

UNINTENDED PREGNANCIES REMAIN HIGH IN JORDAN

by Rozzet Jurdi, University of Western Ontario, Canada

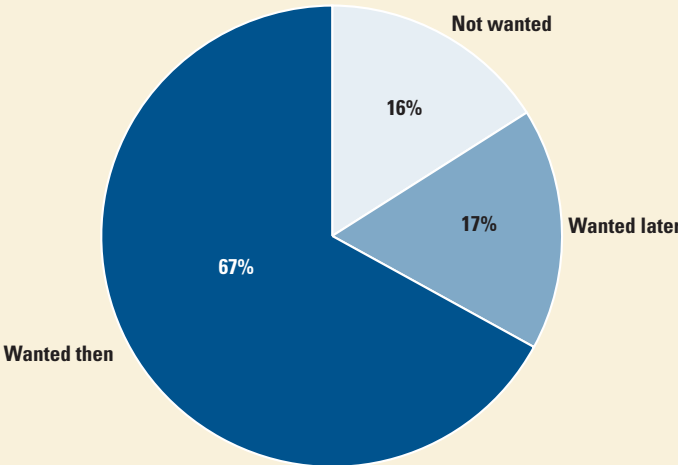
Every pregnancy should be intended and wanted, according to the Jordanian government’s policies and international agreements related to family planning and reproductive health. However, one in three pregnancies in Jordan is unintended—either mistimed or unwanted (see Figure 1). The high rate of unintended pregnancies is a serious public health issue that impedes the government’s effort to improve women’s and children’s health through longer intervals between births and lower fertility (births per woman). The government’s population policy was developed following the UN’s International Conference on Population and Development in 1994, a landmark conference that embraced the principle that every pregnancy should be planned and wanted. The conference agreement also linked for the first time women’s reproductive health and rights to broader social and economic development.

Policies and programs that reduce unintended pregnancies are justified on health and human rights grounds, and they can help Jordan achieve its population and development goals. This research paper intends to help policymakers and program managers in Jordan understand the extent and nature of unintended pregnancies and their implications for women and their families. A better understanding of unintended pregnancies and their causes will enable decisionmakers to remove obstacles that prevent families from having their desired number of children.

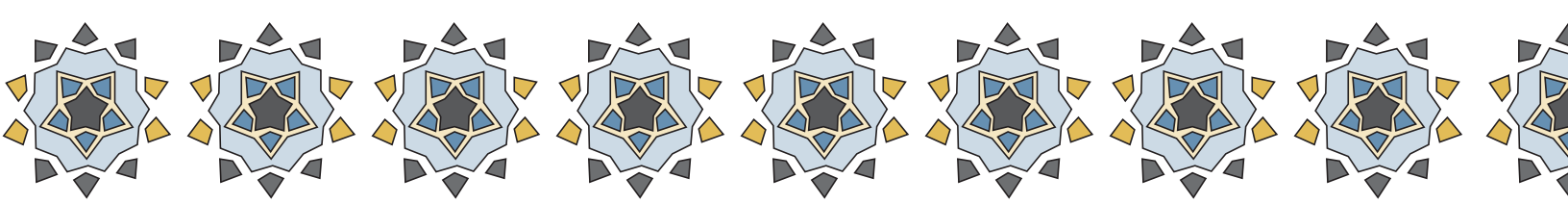
The analysis used data from Jordan’s 2002 Demographic and Health Survey (DHS), which is based on a nationally representative sample of ever-married women ages 15 to 49. The survey responses provide a retrospective calendar for all women who experienced a pregnancy in the five years preceding the survey. These data, in turn, allow an assessment of the planning status of all pregnancies occurring during these years. The planning status of pregnancies was measured in the DHS by asking respondents to recall how they felt each time they became pregnant. Wanted and well-timed pregnancies are those that occurred at the time that the respondent wanted them. Pregnancies for which a respondent reported wanting to wait until later were classified as “mistimed,” whereas those reported as having been not wanted at all were classified as “unwanted.” Together, mistimed and unwanted pregnancies constitute “unintended” pregnancies.¹

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Figure 1
PREGNANCIES BY PLANNING STATUS, JORDAN, 2002



SOURCE: Jordan Demographic and Health Survey, 2002.



