



Ministry of Health Development

LOOKING BEYOND NUMBERS



SLHDS FOLLOW UP STUDY ON BIRTH SPACING

REPUBLIC OF SOMALILAND

November 2021

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Republic of
Somaliland

Looking Beyond Numbers

SLHDS follow up study on Birth Spacing

November 2021

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Forward

It gives me great pleasure to present this report as a follow up study of the recently concluded Somaliland Health and Demographic Survey (SLHDS) with the aim of exploring the main reasons for low uptake of birth spacing services among married women in Somaliland.

Shorter birth intervals might sometimes have negative health effects, impacting maternal and child morbidity and mortality. The shorter birth intervals a woman has the higher is her exposure to child-bearing related risks, e.g. iron deficiency anemia, or maternal death from hemorrhage or other complications. In, addition, short birth intervals also impact on maternal and child health.

The report provides information on the key underlying factors behind low uptake of birth spacing services. We hope these findings will guide interventions tailored for birth spacing programmes and improve the lives of women and girls in Somaliland. Additionally, the findings will assist in understanding the impact of the existing interventions towards promoting safe motherhood and inform future programmes that would contribute to behavioral change and increase the tendency of spacing children appropriately hence providing enough space for children to grow. Finally, it will help the government and partners to formulate appropriate programmes for increasing efforts towards promoting child and maternal health.

We, sincerely extend our appreciation to the participants who provided the information, to MoHD staff for carrying out the study as well as UNFPA Population and Development Unit for providing the technical support in the realization and production of this critical study for Somaliland and its citizens.



Hon. Mr. Hassan Mohamed Ali (Gaafaadhi)
Minister,
Ministry of Health Development Somaliland



Acknowledgement

The Somaliland birth spacing study was conducted by the Ministry of Health Development as an in-depth study to explore reasons for low uptake of birth spacing services as observed in the Somaliland Health & Demographic Survey 2020. The findings from this study will shed more light on the birth spacing service utilization among ever-married women in Somaliland.

Firstly, we would like to thank Mr. Mohamed Abdi Hussein (Study coordinator, MoHD) for his excellent coordination roles and his technical expertise on study designing, fieldwork implementation and drafting of this report.

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Director General
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Executive Summary

The findings of the birth spacing study are supplementary to the findings of the SLHDS 2020. They provide an in-depth understanding of the SLHDS findings explored through qualitative methodologies. The study focused on obtaining additional information on the low uptake of birth spacing services from ever-married women, religious leaders, health workers and Ministry of health participants. The findings of the study will enable the Ministry of health development and partners to identify the social, cultural and religious factors that directly affect the utilization of birth spacing services in order to develop and plan for the birth spacing service delivery that is client oriented.

Knowledge of birth spacing:

The vast majority of the women know that birth spacing is good for the health of the mother and development of the baby. However, some of the respondents indicated that besides knowing that birth spacing is beneficial for the mother and child, they lack knowledge of how it works. Others echoed that birth spacing can be achieved by breastfeeding the child.

The women had mixed responses on modern birth spacing methods. Whereas a few were positive, the majority believe that modern contraceptives can cause negative health consequences.

Reasons women have short or long birth intervals:

According to the SLHDS 2020, 37 percent of women have short intervals (less than 24 months after a preceding birth). According to the women, the main reasons for short birth intervals are:

- **Negligence:** Women forget to breastfeed or use birth spacing commodities
- **Social belief:** There is social belief that women who marry in their full adulthood would produce less children, thus women that marry in their full adulthood tend to have their children in shorter intervals to maximize on their reproductive window.
- **Cultural belief:** Women who produce many children are respected in the society

Conversely, majority of the women believed that, women have long birth intervals because, they want to have enough time for their children's maturity and their own recovery.

Reasons affecting the use of birth spacing services:

Majority of the respondents believe that women use birth spacing services mainly for medical reasons; such as women having C-section or medical conditions that threaten a pregnancy. Other respondents, believe that women want to use contraceptives so as to get enough time to take care of their children, while others go to work in order to provide basic needs for their households and by default are forced to use birth spacing services.

Influence of family on women's decision to use birth spacing services:

Overwhelmingly, almost all of the respondents said that husbands are the key members of the family who influence greatly women's decision to use birth spacing service.

