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A Qualitative Study

OF THE PERCEPTIONS OF

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Phyllis Tilson Piotrow, Ph.D.
Director
Center for Communication Programs
Johns Hopkins University

Jose G. Rimon, II
Project Director
Population Communication Services
Johns Hopkins University

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Abbreviations

CCP	Center for Communication Programs
GS	General Secretariat
IEC	information, education, and communication
IUD	intrauterine device
JNPC	Jordan National Population Commission
JHU/PCS	Johns Hopkins University/Population Communication Services
MRO	Market Research Organization
R&E	Research & Evaluation
USAID	United States Agency for International Development

Summary

To learn from the people they serve, the Jordan National Population Commission (JNPC) asked researchers to conduct qualitative research with married men and women to understand Jordanians' attitudes and practices concerning family planning. In November and December 1995, 24 focus-group discussions were held in the central, northern, and southern regions. With encouragement from discussion leaders, participants expressed their concerns and introduced related issues during the discussions. The findings reported here arise from this qualitative research. As such, they do not necessarily represent Jordanian population as a whole.

While traditional values on family size, family planning and birth spacing predominate, there is evidence that Jordanian attitudes and beliefs about contraceptive practice are changing. The focus-group findings indicate a recognition among most respondents that closely spaced births often result in health risks to mother and child and that broad economic changes have altered the costs of children. Many respondents believe that contraception is acceptable for economic as well as health reasons. This indicates a change in social norms from the older generation and, in turn, presages behavioral changes with significant demographic implications for the near future. Information, education, and communication programs can facilitate and support these normative and behavioral changes.

Primary Findings

■ **Knowledge about family planning methods.** Participants were aware of most family planning methods, but lacked in-depth knowledge. Participants were more familiar with what they referred to as “natural” methods than with modern methods. Specific findings include:

- The oral pill, intrauterine device (IUD), condoms, vaginal tablets, and sterilization were recognized by most participants.
- Injectables and Norplant® implants were mentioned by only a few participants.
- Breastfeeding was a popular birth-spacing method, although often used unsuccessfully.
- Withdrawal and the rhythm method were familiar methods to most participants, although not well-understood by all.

■ **Attitudes and beliefs about birth spacing and family planning methods.**

- The distinction between birth spacing (*muba'ada*) and family planning (*tanzim al-osra*) was made often and with conviction. While birth spacing was perceived by most respondents as permissible, family planning—generally understood to mean a deliberate decision to limit all future births—was viewed by many as antithetic to the tenets of Islam.

- Most participants preferred what they called natural methods over modern methods. Natural methods, defined by participants to include breastfeeding, the rhythm method, and withdrawal, were considered religiously appropriate and safe, although not necessarily effective.
- Some participants strongly condemned modern methods as religiously insupportable, but others noted with equal conviction that birth spacing is in keeping with religion as long as it does not involve limiting *all* future births.
- Side effects of various modern methods, widely perceived as “unnatural” and “invasive,” were discussed at length in every focus group discussion.
- Many women saw the IUD as the best modern contraceptive method despite their reservations about or experiences with unpleasant side effects. Respondents mentioned ulcers, cancer, and infertility as potential side effects of most modern methods.
- Condom use was associated with reduced sexual pleasure for the couple and was thought by some to cause men fatigue or leg pains.
- Almost all participants, women as well as men, perceived sterilization as strictly forbidden by religion since it represented the ultimate form of birth limitation. Some older women, however, were able to consider it with some equanimity as an option once they had been warned that future pregnancies posed a potential risk to their health.

■ **Intentions to practice family planning.**

- The most pressing motivation to use family planning seemed to be economic—money is scarce and rearing children is expensive.
- While some participants sought to limit their family size to provide a good quality of life for their children, others held to the religious teaching that God would provide adequately for every child. Both views were supported by citations from the *Qur’an* and other religious texts.
- The health of the mother and of the newborn baby were cited as religiously approved motivations for family planning.

■ **Family planning practices.**

- Most participants had tried a natural family planning method.
- Among participants who had used a modern method, most reported experiencing some type of physical discomfort.

- Many participants believed in the importance of a “rest period” from modern contraceptive usage.

■ **Obstacles to family planning.**

- Strong family pressures to have a child as quickly as possible—most importantly, a son—dissuaded most newly married couples from considering family planning. Couples also felt considerable pressure from their families to have large families with many boys.
- Husband-wife communication about family size and family planning is still relatively rare. Women tend to infer—sometimes erroneously—that their husbands want large families and are likely to acquiesce to their husbands’ desires, whether stated or assumed.
- The reliance on natural contraceptive methods early in marriage often had led to pregnancy.
- A serious obstacle to successful family planning was the fear of harmful side effects from modern contraceptive methods.
- Lack of in-depth knowledge about contraceptive methods and widespread discomfort with the principle of contraception resulted in many reported experiences of contraceptive failure.

Strategy Implications

- This research demonstrates that perceptions of religious principles are important, often decisive, factors in whether a couple will use modern methods. The clergy, as interpreters of religious principles, can help assure the public that family planning, including modern method use, is religiously acceptable.
- Men are often the decision-makers, whether implicitly or explicitly, about family size and contraceptive use. Ways to increase men’s support and involvement could be considered.
- Policies that encourage husband-wife communication could be considered. Many women assume their husbands want large families without any discussion of the matter. Couples may find that they can agree on and provide mutual support to achieve their desired family size if they discuss such matters with each other.

Program Implications

The suggestions that follow reflect the authors' interpretations of the findings, but they are meant to encourage discussion and debate about ways to address the family planning concerns and needs in Jordan rather than to list recommendations definitively.

■ Knowledge barriers.

- Rumors and misconceptions about contraceptive methods are common among Jordanians. Educational interventions that focus on specific knowledge of contraceptive methods might discuss the benefits of using contraception, address concerns about the methods, and include instructions on proper use.
- Many Jordanians are concerned about health risks and side effects associated with specific contraceptive methods. Information explaining the benefits of birth spacing, family planning and contraception could serve as a counterpoint to concerns about the possible risks.
- Ways are needed to reassure potential users that their fertility will not be impaired after using contraceptives, since many people want to space births, but fear jeopardizing their fertility.

■ Attitude barriers.

- Support for family planning from influential religious leaders would address the widespread and abiding concern about the religious implications of family planning. People need to know that family planning is in keeping with Islam.
- In particular, the participation of religious leaders in men's discussion groups, at community meetings, and in media presentations can be encouraged.
- Family planning can be discussed at meetings of men's groups and at community meetings. Some media messages can be directed specifically to men.
- The health benefits of family planning can be highlighted, in particular avoiding the health risks to both mother and child of too many pregnancies, pregnancies too early or too late in the woman's reproductive cycle, or too closely spaced.
- Emphasizing that unwanted and mistimed pregnancies are dangerous to the health of the mother and the child would associate health risks with mistimed pregnancies rather than with contraceptive use.
- Community programs and activities could explain and show the advantages—economic, social and physical—of family planning. Community mobilization is particularly effective when coordinated with mass media programs.

- To the extent possible and reasonable, the “natural” and “noninvasive” aspects of modern methods should be highlighted, e.g., modern methods do not disrupt sex, hormonal methods mimic the body’s hormones, modern method use is less risky than unwanted or mistimed pregnancies.
- The effectiveness of modern methods should be emphasized. Natural methods were characterized as ineffective.

■ **Contraceptive practice.**

- Condoms could be promoted as an appropriate method of contraception within marriage.
- Correct use of the lactational amenorrhea method (LAM)—that is, exclusive breastfeeding—should be explained to the public since breastfeeding is widely, but often ineffectively, used to space births.
- Appropriate methods to use while breastfeeding, such as the progestin-only pill, the IUD and injectable, should be discussed.
- Information concerning correct use of the rhythm method and its risks should be disseminated at health centers and through the mass-media. Again, the method is widely used but not well-understood.
- Commonplace misunderstandings about the side effects of various methods suggest that IEC programs and activities that monitor and counter contraceptive-related rumors would contribute to increased acceptability and use of modern methods.
- Methods should be identified as methods for spacing or methods for limiting. Permanent methods should be introduced in a health context.
- Widespread concerns about or actual experience with poorly inserted IUDs suggests a need to review and upgrade the IUD-insertion skills of providers. Extensive dissatisfaction among respondents with the IUD suggests further that the counseling skills of providers need to be revised and upgraded.

■ **Sources of information.**

- Clinic personnel should tell clients how to manage potential side effects, when to seek medical services for side effects, and which alternate methods are available if the method of choice is not satisfactory. Mass-media should be considered an important complementary venue to communicate this information.

