Introduction

Every country faces barriers in providing comprehensive sexual and reproductive health (SRH). Despite the fundamental nature of SRH, it is often considered a taboo or sensitive topic. The International Conference on Population and Development (ICPD) in Cairo in 1994 was a milestone which emphasised the fundamental need for women to have more decision-making power over sexuality and reproduction and introduced the concepts of SRHR. Jordan signed up to ICPD+25 and published its own National Reproductive Health/Family Planning Strategy for 2013-2017 and is currently developing its updated SRH Strategy for the period 2020-2024. The country also has other related strategies, such as the Ministry of Health’s Family Planning Strategy for 2020-2024. Access to SRH involves ensuring user-friendly service provision, and that people are aware of, accept and use these services. Given the sensitivity of SRH, different and innovative types of service provision are needed for each population group. It is necessary to involve each population group in defining the best service for them, and implicitly, the barriers to their use. A ‘one size fits all’ approach in SRH is unlikely to be effective. Jordan has widely available public primary healthcare, but for unmarried people multiple social barriers block their access to SRH information and care, and there are limitations in the service and care provided. Groups that face such barriers include unmarried young women and men, and adult women and men not currently married (widow(er)s/divorces) or who have never been married.

Table 1: Projects in Jordan

<table>
<thead>
<tr>
<th>Short title</th>
<th>Project title</th>
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<tr>
<td>Contraceptive counselling</td>
<td>Examining reproductive health services of women, female youth and female refugees in Northern Jordan with a behavioural economics lens</td>
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<td>Early marriage</td>
<td>Syrian refugee youth in Jordan: Early marriages in perspective</td>
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<td>Interactive theatre</td>
<td>SRHR of women and young people in Jordan: A mixed methods study using interactive theatre</td>
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<td>Jordanian and Syrian youth</td>
<td>Understanding and meeting the SRH needs of Jordanian and Syrian youth</td>
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Further description of each project and a list of publications are provided via: www.nwo.nl/srhr.
Young males
The Interactive theatre project revealed that in general, men of all ages had low levels of knowledge about what sexual and reproductive health is. Many are not very acquainted with relevant governmental healthcare services available in their area. This was reported to cause delays in seeking care or lack of utilisation of services for health problems including SRH and other conditions such as urinary tract infection.
‘You are afraid to go to a doctor or talk to your mother or father about this topic, especially that reproductive health is related to sex and sex is a taboo’ – Young man, aged 18-24, Irbid

Parents
Parent-child sexual communication (PCSC) is one of the most important ways in which parents influence their children’s SRH attitudes and behaviours by using it as a means to educate while also transmitting values, beliefs, information and expectations. Findings are that parents wish to discuss SRH issues with their children, but are ill equipped for such discussions, as discussing sex-related issues within families is often taboo. Young people in Jordan also indicated that they consider their parents to be a trusted source of SRH information.
‘Most parents shy away from telling their sons or daughters what they have to teach them’ – Jordanian mother from Amman
‘[Parents should] break the obstacle of shame [in order to] make youth feel like they are able to tell their parents anything that they face’ – Jordanian Father from Zarqa

Married women of reproductive age
In general, married women have been regarded as the main target group for SRH and face less stigma in utilising health services for their SRH. Counseling sessions in primary healthcare clinics, however, are passive, short, lack privacy, and might not address the woman’s full needs.

