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Correcting the Common Misconceptions on Sexual and Reproductive Health in Jordan

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Contents

Acronyms

CSOs	Civil Society Organizations
FGDs	Focus Group Discussions
GBV	Gender Based Violence
HPC	Higher Population Council
ICPD	International Conference on Population and Development
IDIs	In-depth Interviews
PWD	People with Disabilities
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health Rights
STD	Sexually Transmitted Diseases

Introduction and Overview

Addressing the myriad issues surrounding sexual and reproductive health and reproductive rights (SRH&RR) in Jordan is a pivotal component in advancing the empowerment of Jordanian youth in society. As a recent Harvard University study suggests, it is during one's adolescent and youth years (10-24 years old) that he/she experiences the most significant developments regarding their physical and sexual makeup.[i] Current demographic surveys indicate that Jordanians within this age range constitute approximately 30% of the entire population. When viewed alongside one another, most youth and adolescents are unmarried and claim to have unsatisfactory access to SRHR information and services.[ii] These realities indicate that youth are progressively becoming larger shareholders in Jordanian society. As such, their sexual and reproductive needs must be attended to in a timely and efficient manner.

In order to explore the full picture of youth SRHR experiences in Jordan, this research will dedicate specific attention to the outcomes of youth refugees and PWDs in the country, whose SRH insecurity is compounded by their inherent political, economic, and social marginalization. In other words, the fact that refugees tend to experience higher levels of poverty,[iii]less access to educational opportunities,[iv]and secondary political attention inevitably leads to their being disadvantaged in learning more about their SRH rights as well as the variety of services they have access to. The same applies for PWDs who are confronted with fewer socioeconomic opportunities and confront various forms of discrimination on a daily basis.[v] By assessing the experiences of these at-risk demographics within Jordan, it will become evident how SRHR outcomes for youth are inextricably linked to broader power structures and social hierarchies.

At a fundamental level, sexual and reproductive health is defined as "a state of complete physical, mental and social well-being in all aspects of the reproductive system, its functions and processes, and is not just absence of illness or disability…"[vi] Importantly, a holistic appreciation of SRHR must acknowledge that mere access to these services is insufficient in guaranteeing the basic rights of Jordanian youth. Rather, SRHR initiatives need to also appreciate how relevant information is disseminated and received amongst young Jordanians.[vii] Thus, a major priority of the Jordanian government as well as development agencies must be in dispelling various SRH&RR misconceptions. Indeed, until Jordan's youth population is fully equipped with greater access to relevant services as well as objective sources of information, they will remain deprived of their full SRH&RR security.

Access to sexual and reproductive health services is central to achieving good maternal and child health but its importance extends beyond this. Sexual and reproductive health produces a sense of wellbeing and control over one's life, along with an ability to enjoy basic human rights. While the focus of this study is on Jordanian youth, it is important to note that these rights apply to all age groups and genders. Moreover, broader understanding of sexual and reproductive health was promoted at a development conference—the Cairo International Conference on Population and Development (ICPD) in 1994.[viii] This conference has created a new global consensus on population and development for the purposes of promoting objectives such as improved reproductive health, ensured gender equality, and empowerment of women. Furthermore, ICPD reaffirmed that population and development policies and strategies are important and essential part of all development considerations.[ix]

"Reproductive rights embrace certain human rights that are already recognized in national laws, international laws and international human rights documents and other consensus documents. These rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents."[x]

Since the ICPD Programme of Action was adopted, progress has been made, as evidenced by Jordan's more recent participation at the Nairobi Summit (ICPD+25) in 2019. At Nairobi, the Jordanian government joined the list of 179 internationally recognized nations in allocating increased funds toward SRHR programs and affirming that SRHR is a fundamental human right.[xi] Finally, in Jordan's first National Sexual and Reproductive Health Strategy (2020-2030) that developed by the Higher Population Council, the government once more reiterated its commitment to achieving "comprehensive access to the integrated knowledge and services of sexual and reproductive health and rights towards family welfare in Jordan."[xii] Notwithstanding the government's admirable attention to advancing SRHR-related programs, realities on the ground suggest that there are still several glaring hurdles that must be overcome.

For example, a 2019 study issued by the Higher Population Council, titled the Identification of Sexual and Reproductive Health Issues and Research Priorities Based on Demographic and Family Health Survey, highlighted how the prevalence of modern family planning practices in Jordan was declining.[xiii] An older Health and Demographic Study illustrated how more than 70% of married Jordanian women aged (15-19) were not using any type of contraception, despite the fact that 40% of the same women stated that they did not want a child in the near future.[xiv]Findings such as these suggest that a combination of material, informational, and systemic barriers continue to be a hinderance for young Jordanians, and especially women, in realizing their family plans as well as broader SRHR security.

As will be explored in this report, SRHR is considerably impacted by socio-economic factors; educational level, employment status, familial frameworks; as well as religious and political beliefs all play a critical role in one's relationship with SRHR. In Jordan and the Middle East, SRHR is considerably confidential and remains a taboo subject in most educated and uneducated communities. Though very personal, SRHR exists as a community issue, as people are hesitant to engage in discourse; fearing community-based stigmatization. As a result of the community-wide reluctance to participate and engage with SRH-related discussion, many people have developed misconceptions concerning sexual and reproductive health, negatively impacting practitioner visits and overall SRHR frameworks.

Research Objectives

This research aims to investigate, collate, and disseminate the common misconceptions youth in Jordan have about sexual and reproductive health to better inform youth SRHR based on Share-Net partners' research, the experiences of service providers, and youth in Jordan. As

mentioned above, the final product will dedicate much-needed attention toward analysing and addressing the financial and educational challenges that hinder the SRHR security of higher risk demographics such as young refugees and PWDs. For example, in a study conducted between the University of Edinburgh and The Higher Population Council, the authors found that the "main challenge" hindering SRH security for Syrian refugees in Jordan was a lack of empirical studies that shed light on the healthcare needs of this demographic.[xv] Furthermore, Syrian refugees in Jordan face further obstacles such as high likelihoods of GBV and early marriage.[xvi] In drawing out the connection between the socio-political and socioeconomic obstacles that these groups face, and their SRHR outcomes, this study seeks to demonstrate that SRHR realities for youth in Jordan are determined by a variety of broader social forces. In other words, SRHR cannot be understood in a vacuum. Furthermore, the misconceptions will focus on the barriers to youth accessing SRH services, whether for prevention, information or treatment. The findings will be translated into easily understood and accessible SRHR information for youth.

The intention of this report is to support Share-Net International's decree to improve research and strengthen pedagogical frameworks as it concerns SRHR, and as outlined by the United Nations' Sustainable Development Goals (SDGs) to ensure the improvement of healthy lives and increased well-being for all, IRCKHF seeks to research, collate, and disseminate knowledge tools that address youth beneficiary misconceptions about SRHR to better inform SRHR programming, policies, and practices in Jordan; adding to the scope and breadth of international SRHR knowledge platforms, but most importantly, to inform youth themselves.

Methodology and data collection

This research was built on existing studies, conducted by Share-Net partners in Jordan, as well as research carried out with practitioners and service providers to capture the common misconceptions women, men, girls, and boys have about SRH. To achieve the research's objectives, a qualitative approach was used; data was collected through interviews and FGDs, as well as from the desk review. This will be translated into simple language with the clarifications to the misconceptions through a printed brochure (the content can be found in Annex 1) shared with service providers and practitioners for distribution to their youth beneficiaries. Moreover, an awareness social media campaign will be carried out to spread awareness among young people about the correct concepts of SRH. (Key messages, quotes, and stories can be found in Annex 2).

Data Collection:

The following steps for data collection were taken:

a. **Desk review:** A comprehensive desk review was undertaken of the most recent studies and data available on the Share-Net Jordan platform on SRHR research along with other relevant documents developed about SRHR common misconceptions identified in Jordan.

b. **Focus Group Discussions (FGDs) Three FGDs** were carried out with:
   - ✓ Institute for Family Health/Noor Al Hussein Foundation (IFHNHF) youth beneficiaries. FGD was conducted with female youth and another one with male youth (ages 18-30);

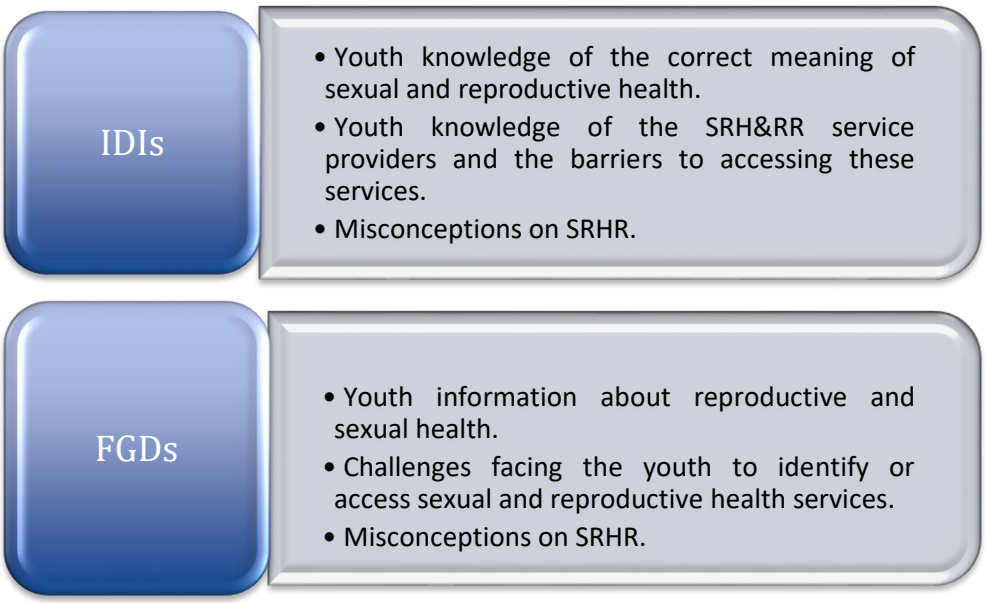
- ✓ UNFPA's Y-Peer Network beneficiaries.[xvii] (FGDs tool can be found in Annex 3).

