



Accountants &
business advisers

The Status Quo of Reproductive Health Programs in Relation to Persons with Disabilities

Higher Council for Affairs of Persons with Disabilities

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Submitted by: PKF ProGroup

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1. Terminology

Terminology	Definition
Reproductive Health	According to the World Health Organization (WHO), reproductive health is defined as having the state of complete physical, psychological, mental, and social well-being regarding matters related to the functions and processes of the reproductive system and not only being free from any disease and disability, it is also considered as an essential part of the public health and reflects the health level of men and women.
Centre	In this report, the word “center” means any of the following wherever mentioned: governmental health centers , governmental hospitals, private clinics, private hospitals, Royal Medical Services, certain associations.
Person with Disability (PWD)	<p>According to law No. (20) for the year 2017 - Rights of Persons with Disabilities Act, a person with a disability is defined as a person who has long-term physical, sensory, mental, psychological or neurological impairment, which, as a result of interaction with other physical and behavioral barriers, may hinder performance by such person of one of the major life activities or hinder exercising by such person of any right or basic freedom independently.</p> <p>Note: It is worth mentioning that the survey questions were answered by persons with disabilities or their guardians if the person with disability was incompetent to answer them. The term ‘Persons with Disabilities’ in this report refers to persons with disabilities or their guardians wherever they appear except for the cases where questions are related to demographic questions such as age, gender, and type of disability, where answers belong only to the persons with disabilities themselves.</p>
Accessibility	The construction of buildings, roads, facilities, and other public and private sector venues in a way that is accessible to all the public, and making adjustments in accordance with the Special Building Code for the Disabled as issued in the provisions of the Jordan National Building Code and any other special standards issued or approved by the Council.
Reasonable Accommodation Procedures	The alteration of the environment or time-related conditions within a specific context of time or place to enable the person with disability to practice a right and freedom, or to gain access to services on equal basis with others.
Accessible Formats	Transforming information, data, pictures, drawings and other classified items to Braille or large print, transforming the information into electronic or audio formats, translating into sign language, using simplified language, or clarifying the information in any other manner without making any change in the essence or meaning in order to enable persons with disabilities to review and understand the issue.

Terminology	Definition
Informed Free Consent	The acceptance and satisfaction by a person with disability or his/her legal designate of every action, procedure, or legal measure to be taken regarding their rights or freedoms after being notified, in a way that he/she understands the content, results, and impacts thereof.

2. Introduction

The Hashemite Kingdom of Jordan was the first Middle Eastern country to adopt National Disability Legislation in 1993. In 2007, Jordan was the first country to sign and update its law to comply with, and commit to, the UN Convention on the Rights of Persons with Disabilities, Law No. 31 of 2007. Recently, Jordan Law No. 20 of 2017 on the Rights of Persons with Disabilities was ratified.

The Government of the Hashemite Kingdom of Jordan has been working on developing its services in the field of Reproductive Health Programs for its citizens according to the international standards. However, the existing programs are believed not to address the special needs of Persons with Disabilities (PWDs). The result of this, is lack of trained staff on Reproductive Health Program for PWDs, lack of awareness among Persons with Disabilities and their families in this issue and the effect of that on their reproductive health and their health in general.

As Jordan ratified the Convention on the Rights of Persons with Disabilities, this study is addressing the status quo in Jordan regarding Reproductive Health Program for PWDs which will guide policy makers and development agencies in Jordan on how to better develop the services for PWDs to insure their and their families full access to health services according to the international standards in the field as a right for them according to article 25/A from the Convention on the Rights of Persons with Disabilities that states "provide persons with disabilities with the same range, quality and standard of free or affordable health care and programs as provided to other persons, including in the area of sexual and reproductive health and population-based public health programs".

Objectives of the Study

This study aims at identifying the current situation of reproductive health services provided for persons with disabilities in the Hashemite Kingdom of Jordan and analyzing the gaps between the needs of persons with disabilities (or their care givers) and the services being offered by health centers with regards to the availability and suitability of these services. The results of the study shall guide the Higher Council for Persons with Disabilities in developing policies and programs that aim to improve and develop the reproductive health services offered for persons with disabilities, and ensure their full access to these services according to the rights granted to them, as well as increasing awareness within persons with disabilities and their families about their reproductive health, especially that reproductive health services in Jordan do not focus on PWDs needs. In specific, the study aims at:

- Recognizing the different characteristics of reproductive health centers in Jordan.
- Identifying the extent to which the staff in health centers is qualified to provide reproductive health services for persons with disabilities.
- Identifying the extent to which the data of persons with disabilities are available and updated within the centers.
- Identifying the extent to which awareness programs are provided to persons with disabilities from the centers' perspective.

- Identifying the main challenges faced by the centers when providing reproductive health services to persons with disabilities.
- Identifying any wrong practices against the persons with disabilities.
- Identifying the extent to which future plans are available to improve the level of reproductive health services for persons with disabilities.
- Identifying the level of awareness of the persons with disabilities about their rights and other reproductive health issues.
- Identifying the extent to which the persons with disabilities are aware of the available services provided in the various centers.
- Identifying the level of satisfaction of persons with disabilities regarding the various services provided by the centers.
- Identifying the most significant difficulties faced by persons with disabilities while receiving reproductive health services in the different centers.

Scope of Work

The scope of the study is to conduct a research on the “status quo of the reproductive health programs for persons with disabilities” which includes:

1. Conducting a survey addressed to a sample of selected centers that provide reproductive health services to identify their understanding of the special needs of persons with disabilities while being treated, and the extent to which the centers customize their services according to those special needs. The sample included 100 centers providing reproductive health services in all regions of the Kingdom. The centers included governmental health centers, private clinics, governmental hospitals and Non-Governmental Organizations such as The Jordanian Association for Family Planning and Protection.
2. Conducting a survey addressed to persons with disabilities, their parents, or their caregivers in order to measure their level of awareness of their rights to access reproductive health services in Jordan, and to measure the extent to which these programs meet their needs. The sample included 250 persons registered within the Higher Council for Persons with Disabilities database.
3. Data analysis and preparation of reports in both Arabic and English languages which include the survey results and recommendations to improve the status quo of reproductive health services in Jordan for PWDs.

3. Executive Summary

- **Sample Characteristics**

1. Health Centers

- The survey included 100 reproductive health centers distributed among different regions in Jordan as follows: 30% in the Northern region, 40% in the mid region and 30% in the southern region. The selection included centers located in urban and rural areas as follows: 51% in large cities, 38% in small towns, and 11% in villages.
- Different types of health centers were considered for the selection of the centers sample including; governmental/public health centers, private clinics, governmental hospitals and Non-Governmental Organizations such as The Jordanian Association for Family Planning and Protection. The study revealed that governmental health centers as well as the private clinics were the two most visited type of centers by PWDs with a percentage of 44% each.
- The study revealed that there are weaknesses in the capabilities of the centers' staff to deal with persons with disabilities. This is probably due to that fact that 94% of the centers' staff did not receive any training courses related to dealing with PWDs. It is worth mentioning here that PWDs reported that the second most challenge they encounter when visiting a health center is the lack of the service providers' knowledge and experience regarding their special needs.
- Only (6%) of the centers reported that their staff took courses or were educated about how to interact and serve patients with disabilities. These courses were organized by the centers' managers in coordination with the Ministry of Social Development and the Ministry of Health- Health Directorates. Those lectures were considered as a requirement for accrediting the centers by the Health Care Accreditation Council (HCAC). It was noted that the lectures focused basically on topics about the rights of persons with disabilities and on giving PWDs a priority to be provided the services. For example, allocating special paths or faster queues for them. These lectures did not include teaching the service providers how to best treat or deal with the patients with disabilities such as using the sign language to communicate with persons with hearing disabilities or any other related skills for interacting with persons with different disabilities.
- Although most of the centers are accredited by the Health Care Accreditation Council (HCAC), the majority of them do not meet the requirements of the accreditation criteria that is related to providing the services to persons with disabilities. The doctor in charge of the Jordanian Association Clinic for Family Planning and Protection (Sports City branch) stated that this specific requirement was cancelled from the accreditation process because the number of persons with disabilities visiting health centers is very minimal.
- It was also noted that the health centers do not keep or maintain a database for their patients who have disabilities. However, they reported that the percentage of patients with disabilities is less than 1%.

2. Persons With Disabilities

- 250 PWDs or family members were interviewed during the study. People were selected from different regions in Jordan (50.8% in the Middle Regions, 36% in the Northern Regions and 13.2% in the Southern Regions). The selection of the PWDs ensured a representative sample of rural and urban areas.
 - Moreover, the sample included people with different types of disabilities; the percentage of persons who have mobility impairment was 40.4%, hearing impairment 19.2%, visual impairment 21.6%, mental impairment 12.4% and multiple impairment 12%.
 - The percentage of females in the study sample is purposively high (76.8%), since it was noted that women, especially married women, are the most concerned respondents, and therefore the most targeted group of beneficiaries. Moreover, women showed higher levels of cooperation, interest, and responsiveness in answering all the survey questions.
 - Regarding the social status, 50% of the persons with disabilities in the sample were married, while 47.2% were single.
 - 14.8% of PWDs were employed. Most of those who were employed were between the age of 20-39 years. This finding aligns with Jordan National Statistics for the age distribution of employed people, provided that high percentage of women within the sample (76.8%) which may mean a higher rate of employment between women with disability.
 - Most of PWDs education level was below high school.
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- **Availability of reproductive health programs to serve the needs of persons with disabilities and the extent to which the services are being utilized**
 - The study revealed that reproductive health services are available in the centers to serve different types of impairments in an average level. The study revealed that the availability of services varies between the governorates. Tafila governorate lacks most of the reproductive health services except for the mobility impairment.
 - Various reproductive health services are available in all regions in Jordan including awareness services, services during pregnancy, postnatal services, psychological and health support services, disease treatment services, and other services in general. An exception to this is the health and psychological support services that has a very low availability in the southern region.
 - Most of the reproductive health services received by persons with disabilities were services related to pregnancy period (59.6%), followed by the services related to children vaccinations (59.2%), and pre and post-natal care services (48.8%). While the percentage of people who received the psychosocial and health support services was the lowest with only 6%. Most of the available services were utilized by persons with disabilities at

varying levels across the governorates and regions. The results of the analysis showed that the services are mostly available in the middle governorates and are rare or absent in some governorates in the north and south regions.

- **The level of awareness of persons with disabilities regarding the reproductive health services available in Jordan**
 - 39% of the persons with disabilities indicated that they are not aware of the available reproductive health services provided in Jordan.
 - The study indicated that the most received awareness services about reproductive health were related to family planning and sexual health (20%), followed by raising awareness in pre-marriage reproductive education and rehabilitation (16.8%), and awareness services in breast and cervical cancer (14.8%). As for other awareness-raising services, the percentages were significantly low, ranging from 2.4% for both; people who received awareness lectures in developmental growth and people who received awareness services about sexually transmitted diseases, reaching to 8.4% for people who received general awareness lectures in personal hygiene.
 - 70% of persons with disabilities who are informed about the available reproductive health services in the Kingdom know about them from family members, relatives, or friends, which might promote exchanging wrong and outdated knowledge among people. This demonstrates the deficiency of providing health related information by the official sources such as formal education, or formal media channels and health care providers.
 - 25% of respondents reported that they did not receive any reproductive health services. The main reason for this was that people are not aware of the availability of such services. Neither the affordability of the service nor difficulty in reaching the service provider were major reasons for not receiving these services. This finding highlights the need for raising the necessary awareness about reproductive health services for PWDs by the official organizations in Jordan. It was also noted that other reasons for PWDs not receiving reproductive health services were that they did not need the service, or that the service they needed was not available.
 - Most of the services that were needed by persons with disabilities but were not received due to their unavailability include:
 - Awareness services and educational lectures for persons with disabilities and their families about their needs and how to deal with their type of disability, in addition to what needs to be done specifically during puberty, pre and post-pregnancy, and postnatal periods.
 - Awareness services for parents with disabilities on how to deal with their children.

One of the reasons that the above services are not available may be due to centers' lack of spaces allocated for education, training and awareness sessions where the results of study showed the dissatisfaction of persons with disabilities with these services across the regions and governorates.

- **Satisfaction of persons with disabilities with the service provided**

- When asking survey respondents about their level of satisfaction about different aspects of the service providers, the results showed that the highest satisfaction rate was for having an adequate place within the centers that respects the privacy of the patients while providing the service, where the percentage of average of the responses was 68% (The higher the percentage of average of the overall responses, the higher the level of satisfaction is). The second highest satisfaction rate was for the availability of medical tests services (65.8%). The third highest satisfaction rate (51.8%) is related to the availability of suitable reception and waiting areas that accommodate PWDs special needs. This includes suitable chairs, providing directions, and escorting patients. The lowest satisfaction rate among the beneficiaries were related to the lack of a designated place for group educational services and the lack of facilities that can accommodate the special needs of PWDs, where the satisfaction rates were 40.6% and 48.8%, respectively. Persons with disabilities reported that there are no toilets, washbasins or elevators that accommodate their needs.
- **Most significant difficulties faced by persons with disabilities when receiving reproductive health services**
 - Difficulties related to the financial cost of the service have the highest percentage among all the difficulties faced by patients when receiving reproductive health services (64.4%), followed by the lack of the service providers' knowledge about the needs of persons with disabilities (53.1%).
 - People made notes about the financial burden related to receiving health services highlighting the need for medical exemptions. Persons with disabilities also referred to the lack of the medical staff awareness and the lack of the staff's understanding and familiarity with their needs, in addition to the lack of their cooperation in clarifying and answering questions related to the persons with disabilities health issues.
 - The third most difficulties faced by PWDs when receiving reproductive health services were the accessibility and reaching the service provider as well as the difficulty related to the lack of the facilities that are customized to the special needs for PWDs with a difficulty rate of 33.3% each.
- **Most significant difficulties faced by the centers when providing reproductive health services**
 - From the service providers' perspective, the most significant difficulty faced by the centers during the provision of reproductive health services for PWDs is the ability to effectively interact with persons with disabilities with a difficulty rate of (63.6%), particularly when PWDs are not escorted by a family member or a friend. For example, staff reported that they find it difficult to communicate with people with hearing impairments, and they also face difficulties in lifting or changing the position of persons with mobility disabilities during the examination and service provision. Service providers also reported having difficulties in understanding the needs of persons with mental disabilities.
 - The second most rated difficulty was the lack of adequate facilities that accommodate the needs of persons with disabilities (40.9%). This is consistent with the PWDs survey finding that indicates that the second largest dissatisfaction rate of persons with disabilities was in the availability of facilities within the centers that accommodate their needs as indicated earlier in this executive summary.

▪ Practices against persons with disabilities

- 10% of the centers reported that they have received hysterectomy requests from PWDs parents. The centers reported that parents of women with severe disabilities explained their requests by being concerned about their daughters getting raped or that they are not capable of taking care of their personal hygiene because of their mobility or mental disability. It should be noted that some doctors indicated that there should be more flexibility to hysterectomy ban and that they support the parents' point of view especially for severe mental and multiple disabilities. Moreover, some women with disabilities/ parents reported that they have requested hysterectomy procedures, but their requests were rejected by the medical center.
- 11% of the service providers have noticed abuses of persons with disabilities. They have witnessed ill-treatment of persons with disabilities by their parents or noticed lack of their parents' attention to their personal hygiene. Some service providers also noticed the ill-treatment of persons with disabilities by their colleagues in the medical staff.
- Some persons with disabilities indicated their vulnerability and exposure to sexual harassments and sexual exploitations. It is recommended to conduct a qualitative study in this regard to further investigate this matter and set future plans accordingly to eliminate or limit these practices and raise people's awareness.
- Some feedback was received from women with mobility disabilities and parents of women with mental disabilities regarding their attempt for hysterectomy, but their request was rejected by the concerned health provider. In one case, drugs were prescribed for the woman to stop her menstrual cycle. It is worth mentioning in this context, the Law on the Rights of Persons with Disabilities No. 20 of 2017, in Article 30 / A which states :“An act of violence (in regards to persons with disabilities) is defined as an action or a denial that will deprive a person with a disability of a certain right or freedom, or that will restrict his/her practice of either right or freedom, or will undermine his/her physical integrity, or will inflict mental and/or psychological harm to the person with disability on the basis or because of disability”.

▪ The extent to which reproductive health programs are customized according to the needs of persons with disabilities

- All the services in centers are unified for all patients and are not customized according to the needs of persons with disabilities.
- 57% of the centers reported that it is possible to customize the reproductive health services according to the needs of persons with disabilities; this customization involves making the center's facilities suitable for receiving and serving persons with disabilities, in addition to training the staff to communicate and deal with persons with disabilities. Some of the centers indicated that the medical services in the reproductive health field are standardized and do not need to be customized. 30% of the service providers noted that they do not know whether the services could be customized according to the needs of persons with disabilities or not. For the rest of the centers (13%), some attributed the reason for not being able to customize their services, to the scarcity of PWDs patients, and if they do visit the centers, they are usually accompanied with an assistant.

- According to the doctor in charge of the Jordanian Association for Family Planning and Protection Clinic (Sports City branch), she reported that among the Association's 23 family planning clinics, only one clinic has facilities that accommodate the needs of persons with disabilities, and it is located in Aqaba. This was a requirement by the entity funding the establishment of that clinic.
 - According to the Director of Health Services in the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), there is a plan over the next 10 years to rebuild or renovate UNRWA's health centers (25 centers in Jordan), so that all facilities within the centers are able to accommodate and serve the persons with disabilities.
 - According to the doctor in charge in the United Nations Population Fund (UNFPA), which is responsible for providing reproductive health services to Syrian refugees in Jordan, she reported that the services provided are unified and there is no special customization according to the needs of persons with disabilities.
- **Health Centers Future Plans to improve reproductive health service for people with disabilities**
- Only 12% of the centers have future plans to improve the level of reproductive health services provided for persons with disabilities. The plans discussed by the centers included preparing to offer courses related to qualifying the staff to be able to provide services to persons with disabilities, and to educate the staff on how to deal with PWDs and meet their health needs. The plans also included the readiness of the centers in terms of facilities, such as elevators, toilets, waiting rooms etc., to be more suitable to serve persons with disabilities. Some centers also reported that psychologists will be appointed to provide support for persons with disabilities.
 - Only 7% of the centers have future plans to increase their outreach for persons with disabilities in order to maximize the PWDs benefits from available reproductive health services. The plans that were explained by the centers during the survey study included plans to distribute awareness leaflets targeting PWDs and introducing the types of services available for them in the centers. Some centers also mentioned their cooperation with the Higher Council for Persons with Disabilities to increase PWDs awareness about the services available in the centers.

▪ Recommendations:

- It is recommended that health centers establish and maintain a database for persons with disabilities who visit them. The database to include PWDs different characteristics (gender, age, educational level, marital status, type of disability, service provided, etc.). The database can be used for future studies in relation to PWDs reproductive health status, level of demand and access to services.
- It is recommended to develop future plans and work on implementing them to enhance the health centers' adaptability and capability to provide reproductive health services to persons with disabilities and become more accessible for them.
- It is recommended to work on increasing the capabilities of health centers to provide various reproductive health services to all types of disabilities with easy access. A proper introduction and promotion of the services should be in place considering various means (awareness sessions for parents and people with disabilities, brochures, television, etc.).
- The study revealed a necessity in building the capabilities of staff in the health centers in order to effectively provide reproductive health services to persons with disabilities.
- It is essential to raise the awareness of persons with disabilities and their families about reproductive health issues including their rights, availability of services, best practices and choices available for their Health and wellness. It is also important to raise the community awareness about the rights of persons with disabilities and prohibiting wrong practices against them.
- A national agenda should consider all stakeholders' participation including HCD, health services providers, Ministry of Health, Ministry of Education, International NGOs and family planning agencies. The agenda should include a formulating of an effective communication plan and message to ensure higher awareness levels. The communication information should be in accessible formats such as Braille and sign language.
- It is also recommended to adopt a collaborative coordinated approach on a national level to set and execute plans to eliminate obstacles and barriers that hinder persons with disabilities' access to health services (and other community services). The plans should include the physical environment, transportation, public facilities and infrastructure.
- Prepare future qualitative studies on the following issues and make use of their results in preparing future programs that serve the rights of persons with disabilities:
 - Practices against persons with disabilities (hysterectomy and violence in its forms).
 - Reasons why persons with disabilities do not utilize the reproductive health services available in the centers (From the point of view of service providers, centers and persons with disabilities)
 - The needs of persons with disabilities to integrate more with the society and give them greater opportunity to participate in its development.
 - The needs of the various health centers for equipment and facilities in order to be qualified to serve persons with disabilities.

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- Persons with disabilities vulnerability and exposure to sexual harassments and sexual exploitations in order to eliminate or limit these practices and raise people's awareness.
 - the status quo of the general health services provided to persons with disabilities, which include but not limited to services related to cardiovascular health, prevention and treatment of chronic diseases, oral and dental health, and infectious diseases.

Please refer to the recommendations section in this report

4. Methodology

The Study was conducted through the following main phases:

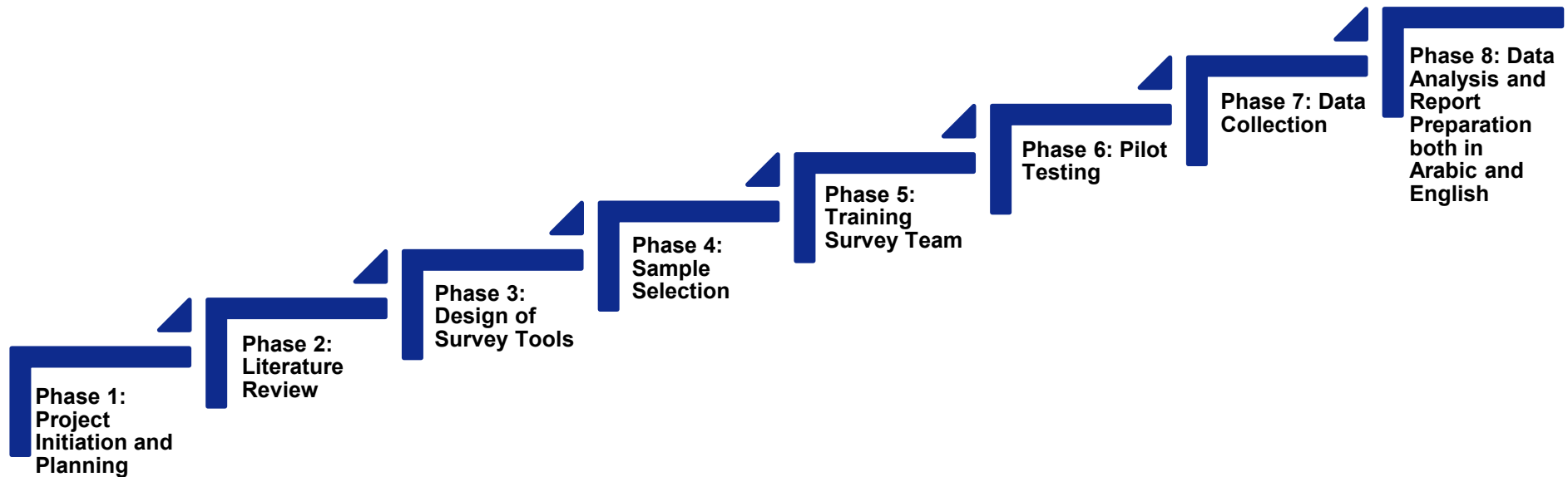


Figure 1: The study methodology

- **Phase 1: Project Initiation and Planning**

The objectives of the project were determined to ensure the proper planning and implementation of the project. The scope of work was determined through the coordination between the project managers, the coordinators in the Higher Council, PKF Jordan, and the technical expert involved in the design of the survey tools. It was also agreed on the methodologies that will be used in implementing this study and the related documents that will be exchanged.

- **Phase 2: Literature Review**

This phase included reviewing relevant documents, including the Convention on the Rights of Persons with Disabilities and a draft law on the rights of persons with disabilities as well as any previous relevant studies. During this phase, the database of persons with disabilities was received from the Higher Council for Affairs of Persons with Disabilities.

- **Phase 3: Design of the Survey Tools**

Two questionnaires were developed during this phase, the first one was designed in order to collect data from reproductive health service providers, and the second questionnaire was designed in order to collect data from persons with disabilities or their caregivers. The two questionnaire forms can be found in Appendices 1 and 2 of this report.

Our team conducted interviews with the project management team and stakeholders, including the Director of Women and Children's Health at the Jordanian Ministry of Health, with the purpose of presenting and discussing the main key indicators that will determine the required data, within certain general indicators that was agreed upon with the project management. Those indicators include the level of awareness within persons with disabilities or their families regarding the reproductive health services available in Jordan and their right to benefit from these services, in addition to measuring the extent to which these programs meet the needs of persons with disabilities. Furthermore, recognizing the extent to which the service providers understand the needs of persons with disabilities and the level of customizing their services to those needs.

PKF team designed the questionnaire forms and obtained the Council's approval, the questionnaires were electronically uploaded to a special application for survey studies, so that data can be collected and sent directly to the databases, which enabled PKF team to monitor and revise the data continuously.

- **Phase 4: Selection of Study Sample**

- The team contacted 100 centers that provide reproductive health services, the sample was purposive taking into consideration their diversity in terms of the supervising authority (governmental health centers, private clinics, governmental hospitals and specific associations such as the Jordanian Association for Family Planning and Protection) and their distribution in all regions of the Kingdom. They were contacted by phone or through field visits in order to assess their understanding of the needs of this category of users and customizing their services to those needs.
- The team contacted 250 people with disabilities who are listed in the database of the Higher Council for Affairs of Persons with Disabilities by phone. A stratified purposive sample was selected based on their distribution in the regions in the database provided by the Higher Council for Affairs of Persons with Disabilities. The type of disability, age, level of education and career status were also taken into account when selecting the sample, in order to ensure that they were distributed according to the distribution in the database, if possible.

- **Phase 5: Training the Survey Team**

The survey teams were trained on using the survey tools, and the best techniques to communicate with the individuals and service providers.

- **Phase 6: Pilot Testing**

During this phase, the team conducted a pilot survey testing that consisted of 5 questionnaires for persons with disabilities and 5 questionnaires for centers (those questionnaires were not counted in the study sample) with the aim of:

- Ensuring that all stages of the study, including the stage of data collection, are performed properly.
- Calculating the time taken to complete the questionnaire.
- Verifying the degree to which the questions included in the questionnaire are understood clearly, and the effectiveness of the questions in seeking the right information and obtaining the desired outcomes from the study.

Based on the pilot testing, the questionnaire forms were modified and fine-tuned after obtaining the approval from the Higher Council for Affairs of Persons with Disabilities.

- **Phase 7: Data Collection**

The team collected the data and it was transferred directly to the databases. Follow up meetings were conducted with researchers with the aim of:

- Ensuring that researchers understood the study questions and its dimensions and that the answers are uniform and consistent among all researchers.
- Discussing and resolving any challenges faced by the research team.
- Processing and cleaning the data entered and addressing any data entry irregularities.

- **Phase 8: Data Analysis and Delivering the Report in two Languages (Arabic and English)**

- This phase included analyzing the results of the survey using the SPSS program and drawing conclusions and recommendations on the status quo of reproductive health programs for persons with disabilities.
- This report contains the findings of the study and the recommendations related to the status quo of reproductive health services for persons with disabilities.

5. Strength Points and Challenges

- **Strength Points:**

- The support from the concerned staff and senior management of the Higher Council for Affairs of Persons with Disabilities during the course of the study.
- The collaboration from most of the contacted centers during the data collection.

- **Challenges:**

- The database of persons with disabilities is not up to date, mainly due to persons with disabilities not updating their personal data, especially when changing their telephone numbers, and therefore the rate of response of people was low, which affected the random sampling process.
- Some PWDs' responses regarding their level of awareness of reproductive health services may be subjective due to their lack of awareness of best practices in this field.

6. Results of the Statistical Analysis of the Centres' Questionnaire

- Distribution of centers according to the region they are located in

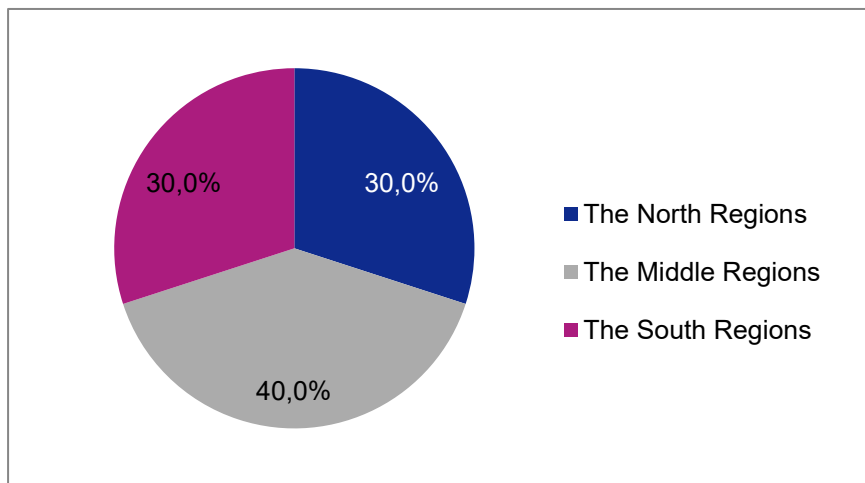


Figure 3: The centers distribution by type of community

- Distribution of centers according to the type of community they are located in

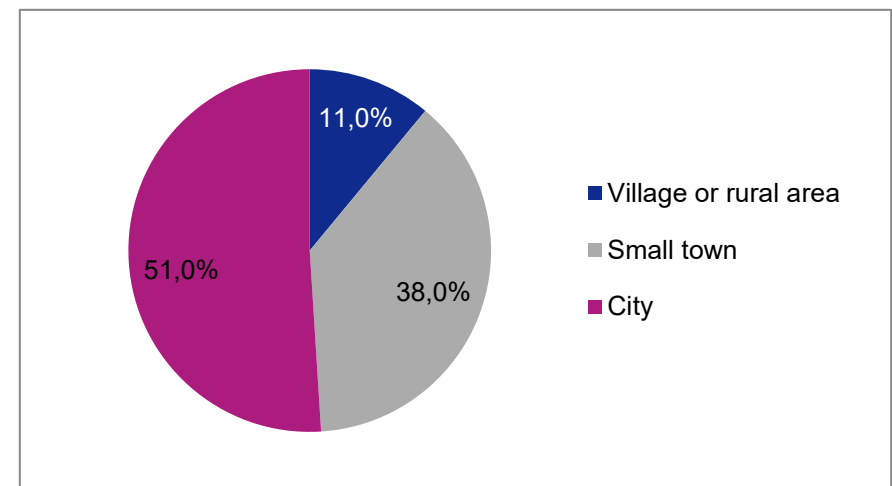


Figure 2: The centers distribution by region

The team has contacted 100 centers that provide reproductive health services (governmental health centers, private clinics, governmental hospitals and certain associations such as The Jordanian Association for Family Planning and Protection) in all regions of the Kingdom (30% in the North regions, 40% in the middle regions and 30% in the South regions). Their distribution according to the type of community they are located in was as follows: (11% in a village or rural area, 38% in a small town and 51% in a city). It is noteworthy that the oldest center was established 66 years ago in the Private Rosary Sisters Hospital in Irbid, while the most recent health center is a private clinic founded four years ago in the city of Ajloun. The average age of the centers was generally 23.84 years.

□ Type of entity that provides reproductive health services

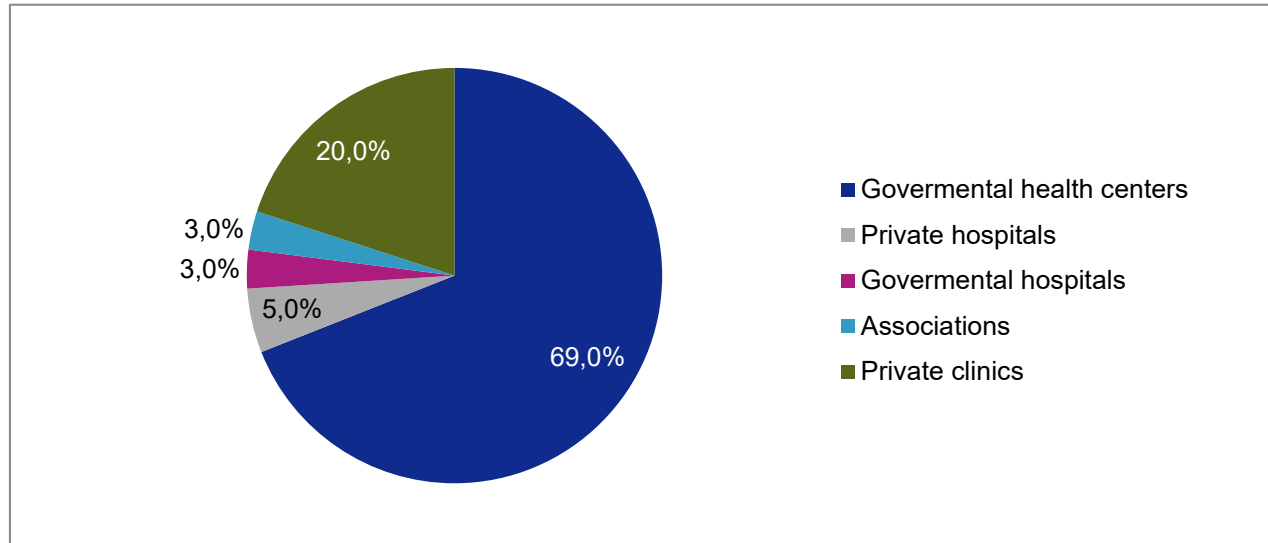


Figure 4: Type of entity that provides reproductive health services

The team contacted 69 governmental health centers, 20 private clinics, 2 clinics under the Jordanian Association for Family Planning and Protection, 1 clinic under the UNRWA, 5 private hospitals including Specialty Hospital, Farah Hospital, Rosary Sisters Hospital, Ibn Al Nafees Hospital, and Greek Catholic Hospital in addition to 3 public hospitals including D. Jameel Totanji Hospital, Al Eman Hospital, and Al Nadeem Hospital.

- Availability of a recent report issued by Jordan Civil Defense on the safety and appropriateness of the center's building for the use of PWDs

Is there a recent report issued by Jordan Civil Defense on the safety and appropriateness of the Center's building for the use of persons with disabilities?

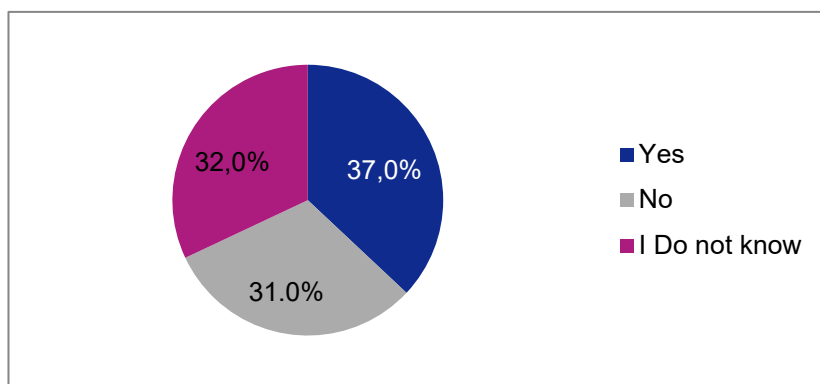


Figure 5: Availability of a recent report issued by Jordan Civil Defense on the safety and appropriateness of the center's building for the use of PWDs

37% of the health centers have a recent report issued by Jordan Civil Defense on the safety and appropriateness of the Center's building for the use of persons with disabilities. While 31% of the centers do not have this report from the Jordanian Civil Defense, and 32% of the centers have no knowledge of the availability of such report in their centers. In this context, the Law on the Rights of Persons with Disabilities No. 20 of 2017, in Article 23 / C, took into account the necessity of obligating the Ministry of Health, Food and Drug Administration (FDA), and other relevant authorities according to their area of competence and in coordination with the Council, to enhance the standards and level of care at hospitals and medical centers that were established and licensed before this Law went into effect in order to be in compliance with this Law no later than (5) years from the date on which this Law entered into force according to procedures determined by the Minister of Health.

- Availability of a medical center license issued by Jordan Ministry of Health

Is there a medical center license issued by the Jordanian Ministry of Health?

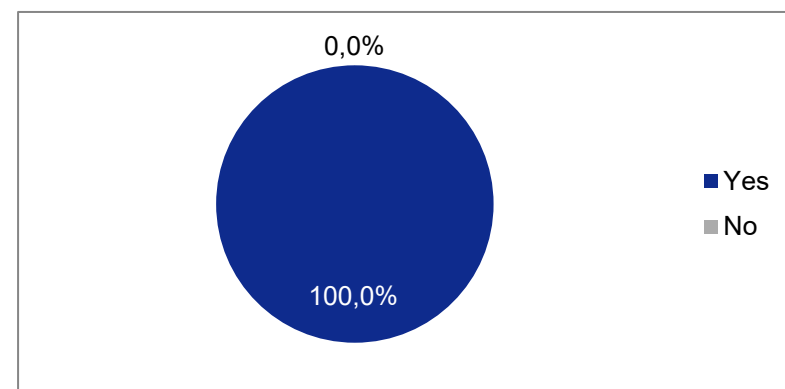


Figure 6: Availability of a medical center license issued by Jordan Ministry of Health

A medical center license issued by the Jordanian Ministry of Health is available in all the centers.

