

Reproductive Health Services for Syrians Living Outside Camps in Jordan

The Higher Population Council

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Executive Summary

This study aims to portray the realities of reproductive health services provided to Syrians residing outside of refugee camps in Jordan and to provide responsive policy recommendations. Our evaluation is informed by data identifying governmental, nongovernmental, local, and international organizations that provide reproductive health services to Syrians outside of the camps and all governorates, and by building a deeper understanding of these agencies based on goals, reproductive healthcare services offered, and barriers to providing adequate and accessible services. Additionally, this study measures degrees of satisfaction with different aspects of reproductive healthcare services from the perspectives of Syrian residing outside of refugee camps, including the locations of reproductive healthcare centers, quality of services provided, and barriers faced by Syrians to accessing reproductive healthcare services in Jordan.

This study employed a descriptive approach as a basic framework, the first study population consisted of Syrians living outside of refugee camps in Jordan who constitute the demand for reproductive health services, whether or not they were regular users of services offered by organizations in the governorates of (Amman, Zarqa, Irbid, Mafraq, Ajloun, Jarash). On the other hand, the second study population consisted of governmental, nongovernmental, international, and local organizations providing reproductive health services to Syrians in all governorates

Moreover, the study employed random sampling to measure the satisfaction of Syrians living in Jordan outside of the camps with the reproductive services provided to them. It provides previously nonexistent information and statistics relevant to this subject area. Using snowball sampling to access Syrians who are not consistently receiving reproductive healthcare services. The study employed comprehensive surveys of governmental, nongovernmental, local, and international organizations providing reproductive health services to Syrians in all of Jordan's governorates.

This study employed a number of research tools depending on the nature of the study population and samples: two different surveys were administered; one for users of reproductive health services and another for the organizations providing these services, as well as a procedural guide designed to conduct focus groups with Syrian refugees who do not regularly use reproductive health services.

The study revealed a number of results, most notably:

1. There are 20 organizations (one government entity i.e., the Ministry of Health, 4 local organizations, 7 nongovernmental organizations, and 8 international organizations) operating in 67 centers providing reproductive health services to Syrians living outside of refugee camps. The Ministry of Health has 491 facilities, which provide reproductive health services, including 462 centers and 29 hospitals that include maternal and child health clinics in different governorates,

all of which were treated as one entity in this study, but each branch center visited in the six target governorates was calculated separately.

2. Agencies providing Syrians with reproductive healthcare services were present in the governorates of Amman, Irbid, and Mafraq, while these services were less accessible in Ajloun, Jerash, and the southern governorates of Karak, Tafileh, Ma'an, and Aqaba.
3. The Ministry of Health (MOH) is the only entity, which provides comprehensive services (treatment, awareness raising, consultation and referral) in all areas of reproductive healthcare, while other non-governmental, international and local organizations provide limited services.
4. The largest group of users of governmental, nongovernmental, local, and international agencies providing reproductive health centers that provide reproductive health services to Syrians residing outside of refugee camps were married women aged (12-49).
5. The smallest group of respondents to review agencies providing reproductive healthcare services were males aged (25 and above). This gender discrepancy is attributed to social and cultural norms and traditions. Another factor contributing to this discrepancy is males' apprehension to visit maternal and child health centers, given the disproportionately large number of women present at these centers.
6. The majority of organizations providing reproductive health services to Syrians residing outside of refugee camps reported financial challenges arising from high operational costs of providing the services, as well as the high financial costs incurred by Syrians to travel to and from the centers. Additionally, the surveyed centers reported socially-sanctioned barriers to providing Syrians with reproductive healthcare, most notably a general lack of awareness, family intervention into personal healthcare choices, restrictive norms and traditions, and early marriage.
7. All of the governmental, non-governmental, local, and international agencies expressed the importance of raising awareness among Syrians residing outside of refugee camps on reproductive healthcare and family planning services, early

marriage, and pregnancy spacing. They also stressed the importance of working to provide financial and technical support to organizations providing reproductive healthcare services, particularly for costs associated with operations and providing care, and providing adequate medications and specialized doctors in these centers.