Local beliefs and birth spacing use:

As mentioned by some of the respondents, there are local beliefs that negatively affect the use of birth spacing such as, the use of birth spacing might lead to sin and result in punishment from God.

Access to birth spacing information:

Majority of the women from the selected towns mentioned that they get access to birth spacing information mainly from health centers and hospitals although, the information is not regular and comprehensive.

Religion and birth spacing:

Religious leaders who were interviewed all agreed that Islamic religion permits and promotes spacing of children and even verses from holy Koran encourage the utilization of natural birth spacing. The same sentiments were expressed by the women.

Abbreviations

| | |
|------------------|--|
| SLHDS | Somaliland Health and Demographic Survey |
| UNFPA | United Nations Population Fund |
| COCs | Combined Oral Contraceptives |
| POPs | Progestogen Only Pills |
| CIC | Combined Injectable Contraceptive |
| CVR | Contraceptive Vaginal Ring |
| IUD | Intrauterine Device |
| ANC | Antenatal Care |
| HC | Health Centre |
| C-Section | Caesarian section |
| WHO | World Health Organization |
| ANC | Antenatal Care |



Introduction

1.1 Background

Modern contraceptives and unmet need for birth spacing are key to understanding profound changes in fertility and reproductive health worldwide. There are negative consequences for health related to high fertility, impacting maternal and child morbidity and mortality, as well as economic development. The more pregnancies a woman has, the higher is her exposure to child-bearing related risks, e.g. iron deficiency anemia, and/or maternal death from hemorrhage or other complications (1). High fertility leads to large families that might potentially hinder the normal growth of children. Child malnutrition and mortality have been found to be positively associated with fertility rate, family size, and poverty (2). Smaller families contribute to the well-being and economic growth of the family as small families mean reduced time on child care, freeing time for participation in paid labor and increasing per capita income (3).

Despite the benefits of birth spacing, modern birth spacing methods are underutilized in Somaliland. According to SLHDS 2020 the overall contraceptive prevalence rate stands at 7 percent, while modern contraceptive prevalence rate is at 1 percent. The unmet need for birth spacing is 28 percent.

These statistics prompted the Ministry of Health Development in collaboration with UNFPA, to conduct an in-depth study on birth spacing to further examine and find out the most common reasons for the low uptake of modern birth spacing methods, as well as the factors that impede the uptake of birth spacing services.

1.2 Objectives of the Study

As mentioned above, the ultimate goal of this study was to explore the main reasons why birth spacing uptake among ever married women in Somaliland is low. The specific objectives of the study were to:

- Explore the community's knowledge on uptake of birth spacing services
- Explore the religious perspective on the utilization of birth spacing services
- Explore men's role in the uptake of birth spacing services

- Explore the relationship between culture and religious beliefs on family size and birth spacing
- Understand why the rate of uptake of modern contraceptives is low
- Understand challenges on the availability and affordability of birth spacing commodities

1.3 Study Methodology and Scope of Study

The study employed qualitative approaches due to the nature of its objective which was to obtain narratives and description of the birth spacing issues in Somaliland. The study covered the six regional capitals of Somaliland. Besides providing adequate information on the subject matter, inclusion of respondents from the six regional capitals provided a larger sample for the study.

1.4 Respondent Characteristics

This study contacted and interviewed people from diverse groups as follows:

- I. Ever-married women attending the health facilities to seek health services: Health facilities provided a quick entry point and convenient location to discuss birth spacing. This was mainly due to time constraints and the sensitivity of discussions surrounding birth spacing.

- II. Health professionals (health facility in-charge): Health facility in-charges or facility team leaders were included in the study because they are aware of every service going on in the facility, thus making them knowledgeable to respond to and provide essential information related to birth spacing particularly the birth spacing commodities and guidelines.

- III. Religious leaders: This qualitative study sought to find out the standpoint of the religion on birth spacing; therefore, the involvement of religious leaders in the study became imminent.

- IV. Officers from Ministry of Health Development (Family planning Unit): To get the government's position and policy directions, the study included officers from MoHD.

In each regional capital, eight health facilities were identified, from which 5 ever married women seeking healthcare services and the facility in-charges participated in the study. However, some of the towns have fewer health facilities. In such cases, the number of women respondents in that particular facility was increased. Table 1 and 2 below provides a summary of the respondents, and the numbers interviewed in each town.