- Doctors and other health workers need training and motivation to improve the quality of counseling sessions with prospective as well as active contraceptive users. Many participants were dissatisfied with the quality of family planning services they had received in clinics as well as in private physicians' offices.
- Lectures by influential religious leaders at both the national and local levels could assuage concerns about the religious implications of family planning.
- Modern contraceptive methods can be promoted at health centers and clinics. Women can be carefully informed by caring doctors and other health personnel. Women in the focus-group discussions requested more opportunities for one-to-one communication as well as better access to printed materials.
- Both women and men suggested holding seminars, meetings and health education sessions on family planning in their homes or at other locations close to home such as social centers, clubs, and municipality buildings.
- Men can be explicitly included in the decision-making process by addressing their concerns, inviting them to men's discussion groups and community meetings, and encouraging them to talk with their fiances and wives about family size and family planning. Many male respondents indicated a desire to participate in small group discussions concerning family planning.
- Some form of premarital education that includes family planning, the need for birth spacing to protect both mother and child, and contraceptive methods should be considered.

■ **Media channels.**

- Television and radio can emphasize the benefits of birth spacing and family planning. Programs and spots should address the husband's role regarding family planning and birth spacing issues.
- Television can encourage husband-wife communication, perhaps by modeling a couple that discusses family planning and thereby resolves some misunderstandings.
- Evening programs and spots are likely to reach men as well as women.
- Innovative radio and television programs could be used to encourage public and semi-public discussions of pregnancy, childbirth, and family planning so that these issues are not restricted to private conversations. In this way, family planning will gradually be perceived as normative and misunderstandings can be corrected.
- Young couples who have chosen to delay their first pregnancy should be considered as potential role models in media productions.

- Given the importance of interpersonal communication to family planning attitudes and practices, satisfied users could be influential role models via the media.

Research Implications

This study constitutes an important phase in the establishment of research-based family planning programs in Jordan. As with all studies, however, there are limits on how the findings can be interpreted and used. This focus group study does not capture information concerning the distribution of family planning knowledge, attitudes, and practices among the Jordanian population. Therefore, the data reported here should be used judiciously and with caution when generalizing to the population as a whole. A quantitative survey devised to augment this qualitative study is underway. It will provide formative data for the design of communication strategies and interventions and fine-tune our understanding of how Jordanians perceive family planning.

Crucial insight into the wide range of perspectives concerning family size and family planning among Jordanians is provided by these focus groups. There are however, questions that may require further explanation through subsequent research. For example, why do couples who have achieved their desired family size fail to use contraception? What would need to change in order for them to adopt contraceptive use? What types of programs would encourage women to safeguard their own reproductive health as prudently as they protect the health of their children and that of other family members? These and other lingering questions can be answered more fully by further research and by monitoring changes in knowledge, attitudes, and practices once programs are in place.

Chapter I. Introduction

In 1995 the Jordan National Population Commission (JNPC) was given the responsibility to design and disseminate information, education, and communication (IEC) materials on family planning and contraception to the people of Jordan. A vital first step included qualitative research to understand more fully the beliefs and attitudes underlying Jordanians' contraceptive behaviors and aspirations for their families.

A broad cross-section of married men and women was recruited from the Center, North, and South regions of Jordan for the 24 focus-group discussions. These discussions were designed to guide the development of JNPC's work. This methodological approach was selected to gain insight into the family planning attitudes, perceptions, and practices of Jordanians by encouraging participants to speak in their own words, to introduce related issues, and to voice their concerns during the course of the discussion.

This report presents the findings from this qualitative research and relies predominantly on the words of the participants themselves (translated into English for this report). At the same time, the insights of focus-group discussion leaders guide both the analysis of the findings and the ensuing recommendations for the ongoing work of the Commission.

These findings provide important insights into the thinking of a broad range of Jordanians, but they are not necessarily representative of the Jordanian population as a whole. Rather, the findings reported here indicate general tendencies. The primary goal of qualitative research is not so much to assess levels or degrees of action as to understand current action by locating it temporally and contextually. (To ascertain the distribution of reported family planning knowledge, attitudes, and practices among Jordanians, a quantitative study is currently underway.)

Research Objectives

Each of the 24 discussion groups involved 8 to 10 respondents. Participants were encouraged to talk in a relaxed manner about their marital expectations, their concerns regarding children, their beliefs about family size, and their experiences with family planning and the various contraceptive methods. The objectives of this qualitative study were:

- To explore the nature of gender roles in family life by looking at such issues as decision-making and the division of labor in household management and care of children;
- To establish the extent of husband-wife communication vis-a-vis family size and family planning;
- To ascertain how religious beliefs influence attitudes and behavior related to family size and family planning;

- To assess the levels of awareness and understanding of the available contraceptive methods, and to learn preferred and actual sources for family planning information.
- To explore people's images of the various contraceptive methods, images of individuals who use family planning, and images of physicians and other health care workers who provide family planning information and services.
- To determine the reasons and circumstances leading to contraceptive use, discontinuation, or never use.
- To explore the intentions of former users and nonusers of contraception, including aspirations for children, for standard of living, and other possible motivating factors; and
- To ascertain preferred sources for contraceptive and family planning information, including potential media channels.

Methodology

A series of 24 focus-group discussions was conducted among married women ages 15 to 49 and men currently married to women ages 15 to 49. Male and female participants were recruited and discussions were conducted separately by moderators of the same sex. Respondents were recruited on the basis of the following characteristics:

- Users, discontinued users, or nonusers of contraception;
- Less than intermediate level of education (10 years) or beyond intermediate education standard;
- Urban or rural residence; and
- Residing in the Center, North, or South regions of Jordan.

Group membership was constituted as outlined in Table 1.

Table 1.
Distribution of Focus- Group Participants, by Contraceptive Status, Gender, Education Level, and Residence: Jordan, 1995

Group	Contraceptive Status	Gender	Education Level *	Residence
Center Region				
Group 1	Users/Discontinues	Female	< intermediate	Rural
Group 2	Users/Discontinues	Female	< intermediate	Urban
Group 3	Users/Discontinues	Female	Intermediate +	Urban
Group 4	Never used	Female	< intermediate	Rural
Group 5	Never used	Female	< intermediate	Urban
Group 6	Never used	Female	Intermediate +	Urban
Group 7	Users/Discontinues	Male	< intermediate	Rural
Group 8	Users/Discontinues	Male	< intermediate	Urban
Group 9	Users/Discontinues	Male	Intermediate +	Urban
Group 10	Never used	Male	< intermediate	Rural
Group 11	Never used	Male	< intermediate	Urban
Group 12	Never used	Male	Intermediate +	Urban
North Region				
Group 13	Users/Discontinues	Female	< intermediate	Urban
Group 14	Users/Discontinues	Female	Intermediate +	Urban
Group 15	Never used	Female	Mixed	Urban
Group 16	Never used	Female	Mixed	Rural
Group 17	Users/Discontinues	Male	< intermediate	Urban
Group 18	Users/Discontinues	Male	Intermediate +	Urban

			e +	
Group 19	Never used	Male	Mixed	Urban
Group 20	Never used	Male	Mixed	Rural
South Region				
Group 21	Users/Discontinue rs	Femal e	Mixed	Urban
Group 22	Never used	Femal e	Mixed	Rural
Group 23	Users/Discontinue rs	Male	Mixed	Urban
Group 24	Never used	Male	Mixed	Rural

NOTE: * Groups identified as “mixed” includes primary through intermediate levels of education.

By using the group dynamic, participants were able to express and rethink their attitudes and beliefs vis-a-vis family planning by influencing and being influenced by others—as happens so often in actual social settings when individuals form their beliefs, perceptions, and intentions and decide how to act upon them. Qualitative methods depend on words and their context, concepts and conceptual relationships. Such methods provide in-depth information about a relative few cases, through which the researcher can gain a better understanding of the decision-making process. The way people describe and explain their actions is central to qualitative research. A degree of interpretation is essential to bring out a fuller understanding of the findings: it is the task of the researcher to synthesize the findings as well as to derive them from programmatic and policy-related implications. To these ends, the discussions have been carefully analyzed to determine what different types of people are doing to space births and plan their families, what they would like to do, and what help or information about modern and natural contraception they may need.

Discussions were recorded on audio tape and subsequently transcribed in Arabic. Respondents were assured that the tapes would be listened to only by members of the research team. The findings in this report are supported by quotations from respondents in English as well as in the original Arabic.

