LOOKING BEYOND NUMBERS

THE ROOT CAUSES OF LOW UPTAKE OF MODERN BIRTH SPACING METHODS

PUNTLAND STATE OF SOMALIA

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Puntland State
of Somalia

Looking Beyond Numbers

The root causes of low uptake of modern birth spacing methods

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Executive Summary

Birth spacing is a family planning practice that denotes the duration of time between two consecutive pregnancies or births. It is also known as the inter-pregnancy or inter-birth interval. The World Health Organization recommends an ideal interval of 24 months and no fewer than 18 months. The median birth interval in Puntland is 21 months (PLSHDS, 2020).

Puntland has one of the highest fertility rates with a TFR of 6.8, and one of the lowest rates of contraceptive use with CPR of 8 percent (PLHDS, 2020), resulting in poor reproductive health indicators for women and high neonatal mortality. Birth spacing and the use of modern birth spacing methods is essential in slowing unsustainable population growth and reduction of neonatal mortality and maternal morbidity and mortality by preventing ill-timed pregnancies and births. Among the currently married women, only 1.2 percent are using a modern birth spacing method. The median birth interval is 21months (PLHDS, 2020).

The research employed qualitative approaches involving focus group discussions (FGDs) and key informant interviews (KIIs). The FGDs and KIIs were conducted to explain the high rates of close birth intervals and identifying barriers to modern birth spacing use.

The findings of the assessment are briefly outlined below;

- Birth spacing is seen as a practice of controlling the number of children, and having a sufficient time interval between births.
- Women use traditional or modern methods of birth spacing in the community. Modern birth spacing methods are often used by women when they have an experience of health complications during pregnancy/birth that might be detrimental to their health.
- The main barriers to modern birth spacing uptake among married women in Puntland are lack of knowledge and fear of side effects exhibiting lack of factual information on the different modern birth spacing methods, poor attitude of women towards use of modern birth spacing methods, as well as husband and community demand for more children diminishing interest in using methods. Other barriers include; social stigma and peer pressure which influence modern birth spacing use by exaggerating side effects and spreading myths; limited awareness campaigns which are centered in urban areas leaving out rural and nomadic population; constant stock out of birth spacing commodities and limited capacity of health workers.
- The family, neighbors, friends, media, healthcare professionals, radio, and televisions are the main sources of information.

- The woman's decision to use or not to use modern family planning methods is affected by the experience of her peers.
- It is easy to access birth spacing methods from the local health facilities and pharmacies. However, there is always stock out at public health facilities which forces women to purchase contraceptives from private providers or pharmacies.
- Major recommendations are ensuring continuous availability of the methods in the public facilities, conducting massive awareness campaigns about the importance of the methods, making available IEC materials in the local languages, involvement of all the stakeholders in the awareness sensitization, and building the capacity of the health workers about modern birth spacing methods.

Contents

List of Abbreviations

BEMONC	Basic Emergency Obstetric and Newborn Care
CEMONC	Comprehensive Emergency Obstetric and Newborn Care
CHWs	Community Health Workers
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organizations
FGDs	Focus Group Discussions
FP	Family Planning
HF	Health Facility
IEC	Information, Education and Communication
INGO	International Non-Government Organizations
IUD	Inter-uterine Device
KIIs	Key Informant Interviews
LAM	Lactational Amenorrhea Method
MCH	Maternal & Child Health
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health
MoPEDIC	Ministry of Planning, Economic Development and International Cooperation
MoWDAFA	Ministry of Women Development and Family Affairs
PLHDS	Puntland Health and Demographic Survey
TFR	Total Fertility Rate
UNFPA	United Nations Population Fund
WAWA	We Are Women Activists
WHO	World Health Organization

1 Background Information

Contraceptives are used to limit fertility and or for birth spacing. Birth spacing is a family planning practice that denotes the duration of time between two consecutive pregnancies or births. It is also known as the inter-pregnancy or inter-birth interval. The World Health Organization recommends an ideal interval of 24 months and no fewer than 18 months. The median birth interval is 21months (PLHDS, 2020). Puntland State of Somalia has one of the highest fertility rates with a TFR of 6.8, also has one of the lowest rates of contraceptive use with CPR of 8 percent (PLHDS, 2020), resulting in poor reproductive health indicators for women and high neonatal mortality. Regarding the current CPR, only 1 percent of currently married women are using a modern contraceptive method. In addition, the median birth interval in Puntland is 21 months (PLHDS, 2020). The use of modern birth spacingis essential in slowing unsustainable population growth and reduction of maternal morbidity and mortality by preventing ill-timed pregnancies and births. Additionally, an ability to adequately space births and achieve desired family size enables women to participate in the workforce and to achieve higher levels of education for themselves and their children (Elizabeth et al., 2021).

This research helps to understand the reasons behind the observed high levels of below optimal birth spacing and the low uptake of modern contraception despite the numerous family planning campaigns over the past years. The study also helps to understand the knowledge attitudes and beliefs concerning birth intervals and use of modern contraceptives. This concept builds upon the findings of the PLDHS.

1.1 Rationale

It is important to have an in-depth understanding of birth spacing and the use of modern birth spacing methods to advice policies and programs that target to increase its uptake. Looking beyond the numbers, the study seeks to understand the perception and knowledge of the community in terms of birth spacing and use of modern birth spacing methods including birth spacing campaigns and their reception by community members, the characteristics and perceptions of mothers/ couples who practice recommended birth spacing and who use modern birth spacing methods. While there are studies that have examined birth spacing, there's no recent study which has examined the causes of shorter birth spacing interval and low uptake of modern birth spacing methods in Puntland.

The assessment will provide a comprehensive understanding of the issues pertaining to birth spacing in the light of the key findings from PLHDS.

1.2 Objectives

The goal of the study is to use qualitative methods to explain the high prevelence of short birth intervals by identifying barriers to the use of modern birth spacing methods .

To achieve the above goal, the study focuses on the following specific objectives:

1. To explore the knowledge of birth spacing methods and reasons for non-use of modern birth spacing methods among married women.
2. Understand why modern birth spacing methods utilization rates are low in Puntland.
3. To understand the role of religion and culture in birth spacing and uptake of modern birth spacing methods .
4. To investigate the stigma and discrimination attached to the use of modern birth spacing methods through the opinions of the users (girls/women).
5. To identify personal and partner perceptions on modern birth spacing methods .

2 Literature Review

Contraceptive uptake has been studied in many countries. However, there are limited studies on the same in Somalia and specifically in the Puntland state. This section looks at findings from different studies conducted on contraceptive use.

A qualitative study conducted in Pakistan on Struggling with long-time low uptake of modern contraceptives pointed out that the intra-family dynamics, that is, influence of husbands and mothers-in-law were significant in shaping the decision-making and choice of family planning methods. In addition, inadequate counselling skills, insufficient training for service providers, weak supportive supervision, interrupted supply of contraceptives were among the key family planning programme challenges (Shah at el., 2020).

Another study conducted in rural Burundi by Ndayizigiye et al (2017) found out greater uptake of modern contraceptives was positively associated with the number of health professionals engaged and trained in family planning service provision, and with the number of different types of contraceptives available. The study also identified four uptake barriers which are; lack of providers to administer contraception, lack of fit between available and preferred contraceptive methods, a climate of fear surrounding contraceptive use, and provider refusal to offer family planning services (Ndayizigiye M et al., 2017).

