Jordan SRHR Workshop Report
10 -12 March 2020 | Amman, Jordan

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From the NWO-WOTRO Science for Global Development (NWO-WOTRO) research programme on Sexual and Reproductive Health and Rights (SRHR)

www.nwo.nl/srhr
Report for Jordan SRHR workshop

This report documents the final Jordan in-country workshop for the NWO-WOTRO Science for Global Development research programme on Sexual and Reproductive health and Rights (SRHR) held from 10-12 March 2020 at the Amman Rotana Hotel, Jordan.

The objectives of the workshop were to:
- Demonstrably exchange cross-learning and knowledge among the four NWO-WOTRO projects.
- Engage with the local partners and stakeholders in Jordan (HPC/Share-Net Jordan, service providers, youth, and policymakers) to share the results and experiences of the four NWO-WOTRO projects and provide input to the research results and research uptake including the joint policy brief.

The workshop was organised by the Dutch Research Council (NWO) - WOTRO Science for Global Development, Higher Population Council (HPC)/Share-Net Jordan, and MannionDaniels as Knowledge Facilitators for the overall programme. The programme outlines can be found in Annex 2.

Key highlights

The report documents each of the discussions. Some key highlights include policy relevance, mutual learning and raising awareness.

Policy relevance

The policy relevance of this SRHR research to local stakeholders – interest in the topic was significant. Even though there was tension around the impending Covid-19 situation in Jordan, approximately 50 health service providers attended on day two, about 100 youth participated actively at the Youth Café in the afternoon, and more than forty government policy stakeholders came on day three. Discussions were lively and although there were not always agreements in conclusions, the conversations were important to have.

Mutual learning

There was strong evidence of mutual learning between the consortia who conducted the research – there was strong evidence of the knowledge exchange that took place internally, and in both directions, between research teams as international universities collaborated with local Jordanian universities. There was also collaboration with some civil society organisations who participated actively in the research teams. NWO-WOTRO had made consortia applications one of the key criteria, and this was a strong factor in the success of the research.

“Involving stakeholders in the project really supports cross-learning”

Professor Areej Othman from Jordan University Project on Jordanian and Syrian youth

Raising awareness

There was agreement on the importance of raising awareness of SRHR within the Jordanian context – the four research projects were on different topics ranging from early marriage to family planning use to the sexual and reproductive health and rights of youth. The findings were obviously varied, but the common theme was that Jordan needed more effective communication on SRHR to a variety of audiences. This is the central topic of the joint policy brief being developed and taken forward through HPC.
Background

The SRHR research programme

The NWO-WOTRO Sexual and Reproductive Health and Rights (SRHR) programme published its first call for proposals on thematic areas and knowledge gaps identified by the Knowledge Platform for SRHR in November 2014.

The SRHR research programme aims to generate insights in, and a better understanding of, processes that determine and strengthen the sexual and reproductive health of people, as well as their ability to claim their sexual and reproductive rights. The programme strives to contribute to improving and innovating SRHR policies and practices, with a special focus on empowering young people and key populations as specified by the calls.

“We initially questioned if it would work: the project coordinators being based in the US and Europe. But we benefited greatly from the partnership. No one else had done a behavioural economics study before, and through this project we built the capacity to do such research in Jordan”

Dr Yousef Khader from Jordan University of Science and Technology

Project on Behavioural economics

The programme is supported by the Ministry of Foreign Affairs of the Netherlands. It collectively invested six million euros in SRHR research in Bangladesh, Burundi and Jordan, funding a total of twelve projects. Four of which focus on Jordan.

The four Jordan research projects

This report summarises the final in-country workshop that was held in Jordan in March 2020 for the four projects. The four projects included:

- an ethnographic and participatory action research project studying the perceptions, experiences and strategies of Syrian refugee youth in Jordan particularly in relation to early marriage (short title: Early marriage), and;
- a randomised clinical trial using behavioural economic techniques in contraception counselling (short title: Behavioural economics).

At various stages of the workshop, the research teams presented their projects. The main insights and recommendations per project can be found in Annex 1.

A joint policy brief

During the workshop, a number of meetings were held with key in-country stakeholders to engage their views regarding the results and recommendations that came out of the research projects. The stakeholders included service providers, ranging from doctors, nurses and midwives, as well as NGOs working in this area, youth perspectives from youth across Jordan, and key policy makers and decision makers. Their input will be collated and incorporated into a joint policy brief which is under development.

