

ORIGINAL ARTICLE

Perceptions of Family Planning among Jordanian Men and Women: A Qualitative Study

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Abstract

Background: The perception of individuals regarding family planning significantly influences their decision-making process and actual use of contraceptive methods. Understanding these perceptions is essential for designing effective family planning programs.

Purpose: To explore how the perceptions of family planning among Jordanian men and women influence their contraceptive behaviors and decision-making processes.

Methods: A phenomenological qualitative design was employed, and thematic analysis was utilized for data evaluation. Data saturation was achieved through in-person, in-depth interviews conducted with a total of 30 participants, which included 11 males and 19 females.

Results: A thematic inductive analysis identified three primary themes related to family planning and contraceptive methods. The first theme, influence of social, cultural, gender, and religious factors, includes subcategories such as the importance of procreation, family size and composition, preference for consecutive childbearing, expectations of conception within the first year of marriage, use of contraceptives after the first child's birth, and attitudes towards abortion.

The second theme focuses on the decision-making process, includes subcategories such as factors influencing choices, sources of information, motives and criteria for selecting contraceptive methods, and comparisons of modern and traditional methods.

The final theme, conflicting views, includes subcategories such as management of side effects, effects on marital relationships, concerns regarding reproductive health, and advice given to others.

Conclusion: The study revealed that Jordanian men and women's perceptions of family planning impact contraceptive behaviors, including decision-making, method uptake, and discontinuation, necessitating careful design and implementation of family planning programs.

Keywords: Contraceptive; Culture; Perception; Religious; Social.

INTRODUCTION

The World Health Organization recommends spacing pregnancies to reduce the morbidity and mortality of mothers and newborns [1]. This can be achieved by embracing the concept of family planning and implanting the appropriate contraceptive behaviors [1]. The terminology of family planning, birth control, and contraceptives can be used interchangeably to mean the same thing as action taken by individuals to prevent or space pregnancies [2]. The use of contraceptives is influenced by many factors, including social, cultural, religious, and gender norms [3]. Social norms are known as shared beliefs or unwritten rules about what is considered right or wrong within a specific social group [4].

Culture is the accumulated knowledge, beliefs, values, symbols, and behaviors that are accepted without thinking about them; it differentiates one group of people from another and is transmitted across generations[5].

Gender norms are the unwritten rules and beliefs that say how individuals should behave based on their gender [4].

Religious norms are shared standards of behavior derived from religion, often motivated by the anticipation of punishment or reward [6].

Perceptions are influenced by social, cultural, religious, and gender norms [3]. Perception is a personal viewpoint; it can be a strong motivator for action, thereby promoting the decision-making process [7].

In Jordan, high-quality family planning services are provided free of charge for all segments of the local community [8]. Despite this, the percentage of women using contraceptive methods and the discontinuation rate do not align with national family planning program goals [8]. Jordanian women have

access to various modern methods, including intrauterine devices (IUDs), pills, Implanon, condoms, and Depo-Provera. Additionally, traditional methods like abstinence, withdrawal, and lactation amenorrhea are also used. It is important to note that some people mistakenly use the term "isolation" interchangeably with withdrawal or abstinence when discussing these methods [9].

Jordanians' contraceptive behaviors may be influenced by a variety of social, cultural, and religious factors, despite their high level of knowledge and positive attitudes [10]. Previous qualitative studies have investigated these factors in special areas of Jordan and for each gender separately [11–13]. This study aims to investigate the perceptions of both men and women in all areas of the local community across a wide range of ages to ensure adequate representation. The findings of this study may enhance family planning practices to improve the reproductive health outcomes.

The purpose of this study was to explore how the perceptions of family planning among Jordanian men and women influence their contraceptive behaviors and decision-making processes.

METHOD

Design

A phenomenology qualitative design was used, and thematic analysis was utilized for data evaluation. The rationale for the use of this approach is to provide straightforward descriptions of participants' lived experiences and perceptions [14].

Sample and sampling

The sample consisted of married, Muslim and Christian Jordanian men and women between the ages of 18 and 65. A purposeful sample was used based on residential regions in the North, Middle, and South regions. Saturation was reached when no new

information was obtained in the interviews, and data collection became redundant. There were 11 male participants and 19 female participants.