The participants of the FGDs were selected in order to keep an equal balance of girls and boys. Vulnerabilities, such as gender, age, migration/refugee status and disabilities, were also taken into consideration as cross-cutting issues. (The full list of participants for FGDs can be found in Annex 4).

The group of participants were guided through the process by a researcher, who introduced topics for discussion and helped the group to participate in a lively and natural discussion amongst themselves. The strength of FGD relies on allowing the participants to agree or disagree with each other so that it provides an insight into how a group thinks about an issue, about the range of opinions and ideas, and the inconsistencies and variation that exist in a particular group in terms of their beliefs, experiences and practices.

c. **In-depth Interviews (IDIs)** 13 IDIs were conducted in order to consult service providers, practitioners, and health providers about the common misconceptions male and female youth have about sexual and reproductive health and what the consequences of those misconceptions are, and how they need to be corrected. (IDIs tool can be found in Annex 5). The IDIs allowed the researcher to collect valuable qualitative data from the interviewees. The questions and focus varied according to the specific area of expertise of the interviewee, allowing them to express relevant experiences, feelings and perspectives regarding the main research topics. These interviews were conducted with a one-to-one approach and the information collected through this process complemented the data of the desk review and the findings of the FGDs. (The full list of interviewees can be found in Annex 6).

   IDIs and FGDs were recorded and transcribed. After analyzing the data, the following themes were identified from each tool:



Research Target Groups

The research target includes:

- Female and male youth (ages 18-30);
- decision-makers;
- representatives from the Jordanian government such as the Ministry of Health and the public health centers;
- private health sector;
- representatives from health associations, non-government and civil society organizations (CSOs);
- independent researchers and human rights defenders.

Research Limitations

This study had certain limitations. Young people may have felt uncomfortable sharing their views on SRH, particularly if they were not confident in their knowledge. Moreover, they may have been uncomfortable or embarrassed to share misconceptions, particularly if they felt unsure as to whether these were shared. We attempted to mitigate these by providing opportunities for participants to make individual contributions to the discussion.

It should be noted that due to the financial and time constraints of this study, the sample is not a representative one of Jordanian youth in Jordan, but rather gives insight that other studies can expand on for future research on youth misconceptions of SRHR.

Barriers to youth accessing SRH services

Knowledge Gap: Youth Knowledge of SRH in Jordan is Lacking

Jordan's youth knowledge regarding SRH is relatively poor, even though the government considers these matters to be of the utmost importance in its agenda. Indeed, according to the Ministry of Health, a mere 1% of adolescents enjoy primary healthcare, and the services that do exist are substandard.[xviii] Perhaps this dearth of primary healthcare access partially explains why SRH knowledge levels amongst youth are so strikingly low. At a general level, 81% of Jordanian youth claim there is an "urgent need" for advocacy and awareness programs related to SRH topics, which suggests that the status quo is insufficient for educating them about these sensitive, yet vital topics.[xix] In a different study, men across all age groups in Jordan were found to have an insufficient understanding of SRH.[xx] Further corroborating the existence of this knowledge dilemma is the fact that young Jordanian women aged 15-24 have a limited awareness about the discrepancies in efficacy between modern and traditional forms of birth control.[xxi] In regards to HIV knowledge, only 9% of Jordanian men and women between the ages of 15-49 are fully aware of how to mitigate the risks of transmission and infection.[xxii] All of these findings highlight that youth knowledge regarding general, as well as more specific SRH topics such as contraception and HIV, is insufficient. Importantly, this finding was true for both sexes.

Conservative Social Views on SRH are the Most Obstinate Barriers Confronting Youth

While Jordanian society's conservative views on this subject will be explored in greater detail in later sections, it is vital to note from the outset that negative perceptions toward SRH serve as arguably the most obstinate barrier between Jordanian youth and their attainment of full SRH security. Indeed, the ability or lack thereof for youth to discuss these topics with their parents has been correlated with their capacity to safely engage in sexual behaviour. In the same study titled, Parent–child communication about sexual and reproductive health: perspectives of Jordanian and Syrian parents, the authors noted that "The parent–child relationship is fundamental to shaping children's trajectories through adolescence and suggests considerable potential to improve youth SRH knowledge."[xxiii]Thus, if parents are willing to have transparent conversations on the matter, their children will be better off. If they are unwilling to do so, the SRH security of their children will be jeopardized.

In a similar note, SRH outcomes are heavily indebted to educational institutions' willingness to address these culturally sensitive topics in the classroom. To date, there has been insufficient progress with integrating these topics into curricula across Jordanian schools.[xxiv] Thus, the fact that numerous parents, educators, and even healthcare professionals either refuse or feel uncomfortable in engaging in these conversations,[xxv] means that male and female youth in Jordan are deprived of traditional outlets for attaining this information. Only when Jordanian society as a whole takes a more progressive and open-minded stance on engaging with these topics, will young Jordanian males and females be able to freely and efficiently access SRH information and services.

Health Services Specifically Tailored to SRH&RR and Youth in Jordan are Limited

International organizations working in conjunction with the Jordanian government have gone to great lengths to make SRH&RR services more accessible across the country. Indeed, the UNFPA has established reproductive healthcare clinics in most of the country's governorates, as well as every refugee camp. Recent numbers released by the UNFPA highlight that their clinics provide services to over 1,000 Jordanians a week.[xxvi] However, when analysed as a whole, SRH&RR services in Jordan continue to suffer from a "lack of national manuals and training guidance within international standards, the lack of specialized sexual and reproductive health trainers and the limited distribution of qualified human resources in health and non-health sectors."[xxvii] In other words, there is a shortage of medical service providers who are equipped to deal specifically with SRHR matters.

> *"One of the challenges we face is that not all locations have awareness centres that specialize in the topic of sexual and reproductive health." (A female youth counsellor in a reproductive and sexual health services centre).*

> *"To be honest, we do not have a brochure on sexual and reproductive education in particular, but we have a brochure, for example, related to pregnancy. Also, we do not have a brochure postpartum care either." (A female youth counsellor in a reproductive and sexual health services centre).*

This shortage of specialized SRHR services is even more acute when considering SRH&RR services that are tailored toward youth. Indeed, despite the Ministry of Health distributing broader health services to every demographic within Jordan, its programs do not include reproductive services to Jordanians who are either unmarried or under 18 years of age.[xxviii]

COVID-19 Has Exacerbated SRHR Insecurity in Jordan

Moreover, already limited SRHR supply chains have been strained due to the ongoing Covid-19 pandemic. Amidst the crisis, public funds have been redirected toward combating Covid-19, thus leading to an even greater shortage of SRHR services and professionals.[xxix]Studies have also established a link between the lockdown orders during the height of the pandemic and youth being unable to turn to trusted professionals to access traditional SRHR services. Forced to stay at home, young Jordanians had little choice but to rely on 'unsuitable' sources of information such as friends or websites.[xxx] In doing so, they fuelled an environment for misinformation to abound. Finally, the stay-at-home orders also contributed to an increase in domestic violence which further exacerbated SRHR insecurity.[xxxi] As is evidenced by the quote below, the challenges of the pandemic and the attendant stay-at-home orders were also accompanied by an increase in total demand for SRHR services. These finding suggest that broader public health crises have the potential to exacerbate SRHR insecurity.

> *"The demand for reproductive and sexual health services during the COVID-19 pandemic increased, but with the start of schools, this demand decreased by students due to the suspension of distance education and the start of face-to-face education." (Female in charge of SGBV cases).*

Certain Geographic Areas and Demographics such as PwDs Find It More Difficult to Acquire SRHR Services

Another hurdle to achieving total SRHR security is broader accessibility concerns. For example, a lack of transportation means, the long distances to healthcare providers and a general discomfort in seeking these services out alone all contribute to sub-optimal consumption levels of these services.[xxxii] In addition to the geographical barriers and the distances that Jordanians must often traverse to receive SRHR services, existing SRHR programs do not adequately accommodate people with disabilities (PwD). Jordanians who suffer from medically diagnosed disabilities struggle to acquire information, as current providers do not have programs that are tailored toward delivering timely and accurate information to these segments of the population.

> ***"Persons with disabilities have the right to access reproductive and sexual health services in a safe and accessible manner."***
>
> ***A female psychological counsellor in reproductive and sexual health services centres.***

As a WHO/UNFPA paper makes clear, PWDs are not the core of the issue. Rather, the "ignorance and attitudes of society and individuals, including health-care providers raise most

of these barriers—not the disabilities themselves." It is therefore incumbent upon these healthcare institutions, and society, to alter their negative and harmful attitudes toward PWDs in order to ensure that this demographic is afforded full SRHR security.

> *"Unfortunately, our services are limited to the centre surrounding only. We cannot reach all groups. That is, we almost cover the areas of Qweismeh and Umm Nawara only. Unfortunately, PwD, do not have full access to our services. I mean, our awareness sessions are difficult for them to participate in because there is staircase in the clinic and the place is not adapted for PwD or because we don't have anyone specialized in sign language or Braille. We do not provide such services." (A female youth counsellor in a reproductive and sexual health services centre).*

Most importantly for the purposes of this report, the prevalence of dangerous misconceptions surrounding SRHR services constitutes a stubborn barrier to higher levels of SRHR consumption. The following sections will delineate how numerous young Jordanians still adhere to a variety of misconceptions that disincentive them from seeking out these services. Consequently, Jordanian youth remain in a precarious position during the pivotal years of their sexual and reproductive development.