Chapter II. Birth Spacing, Family Planning, and Family Size

The focus-group findings reveal shared opinions and concerns among many, if not most, of the groups with respect to contraceptive practices and methods. Indeed, intra-group differences were generally as great as inter-group differences with respect to the main issues addressed in the focus groups. Nonetheless, there were some distinctions that should be considered in the development of programs for specific audiences. For example, religious concerns were important to all groups, but urban men seemed to discuss the religious implications of birth spacing and family planning more frequently and more passionately than did other groups. While women were also concerned about religious teachings, health was their overriding concern. Potential and rumored side effects were discussed in greater detail by women who were using or had used a method than by those who had never tried a method. Men who were nonusers of contraceptives were more likely to reject—on religious as well as medical grounds—all modern methods than were men who had used, or whose wives had used, contraception.

Attitudes about Birth Spacing

Most participants wanted to space births and plan their families. It was also important for them to feel that they were not offending religion in doing so. All participants understood birth spacing to be approved and even encouraged by Islamic beliefs.

Birth spacing . . . give[s] each child born his rightful level of caring and attention, and they give your wife the time to rest and regain her health. They give the husband the chance to weigh up his financial situation and plan his family's future. Does he want his child to go to university? Can he afford to have two children studying at the same time? If not, then he needs to employ birth spacing so that one can finish university before the other begins. (Urban Male, User, Secondary Education)

Natural methods such as the rhythm method and breastfeeding were regarded as the preferred methods of spacing births. Modern methods were often criticized: some respondents considered them unacceptable means of birth spacing, others thought of them as necessary, if less-than-preferable, contraceptive methods. Yet, there were among the respondents those who felt very comfortable using modern contraception.

Breastfeeding was mentioned frequently as the preferred birth-spacing method. The fact that many women will not conceive while breastfeeding was seen as a natural and God-given way to allow the mother to recover from the birth and devote herself to her new baby. Using breastfeeding alone was said to allow periods of up to four years between births, though this entailed breastfeeding longer than was generally practiced.

I approve of the natural birth spacing without the use of any contraceptives. I am against using chemicals like pills or metal like IUDs. I wish we could always use breastfeeding, but not all women can avoid pregnancy by breastfeeding. There is the rhythm method, of course, but it just doesn't work in so many cases. (Urban Male, Nonuser, Primary Education)

When asked, however, not all wives agreed that prolonged birth spacing was a good idea. Some who had children in their late twenties and early thirties now wished they could have had all their children earlier when they were young and strong. This implies a (perhaps latent) preference for closely spaced births followed by birth limitation, conflicting with their stated opposition to limiting births completely.

Attitudes Toward Birth Control

While participants firmly believe that Islam approves of birth spacing they also maintained that birth control, meaning the limitation of the final size of the family, was not in keeping with Islam. Men with traditional views were adamant on this point. Overall, “birth control” as a term rarely, if ever, found acceptance.

Birth control means stopping having babies for good, like sterilization, and this is prohibited by religion. (Urban Male, Nonuser)

Religion says that birth control is prohibited, while planning is not. (Urban Male, User)

Even men and women who were convinced of the benefits of family planning, and who used modern contraceptive methods, described themselves as spacing births rather than controlling or limiting them. Those in support of limiting births were limited to one or two older women who had been sterilized or who were considering it.

A small group of younger participants also considered a smaller family ideal, usually because of economic hardship. This suggests that, at least among the young, Jordanian women do not necessarily object to small families: even they, however, are uncomfortable saying that they intend to *limit* all future births.

Family Planning Attitudes

Family planning became an acceptable concept when broadened to include all aspects of the family's future. Parents discussed the futures they wanted for their children, with education a prime concern. This included having free time to devote to playing with their children in infancy and reading to them as they grew older. Fulfillment of educational aspirations for each child is costly; therefore, a 3- or 4-year gap between children was suggested to allow one child to complete a university degree before the next child started on the same path. Such planning seemed to mark a certain break with the past and the traditional belief that every child would be provided for, regardless of the situation of the parents. When quality begins to replace quantity as the primary criterion in the decision concerning family size, as is beginning to be evidenced in Jordan, the desired family size can be expected to decrease.

Men with more traditional ideas, however, argued that large families allow children to have more playmates, to help each other with school work, and demand less parental supervision. Such an attitude, however, requires a measure of confidence in the future and in the economic prospects of the family: not all participants had this confidence.

Controlling the number of children is prohibited in the Qur'an, but family planning means to plan a better life for your family. Planning is the basic rule of evolution. (Urban Female, User, Secondary Education)

Family planning is not prohibited because you are planning for yourself and your children, and you are not controlling the final number. (Rural Female, Nonuser)

Acceptance of family planning was often conditional. People had to be sure of religious approval before they could consider family planning. Many participants restricted family planning to the use of natural contraceptive methods. Modern methods were acceptable only after natural methods had failed.

I don't think that religion would mind if the woman stays free from pregnancy for five years, but if she had a child and started to use contraceptives because she did not want any more children, then this would not be allowed by religion. (Urban Male, Nonuser)

I heard it argued in a religious conference that if you control the number of children you have because you are not able to meet their needs, then this is not prohibited. But if you say you don't want to have any more children without a good reason, then this is prohibited. If you have a good reason, like the poor health of the wife, then you can use control. (Urban Female, User, Secondary Education)

If you don't have natural control over pregnancy through breastfeeding, then you should use some method of contraception. The natural method does not work for everyone. They should use an IUD or sterilization. (Urban Male, User, Primary Education)

Social acceptability of family planning. Only a small number of participants held a broad view of family planning. For them, this concept had birth spacing at its core, but it also encompassed respect for the individual and the realization that people should take as much responsibility as possible for their own destinies. Those taking this view felt that family planning was compatible with the compassionate tenets of Islam.

There was, however, disagreement with this philosophy. Some men argued that it was wrong to try to shape the future, both because it was inherently unknowable and because it was predestined. The birth of children, in particular, was such a divine mystery that it was profane to try to interfere. These men made it clear, however, that in most areas of their lives they did all they could to achieve what they wanted.

The degrees of disagreement with the concept of family planning, therefore, were difficult to evaluate, especially since they could have been tinged with post-rationalization. Many of the arguments against family planning and against modern contraceptive methods came from couples who already had many children, and who, therefore, may have been justifying their past actions as well as expressing their beliefs.

Whether family planning can be said to be socially acceptable or not seems to depend on what is meant by family planning and who is setting the standards of social acceptability. Even when economic or educational considerations were discussed as legitimate reasons for prolonged birth intervals, tradition and elders' opinions seemed to be the standards for most participants. There were assumptions that the older generation would be instinctively opposed to family planning because of its deviation from past norms. Younger people indicated in the discussions that they regarded elders' opinions very highly, implying that any opposition to family planning from the elders could still influence their decisions to use family planning, despite any changes in their own views on the acceptability of family planning.

Attitudes toward religion and family planning. People expressed opposing beliefs about the interpretation of Islamic teaching on family planning and contraception, with both sides showing sincere devotion to their faith. Many men argued without compromise that Islam was opposed to birth control and, therefore, to all modern or artificial contraceptive methods. They believed that Moslems had been instructed to be fruitful, and that every child would be cared for. Other men argued that Islamic teaching expressly approved of birth spacing because of the benefits for the mother and newborn. These participants also indicated that natural contraceptive methods—a

term used to indicate breastfeeding, withdrawal, or the rhythm method—should be considered first, and modern methods should be considered only as alternatives.

For those who believed Islam forbade family planning, artificial or modern contraceptive methods were condemned. According to this belief, each blocked-off sperm was equated to a murdered soul.

If you kill men's sperm, it means you have killed a number of souls, and this is prohibited by religion. (Rural Male, User, Primary Education)

If contraceptives are used, a soul is being killed. (Rural Female, Nonuser)

If I use a condom it is murder. God said, never kill your children because of a need. God will provide what you need. (Urban Female, User, Primary Education)

Others dismissed this argument of “killing a child's soul” on the grounds that there was no soul until fertilization.

