Share-Net International
The Knowledge Platform on Sexual and Reproductive Health & Rights

POLICY BRIEF

Sexual and Reproductive Health & Rights under Lockdown in Jordan

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ACRONYMS AND ABBREVIATIONS

CDD - Civil Defence Department

GBV - Gender-based Violence

GDM - Gestational Diabetes Mellitus

HCWs - Health Care Workers

HPC - Higher Population Council

MOH - Ministry of Health

PCOS - Polycystic Ovary Syndrome

PIH - Pregnancy Induced Hypertension

SRH - Sexual Reproductive Health

SRHR - Sexual and Reproductive Health and Rights

1. EXECUTIVE SUMMARY

The purpose of this policy brief is to inform on the results of a study that was conducted in Jordan after the COVID-19 lockdown. The aim of this retrospective study was to investigate the needs of sexual and reproductive health and rights for youth and women and suggest alternative ways for easy and safe access for these services. COVID-19 has rapidly disrupted the lives of individuals across the globe, including Jordan. While the direct health effects are largely affecting the elderly, the virus will almost certainly have multidimensional effects on young people's wellbeing in both the short and long term.

The Government of Jordan, after detecting the first COVID-19 cases in early March 2020, acted decisively to stop the spread of the virus, implementing a mandatory curfew and one of the most stringent anti-coronavirus regimes in the world. The introduction of the Defence Order No. 2 started a nationwide lockdown which confined all residents to their homes.[1] After an initial five days, the prevention measures were loosened slightly allowing people to go on foot to get essentials from local supermarkets and pharmacies in their neighbourhoods, but most businesses and governmental institutions remained closed.

During public health emergencies, human and financial resources are diverted from various health programmes to respond to the infectious disease outbreak. The tremendous efforts of the Government of Jordan in responding to the COVID-19 pandemic, indicated that efforts were made to divert resources from routine health services including pre-and post-natal health care and contraceptives, exacerbating oftentimes already limited access to SRH services.

Youth are also affected by closures of informal education opportunities, depriving them of social engagement with peers and educators. Prolonged periods of closures and movement restrictions may lead to additional emotional unrest and anxieties.[2] The closure of youth services has restricted youth from engaging directly with peers and communities.

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[1] https://covidlawlab.org/wp-content/uploads/2020/07/Jordan_The-announcement-of-a-ban-on-movement-and-movement-of-people-in-the-Kingdom-from-tomorrow-morning-Saturday.pdf

[2] https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_Preparedness_and_Response_-_UNFPA_Interim_Technical_Briefs_Adolescents_and_Young_People_23_March_2020.pdf

There was a clear indication that the lockdown has many negative impacts on sexual and reproductive health and rights. These included lack of advice on SRHR when needed, lack of information, lack of medication, reliance on word of mouth by other people, utilization of digital resources, mainly websites and social media and disconnection from peers, co-workers and friends. The lockdown was imposed on the population unprepared which resulted in deprivation of SRHR support as primary health care centres were not in a position to receive patients of any type in addition to the fact that HCWS in charge of SHRH never received training on this particular topic. The only source of information and support provided were digital media (internet, social media) and older female women in the family. Asking for SRHR services and having these in the educational setting were avoidable by most adolescents. Emergency services were offered only through the Civil Defence Department (CDD) ambulance services to transport patients to hospitals. Delivery of medications was offered only to chronic disease patients using an application that is linked to the national electronic health record system.

Data was collected though face-to-face individual interviews from 25 health care workers (HCWs), health administrators and patients. Patients were young female and male adolescents, pregnant women and new mothers. Two guidelines were prepared to share with interviewees, one for HCWs and administrators and one for patients (the guidelines appear as annexures 1 & 2). The study concluded that during lockdown, adolescent male and female and women received very limited services which were not different from the rest of the population. The lockdown resulted in unwanted pregnancies, serious high-risk pregnancies, misinformation and lack of contraception. In the absence of health care professionals, online delivery of SRHR information and advice became the norm. This has a number of recognized risks including timeliness, language, understanding, cultural, legal and ethical concerns.