Ethical considerations

The Institutional Review Board (IRB) of Jordan University Hospital (JUH) granted ethical approval for the study. Researchers introduced themselves and provided participants with the information about the study. Participants were required to sign an informed consent form, indicating their understanding of the study's aims and their rights related to participate, including issues of confidentiality and the ability to withdraw. All audio recordings and transcriptions were securely stored in password-protected files,

with access restricted to authorized research team members.

Data collection procedure and analysis

In-person, in-depth interviews lasting between 15 and 30 minutes were conducted using preplanned questions. This format was designed to create a comfortable atmosphere, facilitate the gathering of information, and minimize embarrassment. Topic guides covering contraceptive issues consisted of 19 standardized open-ended and closed-ended questions, designed to provide a good balance and depth response. These questions were developed based on previous studies [11–13,15]. The interview questions are shown in Table (1).

Table (1) : list of interview questions

1. What is the importance of having children?
2. What size of family are you aiming for? Do you have a preference for having both male and female children? How many male children would you like to have?
3. Who is responsible for selecting the contraceptive methods? Is it the husband, the wife, or both? And why?
4. What sources do you consult for information about contraceptive methods?
5. What factors do you consider significant when choosing contraceptive methods?
6. Which are the most efficient contraceptive methods?
7. Do you believe that the most suitable person to consult regarding contraceptive methods is someone who has practical experience, rather than a wise man? Why?
8. Do you agree with the statement "Have all your children consecutively, they will grow up alongside each other, and then you will feel relieved"? Why?
9. Do contraceptive methods have an impact on spousal relationships or sexual life?
10. In the event of undesirable side effects from contraceptive methods, what steps will you take?
11. Do you think it is necessary to have children in the first year of marriage? Can you use contraceptive methods during the first marital year? Why?
12. After having the first child, can you use contraceptive methods? Which methods can you use?
13. Do your financial circumstances, mother's health, and mother's age influence you to look for a contraceptive method?
14. If pregnancy happened while using the contraceptive method, would you consider having an abortion? Why?
15. Do you recommend that others, like your brothers and friends, organize their families? What is the suggested period of time between pregnancies?
16. Have you engaged in discussions regarding the use of contraceptive methods with others, including your brothers and friends?
17. Can you share your experiences with contraceptive methods?
18. Which is better, the traditional family planning methods such as (isolation and breastfeeding) or the modern methods such as (the IUD, injection, implant, condoms, and pills) in terms of effectiveness, pros and cons?
19. Can family planning have an impact on a woman's fertility, potentially leading to delayed or reduced chances of getting pregnant in the future?

A pilot study was carried out to examine the clarity of the questions and the time requirements. The interviews were held in the local Arabic language in a quiet room in the participants' homes to maintain confidentiality and privacy. The research team consisted of male and female researchers to avoid embarrassment and promote expression. This qualified and trained team was able to ask questions and take notes in a scientific and simple manner. The responses of the participants were recorded in Arabic on a tape recorder, which were later transcribed into a paper copy by a fluent person in Arabic and English to maintain the trustworthiness of the results.

The analysis were performed manually using thematic analysis as described by Braun and Clarke [16]. This methodology plays a crucial role in identifying, analyzing,

and recording patterns (themes) within qualitative data, thus providing a thorough and detailed understanding of the dataset. The analyses involved a six-step process: familiarization, coding, generating themes, reviewing themes, defining and naming themes, and writing up the results. The themes and coding were reviewed independently by three researchers to ensure reliability.

RESULTS

At the beginning of the analysis, the demographic data of the participants are presented in Table (2). Inductive thematic analysis was used. A codebook was created by highlighting specific words. Three main themes were extracted and are displayed in Table (3).

Table (2): Socio-demographic characteristics of participants

ID	Gender	Age	Place of residency	Educational level	Employment	Number of marriage years	Number of Children	Number of male Children	Special comments
1	Female	48	Middle	10 th grade	No	26 years	4	2	
2	Female	27	North	Bachelor	No	4 years	2	1	
3	Female	34	South	Bachelor	Yes	2 years	2	1	
4	Female	33	Middle	Bachelor	No	10 years	5	2	5 cesarean sections
5	Female	30	Middle	Bachelor	No	4 years	2	Zero	
6	Female	26	Middle	Bachelor	No	17 months	1	1	
7	Female	38	Middle	12 th grade	Yes	13 years	7	3	
8	Female	34	North	Diploma	No	12 years	3	3	
9	Female	26	South	Master	Yes	3 years	1	1	
10	Female	27	Middle	10 th grade	No	10 years	5	2	
11	Female	27	South	12 th grade	No	7 years	3	2	
12	Female	31	South	10 th grade	No	10 years	4	1	
13	Female	34	North	Diploma	No	10 years	3	2	
14	Female	25	Middle	12 th grade	No	7 years	3	2	
15	Female	49	Middle	9 th grade	No	26 years	8	6	
16	Female	23	Middle	12 th grade	No	3 years	1	zero	Had four previous abortions

