

Working Paper

Advancing HIV Preventative Health Care for Adolescents: The Case of Jordan

Ariana Marnicio

Research Analyst, Women's Rights in the Middle East Program

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Abstract

Although the incidence rates of the human immunodeficiency virus (HIV) remain low in Jordan and the Middle East as a whole, recent studies have shown that the rate of new infections has increased by 52 percent in the region in the past decade. Individuals under the age of 25 comprise more than half of Jordan's population, and therefore they should be a key target of HIV preventive measures in the country. This study identifies services and programs that could serve young Jordanians who are seeking HIV preventive information or services. It also analyzes factors that currently inhibit the efficacy of these programs. Additionally, this study aims to provide substantive policy recommendations for the advancement of HIV preventative health care and overall sexual health, coupled with a discussion of strategies that could raise awareness about the virus among youth. To meet these aims, about 20 interviews were conducted with administrators and health care professionals at the Jordanian National AIDS Program (NAP), family planning and reproductive health clinics in the capital of Amman, gynecological offices, school nurses, and experts on HIV and sexual health. The study shows that HIV prevention is not a priority within Jordan's health sector and that young people are at a greater risk of infection due to the paucity of sex education and youth-targeted HIV prevention programming. The Jordanian government can improve upon its services for youth by establishing a comprehensive sexual education curriculum in schools and by better integrating HIV prevention services into the health care sector.

Introduction

The first case of HIV in Jordan was discovered in 1986 and the National AIDS Program was established soon afterward (UNAIDS 2011). While there is no evidence of a current or imminent HIV epidemic in Jordan or any of the other countries of the Middle East (Abu-Raddad et al. 2010), a recent UNAIDS global report estimated that the number of new HIV infections increased by 52 percent from 2001 to 2012 (Setayesh et al. 2014; see Appendix). This increase, the largest by far among any of the world's regions during this period, demonstrates that HIV is not being effectively controlled and targeted by the health community, or that previous surveillance has been ineffective. Furthermore, given the discrimination and stigmatization of people living with HIV, or PLHIV, it is likely that the number of reported cases does not accurately represent the true number of infected residents. In 2011, there were a total of 847 registered individuals currently living with HIV in Jordan, and only 247 were native Jordanians (UNAIDS 2011).

Like many countries in the Middle East, Jordanian youth are the largest segment of society; individuals under 30 years of age account for 57 percent of the population (Department of Statistics 2010). The current level of awareness about HIV transmission and prevention among young people remains low despite high levels of general education (Petro-Nustas, Kulwicki, and Zumout 2002; Al-Khasawneh et al. 2013; Khalaf, Abu Moghli, and Froelicher 2010). In a 2007 survey of women, only 8.6 percent of the participants had comprehensive

knowledge of HIV, and only 15.5 percent of the respondents knew where to get an HIV test (Department of Statistics 2010). According to a 2013 study, females received a significantly lower score on the HIV knowledge test than their male peers (Al-Khasawneh et al. 2013). Interestingly, when young Jordanians were tested on their knowledge about HIV, information acquired from peers was more accurate than information reported to be from parents or health centers (Al-Khasawneh et al. 2013). The source of the most accurate HIV knowledge, however, was not from peers, but from lectures, teachers, and books. These findings indicate that health centers are providing insufficient and inaccurate information, which necessitates efforts to improve awareness through lectures and educational materials.

Previous studies about HIV in Jordan indicate that young people are very concerned about the spread of HIV—and they desire to be more educated on sexual health issues. When asked whether they were worried about the spread of HIV/AIDS, 80 percent of Jordanian college students agreed they were very worried, compared to the 60 percent of American students who felt the same way (Petro-Nustas, Kulwicki, and Zumout 2002). In previous surveys, youth have also expressed a desire to learn more about reproductive and sexual health from their health care providers (Khalaf, Abu Moghli, and Froelicher 2010). Despite their desire for information, young people do not know where to access this information because they believe reproductive clinics are reserved for married women and mothers (Khalaf, Abu Moghli, and Froelicher 2010), and those who do seek out medical guidance may find that their health care professionals may be lacking accurate information (Hassan and Wahsheh 2011).

According to UNAIDS, around half of the individuals who have AIDS contracted it when they were under the age of 25, making the youth population a key group to protect and educate about HIV/AIDS (Petro-Nustas, Kulwicki and Zumout 2002). Jordanian youth are underserved by the reproductive health community and lack the basic knowledge they need to protect themselves from sexually transmitted infections such as HIV. Through a series of interviews with scholars on HIV and sexual health in the region and health care workers and administrators in Jordan, this study will test three hypotheses. The findings section addresses these hypotheses separately and provides the weight of evidence of their validity based on the information gained through the interviews. The conclusions section of this paper will provide a brief summary of the findings of the study, the study's limitations, and opportunities for future research. The final section develops policy recommendations and suggestions that can improve the availability and quality of HIV preventive services for young people in Jordan.

Methodology and Hypotheses

Prior to conducting field research in Jordan, six initial interviews were conducted with experts on HIV/AIDS in the Middle East and North Africa region to garner a better understanding of the context, including the extent of the outbreak of the virus and gender-based and cultural issues that can impact the spread and treatment of HIV. Experts were

selected on the basis of scholarly articles or books they had written on HIV prevention, reproductive health, or youth sexual behavior in the Middle East. Interviewees, both in the United States and abroad, were contacted by email and invited to participate in the study, and interviews were conducted either by Skype or in person. Interviewees also had the option of submitting their responses in writing. All participants were asked the same set of interview questions, which were pre-approved by Rice University's Internal Review Board (#14-171E). Interviews conducted over Skype were recorded and transcribed. All of the interviews with scholars and experts were conducted in English.