1.1. RECOMMENDATIONS

This policy brief provides recommendations on the following areas:

1. Pregnancy should be treated as an emergency service regardless of its stage or complication. The first weeks of pregnancy as the family is eager to get confirmation of pregnancy and safety of the woman and in the final days of pregnancy as a woman is about to deliver are considered the most critical days in the life of the woman in her family. It is therefore, extremely important to deal with the situation as an emergency, taking into

consideration the family's position on this and the importance they attach to this occasion;

2. The health authorities in Jordan should establish a certified training programme for physicians and nurses prior to placing them in services to support SRHR. This can serve at the national and regional level. It was clear that most healthcare workers have never received any formal or even informal training on how to deal with such issues. Training, human resources development and building human capacity have always been the strength of a health workforce. Being able to deal with situations like these when and as needed requires training using professional training personnel and facilities;

3. Health care staff should ensure that young men and women have access to effective contraception services during the pandemic to help them avoid unplanned pregnancies, and have timely access to emergency contraception and gender-based violence (GBV) services if needed. Access to contraceptives as an integral part of sexual and reproductive health of the individuals is essential all the times. Life during curfew has a different style as men and women stay at home, which requires more careful access to contraceptives;

4. The use of electronic tools such as telehealth, telemedicine and tele-diagnosis, the web and the social media platforms should be institutionalized and to be made available on a regular and systematic basis. In a society where access to information and receiving advice on sexual and reproductive health is considered a taboo and is surrounded by doubt, fear and shyness, access to such information in a confidential manner can guarantee privacy and confidentiality using the web and a mobile APP. Losing extremely important time especially when moving a pregnant woman from home to hospital or while providing health care services remotely can save lives and money;

5. The Ministry of Health (MOH) should develop its website as a reliable, high quality and informational source that people can rely on to get information on SRHR. Reliable information is extremely important especially when the fight against misinformation, disinformation, information overload and Information in general via social media platforms have contributed to spreading COVID-19 pandemic. The government has responsibility to educate and provide reliable information and evidence-based facts about the virus or any crises in the future;

6. The MOH should develop an Arabic mobile application that can be used by adolescents covering SRHR anytime and anywhere. People speak Arabic

as their native language. It would be hypocritical to assume speaking a foreign language in the digital world;

7. The network of Community Health Workers should be institutionalized (systematic approach) to constitute a source of support to health care personnel as needed;

8. The government should develop youth-centred programmes and youth-friendly health services to allow free and easy access to SRHR. Jordan is made of a majority young people. These people are the future population of the country and unless they are properly educated about SRHR services, they will live for the rest of their lives afraid of and fearful from these issues. Knowledge is the enemy of ignorance;

9. A health service model developed for adoption by MOH which includes the necessary components to ensure easy and safe access to SRHR services during lockdown. The proposed model encompasses a "one-stop" digital health solution that is divided into three main options based on needs for SRHR: Firstly, seeking SRHR-related information for education and awareness purposes; secondly, seeking advice and support in a nonemergency situation and thirdly seeking support in an emergency situation.

2. ACKNOWLEDGEMENTS

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3. INTRODUCTION

This policy brief provides an overview of the effects of the quarantine during COVID-19 in Jordan on SRHR and specific actions to be considered.

The specific objectives of this project were to:

- Establishing evidence of the impact of COVID-19 pandemic on SRHR in Jordan;
- Identification of online and paper-based information sources that women used to access to knowledge related to SRHR during the pandemic;
- Identification of the most needed services that women need but failed to access;
- Exploring the methods used by youth to access to SRHR information during crises with regard to use of Internet, social media and online platforms;
- Assessment of attitudes of women and youth towards the use of telehealth and telemedicine services for SRHR purposes;

- Identification of communication methods used by health care providers with women especially who are at high risk;
- Develop a policy brief that provides key findings, lessons learned and recommendations on how to provide safe and easy access to SRHR services and information for women during lock-down.