In a study carried out in rural Uganda by (Kabagenyi at el., 2016) on the socio-cultural inhibitors to the use of modern contraceptive methods revealed that many participants perceive men to be obstacles to women's utilization of family planning, and largely uninvolved despite the fact that men are often responsible for decisions which affect the household. This was attributed to men's reluctance to support use of modern contraceptive methods for their spouses or themselves based on fears of harmful side effects and spousal infidelity, as well as preferences for large-sized families. They concluded that decision-making on contraceptive use is a shared responsibility between men and women.

In another research, spousal communication and approval were found to be significant determinants of women's decisions to use modern contraceptives. In addition, women's low uptake and discontinuation of contraception is strongly influenced by their male partner's lack of proper knowledge about and resistance to the use of family planning methods (Yue K at el. , 2010). Even when controlling for women's own fertility desires, men's desires can be both a perceived and actual barrier to family planning uptake (Speizer I. S, 1999).

A qualitative study on barriers to modern contraceptive methods uptake among young women in Kenya found that the main barriers to modern contraceptive uptake among young women are myths and misconceptions. The findings stressed the influence of social network approval on the use of family planning, beyond the individual's beliefs. Fear of side effects and adverse reactions were a major barrier to the use. The biggest fear was that a particular method would cause infertility and many fears were based on myths and misconceptions (Ochako at el., 2015). Key myths and misinformation about family planning having significant negative effects on contraceptive use included: "contraception makes women become promiscuous", "it is expensive to practice family planning", and "family planning causes cancer" (Ankomah at el., 2011). Additionally, some people had resorted to using traditional and cultural practices because of the fear of perceived side-effects of modern contraceptives. Commonly held myths, fears and misconceptions were associated with prolonged bleeding, the birth of abnormal children and tumors in the womb. It was believed that those who used modern methods became infertile, as the methods were perceived to destroy ova, delay return to fertility, and caused cancer and bodily pains (Kabagenyi at el., 2016).

Research on factors influencing the use of modern contraceptive in Nigeria found that lack of comprehensive knowledge about contraceptives led to negative attitudes towards using the services. Cultural health beliefs and attitudes were also identified as barriers to the uptake and use of contraceptives. The study also noted a significant influence of educational level, marital status, parity, socio-economic status, fertility intention, and awareness of family planning methods on the use of modern contraceptives (Alo at el., 2020).

A study titled socioeconomic and religious differentials in contraceptive uptake in western Ethiopia by Tigubu at el., (2018) found that Implant and IUD were not being highly utilized by the community. Major reasons mentioned were religious pressure, lack of skill on service delivery, unwillingness of husband/partners, feeling shy to have the IUD inserted in the uterus, and fear of side effects. There was also a limitation on the skill of contraceptive service provision and the lack of contraceptive skills among health professionals, particularly health extension workers (Tigabu at el., 2018).

Contraceptive pills were authorized as long as they did not harm the user's physical and mental health

A study on family planning in refugee settings revealed that there were many accessibility-related barriers to using family planning services among Somali refugees in Nakivale, Uganda. Common challenges included: Distant service delivery points, cost of transport to access services, lack of knowledge about different types of methods, misinformation and misconceptions, religious opposition, cultural factors or social stigma, opposition from husbands and provider biases (Tanabe at el., 2017).

A qualitative study on the views of Somali religious leaders on birth spacing reported that there were several acceptable birth spacing interventions that religious leaders viewed as acceptable. Breastfeeding was regarded as the best method. Contraceptive pills were authorized as long as they did not harm the user's physical and mental health. They also believed that the withdrawal method was useful. The religious leaders recommended couples to agree on whether (or not) to use birth spacing. Nevertheless, religious leaders stated there were unaccepted ways of birth spacing, limiting the number of children and use of condoms that might promote sexual temptation outside the marriage, thus, prohibited in Islam (Abdi-Aziz Egeh at el., 2019).

Multiple Indicator Cluster Survey (MICS), 2011 of the North East Zone of Somalia highlighted that the use of contraception is extremely low reported by 3 percent of women currently married, among them, 2 percent were using Lactational Amenorrhea Method (LAM) as the main traditional method of birth spacing (MICS, 2011). Furthermore, data from MICS 2011 and PLHDS 2020 show an increase trend of contraceptive utilization, although the data indicated an increase, the current CPR for Puntland remains low.

3 Methodology

3.1 Study design and settings

This study was conducted across four towns in four regions of Puntland. A total of 16 FGDs and 37 KIIs were sampled. All planned interviews were successfully conducted, as shown in tables 1 & 2. The study participants were selected through purposive sam–pling from the four districts.

Table 1 Focus Group Discussions

Districts	Young Ever Married Women of reproductive age (15- 24)	Community health workers / midwives/ Auxiliary midwives	Older ever married women of reproductive age (25 and above)	Married Men	SHDS Interviewers	Number of FGD sessions	Number of people per group	Total
Badhan	1	1	1		-	3	7	21
Gardo	1	1	1	1	1	5	7	35
Galkaio	1	1	1		-	3	7	21
Garowe	1	1	1	1	1	5	7	35
Total	**4**	**4**	**4**	**2**	**2**	**16**	**28**	**112**

Table 2 Key Informants Interviews

District	Ministry of Health local authorities	Ministry of Women local authorities	Women led orga-nizations (WAWA)	Public Health facilities	private health facilities	Pharma-cies	Religious leaders	Academia	UN/ INGO/ LNGO engaging FP	Civil soci-ety orga-nizations	Total
Badhan	1	1	1	1	1	1	-	1	-	1	8
Gardo	1	1	1	1	1	1	1	1	1	1	10
Galkaio	1	1	1	1	1	1	-	1	1	1	9
Garowe	1	1	1	1	1	1	1	1	1	1	10
Total	**4**	**4**	**4**	**4**	**4**	**4**	**2**	**4**	**3**	**4**	**37**

3.2 Questionnaire development and field staff training

A semi-structured questionnaire was developed covering related topics and reviewed by technical experts. The questions included open-ended prompts related to women's and men's knowledge, attitudes, and behaviors regarding birth spacing (Appendix 2). The same guide/tool was used for both FGDs and KIIs.

The Puntland Ministry of Planning, Economic Development and International Cooperation (MoPEDIC) provided a one-day training for the study facilitators. The main purpose of the training was to gain a better understanding of qualitative data collection methods. The interviewers were also trained on ways to probe the participants by asking additional questions to enrich the data.

3.3 Study participants and data collection

The selection of the participants was based on location, age, sex, membership in selected groups and professions. The key informants and FGDs in the sampled districts were purposefully selected based on the aforementioned criteria.

A total of 16 focus group discussions and 37 key informant interviews were conducted with the participants who were selected purposively. For the FGDs participants were selected from young ever married women age (15-24), community health workers, older ever married women (25 and above), married men and PLHDS interviewers were included in the study.

The KIIs participants were selected from ministries of health and women development and family affairs, women led organizations, public and private health facilities, pharmacies, religious leaders, academia and UN/INGO/LNGO engaging Family Planning (FP) activities.

Two interviewers, a moderator and note taker were present at each FGD. The moderator was responsible for asking the topic guide questions and follow-up questions, whereas the note taker was responsible for taking notes and recording the session. Discussions were conducted in an enclosed room to avoid interruptions from outside. Participants provided an informed verbal consent. Participants were also asked to complete a basic demographic questionnaire following the consent. The interviews were conducted using Somali language, and all interviews were facilitated by females. Audiorecorded data and detailed notes were transcribed and translated into English. On average, the FGDs lasted one and half hours, whereas the KIIs lasted about 50 minutes. The FGDs were organized in homogeneous groups of 7 people. COVID-19 prevention protocols were observed.

