FAMILY PLANNING AND CHILD HEALTHCARE IN PUBLIC HOSPITALS IN BANADIR REGION, SOMALIA

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ABSTRACT

Somalia has more health issues for women and children than practically any other country on the planet. Despite this, there has had at least been more continuous improvement since 2000 compared to the decade before it, even if both child and maternal mortality rates have decreased more slowly than in neighbouring nations and far more slowly than was anticipated under the Millennium Goals. Somalia has some of the poorest health and nutrition metrics in the world. Acute malnutrition rates are currently estimated to be over 14% worldwide, with substantially higher rates among displaced people and pastoralist groups. Family planning 2020 was a pledge Somalia made in 2015, and in 2017 the administration updated that commitment to guarantee access to high-quality reproductive health care including modern contraceptives. Therefore, it is important to evaluate how family planning policies affect the availability of child health care in the Banadir Region of Somalia. The study set to determine the impact of child spacing and sensitization campaign on child health in public hospitals in Banadir Region, Somalia. Social Theory was used to show the interrelationship amongst variables. The study targeted three main hospitals; Banadir Hospital, Daynile Hospital and De Martino Hospital in Banadir Region. The unit of observations were Midwives, Pharmacist, Lab technician, Nurses and child specialised Doctors totalling to 120 respondents; and an additional 1080 mothers seeking maternal care. A sample of 300 respondents was calculated using Slovin's method. Descriptive research design was applied. A semi-structured questionnaire was used to gather primary data. Content analysis was used to analyze qualitative data. Descriptive and inferential statistics was used to analyze quantitative data. Data was shown as tables and charts. The researcher requested Kenyatta University Graduate School for a letter authorizing data gathering, as well as the National Commission for Science, Technology, and Innovation and other pertinent authorities, to grant permission. The researcher handled data and respondents according to research ethics. The result supported that the child spacing within Banadir region was low, mothers moderately practiced child spacing and frequent reminders were done to all mothers. The results indicates that there was increased number of sensitization initiatives, various sensitization approaches were done from region to region and mothers have experienced a great chance from the increased sensitization strategies used. Based on the statistical results presented, the study concludes that the child spacing and sensitization practices had a significant effect on child healthcare access in Banadir region, Somalia. The study recommends establishment of effective planning across the community and the ministry of health should create public health campaigns and messaging that are targeted at all segments of the society.

Key words: Family Planning, Child Spacing Sensitization Initiatives and Child Healthcare,

INTRODUCTION

The World Health Organization (WHO) notes that 6500 newborn babies and an extra 810 parents every day pass away from pregnancy- or maternity care reasons, which is an unacceptable high number (WHO, 2019). Most of the reasons may be avoided or treated. Worldwide, there is a large disparity in maternal mortality and morbidity rates. 94percent of the total of all maternal fatalities take place in low- and lower-middle-income countries, which is a consequence of access and usage differences between affluent and poor populations (WHO, 2019). Family planning is among the top 10 global health advancements of the 20th century, according to the Center for Disease Control and Prevention (CDC), along with advances like vaccination and advancements in automotive safety (CDC, 2019). Child health and social and economic well-being have significantly improved as a result of people's capacity to choose their family size, timing, and spacing of children (Gele, Musse, Shrestha, Qureshi, 2020). Smaller families, greater space between kids, and improvements in maternal health are some of the reasons why infant and child mortality rates have fallen.

Globally, increased family planning use helps the world reach its 5th Universal Sustainable Development Objective (USDG), which aims to empower all women and girls by the year 2030. (ICSU, ISSC, 2015). The promotion of modern contraceptives has been linked to increased socioeconomic growth, the advancement of gender equality, and a reduction in maternal and newborn death (UNFPA & PATH, 2018). In Asia, South America, and North Africa, reproduction rates have significantly decreased during the last five decades (Bongarts, 2011). Even though over 65percent of the total of married women of reproductive age take contemporary contraception, more than half of births in Latin America and the Caribbean are unwanted. In the Caribbean (62 %) and South America (63 %) about two-thirds of pregnancies are unplanned, as are 43% of conceptions in Central America (includes Mexico) (UNFPA, 2019).

