	812
Education				
No Education	4.2	6.8	4.7	190
Primary	41.7	78.8	48.8	1991
Secondary	27.3	9.7	23.9	973
Higher	26.9	4.7	22.6	922
Income Quintiles				
Q1	10.4	62.6	20.5	834
Q2	29.9	24.8	28.9	1179
Q3	12.6	5.4	11.2	458
Q4	30.3	6.6	25.7	1049
Q5	16.8	0.6	13.7	557
Job				
Currently Working	12.4	0.4	10.1	411
Worked in the Past	8.0	4.2	7.3	297
Never Worked	79.6	95.4	82.7	3369
Total	**100.0**	**100.0**	**100.0**	**4076**

II. Marriage and Fertility

The median age at first marriage for Syrian women was two years younger than for Jordanian women (19 and 21 respectively). The median age at the first birth was one year younger among Syrian women than among Jordanian women (21 and 22, respectively); 47% of Syrian women gave birth within the first year of marriage compared to 54% of Jordanian women.

Table 2. Distribution of median and mean age at first marriage among women aged 25-49 by nationality

Nationality	Median	Mean	Mean [Min-Max]
Jordanian	21.0	21.6	[13-49]
Syrian	19.0	20.2	[13-46]
Total	**20.0**	**21.4**	**[13-49]**

Table 3. Percent distribution of timing of first birth in years after marriage, percent of women who have never given birth, and median age at first birth by nationality

Nationality	0-1 Years	2-3 Years	4 Years and More	Have Never Given Birth	Total	Number of Women	Median Age at First Birth in Years*
Jordanian	53.8	30.6	7.4	8.2	100	3,292	22
Syrian	47.3	30.8	10.6	11.3	100	782	21

**Median is calculated for age groups 25-49 years.*

Slightly more Syrian women (13%) were currently pregnant at the time of the survey compared to Jordanian women (11%). The mean number of children ever born was slightly higher among Jordanian women, however this is highly correlated with age, and the Syrian women in this sample were younger than the Jordanians.

Table 4. Percent distribution of MWRA 15-49 currently pregnant and mean number of children ever born for women aged 40-49 by nationality

Nationality	Currently Pregnant	Mean Number of Children Ever Born to Women Aged 40-49	Number of Women
Jordanian	11.1	5.5	3,293
Syrian	13.4	5.1	783
Total	**11.5***	**5.4**	**4,076**

**A total of 5.5% of respondents were currently pregnant according to the DHS 2012. This indicator in DHS was calculated for all women aged 15-49 irrespective of marital status. The prevalence of currently pregnant among married women in DHS 2012 was 11.8%*

Syrian women were somewhat more likely to report a previous miscarriage than Jordanian women, at 44% versus 41%, although the mean number of miscarriages was close to two for both groups.

Table 5. Percent distribution of women age 15-49 who experienced miscarriage and mean number of miscarriages, by nationality

Experienced Miscarriage	%	Mean Number of Miscarriages	Min-Max	Number of Women
Syrian				
Yes	43.9	1.96	1-7	344
No	56	NA	NA	438
Do Not know	0.1	NA	NA	1
Jordanian				
Yes	41.4	1.81	1-17	1,363
No	58.5	NA	NA	1,927
Do Not Know	0.1	NA	NA	3
Total	100.0	NA	NA	4,076

Prevalence of polygyny among Syrian women (4.3%) was somewhat less than among Jordanian women (5.6%) (not shown in table.)

III. Fertility Preferences

Only 78% of Syrian women wanted to space their births for two years or more compared with 83% of Jordanian women. Only 20% of Syrian women wanted to wait three years before a subsequent birth compared to 27% of Jordanian women.

Table 6. Percent distribution of desired birth spacing for MWRA 15-49 who want more children and mean of desired birth spacing by nationality

Nationality	Desired Spacing from Last birth among Women Who Wanted More children				Mean	Number of Women
	Less than 24 Months	24-36 Months	More than 36 Months	Total		
Jordanian	17.2	54.0	28.8	100	33.2	1,192
Syrian	22.2	56.8	21.0	100	30.0	252
Total	**18.1**	**54.5**	**27.5**	**100**	**32.6**	**1,444**

Forty-nine percent of Syrian women wanted to limit childbearing compared to 45% of Jordanian women. The desire to limit childbearing was higher among Syrian women within every age group than among Jordanian women, including 4% who wanted no children among women who had never had children.