Table 1 Key informant interviews with ever married women and the health facility in-charges

| Towns | Ever-married women | Health workers | Total number of people |
|----------|--------------------|----------------|------------------------|
| Hargeisa | 40 | 8 | 48 |
| Burao | 40 | 8 | 48 |
| Borama | 40 | 7 | 47 |
| Las-anod | 40 | 6 | 46 |
| Erigavo | 40 | 8 | 48 |
| Berbera | 40 | 3 | 43 |
| Total | 240 | 40 | 280 |

Table 2 Key informant interviews with the ministry of health staff and religious leaders from ministry of religion

| Towns | Ministry of Health | Ministry of religion | Total number of people |
|----------|--------------------|----------------------|------------------------|
| Hargeisa | 2 | 2 | 4 |
| Burao | 2 | 2 | 4 |
| Borama | 2 | 2 | 4 |
| Las-anod | 2 | 2 | 4 |
| Erigavo | 2 | 2 | 4 |
| Berbera | 2 | 2 | 4 |
| Total | 12 | 12 | 24 |



2

Birth Spacing

2.1 Knowledge of Women on Birth Spacing

Having comprehensive knowledge and understanding of birth spacing is one of the determinants of whether or not a woman will use birth spacing services. In addition, birth spacing remains culturally sensitive in the Somali community. To utilize these services, women may need more comprehensive information compared to other health services. An in-depth understanding of the knowledge levels and women's perception of birth spacing and birth spacing services, is critical for effective planning and development of a client centered and comprehensive birth spacing package.

This study sought to explore women's understanding of birth spacing. Majority of the 240 ever-married women from the six regional capitals of Somaliland (Hargeisa, Burao, Borama, Berbera, Las-anod & Erigavo) understood the birth spacing as something that is good for the health of the mother and the development of the baby. *"Children are gifts from the God and it's better to practice birth spacing to give optimal care to them"* (Ever married-women from Hargeisa).

They also mentioned that birth spacing is a way to delay pregnancy to give space for the mother to recover and the child to mature.

For some women from Hargeisa, birth spacing encompasses breastfeeding. According to women from Erigavo town birth spacing is something that is very important for both the mother and the child because the Islamic religion recommends that a child is breastfed for at least two years which indirectly implies an inter-birth interval of at least two years.

The majority of ever-married from Borama town agreed that birth spacing is delaying conception and spacing of children by at least two years to give sufficient time for the index child to mature. However, some women had no idea what birth spacing is as demonstrated by the quote below. *"I am pregnant for my first baby and I know nothing about birth spacing"* (Woman from Las-anod town)

Globally, there are numerous methods of modern birth spacing including the following as showing in Table 3:

Table 3 Modern Contraceptive methods

| Common modern contraceptive methods | How it works |
|--|--|
| Combined Oral Contraceptives (COCs) | Prevents the release of eggs from the ovaries (ovulation) |
| Progestogen only pills (POPs) | Thickens cervical mucous to block sperm and egg from meeting and prevents ovulation |
| Implants | Thickens cervical mucous to blocks sperm and egg from meeting and prevents ovulation |
| Progestogen only injectables | Thickens cervical mucous to block sperm and egg from meeting and prevents ovulation |
| Combined injectable contraceptives (CIC) | Prevents the release of eggs from the ovaries (ovulation) |
| Contraceptive vaginal ring (CVR) | Prevents the release of eggs from the ovaries (ovulation) |
| Intrauterine device (IUD), copper containing | Copper component damages sperm and prevents it from meeting the egg |
| Male/female condoms | Forms a barrier to prevent sperm and egg from meeting |

Source: WHO 2021

In addition to the general understanding of birth spacing, the study also sought to find out the understanding of women on modern birth spacing methods; women were specifically asked about their understanding and views on modern birth spacing methods.

Respondents provided mixed responses. A handful of respondents from the six towns indicated that modern contraceptives are useful methods for birth spacing although some of the people misunderstood them.

Majority of the respondents were against modern contraceptives. They indicated that modern contraceptives are not good for women's health and can result in many negative health consequences such as bleeding, irregular menstruation, and pelvic pain. *"After I gave birth to my first child, I used a modern contraceptive for birth spacing and since then I haven't been able to conceive for five years now" (Woman from Hargeisa).*

There were some respondents who said that modern contraceptives can be used for birth spacing. However, other respondents claimed that natural methods such as breastfeeding are more effective and convenient than modern contraceptives. Nevertheless, a few women particularly from Las-anod and Berbera towns said that they had never heard of modern contraceptives and have no idea how they work, despite the fact that they visit the health facility regularly for maternal health services.