- The extent to which the staff has undertaken courses/ programs/ certificates in the field of interacting with persons with disabilities

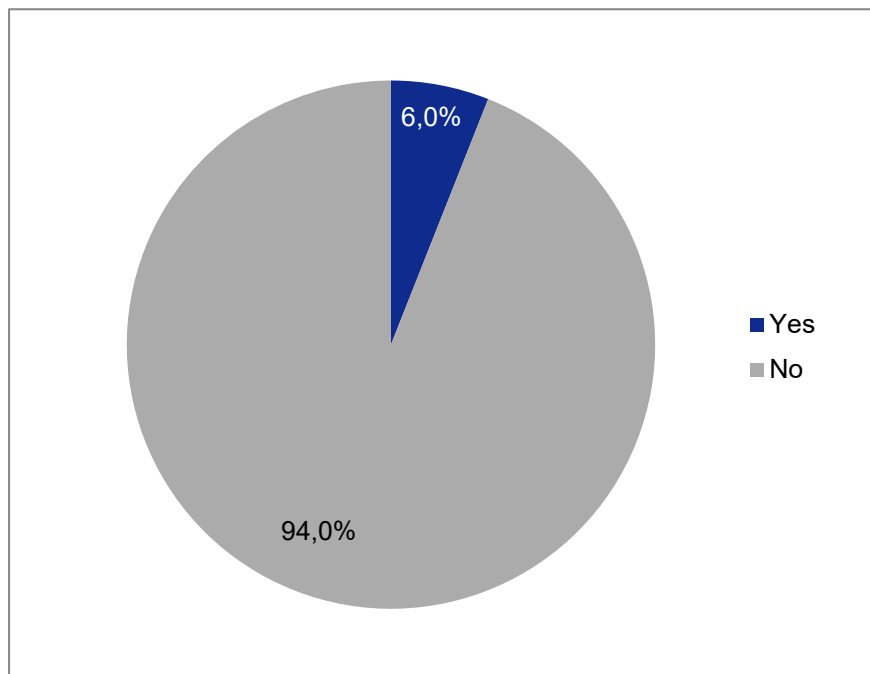


Figure 7: The extent to which the staff has undertaken courses/ programs/ certificates in the field of interacting with persons with disabilities

- 94% of the centers' staff have not received any courses in the field of interacting with persons with disabilities, and this explains the finding that the second most faced difficulty by persons with disabilities is the lack of service providers' knowledge of their needs. The Law on the Rights of Persons with Disabilities No. 20 of 2017 in Article 23 / D took into account the importance of training and it states the following: "The Ministry of Health, Food and Drug Administration (FDA), and other relevant authorities each according to their area of competence should Qualify and train the medical, technical, and administrative personnel working at hospitals and medical centers in coordination with the Council in terms of methods and aids of communication with the persons with disability in order to ensure that these persons will be able to explain and express their informed and free consent to the medical actions performed on them, and to ascertain access by the persons with disability to health services and programs.
 - Regarding the centers that reported that their staff has undertaken courses in the field of interacting and communicating with persons with disabilities (6%), the courses included lectures in the field of interacting with persons with disabilities in coordination with the Ministry of Social Development, the concerned Health Directorate and the director of the center. These lectures were a requirement for accrediting the centers by the Health Care Accreditation Council (HCAC). It was noted that the lectures basically focused on the rights of persons with disabilities and on giving them the priority while providing the services, such as allocating a special path for them. These lectures did not include teaching the service providers the use of sign language to communicate with persons with hearing disabilities. They also did not include training the staff on any other related skills for interacting with persons with disabilities.
 - Although most of the centers are accredited by the Health Care Accreditation Council (HCAC), the majority of them do not meet the requirements of the accreditation criteria that is related to providing the services to persons with disabilities. The doctor in charge of the Jordanian Association for Family Planning Clinic (Sports City branch) stated that this requirement was cancelled from the accreditation process due to the scarcity of patients with disabilities

- ❑ The availability of statistics on the percentage of persons with disabilities who visit the reproductive health centers

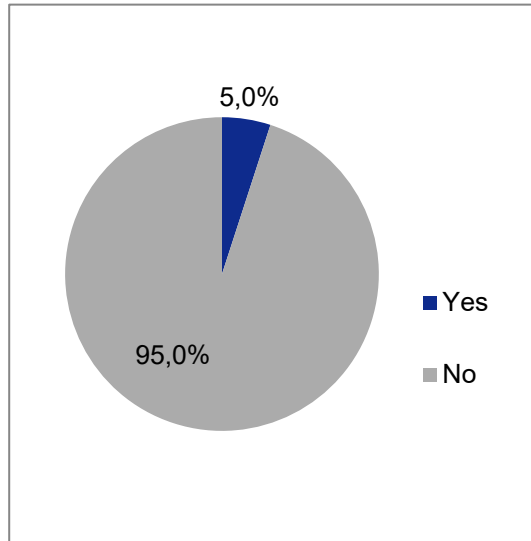


Figure 9: The availability of statistics on the percentage of persons with disabilities who visit the reproductive health centers

- ❑ The percentage of PWDs who visit the centers when statistics are available

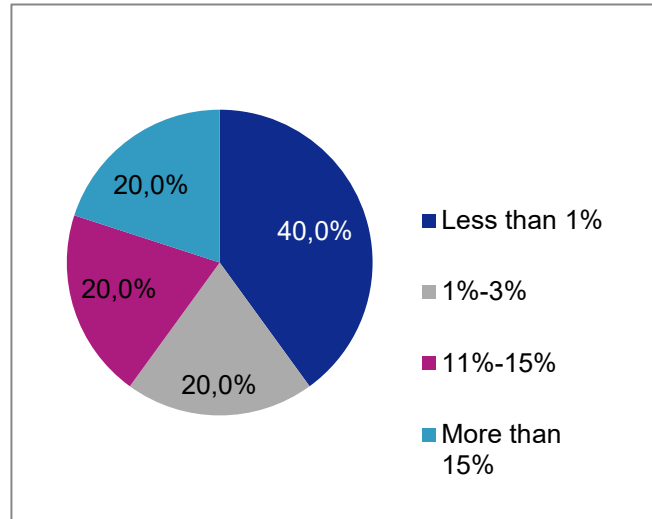


Figure 10: The percentage of PWDs who visit the centers when statistics are available

- ❑ Personal estimation of the percentage of persons with disabilities visiting reproductive health services providers when statistics are not available.

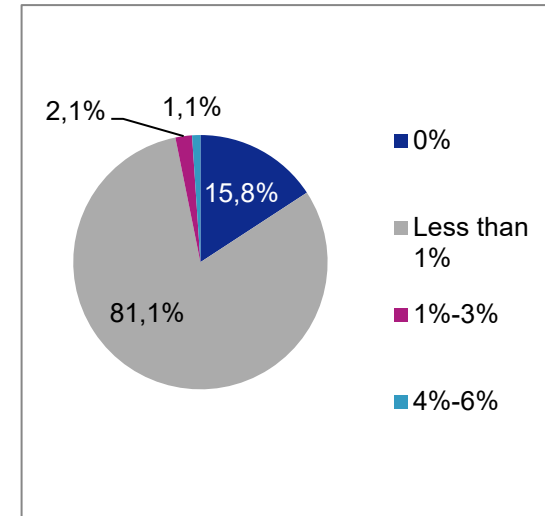


Figure 8: Personal estimation of the percentage of persons with disabilities visiting reproductive health services providers when statistics are not available

95% of the centers do not have statistics of the percentage of persons with disabilities who have visited them. In the cases where statistics are available or there is reliance on personal assessment, the responses indicated that there was a low number of people with disabilities, as (79%) of the centers indicated that the percentage of visitors with disabilities is less than 1%.

☐ Types of disabilities that can be served by the center

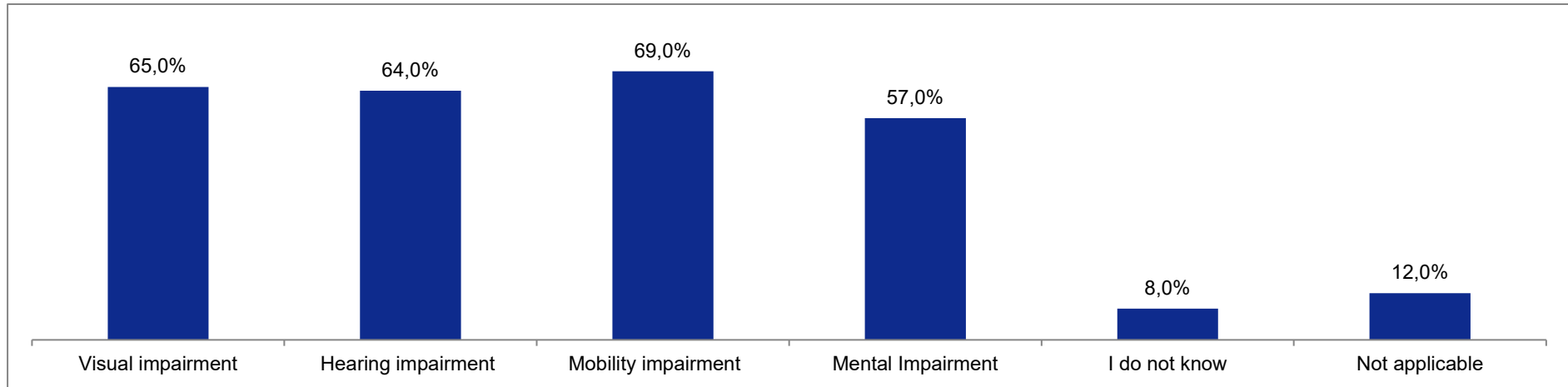


Figure 11: Types of disabilities that can be served by the center

According to the responses of the concerned persons at the centers, the centers can provide reproductive health services to persons with disabilities given the different types of disability (visual, hearing, mobility, and mental). The highest percentage (69%) was for the centers who can serve persons with mobility disability and the lowest one (57%) was for the centers who can serve persons with mental disability.

12% of the centers responded with (not applicable), since it hasn't occurred yet that a person with disability had visited these centers, and their staff have not been previously addressed on how services should be provided for persons with disabilities.

The following table and figure show the distribution of reproductive health services according to the region and governorate:

Table 1: Distribution of types of disabilities that can be served by the centers by governorate

Governorate/ Region	Visual Impairment		Hearing Impairment		Mobility Impairment		Mental Impairment		I do not know		Not Applicable	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Irbid	15	71.4	15	71.4	13	61.9	9	42.9	1	4.8	4	19.0
Jarash	2	9.5	2	9.5	2	9.5	1	4.8	-	-	-	-
Ajloun	5	23.8	5	23.8	7	33.3	5	23.8	-	-	-	-
North Region	22	73.3	22	73.3	22	73.3	15	50.0	1	3.3	4	13.3
Balqa'	4	19.0	4	19.0	4	19.0	4	19.0	-	-	-	-
Zarqa'	13	61.9	13	61.9	12	57.1	12	57.1	1	4.8	1	4.8
Amman	11	52.4	11	52.4	14	66.7	11	52.4	2	9.5	1	4.8
Madaba	1	4.8	1	4.8	1	4.8	-	-	-	-	-	-
Middle Region	29	72.5	29	72.5	31	77.5	27	67.5	3	7.5	2	5.0
Tafila	-	-	-	-	1	50.0	-	-	-	-	1	4.8
Karak	9	40.9	8	36.4	11	50.0	11	50.0	3	13.6	5	22.7
Ma'an	4	100.0	4	100.0	3	75.0	3	75.0	-	-	-	-
Aqaba	1	50.0	1	50.0	1	50.0	1	50.0	1	4.5	-	-
South Region	14	46.7	13	43.3	16	53.3	15	50.0	4	13.3	5	16.7
Total	65	65.0	64	64.0	69	69.0	57	57.0	8	8.0	12	12.0

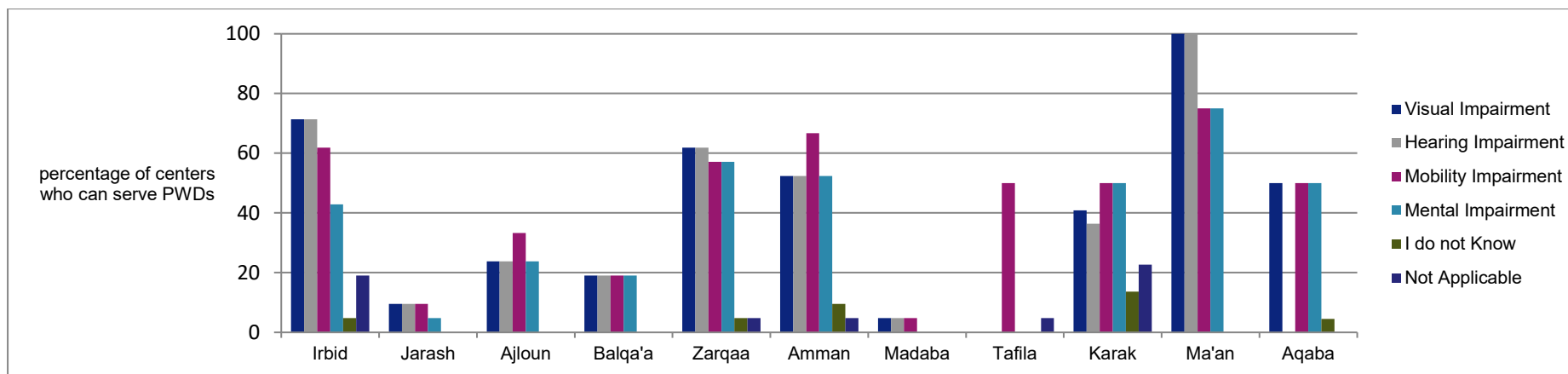


Figure 12: Distribution of types of disabilities that can be served by the centers by governorate

The types of disabilities that can be served by centers in the different regions vary. The lowest availability was often in the southern region. The highest percentage was for the visual impairment (65.0%) and distributed in the three regions (North, Middle and South) (73.3%, 72.5% and 46.7%), respectively. The lowest percentage was for the mental impairment (57.0%) and distributed in the three regions (50.0%, 67.5% and 57%) respectively.

Most of the centers in the different governorates provide reproductive health services for different disabilities in varying degrees, with the exception of the reproductive health centers in Tafilah Governorate, which only service people with mobility impairment.

Note: Service providers' responses to the question of the types of disabilities that can be served by the center often reflect the provider's personal view of the possibility of providing services to different types of disabilities.

❑ The percentage of the centers that provide awareness services (for all persons)

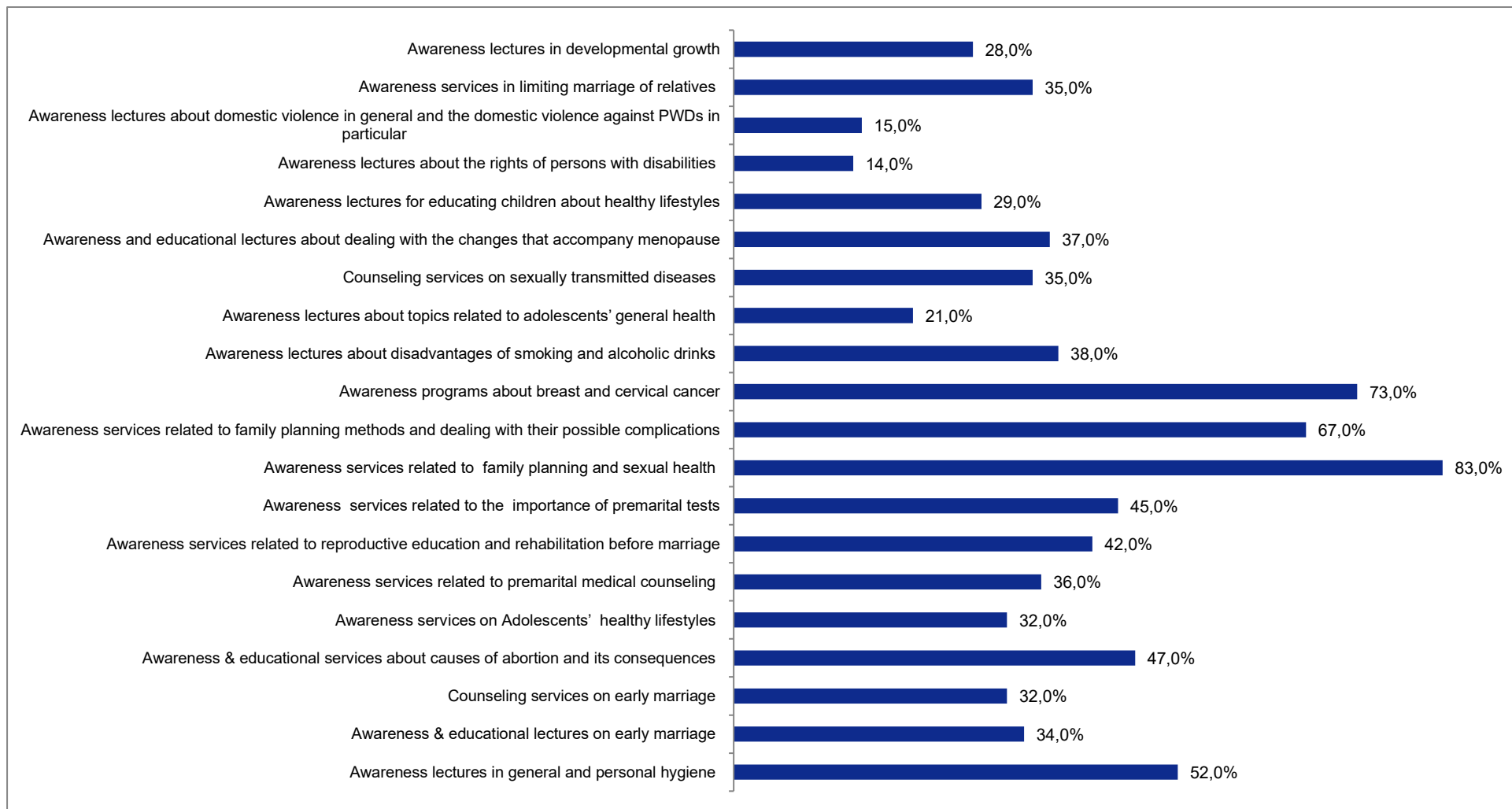


Figure 13: The percentage of the centers that provide awareness services (for all persons)

It is noted from the above chart that the most awareness services provided by the centers are related to family planning and sexual health (83%), followed by services related to breast and cervical cancer (73%). It is also noted that the least awareness services provided by the centers are related to domestic violence in general and to persons with disabilities in particular (15%) and to the rights of persons with disabilities (14%). For more details on the levels of awareness services availability at the regional and governorate levels, see the following table and charts:

Table 2: Distribution of reproductive health services provided to people by type, governorate and region

Awareness Services	Irbid	Jarash	Ajloun	The North Regions	Balqa'	Zarqaa'	Amman	Madaba	The middle Regions	Tafila	Karak	Ma'an	Aqaba	The South Regions
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Awareness lectures in general and personal hygiene	38.1	-	28.6	33.3	100.0	66.7	73.7	100.0	75.0	-	50.0	-	100.0	43.3
Awareness & educational lectures on early marriage	28.57	-	28.6	26.7		53.3	47.4	50.0	45.0	-	22.7	25.0	100.0	26.7
Counseling services on early marriage	19.05	-	28.6	20.0	50.0	53.3	47.4	50.0	50.0	-	22.7	-	50.0	20.0
Awareness & educational services about causes of abortion and its consequences	23.81	50.0	14.3	23.3	50.0	80.0	52.6	50.0	62.5	-	54.5	25.0	50.0	46.7
Awareness services on Adolescents' healthy lifestyles	9.524	50.0	14.3	13.3	75.0	46.7	47.4	50.0	50.0	100.0	9.1	50.0	100.0	26.7
Awareness services related to premarital medical counseling	33.33	-	28.6	30.0	25.0	66.7	52.6	50.0	55.0	-	18.2	-	50.0	16.7
Awareness services related to reproductive education and rehabilitation before marriage	57.14	-	57.1	56.7	50.0	33.3	42.1	50.0	40.0	-	22.7	25.0	-	20.0
Awareness services related to the importance of premarital tests	66.67	100.0	28.6	60.0	25.0	66.7	47.4	50.0	52.5	-	22.7	-	50.0	20.0
Awareness services related to family planning and sexual health	90.48	100.0	85.7	90.0	100.0	93.3	78.9	100.0	87.5	100.0	68.2	50.0	100.0	70.0
Awareness services related to family planning	57.14	100.0	57.1	60.0	100.0	80.0	73.7	100.0	80.0	-	63.6	50.0	50.0	56.7

Awareness Services	Irbid	Jarash	Ajloun	The North Regions	Balqa'	Zarqaa'	Amman	Madaba	The middle Regions	Tafila	Karak	Ma'an	Aqaba	The South Regions
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
methods and dealing with their possible complications														
Awareness programs about breast and cervical cancer	71.43	-	71.4	66.7	100.0	86.7	84.2	50.0	85.0	50.0	59.1	75.0	100.0	63.3
Awareness lectures about disadvantages of smoking and alcoholic drinks	42.86	-	28.6	36.7	75.0	46.7	42.1	100.0	50.0	-	31.8	-	-	23.3
Awareness lectures about topics related to adolescents' general health	-	-	14.3	3.3	75.0	33.3	26.3	50.0	35.0	-	18.2	-	100.0	20.0
Counseling services on sexually transmitted diseases	23.81	50.0	14.3	23.3	225.0	60.0	5.3	0.0	47.5	-	36.4	25.0		30.0
Awareness and educational lectures about dealing with the physical and psychological changes that accompany the menopause	23.81	-	14.3	20.0	75.0	53.3	52.6	50.0	55.0	-	40.9	-	-	30.0
Awareness lectures for educating children about healthy lifestyles	9.524	-	14.3	6.7	75.0	53.3	26.3	50.0	42.5	50.0	36.4	25.0	-	33.3
Awareness lectures about the rights of persons with disabilities	9.524	-	14.3	10.0	25.0	26.7	5.3	50.0	17.5	-	9.1	25.0	50.0	13.3
Awareness lectures about domestic violence in general and the domestic violence against persons with disabilities in particular	9.524	-	14.3	10.0	25.0	26.7	21.1	50.0	25.0	-	9.1	-	-	6.7
Awareness services in limiting marriage of relatives	28.57	-	-	23.3	50.0	46.7	36.8	100.0	45.0	-	36.4	25.0	50.0	33.3
Awareness lectures in developmental growth	9.524	-	-	6.7	75.0	60.0	26.3	50.0	45.0	-	31.8	-	-	23.3
Number of services available by type	95.0	35.0	90.0	95.0	95.0	100.0	100	95.0	100.0	20.0	100.0	55.0	65.0	100.0

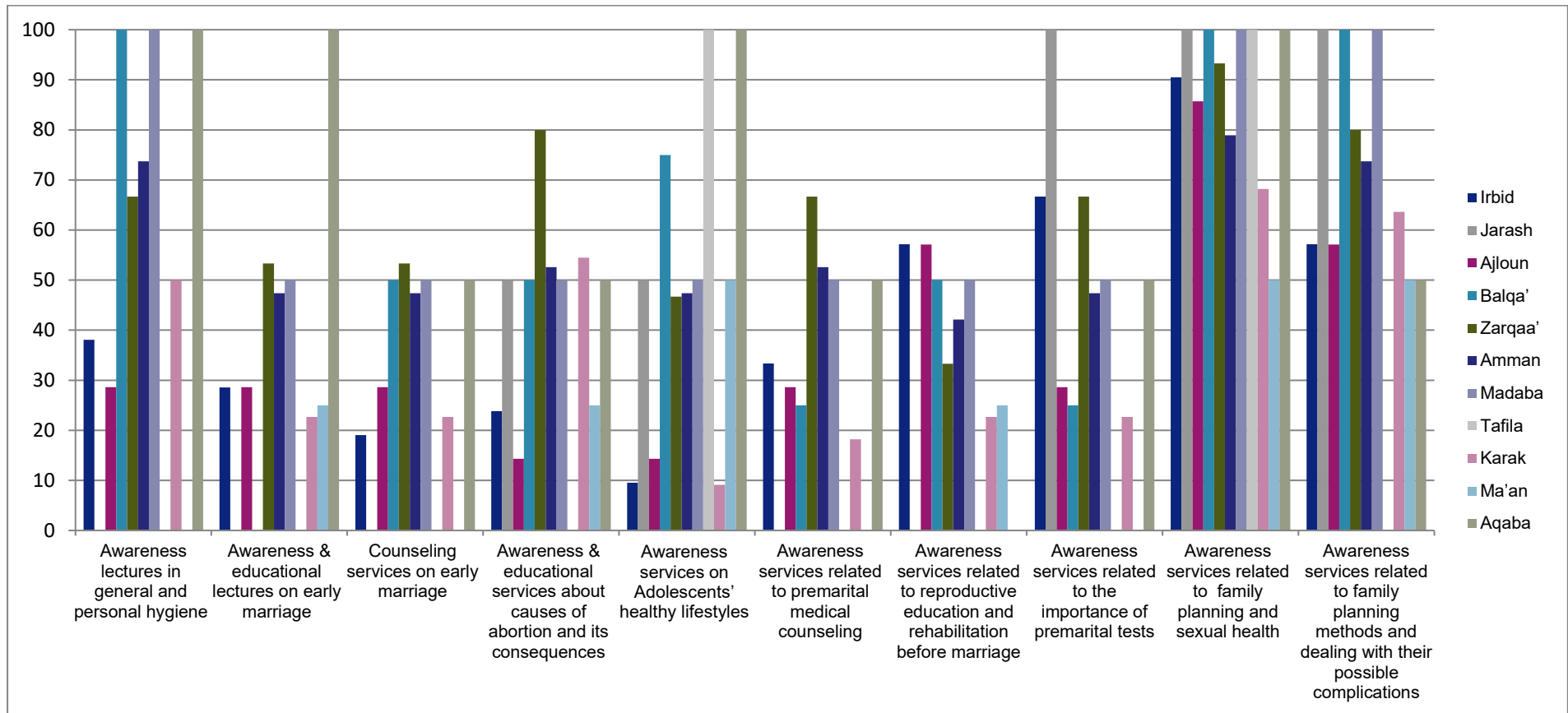


Figure 14: Distribution of reproductive health services provided to people by type and governorate (Part 1)

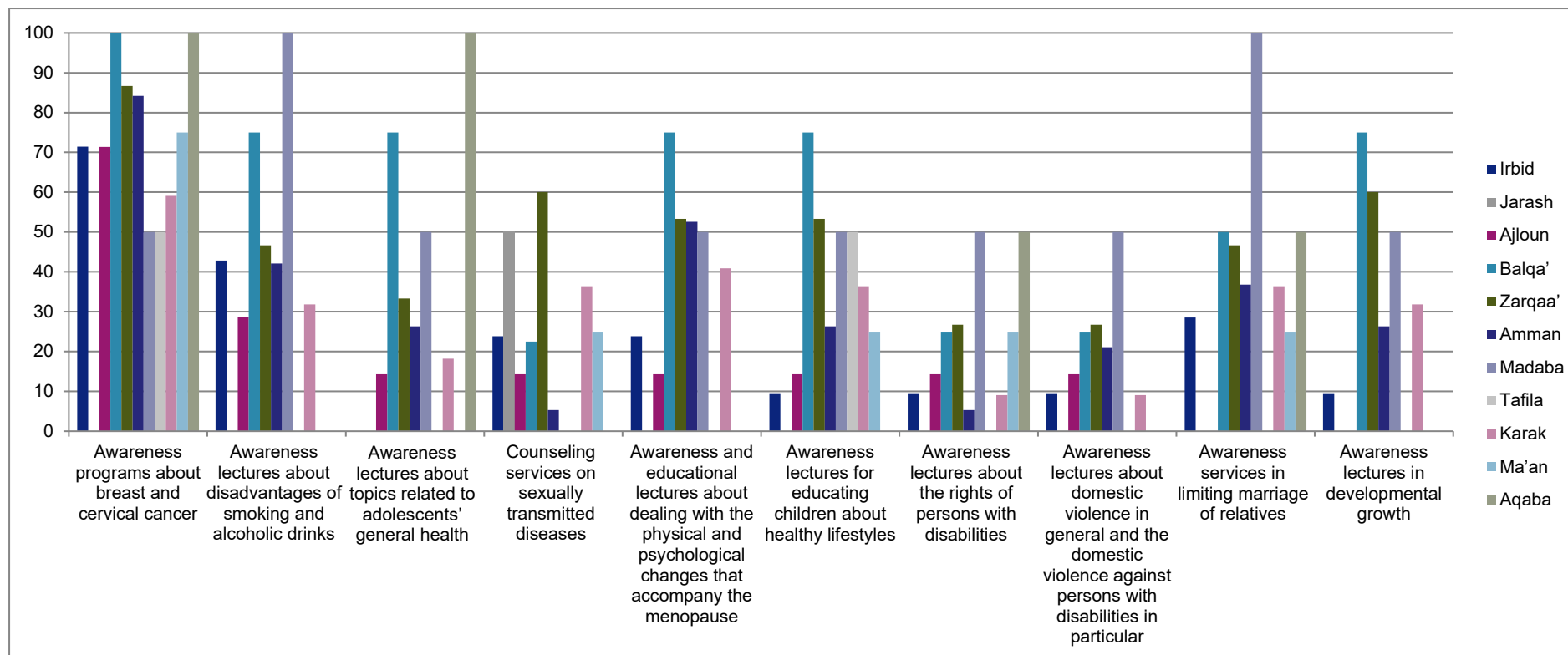


Figure 15: Distribution of reproductive health services provided to people by type and governorate (Part 2)

In terms of the provision level of awareness services in the area of reproductive health by region and the type of the awareness service, the highest percentage was in the Northern Region in the field of awareness related to family planning and sexual health, with a percentage of average of 90.0%, followed by the awareness related to breast and cervical cancer (66.7%), and then the awareness related to premarital medical counseling and awareness services on the side effects of family planning methods and how to deal with them in the event of complications with a percentage of average of 60% for each. The lowest rates were for counseling services on sexually transmitted diseases with a percentage of average of 3.3%, and then for awareness lectures for educating children about healthy lifestyles and awareness lectures in developmental growth with a percentage of average of 6.7% for each. Rates vary

among governorates in the different fields as shown above. There is no awareness services in certain fields in the governorates of Tafila, Jarash and Ma'an, where the percentage of awareness services available in Tafila, Jarash and Ma'an was about 20.0%, 35.0% and 55.0% respectively.

The higher provision levels of awareness services in the Middle and Southern Regions were similar to those in the Northern Region. The highest provision level of awareness was related to family planning and sexual health, with a percentage of average of 87.5% and 70.0% respectively, followed by the awareness related to breast and cervical cancer with a percentage of average of 85.0% and 63.3% respectively, and then awareness services related to family planning methods and dealing with their possible complications with a percentage of average of 80.0% and 56.7% respectively. The lowest percentage of provision was found in the middle and southern regions in the fields of the rights of persons with disabilities, with the percentage of average of 17.5% and 13.3% respectively, and awareness about domestic violence in general and for persons with disabilities in particular where the percentage of average was 25% and 6.7% respectively.

- ❑ The percentage of the centers that provide services during pregnancy (for all persons)

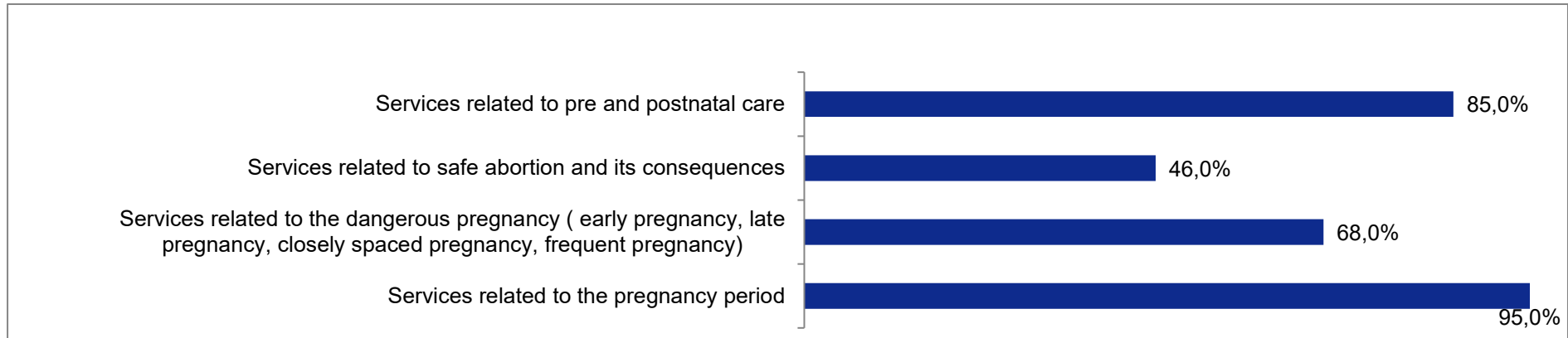


Figure 16: The percentage of the centers that provide services during pregnancy (for all persons)

The percentage of centers providing services related to the pregnancy period is high as noted from the chart above (95%). These services include following up with the pregnant women during pregnancy to monitor their general health, monitor fetal development and provide them with the necessary nutritional supplements. The percentage regarding the services related to pre and postnatal care was also high (85%). These services include preparing women for childbirth and intensifying their monitoring around the time of birth and also caring for them in the puerperium and breastfeeding period. For more details on the level of services availability by region and governorate, see the following table and chart:

Table 3: Distribution of reproductive health services during pregnancy provided by type, governorate and region

Services during pregnancy	Irbid	Jarash	Ajloun	The North Regions	Balqa'	Zarqaa'	Amman	Madaba	The middle regions	Tafila	Karak	Ma'an	Aqaba	The South regions
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Services related to the pregnancy period	100.0	100.0	100.0	100.0	100.0	93.3	100.0	100.0	97.5	50.0	86.4	100.0	100.0	86.7
Services related to the dangerous pregnancy (early pregnancy, late pregnancy, Closely spaced pregnancy, frequent pregnancy)	38.1	50.0	28.6	36.7	100.0	93.3	100.0	100.0	97.5	50.0	63.6	25.0	100.0	60.0
Services related to safe abortion and its consequences	14.3	-	-	10.0	50.0	80.0	57.9	50.0	65.0	-	63.6	50.0	50.0	56.7
Services related to pre and postnatal care	66.7	100.0	71.4	70.0	100.0	93.3	94.7	100.0	95.0	50.0	86.4	100.0	100.0	86.7
Number of services available by type	100.0	75.0	75.0	100.0	100.0	100.0	100.0	100.0	100.0	75.0	100.0	100.0	100.0	100.0

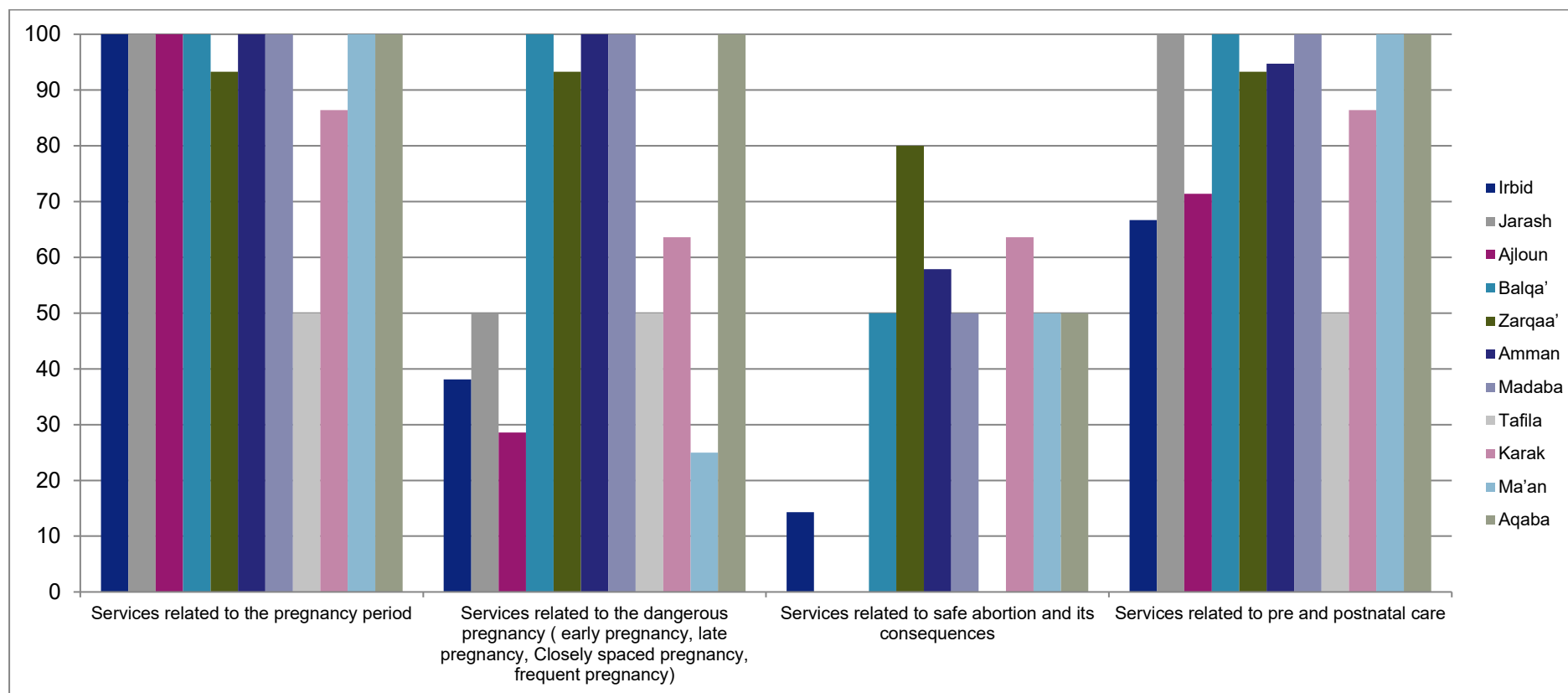


Figure 17: Distribution of reproductive health services during pregnancy provided by type and governorate

As shown in the graph and table above, most services during pregnancy are available in all health centres in the three regions, with varying rates, with the exception of the lack of service related to safe abortion and its consequences in Jarash, Ajloun and Tafila Governorates. It is recommended to further analyse why those services are not available in those governorates.

