



## Advocacy and Policy Briefs

### Reaching Replacement Level Fertility in Jordan

Jordan has set a development goal of replacement level fertility—defined as 2.1—by 2030. Meeting the goal will require targeted intervention in certain key areas. Currently the average woman in Jordan will have 3.1 births in her lifetime (Figure 1). Five out of eight peer countries in the region have achieved replacement level fertility of 2.1 or less. With the exception of Tunisia, all of these countries achieved their success with family planning and have not resorted to abortion—which suggests it is very possible for Jordan to realize the same success.

#### Understanding stagnation

From 1990 to 2002, Jordan achieved a rapid decline in fertility from 5.6 births per woman to 3.7 births per woman (Figure 2). That decline slowed, however; and from 2002 to 2015, the total fertility rate has changed very little—with the latest estimate being 3.1 births per woman. This stagnation stems from a plateau in the use of modern family planning; from 1990 to 2002, modern use of family planning increased from 27% to 41%, more than one percent per year (Figure 3). Ten years later, the Jordanian Population and Family Health Survey estimated that virtually the exact same percentage of currently married women (42%) were using a modern method of family planning.

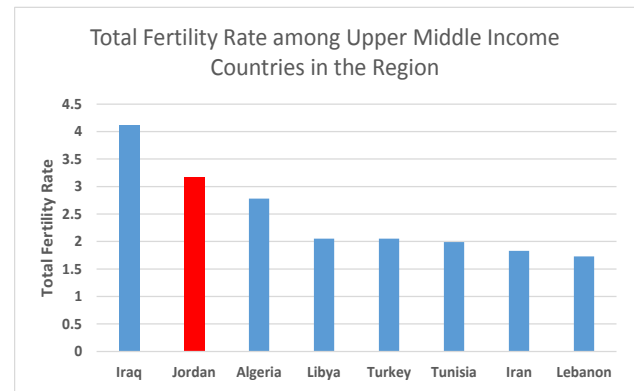


Figure 1

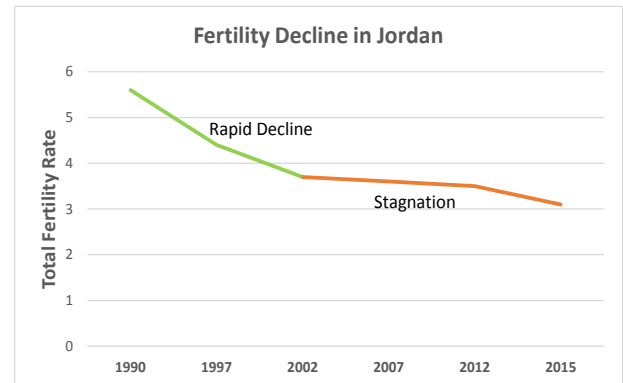


Figure 2

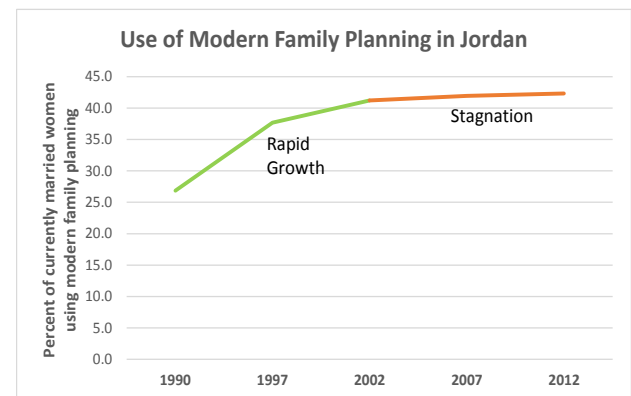


Figure 3

### Jordan can still catch up

Experts examined several potential pathways toward achieving Jordan’s demographic goal of replacement fertility using the Famplan software that is part of the Spectrum suite of demographic projection tools. While these experts agreed that family planning is at least part of the solution to achieving Jordan’s demographic objectives, their analyses revealed a more nuanced story. If Jordan were to persist in current patterns of family planning and increase use of family planning by 10% within 15 years, fertility would be reduced to only 2.5 children per woman (Figure 4). This would leave a gap of 0.4 children per woman relative to the replacement level fertility goal—suggesting that increasing family planning alone is not enough. Another popularly discussed strategy is raising the average age of marriage in Jordan, and so the model was run with a scenario of eliminating all marriages to girls under the age of 20. Results indicated that would have almost no impact on fertility. In fact, even if all marriage to women under the age of 25 were eliminated, fertility would be reduced to only 2.7 still leaving a gap of 0.6 children per woman (Figure 5).