It is worth noting that majority of women indicated that they only know of injectables and pills.

2.2 Knowledge of Women on Birth Intervals

Birth interval is the interval of time between the birth of an index child and the birth of the next child. World Health Organization (WHO) recommends a minimum birth interval of two years to ensure the maximum health benefits for the mother and newborn.

According to the SLHDS 2020, 37 percent of women have short birth intervals (less than 24 months after a preceding birth). The SLHDS also found that 71 percent of married women would like to have children within two years of their last birth.

The discussion with the women also focused on their ideal birth intervals and why some women have short intervals while others have long birth intervals. The respondents overwhelmingly said that the ideal birth interval is two years. However, there were a few who supported birth intervals longer than two years while others preferred birth interval of less than two years.

Majority of ever-married women said the reasons women have short birth intervals is: *"Negligence of women to breastfeed their children well or to use other birth spacing methods coupled with lack of knowledge on health benefits of birth spacing"*.

Moreover, some of the ever-married women said cultural reasons force women to have short intervals because there are social beliefs that women who produce more children are more respected in the society and in their families. Surprisingly, some of the respondents said that

a woman who marries at a later age might be forced to have short birth intervals, because she might not be able to produce a reasonable number of children before menopause. Besides, some respondents indicated that it is not appropriate to talk about birth intervals because child bearing is in God’s hands and not within the control of human beings.

Reasons why women have short birth intervals are summarized in the figure below:

37 percent of women have short birth intervals (less than 24 months after a preceding birth)

Figure 1 Reasons for short birth intervals



According to the majority of women in Borama, the main reasons why women prolong their birth intervals are because they want to get enough time to take care of their children to allow them to mature as they recover well themselves.

Additionally, some of the respondents said that even the Islamic religion recommends and promotes a birth interval of at least two years. Thus, religion does influence a woman’s birth interval.

Few respondents particularly from Borama said that women’s education might have an influence on the desire for longer birth intervals as reflected by the quote below:

“Having long birth interval depends on a woman’s education level, if a woman has higher levels of education, she will more likely prefer longer birth intervals” (Ever-married women from Borama)



3

Uptake of Birth Spacing

3.1 Main reasons affecting women's use of modern contraceptives

There are multiple reasons that might influence the use of birth spacing by women. This study sought to identify the key factors determining the use or nonuse of birth spacing among ever-married women in Somaliland.

The main reasons that influence women's use of modern contraceptives according to majority of respondents are highlighted in the quotes below:

"Woman use modern contraceptives because of medical reasons; most women who use modern contraceptives had been told to do so by health workers because of medical reasons such as if the woman had C-section or other medical complications" (Majority of ever-married from surveyed towns)

According to some of the women from Burao, the sole reason why women use modern contraceptives is because they would like their children to develop better and get enough space to get optimal care.

If the woman has higher education, she is more likely to use modern contraceptives compared to a non-educated woman

"Nowadays men have become irresponsible in taking care of their households. Therefore, women are forced to go out and work to provide basic needs for the households. Women use modern contraceptives to space their children properly, hence get time to work" (Women in Erigavo)

"If the woman has higher education, she is more likely to use modern contraceptives compared to a less educated or non-educated woman". (Ever-married women in Borama)

3.2 Men’s role in the uptake of birth spacing services

Women were asked if their husbands provide any support to their use of contraceptives. Their responses are outlined below:

Overwhelmingly, majority of the ever married women from all the six towns surveyed, said that most men don’t support their wives to use birth spacing. This is because majority of men view having many children as a source of pride. A father of many children and the husband of a woman who produces many children is regarded highly in the society.

However, some ever married women acknowledged that few men provide support to their wives in the use of birth spacing.

“Educated men are more likely to provide support to their wives in the use of birth spacing compared to the men without education” (Ever-married women in Borama)

3.3 Influence of family on women’s decision to utilize birth spacing services

The study also sought an insight into the influence of family members on women’s use of modern birth spacing methods. This information is helpful to the ministry of health and the program managers in planning of birth spacing service interventions that respond to community’s misperception.

