



Jordan

2017-18 Population and Family Health Survey Key Findings

The 2017-18 Jordan Population and Family Health Survey (2017-18 JPFHS) was implemented by the Department of Statistics (DOS) from October 2017 to January 2018. The funding for the JPFHS was provided by the Government of Jordan, United States Agency for International Development (USAID), UNFPA, and UNICEF. ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

Additional information about the 2017-18 JPFHS may be obtained from the Department of Statistics, P.O. Box 2015, Amman 11181, Jordan (Telephone: (962) 6-5-300-700; Fax (962) 6-5-300-710; E-mail stat@dos.gov.jo).

Additional information about The DHS program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, U.S.A. (Telephone: 1-301-572-0200; Fax: 1-301-572-0999; E-mail: info@dhsprogram.com, www.dhsprogram.com).

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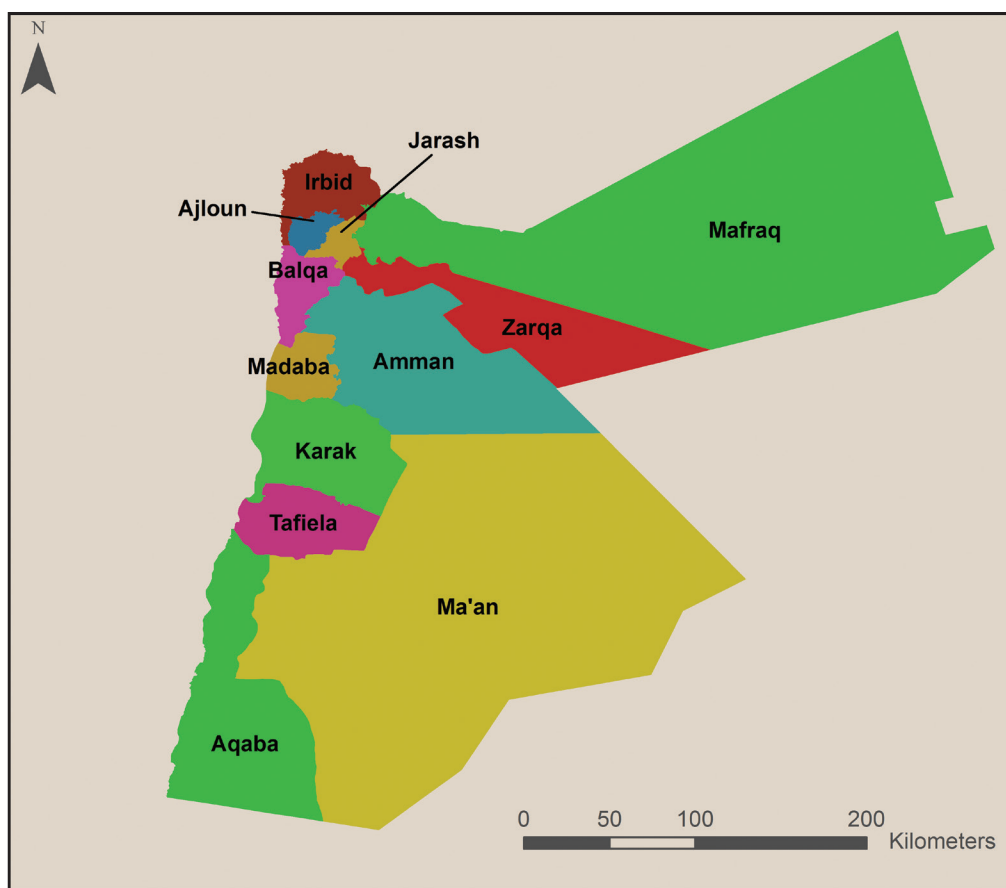


ABOUT THE 2017-18 JPFHS

The 2017-18 Jordan Population and Family Health Survey (JPFHS) is designed to provide data for monitoring the population and health situation in Jordan. The 2017-18 JPFHS is the seventh Demographic and Health Survey conducted in Jordan since 1990. The objective of the survey was to provide up-to-date information on fertility levels, marriage, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutrition, childhood mortality, maternal and child health, awareness and behaviour regarding HIV/AIDS and other sexually transmitted infections (STIs), household health expenditures, and women's experience of violence. The 2017-18 survey is the first JPFHS to interview men in addition to ever-married women.

Who participated in the survey?

A nationally representative sample of 14,689 ever-married women age 15-49 in all selected households and 6,640 men age 15-59 in half of selected households were interviewed in the 2017-18 JPFHS. This represents a response rate of 99% for women and 97% for men. This sample provides estimates for Jordan as a whole, for urban and rural areas, three regions, and, for most indicators, an estimate for each of the 12 governorates. The survey was also designed to be representative for three nationality domains: Jordanians, Syrians, and other nationalities.



CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Household Composition

Jordanian households have an average of 4.7 members. Twelve percent of households are headed by a woman. Almost one-third (33%) of Jordan's household population is under age 15.

Water and Sanitation

Almost all households (98%) have access to an improved source of drinking water. More than half of households have improved water piped into their house or yard, and 37% use bottled water.

Almost all households (98%) have an improved toilet. Two percent have a toilet facility that would be considered improved if it were not shared.

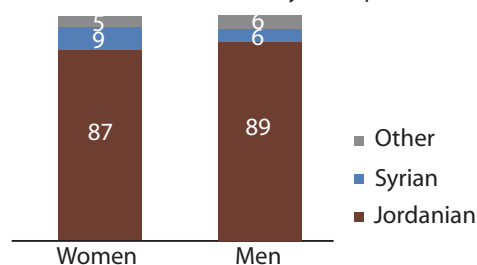
Ownership of Goods

Almost all households own a television and a mobile phone. Two-fifths of households (43%) own a computer, and 37% have internet access at home. Cars/trucks are owned by 58% of households. More than half of households (58%) have a bank account, and 15% have a credit card.

Nationality

The 2017-18 JPFHS asked respondents to self-report their nationality. The large majority (87% of ever-married women and 89% of men) identified themselves as Jordanian, 9% of women and 6% of men said they were Syrian, and 5% of women and 6% of men reported other nationalities.