Jordan's Population Policies and Programs

Until the 1990s, Jordan had no explicit, official population policy.² In 1991, the National Population Commission adopted the National Birth Spacing Program to promote better maternal and child health and reduce fertility by advocating longer intervals between births. In 1996, the government approved the program as an official population and development policy to lower fertility and slow population growth. After the policy was adopted, Jordan experienced a remarkable fertility decline. Knowledge and acceptability changed markedly since the early 1990s, and increases in modern contraceptive use provided a major impetus to the overall fertility decline in Jordan. The proportion of married women using contraception increased from 27 percent in 1990 to 41 percent in 2002 (see Figure 2). During that period, the total fertility rate declined by 34 percent, from an average of 5.6 children per woman in 1990 to 3.7 children per woman in 2002.³

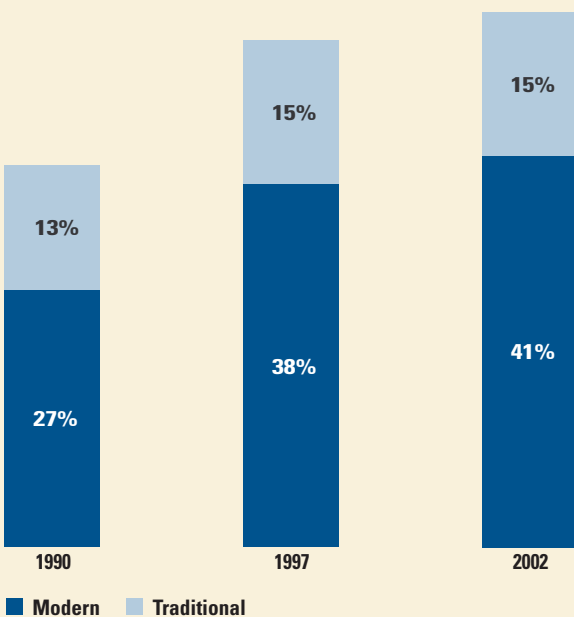
The increased use of modern contraceptives in Jordan is good news for improving the health of women and their families. However, as long as a large number of pregnancies are mistimed or unwanted, women's reproductive goals cannot be met. Unintended pregnancies are a serious public health issue, with consequences for women, families, and the country.

Unintended pregnancies can impede Jordan from achieving its population and development goals, in particular, the goal of reducing the total fertility rate to replacement level—about two children per woman. Also, by averting unintended pregnancies, Jordan will be better positioned to meet its Millennium Development Goals, including improved maternal and child health.

There is ample evidence that when a pregnancy is not intended at the time of birth, the health of both the mother and child can suffer. Unintended pregnancies carry a higher risk of maternal and child illness and death because they are associated with late initiation and underuse of prenatal care, poor health behaviors during pregnancy, complications during delivery, low birth weight, and problems in child development. Some women with unintended pregnancies resort to unsafe abortions that could lead to ill health, disability, or death.⁴

Figure 2

MARRIED WOMEN AGES 15 TO 49 USING CONTRACEPTION, JORDAN, 1990, 1997, AND 2002

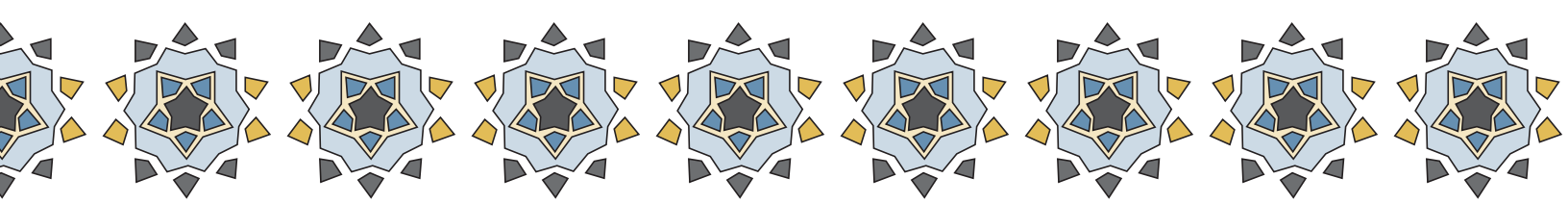


SOURCE: Author's tabulation based on *Jordan Demographic and Health Survey, 2002*.