Almost all of the respondents said that husbands are the key members of the family who influence women’s decision to use modern birth spacing.

3.4 Local beliefs and birth spacing utilization

As mentioned earlier, there are numerous factors that might affect the use of birth spacing by women ranging from cultural beliefs to education attainment. The women were asked if there are local beliefs in the community that affect the use of birth spacing.

According to the responses from the majority of the ever-married women, there are social beliefs that affect the use of contraceptives particularly the modern birth spacing methods.

“Some people in our society believe that the use of modern birth spacing methods causes negative health consequences such as irregular menstruation, labor complications, infections, anemia and even might lead to infertility”. (Majority of ever-married women from surveyed towns).

Moreover, few women respondents from Burao town said there is a belief that use of modern contraceptive might lead to sin and invoke the wrath of God.

On the other hand, some of the women from Berbera town said as quoted below:

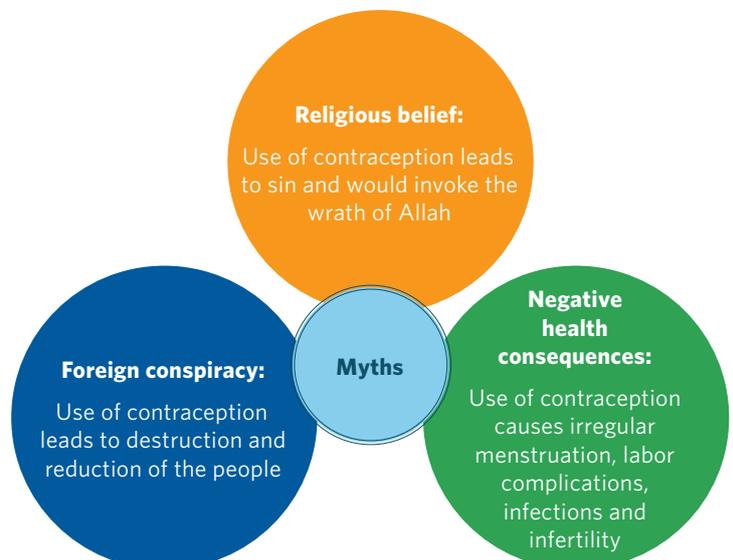
“There is a social belief that the use of modern birth spacing methods is a foreign practice that was imported from somewhere else and outside of our country”. (Ever-married women in Berbera)

Few respondents from Las-anod town said as quoted below:

“There is social belief that use of modern contraceptive is a war against the population and it is intended to eradicate our people” (Ever-married women in Las-anod)

Figure 2 below presents the local beliefs on use of modern contraceptives.

Figure 2 Local beliefs on modern contraceptive use



3.5 Strategies, guidelines, policies and laws affecting utilization of birth spacing services

This study intended to triangulate information on the use of birth spacing from many angles not only from user and society perspectives but also the strategies, guidelines, policies and laws that might have implications on uptake. Health workers from the health facilities surveyed were asked if there are any policies or regulations in place on the use of birth spacing.

Most of the health workers agreed that there is no written or approved birth spacing strategy, guidelines, policies or regulations that guide the utilization of birth

spacing by women. However, health workers said that there is instruction or consensus that was given to them which effects the right and the autonomy of the woman to use the modern birth spacing methods that she decides.

“We have been told not to provide modern birth spacing methods to a woman unless she is with her husband and he approves”. (Majority of health In-charges of surveyed towns)

The health workers however, raised the concern that this kind of instruction has direct implications on the use of modern birth spacing methods which may endanger the health of the mother who has increased risk due to close birth intervals and the C-section.



Birth Spacing Advocacy Campaigns

4

4.1 Access to Birth Spacing Information

Effective provision of birth spacing information is vital for the increase of knowledge of the women on birth spacing and to counter misconceptions of birth spacing services in the society. Effective birth spacing information might potentially result in a surge in the utilization of birth spacing services.

According to the SLHDS 2020, 74 percent of ever-married women did not discuss birth spacing either with a fieldworker or at a health facility. These statistics indicates that majority of women have little access to information on birth spacing.

Currently, there are some programs that emphasize on ensuring the birth spacing information is accessible to women who need it. Below are some programs/ events that are geared towards providing birth spacing information to women in Somaliland:

Health Education sessions at fixed sites: sessions focus on raising awareness of mothers on various health topics such as the importance of breastfeeding, ANC, immunization and birth spacing among others.