- ❑ The percentage of the centers that provided postnatal services (for all persons)

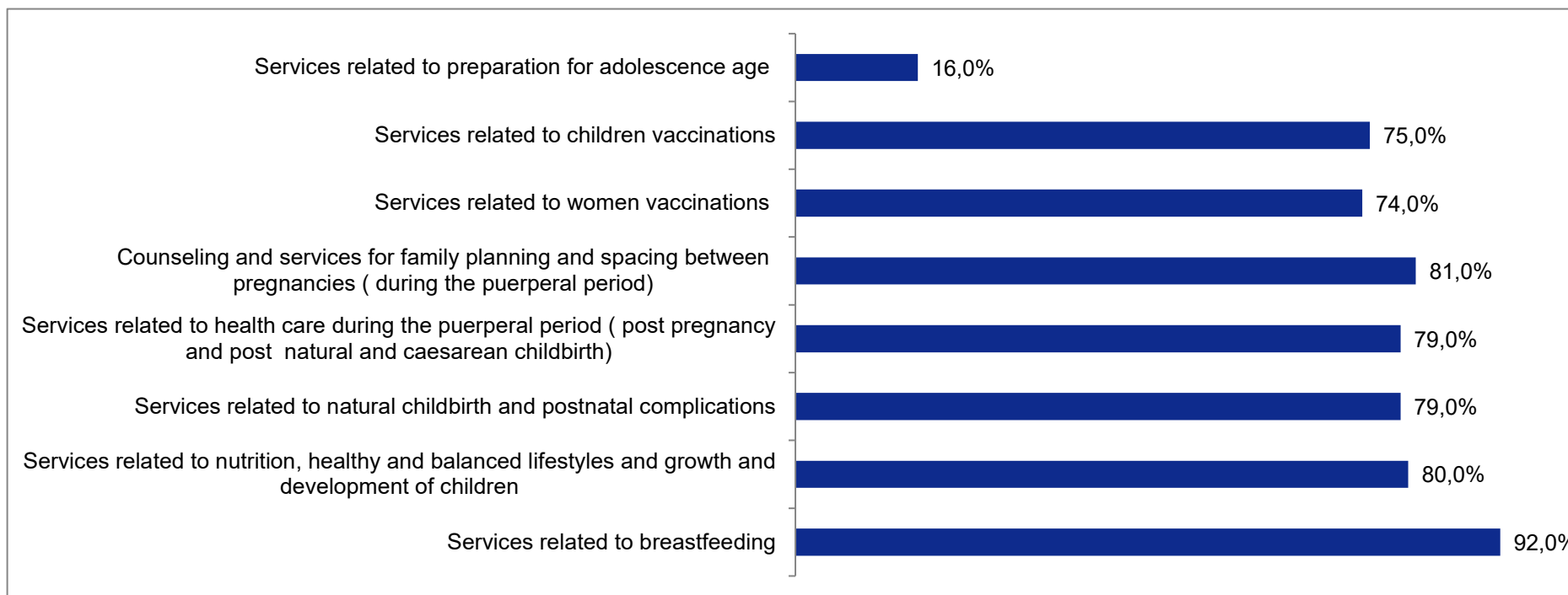


Figure 18: The percentage of the centers that provided postnatal services (for all persons)

The percentage of centers providing services related to breastfeeding was 92%, while the percentage of centers providing services related to the preparation for adolescence age was 16%, which is the lowest percentage among postnatal services. For more details on the level of services availability at the regional and governorate levels, see the following table and chart:

Table 4: Distribution of postnatal services provided to persons by type, governorate and region

Postnatal services	Irbid	Jarash	Ajloun	The North Regions	Balqa'	Zarqaa'	Amman	Madaba	The middle regions	Tafila	Karak	Ma'an	Aqaba	The South regions
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Services related to breastfeeding	90.5	100.0	85.7	90.0	100.0	100.0	84.2	100.0	92.5	100.0	95.5	75.0	100.0	93.3
Services related to nutrition, healthy and balanced lifestyles and growth and development of children	57.1	50.0	42.9	53.3	100.0	100.0	73.7	100.0	87.5	100.0	95.5	100.0	100.0	96.7
Services related to natural childbirth and postnatal complications	47.6	50.0	28.6	43.3	75.0	100.0	94.7	100.0	95.0	100.0	95.5	75.0	100.0	93.3
Services related to health care during the puerperal period (post pregnancy and post natural and caesarean childbirth)	33.3	100.0	42.9	40.0	100.0	100.0	94.7	100.0	97.5	100.0	90.9	100.0	100.0	93.3
Counseling and services for family planning and spacing between pregnancies (during the puerperal period)	57.1	50.0	28.6	50.0	100.0	93.3	94.7	100.0	95.0	100.0	90.9	100.0	100.0	93.3
Services related to women vaccinations	61.9	100.0	71.4	66.7	100.0	93.3	52.6	-	70.0	100.0	81.8	100.0	100.0	86.7
Services related to children vaccinations	66.7	100.0	71.4	70.0	100.0	93.3	42.1	-	65.0	100.0	90.9	100.0	100.0	93.3
Services related to preparation for adolescence age	-	50.0	-	3.3	25.0	46.7	15.8	-	27.5	100.0	100.0	100.0	100.0	100.0
Number of services available by type	87.5	100.0	87.5	100.0	100.0	100.0	100.0	62.5	100.0	100.0	100.0	100.0	100.0	100.0

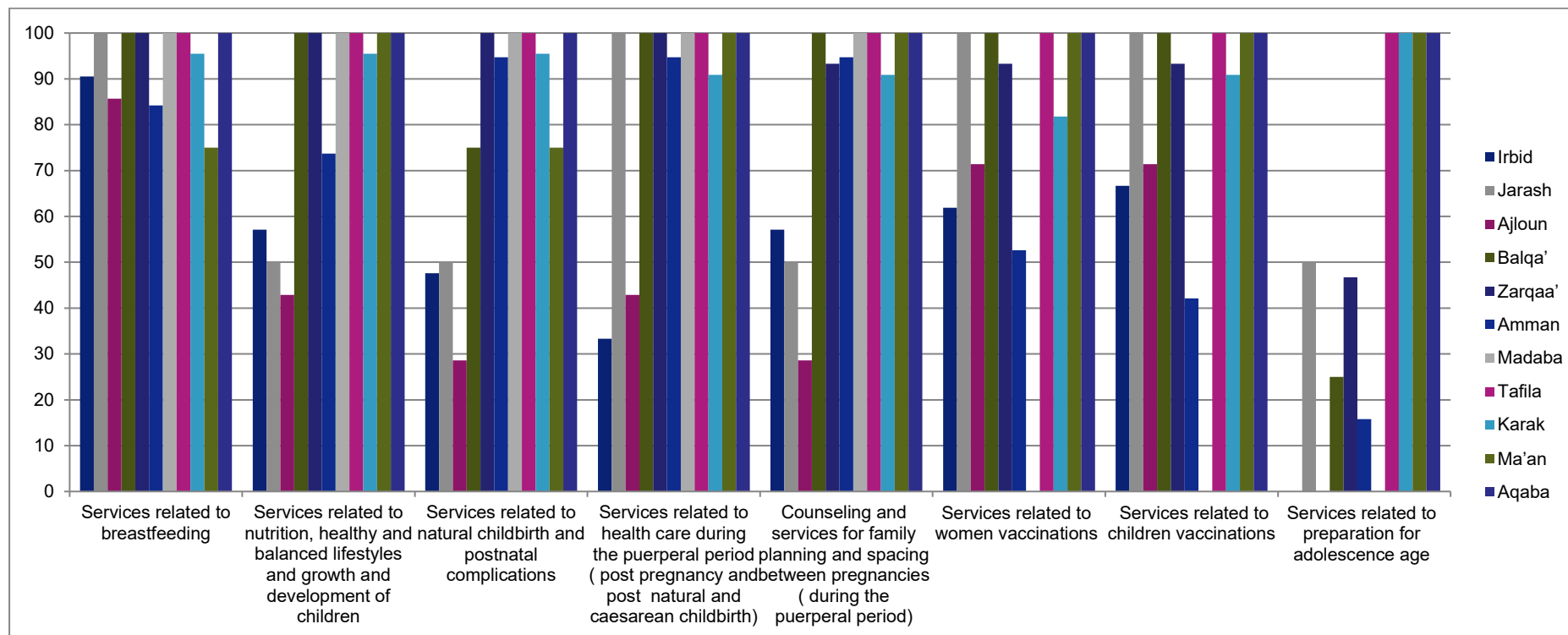


Figure 19: Distribution of postnatal services provided to persons by type and governorate

As shown in the graph and table above, most postnatal services are available in all governorates at varying rates, with the exception of the counseling and services for family planning and spacing between pregnancies (during the puerperal period) and the services related to children vaccinations in Madaba, and the services related to preparation for adolescence age in Irbid, Ajloun and Madaba.

- ❑ The percentage of the centers that provide health and psychological support services (for all persons)

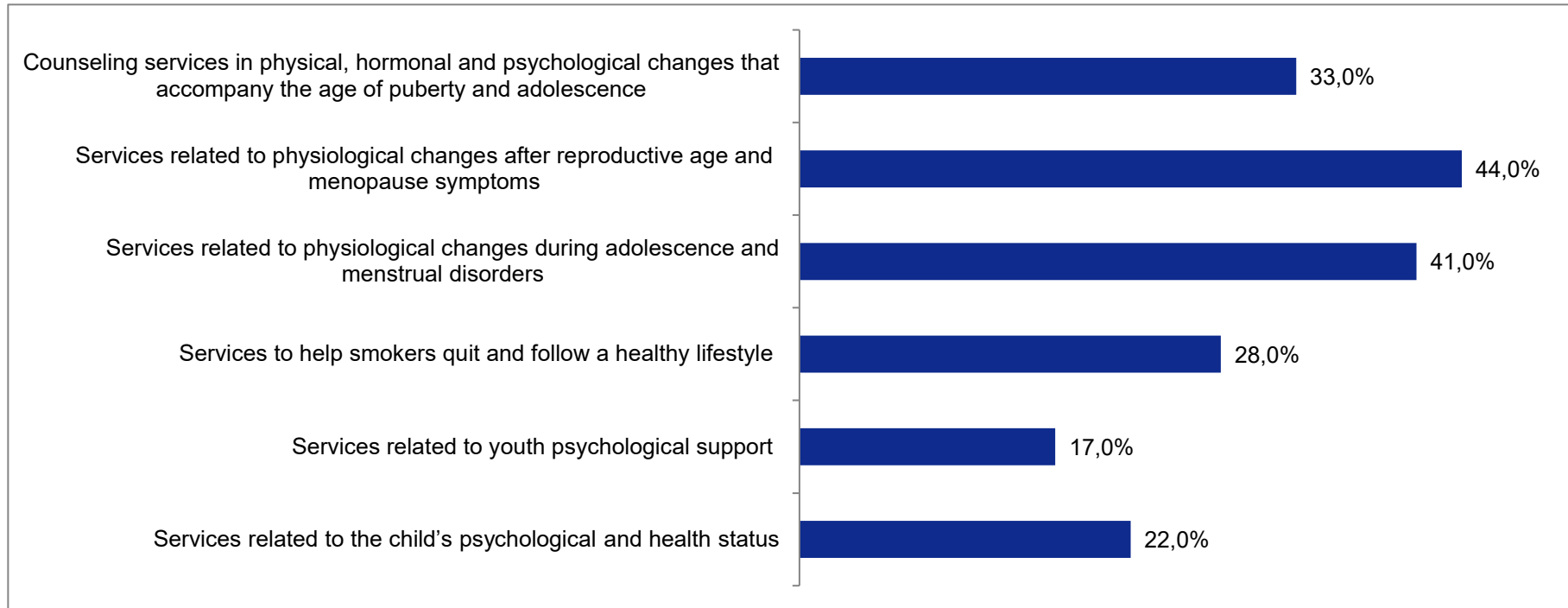


Figure 20: The percentage of the centers that provide health and psychological support services (for all persons)

When comparing the percentages above with the percentages of centers that provide other reproductive health services, in particular the services related to the pregnancy period and pre and post-natal services, few centers provide psychological and health support services. For more details on the level of services availability at the regional and governorate levels, see the following table and chart:

Table 5: Distribution of psychological and health support services provided to persons by type, governorate and region

Health and psychological support services	Irbid	Jarash	Ajloun	The North Regions	Balqa'	Zarqaa	Amman	Madaba	The middle regions	Tafila	Karak	Ma'an	Aqaba	The South regions
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Services related to the child's psychological and health status	14.3	-	-	10.0	75.0	40.0	21.1	50.0	35.0	-	22.7	-	-	16.7
Services related to youth psychological support	19.0	-	-	13.3	0.0	26.7	42.1	50.0	32.5	-	-	-	-	-
Services to help smokers quit and follow a healthy lifestyle	23.8	-	28.6	23.3	50.0	46.7	36.8	100.0	45.0	-	13.6	-	-	10.0
Services related to physiological changes during adolescence and menstrual disorders	33.3	50.0	14.3	30.0	50.0	46.7	52.6	50.0	50.0	-	40.9	25.0	100.0	36.7
Services related to physiological changes after reproductive age and menopause symptoms	28.6	50.0	14.3	26.7	50.0	60.0	52.6	50.0	55.0	50.0	45.5	25.0	100.0	40.0
Counseling services in physical, hormonal and psychological changes that accompany the age of puberty and adolescence	23.8	50.0	14.3	23.3	25.0	60.0	47.4	50.0	50.0	50.0	22.7	-	-	16.7
Number of services available by type	100.0	50.0	66.7	100.0	100.0	100.0	100.0	100.0	100.0	33.3	83.3	33.3	33.3	83.3

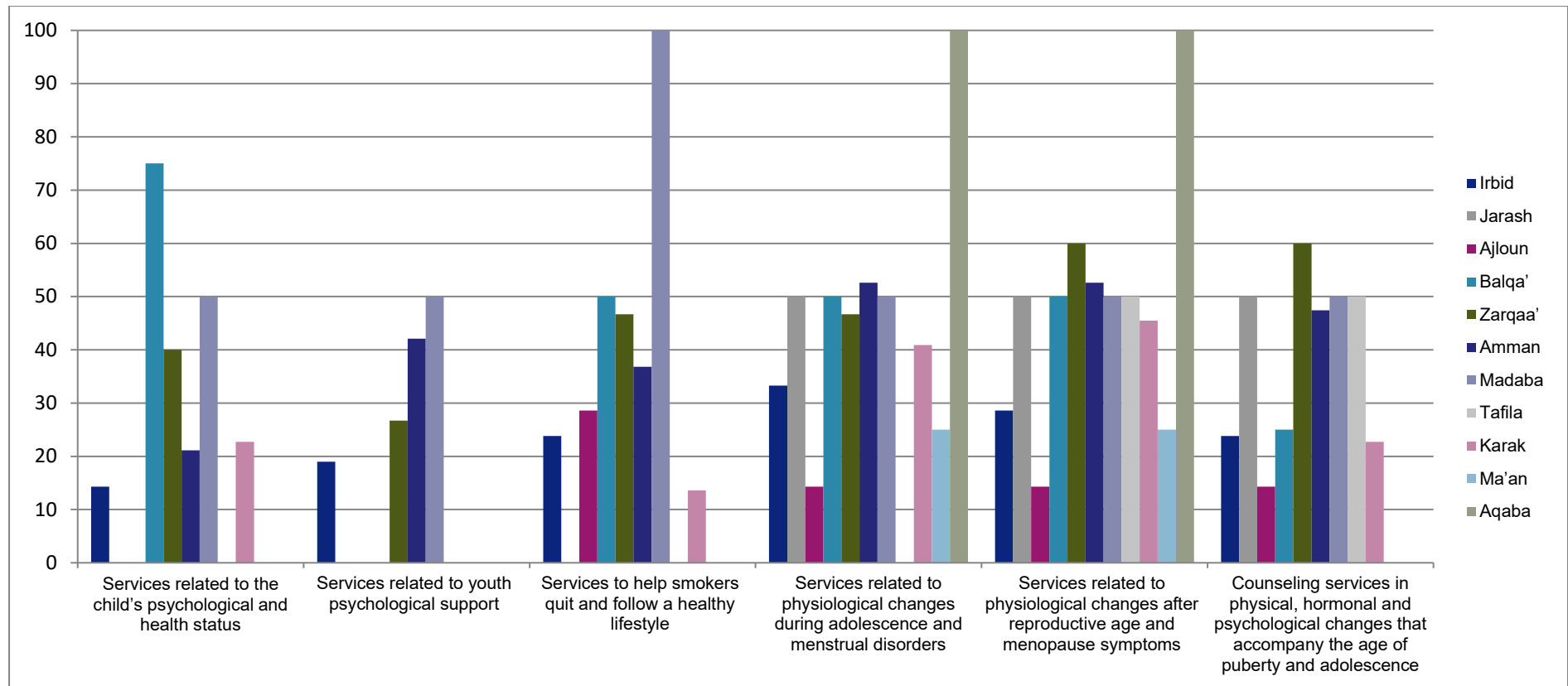


Figure 21: Distribution of psychological and health support services provided to persons by type and governorate

As shown in the chart and table above, the percentage related to the availability of psychological and health support services in some governorates is low compared to the level of availability of the services mentioned above (awareness services, services during pregnancy and postnatal services). For example, the highest percentage in the North Regions was for services related to psychological changes during adolescence and menstrual disorders (30.0%) and the lowest was for the services related to the child's psychological and health status (10.0%). The highest percentage of services available in the Middle Regions was similar to those in the North Regions where the percentage was 55.0%. While the highest percentage of services in the Southern Region was for the services related to physiological changes after reproductive age and menopause symptoms (40.0%). The lowest percentage in the Middle Regions was for the services related to youth psychological support (32.5%). While the lowest in the Southern Regions was for the services related to the child's psychological and counselling services in physical, hormonal and psychological changes that accompany the age of puberty and adolescence with a percentage of 16.7% for each one of them.

- ❑ The percentage of the centers that provide services related to specific diseases (for all persons)

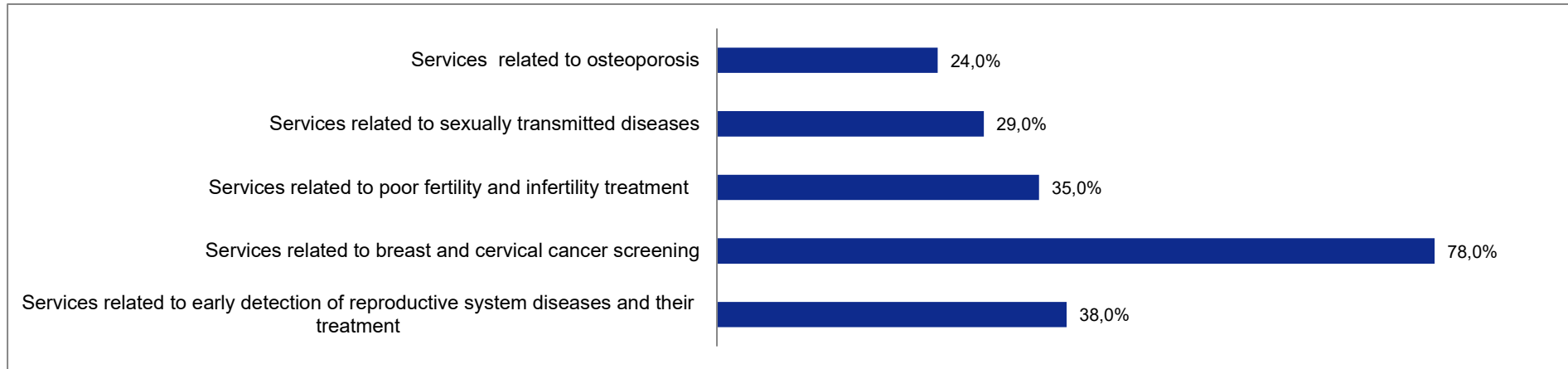


Figure 22: The percentage of the centers that provide services related to specific diseases (for all persons)

The most common disease-related service provided by the centers is breast and cervical cancer screening (78%) and services related to early detection of reproductive system diseases and their treatment (38%). When comparing the percentages above with the percentages of centers that provide other reproductive health services, in particular the services related to pregnancy period and pre and post-natal services, few centers provide services related to the above diseases. For more details on the level of services availability at the regional and governorate levels, see the following table and chart:

Table 6: Distribution of services related to diseases provided to persons by type, governorate and region

Services related to specific diseases	Irbid	Jarash	Ajloun	The North Regions	Balqa'	Zarqaa'	Amman	Madaba	The middle regions	Tafila	Karak	Ma'an	Aqaba	The South regions
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Services related to early detection of reproductive system diseases and their treatment	23.8	50.0	14.3	23.3	25.0	46.7	47.4	100.0	47.5	-	50.0	-	50.0	40.0
Services related to breast and cervical cancer screening	71.4	100.0	42.9	66.7	75.0	80.0	78.9	50.0	77.5	100.0	86.4	100.0	100.0	70.0
Services related to poor fertility and infertility treatment	33.3	50.0	14.3	30.0	-	46.7	63.2	50.0	50.0	-	27.3	-	-	20.0
Services related to sexually transmitted diseases	14.2	50.0	-	13.3	25.0	46.7	47.4	50.0	45.0	-	31.8	-	-	23.3
Services related to Osteoporosis	28.5	-	-	20.0	25.0	26.7	47.4	-	35.0	-	18.2	-	-	13.3
Number of services available by type	100	80.0	60.0	100.0	80.0	100.0	100.0	80.0	100.0	20.0	100.0	20.0	40.0	100.0

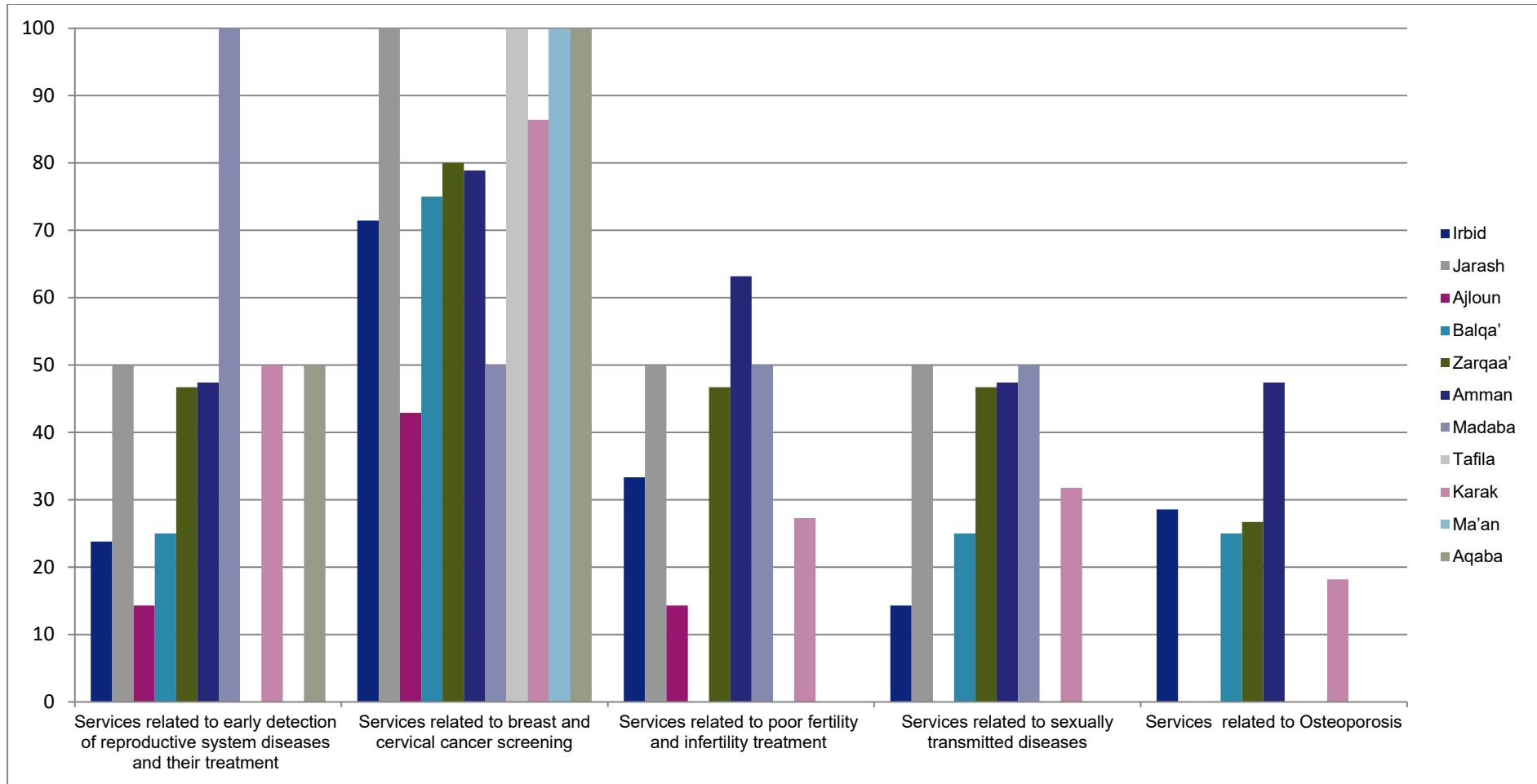


Figure 23: Distribution of services related to diseases provided to persons by type, governorate and region

With regard to the availability of the services related to specific diseases, the chart and table above show some availability in all governorates with varying rates, some of the governorates are lacking certain services such as the services related to early detection of reproductive system diseases and their treatment in Tafileh and Ma'an governorates, and the services related to poor fertility and infertility treatment in the governorates of Balqa', Tafila, Ma'an and Aqaba, as well as services related to sexually transmitted diseases in the governorates of Ajloun, Tafila, Ma'an and Aqaba, and finally the lack of services related to osteoporosis in Jarash, Ajloun, Tafila, Ma'an and Aqaba Governorates.

- ❑ The percentage of the centers that provide other reproductive health services by type (for all persons)

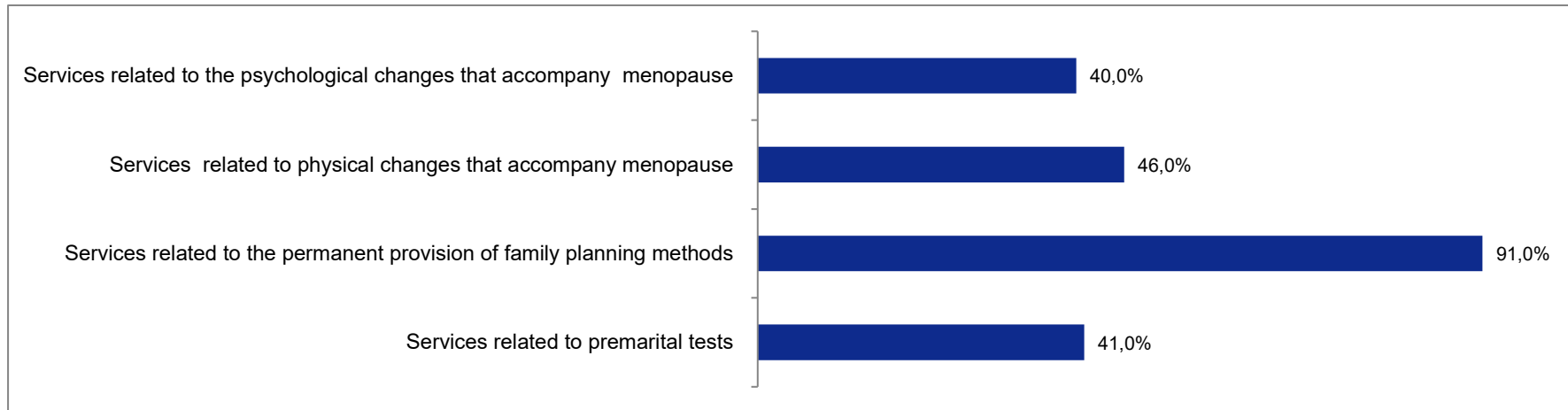


Figure 24: The percentage of the centers that provide other reproductive health services by type (for all persons)

As shown in the above chart, the percentage of centers providing family planning methods is high (91%). For more details on the level of services availability at the regional and governorate levels, see the following table and chart:

Table 7: Distribution of other reproductive health services provided to persons by type, governorate and region

The other services by type	Irbid	Jarash	Ajloun	The North Regions	Balqa'	Zarqaa'	Amman	Madaba	The middle regions	Tafila	Karak	Ma'an	Aqaba	The South regions
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Services related to premarital tests	38.1	50.0	42.9	40.0	-	100.0	42.1	50.0	60.0	-	13.6	25.0	50.0	13.3
Services related to the permanent provision of family planning methods	4.8	100.0	100.0	33.3	100.0	100.0	89.5	100.0	95.0	100.0	81.8	100.0	100.0	66.7
Services related to physical changes that accompany the menopause	23.8	100.0	42.9	33.3	50.0	60.0	78.9	50.0	67.5	-	36.4	-	50.0	30.0
Services related to the psychological changes that accompany the menopause	23.8	100.0	14.3	26.7	50.0	46.7	68.4	50.0	57.5	-	40.9	-	-	30.0
Number of services available by type	100	1000	100	100	75	100	100	100	100	25.0	100	50	75	100

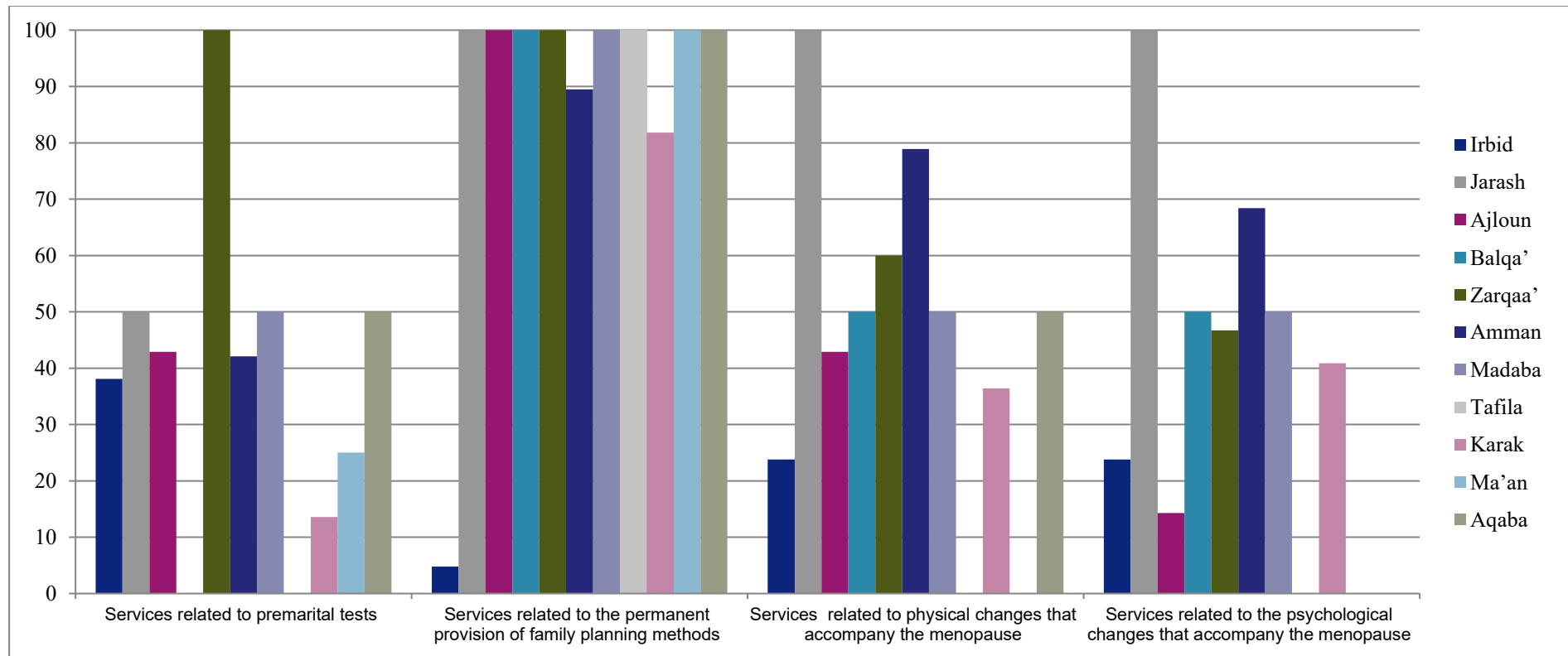


Figure 25: Distribution of other reproductive health services provided to persons by type and governorate

The chart and the table above show that the other services are generally available in the centres across the governorates of the Kingdom with varying rates, they also indicate the unavailability of some services in some governorates such as the services related to premarital tests in Balqa' and Tafila governorates, and the services related to the physical changes that accompany the menopause in the governorates of Tafila and Ma'an, and finally the unavailability of the services related to the psychological changes that accompany the menopause in the governorates of Tafila, Ma'an and Aqaba, noting that even in the other governorates, they are available at low percentages.

- ❑ The extent to which the services are customized according to the needs of persons with disabilities

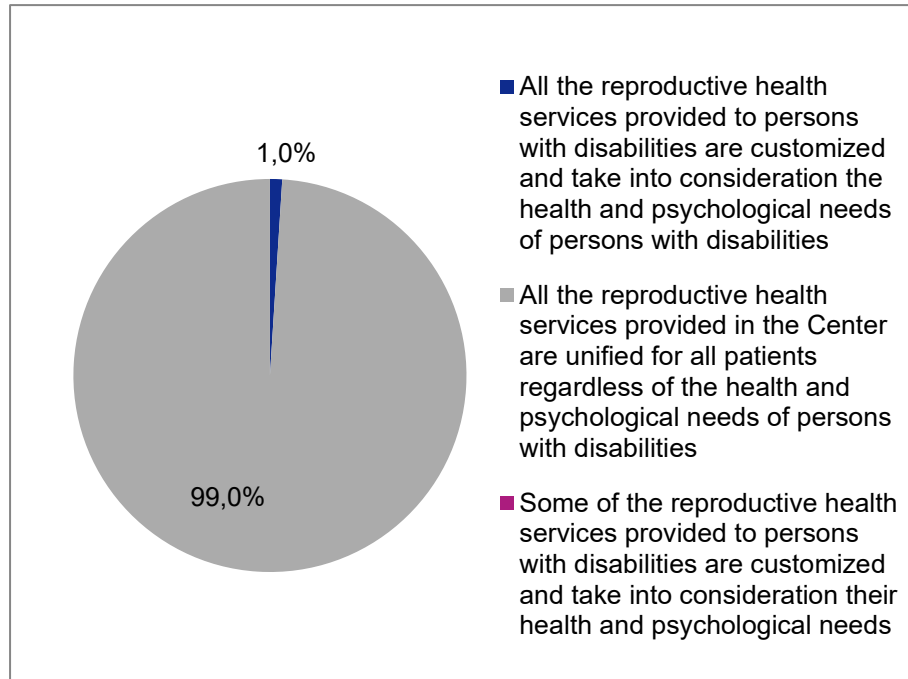


Figure 26: The extent to which the services are customized according to the needs of persons with disabilities

- ❑ The type of disability to which the services are customized

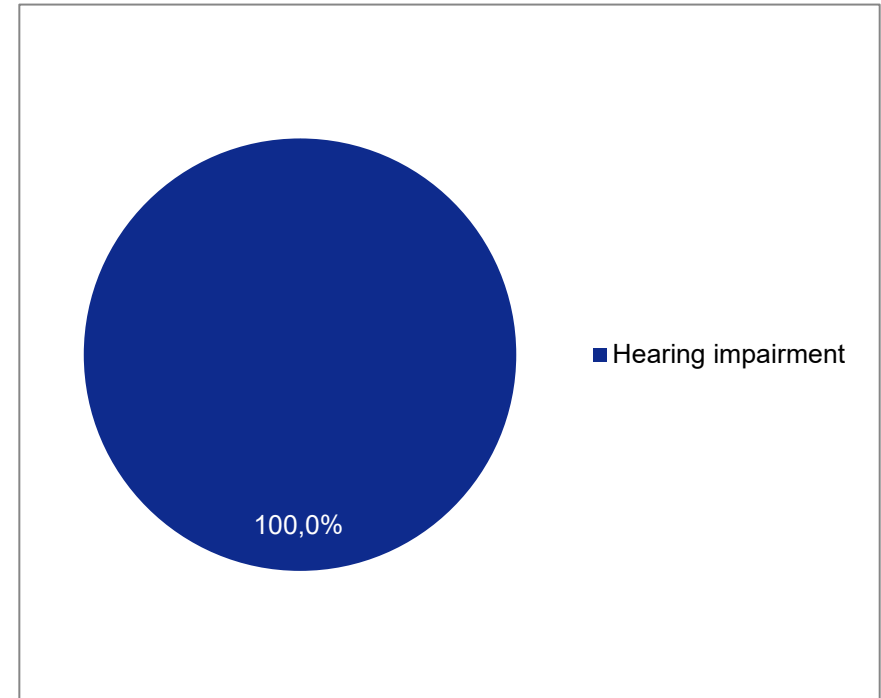


Figure 27: The type of disability to which the services are customized

All the centers have unified services for all patients and are not adapted to the needs of persons with disabilities except for the Specialty Hospital as they have specialists that are on call, in order to communicate with persons with hearing disabilities through sign language.