8. Most of the governmental, nongovernmental, local, and international agencies reported having manual and electronic documentation tools, and have logs and periodic reports to document patient information including age, marital status, sex, and so forth.
9. Of the 572 surveyed Syrians receiving reproductive healthcare services and residing outside of the refugee camps in the targeted governorates, the majority (50.3%) received these services from nongovernmental agencies.
10. Of the 572 surveyed Syrians receiving reproductive healthcare services and residing outside of the refugee camps in the targeted governorates, the largest percentage of respondents receiving reproductive healthcare services were women aged (12-49) (68.2%), while (11.9%) were women aged (50 and above). youth aged (12-24) represented (10.3%) of respondents, and males aged (25 and above) represented (9.6%) of respondents.
11. The size of household of the largest percentage of respondents (47.9%) is (4-6) persons, while (32%) had a household size of 3 persons or less.
12. (45.1%) of respondents had received only primary education, and (31.1%) of respondents completed high school. A mere (2.8%) of the respondents held bachelor's degrees.
13. (49.7%) of currently married women aged (12-49) indicated that they use a form of family planning method. (41.4%) used modern contraceptive methods, while (3.9%) used traditional contraceptive methods. (26.2%) of currently married women aged (12-49) use IUDs, (10.5%) use oral contraceptives and (10.5%) used contraceptive injection and condoms. Where withdrawal accounted the most traditional methods used (2.5%) followed by periodic abstinence (1.4%).
14. In general, female respondents aged (12-49) reported intermediate levels of satisfaction with reproductive healthcare services received with an average of (2.89). They were most satisfied with reproductive healthcare counseling and consultation services (3.42) followed by the availability of family planning methods (3.38); adequate explanations of family planning methods (3.33); follow-up of pregnant women, calculation of the duration of pregnancy, and administration of necessary tests (3.28); where provision of awareness raising

sessions on child marriage (2.32); abortion referral services (2.29); and referral services for breast and cervical cancers (2.12) reported the lowest degree of satisfaction

15. Youth of both sexes aged (12-24) reported intermediate levels of satisfaction with reproductive healthcare services received, with an average of (2.61). They were most satisfied with the available advice on the importance of tests before marriage with an average (2.93), followed by counseling for child marriage with an average of (2.9), then counseling for physical and psychological changes associated with adolescence with an average of (2.75); where Provides education and awareness lectures on early marriages (2.44), awareness sessions on harm caused by smoking and alcohol consumption (2.39) and awareness sessions on public hygiene (2.37) received the lowest average satisfaction ratings.
16. Males aged (25 and above) reported low levels of satisfaction with reproductive healthcare services received, with an average of (1.86). They were most satisfied with awareness raising efforts on infertility, subfertility, and reproductive organ infections with a mean of (2.05), followed by detection of infertility and subfertility with an average of (1.98); and follow-up services for family planning methods (1.96). Provision of treatment for sexually transmitted diseases and reproductive organ infections (1.76) and referral services to specialists for sexually transmitted diseases (1.73) received the lowest average satisfaction ratings.
17. Menopausal women aged (50 and above) reported low levels of satisfaction with reproductive healthcare services received, with an average of (1.71). They were most satisfied with awareness raising physical and psychological changes that correspond with their age range with an average of (1.99), followed by awareness sessions on physical changes that accompany menopause (1.78); provision of awareness lectures (1.59) and educational lectures (1.50) on physical and psychological changes that accompany menopause received the lowest average satisfaction ratings>
18. The governorate of Irbid ranked first in terms of respondents' satisfaction on the availability of reproductive healthcare services with an average of (4.19), followed by Jerash (4.17). The governorates of Zarqa (3.60) and Mafraq (3.61) received the lowest satisfaction ratings from respondents in this area. In terms of satisfaction with the reproductive healthcare providers by location, the Irbid governorate came in first place with an average of (4.30) and Jerash came in second with an average of (4.13). The Amman governorate received the lowest.
19. International organizations ranked first in terms of the location of reproductive healthcare service providers with an average rating of (4.03), followed by governmental organizations, which received an average rating of (3.87), and nongovernmental organizations and local organizations with an average rating of