The common misconceptions youth have about SRH in Jordan

Concepts and Definitions Misconceptions

Many Jordanian Youth Associate SRH&RR Merely with Reproduction and Family Planning

Existing research coupled with interviews with numerous stakeholders in Jordan reveal that youth tend to have low levels of understanding regarding the comprehensiveness of terms such as "sexual health" and "reproductive health." Numerous participants indicated that youth tend to associate SRHR merely with reproduction and family planning, and therefore ignore the plethora of other SRHR services that exist, such as pre-emptive cancer check-ups and consultations regarding family violence.[xxxiii] In a similar vein, large segments of Jordan's male and female populations are unaware of existent HIV services such as screening sites, which again suggests a widespread failure to fully appreciate the comprehensiveness of SRHR .[xxxiv] The recurrent inability amongst various participants to elaborate on the definition and meaning of SRHR indicates glaring informational gaps and that many Jordanians are unaware of the breadth of services that they can access.

> *"The concept of reproductive and sexual health is ambiguous for young people. A large percentage of young people at the beginning of their attendance to our awareness sessions do not have a full idea about the topic. About 95% or even more of the young people always link reproductive and sexual health to family planning." (A female youth counsellor in a reproductive and sexual health services centre).*

> *"Sexual health means that one can have children free of diseases." (One of the male participants during the FGD - one of the beneficiaries of reproductive and sexual health services in service delivery centres).*

Young Jordanians of Both Sexes Are Under False Impressions Regarding Who is Entitled to SRHR Services

Compounding this issue of ignorance is the fact that young Jordanians simply are not aware of who is entitled to these services. Many female youths in Jordan are under the impression that SRHR services can only be accessed by pregnant women.[xxxv] Men suffer from similar misconceptions. Indeed, a major reason why male knowledge regarding SRHR levels is so low is due to the widely held stereotype that these services are limited to matters related to fertility and pregnancy.[xxxvi] In other words, many Jordanians do not seek out SRHR information or consultations because they adhere to the misconception that their current marital status or gender does not entitle them to these services. As the below responses accurately indicate, there needs to be a greater understanding that single people of both sexes are entitled to SRHR services.

> *"Reproductive and sexual health is not related to married people only; singles also need to be educated on this subject as it is very important for a new life." (One of the male participants during the FGD with the Y-PEER Network)*

> *"Women, whether pregnant, married or unmarried, all of them need to visit a specialist doctor. In addition, the man has an essential role in sexual and reproductive health. Just as a woman needs to be educated, a man needs to be educated and to participate in making decisions, including the decisions to space pregnancies as it is a joint decision. This is why men must visit physicians or specialists." (A female youth counsellor in a reproductive and sexual health services centre).*

> *"People always limit reproductive health to women, while this is not true. Reproductive health has to do with both women and men. It is a joint matter." (One of the male participants during the FGD with the Y-PEER Network).*

A Full Understanding of SRHR Must Acknowledge Underappreciated Risk Factors such as Diet and Climate

Furthermore, by viewing SRHR as a matter solely to do with reproduction and family planning, many young Jordanians fail to draw the pivotal connection between how factors such as climate and diet might affect sexual and reproductive development. The provision of SRHR information and services must therefore also take into account the variety of environmental and lifestyle conditions that have consequences for SRHR health.

> *"Climate changes have a significant impact on sexual health, whether for males or females. For example, rising temperatures greatly affect the fertility rate of men and women, in addition to affecting the stage of puberty." (A female youth counsellor in a reproductive and sexual health services centre).*

> *"Today, fast food is all hormones. This affects our hormones…."(One of the female participants during the FGD with the Y-PEER Network).*

Socio-Cultural misconceptions

SRHR Discussions Remain Taboo in Jordan

The SRHR landscape in Jordan is colored by strong societal pressures in which conservative views about sex and reproduction predominate. Various participants were aware of the need for society to be more open-minded about these topics. However, their viewpoints indicate that large segments of Jordanian society continue to view SRHR negatively, thus rendering it difficult for youth to educate themselves and acquire the services that they need.

> *"If we take into account the way society views the word 'sex', the perceptions that most people have are unfortunately negative and mistaken. I am in favour of correcting the concepts in one word and clarifying the particular concept clearly." (Director of FHI - Noor Al Hussein Foundation).*

> *"The term 'reproductive health' came up after the term sexual health to cover sexual health, because organizations thought it was a sensitive topic that they were addressing. So, the term reproductive health came up under covered so that we could talk about it. Majority of people would not accept anyone talking about it." (One of the male participants during the FGD with Y-PEER Network).*

> *"Society has a great role, but unfortunately our societal culture fights sexual and reproductive culture. Our role as individuals is to raise society and people's awareness of the necessity and importance of spreading awareness about sexual education." (A female youth counsellor in a reproductive and sexual health services centre).*

Jordanians Often Associate SRHR Discussions with the Term "Shame"

On a similar note, it is difficult for youth to seek out SRHR information as they fear the societal judgment that they might face in doing so. Numerous participants emphasized the term "shame" to describe how these socio-cultural pressures lead to an atmosphere of silence. This recurring association with "shame" indicates that until the cultural taboo around SRHR is dismantled, youth will not feel fully comfortable seeking out these services.

> *"It's a shame for a female to visit the doctor. Even our parents refused to let us visit the doctor unless there are problems that cannot be resolved. If a female visits the doctor, there are people who still reject the idea of the doctor or the periodic check, although if a girl is married or unmarried, she must check with a private doctor if she had menstrual problems." (One of the female participants during the FGD with the Y-PEER Network).*

> *"The phrase 'it is shame' and saying 'you are not supposed to ask about this' is what makes our children make mistakes. You, as a father and a mother, must be the first to educate your children about these topics as not talking about these topics may make the young males and females resort to other methods to obtain information and it is not necessarily porn sites. Listen to your child and answer any*

question he/she asks." (A female expert on GBV in a reproductive and sexual health services centre.

Parents and Schoolteachers Feel Uncomfortable Dealing with SRHR Topics and Contribute to an Environment in which Young Jordanians Having Few Reliable Sources of SRHR information.

The SRHR taboo is prevalent within all segments of Jordanian society. Naturally, with these traditional sources of information proving hesitant or unwilling to address these topics, young Jordanians have limited reliable outlets to turn to. At a familial level, numerous Jordanian youths are unable to have open conversations with their parents due to the widespread reluctancy of older generations. Parents reportedly feel uneasy or awkward about having transparent discussions regarding topics that they view as inappropriate. Oftentimes, parents refuse to discuss these matters outright. Jordanian youth are aware of their parents' unpreparedness to adequately discuss these matters.[xxxvii] In other words, even if these household conversations do occur, they tend to be unsubstantial and leave youth unsatisfied.

"Sometimes a girl asks her mother questions. The mother would not accept this and would reply that such questions are for older people to ask. Parents are not aware." (One of the female participants during the FGD with the Y-PEER Network)

"Frankly, when we communicate with young people a little, the parents have a fear that we are expanding on these topics. So, first, we target the parents and raise their awareness of the topics that we may discuss or talk about with young people. When we say that it is a training on the reproductive and sexual health, especially when we want to target girls, parents show a negative view because of the culture, with a little rejection of the issue. When clarified, things become easier." (A female youth counsellor in reproductive and sexual health services centres)

Even amongst trained healthcare providers, moral and cultural considerations preclude against substantive discussions on the matter. Many providers feel that religious factors limit their ability to offer reproductive services to unmarried Jordanians. On the other hand, young Jordanians do not have faith that these healthcare providers will maintain confidentiality, and oftentimes worry that the wider community will learn of their attempts to attain these services.[xxxviii] As seen below, medical professionals also feel ill-equipped to have conversations with the opposite sex. The fact that medical professionals are often unwilling to discuss SRHR topics or provide their services to youth again indicates that socio-cultural pressures hinder the SRHR security of young Jordanians.

"As a pharmacist, young men and women of both sexes ask me about it, but frankly, I wouldn't want to answer them. They go too far, so I refer them to a man. However, I answer the girls' questions in this regard. Some girls, when they want to ask me something personal, if there is a guy in the pharmacy, they would ask me to talk to them in person seeking privacy." (One of the female participants during the FGD with the Y-PEER Network).

The below anecdote highlights how education professionals are similarly unwilling to address these topics.

"I remember, two weeks ago, I was going to a school to give a lecture on these topics. I approached the principal and told her about us and the 1.5-hour training course we wish to give about sexually transmitted diseases and HID. She asked me to lower my voice because she doesn't want any of the girls to enter the office and hear me saying so. She said that her students are too innocent and very properly raised and that if I wish to talk about such topics, I should visit other schools where girls do not wear the hijab, the liberated schools. I was honestly shocked!" (One of the female participants during the FGD with the Y-PEER Network).

Source of information misconception

The Inability of Young Jordanians to Seek Out SRHR Information from Trusted Sources Fuels Misinformation

Given the fact that parents, medical professionals, and schoolteachers are often hesitant or unwilling to address SRHR topics, it is only natural that Jordanian youth fall back on less reliable sources of information. Recent studies as well as the below interview responses highlight how young Jordanians frequently turn to friends and the internet to attain information on the subject.[xxxix] However, the opinions of friends as well as online sources are often subjective and unsupported by science. Furthermore, at a young age, Jordanian youth are less capable of verifying sources and therefore tend to uncritically accept what they see or hear. All of these conditions fuel misconceptions.

"Parents are supposed to be aware enough to correct their children information. Also, the source of information at school shall be the teacher or the supervisor only, and not friends, because friends are not reliable sources especially when they get their information from the Internet which sometimes conveys false information. I don't think that the Internet is a valid source of information". (One of the female beneficiaries of the reproductive and sexual health programs).

"Children are not supposed to browse websites that they are not supposed to see. They might watch things that they are not supposed to know about. The correct behaviour is to seek help from someone who understands the topic or has experience in it. He/she has to be someone who differentiates between what is right and what is wrong. The internet is not the right source." (One of the male participants during the FGD - beneficiaries of reproductive and sexual health services in service delivery centres).