□ The possibility of customizing the reproductive health services according to the needs of PWDs

In your opinion, is it possible to customize the mentioned reproductive health services according to the needs of persons with disabilities?

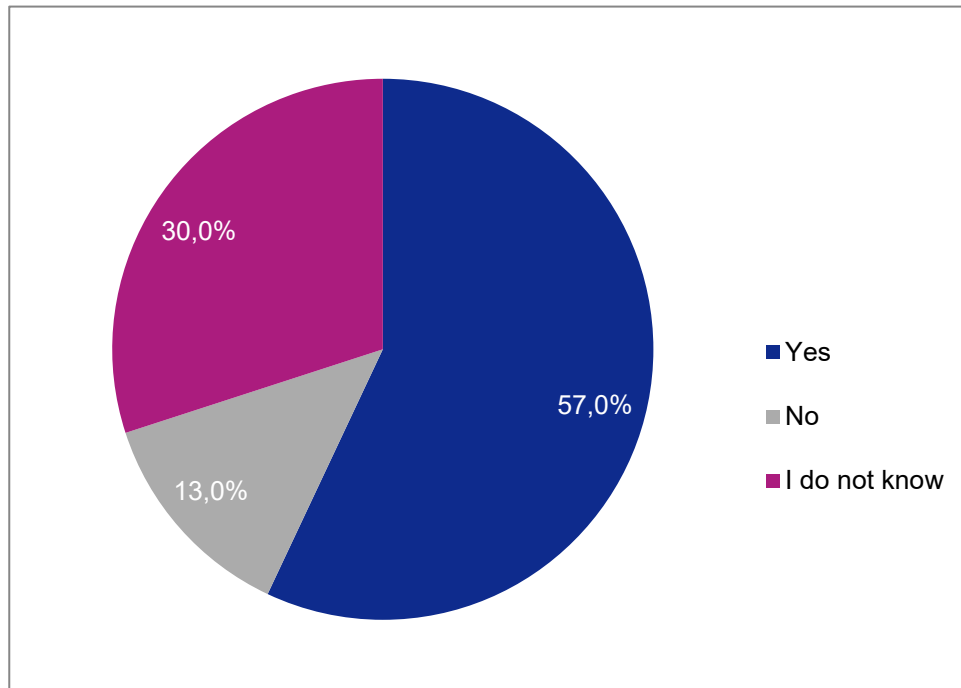


Figure 28: The possibility of customizing the mentioned reproductive health services according to the needs of PWDs

57% of the centers reported that it is possible to customize the reproductive health services according to the needs of persons with disabilities; this customization involves making the center's facilities suitable for receiving and serving persons with disabilities, in addition to training their staff to communicate and deal with persons with disabilities. Some of the centers indicated that the medical services in the reproductive health field are standardized and do not need to be customized. 30% of the service providers stated that they do not know whether the services could be customized according to the needs of persons with disabilities or not. For the rest of the centers (13%), some attributed the reason that it is not possible to customize their services, to the scarcity of PWDs patients, and if they do visit the centers, they are usually accompanied with an assistant.

- ❑ The extent to which centers face difficulties in providing reproductive health services to PWDs.

Do you face any difficulties when providing reproductive health services for persons with disabilities?

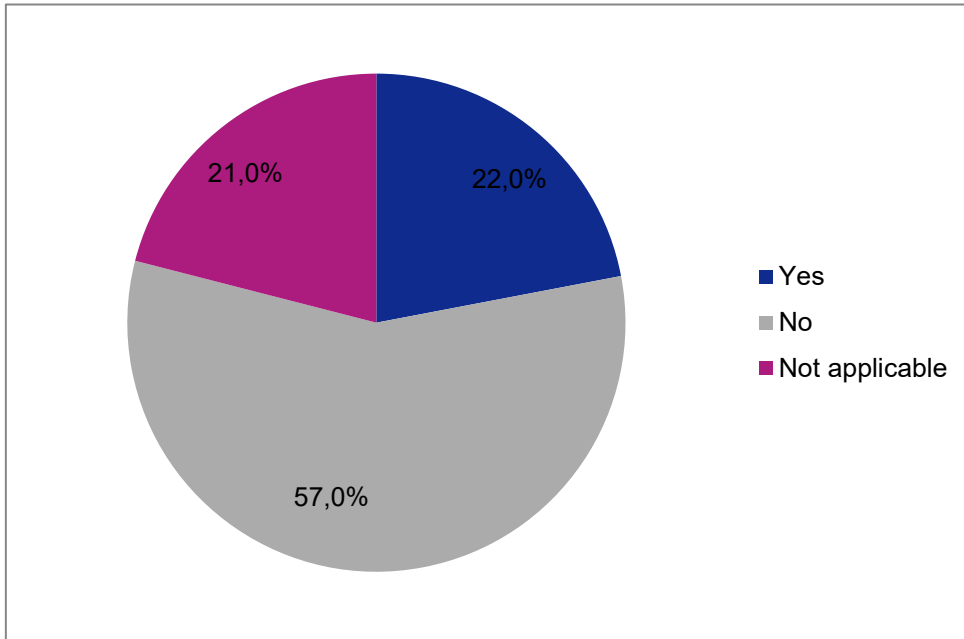


Figure 29: The extent to which centers face difficulties in providing reproductive health services to PWDs

- ❑ The faced difficulties by centers in providing reproductive health services to PWDs.

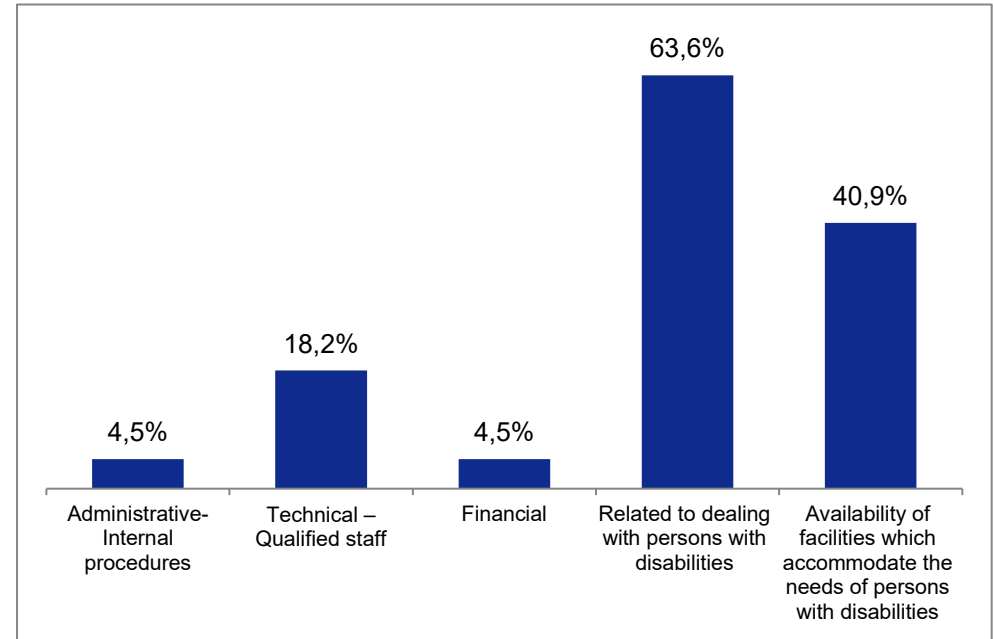


Figure 30: The faced difficulties by centers in providing reproductive health services to PWDs.

From the service providers' perspective, the most significant difficulty faced by the centers during the provision of reproductive health services for PWDs is the ability to effectively interact with persons with disabilities with a difficulty rate of (63.6%), particularly when PWDs are not escorted by a family member or a friend. For example, staff reported that they find it difficult to communicate with people with hearing impairments, and they also face difficulties in lifting or

changing the position of persons with mobility disabilities during the examination and service provision. Service providers also reported having difficulties in understanding the needs of persons with mental disabilities. The second most rated difficulty was the lack of adequate facilities that accommodate the needs of persons with disabilities (40.9%). This is consistent with the PWDs survey finding that indicates that the second largest dissatisfaction rate of persons with disabilities was regarding the availability of facilities within the centers that accommodate their needs as indicated earlier in this executive summary.

Some service providers suggested ways to overcome these difficulties, which include establishing specialized health centres with specialized medical and technical staff to provide services to persons with disabilities that could serve the local community or clusters, developing the existing centres to include customized facilities and equipment according to the needs of persons with disabilities, holding courses in the field of interacting with persons with disabilities, and encouraging the parents to bring an assistant with the person with disability when visiting the centers.

- ❑ The existence of cases in which people with disabilities/ their guardians ask for hysterectomy for PWDs or inhibitors related to sexual health

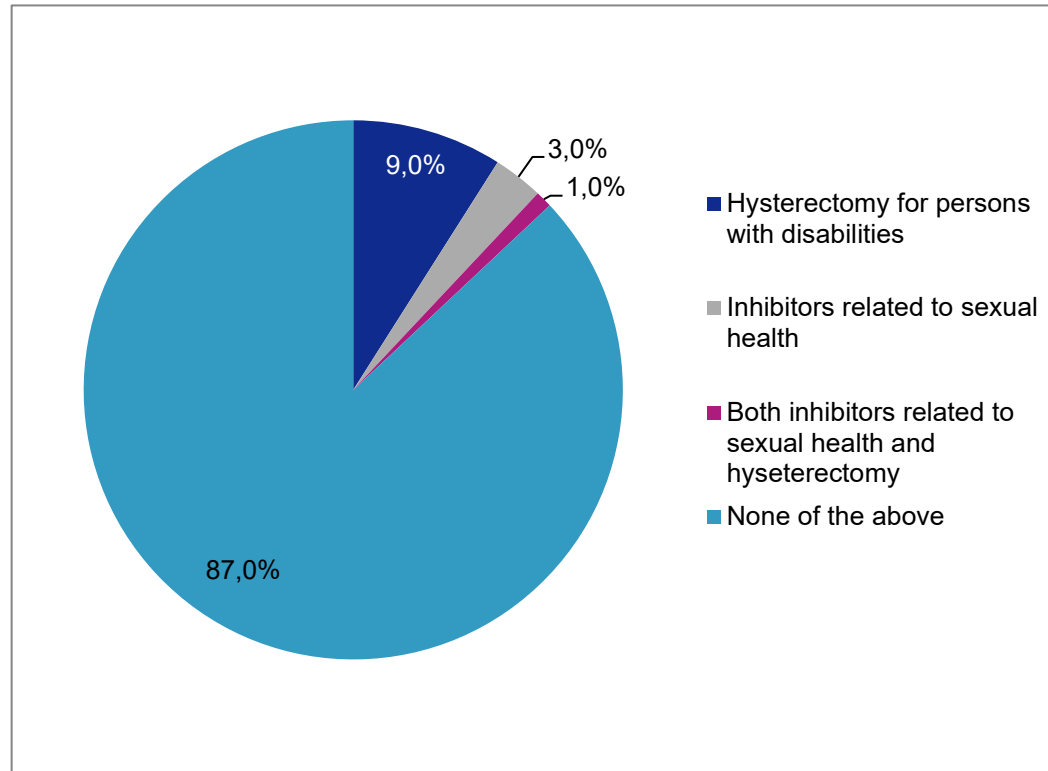


Figure 31: The existence of cases in which PWDs/ their guardians ask for hysterectomy for PWDs or inhibitors related to sexual health

10% of the centers reported that they have received hysterectomy requests from PWDs parents. The centers reported that parents of women with severe disabilities explained their requests by being concerned about their daughters getting raped or that they are not capable of taking care of their personal hygiene because of their mobility or mental disability. It should be noted that some doctors indicated that there should be more flexibility to hysterectomy ban and that they support the parents' point of view especially for severe mental and multiple disabilities. Moreover, some women with disabilities/ parents reported that they have requested hysterectomy procedures, but their requests were rejected by the medical center.

In this context, the Law on the Rights of Persons with Disabilities No. 20 of 2017, in Article 30 / A states "An act of violence (in regards to persons with disabilities) is defined as an action or omission that will deprive a person with a disability of a certain right or freedom, or that will restrict his/her practice of either right or freedom, or will undermine his/her physical integrity, or will inflict mental and/or psychological harm to the person with disability on the basis of the disability or because of it".

- ❑ The availability of future plans that aim to improve the level of reproductive health services provided to PWDs

Are there any future plans that aim to improve the level of reproductive health services provided to people with disabilities?

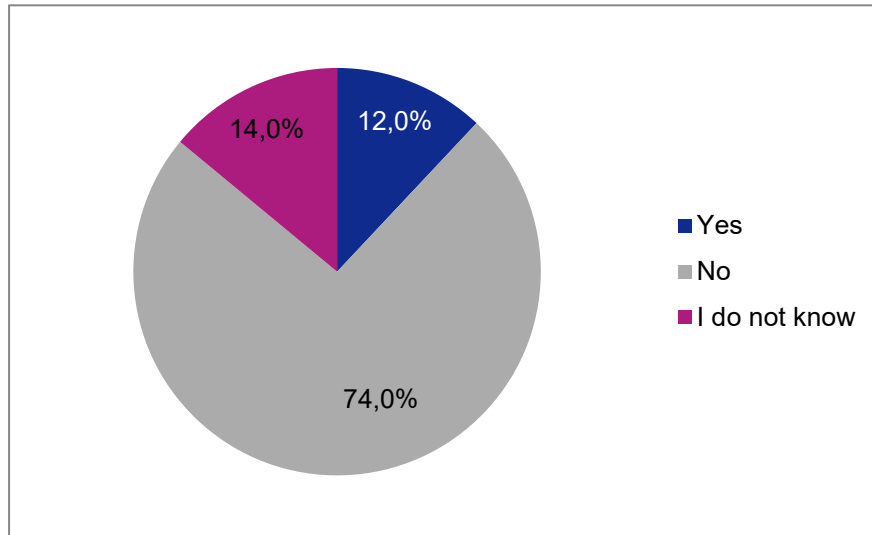


Figure 33: The availability of future plans that aim to improve the level of reproductive health services provided to PWDs

- ❑ The availability of future plans that aim to reach more PWDs in order to benefit from the reproductive health services

Are there any future plans that aim to reach more persons with disabilities in order to benefit from the reproductive health services?

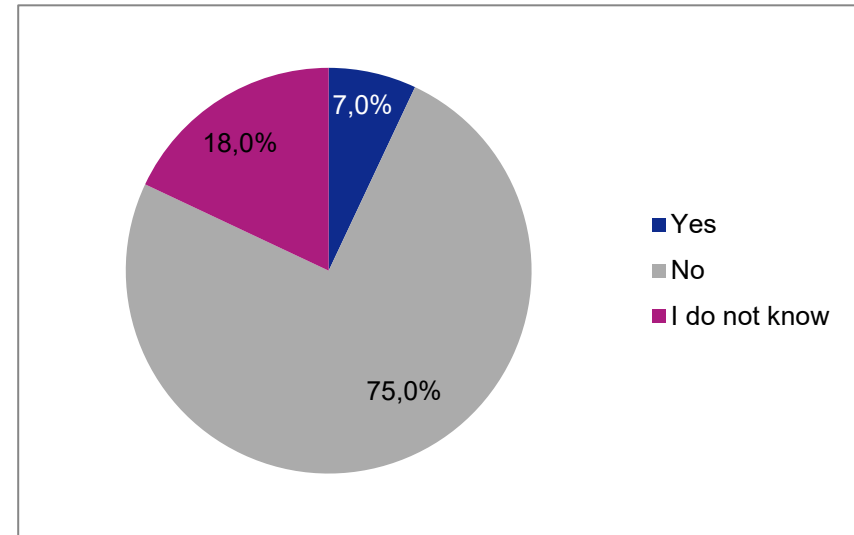


Figure 32: The availability of future plans that aim to reach more PWDs in order to benefit from the reproductive health services

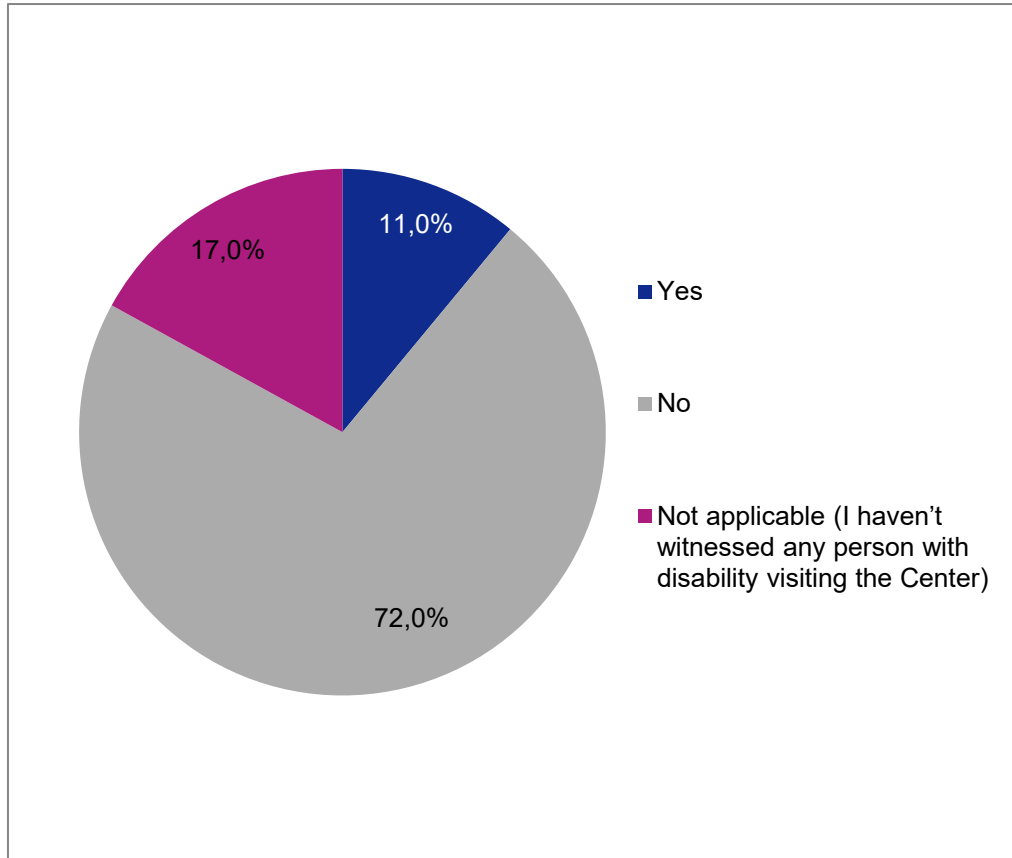
- Only 12% of the centers have future plans to improve the level of reproductive health services for persons with disabilities. The plans discussed by the centers included preparing to offer courses related to qualifying the staff to be able to provide services to persons with disabilities, and to educate the staff on how to deal with them and meet their needs. It also included the preparation of centers in terms of facilities, such as elevators, toilets, waiting rooms

etc., to be more suitable for serving persons with disabilities. Some centers also reported that psychologists will be appointed to provide support for persons with disabilities.

- Only 7% of the centers have future plans to reach more persons with disabilities in order to benefit them from reproductive health services. The plans discussed by the centers included the distribution of awareness leaflets for persons with disabilities and introducing the types of services available in the centers to them. Some centers also mentioned the cooperation with the Higher Council for Persons with Disabilities in order to increase their awareness about the services available in the centers.

☐ The extent of noticing any psychological, health, or legal mistreatment towards PWDs

Do you notice any psychological, health, or legal mistreatment against persons with disabilities?



11% of the service providers have noticed abuses of persons with disabilities, they have witnessed ill-treatment of persons with disabilities by their parents or noticed lack of their parents' attention to their personal hygiene. Some service providers also noticed the ill-treatment of persons with disabilities by their colleagues in the medical staff.

Figure 34: Service providers observations related to psychological, health, or legal mistreatment against PWDs

- **Additional information not addressed in the questionnaire:**

- The feedback of one of the obstetricians and gynecologists at a clinic in Al Karak was taken, he is one of the social activists in the field of voluntary medical services, a member of Al Karak Medical Association which provides medical services to remote areas, and a member of the Anti-Smoking Society, he also provides free medical days through the South Social Services Center. He pointed out that during his work with these institutions there were no elements that addressed the needs of persons with disabilities.
- Furthermore, the feedback of one of the obstetricians and gynecologists in Al Zarqa was received; he is a member of Al-Zarqa Association for the Care of Persons with Disabilities and a member of Al Afaf Charity Association. Throughout his work with the mentioned associations, he indicated that the provided awareness services in the field of reproductive health took into consideration persons with disabilities special needs.
- According to the doctor in charge of the Jordanian Association for Family Planning and Protection Clinic (Sports City branch), she reported that among the Association's 23 family planning clinics, only one clinic has facilities that accommodate the needs of persons with disabilities, and it is located in Aqaba. This was a requirement by the entity funding the establishment of the clinic.
- According to the Director of Health Services in the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), there is a plan over the next 10 years to rebuild or renovate UNRWA's health centers (25 centers in Jordan), so that all facilities within the centers are able to accommodate and serve the persons with disabilities
- According to the doctor in charge in the United Nations Population Fund (UNFPA), which is responsible for providing reproductive health services to Syrian refugees in Jordan, she reported that the services provided are unified and there is no special customization for the needs of persons with disabilities.

7. Results of the Statistical Analysis of the Questionnaire for Persons with Disabilities

□ Distribution of PWDs by gender

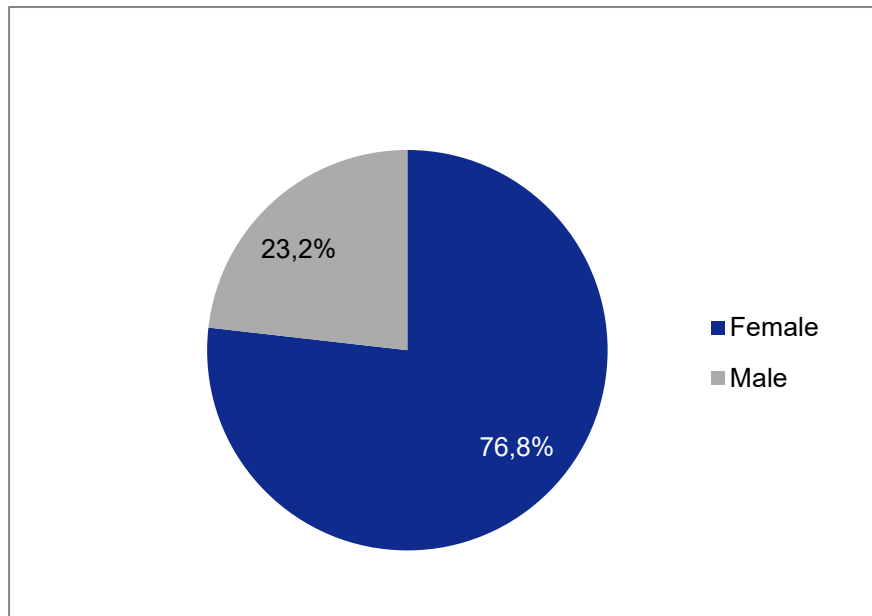


Figure 36: Distribution of PWDs by gender

□ Distribution of PWDs by type of disability

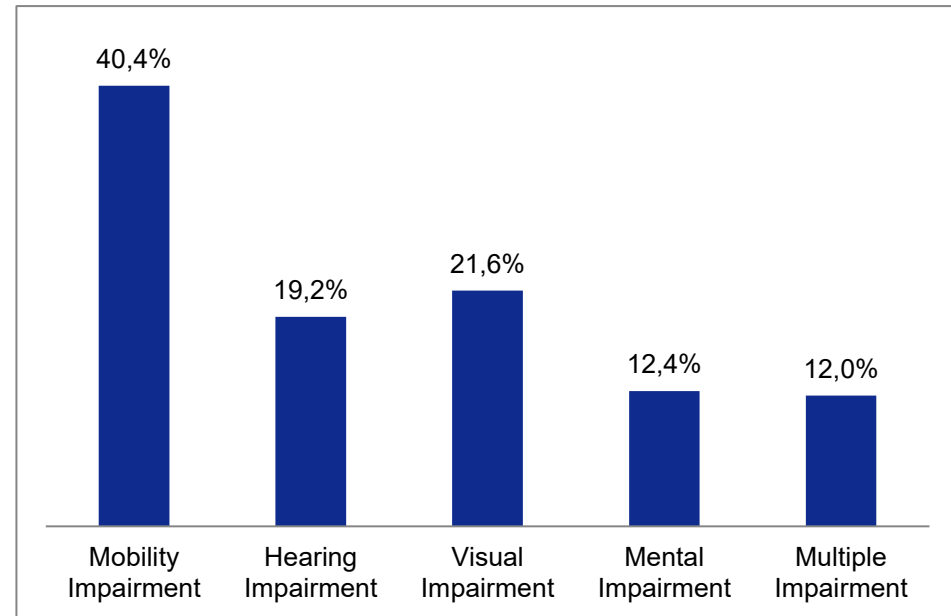


Figure 35: Distribution of PWDs by type of disability

The above chart shows that the percentage of females in the study sample is high (76.8%), since it was noted that women, especially married women, are the most concerned respondents, and therefore the most targeted group. They also showed higher levels of cooperation and responsiveness in answering the survey questions, as they are the direct beneficiaries of most services.

❑ Distribution of PWDs by work status

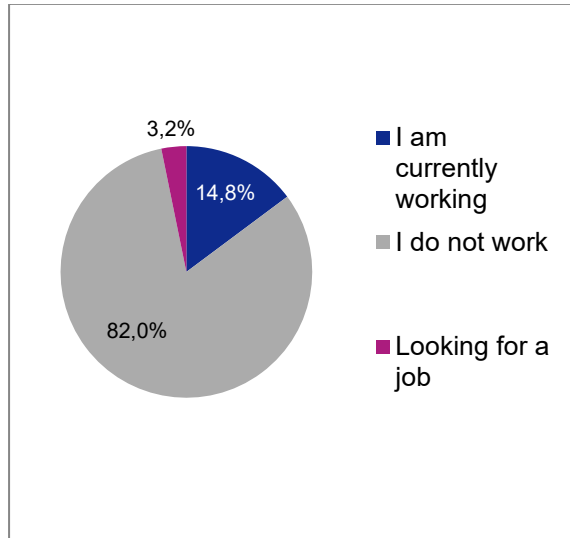


Figure 38: Distribution of PWDs by work status

❑ Distribution of PWDs by social status

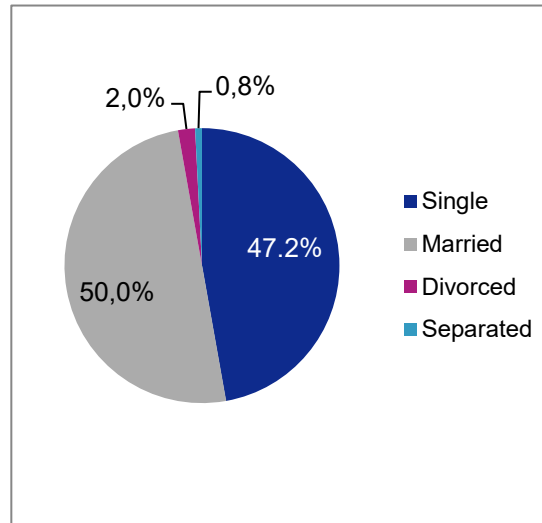


Figure 37: Distribution of PWDs by social status

❑ Distribution of PWDs who have children by the social status

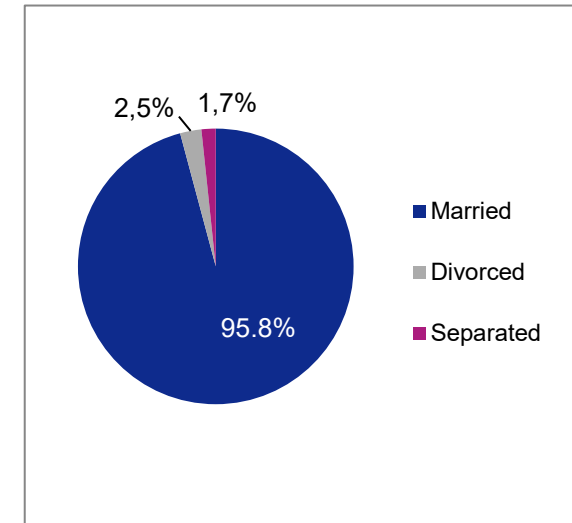


Figure 39: Distribution of PWDs who have children by the social status

The percentage of persons with disabilities in the sample who do not work was 82%, and 14.8% of persons with disabilities are working, while the lowest percentage was for job seekers 3.2%.

Regarding the social status, 50% of the persons with disabilities in the sample were married, while 47.2% were single.

The percentage of married persons with disabilities who have children is 95.8%, while the percentage of divorced persons with disabilities that have children is 2.5%.

Table 8: Distribution of PWDs by type of disability, gender, and work status

Variable		Type of Disability											
		Mobility	%	Hearing	%	Visual	%	Mental	%	Multiple	%	Total	%
Gender	Males	19	32.8	11	19.0	6	10.3	13	22.4	9	15.5	58	23.2
	Females	75	39.1	33	17.2	46	24.0	17	8.9	21	10.9	192	76.8
Work Status	Working	17	45.9	8	21.6	9	24.3	0	0.0	3	8.1	37	14.8
	Not working	74	36.3	33	16.2	40	19.6	30	14.7	27	13.2	204	82
	Looking for a job	3	33.3	3	33.3	3	33.3	0	0.0	0	0.0	9	3.2

The table above shows that the largest percentage of males are with mobility impairment (32.8%) followed by the males with mental impairment (22.4%), and males with hearing and multiple impairment (19.0% and 15.5%) respectively, while the lowest percentage was for the males with visual impairment (10.3%). The highest percentage among females was for the mobility impairment (39.1%), followed by those with visual impairment (24.0%), and hearing and multiple disabilities (17.2% and 10.9% respectively).

The table also shows that the highest percentage of persons with disabilities do not work (82%) while the percentage of those who work is 14.8%, and the percentage of those who work varies according to type of disability, the highest is for the mobility impairment (45.9%), followed by the visual, hearing and multiple impairments (24.3%, 21.6% and 8.1% respectively), while there were no persons with mental impairment working.

It is worth mentioning that Article 25 / A of the Law on the Rights of Persons with Disabilities No. 20 of 2017 states the following: “No person may be excluded from employment or from training on the basis or because of disability. Disability in itself should not be considered as a barrier for preventing candidacy for holding or assuming a position or job and for retaining such position or job and attaining promotions therein”.

Table 9: Distribution of PWDs by gender and marital status

Variable		Gender				Total
		Males	%	Females	%	
Social Status	Single	53	91.4	65	33.9	118
	Married	4	6.9	121	63.0	125
	Divorced	1	1.7	4	2.1	5
	Separated	0	0.0	2	1.0	2
	Total	58	100.0	192	100.0	250

The above table shows that the highest percentage of females are married (63.0%), while 6.9% of males with disabilities are married.

Table 10: Distribution of PWDs by gender and marital status

Age Category	Work Status						Total
	Working	%	Not working	%	Looking for a job	%	
10-19	3	8.1	84	41.2	0	0.0	87
20-29	11	29.7	48	23.5	6	66.7	65
30-39	19	51.4	54	26.5	3	33.3	76
40-49	4	10.8	12	5.9	0	0.0	16
50-59	0	0.0	2	1.0	0	0.0	2
60+	0	0.0	4	2.0	0	0.0	4
Total	37	14.8	204	81.6	9	3.6	250

The table above shows that the highest percentage of workers with disabilities was in the (30-39) age group (51.4%), followed by the workers in the age group (20-29) with a percentage of 29.7%, while the percentage of workers with disabilities was lower in the age groups (40-49) and (10-19) with 10.8% and 8.1% respectively.

□ Distribution of PWDs by age

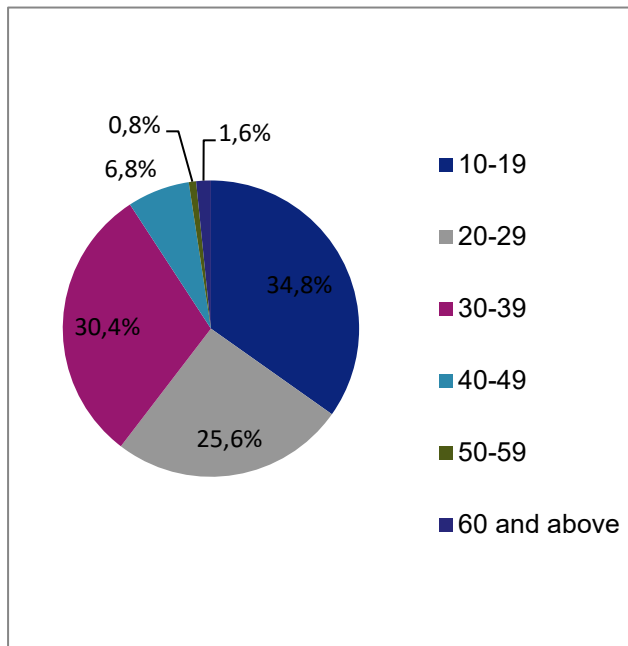


Figure 40: Distribution of PWDs by age

The percentage of persons with disabilities in the age group of (10-19) in the sample of the study was 34.8%, which is the highest percentage followed by the percentage of the age group (30-39), which makes up 30.4% of the sample, while the lowest percentage was that of the age group of (50-59) with 8% of the sample.

□ PWDs educational level based by age group

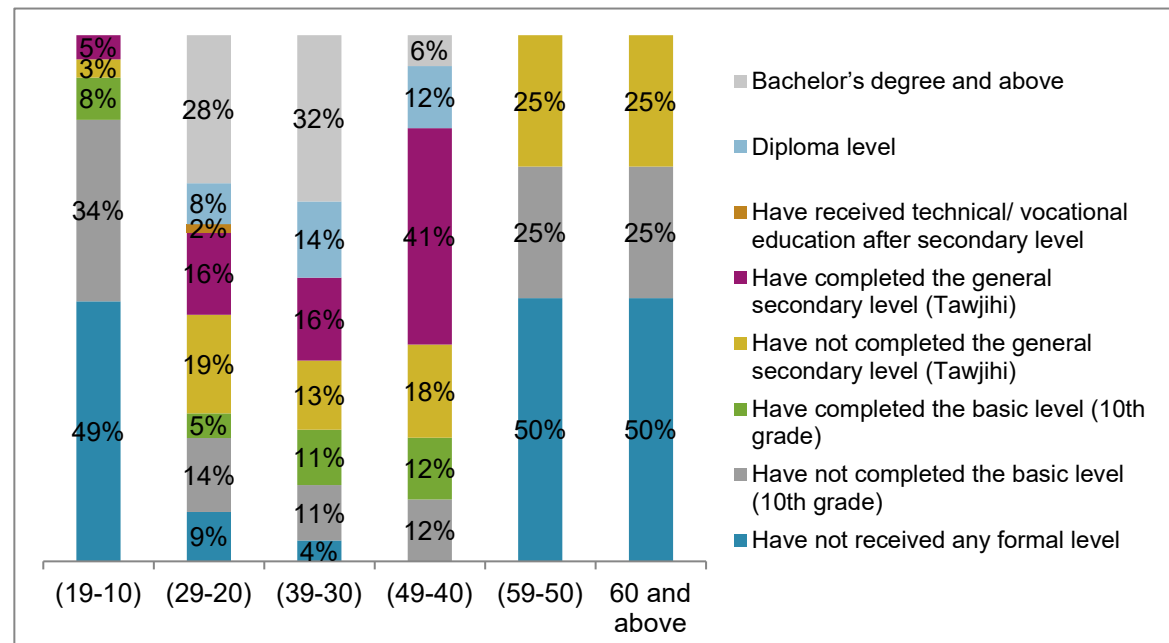


Figure 41: The educational level based on the age

- The percentage of persons with disabilities in the age group of (10-19) who did not receive any formal education was 49%, which is the highest percentage for this category
- 47% of the persons with disabilities in the age group of (20-29) did not exceed the General Secondary Education, and the same applies for the age group of (30-39) with a relatively close percentage.
- In the age group of (40-49), the highest percentage for the level of education was for the General Secondary Level (41%) and the lowest percentage was for the Bachelor's degree (6%).
- It is noted from the graph that 50% of both age groups (50-59) and (60 and above) did not receive any formal education.