My sister's husband is a Sheik, and he says the IUD is prohibited because it kills a soul. But how can you kill a soul when there has not been any fertilization? There are some verses that say that the baby's soul will form after two and a half months in the womb. (Urban Male, User, Secondary Education)

I do not believe that birth spacing involves the killing of a soul, and I do not believe that religion

states this either. The soul is not created until the embryo is formed. Once that occurs, then after only one day it is utterly prohibited to harm the embryo, the growing child. But I believe it is sensible and practical to avoid conception, making it unnecessary to do anything harmful after conception has actually occurred. (Rural Female, Nonuser, Primary)

Some believed that Islam permitted the use of any effective contraceptive method if the life of the mother was endangered by further pregnancies. Some participants expanded this belief to include all health conditions as a justification for using family planning. Some people reasoned further that if the health of the mother was granted this license, then so were economic considerations such as crowded housing and poor diets as they could affect the health of the

mother and the child.

God blesses us with children, but at the same time He says that, if we have a reason for not wanting children, like low income or other difficulties, then it is not prohibited to use contraception. (Urban Male, Nonuser)

A Moslem scientist has said that if your economic situation does not allow you to care properly for more children, then you should apply family planning. (Urban Female, User, Secondary Education)

There are many natural contraceptive methods which are not prohibited by Islam. The Sahaba [the Prophet's contemporary followers] used to use the withdrawal method, which results in contraception. Family planning is accepted by religion. (Urban Male, Nonuser, Secondary Education)

Family Size

Focus-group participants were conscious of Jordan's tradition of large families, and they understood that large families had both social and religious approval. Participants noted three basic types of pressures to have large families: traditional, familial, and religious. On the traditional level, respondents cited the long-held tradition of having many children to help work in the fields and to provide for the parents in their old age. Often in combination with traditional pressures, couples felt pressure from other family members to have many children, especially boys, to continue the family line. Others noted the religious teachings that Moslems should be fruitful and that each child would be provided with sustenance regardless of the parents' economic situation.

Yet, many participants voiced concerns about their ability to prepare and educate a large family adequately for the future. There was even a sense among some participants that "most people nowadays" plan to have relatively small families.

Traditional pressures for large families. Participants noted that traditional pressures to have large families are rooted in Jordan's past when almost all families lived in the country, when there was a need for many hands to work the land, and when infant mortality was a threat. Many participants cited their parents' family size as examples of the ideal family size. Rural residents were especially ready to defend their need for large families even today:

Since we are farmers we like to have big families. For us, children can help on the land. We have a lot of land, so we prefer to have many children. (Urban Male, User, Primary Education)

Familial pressures to have large families. The majority of participants noted pressures from family members to have many children, especially sons. Newly married young women were acutely conscious of these family pressures to produce sons in order to continue the family line and to settle matters of inheritance. When a son is born, there could also be family sentiment that he needs a brother to keep him company. As two participants noted:

When I married, I did not become pregnant for the first four months, and my husband's family wanted me to see a doctor. I heard critical comments from relations and friends coming to visit. My husband's family insisted we have a child to prove that he was a man. (Rural Female, Nonuser, Primary Education)

We had our first baby girl, then another girl. . . . As you know, our society values boys over girls, and I had only two girls. Everybody was calling me “the father of girls,” and everybody was encouraging me to have a brother for my daughters. My mother and my brother were particularly insistent . . . Once I

have a boy, I will be satisfied. (Urban Female, Nonuser, Primary Education)

The husband's mother seemed to be a key source of pressure to have a large family, citing security in old age as a motive behind the insistence. Other elders also insisted that the couple have more children while still young and healthy.

When I first got married, all we used to hear from my mother and mother-in-law was, “have babies, have babies.” My mother-in-law had 12 children and my mother had 10. They kept telling me that children will support their parents when they grow old. But now we have come to realize that a smaller number is more than enough. (Urban Female, User, Primary Education)

I have a girl and a boy, and I have to face a lot of criticism from my husband's family, and my family as well. They keep saying, 'you still only have a boy and a girl. Have more children before you get old. (Urban Female, User, Secondary Education)

Wives feel other pressures to have children throughout their married life. When women were older, some felt pressured to demonstrate their youthfulness and desirability by producing another child. As some participants explained:

Many women aged around 40 have a final child just to prove that they can still do so, and to demonstrate their continued youthfulness to their husbands who are putting them under pressure, saying they are too old. (Urban Female, User, Secondary Education)

When a woman exceeds the age of 35, she gets pregnant to prove to people that she is still young. (Urban Male, User, Secondary Education)

Other women felt pressured throughout their marriage to produce children in order to prevent their husbands from becoming dissatisfied and divorcing them. This conformed to a common stereotype that men want as many children as possible and that their wives feel obliged to acquiesce.

Sometimes the wife does not want more children, but she is forced to become pregnant by her husband who says, "If you don't want to have children, I'll marry someone else. (Urban Female, User, Secondary Education)

If you don't have a baby, your husband might divorce you or marry another wife.
(Rural Female, Nonuser)

But in other cases, it seemed that husbands as well as wives had become convinced of the benefits of smaller families, without necessarily informing each other of that fact (see page 16).

Religious influence on having large families. In this highly devout Moslem country, religion influences the ideal family size held by many Jordanians. Many believe the teachings of Islam to be in harmony with social pressures for the maximum number of children from every family. For these people, anxieties about caring for many children are dispelled by faith in the bounty of God. Others also cited the belief that having many children was required in order to make the Islamic nation mighty.

The Prophet told us to multiply, and he will be proud of us at the Day of Judgment.
(Rural Female, Nonuser)

God said we should increase our number, and He encourages us to have many children. He said He will provide for their needs, and He said we must not kill our children . . . Every newborn child has his own destiny of birth, wealth, and death. I cannot know how much money I will get tomorrow, but God will help me get it. That is our destiny. (Urban Male, Nonuser, Secondary Education)

God says, don't kill your children because you are worried about the expense they cause, and in another verse He says He will provide for their needs. (Urban Male, User, Primary Education)

There is a verse which says that we should keep on growing in number so God will be proud of us on the Day of Judgment. The Islamic nation should be as large as possible, so, if a war occurs, we will be greater in number. (Urban Female, User, Primary Education)

Tradition, family members, and religion could be considered unified in insisting on large families, with no limitation of family size permitted. Such arguments, expressed in forceful language by respected elders, apply pressures that many pious couples find difficult to resist.

Move toward smaller families. Although the pressures for large families remain strong, respondents discussed the counter-pressures created by the dramatic changes of life in Jordan. The flocks and herds and the mantle of the stars of the past have been replaced by office and factory jobs and small houses in towns. These changes had brought about changes in attitudes towards family size, placing a greater emphasis on birth spacing.

We have four children, and my wife is pregnant. . . . My wife is young, but we have no rest at home. We have a small house, and my eldest son is six, and our youngest is two. I think that birth spacing is a necessity for people getting married these days. We live in Amman, which is different

from the countryside of yesteryear. (Urban Male, Nonuser)

Most people nowadays try to control the number of children they have. The economic situation today is different from the old days. We used to depend on the crops and grain to live, but now we

must depend on a salary. (Urban Male, User, Primary Education)

The financial situation nowadays is not like the old days. Islam wants us to raise our children in the best way we can. If you have twenty children and have to leave them to roam the streets, they will not be raised properly. When the house is small and you have too many children, the house becomes noisy and dirty and the children get pushed out into the street. (Urban Female, User, Secondary Education)

The ideal family size continues to be quite large, although now in single rather than double figures. Participants showed concern that family size continued to put a strain on family budgets, but there was little enthusiasm for the small families of only one or two children typical of the West's nuclear family. As one participant put it:

When I told my husband I only wanted to have two children, he said I should have married a foreigner.

Foreigners only have two children. (Urban Male, Nonuser, Secondary Education)

Couples were influenced primarily by economic pressures to limit the size of their families. Many men had come to take a different view about the traditional ideal family size because of the economic pressures left by the fall of Jordan's gross national product after the Gulf War. They argued that, while in the past there may have been sufficient work in the fields, food to eat, and space to house the large family, money was now scarce, and living space could be cramped. Smaller families seemed essential for survival.

Because of the financial situation, one has to think carefully before having another child. If you have one child every year, there is no rest for the parents, the house will become crowded, and we will not be able to provide for all the needs of the children because I have a limited income. (Urban Female, User, Primary Education)

Life is difficult, and we are facing many problems nowadays. When I got married, for example, I had to live with my parents, and my brother was also there with his wife and four children. Imagine how crowded the house was! We had no privacy, and the only time I could talk to my wife was at night in our room. (Urban Male, User)

Changes in the standard of living in Jordan also brought about changes in the way parents wanted to bring up their children and in their aspirations for their children.

