

# Decision-Making Autonomy Among Pregnant and Lactating Jordanian Women Relating to Reproductive Health, Breast-feeding, and Mother and Infant Diet

Laurie Miller<sup>1,2</sup>, Robin Shrestha<sup>1,2</sup>, Yanlin Ren<sup>1,2</sup>, Patrick Webb<sup>3</sup>, Shibani Ghosh<sup>1,2</sup>

<sup>1</sup>Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy, Tufts University, Boston, Massachusetts, USA, <sup>2</sup> USAID Feed the Future Nutrition Innovation Lab, Jordan, <sup>3</sup> USAID

## Introduction

Women's empowerment is integral to achieving positive outcomes for women themselves, their families, and society at large. Female autonomy is strongly associated with higher social status, translating into better nutrition, health and well-being, especially in societies with high levels of gender discrimination. Despite comparatively high levels of female education and recent women's empowerment initiatives, Jordan exhibits notably low indicators for gender equality [Global Gender Gap 2021 index rank 131/156 (ILO 2022)].

Within this context, we assessed decision-making autonomy among Jordanian pregnant and lactating women (PLW).

## Methods

From October to December 2022, a cross-sectional survey of socio-demographic characteristics and practices, knowledge, and decision-making related to reproductive health, breast-feeding, and diet in PLW (n=1079; 7 excluded from analysis) was conducted in Amman, Karak, and Zarqa.

PLW were asked whether "receiving information" about contraception use (CU), breastfeeding initiation/continuation (BFI), exclusive breastfeeding (EBF), and diet choices (self/young child diet), measured as dietary diversity score (DDS), and minimum meal frequency (MMF) had influenced their decisions, and if they made these choices themselves or the decisions were made by their husband (HUSB) and/or mother/mother-in-law (M/MIL).