3.4 Data Management and Analysis

At the end of each day of field work, the research teams updated their notes, and all audio recordings were transcribed and later translated into English. Notes were double checked against the original audio recordings to ensure their accuracy. The transcripts reflected verbatim transcription of the recorded FGDs and key informants. After the data were translated, data analysis was applied by using thematic analysis method and the themes were derived from the research objectives as well as emerging from the discussion and interview data. The interview transcripts were coded and the codes were grouped into categories and similar categories were finally merged into main themes.

The study findings cover the following areas; concept of birth spacing, actions taken for birth spacing or next pregnancy, knowledge on modern birth spacing methods, reasons for utilizing modern birth spacing methods, attitudes towards birth spacing use, factors affecting the uptake of modern birth spacing, existing lows and policies and interventions for modern birth spacing use.

4 Respondents Characteristics

The demographic and socio-economic characteristics of the participants, namely gender, age, location, occupation, as well as workstation and organization were entered into a spreadsheet and descriptively analyzed.

The characteristics of the study participants are shown in Tables 3 & 4. A total of 150 participants took part in the study both in FGDs & KIIs (24 men and 126 women). The median age for FGDs participants was 28 (range = 15 to 60) whereas the median age for KIIs participants was 30 (range = 23 to 50).

Graph 1 shows that most of the study participants were from Garowe (31 percent), followed by Gardo (29 percent), while Badhan and Galkaio had the lowest number of participants at 20 percent each. Nine percent of the study participants had not attained any formal education, 31 percent had attained primary or secondary education while 60 percent had attained higher education.

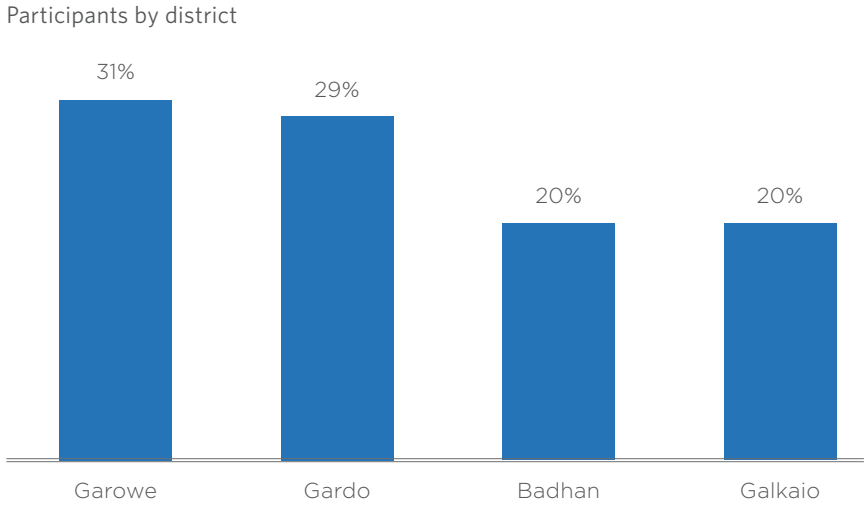

Table 3 Background characteristics

Demographic characteristics	FGDs		KIIs	
	N	%	N	%
Age				
<25	37	32.7	3	8.1
25-34	51	45.1	24	64.9
35-60	25	22.1	10	27
Districts				
Badhan	22	19.5	8	21.6
Galkaio	21	18.6	9	24.3
Gardo	34	30.1	10	27
Garowe	36	31.9	10	27
Sex				
Female	98	86.7	28	75.7
Male	15	13.3	9	24.3
Educational Level				
None	14	12.4	-	-
Primary	21	18.6	-	-
Secondary	23	20.4	2	5.4
Bachelor	55	48.7	30	81.1
Masters	-	-	5	13.5
Total	**113**		**37**	

Table 4 Characteristics of FGDs Participants

FGDs Participants	Gardo			Galkaio			Garowe			Badhan			Total
	No	Sex	Age Category	No	Sex	Age Category	No	Sex	Age Category	No	Sex	Age Category	
Married Men	8	M	25-60				7	M	25-60				15
SHDS Interviewers	5	F	15-34				7	F	15-34				12
Women 15-24	7	F	15-24	7	F	15-24	8	F	15-24	7	F	15-24	29
Women above 25	7	F	25-44	7	F	25-44	7	F	25-60	8	F	25-44	29
Community health work	7	F	25-60	7	F	15-60	7	F	15-34	7	F	25-60	28
Total	**34**			**21**			**36**			**22**			**113**

Table 5 Characteristics of KIIs Participants

KIIs Participants	Gardo			Galkaio			Garowe			Badhan			Total
	No	Sex	Age Category	No	Sex	Age Category	No	Sex	Age Category	No	Sex	Age Category	
Civil society	1	M	25-34	1	F	25-34	1	F	45+	1	F	35-44	4
Health facility	3	F	15-60	3	F,M	25-44	3	F,M	25-34	3	F	25-34	12
INGO/UN	1	F	25-34	1	F	25-34	1	F	25-34				3
Ministries	2	F,M	25-34	2	F	15-60	3	F,M	35+	2	F	25-34	9
Relegion	1	M	25-34										1
University	1	M	25-34	1	F	35-44	1	F	25-34	1	M	25-34	4
women org.	1	F	25-34	1	F	25-34	1	F	25-34	1	F	25-34	4
Total	**10**			**9**			**10**			**8**			**37**

5 Discussion of the Findings

5.1 Concept of birth spacing

Understanding of birth spacing among the participants was viewed as good for the health of the mother and the development of the child.

The inter-birth interval is defined as the period between two consecutive births. Studies have shown that short birth intervals are associated with increased risk of death for mother and baby, particularly when the birth interval is less than 24 months. WHO recommends a minimum 24-month birth-to-pregnancy interval, or a 33-month interval between two consecutive births to reduce the risk of adverse maternal, perinatal and infant health outcomes (Marston, 2006). The median birth interval in Puntland is 21 months (PLHDS, 2020), which is almost a year lower than the WHO recommended level.

In this study, participants were asked their opinions on the ideal inter-birth interval and they believed it should be optimal, at least two years as stated in the Qur'an. Participants repeatedly highlighted that the two years will contribute to the child's physical and mental wellbeing, and the mother benefits from the spacing of pregnancies.

"The best inter-birth interval is two years because it is stated in the Qur'an" (KII: religious leader, Garowe).

"Our religion says 2 years so I strongly support that it shouldn't exceed that" (FGD Participants: CHW, Galkaio).

"2 to 3 years is ideal because the mother can rest for two years, and the third year is when she is pregnant. This time allows for the mother to recover fully physically, and the child will have a better development" (FGD Participants: women above 25, Garowe).

"3 years so that the mother can recover fully physically, and the child will have a better development" (FGD Participants: Married men, Garowe).

Other participants urgued that the ideal inter-birth interval depends on the individual needs of the woman and the family as one woman put it: *"It can be spaced at least two years, but it is up to the couples to make the choice, they can decide as much as they want, depending on their wishes and plans"* (FGD Participants: women under 25, Badhan).

"I do not believe that there is an ideal inter-birth interval as it depends on the family's situation and what methods that they decide to use. The health background should be considered when they are making their choice of method" (KII: INGO, Garowe).