The workshop and the overall process for policy brief development is contributing to a systematic and inclusive dialogue on Sexual Reproductive Health in Jordan. Informed by rigorous evidence.
‘Evidence Based Provision of SRHR Care in Jordan’

Service Providers session 11 March 2020

Aims of the session
- Relay project findings to on-the-ground stakeholders: relevant service providers
- Inform policy briefs based on service provider and youth perspectives

Attendance: 46 participants.

Dr Aqel start this session welcoming all participants from different NGO’s, Ministries, share net and the researchers from different universities (Europe, Jordan and USA) he also mention that all those research aim to improve SRHR in Jordan. Today, we will present four research projects undertaken by Jordanian universities in cooperation with foreign universities on reproductive and sexual health. Our meeting today is not to discuss the content of studies, but to take advantage of their results to improve health and reproductive services and develop their policies.

Panel session

After the presentation of the four-research projects, Dr Aqel opened the discussion by asking how can we use the outputs of these studies in our future work. Because these studies confirmed the existence of challenges in working on the topic of reproductive health in order to improve related practices and policies.

The participants asked the researchers many questions regarding the results and the findings of the research. The below overview shows the questions of participants and some answers of the panelist.

Questions
Why did these studies not address the comparison between the private and public sector in the provision of services?

What is required from raising the issue of early marriage? Is it the amendment of legislation?
Early marriage is a problem for Jordanians, but it is normal and not a mistake or problem for Syrians, for that we believe that each case of early marriage should be documented and registered in all the centers where Syrian women visit to benefit from the services.

We cannot separate services for each category, so the question is why the detail and what is the role of the government sector in this matter.
Decision makers play a major role in institutionalising the implementation of these outputs, because they are the ones who make these outputs actionable.

_How can the husband be involved in these services? As there are centers that place banners with ‘man not allowed entering to the center’. _
The idea of including services in public centers for young people, but it is important to adopt specific criteria to suit them with the national context.

The information required for young people provided within the health care centers, of course with respect to the different local customs and cultures. It is worth noting here that it is our duty to provide information to young people from a reliable source.

_Why are those who are about to marry are not educated about how to use contraceptives before marriage and not after it by holding training courses for them? _
Will the results of this study be linked with the Judge Department?
Yes, the results of these studies was shared between the public and private sectors regarding the culture of defect that prevents people from going to health centers to request service.

_Also discussed _
Yes, we can say that the results of these studies have been achieved and now we must move to the second stage, which is advocacy to gain the support of decision-makers on these results to work on applying their outputs.

Discussion groups

Dr Aqel split the participants into groups and gave each group questions related to their work. The below table includes the questions and the outcomes of the discussion groups.

- First Group: Interactive community-based theatre to explore social barriers faced by the Jordanian youth to accessing reproductive health services project.
- Second group: Syrian Refugee Youth In Jordan: Early Marriage in Perspective
- Third group: Strengthening the role of health service providers in providing youth-friendly sexual and reproductive
- Fourth group: Effective family planning advice and mobile phone reminders from a behavioural economics perspective.

First group: Interactive community-based theater to explore social barriers faced by the Jordanian youth to accessing reproductive health services project.

Do you feel medically and morally accountable to provide services to individuals beyond those who are currently married? E.g. young unmarried/widowed/divorced?

- Include the youth category with comprehensive health insurance
- Increase awareness and knowledge of this category
Training for medical personnel, especially public and private medicine, to study the changes associated with this stage
- We must have a dedicated team to provide counselling
- Awareness sessions for parents to understand the reproductive and sexual health of adolescents and youth, and the mechanism of providing information and counselling
- Pushing universities to provide youth-friendly counselling

Second group: Syrian Refugee Youth In Jordan: Early Marriage in Perspective

1. What are the challenges that the service providers face in relation to early-married women?
2. Why are these considered challenges?
3. What needs to be done to overcome these challenges?

Ad 1) What are the challenges that the service providers face in relation to early-married women?
- Community culture + educational level
- Difficulties in reaching some groups in rural areas
- Huge numbers not registered in cases of early marriage
- Resistance and refusing to receive SRHR services
- Economic conditions
- Lack of cooperation and concerted efforts among service providers

Ad 2) Why are these considered challenges?
- The difficulties of identifying the target group reduces the effectiveness of delivering services
- Changing beliefs and attitudes needs a lot of effort and time.

