



PHC IN JORDAN & HEALTH EDUCATION

Current health status and health care in Jordan according to population and family health survey (JPFHS)

Health status has improved significantly during the past quarter century. Some important indexes to go with that are:

- Life expectancy at birth increased from 49 years in 1965 to 66 years in 1990 to 73 yrs (71.6 males and 74.4 females) in 2012, and **73.3** in **2023** (72.3 males and 75.1 females) according to HPC publications
- Ranging from 57 in developing countries to 78 years in developed countries).

b. Infant mortality decreased from 130 in 1960 to 35 per 1000 live births in 1992 to 17 in 2012 ,

Dropped to 14 per 1000 live births in 2023(HPC)

Infant mortality: The probability of dying between birth and the first birthday.

Smallpox was eradicated in 1979

Measles, polio prevalence rates were decreased a lot.

Selected Indicators 2023

- Total Population 11,800,000 . (HPC ,2025)
- 2.1% Population Growth Rate. (HPC ,2025)
- Population Doubling Time (years) 29
- 34.4% Population Less Than 15 Year of Age (HPC ,2023)
- 3.7% Population Age 65+years
- 75.3 yrs. Life Expectancy at Birth (73.8 yrs. Male , 77 yrs. Female (HPC ,2025)
- Jordanian women median age at marriage is 22.4 years, for males would marry 5 years later.
- Total fertility rate dropped from 5.6 to 3.7 to 3.5 to **2.6** on 1990 and 2002 ,2012 , **2023** respectively