Unintended Pregnancies Account for 38 Percent of Pregnancies

To quantify the potential impact of unintended pregnancies on total and age-specific pregnancy rates, a synthetic approach similar to that used for calculating the age-specific fertility rate and total fertility rate was used to calculate actual and intended total and age-specific pregnancy rates. The results are shown in the table (page 3).

If current age-specific pregnancy rates continue, on average, a Jordanian woman would have 4.4 pregnancies during her reproductive life span, while the intended total pregnancy rate is only 2.8 pregnancies per woman. A woman who experiences the current age-specific mistimed and unwanted pregnancy rates during her reproductive life span will have, on average, about 0.7 mistimed and 0.9 unwanted pregnancies by age 50, accounting for 38 percent of Jordan's total pregnancy rate. These estimates provide a clear message to family planning program managers and policymakers that action is needed.



Many Jordanian Women Have Multiple Unintended Pregnancies

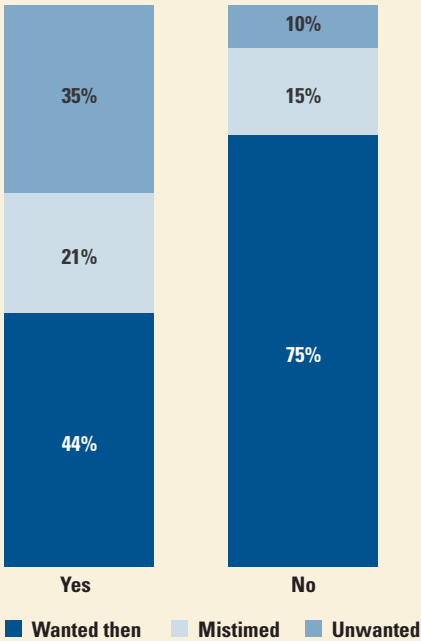
The extent to which women are likely to experience repeated unintended pregnancies has not been addressed extensively in the research literature, even though it has important implications for the integration of family planning services in maternal and child health care, including counseling on contraceptive methods to prevent such repeated experiences. The DHS data reveal that about 40 percent of unintended pregnancies that occurred during the preceding five years are second- or higher-order unintended pregnancies. This figure is likely an underestimate, because it does not take into account unintended pregnancies that occurred before the five-year period covered in the survey. In other words, many of the mistimed or unwanted pregnancies that are counted as the first unintended pregnancy may in fact have been a repeated one.

Figure 3 shows that pregnancies preceded by an earlier unintended pregnancy are more likely to be mistimed or unwanted, even after controlling for the characteristics of the pregnancy, mother's background and socioeconomic characteristics, husband's characteristics, and place of residence at the time of the pregnancy. Clearly, more attention should be paid to preventing repeated unintended pregnancies.

Stopping Contraceptive Use Due To Method Problems Matters

Particular groups of women have high risks of unintended pregnancy in Jordan and thus would benefit from quality family planning services tailored to their needs. Using the