While Some Jordanian Schools Offer SRHR Education, Existing Workshops Tend to be Superficial, Inadequate, and Only Tailored Toward Girls

Several participants shared personal stories about how SRHR topics were addressed in their schools. Across the board, these participants were unsatisfied with the depth of education that they received during these workshops, claiming that speakers focused on simple health precautions such as the importance of washing hands and frequently refused to go into further detail about more sensitive topics. Interestingly, all of these workshops were tailored

toward girls which indicate that Jordanian schools have failed to implement similar educational opportunities for male youth.

> *"I remember that when I was in the seventh or eighth grade, a doctor visited our classroom and talked about sexual assault. She said that it could be a complete assault or assault from behind. We asked her what assault from behind means. She got mad and screamed at us accusing us of being philosophizing! In fact, we did not understand what she was talking about, and she continued giving the lecture without telling us what it means, even though the specific objective of her visit was to deliver the information to us and help us understand what assault means. It is wrong to bring a specialist who remains silent regarding important terms that he/she considers it impolite that we asked about something or that we were exaggerating." (One of the female participants during the FGD with the Y-PEER Network).*

> *"In the sixth to eighth grades, it is very nice to hold workshops to educate girls or add this kind of education to the curricula because there are many girls who have their periods and they do not know. I do not want for big topics to be addressed. I just want them to understand the topics that they need to know about in the event of harassment, assault or even touching. I need them to know what bad touching means, even by their parents. I mean, I expect schools to have something like this done to raise girls' awareness of how to protect themselves at a young age." (One of the female participants during the FGD with the Y-PEER Network).*

> *"I know that sexual education is given at a young age. My sister in Sweden has a daughter who is 8 years old, and her school began to give her bad sexual education. In public schools, there are condoms placed by the sinks at the second-grade toilets. It is very difficult in Jordan. The term exists but in a simple way. All they do is tell the child how to wash his/her hands after using the bathroom. These are simple things that the mother can teach her child." (One of the female participants during the FGD with the Y-PEER Network).*

Contraception misconceptions

Many of the misconceptions surrounding SRH services are related to contraceptive use. A startling finding noted how a mere 66% of Jordanian women could confidently state that modern contraceptive methods were more efficacious vis-à-vis traditional methods.[xl] Put differently, nearly 33% of women are unsure as to whether medically tested methods such as an IUD or the pill are more effective than traditional methods such as withdrawal or having intercourse at less fertile times of the month. Moreover, many fear that using contraception will affect their fertility later on in life.[xli] Widespread uncertainty about contraception's efficacy, as well as its long-term side-effects thus go a long way in explaining why use is not as high as desired. Several Jordanians are also under the impression that reproductive services are Western tools geared toward undermining local customs and norms.[xlii]

When asked to explain what youth understood by 'contraceptives,' both males and females reported awareness of contraceptives, with some providing a combination of descriptions

and/or listing of the methods. Injections and the intrauterine device were the most frequently identified contraceptives. Other methods mentioned included condoms, withdrawal and rhythm method of birth control. It was clear that young people knew or had heard about contraceptive methods, but had minimal knowledge on how they actually worked. Compared to young men, young women were more aware of contraceptives; not only did they list the contraceptives but also went ahead to explain the perceived duration of effectiveness of some methods like the injection and implant.

> *"People say that when you get the injection and if it does not work well for you, you will bleed until you cannot get pregnant again and give birth. (One of the female participants during the FGD with the Y-PEER Network).*

Participants in FGDs shared several misconceptions around contraception. Some respondents mentioned that the use of contraceptives threatened future fertility and could lead to serious health complications such as prolonged menstrual bleeding, problems conceiving, and birth defects. The most common misconception among both male and female participants was the perceived infertilities mistakenly associated with contraceptives. This finding might explain albeit tacitly young people's source of contraceptives' misconceptions.

> *"If for example you want to use the-after-three-months injection they say that if you use it often, then time comes and you want to stop using it and you want to get pregnant, you may wait for ten good years or forever and you will not get a baby at all. Because … I don't know it makes the egg to get lost and it becomes weak that is what it means by destroying the womb." (One of the female beneficiaries of the reproductive and sexual health programs).*

Although pharmacies and public health facilities were the reported common sources of contraceptives among the respondents, there was no consensus as to where young people would prefer to go for contraceptives. Both male and female respondents expressed varied preferences and dissatisfactions with the two contraceptive sources. These variations ranged from lack of privacy at the public hospitals, attitude of the healthcare providers to the cost associated with getting their preferred methods. Some respondents preferred pharmacies to public facilities because of their privacy nature.

Sexually transmitted diseases misconceptions

There is a Strong Stigma Regarding Not only STD Conversations, but Also Those Who Contract STDs

Jordanian society's relative unwillingness to engage with SRHR topics leads to predominately negative views towards those who contract STDs. Amongst these negative views is the idea that if a wife contracts an STD, it means that she was unfaithful to her husband. This misconception also suggests that many are unaware that STDs can be passed when one of the partners is asymptomatic.

"If a husband and wife have sexually transmitted infections or fungi, the first thing that a man thinks about is that his wife had a relationship with another person. The way of thinking is becoming this extreme. It is a normal thing that happens between the husband and wife!" (One of the female participants during the FGD with the Y-PEER Network).

Youth Knowledge Regarding the Origins and Transmission of STDs is Limited

Based on recent studies as well as the field interviews, Jordanian youth of both sexes have limited understanding of the origins and transmission of STDs. Recent numbers from UNFPA highlight that 66% of Jordanian youth are unfamiliar with STDs.[xliii] Moreover, many youths adhere to the dangerous misconception that STDs cannot be transmitted through oral and anal intercourse.[xliv] Youth ignorance regarding STDs are also evidenced in our field interviews during which participants shared misconceptions such as 'STDs are genetic' or that 'only women can contract these diseases.' These particular misbeliefs increase the likelihood that STDs will continue to be transmitted at unnecessarily high rates.

"There are sexually transmitted diseases that are inherited, like diabetes. If a man and woman both have diabetes, their children will definitely have diabetes too. This happened a lot. Before getting married, it is necessary to go through a test and see if the couple has any genetic diseases that can be transmitted." (One of the male participants during the FGD with the male beneficiaries of reproductive and sexual health services).

"Many think that sexual diseases are limited to females. On the contrary, sexual diseases have to do with both females and males, who can both be infected. It is also possible that there are contagious diseases, so we must know how these diseases transmit, how we can protect ourselves from infection and what are the methods of prevention and treatment for these diseases." (One of the male participants during the FGD with the Y-PEER Network).

GBV and early marriage misconceptions

While Young Males Can Also Suffer from Gender Based Violence (GBV), Females Are More Likely to Be Victims and Are Often Unwilling to Report these Occurrences

It is necessary to highlight that youth of both sexes can suffer from GBV. However, due to Jordan's more conservative social structure, women tend to suffer from GBV more acutely. In many cases, women refuse to speak out about their victimization because they fear that doing so would lead nowhere or possibly to more violence.[xlv]

GBV Is Not Limited to Physical Violence. Young Males Often Do Not Understand That Their Behavior Is Inappropriate

Young males are often unaware that their social behavior in public might lead to women feeling uncomfortable, or in the worst cases, threatened. Certain behaviors such as staring at young girls in the street are undoubtedly forms of harassment; however, males fail to appreciate this. The below response highlights the misconception that GBV only occurs in the

form of direct physical violence. A more comprehensive understanding of GBV awareness must also consider the more subtle social patterns that jeopardize the security of young Jordanian females.

> *"Sexual education of the father and mother is also important because a boy can make mistakes in school or on the street. I mean, if a boy sees a girl wearing revealing clothes, he will stare at her. The girl would call this harassment, but the boy does not know that he is harassing her." (One of the male participants in the sessions of the male beneficiaries of reproductive and sexual health services).*

Early Marriage is the Result of Socio-Economic as well as Familial Pressures. Some Parents Believe that Early Marriage Leads to Higher Fertility Rates and Increases the Likelihood of The Child Being a Girl

According to a recent Demographic Health Survey, 25% of Jordanian children are married before turning 18.[xlvi] While early marriage in Jordan is caused by a variety of factors, participants in our field interviews tended to focus on financial and familial pressures. For example, some females perceive that marrying at a young age might afford them more substantial financial security, as her husband might be in a better position to provide for her. Moreover, parents reportedly adhere to the idea that early marriage can affect fertility as well as the gender of the child. Ideas such as these are both unsupported by science and negatively affect the security of young women during their development years.

> *"In times of poverty, a girl wants to marry early because her husband would feed her and buy her clothes."*

> *"One of the most important misconceptions of the father and the mother that we encountered in the awareness-raising sessions is the belief that early marriage increases the fertility rate and the ability to have children for girls. This is of course a false belief and has no medical grounds."*

Child Marriage Threatens the SRH&RR Security of Young Females

In the earlier sections of this report, participants shared their beliefs that SRHR was limited to reproduction and family planning. This limited conception of SRHR fails to acknowledge how early marriage threatens the SRH&RR security of young women. For example, women are often left in the dark about their marriage arrangements which inspires feelings of subjugation and helplessness. Furthermore, by being compelled to marry at such a young age, young girls are forced to make major life and sexual decisions before they have fully learned about their own sexual, as well as personal, wellness. All of these patterns highlight the dangers that early marriage constitutes for young women who should have more license and control over decisions that affect their sexual autonomy and health.

> *"They do not tell us what is going to happen until the day of marriage comes. My mother did not tell me anything about the wedding day or about what is going to*

happen. All I could do is take it and remain silent." (One of the female participants in the sessions of the female beneficiaries of reproductive and sexual health services).