Figure 1 Trends in fertility by residence

TFR for the 3 years before each survey

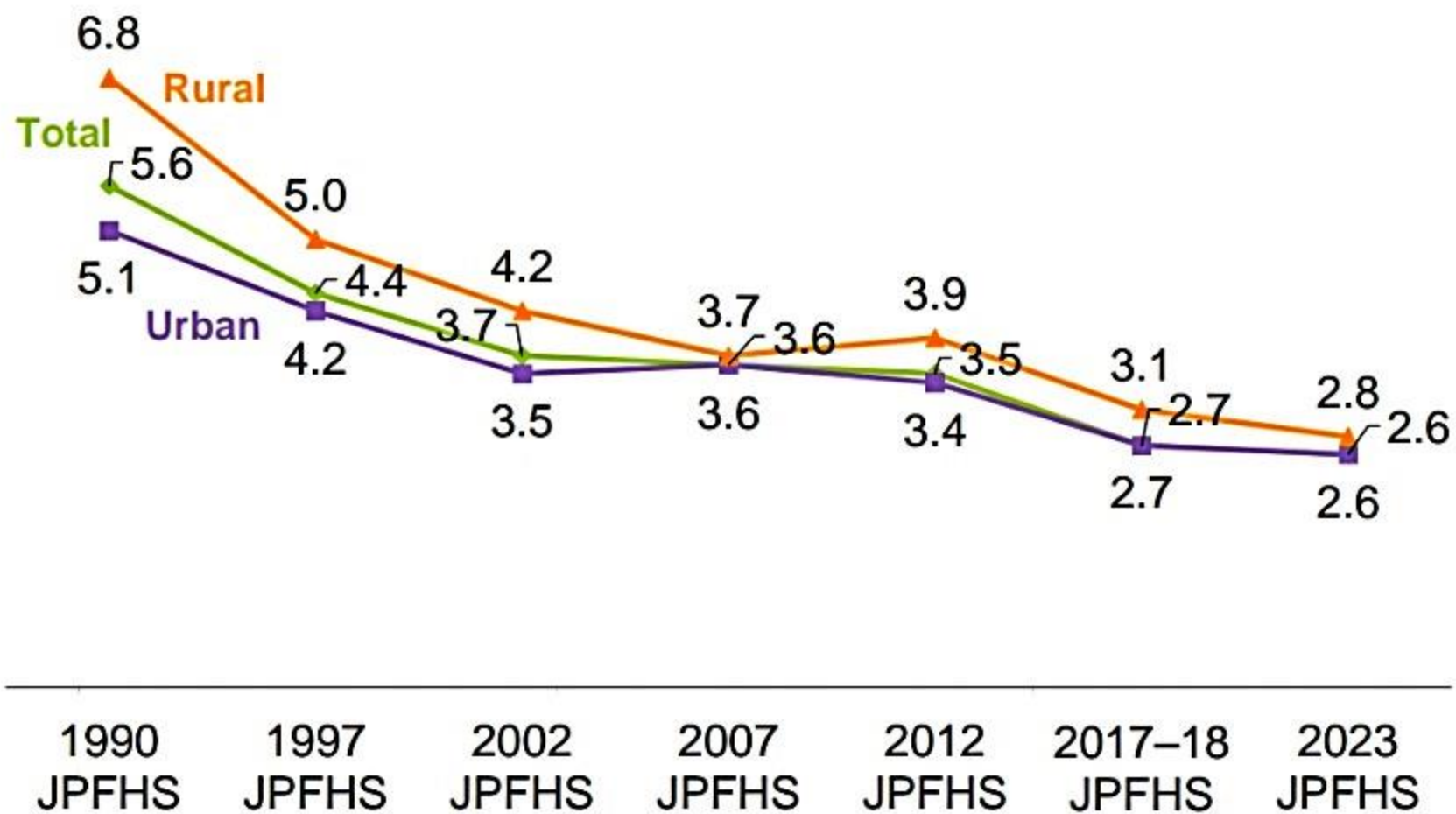
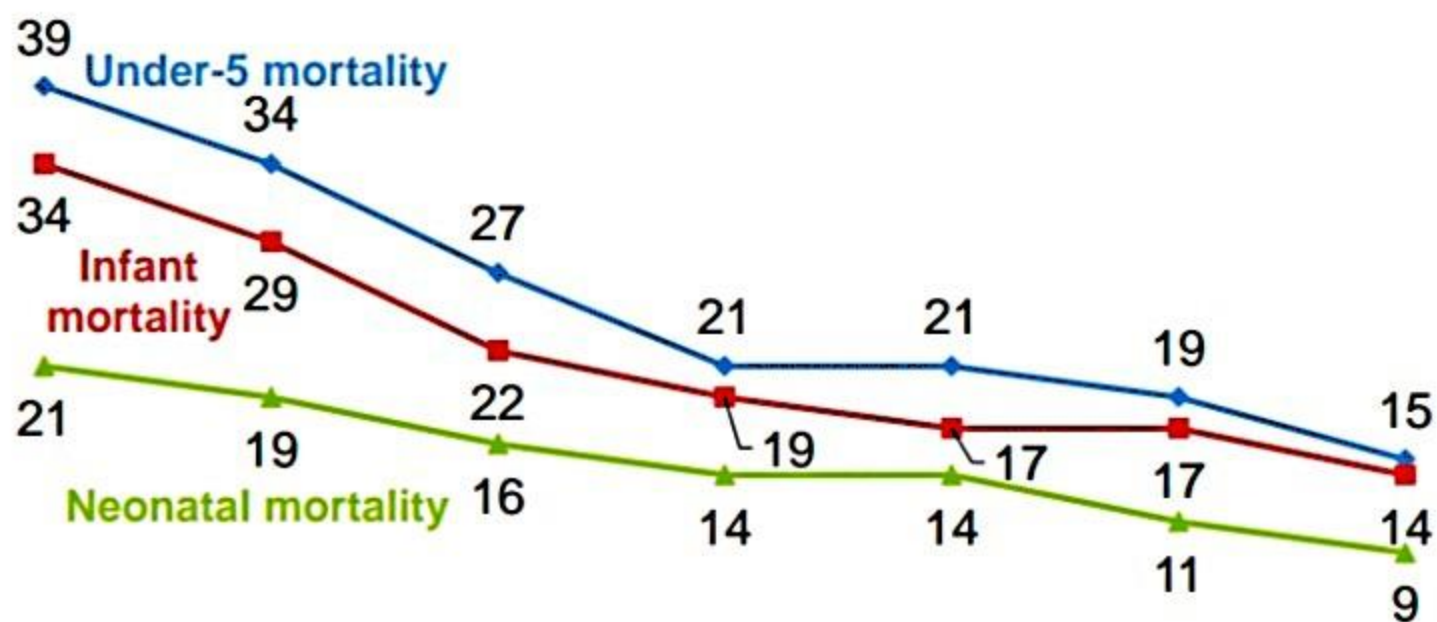