Nationality
Percent distribution of ever-married women and men age 15-49 interviewed in the JPFHS by self-reported nationality



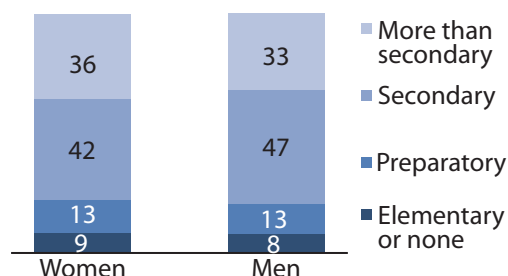
Education

Ever-married women age 15-49 in Jordan have completed a median of about 11 years of education. More than three-quarters of women have attended at least secondary school and 36% have gone beyond secondary school. Only 9% have had no education or have attended only elementary school.

Jordanian men age 15-49 have similar levels of education, completing an average of 11 years. Almost 80% have attended at least secondary school, and one-third have gone beyond secondary school.

Almost all Jordanians are literate—96% of ever-married women and 98% of men age 15-49 can read.

Education
Percent distribution of ever-married women and all men age 15-49 by highest level of education attended



FERTILITY AND ITS DETERMINANTS

Total Fertility Rate

Currently, women in Jordan have an average of 2.7 children. Fertility declined steadily from 1990 to 2002, stabilised from 2002 to 2012, and decreased again between 2012 and 2017-18.

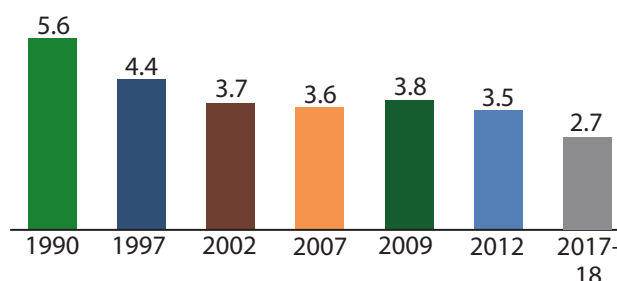
Fertility varies by governorate. Women in Mafrq have the most children (4.1 on average) while women in Amman and Karak have the fewest (2.3).

Fertility also differs by nationality. Jordanian women have an average of 2.6 children, while Syrian women have an average of two more children (4.7).

Fertility decreases household wealth*. Women in the poorest households have 3.9 children, on average, while women in the wealthiest households have an average of 1.4 children.

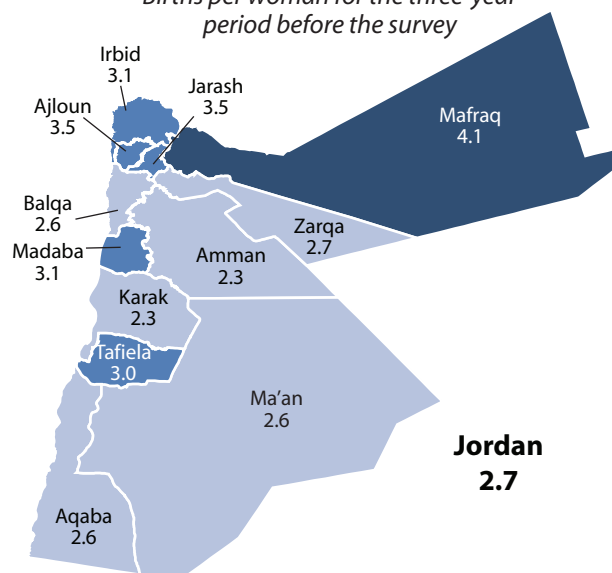
Trends in Fertility

Births per woman for the three-year period before the survey



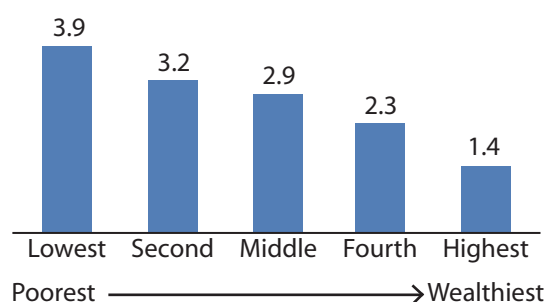
Fertility by Governorate

Births per woman for the three-year period before the survey



Fertility by Household Wealth

Births per woman for the three-year period before the survey



* Wealth of households is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on their relative standing on the household wealth index.

Age at First Marriage and Birth

Just over half (56%) of women in Jordan age 15-49 are married. Fifteen percent of women age 25-49 were married by age 18 and 30% were married by age 20. Women marry at a median age of 22.7. Men (age 30-59) marry about 5 years later, at a median age of 27.9.

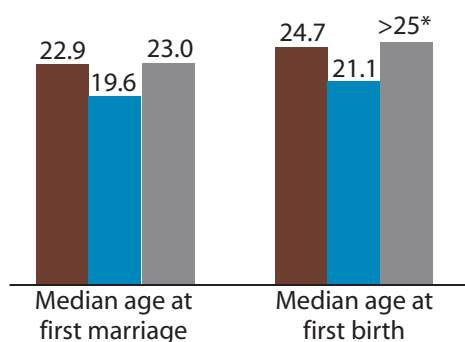
There is some variation by in age at first marriage by nationality: Jordanian women marry at a median age of 22.9, while the median age of first marriage among Syrians is 3 years earlier, at 19.6.

Women have their first birth at a median age of 24.6. Median age at first birth is also younger among Syrians (21.1) than Jordanians (24.7).

Median Age at First Marriage and Birth by Nationality

Among ever-married women age 25-49

■ Jordanian ■ Syrian ■ Other



* half of these women were not married by age 25, so a precise median age cannot be calculated

Consanguinity

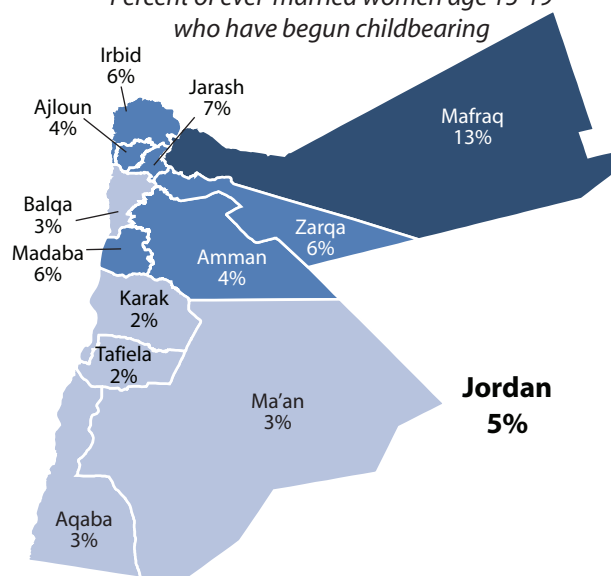
More than one-quarter of ever-married women report that they are related to their current or former husband. Kinship marriages are becoming less common in Jordan, decreasing from 56% in 1990 to 28% in 2017-18.