The fieldwork for this project was conducted in early August 2014 in Amman, Jordan. Twelve interviews were conducted with a variety of individuals, including health care professionals; school nurses and counselors; employees at reproductive health, family planning, or youth NGOs; and the National AIDS Program (NAP) at the Jordanian Ministry of Health. Individuals were identified through online research and suggestions from initial interviews with other scholars and experts. Potential participants were contacted by email or by phone to set up appointment times. These interviews were recorded with the interviewees' permission and later transcribed. The majority of these interviews were conducted in Arabic, unless the interviewee felt more comfortable conversing in English. The content of the interviews varied according to the field in which the participant worked.

Data collected from the interviews with scholars and health care professionals was used to test three primary hypotheses.

H1: The more the virus is perceived to be isolated within high-risk groups, the less it will be a priority in the health care community.

H2: Lack of sexual education in schools leads to greater misinformation among youth, which could lead them to engage in riskier sexual behaviors.

H3: The fewer number of HIV preventive programs targeted toward youth, the more youth are at risk for contracting the virus.

Jordan was selected as a case study for several reasons. First, Jordan is a conservative Arab country in which discussions about sexual behavior and implementation of programs addressing such behavior are contentious. Second, previous research (Khalaf, Abu Moghli, and Froelicher 2010; Petro-Nustas, Kulwicki, and Zumout 2002; Al-Khasawneh et al. 2013) has been conducted on youth perception of reproductive health resources and their sexual health knowledge, and this research could be expanded upon by investigating the institutional side of the issue. Finally, Jordan's National AIDS Program has been active since its establishment in 1986 and has collaborated with several international organizations over the years, which means that the activities it conducts are likely to be well-planned and funded, making it an example for the region as a whole.

Research Findings

HIV Integration and the Establishment of Priorities

A table provided by the Ministry of Health's NAP (see Appendix) neatly outlines the number of HIV positive individuals in Jordan as of June 30, 2014, shortly before these interviews were conducted. In Amman, a total of 1,063 people are living with HIV, and only 191 of those are Jordanians. By separating Jordanians and non-Jordanians, this spreadsheet indicates part of the problem with the outlook on HIV in Jordan: HIV is perceived to be an issue that concerns foreigners and high-risk groups, rather than an issue that affects the average Jordanian. According to Dr. Assad Rahhal, the director of the Jordanian National AIDS Program, "[HIV/AIDS] is not considered a priority [by the Ministry of Health] due to the low number of registered cases in Jordan from the beginning until now."

The NAP's Voluntary Testing and Counseling Facility carefully records the personal information of every foreigner and Jordanian national who tests positive for HIV in a single three-ring binder. As Dr. Haydar al-Khasawneh, lead doctor at the National AIDS Program's testing facility, flipped through patient profiles and talked about them as if they were all personal acquaintances, it became clear that HIV is not yet not a widespread health problem in Jordan. Indeed, the rate of incidence is incredibly low, even in comparison to other countries of the MENA region.

According to some of the participants, these low prevalence rates are directly related to Jordanian culture and religious beliefs. "The rate of spread is low. We are a conservative society, people know each other and [they] fear [judgment and dishonor]," al-Khasawneh said. The connection between conservative values and fear of HIV or unsanctioned sexual behaviors limits risky behaviors like drinking and having multiple sex partners within Jordanian society, but it also condemns those with the disease, or those at risk of contracting HIV, as deviant from cultural or religious norms. Due to this cultural stigma, asking for an HIV test or even seeking information can signal to others that this individual has been conducting their private life in a way that is not in line with standard cultural values. "I can tell you that 95 percent, no 98 percent of our patients have behaviors that are abnormal," stated al-Khasawneh. Despite his professionalism and obvious care for his patients, al-Khasawneh isolates his patients from the general population because of "abnormal" tendencies or practices. As such, risk of contracting the virus has been reserved, in both the popular imagination and the Ministry of Health's programs, to highly stigmatized risk groups.

The National AIDS Program's efforts and research have been geared toward high-risk groups, such as men who have sex with men, female sex workers, and injection drug users. Programs targeted to individuals in high-risk groups are critical to help prevent the spread of the disease, but they must be complemented by efforts that target the general population. Dr. Abd al-Mane Salemat, a gynecologist at al-Bashir hospital, stated that the Ministry of Health's program is not open to all of Jordanian society—it is targeted to specific high-risk groups instead. The National AIDS Program has conducted a few targeted research projects on sex workers, prisoners, and injection drug users. Surprisingly,

these in-depth analyses did not lead to the identification of any new HIV positive individuals.

An individual who is concerned about his or her status can visit one of the 12 voluntary counseling and testing service centers (VCT) located throughout the country, but the most effective and most frequented centers, according to Rahhal, are in the center in Amman. A UNAIDS report on HIV in Jordan suggests that this VCT center is frequented by Jordanians from several different governorates in an attempt to avoid the stigmatization and ostracization they could experience at their local center (UNAIDS 2011). This clinic welcomes Jordanians and foreigners alike, although only Jordanian citizens can receive free treatment and counseling upon being diagnosed with HIV. According to al-Khasawneh and the data offered by the Ministry of Health, the majority of people who test positive are foreigners.