Although there have been substantial improvements in services for family planning and contraception technology, unwanted pregnancy rates in the United States keep rising, especially for some demographic groups (Stove & Winfey, 2018). 94percent of all maternal fatalities take place in low- and relatively low countries, which is a consequence of access and usage differences between affluent and poor populations (WHO, 2019). Family planning is among the top 10 public health advancements of the 20th century, according to the Centers for Disease Control and and Prevention (CDC), along with advances like vaccination and advancements in automotive safety (CDC, 2019). People's ability to pick their family size, timing, and separation of children has greatly enhanced child health and socioeconomic and economic well-being (Gele, 2003). Cos of fewer families and increased space between kids, infant and childhood mortality rates have reduced (Frost et al., 2018).

Two separate "models" have been used to establish family planning initiatives in poor nations. Asian programs benefitted from significant government support for family planning, which indicated public sector involvement and highest, occasionally autocratic execution (Sapota, Adhikai, Bajacharya & Sakota, 2016). Public efforts in Asia also supported smaller families.

The alternative adoption and implementation was more prevalent in Latin America and the Caribbean and depended more on the commercial sector, specifically in the form of specialized NGOs. Subsequently, it was also used in Ghana. Private sector groups were primarily responsible for distributing condoms in these regions and countries, and were able to do so despite opposition from socially conservative communities (May, 2015).

The involvement of African governments in programs for family planning has indeed been reignited for a number of reasons, including a concern about female reproductive rights and health as well as the macroeconomic justification of the demographic dividend (Ege, Dugieh, Erlandson, Oman, 2019). 39 of the 69 nations that make up the Family Management 2020 Initiative's target list are in SSA (Egen et al., 2019). Particularly in Western Africa, which has some of the highest fertility rates around the world, there is a resurgence of interest in modern contraceptives. Benin, Bukina Faso, Côte d'Ioire, Senegal, Malian, Mauritania, Nigeria, Guinea, and Togo are included in the 2011-launched Ouagadougou Alliance. The French Development Authority (AFD), United U.s. Agency for International Advancement (USAID), French Minister of Foreign & European Affairs, Bill & Gates Foundation, and William and Princess Hewlett Basis are the principal funders of the Partnerships. Several of the proposals for increasing access to family planning in Central Africa, however, seem excessively optimistic. For example, the FP2020 Action Plan for Niger predicts that the contraception incidence rate (CPR) would rise to 25percentage points in 2015 and 50percent of total in 2020. (the Republic ofNiger, 2016).

In sub-Saharan Africa, expanding access to family planning might assist women and couples in having the number of children they want, cut down on high-risk pregnancies, and promote the health and development of children (Kamuango, Wen-Hun & Chung-Yi Li, 2020). In order to determine the impact of expanded family planning access through training, free public transport, and payment for services on women's fertility, health, and happiness, Ideas for Poverty Action worked with scientists in Malawi. Researchers found that, among other positive outcomes, women were 6 points more likely to use contraceptive after two years of being exposed to the services and had less frequent near parenting intervals. Additionally, preliminary findings indicate that the intervention improved young children's cognitive development and decreased child stunting (Girum & Wasie, 2018).

The overall conception rate and the amount of unwanted pregnancies and deliveries are still high in inter - and intra Africa, despite a reduction in birth rates and advancements in maternal health care. Young women who have access to family planning services may be able to effectively reach their ideal family size, avoid unintended pregnancies, and logically space babies through their fertile age. It could also increase their ability to enroll in, complete, and finally land a formal employment in school (Girum & Wasie, 2018). The growth and/or development of children may also be aided by greater access to family planning services. Families may be able to better spacing births if access to contraceptives is improved. Moms would have less nutrient depletion if this occurs, and young kids might milk for longer lengths of time, which will be beneficial to their development. If a family has fewer kids, they may spend more in the ones they do have.

In Kenya, married women's contraceptive prevalence increased from 46% to 58% during the past ten years (2000-2019), while their unmet demand for family planning (FP) fell to 18%. (GOK, 2019). Despite these advancements, there are still significant income disparities, notably in urban areas, and limited access to reproductive health services in Kenya (Fotso et al., 2013). (Matthews et al., 2010). In Nairobi's low-income districts, for example, fertility rates and unplanned births are greater while the prevalence of contraception is lower (about 45% vs. 50%). (Fotso et al., 2013). Women have been disproportionally affected by the COVID-19 pandemic, with more women (38 %) than men (33%) reporting complete loss of income/employment, more women (71percent) of the respondents of women versus 64percentage points of men) skipping meals, and twice as many women (11percent) of the respondents versus 5percentage points of men) skipping essential health services, including family planning programs (Population Council, 2020).