Ad 3) What needs to be done to overcome these challenges?
- Increase awareness and target all sectors of society
- Using modern technology to provide services
- Increase research and studies on reproductive health
- Increase the number of health service providers and staff, especially in isolated areas
- Developing the skills of service providers
- Developing partnerships

Third group: Strengthening the role of health service providers in providing youth-friendly sexual and reproductive health services

- In the case of services related to sexual and reproductive health for young people aged 15-20 (including males and females / married or unmarried)
- Do you feel the existence of differences or differences or conflicts between professional standards and personal standards?
- Can you give examples?

Barriers for service providers to provide reproductive and sexual health services to unmarried people
- Individual responsibility
- Lack of legal protection
- The job description of service provider is not clear
- The lack of policies
- Lack of information on how to provide counselling
- Lack of networking
- Sustainability and institutionalisation

Fourth group: Effective family planning advice and mobile phone reminders from a behavioral economics perspective

- How can we improve family planning services in health centers?
- What are the barriers to advising the husband on family planning? How can we overcome these obstacles?

Provide cadres with documentation / specialist only with counselling
- Providing the contraceptives to the private sector (reasonable prices for all)
- Providing awareness and education programs for the local community at all levels, for example in the waiting rooms for women in the health centers.
- Provide training for service providers to deal with beneficiaries, taking into consideration the identification of psychological and behavioral needs.
- Activating the appointment system in the health centers of the Ministry of Health.
- Activate the counselling hotline.

Challenges
- Overcrowding.
- The husband’s lack of awareness on the importance of his role in joint decision-making and the importance of taking counselling.
- The husband is preoccupied with his work / working hours is inappropriate for him.
- Inability of the husband to receive counseling service (shame culture).

Solutions
- Targeting those who are about to get married to raise their awareness on the concept of family planning to plan for family well-being.
- Encourage women to engage the husband to make decisions and obtain services.
- Preparation of educational materials on contraceptives to be disseminated through social media for couples.
- Determined the reasons why husbands refused the using of contraceptive.

Closing

In the end of the session, Dr Aqel make a quick wrap up on the main outcomes, at the end of the workshop, a group photo of the participants was taken.
Youth Cafe

"Overcoming barriers facing young people and their SRHR in Jordan"

Aims of the youth cafe
- Relay project findings to youth
- Enhance youth awareness and debate on SRHR issues in Jordan

Attendance: 102 participants

The youth meeting started with a welcome remark from Dr Aqel to the youth groups, thanking them for coming to participate in the workshop designated for them. There were more than 100 youth who attended the event.

Theatre performance

The Café commenced with the National Center for Culture and Arts (NCCA) play from the Interactive theatre project. The performance of “Mish 3aib” (‘It is not shameful’), an interactive play, was shown to the audience. The play dealt with many topics related to the SRH issues and showed the defect of the “shame culture” on the young people’s lives and how they suffer to access the SRH services.

"The youth cafe we held with more than 100 youths with the NCCA play opening and lively discussions on the "taboo" topic confirmed to me the importance of having youth actively involved and shape the future agenda of SRHR"  
Dr Ibrahim Aqel, Director of the Institute for Family Health/King Hussein Foundation IFH/KHF, and Facilitator of the SRHR meeting

The play opened with youths expressing their frustration and a wish for space to be themselves and to express themselves. Then, a series of short episodes followed: a girl having a painful menstruation but no one listening and her eventually being diagnosed with an ovarian cyst that needs to be removed, divorced daughter and her mother who is worried about her reputation if the daughter goes to seek SRH care, a young man with a urinary infection, domestic violence, the husband being the reason for infertility, and an 18 year old girl facing marriage.

Questions to the audience

After the play, the moderator asked a number of questions to the audience. These questions mainly concerned: to whom do you speak as a young person to obtain SRH information? The youth audience responded that these topics should be addressed in schools, in the health centres, specially from health service providers, the internet, peer to peer, social worker, family, and friends. Various interactions from the audience were facilitated; a young woman in the audience for example said that the mother of the divorcee in the play needs to be convinced, and she was invited by the moderator to speak with the “mother” actress and there were exchanges of interactive and informative dialogue. The young woman in the audience convinced the “mother” actress that she needs to think what is best for her daughter and for her well-being.

Following the play, the three project teams that focus on youth (thus excluding the behavioural economics project) gave brief presentations. After the three presentations, Dr Aqel divided the participants into 3 groups and explained the concept of “Youth Café”.

Youth cafe

After the three presentations, Dr Aqel divided the participants into the following three groups: services, access to information, and online portal to access information. Below are the questions posed to each group, and the summary points of the discussions that emerged.