ID	Gender	Age	Place of residency	Educational level	Employment	Number of marriage years	Number of Children	Number of male Children	Special comments
17	Female	21	South	11 th grade	No	6 years	4	2	
18	Female	52	Middle	7 th grade	No	30 years	8	3	
19	female	40	Middle	Bachelor	Yes	13 years	3	1	Christian
20	Male	35	Middle	Bachelor	Yes	10 years	5	3	
21	Male	32	North	12 th grade	Yes	3 months	Zero	Zero	First pregnancy
22	Male	50	North	Bachelor	Yes	24 years	5	1	
23	Male	46	Middle	Bachelor	Yes	20 years	6	5	
24	Male	29	North	10 th grade	Yes	1 year	1	Zero	
25	Male	40	South	Diploma	Yes	11 years	3	2	
26	Male	33	North	Master	Yes	16 months	1	1	
27	Male	28	South	Bachelor	Yes	19 months	2	1	
28	Male	41	Middle	10 th grade	Yes	12 years	4	2	
29	Male	65	Middle	7 th grade	Retired	42 years	11	5	
30	Male	42	North	10 th grade	Yes	3 years	Zero	Zero	Had one failed trial of in-vitro fertilization

Table (3): Themes and category

Theme	Category	Subcategory
1. The influence of social, cultural, gender, and religious factors	• Category 1: Norms of childbearing	- The importance of procreation -Family size and composition -Preference for consecutive childbearing
	• Category 2: Attitudes toward reproductive choices	-Expectations of conception within the first year of marriage -Use of the contraceptives following the birth of the first child -Attitude toward abortion
2. Decision-making process	• Category 1: Factors influencing decision-making	-Factors influencing choices -Sources of information
	• Category 2: Evaluation of contraceptive methods	-Motives and criteria for selecting contraceptive methods -Comparison of modern and traditional methods
3. Conflicting views	• Category 1: Health and relationships	-Management of side effects -Effect on marital relationships -Concerns regarding reproductive health
	• Category 2: Shared experiences	-Advice for others

Theme 1: The influence of social, cultural, gender, and religious factors

1.1 The importance of procreation

Both genders emphasized the importance of having children for family building, earth construction, continuation of creation, joy of life, satisfying maternal and paternal instincts, and bearing family names. The following quotations demonstrate that:

“Children are important for forming a family” (P1).

“Children are the adornment of life and fill life with delight” (P2).

“My children are gifts from the Lord of the Worlds. I imagine that if I did not have children, I would not feel rested” (P3)

“Procreation is the worship of God and satisfying the human instinct, it makes me a mother” (P6).

“Reproduction is like the person repeating the stages of childhood and achieving their dreams in his children” (P8)

“Children are our pride” (P9)

“Children are important for building the earth, satisfying the instincts, and preserving human offspring” (P20)

“The reproduction is the natural order of life” (P22)

“Children are important to carry the family name” (P25)

1.2 Family size and composition

A preference for small families typically consisting of three to five children was indicated by most individuals of both genders, although a minority of males expressed a preference for larger families. As stated:

“I like the small family, for example, four or five, but I gave birth to six” (P7).

“At the beginning, I loved to have a big family of up to 12 children, but now I see that five children are enough” (P22).

“The more children, the better, but now six

children are enough because my wife is tired of pregnancy” (P23)

“I love the big family; my family is 11 individuals” (P29).

Both genders preferred having both males and females in their families. The female symbolizes love, and the male is responsible for supporting and carrying the family name, as mentioned in quotations:

“The girl helps the mother” (P4).

“The daughter is close to the mother and her secret” (P8).

“The boy carries the family name” (P19).

“At first, I loved males because they were supportive and carried the family name, but now I feel that the girls are more affectionate, visit me more after their marriage, and are more interested in me and my health” (P29).

“I expect that my parents would like to have a boy to be a support and a substitute for two brothers who died. From my experience in my life, brothers are support and pride” (P30).