"Early marriage is wrong if it takes place under the age of 18. I got married at the age of 16. A girl needs to grow up and become aware and solve her problems with her husband and in-laws. For me, it was a wrong experience with huge responsibility." (One of the female participants in the sessions of the female beneficiaries of reproductive and sexual health services).

Story of Change ……

"A girl visited us with signs of being beaten and depression. She had psychological problems caused by her father and mother who did not want her to complete her studies and they wanted her to marry at an early age of 16. She wanted to escape or commit suicide, as these were the solutions available to her. We dealt with the case in strict confidentiality, and we had to report the case to Family Protection Department because she is a minor. I followed up her case until the end. I also held psychological support sessions for her, and we did intensive awareness sessions for the parents. The girl returned to school and completed her education and now she is at the Tawjihi grade (12th grade). She is very smart and intends to study medicine. We came to an agreement with her parents that they let her complete her education. The nice thing about this story is that the girl wrote articles about her story and published them. She told me that she was mad at me at first because I reported her case to the Family Protection Department but now, she is very thankful to me because her life has changed."

Female GBV Specialist

Misconceptions and Facts

Misconceptions	Facts / Corrections
Comprehensive SRH education disregards values and morals	Comprehensive SRH education incorporates values and cultural sensitivity
Comprehensive SRH awareness programs are used as a tool to control population growth	Comprehensive SRH awareness programs provide women and families with access to vital sexual and reproductive health information so they can voluntarily decide the size and spacing of their families
SRH services are only for married or pregnant women.	SRH services are available to all young Jordanians irrespective of sex or marital status.
Comprehensive SRH education disregards climate and diet.	Comprehensive SRH education incorporates climate and diet into the curriculum by understanding that SRH wellness is affected by several environmental and behavioural factors.
SRH education is limited to reproduction and family planning.	Comprehensive SRH education incorporates a wide array of services such as regular physical check-ups, as well as STD and GBV awareness/services.
It is shameful and inappropriate for Jordanian youth to discuss or seek out SRH information.	Wanting to discuss sensitive SRH topics is a natural part of sexual development and doing so in objective settings demonstrates a high degree of maturity and responsibility.
It is inappropriate for parents and schoolteachers to discuss SRH topics with Jordanian youth.	Parents and schoolteachers are respected members of the community. Therefore, engaging in transparent and substantive conversations with Jordanian youth is the best way to ensure that the information they receive is credible and safe.
Friends and the internet are reliable sources of SRH information.	Any information obtained via these sources needs to be cross-referenced and verified with more objective sources of information such as trained medical professionals and healthcare providers.
There is little difference in efficacy between traditional and modern methods of contraception.	Modern contraceptive methods such as condoms, the pill or an IUD are more effective in preventing unwanted pregnancies than traditional methods such as timed withdrawal.
Using contraception affects fertility later in life.	Empirical studies have found that contraception does not negatively affect fertility.
Only women can contract STDs.	Both men and women are at risk of contracting STDs.

STDs are genetic.	STDs are transmitted during sexual interaction when at least one of the persons has the disease. Transmission can occur both when a person is symptomatic and asymptomatic.
If someone has an STD, it means that they have been unfaithful.	STDs are not related to a person's morals or fidelity. Oftentimes, STDs can be passed when the person with the disease is not exhibiting any symptoms.
Only females suffer from Gender Based Violence.	Males and females can suffer from Gender Based Violence.
GBV only entails direct, physical violence in households.	Comprehensive GBV education understands that any sexual acts that threaten another's security such as staring or catcalling are forms of GBV.
Early marriage is a prudent way for young girls to attain stability.	Early marriage threatens young girls by imposing major life decisions upon them before they have a full understanding of the implications of these decisions. Moreover, early marriage deprives young girls of SRH security by infringing upon their sexual autonomy and mental health.

Recommendations

- Provide comprehensive sexuality education in schools, for both girls and boys, particularly through working with parents and training teachers.
- Integrate SRH services for young people into existing primary health care services, ensuring that the staff is receptive to young people and will guarantee their privacy.
- Existing SRH services are not promoted to youth, so links between information and services should be strengthened.
- Integrate family planning services into youth SRHR services to reduce misconceptions among youth and their families.
- Involve young people in the design of SRHR programs to ensure the programs are relevant and understood, and motivate young people to take responsibility for their health.
- Provision of SRH services to PwD in service centres with disability friendly infrastructure.
- Provide youth with reliable online sources for them to learn more about SRHR and SRH services available to them.
- Establish interactive youth-friendly platforms that meet youth needs.
- Enhance the role of media in raising society and youth awareness on issues related to SRHR.
- Develop a national program on sexual and reproductive health education for adolescents and youth in accordance with the principles of Islam and the Jordanian culture and to respond to age and sex.
- Create a standard national training kit adopted by the national bodies that adopt the learning by doing and practice approach, and link the acquired knowledge to life skills.
- Prepare a national program to develop trainers specialized in youth issues, mechanisms for working with youth, and in building youth capacity in sexual and reproductive health and rights and link it to life skills.

- Allocate necessary budgets for SRH programs for adolescents and youth, including sexual and reproductive health education.
- Develop a comprehensive educational guide about SRH for adolescents and youth.
- Create adolescents and youth-friendly spaces within the national standards for youth-friendly SRH services.
- Build the capacity of service providers to provide education about sexual and reproductive health for adolescents, youth, and families.
- Build the capacities of teachers and mentors in public and private sectors in the area of SRH education.
- Design community-based programs to educate families, community leaders, male and female preachers about SRH for adolescents and youth.

Annexs

Annex (1) Brochure content

تصحيح المفاهيم المتعلقة بالصحة الجنسية والإنجابية في الأردن

2021

تذكر/ي .....

"إن الصحة الجنسية والإنجابية الجيدة هي حالة من السلامة الجسدية والنفسية والاجتماعية الكاملة في جميع الأمور المتعلقة بالجهاز التناسلي. يعني
هذا القدرة على التمتع بحياة إنجابية مُرضية وآمنة، والقدرة على إنجاب الأطفال، وحرية القرار فيما يتعلق بإنجاب الأطفال وموعده وعدد مراته". منظمة الصحة العالمية

"هي حالة من الرفاه بدنيا وعقليا واجتماعيا وليس مجرد المرض أو العجز في جميع الأمور المتعلقة بالجهاز الإنجابي ووظائفه وعملياته" مؤتمر السكان والتنمية-القاهرة 1994

ما هو المقصود بخدمات الصحة الجنسية والإنجابية الصديقة للشباب في الأردن؟

هي خدمات صحية يتم توفيرها لفئة الشباب إناثاً وذكوراً من عمر (12-30) سنة في بيئة آمنة تضمن احترام حقوقهم وضمان سريتهم وخصوصيتهم، وهي خدمات صحية جاذبة للشباب وقادرة على إشراكهم في جميع مراحل ومحاور تقديم الخدمة. وهي تلبية لاحتياجات الشباب في هذه المرحلة العمرية والتي تراعي نموهم الجسدي والعقلي والنفسي والاجتماعي، وتشتمل على توفير المعلومات والمشورة والتشخيص والعلاج والخدمات الرعائية والوقائية المتعلقة بالصحة الجنسية والإنجابية من تنظيم أسرة، صحة الأم والطفل، الوقاية من التهابات الجهاز التناسلي، سرطان الثدي، العنف حسب النوع الاجتماعي، الوقاية والعلاج من العقم والضعف الجنسي والتغيرات المصاحبة لسن المراهقة والبلوغ وفيروس نقص المناعة المكتسبة، لتلبي احتياجات الشباب حيث تقدم هذه الخدمة في المراكز أو الأقسام المتخصصة ومن خلال التحويل للجهات المعنية بالخدمة والأنشطة المجتمعية والتشبيك.

ما نوع الخدمات التي يمكنني الحصول عليها في المراكز الصديقة للشباب؟

- تنظيم الأسرة
- صحة الأم والطفل
- الوقاية من التهابات الجهاز التناسلي
- سرطان الثدي
- العنف حسب النوع الاجتماعي
- الوقاية والعلاج من العقم والضعف الجنسى
- التغيرات المصاحبة لسن المراهقة والبلوغ
- فيروس نقص المناعة المكتسب

معلومتي الصح عن الصحة الجنسية والإنجابية .....

