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Review

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Abstract

Background: Reaching married and unmarried young people in Jordan with family planning information and services is a priority, especially considering Jordan's large refugee populations. To date, dissemination of family planning research and programmatic experience targeting young people in Jordan has been limited.

Aims: This study aimed to provide in-depth information on family planning intervention programmes, research and policies in Jordan that focus on young people aged 10–24 years.

Methods: Data were gathered through a systematic review of peer-reviewed and grey literature related to reproductive health of young people, and focus groups discussions with stakeholders from 18 relevant governmental and nongovernmental organizations.

Results: The literature review included 37 documents produced since 2008, which provide information at the individual, family/community, service delivery and policy levels. Young people in Jordan have limited knowledge of family planning methods and where to obtain family planning services. Little information is available on the availability of family planning services for young people. Several policy documents discuss family planning and reproductive health of young people in Jordan. Focus group discussions identified opportunities to integrate services and strengthen the development of future policies.

Conclusions: The results of this study highlight key lessons learnt, opportunities for interventions and research gaps related to family planning among young people in Jordan. More attention should be paid to understanding and meeting the needs of Jordan's most vulnerable populations of young people, including urban refugees and married adolescents, especially as these populations continue to grow. Future programmes should build from past evidence and explore new areas and interventions.

Keywords: adolescents, youth, reproductive health, family planning services, Jordan

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Introduction

Preventing unintended pregnancy among young people is a global priority. Targeting young people in Jordan with family planning information and services is complicated by the conservative social context that prohibits sexual activity outside of marriage; however, many

young women in Jordan remain at risk of early and unintended pregnancy (1,2). While most sexual activity occurs within marriage, a study in Jordan found that 7% of university students reported premarital sexual activity, although data are limited (3). In recent years, marriage of women younger than 18 years has increased in Jordan from 13.7% to 18.1% (4). High pregnancy rates have been seen in married adolescents (5), and sexual assault and rape are a concern, especially among refugees (6).

The large influx of refugees in Jordan has stretched its limited health resources. Young people constitute large proportions of Jordan's refugee populations. About 30% of Jordan's population is non-Jordanian and includes populations from across the Middle East. Only 16% of the 1.2 million Syrian refugees in Jordan live in official camps (7); those outside of camps are younger, poorer and less educated (8). More than 2 million registered Palestinians and 66 000 to 150 000 Iraqi refugees live in Jordan (9,10).

To date, there has been limited dissemination and collation of existing family planning research and programmatic experience among young people in Jordan between the ages of 10 and 24 years. Therefore, we aimed to (i): review and synthesize information from existing research and programmatic experiences that address family planning in young people in Jordan; (ii) examine which existing policies facilitate the provision of youth-friendly family planning services and which produce barriers, and; (iii) identify gaps in the research, policy and programmatic environments that could strengthen the provision of youth-friendly family planning services in Jordan and increase family planning use among young people.

Our findings will serve as a resource for policy-makers and programme managers in Jordan and elsewhere in the Middle East in order to inform programme design and strategy development by documenting the current evidence base, past programmatic experiences, and existing policy environment, while identifying key gaps and opportunities.

Methods

We undertook a literature review of published and unpublished research, programmatic reports, and policy papers that address family planning in young people in Jordan, and conducted focus group discussions with key informants in the fields of research, policy and practice related to young people.

Systematic literature review

Academic and peer-reviewed documents were obtained through structured searches on

PubMed®, JSTOR, Embase, MEDLINE®, Web of Science, CINAHL and Google Scholar. Our search terms included combinations of the following terms: family planning, reproductive health, birth spacing, contraceptive, fertility, unmet need and Jordan. We did not include terms related to youth because we wanted to find all studies that had our age range of interest regardless of whether the authors identified youth as a focus, given the sensitivity of the topic.

We accessed non-academic literature using four approaches: (i) searches of grey literature databases (OpenGrey, PopLine, USAID Development Experience Clearing House and Knowledge4Health), (ii) Internet searches, (iii) website review and (iv) consultation with experts. Hard-copy only documents were obtained by personal contact with organizations active in family planning in Jordan.