The most major contributing factors to Somalia's unacceptable high rates of newborn, infant, and child death are neonatal problems, acute respiratory ailments, diarrhea, illnesses that may be prevented by vaccination, and malaria. With a mean of 6.6 children per woman, the birthrate is one of the highest in the world, which contributes to the high ratio of maternal mortality. The prevalence of early marriage, close spacing between births, absence of access to contraception, and societal expectations are all related to this. One in ten weddings happen first before girl is 15, and half happen before she turns 18. Everybody requires health care services, including host societies, Internally displaced persons, and those families that have relocated. Nevertheless, it could be challenging for people to get health care whenever they migrate from one location to the other, for instance from rural to metropolitan settings.

Within their own nation, almost 2.6 million Somalis are now displaced. Around 500,000 people live in Banadir Region, the capital of Somalia, where there is the highest concentration. While some families have been displaced for over 30 years, others still enter the city every day as a result of armed conflict & natural calamities. Families that relocated to these regions struggle to satisfy their basic requirements because of intermittent access to healthcare services or the city's ongoing hostilities, which prevent them from receiving humanitarian aid (Mwamuye & Nyamu, 2014). The usage of child health services and variables influencing family planning in Somalia, particularly in IDP contexts, are little understood. The measurement or characterization of a person's use of resources to prevent or treat health issues, maintain their health and very well, or learn more about their general health and forecast is known as health care utilization (Baze, 2017). For the best health results, access means using personal medical services promptly. It refers to the extent to which people can access the necessary healthcare services through the current healthcare system.

Statement of the Problem

Somalia has more health issues for women and children than practically any other country in the world. After Angola & Chad, Somalia now has the 3 under-five fatality rate (U5MR), and one out of seven of its kids dies before they turn five (Gele, Muse, Shretha & Qurehi, 2020). In addition, Somalia has a greater lifetime risk of maternal mortality (1 in 22) than any other nation outside Chad and Sierra Leone. However, there has had at least been coherent progress,

and that advancement has been quicker since 2000 than in the years before, despite the fact that child and motherly death rates have decreased more slowly than in neighbouring nations and far more gradually than was anticipated under the Millennium Development Objectives.
Somalia has some of the poorest health and nutrition metrics in the world. According to latest numbers, the worldwide rate of malnourishment is over 14%, with much higher rates amongst pastoralist groups and displaced people (IDPs) (WHO, 2017). The worst country in the world for mothers is Somalia, according to Can save Child's 2015 State of the World's Mothers rating of 179 countries, while Somalia was also named as with the highest under-5 death rate in UNICEF's 2017 State of the World's Kids report. Infant deaths is 83/1000, under-5 death is 133 per live births, and mortality rate is 39 per 1000. Somalia's government system makes it especially difficult to provide health services to those who need them (Gele, Muse, Shestha & Qurehi, 2020).

Factors at the structural, contextual, and individual level may limit access to child health care (Kuuire, Kangmennaang & Atuoye, 2017; Kumbani, Bjune et al., & Odland, 2013, Dixon, Luginaah & Mkandawire, 2014). In many contexts, previous empirical investigations have shown how family planning policies have improved access to child health care (Benova, Dennis, Lange, 2018; Braimah, Sano, et al., 2019; & Att & Gulis, 2017). In their assessment of the variables influencing the stipulation of child health coverage in a devolved governmental system, Kiputo and Leting (2017) came to the conclusion that the cash payment and sufficiency of financial resources, family planning restrictions, equipment, as well as hardware all had an impact on the delivery of child health coverage in a devolution government system. However, the majority of research only offer a broad overview of the variables influencing access to pediatric healthcare, with few information on the impact of family planning policies on that access. Therefore, it is important to evaluate how contraception policies affect the availability of health care for children in the Banadir Region of Somalia.