Figure 3 Trends in early childhood mortality rates

*Deaths per 1,000 live births in the 5-year
period preceding the survey*



1990 JPFHS 1997 JPFHS 2002 JPFHS 2007 JPFHS 2012 JPFHS 2017-18 JPFHS 2023 JPFHS

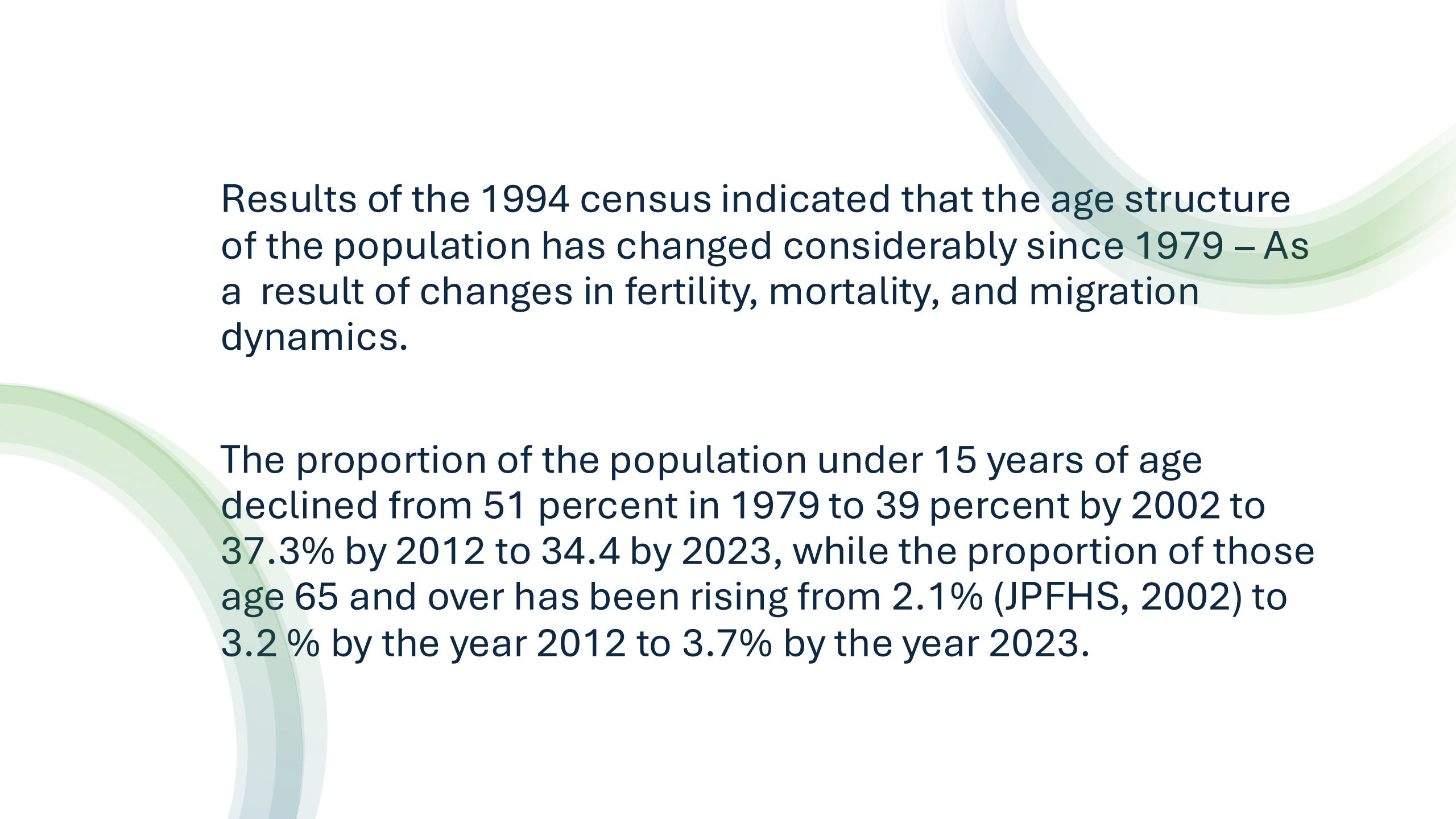
Primary Health Care Provision in Jordan: Summary and Update

Over the next 50 years, Jordan's demographics will change dramatically – This will pose great challenges for the country (resources and services).

The country's population is growing rapidly, doubling over the last 20 years and likely to double again after 29 years. However, it is undergoing a demographic transition moves from high fertility and mortality, to low fertility and mortality (David Bloom, "Demographic Transition and Economic Opportunity: The Case of Jordan," April 2001).

The Ministry of Health (MOH), through its Maternal and Child Health Centers (MCH), provided optional and predominantly free family planning services as an unofficial and indirect intervention in the population policy.

The efforts made by the Jordan Association of Family Planning and Protection (JAFPP), as well as by some voluntary nongovernmental organizations, were invaluable in this regard.



Results of the 1994 census indicated that the age structure of the population has changed considerably since 1979 – As a result of changes in fertility, mortality, and migration dynamics.

The proportion of the population under 15 years of age declined from 51 percent in 1979 to 39 percent by 2002 to 37.3% by 2012 to 34.4 by 2023, while the proportion of those age 65 and over has been rising from 2.1% (JPFHS, 2002) to 3.2 % by the year 2012 to 3.7% by the year 2023.