Table 7. Percentage of women aged 15-49 who want no more children by number of children born, according to nationality

Nationality	Number of Children Born							Total
	0	1	2	3	4	5	6+	
Jordanian	0.0	3.0	17.3	31.0	52.4	67.4	78.2	44.8
Syrian	3.6	8.7	20.6	39.2	62.4	72.1	82.6	48.5
Total	**0.8**	**4.4**	**17.9**	**32.4**	**54.3**	**68.3**	**79.0**	**45.5**

Syrian women who wanted to limit childbearing were as likely as Jordanian women to be using modern contraceptives (56% among both groups) but much less likely to be using a traditional method (12% and 21%, respectively). Among those who did not want to limit childbearing, the use of modern methods was somewhat lower among Syrian women, at 22% versus 29% among Jordanian women.

Table 8. Percent distribution of women aged 15-49 who want no more children according to status of current contraceptive use and nationality

Contraceptive Use	Wants to Limit Childbearing *	Does Not Want to Limit	Total	Number of Women
Any Method	**74.7**	43.5	57.7	2,352
Jordanian	**76.4**	45.4	59.3	1,952
Syrian	**68.2**	35.0	51.1	400
Any Modern	**55.9**	28.1	40.8	1,662
Jordanian	**55.9**	29.4	41.3	1,359
Syrian	**56.1**	22.3	38.7	303
Any Traditional	**18.8**	15.4	16.9	691
Jordanian	**20.5**	16.0	18.0	563
Syrian	**12.1**	12.7	12.4	97
Not Using	**25.3**	56.5	42.3	1,724
Jordanian	**23.6**	54.6	40.7	1,341
Syrian	**31.8**	65.0	48.9	383
Total	**100**	100	100	4,076

The survey also asked women about their ideal number of children. Syrian and Jordanian women cited the same number of children, with an overall mean of 3.7 as the ideal number of children. The majority of women (61%) cited more than three children. About 10% of Syrian women compared to 5% of Jordanian women did not express an ideal number of children, often stating that number of children is dependent on "God's will." Forty-four percent of both Syrian and Jordanian women stated they would continue to have children beyond the desired number if they had no boys (table not shown.)

IV. Knowledge of Family Planning Methods

Only 65% of all women thought that modern methods are more effective than traditional methods. Fewer Syrian women (61%) stated modern methods were more effective compared to Jordanian women (66%), similar to Jordanian women in the lowest wealth and education rankings. This is despite the fact that fewer Syrian women use traditional methods of contraception.

Table 9. Percent distribution of MWRA 15-49 understanding of effectiveness of modern vs. traditional methods by nationality

Nationality	Modern Less Effective	Modern Equally Effective	Modern More Effective	Not Sure/ Don't Know	Total
Jordanian	5.4	18.0	66.1	10.5	3,293
Syrian	5.8	16.7	60.9	16.6	783
Total	**5.5**	**17.8**	**65.1**	**11.7**	**4,076**

V. Use of Family Planning

The contraceptive prevalence rate for all methods among all respondents was 58%. About 41% of women were using a modern contraceptive method, compared with 17% using a traditional method. Use of IUDs was the most common (21%), followed by withdrawal (14%) and contraceptive pills (around 10%). These three methods together accounted for 77% of method use among respondents.

The prevalence of use of modern contraception is only slightly higher among Jordanian women (41%) than Syrian women (39%). However the overall use of contraception among Jordanian women is 59% compared to 51% among Syrian women. This finding is related to the higher use of traditional methods by Jordanian women as well as their slightly higher use of modern methods.