The participants were also asked whether some women have short-birth intervals, and most of them observed that since polygamy is acceptable in Islam, having many children is fundamental in keeping the stability of the marriage for satisfying the husband's desires and appealing financial support. This notion is supported by society's great emphasis on procreation which seems to accelerate child births and fuel competition among women to have more children. Culturally, Puntland women desire large families. The PLHDS indicated that 90 percent of women in Puntland consider six or more children to be the ideal family size. This desire of more children may contribute to the short birth interval observed in the PLSHDS.

"Women believe that her husband will leave her if she does not have many children, and if she sees her neighbors or friends have a lot of children, she wants to compete" (KII: MOWDAFA, Garowe)

"The community will spread rumors if she does not give birth consistently. This will impact her psychologically and motivate her to keep having children one after the other" (FGD Participants: women above 25, Galkaio)

"Culturally Somalis like to have a large family of 10-20 children" (FGD Participants: Married men, Qardho)

Other participants mentioned that women with shorter birth intervals lack awareness on exclusive breastfeeding (lactation amenorrhea method) or have limited access to modern methods, which contribute to short-birth intervals.

"There are many reasons that women have short birth intervals such as the way that the mother breastfeed is not exclusive, which activates some hormones leading her to get her period and she will be more likely to get pregnant" (KII: Pharmacist, Qardho)

"Lack of knowledge on how to do exclusive breastfeeding and those women do not understand the importance of exclusive breastfeeding and birth spacing and also lack of access to the modern child spacing ways" (KII: WAWA, Badhan)

Some participants urgued that for some women, the motivation for short inter-birth intervals is getting married later in life which forces them to get children in quick succession so as to obtain the desired number of children at the end of the reproductive cycle.

"There may be biological reasons as the woman may experience an easier birth or get pregnant" (KII: religious leader, Garowe).

"Depends on her age, if she marries late and wants to have many children, she will have a shorter birth interval than someone who married earlier" (FGD Participants: Married men, Garowe).

When asked whether some women have long-birth intervals, the participants reported that women have long-birth intervals for medical reasons, for instance those who underwent caesarean section, personal choice to recover physically and psychologically for both the mother and the infant, increased awareness on the benefits of birth spacing, husband's absence, religious belief (Allah's plan) and difficulty in conception after usage of birth spacing methods.

"Mainly depends on their medical condition for example if she had C-section, they will take care of herself and will need time to fully recover and heal. It's also a personal decision that they want to do spacing for the growth and health of their children" (KII: Public health facility, Galkacyo)

"It is a personal choice, or it was for medical reasons or due to an increase in knowledge on the benefits associated with birth spacing or Allah's plan" (KII: CSO, Garowe)

"There are many reasons for example, use of birth spacing methods, missing the ovulation times or husband absence, there can be medical conditions like infections, hormonal imbalances, uterine and ovarian cancer and most importantly due to Allah's plan" (KII: pharmacist, Garowe)

"There could be medical reasons such as a pelvic infection or there is trauma around the area, so these women cannot get pregnant even if they want to. She could be experiencing psychological distress; thus, her period becomes irregular. Or she could have been using birth spacing methods and it takes time for the hormones to get back in check" (KII: Private, Badhan)

Most respondents are knowledgeable of birth spacing methods and, generally, knowledge of modern birth spacing methods was high. This is in line with findings from the PLHDS that demonstrated that 62 percent of women have a knowledge of at least one modern birth spacing method. The high level of knowledge on modern birth spacing methods methods could be attributed to government and its partners' campaigns and

interventions on raising modern birth spacing methods awareness among women in Puntland. However, knowledge about birth spacing methods was limited and not consistently translated into behavioural change that leads women to utilize modern birth spacing methods as such. Knowledge of modern birth spacing methods remains the prime catalyst to the use of modern birth spacing methods . Majority of participants perceived modern birth spacing as a practice of controlling the number of children, while others perceived it as having time interval between children.

They further expressed that child spacing has multiple benefits. It provides the mother with sufficient time for her body to recover from the effects of pregnancy and child birth, emotional stability as she does not have to deal with pressures of caring for infant and pregnancyat the same time, provides space for exclusive and prolonged breastfeeding which are beneficial to the child's health and bonding between the mother and child. Mothers are likely to have better relations with their husband and the children, because they have more time and less pressure. .

"Birth spacing is the practice of controlling the number of children that a family can have, it has multiple benefits e.g., health, economic and social. The mother will be able to recover, have a better relationship with husband and children" (KII: academia, Garowe)

"Birth spacing is the time interval between children and it is done for the sake of the mother and children. As the children are less likely to be sick and the mother can recover in the postnatal period" (KII: Private Health facility, Garowe)

"Birth spacing is good, it helps the mother to recover, exclusive breast feeding is a natural way that builds a strong bond with her child" (FDGs participants: Women above 25, Badhan)

Some participants indicated that Islam supports child spacing, it is recommended in the Qur'an that mothers should breastfeed their children for two years before having another child. The recognition of breast feeding as a means for spacing births means that men are supportive of women breast feeding up to the age of two years, which was seen as an appropriate interval before a woman had another child (C. Sarah Jones at el., 2014). This view was also upheld by (Abdi-Aziz Egeh at el., 2019) that the concept of birth spacing should be used and for birth spacing in accordance with the Islamic religion. The Qur'an supports child spacing as a means of safeguarding the health of both the mother and her baby. The Quran repeatedly mentions the health advantages of breastfeeding for both the mother and the infant additional to the fact that it is a birth spacing method. However, using birth spacing methods with the intention to limit the number of children is against Islamic values and practice.

Participants also believed that the purpose of birth spacing is to restore the physical and psychological wellbeing of the community.

"Planning the intervals between the births of children, is already mentioned in Quran and has many health-related benefits for both of the mother and her baby. Islam supports it as 2 years of breast feeding is mentioned in the Quran" (FGD participant: CHW, Galkaio)

5.2 Actions taken for birth spacing or next pregnancy

The participants were asked what women in the community do to delay their next pregnancy or birth, majority of them said women use traditional birth spacing methods while others expressed women use modern birth spacing methods. They viewed exclusive breastfeeding for the lactating mothers or leave their marital homes in order to distance themselves from their husbands as the only two approaches to birth spacing. This finding is consistent with the PLHDS 2020 which found that 7 percent of currently married women used any traditional method while only 1 percent used any modern methods.

"She can move cities, do exclusive breastfeeding, or use modern contraceptives" (FGD Participants: women above 25, Qardho)

"They will do exclusive breastfeeding or if both she and her husband agrees, then she can use modern contraceptives. Some use traditional methods e.g., drink honey" (FGD Participants: CHW, Galkaio)

"They could avoid sexual contact with their husband, or take pills" (FGD Participants: Married men, Qardho)

"Depends on the type and what they need will determine what they will do to delay the next pregnancy e.g., do they need short- or long-term solutions. Or if she cannot take

modern methods, she can move to another city to avoid sexual contact with her husband" (FGD Participants: women above 25, Garowe)

5.3 Knowledge on modern birth spacing methods

The participants are aware of modern contraceptives available at the health facilities. They mentioned implants, pills, injectables and IUDs as the common modern birth spacing methods in the community.

"Modern contraceptive refers to a product or medical procedure that can influence a person's reproductive system. For example, oral contraceptive is a product while sterilization is a medical procedure" (KII: INGO, Garowe).

"They are methods that work for a long time like implants, and IUDs, its use depends on the need of the person, and is recommended for the mothers who can't breastfeed exclusively" (FGD Participants: women under 25, Garowe).

"There are pills, injectables and implants, my wife had an implant inserted when she began being continuously sick while pregnant" (FGD Participants: Married men, Garowe).