On the other hand, a few of them displayed no preferences towards a specific gender, as stated: *“In the beginning, I loved males, but now there is no difference between males and females” (P1).* *“There is no preference for any gender over the other. What is important is the full health of the child” (P2).* We may find that the desire to have a certain gender is only due to the pressure of others, as stated:

“I have two daughters. I want to have two boys because everyone tells me, “God will compensate and provide you with boys”” (P5). *“I expect that my parents would like to have a boy to be a support and a substitute for two brothers who died” (P30).*

Both genders preferred not to raise a lone child without a sibling of the same gender. They believe that a boy would benefit from having a brother for support, while a girl would benefit from having a sister for

support. This is illustrated by the subsequent quotations:

"Thank God, I have two males and three daughters, which means no one is alone" (P4).

"It is not nice to feel lonely, because they benefit from companionship; I was a lonely girl with three brothers. Honestly, I was not happy" (P7).

"I like every male to have a brother and every girl to have a sister. I will get pregnant again to have a girl who is a sister to my daughter" (P11).

"I do not like loneliness" (P21).

"My eldest son is sick with speech difficulties. I wanted a brother who has support and strength" (P28).

"Brothers are supporting and pride" (P30).

Accordingly, the presence of a sibling for each child alleviates the pressure of the people and children around him, as stated:

"When the girls were born, the surroundings told me: You may not have a male child. Honestly, I felt good when I had the first boy, and then I had his brother" (P17). *"My son used to tell me "I wanted a brother""* (P10).

1.3 Preference for consecutive childbearing

Both genders believe the significance of the interval between pregnancies, considering mother health and financial status. Examples are as follows:

"I am not with the saying give them birth to them behind each other, and you will be relieved after that, because raising them and taking care of them is a big effort for the mother" (P1).

"Our days are difficult, and life requires many things" (P2).

"Do I die so that they grow up together?" (P3).

"No, that wastes children' rights to care" (P5).

"You don't give everyone their right to health and education. Even when they get sick together, I feel like I am in a hospital because they all need care" (P8).

"No, I cannot have all my children in quick succession, the economic situation is difficult" (P21).

"Consecutive procreation puts pressure on my wife's health and mine financially" (P24).

However, some women choose to have children sequentially considering their current health status and age, as stated: *"Now that my health is good, it may change, and I expect the care of my children will be easier now, so I want to have my children consecutively"* (P9). *"If I am older, I would like to have my children all behind each other"* (P13).

1.4 Expectations of conception within the first year of marriage

Both genders agree that getting pregnant early after marriage is crucial to avoid relatives' question and to provide reassurance about fertility, as stated in the following:

"I got pregnant after three months of marriage, so I was not suffering from any pressure. Why have you not got pregnant till now?" (P1).

"People around us are the ones who care about pregnancy" (P5).

"It is necessary to get pregnant during the first year of marriage, to avoid saying, why have you not been pregnant until now?" (P12).

"It is necessary to get pregnant during the first year of marriage. I was late in getting pregnant for six months, so I searched for underlying causes and potential treatments. After my miscarriages, I got pregnant immediately, although doctors advised me to delay the pregnancy, so I aborted four times thereafter" (P16).

"I was late in getting pregnant for two years;

My mother-in-law was saying if you do not get pregnant, I will marry my son to another wife. My husband was married before me and has a child." (P18).

"Having a pregnancy early reassured me that I am well and able to have children" (P20).

"It is necessary to get pregnant during the first year of marriage because I am the eldest son and the first to get married" (P22).

"We are a tribal area, and it is important for us to have children" (P27).

"In our days, medicine was not advanced, so we used to worry, if the wife did not get pregnant during the first year. All the family and relatives may think that the couple could be infertile" (P29).

"We were late in pregnancy until now. All pray for us: May God give you good offspring soon. I expect that it is better for the couple to have children from the beginning to rest from these challenges" (P30).

Few men and women believe delaying pregnancy is crucial for fostering understanding and helping couples adapt to their new married life and responsibilities, as stated: *"At first, wanted to delay arranging and organize my relationship with my husband" (P6).*

There was an age factor that played a role in hastening their decision to conceive, as stated: *"The age of the wife is determined; if she is old over 30 years, she should not be late" (P3).*

The women mentioned the permissible methods in the first year of marriage, including; isolation, condoms, and pills. As stated, *"At the beginning of my marriage, I used the counting method and isolation until we became accustomed to the new life" (P2).* *"Isolation or condoms can be used to prevent pregnancy in the first year" (P7).* *"In the first year of marriage, I was studying, so I used*

isolation" (P8). On the other hand, the men did not discuss the allowed methods in their first year of marriage.

