

**Messages of Maternity**

*The Relationship of State and NGO Institutions to Reproductive Health  
Services and the Construction of Family in Jordan*

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## **Abstract**

This project examines the ways in which family planning and reproductive health services and the institutions that provide them contribute to constructing definitions of family and motherhood in Jordan. The study is based on personal interviews conducted with representatives at six institutions – the Ministry of Health, the Higher Population Council, the Jordanian Association for Family Planning and Protection, Queen Zein Al Sharaf Institute for Development, the Arab Women’s Organization, and the Jordanian Women’s Union. This paper addresses the issues of family planning as a method of population control, the integrated medical and educational approach currently popular in family planning programs, and the intersectionality of the government and NGOs on issues of reproductive health. In examining the services of these institutions as well as their relationships to each other, this study concludes that the domination of family planning services by national policy as well as the programs’ emphases on scientific motherhood and women’s empowerment allows the state to politically and socially construct a self-serving ideology of family.

Topic Codes: 521, 532, 507

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## **Introduction**

Early on in my research, I attended a public workshop in Karak on reproductive and family health and birth spacing programs. The workshop – which was supported by the Ministry of Health and the local health directorate, but was primarily put on by the Queen Zein al-Sharaf Institute for Development (Zenid) – began with a recording of the Jordanian national anthem. This episode clearly highlighted that, if the national anthem had a place at a small community workshop, somehow, family planning services and the Jordanian state must be interwoven. The larger questions that were left – namely, what was the exact nature of that relationship, what role do NGOs play in it, and, most importantly, what does it mean about the creation of ideas of family – went on to inform the majority of my research.

I came to this topic from previous experience with historical research on the role and construction of gender and gender identities in early 20<sup>th</sup> century nationalist movements. I had previously worked with theories of the role of motherhood in constructing national identity and the position of the state vis-à-vis the private sphere in the ideology of modernity. I had, then, a desire to see whether I could locate these themes characteristic of 20<sup>th</sup> century nationalist movements, both inside and outside of the Middle East, in 21<sup>st</sup> century Jordanian society. And, if I could locate those themes, in what ways would they look different? I was specifically interested in looking at these themes through the medical discourse – essentially, how does the medical discourse contribute to the construction of certain ideas of motherhood and family? For this reason, I chose to examine family planning and reproductive health services as the most obvious stage upon which ideas of motherhood, family, public health and the state interact.

There is not a dearth of research and literature on the topic of family planning in Jordan. Indeed, the country's recent development of national policy on the issue and the massive amount of foreign aid and investment Jordan receives for its programs means that many people have already studied the effectiveness (or lack thereof) of these programs. These studies tend to be demographic in nature with the intention of producing statistical analysis of the implementation and usages of the family planning programs in order to better understand their successes and failures.

My research approaches family planning in Jordan from a completely different angle. It is not my intention to judge the programs or institutions I studied on their effectiveness in achieving their stated goals. I am entirely unqualified to do so. Rather, I aim to inject into the scholarly discourse on family planning in Jordan what I think it currently lacks – a theoretical context that places family planning in Jordan in the larger scope of nation-building and the project of modernization. Jordan is an interesting and unique case study in that both nationalism and modernization are obvious and deliberate top-down projects of the state. Family planning has a role in both of these projects, whether or not the programs' proponents consciously understand it as such.

I do not approach this research as an unbiased, objective observer; rather, I have intellectual and academic assumptions coming into this project that are necessary to briefly address. When speaking of the "nation," "gender," or "family," I do not assume these to be constant and uniform categories. Rather, I hypothesize that they are historical constructions that mean different things to different people in different geographic and temporal locations. My intention is to analyze the role of Jordan's family planning service in the current construction of those identities. Furthermore, in speaking of

modernity or the project of modernization, I do not assume that to be an inevitable process. Modernity is both a temporal and historical era and an ideology. In this paper, I am most interested in the ideology of modernity in which family, gender, and the state have specifically delineated roles.

## **Theoretical Frameworks**

### **Gender, Nationalism, and the Construction of “Family”**

Over the last twenty years, historians, anthropologists and sociologists working on studies of the Middle East have begun to incorporate gender as both a lens of analysis and a subject of analysis itself. These scholars –Afsaneh Najmabadi (“Crafting an Educated Housewife in Iran”), Onmia Shakry (“Schooled Motherhood and Structured Play: Child Rearing in Turn-of-the-Century Egypt), and Suad Joseph (*Gender and Citizenship*) – do not merely examine the roles that women have played in various political and social movements; rather they analyze the myriad ways in which gender and gender roles and relations are constructed by dominant political, academic, and institutional discourses. It is within this very broad theoretical framework that I posit my study, relying specifically on these scholars’ understandings of the institutional construction of ideas of family and the role that such ideas play in the creation of the modern nation-state.

In the introduction to her book, *Gender and Citizenship*, Suad Joseph quotes scholar Peter Gran<sup>1</sup> as writing, “the family ought to be studied as a part of politics, if for no other reason than the fact that the state invests a great deal of its resources in

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<sup>1</sup> Peter Gran is a professor of history at Temple University in Philadelphia. He teaches and researches Modern Arab Studies and Comparative Third World History. His relevant publications include *Beyond Eurocentrism: A New View of Modern World History* (1996).



upholding its conceptions of an ideal family.”<sup>2</sup> That the state invests resources, whether monetary or otherwise, in supporting a certain conception of family suggests that the state and state institutions play a productive, rather than simply reactive, role in the construction of societal ideas and values of family. ‘Family’ is used here in the singular as it is not intended to connote the individual families that make up any given society, but rather an ideological entity purported to be universal even as it may not reflect actual societal realities.

An increasingly popular specific focus within the discipline of gender history is the study of the relation of concepts of motherhood to nationalist movements and the project of modernization. In her article, “Crafting an Educated Housewife in Iran,” historian Afsaneh Najmabadi argues that with the establishment of the family as the core of the nation-state, “pre-modern” ideas of women as biological vessels for reproduction transformed to “modern” notions of women as producers of future citizens.<sup>3</sup> Women thus went from filling a solely reproductive capacity to a productive capacity, albeit one confined to the domestic sphere. From this perspective, mothers, as the ones primarily responsible for not only creating, but also raising and educating future citizens of the state (the necessary basis for any modern nation), came to represent and reflect the nation and its relative progress and development. In Najmabadi’s own words, a woman “was now to mother the country.”<sup>4</sup>

In her investigation of Egypt in the early 1900s, historian Omnia Shakry echoes much of Najmabadi’s argument. Shakry writes that, at the turn of the last century,

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<sup>2</sup> Gran quoted in S. Joseph, “Gendering Citizenship in the Middle East,” in *Gender and Citizenship in the Middle East*, ed. Suad Joseph, (Syracuse, NY: Syracuse University Press, 2000), 16.

<sup>3</sup> A. Najmabadi, “Crafting an Educated Housewife in Iran,” in *Remaking Women*, ed. Lila Abu-Lughod (Princeton, NJ: Princeton University Press, 1998), 103.