Some participants highlighted the short- and long-term side-effects of pills, injections, and hormonal methods that may cause women to discontinue the use of modern contraceptives. The most common side effects cited by the respondents were bleeding and irregular menstrual cycle. These side effects and health concerns were mentioned by participants in all groups

"Modern contraceptives have many side effects like bleeding and irregular menstrual cycle, headache and dizziness" (FGD Participants: women above 25, Galkaio).

5.4 Reasons for utilizing modern birth spacing methods

The contraceptive prevalence rate among married women in Puntland is 8 percent, despite this low prevalence rate, only one percent use any modern birth spacing methods (PLHDS, 2020). However, most participants were familiar with modern methods of birth spacing and most of them could describe how they work.

Participants observed that women in their community use modern birth spacing methods after they develop health complications or undergo several caesarean sections that might be detrimental to their health. Some of the participants also noted that mothers who are not able to use lactational amenorrhea method for any reason, use modern birth spacing methods which are more reliable, convenient and cost-effective.

They also believe that using contraceptives with the intention to limit the number of children is against Islamic values and practice.

"Breastfeeding is challenging especially if you are working and studying. With breastfeeding, women cannot miss her feeding time but with modern methods, its reliability is guaranteed" (FGD Participants: women above 25, Galkaio)

"They cost less than traditional methods in terms of time, because with an implant, it is inserted once and lasts three years but with breastfeeding, the mother must do it multiple times a day for two years" (FGD Participants: SDHS, Garowe)

"It is a safer alternative because they know for a fact that it will work when compared to traditional methods. The religion allows women to take these methods if there is a medical reason attached, for example, caesarean section. With modern methods, e.g., the women will have the implant for three years will have to go to the health facility once to insert it. But with breastfeeding, she has to breastfeed multiple times in a day and she could be busy with work and miss a timing and become pregnant as a result" (KII: Public health facility, Badhan)

However, few participants noted that women who use the modern methods are influenced by western culture and values that focus on looks and beauty. *"Some women use it because they do not want to age and want to remain beautiful" (*FGD Participants: Married men, Qardho).

5.5 Attitudes towards birth spacing use

The participants were asked why some women do not use modern birth spacing methods, most of them pointed at social stigma from the community which puts pressure on women for bearing less children, failure to access birth spacing methods without the consent

of their husbands, and the denial by their husbands to utilize birth spacing methods. The parents with more children are given more respect in the community. An informant of MoH in Galkaio says:

"The women have not gained her husband's consent even if they want to take modern methods, they cannot" (KII: MoH, Galkaio)

Another respondent remarked that *"The community will pressure the women by saying 'how many children do you have?"* (FGD Participants: women above 25, Badhan)

Some cited the misconceptions about the side-effects such as infertility, weight gain, early menopause and abnormal hair growth that might have contributed to poor uptake of birth spacing methods. This is because there is insufficient knowledge or awareness about the modern methods. Women also believed that the modern methods cause infertility, diseases like uterine and ovarian cancer, hormonal imbalances which leads to stress, overweight and obesity. Other studies report a similar over exaggeration of side effects as a result of myths and misconceptions held by a community (Ochako at el., 2015).

The pharmacist in Garowe perceived that : *"women who used modern methods found it hard to get pregnant after stopping the use of the contraceptives"*(KII: Pharmacy, Garowe).

Further, the participants also emphasized that Islam recommends that followers should have many children as they are gift from God/Allah and therefore the use of birth control methods contradicts Allah and His ability to provide each family a child. The accepted ways of birth spacing are breastfeeding and use of birth spacing methods causing no harm to the women's health. The public health officer in Badhan reported that some women believed that Allah will make provision for the children hence there is no need to do birth spacing. Some do not trust the modern methods and believe they are foreign agenda which bar them opportunities of having children.

"Prophet Mohammed (PBUH) encourage the ummah (society) to have many children so that he will feel proud of them before the other Prophets and nations on the Day of Resurrection" (KII: Religious leader, Garowe).

The use of contraceptives is important in controlling birth intervals and fertility so as to enable family members to enjoy physical and mental health and wellbeing to their full potential. Participants noted that some women marry late in life and may have difficulty in conceiving or have separated from their husbands for long time.

"Depends when she got married, if she married late, then it may be hard to conceive, and separation due to marital problems between the husband and wife" (FGD Participants: Married men, Garowe)

5.6 Factors affecting the uptake of modern birth spacing

The use of modern birth spacing in Puntland has remained low despite the efforts of government and non-governmental agencies to increase its uptake. Participants were asked what factors affect uptake of modern birth spacing. Most of them pointed out that, lack of communication skills, healthcare providers' lack of knowledge about side effects of different methods and poor attitude can dissuade women from taking the modern birth spacing methods.

"Health Facility workers can influence women to not take it if they have not been propery trained. Also, there are side effects associated with these methods. Generally, drugs are not 100% side effect free, however, whether a patient continues to take them depends on how the information has been shared. Unfortunately, Health Facility workers do not have the correct knowledge on FP, there is no follow up on if the side effects are bad or even if she is feeling well" (FGD Participants: CHW, Galkaio)

Some participants emphasized lack of patient confidentiality as healthcare providers may share information discussed during consultations. In addition to confidentiality, waiting times takes longer during their visit to the clinic for birth spacing information and services.

"There is no privacy when you go to the health facility since this is a sensitive matter. You do not want other members of the community to hear. There are many challenges that women face when they decide to take it" (FGD Participants: women above 25, Garowe)

Discussants confirmed lack of sufficient contraceptives at the health facility for the mothers to use. The facility quite often experience stockouts of contraceptives i.e. pills, implants and injectable methods, leaving the women with no control over their fertility. For instance, CHWs discussants in Qardho reported that there is a stock out of supplies in the facility for the women to access the particular methods. Improved communication, coordination and health systems management is essential to address this problem.

In most cases, the consent of their husbands is required for them to use the birth spacing methods which limits the uptake of the modern methods for the women in the community.

"There are two main factors. Firstly, the availability of drugs and there is a limit on the number of places that provide them. These methods are not readily available everywhere. Secondly, there is a criterion attached when you can try to buy them e.g., proof of marriage certificate or your husband must be present" (KII: academia, Garowe).

Finally, some of the participants believed that birth spacing methods is a western concept that affects their socio-cultural and religious beliefs. They further believed that birth spacing is a method of limiting the Islamic population.

"Community believes that it is a Western culture and is for population control and it leads infertility" (KII: Pharmacy, Badhan).

5.6.1 Role of Spouse and family members in supporting the uptake of modern birth spacing

A decision that is jointly made by the couple is the most prudent approach to facilitate birth spacing. However, most of the participants stated that men generally opposed the use of modern contraceptives by their women and they only accept when the situation is lifethratening, for instance caesarean section, and other sicknesses. The men also expressed belief that birth spacing is a strategy employed by western countries to reduce the Islamic population. For example, the private health facility officer in Badhan reported that *"Most men are supportive when there is a medical reason. They will not support the practice for any other reason"* (KII: Private health facility, Badhan).

Participants highlighted men's desire for more children is another setback for contraceptives uptake. Having many children in the family was seen as a source of pride and also a pathway for the continuation of ones' lineage. The participants also noted that having a boy in particular is an honour which causes men to oppose the birth spacing methods.