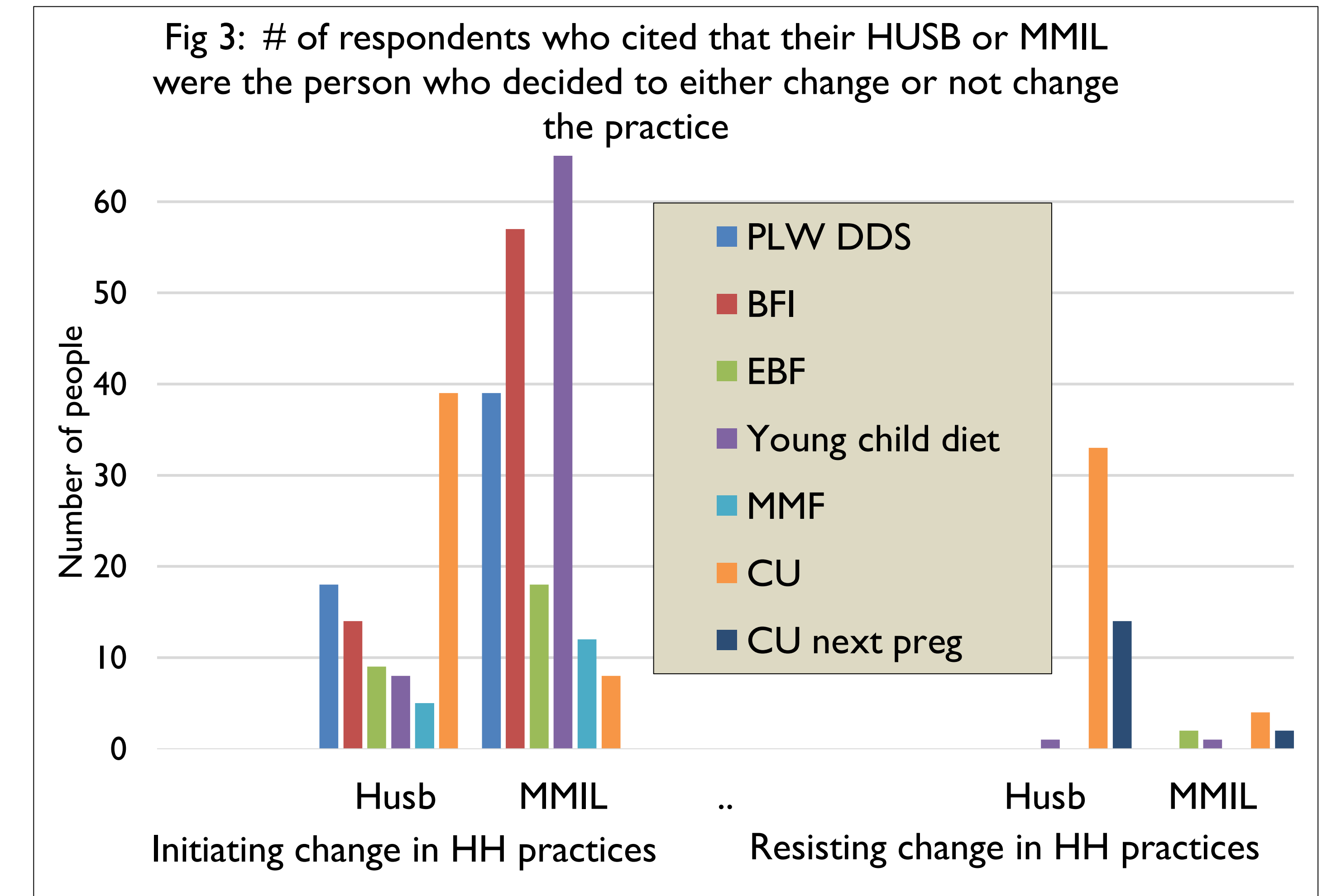
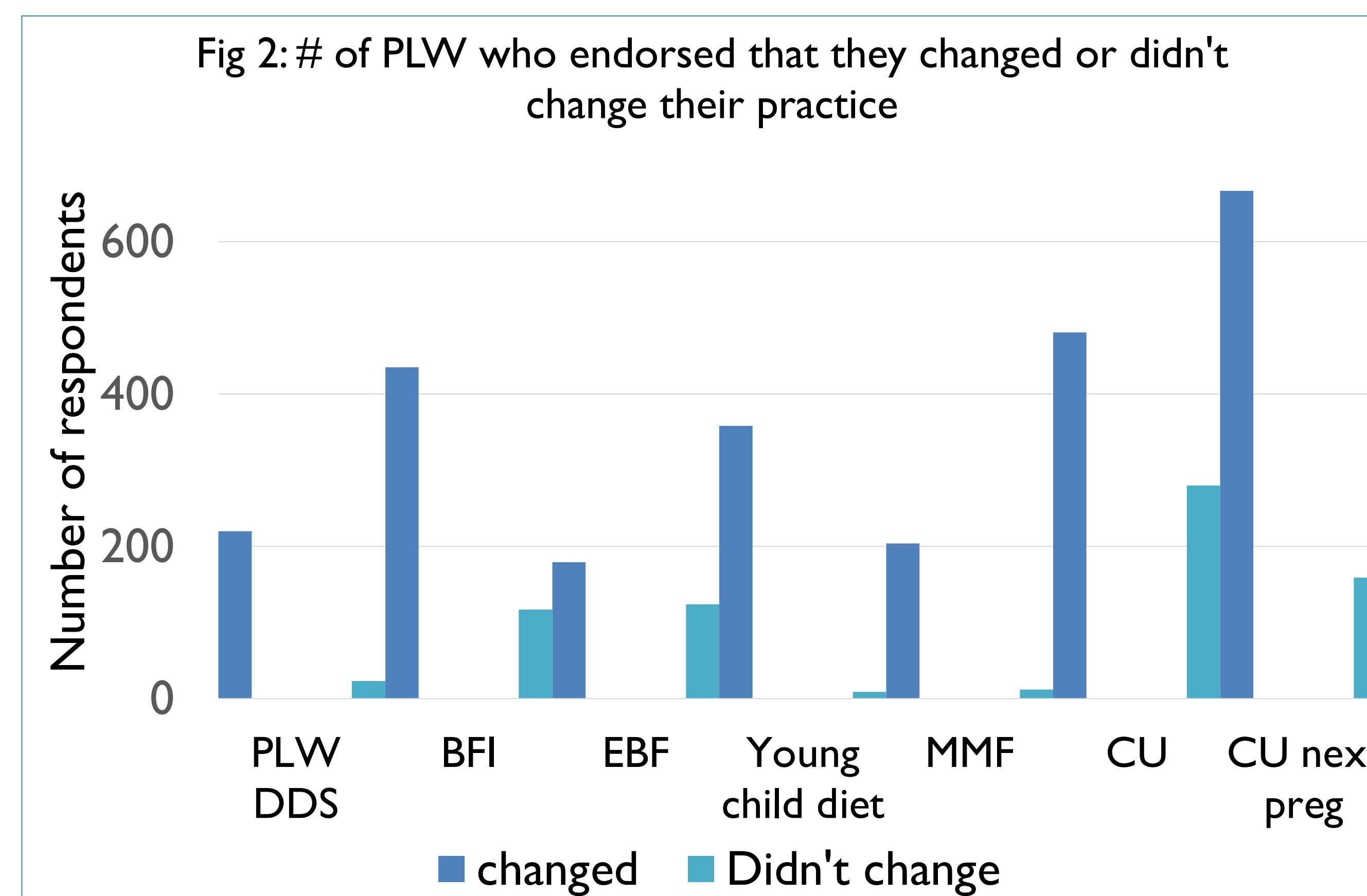
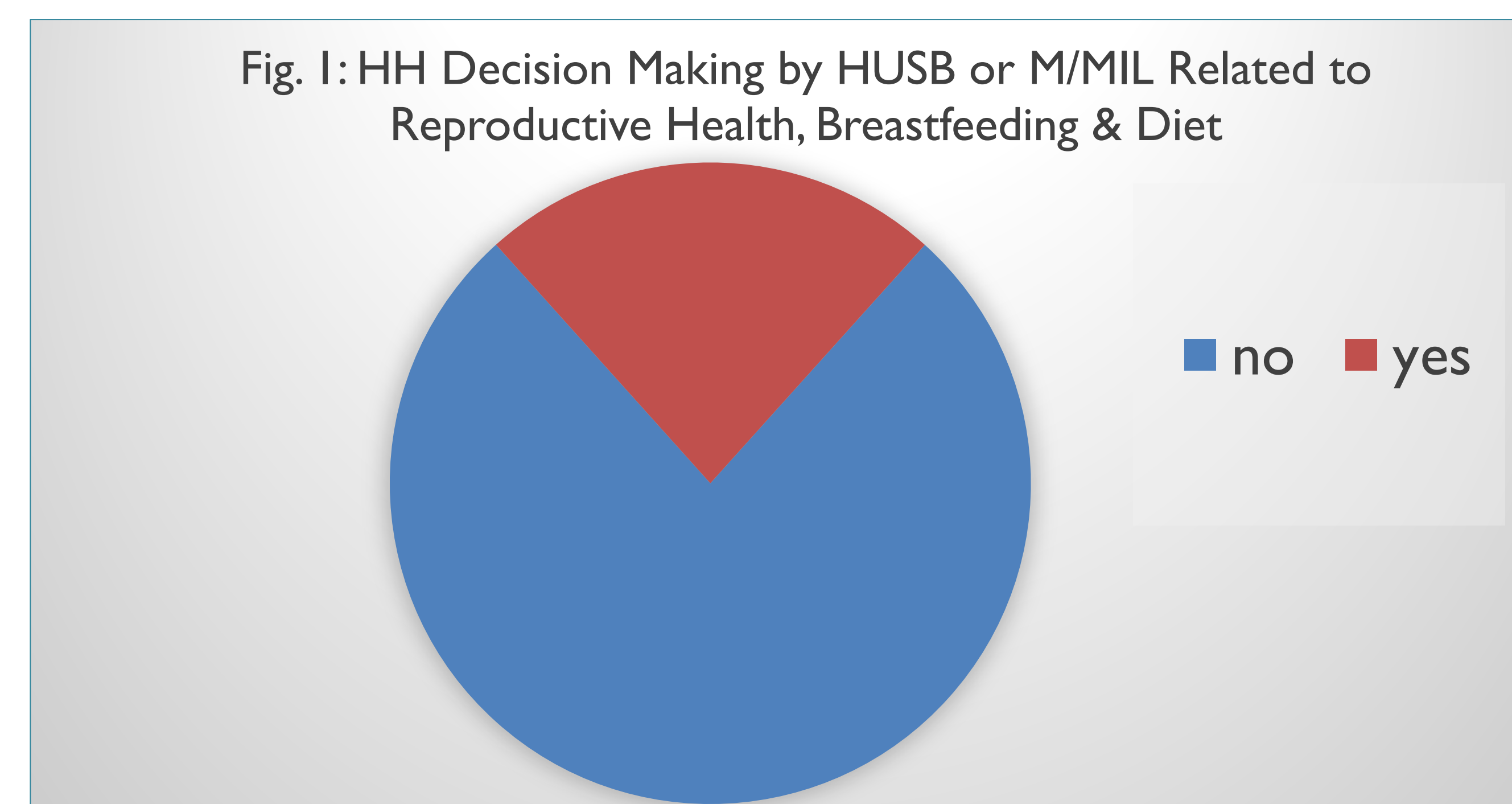
Results were dichotomized based on whether the PLW's husband and/or M/MIL decided at least one practice.