Use of traditional methods of family planning in Jordan is very high; currently 30% of family planning users employ traditional methods. A third scenario examined what would happen if Jordan increased overall family planning use by 10% over 15 years—and at the same time decreased the share of traditional methods from 30% to 10%. Under this scenario, fertility would decrease to 2.1 children per woman—enabling Jordan to reach its goal (Figure 6).

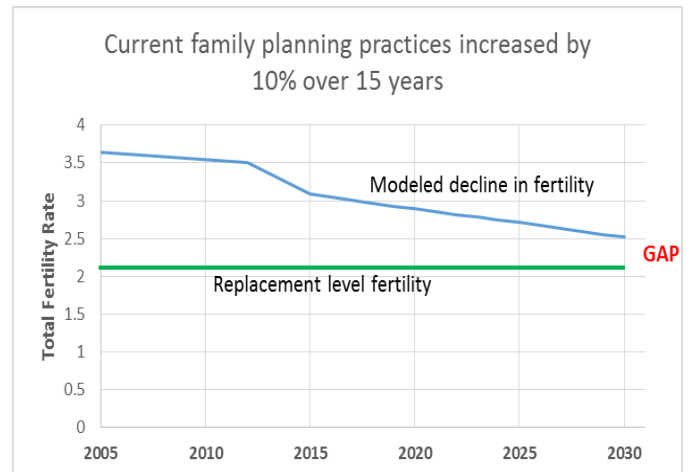


Figure 4

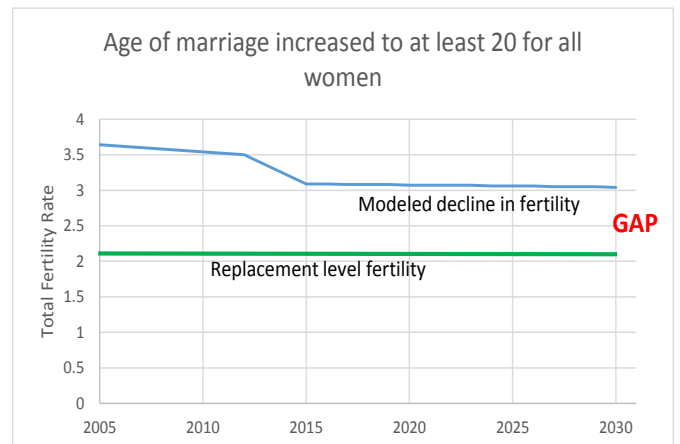


Figure 5

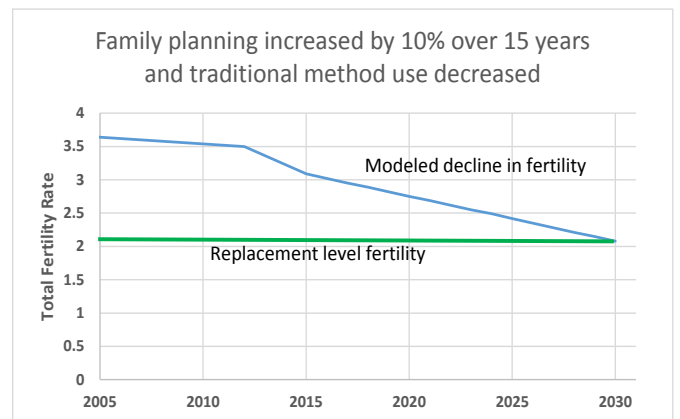


Figure 6

### Secret to success

Increasing overall use of family planning by 10% in 15 years is equivalent to an increase of 0.67% per year. From 1990 and 1997, family planning use increased by 1.8% per year proving that this type of social change is possible within Jordan (Figure 7). Many ideas exist for how to increase family planning use in Jordan, including:

- Reducing disparities across target groups of women
- Reducing unmet need
- Reducing discontinuation
- Improving postpartum family planning
- Mobilizing the private sector

Concurrently, the share of modern methods must also increase from 30% to 90% within the method mix (Figure 8).