Teenage Fertility

Five percent of ever-married adolescent women age 15-19 have begun childbearing; that is, they are already mothers or are pregnant with their first child. Teenage childbearing is most common in Mafrq (13%) and least common in Tafiela and Karak (2%). Young women with only elementary education are most likely to have begun childbearing (27%). Young Syrian women are more likely to begin childbearing between ages 15 and 19 (28%) than Jordanians (3%).

Teenage Childbearing by Governorate

Percent of ever-married women age 15-19 who have begun childbearing



Polygyny

Four percent of women report that their husband has other wives. Polygyny is most common in Mafrq (7%) and among women with no education (13%).

FAMILY PLANNING

Current Use of Family Planning

Just over one-third (37%) of married women age 15-49 currently use a modern method of family planning; 14% use a traditional method. IUDs are the most popular modern method, used by 21% of married women, followed by the pill (8%). Withdrawal is the most commonly used traditional method, used by 13% of married women.

Use of modern methods ranges from 25% in Ma'an to 43% in Jarash. Married women with no education are least likely to use a modern method (22%). Use of modern methods is relatively even across wealth groups.

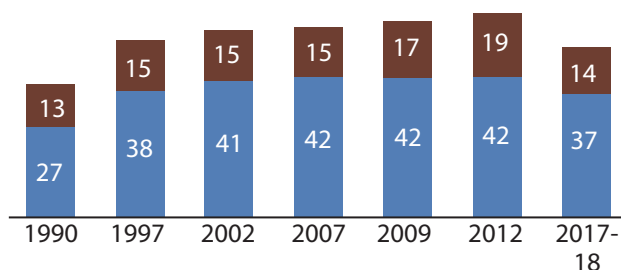
Trends in Family Planning Use

In total, use of family planning has declined slightly since 2012, when 42% of women were using a modern method. However, the decrease is seen primarily for temporary methods such as male condoms, while use of long term methods such as IUDs and the pill have remained steady. Use of traditional methods has also declined since 2012, from 19% to 14% in 2017-18.

Trends in Use of Family Planning

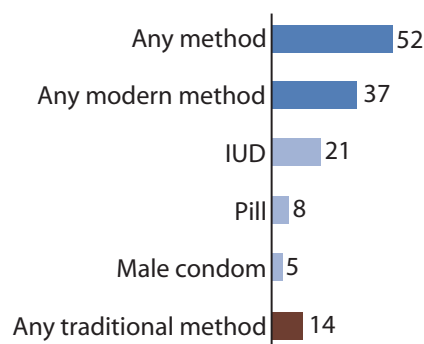
Percent of currently married women using a method of family planning

- Traditional methods
- Modern methods



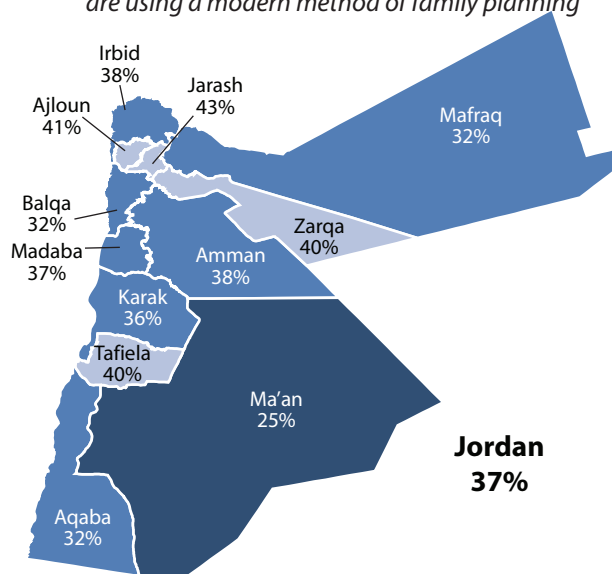
Family Planning Use

Percent of currently married women age 15-49 currently using a contraceptive method



Modern Method Use by Governorate

Percent of currently married women age 15-49 who are using a modern method of family planning



Demand for Family Planning

More than 2 in 5 (43%) married women age 15-49 do not want any more children, and 23% want to wait at least two years before their next birth. Women who want to delay or stop childbearing are said to have a demand for family planning.

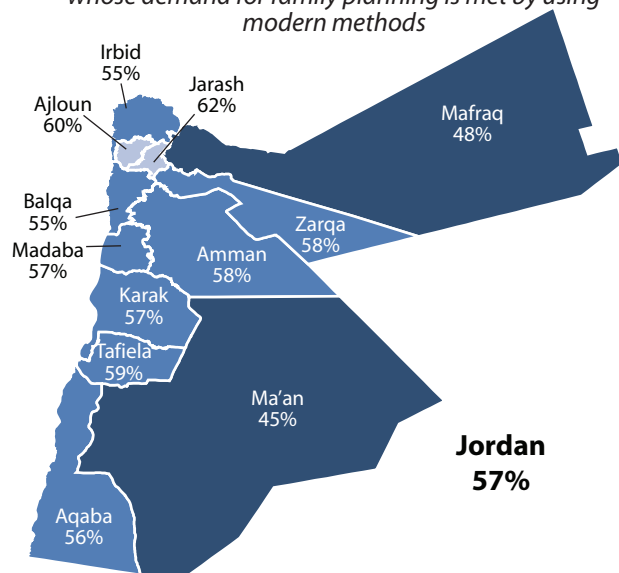
Demand for Family Planning Satisfied by Modern Methods

The total demand for family planning includes both met need and unmet need. Met need is the percent of married women who are currently using family planning. Fifty-two percent of married women are currently using any method—37% are using modern methods and 14% are using traditional methods. Unmet need for family planning is defined as the proportion of married women who want delay or stop childbearing but are not using family planning. Fourteen percent of married women age 15-49 have an unmet need for family planning, 7% for spacing and 8% for limiting (figures do not sum to 14% due to rounding).