Documents were included if they focused on young people aged 10–24 years and on family planning, were published after 2008 in Arabic or English, and were conducted in Jordan. The year 2008 was selected as the cut-off to ensure current contextual relevance. Two researchers screened and reviewed each record for eligibility. Consensus was reached to identify a final list of relevant documents.

Focus group discussions

Four focus group discussions were conducted with key informants representing 18 organizations between August and September 2018. Key informants were identified through consultation with local experts and snowball sampling. Selection criteria for participation was based on an individual's expertise in the topic and/or experience working on family planning- or youth-related issues. The following organizations were represented: Ministry of Education, Ministry of Youth, National Council for Family Affairs, National Committee for Women's Affairs, Ministry of Health, Higher Population Council, Higher Health Council, United Nations High Commissioner for Refugees (UNHCR), United Nations Population Fund (UNFPA), United States Agency for International Development (USAID), Institute for Family Health, Royal Health Awareness Society, Jordanian Association for Family Planning and Protection, Jordanian Communication, Advocacy and Policy Project, Health Service Delivery Project, Women Helping Women, Jordan Hashemite Charity Organization, and National Women's Comprehensive Health Centre. Discussion centred on past programmatic experience, existing policies, barriers and challenges to providing services for young people, and recommendations to strengthen existing policies and programmes.

Data analysis

The social ecological model was used as a guiding framework for this analysis (11). Data from the literature review were abstracted and synthesized as being either directly pertinent to youth,

indirectly relevant to youth (i.e. youth were included as part of the overall study population, but not considered a specific target population), or applicable to the supportive environment, which included peers, family, school, community, and the service delivery, policy, and legal environments. For the analysis of qualitative data from the focus group discussions, the discussions were recorded, transcribed and thematically coded by two coders. Data were coded according to a priori themes based on the focus group discussion guide at the different levels of the ecological model (individual, family/community, service delivery and policy levels). The coders then inductively examined each level for emergent subthemes.

Ethical considerations

This study was approved by the institutional review boards of Harvard T.H. Chan School of Public Health (approval number: 18-0427) and University of Jordan School of Nursing.

Results

Literature review

We identified 1049 records, of which 37 documents were included as shown in the flow chart (Figure 1). Fourteen of the 37 documents were in peer-reviewed journals and 23 were retrieved from the grey literature (Table 1 , available online at: ….). Fifteen documents specifically focused on young people, 16 included young people within the overall study population, programme or policy, and 15 documents targeted other levels of the ecological model in ways that were relevant to young people. Based on ecological level, the themes derived from the literature review include knowledge, attitudes and practices related to family planning in young people within a social context, the health service delivery environment and the policy landscape. Box 1 gives a summary of the key findings and recommendations from the literature review to improve family planning programming targeting young people in Jordan.

Family planning: knowledge, attitudes and practices

Most of the research related to the family planning knowledge, attitudes and practices of young people in Jordan comes from secondary analysis of existing datasets (i.e. the Jordan Population and Family Health Surveys), relatively small project-based surveys and qualitative data from focus group discussions that are integrated in service delivery programmes. Few studies include unmarried young people and refugee young people outside of camps.

Jordanian, Syrian and Iraqi young people living in Jordan have limited knowledge of

contraceptives (5,18,48), especially younger adolescents. In one study, nearly half of the women aged 15–19 years and 15.9% of women between 20 and 24 years did not know if modern or traditional family planning methods, such as withdrawal or periodic abstinence, were more effective (5). A study in Syrian refugees and two studies in Iraqi refugees found that knowledge of specific methods of family planning was almost non-existent among the young people in both populations (2,18,48).

Misinformation and concerns over negative side-effects of using family planning are especially prominent among younger women. Married women between 15 and 24 years reported that concern about future fertility was one of the main reasons for not using a method (5,21,42). Similar concerns have been found among young Iraqi and Syrian refugees in Jordan (48,23).