Table 10. Percent distribution of use of contraception among MWRA 15-49 according to nationality

Nationality	**Any FP**	**Any modern**	IUD	Inj.	Imp-lant	Pill	Con-dom	Female Ster.	**Any trad.**	**None**
Jordanian	59.3	41.2	20.8	1.3	0.9	9.7	5.9	2.4	18.1	40.7
Syrian	51.1	38.7	21.8	0.4	0.1	9.6	4.5	2.0	12.4	48.9
Total	57.7	40.7	21.0	1.1	0.7	9.6	5.6	2.3	17.0	42.3

Reasons for Not Using a Family Planning Method

Among both Syrian and Jordanian women, 27% of all non-method users were currently pregnant, although a higher percentage of Syrian women aged 15-19 and a lower percentage of Syrian women in all other age categories were pregnant at the time of the survey than Jordanians in their same age categories. Syrian women were less likely than Jordanian women to indicate a desire to become pregnant (17% and 20%, respectively). There were minor differences between women in the two nationalities in other categories. Fertility-related reasons (includes infecund, postpartum amenorrhea, not having sex, and difficulty getting pregnant) accounted for 36% of reported reasons for non-use overall. Health-related reasons including side effects of methods and health conditions accounted for 9% of all reasons.

Table 11. Percent distribution of reasons for not using a family planning method by age group and nationality

Reasons given	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**Total %**	**Total Number**
Currently	50.6	43.8	37.0	32.7	22.6	7.7	1.8	27.0	465
Jordanian	44.1	47.7	37.6	33.4	24.2	7.9	2.1	26.9	360
Syrian	55.3	35.4	34.9	29.7	13.6	6.8	0.0	27.4	105
Wants to Become	30.4	27.9	23.2	23.9	18.3	11.4	3.2	19.4	334
Jordanian	43.2	27.9	24.6	24.3	20.0	13.6	2.7	20.1	269
Syrian	21.3	27.9	18.2	21.9	9.1	2.3	5.1	17.0	65
Fertility Related	9.0	19.9	29.5	26.3	38.9	52.9	70.4	36.4	628
Jordanian	9.8	17.4	26.5	25.6	34.6	51.5	68.0	35.3	473

Syrian	8.5	25.3	40.9	29.7	61.4	59.1	82.1	40.5	155
Opposition to	5.0	1.1	2.1	2.7	2.9	2.2	0.4	2.1	37
Jordanian	3.0	1.7	2.3	1.9	3.5	2.2	0.5	2.1	28
Syrian	6.4	0.0	1.5	6.3	0.0	2.3	0.0	2.4	9
Religious/Rumor	0.0	0.4	0.9	0.3	1.4	0.4	2.3	0.9	15
Jordanian	0.0	0.0	0.8	0.4	1.6	0.5	2.7	1.0	13
Syrian	0.0	1.3	1.5	0.0	0.0	0.0	0.0	0.5	2
Health Reasons	1.2	4.0	3.8	10.4	12.4	13.8	15.0	9.2	158
Jordanian	0.0	4.1	4.4	10.3	13.1	13.8	17.1	10.0	134
Syrian	2.1	3.8	1.5	10.9	9.1	13.6	5.1	6.3	24
Other Method Related	3.7	2.1	1.8	3.2	1.8	5.6	3.1	2.9	50
Jordanian	0.0	1.3	2.3	3.6	1.3	3.7	2.7	2.5	33
Syrian	6.4	3.8	0.0	1.6	4.6	13.6	5.1	4.4	17
Other Reasons	0.0	0.8	1.6	0.4	1.8	6.0	3.8	2.1	36
Jordanian	0.0	0.0	1.7	0.5	1.7	6.9	4.0	2.2	30
Syrian	0.0	2.5	1.5	0.0	2.3	2.3	2.6	1.6	6
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**1,724**

The majority of women, over 56%, reported that it was their own personal decision to practice or not to practice family planning. For those whose use was subject to influence by others, doctors (12%) and husbands (8%) were the most common advisors. Mothers-in-law and other relatives accounted for 8% of responses (not shown in table).

Future Use of Modern Contraception

Fully 59% of respondents reported their intention to use modern contraception in the future, 18 percentage points higher than their current rate of modern method use (41%). This rate was somewhat lower among Syrians (54%) than among Jordanians (60%). Thirty-seven percent of Syrian women indicated they would not use contraception in the future compared to 34% of Jordanian women.