The participants' responses indicate that raising awareness about these risks, as well as testing and treating the virus, is seen as the responsibility of the National AIDS Program at the Jordanian Ministry of Health. Other NGOs that focus on family and reproductive health explained that HIV awareness and prevention do not fall directly under their mission or responsibilities. Salemat, as a gynecologist at a popular hospital in Amman, might logically be the source of sexual health information for his female patients, but he quickly indicated that he had no connection to such topics and that the NAP was responsible for these matters. This lack of programmatic attention to HIV and sexually transmitted infections (STIs) was evident at both the Jordan Association for Family Planning and Protection (JAFPP) and the Noor Al Hussein Foundation's Institute for Family Health. "Nurses and health care providers should be responsible for conducting AIDS prevention programs in schools, universities, and health centers utilizing relevant health information," suggested Inaam Khalaf, professor at the University of Jordan's Department of Maternal and Child Health Nursing. It is clear that health care providers who have the opportunity to broach the subject of HIV with their patients and raise awareness are not always doing so, and that this responsibility is delegated to the NAP.

Despite the lack of cooperation between the government and other organizations, the NAP collaborated with the aforementioned NGOs to a much greater extent in the recent past. "We depend on the National AIDS Program, they are the most interested in this subject," explained Maha Ghatashah, training coordinator at the Noor Al Hussein Foundation's Institute for Family Health. Ghatashah continued, "If you're going to do activities, you need funds, you need a budget, you need a trainer, and this is the obstacle, the issue. Having funds available all the time to do it [awareness raising, programs, activities] for the sake of HIV, not to be only as a part of other things." Funding, perhaps more than motivation, appears to be limiting HIV-focused programs and efforts. During interviews, JAFPP staff also reported being frustrated by the lack of financial support for reproductive health care, and they articulated the desire for more funding related to sexual health and awareness raising efforts.

Prior to 2012, the NAP would fund and manage HIV-related initiatives at NGOs such as the JAFPP and the Institute for Family Health, primarily using grant money from the Global Fund to Fight AIDS, Tuberculosis and Malaria. As of 2012, however, the World Bank upgraded Jordan to an upper middle-income country, which meant Jordan could no longer receive these grants from the Global Fund. Subsequently, the NAP could not support its programs with the NGOs that were trying to raise awareness about HIV, and the programs ceased. “The volunteer organizations that are nongovernmental have very few activities. Why? Before we used to provide the support for the implementation of the programs, from the grant from the Global Fund or UNAIDS, for example. Now we don’t have any grants,” explained Rahhal. Lana Khoury, a consultant with UNAIDS, elaborated by saying, “The ministry relied heavily on external funding for various components of what we [consider] prevention or other areas of response to the epidemic, and with the grant coming to an end, and without identifying national or regional donors interested in funding this area of implementation, for sure the impact was quite significant.”

The collaboration between the NAP and NGOs that focus on family planning or general health served to raise awareness about the virus among the general population. The VCT centers, in contrast, deliberately serve the aforementioned high-risk groups, who also bear the brunt of social stigma. The inability of the Ministry of Health to find funding for the programs that had once been supported by the Global Fund grant, while continuing to maintain funding for the VCTs, is evidence of a programmatic focus on high-risk groups and neglect of the general population.

Sexual Education and the Risks of Ignorance

At the heart of the issue of sexual education and HIV prevention awareness for young people is the cultural and religious belief that young people should abstain from sex until they are married, and that sexual education would encourage transgressive sexual behavior. “There is a terrific unease at the idea that young people are having sex outside of marriage,” explained Shereen El Feki, author of the book, *Sex and the Citadel: Intimate Life in a Changing Arab World*. Khoury, of UNAIDS, further explained that these cultural barriers can be even more difficult than the financial ones, saying, “talking about sexual health and HIV and AIDS and services to cater for the special needs of youth during these critical and very important years, is not a matter of only availability of services, or availability of funds, because you’re talking about a broader culture of relating these issues with taboos, and the religious aspect many times forbids addressing these issues.” It is not just the discussion of sexual health with young people, but also engaging with the topic in a general sense that is culturally contentious. Salemat, of Al-Bashir Hospital, explained, “[In an] Islamic society, Arab nation, to begin with sex is a sensitive topic. They can’t talk about it. There is no one providing information officially, governmentally.”

HIV is transmitted predominantly through sexual intercourse in Jordan (UNAIDS 2011), and knowledge about HIV prevention is directly related to knowledge about sexual and reproductive health. “There are abysmal rates of ignorance,” said El Feki when asked about

the current level of HIV awareness among young people. Maha al-Sa'd, a youth leader in Y-Peer, an organization that was designed to provide reproductive health training, said, “[Young people] are not generally knowledgeable about sexual and reproductive health. We don’t have it in the curriculum, and that’s a weakness.” Al-Sa’d, along with several of the reproductive health experts that were interviewed, indicated that young people are getting the majority of their information about these topics from the internet, in lieu of more legitimate sources such as health care professionals, their parents, or teachers.

Even Rahhal, the director of the National AIDS Program, admitted that the sexual health and HIV prevention-related information in schools is basic and that more specific details should be added. According to Rahhal, the Ministry of Health attempted to develop a sexual education curriculum that included materials on HIV and other STIs in collaboration with the Ministry of Education a few years ago, but the project was put on hold. Additionally, the United Nations Population Fund (UNFPA) encouraged the Ministry of Education to develop its sexual education curriculum, but the Ministry never did. The current curriculum was designed for students in grades 11 and 12 and covers some basics of reproductive health. It is required for both public and private school students. Although Rahhal indicated that the government does check in with schools to make sure this curriculum is being taught, Farzaneh Roudi-Fahimi discussed studies that show that students get very little of their sexual health information from school. Some students have mentioned that their teachers often skip the subject altogether.