Contraceptive use in young people in Jordan is low. Analysis of data from the 2012 Jordan Population and Family Health Survey found that 72.5% of married adolescents between 15 and 19 years were not using contraception (21). Unmet need for family planning was high; of the 40% of married adolescent girls who did not want a child in the next 2 years, only 35.2% were using a contraceptive (21). Pills and the lactational amenorrhoea method were the most commonly used modern methods among adolescent girls aged 15–19 years (11.4% and 4.1% of users, respectively). Half of all users in this age group were using a traditional method (21). Use of family planning was lower in married adolescents than older young people; 18.3% of women between 15 and 19 years used contraception compared with 40.1% of women aged 20–24 years (5). One study found that 6.5% of married Iraqi adolescents living in Amman between 15 and 24 years were using a method of contraception (2). Many young people indicated that social pressure to begin childbearing immediately after marriage is one of their main reasons for not using family planning (5,42).

Social expectations limit the role of men in family planning. One survey found that 70% of women aged 15–19 years had not discussed family planning with their husband in the previous 6 months compared with 50.2% of women aged 20–24 years (5). In addition, cultural values and shame limit the degree to which men participate in decisions on reproductive health (18). Despite the restrictive gender norms, many unmarried Jordanian and Syrian young women want their partners involved in family planning, and some young men believe that discussing family planning between partners can strengthen marital relationships (4,18,40).

Other women, television, community events and radio are common sources of family planning information for young Jordanian women (5,40). While many adolescents use the Internet as a primary source of information, they do not think that online sources, including social media, are trustworthy (5,40). Unmarried Iraqi boys and girls aged 15–19 years said they would first

approach their mother (for girls) or father (for boys) if they had a question about their reproductive health before turning to other sources (2).

In general, young people in Jordan have limited information on where to obtain family planning services and are concerned over the quality of care. According to data from the 2012 Jordan Population and Family Health Survey, most adolescent girls aged 15–19 years obtained family planning services from the private sector (38%) or pharmacy (32%) (21). A study conducted in Jordanian adolescents aged 12–18 years found that most of them did not know where to obtain family planning services or they believed that such services were only available for pregnant women (40). Syrian refugees living in camps also had limited knowledge about family planning services available for young people (23). Young people expressed concerns over privacy and confidentiality because of strict social norms governing the sexual behaviour of adolescents. In Zaatri camp, young Syrian women spoke about embarrassment in asking for condoms and feared being overheard by men (23). Jordanian young people are concerned about long waiting times, poorly staffed clinics and poor quality of care. They believe that providers do not take them seriously, do not know what information they need and view their questions as inappropriate (40). A study that included urban Syrian refugees between 12 and 24 years found that poor treatment by health care workers was one of the biggest disincentives to seeking reproductive health services (16).

Health service delivery environment

Little information is available on the availability of family planning services for young people. While a few facility-based assessments included data on aspects of service delivery pertinent to young people, this research did not have a specific focus on service delivery to young people. The Ministry of Health is piloting youth-oriented services in some women and child health centres, but implementation is not systematic, and the criteria for youth-friendly are still undefined (13). Reproductive health services provided in schools are limited to medical examinations, referrals and awareness-raising campaigns (13). Results from a health facility assessment in Zaatri and Irbid camps found that in Zaatri camp, health facilities were open and services were said to be available to adolescent females, while in Irbid, unmarried women could attend clinics but they would not be provided with contraceptives (23).

A few studies have assessed the quality of family planning services offered to young people in Jordan. An evaluation of family planning counselling at selected public and private clinics noted that many government-run facilities lacked private rooms to offer confidential services (49). Other studies found widespread misconceptions among health professionals about the side-effects of family planning methods used by young people (50). A study of private-sector providers in Jordan found that poor knowledge about the use of combined oral contraceptives by young people negatively influenced prescribing practices, especially among male providers (39).