Table 12. Percent distribution of currently MWRA aged 15-49 by intention to use modern contraception in the future according to number of children and nationality

Intention of Future Use	**Number of Children***					**Total**
	0	1	2	3	4+	
Yes Will Use	33.3	54.1	66.7	64.8	58.0	59.0
Jordanian	34.6	56.5	68.5	65.3	58.7	60.1
Syrian	29.6	46.9	59.0	62.6	55.0	54.3
Will Not Use	49.4	32.4	25.2	30.2	38.0	34.8
Jordanian	49.1	31.7	24.2	30.8	37.2	34.3
Syrian	50.0	34.6	29.5	27.6	41.3	37.2
Don't Know	17.4	13.5	8.1	5.0	4.0	6.2
Jordanian	16.3	11.8	7.3	3.9	4.1	5.6
Syrian	20.5	18.5	11.6	9.8	3.8	8.5
Total	100	100	100	100	100	100
Total Number of Women**	168	330	496	667	1,990	3,651

*Includes children ever born and current pregnancy
**Excludes women reporting they were infecund, menopausal, or had a hysterectomy or female sterilization

Among all women with the intention to use a modern family planning method in the future, 74% preferred to use an IUD and 19% preferred pills, with very few women choosing any other modern method.

Concerns about Use of Modern Methods

Side effects were overwhelmingly the main reason women gave for not using modern contraception; 47% of reasons given for why they would consider discontinuing a method, or not using a method if they are currently not using, were related to fear of side effects of modern methods. Syrian women tended to fear side effects of modern contraceptives somewhat less, at 42% compared to 48% of Jordanians.

Syrian women reported infrequent sex at about 5%, compared with Jordanian women at less than 3%; this result is associated with the reported higher percentage of Syrian MWRA not residing with their husbands. Fertility-related reasons, including women who were infecund or sterile, menopausal, feared infertility, or wanted more children, accounted for 19% of all responses. Opposition to use by the respondent herself, spouse, or others and religious concerns came in third at about 13% among both groups.

Access problems or lack of knowledge of a method accounted for only 2% of responses among the Syrian women in the survey, while provider-related reasons accounted for another 2%.

Table 13. Percent distribution of reasons given for not using a family planning method, by nationality

Reasons Given	Percent of Responses									Number of cases
	Infrequent Sex	Fertility Related	Opposition to Use	Side Effects	Method Related	Knowledge/Access	Provider Related	No Reason Given	Total	
Nationality										
Jordanian	2.6	19.2	12.2	48.4	4.2	1.1	0.8	11.6	100	3,293
Syrian	4.7	19.6	13.8	42.1	4.1	2.0	1.7	12.0	100	783

Personal, Family or Social Reasons Preventing a Woman from Using Modern Family Planning

Overall, the main reason cited for a woman not to use a modern family planning method was the desire to have more children to fulfill her maternal role (15%), followed by the maternal desire for sons (13%). Twelve percent of the responses favored large families. Societal pressures to have sons accounted for an additional 10% of responses. Almost 17% of respondents thought a woman might not use contraceptives because her husband might marry another woman or abandon her. Only 9% of respondents thought that a woman would have no reasons preventing her from using a modern contraception. There was very little (less than 1%) difference between the responses of Jordanian women and Syrian women to these questions (table not shown).

Husband Approval and Participation in Discussions about Family Planning

About 72% of respondents reported their husbands approved the use of modern methods. Forty-five percent of Syrian women compared with 53% percent of Jordanian women had discussed family planning with their husbands over the previous six months. On a 0-10 scale, respondents gave a mean score of 7.5 for being comfortable discussing family planning with their husbands.

Table 14. Percentage of MWRA 15-49 who had discussed use of FP methods with their spouse in the last 6 months

Nationality	Discussed	Did Not Discuss	Not Sure	Total	Number of Women
Jordanian	52.6	47.1	0.3	100	3,081
Syrian	44.8	54.8	0.4	100	748

When asked to cite reasons why a husband might not approve of family planning, 40% of respondents cited reasons related to having more children, more sons, and a larger family as the main factors leading a husband not to support the use of modern family planning methods. About 9% thought that a husband might leave or get married to another woman if the wife controlled childbearing with modern methods. Only 5% indicated that husbands thought of children as care takers in old age and about 2% indicated that husbands would need more children for daily support. The least common reason respondents gave was peer influences, accounting for less than 1% of the total responses. Additionally, 9% could not think of any reasons preventing a husband from supporting the use of modern contraception. Women in the youngest age group were more likely to cite no reason for the husband to disapprove the use of modern methods at 13%, compared with 8% in older age groups. The responses of Syrian women were similar to those of Jordanian women, with less than 1% difference in every category (table not shown.)