Descriptive statistics, bivariate and multivariate analyses were performed to assess demographic characteristics and PLW's decision-making autonomy.

## Results

Predominantly, PLW made UC, BF, and DC decisions autonomously. However, 23% reported that their husband and/or M/MIL made at least one important decision in these areas. Husbands of 11% of PLW made decisions (range 1-5) (especially UC) and M/MIL of 15% of PLW made decisions (range 1-4) (especially BF, DC).

In fully adjusted models, women with educational level of grade 11 or more were 3.56 times more likely to make decisions for themselves ( $p < 0.01$ ), confirming the key importance of girls' education if impacts are desired on later health and nutrition.



## Conclusions

In our survey, most Jordanian PLW (77%) made their own decisions on UC, BF, and DC. However, for 23%, the husband and/or M/MIL made at least one important decision in these areas.

The lack of autonomy in PLW's decision-making related to reproductive health, diets and nutrition represents one possible barrier to optimizing maternal and infant nutrition and health in Jordan.

## References

<https://www.weforum.org/publications/global-gender-gap-report-2022/in-full/1-benchmarking-gender-gaps-2022/>

## Acknowledgements

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the Feed the Future initiative. This report is supported as a part of the Feed the Future Jordan Nutrition Innovation Lab (Cooperative Agreement No. 72027820LA00003 with Tufts University). The contents are the responsibility of the Jordan Nutrition Innovation Lab at Tufts University Friedman School of Nutrition and Policy and do not necessarily reflect the views of USAID or the United States Government