Program specific campaigns: these are specialized sessions that targets the specific programs or services such as birth spacing.

Majority of the women from surveyed towns said they get access to birth spacing information mainly from health centers and hospitals although the information is not comprehensive and it's not provided regularly. Some of the women mentioned social media outlets and mainstream media like TV and radio as sources of birth spacing information.

A few women from Erigavo town indicated that birth spacing information is sometimes accessed from their peers.

Additionally, a handful of women from Hargeisa town said that birth spacing is sometimes accessed through health campaigns.

4.2 Advocacy Campaigns in the Local Community

Birth spacing information is sometimes delivered through campaigns in combination with other health programs. This is to reach as many people as possible and advocate for the utilization of birth spacing services.

Most of the women interviewed from the surveyed towns, believe that advocacy campaigns on birth spacing are very important, informative and beneficial for the improvement of the health of women and children.

“Advocacy campaign is a good opportunity for the women to learn more on the health benefits of birth spacing and understand well the contraceptive methods” (Ever-married women from Burao).

“We don’t usually see or hear advocacy campaigns in our local community on birth spacing, although it would have been better if there were some” (few respondents from Borama, Berbera and Las-anod towns).

To further elaborate about the advocacy campaigns on birth spacing, according to the Family Planning unit of the Ministry of Health Development, there are no regular advocacy campaigns on birth spacing that are happening in the community to increase knowledge and raise awareness of the community. However, the Ministry has realized that there is urgent need to strengthen the advocacy campaigns on birth spacing in the community to counter the misconceptions and rumors surrounding the subject matter.



5

Birth Spacing Commodities

5.1 Availability, Accessibility and Affordability of Birth Spacing Commodities

Availability, accessibility and affordability are the key determinants of use of birth spacing commodities. These affect the demand and supply of birth spacing services at primary health care units.

The vast majority of ever-married women said that the modern birth spacing services are accessible and available at the health facilities for free and the provision of service is as per demand. Health facilities operate effectively and staff are capable of delivering the birth spacing services. In addition, the vast majority of ever-married women in Burao and Erigavo health centers indicated that birth spacing services are accessible and available on demand.

The majority of ever-married women residing in Borama indicated that they have no idea of the availability of modern birth spacing services. However, almost one-third of all the interviewed women were aware of modern births spacing, but they were unsure about its availability as they don't use.

“Health facilities work effectively all the time, overall health care services are available at the facilities, but we know nothing about availability of modern birth spacing services because we don't use them” (ever-married women, Borama).

“There are so many women who want to use modern contraceptives, but the greatest challenge is availability e.g. you can't find modern contraceptives in pharmacies and clinics. Health centers are the only facilities that provide birth spacing services, but there are regular stock outs”. (Ever- married women in surveyed towns)

A few of the ever-married women in Hargeisa revealed that the unskilled personnel often provide birth spacing services.

“So many Health Centers and hospitals provide modern birth spacing services, but unskilled health personnel who are not able to provide standard instructions and properly administer some modern methods like injections, implants are often responsible for delivering services. Women want to use modern methods, but they are in doubt about whether an unskilled person is able to provide the service properly”. (Ever-married women from Hargeisa)

A handful of the ever-married women in Las-anod emphasized that there is an inequitable access to birth spacing services in the community.

“Population living in large cities has access to modern birth spacing services, but people living in other areas far from health services can’t easily find such services” (Ever-married women in Las-anod).

“Although contraceptive services are accessible here, I came from a rural area in Las-anod and we don’t receive any birth spacing services”. (Ever-married woman from Las-anod)

5.2 Stock Outs of Birth Spacing Commodities

In-charges of health centers in the six targeted towns were asked if there were any stock outs of birth spacing commodities over the last 3 years. If there were any stock outs, the respondents were asked if this occurred on regular basis. The experience on stock outs is different across the 6 towns. All in-charges of health centers in Borama town agreed that the birth spacing services particularly methods intended to be delivered at primary health care level are available and no regular stock outs occurred since 2020.

“The most used methods (oral pills & injections) intended to be delivered at health center level are often available and no regular stock out occurred in the last 2 years”. (Health facility team leaders in Borama)

Furthermore, they emphasized that the birth spacing service provision was not operating effectively before 2020 due to regular stock out;

“Before 2020, the birth spacing service provision was not so consistent due to regular stock out. However, the commodities have been available particularly those intended to be provided at health center level and no frequent stock out occurred since 2020”.