VI. Family Planning Messages and Services

Exposure to Media and Non-media Family Planning Messages

The vast majority of MWRA (83%) had exposure to at least one source of family planning messages. Syrian women indicated less exposure to electronic and print media, including social media and web sources, than Jordanian women.

Table 15. Percentage of MRWA who heard or saw a family planning message in the past year on various media sources and from any source, by nationality

Nationality	Radio	TV	Print Media	None of these	Any Source	Number of Women
Jordanian	35.1	71.7	55.8	22.4	85.9	3,293
Syrian	22.1	44.2	31.7	47.6	69.2	783
Total	**32.6**	**66.4**	**51.2**	**27.3**	**82.7**	**4,076**

Thirty-one percent of all women surveyed reported getting messages about family planning through outreach workers. Syrian women, uneducated women, women in the youngest age group, those residing in rural areas, and those belonging to the poorest quintile reported lower rates of getting family planning messages from outreach workers.

Table 16. Percentage of MRWA who heard or saw a family planning message in the past year from a non-media source

Background Variable	Outreach Worker	Community Event	Women	Religious	Number of Women
Nationality					
Jordanian	32.2	50.6	66.2	22.5	3,293
Syrian	23.5	32.6	50.2	12.6	783
Education					
No Education	17.2	34.7	51.4	8.8	190
Primary	28.8	41.6	59.2	18.3	1,991
Secondary	35.4	51.0	64.8	23.4	973
Age Group					
15-19	18.8	28.3	43.4	17.1	99
20-24	26.4	39.0	55.0	14.7	421
25-29	27.2	48.1	65.8	18.5	774
30-34	32.2	49.7	68.1	21.2	888
35-39	34.5	51.5	63.7	22.4	804
40-44	32.5	47.5	64.6	22.5	634
45-49	29.7	43.6	57.7	23.7	456
Residence					
Urban	31.9	45.3	61.7	19.3	2,836
Rural	27.4	51.3	66.4	23.8	1,240
Income Quintiles					
Q1	24.4	37.1	53.8	13.3	834
Q2	31.0	46.3	62.7	21.4	1,179
Q3	30.8	48.4	60.1	20.6	458
Q4	33.7	49.5	68.0	21.6	1,049
Q5	32.8	58.4	71.3	28.2	557
Total	**30.6**	**47.1**	**63.1**	**20.6**	**4,076**

Trusted Sources of Family Planning Information

A higher proportion of Jordanian women, those at higher educational levels, and a considerably higher proportion of working women and women in the richest income quintile trusted classic media sources. Syrian women trusted social media and other web sources less than Jordanian women.

Half of all women reported trust in information coming from their husbands. Syrian women reported somewhat less trust in information coming from other individuals.

Table 17. Percent distribution of individuals trusted as family planning sources, by nationality

Nationality	Female Family Member	Husband	Female Friend / Neighbor	Medical Provider	Out-reach Worker	Religious Leaders	Total Number of Women
Jordanian	53.5	50.0	46.6	94.2	86.5	49.7	3,293
Syrian	50.6	50.1	42.5	92.2	83.5	46.2	783
Total	**52.9**	**50.0**	**45.8**	**93.8**	**86.0**	**49.0**	**4,076**

Source of Family Planning Services in the Past Year

Seventy-eight percent of women who sought family planning services during the previous year obtained a family planning method. Public sector facilities attracted women to get family planning visits across income quintiles. Surprisingly, women belonging to the poorest income quintile sought family planning services from the private sector more than women in other quintiles, at about 46%.