However, some schools are making efforts to engage students with issues of sexual and reproductive health. The Mashrek International School in Amman is one such school. Mashrek is a private school for grades K-12 that offers an International Baccalaureate (IB) Diploma program for grades 11 and 12. It is located in one of the wealthiest areas of Amman. Due to its international outlook, private administration, and strong funding, Mashrek represents a best-case scenario for sexual education programming. Indeed, the school’s principal enthusiastically agreed to be interviewed because of her desire to address her students’ sexual health concerns. Sexual education is not present in the IB curriculum, and therefore the school has shifted away from it, although they had offered a course on child development that covered such topics in the past. “There is no program for sexual education, even though there should be, actually,” remarked Mirna Al-Jouzi, chemistry and science reference teacher at Mashrek. As a means to provide their students with the necessary information about the changes in their bodies and basic reproductive health, the school conducts informal lectures on puberty, hygiene, and body changes for 7th and 8th graders. For 11th and 12th graders, the school provides a lecture on understanding their bodies and some elements of sexual health. The school’s biology teachers conduct the sessions, and the male and female students are separated to allow them to speak more freely, according to the instructors.

These sessions, though voluntary and outside of the regular curriculum, are heavily attended by interested students who come ready with questions. When asked about the attendance at these lectures, the nurses, science teachers, and counselors at Mashrek chuckled. “All of them come. When they hear the S-word, everybody’s interested, because

this is the only time they can ask questions,” remarked Dana Asaad, a counselor at the school. The staff at Mashrek suggested that parents and children typically do not discuss sexual health together, but posing questions to knowledgeable adults outside of their family seemed to be more comfortable for the students. It appeared that at Mashrek, the students’ relationship with their biology teacher was quite close, and that students felt more comfortable approaching her with questions about topics ranging from masturbation to breastfeeding. Described as a “mother-figure” to her students, this biology teacher was able to transmit culturally sensitive information in a way that made them feel comfortable. “We are very careful and cautious when we talk about it. It is very sensitive, but we do talk about it because we feel it is something we need to do,” Al-Jouzi said. The nurses and counselors at Mashrek felt a particular anxiety about the sexual well-being of students who intended to study college outside of Jordan, and hoped to provide them with the knowledge needed to protect themselves from foreign pressures and dangers.

“There is an official [reluctance], and by official I mean government authorities, religious authorities, educational authorities, and indeed, parents are on the one hand aware that this is happening, and on the other hand reluctant to actively acknowledge it through providing any sort of structured programming,” explained El Feki. Despite this recognition of young people’s need for more education, and in particular, more accurate information about sexual health and HIV prevention, very few resources are available to serve them through schools. Although there is little data on the sexual behavior of young people in Jordan, a continued lack of information about how to protect themselves likely will result in the potential for risky sexual behaviors.

Targeting Youth

Jordanian adolescents who are looking for information on HIV prevention and sexual health are typically unable to get adequate information in school, and the NAP and other NGOs are not able to develop programs to give HIV and sexual health the attention that they feel it deserves. Many factors have influenced young people’s sexual behaviors in recent years. Rahhal of the NAP cited the internet, film, new forms of communication, and studying abroad as factors that are influencing youth behavior. Now, more than ever, it is critical to provide young people with sexual health knowledge. It is still unclear, however, what services young people have access to within the health care community, and whether these programs effectively deliver the necessary information young people need to protect themselves.

One of the greatest barriers to providing young people with adequate sexual health and HIV preventative services is the assumption that young people are not sexually active. “I would be very surprised if there were any services reaching out to the unmarried. Basically, in Jordan, the sense is that you’re a *binit* until you’re married,” said Jocelyn DeJong, professor and associate dean of the Department of Epidemiology and Public Health at the American University of Beirut. The term *binit*, the colloquial word for girl, connotes not only someone of a younger age, but also an individual’s dependence on family, innocence,

and sexual purity. When discussing young women's sexuality, the teachers and nurses at Mashrek described premarital sex as the biggest mistake a young woman could make. A young woman seeking out guidance or information about STIs would typically be looked upon with judgment.

The participants' responses indicate that young women face more pressure to remain virgins until marriage than young men do. "This period from puberty until 35 is impossible, even if they are committed," explained Al-Khasawneh, of the NAP testing facility, during a discussion about young people's behavior and the rising marriage age. Al-Khasawneh insinuates that it is improbable that young men do not stray from their commitment not to have sexual relations before marriage. These sexual relationships do not occur within a vacuum, and whether they are occurring between members of the opposite sex or of the same sex, they must be protected. "This [young person] is in need...instincts exist, this is the natural state, a young man wants to have intercourse, am I right? So outside of marriage, we find an increase in these behaviors, and unfortunately it increased without the use of contraceptives. They are not aware that condoms can protect them from suffering from AIDS or some of the sexually transmitted diseases," said Rahhal. Among many of the participants, there seemed to be a tacit awareness and even acceptance of the sexual activity of young men before marriage, as well as an acknowledgement of the lack of knowledge about safe sex among young men.

"We do not have STI clinics or sexual health clinics specifically designed for that purpose like in America or England. I spent 10 years in England. In Jordan, it's not available," said Dr. Ismaiel Abu Mahfouz, a gynecologist with his own clinic in Amman. At his clinic, like many others, mothers or other female family members typically accompany young women. Abu Mahfouz explained that it is impossible to discuss matters of sexual health in front of their parents. "It's not acceptable in any way," he said, and he explained that the only time he could potentially be alone with a patient to give her advice on these matters was during an ultrasound. Although young people are considered adults at the age of 18, it is unlikely that a young woman would visit a clinic or hospital by herself, due to issues of mobility and the cultural habit of family members accompanying each other to medical procedures in Jordan.