Group 1: Services

Questions
If youth friendly services were to be designed...
- In your opinion, would young people and specifically single female adolescents be allowed to come unaccompanied?
- Who would you want to be working in these services/ providing the services?
- Opening timing of day/week
- Would you prefer for the services to be within the mother and child/family planning health centers (at different working hours) or have completely separate centers?
- Should the services be segregated according to gender?

How can we re-design our current PHCs to attract young men/women?

How would you describe the characteristics of an ideal reproductive health service?

**Insights**

- For people between the ages of 14 and 18, parents must be with them
- The role of technology must be strengthened
- There should be flexibility according to the type of problem, meaning that even if the beneficiary is young, he should take the information alone, to avoid the influence of the family on him.
- The service providers must have different background and specialisation: such as doctors, social workers, peer educators (as they are able to understand generation problems more than adults are. In addition the peer educator must be observed by specialists in order to ensure the accuracy of the information they provide)
- He must be open mind (he shouldn’t have prejudices), in addition he shouldn’t discriminate between male and female
- He should be from the same gender
- He must respect privacy of beneficiaries’
- He should be trustworthy for the beneficiaries, and he should be able to describe the problem and identify cases that need referral
- He can present information unusually by using tools that attract youth cheerfully
- It is important to provide the service for youth in the 2 shifts morning and evening times
- The center should be opened one day in the weekend

- Youth-friendly clinics should be inside maternity and childhood centers, because it is difficult to visit the centers if they are separated
- We should guarantee privacy for the beneficiaries
- Messages addressed to both genders should be clear and simple
- Spaces of counseling should be separated for both sexes
- The youth-friendly center should be comfortable and can accommodate more youth
- It must have modern technological facilities (Internet, TV screens, brochures, posters ...).
- should be easy to access
- The décor should be different from the traditional clinic
- Sufficient time must be given to all young beneficiaries to obtain the best service
- These centers should guarantee the privacy and confidentiality for youth

**Group 2: Access to Information**

What are some appropriate health messages that can encourage parents to discuss SRH and development issues with their children? What is the best channel to communicate such messages?

- Discuss personal hygiene
- Menstrual cycle and its symptoms / diseases related to genital parts
- The information is taken from the father and mother and not from the Internet because they are the reliable source of information
- Educating parents about the dangers of ignorance
- What are the educational means that should be followed: real stories, mosques, preachers, and awareness sessions for the people in their workplaces, TV ads, social media, and educational short films

*You are the trusted source for your children, so be the source of the right information*
"Your correct information protects your children, your information protects them from many diseases.

What recommendations can be made to curb the stigmatisation of single unmarried women and men seeking reproductive health services in the community?

Do young people prefer to get information from peers or from trusted adults?
- Awareness-raising means that ensure that the issue of reproductive health means everyone (married and unmarried person).
- The information should be provided by a specialist inside health centers.
- Educating service providers on the importance of providing information to all beneficiaries (married and unmarried person).

'Your body is your body'

If peer led counseling is to be initiated, who will be the peer educators?
From peers but preferably take the information from trusted adults such as parents, physicians, service providers, teachers, and social workers.

How to make information about available reproductive health services more accessible?
- Allocate a website that includes all health information and to be under the supervision of the Ministry of Health, to ensure simplicity and accuracy of information.
- Mobile application on devices monitored by a specialist from the Ministry of Health.
- TV advertising.

- Establish an electronic portal for young people, ensuring that youth can obtain health information in a precise and clear manner, as follows:
- Application on the phone: easy to use
- Chat: deals and communicates with an anonymous person so he can ask any questions without embarrassment.
- Medical site: reliable, easy search for information.

Do you prefer the information to be general or specific and tailored to individual cases?
- The reference of the person must be an experienced person and not necessarily a relative, e.g. a psychological counselor at school.
- Parents should be encouraged to give the accurate information to their children.
- Give children more space by giving them the opportunity to make their own and free decisions.
- Information should be given to children from five years old.

Would you feel safe to share personal and confidential information?
Using theater as an educational tool, especially in rural and isolated areas.

What would create a barrier/facilitator for accessing and using the online portal?
Parental control.
- The 'culture of shame' to ask such questions.
- Ignorance.

In the end of the session, Dr Aqel quickly wrapped up on the main outcomes.
Policymaker session

Advancing SRHR in Jordan. How can research contribute to better practice and policy?