Policy landscape

Several policy documents discussed family planning and reproductive health of young people in Jordan. The national reproductive health policy refers to young people as a cross-cutting priority and seeks to raise young people's awareness of services and policies on reproductive health (1); however, the policy lacks specific indicators and age-disaggregated data (13). The national youth strategy from 2005 to 2009 focused on improving reproductive health services for young people, especially through information dissemination, premarital medical examination and the provision of youth-friendly services (47). A more recent youth strategy has not been approved, but is currently under development for 2018–2025 (13). A 2008 assessment that focused on the reproductive health policy environment in Jordan highlighted concerns about: legal and regulatory restrictions on what family planning services can be provided to young people; inadequate provider training on how to counsel youth; limited availability of family planning methods; and lack of routine research and data pertaining to young people (41).

Many of the same policy constraints affecting Jordanian young people also apply to young refugees; however, some issues are unique to refugees. A study in 2016 among Syrian refugees in urban areas found that young people between 12 and 24 years reported that a requirement to have an identification card substantially limited their ability to access reproductive health services (16) because most Syrian refugees are still unregistered in Jordan. Syrian refugees are also required to have a health services card to access services at Ministry of Health facilities. In late 2015, the Ministry of Health reduced the fee to obtain a health services card for registered Syrian refugees over 12 years from 30 to 5 Jordanian dinars (equivalent to about US$ 42 and US$ 7, respectively) (17). Recent changes in the policy on out-of-pocket payments for health services by refugees have led to confusion and reduced service utilization. Before 2014, registered Syrian refugees were provided with free primary health care at Ministry of Health facilities, including family planning; however, a policy change required that Syrians pay the same rates as uninsured Jordanians. Although family planning services are exempted from charge for uninsured Jordanians, the policy is inconsistently applied to Syrian refugees (17).

Focus group discussions

Analysis of the focus group discussions revealed three key themes: (i) a lack of youth-friendly services increases barriers to health services at the individual level, (ii) integration of services may improve social acceptability of family planning services and (iii) policy changes to make services more accessible for youth as well as the consistent implementation of policies are needed.

Theme 1: lack of youth-friendly services

During focus group discussions, stakeholders emphasized that family planning for young people is a priority, especially to support married adolescents in delaying and spacing births. Stakeholders also agreed that the existing environment for delivery of reproductive health services is not adequately youth-friendly. A participant from a nongovernmental organization indicated that in recent years there had been a shift away from the provision of youth-friendly services and identifying young people as specific target population for reproductive health services at the policy level: “Ten years ago, there was a ‘youth sector’ that is not there anymore, and part of its [role] was to train health workers in providing youth friendly services.” A Jordanian government official mentioned that the lack of a youth-friendly environment for delivery of services led to low utilization of health services by young people: “When youth want to go to health centres to acquire information related to reproductive health, they shy away from asking due to the fact that we don’t have a friendly environment [for youth] within health centres, this could be a priority… for youth to feel more comfortable”. Another Jordanian government official mentioned that the existing environment for delivery of services created even greater challenges for young men who wanted to obtain reproductive health services: “Even though female youth are shy to go…we only see female youth attending maternity and family planning centres. Male youth are even less willing to attend these centres”.

Theme 2: integration of services

Several participants mentioned that the strong donor-driven emphasis on family planning had caused communities to equate family planning with a foreign agenda. For example, a representative from a United Nations agency mentioned that, “Unfortunately, when we say family planning they attack us on religious basis and say that there are external agendas being forced upon us”. Another participant representing an international donor agency added that, “[family planning programmes] first appeared under the name of birth limitation, and due to social and cultural customs, they have been doubted, refused, and looked at as foreign policies”. Participants suggested that beginning with less controversial reproductive health topics, such as women’s perinatal physical and mental health, before including more sensitive topics such as family planning, may be a better strategy than focusing on family planning alone, especially to build acceptance of programmes targeting younger adolescents. However, a government representative mentioned, “we [should] start with 15 years olds about sexual education, psychological health, family planning, looking after women’s health even before marriage, and the same for males… It all must be in line with each other; you cannot focus on one topic and skip the other because people will attack the project… especially in rural areas”