One of the great successes of the Jordanian family planning program has been the improvement of family planning use among the poor, uneducated women in rural areas. Today, in fact, there is virtually no difference in use between women in urban areas and rural areas; and no difference between the poorest 20% of women and the richest 20% of women (Figure 9). Although this is good news, it eliminates that strategy from consideration.<sup>1</sup>

Unmet need for family planning in Jordan is almost 12% of currently married women. If all of that unmet need were converted into family planning use, the goal of 10% increase over 15 years would be met. However, meeting unmet need is not a

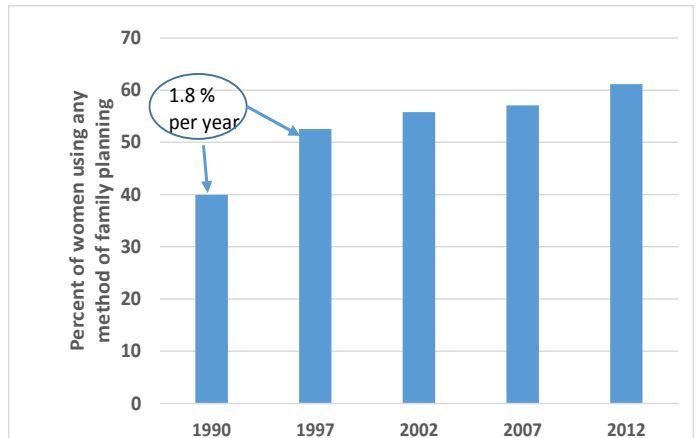


Figure 7

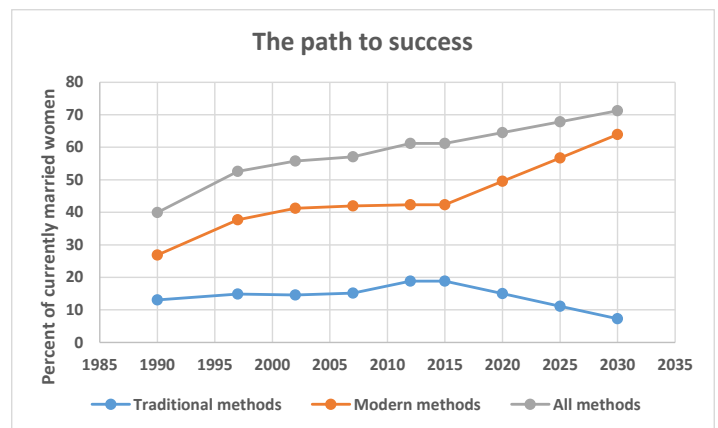


Figure 8

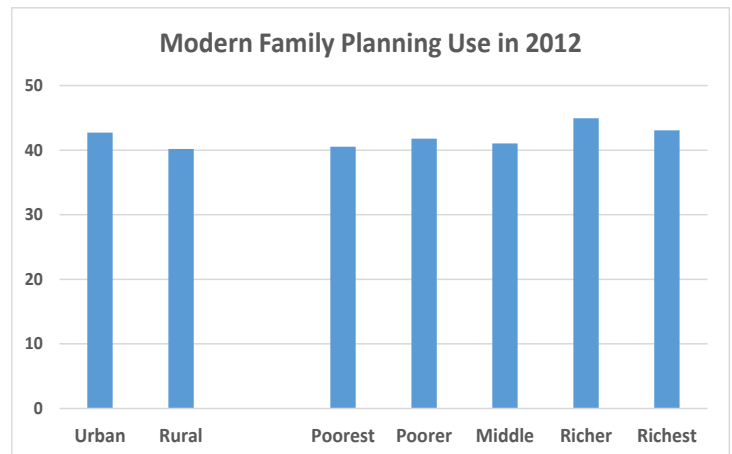


Figure 9

<sup>1</sup> While addressing particular target groups to eliminate disparities will not likely lead to large increases in family planning use—and reaching ambitious targets for family planning overall will require addressing all groups of women—there is still a need for targeted strategies to reach some groups of women.

*A joint strategy of increasing overall family planning use and decreasing the share of traditional methods will achieve Jordan's demographic goal*

simple task. Approximately half of women with unmet need believe that they cannot or will not get pregnant for reasons of infecundity, menopause and lack of sexual activity (Figure 10). Another 15% want to get pregnant. One area for active work involves 25% of women with unmet need who have health concerns or concerns about side effects. The call for improved quality of care and counseling is important.