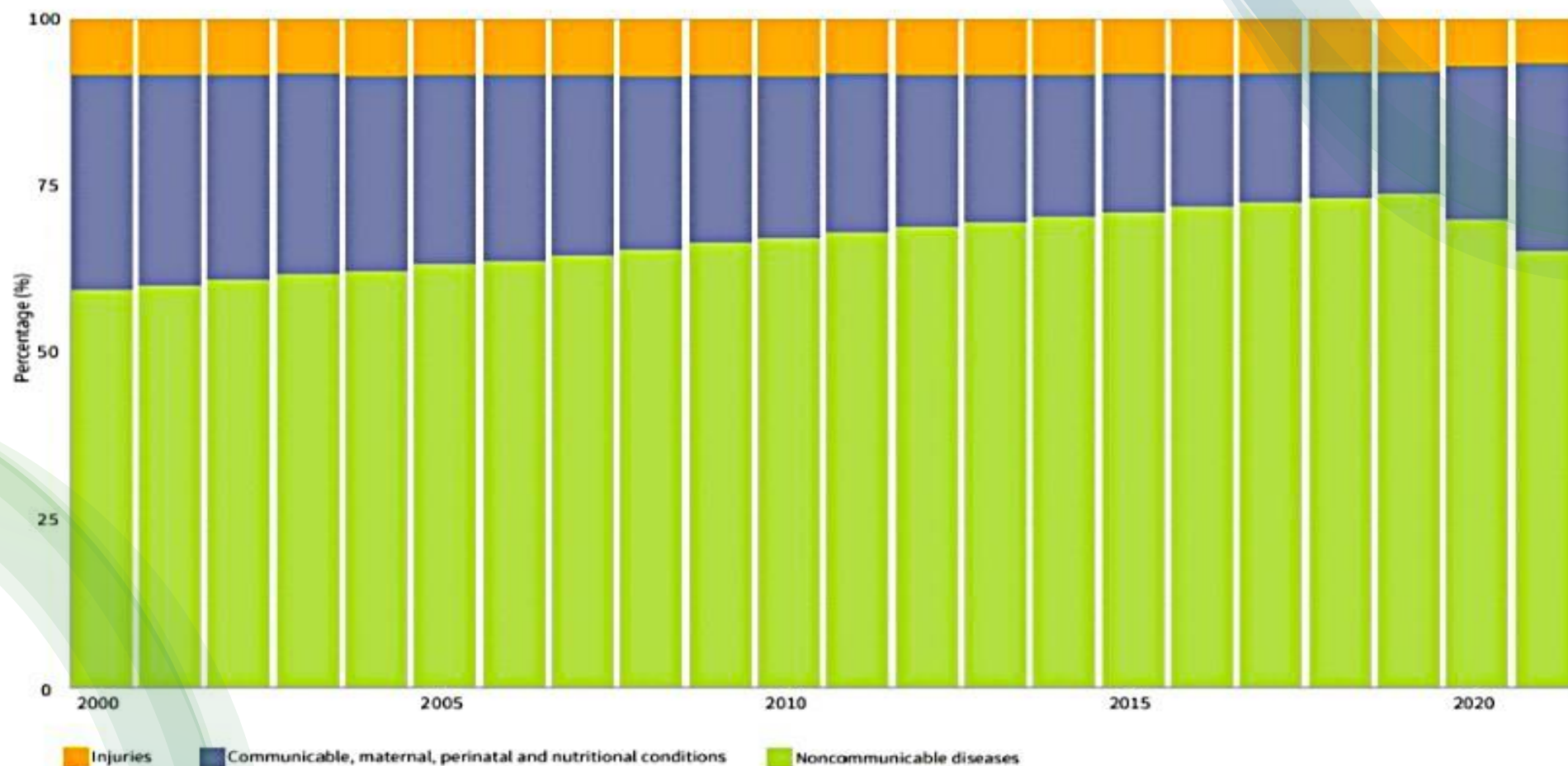
Challenges

While low infant mortality rates and high life expectancy - are among the best in the region, the population growth rate continues to be a major development constraint - especially when analyzed considering the quantity and quality of services to be provided to accommodate this rapid increase in population.

The background features decorative curved lines in the corners. In the top right, a thick, multi-layered arc curves from the top edge towards the right, transitioning from a light blue-grey to a pale green. In the bottom left, a similar multi-layered arc curves from the left edge towards the bottom, transitioning from a pale green to a light blue-grey.

Causes of Death (Mortality)