<sup>4</sup> *Ibid.*

“women came to be responsible for the physical, moral, and intellectual development of children within the nexus of a nascent nationalist discourse.”<sup>5</sup> Shakry goes on to argue that women (and, consequently, mothers) in this context were both the center of a country’s backwardness and the vehicle for the country’s transformation and modernization.<sup>6</sup> The means of transforming mothers from backwardness to modernity was through the introduction of what scholars have come to call the “discourse of domesticity,” which entailed rational, economic household management and scientific child rearing.<sup>7</sup> The movement towards scientific motherhood placed emphasis on healthcare for pregnant women, breast feeding, supervising children’s physical and intellectual development, and, most importantly, included an increasing importance on women’s education as vital for the successful implementation of all these values.<sup>8</sup> Motherhood then, although operating within the realm of the newly defined private sphere, came to occupy a place in public discourse;

Child rearing came to be understood as a public responsibility, essential for the constitution of morally upright, productive, efficient citizens of the nation . . . The home was meant to provide the groundwork for a national future by preparing the children for citizenship and, ultimately, the nation for modernity.<sup>9</sup>

To Najmabadi and Shakry, as well as to the other scholars involved in this particular historical discourse, the project of modernizing the nation-state in the early 20<sup>th</sup> century depended upon the public creation of a category of scientific, rational family and household, and the “new” mother who upheld them.

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<sup>5</sup> O. Shakry, “Schooled Mothers and Structured Play: Child Rearing in Turn-of-the-Century Egypt,” in *Remaking Women*, ed. Lila Abu-Lughod (Princeton, NJ: Princeton University Press, 1998), 126.

<sup>6</sup> *Ibid*, 127.

<sup>7</sup> *Ibid*, 135.

<sup>8</sup> *Ibid*, 136.

<sup>9</sup> *Ibid*, 143.

In his recent work, *Planning the Family in Egypt*, anthropologist Kamran Ali suggests that many of the ideas about family and motherhood common in works like Najmabadi and Shakry's are not only applicable beyond the historical timeframe in which those scholars worked, but have in fact been realized in Egypt's present day family planning programs. Echoing the sentiments of the gender historians writing about a period three quarters of a century previous, Ali writes, "the family planning program introduces Egyptian women to new ideas and values about home, child welfare, motherhood, and, consequently, the meaning of family, community, and nation."<sup>10</sup> Unlike Najmabadi and Shakry, however, who speak primarily about the reconstruction of the idea of motherhood, Ali emphasizes that family planning programs assist in the reconstruction of the notion of the individual citizen. He argues that part of the project of creating the modern nation-state is constructing subjects that are individually "liberated" from – in this case – the constraints of traditional familial patriarchy, but are also self-regulated and self-controlling within the social parameters organized by the state.<sup>11</sup> Ali locates the construction of such subjects within Egypt's family planning programs. The family planning programs intend to give women the ability to make individual choices about their reproduction independent of familial pressure, but only within the context of categories defined by the state and other public institutions. For example, reproductive health programs seek to educate women to make their own choices about birth control and to take an active role in their reproductive lives, yet those choices are made within the constraints of Health as defined by social and legal institutions. In this vein, Ali writes,

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<sup>10</sup> Kamran Ali, *Planning the Family in Egypt* (Austin, TX: Texas University Press, 2002), 5.

<sup>11</sup> *Ibid*, 13.

This process [of encouraging women to switch to scientific methods of fertility management] emphasizes the construction of a modern individual associated with notions of rights, rationality, responsibility, and sexuality, embedded in a new order of morality and law. Through systematic deployment of different apparatuses of institutional discipline and control, it also creates arenas to change and govern bodies, and manage mannerisms and behaviors.<sup>12</sup>

Thus in “liberating” women (and men) from the restraints of familial, tribal, or communal hierarchies and constituting these subjects as individuals with self-autonomy, the state and its institutions also create citizens who are self-regulating within state-constructed parameters. Moreover, the individual choices become the purview of the public space – i.e. decisions about pregnancies and family become enshrouded within the category of public health and thus both become an issue of civic responsibility<sup>13</sup> and have consequences upon national society. Finally, in creating subjects who self-regulate to uniform norms and categories, the state can more easily govern and control behaviors among its population.

My study intends to apply the theories of Joseph, Najmabadi, Shakry, and Ali to the realities of Jordanian family planning and reproductive health services and organizations to judge the extent to which Jordan fits the models put forward by these scholars and the extent to which circumstances specific to Jordan require a reassessment of some of their assumptions.

### **Politics of Population and Population Control**

In framing a study of family planning services and how they interact with institutions and communities, it is imperative to turn, briefly, to theories of population management and control. Jordan, like many other so-called developing countries,

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<sup>12</sup> *Ibid*, 14.

<sup>13</sup> *Ibid*, 13.

initiated and utilizes its family planning programs as a solution for dealing with its rapidly growing population. Scholars of population control theories argue that current political understandings of population growth represent a departure from previously held views of population size as directly proportional to national power and economic strength. Instead, governments now see unchecked population growth as a hindrance to the economic and socio-political progress of developing countries. The result is that “the old politics of population have been replaced by the politics of family planning.”<sup>14</sup> By the early 1960s, international attention was beginning to focus on family planning programs as a means to assist underdeveloped countries, but, as scholars Jason Finkle and C. Alison McIntosh argue, most sectors of the international community expressed a reluctance to explicitly tackle the issue.<sup>15</sup> The hesitation stemmed both from a wariness of openly discussing a subject so intimately connected with sex and sexual relations and from people’s distrust of the motives of their governments.<sup>16</sup> Perhaps because of this distrust of state institutions, Finkle and McIntosh emphasize the increasing importance in this discourse of nongovernmental – specifically transnational – actors.<sup>17</sup>

Despite the initial hesitation, by the 1970s, members of the international community were deeply involved in devising, promoting, and funding family planning programs in developing countries. In 1967, the United Nations created a body that came to be known as the United Nations Fund for Population Activities (UNFPA), which was primarily responsible for channeling funding to family planning programs. Soon after, the United States signed on to the United Nations’ population program and became a

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<sup>14</sup> J. Finkle and C. McIntosh, “The New Politics of Population,” *Population and Development Review*, Vol. 20 (1994), 3.

<sup>15</sup> *Ibid*, 6.

<sup>16</sup> *Ibid*, 4.

<sup>17</sup> *Ibid*, 20.

primary source of funding.<sup>18</sup> Although, since its initial approval of government-funded family planning programs in 1968, the United States has vacillated many times in the degree of its support for such programs abroad – once in 1984 virtually abandoning its previous position on the importance of population control altogether<sup>19</sup> – the country has remained an important and influential locus of support for this theory of population management in developing countries.

Theories of family planning programs as a method of managing population growth have not been met with universal support. Not only is there resistance to the programs' implementations from local communities wary of the government or reluctant to publicly address matters of sexuality, but many feminist theorists have also rejected the entire paradigm that such theories construct. As Finkle and McIntosh write, "A number of feminist groups have rejected the demographic rationale as an unacceptable foundation for family planning programs, arguing that it subordinates the interests of women to an abstract societal good."<sup>20</sup> Feminist scholars and women's rights advocates thus argue that viewing reproductive health services in the context of population control moves the discourse on birth control from a discussion of women's rights to one of national good.

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<sup>18</sup> *Ibid*, 9.

<sup>19</sup> J. Rosoff, "The Politics of Birth Control," *Family Planning Perspectives*, Vol. 20, No. 6. (Nov.-Dec. 1988), 317.

<sup>20</sup> Finkle, "The New Politics of Population," 25.