Objectives of the study

i) To establish the effect of child spacing on child health in public hospitals in Banadir Region Somalia.
ii) To examine the effect of sensitization initiatives on child health in public hospitals in Banadir Region, Somalia.

LITERATURE REVIEW

Theoretical Framework

The study was anchored on The Social Networks Theory. This idea holds that an actor's characteristics, for example whether they are kind or hostile or intelligent or stupid, are impacted by people around them. In this network, an individual's characteristics are less significant than their connections and affiliations to other network actors. As a result, social networks can be used to study how people interact with one another and characterize the numerous formal and informal ties that bind individuals of different statuses together. These networks offer ways for people to collect, share, and even make use of information. Consequently, this conceptual model makes the assumption that human conduct is influenced by connections. Casual experiences incline one to assume that individuals communicate with

one another while making decisions rather than doing so in social exclusion. This serves as the community's cornerstone. Through the "community" shown through online communities, people determine if the behavior shift being done is appropriate or not. As a result, decisions on having fewer children are taken within a framework rather than in an isolation. Studies show that women talk about fertility rate and access to contraception a lot among individuals (Ruteberg & Wakins, 1997; Entwile et al., 1996).

Calculations of hormonal contraception decision-making and ovulation dynamics demonstrate that social conversations can contribute to the explanation of trends of ovulation change or form of contraception behavior that would otherwise be challenging to explain using conventional individual-centered systemic approaches (Behman et al,2002). The focus on modern contraceptives is increasingly shifting away from the idea that individuals operate unilaterally of each other and assumptions based examination of the significance of social connections in the decision-making process. A person's activities are a component of wider sociological phenomena, as according social network methodology. In this sociological phenomena, interactions between as well as between people influence choice and define the issue, as well as determine if there is something incorrect, when anything is achieved about it, what must be accomplished, and how it ought to be assessed.

In this case, planned parenthood should be viewed more as a society education and effect process rather than an individual project in how individuals come to tolerate or accept particular habits. What happens in families as a result is the result of a bigger social process that starts in social networking sites and is debated and chosen there. According to studies, socially active women are more likely than social isolation women may know other women who are using family planning and educate them of its advantages (or disadvantages). They are all equally inclined (or likely) to utilize access to contraception since they like to engage with other women who share their qualities (Behman et al., 2002; Ruteberg & Wakins 1997; Entwileet).

However, as people begin to accept novel concepts, they become more informed. People will therefore probably act in the same way as others they interact with. As a result, social influence through social networks can either hinder or help new ideas—in this case, family planning techniques—be adopted and practiced. We may be able to analyze contraceptive behaviour in terms of influence through social learning with the support of further social network development. This leads us to consider how members of the process of interaction exercise control over the actions of others by abiding by social norms to place certain restrictions on those actions. While examining the acceptance of contraception options, social interaction would give data on child rearing, costs of living, and other related topics. Using this method, the study will examine how family planning techniques are used by women who claim to desire to space out or restrict their children. The research will also look into how women learn about medicines as well as how social interactions with other members of society might encourage a feeling of change, weaken strongly held beliefs, and enable changes in fertility behaviour. How individuals interact with their friends, family, neighbours, peers, local leaders, medical professionals, and state authorities affects how fertile they are.

Child Spacing and Child Health

Although most research indicate to the lower end of the range, research on the efficacy of family planning strategies in Asia, South America, and subSaharan Africa estimate the impact of programmes on lifetime fecundity from between 0.5 and 1.5 smaller numbers children per woman (World Bank,2017). In order to evaluate the viability of community-based health services in actual settings, the Ghanaian government launched a Community Family and Health Planning program in the Navrongo area in 1993. Field efforts were supported by regular demographics surveys starting in 1995. The longitudinal study compared the results of questionnaires performed in 1995 and 2002 to fertility aspirations reported in the survey conducted previous to the project. Statistics throughout time revealed that the proportion of women who want more children had declined as women's tastes changed in favor of smaller families (Docto & Bawa, 2005).

A Tanzanian research intended to prove that family planning initiatives lower fertility rates (Phillip et al., 2012). In Tanzania, women subjected to modern contraceptives would generally have 4.1 offspring as compared to 4.7 kids without interventions, based on the research. The results also showed that the type of supply source, its location, and the gender of the lady when the program was initially launched all had an impact on how effective the program was. A program's effectiveness also varied depending on the various venues it used: medical clinics were shown to be substantially more successful than hospital and pharmacies (Angele et al., 2018).