- الحكي عن صحتنا الجنسية والإنجابية مش عيب.
- خجل وخوف الشباب من المجتمع ووصمة العار عند مراجعة أطباء الأمراض التناسلية أمر في غاية الخطورة .. إن معرفة المعلومات الصحيحة المتعلقة بالصحة الجنسية والإنجابية في عمر مبكر يحمي الشباب من التعرض لخطر العديد من الأمراض.
- الأشخاص ذوي الإعاقة سواء كانوا يافعين/ات أو متزوجين/ات لهم/ن الحق في الحصول على المعلومات الصحيحة المتعلقة بالصحة الجنسية والانجابية ومن الخطأ أن نقول بأن ذوي الإعاقة ليس لديهم/ن حياة جنسية وإنجابية ...
- الاعتقاد الذي يقول بأن زيادة عدد الأحمال لا يؤثر على صحة الأم هو اعتقاد خاطئ، حيث أن تنظيم الأسرة والمباعدة بين الأحمال له فوائد كثيرة تشمل الأسرة بأكملها، الأب والأم والطفل، إذ أننا نجد أنه بالمقابل ونتيجة لعدم المباعدة بين الولادات يموت سنويا ملايين الأطفال والأمهات حول العالم.
- الاعتقاد بأن حبوب ووسائل منع الحمل تؤدي إلى العقم هو اعتقاد خاطئ وهذه الوسائل لاتؤثر على خصوبة المرأة أو الرجل .
- يعتقد البعض بأن حبوب منع الحمل هي الأكثر أماناً، لكن الحقيقة هي أن الحبوب يمكن أن تفشل في منع الحمل حال نسيان تناولها في أحد الأيام، أو في حال مخالفة التعليمات الخاصة بها.
- قلة الحصول على المعلومات الصحيحة المتعلقة بالصحة الإنجابية والجنسية يزيد من احتمالية انتشار الزواج المبكر والذي يؤثر سلباً على الصحة الجنسية والإنجابية للفتيات.
- تتناول المواقع الإلكترونية وشبكات التواصل الاجتماعي العديد من المعلومات المتعلقة بالصحة الإنجابية والجنسية ولكنها ليست بالضرورة صحيحة.
- هناك علاقة بين قضايا الصحة الجنسية والإنجابية والتغيرات المناخية مثل ارتفاع درجات الحرارة والذي يؤثر على خصوبة كل من المرأة والرجل.
- مرض السكري ليس من الأمراض المنقولة جنسياً.
- تؤثر الأنماط الصحية السليمة ومن ضمنها الغذاء السليم والنشاط البدني على قضايا الصحة الجنسية والإنجابية.
- قد تنتقل الأمراض المنقولة جنسياً عن طريق الأم إلى الجنين خلال فترة الحمل والولادة.
- يمكن للفتيات اليافعات استخدام نفس وسائل تنظيم الأسرة التي تستخدمها النساء البالغات. وهذه الوسائل فعالة بنفس الدرجة عند اليافعات ولا تحمل لهن مخاطر إضافية في هذه المرحلة العمرية. كما أن لبعض وسائل تنظيم الأسرة استخدامات أخرى غير تنظيم الاسرة مثل تنظيم الدورة الشهرية وعلاج عسر الطمث وبعض الاضطرابات الهرمونية وغيرها.
- هناك العديد من الفحوصات الهامة التي يجب القيام بها قبل الزواج كفحص "التلاسيميا" (مرض فقر الدم) وفحص الأمراض المعدية (الالتهاب الكبدي الفيروسي ب، الالتهاب الكبد الفيروسي ج، نقص المناعة المكتسب (الإيدز).
- عدم الرضا بجنس المولود والعادات والتقاليد الخاطئة التي تدعو لزيادة عدد الأحمال يعرض حياة الأم والطفل للخطر.
- برامج التوعية المتعلقة بالصحة الجنسية والإنجابية تستهدف الشباب ذكورا وإناثا وليس الإناث فقط.
- خدمات الطبيب/ة النسائية مش بس للنساء المتزوجات أو الحوامل.... تحتاج الفتيات غير المتزوجات لزيارة الطبيب/ة في حال واجهتهن اضطرابات هرمونية أو مشاكل في الجهاز التناسلي.
- تمتد مرحلة الإنجاب من سن 15- 49 سنة وليس كما يعتقد البعض بأن الإنجاب لدى المرأة ينتهي بسن الأربعين.
- ان هنالك مخاطر للحمل دون سن 18 سنة وفوق سن 35 سنة، حيث تصنف الأحمال ضمن هذه الفئات العمرية على أنها من الاحمال الخطرة.
- من الخطأ أن نقول بأن استخدام وسائل تنظيم الأسرة هي مسؤولية تقع على عاتق المرأة فقط وإنما هي مسؤولية مشتركة تقع على عاتق الرجل والمرأة معا.
- قد تنتقل الأمراض المنقولة جنسيا عن طريق الأم الى الجنين خلال فترة الحمل والولادة.
- الأمراض المنقولة جنسيا لاتقتصر على النساء فقط .. كلا الجنسين معرضين للإصابة بمثل هذه الأمراض
- مسؤولية توعية الشباب بالقضايا المتعلقة بالصحة الإنجابية والجنسية هي مسؤولية تشاركية تجمع كلا من الأهل والمجتمع والمؤسسات المعنية والإعلام.

Annex (2) Social media campaign key messages

CORRECT YOUTH COMMON MISCONCEPTIONS ABOUT REPRODUCTIVE AND SEXUAL HEALTH IN JORDAN
AWARENESS CAMPAIGN KEY MESSAGES

Messages about Misconceptions and Correcting them:

- "Sexual health is limited to reproductive organs. Reproductive health can be family planning, child health, or mother health without family planning. It is possible to visit the doctor on a regular basis. This is called reproductive health."
  One of the male participants in the FGD with the Y-PEER Network.

- **"**A man can visit the gynaecologist and ask about his wife, but not to be treated."
  One of the male participants during the FDG with the male beneficiaries of reproductive and sexual health services.

- "Parents are supposed to be aware enough to correct their children information. Also, the source of information at school shall be the teacher or the supervisor only, and not friends, because friends are not reliable sources especially when they get their information from the Internet which sometimes conveys false information. I don't think that the Internet is a valid source of information".
  One of the female beneficiaries of the reproductive and sexual health programs.

- **"**Early marriage has nothing to do with reproductive and sexual health. I mean, I got married early, my wife was 16 years old, and I was 22 years old when we got married. I understood everything by then. Age has nothing to do with it. For example, a 17-year-old girl may not bear it, she might die for example, when giving birth. I mean that the size of the girl's body has to do with it and not her age".
  One of the male participants during the FGD with the male beneficiaries of reproductive and sexual health services.

- "The term 'reproductive health' came up after the term sexual health to cover sexual health, because organizations thought it was a sensitive topic that they were addressing. So, the term reproductive health came up under covered so that we could talk about it. Majority of people would not accept anyone talking about it."
  One of the male participants during the FGD with Y-PEER Network.

- "There are sexually transmitted diseases that are inherited, like diabetes. If a man and woman both have diabetes, their children will definitely have diabetes too. This happened a lot. Before getting married, it is necessary to go through a test and see if the couple has any genetic diseases that can be transmitted."
  One of the male participants during the FGD with the male beneficiaries of reproductive and sexual health services.

- “I want to say something related to fertility being better in the past compared to our time. Science has developed and people have developed. There was a time when couples gave birth to eight to ten children. Now, couples give birth to two or three children. We should not say that fertility has diminished, but people have become more aware. Also, the quality of food was better in the past. Now, women are outside their houses most of the time.”
  One of the female participants during the FGD with the Y-PEER Network.

- “My mother-in-law must go to the doctor with me. I feel more comfortable when she is there, because she supports me, and she understands these things.”
  One of the female beneficiaries of reproductive and sexual health services.

- Today, fast food is all hormones. This affects our hormones, as girls the most. In the past, everything was natural and made at home."
  One of the female participants during the FGD with the Y-PEER Network.

- “I know that sexual education is given at a young age. My sister in Sweden has a daughter who is 8 years old, and her school began to give her bad sexual education. In public schools, there are condoms placed by the sinks at the second-grade toilets. It is very difficult in Jordan. The term exists but in a simple way. All they do is tell the child how to wash his/her hands after using the bathroom. These are simple things that the mother can teach her child.”
  One of the female participants during the FGD with the Y-PEER Network.

- “If a husband and wife have sexually transmitted infections or fungi, the first thing that a man thinks about is that his wife had a relationship with another person. The way of thinking is becoming this extreme. It is a normal thing that happens between the husband and wife!”.
  One of the female participants during the FGD with the Y-PEER Network.

- “Man’s fertility does not end until he is ninety years old. However, when a man gets older, he may have disabled children.”
  One of the male participants during the FGD - one of the beneficiaries of reproductive and sexual health services in service delivery centres.

- “There are also sexually transmitted diseases from the mother to her foetus. Frankly, I did know this before. I knew it through the Y-Peer and Peer Education.”
  One of the male participants during the FGD with the Y-PEER Network.

- “The race has an impact in this regard too. For example, fertility in Africa and Egypt is greater. I once read that the bakery workers do not have a lot of children because high temperatures affect sperm. Also, a person who keeps the laptop on his lap is affected by the harmful radiation.”
  One of the male participants during the FGD with the Y-PEER Network.

- “Sexual health means that one can have children free of diseases.”
  One of the male participants during the FGD - one of the beneficiaries of reproductive and sexual health services in service delivery centres.

Messages from the Young People themselves:

- "People always limit reproductive health to women, while this is not true. Reproductive health has to do with both women and men. It is a joint matter."
  One of the male participants during the FGD with the Y-PEER Network.

- "Children are not supposed to browse websites that they are not supposed to see. They might watch things that they are not supposed to know about. The correct behaviour is to seek help from someone who understands the topic or has experience in it. He/she has to be someone who differentiates between what is right and what is wrong. The internet is not the right source."
  One of the male participants during the FGD - one of the beneficiaries of reproductive and sexual health services in service delivery centres.

- "Many think that sexual diseases are limited to females. On the contrary, sexual diseases have to do with both females and males, who can both be infected. It is also possible that there are contagious diseases, so we must know how these diseases transmit, how we can protect ourselves from infection and what are the methods of prevention and treatment for these diseases."
  One of the male participants during the FGD with the Y-PEER Network.

- "Reproductive and sexual health is not related to married people only; singles also need to be educated on this subject as it is very important for a new life."
  One of the male participants during the FGD with the Y-PEER Network.

- "In the sixth to eighth grades, it is very nice to hold workshops to educate girls or add this kind of education to the curricula because there are many girls who have their periods and they do not know. I do not want for big topics to be addressed. I just want them to understand the topics that they need to know about in the event of harassment, assault or even touching. I need them to know what bad touching means, even by their parents. I mean, I expect schools to have something like this done to raise girls' awareness of how to protect themselves at a young age."
  One of the female participants during the FGD with the Y-PEER Network.

- "It's a shame for a female to visit the doctor. Even our parents refused to let us visit the doctor unless there are problems that cannot be resolved. If a female visits the doctor, there are people who still reject the idea of the doctor or the periodic check, although if a girl is married or unmarried, she must check with a private doctor if she had menstrual problems."
  One of the female participants during the FGD with the Y-PEER Network.