Roudi-Fahimi indicated that once a woman becomes pregnant, she will have increased access to information through family planning clinics. Bassam Anis, executive director of the JAFPP, confirmed that unmarried young people could come to their clinics with questions on HIV prevention and sexual health, though they may feel unwelcome once stepping into the busy lobby filled with young mothers and their children. The JAFPP clinics are designed to make women feel as comfortable as possible, so men are asked to stay in a small room beside the entrance. The likelihood of a teenage boy entering the clinic to ask questions seems improbable given the focus on women, and in particular, mothers, at the clinics.

Both the JAFPP and the Noor Al Hussein Institute for Family Health agreed that there is a need for youth-centered family health programming that would include information on STIs and HIV. Ghatashah, the training coordinator at the Institute of Family Health, explained that the organization had hoped to open up centers for both young men and young women. These plans, however, were abandoned long ago due to budgetary constraints. “In the past, we used to work through the media, through awareness raising and education, we had lectures and women’s groups, in the schools. We have left these topics,” said Anis, of the JAFPP. It is not a lack of interest in serving young people that has left these organizations unable to provide targeted services to young people, but most often an issue of funding and resources.

The activities of the NAP’s testing and counseling center are completely covered by the Ministry of Health. HIV testing and counseling are completely free of charge for Jordanian citizens. Though run by a handful of passionate nurses, counselors, and doctors, the center is unfriendly to young people. The testing center, which is comprised of a few counseling rooms and offices, lacks the organization and welcoming reception area of a hospital facility. The VCT center’s hotline, its most utilized resource, would be an excellent means for young people to receive information confidentially without having to ask their parents to leave the house. During one call conducted in front of the researcher, a nurse at the center repeatedly asked the caller why he or she wanted an HIV test and if he or she had been sexually active. This kind of question, when posed to a young person, could paralyze the caller with embarrassment and fear. When the caller was unable to provide evidence for needing an HIV test, the nurse replied that the caller had psychological issues and should consult a psychologist.

The only program that currently targets young people and provides them with information about HIV prevention and general sexual health is the Y-Peer program. Founded by the UNFPA, Y-Peer is a youth education network in which young people train their peers about reproductive health issues. Although the program has a strong social media presence, it does not have a physical location where training sessions or other meetings can be conducted. Y-Peer recruits young people ages 15 to 24 to participate in their training sessions and activities on reproductive health, which include awareness raising, instructional theater presentations, and social media drives. Several of the other organizations, including the NAP, recommended Y-Peer, and Ghatashah, of the Institute of Family Health, shared that she had enrolled her teenage son in the program several years ago.

Although Y-Peer directly targets young people and provides them with resources on reproductive and sexual health, these training sessions cannot be conducted with full frankness and openness. “We need to deliver the messages in a very culturally sensitive way,” explained al-Sa’d, the focal point coordinator for Y-Peer. “We cannot say sexual and reproductive health and rights. We say reproductive health, for example. And even for the ways of prevention, using condoms, you cannot elaborate about it. Some countries, they do demonstrations [in which] they show how to use the condom in an effective way, but in our trainings, we cannot do it. We cannot even bring condoms to the training. They will

perceive... that we are promoting [condom use].” These training sessions are held for mixed groups, and they last for just under a week.

Young adulthood is often the point at which sexual exploration—and therefore the risk of contracting HIV—begins. NAP data about those living with HIV in Jordan reflects this risk. Within the 15 to 19 years age bracket, a total of 11 individuals were HIV positive as of December 2013. The adjacent age bracket, 20 to 29 years, included a total of 379 HIV positive individuals, or 35.2 percent of the total number of people with HIV. Although it is unclear whether the majority of these infections are closer to age 29 or age 20, there is an obvious jump in infections around the time that students graduate from high school and enter college. This fact alone should be enough incentive for the NAP to create more programs targeting youth.

The health community cannot ignore young people’s reproductive and sexual health needs. Health care professionals’ concerns about young people’s sexual behaviors are clear, and these youth need better resources to protect themselves from diseases like HIV.

Conclusion and Policy Implications

This study identifies gaps and weaknesses in the HIV preventive programming in Jordan in order to analyze the unique relationship between the Jordanian NAP and other organizations that promote sexual and reproductive health.

The results of this study indicate that HIV is not a priority for the Ministry of Health because there is a lack of renewed funding for sexual health programs that were started using grants from the Global Fund as well as a narrow focus on high-risk groups alone. Although the health sector is overburdened due to Jordan’s rising population, including refugees from neighboring countries, HIV programming cannot be ignored. “If we don’t send out good efforts for these groups, the problem could spiral out of control,” explained Rahhal, of the NAP, commenting on the need to continue their programs. Without the support of the NAP, many of the NGOs that have access to young people and other communities within the general population do not have sufficient funding to raise awareness about HIV prevention. It is important to note that health professionals in the NGOs and in the NAP’s testing centers agree that HIV prevention and sexual health knowledge is lacking and that they would like to increase their attention to these issues. Due to the top-down structure of HIV preventive programming, it is the responsibility of the Ministry of Health to renew its emphasis on and funding for HIV prevention.