The official statistics provided by the daily press conference of His Excellence the Minister of Health shows a steady increase of number of infected cases on COVID-19. As of 18 December 2020, the country has 269,806 registered cases, of which 233,390 have already recovered and left hospitals while 3,496 patients have died as a result of corona. The country has been under curfew since 21 March 2020 with the aim of preventing the spread of the novel coronavirus. On 9 April 2020, the government imposed a full curfew for 48 hours during which nobody is allowed to go out from home for any reason except the health personnel with special permits. Between 2 March to 17 December 2020 a number of interventions have been made by the government including isolation of people coming from abroad, partial curfew, full curfew, allowing small shops and groceries to open, home delivery while imposing heavy punishments on those who break the rules including confiscating of cars and financial penalty. For the vast majority of people, the lockdown came suddenly without any prior preparation which caused a lot of havoc for many. As a result, all pregnant women were left without care or prior education regarding the timing, self-care and attention to their health situation. More acute, these women stopped consuming iron and essential vitamins because it was not available with them during the lockdown. Contraceptive methods weren't supplied to women who do not want to have children, which were provided free-of-charge in health centres (primary or comprehensive) unless the woman bought these on her own account from private pharmacies. This out-of-pocket health expense was heavy on many and required action regarding knowledge of requirement and cost. that pleasures have to be repudiated and annoyances accepted.

3.1. EVIDENCE

1. Increased number of unplanned pregnancies among married women. This phenomenon has been noticed by physicians and nurses working for health care centres. Registries used in these centres indicate that this noticeable increase which has to be explained due to the lockdown;
2. There were no serious complications noticed as a result of this increase.

3. All emergency cases received in the health centres were directed to call the Civil Defence Department that managed to deliver these cases to nearby hospitals.

4. Health care centres were unable to provide health services as they were limited only to providing medicines for chronic illnesses. Absence of proper diagnosis prevented the centres from acting while lack of understanding of the nature of the health issue obliged the staff to refer women to hospitals.

5. Physicians in hospitals were hesitant to cite the impact of the lockdown on the nature of the cases that they were seeing. Physicians indicated that, "the lack of maternal, and reproductive health services during lockdown have contributed to increasing the morbidity and mortality of mothers and babies." Some nurses said they received some pregnant women with serious pregnancy complications at advanced risky stage of Gestational Diabetes Mellitus (GDM) and Pregnancy Induced Hypertension (PIH). One Obstetrician said that they used to receive one case of stillbirth per month prior to the lockdown but during lockdown and immediately after it, they started seeing one case stillbirth weekly.

6. Gender-based violence, particularly domestic violence has increased since the pandemic and its lockdown. Emotional and physical abuse often perpetrated by the husband or a member of the family were named as the most common types of GBV. Nurses said that most women reported violence from their husbands who worked as a daily worker.

7. Using the electronic tools and sources to access knowledge and ask advice was favoured by patients, physicians and nurses. These were less favoured by health administrators. Interviewees cited a number of cases when it was possible to seek help, information and support using these means.

4. ANALYSIS OF THE SITUATION

Since October 6th 2020, the Government of Jordan has decided that the lockdown will be only on Fridays and for specific types of institutions. The complete lockdown described above has resulted in:

- Inadequate or even total lack of SRHR support through the formal health system for both male and female adolescents. This came as a result of the lockdown and deprived people from accessing the information and services they need. Young females have faced a more acute set of challenges resulting from gender disparities in the society.
- The lockdown resulted in young men and women becoming more vulnerable to high-risk behaviour through seeking information for their questions with regards to sexual and reproductive health from their friends or “unsuitable” websites, as many do not have sufficient knowledge about sexual and reproductive health and rights (SRHR). This information seeking behaviour using unauthorized and low-quality information sources resulted in having a generation of misinformed and misguided youth.
- The lockdown coupled with the desire and near maturity of young people to consider support and the exercise their SRHR has resulted in negative trends and practices, such as child, early and forced marriage, gender-based violence and women’s limited access to employment.
- Health care managers indicated that the MOH supplied medications for chronic illnesses only, regardless of pregnancy or any other related issue. There was no specific medication provided to combat maternal complications.
- The MOH did not consider SRHR and GBV interventions as priorities during the COVID-19 lockdown. The priority was given life-saving services provided by the primary health care centres. SRHR services and menstrual hygiene materials for women and girls weren’t considered as priorities and therefore, were not provided or in stock. It should be noted that health care managers, physicians, nurses and midwives believed that this is the correct action by the Ministry because they believe saving life for chronic diseases is more important than.
- The SRHR services provided for women and girls in health centres were limited to: menstrual problems, antenatal care, birth spacing, gynaecological problem like polycystic ovary syndrome (PCOS).
- Most health care professionals working for health centres acknowledged the fact that they didn’t provide services for youth (male and female), while most patients were women and sometimes adult females. The same applies in family medicine clinic where staff rarely received youth male approaching them seeking sexual and reproductive services. This has been different prior to the lockdown days.
- Health centres in general had to face the consequences of the lockdown after it was lifted. A large number of patients attempting to organize the