## Methodology

The data collected for this study came from a combination of literary research and personal interviews with professionals in relevant fields. The literary research examined previous scholarship from two different angles. First, in constructing the theoretical framework for this project, I relied upon theories of modernity, gender analysis, the ideology of family, and the politics of population and birth control discussed above (*see Introduction, Theoretical Framework*). The majority of these sources came from previous personal research on related topics. Literary research was also conducted at the American Center for Oriental Research (ACOR) and through various online libraries. The remaining textual research for this study was comprised of literature and statistics regarding Jordan's current family planning services and practices.

The vast majority of the field research for this project was qualitative research conducted through interpersonal interviews. I located my interview subjects in three different sectors of Jordanian society that work actively on issues of reproductive health and family planning – the Ministry of Health, NGOs involved in family planning, and women's rights organizations. The interviews were conducted in professional settings (i.e. offices, clinic centers, etc.) and, for the most part, without translators.<sup>21</sup> The questions asked of the interviewees related directly to their professional experience in the field of reproductive health services and education, the status of family planning services, education, and advocacy in Jordan, and the relationship of different societal sectors to each other on the issue of reproductive health.

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<sup>21</sup> All but one interview was conducted in English. The remaining interview was conducted in Spanish, a language in which both the interviewer and interviewee are proficient.

One of the primary obstacles to the implementation of this methodology was the time constraint. While the scope of the project was not too broad for the time allotted, inevitably the brevity of the research period limited the possibilities in terms of depth of investigation. Another obstacle in the research itself was a reluctance of some subjects to depart from an “official line” about their services, programs and relationships with other organizations or societal sectors. I perceived a strong reluctance – even among the more radical organizations – to even broach a critique of national policy and few people were forthcoming about the apparent difficulties of the different societal sectors working in cooperation with each other.

Undoubtedly the biggest obstacle I faced while conducting my research was an incompatibility between the theoretical paradigm of my study and that in which my subjects self-identified. Many of the people I worked with in the field initially assumed my research to be a statistical or demographic survey rather than an investigation of the relationship of institutions to each other and to the construction of certain ideological concepts. Additionally, in seeking to investigate the role of family planning services and the institutions that provide them in the construction of the “modern” family, I could not directly interrogate my subjects on their relationship to concepts of motherhood and family, as they did not understand their projects as existing within that discourse. My academic training is in historical research and, ultimately, I approached my human subjects as a historian would approach a primary source document – not so much for the information it gives, but for what the giving of that information says about a larger theoretical framework.



This study is by no stretch of the imagination a complete investigation of family planning services and institutions and their interactions with Jordanian society. To have another week, month or year is any researcher's greatest wish and if I had those extra days, I would love nothing else but to include the many more people, organizations, and programs that deserve a voice in this paper. Nor does this project claim to be anything but a survey of institutional interactions. The perspectives most glaringly missing from this study are those of the women and families themselves. To speak of the ideological affects of family planning programs without including the voices of those affected by them is indeed a failing. It is never my wish to render these women objects, and not subjects, of history or to deny them societal agency. Although the parameters of this specific study did not allow for a proper investigation into the thoughts, feelings, and perspectives of different communities of Jordanian women, I write this paper with them in mind and in full acknowledgment of the need for their voices in this discourse.

## **Findings**

### **A History of Family Planning Services in Jordan**

The history of Jordan's family planning services – like those of many countries – began some years before any official governmental sanction of the programs. In 1973, Jordan established the National Population Commission (later renamed the Higher Population Council) to create the national population policy but it was not until 1980 that reproductive health services became available through governmental agencies.<sup>22</sup> Throughout the 1980s, the government provided family planning services only as an

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<sup>22</sup> K. Hardee, et al, "Reproductive Health Policies in Eight Countries: Progress Since Cairo," *International Family Planning Perspectives*, Vol. 25, Supplement, (Jan., 1999), S5.

official policy. In 1991, the National Population Commission suggested the government implement a national birth spacing program, which was officially adopted two years later and became the Jordanian government's first official family planning program.<sup>23</sup>

In the absence of official family planning policy from the government, nongovernmental organizations arose to meet the needs of the public. For nearly twenty years, the Jordanian Association for Family Planning and Protection (JAFPP) – established in the mid-1960s – was the only organization in Jordan to provide family planning and reproductive health services.<sup>24</sup> Initially, the JAFPP was an integrated organization, including Jordan and Palestine, and operated three clinics in Amman, Irbid, and Zarqa. By the 1980s, the organization had expanded and ran twelve clinics distributed throughout all the governorates of Jordan and in 1989, the JAFPP separated its Jordanian and Palestinian branches into two organizations.<sup>25</sup> Dr. Zeinab Abu Sha'ar, the current medical director of the JAFPP, insisted that the organization faced a lot of popular resistance in its early years, saying that there was a stigma that “we were against religion and that family planning was against Islam. We struggled a lot.”<sup>26</sup> Dr. Abu Sha'ar hypothesized that the perceived incompatibility between family planning and Islamic practices could account for the government's reluctance to explicitly involve itself with family planning programs. The government, she asserted, did not have the grassroots resources of the NGOs that could be utilized to change people's views of family planning.<sup>27</sup>

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<sup>23</sup> “Trends in Demographic, Family Planning, and Health Indicators in Jordan, 1976-1997,” (Amman: Department of Statistics, 1998), 1.

<sup>24</sup> Dr. Zeinab Abu Sha'ar, Interview by Julia Shatz, 8 May 2007, Jordanian Association for Family Planning and Protection, Amman, Jordan.

<sup>25</sup> *Ibid.*

<sup>26</sup> *Ibid.*

<sup>27</sup> *Ibid.*

Despite the hesitation of the government to directly involve itself in family planning programs, the demographic realities in Jordan eventually had the affect of forcing the government's hand on the issue. Although Jordan is, in general, known for excellent quality medical care, maternal mortality and morbidity rates continued to be disproportionately high (the latter being the second cause for women's admissions to hospitals).<sup>28</sup> Furthermore – and more importantly to the involvement of the government – Jordan's rate of natural increase was incredibly high in comparison to other countries and given its serious limitations of natural resources. At the end of the 1970s, Jordan's total fertility rate (TFR) was around 7.4 births per woman, which made the country's rate of natural increase (roughly 3%) one of the world's highest.<sup>29</sup> By 2003, although the TFR had fallen sharply to 3.7 births per woman, it still remained the second highest in the region after Yemen.<sup>30</sup> The strain of the rising population size on Jordan's limited natural resources in terms of water and arable land combined with increasing international support for family planning as a means of population control led the Jordanian government to officially endorse family planning programs by introducing a birth spacing program in 1993.

### **The Cairo Conference and the Formulation of the National Population Strategy**

In 1994, the International Conference on Population and Development (ICPD) was held in Cairo with participants from all across the developing world. Many of the participating countries – including Jordan – adopted the “Programme of Action,” which

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<sup>28</sup> “National Population Strategy: Reproductive Health Action Plan,” Higher Population Council (Amman: 2003), 7.

<sup>29</sup> I. Olenick, “Fertility Levels Among Jordanian Women Have Fallen Sharply, But Unwanted Childbearing Remain High,” *International Family Planning Perspectives*, Vol. 25, No. 4, (Dec., 1999), 203.