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. Over half (57%) of demand for family planning is being satisfied by modern methods. Demand satisfied by modern methods is highest in Jarash (62%) and lowest in Ma'an (45%).

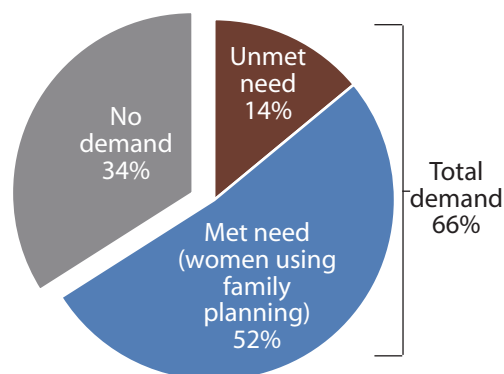
Demand Satisfied for Family Planning by Governorate

Percent of currently married women age 15-49 whose demand for family planning is met by using modern methods



Need and Demand for Family Planning

Percent of currently married women age 15-49



Exposure to Family Planning Messages

More than 80% of women and 45% of men age 15-49 have heard or seen a message about family planning in the media in the months before the survey.

Television is the most common source of family planning messages, seen by 71% of women and 30% of men.

Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods.

About 7 in 10 current users are informed—74% are informed about side effects; 65% know what to do if they experience side effects, and 74% are informed of other family planning methods available.

CHILDHOOD MORTALITY

Rates and Trends

The infant mortality rate (deaths to children before their first birthday) in Jordan is 17 deaths per 1,000 live births for the 5-year period before the survey. Most infant deaths occur during the first month of life: the neonatal mortality rate is 11 deaths per 1,000 live births. The under-5 mortality rate is 19 deaths per 1,000 live births. This means that about 1 in every 50 children dies before his or her 5th birthday.

Under-5 mortality has declined in recent years, from 28 deaths for every 1,000 live births in 2009 to 19 in 2017-18.

Mortality Rates by Background Characteristics

Under-5 mortality is higher in rural areas (24) than urban areas (19) (for the 5-year period before the survey).

Under-5 mortality also differs by governorate, ranging from 10 deaths per 1,000 live births in Aqaba to 23 deaths per 1,000 live births in Ma'raq (for the 10-year period before the survey).

There are also differences in childhood mortality by mother's nationality: there are 25 under-5 deaths per 1,000 live births among Syrian children compared with 16 under-5 deaths for Jordanian children in the 10 years before the survey.

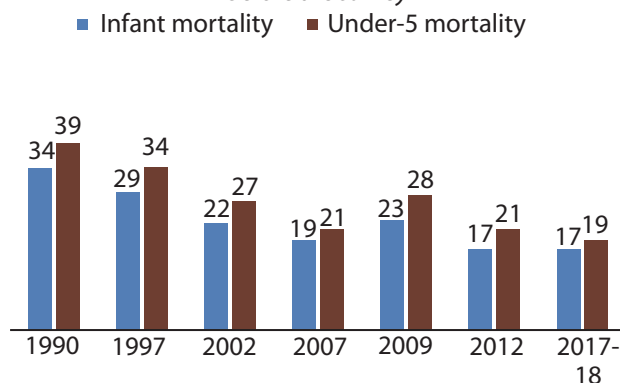
Under-5 mortality decreases as household wealth and mother's education increase.

Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. The median birth interval in Jordan is 34 months.

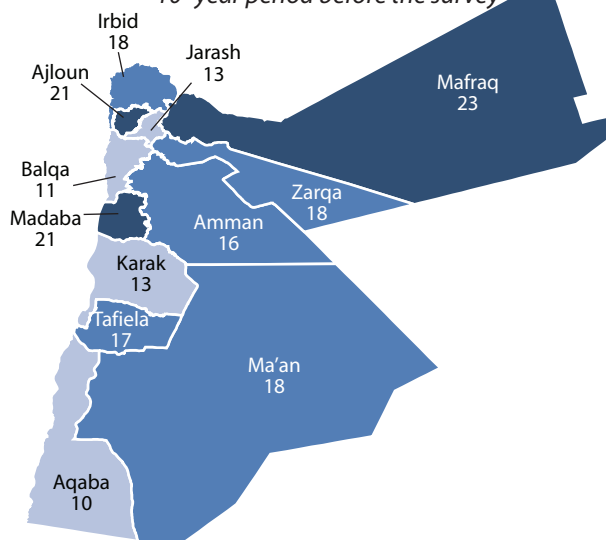
Infants born less than two years after a previous birth have high under-5 mortality rates. The infant mortality rate for children born less than two years after a sibling is 24 deaths per 1,000 live births, compared with only 15 for children born three years after a sibling. Three in ten children (29%) are born less than two years after their siblings.

Trends in Childhood Mortality
Deaths per 1,000 live births for the 5 year period before the survey



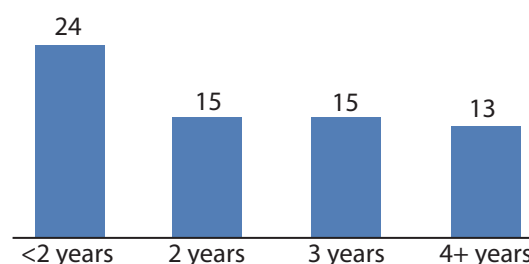
Under-5 Mortality by Governorate

Deaths per 1,000 live births for the 10-year period before the survey



Under-5 Mortality by Previous Birth Interval

Deaths per 1,000 live births for the 10-year period before the survey



MATERNAL HEALTH CARE

Antenatal Care

Almost all ever-married women (98%) age 15-49 received at least one antenatal care (ANC) visit from a skilled provider (doctor or nurse/midwife).

The timing and quantity of antenatal care visits are important. About 9 in 10 (92%) women age 15-49 made 4+ ANC visits, and 79% had the recommended 7+ visits. Syrians, on average, receive fewer ANC visits; only 62% of Syrian women received 7+ ANC visits compared with 82% of Jordanian women.