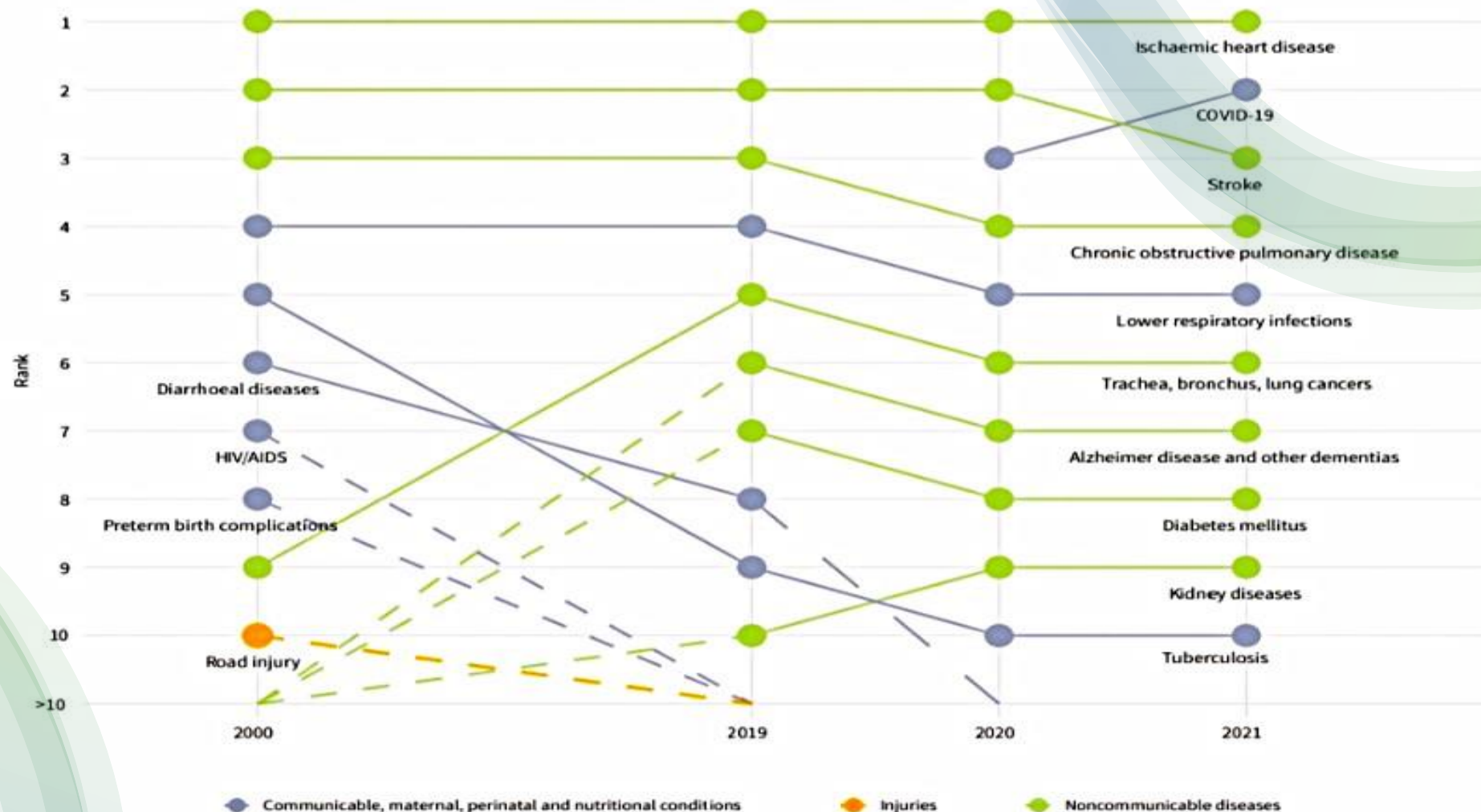
Figure 1.4 Composition of causes of death, global, 2000–2021



Note: In countries that have low-quality vital registration, WHO's current estimates include a cause of death category, "other pandemic-related mortality (OPRM)", which could include underlying causes of deaths from any of the three groups. The graph only shows the relative composition of the three groups; OPRM is not included.

Source: WHO (1).

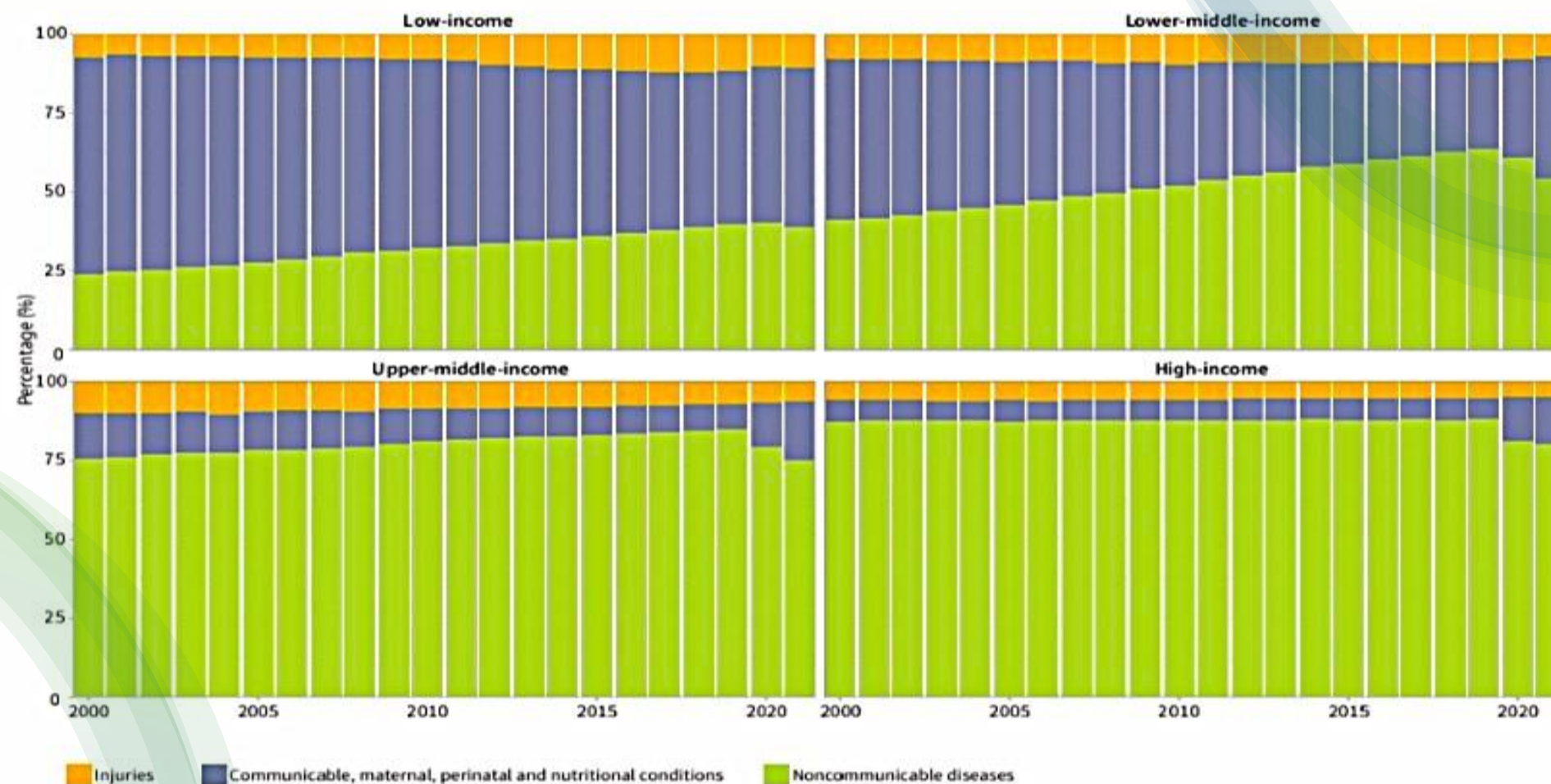
Figure 1.7 Top 10 causes of death globally in 2000, 2019, 2020 and 2021