In this regard, the Law on the Rights of Persons with Disabilities No. 20 of 2017 insisted on the importance of all educational phases for the persons with disabilities, it stated in article 18: “The Ministry of Education will, in coordination with the Council, execute the following:

- a. Include into the educational policies, strategies, plans and programs educational requirements for the persons with disabilities towards full enjoyment of their right to education and access to all educational programs, services, facilities, and institutions, and obtainment of the maximum extent of academic achievement.
- b. Guarantee admission of children with disabilities at the compulsory education age to educational institutions, prevent exclusion of these children from such institutions, and notify the competent judicial authorities of cases of denial of admission to educational institutions or of restricting accessibility thereto, according to the provisions of Article (20) of this Law.”

And Article 20/b point 2 stated the following: “The licensed educational institutions that have licenses from other institutions prior to the enforcement of the provisions of this law, will alter and enhance their standards in accordance with the provisions of this Law within two years from its effective date in accordance with the procedures established by the Minister of Education for this purpose”.

Article 21 also states the following: “No person may be excluded from higher education institutions or be denied the right to study any specializations available therein on the basis or because of a disability. The Ministry of Higher Education and educational institutions affiliated therewith will, in coordination with the Council, execute the following:

- a. Guarantee access for persons with disability to higher education in all relevant policies, strategies, plans and programs.
- b. Provide reasonable accommodation arrangements, accessible formats, and accessibility to ensure that persons with disability have access to all available specializations.
- c. Develop the rules for admission of the students with disability to higher education institutions to the extent that guarantees respect for their choice and interests and without any form(s) of discrimination on the basis or because of disability.

□ Distribution of PWDs by region

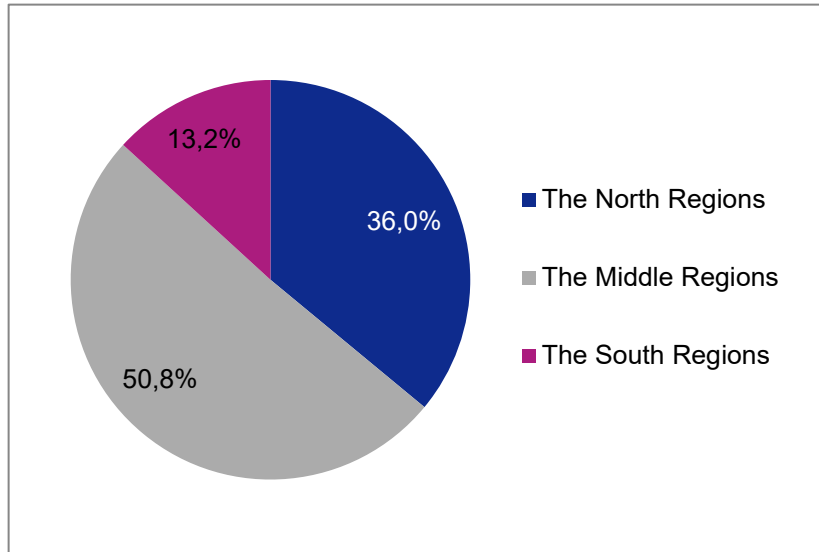


Figure 42: Distribution of PWDs by region

The sample of the study included persons with disabilities from different regions of the Kingdom in order to achieve diversity in the sample. The percentages were determined according to the distribution of the PWDs across the regions in the database that was provided by the Higher Council for Persons with Disabilities. The largest percentage (50.8%) of PWDs who were contacted are in the middle region, followed by the Northern region (36%) and then the Southern region (13.2%).

□ Distribution of PWDs by type of community they are living in

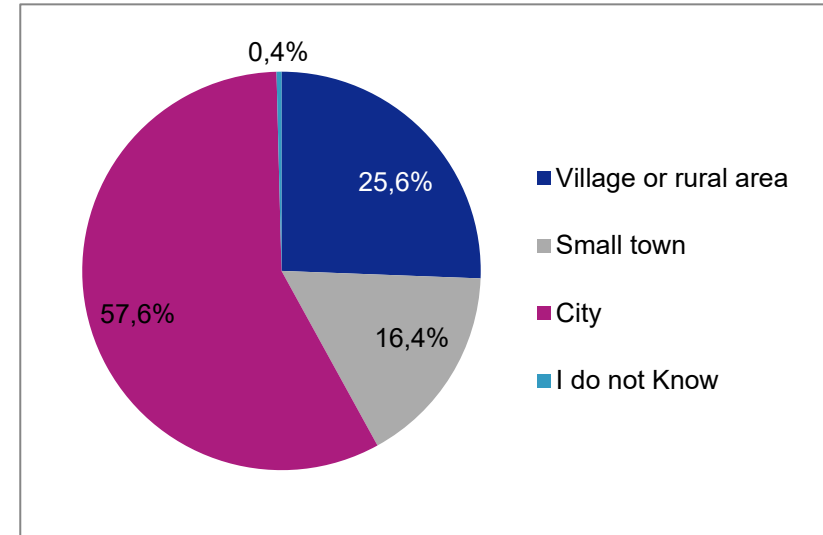


Figure 43: Distribution of PWDs by type of community they are living in

As for the distribution of persons with disabilities according to the society in which the person lives, the percentage of the city was the highest, reaching 57.6%, followed by the village or the rural area (25.6%) and then the small towns (16.4%).

❑ The awareness level of persons with disabilities of reproductive health areas

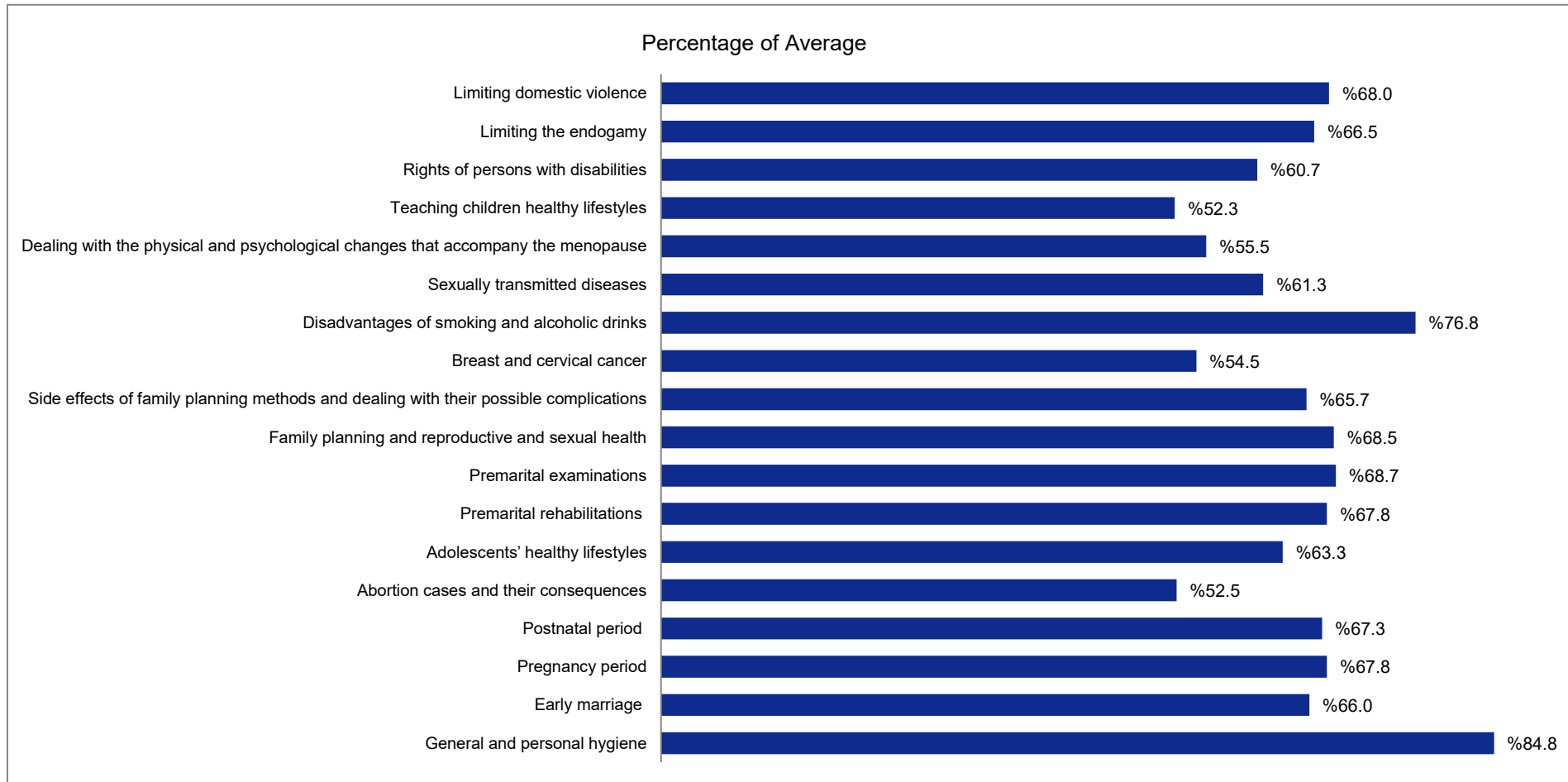


Figure 44: The awareness level of persons with disabilities of reproductive health areas

The following points are noted from the chart above:

- Most of the people responses regarding the self-assessment of their awareness of the reproductive health issues is higher than 50% (the higher the percentage of average, the higher the self-assessment of awareness is).
- PWDS self-assessment was the highest for the general and personal hygiene, followed by their awareness about the disadvantages of smoking and alcoholic drinks, and then reducing domestic violence, the percentages of the average were 84.8%, 76.8% and 68.0% respectively.

On the other hand, PWDS self-assessment for teaching children healthy lifestyles was relatively low (52.3%) followed by their knowledge of abortion cases and their consequences (52.5%), breast and cervical cancer (54.5%) and dealing with the physical and psychological changes that accompany menopause (55.2%). For more details on the levels of awareness at the regional and governorate levels, see the following table and charts:

Table 8: PWDS level of awareness of different reproductive health areas by governorate and region

Area	Irbid	Jarash	Ajloun	Mafraq	North Region	Balqaa'	Zarqaa'	Amman	Madaba	Middle Region	Tafila	Karak	Ma'an	Aqaba	South Region	Total
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
General and personal hygiene	86.0	92.5	88.8	92.3	89.9	75.0	80.5	81.3	86.2	80.8	87.0	89.3	83.3	100.0	89.9	84.8
Early marriage	63.7	70.8	66.7	69.2	67.6	62.5	65.0	63.5	55.5	61.6	70.3	77.5	66.7	100.0	78.6	66.0
Pregnancy period	62.2	75.8	68.5	73.0	69.9	54.2	67.8	67.7	52.8	60.6	72.2	75.0	66.7	100.0	78.5	67.8
Postnatal period	63.3	75.0	68.5	71.8	69.7	58.3	66.7	66.8	52.8	61.2	72.2	72.5	66.7	100.0	77.8	67.3
Abortion cases and their consequences	48.7	65.0	42.7	61.5	54.5	50.0	55.2	50.2	44.5	50.0	50.0	57.5	58.3	66.7	58.1	52.5
Adolescents' healthy lifestyles	64.0	79.2	55.5	66.7	66.3	45.8	60.3	59.5	52.8	54.6	68.5	72.5	50.0	66.7	64.4	63.3
Premarital rehabilitations	65.0	78.3	77.8	74.3	73.9	58.3	65.8	64.2	55.5	61.0	72.2	78.3	58.3	83.3	73.0	67.8
Premarital examinations	68.0	80.8	77.8	80.5	76.8	66.7	63.2	64.3	55.5	62.4	68.5	78.3	66.7	16.7	57.5	68.7
Family planning and reproductive and sexual health	63.7	81.7	81.5	84.7	77.9	62.5	64.3	65.7	47.2	59.9	68.5	76.0	66.7	100.0	77.8	68.5

Area	Irbid	Jarash	Ajloun	Mafraq	North Region	Balqaa'	Zarqaa'	Amman	Madaba	Middle Region	Tafila	Karak	Ma'an	Aqaba	South Region	Total
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Side effects of family planning methods and dealing with their possible complications	67.0	79.2	77.8	61.5	71.4	58.3	59.8	63.0	47.2	57.1	63.0	73.3	66.7	100.0	75.8	65.7
Breast and cervical cancer	58.2	66.7	70.3	61.5	64.2	37.5	53.5	48.0	44.5	45.9	51.8	59.2	50.0	66.7	56.9	54.5
Disadvantages of smoking and alcoholic drinks	80.7	85.8	77.8	88.5	83.2	58.3	72.3	71.2	77.8	69.9	81.5	80.8	83.3	100.0	86.4	80.2
Sexually transmitted diseases	67.0	76.7	66.7	92.3	75.7	45.8	54.7	53.3	44.5	49.6	63.0	60.0	66.7	66.7	64.1	61.3
Dealing with the physical and psychological changes that accompany the menopause	57.5	67.5	53.7	80.8	64.9	41.7	49.5	48.5	41.7	45.3	59.3	65.8	33.3	66.7	56.3	55.5
Teaching children healthy lifestyles	71.5	80.0	72.2	88.5	78.0	58.3	63.2	63.0	55.5	60.0	70.3	78.3	66.7	83.3	74.7	69.0
Rights of persons with disabilities	72.5	81.7	72.2	88.5	78.7	54.2	47.7	48.8	44.5	48.8	63.0	64.2	50.0	83.3	65.1	60.7
Limiting the endogamy	67.0	79.2	72.2	84.7	75.8	62.5	62.7	62.5	55.5	60.8	64.8	68.3	50.0	66.7	62.5	66.5
Limiting domestic	72.5	80.0	72.2	88.5	78.3	62.5	60.3	62.3	50.0	58.8	64.8	74.2	50.0	83.3	68.1	68.0

Area	Irbid	Jarash	Ajloun	Mafraq	North Region	Balqaa'	Zarqaa'	Amman	Madaba	Middle Region	Tafila	Karak	Ma'an	Aqaba	South Region	Total
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
violence																

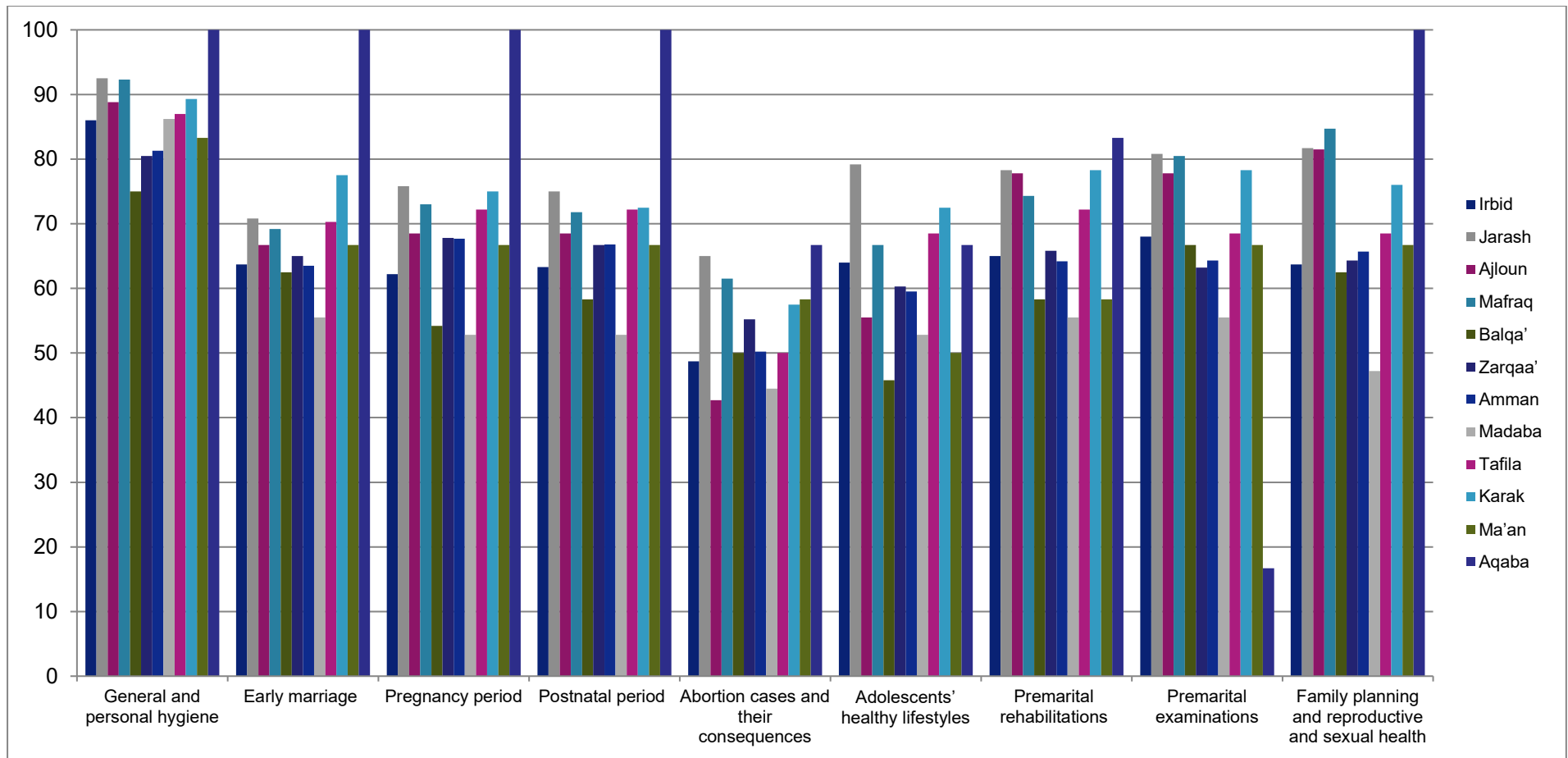


Figure 45: PWDs level of awareness of different reproductive health areas by Governorates (Part 1)

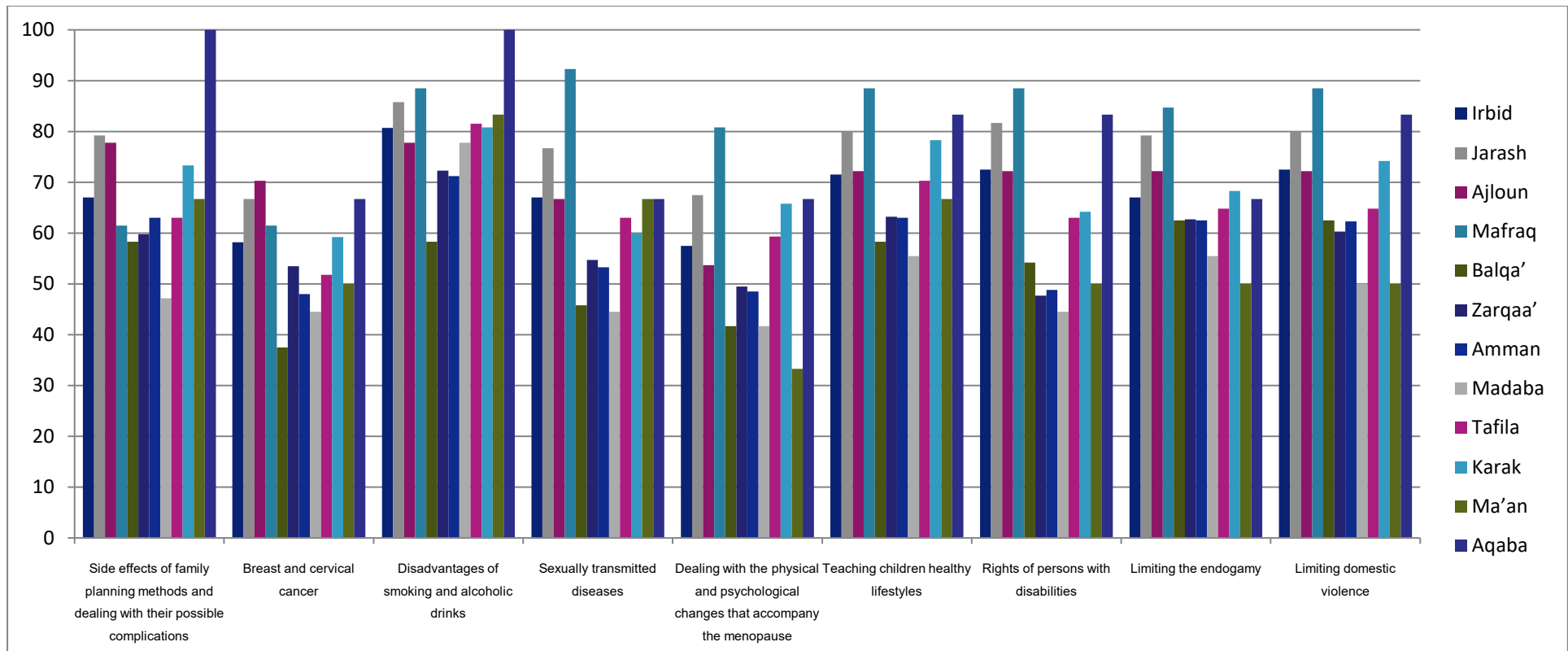


Figure 46: PWDs level of awareness of different reproductive health areas by Governorates (Part 2)

The table and charts above indicate the distribution of persons with disabilities according to their level of awareness of the reproductive health areas by governorates and regions, they show varying levels of awareness in the different areas and at the level of governorates and regions. The public and personal hygiene awareness was generally the highest (84.8%) and in the three regions (North, Middle and South) with 89.9%, 80.8% and 89.9% respectively. Followed by awareness of the disadvantages of smoking and alcoholic drinks (80.2%) and in the three regions (83.2%, 69.9%, 86.4% respectively). The lowest rate of awareness (52.5%) was for the awareness of abortion cases and their consequences, and in the three regions (54.5%, 50.0%, 58.1%) respectively, followed by breast and cervical cancer awareness (54.5%) in, and in the regions (64.2%, 45.9%, 56.9%, respectively). Low levels of awareness are generally noted here.

□ Opinion regarding the marriage of relatives

Are you with or against marriage of relatives?

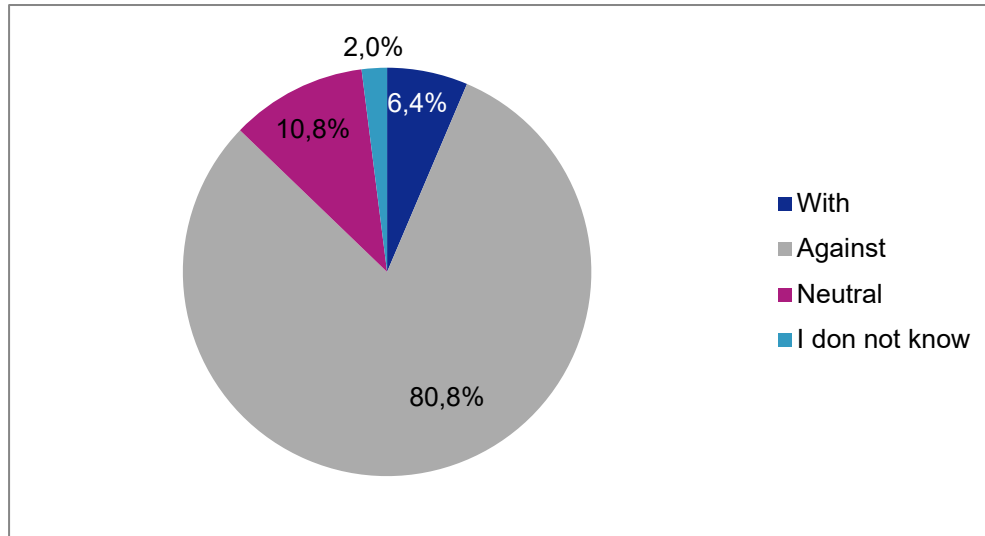


Figure 47: Opinion regarding the marriage of relatives

When persons with disabilities were asked about their opinion regarding the marriage of relatives, the largest percentage (80.8%) was against it, 6.4% support the marriage of relatives and 10.8% were neutral.

□ Opinion regarding early marriage

Are you with or against early marriage?

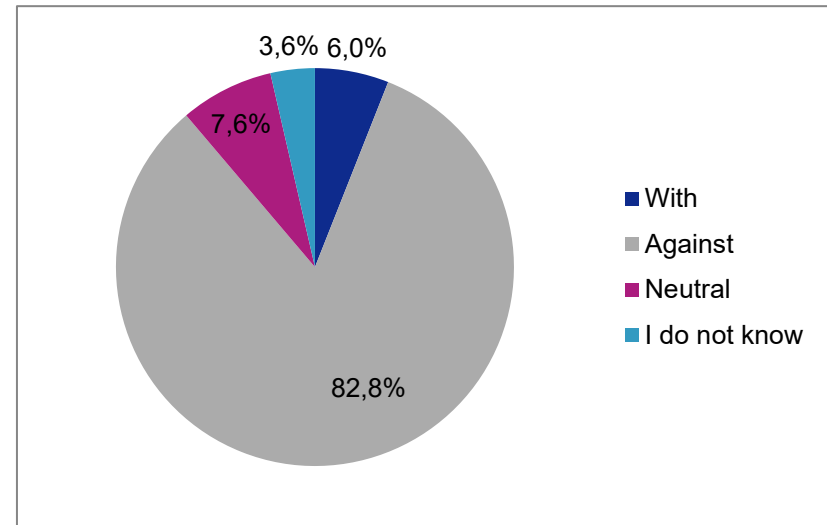


Figure 48: Opinion regarding early marriage

When they were asked about their opinion regarding early marriage, 82.8% stated that they are against early marriage, the percentage of those who support early married was 6%, while 7.6% of the study sample was neutral.

□ The extent of PWDs knowledge of reproductive health services provided in Jordan

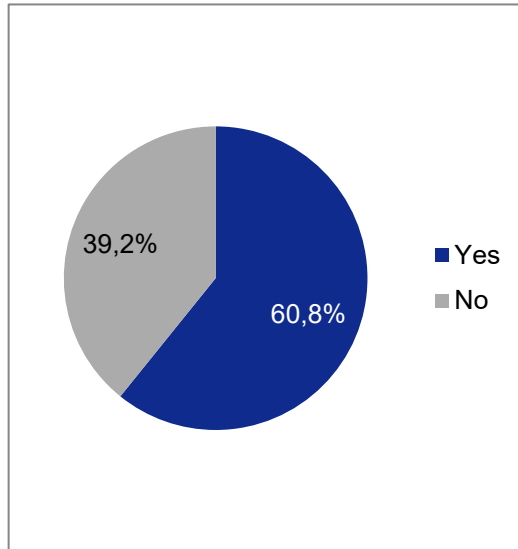


Figure 49: The extent of PWDs knowledge of reproductive health services provided in Jordan

□ PWDs source of information about reproductive health services

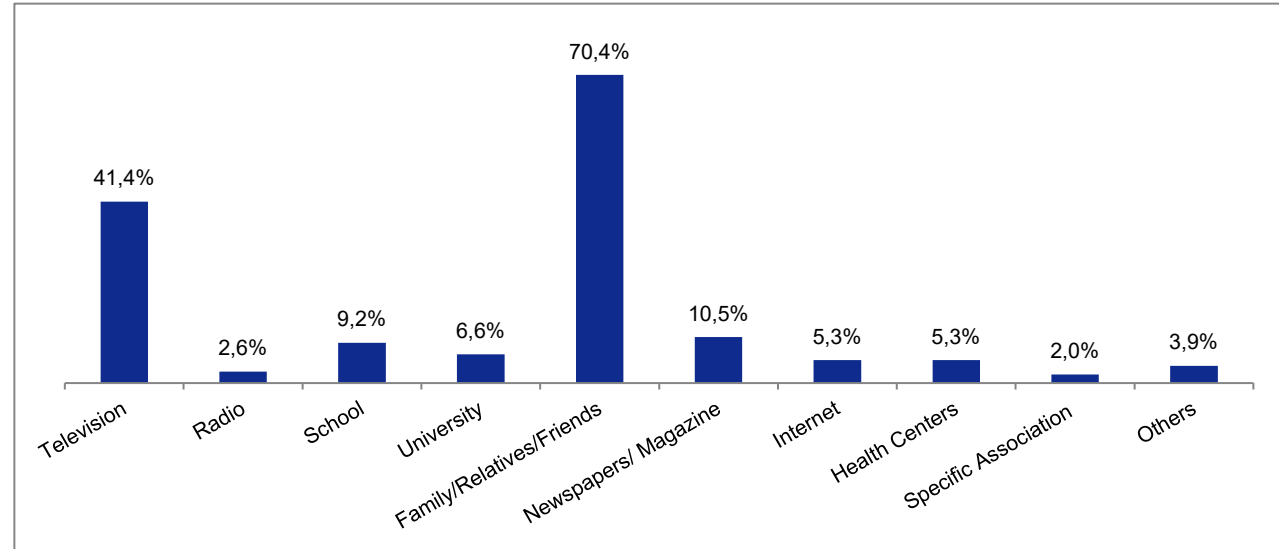


Figure 50: PWDs source of information about reproductive health services

- The definition of reproductive health and its areas was explained to survey respondents before asking the questions in the charts above.
- 39.2% of persons with disabilities are not aware of the reproductive health services available in the Kingdom. This is considered a significant percentage, as the scope of reproductive health services is broad and the types of services are various, and reproductive health is an essential part of public health.
- 70.4% of persons with disabilities who indicated that they are aware of the available reproductive health services in the Kingdom were informed of them by family members, relatives, or friends, which might promote exchanging wrong and outdated knowledge among people. This demonstrates the deficiency of providing health related information by the official sources such as formal education, or formal media channels and health care providers.
- In this context, the Law on the Rights of Persons No. 20 of 2017 stated in Article 23 / I the following:
 “The Ministry of Health, Food and Drug Administration (FDA), and other relevant authorities will each according to their area of competence ensure in coordination with the Council that all pharmaceutical, food, and health bulletins that are provided to the general public are also provided in accessible formats for persons with disabilities”.

- ❑ The entity PWDs go to when they need a certain reproductive health service

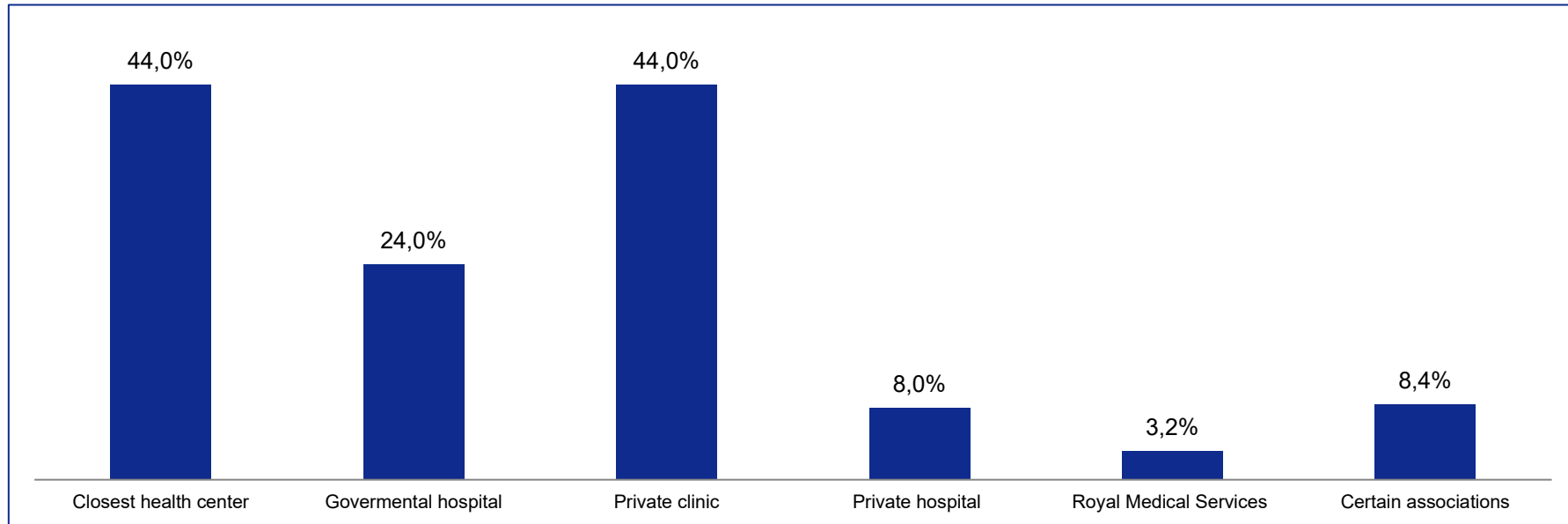


Figure 51: Entity that PWDs go to when in need of reproductive health services

The chart above illustrates that the two most frequently sought-after entities for access to reproductive health services are government health centers and private clinics with equal percentages of 44%.

Percentage of PWDs who received reproductive health services

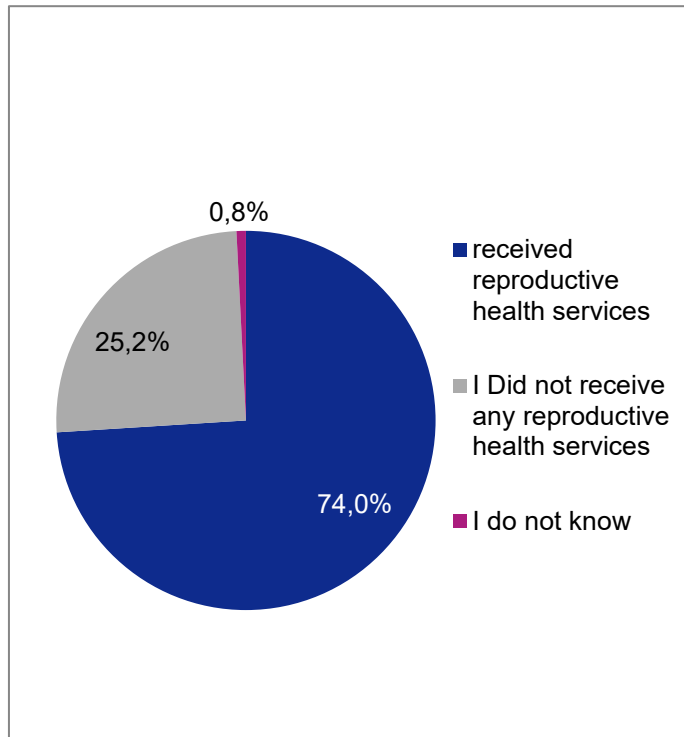


Figure 53: Percentage of PWDs who received reproductive health services

The reason for not receiving any service according to PWDs

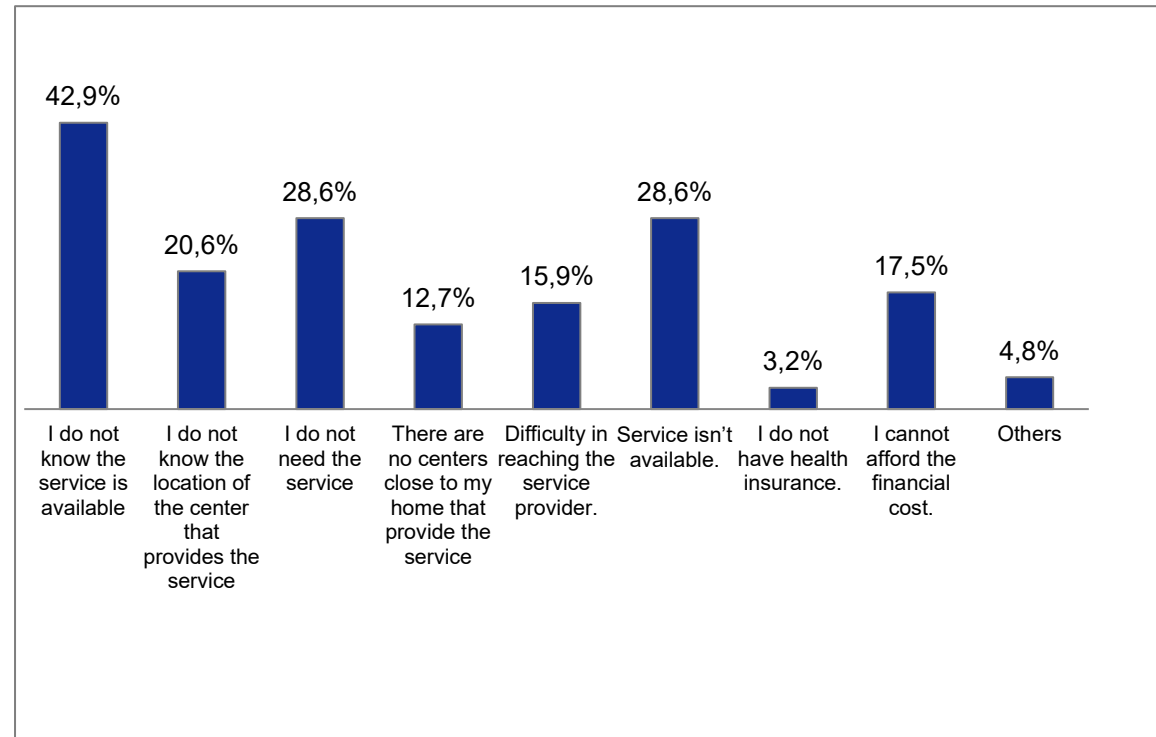


Figure 52: The reason for not receiving any service according to PWDs

25.2% of the respondents reported that they did not receive any reproductive health services. The main reason with a 42.9 percentage was that people were not aware of the availability of such services. This indicates a lack of official awareness about the availability of reproductive health services. Next were the reasons that people did not need the service or that the service they needed is not available with the same percentage of (28.6% for each). An example of non-available services is awareness-raising services for people with disabilities and their families regarding dealing with puberty and prenatal periods.