crowd to receive the proper services they seek especially from the comprehensive health centres. There was one shining example among these centres as:

- The newly opened centre formed community support groups that helped in organizing the crowd and making sense out of the chaos;
- The same centre established a presence on social media platforms as a means to organize the flux of people to the centre;
- The same centre organized video lectures to educate patients about some of the recurring health issues, including COVID-19. This has resulted in patients refraining from coming to the centre to access seek useful and reliable information;
- The centre worked on managing appointments to attend to health services which meant less crowd in the centre or around it;
- The centre took very seriously the issue of “social distancing” or physical distancing as a basis requirement to stop the spread of the virus. This action has helped in limiting the number of cases in patients visiting the Centres.
- The “usual” primary health centre had less problems in receiving patients after lifting the lockdown. Similar steps were taken by these centres including:
- Receiving help from the local community by volunteers who came forward to organize the crowd;
- Erecting tents around the centre to ensure “social distancing”.
- The issue of remote health services emerged as one of the major concerns for both health care providers and patients. This has been characterized during the lockdown by:
- Some nurses, midwives and physicians received phone calls from the women who have prior knowledge of their phone numbers requesting consultations related to reproductive health. Answers were provided and women felt comfortable as a result.
- Majority of the managers in health care centres were not in favour of providing electronic health services as a method to solve health problems. They believe that that Jordanians are convinced about their health situation in the presence of a physician. Seeing the physician and talking to him/her is a safety net that should not be sacrificed.
- Physicians and nurses, on the other hand are convinced that eHealth is the solution. In the future, they believe, the number of patients will be halved and the quality of services provided in the centres will

improve after saving the time for cases that deserve medical care, citing the success of eLearning in schools and universities. The success of the experiment in learning and education, if applied to health in Jordan, may prove successful.

- Physicians noticed that women visiting the centres have been using some medical terminology to describe their cases after lockdown. When women were asked about the source of this knowledge the answer is “from the Internet” as they search for websites to find information relevant to their situation and useful to them. This has resulted in women referring to the web to find information anytime they wish.
- There was an overwhelming agreement among women and girls that eHealth is “fantastic”. It will save them time and effort in searching for information (especially information about pregnancy, sexual health, and follow up). The challenge that they face was the availability of trusted sites (how can one judge?), easy to understand and in Arabic language.
- The lockdown has increased the ratio of pregnant women inquiring about certain pregnancy issues from elderly women in the family. These older women have become a reliable and experienced source of information.

5. POLICY IMPLICATIONS

Adopting a policy in support of SRHR during crisis in Jordan will have the following implications:

1. Development and adopting of a health care delivery model that caters for the needs of people living under manmade or natural disasters will ensure equity and access to health services by all. The model will provide a framework for the country's aspiration to achieve Universal Health Coverage;
2. A number of trained health personnel to deal with SRHR issues in and out of crisis. These personnel will be a great asset for the country and at the regional level as they require the knowledge, skills and attitude to understand and provide guidance;
3. The crisis has taught us that leaving behind a major component of the society, that includes adolescent males and females and pregnant women, carries a huge health and behavioural risk that the country will have to pay for later. Taking some precautionary and preventive measures will save lives and money;
4. Adopting an eHealth national policy will contribute to cost reduction, equity and reaching out to the unreached during crisis and beyond. There is enough evidence to indicate that using these technologies is safe, cost-effective and goes along with the government plans for digital transformation;
5. Community health workers and volunteers should be recognized as part of the health care system. They should be organized and considered one of the assets that can be used during crises, health campaigns, and vaccine days.