Concerning the availability of sexual education for youth and the associated risk, it is clear that there is a significant lack of resources for youth and that this age bracket is a particularly sensitive one, both from a cultural perspective and from the NAP data. Through interviews with professionals who work directly with young people, it is clear that they lack adequate knowledge but they are eager to seek out information. The Mashrek International School’s response to this need by hosting informal lectures is an excellent

one, but unlikely to be matched by other schools in Jordan, especially those outside of the capital. The Ministry of Health must encourage the Ministry of Education to create a sexual education curriculum that includes information about HIV prevention. The Ministry of Education also needs to train its educators to better engage with such topics.

Considering the lack of sexual education programming in Jordan, it is critical to identify any youth-friendly clinics or organizations that could provide such information within the health sector. In response to the third hypothesis concerning targeted youth programming, it quickly became clear that the majority of the services were either geared to very high-risk groups or married women, and the only program that targeted youth directly was the Y-Peer program funded by the UNFPA. According to the participants, some young people are sexually active but are unaware of safe sex practices. Although the majority of the patients who attend the VCT in Amman are youth, awareness campaigns are not currently targeting them. Young people are not considered a high-risk group in Jordan, but their lack of knowledge about safe sex practices—stemming from inadequate sexual education and the lack of youth-targeted health clinics—puts them at greater risk for contracting the virus. Youth led initiatives, like the Y-Peer program, may be the most effective means to transmit this information. “You need to invest more in youth themselves to make the change, and to lead the process,” concluded Khoury, of UNAIDS.

The question of whether HIV should be a priority in the Jordanian health care community is a relevant one, particularly in light of other, more pressing issues resulting from the many conflicts in the region. “Now as you can see the region, it’s not very stable, so some people think that reproductive health is not a priority, like we need to focus on our living, security,” said al-Sa’d, of Y-Peer. The regional conflicts and resulting influx of refugees have had a direct effect on sexual health issues such as HIV. Rahhal reflected on the issue, saying “of course there is danger, [especially] with the spread among the people who have come to Jordan with the circumstances in Iraq and Syria.” The rapid influx of people from other nations has potentially increased the likelihood of HIV exposure. An increased incidence rate is more likely now than ever before.

There are several limitations to this study. First, the research was only conducted in Amman, rather than in other governorates of Jordan. The researcher’s assumption, which was confirmed by the participants, was that HIV services are primarily needed and utilized in the capital of Amman, where the facilities will also be the most well-equipped and funded. There are probably a handful of other organizations that deal with these issues in Jordan, but they likely are not well advertised or properly funded, and they were not mentioned by any of the participants interviewed who work in this field, including those who work at the NAP.

Several policy recommendations can be gleaned from the various interviews conducted for this study. These recommendations are primarily targeted to the Jordanian Ministry of Health and the NAP, as these organizations are responsible sexual health programs and are able to support other organizations. Improving HIV preventive and sexual health programs must be executed from the top down. Due to the lack of necessary funding and

infrastructure, it is unlikely that a single small organization or NGO will be able to initiate new programs that could provide young people with sexual health services. Even the Y-Peer organization, which had some success in targeting young people, could not have been as successful without the funding and support of the UNFPA. The responsibility, therefore, should be placed in the hands of the Ministry of Health and the NAP to make young people's sexual health a priority.

In order to be able to cater to the population's needs effectively, the Ministry of Health first must gauge the current knowledge of sexual health issues and the nature of the population's sex behaviors. The Ministry of Health suffers from a lack of accurate statistics on sexual health and behavior, particularly among the youth population. With this in mind, the Ministry of Health needs to conduct a comprehensive survey on sexual health and behavior to improve HIV preventive education and programs. The Jordan Population and Family Health Survey contains some questions about HIV and other STIs, but it only surveys married women. This survey must be extended to men and unmarried residents in order to be truly representative of the population.

Sexual education, which serves to inform these sexual behaviors, appears to be lacking across age brackets, but particularly among unmarried youth. This sexual education curriculum must be accurate while being culturally sensitive. "You have to give them the right information. You have to give them the right skills, the skillset that is required, for example, when you talk about risky behaviors. So you do not need to censor. You need to package the services that you are providing in a culturally sensitive way," explained Khoury, of UNAIDS. One potential strategy of framing sexual education in a culturally sensitive way is to present it as marriage preparation for the near future, rather than as information to be used in the present.

Educators designated to teach what little sexual education and HIV prevention information exists in Jordan's curriculum should be surveyed about their comfort with and knowledge of the subject. Despite cultural sensitivities, the Ministry of Health should attempt to gauge the nature of sexual behaviors among young people, and college students in particular. These statistics are necessary to provide sexual health services and education for young people. A survey conducted in 2009 in Tunisia offered the clearest picture of youth sexual behavior, and the Jordanian government could use this survey as a model (Roudi-Fahimi and El Feki 2011). Finally, the Jordanian NAP's efforts should be compared to the programs and services of other National Aids Programs in the region to determine how Jordan can improve its awareness raising programs and educational materials.

Information about sexual health and family planning has far-reaching effects. Such information can prevent the spread of HIV and other STIs, and it can also greatly reduce the high birth rate in Jordan, which has been contributing to unemployment and overcrowding. The Ministry of Health must stress the importance of a sexual health curriculum for high school students, and it should help the Ministry of Education design, implement, and monitor the program. If there is too much resistance to a formal sexual education program, informal lectures such as those held at Mashrek International School

might provide students with a much-needed venue for posing questions and gaining knowledge about sexual health.