1.5 Use of the contraceptives following the birth of the first child

Women suggest using methods like pills, breastfeeding, condoms, and isolation after their first child, but they reject using an IUD after having their first child. The following are examples of quotations in this regard.

"After my first baby, my mother advised me not to use any contraceptives, but now I see that it is possible to take a contraceptive such as pills" (P1).

"The surrounding women told me to use isolation only, not to take pills, to prevent any potential delay in future pregnancies or the need for medical intervention" (P2).

"After the first baby, I used pills for a short time, then I stopped them because everyone told me that they were not good and would cause harm" (P8).

"My information is that the IUD is not installed after the first birth" (P12).

Some individuals did not express any objections to having their first two children in rapid succession. Examples are as follows:

"Everyone told me to get pregnant immediately after the first baby, because he must have a brother close to his age" (P12).

"I wanted to have the first two children behind each other to grow up to gather" (P17).

"I encouraged my wife to get pregnant immediately after the first birth, but she asked to use isolation for a period of six months" (P20).

The majority of men lack knowledge about the appropriate contraceptive methods to use after the birth of their first child. These opinions were expressed in the following ways:

"When my wife gave birth to her first child, I

expected that she relied on breastfeeding because she was pregnant with the second child, while the first one was very young" (P22).

"I do not know what can be used after the first child, but my wife wants to use isolation" (P24).

"I don't know the appropriate; I encouraged my wife to choose the appropriate after consulting the specialists" (P26).

1.6 Attitude toward abortion

Both genders in both Islam and Christianity state that abortion is forbidden, as the following quotes illustrate:

"I don't think about abortion because it's haram (forbidden). The pregnancy is a gift from God" (P2).

"Abortion is forbidden, if I have to abort, I should look for a legal fatwa (opinion) for that" (P4).

"Abortion is the loss of a human life" (P9).

"No abortion, I will be happy if a pregnancy happens" (P16).

"I don't think about abortion" (P19 - Christian).

Theme 2: Decision-making process

2.1 Factors influencing choices

The women stated that husbands play a significant role in the decision-making process. These opinions were expressed in the following way:

"In choosing the contraceptive method, I was the one who made the decision. I used to tell my husband the method I chose, because men do not know about these things. He used to tell me to choose the one that suits you" (P2).

"In the choosing process, the couple together, based on Sharia (Islamic law) and religion" (P8).

Men's engagement in the selection of contraceptive methods differs, as some delegates the decision to their wives, others prefer to only be informed, and others

actively participate in the process. As illustrated by the following quotes:

"I do not know the methods of contraception; Their advantages and disadvantages, so I prefer my wife to choose and tell me finally" (P21).

"My wife used to choose the method, and then tell me. I do not interfere because she is the one who will use it, and she knows what is appropriate for her" (P22).

"I would like to share the decision with my wife" (P26).

2.2 Sources of information

Women get information about contraceptive methods from various sources, including health care teams, the media, and from their surrounding experiences, believing in the value of personal experiences despite individual differences in response to methods. As depicted in the quotes below:

"My source of information regarding the methods was the midwife or doctor at the health center. The internet was not available in my days" (P1).

"I relied on doctors, the Internet, and applications to obtain information. Honestly; I don't take the opinion of women into consideration, because everyone has different experiences and different bodies" (P4).

"I may ask others about isolation and condoms, but for other methods such as IUDs and pills, I will consult the doctor or a reliable website" (P6).

Men's access to information about contraceptives varies, with most showing disinterest in the subject and experiencing discomfort and shame during discussions about it. Examples are as follows:

"I do not search for information about contraceptive methods on the Internet or ask anyone, but if I come across a post on Facebook or a TV program, I will take the

time to read or watch" (P20).

"I search on the Internet, ask my mother, and I may consult a doctor to get information" (P21).

"I avoid hearing lectures related to family planning. If you explain the methods to my wife now, I will go out. I will not listen or pay attention" (P23).

"I search for information about contraceptive methods on the Internet and ask anyone. If you explain the methods now to my wife, I will enjoy listening and sharing inquiries and discussions" (P27).

"I have never looked for anything related to contraceptive methods because my days were without internet access. We, as men, did not go to health centers or the gynecologist with the wife" (P29).