- "Sexual education of the father and mother is also important because a boy can make mistakes in school or on the street. I mean, if a boy sees a girl wearing revealing clothes, he will stare at her. The girl would call this harassment, but the boy does not know that he is harassing her."
  One of the male participants in the sessions of the male beneficiaries of reproductive and sexual health services.

Messages about Barriers to Youth Access to Reproductive and Sexual Health Services:

Cultural and Societal Barriers:

- "Sometimes a girl asks her mother questions. The mother would not accept this and would reply that such questions are for older people to ask. Parents are not aware. Some people at certain regions consider it a shame for a girl to visit a gynaecologist. The gynaecologist would prescribe a medicine for the patient with embarrassment. It is normal to prescribe the medicine. Many people are ignorant."
  One of the female participants during the FGD with the Y-PEER Network.

- "Society has a great role, but unfortunately our societal culture fights sexual and reproductive culture. Our role as individuals is to raise society and people's awareness of the necessity and importance of spreading awareness about sexual education."
  A female youth counsellor in a reproductive and sexual health services centre.

- "As a pharmacist, young men and women of both sexes ask me about it, but frankly, I wouldn't want to answer them. They go too far, so I refer them to a man. However, I answer the girls' questions in this regard. Some girls, when they want to ask me something personal, if there is a guy in the pharmacy, they would ask me to talk to them in person seeking privacy."
  One of the female participants during the FGD with the Y-PEER Network.

Economic Barriers:

- "Sometimes, young people do not go to a doctor. Maybe because they are not able to go to a doctor until now. You are discussing the matter here, but it is possible that a person is not able to go to a doctor because he does not have money."
  One of the male participants during the FGD with the Y-PEER Network.

Educational Institutions Barriers:

- "I remember that when I was in the seventh or eighth grade, a doctor visited our classroom and talked about sexual assault. She said that it could be a complete assault or assault from behind. We asked her what assault from behind means. She got mad and screamed at us accusing us of being philosophizing! In fact, we did not understand what she was talking about, and she continued giving the lecture without telling us what it means, even though the specific objective of her visit was to deliver the information to us and help us understand what assault means. It is wrong to bring a specialist who remains silent regarding important terms that he/she considers it impolite that we asked about something or that we were exaggerating"
  One of the female participants during the FGD with the Y-PEER Network.

- "I remember, two weeks ago, I was going to a school to give a lecture on these topics. I approached the principal and told her about us and the 1.5-hour training course we wish to give about sexually transmitted diseases and HID. She asked me to lower my voice because she doesn't want any of the girls to enter the office and hear me saying so. She said that her students are too innocent and very properly raised and that if I

wish to talk about such topics, I should visit other schools where girls do not wear the hijab, the liberated schools. I was honestly shocked!"

One of the female participants during the FGD with the Y-PEER Network.

Barriers Related to Reproductive and Sexual Health Service Providers:

- "One of the challenges we face is that not all locations have awareness centres that specialize in the topic of sexual and reproductive health. Sometimes challenges include the occupancy of the same young people, meaning it becomes difficult for them to come to the centre in order to obtain these educational services in the morning."
  A female youth counsellor in a reproductive and sexual health services centre.

- "The demand for reproductive and sexual health services during the COVID-19 pandemic increased, but with the start of schools, this demand decreased by students due to the suspension of distance education and the start of face-to-face education."
  Female in charge of SGBV cases.

- "To be honest, we do not have a brochure on sexual and reproductive education in particular, but we have a brochure, for example, related to pregnancy. Also, we do not have a brochure postpartum care either. The information is disseminated either through social networking sites or by conducting field visits to institutions in the region."
  A female youth counsellor in a reproductive and sexual health services centre.

- "Unfortunately, our services are limited to the centre surrounding only. We cannot reach all groups. That is, we almost cover the areas of Qweismeh and Umm Nawara only. Unfortunately, PwD, do not have full access to our services. I mean, our awareness sessions are difficult for them to participate in because there is staircase in the clinic and the place is not adapted for PwD or because we don't have anyone specialized in sign language or Braille. We do not provide such services."
  A female youth counsellor in a reproductive and sexual health services centre.

Messages and Recommendations from Reproductive and Sexual Health Service Providers and Experts in the Field:

- "The concept of reproductive and sexual health is ambiguous for young people. A large percentage of young people at the beginning of their attendance to our awareness sessions do not have a full idea about the topic. About 95% or even more of the young people always link reproductive and sexual health to family planning."
  A female youth counsellor in a reproductive and sexual health services centre.

- "Through our programs in the service delivery centres, young people are targeted in specific programs and are more aware than before of the concept of reproductive and sexual health. Their motivation has also increased to learn about issues related to reproductive and sexual health, and they are now able to express their concerns in a better way."

A female psychological counsellor in reproductive and sexual health services centres.

- "Young people need to know about the centres that provide reproductive and sexual health services and the services they provide through effective methods, most notably the media."
  A female psychological counsellor in reproductive and sexual health services centres.

- "Persons with disabilities have the right to access reproductive and sexual health services in a safe and accessible manner."
  A female psychological counsellor in reproductive and sexual health services centres.

- "Many young people resort to websites for some information related to reproductive and sexual health. This may expose them to obtaining inaccurate information. Therefore, young people should resort to specialists and experts in this field."
  A female psychological counsellor in reproductive and sexual health services centres.

- "Raising young people awareness of reproductive and sexual health issues is a joint responsibility that rests on the shoulders of parents, society and relevant institutions. Everyone should follow an awareness approach to open the door for dialogue and discussion between young people and their families."
  A female psychological counsellor in reproductive and sexual health services centres.

- "In general, there is a misunderstanding of the term 'sexual health'. If we take into account the way society views the word 'sex', the perceptions that most people have are unfortunately negative and mistaken. I am in favour of correcting the concepts in one word and clarifying the particular concept clearly."
  Director of FHI - Noor Al Hussein Foundation.

- "Frankly, when we communicate with young people a little, the parents have a fear that we are expanding on these topics. So, first, we target the parents and raise their awareness of the topics that we may discuss or talk about with young people. When we say that it is a training on the reproductive and sexual health, especially when we want to target girls, parents show a negative view because of the culture, with a little rejection of the issue. When clarified, things become easier."
- **A female youth counsellor in reproductive and sexual health services centres.**

- "Issues related to reproductive and sexual health must be included in school curricula and young people be made aware of them at an early age so that they know the changes they are exposed to and not resort to websites for information."
  Female case manager at one of the reproductive and sexual health services centres.

- “The role of education is to include educational material in the field of reproductive and sexual health. It is very important to do so as this helps our young men and women.”
  A female youth counsellor in a reproductive and sexual health services centre.

- “Women, whether pregnant, married or unmarried, all of them need to visit a specialist doctor. In addition, the man has an essential role in sexual and reproductive health. Just as a woman needs to be educated, a man needs to be educated and to participate in making decisions, including the decisions to space pregnancies as it is a joint decision. This is why men must visit physicians or specialists.”
  A female youth counsellor in a reproductive and sexual health services centre.

- “Climate changes have a significant impact on sexual health, whether for males or females. For example, rising temperatures greatly affect the fertility rate of men and women, in addition to affecting the stage of puberty.”
  A female youth counsellor in a reproductive and sexual health services centre.

- “The phrase ‘it is shame’ and saying ‘you are not supposed to ask about this’ is what makes our children make mistakes. You, as a father and a mother, must be the first to educate your children about these topics as not talking about these topics may make the young males and females resort to other methods to obtain information and it is not necessarily porn sites. Listen to your child and answer any question he/she asks.”
  A female expert on GBV in a reproductive and sexual health services centre.

Youth Real Stories and Personal Experiences:

- “I want to talk about an experience. I used to work in the pharmacy a lot. Cases would come to us, for example, asking about the issue of the sexual process or the problems that occurred because of it. They would ask about the diseases. There is a case where the wife was infected. So, we prescribed her a medicine and told the husband to use the medicine too. Though it is nothing but a pill, the husband refused saying “No, no. I will not take the pill. I know for sure that I have no problem whatsoever. I want the pill for my wife only. By the way she has infections or problems or fungi.” We stood still thinking that the intercourse means that he might be the cause of the problem and not her. She might have no problem at all. However, he is convinced of his opinion because he is one of those who are with idea that care, or cleaning is limited to the female.”
  One of the male participants during the FGD with the Y-PEER Network.

- “For me as a girl, I prefer not to ask anyone. I would rather ask a specialist doctor or have someone with me who really understands things related to this issue. I may share my problem with someone close to me, maybe my mother, but if there is a problem, I must see a specialist.”
  One of the female participants during the FGD with the Y-PEER Network.

- “I don't want to say my opinion, I want to tell you what I see. Especially the girls, as they are shy to ask their parents or friends. Their first option is to browse Google. People can make a lot of mistakes because someone downloads invalid information.

Also, friends, parents or sisters may give us wrong feedback. It can also be right. We can browse the internet or ask a doctor. My friend is a pharmacist and I always ask her any embarrassing or non-embarrassing questions. She is my references as she has studied this topic."

One of the female participants during the FGD with the Y-PEER Network.

- "One of our university professors supported the idea that in every family there must be someone who is medically educated, whether it is a nurse, a doctor or a pharmacist. Not all the family members have to be engineers. Having one educated person in the family may help the whole family in terms of where to get the information from. This would be great. Second, we notice that parents had wrong practices in the past, but they had better reproductive health, and their fertility rates were higher. The problem is the amount of wrong information that is coming up. I mean, if we leave people without giving such information, the percentage of mistake will be much less than reading a lot of wrong things on the Internet."

  One of the female participants during the FGD with the Y-PEER Network.