"Women think that men want to have a lot of kids and they do. We think about our long-term future and the family's legacy, so most men are against it" (FGD Participants: Married men, Garowe)

"Men are against the usage because they will say if you do not want children, then you do not want me. A lot of children are seen as a badge of honour, especially if the man has many sons. There is a competition between men on who can have the most children" (FGD Participants: women above 25, Galkaio).

Traditionally, in the somali society, decisions regarding birth spacing and pregnancy are controlled by the husband. When asked if family members influence the woman's decision to use birth spacing methods, all participants expressed that the family member that influences the woman's decision to use birth spacing is her husband. It was emphasized that the husband is the key decision maker about birth spacing since women do not have access to birth spacing methods without his consent.

"The husband has the most influence as his consent is needed in order to obtain the modern contraceptives" (KII: Pharmacist, Badhan)

"The husband has the greatest influence. For example, my sister wanted to take it after having a difficult delivery, but her husband refused. They nearly divorced as a result, and she did not take the contraceptives" (FGD Participants: Married men, Garowe)

Mothers-in-law also have a strong voice in family decision-making. Participants reported that in some instances, mothers-in-law and the women's mother have a big influence on a couple's decision to use contraception. These narratives show the influence that they have on contraceptive use.

"The greatest influence is mother-in-law because if she does not give birth to many children consecutively, she will tell her son to marry someone else" (KII: religious leader, Qardho)

"Her husband can influence her decision, Next would be her mother-in-law and mother because they like to have many grandchildren" (KII: WAWA, Galkaio)

5.6.2 Role of peers in decision of uptake of modern birth spacing

Fundamentally, the participants agreed that the woman's decision to use or not to use modern birth spacing methods depend on the experience of their peers. If their peers have a positive experience, they tend to take the birth spacing methods, but if they have a negative experience such as side effects, they are less likely to use the methods.

"Women usually advise other ladies or friends to use the birth spacing methods especially if they see its effective" (FGD Participants: women above 25, Badhan)

"Yes, before I investigated it, I asked people on their personal experience. For example, I was told that with implants that there are side effects. People do not look at the medical knowledge but from personal experience" (FGD Participants: Married men, Garowe)

"If the contraceptives does not work for them, they tend to give negative comments and advise them to not use it. Despite not knowing it may work well for others" (KII: INGO, Galkaio)

Participants also identified social pressure as another peer influence on the contraceptive's uptake. They further argued that the need to have more children propel competition among the peers which leads to low uptake of birth spacing methods . Therefore, social pressure can influence others to have more children to follow the trends in contempt of birth spacing.

"If she sees her friend having many children in a short time, she will think 'I need to match her, what am I waiting for?" (FGD Participants: women under 25, Garowe).

"Yes, when women come together, they discuss these topics. Peers can pressure their friends into having more children because they will say how many children did you give birth to?" (KII: WAWA, Qardho).

Most of these findings are consistent with study on barriers to modern contraceptive uptake among young women in Nyanza, Coast and Central regions of Kenya which established that individual's beliefs about the effectiveness of contraceptives were dependent on social approval by their peers (Ochako R, 2015).

5.6.3 Community supportive of the uptake of modern birth spacing methods

Participants were asked whether the community is generally supportive or opposed to the use of modern birth spacing methods. Some participants observed that the community supports the uptake of moderning birth spacing methods due to increase in awareness about the benefits of birth spacing, while others noted that awareness is limited to the health facilities, and the community is opposed to the use birth spacing because they perceive it as western culture which tends to reduce the population of Muslims.

Academia in Galkaio observed that women fear that they may not get children when they want if they are using birth spacing methods. They also fear the side effects of overweight, hormonal imbalance, and stress related to disturbance of menstrual cycle.

"Generally, community is supportive and what has facilitated this is the increased in C-sections. It has made it easier for the community to understand its benefits" (KII: MOWDAFA, Garowe)

"There are programs on FP to increase awareness, but the implementation was weak. So the community supports it but further awareness is needed e.g. university students and religious leaders need to be targeted. Right now, awareness is only found in health facilities" (KII: religious leader, Garowe)

"Most of them are against it because they believe that contraceptives are from western world and that it is made to reduce the Muslim populations by minimizing their fertility and causing diseases like ovarian and uterine cancers" (FGD Participants: CHW, Galkaio).

5.6.4 Cultural influence on the uptake of birth spacing methods

Participants asked whether there are any local beliefs that influence the choice to use or not use birth spacing methods , most concurred that local beliefs influence the community in using birth spacing because of side effects and fears of long-term impact. Somali culture values high fertility and some men/husbands may use polygamy as an excuse to pressure their wives into having more children.

"Yes, there are many local beliefs as the community will say that her husband does not like her anymore as she has not given birth to kids for a few years or she has taken the implant or if she takes it, she will become infertile, or her husband will look for another wife." (KII: MoH, Badhan)

The SHDS interviewers in Garowe observed during the interviews that mentioning contraceptives in the public can cause problems because people have lots of misconceptions about it.

"Simply mentioning the name can cause problems because people have many misconceptions e.g., do not trust Allah's plan, side effects and it is a Western culture to reduce Muslim population" (FGD Participants: SHDS, Garowe)

5.6.5 Religious leaders influence on use of birth spacing

Many Muslim scholars and leaders agree that FP is accepted in Islam. They accept it within the context of marriage and, more specifically, to aid with the spacing and timing of pregnancies. However, permanent and non-reversible contraceptive methods without medical justification are not permissible in Islam (Abdi et al., 2020).

A previous study on views of Somali religious leaders on birth spacing pointed out that contraceptive use is permitted in relation to birth spacing to promote the health of the mother and child (Abdi-Aziz Egeh, 2019). In this study, the participants were asked whether they think the religious leaders have an influence on low uptake of contraceptive methods. Most of them had the opinion that religious leaders play key role on the low uptake of contraceptive methods. They argued that the religious leaders have great influence on matters of child birth spacing whose benefits are also mentioned in the Qur'an.

"for child spacing, it's benefits has been mentioned within the Qur'an. Plus, religious leaders only speak on matters that the community are heavily speaking on, so if the community does not view the benefit of child spacing as important then the religious leaders will not either" (FGD Participants: women above 25, Galkaio).

The religious leader in Garowe understood that family planning is a sensitive issue where community believes is a method that limits the Islamic birth rate.

"Yes, religious leaders have a great influence, however, FP is a sensitive issue as they believe that it is a method to limit the Islamic birth rate. Also, the community is not discussing these issues nor are they asking them for advice so to them, FP is not an important matter" (KII: Religious Leader, Garowe).

Some participants argued that religious leaders have inherent authority of information on matters that affect the public and they suggested that fatwa should be issued in order to remove the misconceptions on birth spacing. They also have public trust to provide guidance on a difficult topic like birth spacing which is not culturally accepted. One of the respondents described that religious leaders have a great influence particularly when they are given the right information.

"Yes, there needs to be a fatwa issued. From our organization, religious leaders have helped us greatly. We developed a book 'Legacy of Family' which was translated into Somali. Through this experience, we saw their influence through the consultation meetings so if they are given the right information, this will make a big impact on the uptake." (KII: INGO, Garowe)

5.6.6 Access to birth spacing information

The role of the media in promoting birth spacing is essential in bringing information to different target groups. The PLHDS showed that 17 percent of women in Puntland had been exposed to birth spacing messages at least through radio, TV or newspaper (PLHDS, 2020). Discussants were asked how do the members in the community access birth spacing information. They

reported family, neighbours, friends, media, healthcare professionals, radio, and televisions as the main sources of information. Moreover, participants described limited basic information and awareness on birth spacing among rural and nomadic residents. This could be due to the little public health and education infrastructure and high misperceptions towards modern birth spacing methods.