Percentage of PWDs who received awareness services regarding reproductive health

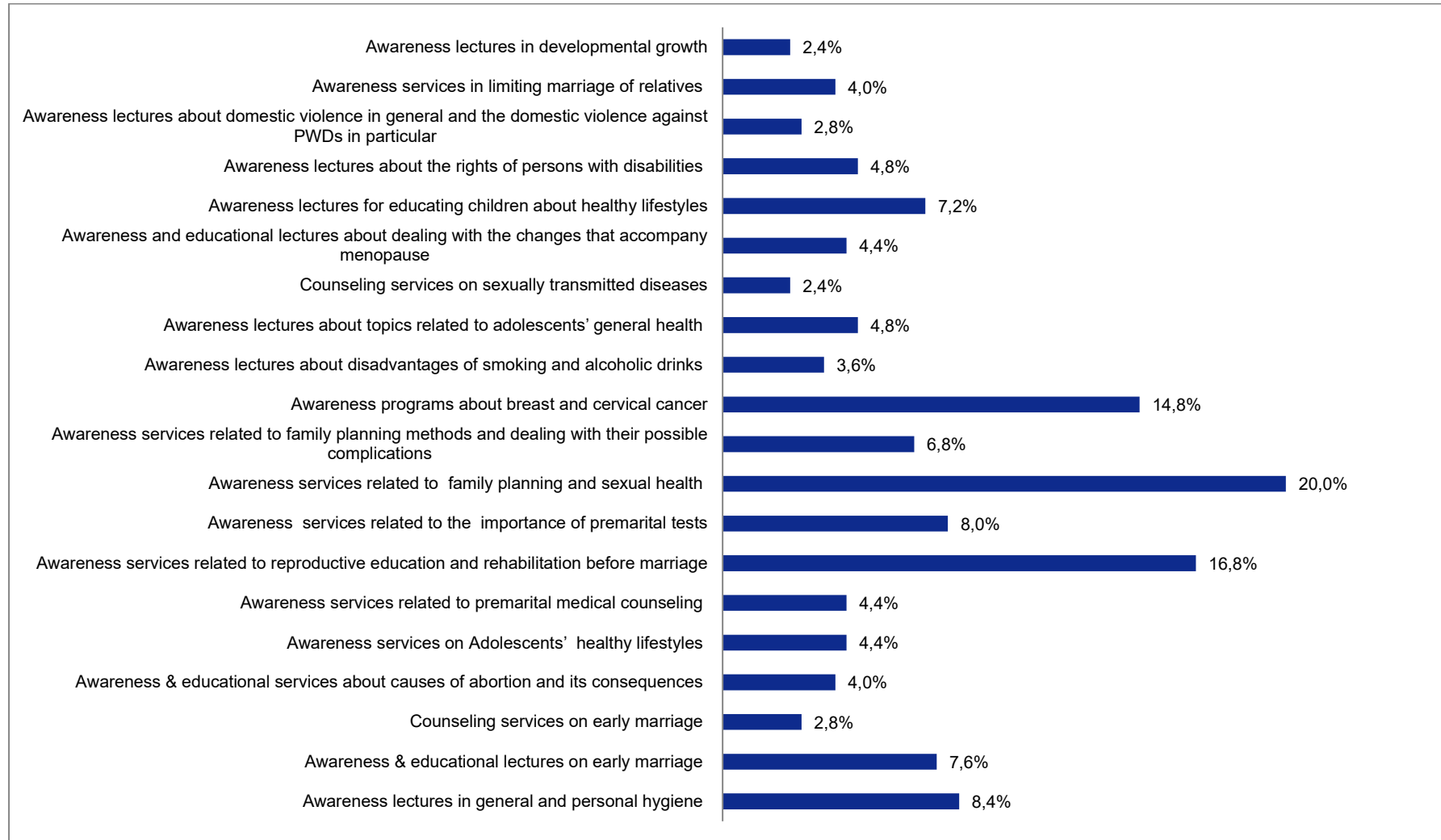


Figure 54: Percentage of PWDs who received awareness services regarding reproductive health

Regarding the reproductive health awareness services, the most awareness services received by people were related to family planning and sexual health (20%), then reproductive education and rehabilitation before marriage(16.8%), followed by breast and cervical cancer (14.8%). As for other awareness-raising services, the percentages were significantly low, ranging from 2.4% for people who received awareness lectures in developmental growth and people that received awareness about sexually transmitted diseases, to 8.4% for people who received awareness lectures in general and personal hygiene. For further details on available services at the regional and governorate level, see the following table and charts:

Table 9: Distribution of PWDs according to the level of receiving awareness services in various reproductive health areas by governorate and region

Awareness Services	Irbid	Jarash	Ajloun	Mafrq	North Region	Balqa a'	Zarqaa '	Amman	Madaba	Middle Region	Tafila	Karak	Ma'an	Aqaba	South Region
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Awareness lectures in general and personal hygiene	2.0	5.0	-	-	2.6	50.0	24.1	8.0	16.7	13.4	-	5.0	-	-	0.2
Awareness & educational lectures on early marriage	-	5.0	-	-	2.6	25.0	24.1	11.4	-	14.2	-	-	-	-	-
Counseling services on early marriage	-	-	-	-	-	-	6.9	5.7	-	5.5	-	-	-	-	-
Awareness & educational services about causes of abortion and its consequences	2.0	5.0	-	-	2.6	-	13.8	3.4	-	5.5	-	10.0	-	-	0.4
Awareness services on Adolescents' healthy lifestyles	-	-	-	-	-	50.0	6.9	5.7	16.7	7.9	-	-	-	-	-
Awareness services related to premarital medical counseling	2.0	-	-	-	1.3	-	13.8	6.8	-	7.9	-	-	-	-	-
Awareness services related to reproductive education and rehabilitation before marriage	8.2	20.0	22.2	-	12.8	-	24.1	15.9	-	16.5	33.3	30.0	100.0	-	2.2
Awareness services related to the importance of premarital tests	2.0	0.0	11.1	-	2.6	25.0	20.7	10.2	16.7	13.4	11.1	-	-	-	0.2

Awareness Services	Irbid	Jarash	Ajloun	Mafraq	North Region	Balqa'a	Zarqaa	Amman	Madaba	Middle Region	Tafila	Karak	Ma'an	Aqaba	South Region
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Awareness services related to family planning and sexual health	16.3	20.0	44.4	7.7	20.5	-	13.8	22.7	16.7	19.7	22.2	30.0	-	-	1.6
Awareness services related to family planning methods and dealing with their possible complications	4.1	5.0	11.1	0.0	5.1	-	17.2	8.0	-	9.4	11.1	-	-	-	0.2
Awareness programs about breast and cervical cancer	8.2	5.0	22.2	15.4	9.0	50.0	24.1	15.9	16.7	18.9	22.2	10.0	-	-	0.8
Awareness lectures about disadvantages of smoking and alcoholic drinks	-	-	-	-	-	50.0	6.9	5.7	0.0	7.1	-	-	-	-	0.0
Awareness lectures about topics related to adolescents' general health	-	-	-	-	-	50.0	6.9	6.8	16.7	8.7	-	5.0	-	-	0.2
Counseling services on sexually transmitted diseases	-	-	-	-	-	-	6.9	4.5	-	4.7	-	-	-	-	-
Awareness and educational lectures about dealing with the physical and psychological changes that accompany the menopause	-	-	-	-	-	25.0	13.8	6.8	-	8.7	-	-	-	-	-
Awareness lectures for educating children about healthy lifestyles	-	-	11.1	-	1.3	50.0	13.8	10.2	16.7	12.6	-	5.0	-	-	0.2
Awareness lectures about the rights of persons with disabilities	-	-	0.0	-	-	50.0	10.3	8.0	-	9.4	-	-	-	-	-
Awareness lectures about domestic violence in general and the domestic violence against	-	-	0.0	-	-	-	10.3	4.5	-	5.5	-	-	-	-	-

Awareness Services	Irbid	Jarash	Ajloun	Mafraq	North Region	Balqa a'	Zarqaa '	Amman	Madaba	Middle Region	Tafila	Karak	Ma'an	Aqaba	South Region
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
persons with disabilities in particular															
Awareness services in limiting marriage of relatives	-	-	0.0	-	-	25.0	13.8	5.7	-	7.9	-	-	-	-	-
Awareness lectures in developmental growth	-	-	11.1	-	1.3	-	3.4	3.4	-	3.1	-	5.0	-	-	0.2
Percentage of service recipients	40.0	35.0	35.0	10.0	55.0	55.0	100.0	100.0	35.0	100.0	25.0	40.0	5.0	-	50.0

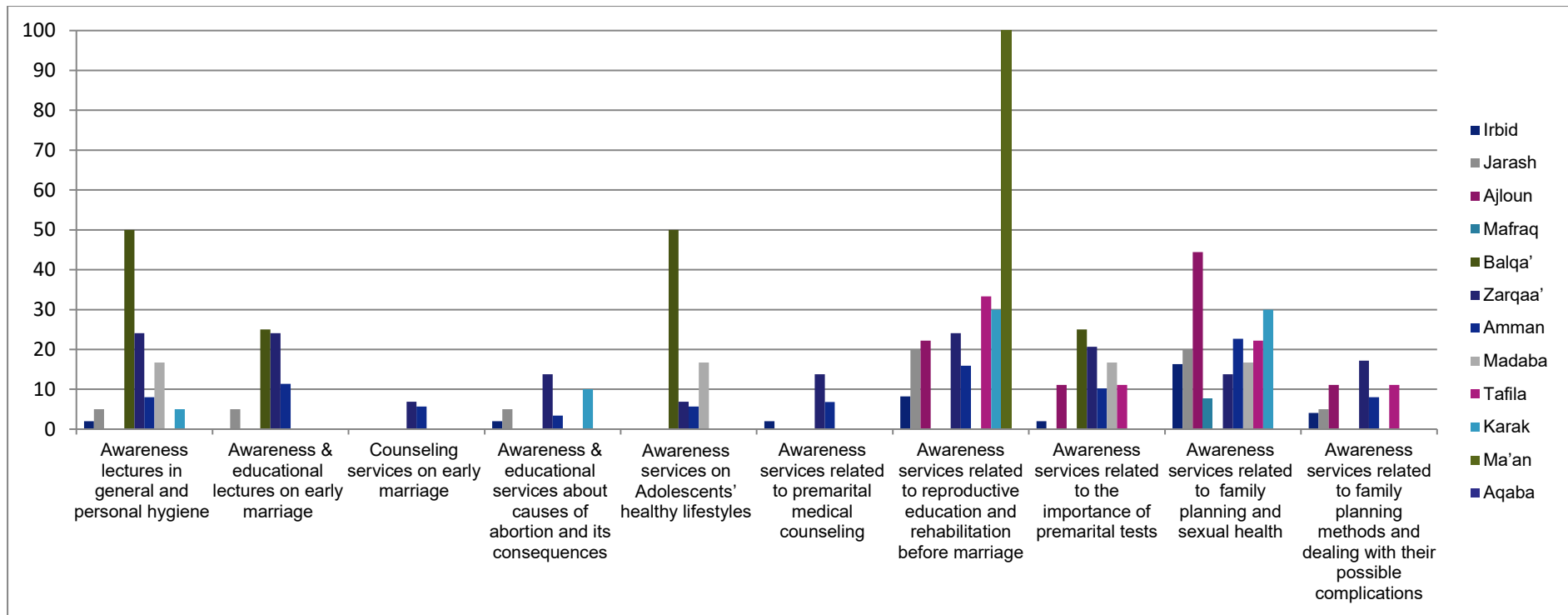


Figure 55: Distribution of PWDs according to the level of receiving awareness services in various reproductive health areas by governorates (Part 1)

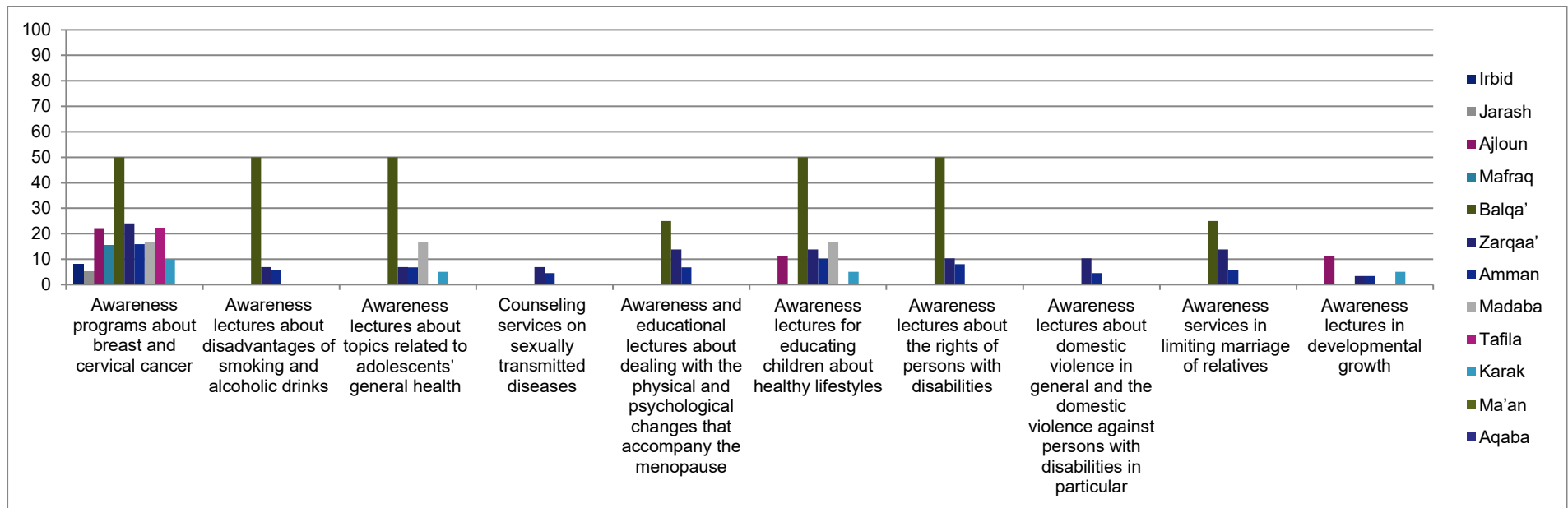


Figure 56: Distribution of PWDs according to the level of receiving awareness services in various reproductive health areas by Governorate (Part 2)

The charts and table above show the distribution of persons with disabilities according to the level of receiving reproductive health awareness services at the governorate and regional level. It is remarkable that despite the availability of these services in the centers (even at modest rates), as shown in the charts and table above, the percentage of the persons with disabilities who benefit from these services is very low at the governorate level and sometimes they do not benefit from them at all as shown in Aqaba Governorate.

The table shows that the highest percentage of PWDs benefiting from awareness services is in the Northern Region (20.5%), and it is for services related to family planning and sexual health, while the highest percentage in the Middle region is for the awareness services related to programs about breast and cervical cancer (18.9%), While the highest rate in the South Region is for the awareness services related to reproductive education and rehabilitation before marriage (2.2%).

The reason for the low rates of people receiving reproductive health awareness services may be due to the fact that most reproductive health awareness campaigns do not take into account the special needs of persons with disabilities to ensure their access to them, in addition to the lack of qualified and trained technical staff for providing awareness to PWDs. Whereas, it was found that 94% of the technical staff in the centers did not receive courses in the field of

interacting with PWDs. The reason may also be the absence of places for group educational services (lectures, seminars and training courses) as the PWDs level of satisfaction was low in this regard with the percentages of 44.0%, 45.6%, 36.2% in the North, Middle and South regions respectively.

Percentage of PWDs who received services during pregnancy period

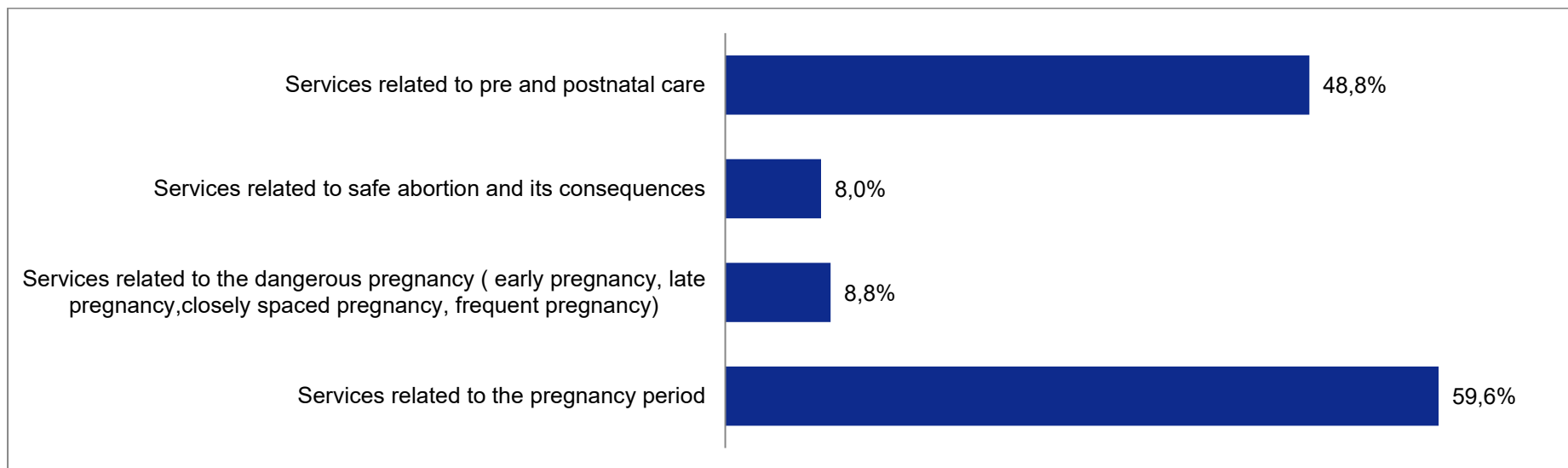


Figure 57: Percentage of PWDs who received services during pregnancy period

It is noted that most of the reproductive health services received by PWDs were services related to pregnancy period (59.6%), and pre and post-natal care (48.8%). Those two types of services are considered the services received most by people. While the services regarding safe abortion and its consequences, in addition to the services related to dangerous pregnancy had relatively low percentages. For further details on the level of services available at the regional and governorate level, see the following table and chart:

Table 10: Distribution of PWDs according to the level of receiving services during pregnancy by governorate and region

Services during pregnancy	Irbid	Jarash	Ajloun	Mafraq	The North Regions	Balqa	Zarqaa'	Amman	Madaba	The middle regions	Tafila	Karak	Ma'an	Aqaba	The South regions
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Services related to the pregnancy period	24.5	25.0	44.4	-	26.9	75.0	82.8	79.5	33.3	78.0	100.0	5.0	100.0	100.0	6.0
Services related to the dangerous pregnancy (early pregnancy, late pregnancy, Closely spaced pregnancy, frequent pregnancy)	-	5.0	-	-	1.3	-	10.3	19.3	-	15.7	-	5.0	-	100.0	0.2
Services related to safe abortion and its consequences	-	-	-	-	-	-	10.3	18.2	16.7	15.7	-	5.0	-	-	-
Services related to pre and postnatal care	10.2	15.0	33.3	-	14.1	75.0	69.0	68.2	16.7	66.1	88.9	5.0	100.0	-	5.2
Percentage of service recipients	50.0	75.0	50.0	-	75.0	50.0	100.0	100.0	75.0	100.0	50.0	50.0	50.0	50.0	75.0

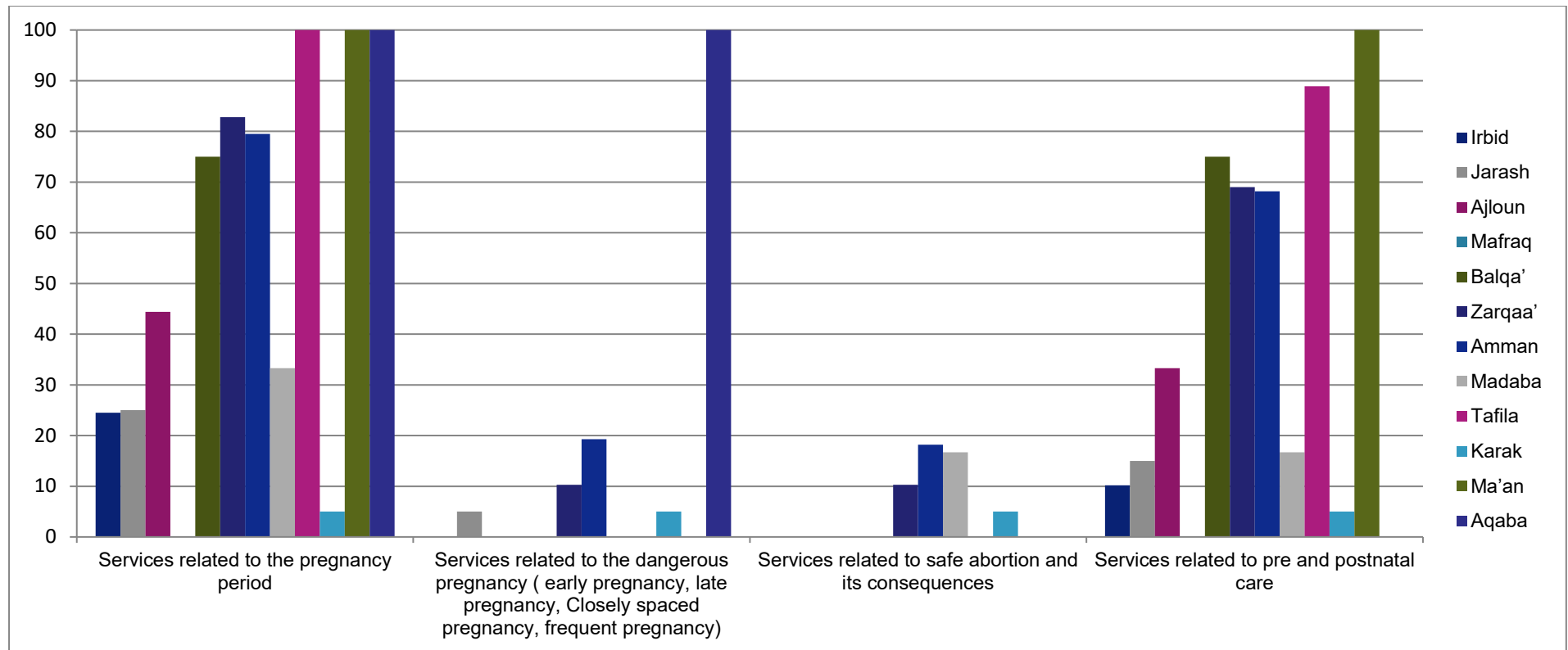


Figure 58: Distribution of PWDs according to the level of receiving services during pregnancy by governorate and region

It can be noticed from the table and chart above that the percentages of service recipients during pregnancy are low at region and governorate level, and sometimes some services are not acquired in some governorates, although they are available at high rates as described previously.

Percentage of PWDs who received services during postnatal period

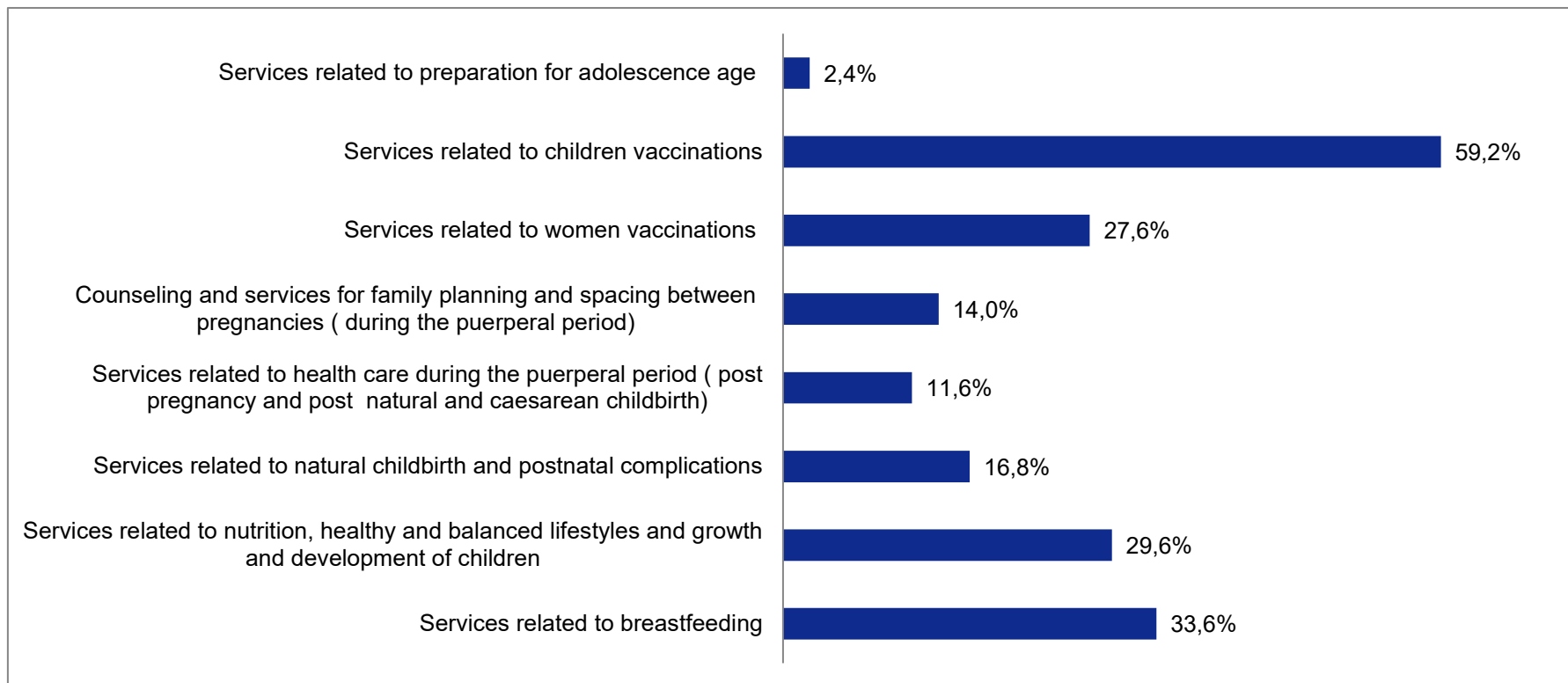


Figure 59: Percentage of PWDs who received services during postnatal period

Regarding the received services during postnatal period, the highest percentage (59.2%) was for the persons who received services related to children vaccinations, and the lowest percentage (2.4%) was for the persons who received services related to the preparation for adolescence age. For further details on the level of services available at the regional and governorate level, see the following table and chart:

Table 11: The distribution of PWDs according to the level of receiving various postnatal services by governorate and region

Postnatal Services	Irbid	Jarash	Ajloun	Mafrqa	The North Regions	Balqa'	Zarqaa'	Amman	Madaba	The middle regions	Tafila	Karak	Ma'an	Aqaba	The South regions
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Services related to breastfeeding	8.2	15.0	22.2	-	11.5	50.0	24.1	52.3	50.0	45.7	33.3	5.0	50.0	-	3.4
Services related to nutrition, healthy and balanced lifestyles and growth and development of children	6.1	15.0	22.2	-	10.3	50.0	37.9	34.1	33.3	35.4	66.7	5.0	100.0	-	4.0
Services related to natural childbirth and postnatal complications	2.0	-	-	-	1.3	50.0	31.0	27.3	16.7	28.3	22.2	5.0	-	-	1.0
Services related to health care during the puerperal period (post pregnancy and post natural and caesarean childbirth)	-	-	-	-	-	25.0	20.7	20.5	-	19.7	0.0	5.0	-	-	0.6
Counseling and services for family planning and spacing between pregnancies (during the puerperal period)	4.1	-	22.2	-	5.1	25.0	27.6	20.5	0.0	21.3	11.1	5.0	-	-	0.8
Services related to women vaccinations	8.2	15.0	44.4	-	14.1	50.0	34.5	35.2	16.7	34.6	55.6	5.0	-	-	2.8

Services related to children vaccinations	22.4	25.0	44.4	-	25.6	75.0	82.8	77.3	50.0	77.2	100.0	5.0	100.0	100.0	6.0
Services related to preparation for adolescence age	-	-	-	-	-	25.0	-	4.5	-	3.9	-	5.0	-	-	0.2
Percentage of service recipients	75.0	50.0	62.5	-	75.0	75.0	87.5	75.0	62.5	100.0	75.0	100.0	37.5	12.5	100.0

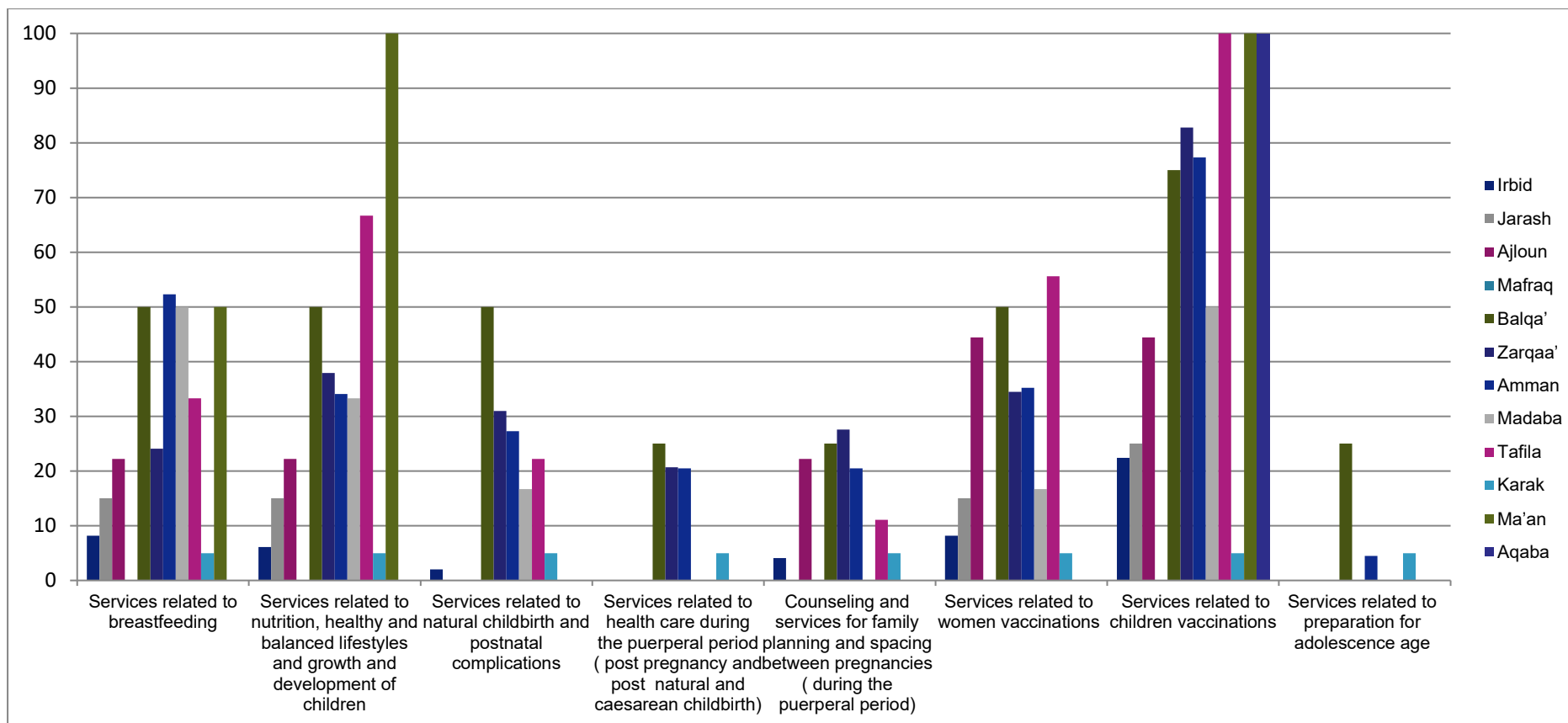


Figure 60: The distribution of PWDs according to the level of receiving various postnatal services by Governorate

The chart and the table above show the distribution of PWDs according to the level of receiving postnatal services, it can be noticed that the percentage of PWDs who receive those services is low especially in the governorates of the North and South Regions. The availability was relatively the highest in the Middle Region. This is despite their availability in the centres according to the service providers.