Aims of the policymaker session
- Relay project findings to key policy makers in SRHR in Jordan
- Actively engage key policy makers in formulation of final policy briefs

Attendance for the policymaker session: 44 participants

Opening remarks by NWO-WOTRO Science for Global Development

Presented by Dr Gerrie Tuitert

Dr Gerrie Tuitert is senior policy officer and programme coordinator at NWO-WOTRO Science for Global Development, part of NWO (the Dutch research council). She is involved in the development and coordination of joint international research calls and programmes. She coordinates the SRHR research programme and the NL-CGIAR research programme. She is the Dutch representative in the governance of the European-African EDCTP programme and was earlier involved in developing EU-African Era-Net Cofund calls (ERAfrica, LEAP-Agri).

Opening remarks were made by Dr Gerrie Tuitert of NWO-WOTRO Science for Global Development, who is the senior policy officer and programme coordinator at NWO-WOTRO Science for Global Development, part of NWO (the Dutch research council). She welcomed all the participants and presented the Programme background regarding the geographic coverage (Bangladesh, Burundi, and Jordan), timing, the Netherlands SRHR policy on international collaboration (focus on young people, access to information & services, greater freedom of choice), and how it aims to be relevant to the local context through partnership (Share-Net) and consultation.

One of the characteristics of the Programme is the international research consortia: researchers from Jordan...
Dr Tuitert talked about the SRHR research projects in Jordan and mentioned that its aim was to generate new insights and to identify entry points for improved policies and interventions for SRH. She concluded with sharing the following objectives of the Programme:

- Understanding norms, behaviours, factors
- Identifying institutional barriers & enablers to availability, access and use of services
- Strategies to address barriers
- Share knowledge with relevant actors & strengthen international cooperation

Relevance of projects to Jordanian SRHR landscape: Share-Net Jordan/HPC

Presented by Mr. Ali Al-Metleq on behalf of Dr Amawi

Mr. Ali AL-Metleq hold master degree on Population Studies from Jordanian University, currently he is Director of studies and Policy Unit at the Higher Population Council since 2013 and coordinator of Share Net Jordan (Knowledge Platform on Sexual and Reproductive Health and Reproductive Rights) since 2016.

AL-Metleq attended and participated in several seminars and conferences and training courses inside and outside. He had more than (30) years of experience in population and development researches and policies fields and have extensive experience in preparation of terms of reference for studies and policies brief, preparing studies and policies brief on population and development issues, preparation and implementation of social surveys.

Next, Mr Ali Al-Metleq on behalf of Dr Abla Amawi of Share-Net Jordan/HPC presented on “Relevance of projects to Jordanian SRHR landscape.” Mr Al-Metleq is the Director of Studies and Policy Unit at the Higher Population Council since 2013 and the coordinator of Share-Net Jordan (Knowledge Platform on Sexual and Reproductive Health and Reproductive Rights) since 2016.

He warmly welcomed the participants and explained that the aim of this workshop is to launch the results of the projects and to stimulate research uptake by sharing the knowledge generated by the projects with relevant actors such as service providers, youth, media, policy makers and experts.

He mentioned that the two-year projects were launched in September 2017 under the patronage of the Minister of Health in Jordan and that the topics of these studies was “Sexual and Reproductive Health and Rights of Women and Young People in Jordan”. He introduced each of the four projects.

He then explained that today’s event will include a panel discussion entitled “Promoting reproductive health in Jordan and how research can contribute to better policies and practices”, which aims to discuss the results of these studies and produce inputs to the policy briefs formulated by relevant national institutions and experts in reproductive health together with policy-makers and practitioners.

He explained that HPC has a fundamental commitment through its mandate to strengthen capacity for reproductive health research in Jordan. Therefore, HPC plays a crucial role in the identification of sexual and
reproductive health needs within communities, generation of new knowledge for advocacy, and identification and testing of priority prevention and SRH interventions and best practices.

He also explained to the audience how Jordan was selected as the third focus country for Share-Net in 2014. HPC signed an agreement with Share-Net International in 2016, the Knowledge Platform on Sexual and Reproductive Health and Rights to implement the “Share-Net” Project and create a platform to support research on SRH in Jordan. Mr Al-Metleq concluded by stating that HPC is seeking to build the capacity of key partners in identifying knowledge gaps in the area of SRH.

Project presentations

Dr Aqel started this session by presenting the aim of this meeting, and gave a brief for the participants about the last two days meetings. Then he give the floor for the presenter to present the main findings to the participants

Panel Discussion

Dr Aqel started the panel session by presenting the aim of this meeting and gave a brief of the last 2 days of the workshop to the audience. Then he gave the floor to the four project team presenters to share the main findings.