Table 18. Percent distribution of reported source of modern method, by nationality

Source of the Family Planning Service	Jordanian	Syrian	Total	Number of Women (937 Jordanian 172 Syrian)
Public	**64.8**	**52.3**	**62.9**	**697**
Ministry of Health center	60.8	50.6	59.1	655
Ministry of Health/ University Hospitals	3.4	1.7	3.2	35
Royal Medical Services	0.6	0.0	0.7	7
Private	**35.2**	**47.7**	**37.1**	**412**
Hospital	4.5	5.8	4.7	52
Doctor	15.3	16.9	15.6	**173**
Pharmacy	2.1	4.7	2.5	27
JAFPP	9.4	6.4	8.9	99
UNRWA	3.4	2.9	3.3	37
Other NGOs	0.5	11.1	2.2	24
Total	**100**	**100**	**100**	**1,109**

When asked about the level of satisfaction with the services they received, 64% of women who visited any facility to get family planning services were highly satisfied, and fewer than 8% expressed a low level of satisfaction. The overall mean score was 8 on a 0-10 scale among both Syrian and Jordanian women. The mean level of satisfaction was only few decimal points higher for private facilities compared to public facilities. The overall satisfaction score was 8.1 for private compared with 7.6 for public facilities (table not shown.)

VII. Perceived Benefits of Family Planning

Syrian and Jordanian women broadly agreed that birth spacing would contribute to better opportunities for the family.

Table 19. Percent distribution of women's response to the statement that birth spacing will contribute to better opportunities for the family and mean score of responses according to nationality

Nationality	Do You Think that Birth Spacing Will Contribute to Better Opportunities for Parents and Children?					**Mean Score on 0-10 Scale**	**Total Number of Women**
	Strongly Agree	Moderately Agree	Moderately Disagree	Do Not Agree	Total		
Jordanian	63.2	26.1	10.0	0.6	100	7.8	3,293
Syrian	60.0	28.0	11.5	0.5	100	7.6	783

VIII. Women's Empowerment and Tolerance of Violence

Only three Syrian women in the sample reported working, and all three stated that they make the decision on use of the income along with their husbands. Syrian women were somewhat less likely to be empowered to make specific decisions by themselves. The majority of both Syrian and Jordanian women (94%) stated that the decision on number of children was a joint decision.

Table 20. Percentage of women who usually make specific decisions either by themselves or jointly with their husband, by nationality

Nationality	Specific Decisions*			All Three	None of the Three Decisions	Decision about Own Healthcare**	Total Number of Women
	Major Household Purchases	Visit to Healthcare	Visit to FP/RH				
Jordanian	79.4	87.0	89.6	72.9	5.5	86.8	3,293
Syrian	74.0	84.4	85.1	68.1	9.1	84.7	783

** Responses are based on current practice ** Responses are based on women's perception*

Going Out Alone

Sixty-eight percent of women reported going alone to healthcare centers in their residence area compared to 52% going alone to healthcare facilities outside the residence area. In general Syrian women had less mobility. Only 52% said they went unaccompanied to local markets and 49% for local health care, compared with 71% of Jordanian women.

Table 21. Percentage of women going alone to different places, by nationality

Background Variable	Woman Has Gone Alone since Marriage to:				Total Number
	Local Market	Market Outside Residence Area	Healthcare in Residence Area	Healthcare Outside Residence Area	
Nationality					
Jordanian	70.8	59.0	72.2	56.1	3,293
Syrian	52.2	41.0	48.9	35.9	783

Men and Women Should Have Equal Access to Social, Economic, and Political Opportunities

Table 22: Percent distribution of responses to statement that women and men should have equal access, by nationality

Nationality	Women and Men Should Have Equal Access to Social, Economic and Political Opportunities					Mean Score on 0-10 Scale	Total Number of Women
	Strongly Agree	Moderately Agree	Moderately Disagree	Do Not Agree	Total		
Jordanian	62.4	31.8	4.6	1.2	100	7.8	3,267
Syrian	53.3	39.2	5.6	2.0	100	7.5	751

Excluding the cases who responded "Do Not Know" to this statement, the mean score of responses was 7.7 out of 10. Nearly 61% MWRA strongly agreed with this statement, and one-third (33%) of women moderately agreed, while only about 1% did not agree at all to equal access of opportunities. Only 53% of Syrian women strongly agreed with the statement compared with 62% of Jordanian women.