In order to make family planning services more acceptable to communities, several participants described past success in integrating family planning into other programmes targeting young people. A participant from a local nongovernmental organization indicated that including reproductive health information into a life-skills programme made parents more supportive of the content: “We were afraid that parents wouldn’t allow their kids to come. Actually, it was the opposite. Parents were happy that someone was telling the truth to their children”. Participants also emphasized the importance of compulsory sexual education at the university level and

integrating family planning into premarital counselling and preconception care; however, one nongovernmental organization participant mentioned that, “it’s [not] a very optimistic environment for sex education, and focusing on extracurricular activities may be a better strategy to reach more young people before compulsory programmes can be established”. Efforts to engage parents and build their capacity in discussing reproductive health information with their children was also discussed as a priority, given the cultural importance of parent–child relationships. A nongovernmental organization participant mentioned that, “mothers avoid answering their children’s questions as children or teenagers,” and there was agreement by participants that engaging adult figures in reproductive health topics was critical to overcoming the shame associated with reproductive health. As a representative from the Ministry of Youth said, “we need to build the capacity of parents, schools, teachers, and counsellors”.

Theme 3: policy change and consistent implementation

Stakeholders identified several policy-related challenges that make access to family planning services more difficult for young people. A government official mentioned that, “there are laws and regulations…that forbid young people between the ages of 10 to 24 from accessing such information and services if not accompanied by a parent”. Furthermore, participants from nongovernmental organization indicted that an existing policy that prohibits pregnant women from accessing reproductive services without a marriage licence is problematic for women married outside the formal legal system. This situation is most common among refugees and adolescent girls, and results in these women becoming pregnant at an early age and not receiving adequate maternal care. In addition, the confusion over the fee structure for reproductive health services at government facilities for Syrian refugees was identified as an important barrier. In addition, focus group participants indicated that there was currently an ongoing debate over another policy change to the fees charged for Syrian refugees accessing health services in the public sector.

Several policy-related opportunities to make services more youth-friendly were identified by focus group participants. One participant indicated that while the new reproductive health policy for young people is believed to include criteria for youth-friendly services, it had not yet been adopted. Furthermore, a national-level monitoring and evaluation plan needs to be implemented at the same time to ensure that the services are being offered according to agreed standards and that their delivery is sustained. A participant from the government mentioned that while the recently-drafted, youth-friendly service guidelines are expected to be adopted, “Until now, we don’t have any national standards related to a youth-friendly health environment...and we need support from a strong national body… to sustain [them]”. Participants also emphasized the need for a strong, government-wide body to coordinate activities related to young people across sectors to ensure a unified approach and to maximize impact. While participants praised current efforts to build a platform to document, collect and disseminate past experiences and evidence from research and programmes that target young people in Jordan, they indicated that such efforts were still just starting.

Discussion

The purpose of our review was to consolidate and synthesize the results and lessons learnt from research, programmes and policies targeting family planning in young people in Jordan at different ecological levels (individual, family/community, service delivery and policy levels). Our results highlight several key lessons learnt and opportunities for interventions on family planning for young people in Jordan at the individual, service delivery and policy levels. In addition, we identified several important research gaps on family planning in young people in Jordan that, if filled, could improve future, evidence-based interventions. A summary of these gaps is given in Box 2
.