Lastly, Dr. Emad Alsharu (IVF obstetric-gynaecologist) presented on the tele-medicine experience of the Jordanian Medical Services (RMS). Dr Alsharu presented the tele-gyne and tele-fertility project which has been co-funded by the Dutch government. They are currently doing a multi-centric pilot assessment trial with collaboration of five worldwide centres.

After the panel discussion, the floor was open to the audience. The table below picks up some of the comments, suggestions, questions and recommendations:

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<tr>
<th>Questions</th>
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<tr>
<td><strong>Dr Ali Gharabli - UNFPA</strong> Excellent presentation from Dr Yousef, especially the innovation way to reach the beneficiaries of consulting it is a very challenging method. UNFPA supports all those studies.</td>
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<tr>
<td><strong>Rima Kiwan</strong> What was the youth reference, proper age to get information about SRHR? How will we involve parents in dissemination of SRHR information.</td>
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<tr>
<td><strong>Thaira Madi - Ministry of Health</strong> I suggest using the MoH website to get information about SRHR, the website is very rich in information but I would like also to highlight that must of people use FB to receive</td>
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information my question is there is any idea to move from website to Facebook?

Dr Maha Al Saheb - Sexual reproductive Health expert
Dr Arej mentioned that parents is the must trustful resource of information, but you didn’t mention how parents can give these information to their children

Layal Kasir - PD analyst
Regarding the life cycle approach I would like to know which service or information, should we give to youth and in which age? Should we raise awareness of youth? Concerning the Comprehension sexual approach, how much we can work on it in Jordan.

Regarding the early marriage I am still confidence it’s not only health issue its human rights issue, even if the records of the study showed that they are healthy and they can get married and they can be pregnant we have to think from human right perspective this is another recommendation we might have in the research

Monther Karadsheh - Ministry of Youth
What will be the next steps? These studies should lead us to create new methods to spread the results and information by thinking outside the box

I believe all partners should cooperate to find the best solutions related to the common problems.

Dr Zeinb Al Oubous ministry of awqaf and Islamic affairs Jordan
The Ministry of Health should build the capacity of ‘female preachers’ who participate in raising awareness and educating women in villages

Dr Ikram Al Khasawneh -Ministry of planning and international cooperation Jordan
Stating on what Dr Malak said, I would like to emphasise on the issue of follow-up in order to have clear and positive effects on the ground. I also hope that there will be an internal partnership and cooperation between the different ministries.

Dr Nemat Barawi - Ministry of Health
We should use these studies to set the priorities of the health intervention in the future.

Responses by the panel

Dr Malak Alouri- Director of Women and Child Directorate/ Ministry of Health (MOH)

We agree that the work should be in more than one direction with the beneficiaries, with full respect for privacy.

We concluded that follow-up with women to use contraceptives encourages them to do so. I also would like to point out that Home visits to promote the use of unconventional family planning methods. In fact, the Ministry of Health has no evidence of the negative effects of underage marriage.

Regarding youth, we would like to work more on the policies related to them, but in reality, the Ministry of Youth is the main responsible for implementing youth programs. There is a great weakness to distinguish between preventive and medical services, so the Ministry of Health promotes that youth should have general medical insurance.

Regarding the studies' outputs, the Ministry of Health will study it in depth to determine the possibility of integrating it into our services

"When I presented my research during the panel session, I was immediately challenged at the roundtable discussion. It put me in an uncomfortable but truly rewarding position as a researcher, when I was in the position to defend it."

Dr An van Raemdonck from Vrije University (Project on Early marriage)

The Ministry of Planning and international cooperation should determine the priorities to be presented to the donors to get funds for projects.

As for the early marriage, we all agree that it is an issue linked to human rights, but we, as a Ministry of Health, work on the basis of the laws and regulations in Jordan that allow marriage at the age of 18 years, with some exceptions. So what we do as a Ministry of Health we try in this cases to delay the happening of the first pregnancy, and if the pregnancy happened, we seek to limit its negative effects on the young girl.

Regarding the Ministry of Awqaf’s intervention related to the training of female preachers, I would like to emphasise that we, as a Ministry of Health, have plans to raise awareness of preachers within our projects. We also have a guideline for that and we will continue to work with you on that.

Concerning the ministry of health website, it does not fulfill the purpose of what is proposed in our meeting
today, because we can find on the ministry’s website: guidelines, brochure, statistics, but this differs from effective dialogue with the family through counselling.