<sup>30</sup> “Jordan National Health Account Reproductive Health Subanalysis, 2001,” USAID/Partners for Health Reformplus, (July 2006), 1.

included a definition of reproductive health as “A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and its functions and processes” including, but not limited to, family planning.<sup>31</sup>

The results of the ICPD lead to further expansion in Jordan of family planning and reproductive health programs and services in both the Ministry of Health and in NGOs.<sup>32</sup> Dr. Abu Sha’ar recalled the ICPD resulting in an expansion in the scope of the JAFPP’s services: “Now family planning was established and there was even public support and even the government started to support family planning, so we expanded our work to include other components of reproductive health [besides family planning].”<sup>33</sup> The most significant development to follow in the years after the Cairo Conference, however, was the creation and adoption of the 1996 National Population Strategy (NPS) and its subcomponent, the Reproductive Health Action Plan (RHAP).

The National Population Strategy was drafted by the Higher Population Council (until 2004, the National Population Commission). The HPC is comprised of members from various societal sectors, but in effect, functions as an arm of the government. The Prime Minister chairs the HPC and its board members include the heads of various governmental ministries, such as the Ministries of Education, Health, Planning, Awqaf, and Social Development as well as representatives from major Jordanian NGOs and two representatives from the private sector.<sup>34</sup> According to its brochure, the goal of the HPC is “Achieving a balance between population growth and economic resources necessary to

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<sup>31</sup> K. Hardee, et al, “Reproductive Health in Eight Countries,” S2.

<sup>32</sup> Dr. May Hadidi, Interview by Julia Shatz, 22 April 2007, Ministry of Health, Amman, Jordan.

<sup>33</sup> Dr. Abu Sha’ar, Interview by Julia Shatz, 8 May 2007, Jordanian Association for Family Planning and Protection, Amman, Jordan.

<sup>34</sup> Suha Qoul, Interview by Julia Shatz, 26 April 2007, Higher Population Council, Amman, Jordan.

achieve comprehensive and sustainable development.”<sup>35</sup> The National Population Strategy developed as a means of facilitating that goal by declaring a mission to reduce Jordan’s TFR from 3.7 in 2000 to 2.1 by 2020.<sup>36</sup> The Reproductive Health Action Plan, drafted to guide policies and activities from 2003-2007, set out to “establish technical and operational support for the NPS Goal for the Year 2020,” by increasing informational, clinical, educational and advocacy activities of the government and NGOs on reproductive health.<sup>37</sup>

### **Current Family Planning/Reproductive Health Services, Projects and Initiatives in Jordan**

Presently, family planning and reproductive health services are available to the public through the Ministry of Health’s Maternal and Child Health centers, NGO clinics and in the private sector. As this study intends to address the relationship of public institutions to family planning and reproductive health services, the following descriptions and analyses look only at the public and NGO sectors to the necessary exclusion of the private medical establishments.<sup>38</sup> The services and programs provided by the government and NGO sectors reflect similar philosophies on reproductive health and are certainly interconnected. For the purpose of this study, however, it is important to first examine the programs and services of the organizations before discussing in-depth their relationships to each other.

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<sup>35</sup> Higher Population Council/General Secretariat, 2007.

<sup>36</sup> “The National Population Strategy: Reproductive Health Action Plan,” 11.

<sup>37</sup> *Ibid.*

<sup>38</sup> For a quantitative study on reproductive health services in the private sector, see D. Banks and M. Shahrouri, “The Provision of Reproductive Health Services in Private Hospitals in Amman, Jordan,” (Maryland: Abt Associates Inc., 2003).

## **The Public Sector – The Ministry of Health and MCH Centers**

According to the head of the Maternal and Child Health directorate in the Ministry of Health, the goal of the Ministry regarding reproductive health services is to help improve the accessibility of birth control methods for women. Practically, this aim entails training pharmacists to help women select proper methods and distributing services all over the country. To realize the latter goal, the Ministry of Health operates over five hundred Maternal and Child Health centers throughout Jordan.<sup>39</sup> These centers provide women with various methods of birth control – condoms, pills, injections, and IUDs – as well as comprehensive medical examinations and counseling.<sup>40</sup> Despite the expansion of services, especially since the ICPD in Cairo, the MCH Director still insists that there is an 11% rate of unmet need in regards to reproductive health/family planning services in Jordan and that a full 44% of women have pregnancies that were unplanned or unwanted.<sup>41</sup>

The Ministry of Health conducts its centers and programs with the assistance of USAID, which has been a partner in the development and implementation of the National Population Strategy. In addition to helping with the formulation of policy, USAID also buys contraceptives for the Ministry to distribute to its clinics and to all of Jordan's NGOs working on family planning. Previously, USAID provided all forms of contraceptives for the Ministry, but currently, the Government of Jordan (GOJ) buys most methods for itself. The original agreement between USAID and GOJ called for USAID to cease assistance in this regard by 2009; the Maternal and Child Health

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<sup>39</sup> Dr. Hadidi, Interview by Julia Shatz, 22 April 2007, Ministry of Health, Amman Jordan.

<sup>40</sup> *Ibid.*

<sup>41</sup> Dr. Hadidi, Interview by Julia Shatz, 24 April 2007, Ministry of Health, Amman Jordan.

director, however, predicts that the Ministry of Health will be independently funding all types of contraceptives by 2008.<sup>42</sup>

### **The NGO Sector – JAFPP and Zenid**

The reproductive health and family planning services provided by the NGO sector do not differ in striking ways from the services provided by the Ministry. As discussed above, the Jordanian Association for Family Planning and Protection has operated medical clinics throughout Jordan since the mid-1960s. Like the Ministry's MCH centers, the JAFPP clinics provide both family planning services (the distribution of contraceptives), and more general medical screenings and counseling. Although the JAFPP's first clinics operated in the urban areas of Amman, Zarqa, and Irbid, currently, the organization runs seventeen clinics in ten governorates in the country and primarily focuses on serving low-income and rural communities.<sup>43</sup> Like the Ministry of Health, the JAFPP also receives funding from USAID, although its primary international backer is the British-based International Planned Parenthood Federation (IPPF).<sup>44</sup>

Like JAFPP, the Queen Zein Al Sharaf Institute for Development (Zenid) directs the majority of its reproductive health services to poorer and more rural communities, specifically, in the case of Zenid, in Jordan's southern region. Furthermore, both NGOs – which are deeply entrenched, well-respected organizations on the issue of reproductive health and family planning – have initiatives and programs beyond their clinical services. The reproductive health program manager at Zenid said that the purpose of her organization is to identify and fill gaps left by the Ministry in the realization of the

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<sup>42</sup> Dr. May Hadidi, Interview by Julia Shatz, 24 April 2007, Ministry of Health, Amman, Jordan.

<sup>43</sup> Bassam Anis, Interview by Julia Shatz, 1 May 2007, Jordanian Association for Family Planning and Protection, Amman Jordan.

<sup>44</sup> *Ibid.*

national family planning program.<sup>45</sup> Filling these gaps, however, means more than simply supporting medical clinics in underserved areas – both JAFPP and Zenid, in cooperation with the Ministry, also sponsor reproductive health education workshops, advocate family planning policy, and conduct home visits in rural communities to encourage the utilization of medical services.

