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The Challenges and Barriers to Population Policy in the Jordanian Society: A Comprehensive Evaluation Based on Empirical Evidences

*Issa S. Al-Masarweh**

ABSTRACT

This study addressed two interrelated issues. First, the challenges that face or may face the population policy and programs in Jordan represented by the National Population Strategy (NPS) 2000-2020 and the Reproductive Health Action Plan for 2003-2007. Second, the cultural, operational, and legal barriers that inhibit the active response to the challenges and needs identified and consequently the successful achievement of the NPS goals. The study drew on a large number of national data sources, research findings and empirical evidences to document and identify these key challenges and barriers.

The goal of the study was to inform policymakers, decision makers and programs managers of the challenges and barriers related to the population and reproductive health polices and to advocate for reforming the current operational policies in order to respond to the existing challenges.

The study showed that Jordan is still having a long way to go in responding to the many challenges and barriers if the objectives of the NPS and RHAP are to be achieved. Among the key challenges and needs that require strategic planning were: rapid population growth, short birth intervals, high completed fertility, potential population momentum, increasing future demand for family planning services, high unmet need for family planning services, high level of unintended childbearing, exclusion of childless couples, consanguineous marriage, prevalence of polygamy among the illiterates, increasing C-S births, low use of contraception among the poor and lack of clear health insurance policy.

The study has also identified a number of barriers that require multisectoral responses to remove them. Among these barriers are: high level of contraceptive discontinuation, low postnatal care, short duration of exclusive breastfeeding and early susceptibility to pregnancy, high maternal morbidity, late detection of breast cancer, anemia among pregnant women, low involvement of men and religious leaders, lost opportunities, misuse of maternity leave, son preference, preference for female providers, exclusion of unmarried adults and menopausal, high service cost, quality of services, low clients' satisfaction, providers bias, distribution and forecasting of contraceptive methods, reliance on donors, and weak coordination among stakeholders.

Keywords: Population Policy, Reproductive Health

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