- (3.84). In terms of respondents' satisfaction with the services offered by reproductive healthcare providers, international organizations received the highest ranking with an average of (4.18), followed by nongovernmental organizations with an average rating of (3.93) and governmental agencies with an average rating of (3.91).
20. Most of the married women aged (12-49) and menopausal women aged (50 and above) not receiving continuous reproductive healthcare services noted that the centers are located far from their residencies, are overcrowded, and lack medical specialization needed in the areas served. The majority of youth of both sexes (aged 12-24) and males (25 and older) who are not receiving continuous reproductive healthcare services reported that poor treatment by healthcare center workers is among the greatest disincentives to seeking this type of medical care. This finding is confirmed by the report "Health Needs Assessment of 2014" conducted by Première Urgence – Aide Médicale Internationale.
 21. Youth respondents aged (12-24) of both sexes indicated that economic and social constraints erect the greatest barriers to accessing reproductive healthcare services. Menopausal women aged (50 and above) reported that social constraints and difficulties reaching the physical locations of reproductive healthcare centers represent the greatest barriers to accessing these services.

22. Focus group participants of all ages and social sectors indicated that new security cards are one of the greatest public policy barriers to Syrians' access to clinics offering reproductive healthcare services. Additionally, the vast majority of male and female youth as well as males aged (25 and above) reported that the new ID card policies and stringent employment restrictions subject to Syrian refugees in Jordan are among the greatest policy-based obstacles they face to accessing reproductive healthcare services. As noted in Premiere Urgence Aide Médicale International's report titled "Health Needs Assessment of 2014," the recently implemented ID card policies present acute humanitarian and security challenges in that Syrian refugees are limited to seeking treatment at the location of the card's issuance and must keep their refugee status document registered and up to date, each of which can take up to 6 months to process. This contradicts the transient nature of their lives in Jordan as refugees; they are constantly seeking work wherever it may be found, maintaining traditional kinship bonds.

Recommendations informed by this study:

1. Develop strategies to educate and raise awareness among Syrian refugees on reproductive health, family planning, service providers, and services offered in order to raise awareness and cultivate accepting attitudes toward reproductive healthcare.

2. Reassess ID card policies through allowing cardholders to receive treatment at any health center outside of their residential area.
3. Develop employee standards at centers providing reproductive health services and engage them continuously in specialized workshops on reproductive health, and provide them with necessary and appropriate skills such as communication skills, work under pressure and how to deal with marginalized groups.
4. Activate legislation related to early marriage, which prevents the conclusion of a marriage contract for girls under the age of 18 years only in exceptional cases.
5. Provide technical and logistical support to organizations working to provide reproductive health services to Syrian refugees residing outside of refugee camps. This may be accomplished by increasing the number of buildings offering reproductive health services and providing them with specialized doctors, medications, and medical equipment necessary to function effectively.
6. Provide the necessary financial support to the Ministry of Health to cover the costs of free reproductive health services for Syrian refugees. This measure was approved on February 15, 2016 in (HR/Syrians/1075), which will provide maternal and pediatric services to Syrian refugees free of charge. Maternal and pediatric services are health services provided to pregnant women until delivery and during the postpartum period, also health services provided to the children from the date of their birth until the age of five.
7. Establish counseling teams that conduct field visits to Syrian refugees in order to raise awareness of Syrian refugees about reproductive health services, agencies providing these services, locations of service delivery, the availability of free healthcare services in this field from the ministry of health, and also raise awareness about the disadvantages of early marriage.
8. Encourage organizations providing reproductive health services to Syrian refugees to work in the southern governorates with the goal of expanding Syrian refugees' access to these limited services.
9. Pay more attention to gender distribution of workers at reproductive health centers in order to help males access these services more comfortably and overcome embarrassment and reluctance.
10. Develop a national strategy to ensure the sustainability of free healthcare services to Syrians in the event of funding cuts to current aid projects.
11. Increase coordination, networking, exchange of expertise, and collaboration between all agencies (governmental, nongovernmental, local, and

international) providing reproductive health services to Syrian refugees residing outside of the camps.

12. Benefit from trained and qualified Syrian female health professionals who are licensed to work in the field of reproductive health services to address the shortage of Jordanian professionals working with Syrian refugees.

13. Continuously monitor, evaluate and oversee organizations providing reproductive health services to Syrian refugees residing outside the camps in order to ensure quality services and efficient operations within these organizations.