### **The Women’s Rights Organizations – AWO and JWU**

Two other NGOs – the Arab Women’s Organization and the Jordanian Women’s Union – also work on issues of reproductive health, albeit from slightly different angles than JAFPP or Zenid. The Arab Women’s Organization (AWO) has the expressed goal of supporting women in Jordan – one component of that support comes by a focus on health issues, including reproductive health.<sup>46</sup> To this end, the AWO runs two clinics in impoverished urban areas and pays for a doctor to provide medical examinations and services to women clients. Like the other NGOs, the AWO also conducts outreach programs, including home visits to talk to women (and recently, men) about reproductive health and medical issues more generally.<sup>47</sup>

Similar to the AWO, the Jordanian Women’s Union’s services in regard to reproductive health focuses on poor urban areas, especially in Jordan’s refugee camps. The JWU brings doctors to the camps and other poor urban areas to provide free medical examinations and prescriptions, including – but not limited to – contraceptives.<sup>48</sup> The JWU also provides legal and educational services to assist women who have been

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<sup>45</sup> Nuha Mehreiz, Interview by Julia Shatz, 8 May 2007, Queen Zein Al Sharaf Institute for Development, Amman, Jordan.

<sup>46</sup> Leila Hamarneh, Interview by Julia Shatz, 7 May 2007, Arab Women’s Organization, Amman, Jordan.

<sup>47</sup> *Ibid.*

<sup>48</sup> Myassar Ismail, Interview by Julia Shatz, 1 May 2007, Jordanian Women’s Union, Amman, Jordan.



deprived of access to medical care or who face violent home situations if they choose to pursue family planning methods.<sup>49</sup>

### **“Safe Motherhood,” Behavioral Change and the Philosophy of Integration**

A theme commonly expressed in the Ministry of Health as well as in the predominant NGOs on this subject (i.e. JAFPP and Zenid) is the philosophy of the integration of services. In recent years – especially following the ICPD in Cairo – these organizations have moved from an emphasis solely on family planning and birth spacing<sup>50</sup> to embrace a more comprehensive definition of reproductive health. The new theory about reproductive health, as described earlier in the discussion of the consequences of the ICPD, emphasizes the importance of holistic health care for the entire family as well as the integration of educational and empowerment programs.

“Safe Motherhood” is a term that has been adopted by the Ministry of Health and by NGOs to describe the integration of various medical services for women under the umbrella of reproductive health. Such services include antenatal and postnatal family planning and infant care, the early screening for disabilities in children, and the early detection of breast, ovarian and uterine cancers.<sup>51</sup> The idea promoted by the Ministry and organizations such as JAFPP, is that reproductive health means more than simply controlling and managing a woman’s reproductive capabilities, but instead includes all the components of, not only pregnancy, but also parenthood.

Another element of the new model of integrated reproductive health is the inclusion within reproductive health services of women’s empowerment and behavioral

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<sup>49</sup> Haifa Houdar, Interview by Julia Shatz, 1 May 2007, Jordanian Women’s Union, Amman, Jordan.

<sup>50</sup> Birth spacing programs encourage women to lengthen the time between pregnancies by beginning the use of birth control methods after the delivery of the first child.

<sup>51</sup> Dr. May Hadidi, Interview by Julia Shatz, 22 April 2007, Ministry of Health, Amman, Jordan.

change initiatives. All the organizations researched in this study emphasize women's empowerment – both economic and within the home – as a component to reproductive health services and to achieving the goals of the National Population Strategy. The Higher Population Council (HPC), for instance, is currently working in the south of Jordan with the Japanese International Cooperation Agency (JICA) on projects, such as micro-credit projects, that would allow women independent economic resources.<sup>52</sup> The micro-credit projects, according to a researcher at the HPC, lead women to feel independent and that “they can control their lives and their decisions will be in their hands,” all of which has a positive effect of women's decisions to control and limit her number of children and contributes to achieving the national goal of reducing fertility.<sup>53</sup>

NGOs such as JAFPP and Zenid put efforts towards recruiting and training local women as leaders in the communities in which they work as a means of women's empowerment. The JAFPP supports female religious leaders who will discuss and disseminate information about family planning. Additionally, the NGO trains female community leaders – nurses, teachers, etc. – on issues of reproductive health and works with community women to raise their awareness about their legal and human rights.<sup>54</sup> Zenid similarly trains young women from local communities to conduct home visits and teach other women about the benefits of family planning and reproductive health care.<sup>55</sup>

The Ministry of Health and the NGOs seek to empower women not only in the public sphere, but within the home as well. In addition to speaking about “safe motherhood,” and “women's empowerment,” all the organizations surveyed for this study

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<sup>52</sup> Suha Qoul, Interview by Julia Shatz, 26 April 2007, Higher Population Council, Amman, Jordan.

<sup>53</sup> *Ibid.*

<sup>54</sup> Dr. Abu Sha'ar, Interview by Julia Shatz, 8 May 2007, Jordanian Association for Family Planning and Protection, Amman, Jordan.

<sup>55</sup> Munira Shaban, Interview by Julia Shatz, 18 April 2007, Karak, Jordan.

also mentioned “behavioral change” as a component of their programs. “Behavioral change” refers both to men and women’s attitudes towards family planning and to women’s interactions with their husbands. In the first case – that of attitudes towards family planning – Ministry and NGO initiatives – primarily through community workshops and home visits – intend to convince men and women of the benefits of family planning for themselves and their families. In persuading people to embrace family planning, organizations hit upon the economic and health-related advantages of having fewer children. According to Munira Shaban, a midwife who worked on reproductive health issues for the Ministry for nearly 30 years, considerations and concerns about personal financial situations are the primary reason for people choosing to practice family planning. A long time ago, she said, people wanted large families to help with land management, but now, especially with an increasing desire for all children to have access to education, parents are recognizing that they cannot afford as many children.<sup>56</sup>

The government and NGOs also stress that family planning – specifically, birth spacing – is better both for women’s bodies and for their children’s development. Leila Hamarneh, Program Manager at the Arab Women’s Organization, sees a difference between men and women in terms of which arguments are more likely to sway them in favor of using family planning and birth spacing methods:

When you talk to mothers, you talk about health. You emphasize the importance of having good health for her and her children. When it comes to men, we try to emphasize the economic situation. We talk about the future, when he will have two boys at the same time at the university and that the birth spacing is necessary [for this reason].<sup>57</sup>

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<sup>56</sup> Munira Shaban, Interview by Julia Shatz, 1 May 2007, Forum for Business and Professional Women, Amman, Jordan.

<sup>57</sup> Leila Hamarneh, Interview by Julia Shatz, 7 May 2007, Arab Women’s Organization, Amman, Jordan.

Behavioral change projects also focus on the ways in which birth spacing allows the mother to pay more attention to each child and thus is better for the child's development, both physically and psychologically. Despite their explicit goal of reducing fertility rates to balance with the country's limited resources, none of the participants of this study said that the national need factored in to women's (and men's) decisions to use family planning methods. A representative from the Higher Population Council said that women practice family planning "for their sake. They don't think so much about the country. They don't think, "oh, Jordan is overpopulated and we have to [reduce fertility]."<sup>58</sup> Nevertheless, she continued, saying that raising awareness of the national population problem is a goal of the organization: "In all our activities we present Jordan's situation and the challenges that Jordan faces towards population and how it affects all the resources, water, environment."<sup>59</sup>

Regardless of the motivations to utilize these organizations family planning and reproductive health services, all those interviewed agreed that women are far more likely to be amenable to family planning than their husbands. A representative from the Maternal and Child Health directorate stated, "no woman will refuse this family planning if she understands herself and has knowledge of the benefits of birth spacing."<sup>60</sup> Men's (and women's) resistance to family planning is most often attributed to religious values that claim God is the only one to decide the number of children in a family or to cultural norms of having large families and preferring sons. The assumption, then, that women will be more likely to accept reproductive health services and to change negative attitudes

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<sup>58</sup> Suha Qoul, Interview by Julia Shatz, 26 April 2007, Higher Population Council, Amman, Jordan.