The situation of Rwanda, which has a large population, emphasizes the significance of the nation leadership's dedication. After receiving a RAPID briefing in 2005 (Solo 2018), MPs in Rwanda started to change their minds about family planning measures. The government has worked hard to improve the contraception program's execution in addition to ’s President Kagame declaring access to contraception as a national priority. These included increasing the coordination of family planning initiatives across the different governmental and quasi entities, offering incentives to suppliers of family planning services, and making contraceptive services free. Philanthropic assistance was also crucial. The prevalence of all types of contraception increased as a consequence, reaching 52% in 2010. 2012 (Westoff).

Although newer surveys are not directly comparable to earlier ones, data from recent contraception effort surveys indicate gains in programme scores for SSA (Weinbeger & Rossi, 2015). However, as previously indicated, efforts to expand family planning programs had reduced or at least stopped in the 1990s, in part as a result of the HIV/AIDS crisis mobilizing significant resources against family planning initiatives. Only after the 2012 London Conference on Modern Contraceptives were family planning programs in the poor world, notably in SSA, once again taken seriously. Aziz Egeh, Dugsieh, and Osman examined the perspectives of Somali Islamic religious authorities about birth spacing in a research published in 2019. Birth spacing is a critical medical approach that aids women in achieving their utmost physical and mental well-being. The usage of modern contraceptives in Somalia is significantly influenced by the country's religious leaders. 17 Somali Muslim religious leaders, ranging in

age from 28 to 59, participated in qualitative one-on-one interviews that were then subjected to content analysis.

However, as previously indicated, efforts to expand family planning programs had reduced or at least stopped in the 1990s, in part as a result of the HIV/AIDS crisis mobilizing significant resources against family planning initiatives. Only after the 2012 London Conference on Access To contraception were family planning programs in the poor world, notably in SSA, once again taken seriously. Aziz Ege, Dugieh, and Oman examined the perspectives of Somali Islamic religious authorities about population spacing in a research published in 2019. Birth spacing is a crucial medical strategy that helps women achieve optimum physical and emotional health. Religious leaders in Somalia have a significant influence on whether or not family planning is used. According to the religious authorities of Islam, specific recommendations for the use of contraception in relation to birth spacing are permitted in order to improve the health of the mom and baby. When giving Muslim women with professional contraceptive guidance, the phrase "pregnancy spacing" is favored over "modern contraceptives."

Sensitization Initiative on Child Health

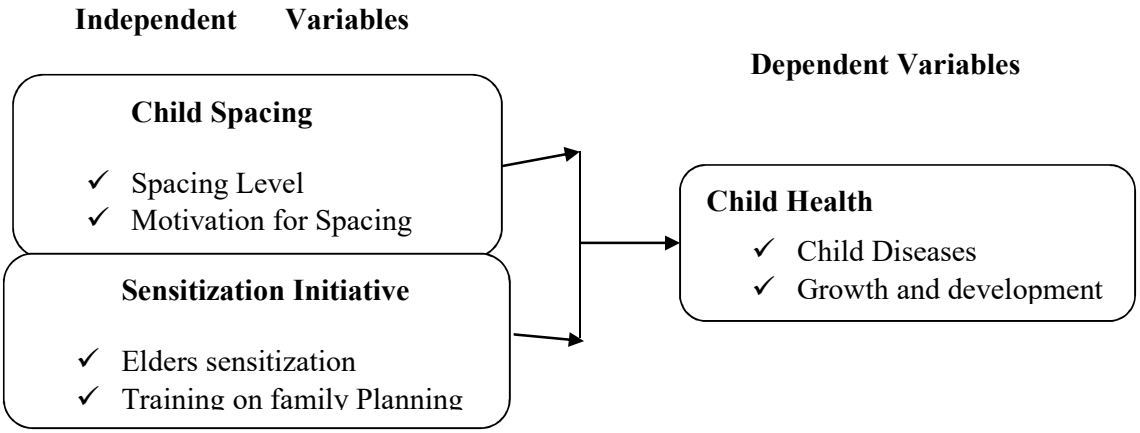
Adongo, Tapsoba, Phillips, et al. (2013) conducted a qualitative research in Southern Ghana to examine the role of neighborhood health planning and services approach in including men in the provision of family planning services. Offering FP services is one of the main initiatives that CHPS plans focus. Men and women are equally targeted by this door-to-door technique of disseminating FP health information. These messages aim to change how men perceive FP and contraceptive usage. This is crucial since the majority of males in developing countries are often opposed to using FP and contraceptives. The majority of African civilizations are patriarchal, which typically gives males the upper hand over women in society. All facets of life are influenced by this dominant worldview, including decisions about reproductive and maternal health. Women are expected to submit to males on matters pertaining to their reproductive freedom and their ability to make choices about the use of hormonal contraception and contraception.