Discontinuation is the most serious challenge for family planning in Jordan; 17% of women stopped using family planning in the last five years and did not resume use. This percentage exceeds the 10% increase needed in family planning use to achieve replacement level fertility. Another 5% of women stopped using a modern method during the last five years and resumed use with a traditional method. If these women had instead resumed with a modern as before, almost half of the needed switchers from traditional to modern methods would have been achieved.

Almost 45% discontinued family planning to get pregnant—pointing to the need for *effective postpartum family planning*. Almost 20% of discontinuing women experienced contraceptive failure, and about 25% stopped because of health reasons or side effects (Figure 11). Failure, side effects and health concerns again call for *better quality of care and/or better counseling*.

Postpartum family planning is one of the big successes of the Jordan family planning program. By the third month postpartum, almost 80% of postpartum women are using family planning (see Figure 12). If the remaining 20% of postpartum women were to use family planning this would increase overall use by 6%.

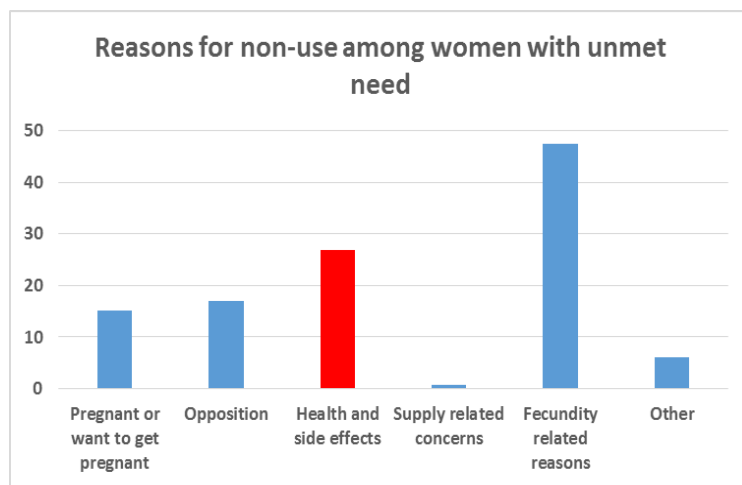


Figure 10

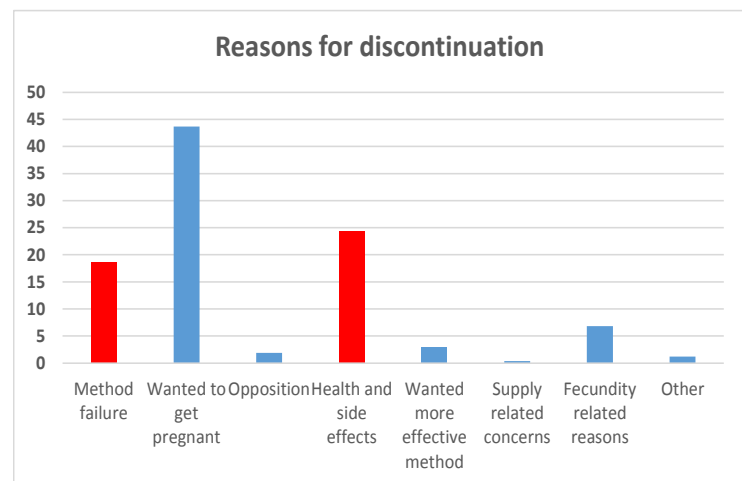


Figure 11

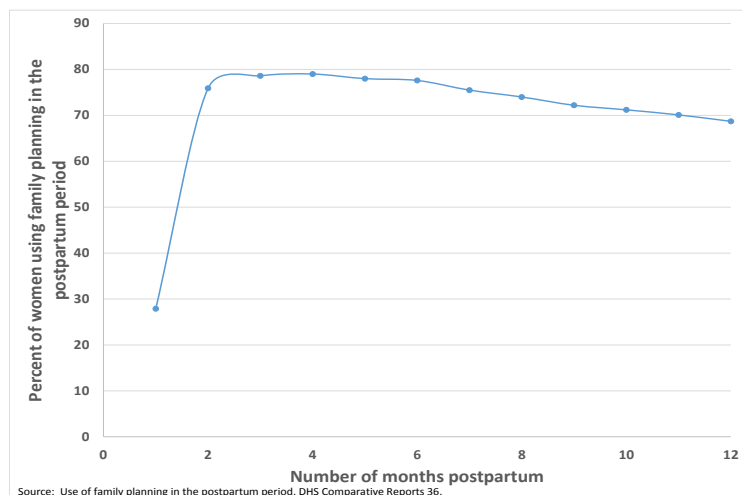


Figure 12

The reasons that postpartum women are not using family planning are troubling; 40% of postpartum women who are not using family planning want to get pregnant (Figure 13). If these women would become pregnant the resulting birth intervals would be dangerously short. A second group of non-users believes that they are not at risk of getting pregnant (postpartum amenorrheic), while in fact they are. For both groups of women *basic education about reproductive risks are needed.*