Eighty-five percent of women had their first ANC visit in the first trimester of pregnancy.

Delivery and Postnatal Care

Almost all (98%) births in Jordan are delivered in a health facility. Two-thirds of births occur in public sector facilities, while one-third occur in private sector facilities; 1% occur at home. Home births are most common among Syrians (5%) and those with no education (10%).

Almost all births (>99%) were delivered with the assistance of a skilled provider.

Postnatal care helps prevent complications after childbirth. Eighty-three percent of women age 15-49 received a postnatal checkup within two days of delivery; 12% received no postnatal check. Eighty-six percent of newborns received a postnatal checkup within two days of birth; 13% received no postnatal check.

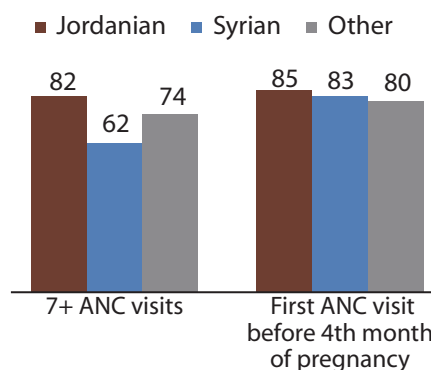
C-sections

More than one-quarter (26%) of births are delivered by Caesarean-section (C-section). C-section births are most common in Madaba (33%) and least common in Aqaba (13%). Most of these C-sections were planned in advance of the birth.

C-section births increased markedly between 2007 and 2012 and have remained relatively stable since 2012.

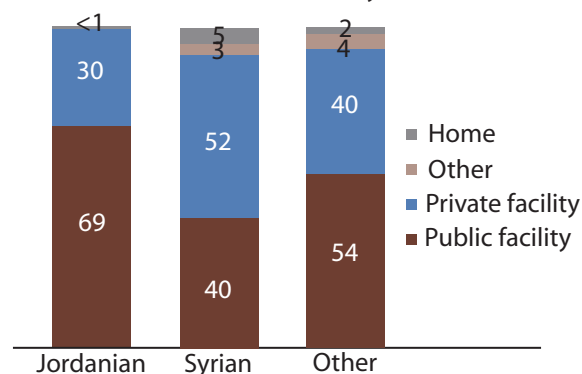
Number of Antenatal Care Visits and Timing of First Visit by Nationality

Percent of women age 15-49 who had a live birth in the five years preceding the survey who had:



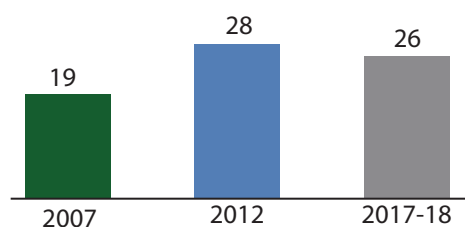
Place of Delivery by Nationality

Percent distribution of live births in the five years before the survey



Trends in Caesarian Sections

Percent of women age 15-49 with a live birth in the five years before the survey



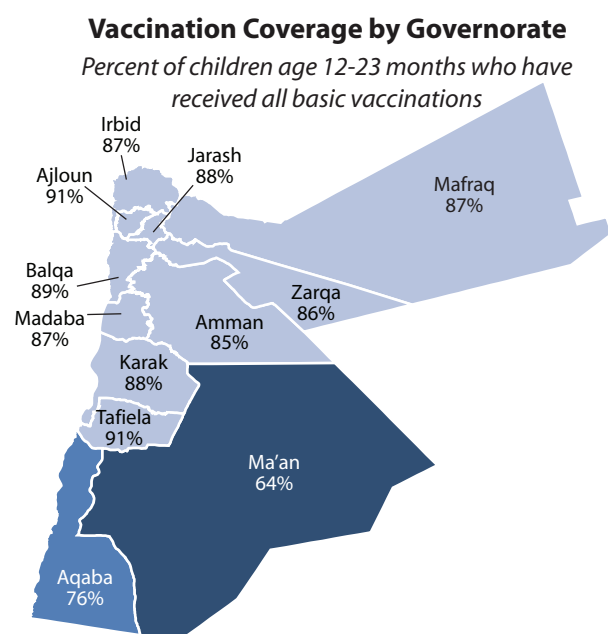
CHILD HEALTH AND DEVELOPMENT

Basic Vaccination Coverage

Eighty-six percent of children age 12-23 months have received all basic vaccinations—one dose each of BCG and measles, three doses each of DPT-HepB-Hib and oral polio (excluding polio given at birth). Seven percent of children have received no vaccinations.

Basic vaccination coverage is 85% or higher in all governorates other than Aqaba (76%) and Ma'an (64%). Jordanian children age 12-23 months are more likely than Syrian children to have received all basic vaccinations (88% versus 76%).

According to the 2017-18 JPFHS, 81% of children age 12-23 months and 71% of children age 24-35 months have received all of the vaccinations appropriate for their age group.



Childhood Illnesses

Six percent of children under five had symptoms of acute respiratory infection (ARI) in the two weeks before the survey. Advice or treatment was sought for 72% of those with ARI symptoms. Thirteen percent of children under age five had a fever in the two weeks before the survey. Treatment or advice was sought for 68% of the children with fever; 40% took antibiotics.

Ten percent of children under five had diarrhoea in the two weeks before the survey. Diarrhoea is most common among children age 6-11 months (20%). Children with diarrhoea should drink more fluids, particularly through oral rehydration therapy (ORT). Two-thirds of children under age five with diarrhoea received ORT, but 21% received no treatment.

Early Childhood Education

Thirteen percent of children age 36-59 months are currently attending an organised early childhood education programme. This is a decline from 22% in 2012.

Child Discipline

Only 14% of respondents indicated that they believe that physical punishment is necessary to raise a child properly, but physical discipline of children is common in Jordan. The majority of children age 1-14 (81%) experienced any type of violent discipline in the month before the survey. Psychological aggression was experienced by 76% of children, and 59% experienced physical punishment. Thirteen percent of children experienced severe physical punishment.