Women not currently married
The study participants in the Interactive theatre project stated that there are negative stereotypes and perceptions related to divorced women. Widowed women in Jordan also revealed an array of barriers to seeking care which were different from those faced by divorced women. There was also evidence of stigma around seeking care for regular reproductive health issues for other non-married women, including those who were single.
‘Not only divorced women, but even unmarried girls feel that it is taboo when they go to an obstetrician/gynaecologist (OB/GYN). I am a [single] girl and when I go to an OB/GYN, I feel it is taboo. People look at you differently. They seem to question what brought you to an OB/GYN’ Single woman, aged 35+, Mafraq

Refugees
Refugees face more pronounced (financial) challenges in accessing healthcare in general, including SRH health services, compared to Jordanians. Syrian girls are likely to be more concerned about early marriage compared to Jordanian youth. The Syrian women in this study emphasised the interrelationship between ‘psychological stressors’, the war, restrictive social norms and early marriage.
There is a wider social and economic context that places young Syrian refugee girls/women at risk of early marriage. The refugees face hardship in their lives, and while struggling to protect their family and to thrive, the parents often face a difficult dilemma whether to marry off their young daughter to protect her from the risk of sexual violence and gain some economic stability.
‘When there is awareness within society, fears will decrease...’ – Syrian girl

1: Interactive theatre project
2: Jordanian and Syrian youth project: Othman et al, 2020
3: Interactive theatre project
4: Jordanian and Syrian youth project: Gausman et al, 2019
Recommendations

Enhancing awareness of SRH issues and moving from a culture of shame to one of optimal health and wellbeing needs to be done in a manner appropriate to the cultural, religious and social norms in Jordan. Women (whether currently married or not), men and young people all have SRH needs and require at least preventive health services and information. They need to be encouraged to seek regular check-ups and should not face barriers to accessing available services. This policy brief draws on studies done in Jordan to provide recommendations that best suit the Jordanian context.

- **Involve populations such as youth, including young males and refugees, in defining the services they need.**
  - Use mobile technology to increase awareness and connection with health services.
  - Create an interactive digital platform in Arabic – such as an SRH information portal.
  - Ensure populations have confidential access to reliable and evidence-based information sources, which may include MOH endorsed website.
  - Create a National SRH Guideline developed through a learning-in-practice mechanism, involving target groups and interactive methods.
  - Introduce sexual education into schools, using innovative and participatory methods which include key stakeholders such as teachers and parents.
  - Sensitise policy makers, community and religious leaders, and other key stakeholders of the value of providing SRH information and services to youth through formal programming.

- **Use innovative and participatory methods to encourage this dialogue.**
  - Consider the use of interactive theatre, which deconstructs social stigma on issues so that they can be discussed openly.
  - Introduce multi-component interventions, such as peer group education and counseling, and parent education on SRH.
  - Ensure the interventions are interactive and focus on dialogue and discussion of one’s own experience, knowledge and strategies.
  - Pay special attention to including marginalised and neglected groups, such as individuals with disabilities, refugees, rural and isolated groups, the elderly and those in poverty.

- **Work with healthcare providers to address their perceived biases to SRH and expand general access, coverage and quality of their services. Appropriate legislation should protect this access for all people.**
  - Ensure continued training of healthcare providers in SRH with clear standards and compliance, including values training.
  - Sensitise health professionals to barriers to accessing health services and the need to create demand for such services and data.
  - Enhance counselling quality by healthcare providers.
  - Training should be given across multiple service providers, nurses, doctors, pharmacists and even pathology collectors.
  - Enhance comprehensive primary healthcare services. Provide combined SRH and mental health services, especially for married adolescents and Syrian refugees, to help youth cope with psychological stressors related to their SRH, including family and social pressure, street harassment and gender-based violence.
  - Explore different modalities for reaching these population groups (e.g. change in clinic hours or youth only hours) and their cost-effectiveness.
  - Explore possibility of outreach from health services to community centres, universities and other venues where underserved populations are concentrated so that these venues can also be part of comprehensive primary healthcare services. Review the curricula of medical workers.

- **Engage relevant and broad-based Ministries to ensure that the public, private and NGO sector also focus on SRH.**
  - Promote wide community dialogue with Ministries and providers under their remit. Draw on spaces already present in the population to open up discussions regarding SRH health.
  - Establish a national umbrella that can coordinate and follow overlapping lines of action between the National Reproductive Health Strategy and the National Youth Strategy.
  - Engage religious leaders in a discussion about SRH.

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