My relatives now counsel us not to have too many children. You must be able to teach them, raise them, and feed them. We should take care of our children and give them individual love and attention. Provide them with a good and secure life. (Urban Male, User, Primary Education)

My mother and father had a big family, but I cannot afford one. I have to educate my children, feed them, and clothe them. I don't want to have ten children and be unable to provide them with a proper education. In the past, farmers used to have land, and they needed children to help on the land. Today that no longer applies. (Urban Male, User, Primary Education)

Key concepts that ran through this strain of thought were individual attention and education for the child.

Concerns for wives and mothers accompanied concerns about children's quality of life. Participants noted that the physical and temporal demands of closely spaced children would tire the mother. More time for the mother to devote to her children would mean more time for her to devote to herself.

The woman has the right to live. She shouldn't be pregnant from one year's end to the next. It is bad for her health. That is why we should use birth spacing. (Rural Female, Nonuser)

I would like to have three or four children, no more. My mother was exhausted through raising children, although the family was not excessively large—three girls and five boys. She paid a high price, and devoted all her efforts and her health for her children. She became ill early in her life, and I don't want the same to happen to me. When the family grew up and married, and the load on my mother was lifted, she could not enjoy her life because her health was so poor. (Urban Male,

Nonuser, Secondary Education)

Family Planning Decision-Making

Husband-and-wife communication. Research demonstrates that talking with one's spouse about family planning is an important factor in contraceptive use, continuation and satisfaction.

Family planning discussions seemed to have taken place primarily when husbands took the initiative. Women expected their husbands to decide family matters, and husbands assumed their wife's acquiescence. In a few cases, participants spontaneously revealed that family size was discussed between husband and wife either before or in the early days of marriage and that an agreement had been reached—often based on the husband's wishes. Although this could be interpreted as a tacit decision to limit family size, participants never defined it as limitation.

In many cases it was apparent that discussions between husband and wife had not occurred. Men noted that their desire for many children was clear and did not need discussion; many women confirmed that this, too, was their expectation. Other young couples reported that it was difficult for them to spend time together unchaperoned before their marriage, and so meaningful discussion on serious subjects of this sort were blocked.

There were strong suggestions, however, that participants believed such discussions between husbands and wives were essential if birth spacing was to work.

Sources of Information

Participants listed television, radio, magazines, and brochures as desirable channels for information on family planning methods and child health issues. Religious as well as medical considerations are important to this audience: a central message should be that the two are mutually supportive.

We would also like to know what religion says about these things. (Urban Female, User, Secondary Education)

References to contraceptive pills for men (which are still in the developmental stages and are not on the market), advanced fertility awareness methods, and a wide range of both real and purported health risks associated with contraceptive pills indicated that people in Jordan sought and listened to many sources of information about contraception. Among these sources were foreign journals and newspapers, television stations of neighboring countries, and satellite television in addition to family and friends, doctors and health centers, local and national media.

Doctors and other health workers. Doctors were regarded as the most trusted sources of information about contraception, both because of their medical expertise and because of the opportunities during a private consultation to ask questions that were answered in full. Women often felt that all their concerns about a contraceptive method were not addressed by staff at health centers, and that only one or two methods were discussed as options. This seemed to be particularly the case in rural areas.

I think it is much better to consult a doctor because he will take enough time to explain everything, and tell you the advantages and disadvantages of each method, while at the health centers, they won't tell you all you need to know. (Urban Female, User, Primary Education)

Health centers. Although doctors seemed to be the *preferred* source of information about contraceptive methods, health centers were the *main* source of information and practical help cited by participants. In fact, health centers were frequently recommended as sources for disseminating information about contraception and other reproductive health issues.

At the health center I was told that the IUD is the best method for the woman's body. They also have posters there showing one woman who has many children living in a lot of mess, and one woman who has spaced her births and who is able to keep her house very tidy. That is very persuasive. (Urban Female, User, Primary Education)

The best way to reach women is to arrange meetings at the health center during the mornings while the children are still at school. Every woman would inform her neighbor about the meeting. Word of mouth travels fast. I attended a meeting about breastfeeding the other day. There were so many women there, married and unmarried, and also Bedouin women. (Rural Female, Nonuser, Primary Education)

According to experiences cited by participants, health centers would not be a likely source of information for men, however. Very few men attended a health center with their wives. This left men, often the decision-makers in the household, without the benefit of informed, professional counseling and thus more vulnerable to rumors and misinformation.

Television. Women participants identified television as the channel from which they would prefer to receive family planning information. Participants also felt television would be an effective source for men.

Since I am convinced that knowledge should be spread, and want as many people as possible to benefit from this subject, I would prefer to have programs dealing with it on television so lots of people can watch. (Urban Male, Nonuser, Secondary Education)

Television is the best medium for learning about family planning for men. Everybody will watch at night. (Urban Female, User, Secondary Education)

Participants felt that current television programs dealing with family planning issues needed improvement, citing the stilted and boring nature of such programs. They recommended that new formats combine medical expertise, religious reassurance, the participation of men, public education, and personal consultation. Many women, however, seemed to mistrust the ability of television to present serious and potentially controversial subjects in a way that could command sympathetic attention.

Radio. Although participants felt television was essential for the male audience, some women favored radio for the more serious and intimate discussions of family planning. Radio was considered appropriate because women could listen to programs when at home alone. Many participants cited *Family Program* as a trusted source of information and advice about serious domestic issues affecting women's lives. Future interventions could easily incorporate messages into this pre-existing program.

In the “Family Program” on the radio, they discuss many interesting topics like family planning and breastfeeding. (Urban Female, User, Secondary Education)

Most women listen to the radio. I prefer the radio to the television. The “Family Program” on the radio is very educational and covers many topics. (Urban Female, User, Secondary Education)

Obstacles to family planning information. Although participants generally knew of a range of sources for family planning information and services, young people about to be married seem to have less access to adequate information and services. Opportunities for serious discussion of such matters were often limited during betrothal because the bride-to-be must be chaperoned. This practice often left brides-to-be with no open channels for practical education.

Once young people felt a need for family planning information, usually after the arrival of the first or second child, they tended to rely on word-of-mouth accounts about the available methods. These sources are often a source of rumor and misinformation. In addition, it was widely assumed that natural contraceptive methods did not require medical advice, so many couples relied on what they recalled from biology lessons at school to inform their use of these methods.

Chapter III. Method-Specific Knowledge and Attitudes

Participants were asked to name all the methods they knew and to group those methods that had similar qualities. All participants referred to breastfeeding, the rhythm method, and withdrawal as “natural” methods. Modern methods included the oral pill, the IUD, injectable, Norplant® implants, sterilization, condoms and other barrier methods. The distinction participants made between natural and modern methods was clear and unwavering.

Natural Methods *Versus* Modern Methods

There was a strong preference for natural contraceptive methods over modern methods. Many believed that Islam approved of only natural methods. Participants also seemed to share a deep belief that couples should not interfere with the mysteries of birth and life. Children were welcomed as gifts of God, and participants showed great sincerity whenever they spoke of this belief.

There were, however, those who sought to use modern contraceptive methods. Women would sometimes take the initiative, going to a doctor or health center and asking about the suitability of a method they had heard about from friends or relatives. When women did this, medical professionals tended to respond quite narrowly and specifically to the women's questions, rather than giving comprehensive information and advice about the full range of methods available. Whether these failures of communication occurred because the women were embarrassed and confused or because the medical staff were in some way constrained, was impossible to discern without extending the research to include the medical professionals.

As discussed earlier, the most clearly expressed reasons for practicing contraception were economic, including shortage of money and living space. Concerns for the health and well-being of mother and child were also cited as reasons for adopting some form of contraception, although such concerns were expressed primarily by women or their husbands who had personally suffered during some stage of a previous pregnancy. Economic considerations also motivated the move from natural to modern contraceptive methods.

Method Switching

Natural to modern methods. The transition from natural to modern contraceptive methods seemed to be a difficult one for most participants. The transition was often made only after several children had been born, when money was short, and when the rhythm method or withdrawal proved unsuccessful. The transition occurred mostly within the context of postnatal care, when doctors or other health workers prescribed a reliable modern method.

We started by planning, using the rhythm method, which is counting the period days. After two and a half years, and after two children, we continued to use it, but it did not work. I had a third child, then had an IUD inserted. (Urban Female, User, Secondary Education)

It was reported that married couples tended to discontinue the use of modern contraceptive methods, prompted by side effects and fears of dangers to health. Discontinuation contributed to a continuing cycle of unplanned pregnancies.