Note: Solid lines represent movement within the top 10 causes of death. Dashed lines represent movement in or out of the top 10 causes of death.

Source: WHO (1).

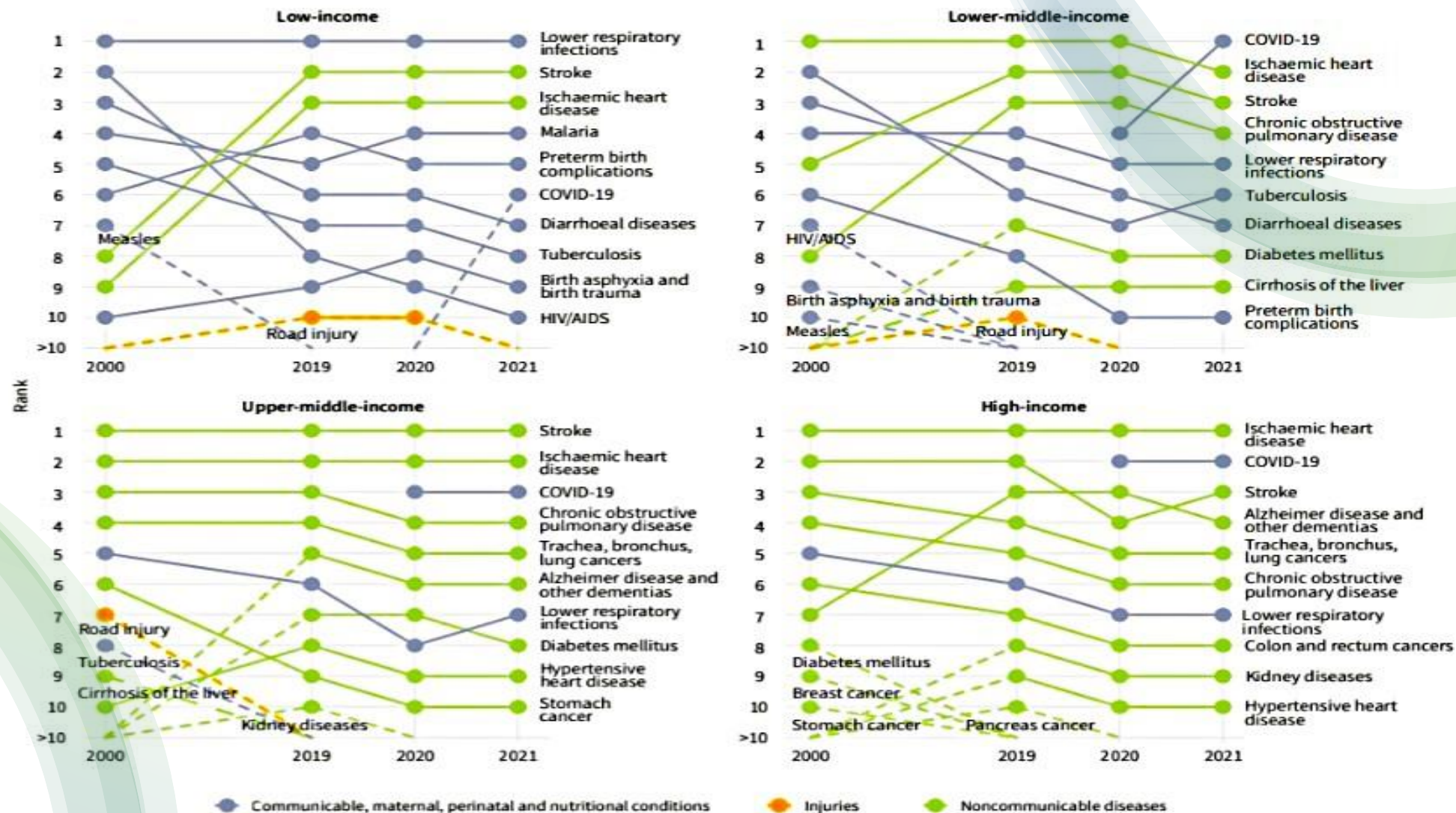
Figure 1.6 Composition of causes of death, by World Bank income group, 2000–2021