Figure 3
PLANNING STATUS OF PREGNANCIES BY PRIOR EXPERIENCED OF UNINTENDED PREGNANCY, JORDAN, 1998–2002



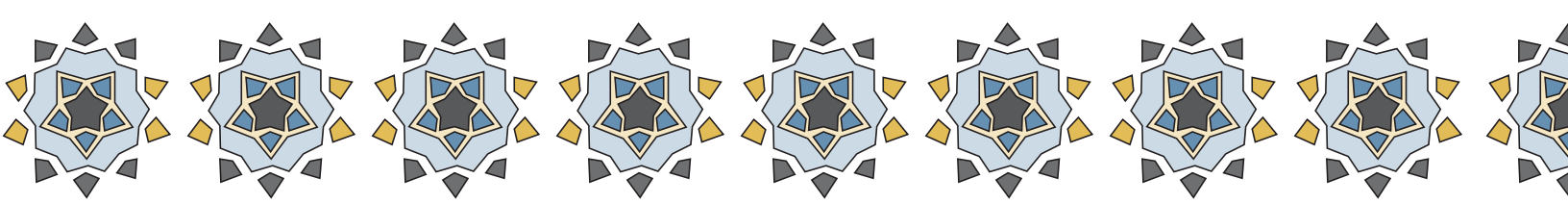
SOURCE: Author's tabulation based on *Jordan Demographic and Health Survey, 2002*.

UNINTENDED PREGNANCY RATE AS A PROPORTION OF THE TOTAL PREGNANCY RATE, JORDAN, 1998-2002

Age group	Total pregnancy rate	Intended pregnancy rate	Mistimed pregnancy rate	Unwanted pregnancy rate	Percent unintended (mistimed + unwanted)
15-19	0.035	0.029	0.005	0.001	18
20-24	0.167	0.123	0.031	0.012	26
25-29	0.235	0.163	0.047	0.024	31
30-34	0.221	0.135	0.037	0.047	39
35-39	0.148	0.078	0.014	0.052	47
40-44	0.058	0.021	0.003	0.032	64
45-49	0.017	0.002	0.001	0.012	87
TPR	4.4	2.8	0.7	0.9	38

NOTE: Total pregnancy rate (TPR) is the average number of pregnancies that a woman would have by the time she ended childbearing if she were to pass through all her childbearing years conforming to the age-specific pregnancy rates of a given year or a given period. TPR for actual pregnancy shown in this table, for example, is calculated by: $(0.035 + 0.167 + 0.235 + 0.221 + 0.148 + 0.058 + 0.017) \times 5 = 4.4$

SOURCE: Author's tabulation based on *Jordan Demographic and Health Survey, 2002*.



DHS data, this research investigated various factors associated with mistimed and unwanted pregnancy, including the characteristics of each pregnancy, the mother's past pregnancy issues, the mother's background and socioeconomic characteristics, husband's characteristics, and place of residence at the time of the pregnancy. The factors having the most important program implications were those related to stopping contraceptive use.

The analysis showed that pregnancies preceded by a contraceptive discontinuation due to method-related reasons—namely method failure, health concerns, discomfort, inconvenience, and misuse—were significantly more likely to be reported as mistimed or unwanted than other pregnancies (see Figure 4).

What Needs to Be Done?

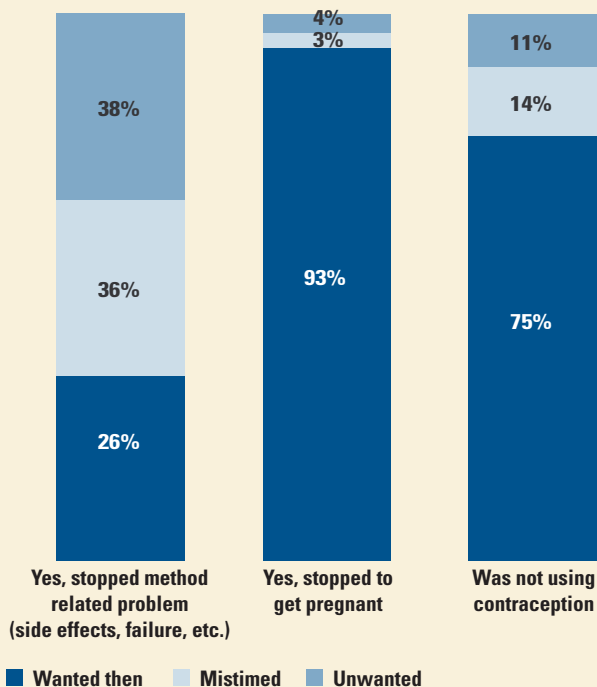
Researchers, policymakers, and health care workers in Jordan need to make concerted efforts to help prevent unintended pregnancies. Efforts directed at preventing unintended pregnancies are important for enhancing individuals' reproductive health and rights and for meeting Jordan's development and population goals.