<sup>59</sup> *Ibid.*

<sup>60</sup> Dr. May Hadidi, Interview by Julia Shatz, 22 April 2007, Ministry of Health, Amman, Jordan.

towards family planning certainly informs the second part of the behavioral change programs, which is empowering women to make decisions within the context of their marital relationships. A part of the home visits of many organizations – in addition to demonstrating to women why birth spacing is beneficial for their health and for their families – is teaching women how to negotiate with their husbands or even teach them of the benefits of family planning.<sup>61</sup> The goal for all of the organizations involved with these issues is for the use of family planning to be a joint decision between a husband and wife based on the recognition of the benefits of such programs for their family.

### **The Opposition to Family Planning Services**

As mentioned above, the majority of the resistance to family planning and reproductive health services, according to those people interviewed, comes from cultural values at a popular level. While there was an acknowledgment that the increasing power of Islamists and the so-called religious fundamentalists has caused problems for the general acceptance of family planning services,<sup>62</sup> more people pointed to ideas rooted in Jordanian or Arab culture, not religion, as the primary reason for the opposition. Ideas like the importance of having large families and the preference of sons over daughters tended to be cited as reasons that men and women refused birth control. Most of the organizations surveyed, in fact, utilized sheikhs and other religious leaders in their workshops to teach people that family planning is not *haram* and that the Qur'an encourages the idea of birth spacing – a notion that, according to the interviewees, is becoming much more widely accepted.

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<sup>61</sup> Suha Qoul, Interview by Julia Shatz, 26 April 2007, Higher Population Council, Amman, Jordan.

<sup>62</sup> Leila Hamarneh, Interview by Julia Shatz, 7 May 2007, Arab Women's Organization, Amman, Jordan.

## **The Relationships of The Sectors to Each Other**

As has become obvious from the previous discussion of the family planning and reproductive health programs and initiatives of the surveyed organizations, there is much coordination and cooperation between the organizations and the sectors they represent. Dr. Abu Sha'ar said that she considers the JAFPP “a supportive or complementary organization for the Ministry of Health.”<sup>63</sup> Indeed, most representatives from both the Ministry of Health as well as from the major NGOs in this field talked about the relationship between the two sectors as not only cooperative, but complementary. The impressions of some people in the Ministry were that, because of the grassroots networks available to NGOs and because of the lack of bureaucracy and abilities to make and implement decisions quickly, the NGOs provide valuable assistance in getting the Ministry's programs and projects into the communities.<sup>64</sup> Conversely, support from the government helps NGOs with their initiatives by giving them both social legitimacy and financial and political backing.<sup>65</sup>

Currently, the Ministry of Health works with NGOs on the levels of policy, programming, and materials. On the level of policy, the most obvious and important point of unification between the Ministry of Health and NGOs like JAFPP and Zenid is over the National Population Strategy. All three organizations took part in the formulation of the strategy and work in conjunction to realize its articulated aims. The Higher Population Council – of which all three organizations are members and which is

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<sup>63</sup> Dr. Zeinab Abu Sha'ar, Interview by Julia Shatz, 8 May 2007, Jordanian Association for Family Planning and Protection, Amman, Jordan.

<sup>64</sup> Dr. May Hadidi, Interview by Julia Shatz, 22 April 2007, Ministry of Health, Amman, Jordan.

<sup>65</sup> Dr. Zeinab Abu Sha'ar, Interview by Julia Shatz, 8 May 2007, Jordanian Association for Family Planning and Protection, Amman, Jordan.

responsible for drafting policy related to population management – then represents both a place of meeting and alignment of the public and NGO sectors.

Furthermore, the public and NGO sectors coordinate in the realm of programming. The Ministry of Health and JAFPP, for example, have joint training sessions for service providers – initially, when the government first started providing family planning services, they sent their doctors to JAFPP for training as that organization had more experience in the field.<sup>66</sup> Even more explicitly, the Higher Population Council promotes an executive work plan followed by both the public and NGO sectors that contributes to achieving the goals of the National Population Strategy and Reproductive Health Action Plan.<sup>67</sup> Thus, even though representatives from both JAFPP and Zenid stressed the role of NGOs as filling gaps in family planning and reproductive health services left by the government – whether in terms of providing clinical services in places with no MCH centers or training physicians in interpersonal counseling – it is clear that these NGOs are operating in coordination and not contradistinction with the government. Similarly, the NGOs are not only working completely within the context of the government’s family planning policies, but, in fact, are also active constructors of that policy.

Where there is any dissent or disconnect from the national agenda on this issue, it comes from women’s rights organizations, and even here, it is neither explicit nor necessarily reflected in organizational activities and projects. As mentioned previously, the activities around reproductive health issues of the Arab Women’s Organization and

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<sup>66</sup> Munira Shaban, Interview by Julia Shatz, 1 May 2007, Forum for Business and Professional Women, Amman, Jordan.

<sup>67</sup> Nuha Mehreiz, Interview by Julia Shatz, 8 May 2007, Queen Zein Al Sharaf Institute for Development, Amman, Jordan.

the Jordanian Women's Union appear to be strikingly similar to those of the Ministry of Health and the other NGOs. Yet, although both organizations agree with the goals of the National Population Strategy and Reproductive Health Action Plan, they are not members of the Higher Population Council nor do they take part in policy formulation. The only direct connection between these NGOs and the Ministry, in fact, is that, under the Contraceptive Security Plan, the Ministry of Health provides them – and all other NGOs in Jordan – with free contraceptive methods.<sup>68</sup> Leila Hamarneh rejects the idea that the government and NGOs should work so closely together, saying that the Higher Population Council (as a policy-crafting body and arm of the government) should not provide clinical or outreach services themselves but rather should be “a monitoring agency, a policy agency. They involve themselves with services and outreach activities. This is wrong to me. If they have a program for outreach, they should pass it to the NGOs.”<sup>69</sup>

### **Analysis: Fitting a Theoretical Paradigm**

Having discussed the history of family planning and reproductive health services in Jordan, the current policies, initiatives, and projects of the different organizations involved in the issue, and the relationship of those organizations to each other, what can we now say about how Joseph, Najmabadi, Shakry, and Ali's conceptual frameworks do or do not apply to the case of Jordan? In answering this question, it is necessary to examine three main ideas – 1) the ways in which the Jordanian government's monopoly over services defines a particular conception of the family; 2) how the transition from

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<sup>68</sup> Dr. May Hadidi, Interview by Julia Shatz, 22 April 2007, Ministry of Health, Amman, Jordan.