“Last stock containing oral pills and injections was received at the beginning of 2021 and very small number of implants have been distributed to Health Centers in 2021. Stock out occurs frequently, while no effective replenishment system is in place to sustain the provision of birth spacing services” (In-charges in Hargeisa health facilities).

Additionally, some in-charges in Hargeisa Health centers reported current stock out with the exception of oral pills and highlighted that the program was comparatively performing better in 2019 and before.

“Currently no commodities are available except oral pills. Although in 2018 and 2019 birth spacing commodities stock out was not regular, we experience regular stock outs since 2020” (In-charges of Hargeisa health facilities).

In-charges in Berbera health centers indicated that the birth spacing commodities are often available particularly methods provided at primary health care level for the past 3 years.

“Health Centers provide only two methods which are oral pills and injections. These two modern contraceptive methods are currently available and no stock out occurred over the last 3 years” (In-charges of Berbera health facilities).

In-charges in Las-anod Health Centers reported that there are no birth spacing services currently available at primary health care level due to long standing commodities stock out.

“Birth spacing commodities have been received only two times in 2019 and commodities stocked out in early 2020, and have not been replenished to date.” (In-charges of Las-anod health facilities)

So, there is no sustainable birth spacing service delivery due to unavailability of commodities, rather only counseling is sustainable. Women often purchase commodities from the market and return back to the Health Centers for counseling”. (In-charges of Las-anod health facilities)

Moreover, some in-charges revealed that they received birth spacing commodities only once in the last three years.

“Commodities were brought to the facilities only once- three years ago” (In-charges of Las-anod health facilities).

Most of in-charges in Burao and Erigavo Health Centers indicated that Oral contraceptive pills and injections are available and no regular stock out occurred over the last 3 years.

However, few in-charges from both towns reported a long-standing stock out of birth spacing commodities.

“No birth spacing commodities available at HCs for the last 3 years” (In-charges of Burao and Erigavo health facilities).

The issue of stock out of birth spacing commodities has been a long-standing problem according to the family planning unit of the Ministry of Health Development. This is because, the last time that Health facilities of Somaliland received large quantities of birth spacing commodities was 2015. Since then, only some of the health facilities have received small amounts of birth spacing commodities through the support of SHINE program which couldn't cover the need of the birth spacing services.

5.3 Types of Birth Spacing Commodities and Women's Choice

In regards to birth spacing methods, all in-charges in the six surveyed towns responded that they come across women who have preference for certain methods which often may not be available at facilities. The in-charges emphasized that they are unable to meet their client's preference as only one or two methods are usually available.

Some in- charges in Las-anod Health centers indicated as quoted below:

“Some women have phobia of injectable birth spacing methods e.g. when its particulars are given to mothers, they usually list side effects that they themselves experienced or their peers like bleeding, headache, infertility or fertility return takes longer than expected. Currently, women prefer implants” (In-charges of Las-anod Health centers).

Some in-charges in Berbera said that some women don't like to take oral pills because they often forget to take and/or forget the given instructions. So, when its details are given to them, they often say they can't adhere to taking pills every day and can't memorize instructions to be followed.

A few in-charges in Burao said that Pills and Depo Provera injection are the most commonly used birth spacing methods and both are available. So, we do not consider women's preference for other methods.



6

Religion and Birth Spacing

6.1 Religious Perspective on use of Birth Spacing Services

Religious obligations and practices play an important role in the lives of Somaliland communities. Since, almost all of Somaliland population are mainly followers of Islamic religion, their behavior including practice and utilization of birth spacing can be influenced by Islamic teachings.

Firstly, the birth spacing topic has been indirectly mentioned in some verses of the holy Koran. A verse from Koran states *“And we have enjoined upon man to be dutiful and kind to his parents, his mother bears him with hardship and gave birth to him with hardship, and his gestation and weaning period is thirty months, till when he attains full strength and reaches maturity at forty years, he says: My lord grant me the power and the ability that I might be grateful for your favor which you bestowed upon me and upon my parents, and that I might do righteous deeds, such as please you and make my offspring good”* (Surat Al-Ahqaf).