2.3 Motives and criteria for selecting contraceptive methods

Both genders prioritize maternal health over economic factors when choosing between contraception and pregnancy. Some women may choose to begin a family at a younger age. Both sexes select the contraceptive method that reduces health risks for the mother and offers the most secure form of contraception. As illustrated by the following quotes:

"The most important reason to look for a method of contraception is the health of the mother, because it is the foundation of the family" (P1).

"I look for a method that does not cause complications and does not affect the menstrual cycle, hormones, or cause headaches. Also, it doesn't cause delays in subsequent pregnancies" (P3).

"The most important thing is the health of the mother. The economic status is not considered, because the livelihood is in the hands of God. The age of the wife, if she is old, is ruled by the need to use methods or

accelerate childbearing" (P4).

"Both the mother's health and the economic situation are important, because the child's upbringing needs money; I refuse to deprive them of anything" (P8).

"The age of the wife is important, because having children at an old age over 35 years is difficult and causes abnormalities for babies" (P12).

"The most important thing is the health of the mother, not money and livelihood, which are in the hands of God" (P21).

"Find the most appropriate method for my wife, in line with her illness and medications" (P23).

"We'll use the proper and safe way for my wife" (P24).

"We'll choose the most appropriate method for the wife's body and also prevent pregnancy" (P26).

2.4 Comparison of modern and traditional methods

Numerous women believe that modern contraceptive methods are more effective in preventing pregnancy, but they still have concerns about potential side effects. This is why some people choose traditional methods because they believe they have less impact on the body. Some women are hesitant about isolation or withdrawal due to worries about vaginal dryness. Condoms are also not favored, as women feel that their use depends on their partners. The IUD is generally considered the most reliable method. Women may be more willing to use modern methods once they have achieved their desired family size and composition. Examples are as follows:

"I highly recommend using the IUD, as it is the most effective method. I have advised many people to use it, and they have all had positive experiences. Personally, I have tried using pills and condoms; but unfortunately, there was a

pregnancy while using them" (P1).

"Modern methods of contraception are safer for preventing, but the old methods are better for the mother's body" (P2).

"The best method is the IUD, although I hear that there have been cases of pregnancy even with its use" (P3).

"I used mini-pills, but they were not strong, so I was always worried about pregnancy" (P4).

"The best method is the IUD. I have reached the desired number of children that satisfy me, I have six children, I say thank God. Now I can use the IUD" (P7).

"The best method is isolation, because the IUD makes the menstrual cycle longer, which affects the nature of life, prayer, and fasting" (P8).

"I am afraid of the IUD; it may adhere to the uterus or accumulate flesh on it" (P10).

"The best methods are condoms, but they cause dryness in the vagina. I used pills, but it made me feel nervous, and my weight increased up to 10 kilos. I used the injection twice, but I had numbness, dizziness, and palpitations. Finally, I used the condom, because my husband was afraid of the side effects of other methods. Condom does not affect the cycle or weight" (P11).

"I used isolation only; although I heard that it makes the vagina dry" (P13).

"The best method is the IUD because it is inserted in the uterus and does not occupy our thoughts like isolation and pills. IUD does not interrupt the intercourse like a condom" (P18).

Men are knowledgeable about popular contraception methods such as withdrawal, IUDs, condoms, and pills. They may discuss their wives' contraceptive methods, but they often do not go into details about their wives' experiences or side effects like women do. Men may refuse to use condoms. As

illustrated by the following quotes:

"My wife used the pills for a brief period, and then we used isolation. I don't remember that the pills caused problems, but she stopped them because everyone was fearful of them" (P25).

"Not all husbands agree to the use of isolation or condoms" (P30).

Theme 3: Conflicting views

3.1 Management of side effects

Many women turn to healthcare professionals when managing side effects, whether they are adjusting to symptoms, stopping their current method, or switching to a new one. However, there are also those who may choose to stop the method without seeking guidance from experts. As depicted in the quotes below:

"If there was a side symptom, I would adapt to it and continue. The important thing is to prevent pregnancy" (P1).

"I would consult with my doctor to understand the nature and duration of the side effect on my life" (P2).

"I adapt to side effects and do not stop the method, because I believe that all methods have side effects, I mean, there is no method better than the other" (P4).

"I stopped the method, because the pills had killed me due to the fluid retention" (P8).