Note: In countries that have low-quality vital registration, WHO's current estimates include a cause of death category, "other pandemic-related mortality (OPRM)", which could include underlying causes of deaths from any of the three groups. The graph only shows the relative composition of the three groups; OPRM is not included.

Source: WHO (1).

Figure 1.9 Top 10 causes of death, by World Bank income group, in 2000, 2019, 2020 and 2021













Note: Solid lines represent movement within the top 10 causes of death. Dashed lines represent movement in or out of the top 10 causes of death.

Source: WHO (1).

Top causes of death

Deaths per 100 000 population. Jordan, 2019

Ischaemic heart disease	32.5	
Stroke	21.8	
Road injury	15.6	
Diabetes mellitus	12.8	
Hypertensive heart disease	11.4	
Kidney diseases	11	
Congenital anomalies	10.3	
Trachea, bronchus, lung cancers	9.7	
Preterm birth complications	9	
Lower respiratory infections	8.1	

Primary Health Care in Jordan

It follows that for a community like JORDAN were:

The population is small and highly urbanized.

Highly qualified medical personnel are abundant.

Intermediately qualified paramedical staff are scarce .

Piped water and safe waste disposal are almost universal

مديرية الرعاية الصحية الاساسية

قسم النروض
بالمصحة العامة

المصحة المدرسية

رعاية الامومة
والطفولة

التغذية

التثقيف الصحي

تمريض المصحة العامة

شعبة الطب الرياضي

قسم صحة
البيئة

الهندسة الصحية

رقابة البيئة

المصحة الصناعية

قسم
مكافحة
الامراض
السنارية

الملاريا
والبلهارسيا

الامراض الصدرية

التطعيم

الاستقصاء
الوبائي والصحة
العامة

شعبة
الاسهالات
والكوليرا

برنامج الايدز
الوطني

قسم العيادات
ومراكز الرعاية
الصحية الاولى

قسم التدن

Health promotion

Health promotion encompasses a variety of activities aiming at improving the health status of the individual and the community .

And if successful, it will affect the lives of people, so health promoters should be equipped with practical skills, and should understand the values and ethics implicit in their work.

Health Education (HE) in Jordan

In Jordan, health education (HE) is an important pillar of the work of the Ministry of health.

Recently the HE division was promoted to a full directorate, where qualified experts develop their HE plans, based on priorities, community needs, and information collected from different reports, surveys and studies. Their work also includes training of health workers and preparation of different HE media

Unfortunately , the traditional health education approach used in Jordan , and many other countries, was aimed solely at changing people to fit the environment, and did little to make the environment a healthier place to live in.

Health Education (HE)

IMPORTANCE OF HE:

- First line of Prevention
- Skeleton of primary health care services.
- Essential for Health Promotion and Preventive Services.
- Helping people to understand their behavior and how it may affect their health.

Main goal of health education is:

To improve the quality of life individual and Community in all aspects: health, social, economic and political, taking in consideration that health is a state of complete physical, psychological and social well being and not the mere absence of diseases.

Who is the health educator?

- ❖ Specialist : person who is especially trained to do health education work.
- ❖ Any health worker who is concerned with helping people to improve their health knowledge and skills.
- ❖ Any person in the Community can participate in health education process, like teacher, mothers... etc.

Target groups for health education programs

1. **women** have the role of raising children and teaching them practices and concepts as the personal hygiene and nutrition. also, women must be aware of the basics of preventive of health services. E.g. A.N.C., W.B.C, etc.
2. **Children:** any concept learned in childhood will affect behavior in adult life major subjects in health education for children are sanitation, nutrition, personal hygiene and environment.
3. **Elderly.**