Modern to natural use. Discontinuation of contraception and oscillating between natural and modern methods seemed so common as to be characteristic of Jordanian practice. The main reasons for this discontinuation were troublesome side effects suffered by women using IUDs or oral pills. The fear that prolonged use of these modern contraceptives would cause infertility was another reason cited for discontinuation. Deliberate discontinuation of modern methods to have a baby at a favorable time was rarely mentioned.

I asked the pharmacist for contraceptives, and he told me about the pill. We used it, but it did not suit us. My wife was harmed by the pills we used, so she stopped taking them and used an IUD. We had used the pill for around two years. Women seem to agree among themselves that the IUD is better than the pill. My wife went to the health center in Jebel-al-Hussein, had an IUD fitted,

and it did not work. (Urban Male, User, Secondary Education)

Sometimes we used pills, sometimes the rhythm method. When my wife suffered the side effects of the pill, she stopped using them and shifted to the rhythm method for three, four, five or six months. I came outside the vagina when I feared there had been a mistake in our counting. (Urban Male, User, Secondary Education)

Nonuse. Nonusers of any type of contraception naturally tended to be younger married people who were having their first children. Anxiety to have children immediately usually forced young couples to prove the wife's fertility with an early birth. Young mothers in this situation often reached a point where they wanted to practice family planning for the sake of their own health and the well-being of their children, but apprehensions concerning modern methods often outweighed other considerations.

For this reason, young men and women were likely to report using natural methods as their first attempt at contraception. Indeed, the majority of focus group participants reported that they had used breastfeeding, the rhythm method or withdrawal at some point in their marriage to space births. There were, though, those who had never used contraceptive methods because of religious beliefs. Others did not use natural methods because the wife did not know about them or because she knew or assumed that her husband would not be willing to cooperate.

Nonusers of modern contraceptive methods tended to believe that the use of modern contraceptive methods was wrong and potentially harmful. These beliefs often came from rumors or misinformation passed on by friends or relatives, magazine articles focusing on litigation about contraceptive methods, or even from the instructions included in contraceptive packages.

I prefer to have children because I've heard that the pill causes cancer, and now they say that the IUD causes cancer as well. I have less chance of dying having children. (Urban Female, User, Secondary

Education)

When you read the instructions inside the medicine box, you get frightened by what you read about the side effects.

*(Urban Female,
User, Primary
Education)*

Natural Methods

As discussed earlier, because of the fear of religious disapproval and of side effects, the majority of focus group participants reported that they relied on natural methods for spacing births despite dissatisfaction and failures. Noteworthy is that respondents made no mention of any professional guidance to help them effectively use natural methods.

Participants considered breastfeeding, the rhythm method, and withdrawal all natural and religiously approved methods to extend the interval between births. Inconvenience and low rates of effectiveness were the primary drawbacks to these methods. Few participants understood the conditions under which breastfeeding is an effective contraceptive and, while most participants seemed to understand the general principles of the rhythm method, many could not explain the method in detail.

Folk methods. Especially in rural areas, some women mentioned folk or popular methods. Some participants mentioned use of coffee seeds, olive oil, and herbal preparations as methods of contraception; no participants mentioned current use of such methods, however.

Breastfeeding as a method of family planning. Breastfeeding was the preferred natural birth-

spacing method. Participants noted that breastfeeding is approved by Islamic teachings and is completely natural, with no side effects. Using the Qur'anic recommendation to breastfeed each child for two years resulted, according to some participants, in a natural spacing of up to three years between births.

There is a two-year gap between each of my three children. My wife is a teacher, and as long as she is breastfeeding, she will not become pregnant. It is something natural, something from God. (Urban Male, Nonuser)

Many of the women who had used breastfeeding as a method for birth spacing were not satisfied with its effectiveness, however.

I used to have regular periods while breastfeeding, so there was the risk of becoming pregnant. (Urban Female, User, Secondary Education)

I think that breastfeeding is unsafe because I tried it once and became pregnant. (Urban Female, User, Secondary Education)

Clearly, people lack information about the conditions under which breastfeeding is an effective birth-spacing method: namely, exclusive breastfeeding, which is generally not recommended beyond six months, at which time the infant's nutritional needs can no longer be satisfied solely with mother's milk.

The rhythm method. Some women had used the rhythm method with success for many years, spacing births as intended. To focus-group participants, the advantages of the rhythm method were that it was believed to have religious approval, it was natural, and it required the

cooperation of husband and wife to make it effective.

We learned about the rhythm method in biology at school. Pregnancy will not occur during the first week after the period, nor in the last two weeks before the next period. I used this natural method for three years, and it worked for me. (Urban Male, User, Secondary Education)

All contraceptives are harmful to the body, except the rhythm method. (Urban Female, User, Primary Education)

Other participants tried the rhythm method with accurate knowledge of the safe period but without success. The rhythm method's success depends on a high degree of mutual commitment and understanding on the part of husband and wife. Wives could not always rely on their husbands' cooperation. Husbands often complained about the restrictions the rhythm method

imposed on them and resorted to withdrawal during the fertile period, resulting in an unplanned pregnancy. Some women noted that the rhythm method was not effective.

I tried the rhythm method after my first child was born, but six months later, I got pregnant again. (Urban Female, User, Primary Education)

Withdrawal. Withdrawal was also mentioned as a family planning method, usually in combination with the rhythm method or with breastfeeding. This method was particularly popular in the South region of Jordan. As with the other natural methods, withdrawal was believed to have religious approval and was considered completely natural.

A method of planning from the days of the Prophet is withdrawal. That was the method they used in the olden days. (Urban Female, User, Secondary Education)

There is a verse in the Qur'an which says that withdrawal can be practiced if children are not wanted. (Urban Female, User, Secondary Education)

Most reports of using withdrawal were accompanied by complaints of side effects or loss of pleasure during intercourse. Men and women shared the belief that some men suffer physically

from withdrawing before ejaculation; the symptoms include shaky legs, impotence, and infertility.

I don't consider withdrawal to be complete sexual intercourse. (Urban Male, Nonuser, Secondary Education)

Withdrawal affects the man's legs. He becomes unable to walk. Then, after one or two years he becomes impotent. (Urban Female, Nonuser, Secondary Education)

Modern Contraceptives

In most cases, modern methods were used only as an alternative to natural methods. Much of the discussion about modern methods was devoted to side effects and health risks associated with use.

Rumors and misunderstandings. Numerous misunderstandings surround modern contraceptive methods in Jordan, and undermine confidence in their use. Women who had become pregnant while using a modern contraceptive method questioned their effectiveness. Many of these pregnancies might be explained, however, by the widespread practice of interrupting contraceptive use to provide relief from side effects. During such periods, couples often return to a natural contraceptive method such as withdrawal. If conception occurred during these times, it

was often attributed to method failure. Descriptions of such failures went unchallenged by other

respondents in the groups, although whether they agreed with them or were merely being polite is difficult to determine.

Another cause of concern for users and potential users of modern contraceptive methods was fear of contraceptive-induced infertility. The apprehension may spring from the presence of the contraceptive agent in the body, the prolonged period without having conceived, or a combination of the two. It seems that better information addressing these concerns would enable women to use modern contraceptive methods with less anxiety and without interruption.

Greater knowledge about modern contraceptives, how they work, and the possible side effects would help to dispel some of the misconceptions and anxiety, but the tone of many of the discussions suggested that knowledge alone would not be sufficient. Participants indicated that greater trust was needed, both in the rightness of what was being done to plan families and space births from a religious point of view and in the methods required to do the job effectively.

IUDs. The IUD was widely agreed to be the best modern contraceptive method. A practical advantage of the IUD was that it did not require any action on the part of the wife or husband once it was fitted. Experience with IUDs varied widely, however, from complete peace of mind to

painful side effects and unplanned pregnancies. The disadvantages of the IUD included that it could seem like “an invasive object poked into the heart of a woman's reproductive system” or that it caused painful side effects.

We heard about the IUD, but we were afraid to use it. My wife had an IUD inserted, but it proved even more troublesome than the pill or withdrawal. The man might feel the strange body in the vagina and his pleasure will be spoiled. (Urban Male, User, Secondary Education)

The key to successful use of the IUD seemed to lie in the couples' perception of the IUD. When husband and wife valued the benefits of family planning for their children, when they understood how the IUD worked and how it should fit, and when there was no anxiety to trigger psychosomatic irritation and discomfort, then the IUD could be regarded as a trusted method.