The results of our literature review and focus group discussions emphasize that young people in Jordan face many barriers to accessing reproductive health and family planning information and services. At the individual level, despite ongoing efforts, misinformation about family planning is widespread among young people and utilization of family planning services remains low. Furthermore, young people do not trust existing sources of information. The conservative social environment tends to cause young people to feel ashamed of accessing information related to reproductive health or family planning, so they have few resources they can rely on. To date, both programming and research focused on the unique needs of young people in Jordan have been limited. In particular, little information on the sexual behaviour of unmarried young people, especially young men, means that they are often overlooked in family planning programmes and policies, as the results of our literature review and focus group discussions indicate. As most existing research is based on relatively small sample sizes, larger studies that focus specifically on the reproductive health needs and behaviour of young people, including unmarried young people are needed to improve the evidence base on the family planning and reproductive health services needed by young people in Jordan. With changing demographics and normative shifts, more young people may engage in premarital sexual activity in the future, thus emphasizing the need for research on the reproductive health needs and behaviour of young people. Recent trends in other Arab countries suggest that increases in the age of marriage may be coupled with increases in premarital sexual activity, although data are limited (52). Increased attention should be also paid to understanding and meeting the needs of Jordan’s most vulnerable young populations, including urban refugees and married adolescents, especially as these populations continue to grow. Research focused on these populations may be of regional significance and help other countries with large refugee populations to better serve young people.

At the service delivery level, data from the focus group discussions emphasized the need for reproductive health and family planning services to be more youth-friendly. However, the literature review provided very limited information on how young people interact with the service delivery environment, and few specific initiatives to address the needs of young people exist. Both the literature review and the focus group discussions highlighted that the gender-related

social norms that limit male involvement in reproductive health and family planning issues, and the fact that reproductive health and family planning services are typically provided at maternity and family planning centres, combine to exclude young men from using such services. As suggested in the focus group discussions, in order to ensure that any expanded implementation of youth-friendly services adequately meets the needs of young people, more research is needed to: understand how young people themselves envision a youth-friendly service delivery environment; identify gaps in current services and how they are organized; and explore supply-side barriers to providing high-quality services for young people.

At the policy level, our results highlight the need for improved policies to better support the consistent provision of good-quality youth-friendly reproductive health and family planning services. Often, not only is there inconsistency in what reproductive health and family planning services are available to young people and under what conditions, but consistent awareness is lacking of what policies exist for young people. This is because our focus group participants were inconsistent in the policies that they described pertaining to parental permission and marriage requirements, and such policies were not discussed in the literature. Such inconsistency may contribute to the low rates of utilization of reproductive health and family planning services by young people in an environment where they are already apprehensive about seeking care. Changes in policy that affect service availability for Syrian refugees discussed in the literature and in the focus group discussions may be particularly hard on already vulnerable populations of married adolescents, especially as this population is thought to have the highest rate of child marriage.

To better support policies, improved monitoring and evaluation of services offered at facilities is needed to ensure consistent implementation of standards. In addition, a more robust, nationwide, data collection platform is needed that includes age-disaggregated indicators relevant to the specific reproductive health needs of young people. The ongoing development of a national reproductive health strategy for young people signals important progress; however, the exclusion of the sexual and reproductive health of young people from previous national policy documents appears to reflect Jordan’s conservative cultural climate, and work in this area will likely continue to be contentious.

The results of our review should be considered in light of a few limitations. While every attempt was made to be exhaustive in the literature review, some studies or documents may have been unintentionally excluded in the analysis because they did not appear in the search results, or did not appear to have a youth-specific focus. This may be especially true with the grey literature search, as many organizations’ reports are unpublished. Furthermore, while the participants included in the focus group discussions represented a wide range of stakeholders, not all organizations were represented. Furthermore, as participants were representing their organizations, discussions may have been constrained as they may not have wanted to appear

too critical of governmental policy or their organization's challenges. Nevertheless, the participants openly discussed critical areas for improvement within policies and programmes, which may indicate the reliability of the data. We were not able to draw any conclusions about differences in trends according to stakeholder type.

Our study provides a consolidated picture of the state of research, programmes and policies targeting family planning in Jordan for young people between 10 and 24 years since 2008. Future programmes should build on past evidence in order scale up promising interventions while exploring new areas for research and programmes based on local needs. Results from our study may be applicable across the Middle East, as many other countries are dealing with similar populations because of displacement, a conservative programmatic environment and policy-related challenges.

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Competing interests: None declared.