"People can access birth spacing information from media, health facilities and house to house visit conducted by health workers. Also there are IEC materials at the health facilities and recorded video messages at the health facilities" (KII: INGO, Qardho).

"There are many places mainly from health facilities, especially during ANC visits or during delivery, also from media like radio, TV, IEC materials and banners and within the community especially urban communities while nomadic and rural people are missing this information" (KII: public health facility, Garowe)

"Communities can get birth spacing information from TVs and radio stations, although it is very limited, but the communities who live in rural and hard to reach areas are lacking basic information and awareness on birth spacing" (FGD Participants: CHW, Badhan)

5.6.7 Effectiveness of the sources of information

The participants were asked about their opinions on the effectiveness of the sources of information on birth spacing. Some of them said information on birth spacing is effective due to increased public awareness where women are seeking birth spacing methods. For instance, a KII academia in Galkaio observed that it has been effective because there has been increase in demand but needs to be extended to the rural and nomadic areas. Another participant suggested the need for advocacy to be strengthened. The participants also highlighted the need for capacity development of the health workers to effectively provide birth spacing messages to the rural and nomadic areas since they are neglected. A participant from MOWDAFA in Garowe recapped the needs to strengthen the capacity of the health workers to effectively deliver messages about family planning methods.

"It has been effective, but it needs to be strengthened. Even if the woman is educated, she would still have her children in quick succession. This shows that the thinking is still there. Also, health workers can impact how effective information is relayed, if they are poorly trained, then women will not take FP methods" (KII: MOWDAFA, Garowe).

Further, the participants reported that the modern methods are acceptable under certain circumstances with limited messages on birth spacing. However, some participants disagreed the effectiveness of the birth spacing messages expressing that there are limited messages for promoting birth spacing.

"It has not been effective because birth spacing is only promoted for medical reasons e.g., if she has had a C-section. Plus, there is no visible messaging on birth spacing displayed in HFs nor MCHs nor in hospital" (FGD Participants: Married men, Garowe)

5.6.8 Availability and accessibility of modern birth spacing services

The participants were asked about their opinion on the availability and accessibility of modern birth spacing services in the community, they reported that it was quite easy to access birth spacing methods from the local health facilities or pharmacies. However, most of the participants mentioned that there is always stock out of modern methods at public health facilities and they were forced to purchase them from private providers or pharmacies. This makes the physical and financial access to family planning commodities unpredictable. On a negative note, the participants pointed a myriad of challenges on accessibility of modern birth spacing methods. For example, the distance to the health facility and the cost of purchasing the methods affect the accessibility of the modern birth spacing commodities. In addition, husband's consent is needed for the woman to access birth spacing methods. The health worker's lack of knowledge on the utilization of the methods and poor attitudes of the community leads to ineffective family planning counseling methods.

"When compared to before, modern methods are more available. Prior, only INGOs would provide them, and they would find in public health facilities. Now the private sector provides them as well. So, there are different modes to get what you need" (KII: MoH, Qardho)

"There has been a stock out of contraceptives and trained health facility workers may not be avaliable at all times. Often at the facility, one staff is trained so if they are missing from work, women will not receive the most effective FP counselling" (KII: Public health facility, Garowe)

"Also, the health facility workers can influence a woman's decision because if the side effects are not relayed to the woman and there is no follow up given, the woman will not take the methods anymore and will spread her negative experience to her peers" (FGD Participants: women above 25, Galkaio)

"There are some health care providers that are stuck on traditional ideals and do not promote the modern contraceptives" (FGD Participants: CHW, Qardho)

"In rural/nomadic areas, health facilities are too far for them to reach, and they do not have the money for transport. For example, my cousin in a nearby village had to come to Garowe because she wanted to take the pills, luckily for her, she had money to travel to Garowe. Most women are not so fortunate" (FGD Participants: women above 25, Garowe)

"Women are affected by consent as they know that it is available but cannot have access to these methods without her husband's consent" (FGD Participants: CHW, Badhan)

5.6.9 Convenience of opening hours

The working hours of health facilities play an important role in determining whether they are convenient and accessible to visitors. Short working hours minimize the time window available to users to access services, hence, affecting the uptake of modern birth spacing methods.

The study participants were asked how convenient clinic opening hours for access and provision of modern birth spacing services, most of them reported that public health facilities opening hours are from 8:00 am to 2:00 pm while private health facilities and pharmacies are open till evening. However, not everyone can afford private health care.

"There is limited opening hours as health facility are opened from 8:00 am to 1:30 pm. These are times that mothers are the busiest" (FGD Participants: women under 25, Garowe)

"Most of the health facility's work between 8 am to 1:30 pm while the BEMONC/CEMONC centers work 24/7. There are trained personnel, however, if they are busy, she will have to come another time when the health facility is less busy. So, women may not get birth spacing services when she needs it as there are no privacy rooms which limits the uptake" (KII: MoH, Galkaio)

Nevertheless, the access and provision of modern birth spacing services in the public facilities is limited not only by opening hours but also the availability of the staffs. The private health worker in Qardho says in the public health facility, people will neither find birth spacing methods in the afternoon nor evening because most of the health facilities work between 8 am to 2 pm but in the private facilities people will access services anytime.

5.6.10 Advocacy and campaigns for use of modern birth spacing

The participants were asked about their opinions on the advocacy and campaigns for modern birth spacing use by the local community, majority of the discussants appreciate the ideas of advocacy and campaigns by local community to build trust and involve more people. Well-targeted behavior change and communication campaigns can change the community attitudes regarding birth spacing practices.

"There needs to an increase in awareness across Puntland. In Karkaar region, where the usage is high, there are peer-to-peer groups where men and women have a chance to discuss this matter. This should be found everywhere" (FGD Participants: women above 25, Qardho)

However, they noted that awareness campaigns should not be limited to the urban areas but include other categories of the population i.e the rural, IDP and nomadic population.

"It is strong in the urban areas but extremely low at rural, nomadic and IDPs areas. Therefore the advocacy and campaigns should be continuous, and it should target all areas" (KII: Pharmacist, Garowe)

The participants also emphasized the need to widen the campaigns coverage in all the areas. Birth spacing should be included in the school curriculum and taught in high schools and universities. *"This needs to be widened, for*

example, birth spacing needs to be taught in high schools and be added to the curriculum. If this gets rejected, at least, all university students should be taught this course in their first year so if they cannot get access to the methods, at least they should have the knowledge. However, I fear that religious leaders and community will reject this because it could lead to the uptake of unlawful sexual relations 'zina' amongst the youth" (KII: Academia, Garowe)

"The local community can play a greater role in the advocacy and campaigns e.g., university students, medical professionals, and religious leaders should become more engaged through debates, and media. These sessions should be led by the locals because it will resonate with the community more" (KII: CSO, Galkaio)

5.7 Laws/policies framework for modern birth spacing methods

The participants were asked whether there are relevant laws/policies frameworks to promote the utilization of modern birth spacing methods in the society. Most participants were not aware of the existence of such laws or policies, while few participants notably health professionals noted that healthcare workers use the relevant laws/policies frameworks to promote the utilization of modern birth spacing methods in the community. However the existing guidelines need to be standrised, reviewed and updated regularly to enhance the ability and motivation of healthcare providers and equip them with the knowledge, skills and tools necessary to provide quality care.