In addition to sexual health education, the Jordan NAP should renew its emphasis on HIV awareness and reestablish the connections it once had with NGOs across the country. Without the Global Fund grant, it is the Ministry of Health's responsibility to find funding for some of the initiatives it previously started with NGOs, rather than allow them to cease completely. Many of these NGOs have already created excellent relationships within the community, and they simply need the direction and funding to implement HIV prevention and awareness-raising programs. HIV awareness cannot be the sole responsibility of the NAP, but rather should be addressed by the entire health care community, particularly those who already work in reproductive health and family planning. Enhancing and organizing the collaboration between these different entities should be a primary goal of the NAP.

The Ministry of Health should promote the work of Y-Peer, which is organized by the UNFPA. Y-Peer is the only group among those interviewed that is currently addressing the sexual health needs of young people, including providing information about the spread of HIV. This program serves to alleviate the misinformation caused by the lack of formal sexual education in schools, and delivers it in an age appropriate fashion. The Jordanian Ministry of Health could help establish this program nationally by formally connecting it to high schools and colleges and providing the group with a physical space in which to run training sessions. Other programs should be established that cater to young people, particularly immediately before and during college. Any students traveling abroad for school should be educated about the spread of HIV and other STIs before their departure in order to protect themselves and their future sexual partners upon returning home, as the majority of Jordanians are infected abroad.

Although a youth-friendly sexual health clinic would be the obvious solution to the paucity of resources for young people, the isolation of HIV resources to a single type of clinic is likely the reason this resource is not readily used. El Feki noted that "there have been attempts in a number of countries [in the Middle East] to introduce so-called youth friendly clinics—which is something of a misnomer, because many young people find them deeply unfriendly and highly judgmental, particularly for young women." With this in mind, it is critical to create a nonjudgmental environment, particularly for young women whose sexual activity before marriage is even more highly stigmatized. Instead of creating an HIV or sexual health specific clinic, all health care workers who work at family planning clinics, hospitals, or other organizations should be trained by the Ministry of Health on how to bring up these issues with their young patients. Health care workers at schools and universities, in particular, must be trained to create a positive and supporting environment in which young people may feel comfortable asking sensitive questions.

References

- Abu-Raddad, Laith J., Francisca Ayodeji Akala, Iris Semini, Gabriele Riedner, David Wilson, and Ousama Tawil. 2010. *Characterizing the HIV/AIDS Epidemic in the Middle East and North Africa* Washington: The World Bank.
- Al-Khasawneh, Esra, Leyla Ismayilova, Vidya Seshan, Olimat Hmoud, and Nabila El-Bassel. 2013. "Predictors of Human Immunodeficiency Virus Knowledge among Jordanian Youths." *Sultan Qaboos University Medical Journal* 13(2): 232-240.
- Al-Khasawneh, Esra, Leyla Ismayilova, Olimat Hmoud, and Nabila El-Bassel. 2012. "Social and behavioural HIV/AIDS research in Jordan: a systematic review." *Al-Majalah al-Sihyah li-al-Sharq al-Awsat*. (Middle East Health Journal) 18(5): 487-494.
- Assad, Ragui and Farzaneh Roudi-Fahimi. 2007. *Youth in the Middle East and North Africa: Demographic Opportunity or Challenge?* Washington: Population Reference Bureau.
- DeJong, Jocelyn, and Golda El-Khoury. 2006. "Reproductive Health of Arab Young People." *BMJ* 333: 849-851.
- DeJong, Jocelyn, Rana Jawad, Iman Mortagy, and Bonnie Shepard. "The Sexual and Reproductive Health of Young People in the Arab Countries and Iran." 2005. *Reproductive Health Matters* 13(25): 49-59.
- DeJong, Jocelyn, Bonnie Shepard, Farzaneh Roudi-Fahimi, and Lori Ashford. 2007. *Young People's Sexual and Reproductive Health in the Middle East and North Africa*. Washington: Population Reference Bureau.
- Department of Statistics. 2012. *Jordan Population and Family Health Survey*. Accessed September 15, 2014. <http://dhsprogram.com/pubs/pdf/FR282/FR282.pdf>.
- Department of Statistics (DoS), Jordan. 2010. *Jordan Statistical Year Book*, 201.
- Dixon-Mueller, Ruth. 2009. "Starting Young: Sexual Initiation and HIV Prevention in Early Adolescence." *AIDS Behavior* 13: 100-109.
- Hassan, Zeinab M. and Moayad A. Wahsheh. 2011. "Knowledge and Attitudes of Jordanian Nurses towards Patients with HIV/AIDS: Findings from a Nationwide Survey." *Issues in Mental Health Nursing* 32: 774-784.
- International Labor Organization. 2014. "Where is the unemployment rate the highest?" Accessed October 10, 2014. http://www.ilo.org/global/research/global-reports/global-employment-trends/2014/WCMS_233936/lang--en/index.htm.