<sup>69</sup> Leila Hamarneh, Interview by Julia Shatz, 7 May 2007, Arab Women's Organization, Amman, Jordan.



family planning to a more integrated and holistic notion of reproductive health has promoted scientific and rational parenthood, and 3) how the behavioral change and women's empowerment components of reproductive health projects serve to construct Jordanian women as good, productive citizens of the modern nation.

### **The State's Process of Defining Family**

As demonstrated in the previous section of this paper, family planning and reproductive health services and resources are almost entirely monopolized by state institutions (through the Ministry of Health and the Higher Population Council) and national policy. Regardless of any nominal or self-perceived independence, all NGOs operate within the framework of the state's policy on family planning and reproductive health. Furthermore, many NGOs not only work inside the context of the national policy but are in fact active parts of that policy themselves. That NGOs have acquiesced to the state's policy on family planning is not to say that NGOs do not have any individual agency or that they do not operate on day-to-day bases as autonomous organizations. Indeed, it is difficult to determine the extent to which organizations such as the JAFPP and Zenid are truly aligned with the policies and practices of the state institutions and the extent to which they comply with the government in order to better achieve their own institutional goals. In explaining, for instance, the active role taken by the JAFPP in formulating the National Population Strategy and Reproductive Health Action Plan, the JAFPP's Deputy Executive Director was quick to remark, "Of course, as an association, we have our own strategy that we are dealing with for the next five years. Each organization has its own strategy to provide the best services to the people."<sup>70</sup>

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<sup>70</sup> Bassam Anis, Interview by Julia Shatz, 1 May 2007, Jordanian Association for Family Planning and Protection, Amman Jordan.

Nor do the NGOs refrain entirely from critiques of the Ministry of Health's practices. Nuha Mehreiz from the Zenid organization identified a part of her organization's purpose as filling the gaps left by the Ministry, specifically expressing concern that the counseling services provided by the government cannot qualitatively compare to those from the NGOs.<sup>71</sup> Furthermore, Mehreiz conceptualized her organization, to some extent, as working outside of the system in advocating more strongly for services for youth and single persons.<sup>72</sup>

Nevertheless, despite the distinctions between the public sector and the NGOs, it still remains that the NGOs efforts are rhetorically and actually intended to support the realization of the national policy. The result of this unification of nongovernmental organizations under state-sponsored policy is that the discourse about family planning – and in many ways, about what “family” should look like and mean – is dominated by state interests. Regulation of family thus becomes the purview of the public sphere; not only, as the Peter Gran quotation at the beginning of this paper argued, does the state invest a good deal of resources in regulating and maintaining a certain idea of family, but it also has a monopoly on that regulation.

The argument that state interests dominate the discourse on ideal families garners no stronger evidence than the role of the National Population Strategy in informing the ideologies and practices of family planning organizations. The expressed goal of the national policy on reproductive health – and the guiding light for most family planning projects – is the reduction of fertility rates and rates of natural growth. The individual is then subordinated to the collective, or more precisely, to the national need, which takes

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<sup>71</sup> Nuha Mehreiz, Interview by Julia Shatz, 8 May 2007, Queen Zein Al Sharaf Institute for Development, Amman, Jordan.

<sup>72</sup> *Ibid.*

precedence in these policies and practices over personal rights and desires.<sup>73</sup> Indeed, although a few of the informants for this project identified their organizations as rights-based, only the representatives from the Jordanian Women's Union explicitly couched their discussion of reproductive health services in the language of individual rights of autonomy, saying, "[Women have] the right to not have sexual relations if she doesn't want them. The right to obtain contraceptives and the right to take pills . . . We accept that women have the right to have children or to not have children. To marry or not."<sup>74</sup> While the realities of the activities of the Jordanian Women's Union did not differ drastically from the other organizations, their ideological rhetoric appeared strikingly different.

Finally, the state-sponsored discourse about reproductive health is entirely a familial discourse. Interestingly, in moving from notions of family planning to notions of more holistic reproductive health, the organizations have not separated the medical component from the ideology of family. This notion becomes clear upon examination of who uses the government and NGO's reproductive health services. The medical services are only officially available to married women in the governments MCH centers. Dr. Hadidi, director of the Maternal and Child Health division, said, "until now, we have not discussed in an official way, the needs of this [the single] woman."<sup>75</sup> Dr. Hadidi emphasized that, although providing services for unmarried clients was not an official policy, it was not officially prohibited either. Thus, it is up to the discretion of the doctor whether or not to treat single women (and men).

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<sup>73</sup> Of course, this discourse also assumes that the needs of the individual directly mirror the needs of the nation, further entrenching the individual citizen as inseparable from the nation-state.

<sup>74</sup> Haifa Houdar, Interview by Julia Shatz, translated from Spanish by Julia Shatz, 1 May 2007, Jordanian Women's Union, Amman, Jordan.

<sup>75</sup> Dr. May Hadidi, Interview by Julia Shatz, 22 April 2007, Ministry of Health, Amman, Jordan.

The hesitation to accept unmarried women is not solely confined to the MCH centers. Dr. Abu Sha'ar of the JAFPP said, "In fact, there is no regulation that says don't give [birth control] to single women. So it is up to the physician. But, for example, we would not provide her with an IUD, but for pills – we don't ask."<sup>76</sup> The notion that these medical services must only operate within the context of marriage and family has thus permeated through both sectors. While the representatives of these organizations argue that explicitly providing reproductive health services for unmarried clients would be unacceptable in Jordan's socially conservative society and thus would undermine the legitimacy of their other services, it still remains that by aligning with these social norms (whether real or mythologized), the providers of services also reinforce and create them. As there is no other public avenue for obtaining these medical services, the public discourse on women's health and healthcare becomes inextricable from the discourse on maternal health and "woman" becomes conflated with "mother."

### **Promoting a Scientific Motherhood**

The transition, after the Cairo Conference, from an emphasis on family planning through birth spacing to a new understanding of reproductive health as encompassing integrated familial medical services as well as educational programs to teach women about better ways to care for themselves and their families reflects the shift to scientific motherhood as theorized in Najmabadi and Shakry's works. 'Scientific Motherhood,' to reiterate the earlier discussion, emphasized comprehensive prenatal care, close attention to children's physical and intellectual development, and an importance for women's education. The model of "safe motherhood" as promoted by the Ministry of Health and

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<sup>76</sup> Dr. Zeinab Abu Sha'ar, Interview by Julia Shatz, 8 May 2007, Jordanian Association for Family Planning and Protection, Amman, Jordan.

its colleague NGOs certainly seems to encompass these parameters as well. Specifically regarding the last component – that of women’s education – we can see both an interesting compatibility and interesting contrast between the “Scientific Motherhood” of Shakry’s turn-of-the-century Egypt and the “safe motherhood” of present-day Jordan. Both discourses argue for women’s education as a way of creating better mothers and thus stronger families. In an interview, Leila Hamarneh of the Arab Women’s Organization, succinctly summarized the importance of women’s education as a part of reproductive health by saying, “educated people understand the needs of the family more.”<sup>77</sup> Education serves, at least in part, to produce “proper” mothers who can rightly guide a household and raise children. An assumption of “scientific motherhood” was that, as the bearers and cultivators of future citizens, mothers had to be educated in order to educate their children. A researcher at the Higher Population Council echoed that sentiment, saying.