Dr Yousef
The smart digital counselling is an efficient way to transfer the information to the beneficiaries so they don’t have to come to the health centers to receive counselling.

Concerning the early marriage unfortunately there is no evidence that support the fact of the negative effects of pregnancy on the young girls.

Dr Van
In the case of early marriage, the lack of evidence is the big problem, we can see in the international reports that early marriage should be stopped because of his negative health consequences but in fact if you search for evidence to support this theory you cannot find.

Dr Areej
I will answer quickly on the previous questions, as you will have more time to discuss those issues in depth during the round table later. First of all regarding the engagement of parents I would like to tell you that we need to conduct more research in this regards to conclude and develop evidence.

For the comprehensive sexual education, its worth mentioned that we have evidence globally in addition to many guidelines in this regards. For that we need now to see how to adopt them to be applicable in our context (Jordanian context). So again it’s not about when we should start to give children information about SRHR, it’s about how to have our own curriculum and it surely will include a wide ages groups.

Concerning the next step, we are thinking how to take our results to the next stage, which means that we need to use those results into our programmes and policies.
Round Table session

The next session concerned Policy Roundtables. The themes to be discussed were: Youth and SRHR; Contraception counselling; and Early marriage. Dr Aqel split the participants into three groups to discuss the above themes.

Youth and SRHR
- at the micro-level, the health providers, parents, youth themselves, teachers (schools and universities) all need to actively raise their awareness on SRH information and service needs for youth; and at the macro-level, we need to make SRH care for youth be more mainstreamed in the public health system
- There were many discussions around health care provider issues: the importance of confidentiality, which is important for youth but currently not assured, service providers not understanding what is appropriate for their role and what information and service to give at what ages.

Contraception counselling
- Regarding the smart phones applications we should take into consideration that some people don’t have smart phones and they don’t know how to use it, while we use this method to disseminate information.
- Updating and follow up on the existing counselling guidelines, they should be revised randomly by specialist.
- Regarding the post-natal counselling, we should emphasise on the privacy of counselling which means that we have to prepare a special room for counselling.
- Men involvement in the counselling

Early marriage
- We should listen better to the need of early-married women.
- We should pay attention to the prevention
- We should distinguish between child marriage and early marriage.
- We should make sure that people can make inform decision in this regards
- We have to provide alternatives for these girls, like for example educational programmes
- We also emphasise on refugees condition in which women are isolated and it’s very important to give them a space in which they can express their needs
Annex 1: Project insights and recommendations
Main findings
- “Culture of shame” is one of the main barriers that should be addressed as SRH does not only concern those who are married
- In Jordan, unmarried women, youth or young women, divorced and widowed do not benefit from the necessary SRH services because this population exist outside of marriage
- Healthcare provider challenges such as legal protection and patient-provider communication were identified
- Financial barriers also exist e.g. cost of private services versus the quality of public services
- Art and theatre stimulates debate and brings out social norms/perceptions – “Making the invisible more apparent”
- Through theatre, the audience is emotionally engaged and the messages go to the heart of values underpinning SRH
- Interactive theatre deconstructs the social stigma on the issues so that they can be discussed openly

Main recommendations
- Work to create programmes, within the framework of continuing medical education, in cooperation with medical unions in order to improve medical communication skills between service providers and all social groups
- Review the curricula of medical workers to create a supportive environment for providing medical advice to adolescents and unmarried people and to facilitate ways to provide this advice through specific protocols determined by the Ministry of Health.
- Use arts and theatre to break the silence on SRH and “culture of shame” and stimulate important community dialogue

Youth needs

Main findings
- Providers that had training on SRH had more youth-friendly attitudes than those who did not
- Providers had the least favourable attitudes towards providing SRH information and services to unmarried youth
- Norms and personal beliefs heavily influence providers’ attitudes towards youth-friendly SRH services
- Jordanian female and male youth have many concerns related to SRH, with shame and fear being the central issue.
- Majority of youth said that they want information and services outside of the clinical setting, such as through community centres and schools which they think should be more open and understanding toward their needs.
- Youth want to speak with their parents, but they think their parents first need training on SRH