CHILDREN'S NUTRITION

Breastfeeding and the Introduction of Complementary Foods

More than 9 in 10 children in Jordan are breastfed, but only 67% were breastfed in first hour of life. Almost half (43%) of children received a prelacteal feed, though this is not recommended.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Only 26% of children under six months are exclusively breastfed in Jordan.

Children born in the 3 years before the survey were breastfed for an average of almost 12 months, but exclusively breastfed for an average of less than 3 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. Eighty-three percent of children age 6-8 months are receiving complementary foods.

Vitamin A and Iron Supplementation

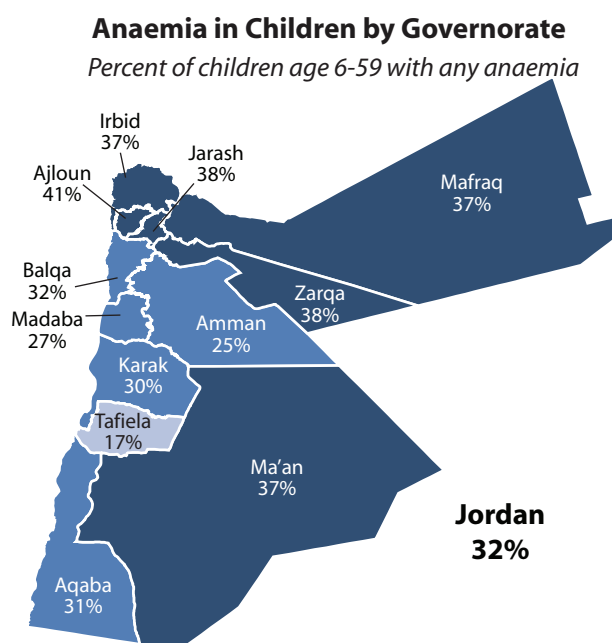
Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. Two-thirds of children age 6-23 months ate foods rich in vitamin A the day before the survey and 28% of children age 6-59 months received vitamin A supplement in last six months.

Iron prevents anaemia and promotes development. Sixty percent of children age 6-23 months ate foods rich in iron the day before the survey. Only 13% of children age 6-59 months received iron supplement in the week before the survey.

Anaemia

One-third of children in Jordan are anaemic – 21% have mild anemia and 11% have moderate anemia. Anemia in children is most common in the poorest households (38%) and least common in among those in the richest households (18%).

Anemia in children varies by region, from a low of 17% in Tafiela to 41% in Ajloun.



WOMEN'S NUTRITION

Women's Nutritional Status

The 2017-18 JPFHS took weight and height measurements of ever-married women age 15-49. About two-fifths (43%) of women are within the normal range for body mass index (BMI). Three percent of women are thin, while 54% are overweight or obese.

Overweight/obesity increases with age; 81% of women age 40-49 are overweight or obese compared with 26% of women 15-19. Women's nutritional status has remained stable since 2009.

Anaemia

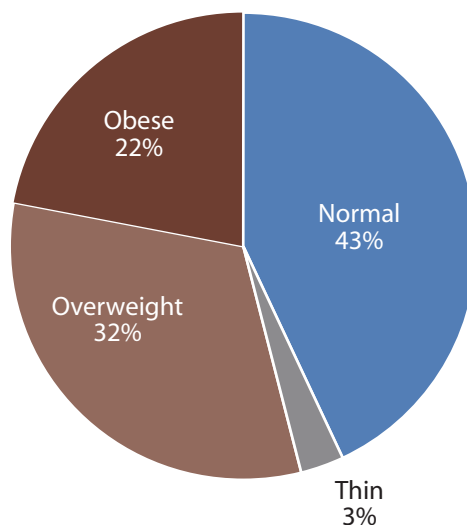
Anaemia is more common in women than in children—43% of women age 15-49 are anaemic. Anaemia is relatively high among women across all educational and wealth categories. Anaemia in women ranges from 35% in Madaba to 49% in Ma'an.

Iron Supplementation

Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anaemia and other complications. Half of women (49%) received the recommended 90 days of iron supplements; 22% received no iron supplements during their last pregnancy.

Women's Nutritional Status

Percent distribution of ever-married women age 15-49



HIV KNOWLEDGE AND ATTITUDES AND STIs

Knowledge of HIV Prevention Methods

While about 90% of Jordanians age 15-49 have heard of AIDS, less than half of ever-married women and all men age 15-49 know that using condoms and limiting sex to one uninfected partner can reduce the risk of HIV.

Among ever-married women, this prevention knowledge is most common in Tafiela (58%), while women in Karak are least likely to know the two prevention methods (28%). Knowledge of HIV prevention increases with education: 48% of women with higher education know the two prevention methods, compared with only 24% of women with no education. A similar pattern is seen among men.

Knowledge of Prevention of Mother-to-Child Transmission (PMTCT)

Half of ever-married women and 42% of men know that HIV can be transmitted from mother to child during pregnancy, delivery, and by breastfeeding. About one-quarter of women and men know that the risk of HIV transmission from mother to child can be reduced by the mother taking drugs during pregnancy.

HIV Testing Knowledge

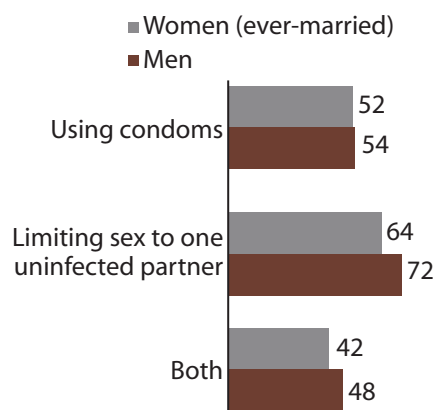
About 1 in 4 (27%) ever-married women age 15-49 and 40% of men know where to get an HIV test.

Sexually Transmitted Infections (STIs)

One-third of ever-married women and all men have heard of STIs other than HIV/AIDS. Among the ever-married men who have heard of STIs, 11% report having had an STI in the year before the survey. Men's self report of STIs is highest in Aqaba (24%) and Balqa (21%).