The doctor explained to me that IUDs are available in many sizes, and explained that the way they are fitted can differ from one doctor to another. In the health center they insert an IUD for 3.5 Jordanian Dinar (JD), while a private doctor will charge 12 JD. There must be a difference in the quality of attention you receive from each. What happens finally is that the IUD becomes your partner in life. (Urban Male, User, Secondary Education)

Having a private doctor explain and fit the IUD was said to be a more reliable course of action than going to a health center. Participants said that fitting the IUD at health centers could be hurried and inaccurate, with insufficient counseling about the positioning of the IUD and its benefits. In addition, husbands would be left in ignorance because they were not present at the clinic.

Despite the popularity of the IUD, its use is still surrounded by ignorance and suspicion. Some husbands recounted improbable stories of how IUDs interfered with sexual intercourse. This is in part physician-induced; some participants reported that they were warned to delay intercourse several days to several weeks after the IUD was fitted.

A friend of mine said he was occasionally hurt during intercourse because his wife was using an IUD. (Urban Male, Nonuser, Secondary Education)

The IUD could be a good method, but it did not suit my wife. She read an article in a newspaper telling how a husband got stuck in his wife, skewered by her IUD, and they had to be taken to

hospital to be pried apart. Since reading about that, she has refused to use an IUD. (Urban Male, User, Primary Education)

Participants most often mentioned vaginal irritation, longer, heavier periods, and ulceration as side effects of the IUD. They also mentioned fears of infertility and even cancer resulting from the use of IUDs.

The IUD does not affect sexual intercourse, but it can cause infections for the wife, and it can extend her period from six days to ten or twelve days. (Urban Male, User, Secondary Education)

When I first had the IUD inserted, my period lasted for fifteen days. I went to see my doctor, and he found out that it was not in the right place. He took it out and inserted a new one. (Urban Female, User, Primary Education)

Despite these criticisms and complaints of side effects, many women remained convinced that the IUD was the best modern contraceptive method.

Oral pills. As with IUDs, participants cited few examples of trouble-free use of oral pills. The advantages mentioned included their effectiveness when used correctly and their lack of interference with intercourse. Most of the discussion of oral pills, however, focussed on their disadvantages, such as side effects and possible health threats. Most participants received their information about these disadvantages from a variety of sources, including foreign magazines, religious pamphlets, and friends or relatives. There was little evidence of input from health professionals.

My husband read in a foreign magazine that the pill can be dangerous, if not at first, then in later years. (Urban Female, User, Primary Education)

I read a religious pamphlet about contraceptive pills. It said they have side effects that cannot be avoided. (Urban Male, User, Secondary Education)

Most knowledge concerning the possible side effects of pill use was incomplete. Respondents

often stated that contraceptive pills were associated with the risk of cancer, but there was no ensuing discussion describing or qualifying the degree of risk. Nor did any respondents report that doctors or health workers had broached the subject.

Many women noted that the daily nature of pill taking was an impediment. They feared they would forget to take the pill every day, resulting in an unplanned pregnancy. The majority of complaints, however, involved side effects, including back pain, headaches, dizziness, hair loss, and weight gain. Fears of fetal abnormalities, infertility, and cancer also were associated with pills.

Pills cause dizziness, hair loss, cancer and headaches, and when they have been used for a long time they cause infertility. (Urban Male, User)

Vaginal tablets. Few participants were enthusiastic about using vaginal tablets as a

contraceptive method. Vaginal tablets, however, were popular among women who had used them. The advantages cited by users were that they did not pose the permanent threat to the woman's body associated with long-term methods, they were easy to use, and they were less disruptive to intercourse. The main disadvantage of vaginal tablets cited was that they must be inserted at a set time before intercourse was initiated.

Vaginal tablets are not practical. I feel ashamed to ask my husband to wait till I have inserted the tablet. (Urban Female, User, Secondary Education)

I've heard about vaginal tablets, but we haven't tried them. People say that the man will not feel

any pleasure because the woman puts a tablet in her vagina and it generates a foam. The tablet must be inserted before sexual intercourse. (Urban Male, User, Secondary Education)

Condoms. Participants remarks indicated the widespread use of condoms. Many wives obtained condoms free of charge at health centers. Among participants, condom use to space births instead

of long-term methods was considered advisable for the first years of marriage. Despite the widespread reports of condom use, condoms were the least likely method used by participants on an ongoing basis.

Men just refuse to use condoms. I've heard that men don't get pleasure if they use them. (Urban Female, User, Primary Education)

Wives cited their husbands' outright refusal to wear a condom. This refusal could be based on fear of lost pleasure or vaginal dryness or on the association of condom use with extramarital sex,

making them inappropriate for married couples.

I have heard about condoms from friends who went to study in the West. Men who have extramarital intercourse use condoms. Wives obtain IUDs from the health center. That is the proper way to do things. (Rural Male, Nonuser)

Injectable. Few participants had correct knowledge of injectables; misunderstandings and fears of side effects were common. There were indications that some women believed injectables to be associated with other types of inoculations instead of other modern contraceptive methods, resulting in an initial attraction to this method. With further discussion, however, this attraction

wavered considerably.

Respondents who understood that injectable are a hormonal method expressed concerns about the 3-month period during which the injectables' hormones would remain in the body and with no way to cancel their effect. This concern was even carried over to include the fear of possible infertility. Participants expressed a preference for contraceptives that could be terminated at any time.

I am afraid of the injections. At least I can remove the IUD, but the injection goes into the body, works for three months, and cannot be removed. (Urban Female, User, Secondary Education)

I have heard that injectable weaken ovulation. They might stop me having babies in the future. (Urban Female, User, Primary Education)

Norplant implants. No focus-group participants reported personal experience with Norplant. Norplant was not available in Jordan, so accounts were limited to one or two respondents who had heard favorable reports from relatives who had used it successfully, safely, and effectively

for several years. Interestingly, none of the participants referred to the method by its proper name. Instead they referred to as “five sticks” or “an IUD in the upper arm.”

My brother's wife had five sticks put under her skin, and for five years they didn't have any children. (Urban Female, User, Primary Education)

In discussions, participants did express a preference for Norplant over other modern contraceptive methods. Norplant had the advantage over injectable of being removable and was perceived as a physical rather than a hormonal intervention. Participants also preferred Norplant® over the IUD because it was placed in the upper arm, well away from the center of sexual action, unlike the IUD.

Sterilization. A clear majority of focus group participants considered all forms of sterilization to be in direct opposition to Islamic teachings, with participants referring to it as the “ultimate in limiting births.” Female sterilization was the major focus of these discussions. One or two respondents, however, mentioned vasectomy, but only as an option for men outside Jordan.

When my husband asked the Mufti about our situation, and told him that we have eight children, the Mufti told him never to consider sterilization, even if I had twenty children, because it is not permitted in Islam. (Urban Female, User, Primary Education)

The few respondents who considered sterilization acceptable were older women facing serious health risks if they became pregnant again. Even in these cases, the favored term was “temporary sterilization,” perhaps to distinguish it from the “ultimate limitation of births” forbidden by Islam. Sterilization was then considered preferable to other modern methods because women believed that it did not threaten the body with the “poisons and rusting coils” of the oral pills or IUDs. Some of the younger women also reported asking about sterilization as an option after a series of debilitating births and bad experiences with contraceptives. Most of these women had been refused services. In other words, even when the woman’s health was at risk, physicians often were not supportive.

Chapter IV. Conclusions and Recommendations

The findings discussed in this report provide important insights into the family planning knowledge, attitudes and practices of Jordanians and can inform the Jordanian National Population Committee's (JNPC) future work. Most immediately, the recommendations that follow can aid the JNPC in designing effective information, education, and communication (IEC) materials. Specific recommendations are presented in the following sections.

The suggestions that follow arise from the authors' interpretations of the findings. They are meant to encourage discussion and debate about ways to address the family planning concerns and needs in Jordan rather than to provide a definitive list of recommendations.

Implications for Strategy

The focus-group findings suggest that the primary barriers to use of modern contraceptives in Jordan that can be addressed by IEC considerations include: (1) a misunderstanding of religious teachings on family planning; (2) lack of materials and services that address men; (3) inadequate husband-wife communication; (4) knowledge barriers, i.e., inadequate knowledge about specific methods and how they work; (5) attitude barriers, that is, problems with or fears about side effects from modern method use; (6) contraceptive practice barriers, due in part to a limited method mix and in part to the dissatisfaction with health services. These barriers need to be overcome if Jordan is to experience a significant increase in the effective use of modern contraception over the next three years.