- "I may share my experience. In Damascus, this is a very prevalent issue. Children are sent to school and to the mosque. This is where the importance of religion prevails. Most of the sexual education is done through religion. For example, the rules of cleanness are explained to seventh and eighth graders to create some kind of trust for them. However, it is better to link these things to science because such information is given in a polite way that characterizes us from others. At the same time, we would be serving our cause this way. When someone visits the doctor and the doctor advises the patient through religion, I believe this is perfection because science is linked to religion."

  One of the participants in the focused discussion session with the Y-PEE network

Messages Related to Early Marriage and GBV:

- "In times of poverty, a girl wants to marry early because her husband would feed her and buy her cloths."

- "They do not tell us what is going to happen until the day of marriage comes. My mother did not tell me anything about the wedding day or about what is going to happen. All I could do is take it and remain silent."

- "Early marriage is wrong if it takes place under the age of 18. I got married at the age of 16. A girl needs to grow up and become aware and solve her problems with her husband and in-laws. For me, it was a wrong experience with huge responsibility."

- "When the centre receives cases related to early marriage, we target the whole family in the process of raising awareness of the dangers of early marriage, not just the girl."

- "One of the most important misconceptions of the father and the mother that we encountered in the awareness-raising sessions is the belief that early marriage increases the fertility rate and the ability to have children for girls. This is of course a false belief and has no medical grounds."

- "A girl visited us with signs of beating and depression. She has psychological problems caused by her father and mother who do not want her to complete her studies and they want her to marry at an early age of 16. She wanted to escape or commit suicide, as these are the solutions available to her. We dealt with the case in high confidentiality, and we had to report the case to Family Protection Department because she is a minor. I followed up her case until the end. I also held psychological support sessions for her, and we did intensive awareness sessions for the parents. The girl returned to school and completed her education and now she is at the Tawjihi grade (12th grade). She is very smart and intends to study medicine. We came to an agreement with her parents that they let her complete her education. The nice thing about this story is that the girl wrote articles about her story and published them. She told me that she was mad at me at first because I reported her case to the Family Protection Department but now, she is very thankful to me because her life has changed."

Annex (3) Focus group discussions tool

Correcting the Common Misconceptions on Sexual and Reproductive Health in Jordan

FGDs Tool for Youth- IFH and Y-PEER Beneficiaries

The Information and Research Centre – King Hussein Foundation is conducting a study about the common misconceptions on sexual and reproductive health among male and female youth, and the challenges facing their access to such services. After conducting this study, all misconceptions on sexual and reproductive health will be collected to start working with SRHR service providers and stakeholders to correct the misconceptions and disseminate correct information through SRHR providers in Jordan in the form of an awareness-raising brochure, and a social media campaign to correct these misconceptions and disseminate the optimal methods to access these services.

We ensure the confidentiality of your information and will only use it for research purposes.

Theme 1: the youth knowledge of the correct meaning of sexual and reproductive health.

1. What do you understand by the terms 'sexual health'? What's the first thing that comes to your mind when you hear the term?
2. What do you understand by the terms 'sexual health'? What's the first thing that comes to your mind when you hear the term?
3. Do you think there is a difference between the two terms?
4. Have you ever discussed this topic with your parents or friends? Or have your parents initiated discussing reproductive and sexual health with you?
5. Is there a connection between SRHR and marriage? Does the person need to be married to discuss this topic?
6. In your opinion, are SRHR topics only related to women? Men? Or both?
7. Do the curricula in your school address SRHR?
8. Does the school counsellor discuss SRHR topics with the students?
9. Have you ever used the internet to access information on SRHR?
10. What is meant by the following terms?

- Sex education
- Sexually transmitted diseases (STDs)
- Contraceptives

Theme 2: the youth knowledge of the SRHR service settings and the barriers to accessing these services.

1. Are you aware of the places/ institutions that provide SRHR services?

If no, what are the barriers to accessing these services?
If yes, how did you know about this service?

2. **If yes**, how do you evaluate this service?
3. **If yes**, on what topics did you request counselling or information?
4. **If yes**, how do you evaluate this service?
5. How do you see the role of media in raising awareness about SRHR?
6. In your opinion, who is the responsible body for correcting the misconceptions on SRHR? (This question aims to learn about whether the role of correcting misconceptions is entrusted to the family, society, or certain institutions).
7. Who do you turn to get information about SRHR? Who do you think should provide you and people your age about such information?

Theme 3: Misconceptions on SRHR

Under this theme, the participants will discuss some statements, information, or facts related to SRHR to measure their knowledge of them. Then the researcher will ask them whether the statement is right or wrong:

Statement/ Information	Yes	No
SRHR topics should not be discussed because it is considered shameful in our society		
Unmarried girls don't need to go to a gyno or SHRH specialist.		
Only pregnant women need to visit a gyno or SRHR specialist		
There is no reason for men to visit a gyno or SRHR specialist		
Lack of access to correct information on SRHR increases the possibility of early marriage		
Having a baby at an early age claims the lives of many girls		
There is a close relationship between the educational system and SRHR		
People with disabilities can get married		
Women and men reproductive age is between 15-45		
There is a close relationship between SRHR and climate change		
Using birth-control methods is the responsibility of women only		
Thalassemia screening is enough for pre-marriage procedures		

Do you have any comments you would like to add?

Thank you all for your effective participation

Annex (4) FGDs participant lists

FGD – Y Peer

Areej Ahmad Al Halabieh
Yafa Ahmad Al Shayeb
Mohammad Adnan Debian
Mohammad Obada Debian
Naser Abd Al Fatah Simat
Nura Bayram
Lama Barakat
Azwar Al Shamali
Aseel Emad Khalil

FGD – IFH females' beneficiaries

Anwar Mahmoud Shihab
Bayan Ahmad Saleh
Khitam Mohammad Sheik Issa
Kawthar Mohammad Issa
Yamama Jihad Al Taleb
Hala Elwan Al Zoubi
Manar Elwan
Hiyam Jihad
Thekrayat Adnan Shareef

FGD – IFH males' beneficiaries

Mohammad Wael Ramadan
Jamal Saeed Abdullah
Humam Mohammad Abu Awad
Ahmad Jamal Abu Awad
Ahmad Abdulnaser Abu Awad
Saif Al Deen Abu Awad
Aysar Al Dalati
Obaida Al Dalati

Annex (5) In-depth interviews tool

Correcting the Common Misconceptions on Sexual and Reproductive Health in Jordan
In-depth Interviews Tool with Sexual and Reproductive Health Service Providers

The Information and Research Centre – King Hussein Foundation is conducting a study about the common misconceptions on sexual and reproductive health among male and female youth, and the challenges facing their access to such services. After conducting this study, all misconceptions on sexual and reproductive health will be collected to start working with

SRHR service providers and stakeholders to correct the misconceptions and disseminate correct information through SRHR service providers in Jordan in the form of an awareness-raising brochure, and a social media campaign to correct these misconceptions and disseminate the optimal methods to access these services.

We ensure the confidentiality of your information and will only use it for research purposes.

Questions:

1. In your opinion, are the youth aware of the concepts of sexual and reproductive health?
2. What are the challenges facing the youth to identify or access sexual and reproductive health services? (Here we will further explore how the challenges differ between male and female youth and various geographic areas.
3. Does your institution carry out any activities to raise awareness about sexual and reproductive health? Or do you merely provide the services? How are the youth encouraged to access these services?
4. What are the sexual and reproductive health services your institution provides?
5. Are there any groups who are unable or have limited access to your services? Who and why?

Based on your experience in dealing with the youth as sexual and reproductive health service providers, please answer the following questions:

1. From where do the youth acquire information on sexual and reproductive health? Where are they supposed to acquire correct information from?
2. Do parents encourage their children to visit your institution to access the service? Or do they visit you based on their own decision?
3. On what topics do the beneficiaries request your counselling services? how do you handle each case?
4. What is your evaluation of the media role in raising awareness about sexual and reproductive health?
5. In your opinion, what is the role of following in correcting misconceptions on sexual and reproductive health?
   - Parents
   - Society
   - Schools
6. What are the common misconceptions on sexual and reproductive health among the youth beneficiaries? And what are the correct concepts?

Question:
We will ask the respondent for his/her opinion on the issues discussed in FGDs with the youth sexual and reproductive health beneficiaries, and what are the correct information:

Statement/ Information
Sexual and reproductive health topics should not be discussed because it is considered shameful in our society
Lack of access to correct information on sexual and reproductive health increases the possibility of early marriage

Unmarried girls don't need to go to a gyno or SHRH specialist.
Only pregnant women need to visit a gyno or SRHR specialist
There is no reason for men to visit a gyno or SRHR specialist
Having a baby at an early age claims the lives of many girls
There is a close relationship between the educational system and sexual and reproductive health
People with disabilities can get married
Women and men reproductive age is between 15-45
There is a close relationship between sexual and reproductive health and climate change
Using birth-control methods is the responsibility of women only
Thalassemia screening is enough for pre-marriage procedures

Do you have any notes you would like to add?

Thank you for your cooperation

Annex (6) IDIs interviewees list

Alaa Barakat	Registered Nurse	IFH
Amal Qaddoura	SGBV Case Manager	IFH
Areej Sumreen	Psychosocial Counsellor, GBV and Child Protection Program Manager, and Protection of Children from Working in the Agricultural Sector Program Manager	IFH
Dr. Issa Masarweh	Demographic Expert	Arab Institute for Training and Research in Statistic
Dr. Ibrahim Aqel	IFH Director	IFH
Dr. Zena Al Ahmad	Family Physician	IFH
Haitham Bani Abdu	Youth Worker	IFH
Manal Tahtamoni	Director	SIGI
Niveen Samhori	SRH Officer	IFH
Rawan Qtefan	Youth Officer	IFH
Salsabeel Barakat	Case Manager and Psychosocial Support Provider.	IFH
Sawsan Majali	Senior Health Systems Strengthening Advisor	University Research Co., LLC (URC) & Center for Human Services (CHS)
Sima Hyari	Youth Worker	IFH

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