- Jenkins, Carol, and David A. Robalino. 2003. *HIV/AIDS in the Middle East and North Africa: The Costs of Inaction*. Washington: The World Bank.
- Khalaf, Inaam, Fathieh Abu Moghli, and Erika Sivarajan Froelicher. 2010. "Youth-friendly reproductive health services in Jordan from the perspective of the youth: a descriptive study." *Scandinavian Journal of Caring Studies* 24: 321-331.
- Mahafzah, Azmi A., Muataz Al-Rahami, Ali M. Asa'd, and Mohammad S. El-Khateeb. 2008. "Prevalence of Sexually Transmitted Infections Among Sexually Active Jordanian Females." *Sexually Transmitted Diseases* 35(6): 607-610.
- McFarland, Willi, Laith J. Abu-Raddad, Ziyad Mahfoud, Jocelyn DeJong, Gabriele Riedner, Andrew Forsyth, and Kaveh Khoshnood. 2010. "HIV/AIDS in the Middle East and North Africa: New Study Methods, Results, and Implications for Prevention and Care." *AIDS* 24(2): S1-S4.
- Ministry of Health, Jordan. 2014. "Table 4: Cumulative HIV/AIDS by Districts."
- Ministry of Health, Jordan. 2013. "Table 3: Cumulative HIV/AIDS in Jordan by Age & Sex."
- Obermeyer, Carla Makhlouf. 2006. "HIV in the Middle East." *BMJ* 333: 851-854.
- Petro-Nustas, Wasileh, Anahid Kulwicki, and Arwa F. Zumout. 2002. "Students' Knowledge, Attitudes, and Beliefs about AIDS: A Cross-Cultural Study." *Journal of Transcultural Nursing* 13: 118-125.
- Roudi-Fahimi, Farzaneh and Shereen El Feki. 2011. "Facts of Life: Youth Sexuality and Reproductive Health in the Middle East and North Africa." *Population Reference Bureau*. Accessed September 15, 2014. <http://www.prb.org/pdf11/facts-of-life-youth-in-middle-east.pdf>.
- Salehi-Isfahani, Djavad and Navtej Dhillon. 2008. *Stalled Youth Transitions in the Middle East: A Framework for Policy Reform*. Wolfensohn Center for Development.
- Setayesh, Hamidreza, Farzaneh Roudi-Fahimi, Shereen El Feki, and Lori S. Ashford. 2014. *HIV and AIDS in the Middle East and North Africa*. Washington: Population Reference Bureau. Accessed June 24, 2014. <http://www.prb.org/Publications/Reports/2014/middle-east-hiv-aids.aspx>.
- Setayesh, Hamidreza, Farzaneh Roudi-Fahimi, Shereen El Feki, and Lori Ashford. 2013. *HIV in the Middle East: Low Prevalence but Not Low Risk*. Washington: Population Reference Bureau.
- Tawab, Nahla Abdel, Noha Roushdy, and Maia Sieverding. 2012. *The Reproductive Health of Young People in Egypt*. The Population Council.

Country Progress Report: Hashemite Kingdom of Jordan. Report to the Secretary General of the United Nations on the United Nations General Assembly Special Session on HIV/AIDS. January 2008 - December 2009 Accessed August 30, 2014.

http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/jordan_2010_country_progress_report_en.pdf.

Global AIDS Response Progress Reporting Country Progress Report: Hashemite Kingdom of Jordan. UNAIDS, 2011. Accessed August 25, 2014.

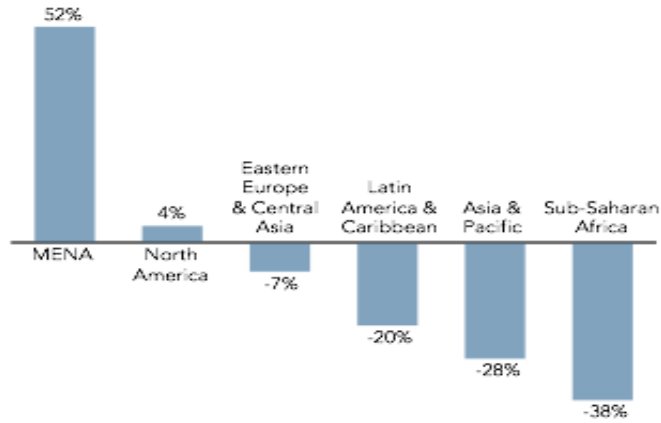
[http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_JO_Narrative_Report\[1\].pdf](http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_JO_Narrative_Report[1].pdf).

List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
IB	International Baccalaureate
JAFPP	Jordanian Association for Family Planning and Protection
MENA	Middle East and North Africa
NAP	National AIDS Program
NGO	Nongovernmental organization
PLHIV	People living with HIV
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
VCT	Voluntary Counseling and Testing

Appendix

Figure 1. Percentage Change in the Estimated Annual Number of New Infections by World Region, 2001-2012



Source: UNAIDS, *Global Report: UNAIDS Report on the Global AIDS Epidemic 2013*.

Source: Population Reference Bureau, *HIV and AIDS in the Middle East and North Africa, 2014*.
<http://www.prb.org/pdf14/mena-hiv-aids-report.pdf>

Table 1. Cumulative HIV/AIDS in Jordan By Age & Sex as of 12/31/2013

Age groups	Numbers			
	M	F	Total	%
00-04	5	4	9	0.8
5-14	18	2	20	1.9
15-19	6	5	11	1.0
20-29	201	178	379	35.2
30-39	215	180	395	36.7
40-49	111	39	150	13.9
50+	76	26	102	9.5
Unknown	9	2	11	1.0
Total	641	436	1077	100.0

Source: Jordanian Ministry of Health.

Table 2. Cumulative HIV/AIDS by Districts as of 6/30/2014

Total HIV/AIDS			Jordanians	
District	No	%	No	%
Amman	872	81.0	191	65.6
Madaba	8	0.7	3	1.0
Zarka	53	4.9	31	10.7
Balka	16	1.5	11	3.8
Irbid	73	6.8	39	13.4
Ajloon	2	0.2	2	0.7
Jerash	2	0.2	2	0.7
Mafrak	14	1.3	6	2.1
Karak	8	0.7	2	0.7
Tafleh	2	0.2	2	0.7
Ma'an	4	0.4	1	0.3
Aqaba	23	2.1	1	0.3
Total	1077	100	291	100

Source: Jordanian Ministry of Health.