Recommendations:

- **Clarify concordance of religion and family planning.** Increase family planning approval among Jordanians by working closely with the clergy. The findings discussed in this report demonstrate that religious principles and beliefs are important, often decisive, factors in whether a couple will use modern methods. The clergy, as interpreters of religious principles, can help assure the public that family planning, including modern method use, is religiously approved.
- **Increase male involvement.** Men are often the decision-makers, whether explicitly or implicitly, about family size and contraceptive use.
- **Encourage husband-wife communication.** It is clear that many women assume their husbands want large families without any discussion of the matter. If they discuss the matter thoroughly, couples may find that they can agree on a smaller family.

Implications for Programs

Method awareness. Analysis of the focus group discussions found that participants were aware of most contraceptive methods; participants were, however, more familiar with natural than with modern methods. Analysis also showed that, while levels of method awareness were high, in-depth knowledge was low for both modern and natural methods. Most focus-group participants cited incorrect information regarding possible health risks or side effects when discussing specific contraceptive methods.

Recommendations:

- Educational interventions should be developed that discuss the benefits of using contraception, address concerns about the methods, and include instructions on proper use.
- Information about health risks and side effects associated with specific contraceptive methods should be given, but the benefits of birth spacing, family planning and contraception also should be stated so that the possible risks and benefits can be properly weighed.
- Reassurance that fertility will not be impaired after using contraceptives is vital, since many people want to space births, but fear jeopardizing their fertility.

Sources of information. Considering the high levels of misinformation regarding contraceptives, there is an obvious need for reliable sources providing correct information. Participants considered doctors and other health professionals the most trusted sources of information; however, they also noted that they received most of their contraceptive information from health centers—sources that left participants dissatisfied by hurried counseling sessions and lack of accommodation for male clients.

In addition, research revealed that when women sought advice about contraception from doctors and health centers, the quality of communication was often inadequate. Health professionals, as well as the married women, seemed uncertain about the morality and value of what they were doing, resulting in poor motivation and a poor exchange of questions and advice.

Recommendations:

- Design programs to train doctors and other health workers that improve guidance and counseling skills relevant to contraceptive methods and family planning. Many participants thought that the services they received were of poor quality.
- Lectures by influential religious leaders at both the national and local levels could assuage concerns about the religious implications of family planning.

- Promote modern contraceptive methods at health centers and clinics. Women can be carefully informed by caring doctors and other health personnel. Women in the focus-group discussions requested more opportunities for one-to-one communication as well as better access to printed materials.
- Explicitly include men in the decision-making process by addressing their concerns, inviting them to men's discussion groups and community meetings, and encouraging them to talk with their fiancées and wives about family size and family planning.
- Family planning can be discussed at meetings of men's groups and at community meetings. Some media messages can be directed specifically to men.

The media sources identified as appropriate channels for this type of information included television, radio, magazines, and brochures. Female participants specifically named television as a channel through which they would like to receive contraceptive and family planning information. This medium could also effectively reach men. Radio was also mentioned as an appropriate channel that women would listen to when at home alone.

Recommendations:

- Television and radio can emphasize the benefits of birth spacing and family planning. Programs and spots should address the husband's role and behaviors regarding family planning and birth-spacing issues.
- As trusted advisors, physicians can play an important role in disseminating correct information about contraception and contraceptive methods on television and radio.
- Television can encourage husband-wife communication, perhaps by modeling a couple that discusses family planning and thus resolves some misunderstandings.
- Evening programs and spots are likely to reach men as well as women.
- Use innovative radio and television programs to encourage public and semi-public discussions of pregnancy, childbirth, and family planning so that these issues are not restricted to private conversations. In this way, family planning will gradually be perceived as normative and misunderstandings can be corrected.
- Young couples who have chosen to delay their first pregnancy should be considered as potential role models in media productions.

Analysis also indicated a lack of information sources for young married couples. Opportunities for relaying contraceptive information to brides-to-be were often limited because of the traditional chaperoning before marriage.

Recommendations:

- Institute some form of premarital education that covers family planning, the need for family planning to care for mother and child, and contraceptive methods.

Attitudes. What were perceived as the religious and social pressures for large families thus also were seen as broadly in harmony with people's natural instincts. It could be possible to brand any counter arguments as anti-religious, anti-children, and anti-life, and to condemn their proponents. To be effective, IEC materials should clearly be highly positive about children, in order to avoid rejection as foreign material of little relevance to Jordanian families.

Recommendations:

- The term “birth spacing” could motivate people to consider the issues of family planning and family size without causing controversy. The term “birth control” should be avoided. If the term “family planning” is used, it should be clearly defined and be used in a broad sense to include planning for children’s futures as well as for their birth intervals.
- Seek support for family planning from influential religious leaders. Emphasis on the consonance of Islam and family planning is vital since the majority of focus-group participants expressed an abiding concern about the religious implications of family planning. People need to know that family planning is in keeping with Islam.
- Highlight the health benefits of family planning: explain the health risks to both mother and child of too many pregnancies, pregnancies too early or too late in the woman’s reproductive cycle, or too closely spaced. Emphasizing the fact that unwanted and mistimed pregnancies are dangerous to the health of the mother and the child would associate health risks with mistimed pregnancies rather than with contraceptive use.
- To the extent possible and reasonable, the “natural” and “noninvasive” aspects of modern methods should be highlighted, i.e., modern methods do not disrupt sex, hormonal methods mimic the body’s hormones, modern method use is less risky than unwanted or mistimed pregnancies.
- The effectiveness of modern methods should be emphasized. Natural methods were characterized as ineffective.

Practices. Focus- group discussions focused primarily on the use of natural methods. In spite of reported dissatisfaction with the effectiveness of natural methods, participants seemed to feel more comfortable using natural methods than modern methods. This is most likely because participants perceived that religion approved of natural contraceptive methods more than of modern methods. Reports of modern method use focused on the fears of health risks and serious side effects. Widespread concern about health effects was also found in the 1990 Jordan Population and Health Survey, where 27% of pill users and 20% of IUD users reported having experienced side effects and or other health problems.

Recommendations:

- Condoms could be promoted as an appropriate method of contraception within marriage;
- Correct use of the lactational amenorrhea method (LAM) that is, exclusive breastfeeding should be explained to the public since breastfeeding is widely, but ineffectively, used to space births.
- Appropriate methods to use while breastfeeding, such as the progestin-only pill, the IUD and injectable, should be discussed.
- Information concerning correct use of the rhythm method and its risks should be disseminated at health centers and through the media. Again, the method is widely used but not well-understood.
- Clinic personnel should tell clients how to deal with potential side effects, when to seek medical services for side effects, and which alternate methods are available if the method of choice is not satisfactory. Mass media should be considered as an important complementary venue for dissemination of this information.
- Commonplace misunderstandings about the side effects of various methods suggest that IEC programs and activities that monitor and counter contraceptive-related rumors would contribute to increased acceptability and use of modern methods.
- Methods should be identified as methods for spacing or methods for limiting. Permanent methods should be introduced in a health context.
- Widespread concerns about or actual experience with poorly inserted IUDs suggests a need to review and upgrade the IUD-insertion skills of providers. Extensive dissatisfaction among respondents with the IUD suggests further that the counseling skills of providers need to be revised and upgraded.

Implications for Research

The focus-group findings provide vital insight into the wide range of perspectives concerning family size and family planning found among the Jordanian population. The findings suggest that: birth spacing is widely seen as acceptable, but birth control (i.e. limiting) is not; religious beliefs continue to guide the activities of daily life; gender roles are fairly traditional, with men acting as decision-makers; experiences with side effects are commonly reported by users and discontinuers; and in-depth knowledge about methods is inadequate for effective and sustained contraceptive use, among other findings. The research also reveals a good deal about the family planning concerns and needs of Jordanians.

As with all studies, however, there are limits on how the findings can be interpreted and used. This focus group study does not capture information concerning the distribution of family planning knowledge, attitudes, and practices among the Jordanian population. Therefore, the data reported here should be used judiciously and with caution when generalizing to the population as a whole. A quantitative survey devised to augment this qualitative study is underway. It will provide formative data for the design of communication strategies and interventions and fine-tune our understanding of how Jordanians perceive family planning.

Crucial insight into the wide range of perspectives concerning family size and family planning among Jordanians is provided by these focus groups. There are however, questions that may require further explanation through subsequent research. For example, why do couples who have achieved their desired family size fail to use contraception? What would need to change in order for them to adopt contraceptive use? What types of programs would encourage women to safeguard their own reproductive health as prudently as they protect the health of their children and that of other family members? These and other lingering questions can be answered more fully by further research and by monitoring changes in knowledge, attitudes, and practices once programs are in place.