6. CONCLUSION

As has been said, "one should not waste a crisis". In the area of SRHR during this crisis a number of lessons have been learned. Among them that young males and females and pregnant women are left behind with no care and no attention. The lack of a model to follow during crises has resulted in a number of interpretations as to what should be done. This has resulted in lowering the standard of care and deviation from norms. It was clear that trained human resources are missing to support this issue and that eHealth policies to support SRHR are required especially during crises. In conclusion action is required by all concerned to make the situation better.

7. ANNEXES

ANNEX 1: GUIDING INTERVIEW QUESTIONS FOR HEALTH CARE WORKERS (HCWS)

- What is the nature of the cases that you treat in general and on a daily basis, and it is related to sexual and reproductive health?
- What are the sexual and reproductive complains that young people of both sexes complain of, and what is the rate of their visits to the clinic?
- In your opinion, what are the sexual and reproductive services that should be provided to young people through the health centres in which you work?
- What are the most common inquiries during the lockdown, and what symptoms did they complain of?
- How patients were able to contact you during the lockdown period?
- What forms of health care you were able to provide during the lockdown period?
- What are the negative effects of not providing sexual and reproductive health care on time?
- What are the suggestions to provide sexual and reproductive health care during the lockdown period?

ANNEX 2: GUIDING INTERVIEW QUESTIONS FOR WOMEN AND YOUTH

- What are the problems related to sexual and reproductive health that you were exposed to during the lockdown period?
- What symptoms did you experience during the lockdown?
- How and with whom were you able to contact the medical personnel?
- Who among the people around you have you told them about your health problem?
- How did you receive treatment or advice?
- How did you feel about having an inquiry or a health problem and your inability to receive advice or treatment?
- Are you suffering until now for not receiving health care on time?
- What are your suggestions for providing sexual and reproductive care during the lockdown period?

ANNEX 3: MAJOR DEMOGRAPHIC DETAILS OF HCWS INTERVIEWEES

Title and position	Place of work	Gender	Specialty
Doctor/Director	Comprehensive health centres	Male	Family medicine
Doctor/Director	Comprehensive health centres	Male	Dental medicine
Doctor/Director	Primary health centres	Female	Family medicine
Midwife/ In charge of antenatal clinic	Comprehensive health centres	Female	Midwifery
Midwife/ Birth spacing clinic	Comprehensive health centres	Female	Midwifery
Nurse	Primary health centres	Female	Family medicine
Doctor/ General practitioner	Primary health centres	Female	General medicine
Doctor/ physician	Comprehensive health centres	Male	Family medicine
Doctor/ physician	Comprehensive health centres	Female	Obstetric and gynaecological medicine
Doctor/ physician	Public hospital	Male	Obstetric and gynaecological medicine
Midwife	Obstetric and gynaecological emergency room in public hospital	Female	Midwifery
Nurse	Hospital in refugee camp (ante and postnatal ward)	Female	Nursing
Midwife	Obstetric and gynaecological clinic	Female	Midwifery
Pharmacist	Comprehensive health centres	Male	Pharmacology

ANNEX 4: DEMOGRAPHIC DETAILS OF WOMEN AND YOUTH INTERVIEWEES

Gender	Age	Marital status	Place of interview	Reason of coming
Female	15 years	Single	Gynaecological clinic	Dysmenorrhea
Male	25 years	Single	Office of health centres director	Pre-marital checks
Male	16 years	Single	Family medicine	UTI
Female	22 years	Married	Birth spacing clinic	Taking contraceptive methods
Female	27 years	Married	Paediatric clinic	Vaccine for new baby
Female	31 years	Married	Paediatric clinic	Vaccine for new twin babies
Female	26 years	Single	Gynaecological clinic	Poly cystic ovary
Female	19 years	Single	Gynaecological clinic	Heavy and irregular menses
Male	19 years	Single	Dental Clinic	Dental ache
Female	23 years	Married	Antenatal clinic	Pregnant 29 weeks' gestation
Female	30 years	Married	Antenatal clinic	Pregnant 34 weeks' gestation

ANNEX 5: SRHR HEALTH CARE DELIVERY MODEL DURING LOCKDOWN