The following recommendations help address the continuing problem of unintended pregnancies in Jordan:

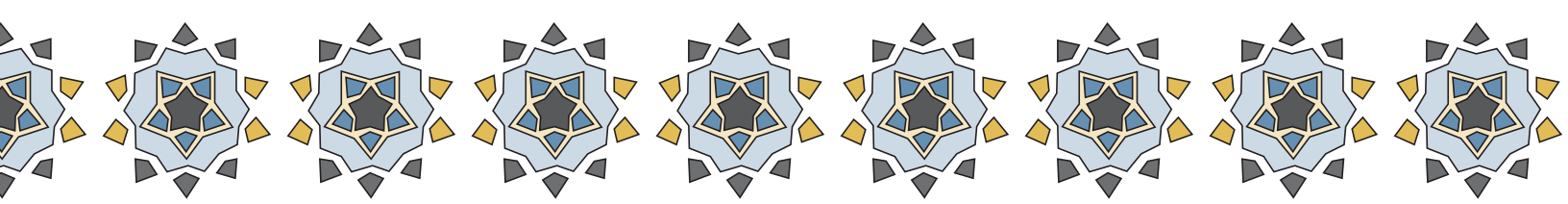
- Diversify and expand the availability of modern contraceptive methods and provide counseling on the most appropriate methods for each woman, considering where she is in her life cycle.
- Continue educational efforts and communication programs to help address many of the barriers to family planning use, including misconceptions and myths about different contraceptive methods.
- Improve efforts to integrate maternal and child health care and family planning services by providing quality family planning counseling and services to women at risk of unintended pregnancy when they seek maternal and child health care services.
- Improve family planning counseling and follow-up for women who adopt a contraceptive method.

Figure 4

PLANNING STATUS OF PREGNANCIES BY REASON FOR NOT USING CONTRACEPTION, JORDAN, 1998–2002



SOURCE: Author's tabulation based on *Jordan Demographic and Health Survey, 2002*.



References

¹ N.E. Alder, "Unwanted Pregnancy and Abortion: Definitional and Research Issues," *Journal of Social Issues* 48, no. 3 (1992): 19-35; and T. Tsui et al., eds., *Reproductive Health in Developing Countries: Expanding Dimensions, Building Solutions* (Washington, DC: National Academy Press, 1997).

² Suneeta Sharma and Issa Almasarweh, *Family Planning Market Segmentation in Jordan* (Washington, DC: Futures Group International in collaboration with Research Triangle Institute and the Centre for Development and Population Activities, 2004).

³ Jordan Department of Statistics, *Jordan Population and Family Health Survey 2002* (Calverton, MD: Jordan Department of Statistics and ORC Macro, 2003): 36, 48.

⁴ Elizabeth Eggleston, "Unintended Pregnancy and Women's Use of Prenatal Care in Ecuador," *Social Science & Medicine* 51, no. 7 (2000): 1011-18; Elizabeth Eggleston, "Unintended Pregnancy and Low Birth Weight in Ecuador," *American Journal of Public Health* 91, no. 5 (2001): 808-10; Monica Magadi et al., "Frequency and Timing of Antenatal Care in Kenya: Explaining the Variations Between Women of Different Communities," *Social Science & Medicine* 51, no. 4 (2000): 551-61; Cicely Marston and John Cleland, "Do Unintended Pregnancies Carried to Term Lead to Adverse Outcomes for Mother and Child? An Assessment in Five Developing Countries," *Population Studies* 57, no. 1 (2003): 77-93; and Carla M. Obermeyer and Joseph E. Potter, "Maternal Health Care Utilization in Jordan: A Study of Patterns and Determinants," *Studies in Family Planning* 22, no. 3 (1991): 177-87.

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