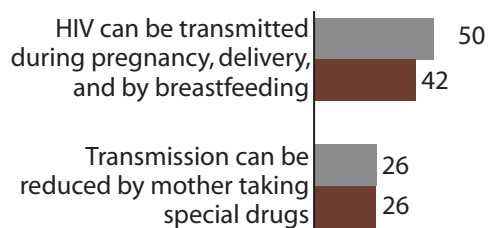
Knowledge of HIV Prevention Methods

Percent of women and men age 15-49 who know that the risk of HIV transmission can be reduced by:



Knowledge of PMTCT

Percent of women and men age 15-49 who know that:



WOMEN'S EMPOWERMENT

Employment

Only 13% of currently married women age 15-49 were employed in the week before the survey compared with 85% of currently married men.

Among the employed women who earn cash, 93% report that they decide alone or jointly with their husband how to spend their earnings; 7% report that mainly their husband decides.

Forty percent of employed women who earn cash report that they earn less than their husband, 34% earn the same, and 20% report that they earn more.

Ownership of Assets

Only 11% of ever-married women age 15-49 own a home (alone or jointly) compared with 25% of men. About 90% of both women and men own a mobile phone. Twenty percent of women and 38% of men use a bank account, while 5% of women and 8% of men use a mobile phone for financial transactions.

Problems in Accessing Health Care

Forty-two percent of ever-married women age 15-49 report experiencing at least one problem in accessing health care. Having to take transport (25%) and not wanting to go alone (24%) are the most commonly cited problems.

Participation in Household Decisions

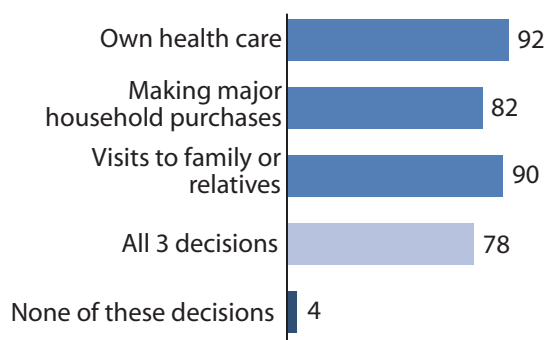
The 2017-18 JPFHS asked currently married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to family or relatives.

About 90% of currently married women report that they have sole or joint decisionmaking power in their own health care and visits to her family or relatives. Decisionmaking power about making major household purchases is slightly less common (82%). Three-quarters of married women participate in all three of these decisions, while only 4% of married women participate in none of these decisions.

Older women, women with higher education, and those from the wealthiest households are most likely to participate in all three decisions. Syrian women are less likely than Jordanian women to participate in all three decisions (61% versus 80%).

Participation in Decisionmaking

Percent of currently married women age 15-49 who make decisions alone or jointly with their spouse



DOMESTIC VIOLENCE

Attitudes toward Wife Beating

Almost half (46%) of ever-married women and 69% of men age 15-49 believe a husband is justified in beating his wife for at least one of the reasons specified in the survey. The most commonly justified reason for wife beating is having relations with another man.

Experience of Physical Violence

About 1 in 5 ever-married women (21%) age 15-49 have ever experienced physical violence since age 15. Fourteen percent have experienced physical violence recently (in the year before the survey).

Current husbands are the most common perpetrators of physical violence, followed by former husbands, brothers, and fathers.

Spousal Violence

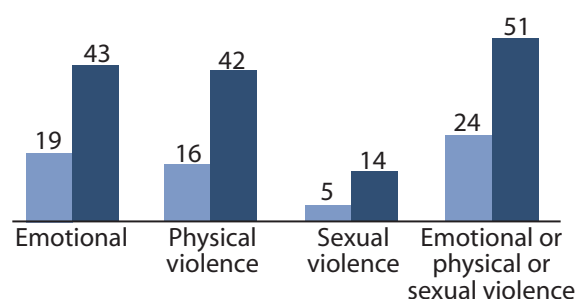
One-quarter (26%) of ever-married women age 15-49 have ever experienced spousal violence (physical, sexual, or emotional); 20% experienced this violence in the 12 months before the survey. Spousal violence is most common in Balqa and Zarqa, where 36% of ever-married women report having ever experienced physical, sexual, or emotional violence committed by their husband. Half of divorced/widowed/separated women report having ever experienced spousal violence.

Eighteen percent of ever-married women have ever experienced spousal physical violence. Pushing, shaking, and slapping are the most common types of physical violence reported.

Spousal Violence by Marital Status

Percent of ever-married women age 15-49 who have ever experienced different types of spousal violence

■ Married ■ Divorced/separated/widowed



Help-seeking Behaviour

Among ever-married women who have experienced physical or sexual spousal violence, the majority (67%) have never told anyone nor have they sought help. Nineteen percent have sought help to stop the violence; an additional 14% have told someone but never sought help.

ADULT HEALTH ISSUES

Pre-marital medical exams

About half of ever-married women and their husbands had a pre-marital medical exam. Pre-marital exams are much more common among those with higher education (over 65%) than those with no education (below 25%).

Cancer

One in seven (14%) ever-married women age 15-49 had a breast cancer exam by a specialist in the year before the survey. Nine percent have ever had a mammogram. Both exams are most common among older women, those with higher education, and those from the wealthiest households.

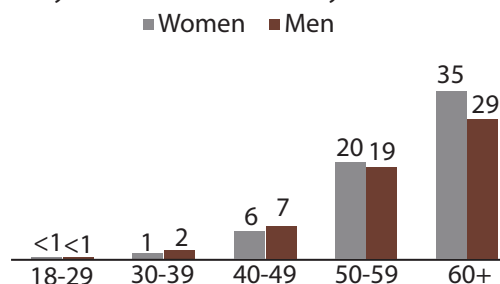
The 2017-18 JPFHS asked women age 40-49 who have never had a mammogram why they have not had one. Most of these women reported that there was no need (50%), because they are not sick (24%) and because they had no symptoms (15%).

Two-thirds of ever-married women in Jordan have ever heard of a pap smear test. One-quarter of women have ever had a pap smear. Pap smears are much more common among older women (33% among those 45-49).

Diabetes

Five percent of the Jordanian household population has been told by a doctor that they have high blood sugar or diabetes. Diagnosis of diabetes is especially common among those age 50-59 (19%) and those over 60 (32%).