Measurement of the Effectiveness of Family Development Planning in Rwanda: A Multivariate Aggregation Analysis was examined by Ndaruhuye, Rutayisire, and Umubyeyi (2019). Over the past few years, the usage of contraceptives has dramatically increased in Rwanda. The prevalence of contraception grew from 17% to 52percentage points between 2005 and 2019. While the total fertility rate has reduced from 6.1 to 4.6 births, the proportion of unmet contraception needs has decreased from 38percentage points to 19 %. These accomplishments were made possible by the government of Rwanda's efforts to promote family planning in numerous ways. This study evaluated Rwanda's family planning programs and analyzed RDHS data between 2005 and 2019 to identify the factors impacting the growth in the usage of contraceptives. The Blinder-Oaxaca approach was used to break down how women's characteristics contributed and what those contributions meant. Between 2005 and 2019, the prevalence of contraception is predicted to rise on average by 0.342, with the biggest increase (77%) coming from changes in the consequences of women's features rather than these qualities

themselves (17 percent). Education of women, experience with child mortality, and area of residence are all elements that have a big impact on impacts. When it comes to the compositional gaps, a woman's education, her engagement to contraception messaging in the media or at healthcare facilities, her husband's desire for children relative to her own, and her own experiences with child mortality all have far greater influence. To determine the influence of supply-side issues, which would have been crucial for Rwanda's increasing use of contraceptives, more investigation is required.

The outcomes of a qualitative evaluation aiming at examining information, attitudes, and behaviors surrounding access to contraception and variables that determine the necessity and use of contemporary medicines are presented in the study by Muhammad, Amat, Hamed, Ali, Ishque, Husain, Ahed, and Munoe (2015). Between both the ages of 15 to 40, unmarried men and women participated in a comprehensive exploratory study. 24 focus group meetings with male and female participants were conducted across three distinct Pakistani regions. The findings demonstrate that while the majority of individuals were aware of various modern methods of contraception, total contraceptives use was fairly low. Particularly low rates were found for both understanding and use of all forms of contraception. The reasons mentioned for not using access to birth control and modern contraceptives are inadequate household size, unfavorable impressions, in-laws' condemnation, religious concerns, adverse effects, and absence of access to elevated therapies. The majority favored private care since they were said to dislike the governmental healthcare facilities. According to the report, there is a need for qualified female healthcare workers, especially for long-term familial planning services provided in medical centers instead of camps with sporadic schedules. It would be easier to fulfill the demands and guarantee that women and couples accomplish their goals for conception and reproductive health if males were included in the conversation about the accessibility, cost, accessibility, and sociocultural restrictions of modern contraception.

CONCEPTUAL FRAMEWORK



RESEARCH METHODOLOGY

In order to get accurate data regarding how often women of reproductive age in the Banadir Geographical area of Somalia use child health care services, a descriptive research design was used. The goal of the descriptive research approach is to identify a concept's who, what, where, and how without affecting the persons being studied or their surroundings. The link between the study's variables can be ascertained with the help of descriptive research.

The investigation was conducted in Somalia's Switch is a switch area. A nation in the Africa's Horn of Africa, Somalia is officially referred to as the Federal Republic of Somalia. Ethiopia borders the nation on the west, Somalia on the northeast, the Indian Ocean on the east, the Aden Gulf on the north, and Kenyan on the southwestern. South-eastern Somalia's governmental area is called Banaadir. It occupies the same space as Somalia, which functions as the nation's capital. The Indian Ocean and the Shabelle River form the northwest and southeast borders of Banaadir, respectively. It has the greatest population in Somalia, estimated at 1,650,227, while being by far the smallest administrative district in the country.