Analyse globale de la recherche, des programmes et des politiques de planification familiale ciblant les jeunes en Jordanie : évaluation des parties prenantes et revue systématique

Résumé

Contexte : Atteindre les jeunes mariés et non mariés en Jordanie en leur fournissant des informations et des services de planification familiale est une priorité, compte tenu notamment des importantes populations de réfugiés en Jordanie. À ce jour, la diffusion de la recherche en planification familiale et de l'expérience programmatique ciblant les jeunes en Jordanie a été limitée.

Objectifs : La présente étude avait pour objectif de fournir des informations approfondies sur les programmes, la recherche et les politiques d'intervention en matière de planification familiale en Jordanie, centrés sur les jeunes âgés de 10 à 24 ans.

Méthodes : Les données ont été recueillies par le biais des éléments suivants : un examen systématique de la littérature grise et examinée par des pairs concernant la santé génésique des jeunes ; et des discussions thématiques de groupe avec des parties prenantes de 18 organisations gouvernementales et non gouvernementales concernées.

Résultats : L'examen de la littérature comprenait 37 documents produits depuis 2008, qui fournissent de l'information aux niveaux individuel, familial et communautaire, au sujet de la prestation des services et des politiques. Les jeunes Jordaniens ont une connaissance limitée des méthodes de planification familiale et des lieux où obtenir des services de planification familiale. On dispose de peu d'informations sur la disponibilité des services de planification familiale pour les jeunes. Plusieurs documents politiques examinent la planification familiale et de la santé génésique des jeunes en Jordanie. Les discussions thématiques de groupe ont permis de cerner les possibilités d'intégrer les services et de renforcer l'élaboration des politiques futures.

Conclusions : Les résultats de la présente étude mettent en évidence les principaux enseignements tirés, les possibilités d'interventions et les lacunes de la recherche liés à la planification familiale chez les jeunes en Jordanie. Il convient d'accorder davantage d'attention à la compréhension et à la satisfaction des besoins des populations de jeunes les plus vulnérables de Jordanie, y compris les réfugiés urbains et les adolescents mariés, en particulier à mesure que ces populations continuent à croître. Les programmes futurs devront s'appuyer sur les données du passé et explorer de nouveaux domaines et interventions.

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WHO EMRO | Landscape analysis of family planning research, programmes and policies targeting young

10 و 24 سنة .

: جمعت البيانات من خلال ما يلي : استعراض منهجي للمؤلفات التي يراجعهاطرق البحث
الأقران والأدبيات غير الرسمية المتعلقة بالصحة الإنجابية للشباب؛ ومناقشات مجموعات
التركيز مع أصحاب المصلحة من 18 منظمة حكومية وغير حكومية ذات صلة .

: شمل استعراض المؤلفات 37 وثيقة صدرت منذ عام 2008 ، وهي تقدم معلومات علىالنتائ ج
مستوى الفرد والأسرة / والمجتمع المحلي وعلى مستوى تقديم الخدمات والسياسات . وكان
الشباب في الأردن لديهم معرفة محدودة بأساليب تنظيم الأسرة وأين يحصلون على خدمات
تنظيم الأسرة . ولا تتوفر سوى معلومات قليلة عن توافر خدمات تنظيم الأسرة للشباب .
وناقشت العديد من الوثائق السياسية موضوع الأسرة والصحة الإنجابية للشباب في الأردن .
وحددت مناقشات مجموعات التركيز الفرص المتاحة لإدماج الخدمات وتعزيز وضع السياسات في
المستقبل .

: تبرز نتائج هذه الدراسة الدروس الرئيسية المستفادة، وفرص التدخلالاستنتاجات
والثغرات البحثية المتعلقة بتنظيم الأسرة بين الشباب في الأردن . وينبغي إيلاء المزيد
من الاهتمام لفهم الاحتياجات وتلبيتها للسكان الأشد ضعفاً من فئة الشباب في الأردن،
بما في ذلك اللاجئون الحضريون والمراهقون المتزوجون، لا سيّما مع استمرار نمو هؤلاء
السكان . وينبغي أن تستند البرامج المقبلة إلى الأدلة السابقة وأن تستكشف مجالات
وتدخلات جديدة .

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