Men often neglect discussing contraceptive side effects, they allow their wives to ask healthcare professionals to make decisions, as stated *"If side effects happen, I will encourage my wife to consult a specialized person" (P20).*

3.2 Effect on marital relationships

Both genders believe contraceptive methods don't impact their relationship or sexual desires, but some couples oppose withdrawal or condom use. As illustrated by the following quotes:

"Contraceptive methods do not affect the

marital relationship, but some couples do not like to use condoms" (P1).

"I expect that my husband suggested using the IUD, he sometimes gets bored with the method of isolation and counting" (P3).

"Yes, it has effects on spousal relationships; for example, IUD if the menstrual cycle becomes long in duration" (P14).

"I am not sure if contraception affects the relationship, but it is possible that not all couples agree to the use of isolation or condoms" (P30).

3.3 Concerns regarding reproductive health

Both genders hold the belief that contraceptives have no impact on fertility; however, there are individuals who experience apprehension as a result of hearing negative stories from others. The quotes below illustrate that:

"Contraceptive methods do not lead to infertility; because procreation is from the Lord of the World. If God wants something, nothing else prevents it" (P1).

"The contraceptive methods do not cause infertility, but may delay the pregnancy, such as pills and IUDs" (P2).

"Contraceptives do not cause sterility, because I became pregnant after using the pills and the IUD. Although we hear many stories of women who used methods and subsequently had delayed pregnancy or required treatment" (P4).

"Yes, the contraceptive methods may delay pregnancy; our neighbor used an IUD, and she was treated for five years until she became pregnant" (P7).

"IUD may delay pregnancy for six months after its removal" (P27).

3.4 Advice for others

Both genders advised each other to maintain space between pregnancies, although there are varying views on the most

effective contraceptive methods. They advocate for a two-year interval, particularly in the context of Islamic faith and breastfeeding. Additionally, some men may choose to refrain from engaging in discussions about these matters. As depicted in the quotes below:

"I advise postponing pregnancy for at least two years based on religion and the duration of proper breastfeeding and weaning" (P9).

"I do not advise others to postpone pregnancy or use contraceptive methods, because I do not like to discuss this matter, even if he is my son" (P22).

"I advise postponing pregnancy only to those who are dear to me, because it is shameful to talk about this issue with anyone" (P27).

DISCUSSION

This study revealed that the perceptions of Jordanian men and women regarding family planning significantly affect contraceptive behaviors. Three key themes were identified:

Theme 1: Influence of social, cultural, gender, and religious factors; having children is very important in Jordanian culture. Many people want to get pregnant soon after getting married because of societal expectations about starting a family. There is often a preference for having male children, although families also wish for a balance of boys and girls. Abortion is not allowed due to religious beliefs.

Theme 2: The decision-making process; in most cases, decisions about contraception are made by husbands. Women usually have better access to information about contraceptives than their husbands, who may feel uncomfortable talking about it. When choosing contraceptive methods, health concerns for the mother are often more important than financial issues. People compare modern and traditional methods of

contraception, which affects their choices based on what they know and accept.

Theme 3: Conflicting views; many people are concerned about the side effects of contraceptives, which can prevent their use. The use of contraception can also affect sexual relationships. Although contraceptives are generally accepted, there are worries about their long-term effects on reproductive health. Additionally, people often share advice about contraception with others, which can influence opinions and practices within their communities.

Several national and international qualitative studies were conducted, some of whose results agree with ours and some differ, as follows: Three qualitative studies in Jordan were consistent with our results. Reported similarities were as follows: a finding that men and women accept birth spacing based on Islamic recommendations. Men prefer large families. Men find condoms unpleasant. Men are concerned about their wives' health and family income. Men feel ashamed to talk about contraceptive practices. Husbands play a significant role in choosing contraceptive methods. IUD is the best option. The desire to have male children in their family. Fear of side effects. Women believe traditional methods are not effective but do not cause side effects [11–13].

Two qualitative research studies conducted in Egypt and Saudi Arabia were consistent with our results. They identified the IUD as the most efficient contraceptive method. Concerns regarding potential side effects and impacts on fertility were noted. Information on contraceptive methods was obtained from women in the community and healthcare professionals. The concept of pregnancy spacing was widely accepted, with early pregnancy following marriage being the preferred choice [15,17]. This similarity in

perceptions may stem from shared Arabic and Islamic cultural values, which influence attitudes and practices surrounding family planning in these regions.

Numerous global studies were consistent with our results. They have shown that contraceptive methods are essential for maintaining mother and child health, but fear of side effects and fertility impacts is a concern. Economic status influences decision-making. The decision-making process is shared between couples. Men prefer large families and have a desire for male babies. Husbands often refuse to use condoms [18–23].