"Yes, there are many strategies, guidelines and protocols that promote the utilization of modern contraceptives and birth spacing guidelines for trainings and protocols for health facility workers" (KII: MoH, Garowe)

"Yes, the policy which says if a husband does not provide permission for his wife to take birth spacing methods, then the healthcare workers should not provide it" (KII: Public health facility, Qardho)

5.8 Interventions for use modern birth spacing

The participants shared their opinions on the need to increase the uptake of modern birth spacing methods in the areas of access, types, services, and information on birth spacing methods.

Intergovernmental collaboration to integrate birth spacing awareness within programs; inter-sectoral action to enhance women's rights, education, and agency to make reproductivehealth choices were among the themes discussed by the participants.

The interventions suggested by the participants were as follows:

Modern birth spacing methods should be made available in all the health facilities, and there should be a continuous supply. For example, a woman who has taken injectables for three months and later she may want another one but not get because its not available. Thus, the Ministry of Health should ensure that the supply meets the demand of the community through constant stocking. They also need to strengthen the supply chain system to minimize the stock out.

Participants also noted that modern birth spacing methods should be made available particularly to the women in the community by providing a full mix of methods so that each woman is empowered to choose the option that meets her personal reproductive needs and preferences.

Moreover, participants suggested that modern birth spacing related services should be attached to other services such as counselling by setting private rooms for mothers/women to discuss issues affecting them, and have inter-sectoral actions to enhance women's rights.

Information on birth spacing should be provided through the media and the health facilities. Furthermore, there is need to revise IEC materials on the importance of the methods and its side-effects in the local languages and harmonize messages to all categories of people including men, women, religious leaders, medical workers and youth to remove the mistrust and misconceptions.

Finally, train the health workers to sufficiently handle the administration and information on the different types of birth spacing.

6 Conclusions & Recommendations

6.1 Conclusions

The study provides insights into the local contexts related to low uptake of birth spacing and modern birth spacing utilization among women in Puntland. Birth spacing and use of modern birth spacing methods is affected by many factors operating at the level of the individual, family, peer group, community, cultural, religion, services, and policy environment. All these factors overlap and are affected by each other. Although using modern birth spacing methods with the intention to limit the number of children is considered as an act against Islamic beliefs, eliminating the barriers preventing women from receiving modern birth spacing methods with the intention of birth spacing and the well-being of the mother and child has important public health implications, including decreasing unwanted pregnancies.

The main barriers to modern birth spacing uptake among married women in Puntland are lack of knowledge and fear of side effects exhibiting lack of factual information on the different modern birth spacing methods, poor attitude of women from taking the modern birth spacing, husband and community demand for more children lowering interest in using methods. Women's perception that birth spacing would reduce muslim population, social stigma and peer pressure which influence modern birth spacing use by exaggerating side effects and spreading myths and misconceptions. Other barriers include stock out of modern birth spacing commodities, limited campaigns and limited capacity of health workers.

6.2 Recommendations

Based on the findings and conclusions, the study suggests the following recommendations:

MoH should put in place different modes of service delivery systems to realize the goal of improving health service delivery and making birth spacing accessible and affordable to all married women and men through: improving maternal health services and integrating of birth spacing methods with the services which will require an effort to enhance the capacity of health workers by providing trainings, deploying lower cadres of health professionals including clinical officers, midwives, nurses to provide services at the community level, improving the provision of essential equipment, instruments and supplies. Ensure that the supply meets the demand of the community through strengthening

the supply chain system to minimize the stock out and expanding outreach and mobile clinic approaches.

MoH should also train and deploy rural and nomadic community health workers and temporary nomadic settlement midwives to attain the need of the community and improve the utilization of maternal health services including family planning that is available in their areas to which rural and nomadic population can have a quick and easy access.

Increase the health awareness campaigns at the community level through engaging the local influencers, religious and community leaders to advocate for better use of maternal health care services including modern birth spacing methods. Encouraging the husbands involvement in birth spacing and utilization of modern birth spacing, should also be part of such campaigns to promote mutual decision-making between wife and husband and make husbands supportive and responsible partners in birth spacing decisions and ease the burden of decision-making on women, hence increasing birth spacing uptake in the community.

In addition, Couples should be given comprehensive information about modern birth spacing methods, such information should be provided through the media and the health facilities. There is also need to revise IEC materials on the importance of the methods and its side-effects in the local languages and harmonize messages to all categories of people like men, women, religious leaders, medical workers and youth to remove the mistrust and misconceptions. Encourage community-level discussions, debates and drama that may affect at reducing myths and increasing modern birth spacing utilization.

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Appendix

Appendix 1: Socio-demographic characteristics of the target group

1. Location: .....
2. Full name: .....
3. Age (full year): .....
4. Marital status: .....
5. Highest educational level attained: .....
6. Occupation/Profession: .....

Appendix 2: Study Questionnaire

Introduction:

Before beginning the interview process the interviewer will introduce the research objectives as follows:

a) Help establish the purpose for the interview;

b) Explain who is involved in the process (community partnership members);

c) Establish credibility for the interview and the interviewer;

d) Explain why their cooperation is important in collecting the information for the research; and

e) Explain what will happen with the collected information and how the community will benefit.

f) Notify the respondents that their answers will be kept confidential

Personal & Husband factors

1. What is your understanding of birth spacing?
2. What is your understanding of modern contraceptives?
3. in your opinion, what is the ideal inter-birth interval? Explain your answer.
4. Why do some women have short birth intervals? (Probe; medical, cultural, religious, economic, social).
5. Why do some women have long birth intervals? (Probe; medical, cultural, religious, economic, social).
6. What do women do when they want to delay their next pregnancy/birth?
7. Why do some women use modern contraceptive methods? (medical, cultural, religious, economic, social).
8. Why is it that some women do not use modern contraceptive methods (Probe; medical, cultural, religious, economic, social).
9. What factors affect uptake of modern contraceptives? (medical, cultural, religious, economic, social).
10. Do men provide support or oppose the use modern contraceptives by women? / Do any husband challenges exists in preventing you to meet the needs of contraceptive use? (Probe; husband disapproval, fear of polygamy).
11. Which family members influence the woman's decision to use family planning? explain
    i. Husband
    ii. Wife
    iii. Mother
    iv. Mother in law
    v. Other family members

Information

12. How do members of this community access/get birth spacing information?
13. What's your opinion on the effectiveness of the sources of information on birth spacing? Explain.

Community factors

14. Are people in this community generally supportive of or opposed to contraceptive use? Why?
15. Are there any local beliefs that influence the choice to use or not to use contraceptives? Explain (culture, religious, role of government, medical).
16. Do you think that religious leaders have an influence on the low uptake of contraceptive methods? Explain.
17. What is the role of peers the woman's decision to:
    a. Use modern methods? Explain.
    b. Not use modern methods? Explain.

Service providers factors

What factors in the community limit access to and use of modern contraceptives? (probe: medical, cultural, religious, economic, social etc)

18. What is your opinion on the availability and accessibility of contraceptive services in the community? (probes; personnel, stocking, contraceptive related services).
19. How convenient are health facilities opening hours for access and provision of contraceptive services (probe; further on opening hours, on-demand service provision etc.)
20. What is your opinion on the advocacy & campaigns for contraceptive use by the local community? Explain

Interventions

21. Are there relevant laws/policies/ frameworks that promote the utilization of modern contraceptives in the society? Explain.
22. What in your opinion needs to be done to increase the use of contraceptives? (Probes; access, types of contraceptive, contraceptive related services, information on contraceptives etc.)

Puntland State of Somalia

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