Diabetes by Age
Percent of household population who have been told by a health worker that they have diabetes



HEALTH CARE UTILISATION AND FINANCING

In Patient Care

Three percent of the household population in Jordan stayed overnight at a hospital or clinic in the six months before the survey. Seventy-one percent of those with a recent overnight stay stayed in a public sector facility. In patient hospital care is most common among those over age 60 (9%).

The most common reasons for an overnight stay were pregnancy/delivery (15%) and heart disease (9%).

Among those who stayed overnight, 3 in 5 paid nothing for their care. Nine percent paid 500JD or more.

Out Patient Care

Eleven percent of the household population visited a health facility or sought advice or treatment in the month before the survey. About half of these people visited a public facility. As expected, older household members were most likely to have visited a health facility (28% of those over age 60).

Fever, hypertension, diabetes, and other illnesses were the most common reasons for out patient visits.

For household members who visited a public facility for out-patient care, 76% reported that their treatment was free. Care was free for 28% of those visiting a private facility.

Health Insurance Coverage

Fifty-eight percent of ever-married women and 50% of men age 15-49 have any type of health insurance. Ministry of Health and Royal/Military insurance are the most common; about 10% have privately purchased commercial health insurance.

Tobacco Use

Twelve percent of ever-married women and 45% of men age 15-49 smoke any type of tobacco. Among men who smoke cigarettes, 86% smoke at least 15 cigarettes per day.

INDICATORS BY GOVERNORATE

	JORDAN	Amman	Balqa	Zarqa
Fertility				
Total fertility rate (number of children per woman)	2.7	2.3	2.6	2.7
Median age at first birth for women age 25-49 (years) ¹	24.6	>25	>25	23.6
Median age at first marriage for women age 25-49 (years)	22.7	23.1	23.5	22.0
Ever-married women age 15-19 who are mothers or currently pregnant (%)	5	4	3	6
Family Planning (among currently married women age 15-49)				
Current use of a modern method of family planning (%)	37	38	32	40
Unmet need for family planning ² (%)	14	14	15	14
Demand satisfied by modern methods (%)	57	58	55	58
Maternal and Child Health				
Women with 7+ ANC visits (%)	79	83	74	81
Births delivered in a health facility (%)	98	97	99	99
Births delivered by C-section (%)	26	26	28	25
Children age 12-23 months who received all basic vaccinations ³ (%)	86	85	89	86
Children age 12-23 months who received all age-appropriate vaccinations ⁴ (%)	81	80	86	82
Childhood Mortality (deaths per 1,000 live births)⁵				
Infant mortality	17	15	9	18
Under-5 mortality	19	16	11	18
Nutrition				
Median duration of any breastfeeding (months)	9.7	9.3	8.5	10.9
Median duration of exclusive breastfeeding (months)	0.9	1.0	(1.2)	(1.7)
Children age 6-59 months with any anaemia (%)	32	25	32	38
Women age 15-49 who are overweight or obese (%)	54	54	48	59
Women age 15-49 with any anaemia (%)	43	42	40	40
HIV/AIDS and STIs (ever-married women and all men age 15-49)				
Ever-married women who know that using condoms and limiting sexual intercourse to one uninfected partner reduces the risk of contracting HIV (%)	42	40	44	45
Men who know that using condoms and limiting sexual intercourse to one uninfected partner reduces the risk of contracting HIV (%)	48	52	48	42
Men who report having an STI symptom in past 12 months (among those who have heard of STIs) (%)	11	12	21	6
Spousal Violence (ever-married women age 15-49)				
Ever-married women who have experienced physical violence by their spouse (%)	18	18	28	27
Ever-married women who have experienced sexual violence by their spouse (%)	5	5	10	8
Ever-married women who have experienced emotional, physical, or sexual violence committed by their spouse (%)	26	27	36	36
Other Health Issues				
Ever-married women age 15-49 who smoke any type of tobacco (%)	12	16	19	14
Men age 15-49 who smoke any type of tobacco (%)	45	44	46	48
Ever-married women age 15-49 with any health insurance (%)	58	44	57	49
Men age 15-49 with any health insurance (%)	50	37	54	40

Note: Figures in parentheses are based on a limited number of cases.

1-Figures are shown as >25 when fewer than 50% of the women had a birth before reaching age 25

2-Women who do not want any more children or want to wait at least 2 years before their next birth but are not currently using a method of contraception.

Governorate								
Madaba	Irbid	Mafraq	Jarash	Ajloun	Karak	Tafiela	Ma'an	Aqaba
3.1	3.1	4.1	3.5	3.5	2.3	3.0	2.6	2.6
>25	24.2	23.4	23.5	23.8	>25	24.4	>25	24.9
23.7	22.4	21.7	21.9	22.1	23.9	22.8	23.3	23.2
6	6	13	7	4	2	2	3	3
37	38	32	43	41	36	40	25	32
17	15	17	11	10	12	10	15	14
57	55	48	62	60	57	59	45	56
82	80	67	75	78	73	78	67	69
97	98	98	99	>99	99	>99	99	99
33	27	25	26	28	23	28	19	13
87	87	87	88	91	88	91	64	76
76	81	77	88	91	81	88	61	67
19	15	17	11	18	10	17	16	5
21	18	23	13	21	13	17	18	10
8.8	9.0	11.0	7.8	8.8	9.0	9.4	10.1	(10.0)
(1.8)	0.7	0.8	0.6	(1.5)	0.6	0.7	0.8	0.7
27	37	37	38	41	30	17	37	31
54	52	57	52	53	53	64	48	45
35	44	46	47	47	41	40	49	47
41	44	36	50	54	28	58	40	54
62	43	30	53	48	64	48	37	49
6	8	7	17	10	8	13	18	24
16	13	17	12	6	5	11	19	12
4	5	5	3	<1	1	2	3	2
24	21	26	20	10	10	15	29	19
11	7	7	7	4	2	2	6	9
55	46	38	52	46	37	34	38	48
68	73	78	83	90	86	89	71	69
59	66	75	76	82	70	70	47	59

3- Basic vaccinations include BCG, three doses of DPT-IPV-Hib, and one dose of measles.

4-Age-appropriate vaccinations include three doses of DPT-IPV-Hib, three doses of oral polio vaccine, three doses of HepB, three doses of rotavirus vaccine, and one dose of measles.

5- National figures (in italics) are based on the 5 years preceding the survey; mortality rates for governorates are based on the 10 years preceding the survey