Main recommendations
- Develop clear SRH service delivery guidelines for youth that follow the principles of youth friendly SRH services. Ensure health service providers are aware of and trained on guidelines.
- Focus on training providers to develop more supportive attitudes towards the SRH needs of youth.
- Strengthen community outreach interventions to improve acceptability and understanding of the SRH needs of youth.
- Support parents and develop a cadre of peer educators for them to be reliable source of information related to SRH
- Provide comprehensive resources: puberty, marriage, spousal and familial relationships, mental health, harassment and violence, and supporting a family
Early marriage | Syrian Refugee Youth in Jordan: Early Marriages in Perspective

Main findings
- A variety of reasons led to early marriages: economic reasons were not predominant in their study
- There were many different forms of ‘early marriage’ and girls show up differently as actors in their own stories
- The need for open dialogue, women were looking for social contacts and friendship beyond the family context
- The link between early marriage and SRHR complications included the need for detailed medical evidence for health-related problems and a popular perception of culture as the real problem

Main recommendations
- Provide adequate and comprehensive counselling to postpartum women to ensure that women fully understand the information delivered
- Maintain the privacy and confidentiality of women during family planning services provision
- Use educational and reminder messages to enhance counselling
- Consider couples’ counselling whenever it is possible

Behavioural economics | Examining Reproductive Health Services of Women, Female Youth, and Female Refugees in Northern Jordan with a Behavioural Economics Lens

Main findings
- Enhanced counselling (e.g. effective counselling combined with mobile phone reminders) can:
  - Improve women’s compliance to use of Modern Family Planning Methods
  - Reduce the rate of unwanted and unplanned pregnancy

Main recommendations
- Service providers need to listen more closely to youth’s actual needs and to find proper channels to address SRH concerns to stakeholders and policy makers.
- Youth being engaged in more open interactive dialogues helps them to be better informed about their own SRH
- Young people know their situation best, what needs they have, and they can work towards their own solutions and we need to support them
Annex 2: Programme outline

Programme 11 March - Service Providers and Youth

Objectives of the day:
- Relay project findings to on-the-ground stakeholders: relevant service providers and youth
- Enhance youth awareness and debate on SRHR issues in Jordan
- Further inform policy briefs based on service provider and youth perspectives

Facilitator: Dr Ibrahim Aqel

Programme

10 - 12.30am  Service Providers Session “Evidence Based Provision of Sexual Reproductive Care in Jordan”
- Dr Aqel introducing the panel of project representatives
- Project presentations (3-4 min presentation on findings relevant to service providers and policy recommendations, posing questions for the discussion groups)
- Dr Aqel identifies questions for panel discussion
- Break into small discussion groups to discuss questions posed by presentations and Dr Aqel
- Relay perspectives of providers which include impressions/responses to policy recommendations
- Dr Aqel to wrap up

2:00- 5:00pm  Youth Café
- 2-3 minute presentation from teams on main findings and policy recommendations
- Panel discussion on “overcoming barriers facing young people and their SRHR in Jordan”.
- Questions from the floor.
- Small group discussions with trained facilitators
- Wrap up of discussions by Dr Aqel

5.30 – 6.30pm  Youth Policy Roundtable (with teams and round table facilitators)

Workshop Facilitator: Dr Ibrahim Aqel

Dr Aqel has a distinct background in management and leadership with 25 years of experience in healthcare management, research, education, youth empowerment, and economic empowerment. Dr Aqel, has been contributing to several national and regional projects led by UN agencies, USAID, DFID, and INGOs. Currently is working as a director of the Institute for Family Health IFH/ King Hussein Foundation.

Dr Aqel has a PhD in Management from Amman Arab University- Jordan, MSc. in Business from Huddersfield University- UK, a BSc. in Electro-Mechanical Engineering from Balqa University- Jordan, and a Diploma in Nursing from Institute of Applied Science-Kuwait.
Objectives of the session:

- Relay project findings to key policy makers in SRHR in Jordan
- Actively engage key policy makers in formulation of final policy briefs

Facilitator: Dr Ibrahim Aqel

Programme

10:00am  Opening session with Policymakers.
- Opening remarks by NWO-WOTRO Science for Global Development, Gerrie Tuitert
- Relevance of projects to Jordanian SRHR landscape : Share-Net Jordan/HPC, Dr Abla Amal

10:30am  Project pitches

10:50am  Panel Discussion: Advancing SRHR in Jordan. How can research contribute to better practice and policy?
- Each panel member to mention their vision and connection to SRHR.
- Practitioner and Ministry of Health comment on project pitches
- Questions from the floor

12:00pm  Policy Roundtables (Themes: Contraception counselling; Youth and SRHR; Early marriage)

2:00pm   Lunch @Threesixty (with policy makers, who will leave afterwards)