The study targeted three main hospitals; Banadir Hospital, Daynile Hospital and De Martino Hospital in Banadir Region. The unit of observations were Midwives, Pharmacist, Lab technician, Nurses, child specialised Doctors and mothers seeking maternal care. A representative sample of 30 respondents wasscientifically selected using the following formula: $n = N / (1+Ne^2)$. Whereas:
n = sample size
N = total population
e = error margin / margin of error

There was a collection of both secondary and primary data sources. With the help of a questionnaire distributed, data was gathered.

The completed surveys were reviewed for accuracy and consistency before processing the results. Qualitative data was used to analyze the quantitative data obtained, and the results were shown as percentage, averages, measure of dispersion, and rates. Data points, spreadsheets, charts, and text were all used to present the data. This was accomplished by adding up the replies, calculating the percentage of response variances, and presenting and interpreting the data in accordance with the topic under investigation and underlying presumptions.

RESULTS AND FINDINGS

The study targeted 300 respondents who consisted of health personnel working in Banadir region in Somalia and parents. Out 300 questionnaires, 236 were filled and returned completed which made a 79% response rate. Data on gender distribution indicated that 79.2 per cent were female and 20.8 per cent were male. This was a clear indication that the gender of the respondent was fairly represented and the views were from both male and female who were well represented in the study. Data on educational level indicated that 71.6 percent of the respondents had primary level of education has the highest level of education. The respondents with diploma courses were the second highest with a representation 20.3%, bachelor degree at 4.7% and the least with master degree at 3.4%.

Child Spacing

Child spacing was one of the method used in family planning by women in Banadir region. All the respondents agreed that child spacing was useful in the modern society today. Religious leaders in Islamic nations frequently worry about whether family planning techniques are utilized to reduce the number of children, which is against Islam. Contrarily, birth spacing is acceptable in Islamic culture. Religious authorities in several Islamic nations have proclaimed that birth spacing encourages a healthy mother-infant dyad. The study found that Muslim women must obtain permission from religious authorities in order to practice family planning. Once the use of family planning is approved by the religious authorities in a community, women embraces it with enthusiasm.

Table 1: Child Spacing

	Mean	Std. Deviation
There is increased number of child spacing within Banadir Region	2.1153	.66941
Child spacing is done by majority of mothers	3.1831	.58321
The mothers are aware of the benefits of child spacing in the region	3.1525	.67322
Frequent reminders are done on the benefits of spacing	3.1314	.49219
There is increased child development due to child spacing	3.0847	.69130
The region fully supports mothers' initiative to space their children	2.8136	.54610
Aggregate score	**2.9134**	**.60924**

Source: Researcher (2023)

According to the likert scale that was provided in the questionnaire, the overall mean score of 2.9134 corresponds to "disagree." The overall Std.Dev of 0.60924 suggests little variation in the replies in relation to the child spacing. The result supported that the child spacing within Banadir region was low, mothers moderately practiced child spacing and frequent reminders

were done to all mothers. However, mothers were aware of the benefits of child spacing in the region and that the benefits of child spacing was witnessed in child development.

The mothers and nurses recognized a number of birth spacing techniques as appropriate. The optimal method was thought to be breastfeeding. As long as the user's physical and mental health was not harmed, contraceptive pills were permitted. They also thought the coitus interruptus (withdrawal technique) was effective. Religious authorities urged couples to reach a consensus over the usage of birth spacing. They stated that the ideal birth spacing strategy should be chosen after consulting a Muslim health professional and taking into account the specific requirements of the mother and family. The religious authorities also suggested that Muslim doctors make decisions based on both their commitment to Islam and the health of the women they are treating (Angele et al., 2018).

The study agrees with Philip et al., (2012) that family planning initiatives lower fertility rates for women subjected to modern contraceptives would generally have 4.1 offspring as compared to 4.7 kids without interventions, based on the research. The situation of Rwanda, which has a large population, emphasizes the significance of the nation leadership's dedication. After receiving a RAPID briefing in 2005 (Solo 2018), MPs in Rwanda started to change their minds about family planning measures. The government has worked hard to improve the contraception program's execution in addition to President Kagame declaring access to contraception as a national priority. These included increasing the coordination of family planning initiatives across the different governmental and quasi entities, offering incentives to suppliers of family planning services, and making contraceptive services free.