Tolerance by a Woman of Violence

Table 23: Percent agreement with tolerance of violence to keep the family together, by nationality

Nationality	A Woman Should Tolerate Violence (Verbal, Physical, Sexual) to Keep the Family Together					Mean Score on 0-10 Scale	Total Number of Women
	Strongly Agree	Moderately Agree	Moderately Disagree	Do Not Agree	Total		
Jordanian	26.5	23.9	20.0	29.6	100	4.3	3,283
Syrian	27.5	31.4	16.9	24.2	100	4.8	777

Over a quarter of both Syrian and Jordanian MWRA strongly agreed that a woman should tolerate violence (verbal, physical, sexual) to keep the family together. Approximately 88% of the women rationalized at least one reason for their husband beating the respondent, and 75% still rationalized a reason after excluding infidelity. There were no major differences between Syrian and Jordanian women in this response.

Annex II: Partners engaged in supporting access of Syrian refugees to reproductive health services including family planning services in Jordan

This list is compiled from documents available from the UNHCR website and from the Sub-Sector Working Group on Reproductive Health hosted by UNFPA. Organizations that do not participate in these coordination mechanisms are not reflected in this list.

Organization	Type of Assistance	Locations
GOJ authorities		
Ministry of Health (MOH)	Oversight of national FP policies and services	Nationwide
	Free FP information and services for registered refugees in MOH health centers	MOH health centers and hospitals throughout Jordan
Royal Medical Services (RMS)	FP information and services as part of RH care	RMS hospitals and clinics throughout Jordan
Ministry of Planning and International Cooperation (MOPIC)	Policy, coordination of donor assistance, fundraising	Nationwide
Higher Population Council (HPC)	Oversight of national population programs, demographic research	Nationwide
Donor organizations		
UNFPA	Financial assistance to GOJ and NGOs for comprehensive reproductive health services, counseling, and research. Coordination of partners concerned with reproductive health of Syrian refugees as chair of the RH sub-sector working group under the UNHCR Health Sector Working Group,	Nationwide

UNHCR	Coordination (leads Health Sector Working Group) , fundraising, documentation of refugee status, financial support, hosts data sharing platform, studies	Nationwide
UNICEF	Coordination of child health efforts among partners, fundraising, focus on child well being including preventing child marriage	Nationwide
UNRWA	Comprehensive reproductive health services for Palestinians including Syrian refugees of Palestinian origin	Clinics in areas that were formerly Palestinian camps, in multiple governorates
USAID	Financial assistance to GOJ for health and familiy planning, including support for NGO outreach workers	Nationwide
JICA	Support for MOH village health centers	Nationwide, in rural areas

Implementing partner organizations (NGOs)		
Jordan Communication, Advocacy and Policy Project (J-CAP)	National level communication, policy and advocacy actions, and community engagement activities including home visits by outreach workers	Outreach workers and community activities in Governorates of Irbid, Mafraq, Amman, Jerash and Tafileh
Institute for Family Health (IFH)	Comprehensive family planning and other reproductive health services	Health clinics in Balqa, Amman, Madaba, Zarqa, Ajloun and Jerash Governorates
International Relief Committee (IRC)	Comprehensive family planning and reproductive health care through fixed and mobile clinics and community health volunteers	Ramtha fixed clinic, Irbid mobile clinics, Mafraq fixed and mobile clinics

International Medical Corps (IMC)	Health services including maternal and child health	Syrian refugee camps in Mafraq, Zarqa, and Irbid governorates with outreach in surrounding communities, and some activities in Ajloun, Madaba and Maan
Terre des Hommes (TdH) Italy	Awareness raising sessions, referrals and follow-up, with emergency contraception and medication	Zarqa, with Soldier Family Welfare Society
Jordan Health Aid Society (JHAS)	Awareness raising and reproductive health services including family planning	Syrian refugee camps in Irbid and Mafraq governorates, with some activities in Ajloun and Maan
Jordan Women's Union	Awareness raising and reproductive health services	Amman, Zarqa and Irbid governorates
MEDAIR	Awareness raising sessions, referrals and follow-up at household level for reproductive health including family planning, cash support for ANC + delivery for destitute	Amman, Zarqa and Irbid Governorates
Save the Children International	Focus on nutrition and breastfeeding	all governorates
Un Ponte Per (UPP) italy	Focus on prevention of child marriage	General advocacy, no specific activities in Jordan
Medicins du Monde (MdM) - Doctors without Borders	Reproductive health services	Worked in and around refugee camps through January 2016, no longer active