This verse of the Koran clearly implies that mothers should breastfeed their children up to two years; which by default indicates that child spacing is permissible in Islamic religion.

Religious leaders who were interviewed all agreed that Islamic religion promotes spacing of children.

“There are several verses of the Koran which encourages the mothers to breastfeed their children up to at least two years of age; both Koran and Hadith promotes the use of natural birth spacing like breastfeeding” (religious leaders).

6.2 Decision Making on Birth Spacing in the Context of Religion

Another important perspective which has direct implication on the use of birth spacing services is the decision-making process of women utilizing the birth

spacing services. As already mentioned, one of the challenges that affects the uptake of birth spacing services is the decision-making process. Women don't have autonomy to decide on whether to use the birth spacing methods unless her husband approves.

The religious leaders all agreed that religion encourages that the decision-making on utilization of birth spacing methods should be through mutual consensus by the two parties (husband & wife). However, there are exceptions due to circumstances.

"If the mother has medical issues, and the doctors advise that she should use the modern birth spacing methods, in this case, it is permissible for the woman to use contraceptives without approval of her husband" (religious leaders).

6.3 Influence of Religious Leaders on Use of Birth Spacing

In the Somali society, religious leaders play a significant role in the lives of the people. People listen and respect the religious leaders more than any other community leaders. Religious leaders are already being engaged and participate in the implementation of community health programs.

All the religious leaders indicated that religion could influence the uptake of birth spacing by women. Nevertheless, they added that religious leaders can only be engaged if the type of birth spacing is the natural one.

"Without doubt our religion encourages mothers to space their children through natural methods such as breastfeeding, therefore, we have zero hesitancy to participate and influence the birth spacing uptake if only it is the natural one" (religious leaders).



7

Conclusion

The findings of this study have clearly shed light on birth spacing service by exploring the key factors that affect the uptake of birth spacing services such as: women's knowledge of birth spacing, social and cultural beliefs. Knowing that religion has significant role to play in the lives of the Somali people, the study examined the religious standpoint on the use of birth spacing services by engaging and interviewing religious leaders in the surveyed towns.

According to the findings, majority of the women respondents have good knowledge on the birth spacing concept and described it as something that is beneficial for the health of both mother and the child. However, some of the respondents did have a little misunderstanding or no knowledge on the concept of birth spacing. This shows, despite many years of efforts targeted at increasing the knowledge of women on the birth spacing services, there are still women who don't have an understanding of birth spacing.

As revealed by the study respondents, some women have short birth intervals because of several factors

such as: (i) cultural belief that a woman who produces more children is more respected in the society; (ii) social belief that a woman who gets married later in life has a shorter reproductive window thus, she might not be able to produce many children. Therefore, such a woman is socially, forced to maximize on her reproductive age thus having shorter birth intervals. An overwhelming majority of respondents agreed that some local beliefs affect the use of modern contraceptives such as: if a woman uses modern birth spacing methods, it is a sin that could attract the wrath of God. Additionally, the study has found out that husbands are the key family members who influence women's decision to use modern birth spacing methods.

Moreover, social misconceptions and beliefs that exist in the community also push women not to seek and use the birth spacing services. There is a golden opportunity that religion's permissibility on the use of birth spacing services can be exploited more to promote and convince the society to understand better and use the services eventually.

7.1 Recommendations

Based on the findings from the participants, the study recommends that there is need to overhaul the traditional ways of providing the birth spacing services and come up with a comprehensive package of services that entails not only giving out services but also addresses the negative social and cultural misconceptions that affects utilization of modern birth spacing methods. Some specific recommendations from the study are:

- I. Increase knowledge and understanding of women on the social and health benefits of birth spacing services.
- II. Develop specific sessions and discussion forums to counter and clear community misconceptions on birth spacing.
- III. Engage religious leaders in promoting utilization of birth spacing.
- IV. The Ministry of Health Development should develop and lay out a policy or regulations that facilitate women to utilize birth spacing services without hindrance.
- V. Birth spacing services should be made easily accessible by ensuring availability of all types of birth spacing commodities.
- VI. Develop programs targeting male involvement in the use and promotion of birth spacing services.
- VII. Develop costed birth spacing implementation strategy: guidelines should be developed and circulated to all service delivery points, come up with a birth spacing policy to guide service implementation to protect both the service providers and birth spacing clients.

8. Rererences

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