On the other hand, our results demonstrated that contraceptive methods were generally accepted, while the results of another study conducted within a Muslim community in Kenya found that the use of contraceptives was viewed as forbidden, due to a misinterpretation of Islamic teachings that equates contraception with the termination of unborn life. [18]. In addition, our study revealed that a mother's health was the primary rationale for using contraceptives, while another study considered economic reasons the main reason, particularly in the context of challenging economic conditions that affect the ability to raise children [19].

Our research indicated that a significant number of women associated hormonal contraceptive methods with psychological side effects, whereas non-hormonal methods were more commonly linked to physical symptoms, such as vaginal dryness and changes in menstrual cycles. This contrasts with a local study conducted in Jordan, which found that hormonal methods were associated with reduced rates of postpartum depression compared to non-hormonal alternatives [24].

Finally, abortion was supported as an option in another study, while our result considered it forbidden; which may be influenced by the legal frameworks governing reproductive health in their respective countries [21].

CONCLUSION

This study revealed that the perceptions of Jordanian men and women regarding family planning impact contraceptive behaviors, including the decision-making process, method uptake, and discontinuation. All of these viewpoints should be carefully considered when designing and implementing a family planning program.

LIMITATION

The small sample size of this qualitative research study restricts its ability to generalize its findings.

IMPLICATION

Additional qualitative and quantitative studies are necessary to investigate the

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factors influencing the use of family planning methods.

RECOMMENDATION

Organize family planning educational workshops in diverse locations like workplaces, schools, universities, and clinics. Create culturally appropriate counseling materials to promote social behavior change. Involve influential individuals to encourage positive behaviors in family planning in communities.

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CONFLICT OF INTEREST

None declared.

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تصورات تنظيم الأسرة لدى الرجال والنساء الأردنيين: دراسة نوعية

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الملخص

الخلفية والأهداف : تؤثر تصورات الأفراد حول تنظيم الأسرة بشكل كبير على عملية اتخاذ القرار لديهم والاستخدام الفعلي لوسائل منع الحمل. فهم هذه التصورات أمر أساسي لتصميم برامج تنظيم الأسرة الفعالة.

منهجية الدراسة : استكشفت كيف تؤثر تصورات تنظيم الأسرة لدى الرجال والنساء الأردنيين على سلوكياتهم المتعلقة بوسائل منع الحمل وعمليات اتخاذ القرار. تم استخدام تصميم نوعي ظاهري، وتم استخدام التحليل الموضوعي لتحليل البيانات. تم تحقيق تشبّع البيانات من خلال إجراء مقابلات شخصية وعمق مع 30 مشاركاً، شملوا 11 ذكراً و 19 أنثى.

النتائج: كشف تحليل موضوعي استقرائي عن ثلاثة مواضيع رئيسية تتعلق بتنظيم الأسرة ووسائل منع الحمل. الموضوع الأول، تأثير العوامل الاجتماعية والثقافية والجندرية والدينية، يتضمن فئات فرعية مثل أهمية الإنجاب، وحجم الأسرة وتكوينها، وفضيل الإنجاب المتلاحم، وفضيل حدوث الحمل خلال السنة الأولى من الزواج، استخدام وسائل منع الحمل بعد ولادة الطفل الأول، ووجهة النظر اتجاه الإجهاض.

يركز الموضوع الثاني على عملية اتخاذ القرار، ويتضمن فئات فرعية مثل العوامل المؤثرة في الخيارات، ومصادر المعلومات، والدافع والمعايير لاختيار وسائل منع الحمل، والمقارنات بين الطرق الحديثة والتقليدية لمنع الحمل.

الموضوع الأخير، الآراء المتضاربة، يتضمن فئات فرعية مثل إدارة الآثار الجانبية، والتأثيرات على العلاقة الزوجية، والقلق بشأن الصحة الإنجابية، والنصائح المقدمة للآخرين.

الاستنتاجات : كشفت الدراسة أن تصورات الرجال والنساء الأردنيين حول تنظيم الأسرة تؤثر على سلوكياتهم المتعلقة بوسائل منع الحمل، بما في ذلك اتخاذ القرار، واستخدام الوسائل، والانقطاع عن استخدامها، مما يتطلب تصميمًا وتفصيًّا دقيقًا لبرامج تنظيم الأسرة.

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