Percentage of PWDs who received health and psychological support

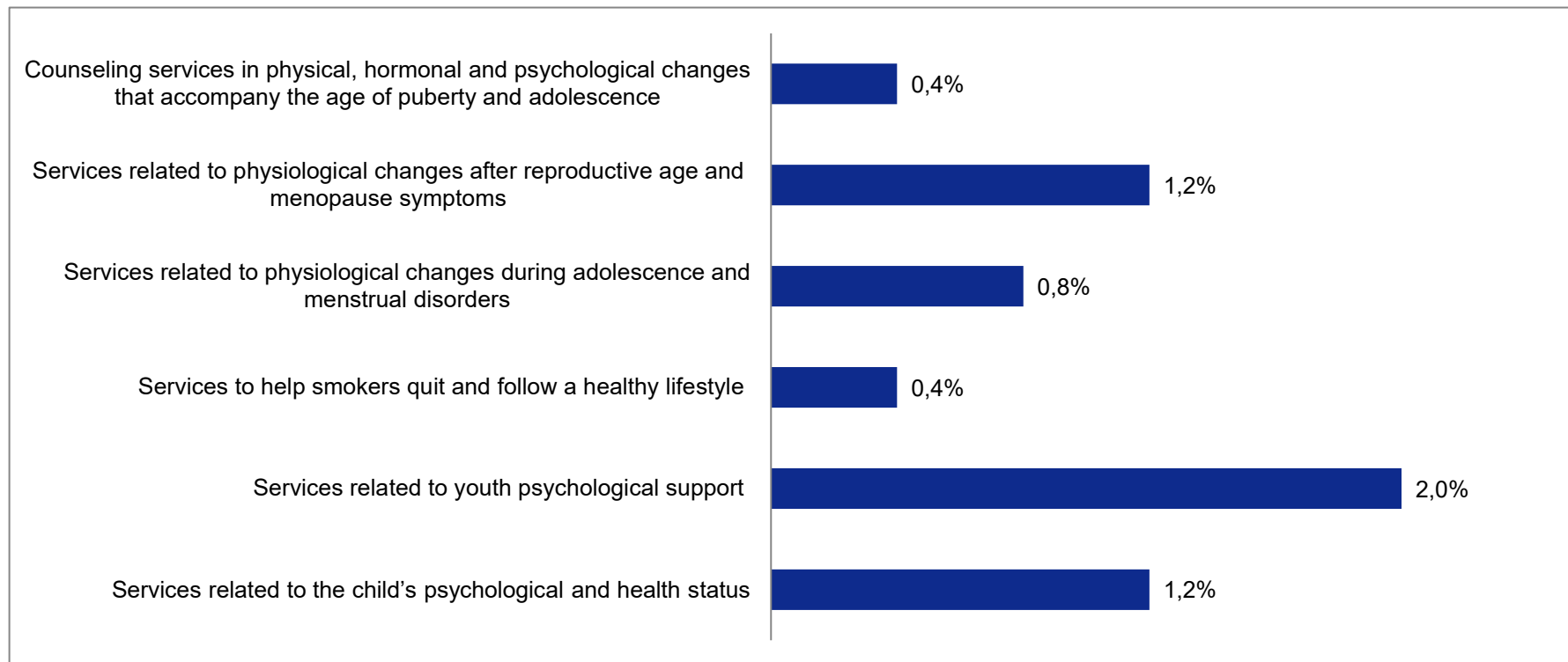


Figure 61: Percentage of PWDs who received health and psychological support

The chart shows that the percentage of people who received psychological and health support services is low, whereas the total percentage of people who received the above services was 6%. For further details on the level of services available at the regional and governorate level, see the following table and chart:

Table 12: Distribution of PWDs according to the level of receiving various health and psychological support services by governorate and region

Health and psychological support services	Irbid	Jarash	Ajloun	Mafraq	The North Regions	Balqa'	Zarqaa'	Amman	Madaba	The middle regions	Tafila	Karak	Ma'an	Aqaba	The South regions
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Services related to breastfeeding	-	-	-	-	-	-	-	2.3	-	1.6	-	5.0	50.0	-	0.2
Services related to nutrition, healthy and balanced lifestyles and growth and development of children	-	-	-	-	-	-	6.9	3.4	-	3.9	-	-	-	-	-
Services related to natural childbirth and postnatal complications	-	-	-	-	-	-	-	1.1	-	0.8	-	-	-	-	-
Services related to health care during the puerperal period (post pregnancy and post natural and caesarean childbirth)	-	-	-	-	-	-	3.4	1.1	-	1.6	-	-	-	-	-
Counseling and services for family planning and spacing between pregnancies (during the puerperal period)	-	-	-	-	-	-	6.9	1.1	-	2.4	-	-	-	-	-
Services related to women vaccinations	-	-	-	-	-	-	3.4	-	-	0.8	-	-	-	-	-

Health and psychological support services	Irbid	Jarash	Ajloun	Mafraq	The North Regions	Balqa'	Zarqaa'	Amman	Madaba	The middle regions	Tafila	Karak	Ma'an	Aqaba	The South regions
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Percentage of service recipients	-	-	-	-	-	-	66.7	83.3	-	100.0	-	-	16.7	-	16.7

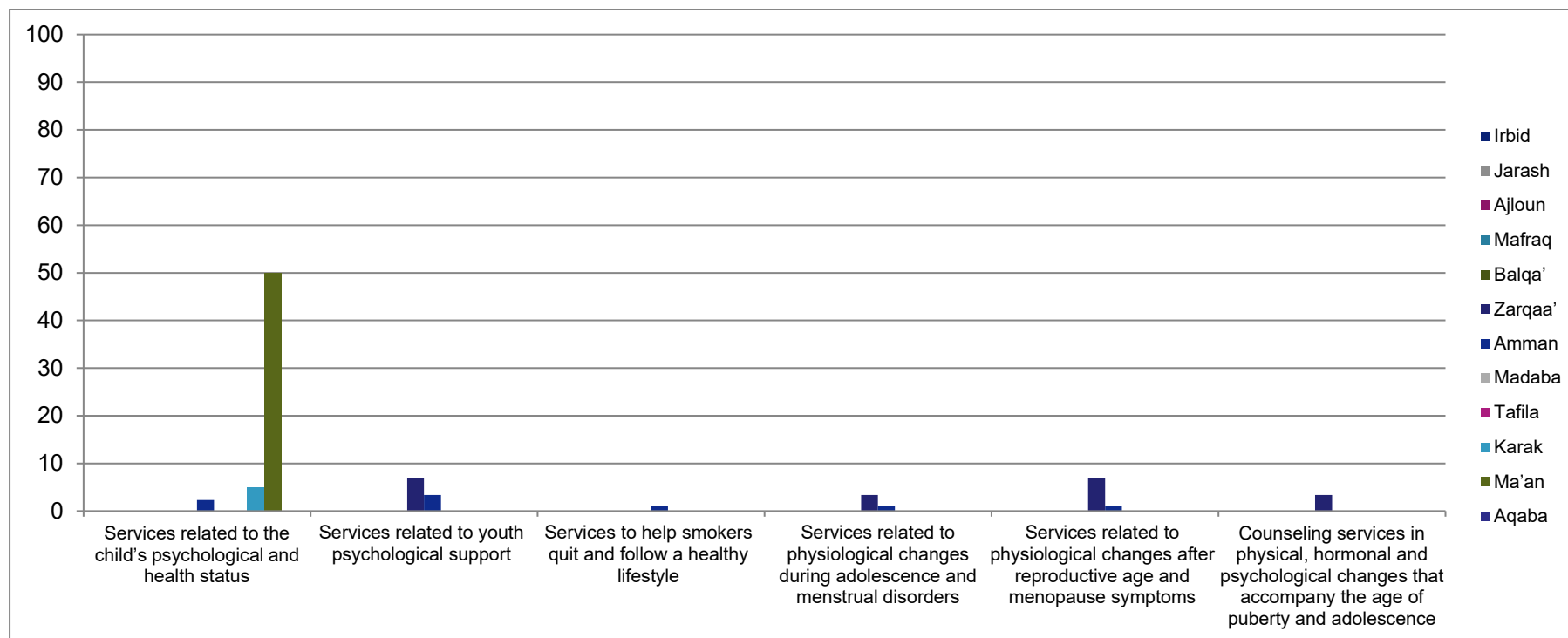


Figure 62: Distribution of PWDs according to the level of receiving various health and psychological support services by governorate

The above table and chart show the scarcity of PWDs who received psychological and health support services in the centres on the governorate level, although they are somehow available in the centres.

Percentage of PWDs who received services related to diseases

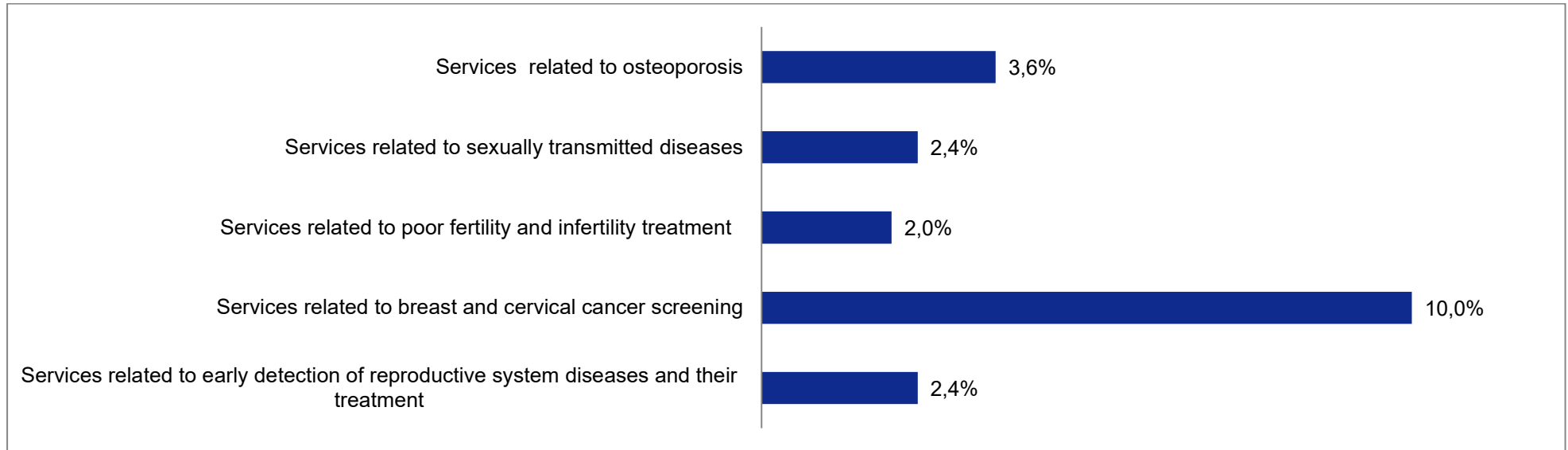


Figure 63: Percentage of PWDs who received services related to diseases

As can be seen from the chart above, the highest percentage of received services is related to breast and cervical cancer screening with only 10%, while the percentages of the rest of the services were lower, ranging between 2% and 3.6%. For further details on the level of services available at the regional and governorate level, see the following table and chart:

Table 13: The distribution of PWDs according to the level of receiving services related to specific diseases by governorate and region

Services related to specific diseases	Irbid	Jarash	Ajloun	Mafraq	The North Regions	Balqa'	Zarqaa'	Amman	Madaba	The Middle regions	Tafila	Karak	Ma'an	Aqaba	The South regions
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Services related to early detection of reproductive system diseases and their treatment	-	-	-	-	-	-	3.4	5.7	-	4.7	-	-	-	-	-
Services related to breast and cervical cancer screening	-	5.0	11.1	-	2.6	-	6.9	17.0	-	13.4	-	71.4	50.0	-	1.2
Services related to poor fertility and infertility treatment	-	-	-	-	-	-	3.4	3.4	-	3.1	-	5.0	-	-	0.2
Services related to sexually transmitted diseases	-	-	-	-	-	-	3.4	3.4	-	3.1	11.1	5.0	-	-	0.4
Services related to Osteoporosis	-	-	-	-	-	-	17.2	3.4	-	6.3	11.1	-	-	-	0.2
Percentage of service recipients	-	20.0	20.0	-	40.0	-	100.0	100.0	-	100.0	40.0	60.0	20.0	-	80.0

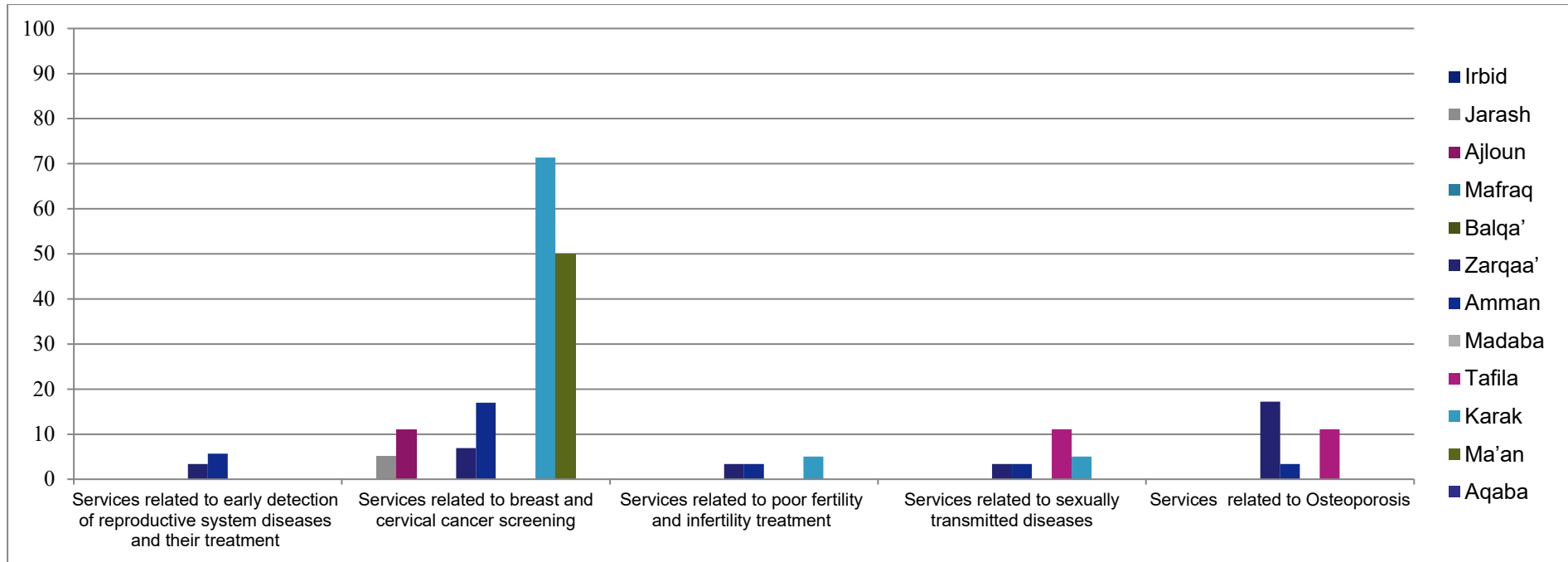


Figure 64: The distribution of PWDs according to the level of receiving services related to specific diseases by governorate

The table and chart above show the low level of access of PWDs to disease-related services compared to their level of availability at the governorate level as can be seen in the centers' analysis section.

Percentage of PWDs who received other reproductive health services in general

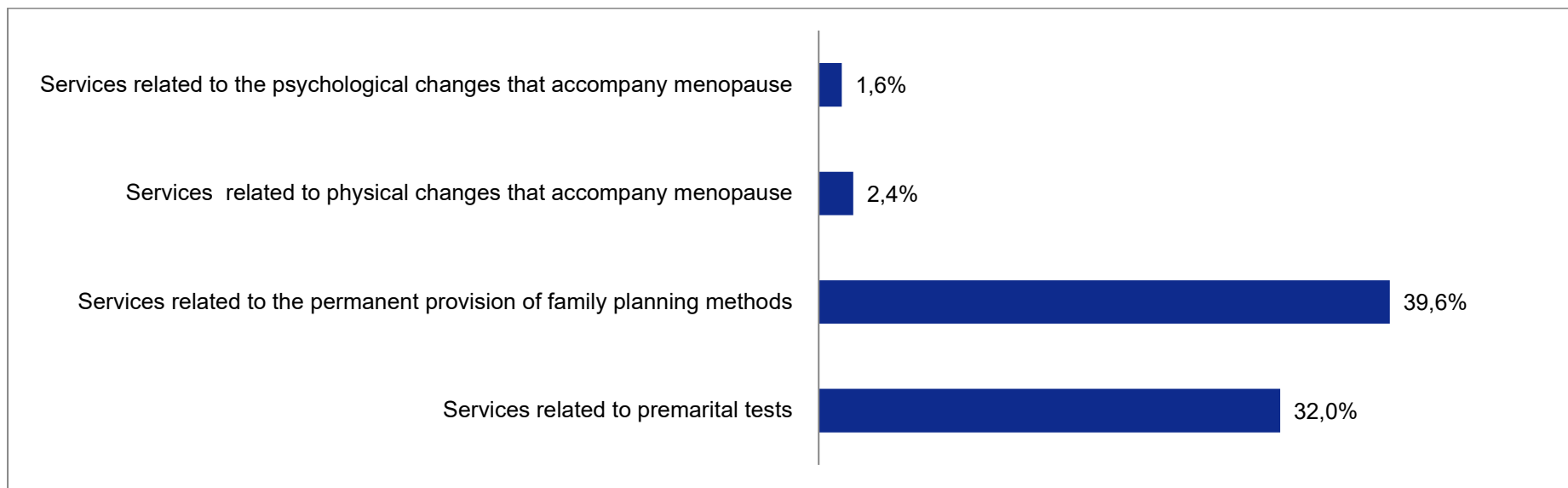


Figure 65: Percentage of PWDs who received other reproductive health services in general

39.6% of persons with disabilities received services related to the provision of family planning methods, followed by 32% for services related to premarital tests. The services related to physical changes and services related to psychological changes that accompany the menopause were the lowest, reaching (2.4%) and (1.6%), respectively. For further details on the level of services available at the regional and governorate level, see the following table and chart:

Table 14: Distribution of PWDs according to the level of receiving other reproductive health services by governorate and region

Other Services in General	Irbid	Jarash	Ajloun	Mafraq	The North Regions	Balqa'	Zarqaa'	Amman	Madaba	The middle regions	Tafila	Karak	Ma'an	Aqaba	The South regions
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Services related to premarital tests	2.0	15.0	11.1	-	6.4	50.0	44.8	51.1	50.0	49.6	11.1	20.0	-	100.0	1.2
Services related to the permanent provision of family planning methods	12.2	20.0	22.2	-	15.4	50.0	72.4	53.4	50.0	57.5	33.3	55.0	-	-	2.8
Services related to physical changes that accompany the menopause	-	-	-	-	-	25.0	3.4	4.5	-	4.7	-	-	-	-	-
Services related to the psychological changes that accompany the menopause	-	-	-	-	-	25.0	-	3.4	-	3.1	-	-	-	-	-
Percentage of service recipients	50.0	50.0	50.0	-	50.0	100.0	75.0	100.0	50.0	100.0	50.0	50.0	-	25.0	125.0

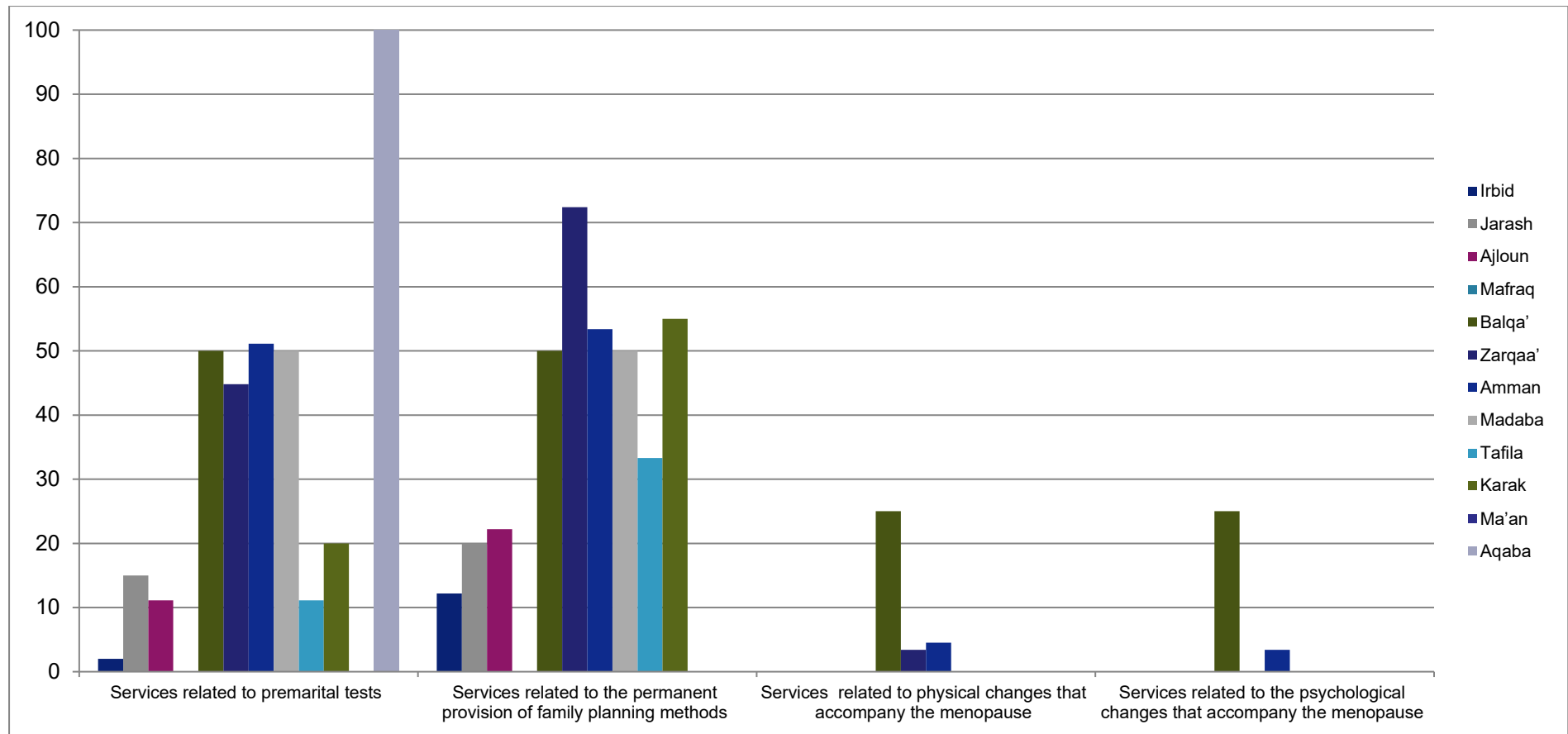
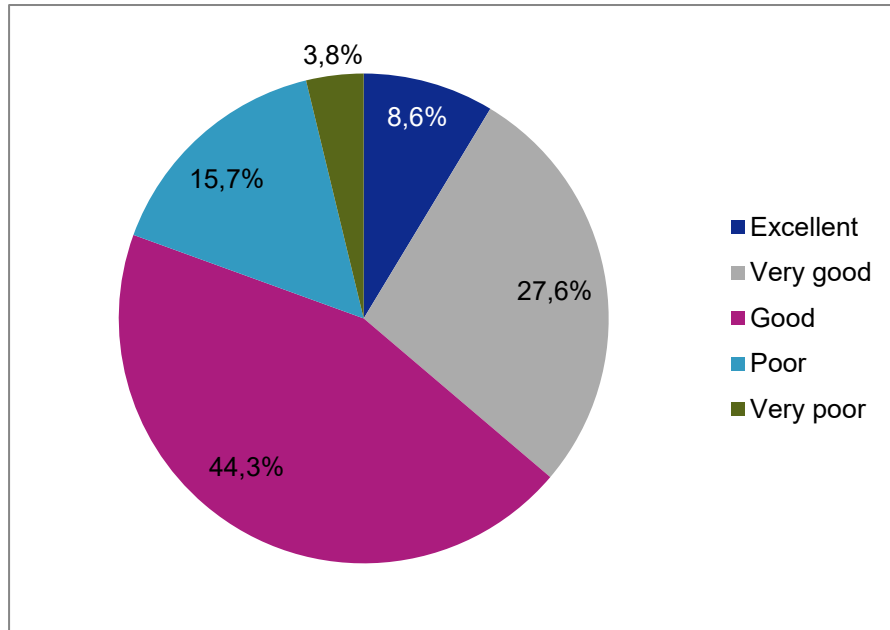


Figure 66: Distribution of PWDs according to the level of receiving other reproductive health services by governorate

The above chart and table show the low numbers of PWDs who receive most of the above mentioned services on the governorate level with varying rates. PWDs have benefited from all services in general and in varying degrees in the governorates of Balqa and Amman, while in the rest of the governorates they have received services related to premarital tests in varying proportions and this may be due to the reason that they are mandatory before marriage, they have also received services related to the permanent provision of family planning methods and this may be due to the reason that they are given for free . While there was no benefit in general from the services related to the physical changes that accompany the menopause, as well as services related to the psychological changes that accompany the menopause, although they are available in the centres in most of the governorates as described previously.

❑ PWDs satisfaction of the service level



The graph shows that the largest percentage of persons with disabilities were satisfied with the services at a good to excellent level (80.5%). In contrast, the lower percentage (19.5%) were satisfied with the services at a poor to a very poor level.

Figure 67: PWDs satisfaction of the service level

❑ The satisfaction of PWDs regarding the place and facilities of the service provider

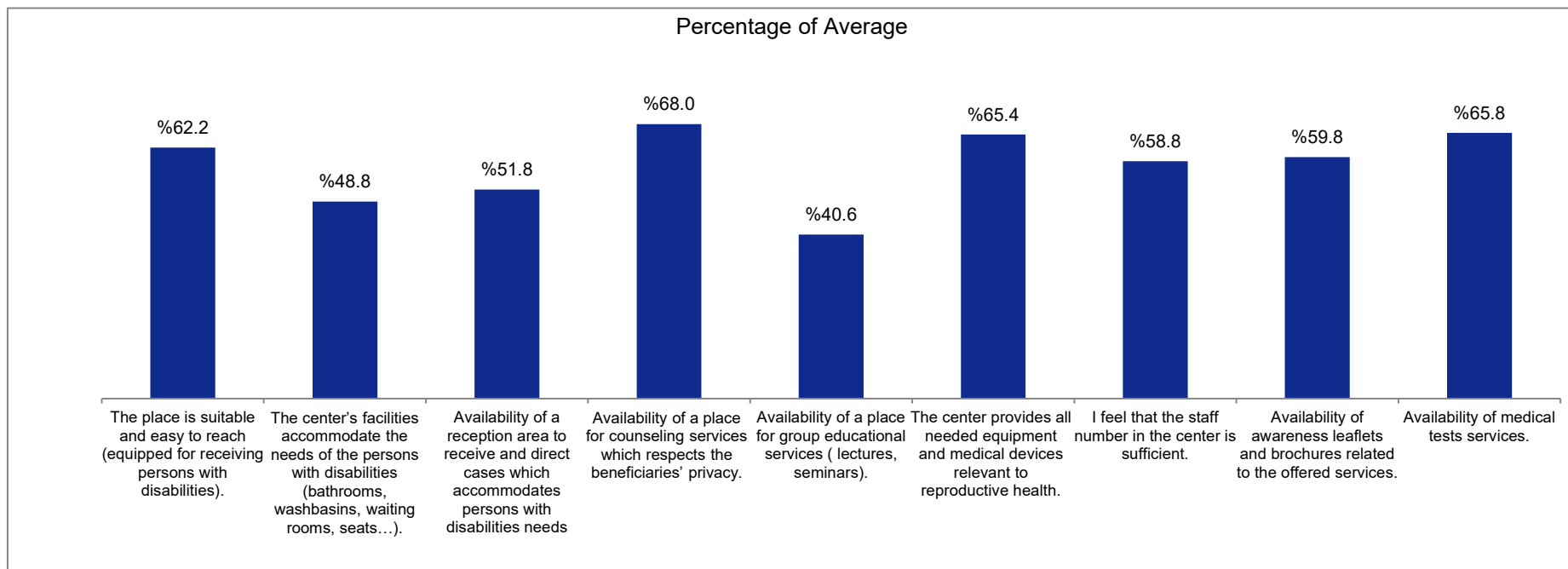


Figure 68: The satisfaction of PWDs regarding the place and facilities of the service provider

availability of specific place for advice that respected the privacy of the beneficiary, where the average percentage of the responses was 68%, (The higher the percentage of average of the overall responses, the higher the level of satisfaction). The second highest satisfaction was for the availability of medical tests (65.8%), and the lowest satisfaction rates among the beneficiaries were related to the lack of a suitable place for group education and the lack of suitable facilities for persons with disabilities, where the average percentages for the overall responses were (40.6%) and (48.8%), respectively. Persons with disabilities (51.8%) reported that there were no toilets, washbasins and elevators that accommodate their needs, and the lack of a suitable place for people with disabilities to receive and instruct cases. For further details on the level of services available at the regional and governorate level, see the following table and chart:

Table 15: PWDs satisfaction regarding the place of providing the service by governorate and region

Paragraphs	Irbid	Jarash	Ajloun	Mafrq	The North Regions	Balqa'	Zarqaa	Amman	Madaba	The Middle Regions	Tafila	Karak	Ma'an	Aqaba	The South regions	Total
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
The place is suitable and easy to reach (equipped for receiving persons with disabilities.	66.6	62.6	63.4	80.0	68.2	70.0	61.4	62.6	65.0	64.8	63.6	63.8	50.0	40.0	54.4	63.6
The center's facilities accommodate the needs of the persons with disabilities (bathrooms, washbasins, waiting rooms, seats...).	58.0	40.0	66.6	80.0	61.2	45.0	53.8	50.6	55.0	51.1	51.6	48.6	20.0	40.0	40.1	51.6
Availability of a reception area to receive and direct cases which accommodates persons with disabilities needs	55.2	52.6	66.6	80.0	63.6	45.0	52.6	54.0	65.0	54.2	54.0	54.2	20.0	40.0	42.1	54.0
Availability of a place for counseling services which respects the beneficiaries' privacy.	58.0	67.6	80.0	80.0	71.4	55.0	62.8	71.2	65.0	63.5	68.0	75.6	50.0	40.0	58.4	68.0
Availability of a place for group educational services (lectures, seminars).	40.0	42.6	53.4	40.0	44.0	45.0	42.4	44.8	50.0	45.6	43.2	41.4	20.0	40.0	36.2	43.2
The center provides all needed	54.2	65.0	56.6	50.0	56.5	60.0	65.8	68.0	75.0	67.2	65.4	72.2	60.0	80.0	69.4	65.4

Paragraphs	Irbid	Jarash	Ajloun	Mafraq	The North Regions	Balqa'	Zarqaa	Amman	Madaba	The Middle Regions	Tafila	Karak	Ma'an	Aqaba	The South regions	Total
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
equipment and medical devices relevant to reproductive health.																
I feel that the staff number in the center is sufficient.	52.4	60.0	63.4	60.0	59.0	60.0	60.0	61.2	50.0	57.8	58.8	60.0	30.0	80.0	57.2	58.8
Availability of awareness leaflets and brochures related to the offered services.	49.6	65.0	60.0	80.0	63.7	55.0	66.0	61.6	70.0	63.2	60.8	66.6	40.0	40.0	51.9	60.8
Availability of medical tests services.	51.4	65.0	56.6	60.0	58.3	65.0	69.6	69.6	70.0	68.6	66.4	68.8	20.0	80.0	58.8	66.4

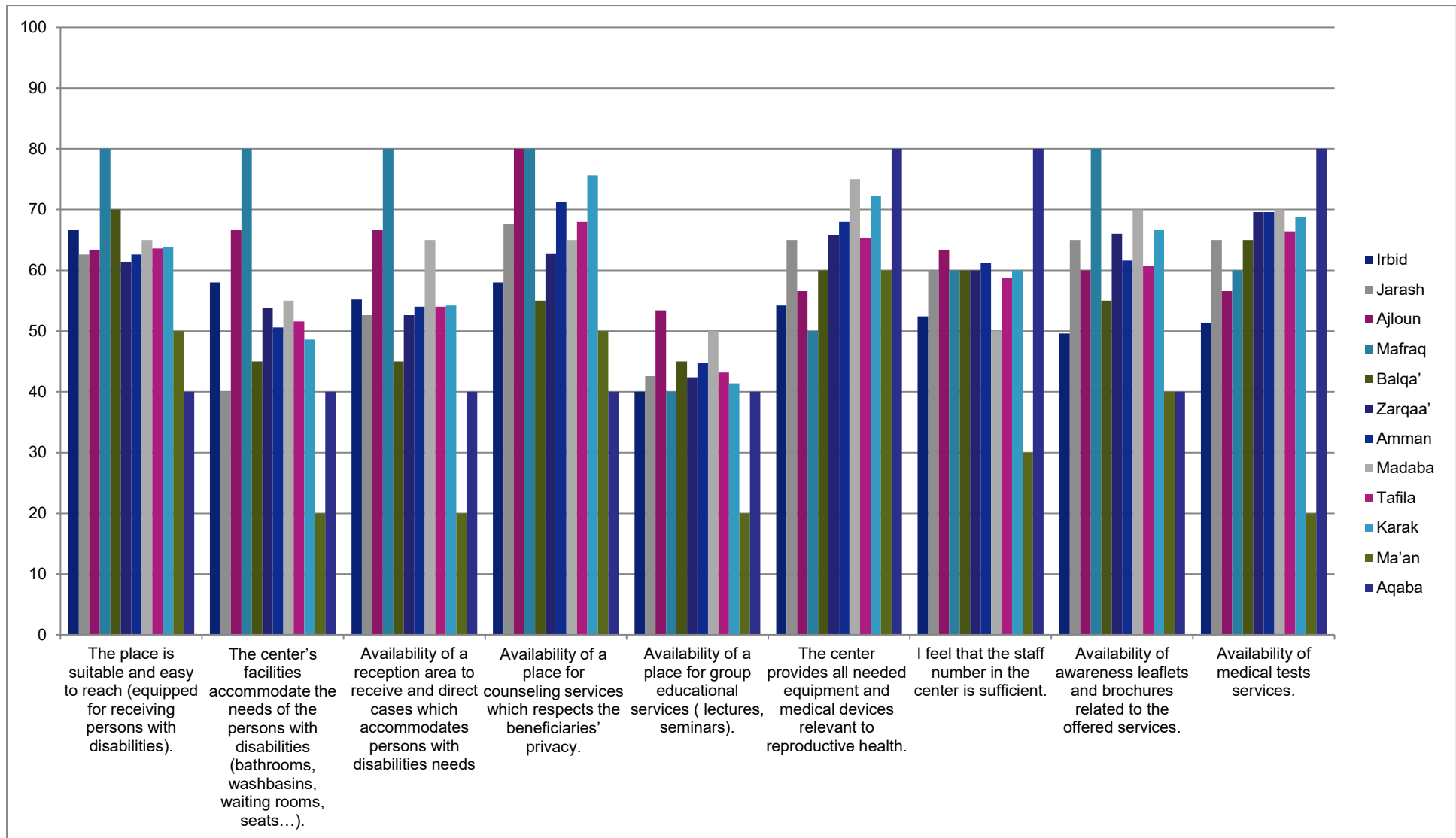


Figure 69: PWDs satisfaction regarding the place of providing the service by governorate

The chart and the table above show the distribution of persons with disabilities according to their level of satisfaction regarding the place of reproductive health services by governorates and regions. The highest percentage was in the Northern Region in terms of the availability of a place for counselling services which respects the beneficiaries' privacy (71.4%). While the highest satisfaction rate among people in the Middle and Southern Regions regarding the availability of all the needed equipment and medical devices relevant to reproductive health with 67.2% and 69.4%, respectively.

The lowest satisfaction rate among the three regions (North, Middle and South) was regarding the availability of a place for group educational services (lectures, seminars) with percentages of 44.0%, 45.6% and 36.2% respectively.

❑ The satisfaction of the persons with disabilities regarding the people providing the service

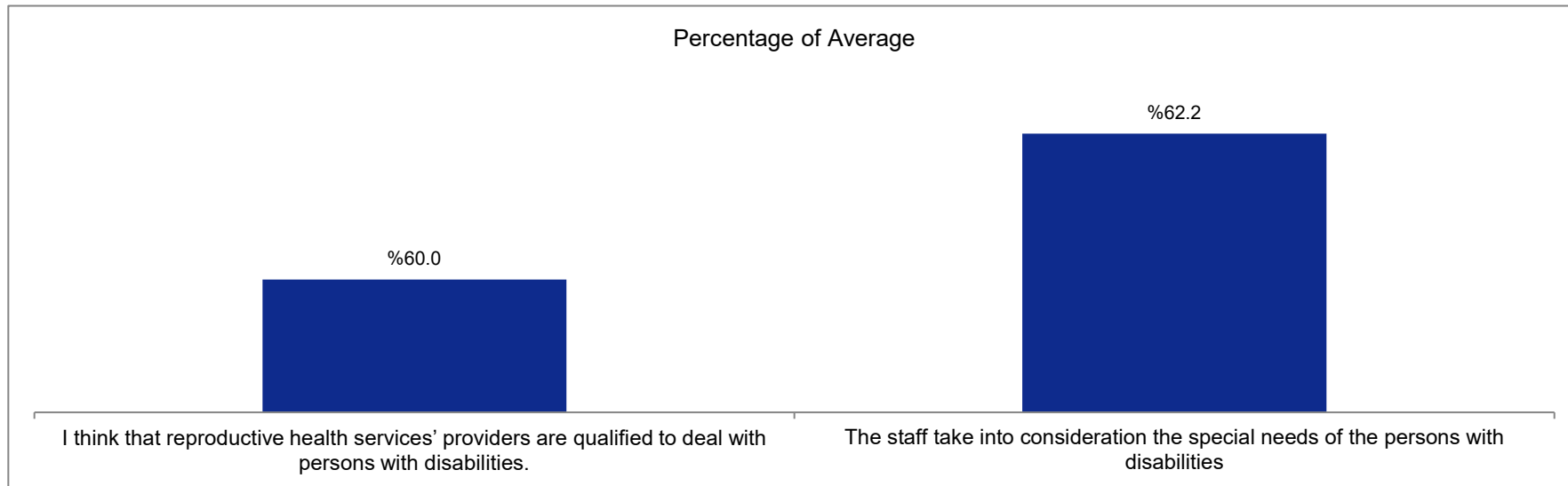


Figure 70: The satisfaction of PWDs regarding the people providing the service

The satisfaction rates are not significantly high with the percentage of average reaching 62.2% for considering the needs of PWDs, and 60.0% for the level of the staff competence in interacting with persons with disabilities. For further details on the level of services available at the regional and governorate level, see the following table and drawing:

Table 16: PWDs satisfaction regarding the people providing the service by governorate and region

Paragraphs	Irbid	Jarash	Ajloun	Mafraq	The North Regions	Balqa'	Zarqaa'	Amman	Madaba	The middle regions	Tafila	Karak	Ma'an	Aqaba	The South regions	Total
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
I think that reproductive health services' providers are qualified to deal with persons with disabilities	60.0	67.6	60.0	70.0	64.4	60.0	61.4	61.2	80.0	65.7	53.4	61.4	30.0	100.0	61.2	61.4
The staff take into consideration the special needs of the persons with disabilities	61.0	67.6	70.0	70.0	67.2	65.0	60.8	63.6	80.0	67.4	53.4	66.6	50.0	100.0	67.5	63.6

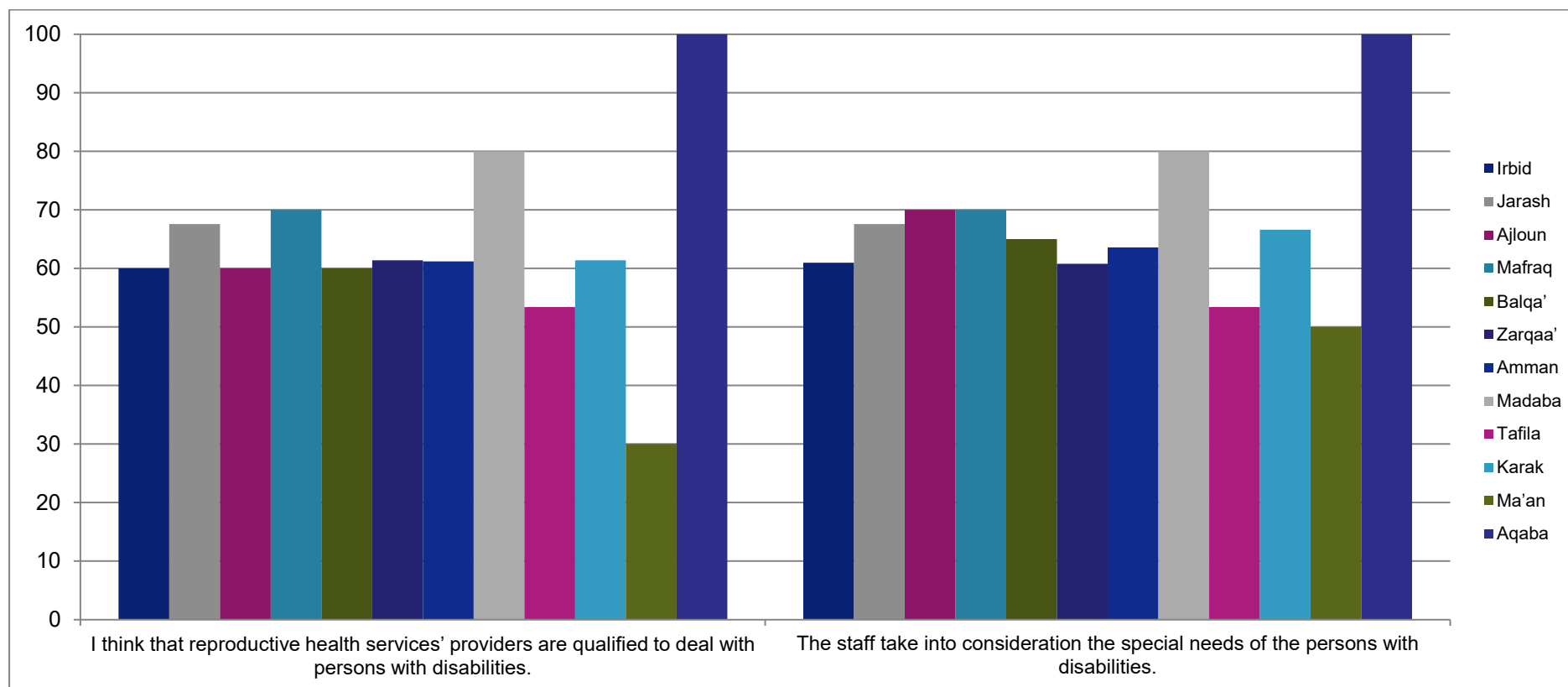


Figure 71: PWDs satisfaction regarding the people providing the service by governorate

The chart and table above show that the level of satisfaction of PWDs regarding the service providers can be considered at the level of the three regions at the intermediate level, where the percentage of PWDs thinking that reproductive health service providers are qualified to interact with persons with disabilities was (64.4%, 65.7%, 61.2%) at the level of the three regions (North, Middle and South), respectively, and regarding taking into consideration the special needs of the persons with disabilities the percentages were 67.2%, 67.4% and 67.5%, respectively.