Approaches of HE

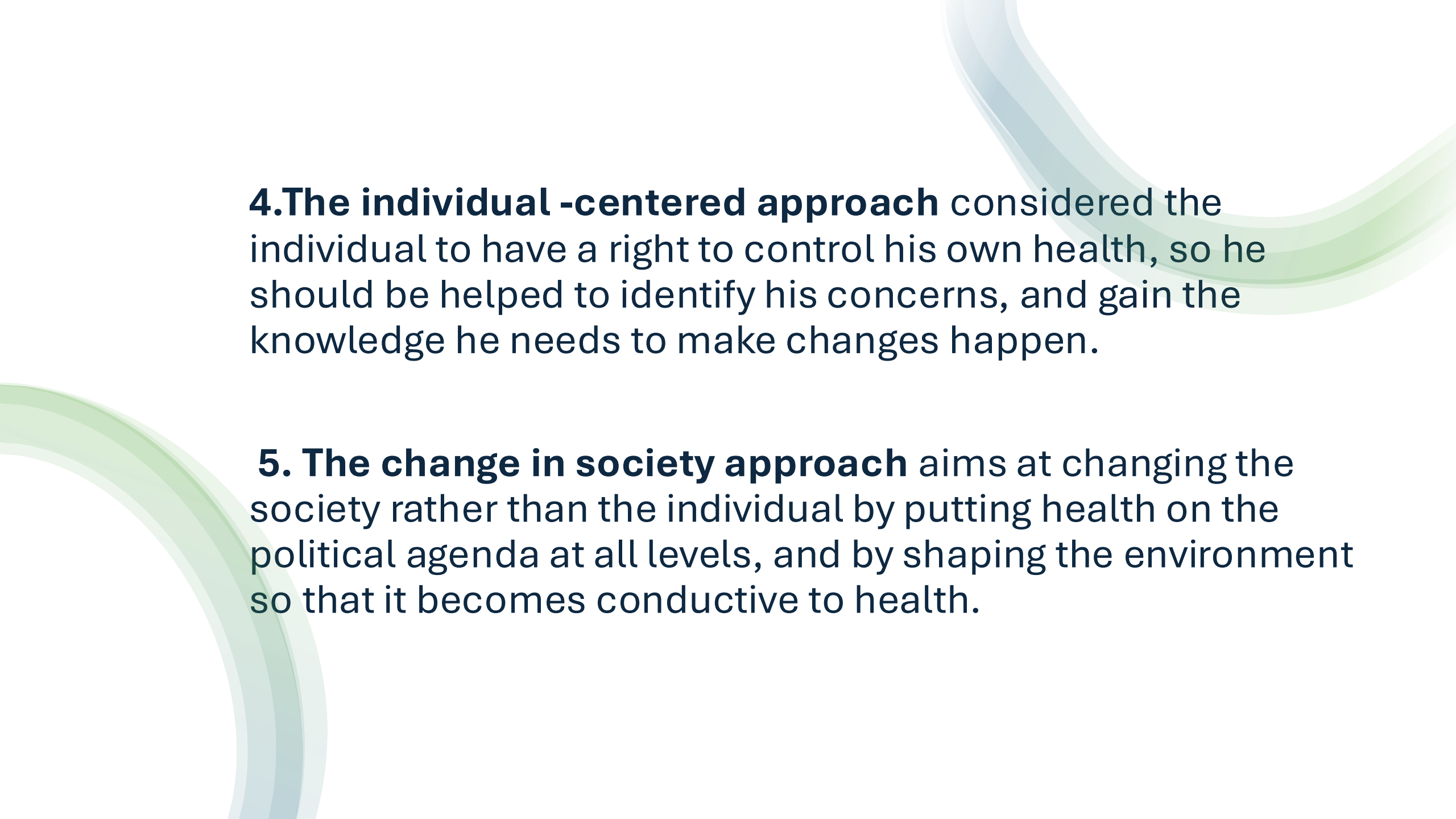
Specialists identify **five** approaches that can be used individually or in combination to achieve the desired goal:

1- **The medical approach** involves medical intervention to prevent ill health using a persuasive method and expects patients to comply with the recommended intervention.



2. The educational approach provides information and helps people to explore their values and make their own decisions.

3. The change in behavior approach involves changing people's attitudes so that they adopt healthy lifestyles as defined by the health promoters. This approach can be applied using locally available methods and media such as leaflets and posters.




4. The individual -centered approach considered the individual to have a right to control his own health, so he should be helped to identify his concerns, and gain the knowledge he needs to make changes happen.

5. The change in society approach aims at changing the society rather than the individual by putting health on the political agenda at all levels, and by shaping the environment so that it becomes conducive to health.

Conclusions

- ✓ Health education is the translation of health knowledge into desirable individual and Community behavioral patterns by means of educational process.
- ✓ Health education is the skeleton of PHC system –since no other activity can be performed without health education.
- ✓ The needs and interests of individuals, families, groups, organizations and communities are at the heart of health education program.
- ✓ Health education is the responsibility of every person in the Community.

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- ✓ Primary health care is the first point of contact between a community and its country's health system.
 - ✓ The World Bank estimates that 90% of all health needs can be met at the primary health care level.
 - ✓ Investment in primary health care is a cost-effective investment – it helps reduce the need for more costly, complex care by preventing illness and promoting general health

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THANK YOU