Sensitization Initiative

Family planning sensitization initiative was investigated in Banadir region, Somalia. Maternal deaths have place in developing nations almost exclusively (99% of the time). However, family planning (FP) enables women to postpone parenthood, space out their births, avoid unwanted pregnancies and abortions, and stop having children once they have the number of children they want. Sensitization initiatives save up to one in three maternal deaths. In East Africa, married women of reproductive age are increasingly using family planning techniques (CDC, 2016). However, Somalia has the lowest rate of contraception use among the other nations in the region.

Table 2 Sensitization Initiative

	Mean	Std. Deviation
There is increased number of sensitization initiatives	4.2712	.75694
Various sensitization approaches are done from region to region	4.0297	.71098
The mothers have experienced a great chance from the increased sensitization strategies used	4.0015	.50099
The numbers of training initiative have increased over time	4.2178	.81779
The region has enough number of trainers on sensitization	3.9193	.74497
The mothers appreciate the occasional measures proposed	4.4661	.52483
Aggregate Score	**4.1509**	**.67612**

Source: Researcher (2023)

The aggregate mean score was 4.1509 which corresponded to “agree” on the likert scale. The standard deviation values were low as presented by mean aggregate of 0.67612. The results indicates that there was increased number of sensitization initiatives, various sensitization approaches were done from region to region and mothers have experienced a great chance from the increased sensitization strategies used. It was evident that the numbers of training initiative and trainers have increased over time and that the mothers appreciate the occasional measures proposed.

The high total fertility rate of 6.7 is a result of Somalia's high yearning for children. Contrary to other nations in the region, the total fertility rate (TFR) between urban and rural areas is not noticeably different (TFR urban 6.0 vs. rural 7.1). Male condoms are contentious because they are associated with immoral behavior and infidelity. In a few areas, condoms have occasionally been burned in public. In general, it appears that sensitization of FP is more of a political than a cultural issue (Unicef, 2019). The demand and use of FP services are often low. Only 1% of women utilize a modern method, whereas 15% of women use any method, including natural or traditional periods. Of the 1% who employ contemporary techniques, tablets (0.8%), injections of medroxyprogesterone acetate (0.2%), and IUD (0.1%) are the most popular (WHO, 2021). Use of condoms for contraception was at 0%. Lactation amenorrhea is one of the most popular conventional procedures, employed by 13% of married women. Even for mothers who use this strategy, there is a minimal protective impact given that the rate of exclusive breastfeeding for children between 0 and 5 months is only 9%. (Unicef, 2019).

The findings were supported by Gele, Shrestha, Khalif, and Qureshi (2019) that systemic, personal, and sociocultural constraints make it difficult for women to obtain modern contraception. This study revealed several barriers: the user acceptance of incorrect religious beliefs by women, the worry that taking modern contraception may result in irreversible infertility, and the public health messaging and information given about contraceptives by healthcare providers. Stove and Winfey (2017) supported that the widespread practice of untrue religious beliefs between many women, the worry that using modern contraception will result in perpetual infertility, and the patient education messages and details regarding contraception provided by medical professionals were the stumbling blocks to sensitization initiatives.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Based on the statistical results presented, the study concludes that the child spacing has a significant effect on child healthcare access in Banadir region, Somalia. Statistical evidence showed that the sensitization practices have a significant effect on child healthcare access in Banadir region, Somalia.

Recommendations of the Study

The couple jointly decides on the timing of the babies' births. While the couples look into their own goals for the intervention, Muslim doctors should be permitted to make recommendations

about birth spacing. Religious leaders in Somalia need to learn more about the rights and sexual and reproductive health of women.

It will be easier for policy makers to work with Somali community leaders to create material that is effective in raising contraceptive awareness among individuals of Somali descent if they have an understanding of the factors that affect the use of modern contraceptives. Further investigation of the factors influencing contraceptive decision-making and attitudes regarding the use of long-term contraceptives in this population is advised.

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