Better educated women can better educate their children, if they have time. Not all well educated women think about giving enough time to their children, so they end up putting their children in very good, excellent school and paying a lot of money, but they end up not educated, not with the things that [the mother] thinks.<sup>78</sup>

Taking the above statement with that of Hamarneh, we can see that Najmabadi and Shakry’s ideas of mothers as producers of educated, rational children-citizens and not merely vessels for reproduction are, in many ways, reflected in Jordan’s reproductive health initiatives.

Yet, it would be acting in ignorance of history to assume no difference between conceptions of women’s education at the turn-of-the-century and in the present day.

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<sup>77</sup> Leila Hamarneh, Interview by Julia Shatz, 7 May 2007, Arab Women’s Organizaiton, Amman, Jordan.

<sup>78</sup> Suha Qoul, Interview by Julia Shatz, 26 April 2007, Higher Population Council, Amman, Jordan.

Unlike in the Iran and Egypt of Najmabadi and Shakry's investigation, women are not being educated only to act as managers of the household; there is also, in the women's education and empowerment programs, an emphasis on women working outside of the home. Dr. Hadidi lamented the lack of women outside the home: "It's so horrible to see all these clever women – I think they are so clever – think their only job is to sit at home and to take care of these children."<sup>79</sup>

Of course, encouraging women to join the workforce fulfills other national needs as well – primarily, increasing the size and quality of Jordan's skilled labor force. Additionally, educating women directly services the goals of the National Population Strategy as educated women with higher levels of income are more likely to use contraceptives and have smaller families.

Here we can see, once again, that the needs of the family are taken out of the hands of individuals and entrusted to an omniscient power, in this case scientific rationality as taught through government and NGO initiatives and institutions. The converse of Hamarneh's earlier statement, of course, is that uneducated people do not rightly understand the needs of their families. It is thus the burden of the government or the NGOs to help the uneducated understand their familial needs. In this sense, even as the government and NGO's programs to promote women's education provide social, political and economic opportunities for these women that would otherwise be unavailable, the discourse is still one of domination and superiority.

### **The Role of Women's Empowerment in Constructing Effective Citizens**

Additional components of the outreach programs – the women's empowerment and behavioral change initiatives – serve to constitute Jordanian women as effective

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<sup>79</sup> Dr. May Hadidi, Interview by Julia Shatz, 24 April 2007, Ministry of Health, Amman, Jordan.

citizens of the nation in accordance with the model set out by Kamran Ali. Interviewees from the surveyed organizations spoke of women's empowerment projects as important in that they allowed women individual choice. A large component of "behavioral change" promoted by all those interviewed was the effort to teach women how to negotiate with their husbands and/or extended family about using family planning services. Interviewees spoke on this subject about the elevation of women to the level of decision-maker within the family structure and the empowerment of women to overrule the desires of their families and have an equal, if not dominant, voice in the decision about using birth control and reproductive health services.

The view of many of the organizations involved in these programs – both governmental and nongovernmental – is that in teaching these women how to negotiate with their husbands on the subject of family planning or how to make their own decisions about birth control, they are liberating the women from the bounds of patriarchal familial constraints and constituting them as individuals with decision-making capacity. Yet in encouraging women to make individual choices, the advocates of this behavioral change are also giving the women the framework of those choices, that is, the state-sponsored discourse on family. Kamran Ali was quoted earlier saying,

This process [of encouraging women to switch to scientific methods of fertility management] emphasizes the construction of a modern individual associated with notions of rights, rationality, responsibility, and sexuality, embedded in a new order of morality and law.<sup>80</sup>

Thus in "liberating" women from familial patriarchy by situating them as individuals with the capability of making choices, these behavioral change initiatives also seek to posit women as modern citizens, subordinate still to the ideologies of the nation-state. As

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<sup>80</sup> Ali, *Planning the Family*, 14.

in all modernization projects, here, the old superiority of the patriarchal family is replaced by the new superiority of the modern nation.

## **Conclusion**

In examining the ideological effects of family planning and reproductive health programs on Jordanian society, it is necessary to look with some amount of sympathy at the intentions of the service providers and the on-the-ground effects of the programs on Jordanian women. The ideological constructs of family and motherhood examined in this study, while the effects of the family planning and reproductive health services and institutions, were certainly not consciously created by those people involved in the promotion and realization of the projects and initiatives examined, including the subjects who informed this paper. I firmly believe that the people at the organizations surveyed act with nothing but the best of intentions for improving the conditions of women, men, and families in Jordan. The paradigms of family and motherhood promoted by the actions, missions, and rhetoric of these institutions are not constructed deliberately or with malicious intentions. The people involved with family planning and reproductive health services are far too concerned with the realities and struggles these issues bring to give any thought to the ideological frameworks they imply. Yet, the ideological frameworks have too become a reality.

Additionally, it would be both elitist and ignorant of me to assume that the ideological effects of the family planning and reproductive health services take precedence over the programs' economic and medical effects. As an academic, I am obliged to critique the frameworks I uncover, to examine the role that state and societal



institutions play in the creation of identities. I would be acting irresponsibly, however, if I did not also recognize the practical side of the services I studied. I do not ever wish to deny the economic, medical, political, and social benefits that Jordan's family planning and reproductive health programs can bring to its citizens, especially to the women. To claim that the ideological paradigm created by the family planning and reproductive health services and institutions is a solely dominating force for Jordanian women would be to assume I know better than these women their own needs.

Nevertheless, from an academic perspective, we cannot ignore the ideological paradigms in which these programs operate or the social constructions they promote. Understanding the ways in which the state and dominant societal institutions invest in supporting certain ideas of family is vital in understanding nation-building. Of course, Jordan is far from a unique case study on this topic. The intervention of state institutions into the private sphere and the appropriating of the activities and relationships of that sphere to the public is a universal characteristic of modernity as an ideology. It is then important to continue to investigate the various manifestations of this intervention, of which the case of family planning and reproductive health services in Jordan is merely one.

As noted at the beginning of this paper, there is not a lack of research on family planning services and projects in Jordan. There is, however, a severe lack of applied theory in that research. It is becoming increasingly important to study these services not only for quantitative analysis of statistics and demographics, but also for the qualitative examination of the role of these services in Jordanian society and the establishment of various Jordanian identities.

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## Appendix A

### Participant Informed Consent Form

The general nature of this study entitled “The Relationship of State Institutions to Family Planning and Reproductive Health Services in Jordan” conducted by Julia Shatz has been explained to me and I agree to the following:

1. I understand that I will be asked to discuss my personal and/or professional beliefs and experiences in an interview.
2. I understand that my total participation in this study should take a total of 1- 2 hours.
3. I understand that the researcher does not foresee any risks, discomfort, or stress associated with this research.
4. I understand that the information I provide will be used for research only. I understand that, unless explicitly specified below, my responses will be confidential and that my name will not be associated with any results of this study.
5. I know that I may refuse to answer any question asked, I may discontinue participation at any time, and the researcher will answer any questions about the research at any time.

I [ do / do not ] give permission for my name and position to be used in this study.

I [ do / do not ] give permission for the name of my organization to be used in this study.

I am aware that I may report dissatisfactions with any aspect of this experiment to Dr. Muhamed Al Khalil, SIT Jordan Academic Director, at (962) 077 7176318 or sitjordan@gmail.com. I am aware that I must be at least 18 years of age to participate. My signature below signifies my voluntary participation in this project, and that I have received a copy of this consent form.

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Date

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Signature

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Print Name