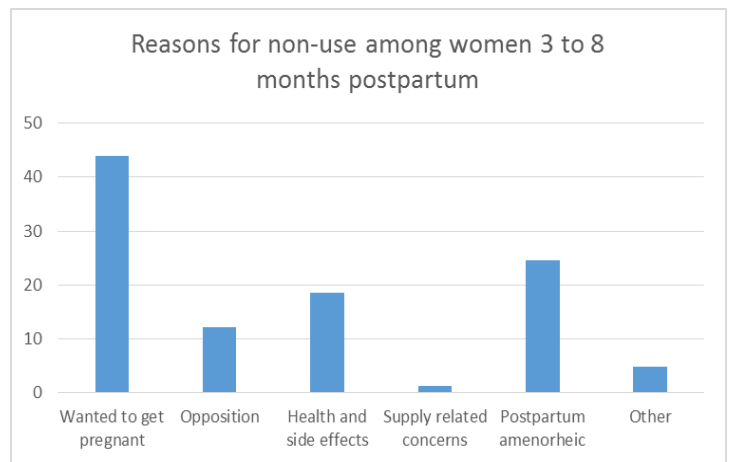


Figure 13

The private sector share of the family planning market has declined precipitously over the last 20 years. In 1990 about 75% of family planning users obtained their methods from the private sector (Figure 14). In 2012 the private sector share was only about 55%. In 2002 the private sector was serving 27.2% of Jordanian women with family planning services, now they are serving only 23.5% of women.

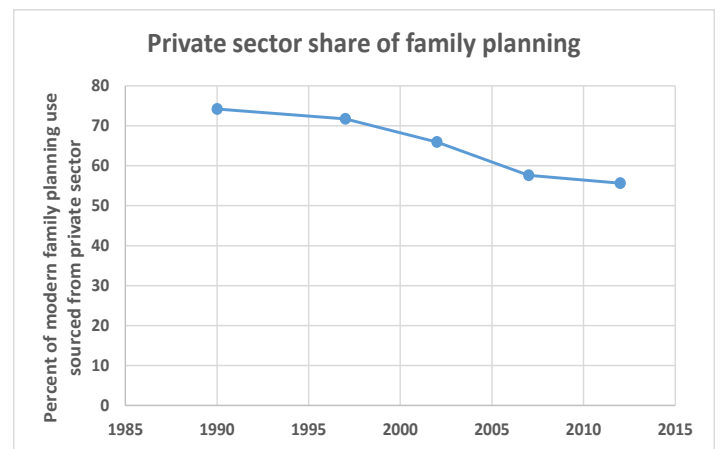


Figure 14

Reinvigorating the private sector will help achieve Jordan’s demographic goals. A potential method for mobilizing the private sector is a *Total Market Approach where the public and private sector each build on their strengths to service the clients most appropriate to them* in terms of ability to pay and method choice.

**Conclulsion**

- Addressing unmet need
- Reducing discontinuation
- Reinforcing postpartum family planning
- Mobilizing the private sector
- Addressing women in the postpartum period and warning them of the risks of short birth intervals

We must improve the quality of services to address the health concerns of women and

educate women on side effects, and then we must continue to reach women in the postpartum period with high quality services that educate them about the risk of pregnancy early in the postpartum period. And finally, it will be necessary to reinvigorate the public-private partnership that expanded the family planning market at the end of the 20<sup>th</sup> century.

Last and not least, there is no group of women in Jordan who could not see an improvement in family planning use. Almost all disparities have been eliminated. Now is the time to develop well designed strategies that target women in all walks of life according to their reproductive needs and their preferences.