□ The extent of facing difficulties when receiving reproductive health services did you face any difficulties when receiving the reproductive health services?

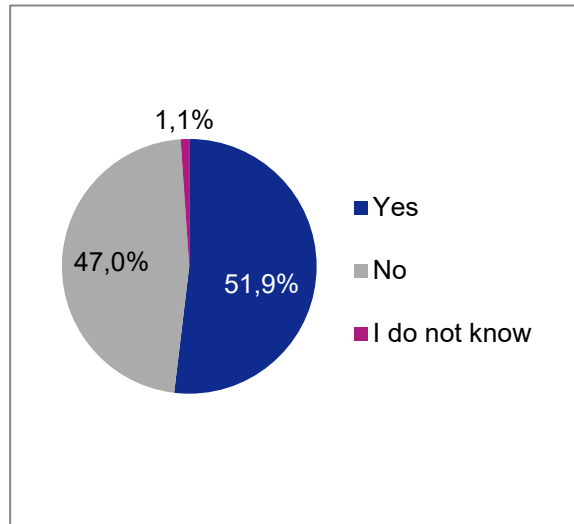


Figure 72: The extent of facing difficulties when receiving reproductive health services

□ Difficulties faced by PWDs while receiving reproductive health services

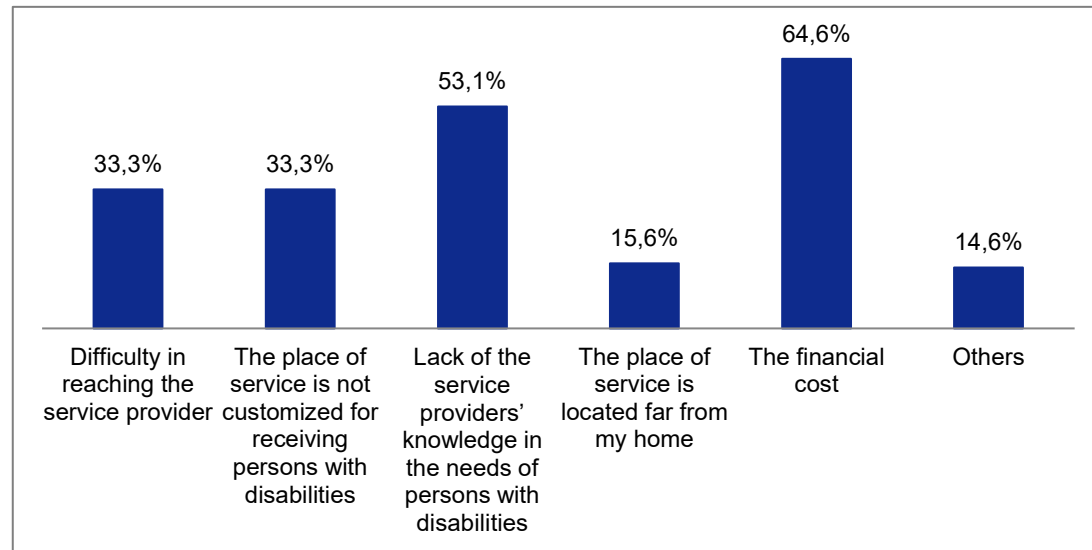


Figure 73: Difficulties faced by PWDs while receiving reproductive health services

Difficulties related to the financial cost have the highest percentage among all the difficulties faced by patients when receiving reproductive health services (64.6%), followed by the lack of the service providers' knowledge about the needs of persons with disabilities (53.1%). The persons with disabilities emphasized the financial burden related to receiving the services, and some highlighted the need for medical exemptions. Persons with disabilities also referred to the lack of the medical staff awareness and the lack of the staff's understanding and familiarity with their needs, in addition to the lack of their

cooperation in clarifying and answering questions related to the persons with disabilities. The difficulties relating to reaching the service provider and the lack of the place customization for receiving persons with disabilities were in the third place with a percentage of 33.3% for each of them.

- The extent to which PWDs were exposed to any exploitation that aims to surgically remove certain body organs

Were you prone to any exploitation that aims to surgically remove certain body organs of persons with disabilities?

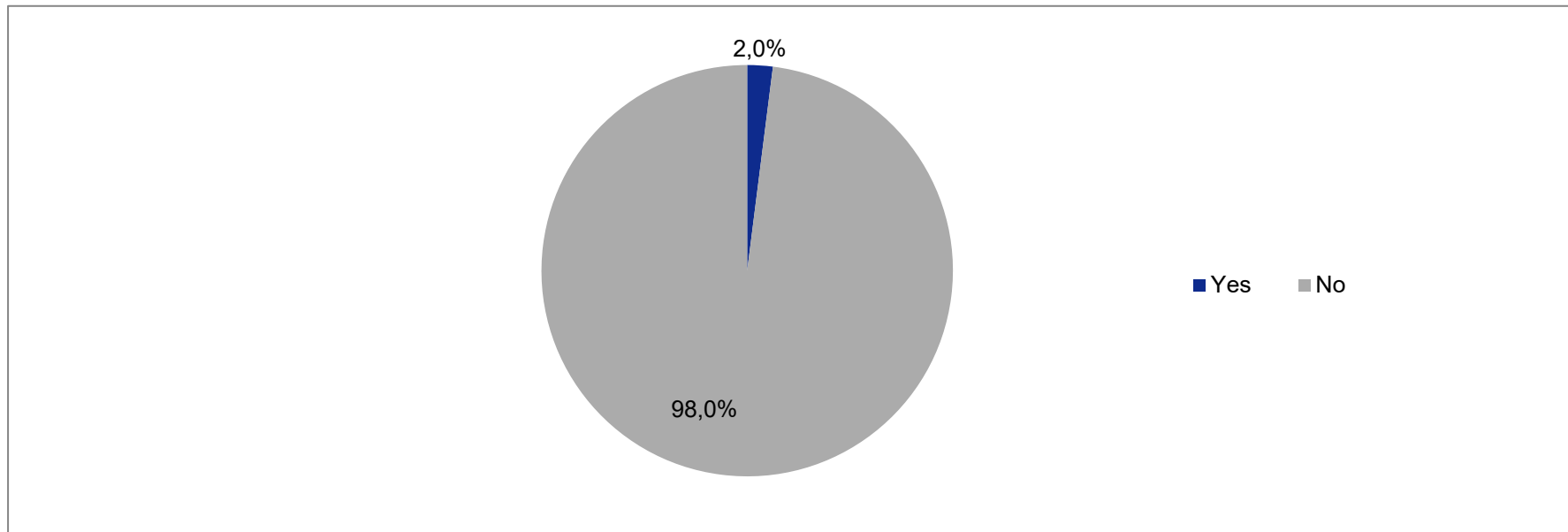


Figure 74: The extent to which PWDs were exposed to any exploitation that aims to surgically remove certain body organs

When asked whether PWDs had been exposed to any kind of exploitation that aimed to surgically remove certain body organs, 98% of the persons with disabilities said that they had not been exposed to such attempts, and 2% said they had been subjected to such attempts.

▪ **Additional information and suggestions by PWDs which were not addressed in the questionnaire form:**

- Some persons with disabilities indicated their vulnerability and exposure to sexual harassments and sexual exploitations. It is recommended to conduct a qualitative study in this regard to further investigate this matter and set future plans accordingly to eliminate or limit these practices and raise people's awareness.
- Some Feedback was received from women with mobility disabilities and parents of women with mental disabilities regarding their attempt to have a hysterectomy, but their request was rejected by the concerned health provider. In one case, drugs were prescribed for the woman to stop her menstrual cycle.
- Some persons with disabilities stated that there is a need for studying the status quo of the general health services provided to persons with disabilities, which include services related to cardiovascular health, prevention and treatment of chronic diseases, oral and dental health, and infectious diseases.
- Some persons with disabilities stated that they always need to be accompanied with an assistant when visiting centers to receive medical services.
- Some persons with disabilities stated that they are not given the priority when receiving medical services which causes long waiting times and indicates a lack of consideration for their special needs
- There were suggestions for establishing a group of centers specialized in providing services for persons with disabilities, and the announcement of such centers and their locations. Those centers would include adapted facilities to the PWDs needs such as entrances, exits, elevators, toilets, waiting rooms and seats. Moreover, their staff would be trained on how to communicate and interact with people with different disabilities, such as using the sign language.

8. Recommendations

Based on the results of the research and analysis for the people questionnaire, the centers questionnaire, and the qualitative information obtained through interviewing persons with disabilities and reproductive health providers, we present the following recommendations to the Higher Council for Affairs of Persons with Disabilities which are in line with the Council's vision of a society in which people with disabilities have a decent and sustainable life that achieves effective participation in the community based on justice and equality:

- Coordinating with the Department of Statistics to work on the establishment of a database for PWDs that will be continuously updated to include PWDs different characteristics (gender, age, educational level, marital status, type of disability, service provided ...etc.) and use data and analytics to inform strategic and operational decisions for HCD and other governmental entities and to provide insight into the challenges and opportunities for reforms in disability policies, laws and practices.
- Coordinating with the various centers to establish a database for PWDs who visit them, including gender, age, educational level, social status, type of disability, service provided, etc., as well as characteristics of staff members (educational qualifications, age, years of experience in the area of providing services to PWDs).
- Coordinating with various stakeholders such as the Ministry of Health, the Ministry of Education, the Ministry of Higher Education, Community Based Organizations, Jordan Radio and Television, radio stations and other entities in order to educate persons with disabilities about reproductive health and its related services including centers' locations where people can find services that are adequate to PWDs.
- In line with the Convention on the Rights of Persons with Disabilities in terms of their right to access to information and education in the various reproductive health fields, it is recommended to spread the awareness through various means such as television, radio, schools, universities, newspapers, health centers, CBOs as well as the internet and social media, taking into consideration that the message can be reach to people with different types of disabilities, especially where the research found that 39.2% of persons with disabilities are not aware of reproductive health services available in the Kingdom. This percentage is significant as the range of reproductive health services is broad and the types of services are several, in addition to the fact that reproductive health is an essential part of public health. The research also revealed that 70.4% of people who indicated that they are aware and knowledgeable about reproductive health services, got their knowledge from family members, relatives, or friends. This shows the lack of having an effective role of official channels such as schools, universities or newspapers in raising the awareness about the availability of reproductive health services.
- The coordination with the concerned authorities, including the Ministry of Health, to provide the following services in centers across the Kingdom, since the need for these services to persons with disabilities, their parents, or relatives, was reported, in addition to the lack and/or unavailability of these services at the centers:

- Educational and awareness services and lectures for persons with disabilities and their families for the purpose of educating them regarding the needs related to their type of disability, and how to behave specifically during puberty, pre and post-pregnancy, and postnatal periods.
- Awareness services for the mother or father with disability on how to deal with their children.
- Psychosocial and health support services that assist persons with disabilities in practicing their daily life activities and overcoming the obstacles to receive or benefit from available reproductive health services.
- Coordinating with various stakeholders, including the Ministry of Health, to adapt facilities in the centers to serve people with disabilities, such as entrances, exits, elevators, toilets, waiting rooms, seats and others, as the people's overall satisfaction rate related to the availability of public facilities suitable for people with disabilities was low (48.8%). This matter was also one of the most faced difficulties encountered by centers during the delivery of reproductive health services to persons with disabilities.
- Holding coordinated and advertised lectures through different means to sensitize persons with disabilities, their parents or their families to the rights of persons with disabilities due to the low percentage of people receiving awareness in this field (4.8%).
- Coordination with various bodies, including the Ministry of Health, the Ministry of Education and the Ministry of Higher Education, in order to adapt the provision of awareness services to the needs of persons with disabilities. For example, providing awareness lectures through sign language so that persons with hearing disabilities can benefit directly from these lectures, and also attaching a CD containing voice recordings with the awareness brochures so that blind people can benefit from them. This is in line with the draft law on the Rights of Persons with Disabilities in terms of providing awareness services in forms that are accessible to them.
- Coordination with various stakeholders such as the Ministry of Health and the Health Care Accreditation Council (HCAC) in order to provide training courses for medical staff in the centers on handling, communicating and providing services to persons with disabilities, in line with the Convention on the Rights of Persons with Disabilities. Examples of training needs include teaching staff sign language and seeking the services of experts, educators to teach staff to communicate with persons with intellectual disabilities; as it was observed that 94% of the centers' staff did not receive any courses in the field of interacting with persons with disabilities, and one of the most encountered difficulties (53.1%) by persons with disabilities when receiving services is the lack of knowledge of the service providers of their needs.
- Conducting workshops or focus groups discussions with specialists in the field of reproductive health, specialists in the field of the disability, and selected sample of persons with disabilities/ their parents/ caregivers to discuss challenges and opportunities in the reproductive health sector, and discuss ways and requirements for customizing the reproductive health services according to the needs of the persons with disabilities, in addition to specifying the training needs of the staff in order to be qualified to serve PWDs. The discussion agenda would include the possibility of customizing the services with different concerned parties and cooperating with them in order to develop future plans for customizing the services and qualifying the staff.

- Coordinating with various stakeholders such as the Ministry of Health to provide free or affordable reproductive healthcare programs to persons with disabilities equivalent in scope, quality and standards to those provided to others, in line with the Convention on the Rights of Persons with Disabilities.
- In alignment with the Convention on the Rights of Persons with Disabilities, in terms of accessibility, we recommend coordinating with relevant stakeholders to ensure that persons with disabilities have access to the centers, for example, taking into account the needs of persons with disabilities in infrastructure and transport designs.
- Conducting educational and awareness workshops on sexual protection, since some PWDs' addressed comments were concerning the sexual harassment and sexual exploitation.
- Prepare future qualitative studies on the following issues and make use of their results in preparing future programs that serve the rights of persons with disabilities:
 - Practices against persons with disabilities (hysterectomy and violence in its forms).
 - Reasons why persons with disabilities do not utilize the reproductive health services available in the centers (From the point of view of service providers, centers and persons with disabilities)
 - The needs of persons with disabilities to integrate more with the society and give them greater opportunity to participate in its development.
 - The needs of the various health centers for equipment and facilities in order to qualify to serve persons with disabilities.
 - Persons with disabilities vulnerability and exposure to sexual harassments and sexual exploitations in order to eliminate or limit these practices and raise people's awareness.
 - the status quo of the general health services provided to persons with disabilities, which include services related to cardiovascular health, prevention and treatment of chronic diseases, oral and dental health, and infectious diseases,

9. Annexes:

Annex 1: Centers Questionnaire

- **The Definition of Reproductive Health:** According to the World Health Organization (WHO), reproductive health is defined as having the state of complete physical, psychological, mental, and social well-being regarding matters related to the functions and processes of the reproductive system and not only being free from any disease and disability, it is also considered as an essential part of the public health and reflects the health level of men and women.
- **Note:** The word “Center”, wherever mentioned in this questionnaire means any of the following: health Centers, governmental hospitals, private clinics, private hospitals, royal medical services, certain associations.

First: Primary data

1. **Name of the service provider:**
2. **Name of the employee in charge we spoke with (interviewed):**
.....
3. **Phone number:**
4. **Year of establishment:**

The Governorate in which the Center is located:

1.Irbid 2. Ajloun 3. Jarash 4. Balqa’ 5. Zarqaa’ 6. Amman 7. Madaba 8. Mafraq 9. Tafila 10. Karak 11. Ma’an 12. Aqaba

5. Which of the following options describes the society in which the Center is located?

- 1. Village or rural Area
- 2. Small town
- 3. City
- 4. I do not know

6. Availability of a medical Center license issued by the Jordanian Ministry of Health?

- 1. Yes
- 2. No

7. Availability of a recent report issued by Jordan Civil Defense on the safety and appropriateness of the Center's building for the use of persons with disabilities?

- 1. Yes
- 2. No
- 3. I do not Know

8. The number of technical employees who provide reproductive health services:

- 1. Males ()
- 2. Females ()

9. Staff educational level:

- 1. Secondary education or less (% of employees:)
- 2. Diploma (% of employees:)
- 3. Bachelor's degree and above (% of employees:)
- 4. I do not know

10. Number of courses/programs/certificates the staff have undertaken in the field of dealing with persons with disabilities:

.....

11. The Center keeps a file for each employee containing the job description and copies of the professional certificates and training courses:

- 1. Yes
- 2. No

12. The current capacity of the Center in terms of number of patients/ applications (relevant to reproductive health services):
.....

13. Total number of patients in 2016:

14. Do you have statistics of the percentage of persons with disabilities who visit the Center with regard to reproductive health services?

- 1. Yes
- 2. No

15. If yes, what is the percentage?

- 1. 0 %
- 2. Less than 1%
- 3. 1% - 3%
- 4. 4% - 6%
- 5. 7% - 10%
- 6. 11% - 15%
- 7. More than 15%
- 8. I do not know

16. If your answer was no, what is your personal estimation of the percentage of persons with disabilities who visit the Center with regard to reproductive health services?

- 1. 0 %
- 2. Less than 1%
- 3. 1% - 3%
- 4. 4% - 6%
- 5. 7% - 10%
- 6. 11% - 15%

7. More than 15%
8. I do not know

Second: Types of disabilities the Center can serve:

17. Please choose the type(s) of disability that can be served by the Center (you may choose more than one type):

1. Visual impairment
2. Hearing impairment
3. Mobility impairment
4. Mental Impairment
5. I do not know
6. Not applicable

Third: types of reproductive health services that are provided by your Center to persons with disabilities

18. What are the reproductive health services provided by your Center to persons with disabilities (you may choose more than one service):

1. Awareness services

1. Awareness lectures in general and personal hygiene
2. Awareness & educational lectures on early marriage
3. Counseling services on early marriage
4. Awareness & educational services about causes of abortion and its consequences
5. Awareness services on Adolescents' healthy lifestyles
6. Awareness services related to premarital medical counseling
7. Awareness services related to reproductive education and rehabilitation before marriage

8. Awareness services related to the importance of premarital tests
9. Awareness services related to family planning and sexual health
10. Awareness services related to family planning methods and dealing with their possible complications
11. Awareness programs about breast and cervical cancer
12. Awareness lectures about disadvantages of smoking and alcoholic drinks
13. Awareness lectures about topics related to adolescents' general health
14. Counseling services on sexually transmitted diseases
15. Awareness and educational lectures about dealing with the physical and psychological changes that accompany the menopause
16. Awareness lectures for educating children about healthy lifestyles
17. Awareness lectures about the rights of persons with disabilities
18. Awareness lectures about domestic violence in general and the domestic violence against persons with disabilities in particular
19. Awareness services in limiting marriage of relatives
20. Awareness lectures in developmental growth

2. Services during pregnancy

1. Services related to the pregnancy period
2. Services related to the dangerous pregnancy (early pregnancy, late pregnancy, Closely spaced pregnancy, frequent pregnancy)
3. Services related to safe abortion and its consequences
4. Services related to pre and postnatal care

3. Postnatal services

1. Services related to breastfeeding
2. Services related to nutrition, healthy and balanced lifestyles and growth and development of children
3. Services related to natural childbirth and postnatal complications
4. Services related to health care during the puerperal period (post pregnancy and post natural and caesarean childbirth)
5. Counseling and services for family planning and spacing between pregnancies (during the puerperal period)

6. Services related to women vaccinations
7. Services related to children vaccinations
8. Services related to preparation for adolescence age

4. Health and psychological support services

1. Services related to the child's psychological and health status
2. Services related to youth psychological support
3. Services to help smokers quit and follow a healthy lifestyle
4. Services related to physiological changes during adolescence and menstrual disorders
5. Services related to physiological changes after reproductive age and menopause symptoms
6. Counseling services in physical, hormonal and psychological changes that accompany the age of puberty and adolescence

5. Services related to specific diseases

1. Services related to early detection of reproductive system diseases and their treatment
2. Services related to breast and cervical cancer screening
3. Services related to poor fertility and infertility treatment
4. Services related to sexually transmitted diseases
5. Services related to Osteoporosis

6. Services in general

1. Services related to premarital tests
2. Services related to the permanent provision of family planning methods
3. Services related to physical changes that accompany the menopause
4. Services related to the psychological changes that accompany the menopause

19. Please choose one of the below answers regarding the customization of the provided services according to the needs of persons with disabilities:

1. All the reproductive health services provided to persons with disabilities are customized and take into consideration the health and psychological needs of persons with disabilities.
2. All the reproductive health services provided in the Center are unified for all patients regardless of the health and psychological needs of persons with disabilities.
3. Some of the reproductive health services provided to persons with disabilities are customized and take into consideration their health and psychological needs.

20. In the event of choosing option number three above, please specify these services:

1. Awareness services

1. Awareness lectures in general and personal hygiene
2. Awareness & educational lectures on early marriage
3. Counseling services on early marriage
4. Awareness & educational services about causes of abortion and its consequences
5. Awareness services on Adolescents' healthy lifestyles
6. Awareness services related to premarital medical counseling
7. Awareness services related to reproductive education and rehabilitation before marriage
8. Awareness services related to the importance of premarital tests
9. Awareness services related to family planning and sexual health
10. Awareness services related to family planning methods and dealing with their possible complications
11. Awareness programs about breast and cervical cancer
12. Awareness lectures about disadvantages of smoking and alcoholic drinks
13. Awareness lectures about topics related to adolescents' general health

14. Counseling services on sexually transmitted diseases
15. Awareness and educational lectures about dealing with the physical and psychological changes that accompany the menopause
16. Awareness lectures for educating children about healthy lifestyles
17. Awareness lectures about the rights of persons with disabilities
18. Awareness lectures about domestic violence in general and the domestic violence against persons with disabilities in particular
19. Awareness services in limiting marriage of relatives
20. Awareness lectures in developmental growth

2. Services during pregnancy

1. Services related to the pregnancy period
2. Services related to the dangerous pregnancy (early pregnancy, late pregnancy, Closely spaced pregnancy, frequent pregnancy)
3. Services related to safe abortion and its consequences
4. Services related to pre and postnatal care

3. Postnatal services

1. Services related to breastfeeding
2. Services related to nutrition, healthy and balanced lifestyles and growth and development of children
3. Services related to natural childbirth and postnatal complications
4. Services related to health care during the puerperal period (post pregnancy and post natural and caesarean childbirth)
5. Counseling and services for family planning and spacing between pregnancies (during the puerperal period)
6. Services related to women vaccinations
7. Services related to children vaccinations
8. Services related to preparation for adolescence age

4. Health and psychological support services

1. Services related to the child's psychological and health status
2. Services related to youth psychological support

3. Services to help smokers quit and follow a healthy lifestyle
4. Services related to physiological changes during adolescence and menstrual disorders
5. Services related to physiological changes after reproductive age and menopause symptoms
6. Counseling services in physical, hormonal and psychological changes that accompany the age of puberty and adolescence

5. Services related to specific diseases

1. Services related to early detection of reproductive system diseases and their treatment
2. Services related to breast and cervical cancer screening
3. Services related to poor fertility and infertility treatment
4. Services related to sexually transmitted diseases
5. Services related to Osteoporosis

6. Services in general

1. Services related to premarital tests
2. Services related to the permanent provision of family planning methods
3. Services related to physical changes that accompany the menopause
4. Services related to the psychological changes that accompany the menopause

21. What types of disabilities for which the reproductive health services were customized?

1. Visual impairment 2. Hearing impairment 3. Mental impairment 4. Mobility Impairment 5. I do not know 6. Not applicable 7. None of the above

22. In your opinion, is it possible to customize the mentioned reproductive health services according to the needs of persons with disabilities?

- 1. Yes
- 2. No
- 3. I do not know

23. If no, please mention the reason(s):

- 1.
- 2.
- 3.

24. Do you face any difficulties when providing reproductive health services for persons with disabilities?

- 1. Yes
- 2. No
- 3. Not applicable

25. If yes, what are these difficulties?

- 1. Administrative (Specify):
- 2. Technical – Qualified staff (Specify):
- 3. Financial (Specify):
- 4. Related to dealing with persons with disabilities (Specify):.....
- 5. Availability of facilities which accommodate the needs of persons with disabilities (Specify):.....
- 6. Societal culture in changing the behaviors and attitudes (Specify):.....
- 7. Other (Specify):

26. In your opinion, how is it possible to overcome these difficulties?

- 1.
- 2.
- 3.

27. Did any patients with disabilities or their families specifically ask for:

- 1. Hysterectomy for persons with disabilities
- 2. Inhibitors related to sexual health
- 3. All of the above
- 4. None of the above

28. Are there any future plans that aim to improve the level of reproductive health services provided to persons with disabilities?

- 1. Yes 2. No 3. I do not know

29. If yes, what are these plans?

- 1.
- 2.
- 3.

30. Are there plans to reach more persons with disabilities in order to benefit them from reproductive health services?

- 1. Yes 2. No 3. I do not know

31. If yes, what are these plans?

- 1.
- 2.
- 3.

32. Do you notice any psychological, health, or legal mistreatment against persons with disabilities?

- 1. Yes, (Specify):
- 2. No
- 3. Not applicable (I haven't witnessed any person with disability visiting the Center)

Annex 2: PWDs Questionnaire

- **Definition of Reproductive Health:** According to the World Health Organization (WHO), reproductive health is defined as having the state of complete physical, psychological, mental, and social well-being regarding matters related to the functions and processes of the reproductive system and not only being free from any disease and disability, it is also considered as an essential part of the public health and reflects the health level of men and women.
- **Note:** The word “center”, wherever mentioned in this questionnaire means any of the following: health centers, governmental hospitals, private clinics, private hospitals, royal medical services, certain associations.

First: Basic information of persons with disabilities

1. **Sex:** 1. Male 2. Female
2. **Age category:** 1.(5-9) 2.(10-19) 3.(20-29) 4.(30-39) 5.(40-49) 6.(50-59) 7.(60 and above)
3. **Type of disability:** 1. Mobility impairment 2. Hearing impairment 3. Visual impairment
4. Mental Impairment 5. Multiple
4. **Educational level of the person with disability:**
 1. Have not received any formal education. 2. Have not completed the basic level (10th grade)
 2. Have completed the basic level (10th grade). 4. Have not completed the general secondary level (Tawjihi). 5. Have completed the general secondary level (Tawjihi) 6. Have received technical/ vocational education after secondary level 7. Diploma level 8. Bachelor's degree and above
5. **Work status:** 1. I do not work 2. I am currently working 3. Looking for a job.
6. **Social status:** 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed
6. Other (Child)
7. **In the case you are/were married, do you have any children?**
 1. Yes 2. No
8. **The Governorate in which the person with disability lives:**

1. Irbid 2. Ajloun 3. Jarash 4. Balqa' 5. Zarqaa' 6. Amman 7. Madaba 8. Mafrq 9. Tafila 10. Karak 11. Ma'an 12. Aqaba

9. Which of the following options describes the society you live in? if you live here temporarily, please define your permanent society

1. Village or rural area 2. Small town 3. City 4. I do not Know

Second: Information related to reproductive health

10. Defining your awareness level of the following reproductive health areas, mark by (X) the areas which apply:

No.	Items	Not aware of	Low	medium	Good	Very good	Excellent
1.	General and personal hygiene						
2.	Early marriage						
3.	Pregnancy period						
4.	Postnatal period						
5.	Abortion cases and their consequences						
6.	Adolescents' healthy lifestyles						
7.	Premarital rehabilitations						
8.	Premarital examinations						

9.	Family planning and reproductive and sexual health						
10.	Side effects of family planning methods and dealing with their possible complications						
11.	Breast and cervical cancer						
12.	Disadvantages of smoking and alcoholic drinks						
13.	Sexually transmitted diseases						
14.	Dealing with the physical and psychological changes that accompany the menopause						
15.	Teaching children healthy lifestyles						
16.	Rights of persons with disabilities						
17.	Limiting the endogamy						
18.	Limiting domestic violence						

11. Are you with or against marriage of relatives? : 1. With 2. Against

3. Neutral 4. I do not know 5. I refuse to answer

12. Are you with or against early marriage? : 1. With 2. Against 3. Neutral

4. I do not know 5. I refuse to answer

- 13. Are you aware of the reproductive health services available in the Kingdom:** 1. Yes 2. No
- 14. If your answer was yes, how did you know about the services:** 1. Television
 2. Radio 3. School 4. University 5. Family/Relatives/Friends 6. Newspapers/ Magazine 7. Others (specify).....
- 15. If you need certain reproductive health services, which entity do you go to?**
 1. Closest health center 2. Governmental hospital 3. Private clinic 4. Private hospital
 5. Royal Medical Services 6. Certain associations 7. Others (specify)..... 8. Not applicable 9. I do not know

16. The name of the entity you go to:

17. Did you receive any of the following reproductive health services, please specify:

1. Awareness services

1. Awareness lectures in general and personal hygiene
2. Awareness & educational lectures on early marriage
3. Counseling services on early marriage
4. Awareness & educational services about causes of abortion and its consequences
5. Awareness services on Adolescents' healthy lifestyles
6. Awareness services related to premarital medical counseling
7. Awareness services related to reproductive education and rehabilitation before marriage
8. Awareness services related to the importance of premarital tests
9. Awareness services related to family planning and sexual health
10. Awareness services related to family planning methods and dealing with their possible complications
11. Awareness programs about breast and cervical cancer
12. Awareness lectures about disadvantages of smoking and alcoholic drinks
13. Awareness lectures about topics related to adolescents' general health
14. Counseling services on sexually transmitted diseases
15. Awareness and educational lectures about dealing with the physical and psychological changes that accompany the menopause
16. Awareness lectures for educating children about healthy lifestyles

17. Awareness lectures about the rights of persons with disabilities
18. Awareness lectures about domestic violence in general and the domestic violence against persons with disabilities in particular
19. Awareness services in limiting marriage of relatives
20. Awareness lectures in developmental growth

2. Services during pregnancy

1. Services related to the pregnancy period
2. Services related to the dangerous pregnancy (early pregnancy, late pregnancy, Closely spaced pregnancy, frequent pregnancy)
3. Services related to safe abortion and its consequences
4. Services related to pre and postnatal care

3. Postnatal services

1. Services related to breastfeeding
2. Services related to nutrition, healthy and balanced lifestyles and growth and development of children
3. Services related to natural childbirth and postnatal complications
4. Services related to health care during the puerperal period (post pregnancy and post natural and caesarean childbirth)
5. Counseling and services for family planning and spacing between pregnancies (during the puerperal period)
6. Services related to women vaccinations
7. Services related to children vaccinations
8. Services related to preparation for adolescence age

4. Health and psychological support services

1. Services related to the child's psychological and health status
2. Services related to youth psychological support
3. Services to help smokers quit and follow a healthy lifestyle
4. Services related to physiological changes during adolescence and menstrual disorders
5. Services related to physiological changes after reproductive age and menopause symptoms

6. Counseling services in physical, hormonal and psychological changes that accompany the age of puberty and adolescence

5. Services related to specific diseases

1. Services related to early detection of reproductive system diseases and their treatment
2. Services related to breast and cervical cancer screening
3. Services related to poor fertility and infertility treatment
4. Services related to sexually transmitted diseases
5. Services related to Osteoporosis

6. Services in general

1. Services related to premarital tests
2. Services related to the permanent provision of family planning methods
3. Services related to physical changes that accompany the menopause
4. Services related to the psychological changes that accompany the menopause

7. I did not receive any service

8. I do not know

9. Not applicable

18. How do you evaluate the service overall level?

1. Excellent
2. Very good
3. Good
4. Poor
5. Very poor

19. In the event you received any of the reproductive health services, mark by (x) where applicable in each paragraph.

1. Satisfaction with the place of service:

No.	Sentences	Strongly agree	Agree	Neutral	disagree	Strongly disagree	Not applicable
1.	The place is suitable and easy to reach (equipped for receiving persons with disabilities).						
2.	The center's facilities accommodate the needs of the persons with disabilities (bathrooms, washbasins, waiting rooms, seats...).						
3.	Availability of a reception area to receive and direct cases which accommodates persons with disabilities needs						
4.	Availability of a place for counseling services which respects the beneficiaries' privacy.						
5.	Availability of a place for group educational services (lectures, seminars).						
6.	The center provides all needed equipment and medical devices relevant to reproductive health.						
7.	I feel that the staff number in the center is sufficient.						
8.	Availability of awareness leaflets and brochures related to the offered services.						
9.	Availability of medical tests services.						

2. Satisfaction of the service providers:

No.	Sentences	Strongly	Agree	Neutral	Disagree	Strongly	Not
-----	-----------	----------	-------	---------	----------	----------	-----

		agree				disagree	applicable
1.	I think that reproductive health services' providers are qualified to deal with persons with disabilities.						
2.	The staff take into consideration the special needs of the persons with disabilities.						

20. In case you received any of the reproductive health services, did you face any difficulties during receiving it/ them: 1. yes 2. No
3. I do not know

21. If the answer in the previous question was “yes”. What were the difficulties you faced?

1. Difficulty in reaching the service provider.
2. The place of service is not customized for receiving persons with disabilities.
3. Lack of the service providers' knowledge in the needs of persons with disabilities.
4. The place of service is located far from my home.
5. The financial cost
6. Others (specify).....

22. How did you overcome these difficulties?

.....

23. Did you need any other services which you did not receive?

1. Yes 2. No 3. I do not know

24. If the answer in the previous question was “yes”, in your opinion, what were these services?

1.
2.

3.

25. In the event you did not receive any of the above services, in your opinion, what was the reason? (you may choose more than one answer)

- 1. I do not know the service is available.
- 2. I do not know the location of the center that provides the service.
- 3. I do not need the service.
- 4. There are no centers close to my home that provide the service.
- 5. Difficulty in reaching the service provider.
- 6. Service isn't available.
- 7. I do not have health insurance.
- 8. I cannot afford the financial cost.
- 9. Others (specify).....

26. Were you prone to any exploitation that aims to surgically remove certain body organs of persons with disabilities?

- 1. Yes 2. No

27. Do you want to add any information or suggestions that were not addressed in the questionnaire?

.....